

THE WORLD MEDICAL ASSOCIATION, INC.

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATIONS

1. ETHICS

1.1 Declaration of Helsinki

The Declaration of Helsinki is one of the most important international ethical regulations of biomedical research, and also one of the core documents of the WMA. It has been revised several times since its adoption in Helsinki in 1964. As a “living document”, it is continuously adapted to new developments and challenges in biomedical research. The 7th revision was adopted by the WMA General Assembly in Fortaleza in October 2013.

In line with our efforts to promote the Declaration of Helsinki, a ceremony marking the 50th anniversary of the first adoption of the Declaration was held on 11 November 2014 in Helsinki, Finland. The event was co-hosted by the Finnish Medical Association and attended by the President of Finland. The WMA has also produced a celebratory publication, “The World Medical Association Declaration of Helsinki: 1964-2014 – 50 years of evolution of medical research ethics”, which can be ordered [online](#) from the WMA Secretariat.

1.2 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.

The WMA was invited to host a session on the new Declaration at the 12th UNESCO Chairs in Bioethics conference in Limassol, Cyprus in March 2017.

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.

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
<p>TURKEY</p> <p>November 2016- March 2017</p> <p><u>Sources:</u> TMA, Human Rights Foundation of Turkey, Media</p>	<p>In November 2016, the Standing Committee of European Doctors (CPME) and the WMA sent a letter to the Turkish authorities in support of the Turkish Medical Association and their members facing increasing pressure from the authorities in the context of the attempted coup d'état of July 2016. In the letter, CPME and the WMA reaffirmed the unconditional need to safeguard the civil and human rights of all, including the right to health, and to ensure access to high quality healthcare supported by a functioning healthcare system and safe conditions for the health workforce.</p> <p>In early March, a joint letter (from organisations including Physicians for Human Rights, WMA, IRCT, BMA, GMA, CPME) was sent to Prime Minister Erdoğan to demand the immediate dismissal of all charges against Dr Serdar Küni, the Human Rights Foundation of Turkey's representative in Cizre and former president of the Şırnak Medical Chamber. Dr Küni was arrested and detained on 19 October 2016 on charges that he provided medical treatment to alleged members of Kurdish armed groups while they occupied parts of the city in January and February 2016.</p> <p>Mr Bjorn Oscar Hoftvedt from the Norwegian Medical Association represented the WMA at the first hearing of Dr Küni's case on 13 March 2017 at the Şırnak 2nd Penal Court. He made a public statement in support of Dr Küni and our TMA colleagues.</p>
<p>IRAN</p> <p>January – March 2017</p> <p><u>Source:</u> Amnesty International</p>	<p>In January, the WMA, together with the International Federation for Health and Human Rights Organisations (IFHHRO), the Standing Committee of European Doctors (CPME) and the International Rehabilitation Council for Torture Victims (IRCT), sent a letter to the Iranian authorities condemning the denial of medical care in Iran's prisons revealed in a report by Amnesty International. The Secretariat shared the letter with national medical associations, encouraging them to take similar action. Following this, the German and Norwegian medical associations also sent letters.</p> <p>In February, the WMA sent another letter to the Iranian authorities concerning the critical case of Dr Ahmadreza Djalali, an Iranian national and resident of Sweden, who has been detained in Tehran's Evin prison since his arrest on 25 April 2016. He has been threatened with the death penalty and has been on hunger strike since 26 December 2016 in protest at his detention. A press release was issued in early March.</p>
<p>EGYPT</p>	<p>In January, the attention of the Secretariat was drawn to the critical situation of Mr Mohammed Mahdi Akef, aged 89,</p>

January 2017	who suffers from pancreatic, liver and gallbladder cancer. He has been detained since 2013 and until recently was denied medical care. A letter sent to President Abdel Fattah al-Sisi urged him to ensure that Mr Mahdi Akef receives the required medical care and that his family is regularly informed of his condition and can visit him. Given his age and state of health, it was also requested that he be granted a pardon on medical grounds.
<u>Source:</u> Amnesty International	

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, 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 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.

In December, on the occasion of International Human Rights Day (9 December), the ICRC, the WMA, Médecins Sans Frontières (MSF) and other international health organisations released a [joint statement](#) in support of the Health Care in Danger initiative, in particular to renew their call for wounded and sick people's right to healthcare during armed conflict to be respected and protected, and for attacks on health personnel and facilities to stop.

The ICRC and the WMA decided to repeat the successful experience of last year and are planning a joint side-event at the next World Health Assembly in May 2017. The permanent missions of Switzerland and Canada to the United Nations will join the initiative.

Other related activities

The WMA made a [public statement on the WHO response during severe, large-scale emergencies](#) at the WHO Executive Board session in January.

On 11-12 May 2017 Clarisse Delorme will participate in an **expert meeting on Health Care in Danger: a Central and Eastern European Perspective in Olomouc, Czech Republic**, co-organized by Palacký University, the Czech Red Cross and the ICRC.

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 Cooperation with the International Rehabilitation Council for Torture Victims (IRCT)

In conformity with IRCT Statutes, the mandate of Clarisse Delorme as an independent elected expert to the IRCT Council and the Executive Committee ended in December 2016 at the General Assembly in Mexico. The WMA will nevertheless continue working in close collaboration with the IRCT where relevant.

2.3.2 Role of physicians in preventing torture and ill-treatment

In March, the Secretariat shared with its members a survey on the use of the Istanbul Protocol (IP) on the investigation and documentation of torture and ill treatment. The IP has been used as UN standards for the effective investigation and documentation of torture and ill treatment since 1999. During the past several years, there has been some discussion on the need to update and enhance the IP. A few NGOs active in this area (Physicians for Human Rights, the International Rehabilitation Council for Torture Victims, the Human Rights Foundation of Turkey, and REDRESS) initiated this survey in order to evaluate the use of the instrument. The Secretariat encouraged members to share their experiences as health professionals by completing the survey.

See also 2.2.1.

2.3.3 Psychiatric treatment – Mental Health

In June 2016, the WMA Secretariat made contact with the UN Special Rapporteur on the Rights of Persons with Disabilities, Ms Catalina Devandas Aguilar, presenting to her the revised WMA policy on patients with mental illness.

Further to the adoption of the [UN Resolution on Mental Health and Human Rights](#) by the UN Human Rights Council during its 32nd session in July, the Secretariat sent a letter to Mr Zeid Ra'ad Al Hussein, UN High Commissioner for Human Rights, asking to be included in the consultation to be set up on the implementation of the Resolution. The High Commissioner replied positively and asked the WMA to send its written contribution in view of the preparation of his report on mental health and human rights. The Secretariat drafted a contribution based on WMA policies and with the support of psychiatrist Dr Miguel Roberto Jorge (Brazilian Medical Association). This was sent to the High Commissioner in October.

2.4 Pain treatment

The WMA continues to be active in the area 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 140th 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.

In September 2016, the WMA was approached by the International Association for the Study of Pain (IASP) to support their request to include Gabapentin in the WHO essential medicines list. Palliative care and pain specialists were consulted and their feedback was positive, warning, however, that Gabapentin should not compete with morphine, both being necessary for the treatment of pain. The request being in line with its policy, the WMA agreed to support the IASP request.

3. PUBLIC HEALTH

3.1 Non-communicable diseases (NCDs)

3.1.1 General

Member States and the WHO have made progress in fulfilling their commitments according to the 2011 **UN Political Declaration on Prevention and Control of NCDs**. In the last two years, Member States have adopted a Global Monitoring Framework with a set of global NCD targets, a Global NCD Action Plan 2013-2020, and a formalized UN Interagency Task Force on NCDs, which will coordinate a UN system-wide response to NCDs.

In response to this UN Political Declaration, 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 attended several WHO GCM/NCD meetings.

The third UN High-level Meeting on NCDs will take place during the 2018 UN General Assembly. The WMA is in close contact with the WHO regarding preparations, and made an intervention on this topic at the last WHO Executive Board meeting in January 2017.

3.1.2 Tobacco

The WMA is involved in the implementation process of the WHO **Framework Convention on Tobacco Control (FCTC)** <http://www.who.int/tobacco/framework/en/>. 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). GAPA made a

request to the WHO, accompanied by a list of supporting Member States, to organise a side-event on the need for an international response to the harmful use of alcohol during the upcoming 70th session of the World Health Assembly (May 2017) and asked the WMA to sponsor it. This was agreed.

3.2 Communicable diseases

3.2.1 Immunization campaign

Background

Starting in March 2013, the World Medical Association (WMA), with the support of the International Federation for Pharmaceutical Manufacturers and Associations (IFPMA), has been implementing a successful global communication campaign to promote physician immunization against seasonal influenza. In the first year following its launch, the campaign targeted physicians through the WMA member associations to promote influenza immunization and encourage physicians to act as role models.

In 2014, the WMA proposed including people living with NCDs as secondary targets given their heightened vulnerability to influenza complications. In addition to the campaign activities, the WMA and IFPMA also co-authored and published a paper on the link between influenza and NCDs in a [peer-reviewed journal](http://file.scirp.org/pdf/Health_2014112411134973.pdf) (http://file.scirp.org/pdf/Health_2014112411134973.pdf).

In 2015, the campaign underscored the need to immunize children, since they have a higher exposure potential to the influenza virus and less prior immunity, remain contagious longer, and are particularly prone to complications if they suffer from underlying conditions (e.g. asthma).

Due to budget limitations, campaign visibility in 2015, particularly online, was not very high. Therefore, the WMA proposed continuing the campaign focus on children in 2016 and investing more resources to increase the campaign's visible presence on the web and through social media outlets.

Campaign objectives 2016

Maintaining the same campaign message - *Let kids be kids*, the objectives in 2016 were as follows:

- Educate physicians to actively promote and practice immunization against influenza to protect themselves, their children and young patients
- Help physicians and other healthcare workers become visible advocates and take ownership of the campaign by actively engaging in social media and spreading the message
- Create visibility with the “Let kids be kids” campaign with the Sophia character as the main storyteller

Campaign Visibility Online and Social Media

After the campaign for more visibility created in spring 2016, the second activation of social media outlets took place from 18 October – 21 November 2016.

Autumn activation highlights:

- 13,682 likes on Facebook (vs 7,900 in the spring), 344 shares (vs 67 shares in the spring) and 41 comments (vs 7 comments in the spring campaign)
- 6,333 tweet engagements (clicks, likes, retweets, comments), which was almost double the number in comparison to the spring campaign activation on social media
- Website visits increased, with 14,306 sessions during the autumn campaign, which represents more than half the sessions for the whole year

The higher visibility of the campaign in the autumn can be explained by the (i) longer campaign period (5 weeks, compared to 2 weeks in the spring); (ii) a higher advertising budget; and (iii) the higher relevance of the campaign topic in the autumn season compared with the spring.

Overall Campaign Social Media Activity in 2016:

- Visibility achieved: 4.2 million users reached via Facebook and Twitter
- Facebook post engagement: 21,582 likes, 411 shares, 48 comments
- Twitter engagement: 10,339 clicks on tweets (clicks, likes, retweets, comments)
- Follower growth: 2,316 new fans on Facebook and 337 new followers on Twitter
- Website visits: The WMA website earned 21,539 sessions during the spring and autumn campaigns out of the 23,953 visits in 2016

Next Steps

The WMA/IFPMA influenza campaign concluded at the end of December 2016. The WMA has submitted a new proposal to the IFPMA on continuing the campaign with a focus on immunizations as part of worksite wellness programmes. However, due to the leadership change at the IFPMA, the proposal is temporarily on hold.

3.2.2 Multidrug-Resistant Tuberculosis Project

The New Jersey Medical School Global TB Institute, together with the University Research Company in the USA and the WMA, has finalised the update of the TB refresher course for physicians in pdf format and online. A revision of the course was necessary given changes to the WHO Guidelines and the upcoming release of the 3rd edition of the International Standards of Tuberculosis Care. The next step will be to update the MDR-TB course.

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 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.

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.

3.3.2 Ageing

The WMA participated in the WHO consultation on the [Global Strategy and Action Plan on Ageing and Health](#), which was adopted by Members States at the last World Health Assembly in May. The WMA will monitor the implementation phase of the Global Strategy.

For more activities in the area of aging please see Chapter III, section 4.

3.3.3 Zero HIV-related stigma & discrimination in health care settings day

In March 2017, the Secretariat shared with WMA members the UNAIDS reference document on eliminating discrimination in health care. This report aims to serve as a reference for policy-makers and other key [stakeholders](#) engaged in shaping policies and programmes to regulate healthcare and eliminate discrimination and other structural barriers to achieving healthy lives for all. The WMA has been involved in this initiative since it was started in November 2015.

3.3.4 Refugees, migrants & access to health

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 140th session of the WHO Executive Board (January 2017) welcoming WHO's efforts in promoting migrant health and highlighting that late or denied treatment is discriminatory and contravenes a fundamental human right: “Refusing to provide healthcare is not only ethically wrong, it poses a serious public health risk”.

3.4 Social determinants of health (SDH)

The WMA is actively engaged with the WHO Department of Health Workforce and sits on 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 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.

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 and the members of the World Health Professions Alliance (WHPA) have stepped up their activities on counterfeit medical issues and developed an **anti-counterfeit campaign** with an educational grant from Pfizer Inc. and Eli Lilly. The basis of the campaign is the '**Be Aware**' toolkit for health professionals and patients, which is intended to increase awareness of this topic and provide practical advice for actions to take in case of a suspected counterfeit medical product.

As part of the WHPA campaign, the WMA has developed three videos to explain the issue of counterfeit medicines and what can be done about them. Each video targets a specific group: policy-makers, healthcare professionals and patients.

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 organizations 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 Food security and nutrition

The Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) have received a mandate to develop a **Declaration on Nutrition** and an accompanying Framework for Action (FFA) to guide its implementation. They will organise several preparatory meetings and conferences during the development process. The WMA is observing this process. One main criticism is the short timeline and the low involvement of civil society in the process. NGOs also complain that problems concerning the use of antibiotics in foodstuffs are not well addressed in the current discussion.

The focus so far is on: Social protection to protect and promote nutrition, nutrition-enhancing agriculture and food systems and the contribution of the private sector and civil society to improve nutrition.

3.7 Health and the environment

3.7.1 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. For this purpose, a WMA delegation attended the last round of discussions in Marrakesh (COP22) on 7-18 November 2016 and will also be monitoring the Bonn Climate Change Conference in May 2017. In collaboration

with WHO and key NGOs partners, the delegation will follow the negotiations and advocate for a health perspective in the conclusions.

3.7.2 Chemicals

In December 2009, the WMA joined the [Strategic Approach to International Chemicals Management \(SAICM\)](#) of the Chemicals Branch of the United Nations Environment Programme (UNEP), which aims to develop a strategy for **strengthening the engagement of the health sector in the implementation of the Strategic Approach**.

In May 2016, the 69th World Health Assembly adopted Resolution 69.4 on the **Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond**, which requires the WHO Secretariat to present to the 70th World Health Assembly (May 2017) a roadmap outlining concrete actions to enhance health sector engagement towards contributing to relevant targets of the 2030 Agenda for Sustainable Development.

The Resolution requests that the roadmap be developed in consultation with Member States, bodies of the United Nations system, and other relevant stakeholders, including NGOs. The WMA was invited to participate in an electronic consultation on the draft roadmap and sent its contribution in September 2016.

The WMA made a [public statement](#) at the 140th session of the WHO Executive Board welcoming the draft roadmap prepared by the WHO Secretariat, while also insisting on the need to focus on hazard reduction and to aim at continuously improving the safety of chemicals and not only managing hazardous chemicals safely. The role of health professionals was also highlighted.

3.7.3 WMA Green Page

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. The [My Green Doctor](#) website is now available in the “Courses & resources” section of the WMA website.

4. HEALTH SYSTEMS

4.1 Comparing healthcare systems using Patient Reported Outcomes (PROMS) and Patient Reported Experiences (PREMS)

The Organization for Economic Cooperation and Development (OECD) presented its plans to use Patient Reported Outcomes (PROMS) and Patient Reported Experiences (PREMS) to measure and compare the healthcare systems of member countries at its Health Forum in Paris on 16 January 2017. The new strategy was endorsed by the ministerial conference the following day.

In contrast to previous methods of data collection and comparison, the organisation hopes the new measurement approach will lead to more patient and outcome relevant information.

The WMA had the opportunity to participate in the health forum. In a subsequent exchange of letters, the WMA Secretary General welcomed the attempt to achieve more meaningful statistics. He also pointed to the perception characteristics of this methodology and its limitations in non-local comparisons. Among other points, the Secretary General stressed the fact that physicians already have a tremendous workload of data collection tasks, which rarely have any effect on patient treatment or work efficiency. The WMA will monitor and accompany the implementation of the new strategy.

4.2 Patient safety

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.

The aims of this initiative are to:

1. Establish the global baseline of medication errors and create a global monitoring system to facilitate the tracking of medication errors.
2. Develop a multi-modal strategy to engage governments, organizations and front-line healthcare providers to improve medication safety by decreasing the incidence of medication errors by means of improving prescribing, transcription, preparation, dispensing and administration practices.
3. Develop guidelines, tools, materials, and technologies to promote and support medication safety and reduce the incidence of medication errors.
4. Engage key stakeholders, partners and industry to actively pursue efforts to improve medication safety.

The WMA was invited by the WHO to participate in a Global Consultation for Setting Priorities for Global Patient Safety in collaboration with the Centre for Clinical Risk Management and Patient Safety, Department of Health. This high-level global event will bring together key international experts and senior policy makers from ministries of health from both developed and developing countries. The objective of this consultation was to identify main challenges and barriers in improving patient safety for patients, health-care providers and the environment of care and define priorities for future action by the WHO and countries.

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.

The 2nd conference was hosted by the Japan Medical Association and the Japan Veterinary Association together with the World Veterinary and the World Medical Association 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.

In May 2015, the World Health Assembly adopted the Global Action Plan on Antimicrobial Resistance, which articulated five main objectives with the healthcare workforce being a key player in their attainment. Most notably, Objective 1 strives to “improve awareness and understanding of antimicrobial resistance through effective communication, education and training.” The WHO established an AMR secretariat whose purpose is to link the various stakeholders, get them involved and coordinate the activities of the Action Plan. One emphasis will be on the education of medical students and physicians. The WMA has discussed how the WHO and WMA can collaborate on this topic in several meetings. The WMA is currently in discussions with the WHO regarding becoming an expert member of the Strategic and Technical Advisory Group to the secretariat.

The WMA attended a WHO consultation to establish if a global development and stewardship framework to support the development, control, distribution and appropriate use of new and existing antimicrobial medicines, diagnostic tools, vaccines and other interventions should be set up.

The World Medical Association and World Health Organization are planning to develop a multi-country health professional awareness survey on antibiotic resistance. The aim would be to gain further insight into the levels of awareness of antibiotic resistance among health professionals and their perspectives on the prescription of antibiotics within their profession. A pilot questionnaire was conducted in preparation for the survey.

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 report emphasises the need to create 40 million new jobs in the health sector and to reduce the projected shortfall of 18 million health workers.

At the High Level Ministerial Meeting on Health and Economic growth in December 2016, the WMA made an intervention on the report and spoke at the round table 'Acceleration investments in scaling up education and skills'. At the meeting, the draft 5 year action plan was discussed.

During the WHO Executive Board session, the WMA made an intervention on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth.

The WMA, together with the WHO and the other health professional associations, organised a side event at the Prince Mahidol Award Conference on Health Workforce Demography. The session brought together stakeholders and experts in the health workforce, labour markets and demography to present a framework for health workforce demography, including examples related to ageing, gender, and international migration. The session highlighted the importance of understanding the population of health workers, including relevant demographic tools, in order to achieve Universal Health Coverage and the Sustainable Development Goals.

Following the conclusion of its 10-year mandate, the Global Health Workforce Alliance has transitioned into the Global Health Workforce Network. 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 WMA attended the first network meeting at the end of 2016.

4.6 Violence in the health sector

The fifth International Conference on violence in the health sector "[Broadening our views: responding together](#)", took place in Dublin, Ireland from 26 - 28 October 2016. The WMA was represented in the organisation and scientific committees in charge of the preparations for the event. The Secretariat shared the information on the event with its members and liaised with the organisers of the Conference and the Irish Medical Organisation regarding the activities for the event. The next Conference will take place in October 2018.

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, which is now available in html and pdf. Some hard copies (English and Spanish) are still available from the WMA Secretariat upon request. Please visit the [WMA website](#) to access the electronic versions and to order any hard copies. 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.

The seventh course was held at the Mayo Clinic in Jacksonville, Florida, USA from 2 - 6 May 2016. 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, is supported by the WMA Cooperating Center, the Center for Global Health and Medical Diplomacy at the University of North Florida.

An eighth course at the Mayo Clinic is planned for 2017.

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 originally 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 concerns in various public settings as follows¹:

1. WORLD HEALTH ORGANIZATION (WHO)

WHO Governance
<p>Executive Board Meeting of the World Health Organisation 2017: The 140th session of the Executive Board of the World Health Organisation took place on 23 January – 1 February 2017 in Geneva, Switzerland. The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions) see: https://www.wma.net/news-press/interventions/</p>
WHO Public Health Events
<p>Meeting of the International Partnership for UHC 2030 - working together to strengthen health systems in December 2016 in Geneva.</p>
<p>First Global Health Workforce Network meeting in December in Geneva. The network, hosted by the WHO, transitioned from the Global Health Workforce Alliance, whose mandate ended after 10 years.</p>
<p>High Level Ministerial Meeting on Health and Economic growth in December 2016 to discuss the draft 5 year action plan and presentation at one of the round tables.</p>
<p>The WMA attended the WHO expert consultation meeting on health workforce education and antimicrobial resistance control in March 2017.</p>

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 participated again by structuring sessions on WMA policy-related issues. In October 2015, the WMA-led session focussed on end-of-life issues and the 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 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 at our cooperating institute 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 Neuchâtel and Ms Annabel Seebohm, Secretary General of the Standing Committee of European Doctors (CPME).

¹ More information on the activities mentioned is set out under the relevant section of the report.

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>	<ul style="list-style-type: none"> • Monitoring the SRs' activities • Ongoing exchange of information <ul style="list-style-type: none"> • Monitoring the SR's activities • Contact to be made with new SR appointed in November 2016 <ul style="list-style-type: none"> • Monitoring the SR's activities • Contact made late 2016 <p>WMA is part of the consultation process within the framework of the UN Resolution on mental health and human rights adopted in September 2016 (see item 2.3.3)</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>United Nations Commission on Narcotic Drugs at its 58th Session, Vienna, March 2015</p>	<p>The WMA joined a coalition led by former WHO Department Head, Dr Willem Scholten, to lobby against the scheduling of Ketamine as a narcotic drug. The scheduling of Ketamine would have put the drug under international control, which according to the WHO and many humanitarian organisations would have made it practically unavailable for surgery in resource poor countries and especially rural areas, as well as for veterinary medicine worldwide. The WMA lobbied the Commission members and joined the World Veterinary Association in issuing synchronized press statements. The Chinese government, initiator of the move to schedule Ketamine, finally amended its move to have the decision postponed, which was welcomed by nearly every delegation.</p>

4. WORLD HEALTH PROFESSIONS ALLIANCE (WHPA)

World Health Professions Alliance Leadership Forum will take place on 21 May 2017 in Geneva with the two main topics being (1) the new OECD concept to compare health systems by patient reported outcome measurements (PROM) and (2) antimicrobial resistance.

The WHPA participated in a WHO-led process to develop a **5 years strategy for the G7 countries on healthy and active ageing**: key issues and priorities for action for 2016-2020. Six thematic working groups were convened to identify priorities for concrete actions that might be undertaken by the G7 group. The six working group areas were:

1. Creating age-friendly environments
2. Aligning health systems to the needs of older populations
3. Developing sustainable and equitable systems for long-term care
4. Achieving a sustainable and appropriately trained workforce
5. Attaining universal health coverage
6. Improving measurement, monitoring and research for healthy ageing

The WHPA was involved in workgroup 4: Achieving a sustainable and appropriately trained workforce. The global workforce is largely unprepared to deal with the health- and social care needs of older people, especially when it comes to health promotion, prevention and long term geriatric care. Overall workforce shortages and siloed ways of working, especially across the divide of health and social services, further complicate the situation. To provide integrated and person-centred care for older people, health and social care workers must have the right competencies, and they must be organized and deployed in ways that make the best use of their potential contributions. Both health and social care workers need general competencies related to integrated care, such as working as part of a multidisciplinary team and proactively supporting older people to optimize their health and health care. The proposed areas for activities were:

- To assess the quantitative and qualitative gaps between services currently available and those required in the next 5-15 years;
- Building or strengthening education and training capacity to scale up a health and social care workforce that has the right competencies to provide care to older people;
- Building or strengthening governance capacity and mechanisms, including policies, regulations, and financing, for ensuring a sustainable health and social care workforce in years to come.

The overall strategy on healthy and active aging is still in development. The G7 group included 3 of the proposed activities in its overall strategy.

WHPA members have identified **population ageing and the ageing workforce as one of the major challenges** for health workforce development over the next decade, and defined this topic as the key priority for the next year. A project has just started to develop a high level advocacy/communication strategy and implementation plan to raise awareness of the issue and trigger change.

5. WMA COOPERATING CENTERS

The WMA is now 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.

Center for Global Health and Medical Diplomacy, University of North Florida, USA	Leadership development, medical diplomacy
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

6. OTHER PARTNERSHIPS OR COLLABORATIONS

Organisation	Activity
<u>Amnesty International</u>	Ongoing contacts (exchange of information and support) during the reporting period on the situations in Iran, Egypt and Turkey.
<u>Human Rights Watch</u>	Contacts on palliative care (WHO resolution) and other human rights issues.
<u>Global Alliance on Alcohol Policy (GAPA) and its members</u>	Regular exchange of information, in particular in the context of the next World Health Assembly (May 2017) and the Global Conference on Alcohol scheduled for October 2017 (see 3.1.3).
<u>International Committee of the Red Cross (ICRC)</u>	Partners in the Health Care in Danger project since September 2011. Cooperation with the health and legal units. Permanent cooperation with the Health in Detention Department. A second Memorandum of Understanding between the ICRC and the WMA was endorsed in November 2017 (see 2.2.2).
International Council of Military Medicine (ICMM)	A Memorandum of Understanding between the ICMM and the WMA was finalised in late 2016.
<u>International Federation of Health and Human Rights Organisations (IFHHRO)</u>	Regular exchange of information on human rights and health matters.
<u>International Federation of Medical Students Associations (IFMSA)</u>	Internship program since 2013 (3 students in 2013 and 2 students in 2014). Regular collaboration, mostly in relation to WHO statutory meetings.
<u>University of Pennsylvania International Internship Program</u>	Internship program on health policy, public health, human rights, project management (2 students in 2014).
<u>International Rehabilitation Council for Torture Victims (IRCT)</u>	Regular exchange of information and joint actions on specific cases or situations (see item 2.2.1).
<u>Global Climate & Health Alliance</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.
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 (see item 2.2.1)

CHAPTER III COMMUNICATION & OUTREACH

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.

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. It enjoys a wide circulation. The 60th anniversary edition was published as a final printed copy in 2014. It transferred to an electronic format in 2015.

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, amongst others.

Sadly, Dr Mungherera passed away on 4 February 2017 after a brave battle with cancer over recent 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.

CHAPTER IV OPERATIONAL EXCELLENCE

1. ADVOCACY

The WMA set up a permanent Advisory Advocacy Committee in 2007 with the mission:

- To maintain effective liaison with relevant UN organisations, branches and institutions, health care organisations, coalitions and NGOs;
- To ensure that WMA policies and positions are promoted among appropriate organisations, associations and institutions;
- To simultaneously provide advocacy tools and content with the ultimate goal of being visible and having a positive impact.

The interim Chair of the Advisory Group is Dr Steven Stack (American Medical Association). The Advisory Group includes representatives of the medical associations of the following countries: Germany, Israel, UK, Uruguay and the USA, along with WMA Public Relations Consultant, Nigel Duncan. Participants from the WMA Secretariat include the Secretary General, Dr O. Kloiber, and Advocacy Advisor, Ms C. Delorme.

Under the initiative of Dr Stack, the Advisory Group is currently reflecting on its mandate, composition and operating procedures.

2. BUSINESS DEVELOPMENT GROUP (BDG)

After the BDG presented its new work plan to the Council in Taipei, the Chair of the work group, together with legal counsel Adv. Leah Wapner, Advisor Prof. Vivienne Nathanson and the Secretary General, evaluated the possibility of offering an educational online platform to its member associations. After negotiations with the World Continuing Education Alliance (WCEA), a British/Spanish company, the chair of the work group presented a contractual agreement for approval to the WMA Executive Committee on 27 February 2017. Following the assent of the Executive Committee, the Secretary General signed an agreement with the WCEA on 15 March 2017.

3. 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 Wi-Fi 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 with a suitable Wi-Fi connection.

4. GOVERNANCE

At the Council meeting in Durban, it was decided that the Secretariat should start a process of **aligning various terms and definitions in WMA policies** with the long-term objective of developing a glossary. The WMA Secretariat has started with a list of terms for which the definitions are unclear, and will investigate how these terms are used in our existing WMA policies.

At the last Council meeting in Moscow, the Workgroup on Governance Review was set up and started its work by collecting workgroup members' observations on SWOT (Strengths, Weaknesses, Opportunities and Threats) of/to the WMA. The workgroup held its first in-person meeting in Buenos Aires and will deliver another interim report of its work to the 206th Council.

Following the resignation of the WMA Legal Advisor Adv. Ms Annabel Seebohm at the 203rd Council Session in Buenos Aires, the Council expressed its gratitude for the services of Ms Seebohm from 2007 to 2016 and to the German Medical Association who seconded her, and wished her well with her new position as Secretary General of the Standing Committee of European Doctors (CPME). **Upon** the invitation of the WMA Secretary General to the Constituent Members to consider seconding a legal advisor to the WMA, the French Medical Association volunteered and seconded Mrs Marie Colgrave-Juge to the function. She was appointed at the General Assembly in Taipei in October 2016.

CHAPTER V 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 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.



21.03.2017