



THE WORLD MEDICAL ASSOCIATION, INC.

**Secretary General's Report
to the
WMA General Assembly, Chicago 2017
(April – September 2017)**

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATIONS

1. Ethics

1.1 Declaration of Taipei

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

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

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. During the reporting period, the WMA Secretariat made contact with Dr Puras regarding his latest report on mental health and human rights (see item 4.3.3).

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
TURKEY May 2017 <u>Sources:</u> TMA, Human Rights Foundation of Turkey	In May, the WMA sent a letter to the Gaziantep regional high court, further to the adoption by the Council in April of a Resolution in support of Dr Serdar Künil . Dr Künil, former president of the Şırnak Medical Chamber, was imprisoned for over 6 months on charges that he provided medical treatment to alleged members of Kurdish armed groups. Since then Dr Küni has been released on bail. The final court decision is still to be made. He faces 4 years imprisonment.
PHILIPPINES	Our attention has been drawn by Physicians for Human Rights to cases of health professionals in several Filipino

<p>July 2017</p> <p><u>Source:</u> Physicians for Human Rights (PHR)</p>	<p>hospitals being coerced into assisting in the cover-up of extrajudicial killings. PHR suggested a joint letter denouncing such practices as violating medical ethics and human rights and calling for urgent investigations. The WMA Secretariat contacted the Philippine Medical Association asking about their plans for stopping such practices and informing them about PHR's proposed joint letter. We did not receive a response. It was therefore agreed with PHR that they would send the letter on their own, but mentioning that the WMA is investigating the case as well.</p>
<p>VENEZUELA</p> <p>July 2017</p>	<p>In July, the WMA issued a press release urging the Venezuelan Government to take immediate action to resolve the country's serious health crisis, which it says has led to increased morbidity, mortality and malnutrition among infants.</p>
<p>TUNISIA</p> <p>August 2017</p> <p><u>Sources:</u> Support Committee to Tunisian doctors Dr Sassi & Dr Halleb Information & Documentation Centre on Torture (CIDT-Tunisia)</p>	<p>We were alerted by two different sources to the case of two Tunisian doctors currently being prosecuted for alleged complicity in torture in 1991, whereas these very two doctors - according to our sources - were precisely the ones who were reporting and documenting acts of torture at that time.</p> <p>We contacted the Tunisian Medical Association to alert them to the case and enquire about their intentions to support these two doctors.</p>
<p>AUSTRALIA</p> <p>August 2017</p> <p><u>Source:</u> Amnesty International</p>	<p>Amnesty International contacted the Secretariat regarding the worrying conditions in off-shore detention, by Australia, of refugees on Manus Island, Papua New Guinea.</p> <p>We contacted the Australian Medical Association, which provided us with detailed information on their continuous advocacy work to ensure the delivery of appropriate health care to asylum seekers and refugees.</p>
<p>ETHIOPIA</p> <p>September 2017</p> <p><u>Source:</u> Freefikru Petition Swedish Medical Association Amnesty International</p>	<p>The Secretariat received a call to sign a petition in support of the Ethiopian-born Swedish cardiologist, Dr Fikru Maru, who has been in detention for 4 years in Ethiopia. In May 2017 he was cleared of all prior charges, but instead of releasing him, new charges were brought against him and 37 other prisoners for being involved in a prison fire and revolt (Dr Fikru was in hospital with a life threatening condition when the fire occurred). The Secretariat contacted the Swedish Medical Association, which confirmed the case and was positive about the WMA taking action.</p>

	Dr Ketan Desai signed the petition on behalf of the WMA. The information was shared on Facebook and Twitter.
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2.2.2 Protection of health professionals in areas of armed conflict and other situations of violence

ICRC “Health Care in Danger” (HCiD) initiative

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

The ICRC and the WMA repeated the successful experience of last year and organised a joint side-event at the World Health Assembly in May. The Permanent Missions of Switzerland and Canada, the World Health Organization (WHO), and Médecins Sans Frontières (MSF) joined the initiative. The event on 22nd May entitled: “**Attacks on healthcare: Where do we stand one year after the adoption of the UNSC¹ Resolution 2286?**” aimed to look at concrete measures to address increasing attacks on healthcare, including with the support of the Resolution.

The side-event was co-chaired by Alain Berset, Vice-President of the Swiss Federal Council, and the Honourable Jane Philpott, Canadian Minister of Health, and provided an excellent opportunity for the broad health community gathered in Geneva for the World Health Assembly to listen to the perspectives of key actors in this area, including Dr Peter Salama, Executive Director of WHO Health Emergencies Programme, Yves Daccord, Director-General of the ICRC, Dr Joanne Liu, President of MSF as well as Dr Ardis Hoven, Chair of the WMA.

During the 70th World Health Assembly in May, the WMA made a [public Statement](#) on the WHO response during severe large-scale emergencies.

Other related events:

On 11-12 May 2017 Clarisse Delorme participated 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, where she had the opportunity to report on the WMA's activities within the framework of the HCiD Initiative.

¹ United Nation Security Council

On 17-18 May, Otmar Kloiber and Clarisse Delorme attended the **HCiD Annual Meeting** at the ICRC headquarters in Geneva, bringing together representatives of the HCiD Movement and the Community of Concern. Clarisse Delorme presented the WMA pledge submitted to the 32nd International Conference of the Red Cross Movement on the safety of health care personnel in situations of violence.

In July, The WMA Secretariat lent its support to the Médecins du Monde (MDM) Campaign "[Targets of the World](#)" denouncing violence against healthcare in emergency contexts. The Secretariat also shared the information with the WMA membership, inviting members to support the initiative by signing the online petition.

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)

2.3.2 The Secretariat exchanged information with the IRCT during the reporting period, in particular regarding the WMA proposed Statement on forced anal examinations to substantiate same-sex sexual activity. In preparation for a mission in Uganda, the IRCT enquired about this particular issue of concern in the country.

2.3.3 Role of physicians in preventing torture and ill-treatment

Last May, the WMA Secretariat was contacted by the Health Care in Detention Unit of the International Committee of the Red Cross (ICRC) to discuss an opportunity to update the online course for physicians working in prisons. The discussion is ongoing, including with the Norwegian Medical Association which played a key role in developing and hosting the original courses.

2.3.4 Psychiatric treatment – Mental Health

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

2.4 Pain treatment

The WMA continues to be active in the field of palliative care in cooperation with the WHO and civil society organisations working in this area. Within the context of the current global discussion and the Special Session of the UN General Assembly on the

world drug problem, the WMA made a [public statement](#) at the session of the WHO Executive Board (January 2017) on the public health dimension of the issue, underlining the need for a committed public health approach encompassing the availability and access to medicines for effective treatment and related healthcare services.

2.5 Health through peace

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

In September, the WMA Secretariat met with a representative of the International Physicians for the Prevention of Nuclear War (IPPN) to explore possible ways of collaboration in the global health imperative to eliminate nuclear weapons in line with the [WMA Statement on Nuclear Weapons](#) by using the momentum of the Treaty adoption.

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

3. Public Health

3.1 Noncommunicable 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 the first **UN Political Declaration on Prevention and Control of Noncommunicable Diseases** from 2011, the WHO also established the **Global Monitoring Framework as a Global Coordination Mechanism (GCM)** on the Prevention and Control of Non-communicable Diseases. The scope and purpose of the coordination mechanism is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels. The WMA is an official member of this coordination mechanism, which was launched in March 2015, and has attended several WHO GCM/NCD meetings. Dr Bente Mikkelsen, head of the GCM secretariat, will present their work and achievements at the WMA General Assembly in Chicago. The purpose of this presentation is also to discuss possible cooperation with the WMA and how physicians can support activities against NCDs.

In preparation for the third UN High-level Meeting on NCDs during the 2018 UN General Assembly in New York, WHO is organizing the **Global Conference on**

how to enhance policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 (NCDs) by 2030

in Montevideo, Uruguay, from 18-20 October 2017. Member countries drafted an outcome document in advance of the conference and WMA commented on this document as part of an open consultation process. The WMA welcomed the new strategy focus on health care system strengthening and the importance of a well-trained, well-resourced and well supported health workforce.

3.1.2 Tobacco

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

3.1.3 Alcohol

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

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

3.1.4 Physical Activity

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

3.2 Communicable diseases

3.2.1 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.

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

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 Member States at the last World Health Assembly in May 2016, and is monitoring the implementation phase of the Global Strategy.

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

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

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 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 70th World Health Assembly (May 2017) welcoming WHO's efforts in promoting migrant health and highlighting that late or denied treatment is discriminatory and contravenes a fundamental human right.

Clarisse Delorme was invited to present the WMA's views on migrants' health at the Youth Pre-World Health Assembly Workshop organised by the International Federation of Medical Students Association (IFMSA) on 19 May in Geneva. In July, the WMA Secretariat, represented by Dr O. Kloiber, C. Delorme and M. Mihaila, met with representatives of the Migration Health Division of the International Organisation for Migration (IOM) to explore potential cooperation and exchange of information.

Further to this meeting, the WMA has been invited to join a working group led by the IOM and WHO to ensure that the health aspects of refugees and migrants are adequately addressed in the "[Global Compact for Migration](#)" (GCM), the global UN process currently taking place, which will culminate in a final outcome agreement from the UN General Assembly further to intergovernmental negotiations in early 2018. For now, health is still marginally or barely mentioned in the preliminary discussions. In September, the WMA sent its written contribution and participated in the first working group meeting on the 5 September.

3.4 Social determinants of health (SDH) and Universal Health Coverage (UHC)

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

The WMA presented the health professional perspective at the **WHA 2017 side event on "What is the role of the Private Sector in helping to achieve Universal Health Coverage (UHC)?"** The policies that governments must implement in pursuit of UHC will impact all stakeholders involved in improving health. Realising the UHC goal will require a thoughtful transition that meets the shared goals of governments, healthcare workers, patients, citizens and industry to expand access to treatment, prevention, services, medicines and vaccines. There is broad agreement that the private sector must be involved. The private sector is an important voice in national policy debates on how healthcare is organised and paid for. Diverse private sector companies deliver much of the healthcare in low and middle-income countries, from pharmacies to private practitioners and hospitals. However, the commercialisation of health care needs to be seen critically and the delivery of the highest possible care should be a cornerstone.

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 anti-counterfeit campaign, WHPA 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 organisations and individuals who are looking to support this effort by outlining opportunities for action and sharing what others are doing to fight fake medicines.

3.6 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 will follow the two weeks of negotiations during the upcoming [COP 23](#), scheduled for 6-17 November 2017 in Bonn, Germany. The Secretariat is liaising with WHO and the [Global Climate and Health Alliance](#) to ensure coordinated actions during these negotiations.

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 in January 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 highlighted.

The WMA attended an informal meeting initiated by WHO on the occasion of the 70th World Health Assembly in May to discuss the implementation of WHO's roadmap on chemicals as well as possible collaborative work on air pollution with various stakeholders.

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. My Green Doctor provides a free practice management tool designed by doctors to make medical offices more environmentally friendly. It provides everything needed to assist practice or clinic managers in establishing their own environmental sustainability programme: office policies, PowerPoints, a step-by-

step guide for your Green Teams, and even free advice by telephone. The [My Green Doctor](#) website is now available in the “What we do - Education” section of the WMA website.

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.

At the World Health Professions Alliance (WHPA) Leadership Forum in May 2017 the comparison of health care systems was discussed. Ms Francesca Colombo from the OECD was the keynote speaker at this session. Please see chapter III paragraph 4, page 29 of this report.

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:

- Establish the global baseline of medication errors and create a global monitoring system to facilitate the tracking of medication errors.
- 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.
- Develop guidelines, tools, materials, and technologies to promote and support medication safety and reduce the incidence of medication errors.

- 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 brought 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 to 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 second 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.

Likewise, the WMA participated in a WHO expert consultation meeting on health workforce education and AMR in April 2017. 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 training scheduled to begin in October 2017.

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.

The second topic at the World Health Professions Alliance (WHPA) leadership forum in May 2017 was antimicrobial resistance. Dr Marcus Sprenger from the WHO was the keynote speaker at this session. Please see chapter III paragraph 4, page 29 of this report.

4.5 Health workforce

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

At the High Level Ministerial Meeting on Health and Economic growth in December 2016, the WMA made an intervention on this High Level Commission on health Employment and Economic Growth report and spoke at the round table 'Acceleration investments in scaling up education and skills'.

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.

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.

In April 2017 the International Labor Organisation (ILO) organised a **Tripartite Meeting on Improving Employment and Working Conditions in Health Services**. The purpose of the meeting was to discuss decent work strategies that effectively address health workforce shortages as a prerequisite to enable provision of equal access to health care for all in need, with a view to adopting conclusions on future programme development and to inform policy-making on the selected topic at the international, regional and national levels. The WMA attended this conference and worked on follow-up activities with the ILO secretariat.

4.6 Violence in the health sector

Building on the success of the previous conference in Dublin, preparatory work has started for the [sixth International Conference on violence in the health sector](#), which will take place in Toronto, Canada on 24 - 26 October 2018. The WMA is a member of the organisation and scientific committees in charge of the preparations for the event. Two meetings of the organisation committee took place during the reporting period.

4.7 Caring Physicians of the World Initiative Leadership Course

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

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

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 December 2017. A call for nominations was sent to the WMA Constituent Members on 8 September 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 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 follows²:

1. World Health Organization (WHO)

WHO Governance
<p>World Health Assembly, May 2017: The 70th session of the World Health Assembly took place in May 2017 in Geneva, Switzerland. The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions), see http://apps.who.int/gb/e/e_wha70.html</p>
WHO Public Health Events
<p>WHO Forum on Alcohol, Drugs and Addictive Behaviours, Geneva, Switzerland, 26-28 June 2017</p>
<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>
<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>The WMA was invited to be member of the strategic advisory network to support and guide the WHO secretariat in the development of this Global Action Plan on Physical Activity and attended the first technical advisory meeting in June 2017.</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 end-of-life issues and the (at that time) draft of a new policy on Ethical Guidelines for Health Databases and Biobanks. WMA Past-Presidents, Dr Yoram Blachar and Dr Jon Snædal, WMA Ethics Advisor Prof. Vivienne Nathanson, WMA Legal Counsel, Ms Annabel Seebohm and the Secretary General served in preparing these sessions. Immediate Past President, Dr Xavier Deau, held a keynote speech at the opening of the conference.

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

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 Neuchatel and Ms Annabel Seebohm, Secretary General of the Standing Committee of European Doctors (CPME).

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

3. Other UN agencies

AGENCY	ACTIVITIES
<p>Human Rights Council of the United Nations, in particular: UN Special Rapporteur (SR) on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Dr D. Puras)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (Dr Nils Melzer)</p> <p>Special Rapporteur on the Rights of Persons with Disabilities (Ms Catalina Devandas Aguilar)</p> <p>High Commissioner for Human Rights (Mr Zeid Ra'ad Al Hussein)</p>	<p>Monitoring the SRs' activities Ongoing exchange of information Meeting with the SR in September 2017 further to WMA written contribution to SR's report on mental health</p> <p>Monitoring the SR's activities Contact to be made with new SR</p> <p>Monitoring the SR's activities Contact made late 2016</p> <p>The WMA is part of the consultation process within the framework of the UN Resolution on mental health and human rights adopted in September 2016</p>
UNAIDS	Campaign on Zero HIV-related stigma & discrimination in health care settings day <i>See item 3.3.3</i>
World Council of Churches	Consultative Meeting on an Ecumenical Health Strategy in May 2017
International Labour Organisation (ILO)	Tripartite Meeting on Improving Employment and Working Conditions in Health Services in April 2017
United Nations Commission on Narcotic Drugs at its 58th Session, Vienna, March 2015	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.
OECD	Meeting with Mrs Francesca Colombo, Head of the Health Section, and her team. Discussion about the new work strategy on health system reporting and the use of Patient Reported Outcome Measurements (PROMS). November 2016 (see also item 6.1 and 10)
International Organisation for Migration (IOM)	The WMA is part of the IOMWHO working Group on Migrants' Health (see point 3.3)

4. World Health Professions Alliance (WHPA)

The World Health Professions Alliance Leadership Forum took 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.

Ms Francesca Colombo - Head of the OECD Health Division was the keynote speaker for the first session on concepts to compare health systems. Measurement of health has evolved throughout the years, starting from statistics on numbers of deaths, numbers of cases of specific diseases, disability assessment (DALY, QALY etc.) to the measurement of wellbeing (QoL, generic EQSd, SF12, what matters to patients, carers and families). Ms Colombo reported on the recent OECD project PaRIS - the Patient-Reported Indicators Survey Initiative. This project evolved due to pressure from governments for more accountability and transparency in assessment processes in health services. The main priorities of PaRIS are: People-centred health services, building knowledge and capacity, as well as systematisation of patient-reported outcome measurements. This was followed by an intense discussion.

The two speakers at the second session were Dr Marc Sprenger, Director of the WHO AMR Secretariat, and Dr Susi Sanderson, AMR expert from the World Dental Federation. Antimicrobial resistance is relevant to several of the UN's sustainable development goals. It is a huge problem for future generations, and current trends are alarming. It is important to note that AMR is a cultural phenomenon, not a regional phenomenon. For this reason, proper education and training of health professionals to decrease prescribing trends is necessary. However, antibiotics are not only used in the health sector, but also and in much higher quantities in the agricultural sector. Thus there needs to be a multisector approach to decrease overall usage and political pressure to develop action plans to reduce antibiotic usage. If not addressed, AMR will exacerbate poverty and hunger while worsening health outcomes around the globe.

The WHPA, along with the WHO and ILO, organised a Webinar on Health Employment and Economic Growth – from recommendations to action in May 2017. In advance of the item on ‘Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth‘ at the World Health Assembly 2017, the webinar explored these issues and opportunities for taking action to implement the Commission’s recommendations, with a particular focus on transformative professional, technical and vocational education and training, skills and life-long learning. Speakers were from the WHPA, WHO, the International Labour Organisation (ILO) and the World Federation of Medical Associations (WFME).

World Health Professions Regulation Conference

Save the date: 19-20 May 2018 in Geneva, prior to the World Health Assembly

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

Scheduled to run over one-and-a-half days immediately before the World Health Assembly in May 2018, the 6th World Health Professions Regulation Conference (WHPRC) will provide participants with insights, perspectives and discussion on current challenges in health professional regulation.

There are three main themes that will be addressed during the conference:

1. A call to set the right standards in regulation

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

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

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

3. Supporting the quality of lifelong learning

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

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. 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.

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

Organisation	Activity
Amnesty International	Ongoing contacts (exchange of information and support) during the reporting period on the situations in Australia, Ethiopia and China (see 2.2.1).
Human Rights Watch	Contacts on palliative care (WHO resolution) and other human rights issues.
Global Alliance on Alcohol Policy (GAPA) and its members	Regular exchange of information, in particular in the context of the 70 th World Health Assembly (May 2017) and the Global Conference on Alcohol scheduled for October 2017 (see 3.1.3).
International Committee of the Red Cross (ICRC)	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. 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 finalised in late 2016.
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.
International Federation of Health and Human Rights Organisations (IFHHRO)	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. Participation of WMA officers and officials in the pre-World Health Assembly conference of IFMSA in Geneva.
International Federation of Associations of Pharmaceutical Physicians	Cooperation on issues of human experimentation and pharmaceutical development, the role of physicians in that process. A memorandum of understanding is planned for the General Assembly in Tokyo.
<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)
International Physicians for the Prevention of Nuclear War (IPPN)	Exchange of information and joint actions in the context of the UN Treaty on the Prohibition of Nuclear Weapons.

CHAPTER III COMMUNICATION & OUTREACH

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

1. WMA Newsletter

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

2. WMA social media (Twitter and Facebook)

In 2013, the WMA launched its official [Facebook](#) and Twitter accounts (@medwma). The Secretariat encourages members to spread the word within their associations that they can follow the WMA's activities on Twitter and via Facebook.

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](#).

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.

5. Secondments / internships

The BMA has seconded Prof. Vivienne Nathanson since 2015 and for the meetings during the General Assembly in Chicago. The Icelandic Medical Association, the host of the next General Assembly in October 2018, seconded Ms Solveig Jóhannsdóttir to the WMA Secretariat at the General Assembly in Chicago. We have been running an internship programme with the IFMSA since 2013 (2 Interns in 2017 from Poland and Spain), with the University of Pennsylvania since 2014 (2 Interns in 2017) and last year we started an internship programme with the Palack University Olomouc in the Czech Republic (1 intern in 2017) .

A call was sent out among IFMSA members in August for one more intern for the autumn/winter period.

CHAPTER IV OPERATIONAL EXCELLENCE

1. Advocacy

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

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

The Panel is chaired by Dr Ashok Zachariah Philip, Malaysian Medical Association and composed of the following members: Israel Medical Association (IsMA), South African Medical Association (SAMA), Spanish Medical Association (CGCoM), American Medical Association (AMA), Japanese Medical Association (JMA), French Medical Association (CNOM), Junior Doctors Network (JDN).

2. Paperless meetings

At its 188th meeting, the WMA Council expressed its desire to reduce its environmental impact by going paperless. Since the 189th Council meeting, documents posted on the website before the meeting have no longer been provided at the venue in print. Council members and officials are responsible for downloading documents from the members' area of the WMA website and bringing them to the meeting via electronic media or on paper, if desired. Documents developed on site during the meeting are available online via a 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.

3. 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 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 delivered another interim report of its work to the 206th Council. The Workgroup is going to submit its final report to the 207th Council in Chicago after extended discussions with the Constituent Members by phone calls and web conferences.

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 ACKNOWLEDGEMENT

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

