



THE WORLD MEDICAL ASSOCIATION, INC.

Activity Report to the WMA General Assembly, Tbilissi 2019 (April – September 2019)

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATION

1. Ethics

1.1 International Code of Medical Ethics (ICoME)

The Council decided to establish a workgroup to revise the International Code of Medical Ethics at its meeting in Riga in April 2018. The workgroup began by developing a list of priority issues to be included in the policy. During this General Assembly in Tbilisi, a first draft version of the revised ICoME policy will be shared with delegates. The plan is to discuss this draft policy version further in regional meetings over the coming year.

1.2 Genetics in Medicine

At the Council Session in Riga in April 2018 it was decided to establish a workgroup for the revision of the WMA Statement on Genetics in Medicine. At the General Assembly in Reykjavik in October 2018 the Council decided to call this WMA Statement the Declaration of Reykjavik. The workgroup will propose a revised version of the policy to the Medical Ethics Committee during this General Assembly in Tbilisi and aims for adoption of the policy.

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.

In late April, Dr Puras called for [submissions on the role of medical education in strengthening the health workforce](#), including doctors and other health workers, in view of his thematic report to the 74th UN General Assembly dedicated to this topic. The Secretariat sent its contribution, together with one from the Junior Doctors' Network, highlighting the necessity for a high standard of medical education as well as financial resources for the education, training, development, recruitment and retention of physicians to meet the medical needs of the entire population in the country. Addressing Social Determinants of Health is also referred to in the paper as a way to remove barriers in accessing health care. The contribution included a list of relevant WMA policies.

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
TURKEY	The WMA Secretariat remains mobilized on the situation in Turkey.
April 2019 – September 2019	On 3 May, the WMA and the Standing Committee of European Doctors (CPME) issued a joint statement condemning the outcome of the trial

<p><u>Sources:</u> TMA, Human Rights Foundation of Turkey, Amnesty International</p>	<p>against the members of the Council (2016-2018) of the Turkish Medical Association (TMA), who face prison sentences for defending medical ethics, human rights and peace. An open letter was sent to the leaders of the European Union and Council of Europe. On 21 May the WMA called on all governments to condemn the prison sentences imposed on leaders of the TMA and demanded that the Turkish Government annul the convictions and prison sentences (Read the press release).</p> <p>On 9 May, the WMA sent a letter to the President of Turkey protesting against the conditions of detention of thousands of detainees in Turkish prisons on hunger strike due to the widespread practice of solitary confinement used as a disciplinary measure. A press release was issued.</p> <p>On behalf of the WMA, Secretary General Dr Kloiber delivered an open message of support to all Turkish doctors, and in particular to those sentenced to prison for declaring in a press release that ‘war is a public health problem’, on the occasion of the TMA Annual General Council meeting in June (see also the video).</p> <p>In August, the WMA and the Standing Committee of European Doctors (CPME) condemned the arrest of four Turkish health professionals for providing medical care to a wounded child in 2015 at a time when there was a curfew and access to health services was almost impossible. A joint letter was sent to Turkish leaders and a press release was issued.</p>
<p>HONDURAS</p> <p>June 2019</p> <p><u>Source:</u> Media Confemel</p>	<p>In June, in support of Confemel (<i>Confederacion Médica latinoamericana y del Caribe</i>), the WMA sent a letter to the President of Honduras calling for an immediate end to the use of violence against protesters striking in protest at the government’s health and education reforms. A press release was issued.</p>
<p>IRAN</p> <p>August 2019</p> <p><u>Source:</u> Amnesty Media</p>	<p>In August, the WMA made another urgent appeal to the Iranian authorities to release an Iranian-born Swedish doctor facing the death penalty in Iran. Dr Ahmadreza Djalali, a specialist in emergency medicine, has been in detention since his arrest in April 2016 on charges of espionage and for the last few weeks has been on hunger strike. He has not been allowed to see his wife, his lawyer or to receive proper medical care.</p>
<p>INDIA</p> <p>Sept. 2019</p> <p><u>Source:</u> Indian Medical Ass. Media</p>	<p>In early September, a letter was sent to the Indian Prime Minister denouncing the violence against health professionals following the case of a 73-year-old doctor was killed in Assam a week earlier. In the letter, WMA President Dr. Eidelman asked for a robust response from the Indian government to address the root causes of such violence. A press release was issued.</p> <p>The WMA has supported calls from the Indian Medical Association for an emergency meeting to discuss the issue of violence against health professionals.</p>
<p>SYRIA</p> <p>Sept. 2019</p> <p><u>Source:</u> Indian Medical Ass. Media (BBC report 12.09.19)</p>	<p>In a press release on 16 September, the World Health Professions Alliance (WHPA) condemned the continuing targeted attacks on hospitals in Idlib province in Syria’s north-west. WHPA leaders called for urgent action to stop the air strikes on hospitals, which are deliberate and systematic and have left millions of people without proper healthcare.</p>

<p>HONG KONG* (see annex)</p> <p>June 2019</p> <p>Sources: Media Individual complains</p>	<p>The Secretariat was informed through different and concordant sources that a patient was denied medical attention and service at the Adventist Hospital (Tsuen Wan) after injuries sustained during a mass protest in Hong Kong on 12 June 2019. When asked for help, hospital staff asked the injured patient to leave and allegedly called the Police afterwards, leading to the patient's arrest at Yan Chai Hospital. The hospital made a statement that the hospital would "not treat a patient that got injured due to illegal activities".</p> <p>On 25 June, WMA Secretary General Dr Kloiber, sent a mail to the President of the Hong Kong Medical Association denouncing such healthcare denial as constituting a severe violation of medical ethics, and asking that all the necessary action be taken to conduct an independent investigation and, if confirmed, to denounce publicly such grave infringements of medical ethics. The Secretariat did not receive a response.</p>
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2.2.2 Protection of health professionals in areas of armed conflict and other situations of violence

The WMA Secretariat has a close working relationship with the International Committee of the Red Cross (ICRC) headquarters within the context of the "Health Care in Danger" (HCiD) initiative. In early November 2016, a **Memorandum of Understanding (MoU)** between the WMA and the ICRC was signed. This MoU develops and consolidates the long-standing cooperation between the WMA and the ICRC and fosters understanding on topics of common interest, and more generally in addressing Social Determinants of Health in the context of insecurity.

During the reporting period, the ICRC organized **regional meetings** bringing together participants from the HCiD Community of Concern, National Societies, ICRC delegations and other stakeholders to discuss opportunities for the implementation of practical measures for the protection of healthcare within countries (in Manila for the Asia-Pacific region, and in Beirut for the Middle East). The Secretariat shared the information with the medical associations concerned.

In June, a meeting took place at ICRC headquarters on a research project related to **military practice and medical ethics**. This was an opportunity to promote the [WMA "Toolkit for doctors working in situations of violence"](#) prepared by Prof. Vivienne Nathanson, former Director of Ethics at the British Medical Association, within the framework of HCiD.

The WMA made a [public statement](#) at the 72nd World Health Assembly last May on public health emergencies, regretting that situations of armed conflicts are not recognised in WHO reports as a major risk factor for public health, in particular given the increasing attacks on healthcare professionals and facilities during armed conflicts, in violation of international humanitarian and human rights law. In addition, the WMA recalled that the implementation and maintenance of Universal Health Coverage and robust primary health care systems should be the foundation for sustainable emergency preparedness, together with adequate funding at global, regional and national levels.

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 in autumn 2019.

In February 2018, 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 [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 (advocacy advisor, WMA Secretariat) 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 in May 2018 in Geneva and has been contributing to the revision process. The 2020 edition of the IP is planned to be submitted to the OHCHR¹ Publications Committee in October and the IP should be released around July-August 2020.

2.3.2 Psychiatric treatment – Mental health

Since 2017, the WMA Secretariat, with the support of Dr Miguel Jorge, psychiatrist and WMA President-Elect, has been monitoring international activities related to the promotion of mental health as a global priority and a fundamental human right, with the aim of providing the physicians' perspective in the discussion.

In May, the Secretariat was invited by the Council of Europe's [Committee on Bioethics](#) (DH-BIO) to participate in a consultation on a new additional Protocol to the European Convention on Human Rights and Biomedicine concerning the **protection of human rights and dignity of persons with mental disorder with regard to involuntary placement and involuntary treatment**. The Secretariat

¹Office of the United Nations High Commissioner for Human Rights

submitted a written contribution prepared in collaboration with Dr Miguel Jorge and based on WMA relevant policies.

Following on from this, the Secretariat received an invitation from the Council of Europe Committee on Bioethics to a roundtable on 26 November in Brussels with a view to participating in a study on good practices in mental healthcare and the promotion of voluntary measures. Dr Kloiber, Secretary General, and C. Delorme, Advocacy Advisor, will attend the event.

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.

In March 2018, 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

Further to the adoption of the [Treaty on the Prohibition of Nuclear Weapons](#), the International Physicians for the Prevention of Nuclear War (IPPN), the WMA, the International Council of Nurses (ICN) and the World Federation of Public Health Associations (WFPHA) have been collaborating on the need to promote the global health imperative to eliminate nuclear weapons and to advocate for the ratification of the Treaty on the Prohibition of Nuclear Weapons. A [joint Statement](#) was issued on the occasion of the opening for signature of the Treaty in 2017.

On the occasion of the World Health Assembly, the WMA, IPPNW, ICN and WFPHA organised a joint side-event on 27 May: “[Nuclear Weapons Today: An Update of the Humanitarian Consequences of Nuclear War and the Role of Health Professionals in Preventing it](#)” in the Palais des Nations, Geneva, with the participation of the ICRC.

In July-August 2019, IPPNW and the WMA Secretariat collaborated actively to mobilise WMA constituent members based in countries having expressed support or interest on the issue, asking them to encourage their governments to ratify the Treaty.

2.6 Sexual orientation and gender identity

In January/February 2019, the WMA participated in a consultation organised by [Mr Victor Madrigal-Borloz, the UN Special rapporteur on sexual orientation and gender identity](#) in collaboration with the UNDP (UN Development Programme) aiming to identify a human rights-based approach to data collection in the context of violence and discrimination based on sexual orientation and gender identity. It was an opportunity to emphasise ethical norms and standards to data collection, referring to the WMA Declaration of Taipei.

Last May, the Secretariat was approached by Human Rights Watch (HRW) regarding the current legislation in Japan on legal gender recognition requiring those seeking a legal

gender change to be single and without children under 20 and to undergo a psychiatric evaluation to receive a diagnosis of “Gender Identity Disorder”, and be sterilized. [Japan’s Supreme Court upheld the law](#) last January, while expressing significant doubts about it. These practices being in clear contradiction of medical ethics, including WMA policy and human rights standards, HRW offered to collaborate to advocate for a change in the legislation given the favorable context further to the Supreme Court decision and the 2020 Olympic Games in Japan. The Secretariat contacted the Japan Medical Association.

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 local, national, regional and global levels. The WMA is an official member of this coordination mechanism, which was launched in March 2015.

The GCM held a general meeting in November 2018, which brought together the members of the partnership to discuss the means and resources required to implement national NCD responses with a view to achieving SDG target 3.4 (“to reduce, by 2030, premature mortality from NCDs by one third and promote mental health”). Furthermore, members reflected on how this partnership can continue to provide added value and implement its mandate. The WMA participated in the meeting as a member of the partnership.

In December 2019, WHO will organise the next WHO Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health, including a one day High-level Segment for Member States and United Nations Organizations, as well as non-State actors, and a one day Multistakeholder Partners’ Forum of the GCM. On the third day, regional meetings with side events and site visits are planned. WMA is invited to speak on several topics during the 3 day conference.

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** in 2018 and on the mobilization of civil society. The WHO Director-General has recognized the relevance of continuing with this Working Group from April 2019 to April 2021 with three primary objectives:

1. to mobilise civil society in the implementation of the outcomes document of the 2018 UN High-Level Meeting on NCDs,

2. to maximize the opportunity of the UN High- level Meeting on Universal Health Coverage (UHC) (New York, September 2019) for NCD prevention and control
3. to maximize the opportunities to forge synergies with civil society from NCDs with other areas of global health (e.g. TB, HIV/AIDS, RMNCAH etc.) to advocate in relation to prevention and control of co-morbidities and integration of services across the continuum of care from prevention, screening and diagnosis, treatment, care, and palliation as part of a comprehensive approach to UHC.

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 attended the latest Conference of the Parties to the FCTC meeting from 1-6 October 2018 in Geneva. At the conference, the 2018 Global Progress Report was published showing progress in the implementation of most articles of the convention, especially the time bound measures concerning smoke-free environments, packaging and labelling and tobacco advertising, promotion and a sponsorship ban.

Established by the eighth session of the Conference of the Parties, the WHO FCTC secretariat started a new working group on Article 13 (Tobacco advertising, promotion and sponsorship: depiction of tobacco in entertainment media) and appointed the WMA as a member of the working group, where it is represented by Dr Andreas Rudkjøbing.

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).

In the context of the collaboration plan between WHO and WMA for the period 2019-2021, WMA collaborates with WHO and other relevant partners on the development and promotion of the 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.

The WMA participated in the [2019 WHO Forum on alcohol, drugs and addictive behaviours](#) “Achieving SDG 2030 health targets through enhanced partnerships and collaboration”, which took place on 27-28 June in Geneva. C. Delorme, WMA Advocacy Advisor, made a [statement](#) highlighting the crucial need to prevent and reduce the harmful use of alcohol and related health, social and economic consequences, in particular through a holistic approach with the collaborative engagement of multiple sectors such as finance, trade, taxes or education, and with adequate resources for health care provision, research and education of health professionals.

3.2 Communicable diseases

3.2.1 Multidrug-Resistant Tuberculosis Project

In 2010, the WMA participated in the development of the WHO guidance document entitled ‘Guidance on Ethics of Tuberculosis Prevention, Care and Control’. Building on this, 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 already taken place, with the WMA delivering a presentation on health workers’ rights and obligations.

3.2.2 Immunisation

Since 2013 the WMA has been running an influenza immunisation campaign as an implementation strategy of the WMA Statement on Avian and Pandemic Influenza. Each year the communication campaign has a different focus. The 2019 campaign is again emphasising the role of physicians and highlighting their ethical and public health responsibility to get immunised to avoid spreading the virus. Physicians should act as role models while reassuring their patients about receiving the immunisation. The first part of the social media campaign will be run in October and November, the start of the immunisation season in the northern hemisphere; the second part will run in April/May 2020. The two [social media campaigns](#) in 2018 together achieved 1.2 million impressions on twitter and Facebook for the WMA, with 2,400 engagements on twitter and 4,400 on Facebook. The spring campaign achieved the highest social media engagement in India and the Philippines, whereas the autumn campaign garnered most interest in Central and Eastern European countries.

The Chairman of Council and the Secretary General attended the WHO and European Union “Global Vaccination Summit” in Brussels on 12 September 2019. The summit as described by the EU-Commission as aiming “to boost global political commitment to vaccination, engage political leaders and opinion makers to discuss and identify solutions towards eliminating vaccine preventable diseases.”

The WMA, together with the German Medical Association and the Pontifical Academy for Life, will organise a one-day conference to highlight the importance of vaccination in the Vatican in May 2020.

WHO is revising its immunisation strategy *Developing together the vision and strategy for immunization - 2021-2030, Immunization Agenda 2030- A Global Strategy To Leave No One Behind*. The WMA is actively involved in the revision process.

3.3 Health and populations exposed to discrimination

3.3.1 Women and health

The WMA made a [public statement](#) at the 72nd World Health Assembly in May on the WHO report on the **Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)**, recalling its firm opposition to the medicalization of FGM and considering the participation of physicians in this practice a grave breach of medical ethics and human rights standards. The Statement also emphasises the need for adequate funding and programmes for the education of physicians about HPV and associated diseases, HPV vaccination and routine cervical cancer screening, and refers to the maternal and child health handbook (MCH) as an important tool to improve continuity of care and benefit health promotion for mothers, neonates and children.

3.3.2 Refugees, migrants & access to health

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 (April 2018) and delivered a presentation at the General Assembly in Reykjavik (October 2019) on potential areas of collaboration with interested WMA members.

The WMA made a [public statement](#) at the 72nd World Health Assembly in May on the draft WHO Global Action Plan to Promote the Health of Refugees and Migrants developed in collaboration with the IOM and UNHCR, among others. In the Statement, the WMA calls for an explicit reference to the human right to health of refugees and migrants, regardless of their legal, civil or political status, in line with SDG 3 “Ensure healthy lives and promote well-being for all at all ages” and recommends addressing the ethical challenge physicians might face - in particular concerning practices involving their participation to non-medically justified examination, diagnosis or treatment – as well as the ethical aspects of health data collection on migrants.

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

One of the most important global health topics this year is how countries can offer universal health coverage to all, especially in marginalised societies, and protect citizens from financial hardship. The UN General Assembly held the first ever High-Level Meeting on Universal Health Coverage in New York in September 2019.

Several important conferences took place to negotiate the outcome document of the High-Level meeting, one of which was the G20 meeting in Japan. To set the tone for the health discussions at the G20 meeting, the WMA, together with the Japan Medical Association and with the support of the Japanese Government, organised a Health Professional Meeting (H20): The road to Universal Health Coverage on 13 – 14 June 2019 in Tokyo, Japan.

The conference was opened by her Imperial Highness the Crown Princess as well as a message by Japan’s Prime Minister Shinzo Abe, followed by a keynote speech from Sir Michael Marmot, WMA Past President and Dr Naoko Yamamoto, WHO Assistant Director-General, UHC/ Healthier Populations. At this well-attended conference, 240

participants discussed how to make sustainable universal health coverage a priority for global politics. What can physicians and their medical associations do to support affordable, quality health care for all?

The WMA prepared a communication toolkit for its members to contact their national governments to advocate for the importance of UHC and urge them to attend the High-Level Meeting. Furthermore, it highlighted the important aspects and weaknesses of the draft version of the outcome document during the negotiation process between the countries.

The WMA attended the High-Level Meeting on UHC in New York, where it was represented by its immediate Past President Dr Yoshitake Yokokura.

On the evening of the High-Level Meeting, the Japanese government, the Nikkei foundation, WMA and other partners organized a side event on how digitalization and innovations can enhance the acceleration of UHC. Representatives from international organizations, government officials, the private sector and civil society gathered to highlight the concept of people-centeredness as one of the keys to accelerating global efforts to combat communicable diseases and at the same time promote progress toward UHC, focusing on the potential role of innovations.

The WMA joined the UHC2030 network in an official side event during the WHA 2019. UHC2030 is a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. Members advocate for increased political commitment to UHC and facilitate accountability and knowledge sharing.

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 is a partner of 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. The annual conference in October this year aimed to revise the strategy and the list of priorities.

3.6 Health and the environment

3.6.1 Climate change

In May, the WMA was formally invited on behalf of WHO and the Global Climate and Health Alliance (GCHA) to be a member of the newly launched

WHO-Civil Society Working Group to Advance Action on Climate Change and Health. This Working Group was proposed by WHO Director General, Dr Tedros, at a previous meeting of WHO with civil society groups, including WMA. The Working Group aims to foster a strong and sustained health voice, informing decision-making on climate change nationally and internationally, and driving urgent action on climate change. The proposed strategic partnership is well in line with the agreed collaboration plan between WHO and WMA for the period 2019-2021². Dr Lujain Al-Qodmani (Koweit Medical Association), co-chair of the Environment Caucus, agreed to represent WMA in this new Working Group.

The WHO-Civil Society Working Group held its first meeting on the occasion of the World Health Assembly in late May and has had two online meetings since, in particular to prepare for the UN Climate Action Summit (New-York, 23 Sept) and the Climate Change Summit (COP 25 in Santiago in December 2019).

Given its ECOSOC observer status, the WMA had the opportunity to nominate one representative to attend the preparatory Coalition meetings on the key action areas of the Summit (21-22 Sept.) and to attend the [UN Climate Action Summit](#) (23 Sept) itself. Dr Yassen Tcholakov and Mike Eliaz, members of WMA Junior Doctors Network and active participants in the WMA Environment Caucus, each attended one of these events.

In view of the upcoming Climate Change Summit ([COP25](#)) on 2-13 December 2019 in Santiago, Chile, the Secretariat sent a call for nominations to WMA members in July with the aim of forming a delegation to attend the event and advocate for a stronger health component in the negotiations based on WMA policies.

The WMA made a [public statement](#) during the **72nd World Health Assembly** in May on the draft WHO global strategy on health, environment and climate change, recommending, in particular, a greater emphasis on the need for health impact assessments of new trade agreements negotiated in multilateral settings in order to protect, promote and prioritize public health over commercial interests and secure services in the public interest, including those impacting on health and the environment.

3.6.2 Air pollution

The **WHO's First Global Conference on Air Pollution and Health** took place from 30 October to 1 November 2018 in Geneva. It brought 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, was one of the keynote speakers at the session dedicated to the role of health professionals in addressing air pollution. Dr Al-Qodmani also contributed to a

² Other partners of the WG include: International Council of Nurses, International Federation of Medical Students' Associations, International Federation of Red Cross and Red Crescent Societies, Health Care Without Harm, Health and Environment Alliance.

WHO discussion paper on air pollution and child health. A [press release](#) was issued.

Dr Peter Orris, Co-chair of the WMA Environment Caucus, represented the WMA at the [WHO Expert Consultation on air pollution](#) (12-14 February 2019 in Geneva), which aimed to provide evidence-based recommendations on the best ways to communicate potential risks of the health effects of air pollution to the public, to health care workers and to patients and to offer indications on how to reduce air pollution exposure.

3.6.3 Chemical safety

The WMA is a member of the Strategic Approach to International Chemicals Management (SAICM) of the Chemicals Branch of the United Nations Environment Programme (UNEP) and follows the implementation 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** (2016) and of the **Chemicals Roadmap** (2017), which identifies actions in which the health sector has a supporting role to play.

Dr Peter Orris, Co-Chair of the WMA Environment Caucus, represented the WMA at the second international meeting dedicated to the implementation of the [Minamata Mercury Convention \(COP2\)](#) in November 2018 in Geneva. The WMA sees the reduction of mercury environmental contamination as a critical public health issue and the removal of mercury from health care as an unfinished agenda.

3.6.4 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. 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.

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 was 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 aimed to strengthen primary health care as the foundation for UHC, building on lessons learnt over the past four decades.

Dr Otmar Kloiber, Secretary General, served as a member of the International Advisory Committee for the preparation of the Primary Health Care Conference. The WMA 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. The WMA, together with the other members of the World Health Professions Alliance, gave a statement during the WHO Executive Board meeting on community health workers in UHC and supported WHO in its statement that CHWs should not be used as a cheaper replacement for regulated health professionals.

The WMA has, with the help of our national medical associations, started a research project on physician led primary health care. We are collecting arguments for and national examples of physician-led multidisciplinary team approaches.

Furthermore, WHO has revised its guideline recommendations on digital interventions for health system strengthening. WMA took part in this revision process.

4.2 Patient safety

In order to address the global problem 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. The WMA participated in several meetings to guide WHO in the development process.

In line with the Patient Safety Curriculum Guide, WHO is developing Country Guidance on how to implement the Patient Safety Guide at national, local or university level. The WMA is also involved in this process.

This year on 17 September, the first World Patient Safety Day took place. WMA joined the WHO social media campaign.

4.3 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 on this framework.

The September 2016 Political Declaration of the High-level Meeting on Antimicrobial Resistance called for the establishment of an **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 2018, 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 participated in the 2nd informal consultation of Member States and relevant partners on the global development and stewardship framework on AMR of the WHO in October 2018.

The WMA was invited to contribute expertise to the

- Global AMR R&D Hub's Expert Advisory Group (EAG)
And the
- WHO "Consultation on the Draft Framework for Regional Action and Multistakeholder Accountability to Combat Antimicrobial Resistance in the Western Pacific Region, 23-25 July 2019 Manila, Philippines.

Dr Caline Matar was nominated by the WMA for both and has been accepted as a member.

4.4 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.

In the international discussions on how to achieve universal health coverage and establish an integrated primary health care model as an entry point to the health system it is often highlighted that this is only possible if countries invest in a well trained and equipped health workforce. WHO asked the WMA and the other members of the World Health Professions Alliance to organise an event during the World Health Assembly to highlight the importance of the health workforce and ask for more investment.

With the support of the Israeli Medical Association, the WMA organized a conference on the future of the medical profession in Tel Aviv from 13-15 May 2019. The conference, chaired by WMA President Leonid Eidelman, was entitled Physician 2030: the future is around the corner – be prepared. The conference looked into the demographic, economic, regulatory and technological changes in the physician workplace and discussed scenarios of the physicians’ workplace in the mid-term future.

4.5 Violence in the health sector

The [Sixth International Conference on Violence in the Health Sector](#) took place in Toronto, Canada on 24 – 26 October 2018. The WMA was a member of the organisation and scientific committee in charge of the preparations for the event and promoted the event within its membership and through social media.

4.6 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)

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 opinion and concerns in various public settings as follows³:

1. World Health Organization (WHO)

<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-Civil Society Working Group to Advance Action on Climate Change and Health The WMA is a member of this new working group set up in May 2019 (see item 3.6.1 above for more information).</p>
<p>World Health Assembly, 20-28 May 2019, Geneva, Switzerland The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions) – See also the official website for statements by non-State actors in official relations with WHO.</p>
<p>Second WHO Forum on alcohol, drugs and addictive behaviours, 27-28 June 2019, Geneva, Switzerland A public statement was presented (see item 3.1.3 above for more information).</p>
<p>General Meeting of the WHO Global Coordination Mechanism on Noncommunicable Diseases in November 2018, Geneva, Switzerland</p>
<p>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</p>
<p>WHO organised a working dinner during the WHA on human resources for health: Addressing the Shortfall of 18 million Health Workers</p>
<p>The side event “Nuclear Weapons Today: An Update of the Humanitarian Consequences of Nuclear War and the Medical Role in Preventing it” was organized by WMA together with the International Physicians for the Prevention of Nuclear War and the World Federation of Public Health Associations during the WHA.</p>
<p>The Taiwan Medical Association, together with WMA, organised a side event during the WHA on primary health care.</p>

³ More information on the activities mentioned is set out under the relevant section of the report.

WHO invited the WMA to take part in a “Stakeholder Workshop on Ethical Aspects of Radiation Protection in Health Care” on 2-4 September 2019 together with the International Council on Radiation Protection. The WMA was represented by its Secretary General.

WHO is discussing how NGOs can and will be involved in the Executive Board meetings and WHA in the future. The amount of interventions submitted by NGOs has increased a lot over the years and these prolong the meetings. As a first consequence, WHO has reduced the time given to NGOs for their interventions, which on the other hand decreases the impact of these interventions. Now, a further debate on how to involve NGOs in the governmental meetings has begun. The WMA would wish to have a possibility to intervene with WHO and member states during the process of the development of meeting documents so member countries can take the advice of NGOs into account in their decisions. One proposal from WHO is to exclude NGOs from the governmental meetings and to set up a separate meeting with NGOs. The WMA is against this because this wouldn't allow civil society to give expert advice directly to members. If such a meeting takes place as an additional meeting to the Executive Board and WHA it would not exclude civil society from participation at the governmental meetings, however it would make it very difficult for smaller NGOs to participate.

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.

The WMA again participated in the 13th World Conference on Bioethics, Medical Ethics and Health Law from 27-29 November 2018 in Jerusalem, Israel. The conference serves as a platform to discuss WMA's current policy with physicians, ethicists and other scientists.

The 14th World Conference on Bioethics, Medical Ethics and Health Law will be held from 11-14 May 2020 in Porto, Portugal.

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 sexual orientation and gender identity (Victor Madrigal-Borloz)</p>	<ul style="list-style-type: none"> • Monitoring the SR's activities • Ongoing exchange of information • Participation in the SR's call for submissions for his thematic report on medical education and health workforce strengthening (May 2019) <ul style="list-style-type: none"> • Monitoring the SR's activities • Contact to be made with new SR <ul style="list-style-type: none"> • WMA part of a consultation on data collection on sexual orientation and gender

High Commissioner for Human Rights (Mr Zeid Ra'ad Al Hussein)	identity (January 2019 onwards) The WMA took part in the consultation process within the framework of the UN Resolution on mental health and human rights adopted in September 2016 and continually monitors the HCHR's activities.
UNAIDS	Regular exchange of information
OECD	Regular exchange of information
International Organisation for Migration (IOM)	<ul style="list-style-type: none"> • Regular exchange of information. • The development of a Memorandum of Understanding is being considered.

4. World Health Professions Alliance (WHPA)

WHO together with WHPA organized a technical briefing during the WHA on Addressing the Shortfall of 18 million Health Workers: Investing in Jobs, which shared evidence of what strategies work and built a new consensus on how to strengthen the future partnership role of health worker organizations with Member States on investing in jobs and Health for All.

WHPA decided to continue the series of World Health Professions Conference on Regulation WHPCR in May 2020 in Geneva. For further information on previous conference please see [here](#).

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, Syria, Honduras and Iran.
Human Rights Watch	Regular contact on issues of common interest, in particular on sexual orientation and gender identity during the reporting period.
Global Alliance on Alcohol Policy (GAPA) and its members	Regular exchange of information and ad hoc joint actions.
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 on matters of research in resource poor settings, patient information and healthy research subjects (planned).
International Federation of Medical Students Associations (IFMSA)	Internship program since 2013 (3 students in 2013 and 2 students in 2014). 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 memorandum of understanding was signed at the WMA General Assembly, October 2017 (Chicago). Together with the WMA, IFAPP is exploring the possibility of a course on medicines development for physicians in clinical

	research, ethics committees or regulation.
University of Pennsylvania International Internship Program	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.
International Rehabilitation Council for Torture Victims (IRCT)	Regular exchange of information and joint actions on specific cases or situations.
Global Climate & Health Alliance (GCHA)	Regular exchange of information and ad hoc collaboration within the context of the UN climate change negotiations.
New Jersey Medical School Global TB Institute	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).
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.
Physicians for Human Rights (PHR)	Regular exchange of information and joint actions on specific cases or situations in support of physicians in distress.
International Physicians for the Prevention of Nuclear War (IPPNW)	Exchange of information and joint actions, in particular in the context of the UN Treaty on the Prohibition of Nuclear Weapons.
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.
Safeguarding Health in Conflict Coalition	Observer status in the coalition. Regular exchange of information.
World Coalition Against The Death Penalty	Regular exchange of information, in particular regarding individual cases requiring international support.
Medical Human Rights Network (MFHRO)	Regular exchange of information on human rights and health matters.

CHAPTER II 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 managed by Ms Maira Sudraba of the Latvian Medical Association.

4. WMA Annual Report

The WMA has started issuing an Annual Report. So far reports have been issued for the years 2017 and 2018. The report highlights the main activities of the WMA, focusing on the report of the President, the events organised around topics such as Health, Environment, NCDs, Influenza, Human Rights, but also on the categories of WMA Membership and the Financial Report. It is available both on the [WMA website](#) and a very limited number of copies are distributed at the WMA Council and General Assembly.

5. Secondments / internships

We have been running an internship programme with the IFMSA since 2013 (one intern in May-July from Canada and one in July-September from Pakistan), with the University of Pennsylvania since 2014 (two interns for the summer of 2019) and in 2016 we started an internship programme with the Palack University Olomouc in the Czech Republic.

CHAPTER III 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 3-year term of the mandate of the 1st panel, chaired by Dr Ashok Zachariah Philip (Malaysian Medical Association), ended in April 2019.

A new panel has been appointed by the Chair of the Council as follow:

- Dr Angelique Coetzee (Chair), South African Medical Association (SAMA)
- Dr Jacqueline Kitulu, Kenya Medical Association
- Dr Shantanu Sen, Indian Medical Association
- Dr Mworozzi Edison, Uganda Medical Association
- Dr Ashok Philip, Malaysian Medical Association
- Bente Hyldahl Fogh, Danish Medical Association
- Dr Jon Snaedal, Icelandic Medical Association, Past Presidents & Chairs of Council network (PPCN)

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.

CHAPTER IV ——— AKNOWLEDGEMENT

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.



24.10.2019

ANNEX 1

to the

**Report of the Council to the WMA General Assembly, Tbilisi 2019
Document no: GA 2019/Council Report/Oct2019**

In referring to item 2.2.1 (Hong Kong) of the Council Report 2019, we received the following message by Dr Rao Keqin, Vice President and Secretary General of the Chinese Medical Association sent us the following message dated 21st October 2019:

“Request to delete of wrong information about Hong Kong SAR China in Council report to General Assembly

In Council report to GA, item 2.2.1 included the individual complain about Hong Kong SAR China, regarding a patient who seek for treatment but got refusal by Adventist Hospital on 12 June, 2019. As a matter of fact, Hong Kong Adventist Hospital has made clarification on 20 June, 2019. The hospital provided basic medical service to the patient immediately after patient’s arrival, confirmed patient’s normal basic physical signs and stable condition of injury, then suggested the patients to seek medical assistance from other hospitals. The patient decided to leave the hospital by him/herself. The information by media and individual complain are not true. The action to include these information into council report to GA is not serious and appropriate, therefore, we suggest to delete this part. The statement by Hong Kong Adventist Hospital is attached. “

Annex 1.1 News Release from Hong Kong Adventist Hospital, 20 June 2019



香港港安醫院—荃灣 新聞稿

News Release from Hong Kong Adventist Hospital - Tsuen Wan

首先感謝市民大眾及傳媒朋友對本院的關注及查詢。

Firstly, we thank the citizens and media for your attentions on and inquiries about our hospital.

香港港安醫院—荃灣將病人的福祉視作首要考慮，為所有有需要的病人提供專業而嚴謹的醫療服務，不受任何年齡、疾病或殘障、教義、裔屬、性別、國籍、政見、種族、性傾向、社會立場或任何其他因素干擾。

Hong Kong Adventist Hospital - Tsuen Wan takes the well-beings of patients into primary consideration, and provides professional and rigorous medical care to all patients free from any factors, including age, disease or disability, creed, ethnicity, gender, nationality, political views, race, sexual orientation, and social position, etc.

根據本院 2018 年更新的入院指引，醫院不適宜處理以下嚴重創傷個案，例如：懷疑斬人、懷疑車禍、懷疑槍傷、墮樓等，以及懷疑與法律訴訟有關個案。除此之外，由於本院的醫療設備有限，亦未能處理以下個案：病人如有自殺或暴力傾向；精神狀況不穩定或處於精神病狀態；病人如服用過量精神科藥物、酗酒或濫用藥物；病人如已確診或懷疑患有 SARS 非典型肺炎或禽流感。本院會先為病人提供急救及基本治療，確定病人情況穩定後，才會建議轉介至附近公立醫院。

According to our updated admission guidelines in 2018, it is not appropriate for the hospital to handle the cases with severe injuries caused due to suspected homicide, suspected car accident, suspected gunshot, falling off a building and so on, and the cases suspected to be involved in legal proceedings. In addition, due to limited medical facilities, the hospital is also unable to handle such cases in which the patients have suicidal or violent tendencies; are mentally unstable or in a psychotic state; have taken excessive psychotropic drugs, drank excessively or abused drugs; have been diagnosed with or are suspected of suffering SARS or avian influenza. The hospital provides patients with first aid and basic treatment firstly, and only after their conditions are stable will we suggest them to transfer to the public hospitals nearby.

警察建議懷疑有刑事成份的個案，例如：懷疑虐兒個案、懷疑逾期逗留期間在港分娩的人士等，均需要通報予警方。

The police officers advise us to notify them of the suspected criminal cases, including suspected child abuse cases, and the cases in which the persons are suspected of giving birth to children in Hong Kong during their overstaying, etc.

2019年6月12日，約下午六時，有4位荃灣警署的軍裝警察前往本院，要求本院通報懷疑涉及「金鐘衝突」而受槍傷人士的個案予警方。

At about 6:00 PM on 12 June 2019, four uniformed police officers from Tsuen Wan Police Station came to the hospital and requested us to notify them of the persons suspected to be wounded by the gunshot in the "Admiralty Conflict".

同日，約晚上十時半，有病人到本院急診中心求診，本院急症科護士立即為病人提供基本護理服務，包括清洗傷口、監察生命指數等。本院急症科護士確定病人呼吸系統運作正常，而且神智清醒，及傷勢穩定，才建議為病人召救護車轉到最近的公立醫院求助，惟病人最後選擇自行離開。

At about 10.30pm on the same day, a patient came to the emergency center of our hospital for treatment. The nurses of the emergency department immediately provided the patient with basic nursing services, including cleaning up the wound and monitoring the vital index, etc. The patient was advised to be sent to the nearest public hospital by ambulance only after the nurses of the emergency department confirmed that the patient's respiratory system was functioning normally, that he was conscious, and that the condition of his wound was stable. But, the patient chose to leave finally.

其後，本院當值經理應警方要求，通報懷疑槍傷個案。

After that, at the request of the police officers, the manager on-duty of the hospital notified them of the suspected gunshot wound case.

針對平衡病人私隱與配合警方調查的疑慮，本院亦認為當中並無清晰指引。由於本院並無駐院警察，需要靠前線醫護人員判斷是否通報警方，當中存在灰色地帶，容易令前線醫護人員混淆。

We also think that there is no clear guidance on balancing patient privacy and cooperation with the police investigation. As there was no resident policemen in our hospital, so it was up to the front-line medical staffs to decide whether or not to notify the police. There are grey zones which can easily confuse the front-line medical staffs.

2019年6月20日
June 20, 2019

Annex 1.2 Press release of Hong Kong Adventist Hospital, 22 June 2019



香港港安醫院 - 荃灣 新聞稿

香港港安醫院 - 荃灣以病人的福祉視作最重要和首要的考慮。

前線醫護人員會為每一位求診者提供急救及治療。本院深切明白社會對加強病人隱私的關注，一直嚴格遵守個人資料私隱和取閱權限的守則，遵照《個人資料(私隱)條例》行事。

本院急診中心以救治病人為己任，惟如遇嚴重創傷個案如懷疑車禍、斬人、槍傷或墮樓等，情況穩定後，必須安排或建議往更合適的醫療機構接受進一步醫療。

香港港安醫院 - 荃灣重申，致力為市民提供專業的醫療服務的同時，保障病人的私隱。



Press Release of Hong Kong Adventist Hospital - Tsuen Wan

Hong Kong Adventist Hospital – Tsuen Wan (HKAH – TW) places the well-being of patients as its first priority.

Hong Kong Adventist Hospital - Tsuen Wan is committed to providing emergency medical services and treatment to anyone seeking medical assistance at the hospital. HKAH – TW is deeply aware of the public’s growing concern for the privacy of patients and has always sought to protect the access rights of its patients by strictly adhering to the requirements set out in the Personal Data (Privacy) Ordinance.

The Urgent Care Center at HKAH – TW offers emergency medical care to all patients. In cases of major trauma that result from incidents such as suspected car accidents, attempted homicides, firearm injuries, or falls from heights, the hospital will provide immediate medical help and ensure the patient’s condition is stabilized. The hospital is then required to recommend or arrange for the patient to be further treated at a more suitable healthcare facility.

HKAH – TW would like to reiterate its unwavering commitment to providing professional and quality medical services to the community while protecting the privacy of its patients.

*In case of any discrepancy between the English version and the Chinese version, the Chinese version shall prevail.