

# WONCANews

An International Forum for Family Doctors



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## WONCA GLOBAL SPONSORS



## FROM THE WONCA PRESIDENT:

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### DIVERSITY AND FAMILY MEDICINE

Diversity is one of the most obvious characteristics of the (primary care) population: individuals differ and individual differences shape society. This drives human creativity in a positive way, ensuring that groups and communities are more than just the number of individuals they are made-up of. Variation also determines vulnerability, a fact all family physicians must be familiar with. There is substantial variation between patients in reacting to health hazards, illness and disease. Finding an individualized response, 'patient or person centred care' is a core value of family medicine. This is critical to pursue effectiveness and safety of medical care, as any 'one size fits all' approach is doomed to fail.

At its meeting in Singapore in 2007, the Wonca Council expressed its commitment to address the inequity in health, when it advised the WHO Committee on Social Determinants of Health. A global, concerted action is needed, as diverse social inequities remain a driving factor of populations' health and disease.

In responding to such major challenges, the global primary care and family practice community needs the best of the best. Only our collective creativity will enable us to find the viable responses. This 'best of the best' is to be found in the diversity of the global primary care community. In this context, it is important to consider the success of bringing this creative diversity together - within Wonca and more in general in primary care.

Serious doubts exist whether at this moment we have maximized our collective creativity. The most tangible aspects of equity are gender and region. Wonca has now been able to organize itself as a truly global organization, with representation in all regions of the world. It works in an environment where approximately 50% of the family doctors are women. Yet, to a large extent, the leadership of Wonca is male, and recruited from affluent, Western countries. This internal mismatch is becoming for Wonca more and more of a barrier in fulfilling its mission and in addressing equity. Primary care is a core component of effective, efficient and safe health care. To further improve the health of peoples of the world, primary care must be strengthened. In pursuing this worthy goal, Wonca needs all the talent it can recruit.

The issue of gender equity within Wonca was acted upon at the Singapore World Council, on the initiative of the Wonca Working Party of Women and Family Medicine. The World Council adopted the Hamilton Equity Recommendations (HER) statement and the Ten Steps to Gender Equity (see October and December 2007 issues of Wonca News)

It underlined the point that Wonca must do better in terms of equity in its internal organization, starting with gender equity. This is an excellent focus point to address 'equity' in its broader context. It is essential to define short-term targets for better representation of women in the Wonca leadership. The best moment to start this is now. I look forward to see in the coming years a substantial number of our excellent female colleagues nominated for Wonca positions and awards and this with an eye to the various regions. This will help safeguard our position to speak out for equity on behalf of people and communities around the world.

**Professor Chris van Weel**  
President of Wonca

## FROM THE CEO'S DESK:

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### WONCA AND THE PHARMACEUTICAL INDUSTRY

In 2004, the first ever Wonca satellite symposia sponsored by a pharmaceutical industry were held in conjunction with the 17th Wonca World Conference in Orlando, Florida, USA. The two symposia were on Chronic Obstructive Pulmonary Disease (COPD) and on Allergic Rhinitis and Asthma. The teaching faculty formed for these symposia adhered strictly to the guidelines set by the American Academy of Family Physicians. Attendance at the events was better than expected and the feedback received following the symposia was very positive. The small margin in funding that Wonca received from the sponsorships went to defray the high cost of the facilities needed to hold the Wonca Executive and World Council Meeting in the USA.

During the Orlando World Council, extensive discussions were held on the pros and cons of Wonca initiating further collaborations with the pharmaceutical industry. The World Council in its wisdom decided that Wonca should take the initiative to engage industry in some aspects of its activities with care taken to ensure that strict ethical considerations are given to the collaborations.

In these past four years, Wonca's relationship with industry has grown and matured with both sides gaining a better understanding of each other's roles and needs, ethical principles and codes, and objectives. Of special significance to Wonca in these past years has been the ongoing support from industry for the corporate membership initiative termed "The Wonca Global Sponsorship". These corporate memberships, in the form of unrestricted grants to Wonca, are limited to only six sponsors annually. The Wonca Global Sponsors have been the principal support for the maintenance of the Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com). The six Wonca Global Sponsors are acknowledged on the home page of the Wonca Website and on the front cover of the year's six issues of Wonca News. And at the beginning of each year, the Wonca CEO pays an annual visit to these corporate members to personally thank them for their support and present the members with a certificate of appreciation and a small memento.

The collective unrestricted grants from the Global Sponsorships have, from its onset, been used in specific ways. First, they support Global Family Doctor - Wonca online, including the Wonca Webmaster, the hosting fee of the website, the cost of periodic web page re-designing and the design of new website homes and links within the Wonca Website for the smaller member organizations of Wonca with no means to have their own independent websites.

Secondly, these unrestricted grants support the cost of appointing three senior family doctors from Australia, Canada and New Zealand as the Medical Editors for the Wonca Journal Watch Program. Our three editors vet through about 80 medical journals weekly to extract and summarize articles of relevance to family doctors. These editors are only paid an honorarium for their work. The journal articles are then sent as Journal Alerts directly to the e-mail addresses of over 5,000 family doctor subscribers globally on

three days a week (Tuesdays, Wednesdays and Thursdays) with six journal articles each time. The Journal alert subscribers hence receive 18 journal articles each week directly to their computers. This saves family doctors the precious time and effort of perusing each week through the many key global journals for relevant information. I would add that Wonca members currently not on the e-mailing list who want to receive this free service can do so by visiting the Wonca Website and subscribing for the free family medicine Journal Alerts service. Finally, the small reserve funds specifically set aside from the Global Sponsorship have been useful in past years in renewing or upgrading the hardware needed for the website.

Currently the Wonca Website receives over one million individual visits each year and the numbers are growing. The Wonca Education Committee plans to use the website in the near future for structured interactive Continuing Professional Development and Continuing Medical Education. This is one sure way for the Organization to help family doctors improve patient care.

I hope the short description I've given above has helped you better understand the significance that Wonca attaches to the support from industry for the work that the organization does and continues to do in enhancing the care family doctors can give to their patients.

In addition to this corporate membership initiative, Wonca has over these past years collaborated with industry: (1) in the provision of satellite educational programs during world and regional conferences, (2) in the work that Wonca does with WHO as a founding member of the WHO Global Alliance Against Respiratory

Diseases (GARD), and (3) recently in the collaboration with WHO in Integrating Mental Health into Family Medicine.

I hope to expand on these areas of collaboration in one of the upcoming issues of Wonca News

**Dr Alfred Loh**  
Chief Executive Officer  
World Organization of Family Doctors

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**FROM THE EDITOR:**

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**STAY UP-TO-DATE AT  
GLOBALFAMILYDOCTOR.COM**

The bimonthly issues of Wonca News report on what's relevant in our profession across the globe. Wonca News always points you, the reader, to the source that helps keep you up-to-date each and every day, our Wonca website - GlobalFamilyDoctor.com

This issue features Wonca's call for environmental action on World Health Day. Family doctors with a interest in the climate change and health may go to GlobalFamilyDoctor.com (GFD) for the latest information. Those with a passion to be leaders in this global health priority may sign up through GFD with the Special Interest Group on the Environment.

Interested in learning more about Wonca's other Working Groups? They are all on GFD.

This issue also reports on Wonca's "15by2015" Campaign to strengthen primary health care around the world. You have the opportunity to sign your name to a growing petition calling upon all donor organizations to allocate 15% of their budgets for vertical disease oriented programs towards strengthening local horizontal primary health care systems by 2015. Where? Go to GFD and click the link to the "15by2015" Campaign.

This issue also promotes Wonca's two remaining regional conferences in 2008: the Europe Regional in Istanbul, Turkey from September 4-7 and the Asia Pacific Regional in Melbourne, Australia from October 1-5. Want to plan your travel around these and two dozen other global meetings for the family doctor? Then go to GFD and click on 'conferences'.

This and every issue of Wonca News highlight our remarkable family doctors who truly make a difference in the lives of their patients, families and communities throughout the world. Global Family

Doctor - Wonca Online has introduced a Global Doctor of the Month award to reward family doctors who are doing great work, often under trying conditions. This award is supported by Welch Allyn who gives each awardee a free diagnostic set with co-axial ophthalmoscope, and fibre optic otoscope with a convertible handle in a case. Do you know of someone you would like to honor for his or her work as a family doctor? Then go to GFD and nominate them for the Global Doctor of the Month.

And GFD has so much more, from Journal Alerts, to online CME and patient education, to research opportunities and publications, and to relevant information on our global organization.

So, make it a daily habit to visit Global Family Doctor - Wonca Online and keep up to date!

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**FEATURE STORIES**

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**DELEGATES ATTEND 8TH WONCA RURAL HEALTH CONFERENCE IN CALABAR**

The 8th Wonca World Rural Health Conference was held on February 20-23 in Calabar, Nigeria. More than 230 participants attended, drawn from the United Kingdom, Australia, Japan, Norway, Canada, and South Africa, with the majority being Nigerian registrants. The conference was hosted by the Faculty of Family Medicine, National Postgraduate Medical College of Nigeria in conjunction with the Society of Family Physicians of Nigeria (SOFPON), the Association of General and Private Medical Practitioners of Nigeria (AGPMPN), the Cross River State Government, Ministry of Health and the University of Calabar Teaching Hospital with endorsement from Wonca and the Wonca Working Party on Rural Practice. Dr. Ndifreke Udonwa chaired the

Conference Organising Committee. An eight-person Nigerian Scientific Committee chaired by Prof Victor Inem, and supported by the Wonca Rural Working party, developed the conference program.

The theme of the conference was: “Frontline Medicine: From Man-made and Natural Disasters to Daily Care”, while the sub-theme was “The Effect of the HIV/AIDS Pandemic on Rural Populations”. The 3-day program began with an opening ceremony where a foremost frontline Rural Practitioner and Residency Director for the Faculty of Family Medicine in Nigeria, Dr. S.E. Imoke, was posthumously given an award by the Wonca Rural Working Party and local practitioners. The late Dr S.E. Imoke happens to be the father of the present Executive Governor of Cross River State, Senator Liyel Imoke who was the guest of honour at the opening ceremonies. Dr. George Somers, a General Practitioner from Australia gave the keynote address, sharing his experiences on issues related to crisis intervention in Indonesia after the Tsunami, and the critical need for ongoing care after the emergency was over.



Leaders Gather for the Rural Health Meeting in Calabar, from left to right: Dr George Somers (keynote speaker), Prof Ian Couper (Chair, Wonca Working Party on Rural Practice), Prof Chris van Weel (President Wonca), Dr Alan Fatayi-Williams (Working Party member and International Liaison for Calabar conference)



Host Organizing Committee at the Rural Health Meeting in Calabar, from left to right: Dr Alan Fatayi-Williams (Working Party member and International Liaison for Calabar conference), Dr Ndifreke Udonwa (Chair, local organising committee, Calabar conference) in his new outfit as Anta-Duno (chief), Mrs Udonwa, and Prof Victor Inem (Chair, Scientific committee, Calabar Conference and Working Party member)



Wonca rural health leaders, from left to right: Prof Roger Strasser, Founding Chair, Wonca Working Party on Rural Practice, Dr Ndifreke Udonwa, Prof Ian Cooper, Prof Victor Inem, and Prof Bruce Chater, **Secretary, Wonca Working Party on Rural Practice**



A dancer demonstrates the culture of the region

The second day witnessed parallel sessions on Basic Life Support, Prime workshops and free paper presentations. Keynote speakers for the day included the Wonca President, Prof Chris Van Weel, the Wonca Rural Working Party Chairman, Prof Ian Couper, and

the founding Chair of the Wonca Rural Working Party Prof Roger Strasser. The day ended with a cocktail party hosted by the Chief Medical Director of the University of Calabar Teaching Hospital, Prof E.E.J. Asuquo at the new permanent site of the hospital.

The third and final day began with a keynote address by Professor John Hamilton under a marquee at the Comprehensive Health Centre, Ikot Effiong Otop, in Okoyong, a rural location and 45 minutes drive from Calabar. This is the Rural Training Centre for Residents in Family Medicine from the University of Calabar Teaching Hospital. John Hamilton shared his experiences of medical education on 4 continents.

This was followed by a journey to the residence of the late Mary Slessor, a Scottish lady medical missionary who worked assiduously for the abolition of twin birth infanticide in the late 19th and early 20th Century in the area.

Five members of the Working Party were then conferred with chieftaincy titles of ‘ANTA DUNO’ (‘He who brings development’) by the people of Okoyong together with the Wonca President Prof Chris van Weel, the Chief Medical Director of University of Calabar Teaching Hospital, Prof E.E.J. Asuquo and the Chair, Conference Organizing Committee Dr N.E. Udonwa. The day ended with a Gala Night at the Marina Resort where participants were exposed to the various Nigerian traditional dances.

Proceedings of the conference will presently be made available on CDs and on the conference website: [www.ruralwonca2008.net](http://www.ruralwonca2008.net)

Recommendations

1. The Okoyong Comprehensive Health Centre be designated as a

- Centre of Excellence for Rural Health training.
2. An Exchange program be instituted for Tutors, Preceptors, Resident Doctors and Medical Students commencing with Rural Medical Schools in Africa and Developed Countries.
  3. The Wonca Rural Working Party to investigate how to facilitate the upgrading of the infrastructure in the facility in respect of accommodation, security by way of a perimeter fence, water and electricity supply and also in the provision of medical and hospital equipment and teaching aids especially with regards to telemedicine for the Family Medicine Residency training programmes.

A successful 2-day meeting of the Wonca Working Party on Rural Practice preceded the conference. The next world rural health conference will be held in Crete, 12th - 14th June, 2009 (Go to [www.ruralwonca.2009.com](http://www.ruralwonca.2009.com) for more information).

Dr. Abraham N. Gyuse  
Assistant Secretary  
Host Organising Committee

Dr. Ndifreke Udonwa  
Chair  
Host Organising Committee

## **WONCA ISSUES CALL FOR ENVIRONMENTAL ACTION ON WORLD HEALTH DAY**

As momentum for action on climate change continues to grow, the World Health Organization (WHO) focused its Monday, April 6th World Health Day 2008 theme on "protecting health from climate change." WHO Director General Margaret Chan has called climate change the defining issue for public

health in the 21st century, and has said that the health sector must add its voice to the growing concern. WONCA fully supports both these statements, in calling on World Health Day for more environmental action to protect health.

The earth's climate has changed, and will continue to change. The earth has warmed and global temperatures will continue to rise. This has led to complex changes in the climate that are expected to continue and escalate, including widespread melting of snow and ice, changes in rainfall patterns, increased hurricanes and storms, and a rise sea level. The scientific evidence for this is sound, and it is now widely accepted that the accumulation of human-made carbon dioxide and other greenhouse gas emissions in the atmospheres is responsible for these changes.

What are the expected health effects? The most easily recognized health impacts, or direct effects, are morbidity and mortality from more frequent and intense heat waves, and the health effects of more frequent and more intense extreme weather events, such as storms, hurricanes and floods.

The other health impacts have more complex indirect pathways, and include a worsening of air pollution, more allergens, and increased risk from infectious diseases. Both water and food-borne infectious diseases, especially diarrhoeal disease, are predicted to increase with increased temperature, and similarly vector-borne diseases, such as Dengue, Lyme disease and malaria, which are likely to increase because of the temperature related increase in the range of the mosquitoes. Large coastal cities are vulnerable to flooding and disruption from sea level rise.. Finally, many communities will be

impacted by climate changes that affect natural ecosystems upon which they are dependent for food, (e.g. from fishing, hunting), agriculture or forestry.

We will all be impacted, but the greatest burden of disease will fall on developing countries, with increased death and disability due to diarrhoea, malaria, malnutrition and sea level rise. Populations in developing countries also have less resources and capacity to adapt to these impacts. This will severely impact our ability to attain the United Nations Millennium Development Goals.

Is there a role for family doctors? We are respected and credible leaders in health care in our offices, our communities, and beyond. As such, we have a responsibility to address this looming health crisis. But what can we do? There are two broad areas for intervention. Firstly, we can help in the efforts to reduce carbon dioxide emissions (true primary prevention; or mitigation in climate change lingo). We can "green" our clinics and hospitals, and we can work together with others to educate our patients and communities about our carbon footprints, and to encourage and support necessary interventions by government and industry.

Secondly, it is important to realize that even if we reduce greenhouse gases now, because of the inertia of the climate system, we will face the consequences of climate change for many decades to come. So we need to adapt, to avoid or reduce the health impacts. We will be called upon to treat the increased diseases discussed above. But family doctors also have an important role in educating our selves, our health-care colleagues and the communities where we work and live. We will need to be involved in surveillance activities for

increased risk factors (such as mosquitoes) and increased incidence or outbreaks of diseases, and in disaster preparedness programs. Finally, it is predicted that there will be many climate victims, and many climate refugees, with great needs for psychosocial care.

We must act as individuals, but our voice will be stronger if we act as medical organizations. The Ontario College of Family Physicians is publishing a report on climate change and health on World Health Day, and this will be available on the WONCA website, through the WONCA Special Interest Group on the Environment.

WONCA and family doctors throughout the world, add their voices to international efforts on World Health Day 2008, in efforts at "Protecting Health from Climate Change".

Alan Abelsohn, MD  
 Convenor, Wonca Special Interest Group on the Environment  
 alan.abelsohn@utoronto.ca

**WONCA WORKING GROUP NEWS**

**WONCA LAUNCHES MENTAL HEALTH IN FAMILY MEDICINE JOURNAL**

The Wonca Working Party on Mental Health continues to work within the framework of Wonca ideals and a major accomplishment has been the production of an official mental health journal Mental Health in Family Medicine (MHFM).

The Wonca CEO has formally signed a contract between Wonca and Radcliffe Press to produce Mental Health in Family Medicine, the official Journal of the Wonca Working Party on Mental Health. The editorial board of the Journal reflects a true collaboration between members of Wonca, the WPA (World Psychiatric Association), the WHO and other important stakeholders. This collaboration will enable us to work together to improve the outcomes of patients suffering from mental health problems worldwide and the Working party on mental Health are working with the CEO's office to ensure that hard copies of this journal will be sent to all Direct Members of Wonca during the first two years of publication. Radcliffe publishers have agreed to make free electronic copies of the Journal available so that our members in developing nations, especially Africa and Asia can have access to this important resource.

Mental Health in Family Medicine replaces Primary Care Mental Health and is a peer-reviewed journal on research, education, development and delivery of mental health in

primary care. The journal will publish the results of original research, audits, innovative techniques and best practice, providing a multidisciplinary forum for professionals in health, social and voluntary care and will be issued quarterly.

Mental Health in Family Medicine welcomes original papers and correspondence from all those involved in research, education, development and delivery of mental health in primary care. Articles should contain material of relevance to primary care mental health or mental health within the family context.

Mental Health in Family Medicine's target audience includes Family practitioners; Nurses; Social workers; Psychiatrists; Psychotherapists; Psychologists; Occupational therapists; Arts therapists; Researchers; Teachers; Healthcare managers; Medical and healthcare libraries; Service users; NGO's with an interest in mental health and social inclusion. This Journal is already indexed on: EMBASE/Excerpta Medica, CINAHL, British Nursing Index, DH-Data, Health & Social Care Abstracts, Zetoc, SwetsWise, EBSCOhost Electronic Journals Service, OCLC First Search Electronic Collection Online & Ulrich's Periodicals Directory and we are in the process of seeking PubMed indexation.

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**WOMEN’S WORKING PARTY MEETS IN DUBAI WITH WONCA EXECUTIVE**

Leaders of Wonca’s Working Party on Women in Family Medicine (WWPWFM) traveled to Dubai for two main purposes. First, we met with members of the Wonca Executive to discuss the detail of taking forward the Bylaws issues. Secondly, we assisted the Eastern Mediterranean Regional (EMRO) Women’s Symposium taking place during the Wonca Executive’s visit. Both of these were a privilege, and represent the breadth of activities of our working party. The first was hard and involved crucial thinking and arduous work: two consecutive days of talking through details of why and what we proposed in the Bylaws modification, why have a preamble, why gender equity, and right down to the tricky nature of individual words (‘children’ or ‘girl children’). Importantly, the work involved bringing together ‘hearts and minds’ in what otherwise might seem a dry and tedious effort - to agree why Bylaws changes are needed, and understand the consequences of creating a Standing Committee to monitor equity in Wonca over time. Despite jetlag, a long agenda and language challenges, the resultant spirited debate and mutual understanding produced both positive relationships and clear actions for the next Bylaws Committee in May 2008, where Dr Ilse Hellemann will represent our Working Party.

The crucial steps from our perspective were that:

- \* We were invited to engage in this meeting, and to have direct contact with members of the Executive and Bylaws Committee - this was a major statement of intent by the Executive, and encouraged us to believe that changes could be brought about.

- \* The Executive endorsed the ten ‘principles of change for gender equity’, and the fundamental concept that the bylaws committee should aim to secure a means by which no less than 25% of the Executive should be female was agreed, the details of how to make this workable was left to the bylaws group.
- \* The advice to regions to aim for similar implementation of a minimum of 25% women as speakers in meetings, on committees etc. was agreed
- \* A standing committee will be proposed to Council with a title of Committee on Equity. The WWPWFM will work with the core executive and the bylaws committee to provide some draft terms of reference.

The other BIG activity in Dubai was the wonderful opportunity to meet EMRO colleagues, and to be present at their highly impressive regional meeting. Dubai and Abu Dhabi were amazingly high tech places, very diverse, and had a sense of urgency of achievement married with a degree of ownership and possibility that we found inspirational.



Gender matters in Wonca. Dubai executive meeting addressing gender equity bylaw suggestions: Back row - Wonca executive members: Michael Kidd; Chris Van Weel, Bruce Sparks and Iona Heath. Front row - WWPWFM bylaw representatives: Atai Omoruto, Cheryl Levitt and Amanda Howe



EMRO participants at the Gender Equity Workshop

This was manifest in the large number of attendees at the symposium, and we were honoured that 25 women (many early in their family medicine careers) took time out of the main programme to attend our workshop. We introduced the work of Wonca and the WWPWFM, also hosting a discussion about their concerns and interests. High on the agenda was the impact of health service models that fragment holistic primary care, with the limits of systematic approaches to screening in some populations raising issues of how family physicians can act effectively across the preventive agenda. People were very alert to the value of collecting data to provide evidence of



who was (or was not) accessing their services, of the prevalence of domestic violence, and of family doctor workload rates. Interesting issues were also raised about gender sensitivity in the research process (e.g. providing female researchers to encourage women to participate in research). Flexible and predictable hours of work were also discussed as a crucial means to enable women to plan their family life and work commitments effectively. At the workshop's end, 18 new members joined the WWPWFm listserve, and we hope to hear much much more from the EMRO region.

Next steps include ensuring that the Bylaws Committee takes the Dubai work forward, and encouraging women in all regions to put themselves forward for regional Councils and Wonca executive positions. We also have the rest of our action plan to progress, and will do this in regional meetings and via the listserve, also at a 'preCancun' meeting in the United Kingdom next year. We will have a Women's Track at Istanbul and Melbourne, and have had a high profile in Africa through Kate Anteyi and Atai Omoruto, who will also be visiting the UK via the Royal College of General Practitioner International in May this year.

We want to thank again the women from the Hamilton meeting who put so much work into the Bylaws recommendations: and to acknowledge the tireless expert input of Andy Orkin, who joined us in Dubai to help with this work. We know that good will, clear thinking and a will towards equity will carry family medicine forward. And gender equity will bring half the world with it.

Professor Amanda Howe  
Chair, Wonca Working Party on  
Women and Family Medicine  
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### **TRAVEL MEDICINE - THE ZANZIBAR EXPERIENCE: 4-7 OCTOBER 2008**

The South African Society of Travel Medicine, in collaboration with the WONCA Special Interest Group in Travel Medicine, is hosting a travel medicine conference in Zanzibar. The Conference will offer an unrivalled experience with a stimulating academic programme covering aspects of travel medicine and infectious diseases, aviation and dive medicine. Topics covered include the immuno-compromised traveler, dive medicine accidents, evacuation problems, malaria, the impact of travel on chronic diseases, and the stress factor in travel as well as workshops. There is an opportunity for free paper and poster presentations.

Wonca direct members are able to attend at a reduced registration fee. There will also be an opportunity for the WONCA SIG to meet to plan future developments.

Please let me know if you are interested in attending.

Full details are available on [www.sastm.org.za](http://www.sastm.org.za)

Garth Brink  
Convenor, Special Interest Group in  
Travel Medicine.

## **WONCA REGIONAL NEWS**

### **REGISTRATION OPEN FOR WONCA EUROPE REGIONAL IN ISTANBUL**

The Turkish Association of Family Physicians welcomes you to the Wonca Europe 2008 Conference that will be held in Istanbul, Turkey, on September 4-7, 2008. The theme of the conference is "Overcoming the distance" Family practice - bringing the art of medicine to the people. Working together with National Colleges, European Network Organizations and Special Interest Groups we aim to come together in largest collaboration possible also with a large number of Turkish colleagues. Even with attendance beyond Europe, we will have the opportunity to find out our similarities and differences in a comprehensive scientific program.

We are very excited for this opportunity to meet our colleagues from various countries in Istanbul, a magnificent metropolis with a rich history. We aim to bring together family physicians of different affiliations like universities, hospitals or community based settings to review basic principles of and latest evidence about family medicine, and exchange experiences in the framework of a rich, comprehensive scientific program. The conference will feature sessions on the primary health care/family medicine approach to various clinical issues, undergraduate and postgraduate training in family medicine, a comparative review of family practice in different countries with different health care systems, and basic principles of family medicine.

In Turkey, family medicine is a relatively young discipline and much has been accomplished in its rich history of 23 years. There is constant effort to further develop and strengthen family medicine as a clinical and academic discipline through our professional association TAHUD, our Board TAHYK, our peer reviewed journals, 38 academic departments of family medicine, and our broad community of family physicians, who work as clinicians in hospitals and community based settings. We believe that your participation in this conference will constitute an important contribution to our efforts to strengthen the discipline of family medicine and to improve quality of primary health care in Turkey and in Europe as well.

Istanbul, at the Southeast end of geographical Europe, where Europe meets Asia, where cultures and civilizations meet, will be the ideal place to discuss "Overcoming the distance". Looking at the other continent, with all its beauty, just a few hundred meters away, within minutes to reach, will make us think again about how far really "the distance" is. We will be looking at various aspects of our discipline thoroughly, from many different viewpoints, but to learn from each other, in order to bring our distance as near as possible.

The challenge is ahead of us, to have a WONCA Europe Conference with more than 4500 colleagues and also making it a long remembered one, both with its Scientific and Social events.

Registration is available online at [www.WoncaEurope2008.com](http://www.WoncaEurope2008.com).

We look forward to welcoming you to Istanbul.

With our kindest regards,  
 Assoc. Prof. Nezh Dagdeviren, MD  
 Erdem Birgul, MD  
 Co-Chairman, Host Organizing Committee  
 Prof. Fusun Ersoy, MD  
 Chair of the Scientific Committee

## PLAN TO ATTEND THE ASIA PACIFIC REGIONAL IN MELBOURNE

Family doctors, general practitioners and all those interested in the practice of family medicine are invited to Melbourne, Australia for the WONCA 2008 Asia Pacific Regional Conference which is being combined with The Royal Australian College of General Practitioners (RACGP) 51st Annual Scientific Convention (ASC) on 1-5 October 2008.

Our conference theme, 'A celebration of diversity' explores the wide ranging, all encompassing nature of the way our profession provides primary care to our patients, and supports health care in our communities and nations.

The Scientific Program will feature several renowned national and international speakers and includes the world and regional presidents of Wonca. The presentations will comprise a mix of expert plenary lectures, workshops, paper and poster sessions, all of which will address the conference theme of "a celebration of diversity". Topics will include updates in clinical care, developments in medical education, health service delivery, primary care in challenging environments, general practice research, and the social and cultural contexts of family medicine. Overseas visitors will have an opportunity to learn about family medicine in Australia, while Australians will learn from a diversity of international experiences.

Those wishing to present may submit abstracts electronically through the conference website at [www.wonca2008.com](http://www.wonca2008.com). The deadline for abstract submission is 30 April 2008.

Come to the multicultural city of Melbourne and experience a high quality professional program in first class conference facilities, and the world-class attractions of this city. Cosmopolitan Melbourne offers a unique mix of international cultures, reflected in the diversity of food, cultures and lifestyles and promises an unforgettable conference experience.

Forever known as the "Garden City" owing to its picturesque botanic gardens and parks, Melbourne now claims the privilege of being the "the world's most livable city". Melbourne is renowned for its festivals and sporting events, staging an exciting variety of entertainment each year including the Formula One Australian Grand Prix, the Australian Open Tennis, the Melbourne Food and Wine Festival, the Melbourne International Comedy Festival, the Melbourne Film Festival, the Boxing Day Test Cricket, the AFL Grand Final, the Heineken Golf Classic, and the Spring Racing Carnival.

The RACGP and WONCA looks forward to welcoming you to Melbourne in 2008.

Professor Michael Kidd  
 Vasantha Preetham  
 Co-Covenor  
 Associate Professor Peter Schattner  
 Chair, Scientific Program Committee

**HEALTH AND HEALTH SYSTEM NEWS**

**WONCA ATTENDS WHO'S PACIFIC ISLANDS MENTAL HEALTH MEETING**

On 25-26 February, Wonca delegates attended a Mental Health meeting hosted by the World Health Organization in Wellington, New Zealand on Mental Health in the Pacific. WONCA was represented by Michael Kidd, Wonca Liaison to the WHO, David Whittet from the Royal New Zealand College of General Practitioners, and Dr Edmund Lam from the Hong Kong College of Family Physicians, who represented the Wonca Asia Pacific Regional President, Dr Donald Li.

Mental Health is an increasingly important public health issue in the Pacific. In 2000 neuropsychiatric conditions were responsible for 15% of total disability-adjusted life years (DALYs) and 31% of years of life lived with disability (YLD) in the Pacific. Rising numbers of suicide, drug and alcohol abuse and domestic violence have become very alarming but current services are extremely limited, underfunded, poorly distributed and staffed. To address the mental health needs and overcome the geographical and resource constraints in the region, the WHO Pacific Islands Mental Health Network (PIMHnet) was officially launched at the meeting of Pacific Ministers in Vanuatu in March 2005. 17 countries are now active members of the network, supported by the network secretariat based at the WHO Regional Office for the Western Pacific and WHO headquarters and its strategic partners. Participation in the network requires high-level

commitment from ministries of health, as well as the official appointment of a country focal point and the development of an in-country team. Funding to support for three years was provided by the New Zealand Agency for international Aid in collaboration with the New Zealand Ministry of Health

Network countries have organized annual meetings to develop working plans to be officially endorsed by their ministers of health. To promote mental health and develop effective mental healthcare delivery systems, the network identified several three-year priority areas:

- \* Advocacy for mental health throughout the Pacific and within the countries
- \* Human resources and training
- \* Policy, legislation, planning and service development
- \* Access to psychotropic medicines
- \* Research and information

Non-governmental organizations (NGOs) have provided a significant level of mental health services in the Pacific. Yet, it is not uncommon at present that NGOs are isolated from one another and it is therefore proposed to bring together NGOs and other partners to discuss a coordinated strategic approach to improving mental health in the region.

The objectives of the meeting were:

- \* To promote networking of mental health-related NGOs and partners by sharing information and discussing the potential to align work programmes;
- \* To improve mental health services by maximizing the use of NGOs services and resources in harmony with international

best practices and WHO recommendations; and

- \* To strengthen the links between NGOs and formal mental health services.

More than 30 participants attended the meeting, including representatives from the WHO, representatives from various NGOs of the Pacific and representatives from the World Federation of Mental Health, the Royal Australian and New Zealand College of Psychiatrists and the World Federation of Family Doctors, in addition to our Wonca delegation. The meeting started early in the town hall of Wellington, 25th February with opening prayer by Murdoch Pahi, Kaumatua. Honourable David Cunliffe, Minister of Health, New Zealand gave an opening address followed by an opening speech by Dr. Chen Ken, WHO Representative, South Pacific.



Participants in the Meeting



Left to right: Dr. Rees Tohiteururangi Tapsell, Dr. David Chaplow, Professor Michael Kidd, Dr. David Whittet and Dr. Edmund Lam and Dr. Frances, Hughes.

Dr. Michelle Funk from the WHO Headquarter and Dr. David Chaplow chaired the meeting. It began with participants introducing themselves and the work of their representing organizations. After Dr. Michelle Funk gave us a brief introduction of the PIMHnet and the objectives of the meeting by the chairman, the group entered readily into heat debate on the definition of mental health and its scope in the Pacific. There existed great differences in mental health needs and the existing services amongst different islands. Through constructive discussions, participants had gradually gained understanding of the complexity of the issues.

The following one and a half day discussion was categorized into three parts - advocacy, services delivery and human resources and training for mental health. Participants were divided into three groups and each groups presented their suggestions and there were many good ideas generated through information exchange and collection of wisdom.

Spirituality, human rights, adjustment to globalization and family support were key elements for mental health in the Pacific. There was a lack of family doctors in almost all Pacific islands and the frontline mental health work was provided mainly by NGOs. We on behalf of WONCA explained the possible gate-keeping and coordinating roles of family doctors in the network and suggested the use of the mental health training resources of WONCA and the involvement of the Fiji medical school to support the manpower training.

Putting discussion to action, participants were asked to write down one-year action plans for their organizations towards the end of the meeting. A very fruitful sharing session with the representatives from the NGOs in New Zealand was followed and the two-day meeting was then ended with a farewell and closing prayer.

Our President of the WONCA Asia-Pacific Region, Dr. Donald Li has been fully supportive of the development of the network and WONCA would follow closely on the progress and provide assistance as needed.

Edmund Lam, MD  
Honorary Secretary  
Hong Kong College of Family Physicians  
wwlam@hotmail.com

## **“15by2015”: A CAMPAIGN TO STRENGTHEN PRIMARY HEALTH CARE AROUND THE WORLD**

A male patient is admitted to a hospital with pneumonia and possibly HIV. Due to staffing problems and improper handling, the patient is not seen for a week. Upon finally being seen, he is found to be HIV negative. Because he does not have HIV he has to pay for all expenses, totaling more than his monthly earnings. If he were HIV positive, the entire stay, all medication, and all tests would be free.

This experience demonstrates the growing crisis in health and healthcare in developing countries. Basic health services are seriously underfunded and doctors are abandoning their home countries. While donor money pours in, it usually focuses on single diseases like AIDS, while the death rate remains higher for common conditions like malnutrition, diarrhea and respiratory tract infections.

The British Medical Journal ([www.bmj.com](http://www.bmj.com)) published an editorial concerning one of the most important challenges for developing countries: the allocation of donor money in health care. The campaign “15by2015” requests donor organisations to allocate a part of their disease-specific funding towards sustainable comprehensive primary health care delivered by multidisciplinary teams, accessible and affordable for all.

The eight millennium development goals, [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals), form a blueprint agreed upon by all the countries worldwide and the leading development organisations to make unprecedented efforts meeting the needs of the world’s poorest, by the target date of 2015. Improvement of health and hereby improvement of health care is one of the leads in these eight goals.

With the campaign “15by2015” we want to make all influencing stakeholders aware of an adequate strategy to improve health care. Quality health care, accessible and affordable, is a right for all; everybody agrees on this, but how to reach this is not always that clear.

The positive news is that financial support to improve health care in developing countries increased with about 26% between 1997 and 2002 (from US\$6.4 billion to US\$8.1 billion). However, the vast majority of this aid is allocated to disease specific projects (“vertical programmes”) rather than to broad-based investments (“horizontal programmes”) as primary

health care services. In some countries for example, the money spent by donor organizations for treating one disease (HIV/AIDS) is higher than the total budget of the ministry of health.

Salaries of health care providers working for donor-funded vertical programs are often 2-4 times that of equally trained government workers in primary health care. This induces an internal brain-drain where local health care workers move from their work in health centres and hospitals to the better paid projects of donor organization.

In order to improve the health status of individuals worldwide, a different strategy of money-spending in health care systems must be adopted. Barbara Starfield, distinguished professor at the John Hopkins University, Baltimore USA, states: "Solving global health problems needs global solutions in the form of coordinated and population-oriented services: primary health care for all and not fragmented disease-oriented approaches."

Today, the World Organization of Family Doctors (Wonca, [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)), in collaboration with Global Health through Education Training and Service (GHETS, [www.ghets.org](http://www.ghets.org)), with the Network Towards Unity for Health ([www.thenetworktuffh.org](http://www.thenetworktuffh.org)), the European Forum for Primary Care (EFPC, [www.euprimarycare.org](http://www.euprimarycare.org)), Health Alliance International (HAI, <http://depts.washington.edu/haiuw/>) and Doctors for Global Health (DGH, [www.dghonline.org](http://www.dghonline.org)) initiated the campaign "15by2015" to strengthen the primary health care worldwide. They ask all donor organizations to allocate 15% of their vertical budgets towards the development of horizontal primary health care systems, which cut across diseases in a systematic way.

We can do it! There are indications that disease-oriented organizations want to go this direction: the Global Fund to fight AIDS, Tuberculosis and Malaria ([www.theglobalfund.org](http://www.theglobalfund.org)), has called for investment to strengthen health systems and to address social determinants of health by supporting poverty reduction strategies. Dr. David Egilman of Brown University states, "We are not calling for less money for HIV. We are asking for more effective spending and more resources for all health problems."

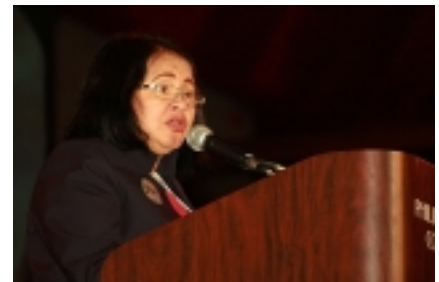
Community-oriented primary health care is also a cost-effective way to strengthen the quality of both preventing and treating all illnesses and empowering individuals and communities. One source reported that in 42 countries accounting for about 90% of child deaths worldwide, 63% of these deaths could have been prevented if good primary health care had been available. Primary health care teams, based in the community, consisting of family physicians, mid-level health care workers, nurses, nutritionists, social workers, health promoters, can really make a difference.

GlobalFamilyDoctor.com-Wonca Online has a link to the "15by2015" initiative or go directly to [www.15by2015.org](http://www.15by2015.org) for more information and to sign a petition in support of the "15by2015" campaign. Also, see the editorial in the 8th of March 2008 Edition of the British Medical Journal.

**MEMBER AND ORGANIZATIONAL NEWS**

**PHILIPPINE ACADEMY HOLDS 47TH ANNUAL MEETING IN MANILA**

I am pleased to report on my trip to participate in the 47th Annual Meeting of the Philippine Academy of Family Physicians, held in Manilla on February 20-22. Dr Zorayda Leopando (Dada), Past President of the Philippine Academy of Family Physicians and former President of the Asia-Pacific Region, was at the hotel to welcome me upon arrival.



Dada Leopando

After checking in, I had dinner with the office bearers and members of the Board of Directors of Philippines Academy of Family Physicians (PFAP). After dinner I watched the directors practice their line dance for a performance during the conference. The next morning I had breakfast with Alex, Dr Alejandro Piseda, President of PFAP at the hotel.



Donald Li with PFAP Board of Directors





Donald Li with Alejandro Pineda, President of PFAP

The formal Opening and Recognition ceremony of the 47th anniversary and annual convention of the Philippine Academy of Family Physicians commenced at 0800H at the Philippine International Convention Centre. There was a spectacular opening with drums songs and dances. They too have a Family doctor song. I delivered the Ramon R Angeles keynote address, an address named in honour of the founding president of PFAP. The title of my keynote address was "Optimal Primary Healthcare, Role of the Family Physician".

The theme of the convention was "Optimizing the Potentials of Family Physicians in Health Care and there were over 2000 delegates.

After lunch with Officers and Members of the Board of Directors. I was invited to preside over the opening and ribbon cutting ceremony of a medical products Exhibition.

In the afternoon while members of PFAP were having their General Assembly, former president Dr Ben Chang brought me to the Mall of Asia, one of the largest malls in Asia for a Barong Tagalong fitting and presented me with a beautiful one as well as a cookbook.

I met with the Organizing Committee for the Wonca Regional

Conference at 5:00pm and had a good discussion and planning session for the conference to be held in Cebu in 2011.

The Conference was shaping to a very nice one. Later that night I attended three simultaneous activities and dinners.

- \* Residents' Night. This was a gathering of the resident family physicians that were undergoing training. There were presentations, dances and induction of new office bearers. There were a lot of fun and dance and performance and I was invited to sing. I sang "Just the way you are",
- \* The second meeting I attended was a leadership meeting and dialogue with Chapter Presidents/ officers. This was an interesting session whereby chairman of the boards and committees gave a report on the activities of the past year and the floor was open for discussion
- \* Leadership meeting and dialogue with heads of accredited departments. This was a more serious session with heavy discussions on standards, requirement and quality assurance programs. There was a lot of active debate.

The next morning after Breakfast with Dada, Rey and Cynthia (Past Presidents of PFAP) at 0630 I left for the airport to return to Hong Kong.

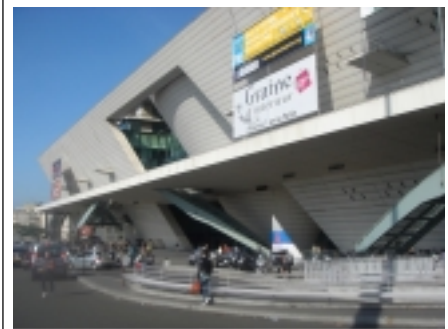
I enjoyed the 40-hour visit very much taking home a message that music and dance will create unity harmony and strong bonds amongst members.

Donald Li  
President, Asia Pacific Region

## Wonca Europe Conference 2007: A UK Trainee's Experience

I am a GP Registrar in Bradford on Avon, near Bath, England. I was very fortunate to be awarded a bursary by the Wonca Working Party on Mental Health to attend the 13th Wonca Europe Conference 2007 in Paris. It was held at the amazing Palais des Congr\_s in the Centre of Paris.

I arrived in Paris by air on the 17th October and having visited Paris on previous occasions I was no stranger. That evening I attended the Wonca Europe Conference opening ceremony. I was amazed at the sheer numbers of General Practitioners that had attended this wonderfully organised conference, 4300 delegates from 65 countries! It was great to meet GPs from all over Europe and to share ideas and experiences of what is happening in other countries in the context of primary care.



The Palais des Congrès in the Centre of Paris

The theme for this year was 'Re-Thinking Primary Care in the European Context: A New Challenge for General Practice.' The conference was made up of keynote lectures, clinical year reviews, evidence based seminars, workshops, oral presentations and posters. Due to the sheer number of talks happening at the same time I had no choice but to be selective and as a result I am



sure that I must have missed some fantastic presentations.



Dr Krupa Khistriya

Some of the talks/workshops I attended included a workshop on whether the generalist can be a part-time specialist, rethinking primary care mental health in a European context, Vasco da Gama Movement and Obesity to name a few. It was interesting to see how different countries had varying rates of treating mental disorder and remarkable debate was generated regarding resources available for patients suffering with depression for example, psychological support and CBT. The economic impact of depression and mental disorder was also touched on and how patients with mental disorder who are poorly controlled on treatment are finding it more and more difficult to return to work.

As well as listening to international speakers I had the chance to network with both GP trainees and General Practitioners from all over Europe. I was particularly impressed by the work of the Vasco da Gama Movement. This is a working group of young GPs who provide a forum and support network for new GPs and help improve the quality of training programmes for general practice. This made me realise that even at a trainee level it is possible to make a huge impact in the way that primary care is modelled and delivered. I was also invited to a party

organised by the Dutch National Association of GP Trainees. They were a very hospitable and fun group of trainees! I hope to meet with many of them in the near future

I felt very privileged to have the opportunity to attend Wonca and to meet so many people passionate about primary care. It has made me realise that general practice is an ever changing and evolving specialty that has a huge impact on patient care and optimising the health of Europe and the world. I would like to continue to be involved with Wonca and to share my valuable experience with others back in the UK to further increase the awareness of Wonca. I hope to have the opportunity to attend Wonca Europe Conference 2008 in Istanbul and to continue networking with such motivated and enthusiastic doctors!! Thank you once again to the Wonca Working Party on Mental Health for giving me this opportunity to gain the insight into other European health care systems and models and to enable me to learn more about international family medicine.

Dr Krupa Khistriya  
GP Registrar  
Bath VTS

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## RESOURCES FOR THE FAMILY DOCTOR

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### WHO'S CLIMATE CHANGE AND HUMAN HEALTH PROGRAM

Climate change is a significant and emerging threat to public health, and changes the way we must look at protecting vulnerable populations. The most recent report of the Intergovernmental Panel on

Climate Change confirmed that there is overwhelming evidence that humans are affecting the global climate, and highlighted a wide range of implications for human health.

Climate variability and change cause death and disease through natural disasters, such as heatwaves, floods and droughts. In addition, many important diseases are highly sensitive to changing temperatures and precipitation. These include common vector-borne diseases such as malaria and dengue; as well as other major killers such as malnutrition and diarrhoea. Climate change already contributes to the global burden of disease, and this contribution is expected to grow in the future.

The impacts of climate on human health will not be evenly distributed around the world. Developing country populations, particularly in Small Island States, arid and high mountain zones, and in densely populated coastal areas, are considered to be particularly vulnerable. Fortunately, much of the health risk is avoidable through existing health programmes and interventions. Concerted action to strengthen key features of health systems, and to promote healthy development choices, can enhance public health now as well as reduce vulnerability to future climate change.

WHO supports member states in protecting public health from the impacts of climate change, and provides the health-sector voice within the overall UN response to this global challenge.

Learn more about the WHO's climate Change and Human Health Programs and related environmental links by visiting [www.who.int/globalchange/climate/en/index.html](http://www.who.int/globalchange/climate/en/index.html)

## WONCA CONFERENCES 2008 – 2013 AT A GLANCE

Information correct as of February 2008.  
May be subject to change.

\*\*Wonca Direct Members enjoy lower conference registration fees

See Wonca Website [www.GlobalFamilyDoctor.com](http://www.GlobalFamilyDoctor.com) for updates & membership information

<b>2008</b>			
4 – 7 Sept	Europe Regional Conference	Istanbul TURKEY	Overcoming the distance, Family practice - bringing the art of medicine to the people
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	A Celebration of Diversity
<b>2009</b>			
1-4 March	African Regional Conference	Johannesburg SOUTH AFRICA	Family Medicine in the African Context
23-26 April	Iberoamericana -CIMF Regional Conference	San Juan PUERTO RICO	Theme to be confirmed
5 – 8 June	Asia Pacific Regional Conference	Hong Kong	Building Bridges
12-14 June	Wonca World Rural Conference	Crete GREECE	Health Inequalities
16 – 19 Sept	Europe Regional Conference	Basel SWITZERLAND	The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty
<b>2010</b>			
19 – 23 May	19 <sup>th</sup> Wonca World Conference	Cancun MEXICO	Millennium Development Goals: the Contribution of Family Medicine
6-9 October	Europe Regional Conference	Malaga SPAIN	Family Medicine into the Future: Blending Health & Cultures
<b>2011</b>			
February 2011	Asia Pacific Regional Conference	Cebu PHILIPPINES	Paradigms of Family Medicine: Bridging Old Traditions with New Concepts
<b>2013</b>			
June	20 <sup>th</sup> Wonca World Conference	Prague CZECH REPUBLIC	Proposed theme: Family Medicine: Care for Generations

**GLOBAL MEETINGS FOR THE FAMILY DOCTOR**

**WONCA WORLD AND REGIONAL CONFERENCE CALENDAR**

**Wonca Asia Pacific Regional Conference, Melbourne 2008**

Host : Royal Australian College of General Practitioners  
 Theme : A Celebration of Diversity  
 Date : 1-5 October 2008  
 Venue : Melbourne, Australia  
 Contact: The Meeting Planners  
 91-97 Islington Street  
 Collingwood Victoria 3066  
 Australia  
 Tel : 613 9417 0888  
 Fax : 613 9417 0899  
 Email : wonca2008@meetingplanners.com.au  
 Web : wonca2008@meetingplanners.com.au

**Wonca Africa Regional Conference, Johannesburg 2009**

Host : South African Academy of Family Practice/Primary Care  
 Theme : A Celebration of Diversity  
 Date : 1-4 March 2009  
 Venue : Johannesburg, South Africa

**Wonca Europe Regional Conference, Basel, Switzerland 2009**

Host : Swiss Society of General Medicine SSMG/SGAM  
 Theme : The Fascination of Complexity - Dealing with Individuals in a Field of Uncertainty  
 Date : 16-19 September 2009  
 Venue : Congress Center Basel, Switzerland  
 Contact: Dr Bruno Kissling  
 Chair Host Organizing Committee  
 Swiss Society of General Medicine SSMG/SGAM  
 Elfenauweg 6, CH-3006  
 Bern  
 Switzerland

Tel : 0041 352 48 50  
 Fax : 0041 352 28 84  
 Email : bruno.kissling@hin.ch  
 Web : www.woncaeurope2009.org

**19th Wonca World Conference, Cancun 2010**

Host : Mexican College of Family Medicine  
 Theme : Millennium Develop Goals: The Contribution of Family Medicine  
 Date : 19-23 May, 2010  
 Venue : Cancun Conventions and Exhibition Center, Cancun Mexico  
 Contact: Mexican College of Family Medicine  
 Anahuac #60  
 Colonia Roma Sur  
 06760 Mexico, D.F.  
 Tel : 52-55 5574  
 Fax : 52-55 5387  
 Email : jdo14@hotmail.com

**MEMBER ORGANIZATION AND RELATED MEETINGS**

**5th AAFP Family Medicine Global Health Workshop, Denver 2008**

Host : American Academy of Family Physicians  
 Theme : International Healthcare: Connecting Universal Family Medicine Concepts with Local Needs  
 Date : September 4-6, 2008  
 Location : Denver (Broomfield), Colorado  
 Venue : Omni Interlocken Resort  
 Planning : Committee Co-Chairs: Edward J. Shahady, MD and Calvin L. Wilson, MD  
 Contact : Rebecca Janssen  
 Email : rjanssen@aaafp.org  
 Web : www.aaafp.org/intl/workshop08

**RCGP Annual Conference, United Kingdom 2008**

Host : Royal College of General Practitioners  
 Theme : Creating Solutions for the Future  
 Date : 2-4 October, 2008  
 Location : Bournemouth International Centre  
 Contact : Profile Productions  
 Phone : 020 8832 7311  
 email : rcgp@profileproductions.co.uk  
 web : www.rcgpannualconference.org.uk

**International Society for Quality in Health Care, Copenhagen 2008**

Host : International Society for Quality in Health Care (ISQUA)  
 Theme : Healthcare Quality and Safety: Meeting the Next Challenges  
 Date : 19-22 October, 2008  
 Location : Belle Centre, Copenhagen, Denmark  
 Contact : To register, send email or fax with your name, position and organization  
 email : isqua@isqua.org  
 fax : +61 3 9417 6851

**Depression and Other Common Mental Disorders in Primary Care, Spain 2008**

Host : World Psychiatry Association and Wonca  
 Theme : Depression and Other Common Mental Disorders in Primary Care  
 Date : 18-21 June, 2008  
 Location : Grenada, Spain  
 Contact : To register, send email or fax with your name, position and organization  
 email : Info@wpa2008granada.org  
 Tel : 902 430 960  
 fax : 902 430 959  
 Web : www.fase20.com

# Wonca Shop ~ Order Form

Prices include packaging & postage by airmail

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<b>Wonca Silk Ties (100% silk)</b> <small>Colours: Claret red, navy blue, bottle green</small>	US\$ 15	US\$ 20	
<b>Wonca Silk Scarves (100% silk)</b> <small>Colours: Claret red, navy blue, bottle green Orchid design</small>	US\$ 15	US\$ 20	
<b>Wonca Cufflinks &amp; Tie pin set</b> <small>in presentation box</small>	US\$ 15	US\$ 20	
<b>Wonca Lapel Pin</b>	Free (1 <sup>st</sup> pin)	US\$ 5	

<b>Wonca Publications</b>	Direct Members' price	Non-members' price	QUANTITY Required
<b>ICPC-2-R</b> <b>Revised 2<sup>nd</sup> edition (2005)</b> <small>Prepared by the Wonca International Classification Committee</small>	US\$ 70	US\$80	
<b>Improving Health Systems: The Contribution of Family Medicine, A Guidebook (2002) *</b>	US\$ 15	US\$ 20	
<b>Wonca Dictionary of General/Family Practice (2003)</b>	US\$ 25	US\$30	
<b>Towards Unity for Health and Family Medicine</b> <small>A working paper based on the proceedings of the Wonca-WHO Collaboration Meeting in Durban, South Africa, May 17-19, 2001.</small>	US\$ 5	US\$5	

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World Organization of Family Doctors (Wonca), #01 – 02 College of Medicine Building,  
 16 College Road, SINGAPORE 16954. Tel: +(65) 6224 26    Email [admin@wonca.com.sg](mailto:admin@wonca.com.sg)

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# Visit Global Family Doctor – Wonca Online

## <http://www.globalfamilydoctor.com>

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### Check the regular features:

- Journal Watch** – synopses of research from the medical literature relevant to family doctors
- Clinical Reviews** – outstanding review articles for family doctors on a variety of topics
- Journal Alerts** – an emailed service about the latest in Journal Watch and Clinical Reviews
- Journal Alerts en Espanol** – a new batch is posted at the beginning of each month
- Disease Alerts** – the latest disease outbreaks from WHO and CDC
- Travel Alerts** – advice for you to give to your traveling patients
- Online CME** – interactive programs, some with CME credits
- Clinical Nutrition Updates** – a new topic is presented every three weeks
- POEMs** – Patient-Oriented Evidence that Matters – a new POEM is posted twice a week
- POEMs em Portugues** – a new one is posted twice a week
- eMedicine** – a weekly clinical case for you to solve, with a visual cue: photo, ECG, radiograph
- EBMsources** – an appraisal of two evidence based medicine websites is posted every month
- Cutting Edge** – an interesting series about the latest medical hypotheses, posted weekly
- Educational Resource Centre** – a repository of educational materials for family doctors
- Research** – the latest on Wonca’s research activities, and opportunities for research
- Conference updates** – details of Wonca and other conferences
- Publications** – details of Wonca publications and Wonca News
- Wonca Websites** – addresses of Member Organization and other Wonca websites
- Global Resource Directory** – where you can record you international projects, and view others
- Medical Mirth** – humor with a medical angle to lighten your day
- Quotable Quotes** – quotes you can use, many with a medical slant
- Latest News** – of coming meetings, conferences and events
- Patient education** – resources you can use to inform your patients
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