



THE WORLD MEDICAL ASSOCIATION, INC.

Secretary General's Report to the 209th WMA Council Session (October 2017 – March 2018)

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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.

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

1.2 Declaration of Geneva

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

1.3 Regional Discussions on End of Life issues

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

Since then four regional discussions have been held in Latin America, (Rio de Janeiro, March 2017 in cooperation with CONFEMEL), Asia and the Pacific (Tokyo, September 2017, in cooperation with CMAAO), Europe (Vatican City, November 2017 in

cooperation with the Pontifical Academy for Life) and in Africa (Abuja, January-February 2018).

Reports from those meetings are attached to this document. The discussions will be continued on the global level at the joint WMA-Iceland Medical Association Ethics Conference in Reykjavik next October.

2. Human Rights

2.1 Right to health

The WMA Secretariat follows the activities of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dr Dainius Puras, as well as health related matters addressed by the UN Human Rights Council. Further to a meeting between Dr Puras, Dr O. Kloiber and C. Delorme in September 2017 (see item 2.3.3), it was agreed to maintain contact with a regular exchange of views on current topics of mutual interest.

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
<p>TURKEY</p> <p>January- February 2017</p> <p><u>Sources:</u> TMA, Human Rights Foundation of Turkey, Amnesty International</p>	<p>Following a public statement by the Turkish Medical Association (TMA) in mid-January stressing that war is a public health problem and calling for peace its leaders have been confronted with a campaign of intimidation and threats. The Turkish Ministry of Internal Affairs filed a criminal complaint against the TMA and the Ankara head prosecutor opened an investigation. In addition, the Minister of Health filed another lawsuit demanding all TMA's Central Council members to be dismissed from their position on the grounds that they are acting beyond the scope of the mission of the TMA. The 11 members of the Central Council of TMA were arrested and the TMA office was searched.</p> <p>The WMA issued an immediate press release and a joint letter with other health and human rights organisations (PHR, CPME, IRCT, EFMA) was sent to the Turkish authorities (Link to the letter: https://www.wma.net/wp-content/uploads/2018/01/Joint-letter-of-support-TMA-January-2018-final.pdf). A second press release was issued (https://www.wma.net/news-post/global-medical-bodies-in-joint-call-to-president-erdogan/).</p> <p>The UN Special Rapporteur on the Right to Health was alerted. The Secretariat sent a call for support to all WMA members and partners. Many national medical associations reacted immediately with letters, tweets and other social media support. The TMA Council members were finally released on the 2nd and the rest on 5th February, but an official investigation is continuing on the basis of the charges of "Making propaganda in favour of a terrorist organization" and "Provoking people to be rancorous and hostile".</p> <p>In the latest developments, the Turkish authorities have announced their intention to amend legislation pertaining to professional organisations (including the TMA, and organisations of lawyers, architects, etc.), which used to enjoy relative autonomy from government. The amendments</p>

	<p>envisaged include scrapping compulsory membership; making it possible to have more than one organisation representing a specific profession, flexible and changed election procedures. This amounts to abolishing these organisations' authority and function to supervise compliance with professional ethics and makes these organisations weaker.</p> <p>In addition, Prof. Onur Hamzaoglu - an internationally renowned researcher and practitioner, recently re-elected to the Executive Board of the International Association of Health Policy in Europe at its 18th International Conference held at the end of September 2017 – was arrested on 9th February by the Turkish police. Prof. Hamzaoglu is also the editor of Society and Physicians journal, a scientific journal on health policies published by the TMA. He is being prosecuted for complicity in terrorism.</p> <p>The WMA Secretariat remains mobilized and ready to take further action.</p>
<p>ETHIOPIA</p> <p>September 2017 - February 2018</p> <p><u>Source:</u> 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. Dr Ketan Desai signed the petition on behalf of the WMA. The information was shared on Facebook and Twitter.</p> <p>The situation having not changed since the Summer, the Secretariat discussed taking further actions with the Swedish Medical Association (SwMA) and Amnesty's Ethiopian desk officer. The WMA wrote to the Ethiopian Prime minister and President (with copies and an accompanying letter sent to the new Ethiopian WHO Director General Dr Tedros Adhanom Ghebreyesus). On its part, the SwMA wrote to the Swedish embassy in Ethiopia.</p>
<p>IRAN</p> <p>February 2018</p> <p><u>Source:</u> Amnesty International Physicians for Human Rights</p>	<p>Dr Ahmadreza Djalali, an Iranian-born Swedish resident and academic, has been sentenced to death for “corruption on earth” after a grossly unfair trial. His conviction was based on torture-tainted “confessions” that he was forced to make while in solitary confinement without access to his lawyer or family. Amnesty International and Physicians for Human Rights consider him a prisoner of conscience. The Secretariat wrote an initial letter last November and issued a press release (https://www.wma.net/news-post/wma-urges-immediate-release-of-jailed-physician/).</p> <p>Dr Djalali's last appeal was rejected by the Supreme Court in February. A second press release was issued on 13th February calling for his immediate release (https://www.wma.net/news-post/wma-appeals-for-immediate-release-of-jailed-physician/).</p>

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.

On 22 November 2017, the ICRC and the University of Geneva organised an event on the **MOOC (massive Open Online Courses) on Violence Against Health Care** (<https://www.coursera.org/learn/violence-against-healthcare>) to discuss the best ways to promote and disseminate this tool within our networks. M. Mihaila and C. Delorme from the WMA Secretariat attended the meeting.

The ICRC and the WMA are again planning a side-event during this year's **World Health Assembly** in May, possibly with the Permanent Missions of Switzerland, Canada and Nigeria, the World Health Organization (WHO), Médecins Sans Frontières (MSF) and other partners such as the International Committee of Military Medicine (ICMM) and the International Hospital Federation (IHF). The event will focus on Health Care in Danger best practices with a variety of country examples.

During the reporting period, C. Delorme established contact with the **Disaster Risk Management Focal Point at WHO** to discuss ways to promote and support the role of the health workforce in reducing risks to health from emergencies, strengthening emergency preparedness and building the resilience of communities.

During the 142nd WHO Executive Board meeting, the WMA presented a public statement (<https://www.wma.net/wp-content/uploads/2017/05/3.3-Public-health-preparedness-and-response-WHPA.pdf>) on behalf of the World Health Professions Alliance (WHPA) on WHO's work in Health Emergencies.

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)

The Secretariat exchanged information on a regular basis with the IRCT during the reporting period, in particular regarding the recently adopted **WMA proposed Statement on forced anal examinations to substantiate same-sex sexual activity** and on the role of physicians in preventing torture

2.3.2 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**. Discussions are ongoing, including with the Norwegian Medical Association, which played a key role in developing and hosting the original courses.

In February, the WMA was invited to participate in a one-year project on the development of a supplement to the **Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment**, commonly called the Istanbul Protocol (IP). The initiative is headed jointly by Physicians for Human Rights (PHR), the IRCT, the Human Rights Foundation of Turkey, REDRESS, the UN Committee against Torture, the UN Subcommittee for the Prevention of Torture, the UN Special Rapporteur on Torture and the UN Voluntary Fund for Victims of Torture. The purpose of the Project is to strengthen the IP with updates and clarifications based on practical experience from users. C: Delorme participate in the working group on ethical codes as one of the drafters.

2.3.3 Psychiatric treatment – Mental Health

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

2.4 Pain treatment

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

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

2.5 Health through peace

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

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 on 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. The WMA and IPPN are exchanging views on a regular basis within this framework. IPPN offered its assistance on the revision of WMA Statement on Nuclear Weapons in order to include reference to the recently adopted Treaty.

On the occasion of the opening for signature of the Treaty on the Prohibition of Nuclear Weapons in New York on 20th 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 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** and 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 Non-communicable Diseases** from 2011, the WHO also established the **Global Monitoring Framework as a Global Coordination Mechanism (GCM)** on the Prevention and Control of Non-communicable Diseases. The scope and purpose of the coordination mechanism is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels. The WMA is an official member of this coordination mechanism, which was launched in March 2015, and has attended several WHO GCM/NCD meetings. Dr Bente Mikkelsen, head of the GCM secretariat, is planning to present their work and achievements at the WMA General Assembly in Reykjavík. The purpose of this presentation is also to discuss possible cooperation with the WMA and how physicians can support activities against NCDs.

During the WHO Executive Board meeting the WMA made an intervention for the preparation of the next high-level meeting on NCDs during the 2018 UN General Assembly in New York and emphasised the strong commitment of the WMA in the fight against NCDs. Following the long engagement of WMA with the WHO GCM secretariat, WHO appointed Dr Yokokura, WMA president, to be a member of the **WHO Civil Society Workgroup** to advise the Director General on the planning

and advocacy of the high level meeting on NCDs and on the mobilization of civil society.

Dr Julia Tainijoki was invited by WHO to present WMA's perspective and experience on health literature and education at the third meeting of the **WHO GCM/NCD Working Group on Health Education and Health Literacy for NCDs** in February in Geneva. The Working Group was established to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for NCDs, with a particular focus on populations with low health awareness and/or literacy.

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

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

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

3.1.2 Tobacco

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

3.1.3 Alcohol

The Secretariat maintains regular contact with the WHO staff in charge of this topic, as well as with the Global Alcohol Policy Alliance (GAPA). During the 70th session of the World Health Assembly 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.

Last February, the Secretariat received a request from IOGT International and GAPA to support a joint letter sent on 1st February to the Global Fund denouncing their partnership with Heineken and emphasizing the dangers inherent in collaborating with the producers and marketers of hazardous products such as alcohol.

(<http://iogt.org/open-letters/joint-open-letter-concern-regarding-global-fund-partnering-heineken/>). The letter was endorsed by a number of regional and national organisations and networks. The WMA joined the mobilisation and decided to support the initiative as well. The news was shared on Twitter and Facebook.

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 WMA participated in the development of the WHO guidance document entitled 'Guidance on Ethics of Tuberculosis Prevention, Care and Control' in 2010. Building on this document, the WHO is now in the processes of revising the existing document with the aim of speaking more directly to the challenges faced by healthcare workers (HCW) and decision-makers across the globe in helping fulfil the third principle of the End TB Strategy, namely the protection of human rights, ethics and equity. A first workgroup meeting has taken place with the WMA delivering a presentation on health workers' rights and obligations.

3.2.2 Influenza

The WMA was invited by Ms Françoise Grossetête, Member of the European Parliament, and Prof. Thomas Szucs to be a members of the steering group to develop an [EU Manifesto on Influenza Vaccination](#), which aims to help shift the agenda at European and national level in support of influenza vaccination. The Manifesto confirms the need for stronger policy-driven actions to reduce the burden of influenza and emphasises the importance of the health workforce in this topic. The digital launch was on 6th March 2018 with the physical launch planned for 24th March 2018.

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.

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

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

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

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

3.5 Counterfeit medical products

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

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

undermine patients' trust in health professionals and health systems. The involvement of health professionals is crucial to combating counterfeit medical products.

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

3.6 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 improving 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 followed the two weeks of negotiations during the [COP 23](#), which took place from 6-17 November 2017 in Bonn, Germany. The Secretariat liaised with WHO and the [Global Climate and Health Alliance](#) (GCHA) to ensure coordinated actions during these negotiations. The WMA made a public statement (<https://www.wma.net/wp-content/uploads/2017/05/3.5-Health-environment-and-climate-change-WMA.pdf>) at the 142nd session of the WHO Executive Board on the global strategy on health, environment and climate change.

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

The WHO's First Global Conference on Air Pollution and Health is scheduled from 30th October to 1st November in Geneva. It will bring together global, national and local partners to share knowledge and mobilize action for cleaner air and better health. The WMA is in contact with WHO to discuss its involvement in the event.

3.7.2 Chemicals safety

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.**

Further to the 2016 World Health Assembly Resolution on the **Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond**, the 70th World Health Assembly last May approved the **Chemicals Roadmap** (<http://www.who.int/ipcs/saicm/roadmap/en/>) which identifies actions where the health sector has either a lead or important supporting role to play, recognizing the need for multi-sectoral and multi-stakeholder cooperation. The roadmap was developed in consultation with Member States, United Nations agencies, and other relevant stakeholders. The WMA participated in the consultation phase through electronic consultation and meetings.

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 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.

Under this overarching topic 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 the 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.

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

4.2 One Health

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

The second conference was hosted by the Japan Medical Association and the Japan Veterinary Association together with the World Veterinary 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](#).

4.3 Antimicrobial resistance

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

The WHO developed 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 participated in a WHO expert consultation meeting on health workforce education and AMR. The outcome of this meeting was the development of the first draft of the **Global Interprofessional AMR Competency Framework for Health Workers' Education**. This tool will assist health policy planners and decision makers in countries to work towards achieving the first objective of the WHO Global Action plan on AMR, which aims to improve awareness and understanding of AMR through effective communication, education and training. It is also intended to serve as the basis for the development of a

global prototype AMR curriculum for health workers' education and scheduled training. The WMA commented on the first draft version together with the World Federation for Medical Education. Our comments included the knowledge and training aspects required to carry out a proper diagnosis and the importance of differentiating between different origins and severity of infections, i.e. it is of utmost importance to have a deep knowledge of diagnosis before prescribing an antibiotic in order to reduce the burden of AMR. Together with the School for Public Policy at the George Mason University, the WMA has been providing a [free online learning tool on Antimicrobial Resistance](#) for nearly a decade now.

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

4.4 **Health workforce**

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

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

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

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

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

4.5 Violence in the health sector

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

4.6 Caring Physicians of the World Initiative Leadership Course

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

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

The eighth course was held at the Mayo Clinic in Jacksonville, Florida, USA from 3 - 8 December 2017. The courses were made possible by educational grants provided by Bayer HealthCare and Pfizer, Inc. This work, including the preparation and evaluation of the course, is supported by the WMA Cooperating Center, the Center for Global Health and Medical Diplomacy at the University of North Florida.

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>WHO Executive Board, January 2018: The 142nd session of the WHO Executive Board took place in January 2018 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_eb142.html</p>
WHO Public Health Events
<p>Fourth Global Forum on Human Resources for Health in November 2017 organised by WHO, GHWN and Ireland in November 2017</p>
<p>WHO Meeting of the Strategic and Technical Advisory Group on Antimicrobial Resistance (STAG - AMR) and Meeting of the Technical Coordination Group (TCG) in February 2018 in Geneva</p>
<p>WHO Global Consultation for Setting Priorities for Global Patient Safety in collaboration with the Centre for Clinical Risk Management and Patient Safety, Department of Health</p>
<p>WHO workshop "investing in healthy cities: "insuring prevention" at the 20th European Health Forum Gastein, Austria in October 2017</p>
<p>WHO GCM/NCD Working Group on Health Education and Health Literacy for NCDs, in February in Geneva</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.

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

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

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>
<p>UNAIDS</p>	<p>Campaign on Zero HIV-related stigma & discrimination in health care settings day <i>See item 3.3.3</i></p>
<p>OECD</p>	<p>Meeting with Mrs Francesca Colombo, Head of the Health Section, and her team. Discussion about the new work strategy on health system reporting and the use of Patient Reported Outcome Measurements (PROMS). November 2016 (see also item 6.1 and 10)</p>
<p>International Organisation for Migration (IOM)</p>	<p>The WMA is part of the IOMWHO working Group on Migrants' Health. (see point 3.3)</p>
<p>WHO and World Bank</p>	<p>Dr Yokokura gave one of the keynote speeches at the Universal Health Coverage Forum December 2017 in Tokyo, Japan</p>

4. World Health Professions Alliance (WHPA)

After over ten years, the World Federation of Dentists FDI took over the secretariat of the World Health Professions Alliance Leadership from the WMA at the beginning of 2018.

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
Institute for Environmental Research, Yonsei University College of Medicine, South Korea	Environmental health, climate change and health issues

6. World Continuing Education Alliance (WCEA)

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

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

Organisation	Activity
Amnesty International	Ongoing contacts (exchange of information and support) during the reporting period, in particular on the situations in Turkey, Ethiopia and Iran.
Human Rights Watch	Regular contact on issues of common interest.
Global Alliance on Alcohol Policy (GAPA) and its members	Regular exchange of information.
International Committee of the Red Cross (ICRC)	Partners on the Health Care in Danger (HCiD) project since September 2011. Permanent cooperation with the Health in Detention and HCiD Departments. Memorandum of understanding between the ICRC and the WMA signed in November 2016.
International Council of Military Medicine (ICMM)	A Memorandum of Understanding between the ICMM and the WMA was signed at the WMA General Assembly in October 2017 (Chicago).
Council for International Organizations of Medical Sciences (CIOMS)	Development of guidance for the scientific community in medicine and health care in general. The WMA is a member and currently represented on the Executive Board.
International Federation of Health and Human Rights Organisations (IFHHRO)	Regular exchange of information on human rights and health matters.
International Federation of Medical Students Associations (IFMSA)	Internship program since 2013 (3 students in 2013 and 2 students in 2014). Regular collaboration, mostly in relation to WHO statutory meetings. Participation of WMA officers and officials in the pre-World Health Assembly conference of IFMSA in Geneva.
International Federation of	Cooperation on issues of human experimentation and

Associations of Pharmaceutical Physicians (IFAPP)	pharmaceutical development, the role of physicians in that process. A memorandum of understanding has been signed at the WMA General Assembly, October 2017 (Chicago).
University of Pennsylvania International Internship Program	Annual Internship program on health policy, public health, human rights, project management. Usually 2-3 students come as interns to our office for the summer. The programme has been running since 2014.
International Rehabilitation Council for Torture Victims (IRCT)	Regular exchange of information and joint actions on specific cases or situations.
Global Climate & Health Alliance (GCHA)	Regular exchange of information and ad hoc collaboration within the context of the UN climate change negotiations.
New Jersey Medical School Global TB Institute	The WMA is working with the New Jersey Medical School Global TB Institute and the University Research Company (URC) to update its online TB refresher course for physicians with the support of the US Agency for International Development (USAID).
Safeguarding Health in Conflict Coalition	Observer status in the coalition. Regular exchange of information.
World Coalition Against The Death Penalty	Regular exchange of information, in particular regarding individual cases requiring international support.
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.
International Physicians for the Prevention of Nuclear War (IPPN)	Exchange of information and joint actions, in particular in the context of the UN Treaty on the Prohibition of Nuclear Weapons.

CHAPTER III COMMUNICATION & OUTREACH

In July 2017 a new member of staff joined the WMA Secretariat. Ms Magda Mihaila is a journalist and communications specialist who is now helping our team improve the way we get our 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, among 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. Meeting with Arab Medical Union leaders

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

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

6. Secondments / internships

The Danish Medical Association seconded Ms Eva Rahbek to the WMA Secretariat at the Council Session in Riga. We have been running an internship programme with the IFMSA since 2013 (3 Interns in 2017 from Poland, Spain and Rwanda), 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 to IFMSA members in February for two interns for the 2018 spring/summer period and 2 UPENN interns have been accepted for the period from May to August 2018.

CHAPTER IV OPERATIONAL EXCELLENCE

1. Advocacy

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

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

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

2. Paperless meetings

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

3. Governance

A Workgroup on Governance Review was set up at the Council Session in Moscow in 2015 under the chair of Dr Rutger Jan van der Gaag. The Workgroup delivered its final report to the 207th Council in Chicago after extended discussions with Constituent Members. Based on this report, the Secretary General drafted a discussion document for a new Strategic Plan to be considered at the Council Session in Riga.

CHAPTER V ACKNOWLEDGEMENT

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

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

