



Wonca NEWS

2021

OCTOBER





Wonca

World family doctors. Caring for people.

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EXECUTIVE MEMBER AT LARGE & HONORARY TREASURER

PROF VAL WASS (UK)

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DR RAMAN KUMAR (INDIA)

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FROM THE PRESIDENT

In advance of our upcoming [World Council and Conference](#), this month I am writing to you with a please and a thank you.

At each meeting of Council there are five positions for which all Member Organisations in good standing are entitled to vote: three positions as Member At Large, the position of President-Elect and the position of Young Doctor representative on Executive. The nominations for all five positions have now been submitted, and scrutinised by the Nominating and Awards Committee. The named representative of each of our Member Organisations will shortly be receiving the Council papers along with the approved nominations for each position. For each of the voted positions, the named representative of the Member Organisation will receive brief biographical information about each candidate, and each of the candidates will indicate why they would be a good choice in the role to which they aspire. You will also receive information about the voting system in place for this year's WONCA Council, necessarily different from our normal system.

I am well aware that the election of these officers of WONCA is a key feature of every World Council meeting and there is excitement, tension and huge activity around the process. I remember it well, when I was nominated both for Member At Large and, later, as President-Elect. Usually, candidates have an opportunity to present themselves to the full Council membership, stating their goals and ambitions for their preferred role, referencing their WONCA credentials, engaging directly with the body of Council members in the meeting hall, to try to secure the votes needed to be elected. For the candidate, it can be scary, exhilarating, humbling, surreal and a range of other acutely-felt emotions and feelings. And, inevitably, as soon as the candidate has come off the stage after delivering their presentation of themselves, they will remember something crucial which they forgot to mention. There is plenty of drama.

This year will be different, as with so many other things in life at the moment. Our CEO and Secretariat have been working hard with the Host Organising Committee (HOC) and the Professional Conference Organisers (PCO), to ensure that all Council members will have an opportunity to read about and see personal presentations by all candidates. And, more importantly, that the voting system is available so that all those entitled to do so, can cast their votes. As well as submitting written statements, each candidate will have an allotted time to present via video, which can be watched at the convenience of named Member Organisation representatives.

In addition, for the position of President-Elect, there will be a short Question and Answer session to which Council members can submit their questions



DR DONALD LI
WONCA PRESIDENT



As your President, coming almost to the end of my term of office and with only one more year to serve on WONCA Executive, as Immediate Past President, I ask you, our Member Organisations in good standing, to please use your votes. Each of our Member Organisations has a number of votes, depending on their membership numbers declared to WONCA. Despite the changed circumstances of this year's Council meeting - please exercise your votes.

And the thank you in this month's column goes to those who have submitted themselves for election. It takes a special sort of person to go through the process of submission; it takes courage, self-belief, determination, and a passion for WONCA as a global organisation representing 500,000+ members globally. Being a member of WONCA World Executive is not an end in itself. It is not a passive role. It is busy and challenging and time consuming. We have a good range of candidates for all the available elected positions this year. I salute each of you for your courage in standing and for your commitment to our organisation. Whoever wins each of the five positions, I wish you every success in your challenging role on Executive and I look forward to working closely with you, if only for one year.

*Dr Donald Li,
WONCA President*

[Español](#)
[中文](#)

FROM THE HEADQUARTERS

This October we have a much to celebrate and look forward to.

The [WONCA World Abu Dhabi Conference](#) – which will be held virtually this year – is just over a month away. The [programme has now been announced](#) and includes many exciting plenaries covering such key topics as the role of family doctors in the face of conflicts & natural disasters, planetary health, artificial intelligence & digital health, and human resources in primary care. The rich schedule also includes expert sessions and presentations, as well as workshops and contributions from our Working Parties and Special Interest Groups. It has been a long time since our global community last assembled due to the challenging circumstances of the past 18 months, including the imposed travel restrictions, so we welcome this opportunity to gather once again even if only virtually.

A few days before the start of the Conference, the Meeting of the Council will take place (19-21 November). This is the first ordinary meeting that WONCA will hold virtually.

While we are looking forward to the opportunity to meet, we acknowledge that this has presented some challenges from a logistical point of view, for which we ask for the understanding of all Representatives and participants.

We appreciate that the selected time of 10am-3pm UTC will not be the most accessible for all. It will mean colleagues in Lima will be joining us at 5am local time and those in California at 2am, whilst on the other hemisphere those in Auckland will be signing in at 11pm and concluding each day's session at 4am.

Of course, we are aware and sympathetic that this is far from ideal for a number of our esteemed members, but unfortunately it just isn't possible to identify a time slot which is workable for all participants across such varied time zones.

We do hope that it is clear we have made our best efforts to compensate for this – for example by concentrating all agenda items down from the usual six-eight hours to just four-five hours per day in the virtual space. In addition, the Secretariat is working on the organisation of the Meeting to ensure accessibility and good conduct. We offer our gratitude to all in advance for your flexibility and understanding.

Finally, we are delighted to share that by the time this newsletter goes out, the [WONCA Annual Report](#) will also have been published. I believe all members of our community will feel proud when taking in the more than 150 pages detailing the year's activities, encompassing the work of our Executive and the Committees, the efforts of our Regions, Working Parties and Special Interest Groups, and the successful World Family Doctor Day. Furthermore, it's astonishing to look at the "WONCA at a glance" maps and appreciate the truly global representation of our Organization, and the work that takes place to improve the health and quality of life for people all over the world. We are incredibly thankful for the contributions from everyone.

*Dr Harris Lygidakis,
WONCA CEO*

W O N C A A N N U A L R E P O R T 2 0 2 0 - 2 0 2 1

WELCOME TO THE WONCA ANNUAL REPORT 2020 - 2021

In this document, you will find an overview of WONCA's global activities and our main achievements from July 2020 to June 2021.

In a year full of challenges, our Executive, Statutory Committees, Working Parties, Special Interest Groups, Young Doctors' Movements and colleagues from around the world continued their efforts to contribute to family medicine and the global mission of WONCA.

To all those who belong to the WONCA family, we would like to thank you for your support, hard work, and dedication.

We invite you to discover in detail the WONCA Annual Report 2020 - 2021. Read or download the complete document here.

Read or download the WONCA [Annual Report 2020 - 2021](#) [HERE](#).



World family doctors. Caring for people.

FROM THE EDITOR

WELCOME TO WONCA NEWS OCTOBER!

Dedicated to [World Mental Health Day](#), the 8th edition of our WONCA News gathers advocacy efforts from various colleagues from all over the world in support of mental health. As every year, on October 10, WONCA joined this celebration that represents a global commitment to raise awareness of mental health issues. A special thanks to the members of our WONCA Working Party on Mental Health, particularly to the WP Outcoming Chair, Prof Chris Dowrick and his successor, Prof Christos Lionis.

ABOUT THIS ISSUE

WONCA News October begins with a [meaningful message from WONCA President Dr Donald Li](#), in advance of the WONCA World Council and election process of the five positions to be voted on this decisive meeting.

In our section, [From the Headquarters](#), find the latest update on our WONCA World Conference 2021, to be held fully ONLINE from 22–27 November 2021. We also invite you to discover the [WONCA Annual Report 2020 – 2021](#), an overview of WONCA's global activities and our main achievements from July 2020 to June 2021.

WONCA News for October also contains information on our upcoming [WONCA World Rural Health Conference 2022 in Limerick, Ireland](#); along with information on the [São Paulo Declaration on Planetary Health](#).

On the occasion of [World Mental Health Day](#), this edition for October also presents the reflections of [WONCA President-Elect, Dr Anna Stavdal](#), on the role of family doctors in the development of better care for diverse mental health conditions. You will also find all the details of this year's WHO campaign “Mental health care for all: let's make it a reality”; a glimpse to the document [“Mental Health in an Unequal World: Together we can make a difference”](#), produced by the World Federation for Mental Health, with important collaborations from members of our Working Party on Mental Health; and a special piece on the efforts to enhance [healthcare workers mental health](#) with yoga and music, by composer, therapist and teacher, Arnab Bishnu Chowdhury (India).

To close this issue, meet our Featured Doctors: [Dr Nana Kwame Ayisi-Boateng](#) from Ghana and [Dr Gobith Ratnasingam](#) from Sri Lanka. Also, do not miss out on the most recent announcements from members of the WONCA Family.

I hope you enjoy this issue, and please remember that you can drop me a line (or an article!) at editor@wonca.net.

Happy reading, and stay safe!

Sincerely,

*Maria Dolores Zavala,
WONCA Editor*



W O N C A
W O R L D C O N F E R E N C E

MEET OUR FACULTY

22-27
NOVEMBER
2021

Anna Stavdal
Lecturer and Associate Professor,
University of Oslo
President Elect, WONCA
Norway



Donald Li
President
WONCA World
China



Evelyn van Weel-Baumgarten
Associate Professor Emeritus
EACH: International Association for
Communication in Health Care
Netherlands



Hassan Salah
Regional Advisor, Primary and Community Health Care
World Health Organization – EMRO
Egypt



Hernan Julio Montenegro
MD, MPH Health Systems Adviser HIS/PSP
WHO
Geneva



Jacqueline Ponzo
Adjunct Professor, Family and Community Medicine
Faculty of Medicine of University of the Republic (UDELAR)
Uruguay



Meng-Chih Lee
Superintendent of Taichung Hospital
Taiwan



Michael Kidd
Founder and editor-in-chief of the Journal of Medical
Case Reports
Australia



Nick Guldemond
Professor Integrated Care and Technology
I.M. Sechenov First Moscow State Medical University
Russian Federation



Raman Kumar
President
Academy of Family Physicians of India
India



Shabir Moosa
Family Physician and Associate Professor
Johannesburg Health District and University of
Witwatersrand (Wits)
Regional President, WONCA Africa
South Africa

PLENARY SESSION SPEAKERS



Sir Andy Haines
Professor, Environmental Change & Public Health
London School of Hygiene and Tropical Medicine
United Kingdom



Alain Labrique
Founding director of the Johns
Hopkins University, mHealth Initiative
Maryland, United States



Laurence Dorman
Chair
Royal College of General Practitioners (RCGP)
Northern Ireland



Mohammed Rasoul Tarawneh
Secretary General, High Health Council
President, Jordan Society of Family Medicine
Jordan



Nagwa Nashat
Assistant Professor, Family Medicine
Menoufia University
Egypt



Ryuki Kassai
Professor and Chair, Department of
Community and Family Medicine
Fukushima Medical University
Japan

SEE COMPLETE LIST

W O N C A
R U R A L H E A L T H
C O N F E R E N C E



WONCA RURAL HEALTH CONFERENCE 2022

Ireland has one of the highest rural-based populations in Europe with a million people living rurally and another million people living in small towns and villages. These figures appear to be on the increase as the new working arrangements triggered by the COVID-19 pandemic have given many people new opportunities to live outside our major urban centres. This reverse of the depopulation of rural communities has also been triggered by the resilience of rural communities seen during the challenges of COVID-19 where generally lower levels of infection were seen.

“The resilience shown by rural and remote communities has been a testament to their inherent engagement, cohesiveness and flexibility. The COVID-19 pandemic has generated renewed vigour in re-imagining life on the periphery as a very attractive place for people and businesses to come, work and live,” said Professor Liam Glynn, chair of the organising committee for the WONCA World Rural Health Conference which is coming to Ireland for the first time and will take place on the University of Limerick parkland campus in Ireland’s Mid-West.

The Irish College of General Practitioners, the University of Limerick School of Medicine, and the Rural, Island and Dispensing Doctors of Ireland, are hosting the conference in a unique joint partnership which now has an extensive list of collaborating organisations including WONCA, the World Organization of Family Doctors,

the Scottish Graduate Entry Medical Programme (ScotGEM); EURIPA; the National Centre for Rural and Remote Medicine (UK); HRB Primary Care Clinical Trials Network Ireland; the Association of University Departments of General Practice in Ireland (AUDGPI), and the Rural and Remote Health Journal.

“We believe passionately that by people coming together and working together and sharing ideas, we can change attitudes, lives, health and ultimately, the world. The 2022 World Rural Health Conference will provide a unique crossroads for a diverse community of GPs, Practice nurses, students, researchers, policy makers, health managers, creators and educators which will translate into positive and resilient change for the health of communities,” said Dr Diarmuid Quinlan, Medical Director of the Irish College of General Practitioners.

“Our theme, ‘Improving Health, Empowering Communities’ will explore how communities can be empowered to improve their own health and the health of those around them. We hope to do this by hearing from 1000+ participants from all over the world in various sectors, including Health, Science, Engineering, the Arts, and NGOs of all shapes and sizes. This action-oriented conference is intended to foster a high level of meaningful dialogue and cooperation amongst stakeholders,” asserted Dr John Wynn-Jones, a renowned global GP leader who chairs the Conference International Advisory Group.

Members of the group come from every corner of the world, in order to make sure the conference has a truly international flavour.

Rural communities across the globe continue to be challenged by the limited supply of high-quality rural healthcare professionals and leaders. A key outcome for this conference will be an enhanced understanding of, and commitment to, student and early-career healthcare professionals who are interested in living and working in rural areas. *“If young doctors and nurses are not supported to have vibrant and viable careers in rural areas, those same areas will become even more vulnerable. This is a critical issue for those communities and this conference provides a unique opportunity for stakeholders, leaders and international experts to find solutions,”* said Dr Robert Scully, Deputy Director of ScotGEM and chair of the student and young doctor sub-committee for the conference.

“Rural healthcare is at the heart of this conference but it is clear that themes about educating our future healthcare leaders, the environment, the role of the Irish practice nurse, pre-hospital care, Indigenous, migrant and refugee healthcare, and the role of universities will resonate with most of us whether you live or work in a city, large or small town. We all work to serve our local communities which is the central focus of our conference theme,” said Dr Jerry Cowley, chairman of the Rural, Island and Dispensing Doctors of Ireland.

The conference organisers welcome any and all participation and look forward to hearing from you in the weeks and months ahead and most of all look forward to welcoming you to Limerick in 2022. Please email registrationWRHC2022@ul.ie with any queries or go to the link below or click on the barcode to access the conference website:

Contact:
Kevin O'Connor
Conference & Events Office
Communications Officer, WONCA 2022
University of Limerick.



WONCA SIGNS THE SÃO PAULO DECLARATION ON PLANETARY HEALTH

São Paulo Declaration on Planetary Health



The [Planetary Health Alliance](#), a global consortium hosted within the [Harvard T.H. Chan School of Public Health](#), and the [University of São Paulo](#) have launched the São Paulo Declaration on Planetary Health. Developed by the global planetary health community with support from the [United Nations Development Programme](#), the Declaration states that humans must make transformational shifts now in how we live in order to optimize the health and well-being of all people and the planet we depend on. It also guides people across society with suggested concrete actions that support a more just and regenerative post-pandemic world.

WONCA and over 250 organizations from 47 countries representing more than 19 sectors across society endorsed the document, including the [World Wildlife Fund-International](#), [American Public Health Association](#), [Brazilian Academy of Sciences](#), and the [World Business Council on Sustainable Development](#).

The Declaration was published online in [The Lancet](#) on October 5, 2021. To celebrate, a [launch event](#) was held on October 6, 2021, at 11:00 AM ET (15:00 UTC), with special guests Achim Steiner (administrator, United Nations Development Programme), Paul Polman (influencer, business leader, campaigner, and author), Hindou Oumarou Ibrahim (president, Association for Indigenous Women and Peoples of Chad), and **Donald Li (president, World Organization of Family Doctors)**.

Featuring:



Hindou Ibrahim,
President,
Association for
Indigenous Women
and Peoples of
Chad



Achim Steiner,
Administrator,
United Nations
Development
Programme



Dr. Donald Li,
President, World
Organization of
Family Doctors -
WONCA



**Dr. Nicole de
Paula,** Founder
and executive
director of the
Women Leaders
for Planetary
Health



Paul Polman,
Influencer,
business leader,
campaigner,
author

This event also featured three case study examples of planetary health actions in practice in Brazil, Costa Rica, and Sudan as well as a [featured video of the Declaration's organization signatories](#).

"The urgency of this moment is hard to overstate," said Sam Myers, director of the Planetary Health Alliance, principal research scientist in environmental health at Harvard T.H. Chan School of Public Health, and lead author of The Lancet letter. "Planetary health science convincingly demonstrates that the ongoing degradation of our planet's natural systems is a clear and present danger to the health of all people everywhere."



Planetary health is a solutions-oriented, transdisciplinary field and social movement focused on analyzing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth. The field was initially launched with the release of the Rockefeller-Lancet Commission report "Safeguarding Human Health in the Anthropocene." Subsequently, the Rockefeller Foundation, and then the Wellcome Trust, provided core support for the Planetary Health Alliance (PHA) to foster the field and community.

The São Paulo Declaration is being released in the lead up to the United Nations Convention on Biological Diversity and COP26 climate change negotiations, in addition to the near-term G20 and Stockholm +50 meetings amid the COVID-19 pandemic.

The Declaration encourages everyone to play a role and clearly lays out instructions for how each person and group can contribute to the Great Transition: a deep, rapid, structural shift in how we live that optimizes the health and well-being of all people and the planet. Among the 19 stakeholder groups featured in the Declaration, a sample of what the planetary health community calls for includes:

- Companies to invest in and implement plans for net-zero, Nature-positive businesses.
- Governments to center planetary health in international, national, and local policies, recovery plans, and budgets, specifically in post COVID-19 plans and economic and environmental policies.
- The health sector to reorient all aspects of health systems toward planetary health – from procurement, energy sources, healthcare efficiency, to waste reduction.
- Media to tell the stories of those who are protecting Nature and fighting for justice and equity, hold those to account who are damaging the planet's natural systems, and fight infodemics of misinformation.



Antonio Saraiva, professor and researcher at the Institute of Advanced Studies and Polytechnic School at the University of São Paulo, organizer of the 2021 Planetary Health Annual Meeting that generated this Declaration, and co-author of The Lancet letter, said, *"This Declaration highlights a core principle of planetary health: Any discussion regarding the current planetary emergencies must revolve around equity, social justice, and human survival."*

"In the midst of COVID, disparities in vaccine accessibility must be part of the same conversation as addressing planetary emergencies," said Courtney Howard, an emergency physician in Yellowknife, in Canada's subarctic, and contributor to the Declaration. *"On an interconnected planet, no one is safe until everyone is safe. We need vaccine equity, and in the long run, protecting nature will be the true vaccine against future pandemics and other planetary emergencies."*

"Planetary health addresses multiple solutions and deserves to be scaled as the necessary conceptual framework to address planetary emergencies that are often dealt with in silos," said Nicole De Paula, founder and Executive Director of Women Leaders for Planetary Health and contributor to the Declaration.

Jeremy Pivor
Senior Program Coordinator, Planetary Health Alliance

WORLD MENTAL HEALTH DAY



On October 10, WONCA joined the celebration of World Mental Health Day, a date promoted by the World Federation for Mental Health and supported by the World Health Organization (WHO).

World Mental Health Day represents a global commitment to raise awareness of mental health issues around the world and mobilize efforts in support of mental health.

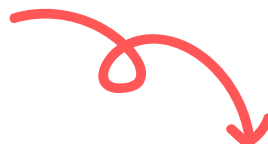
Around the world, the COVID-19 pandemic has aggravated the mental health situation. According to the latest WHO survey, the pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing.

Under the slogan, “Mental health care for all: let’s make it a reality”, this year’s WHO campaign focused on the need to scale up quality mental health services at all levels.

On World Mental Health Day, WONCA President-Elect, Dr Anna Stavdal shared a reflection on the role of family doctors and primary care professionals in the development of better care and mental health awareness.

The WONCA Working Party on Mental Health also joined the celebration with important collaborations to the document “Mental Health in an Unequal World: Together we can make a difference”, produced by the World Federation for Mental Health.

Discover the World Mental Health Day 2021 Campaign [here](#).



FAMILY DOCTORS & MENTAL HEALTH



DR ANNA STAVDAL
WONCA President-Elect

The pandemic has impacted public health in so many ways, not least in the field of mental health, - it has put mental health high on the current global health agenda. Many of those who already suffered from chronic psychiatric disease before COVID, experienced a worsening of their situation, - with social distancing and lock down, including discontinuation of services. Those who were coping with milder conditions before the pandemic, seem to have developed more severe symptoms of depression and anxiety.

The pandemic works as a magnifying glass, already existing disparities and insufficient service provision becomes clearer. COVID 19 has impacted people differently due to socioeconomic status and access to care, also in the field of mental health.

I welcome the increased focus on mental health. Family doctors can contribute in the process of developing better care for those suffering from mental health issues.

However, we should take care, not to fall prey to fragmentation in the medical understanding of mental health. Let me share two major concerns of mine.

First and foremost, we must be our patients' guardians, and be careful not to mix ordinary, healthy stress reactions with psychiatric disease. The medical classification systems impact the way we communicate with patients as well as within the health care system. Labeling people with depression or anxiety does not necessarily meet the need of a person under stress with normal reactions to an abnormal and frightening situation like the pandemic.

Family doctors have the best tool and opportunity to treat what we often refer to as "lighter psychiatric conditions". Knowledge of the patient's context, often of his family as well, his medical history and thereby also insight into resources, - all of this helps tailoring care, and helps to contain the patient in primary care. Watchful waiting is a powerful tool to avoid overdiagnosis of mental health conditions.

Secondly, in the current discourse on mental health, strong forces want mental health services established outside the already existing services, based on a presupposition that mental health is something that needs a new kind of professionals and service provision.

Family doctors know better than anyone, that mental health is closely connected to physical health, living conditions and the patient's local context. We should make an effort to make our competencies in the field visible, and document how we, together with our primary care colleagues of different professional backgrounds, meet the needs for care for the majority of those with mental health issues. Also for the serious and chronic psychiatric conditions the continuity of care by family doctor is a cornerstone in mental health services, as we can tailor care to the patient, - knowing when hospitalization is necessary and when we can contain the patient in the community.

What we should ask for is: sufficient time, a multiprofessional primary care team, access to medicines and secondary care when needed. Short time interventions can make the difference. One of my early mentors in family medicine, put it this way: "The best help for a person in agony, is the presence of another human being".

WFMH MENTAL HEALTH IN AN UNEQUAL WORLD

The pandemic has impacted public health in so many ways, not least in the field of mental health, - it has put mental health high on the current global health agenda. Many of those who already suffered from chronic psychiatric disease before COVID, experienced a worsening of their situation, - with social distancing and lock down, including discontinuation of services. Those who were coping with milder conditions before the pandemic, seem to have developed more severe symptoms of depression and anxiety.

Below you will find the article "*Realising the Astana Declaration and mental health in an unequal world - the role of family doctors*", created in collaboration with some members of the WONCA Working Party on Mental Health.

ASTANA DECLARATION AND MENTAL HEALTH IN AN UNEQUAL WORLD - THE ROLE OF FAMILY DOCTORS

CHRISTOS LIONIS

MD, PhD, FRCGP(Hon), FWONCA, FESC. Professor of General Practice and Primary Health Care at the School of Medicine, University of Crete and Head of the Clinic of Social and Family Medicine at the School of Medicine, University of Crete.

SANDRA FORTES

MD, MSc, PhD. Principal Investigator. Interdisciplinary Research Laboratory on Primary Care, Universidade do Estado do Rio de Janeiro, Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro, RJ 20551-030, Brazil.

ALFREDO DE OLIVEIRA NETO

MD, PhD. Family Physician, Assistant Professor, Primary Health Care Department, Federal University of Rio de Janeiro, Brazil.

TAMICA DANIELS-WILLIAMSON

M.B.B.S, MMedFM instead of M.B.B.S, MMedFM. My address is 796 Providence East Bank Demerara, Guyana instead of 796 Providence EBD, Georgetown, Guyana.

ABDULLAH AL-KHATAMI

ABFM, FFCM, MSc.Med Edu (Cardiff-UK), DTQM, MSc/Diploma PMHC (Nova-Lisbon). Consultant Family and Community Medicine, Director of the Primary MH Program-MOH Saudi Arabia

KIM STRONG GRISWOLD

MD, MPH, RN, FAAFP. Professor of Family Medicine, Psychiatry, and Public Health and the Health Professions. Department of Family Medicine, Jacobs School of Medicine & Biomedical Sciences. UB Downtown Gateway Department of Family Medicine Primary Care Research Institute, New York

CHRISTOPHER DOWRICK

BA MSc MD FRCGP. Emeritus Professor, University of Liverpool UK; Chair, WONCA Working Party for Mental Health, Liverpool, UK

INTRODUCTION

In October 2018 WHO convened a global conference on primary health care in Astana, Kazakhstan. The ensuing Declaration included the following statements:

We strongly affirm our commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind.

We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being.

Remaining healthy is challenging for many people, particularly the poor and people in vulnerable situations. We find it ethically, politically, socially and economically unacceptable that inequity in health and disparities in health outcomes persist.

Promotive, preventive, curative, rehabilitative services and palliative care must be accessible to all. We must save millions of people from poverty.

[1]

As family doctors we fully endorse this commitment to the fundamental rights of people with mental health conditions. We support WHO in promoting a shift from stigmatizing long-stay mental hospitals, to more acceptable and dignified care in community-based settings.

Primary care, with its emphasis on the connections between mental and physical health, and its unique ability to tackle problems of comorbidity and multimorbidity, is exceptionally well-placed to enhance mental health within universal health coverage systems. Family doctors are well placed to assess patients' vulnerability, the impact of poverty and disadvantage, and their association with mental and psychological conditions. [2] We can intervene to reduce the mortality and morbidity of people with severe mental illness, who die prematurely, spiraling into homelessness, unemployment and poverty and with greatly increased risk of developing non-communicable diseases such as diabetes. [3]

We agree with the need for mental health promotion, requiring multi-sectoral collaboration to build a healthy environment with the focus on those factors that reduce chronic stress, poverty and health inequalities. We include potential anti-stressors and supportive actions including social connectivity and (for many) spirituality and religiosity.

We now consider how these principles apply in four health care systems.

BRAZIL: MIDDLE INCOME COUNTRY

The territorial basis of Brazilian Family Health Strategy (ESF), the cornerstone of Primary Care System in the National Health System, connects each of 40,000 Family Health Teams (FHT) of doctor, nurse, nurse technician and up to six community workers to a community of around 3,750 people. These teams guarantee access for all Brazilians to health care; they also develop health promotion and preventive measures, including socioeconomic interventions, integrated with other sectors such as education, housing, culture and social assistance [4].

However, there are not enough family doctors and nurses to cover all these FHTs, bringing challenges when building a patient-centered approach and an integrated health system. The implementation of new Mental Health Care Internship is developing new models of undergraduate training in mental health. To translate the Astana Declaration into practice we need to expand psychosocial and secondary care teams working within a collaborative care model with PHC professionals. Getting these teams to work together through the Brazilian Collaborative Care model, the Matrix Support, will allow for an Integrated Care System to be implemented where each person can receive the best quality care needed in different levels of the health system [5].

The biggest challenge to actually apply the Astana declaration, in addition to structural inequalities in societies, is the lack of human resources to expand intersectoral actions between the PHC and other sectors [6]. Advocacy for mental health care in those territories could enhance community participation and intersectoral coordination, and reduce inequalities and inequities in relation to the integrated approach to a person with psychosocial suffering and their family members and caregivers.

GUYANA: MIDDLE INCOME COUNTRY

Primary health care in Guyana has its challenges, especially as it relates to the management of mental health conditions. Referring all cases to the psychiatric department is overwhelming, given a population of over 700,000 and less than twenty public health psychiatrists. Family medicine was formally instituted in 2015 [7], and with mh-GAP training since 2016 has helped to reduce suicide rates.

There are unique challenges in Guyana in relation to sustainability and consistency in providing medications and human resources. There is a serious brain drain: 89% of university-educated Guyanese leave the country, the highest rate in the world. [8]. We have to continuously train doctors and nurses to fill these gaps, which puts a serious strain on our health care system.

In PHC, staff such as psychologists and social workers need to be on board to provide comprehensive care. Mental health needs to be seen as equally important as any other organic illness, in order for there to be equity of care in Guyana. There is still a lot of stigma associated with these conditions.

The Mental Health Unit and the Georgetown Public Hospital are the two main public entities in Guyana that provide mental health care. Working together, monitoring and surveillance are key to addressing the gaps, so that Ministry of Health knows what needs improving. More opportunities should be provided for Fellowship training in Psychiatry to enable our primary care physicians to be more confident and competent in their management of mental health conditions. Resources need to be provided to all ten administrative regions across Guyana.

To ensure comprehensive and holistic care we need more collaboration and advocacy with international bodies.

SAUDI ARABIA: HIGH INCOME COUNTRY

A situation analysis (1995-1999) identified that family doctors were unable to identify mental health problems in primary health care and showed that traditional training programs were ineffective (9). From 2002 to 2015 a long-term training program was implemented for primary health care workers and family doctors in primary health care centers, in collaboration with WHO, WONCA and other countries. Beginning in eleven primary health care centres in Eastern Province, this program has been extended across all provinces, with more than 436 training courses across all provinces. In total 1435 family and PHC doctors, 931 nurses, 42 social workers, 31 psychologists have been trained; 253 PHC centres are now able to provide Primary MH care; more than 76,000 patients have been served in over 330,000 PHC visits; and each month more than 2000 patients show improvement in their conditions. One of the most important fruits of this experience was creating an innovative patients' interview approach «5-Step Model»

in line with the needs of PHC doctors in the Arab culture (10). This program is now being implemented in Egypt, Morocco and Sudan.

UNITED STATES: HIGH INCOME COUNTRY

The US remains without a solid system of national health care, though the Affordable Care Act has afforded access and coverage to millions of individuals and families. On the primary care front, value-based care is gaining momentum and with it stronger demands for reimbursement reform. Events over the past year have forced a reckoning with the stark imbalance in health outcomes for people of color; inequities as a consequence of racism and other key social determinants of health. [11]

The COVID-19 pandemic has offered US primary care opportunity and challenge. Can we make mental health care more accessible, affordable and equitable? [12] Can we recognize how poverty, discrimination, prejudice, and many other traumas affect mental health – and act to eliminate these barriers?

A robust public health system in concert with primary care is key to addressing mental health and well-being. Community engagement can engage people in need, particularly those who are under-served, such as homeless individuals, those whose primary language is other than English, and individuals with serious mental illness. [13,14]

We must provide to those who seek refuge in the US due to violence or conflict in their home countries, utilizing a trauma informed approach – emphasizing resilience and approaching treatment through family, community and cultural contexts. [15] Totally integrated primary and behavioral health care is a recipe for successful care, decreased stigma, and better health outcomes. [16, 17]

With an already stretched primary care system, primary care doctors and their teams encountered enormous stressors, including increased risks of contracting the virus. We need support to improve medical well-being [18-20].

CONCLUSION

We have highlighted the challenges of translating the Astana Declaration into global action, and recommended what primary care doctors can do to make a difference in promoting equity and equality in mental health in differing health systems. To fully realize the Astana recommendations will take the power of governments as well as private sector foundations. We encourage family doctors to work collectively to turn these aspirations into achievements.



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ENHANCING MENTAL HEALTH OF COVID HEALTHCARE WORKERS WITH YOGA AND MUSIC THERAPY



ARNAB BISHNU CHOWDHURY

Composer, Therapist, Teacher

THE RHYTHMS WITHIN US

Our bodies are polyrhythmic, we have heart rhythms, brain waves, breathing rhythms, hormonal and circadian rhythms. We walk, talk and function in rhythm. Our bodies and minds respond to rhythm and music. We are literally an orchestra of rhythms!

Can stress, anxiety possibly illness be considered as a disequilibrium of rhythms, so can we proactively find, know and re-establish our rhythm so that equilibrium re-emerges and we enable optimal health in ourselves? This is the vision of Know Your Rhythm.

Know Your Rhythm is a training program of Music Therapy blended with Yoga Therapy. We function as a dedicated network of international therapists. Based out of Pondicherry, India, in the past decade, we have engaged about 20,000 caregivers including physicians, paramedics, nurses and therapists from various disciplines, special educators. We also have trained students of all ages, teachers, community leaders, government officers in the education and sustainability sectors. Our intention is to help our participants discover their own sense of Rhythm in life and work with various immersive exercises, creating conditions to experience 'Aha! Moments', raising well-being, wellness, empathy, teamwork, and leadership, in a relaxed atmosphere of joy!

Our uniqueness lies in investigating, composing and producing therapeutic music based on the ancient science of Ragas which are melodic modes as healing modality from the ancient Indian Classical music system.



Our therapeutic music is often implemented in Western classical orchestral form which engages an international audience making our music culturally universal.

Our work in the form of therapeutic music, workshops and studies has been presented at international conferences such as 14th World Congress for Music Therapy, Vienna, 2014, organised by World Federation for Music Therapy; 6th International Conference of International Association for Music & Medicine, Boston, 2020; SYTAR 2021 - Symposium on Yoga Therapy & Research organised by International Association for Yoga Therapists, USA.

HEALING OUR BRAVE COVID WARRIORS

The ongoing Covid pandemic has opened up new challenges for the healthcare system for the care receiver and caregiver. Often, we tend to forget the wellness and well-being of the caregiver since our focus is on the care receiver. Caregivers need therapy healing to raise their well-being and wellness so that they raise their caregiving capacity.

When Know Your Rhythm team came to know about the high stress and anxiety levels of Covid healthcare workers serving at large Indian hospitals, we created Project Susthiti, an online therapy program that dips into our existing Know Your Rhythm training program experience. The Indian government honours and calls its Covid healthcare workers as Covid warriors. These include medical doctors, nurses and paramedics working in isolated Covid-19 wards as well as frontline healthcare workers. Susthiti denotes stable position and well-being in Sanskrit.

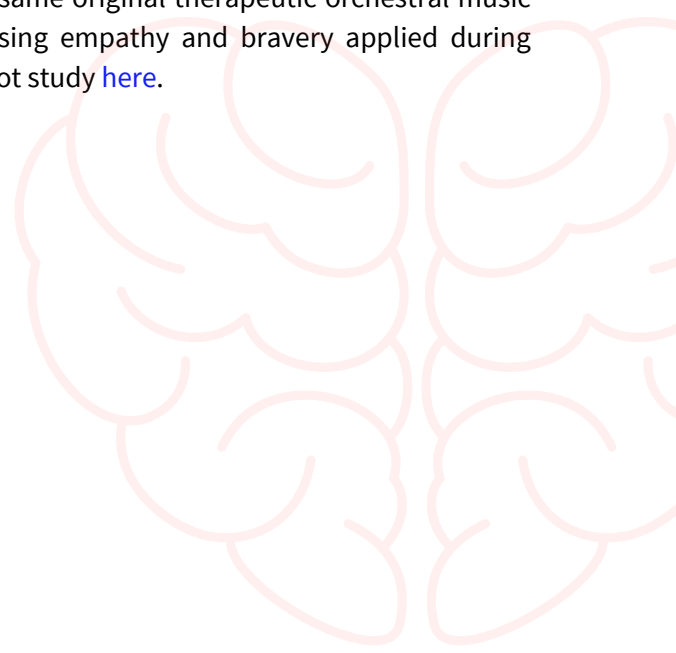
Project Susthiti consists of an online 3-hour therapy program to help Covid warriors battle stress, anxiety, burnout and depression. Physical symptoms often include chronic back and neck pain, dehydration, indigestion and lack of rest and sleep. In essence, it is a disruption of one's rhythm.

We offer immersive exercises of Music Therapy and Yoga Therapy engaging the voice, body, mind and emotions. In addition, we composed and produced a therapeutic music composition for relaxation, rest, sleep that is suppose a sense of empathy and bravery based on a specific Raga in orchestral form. We apply this orchestral music as Receptive Music Therapy along with with visualisation techniques such as Guided Imagery and Music (GIM) and Yoga Nidra to induce deep relaxation. Typically during our final exercise, our Covid warriors are instructed to relax and lie in Shavasana (corpse pose in Yoga) while they experience a deep listening session which helps them engage their conscious and subconscious fear and anxiety.

According to our observation, one of the most complex mental health challenge is deep concern for the family members especially when they return home after their 10 to 12 hours shift from isolated Covid-19 wards. We often invite the Covid warriors' family members to join our online therapy program because we believe that a healthy family environment is a key support for the caregiver to sustain his caregiving capacity.

Our first pilot study with 19 Covid healthcare workers was conducted across a week at Shree Krishna Hospital, Sri Pramukshwami Medical College, Gujarat, India in August 2020. Emotional well-being of participants was recorded in an investigator designed questionnaire wherein subjective experiences of 7 parameters viz., happiness, calmness, alertness, stability, clarity of thoughts, control over anger and self-observation were recorded on a Likert scale. On the third consecutive day of Know Your Rhythm session, 68% participants recorded significant change in alertness followed by calmness and control over anger. All participants registered improvement in one or more parameters of emotional well-being on several days of the week. Fifty two percent of the participants recorded consistent beneficial effects throughout the study period. Our pilot study as oral paper titled 'The Effect of Music on Healthcare Professionals Working in Covid-19 Isolation Wards – A Pilot Study' (Yajnik et al., 2020) was presented at the 5th Medicine Annual Conference Virtual 2020, Department of Medicine, Christian Medical College, Vellore, India, November 2020. Subsequently, 280 Covid warriors have received our 3-hour online program. In June 2021, Project Susthiti received Seva award 2021 from the International Association for Yoga Therapists (IAYT, USA).

You are welcome to listen or download an excerpt of the same original therapeutic orchestral music expressing empathy and bravery applied during our pilot study [here](#).



PRESENTING OUR WORK AT WONCA'S MUSIC AND MENTAL HEALTH PROJECT

On June 26th 2021, Know Your Rhythm’s founder Arnab Bishnu Chowdhury was invited by WONCA members, Alfredo de Oliveira Neto (Brazil) and Moisés Nunes (Brazil) to speak at ‘Music and Mental Health Project’, an effort of the WONCA Working Party for Mental Health that seeks to mitigate through music the psychosocial effects posed by the COVID19 here.

The three of them composed and recorded "Tone of Mind" along with musicians from Brazil, India and Australia. A teaser for the event with Working Party for Mental Health members singing verses from The Beatles' Here Comes the Sun was also presented

It was an honour to present our Project Susthiti at WONCA’s Working Party for Mental Health chaired by Christopher Dowrick.

We look forward to deeper collaboration with WONCA and its members to co-create a healthier and happier Covid-free world.



ABOUT THE AUTHOR

Arnab Bishnu Chowdhury is a composer, therapist, teacher and explorer of Consciousness with over 25 years of experience. He is founder of Know Your Rhythm (<https://www.ninad.in>) which has reached 20,000 caregivers across the world. He is a certified Yoga Therapist from International Association for Yoga Therapists (IAYT) and member of International Association for Music & Medicine (IAMM) and has presented papers and workshops at various international seminars. Arnab’s therapeutic music compositions have been applied in healthcare settings, Yoga studios and clinics in India and USA. In the late 90s, he was associated with MIT Media Lab’s ‘Music, Mind and Machine Group’ exploring music composition & cognition with AI.



ARNAB BISHNU CHOWDHURY
Composer, Therapist, Teacher

Arnab is third generation from a family of Indian Classical musicians based out of Pondicherry, India and traces his musical lineage to Baba Allaudin Khan, the master-teacher of Ravi Shankar, the sitar maestro and Rabin Ghosh, the violin maestro who was Arnab’s grand uncle. Arnab grew up, studied at Sri Aurobindo International Centre of Education at Pondicherry, India and continues to serve as researcher at his alma mater. He is also senior faculty at Sustainable Livelihood Institute, a collaboration between Indian Govt. and Auroville, India.

F E A T U R E D
D O C T O R S

NANA KWAME AYISI-BOATENG

GHANA

I am Dr Nana Kwame Ayisi-Boateng, a Family Physician who graduated in 2018 as a Fellow of the Ghana College of Physicians (FGCP).

I am a Lecturer at the School of Medicine and Dentistry, Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana. I am involved in the training of 4th and final year undergraduate medical students.

I am also a trainer of Family Medicine residents at the post-graduate level. My experience as a family doctor in Ghana has been exciting as I am passionate about making Family Medicine a relevant speciality in Africa and promoting efficient delivery of primary care.

On a weekly basis, I run a Family Medicine Clinic at the University Hospital, KNUST, where I attend to patients with chronic medical conditions such as asthma, sickle cell disease, stroke, hypertension, diabetes, HIV/AIDS and viral hepatitis.

Since 2018, I have served as the chair of AfriWon Renaissance, the Young Doctors' Movement (YDM) of the World Organisation of Family Doctors (WONCA) – Africa region.



Through AfriWon Renaissance, I have been part of efforts to develop the research skills of young family doctors through the AfriWon Research Collaboration (ARC) project. My research interests are in Medical Education, infectious diseases or Tropical Medicine.

I have been a Trial Clinician, Site Coordinator or Principal Investigator in COVID-19 Vaccine Trial, Clinical Trials in Lymphatic Filariasis/Onchocerciasis and other studies in Antimicrobial Stewardship (AMS).

I currently have 21 publications in refereed journals. In 2019, the Society of Family Physicians of Ghana (SOFPOG) honoured me with the 5-Star Doctor Award for my 'enormous contribution to health care as a care provider, a decision-maker, a communicator, a community leader and a team member.

My hobbies are playing tennis, reading and travelling with my family on vacations.

FEATURED
DOCTORS

GOBITH RATNASINGAM

SRI LANKA



WHAT ARE YOU CURRENTLY WORKING ON?

I'm a full-fledged family physician at my own practice. Also, I'm working at the Government Health department as a medical officer-in-charge at a Non-Communicable Diseases (NCD) Unit

TELL US ABOUT YOUR EXPERIENCE AS A FAMILY DOCTOR?

I'm always proud and happy of being a family doctor, as I can deliver comprehensive service to our community. I do treat a wide variety of conditions with different age groups.

The diversity and the long-term care that I was able to continuously delivered have brought a sense of satisfaction that was in itself rewarding.

WHAT OTHER RELEVANT ACTIVITIES HAVE YOU PARTICIPATED IN?

I'm a visiting academic at the Department of Community and Family Medicine, University of Jaffna, Sri Lanka. I love teaching along with clinical practice. I do deliver lectures to undergraduate medical students and paramedical staff.

I'm part of many charitable organizations, including a co-founder at Forum of Rural Community Empowerment (FoRCE) & director of Health at a child welfare organization.

I have also been part of multiple community development activities, including a well-known project called Community Orientated Primary Care (COPC), among other empowerment activities.

F E A T U R E D
D O C T O R

I am a regular member of local and international professional organizations, including executive council member at WONCA Working Party on Rural Practice, and holding a portfolio position on LMICS. Also, I am an active member of the College of General Practitioners, Sri Lanka and a national committee member of the Spice Route Young Doctors' movement of Sri Lanka.

I am interested in research and publications. Recently contributed as a team member of National Covid-19 guidelines.

During the pandemic, I have taken a leadership role to coordinate Covid -19 preparedness and response activities at a district hospital, in charge at a Covid-19 Intermediate care centre.

WHAT ARE YOUR
INTERESTS AT
WORK AND IN
PRIVATE?

My special interest is community-based care, age care, quality management and leadership. I love travelling and reading books. I do regular visits to beaches, forests and mountain areas.

FEATURERED
DOCTORS

AfroPHC Workshop



E-WORKSHOP “RURAL ISSUES IN AFRICAN PHC”

AFROPHC & WPRP
19 OCTOBER 2021

AfroPHC and the WONCA Working Party on Rural Practice invite you to a joint eWorkshop 11:00 AM – 14:00 PM UTC on Tuesday 19th October on “*Exploring Rural Issues in African PHC*”.

Find more information and Register [here](#).

DISCOVER THE HEALTH SERVICES LEARNING HUB

WORLD HEALTH ORGANIZATION

The WHO Health Services Learning is a knowledge platform that aims to drive cross-country learning on maintaining essential health services during the COVID19 pandemic & throughout the post-pandemic recovery phase.

The HLH supports implementation of WHO’s operational guidance on maintaining essential health services.

Find more information [here](#).



JOIN THE FM PIVOT INITIATIVE
BY THE BESROUR CENTRE FOR
GLOBAL FAMILY MEDICINE.

The Besroure Centre for Global Family Medicine is excited to announce the FM Pivot learning module “Finding Great Research Questions in Pandemics and Other Crises: An introduction for family medicine researchers” is now available at www.fmpivot.ca.

The online module aims to apply global experience from the COVID-19 pandemic to build research skills and capacity amongst community-based family doctors and trainees.

Start this learning module [here](#).



**WELCOME TO
FM PIVOT!**

Ready to get Started?

WONCA
UPDATES

**UNIVERSITY OF EXETER PRINCIPLES OF PRIMARY
CARE- INTERNATIONAL CPD COURSE**

VIRTUAL COURSE
12TH NOVEMBER & 3RD
DECEMBER 2021

The course, to be delivered virtually on the 12th November & 3rd December 2021, will give you the opportunity to hear about how primary care is delivered in other parts of the world and explore ideas and principles that may cross our national boundaries.

Check the full programme here and book your place [here](#).



TACKLING COVID-19 MISINFORMATION

Nearly 6000 people around the world were hospitalised in the first three months of 2020 due to coronavirus misinformation. Now, as the Covid-19 vaccines are approved and rolled out, misinformation has started to undermine the public's trust in these life-saving interventions.

People who are already valued experts and leaders in their own communities are the most effective messengers to counter harmful misinformation - people like WONCA members.

The World Health Organization—in collaboration with the UK Government—has been working with the to develop a social media toolkit for healthcare practitioners like you. The kit provides all the tools and tips you need to create online content that addresses COVID-19 misinformation and builds vaccine confidence.

With messages tried and tested by the World Health Organization, the toolkit will help you address common concerns around:

- 👉 the safety of the vaccines;
- 👉 the speed of vaccine development; and
- 👉 the effectiveness of the vaccines.

We know that healthcare practitioners are extremely busy, now more than ever! The toolkit has been designed so you can tailor content creation to the demands of your schedule. You can explore guidance on creating your own posts, sharing the creative assets provided, or amplifying trusted health organisations' social media content - all options are positive steps to address COVID-19 misinformation online.

There are many scientists and healthcare professionals already creating and sharing simple, accurate and engaging posts with their online communities. By adding your voice to theirs, you can help people to make the right healthcare choices, ensuring that facts and science rise above the noise of myths and misinformation at this crucial moment in the vaccines' rollout.



Vaccines are the way out of this health crisis. You can help ensure facts triumph and confidence in vaccines remains high globally, so they can do their job of protecting the public and saving lives.

[Get your toolkit here!](#)





Wonca

World family doctors. Caring for people.