



THE WORLD MEDICAL ASSOCIATION, INC.

**Secretary General's Report
to the
WMA General Assembly, Reykjavik 2018
(April – September 2018)**

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATION

1. Ethics

1.1 Declaration of Taipei

The Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks provides guidance for the protection of persons who allow their health data and/or specimens to be used for future research or other uses. In some aspects, this is a logical continuation of the safeguards provided by the Declaration of Helsinki; extending them into virtual environments and scenarios such as administrative or commercial uses.

An important focus of the Declaration of Taipei is maintaining the protection provided by informed consent. Since information about potential future uses of data or specimens is naturally incomplete, the Declaration offers a multi-step mechanism to replace part of informed consent. This is achieved through a predetermined governance structure and an assessment by an ethics committee.

As regulations on health and medical databases are currently under discussion, the dissemination of the Declaration is being actively pursued with urgency. We are grateful to our members and partner organisations which already use the Declaration or advocate for it.

1.2 Declaration of Geneva

Both before and since its adoption at the General Assembly in Chicago, the Declaration of Geneva has encountered a remarkable and overwhelmingly positive reception. The WMA will use upcoming ethics conferences and other events to promote this revised physicians' pledge. We offer to explain the revision process and provide an in depth analysis of the wording that has been used. Again, we are grateful to the early adopters of the Declaration of Geneva and thank our members and partners for using and disseminating it.

1.3 Regional Discussions on End of Life issues

At the 200th Council Session in Oslo in April 2015 the WMA policies on physician-assisted suicide (PAS) and euthanasia were reaffirmed. However, a controversial discussion about the wording and effect of the current policies led to the submission of a policy document by the Royal Dutch and the Canadian medical associations to the 201st Council Session in Moscow in October 2015. The authors of the document ultimately requested its withdrawal at the 203rd Council Session in Buenos Aires in April 2016. Instead, the Council mandated the Executive Committee to come back with a plan for discussing end-of-life issues, including palliative care, living wills, physician-assisted suicide (PAS) and euthanasia. At the 204th Council Session in Taipei in October the Executive Committee invited its members, especially those from Latin America, Africa and Asia to hold regional meetings to discuss these issues. This took into account the observation that the previous discussion was dominated mainly by voices from Europe and North America.

Since then, four regional discussions have been held in Latin America, (Rio de Janeiro, March 2017 in cooperation with CONFEMEL), Asia and the Pacific (Tokyo, September 2017, in cooperation with CMAAO), Europe (Vatican City, November 2017 in cooperation with the Pontifical Academy for Life) and in Africa (Abuja, January-February 2018).

Reports from these meetings are available in the meeting document section of the 209th Council Session in Riga, April 2018, under MEC folder. The discussions will be continued at the global level during the joint WMA-Iceland Medical Association Ethics Conference in Reykjavik this October.

2. Human Rights

2.1 Right to health

The WMA Secretariat follows the activities of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dr Dainius Puras, as well as health related matters addressed by the UN Human Rights Council. Dr Puras will attend the General Assembly in Reykjavik and present a keynote speech on “Opportunities and challenges on the way to realization of the right to physical and mental health”.

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
<p>TURKEY</p> <p>July-August 2018</p> <p>Sources: TMA, Human Rights Foundation of Turkey, Amnesty International</p>	<p>The WMA Secretariat remains mobilized on the situation in Turkey.</p> <p>In July, the WMA along with CPME acted in support of Prof. Onur Hamzaoglu, an internationally renowned researcher and practitioner, who was arrested on 9 February by the Turkish police. Prof. Hamzaoglu is also the editor of Society and Physicians journal, a scientific journal on health policies published by the TMA. He is being prosecuted for complicity in terrorism. Prof. Hamzaoglu was released on 19 July, although he is still being prosecuted.</p> <p>In early August, a press release was issued calling for the leaders of the Turkish Medical Association (TMA) to be reinstated following their dismissal by the Turkish Government. This follows the removal of the TMA Secretary General Dr Bülent Nazim Yilmaz from his duty as a public servant and the termination of family medicine contracts of TMA Council members. The dismissal is based on the claim that, through their press statement “War is a Public Health Problem” (issued last January), Council members are engaged in activities beyond the aims of their organization, insulted the Republic of Turkey and caused disturbance to peace and harmony within the Turkish Medical Association.</p>
<p>ETHIOPIA</p> <p>September 2017 - May 2018</p>	<p>Since September 2017, the WMA has taken several actions in coordination with the Swedish Medical Association in support of the Ethiopian-born Swedish cardiologist, Dr Fikru Maru, who has been in detention for 4 years in Ethiopia.</p>

<p><u>Source:</u> Swedish Medical Association Amnesty International</p>	<p>In May, Dr Fiku Maru was released from prison and all charges against him were dropped.</p>
<p>IRAN</p> <p>February – July 2018</p> <p><u>Source:</u> Amnesty International Physicians for Human Rights</p>	<p>Dr Ahmadreza Djalali, an Iranian-born Swedish resident and academic, has been sentenced to death for “corruption on earth” after a grossly unfair trial. His conviction was based on torture-tainted “confessions” that he was forced to make while in solitary confinement without access to his lawyer or family. Amnesty International and Physicians for Human Rights consider him a prisoner of conscience. The Secretariat wrote an initial letter last November and issued a press release (https://www.wma.net/news-post/wma-urges-immediate-release-of-jailed-physician/). Dr Djalali’s last appeal was rejected by the Supreme Court in February. A second press release was issued on 13 February calling for his immediate release.</p> <p>In July, the WMA issued another press release condemning complicity of doctors in facilitating the execution of young prisoners in Iran. This follows the execution last month of a 19-year-old adolescent who was sentenced to death in 2014. His sentence was issued based on an official medical opinion by the Legal Medicine Organization in Iran, stating that he was mentally “mature” at the age of 14 when the crime of which he was convicted took place.</p>
<p>NICARAGUA</p> <p>June-August 2018</p> <p><u>Source:</u> Media Brazilian and German Medical Associations</p>	<p>Noting the rapidly deteriorating situation in Nicaragua, with pressure on health professionals not to provide care to injured protesters and increasing violence in the country, the WMA issued a press release last June supporting the Inter-American Commission on Human Rights in calling on the Nicaraguan Government to immediately end this state of affairs. The WMA condemned the collapse of the public health care system and the breakdown of medical ethics and human rights in the country.</p> <p>In July, another press statement went out to condemn the killing of a medical student shot while driving home from her hospital shift in Managua, Nicaragua’s capital city.</p>
<p>UNITED STATES</p> <p>June 2018</p> <p><u>Source:</u> American Medical Association Physicians for Human Rights</p>	<p>In June, the WMA circulated through social media PHR’s call mobilizing medical professionals across the US to speak out against the separation of immigrant families at the US-Mexico border and calling attention to its lasting negative health effects on children.</p>
<p>VENEZUELA</p> <p>June 2018</p> <p><u>Source:</u> Psychiatry Society of Venezuela</p>	<p>In late June, the Psychiatry Society of Venezuela alerted us to the case of Dr Jose Alberto Marulanda Bedoya, a surgeon from Venezuela in detention since 20 May, who has been exposed to ill-treatment and denied access to a fair-trial. The Secretariat is investigating the case further.</p>

<p>UGANDA</p> <p>August-Sept. 2018</p> <p>Sources: Uganda Medical Association</p>	<p>In late August, the Uganda Medical Association (UMA) contacted us regarding ongoing practices of torture in Ugandan places of detention and denial of access to health care. In agreement with UMA, letters were sent to the Ugandan authorities and a press release was issued.</p>
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2.2.2 Protection of health professionals in areas of armed conflict and other situations of violence

ICRC “Health Care in Danger” (HCiD) initiative

The WMA Secretariat has a close working relationship with the International Committee of the Red Cross (ICRC) headquarters within the context of the HCiD initiative, which has been prolonged by the ICRC for a second phase. In early November 2016, a **Memorandum of Understanding** (MoU) between the WMA and the ICRC was formally signed by Yves Daccord, Director-General of the ICRC, and Dr Otmar Kloiber, WMA Secretary General. This MoU develops and consolidates the long-standing cooperation between the WMA and the ICRC and fosters understanding on topics of common interest, including on the protection of health professionals and patients in situations of violence, on the role of physicians in addressing sexual violence, as well as torture and ill-treatment in detention, and more generally in addressing Social Determinants of Health in the context of insecurity.

The ICRC and the WMA organised a side-event during the 2018 **World Health Assembly** last May, together with Médecins sans Frontières (MSF), the World Health Organization (WHO) and the International Committee on Military Medicine (ICMM). The event, entitled “**Strengthening National Frameworks for the Protection of Health Care**”, provided examples of successful country-based implementation approaches to protect health care.

The WMA also presented a [public statement](#) on WHO’s work on health preparedness and response to the World Health Assembly on behalf of the World Health Professions Alliance (WHPA).

Dr O. Kloiber, M. Mihaila and C. Delorme represented the WMA at the Health Care in Danger annual meeting organized by the ICRC on 16-18 May in Geneva. This brought together representatives of the HCiD Movement and the Community of Concern, with the main objectives being to report on actions taken, share good practices and challenges on specific thematic aspects, and explore new operational opportunities collectively.

On 20 June, a side-event on “[The right to health and the criminalisation of impartial healthcare](#)” was co-organized at the 38th Session of the Human Rights Council by Switzerland and Colombia, the Human Rights Centre at the University of Essex, and the Safeguarding Health in Conflict Coalition,. The panellists included Dr Dainius Pūras, UN Special Rapporteur on the right to health, Marine Buissionniere, Independent Expert and Dr Otmar Kloiber, Secretary General of the World Medical Association

2.3 Prevention of torture and ill-treatment

The WMA Secretariat follows relevant international activities in this area, in particular those of the Human Rights Council.

2.3.1 Role of physicians in preventing torture and ill-treatment

Since May 2017, the WMA Secretariat has been cooperating with the Health Care in Detention Unit of the International Committee of the Red Cross (ICRC) and the Norwegian Medical Association on updating the **online course for physicians working in prisons**. The ICRC is currently working on the update with the support of external experts. The updated courses should be online by the end of the year.

Last February, the WMA was invited to participate in a one-year project on the development of a supplement to the **Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment**, commonly called the Istanbul Protocol (IP). The initiative is headed jointly by the [Physicians for Human Rights \(PHR\)](#), the [International Rehabilitation Council for Torture Victims \(IRCT\)](#), the [Human Rights Foundation of Turkey](#), [REDRESS](#), the [UN Committee against Torture](#), the [UN Subcommittee for the Prevention of Torture](#), the [UN Special Rapporteur on Torture](#) and the [UN Voluntary Fund for Victims of Torture](#). The purpose of the Project is to strengthen the IP with updates and clarifications based on practical experience from users. C. Delorme is one of the drafters and a member of the working group on ethical codes. She attended the first editorial Committee and Primary drafters meeting on 23-24 May in Geneva.

2.3.2 Psychiatric treatment – Mental health

In June 2017, the WMA Secretariat prepared written comments on the recent report on mental health by the United Nations Special Rapporteur on Health, Dr Dainius Puras ([Report A/HRC/35/21](#)). These comments were prepared with a key contribution by Dr Miguel Jorge (Brazilian Medical Association), psychiatrist and Chair of the WMA Socio-Medical Affairs Committee, with the aim of providing the physicians' perspective in the global discussion on the challenges and opportunities related to the promotion of mental health as a global priority and a fundamental human right. The written comments were then shared with the World Psychiatric Association. Dr Puras replied by welcoming our report and a meeting took place in September to discuss the matter further. The WMA Secretariat was represented at this meeting by Dr O. Kloiber and C. Delorme.

Last August, the co-chair of the Standing Committee on Ethics of the World Psychiatric Association (WPA) contacted the WMA Secretariat to share its concerns about the positions taken by the UN Committee on the Rights of Persons with Disabilities, the body charged with overseeing the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). In particular, the Committee's General Comment #1 interpreted the CRPD as ruling out any non-consensual interventions affecting persons with disabilities. The WMA Secretariat replied positively to the offer to collaborate on this issue, with the support of Dr Miguel Jorge, Chair of WMA Socio-Medical Affairs Committee.

2.4 Pain treatment

The WMA continues to be active in the field of palliative care in cooperation with the WHO and civil society organisations working in this area. Within the context of the current global discussion and the Special Session of the UN General Assembly on the world drug problem, the WMA made a public statement at the session of the WHO Executive Board (January 2017) on the public health dimension of the issue, underlining the need for a committed public health approach encompassing the availability and access to medicines for effective treatment and related healthcare services.

On 1 March, the advisory group on palliative care of the Pontifical Academy for Life issued a White Paper on Global Palliative Care Advocacy including a set of “Selected recommendations” calling on various stakeholders in the health care sector to step up advocacy for health. As a representative of professional associations, they called upon the WMA to especially foster the human rights aspect of access to palliative care.

2.5 Health through peace

On 7 July 2017, country representatives meeting at a United Nations conference in New York adopted the Treaty on the Prohibition of Nuclear Weapons, the first multilateral legally-binding instrument for nuclear disarmament to have been negotiated in 20 years.

On the occasion of the opening for signature of the Treaty on the Prohibition of Nuclear Weapons in New York on 20 September 2017, the International Physicians for the Prevention of Nuclear War (IPPN) together with the WMA, the International Council of Nurses and the World Federation of Public Health Associations, adopted a [joint Statement](#) urging Member States to sign the Treaty and to ratify it as soon as possible thereafter so that it can enter into force.

The WMA and IPPN are collaborating on the need to promote the global health imperative to eliminate nuclear weapons. In this respect, the IPPN offered its assistance on the revision of the WMA Statement on Nuclear Weapons in order to include reference to the recently adopted Treaty. One of its representative attended the WMA Council in Riga, where a [Resolution on the prohibition of nuclear weapons](#) was adopted.

3. Public Health

3.1 Non-communicable diseases (NCDs)

3.1.1 General

In response to the first **UN Political Declaration on Prevention and Control of Non-communicable Diseases** from 2011, the WHO also established the **Global Monitoring Framework as a Global Coordination Mechanism (GCM)** on the Prevention and Control of Non-communicable Diseases. The scope and purpose of the coordination mechanism is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels. The WMA is an official member of this coordination mechanism, which was launched in March 2015, and has regularly attended WHO GCM/NCD meetings.

During the WHO Executive Board meeting, the WMA made an intervention for the preparation of the next high-level meeting on NCDs during the 2018 UN General Assembly in New York and emphasized the strong commitment of the WMA in the fight against NCDs. Following the long engagement of WMA with the WHO GCM secretariat, WHO appointed Dr Yokokura, WMA president, to be a member of the **WHO Civil Society Workgroup** to advise the Director General on the planning and advocacy of the **High Level meeting on NCDs** and on the mobilization of civil society. The Theme of the Third High Level Meeting is ‘Scaling up multi-stakeholder and multisectoral responses for the prevention and control of NCDs in the context of the 2030 Agenda for Sustainable Development’. Dr Yokokura was invited to be a panel speaker at the High Level meeting in New York on 27 September 2018 during the plenary session on Strengthening health systems and financing for the prevention and control of NCDs, on each country’s path towards achieving universal health coverage, including sharing evidence-based best practices, scientific knowledge and lessons learned. The WMA was closely involved in the preparation process of the High Level Meeting and commented on the conference outcome document.

The WMA supported the launch of the publication of a new **speaking book for children with cancer**. Previously, along with other partners, the WMA has supported the publication of speaking books on high blood pressure, tobacco use cessation, kids in hospital and clinical trials.

On the occasion of the 20th European Health Forum in Gastein, Austria in October 2017 WHO invited WMA to speak at the **WHO workshop "investing in healthy cities: "insuring" prevention"**. The workshop focused on investing in healthy cities as a means to improve population health and well-being.

At the **Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control** in Copenhagen, Denmark from 9-11 April 2018 the WMA organised a session on ‘A vital investment: Scaling up health workforce for NCDs’. The aim of this session was to highlight the importance of the health workforce in the fight against NCDs and the investment needs and roles of various stakeholders in strengthening countries’ capacities to develop HRH policies and plans in line with national health strategies to achieve UHC and SDG3.4.

3.1.2 Tobacco

The WMA is involved in the implementation process of the [WHO Framework Convention on Tobacco Control \(FCTC\)](#). The FCTC is an international treaty that condemns tobacco as an addictive substance, imposes bans on advertising and promotion of tobacco, and reaffirms the right of all people to the highest standard of health. The WMA attends every Conference of the Parties meeting. The next Conference of the Parties to the FCTC meeting will take place from 1-6 October 2018 in Geneva.

3.1.3 Alcohol

The Secretariat maintains regular contact with the WHO staff in charge of this topic, as well as with the Global Alcohol Policy Alliance (GAPA). During the 70th session of the World Health Assembly in May 2017, the WMA took part in a Civil Society consultation meeting organised by GAPA and the NCD Alliance in order to discuss strategies to put alcohol back on the agenda of the WHO governing bodies. The WMA was also invited by GAPA to an informal meeting on the same topic with interested Member States.

In June 2017, the WMA made a statement at the [WHO Forum on Alcohol, Drugs and Addictive Behaviours](#), which took place at WHO headquarters in Geneva, recommending the development of all-inclusive policies addressing the root causes of alcohol use patterns, as well as strengthening health systems to improve countries' capacity to develop policy and lead actions that target alcohol problems.

Last February, the WMA decided to support a [joint letter](#) to the Global Fund denouncing their partnership with Heineken and emphasizing the dangers inherent in collaborating with the producers and marketers of hazardous products such as alcohol.

In the context of the new planned collaboration between WHO and WMA for the period 2019-2021, it is intended that the WMA will collaborate with WHO and other relevant partners on the development and promotion of WHO SAFER initiative (a safer world free from alcohol related harms), in particular by fostering the role of health professionals in reducing health risks linked to the consumption of alcohol.

3.1.4 Physical Activity

The WHO is in the process of developing a draft global action plan to promote physical activity. The WMA was invited to be member of the strategic advisory network to support and guide the WHO Secretariat in the development of this Global Action Plan on Physical Activity, and attended the first technical advisory meeting in June 2017. Recognising the importance of physical activity to wellbeing and the attainment of the sustainable development goals, the action plan offers the global community a unique opportunity to elevate the profile and set a new ambitious agenda for united action in creating physical activity opportunities for all. The WHO Secretariat hosted an open web-based consultation on a first draft of the report from August to mid-September.

The WMA submitted a [statement](#) to the 2018 World Health Assembly on physical activity for health.

3.2 Communicable diseases

3.2.1 Multidrug-Resistant Tuberculosis Project

The WMA participated in the development of the WHO guidance document entitled 'Guidance on Ethics of Tuberculosis Prevention, Care and Control' in 2010. Building on this document, the WHO is now in the processes of revising the existing document with the aim of speaking more directly to the challenges faced by healthcare workers (HCW) and decision-makers across the globe in helping

fulfil the third principle of the End TB Strategy, namely the protection of human rights, ethics and equity. A first workgroup meeting has taken place with the WMA delivering a presentation on health workers' rights and obligations.

The High-Level Meeting on Tuberculosis will take place prior to the UN General Assembly this October. The WMA will be represented at this event by Dr Yokokura, WMA President. The WMA submitted an intervention at the WHO Executive Board meeting in January 2018 on the preparation of the High Level Meeting.

3.2.2 Influenza

The WMA was invited by Ms Françoise Grossetête, Member of the European Parliament, and Prof. Thomas Szucs to be a member of the steering group to develop an [EU Manifesto on Influenza Vaccination](#), which aims to help shift the agenda at European and national level in support of influenza vaccination. The Manifesto confirms the need for stronger policy-driven actions to reduce the burden of influenza and emphasises the importance of the health workforce in this topic. The digital launch was on 6 March 2018, followed by the physical launch later that month.

In May, the WMA restarted its communication campaign to increase influenza immunisation uptake. The emphasis of this year's campaign is on asthmatic patients. People with asthma are at high risk of severe complications from influenza – even if their asthma is mild. With their influenza more likely to develop into bronchitis or even pneumonia, asthma patients are more likely than others to end up in hospital with influenza. Additionally, influenza is also a trigger for asthma and vice-versa, when people with asthma get influenza, the virus can worsen asthma's chronic irritation of the bronchial mucosa. The second part of the social media campaign starts this autumn when the immunisation season for the northern hemisphere starts.

3.3 Health and populations exposed to discrimination

3.3.1 Women and health

The WMA continues to follow global activities on women and health and aims to monitor the implementation phase of the “Global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children”, which was adopted by the World Health Assembly in May 2016.

In August 2017, in line with the WMA's related policy, the WMA Executive Committee decided to support the [United to End FGM knowledge platform](#). This Platform is a new, free, online training tool to train professionals dealing with those affected by female genital mutilation. It is currently available in nine languages, with two modules specifically for health professionals. The Secretariat shared this information through social media.

During the reporting period, the WMA promoted the [recommendations](#) from the German Medical Association on the management of patients with a history of female genital mutilation (FGM).

3.3.2 Refugees, migrants & access to health

In September 2017, the WMA joined the working group led by the IOM and WHO to ensure that the health needs of refugees and migrants are adequately addressed in the “[Global Compact for Migration](#)” (GCM), the global UN process currently taking place, which will culminate in a final outcome agreement by the UN General Assembly further to intergovernmental negotiations at the end of 2018. The working group – composed of representatives from WHO and IOM in close cooperation with ILO, OHCHR, UNFPA, UNAIDS¹, the World Bank and other stakeholders including the International Federation of the Red Cross (IFRC), the Platform for International Cooperation on Undocumented Migrants (PICUM) and WMA - agreed on a [Proposed Health Component](#), which should feed the discussion around the zero draft GCM. The Proposed Health Component for the GCM is available to Member States and partners on the GCM website.

In response to the WHO initiative on migrants’ health, the WMA made a [public statement](#) on behalf of the World Health Professions Alliance (WHPA) at the 70th World Health Assembly (May 2017) welcoming WHO’s efforts in promoting migrant health and highlighting that late or denied treatment is discriminatory and contravenes a fundamental human right.

Last July, the WMA Secretariat attended the WHO briefing on the draft global action plan on the health of refugees and migrants aiming to provide an update on WHO’s work on health and migration and to outline the process for developing the draft global action plan to be considered by the 72nd World Health Assembly.

Since July 2017, the WMA has developed a fruitful working relationship with the Migration Health Division of the International Organisation for Migration (IOM). Dr Poonam Dhavan attended the last Council session in Riga and will make a presentation at the General Assembly in Reykjavik on potential areas of collaboration with interested WMA members. A survey of the WMA membership was launched late August in order to assess the work done by constituent members in the area of migration and health.

3.4 Social determinants of health (SDH) and universal health coverage (UHC)

The WMA is actively engaged with the WHO Department of Health Workforce and is participating in a Steering Committee to develop an **eBook on the Social Determinants of Health** Approach to health workforce education and training. The project is part of the WHO’s work to implement the guidelines on “Transforming and scaling up health

¹ ILO: International Labour Organisation – OHCHR: Office of the High Commissioner for Human Rights – UNFPA: United Nations Population Funds – UNAIDS: United Nations Programme on HIV/AIDS

professionals' education and training", launched in Recife in 2013. The project also supports World Health Assembly Resolution WHA66.23 "Transforming health workforce education in support of Universal Health coverage". The collaboration involves participation in meetings organized by WHO and providing technical assistance and guidance for the eBook.

Dr Yokokura, WMA President, spoke at the opening session of the Universal Health Coverage Forum in Tokyo in December 2017. The goal of the Forum was to mobilize broad political support for accelerating progress towards UHC and the SDGs, including health security and pandemic preparedness. This forum brought together over 300 participants, including heads of government, ministers of finance and health, and senior representatives from bi- and multi-lateral institutions, civil society organizations, think tanks, and academia. At the forum, WHO Director General Dr Tedros Adhanom Ghebreyesus and WMA President Dr Yoshitake Yokokura agreed to strengthen the collaboration of both organizations on universal health coverage and emergency preparedness. Accordingly, a Memorandum of Understanding was signed on 5 April 2018 in Geneva.

3.5 Counterfeit medical products

Counterfeit medicines are manufactured below established standards of safety, quality and efficacy. They are deliberately and fraudulently mislabelled with respect to identity and/or source. Counterfeiting can apply to both brand name and generic products, and counterfeit medicines may include products with the correct ingredients but fake packaging, products with the wrong ingredients, products without active ingredients, or products with insufficient active ingredients. Counterfeit medical products threaten patient safety, endanger public health, e.g. by increasing the risk of antimicrobial resistance, and undermine patients' trust in health professionals and health systems. The involvement of health professionals is crucial to combating counterfeit medical products.

The WMA has joined the [Fight the Fakes campaign](#) that aims to raise awareness about the dangers of fake medicines. Coordination among all actors involved in the manufacturing and distribution of medicines is vital to tackle this public health threat. The website also serves as a resource for organisations and individuals who are looking to support this effort by outlining opportunities for action and sharing what others are doing to fight fake medicines.

3.6 Health and the environment

3.6.1 Climate change

The WMA continues to be involved in the UN climate change negotiations, particularly the implementation of the Paris agreement adopted at COP21 in December 2015. The Secretariat sent out a call for nominations to WMA members in early September with a view to forming a delegation to attend the two weeks of negotiations during the [COP24](#), which will take place on 3-14 December in Katowice, Poland. The Secretariat is liaising with WHO and the [Global Climate and Health Alliance](#) (GCHA) to ensure coordinated actions during these negotiations.

The WMA made a [public statement](#) during the 71st World health Assembly last May on health, environment and climate change.

During the reporting period, discussions were started with WHO and the GCHA on setting up a regular mechanism of cooperation in the area of climate change.

The WHO's First Global Conference on Air Pollution and Health is scheduled from 30 October to 1 November in Geneva. It will bring together global, national and local partners to share knowledge and mobilize action for cleaner air and better health. Dr Lujain Al-Qodmani, co-chair of the Environment Caucus, will be one of the keynote speakers of the event. Dr Al-Qodmani also contributed to a WHO discussion paper on air pollution and child health.

3.6.2 Chemical safety

The WMA is member of the Strategic Approach to International Chemicals Management (SAICM) of the Chemicals Branch of the United Nations Environment Programme (UNEP) and supported the adoption in 2016 of the World Health Assembly Resolution on the **Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond**.

The 70th World Health Assembly in May 2017 adopted the **Chemicals Roadmap**, which identifies actions in which the health sector has a supporting role to play. The roadmap was developed in consultation with Member States, United Nations agencies, and other relevant stakeholders. The WMA participated in the consultation phase through the electronic consultation and meetings.

During the 71st World Health Assembly, the WMA was invited by WHO's chemical safety programme and SAICM to a civil society meeting to discuss implementation of the WHO Chemicals roadmap and engagement in the intersessional process beyond 2020. C. Delorme participated in the meeting and presented the WMA position on chemicals and proposals for implementation.

3.6.3 WMA Green news

The WMA is partnered with the Florida Medical Association (FMA) on a joint project "**My Green Doctor**". This project is a medical office environmental management service offered free of charge to members of the World Medical Association (WMA) and the Florida Medical Association (FMA). The initial version of My Green Doctor was launched by the FMA on World Earth Day 2010. In June 2014, the WMA and FMA agreed to work together on this project. My Green Doctor provides a free practice management tool designed by doctors to make medical offices more environmentally friendly. It provides everything needed to assist practice or clinic managers in establishing their own environmental sustainability programme: office policies, presentations, a step-by-step guide for your Green Teams, and even free advice by telephone. The [My Green Doctor](#) website is now available in the "What we do - Education" section of the WMA website. Calls to action are often published on the WMA social media pages.

In August 2018, the WMA Secretariat launched a [WMA Green List](#) through the Slack platform. Its purpose is to facilitate and promote an exchange of information within WMA membership on issues related specifically to health and the environment. The list is open to all WMA associate members and interested constituent members.

4. Health Systems

4.1 Primary health Care

On the occasion of the 40th Anniversary of the Declaration of Alma-Ata, the Second International Conference on Primary Health Care will be hosted by the President of Kazakhstan, with the World Health Organization and the United Nations Children's Fund (UNICEF) in Astana, Kazakhstan from 25-26 October 2018. The Conference aims to strengthen primary health care as the foundation for UHC, building on lessons learnt over the past four decades.

Dr Otmar Kloiber, Secretary General, is a member of the International Advisory Committee for the preparation of the Primary Health Care Conference. The WMA has commented on the conference declaration and the technical background papers.

Recently, the WMA Secretariat and WMA members have noticed a tendency in international discussions, personal exchanges and public events towards a push to downgrade primary health care. Some international organisations think physicians in primary health care could be replaced by mid or even low level cadres equipped with decision support tools for diagnosis. The reason for this push can be found in the fact that the WHO, OECD and ILO have projected a shortfall of 18 million health workers worldwide by 2030. In addition, national health expenditure is constantly rising, many countries have difficulties implementing universal health coverage and many people have doubts about how to achieve the Sustainable Development Goals. In this challenging environment some might think downgrading could be an easy solution. The WMA strongly advocates for a high quality, physician-led primary health care system, which is closely linked with health promotion, prevention, secondary and tertiary care.

4.2 Patient safety

In order to address the global problems of **unsafe medication practices**, the WHO has launched a Global Patient Safety Challenge on Medication Safety with the overall goal to “reduce the avoidable harm due to unsafe medication practices by 50% worldwide by 2020”. In order to develop this initiative, the WHO invited the WMA and other relevant stakeholders to several consultations this year.

Some years ago, the WMA, along with the WHO and the other health professions, wrote the ‘**Patient Safety Curriculum Guide- Multi Professional Edition**’, and also participated in its update a few years later. Now the WHO would like to carry out a second revision of this curriculum guide in several steps. As the first step, the chapter ‘Improving Medication Safety’ will be updated in such a way that it can also stand alone as a single document. At a first meeting in December 2017 we discussed the topics, order and priorities of this chapter. Based on this discussion, the WHO will develop a first revised version to be commented on by the WMA and other health professionals.

In April 2018, the Third Global Ministerial Summit on Patient Safety took place in Tokyo. The conference reaffirmed the commitment to improving patient safety in order to reduce all avoidable harm and the risk of harm to all patients and people during their interaction with health care systems, whoever they are, wherever they live, by 2030. Dr Yokokura, WMA President, chaired the keynote speaker session at this conference.

4.3 One Health

In May 2015, the World Veterinary Association (WVA) and the World Medical Association (WMA), in collaboration with the Spanish medical (SMA) and veterinary (SVA) associations organized the Global Conference on 'One Health' Concept with the theme: "Drivers towards One Health - Strengthening collaboration between Physicians and Veterinarians". The Global Conference brought together 330 delegates from 40 countries around the world. Veterinarians, physicians, students, public health officials and NGO representatives listened to presentations by high-level speakers and had the opportunity to learn, discuss and address critical aspects of the One Health concept. The main objectives of the conference were to strengthen links and communications between the professions and to achieve closer collaboration between physicians, veterinarians and all relevant stakeholders to improve different aspects of the health and welfare of humans, animals and the environment. A summary of the conference is available on the [WMA website](#).

The second conference was hosted by the Japan Medical Association and the Japan Veterinary Association, together with the World Veterinary Association and the WMA in Kitakyushu City, Fukuoka Prefecture, Japan on 10-11 November 2016. The conference was attended by more than 600 participants from 44 countries around the world with approximately 30 lectures covering different One Health issues. A summary of the conference is available on the [WMA website](#).

4.4 Antimicrobial resistance

Antimicrobial Resistance (AMR) is a growing concern and an important challenge to public health. It has various aspects and different actors contribute to the problem.

The WMA participated in a WHO expert consultation meeting on health workforce education and AMR. The outcome of this meeting was the development of the first draft of the **Global Interprofessional AMR Competency Framework for Health Workers' Education**. This tool will assist health policy planners and decision makers in countries to work towards achieving the first objective of the WHO Global Action plan on AMR, which aims to improve awareness and understanding of AMR through effective communication, education and training. It is also intended to serve as the basis for the development of a global prototype AMR curriculum for health workers' education and scheduled training. The WMA commented on the first draft version together with the World Federation for Medical Education. Our comments included the knowledge and training aspects required to carry out a proper diagnosis and the importance of differentiating between different origins and severity of infections, i.e. it is of utmost importance to have a deep knowledge of diagnosis before prescribing an antibiotic in order to reduce the burden of AMR. As a next step, WHO developed a draft Curriculum for Health Workers' Education and Training on AMR. The curriculum is designed to serve all cadres of health workers, including prescribers, non-prescribers, policy makers

and managers and set an international standard in AMR knowledge. The WMA commented this framework.

The WMA participated in the ninth **Meeting of the Strategic and Technical Advisory Group on Antimicrobial Resistance (STAG - AMR)** and the Meeting of the Technical Coordination Group (TCG) in February 2018 in Geneva.

The September 2016 Political Declaration of the High-level Meeting on Antimicrobial Resistance called for the establishment of the **Interagency Coordination Group on Antimicrobial Resistance (IACG)**, in consultation with the World Health Organization, the Food and Agriculture Organization, and the World Organisation for Animal Health (OIE). The IACG's mandate is to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance; and to report back to the UN Secretary-General in 2019. In summer this year, the WMA along with the International Federation of Medical Students (IFMSA) participated in the open consultation on the development of a discussion paper for the IACG.

The WMA will participate in the 2nd informal consultation of Member States and relevant partners on the global development and stewardship framework on AMR of the WHO this October.

4.5 Health workforce

In May 2016, the World Health Assembly adopted the Global Strategy on Human Resources for Health. One new and important statement in the WHO strategy is the emphasis that investment in HRH has a growth-inducing effect and health care itself is a large pillar of the economy. The argument that the health sector has a growth inducing effect on the economy is now being adopted by more and more UN agencies. As a result, the UN Secretary General appointed a [High Level Commission on Health Employment and Economic Growth](#), which launched its report 'Working for Health and Growth - Investing in the health workforce' in September 2016. The report gives 10 recommendations on areas such as job creation, gender and women's rights, education technology and crisis and humanitarian settings. The Commission's goal is to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors and to reduce the projected shortfall of 18 million health workers, primarily in low and lower middle income countries, by 2030.

Following the conclusion of its 10-year mandate, the Global Health Workforce Alliance has transitioned into the Global Health Workforce Network (GHWN). The Global Health Workforce Network aims to facilitate evidence generation and exchange, foster intersectoral and multilateral policy dialogue, including providing a forum for multi-sector and multi-stakeholder agenda setting, sharing of best practices, and harmonization and alignment of international support for human resources for health. The overall goal is to enable the implementation of universal health coverage and the Sustainable Development Goals. The WHO, together with the GHWN and Ireland, organised the [Fourth Global Forum on Human Resources for Health in November 2017](#) and adopted the outcome document [Dublin Declaration on Human Resources for Health](#).

During this forum, the WMA and the International Federation of Pharmacists (FIP) organised a side session on: **How can regulation ensure quality health care, professional autonomy and protect the public's interest?**

Commercialised health care models may affect professional autonomy and the quality of delivered care. The purpose of health care regulation is to protect the public's interest and ensure patient-centred quality care based on ethical principles, as opposed to profit-oriented models of care. Professional autonomy through self-regulation defines standards and ensures quality for health care models. Therefore, regulation has an important role in the implementation of strategies such as the WHO Global Strategy on Human Resources for Health to accelerate UHC and ensure a sustainable health workforce.

Dr Julia Tainijoki, WMA Medical Advisor, spoke at another side event during this forum entitled: “**Addressing discrimination in health care settings through a focus on the rights, roles and responsibilities of health workers**” and presented the physician's perspective and WMA policies on this issue.

4.6 Violence in the health sector

Building on the success of the previous conference in Dublin, preparatory work has started for the [sixth International Conference on violence in the health sector](#), which will take place in Toronto, Canada on 24 - 26 October 2018. The WMA is a member of the organisation and scientific committees in charge of the preparations for the event. Two meetings of the organisation committee took place during the reporting period. C. Delorme, as a member of the Committee, liaised with the ICRC so that a representative of the Health Care in Danger initiative will be invited to the conference as a keynote speaker.

4.7 Caring Physicians of the World Initiative Leadership Course

The CPW Project began with the Caring Physicians of the World book, published in English in October 2005 and in Spanish in March 2007. Some hard copies (English and Spanish) are still available from the [WMA Secretariat](#) upon request.

Regional conferences were held in Latin America, the Asia-Pacific region, Europe and Africa between 2005 and 2007. The CPW Project was extended to include a leadership course organised by the INSEAD Business School in Fontainebleau, France in December 2007, in which 32 medical leaders from a wide range of countries participated. The curriculum included training in decision-making, policy work, negotiating and coalition building, intercultural relations and media relations. Please visit the [WMA website](#) for more readings and videos which reflect some experiences of previous course alumni.

The eighth course was held at the Mayo Clinic in Jacksonville, Florida, USA from 3 - 8 December 2017. The courses were made possible by educational grants provided by Bayer HealthCare and Pfizer, Inc. This work, including the preparation and evaluation of the course, was organised along with WMA Past President Dr Yank Coble, a member of the Past Presidents and Chairs Network.

5. Health Policy & Education

5.1 Medical and health policy development and education

In recent years, the [Center for the Study of International Medical Policies and Practices](#) at George Mason University, which is one of the WMA's Cooperating Centers, has studied the need for educational support in the field of policy creation. Surveys performed in cooperation with the WMA found a demand for education and exchange. The Center

invited the WMA to participate in the creation of a scientific platform for international exchange on medical and health policy development. In autumn 2009, the first issue of a scientific journal, World Medical & Health Policy, was published by Berkeley Electronic Press as an online journal. It has now been moved to the Wiley Press. The World Medical & Health Policy Journal can be accessed at:

[http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1948-4682](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1948-4682)

The centre invited WMA Secretary General, Dr Otmar Kloiber to present the new Declaration of Taipei and the revised Declaration of Geneva at a seminar at the Schar School of Policy and Government, Arlington, Virginia last December.

5.2 **Support for national constituent members**

See item 2.2.1

CHAPTER II PARTNERSHIP & COLLABORATION

During the reporting period, the WMA Secretariat held bilateral meetings with the WHO and staff of other UN agencies on the following areas: Prevention of alcohol abuse, mental health, violence against women, the environment, the migration of health professionals and the prevention of torture. In addition, the Secretariat voiced the WMA's concerns in various public settings as follows²:

1. World Health Organization (WHO)

WHO Governance
<p>Memorandum of Understanding between WHO and WMA In April 2018 a Memorandum of Understanding was signed by the World Health Organisation and the World Medical Association to reaffirm and consolidate co-operation between the two organisations.</p>
<p>WHO Executive Board, January 2018, Geneva, Switzerland: The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions), see http://apps.who.int/gb/e/e_eb142.html</p> <p>71st World Health Assembly, May 2018, Geneva, Switzerland: The WMA made a series of public statements. For more information on the WHA, visit the dedicated website</p>
WHO Public Health Events
WHO Briefing on the draft global action plan on the health of refugees and migrants, July 2018, Geneva
Fourth Global Forum on Human Resources for Health in November 2017 organised by WHO, GHWN and Ireland in November 2017
WHO Meeting of the Strategic and Technical Advisory Group on Antimicrobial Resistance (STAG - AMR) and Meeting of the Technical Coordination Group (TCG) in February 2018 in Geneva
WHO Global Consultation for Setting Priorities for Global Patient Safety in collaboration with the Centre for Clinical Risk Management and Patient Safety, Department of Health
WHO workshop "investing in healthy cities: "insuring prevention" at the 20 th European Health Forum Gastein, Austria in October 2017

2. UNESCO Conference on Bioethics, Medical Ethics and Health Law

In recent years, the WMA has supported the “UNESCO Chair in Bioethics World Conference on Bioethics, Medical Ethics and Health Law” organised by the UNESCO Bioethics Chair, Prof. Dr Amnon Carmi. In October 2015, the conference convened in Naples, Italy. The WMA again participated by structuring sessions on end-of-life issues and the (at that time) draft of a new policy on Ethical Guidelines for Health Databases and Biobanks. WMA Past-Presidents, Dr Yoram Blachar and Dr Jon Snædal, WMA Ethics Advisor Prof. Vivienne Nathanson, WMA Legal Counsel, Ms Annabel Seebohm and the Secretary General served in preparing these

² More information on the activities mentioned is set out under the relevant section of the report.

sessions. Immediate Past President Dr Xavier Deau held a keynote speech at the opening of the conference.

The WMA was again invited to arrange two scientific sessions at the 12th UNESCO Chair of Bioethics Conference held in Limassol, Cyprus from 21-23 March 2017. The first discussed the ongoing revision process of the "Declaration of Geneva, the physicians' oath". This session was moderated by Dr Ramin Parsa-Parsi, Chair of the WMA work group, and Prof. Urban Wiesing, director of our cooperating institute at the University of Tübingen. The second session was moderated by WMA Past President Dr Jon Snædal and Dr Otmar Kloiber, with contributions by Dr Emmanuell Rial-Sibag from our cooperating Center at the University of Neuchatel and Ms Annabel Seebohm, Secretary General of the Standing Committee of European Doctors (CPME).

The WMA is invited to the 13th World Conference on Bioethics, Medical Ethics and Health Law, which will take place from 27-29 November 2018 in Jerusalem, Israel. Please visit the [conference page](#) for more details.

3. Other UN agencies

AGENCY	ACTIVITIES
<p>Human Rights Council of the United Nations, in particular: UN Special Rapporteur (SR) on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Dr D. Puras)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (Dr Nils Melzer)</p> <p>Special Rapporteur on the Rights of Persons with Disabilities (Ms Catalina Devandas Aguilar)</p> <p>High Commissioner for Human Rights (Mr Zeid Ra'ad Al Hussein)</p>	<p>Monitoring the SRs' activities Ongoing exchange of information Participation of the SR in the 2018 WMA General Assembly in Reykjavik</p> <p>Monitoring the SR's activities Contact to be made with new SR</p> <p>Monitoring the SR's activities Contact made late 2016</p> <p>The WMA is part of the consultation process within the framework of the UN Resolution on mental health and human rights adopted in September 2016</p>
<p>UNAIDS</p>	<p>Campaign on Zero HIV-related stigma & discrimination in health care settings day <i>See item 3.3.3</i></p>
<p>OECD</p>	<p>Meeting with Mrs Francesca Colombo, Head of the Health Section, and her team. Discussion about the new work strategy on health system reporting and the use of Patient Reported Outcome Measurements (PROMS). November 2016 (see also item 6.1 and 10)</p>
<p>International Organisation for Migration (IOM)</p>	<p>The WMA is part of the IOM-WHO working group on Migrants' Health. (see point 3.3.4).</p>

	The development of a Memorandum of Understanding is being considered.
WHO and World Bank	Dr Yokokura gave one of the keynote speeches at the Universal Health Coverage Forum, December 2017 in Tokyo, Japan

4. World Health Professions Alliance (WHPA)

After over ten years, the WMA passed on the secretariat of the World Health Professions Alliance leadership to the World Dental Federation (FDI) at the beginning of 2018.

World Health Professions Regulation Conference

Health professional regulation faces many challenges in a world characterised by political, social, economic and technological change. Widespread reform of health professional regulation reflects policy initiatives by many governments to ensure sustainable, efficient and effective health service delivery. But what are the implications of these challenges, and how do we ensure the public's best interests are met?

Running over one-and-a-half days immediately before the World Health Assembly in May 2018, the 6th World Health Professions Regulation Conference (WHPRC) provided participants with insights, perspectives and discussion on current challenges in health professional regulation. Three main themes were addressed during the conference:

1. A call to set the right standards in regulation

Topics included: setting the right standards, who is regulating the regulators, ethics and professional autonomy, barriers to implementation, and reimbursement.

2. Safety, quality and compliance: Benefiting patients, communities and populations

Topics included: best practice guidelines, the role of regulation in sustainable prevention, facilitation of migration, the cost of maintaining licenses, use of big data and case studies of outcome-oriented models.

3. Supporting the quality of lifelong learning

Topics included: continuing professional development (CPD) and a discussion on the need for global standards, fostering innovation, improving patient treatment, the shift in CPD to assessment vs independence, and regulation of specialization.

5. WMA Cooperating Centers

The WMA is proud to enjoy the support of five academic cooperating centres. The WMA Cooperating Centers bring specific scientific expertise to our projects and/or policy work, improving our professional profile and outreach.

WMA Cooperating Center	Areas of cooperation
Center for the Study of International Medical Policies and Practices, George-Mason-University, Fairfax, Virginia, USA	Policy development, microbial resistance, public health issues (tobacco), publishing the World Medical and Health Policy Journal.
Institute of Ethics and History of Medicine, University of Tübingen, Germany	Revising the Declaration of Geneva, medical ethics

Institut de droit de la santé, Université de Neuchâtel, Switzerland	International health law, developing and promoting the Declaration of Taipei, medical ethics, deontology, sports medicine
Steve Biko Center for Bioethics, University of Witwatersrand, Johannesburg, South Africa	Revising the Declaration of Helsinki, medical ethics, bioethics
Institute for Environmental Research, Yonsei University College of Medicine, South Korea	Environmental health, climate change and health issues

6. World Continuing Education Alliance (WCEA)

The World Medical Association signed an agreement with the WCEA to provide an online education portal that will not only enable the WMA to host its online education, but also offers an opportunity for member associations to develop their own portals and online content. This offer is directed specifically at medical associations and societies that wish to engage in providing online education. Interested groups, medical schools or academies are invited to contact the WMA Secretary General (secretariat@wma.net) for more information. The educational platform was launched in June 2018.

7. Other partnerships or collaborations with Health and Human Rights Organizations

Organisation	Activity
Amnesty International	Ongoing contacts (exchange of information and support) during the reporting period, in particular on the situations in Turkey, Ethiopia, Uganda and Iran.
Human Rights Watch	Regular contact on issues of common interest.
Global Alliance on Alcohol Policy (GAPA) and its members	Regular exchange of information.
International Committee of the Red Cross (ICRC)	Partners on the Health Care in Danger (HCiD) project since September 2011. Permanent cooperation with the Health in Detention and HCiD Departments. Memorandum of understanding between the ICRC and the WMA signed in November 2016.
International Council of Military Medicine (ICMM)	A Memorandum of Understanding between the ICMM and the WMA was signed at the WMA General Assembly in October 2017 (Chicago).
Council for International Organizations of Medical Sciences (CIOMS)	Development of guidance for the scientific community in medicine and health care in general. The WMA is a member and currently represented on the Executive Board and participates in various work groups in matters of research in resource poor settings, patient information and healthy research subjects (planned).
Medical Human Rights Network (IFHHRO)	Regular exchange of information on human rights and health matters.
International Federation of Medical Students	Internship program since 2013 (3 students in 2013 and 2 students in 2014).

<u>Associations (IFMSA)</u>	Regular collaboration, mostly in relation to WHO statutory meetings. Participation of WMA officers and officials in the pre-World Health Assembly IFMSA conference in Geneva.
International Federation of Associations of Pharmaceutical Physicians (IFAPP)	Cooperation on issues of human experimentation and pharmaceutical development, the role of physicians in that process. A <u>memorandum of understanding</u> was signed at the WMA General Assembly, October 2017 (Chicago).
<u>University of Pennsylvania International Internship Program</u>	Annual Internship program on health policy, public health, human rights, project management. Usually 2-3 students come as interns to our office for the summer. The programme has been running since 2014.
<u>International Rehabilitation Council for Torture Victims (IRCT)</u>	Regular exchange of information and joint actions on specific cases or situations.
<u>Global Climate & Health Alliance (GCHA)</u>	Regular exchange of information and ad hoc collaboration within the context of the UN climate change negotiations.
<u>New Jersey Medical School Global TB Institute</u>	The WMA is working with the New Jersey Medical School Global TB Institute and the University Research Company (URC) to update its online TB refresher course for physicians with the support of the US Agency for International Development (USAID).
<u>Safeguarding Health in Conflict Coalition</u>	Observer status in the coalition. Regular exchange of information.
<u>World Coalition Against The Death Penalty</u>	Regular exchange of information, in particular regarding individual cases requiring international support.
World Veterinary Association	Co-organisation of the Global Conference on One Health, 21-22 May 2015 in Madrid, Spain in collaboration with the Spanish medical and veterinary associations. 2 nd Global Conference on One Health, Kitakyushu City, Fukuoka Prefecture, Japan, 10-11 November 2016. Common advocacy on matters like AMR, zoonotic diseases and food safety.
US Defense Health Board – Ethics Subcommittee	WMA Past President, Dr Cecil Wilson, represented the WMA at two sessions of the Defense Health Board – Ethics Subcommittee in 2014 and 2015 advocating for always allowing physicians in military service to respect medical ethics, even in conflict. The report of the Board is available on our website.
Association for the Prevention of Torture	Exchange of information on the implementation of the Convention against Torture with regard to the role of physicians in preventing torture and ill treatment.
Physicians for Human Rights	Regular exchange of information and joint actions on specific cases or situations.
International Physicians for the Prevention of Nuclear War (IPPN)	Exchange of information and joint actions, in particular in the context of the UN Treaty on the Prohibition of Nuclear Weapons.

CHAPTER III COMMUNICATION & OUTREACH

In July 2017 a new member of staff joined the WMA Secretariat. Ms Magda Mihaila is a journalist and communications specialist who is now helping our team improve the way we get out messages to our members and into our social media stream.

1. WMA Newsletter

In April 2012, the WMA Secretariat started a bi-monthly e-newsletter for its members. The Secretariat appreciates any comments and suggestions for developing this service and making it as useful for members as possible.

2. WMA social media (Twitter and Facebook)

In 2013, the WMA launched its official [Facebook](#) and Twitter accounts (@medwma). The Secretariat encourages members to spread the word within their associations that they can follow the WMA's activities on Twitter and via Facebook. Besides communicating WMA activities and policies, the accounts have proved a powerful tool for supporting WMA Constituent Members in difficult political and social contexts.

3. The World Medical Journal

The World Medical Journal (WMJ) is issued every 3 months and includes articles on WMA activities and feature articles by members and partners. The 60th anniversary edition was published as a final printed copy in 2014. It transferred to an electronic format in 2015, which is available on the [WMA website](#). The Journal is edited by Dr Peteris Apinis and Prof. Elmar Doppelfeld and technically managed by Ms Maira Sudraba at the Latvian Medical Association.

4. WMA African Initiative

WMA President 2013-2014, Dr Margaret Mungherera, started an initiative to bring African medical associations closer to the WMA. The idea was that stronger inclusion of organised medicine in international cooperation should not only help to get the African voice better heard but would also leverage national visibility and standing.

Dr Mungherera brought together medical associations from various parts of Africa in small regional meetings to discuss issues around their current work, what obstacles they face and where they have had success. Invitations are open to all African medical associations, regardless of whether they are already members of the WMA.

Dr Mungherera set up regional consultative meetings with African NMAs in Kenya, South Africa, Tunisia and Nigeria. This initiative has been supported by the medical associations of South Africa and Tunisia, WMA President 2014-2015, Dr Xavier Deau, Past Chair of Council, Dr Mukesh Haikerwal, as well as the Chairman of the Past-Presidents and Chairs of Council Network, Dr Dana Hanson.

Immediate Past-President Dr Mungherera delivered presentations at the 4th International Conference on Violence in the Health Sector in Miami from 22-24 October 2014, the African Health Conference in London from 27-28 February 2015, and at the 6th World Congress on Women's Mental Health in Tokyo from 22-25 March 2015, among others.

Sadly, Dr Mungherera passed away on 4 February 2017 after a brave battle with cancer over previous years. As a psychiatrist by education, a public health activist by nature, and a determined advocate for the people of Africa by conviction she was a marvellous physician leader on the global stage. For many of us she was more than a colleague, she became a friend, teacher and companion.

Margaret was with us for every meeting she could arrange for. The WMA remains grateful for her service to our community.

5. Meeting with Arab Medical Union leaders

Upon the invitation of the President of the Kuwait Medical Association, who at the time also chaired the Arab Medical Union, the WMA Chair of Council, Dr Ardis Hoven, and the Secretary General had an opportunity to attend the Scientific Conference of the Kuwait Medical Association and the coinciding meeting of Arab Medical Union leaders. The Chair delivered a presentation on the WMA to the leaders of the Arab Medical Union, most of which are not members of the WMA, and invited them to join. Later the Chair was given the opportunity to participate in a panel discussion about End-of-Life issues, which mainly dealt with the provision of palliative care, the withdrawal or withholding of futile treatment and the respect for patient will (denial of treatment).

In another section, the Secretary General presented the WMA Declarations of Taipei and Geneva.

6. Secondments / internships

The Georgian Medical Association seconded Dr. Tinatin Supatashvili to the WMA Secretariat in Reykjavik. We have been running an internship programme with the IFMSA since 2013 (one intern in 2018 from Croatia and one more expected in October-December), with the University of Pennsylvania since 2014 (two Interns in 2018) and in 2016 we started an internship programme with the Palack University Olomouc in the Czech Republic.

CHAPTER IV OPERATIONAL EXCELLENCE

1. Advocacy

In April 2017, the Council decided to discontinue the Advocacy Workgroup and to replace it with a new Advocacy and Communications Advisory Panel with the mission to provide input and guidance to:

- Enhance the promotion of WMA policies and positions among the NMAs and to relevant external organisations, associations, and institutions; and
- Recommend advocacy and communications strategies to increase the visibility and positive impact of WMA policies and activities.

The Panel is chaired by Dr Ashok Zachariah Philip, Malaysian Medical Association and composed of the following members: Israel Medical Association (IsMA), South African

Medical Association (SAMA), Spanish Medical Association (CGCoM), American Medical Association (AMA), Japanese Medical Association (JMA), French Medical Association (CNOM), Junior Doctors Network (JDN).

2. Paperless meetings

At its 188th meeting, the WMA Council expressed its desire to reduce its environmental impact by going paperless. Since the 189th Council meeting, documents posted on the website before the meeting have no longer been provided at the venue in print. Council members and officials are responsible for downloading documents from the members' area of the WMA website and bringing them to the meeting via electronic media or on paper, if desired. Documents developed on site during the meeting are available online via a WiFi connection or in print. The Secretariat introduced box.com at the 197th Council meeting as a parallel sharing and synchronizing tool for official WMA documents. In October 2016, the WMA General Assembly in Taipei decided to introduce entirely paperless meetings provided a suitable WiFi connection is available.

3. Governance

A Workgroup on Governance Review was set up at the Council Session in Moscow in 2015 under the chair of Dr Rutger Jan van der Gaag. The Workgroup delivered its final report to the 207th Council in Chicago after extended discussions with Constituent Members. The discussions and findings of the group will provide input for the strategic development of the WMA. It has already triggered the installation of an information session for delegates before the General Assembly, increased communication through social media and an initiative for our members to consider rotations for council positions. In Reykjavik an additional WMA Region will be proposed to guarantee members from the Eastern Mediterranean Region Council representation.

CHAPTER V ACKNOWLEDGEMENT

The Secretariat wishes to record its appreciation of member associations and individual members for their interest in, and cooperation with, the World Medical Association and its Council during the past year. We thank all those who have represented the WMA at various meetings and gratefully acknowledge the collaboration and guidance received from the officers, as well as the association's editors, its legal, public relations and financial advisors, staff of constituent members, council advisors, associate members, friends of the association, cooperating centres, partner organizations and officials.

We wish to mention the excellent working relationships we have with colleagues and experts in international, regional and national organizations, be they (inter-)governmental or private. We highly appreciate their willingness and efforts to enable our cooperation.

