



WORLD MEDICAL ASSOCIATION

ANNUAL REPORT 2018



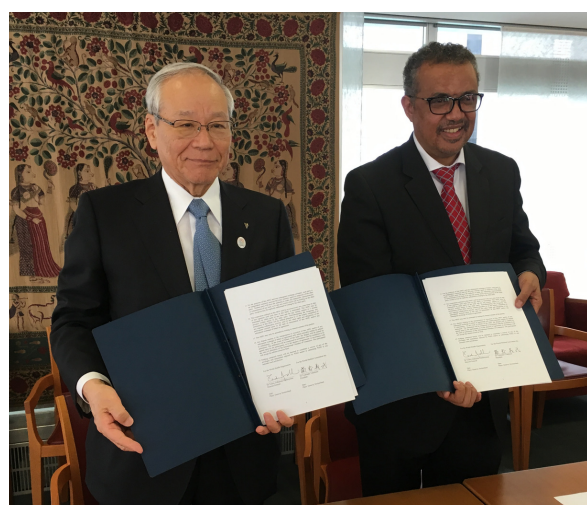
SOME WMA ACTIVITIES IN IMAGES



209th WMA Council Session, April 2018 in Riga, Latvia - Photo: LMA Official photographer



Dr. Ardis D. Hoven
Chairperson of Council, speaker at the "Health Security 100 years after the Spanish flu pandemic" event



WMA Past President Dr. Yoshitake Yokokura and Dr. Tedros Adhanom Ghebreyesus, WHO Director-General at the signing of a Memorandum of Understanding to reaffirm and consolidate co-operation between the two organisations.



Left: Dr. Osahon Enabulele, Nigeria
Right: Dr. Miguel R. Jorge, President-Elect, Brazil



Delegates of the WMA General Assembly, October 2018, Reykjavik, Iceland - Photo: IMA Official photographer

MESSAGE FROM THE WMA PRESIDENT

I am happy to present you the second annual report of the WMA. It is not supposed to be a full and comprehensive overview of what the WMA does or has done during last year, but rather to provide some highlights that have been important for our work. Joining forces with WHO on important questions like Universal Health Coverage, Health Workforce, Social Determinants of Health and emergency preparedness, as well as our work on environmental health, human rights, health and migration are just some examples mentioned in this report of our common engagement during the year.

During 2018 other trends became clearer and more relevant for us, as they have been before. Although not new, but more pressing than ever is the question of our work environment. Confronted with a steadily increasing work load and complexity in medicine, pressures from commercialization but also high patient expectations, we have to note high rates of burn out with physicians in many countries. This scenario does necessarily get friendlier with challenges and opportunities coming up with digitalization and Artificial or Augmented Intelligence invading and changing medicine and health care.

The WMA has decided to face the challenges. In two conferences, one in May in Israel and one in June in Tokyo, we will discuss with experts, colleagues and patients about the future of our profession and the realization of Universal Health Coverage. In times of uncertainty guidance and common understanding of what is right or wrong may be even more important than before.



October last year we had the opportunity to experience the launch of the Astana Declaration. 40 Years after Alma-Ata, the WHO, UNICEF and the government of Kazakhstan invited to the „Global Conference on Primary Health Care“. With last year's Astana Declaration[1], the WHO takes a new approach to foster the development of Primary Health Care. Although the Astana Declaration does neither contradict nor replace the Alma-Ata Declaration[2] from 1978 it is far more binding and tries to avoid misinterpretations to what is Primary Health Care. While after Alma-Ata donors and government all too often retracted to a minimum of Primary Care, the Astana declaration demands completeness and strives for a comprehensive approach in health care reaching from health promotion and prevention to curative care, rehabilitation and palliative care. It remains to be seen whether the donors who finance the development of health care will share the aspiration for comprehensiveness this time.

The WMA will point to the role of physicians especially family physicians, when it comes to realise real Primary Health Care and not a cheap substitute.

DR. LEONID EIDELMAN

WMA President

[1] <https://www.who.int/primary-health/conference-phc/declaration>

[2] http://www.who.int/publications/almaata_declaration_en.pdf

General Assembly 2018 - Reykjavik

At the invitation of the Icelandic Medical Association, delegates from more than 58 National Medical Associations and constituent member associations met at the award-winning Harpa Convention Centre, one of Reykjavik's most distinguished landmarks. The occasion was the WMA's 69th annual General Assembly to coincide with the 100th anniversary of the Icelandic Medical Association.

For the first time, the General Assembly was combined with a Medical Ethics conference organized by the Icelandic Medical Association partly in parallel with our Council Session.

President's Report

The outgoing President, Dr. Yoshitake Yokokura, gave a brief report on his activities over the preceding six months, when he had taken up the theme of promoting Universal Health Coverage through cooperation and collaboration based on the Memorandum of Understanding between the WMA and the World Health Organisation. He had spoken at many meetings, including the High-Level United Nations meeting on the prevention and control of non-communicable diseases and the 18th MASEAN Conference, the confederation of medical associations from the South-east Asian region consisting of 10 ASEAN members. He had also attended meetings of the German, Taiwan and American Medical Associations. He said he had been re-elected as President of the Japan Medical Association for a fourth term.

Chair's Report

Dr. Hoven spoke about the success of the previous day's medical ethics conference organised in conjunction with the Icelandic Medical Association. In her written report, she said she continued to be outraged by the atrocities imposed upon physician colleagues throughout the world who, when providing care for those in need, were being injured, murdered or imprisoned.

The WMA had partnered with the International Committee of the Red Cross in the global project "Healthcare in Danger", which was aimed at identifying the extent of this problem and proposing interventions to mitigate the damage being done. It was imperative they continued with this activity.

In addition, the medical profession had been under growing pressure around the world from governments intent on undermining medical autonomy. In some parts of the world, politicians appeared determined to curtail the power of the medical profession and exercise more control over their representative associations. The WMA strongly opposed any attempt to stifle the voices of physicians, because in the end it was patients who suffered. Professional self-governance was critical to the delivery of healthcare across the world.

Health and migration

Since 2017, the WMA has been contributing to the global debate on health and migration with the valuable support of its membership, but also through WHO's activities in its health leadership role, and by developing close collaboration with the International Organisation for Migration (IOM).

Late 2017, the WMA joined the working group led by the IOM and WHO set up on an ad hoc basis to provide a collective contribution within the negotiation process of the Global Compact for Migration, so that migrants health needs are adequately addressed. The working group agreed on a Proposed Health Component, based on WHO Framework of Priorities and Guiding Principles to promote the health of Refugees and Migrants that the 70th World Health Assembly (May 2017) urged Member States to promote at national level:

Since then and over 2018, in line with its policies, the WMA has continued its monitoring work aiming to ensure the inclusion of health as an essential constituent of good migration governance. Last November, it commented the 4th draft of the global action plan on health of refugees and migrants which will be submitted to the next World Health Assembly.

"The framework seeks to contribute to improving global public health by addressing the health of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting. It is designed to promote the right to health, in accordance with international human rights obligations, including refugee law and relevant international and regional instruments"[1].

[1] WHO Framework of priorities and guiding principles to promote the health of refugees and migrants – B. Scope, p.1.

Migration, a matter of concern for physicians

As a world health professionals organisation, the WMA has to make its voice heard, bringing its specific contribution based on the field experiences and expertise of physicians, not only to ensure proper access to health care to migrants and refugees but also to guarantee to physicians and other health professionals adequate working conditions safeguarding the full respect of ethical principles of healthcare.

All people are entitled without discrimination to appropriate medical care according to the international human rights standards and medical ethics, including the WMA Declaration of Lisbon on the Rights of the Patient. In line with its policies, the WMA advocates so that that these fundamental premises are implemented and protected in the provision of health care to the migrant and refugee population:

Prioritization of the care of human beings above any other consideration or interest - The right to health should be guaranteed to all, regardless of the civil, legal or political status of the individual. This includes therefore encompassing the provision of health care to undocumented migrants.

Loyalty to their patients - The WMA has repeatedly expressed concerns over the systemic difficulties which physicians face when upholding guiding ethical principles in environments hostile to the provision of healthcare to migrants. Health professionals must be granted adequate working conditions so that they can provide care in the best interest of their patients, well-being and health being their first considerations. Their ability to maintain loyalty to their patients requires protection from any potential intrusion from their employers in their relationship with the patient.

Do no harm - The WMA is opposed to the participation of physicians to any non-medically justified examination or treatment - such as sedatives to facilitate easy deportation from the country or relocation, or bone examination to determine the age of a migrant declaring to be a minor. These practices constitute a diversion of medically justified measures for police or judicial purposes. As such, it contravenes to medical ethics. But worst, some of these practices can potentially have a harmful impact on health.

Rights to confidentiality, privacy and autonomy - The WMA Declaration of Taipei on ethical considerations regarding health databases and biobanks lays down essential ethical principles in collecting and using health data, including the required informed consent for the collection, storage and use of data of the individuals concerned as well as the rights to confidentiality, privacy and autonomy, which entitle individuals "to exercise control over the use of their personal data and biological material"[1]. All measures should be taken so that these ethical principles are fully respected, and any possible misuses be prevented in health data collection of the migrant's and refugee's population.

[1] Declaration of Taipei, paragraph 9

The Global Compact for Migration (GCM)
Some highlights on the health component

The GCM was adopted on 18 December in Marrakesh. It is a voluntary, non-legally binding global agreement for safe, orderly and regular migration. Based on cross-cutting guiding principles and 23 objectives, the compact recognizes the need for interregional and international cooperation and responsibility sharing among countries in addressing migration. It rests on the purposes and principles of the Charter of the United Nations, international human rights standards and other relevant international instruments[1].

Out of the 23 objectives, 7 objectives include references to health, the main one being the objective 15 "Provide access to basic services for migrants" which refers to WHO Framework of Priorities and Guiding Principles to promote the health of Refugees and Migrants. Although the inclusion of such a health component constitutes a positive step in acknowledging the need to foster the rights to health for the migrant's and refugee's populations, the compact fails to address the complex situation of health professionals, in particular physicians, in the provision of health care to this particular population. The recognition of the ethical challenges they might face and the consequent need for adequate working conditions, would have helped clarifying the healthcare framework, preventing conflicts of interests and fostering trustworthy patient-physicians relationship indispensable for the provision of quality care.

Under objective 1, the GCM specifies that data collection should be operated "while upholding the right to privacy under international human rights law and protecting personal data"[2]. Although this should be welcome, the blurred formulation of this international agreement does not guarantee the full protection of the dignity, autonomy and privacy of the individuals in line with medical ethics, including the requirement of informed consent for the collection, storage and use of data, as firmly stated in WMA Declaration of Taipei.

Global Compact for Migration:
<https://refugeesmigrants.un.org/migration-compact>

[1] Global Compact for Migration, parag. 1 & 2

[2] GCM Parag. 17

Health and environment

Over 2018, WMA continued its advocacy work to promote health within relevant global environment debates. Under the initiatives of WMA Environment Caucus co-chaired by Dr. Lujain Alqodmani (Kuwait Medical Association) and Dr. Peter Orris (Associate Member), and through cooperation with WHO or the Global Climate and Health Alliance, 2018 offered key opportunities to voice physicians' concerns.

In addition to its ongoing work on chemicals and its impact on health, the main areas of WMA actions related to air pollution and climate change.

Air pollution

Dr Lujain Al-Qodmani was one of the keynote speakers of WHO's First Global Conference on Air Pollution and Health (30 October to 1 November, Geneva) and contributed to a WHO discussion paper on air pollution and child health. The event was the experience of lively and engaged discussions about air pollution, its health effects, how to tackle this global crisis and related health, climate and economic benefits.



Air pollution and children's health : a global health emergency
WHO publication, Air Pollution Conference, November 2018

Climate change

In view of the Katowice Climate Change Conference (COP24, 3-14 December 2018, Poland), WHO issued a special report on health and climate change, written at the request of the President of the 23rd Climate Summit (COP23). This report - to which WMA provided input - is a contribution from the public health community to support the global negotiations. See illustration below



Early December, an article from WMA President Dr. Eidelman was published in the US magazine 'Fortune' emphasizing the ethical duty of physicians to protect their patients from the adverse effects of climate change.

The WMA was represented at the Katowice Summit by the two WMA Caucus co-chairs. In parallel to these negotiations, the Climate and Health Summit organised by HEAL and the Global Climate and Health Alliance, was a key opportunity for advancing health-focused action, engagement and collaboration to address climate change. The Summit focused on the call to Action on Climate and Health which outlines a set of priority policy actions for health leadership. Dr. Lujain Alqodmani participated in the closing session dedicated to WHO special report and health and climate change.

Background features on UN Negotiations on climate change

The international political response to climate change began with the 1992 adoption of the UN Framework Convention on Climate Change (UNFCCC), which entered into force on 21 March 1994, has 197 parties.

The Kyoto Protocol, entered into force on 16 February 2005, commits industrialized countries, and countries in transition to a market economy, to achieve quantified emissions reduction targets for six Green House Gasses (GHGs). In December 2015, parties adopted the Paris Agreement, under which all countries should submit Nationally Determined Contributions every five years. The Agreement includes the goal of limiting the global average temperature increase to well below 2°C above pre-industrial levels, and pursuing efforts to limit it to 1.5°C. COP24 outcome.

The 2018 Katowice Summit was declared a success though the negotiations were painfully slow to bring all countries participating along in the consensus. Negotiators from 196 countries and the European Union worked for two weeks on the "Katowice Rulebook", implementing the Paris Agreement. More than a dozen intense meetings enabled negotiations to be successful on different topics regarding principles aimed at implementing the Paris Agreement. Katowice has become, after Kyoto and Paris, another milestone on the way towards a sustainable global climate policy. In the Katowice Rulebook, different parties adopted a path that will be followed by each of them when it comes to stepping up actions for climate protection.



World Health Organization

UN environment

CLIMATE & CLEAN AIR COALITION
TO REDUCE SHORT-LIVED CLIMATE POLLUTANTS

THE EQUATION IS SIMPLE.

HEALTH + AIR POLLUTION = CLIMATE

WHO publication: "BreatheLife"

NCD activities

High Level Meeting on NCD

Prior to the UN General Assembly a High Level Meeting on NCD was organised on 27 September 2018 in New York with the theme 'Scaling up multi-stakeholder and multisectoral responses for the prevention and control of NCDs in the context of the 2030 Agenda for Sustainable Development'. 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.

At the Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control in Copenhagen, Denmark from 9-11 April 2018 a pre-meeting for the High Level meeting on NCDs, WMA organised a session on 'A vital investment: Scaling up health workforce for NCDs'.

Furthermore Dr Yokokura was invited to be a panel speaker at the High Level Meeting during the plenary session. The WMA was closely involved in the preparation process of the High Level Meeting and commented on the conference outcome document.

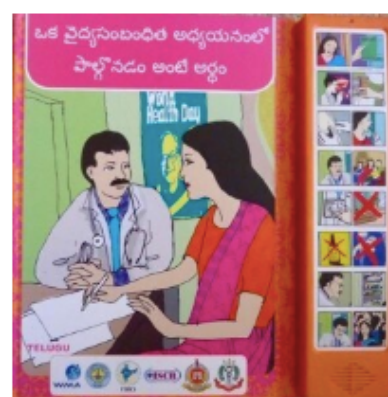


The aim of this session was to highlight the importance of the health workforce in the fight against NCDs and the investment needs and roles of various stakeholders in strengthening countries' capacities to develop HRH policies and plans in line with national health strategies to achieve UHC and SDG3.4.

Speaking books

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

The purpose of speaking books is to provide accessible information on clinical research for illiterate populations. Each 16 page book is illustrated, with easy-to-read text and/or voice on command.



Clinical Trials and Patients Rights

Language: English, Hindi

Country: India, South Africa

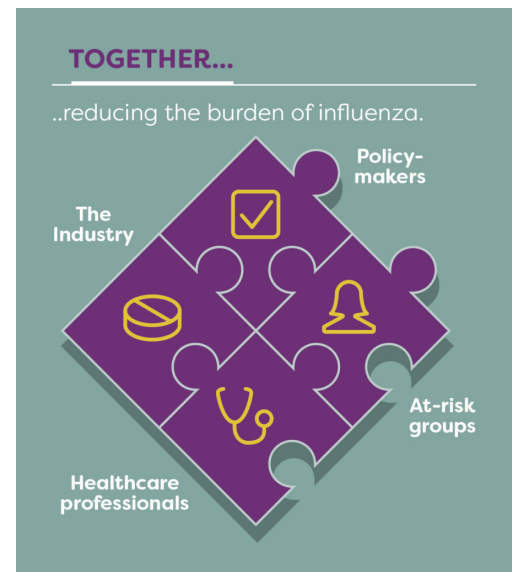
Topic: Clinical Trials

Sponsor: FERCI, ISCT and others, Pfizer, SAMA, Steve Biko Centre for bioethics, WMA

Influenza

EU Manifesto on Influenza Vaccination

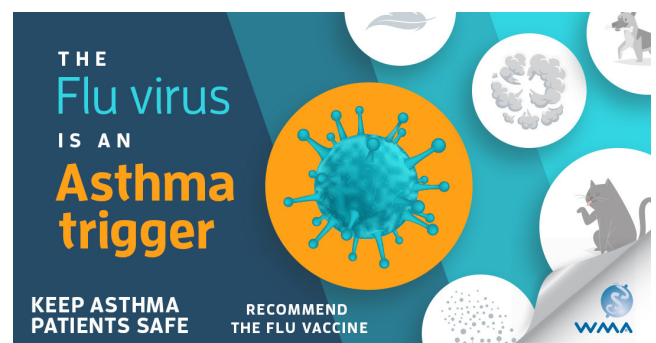
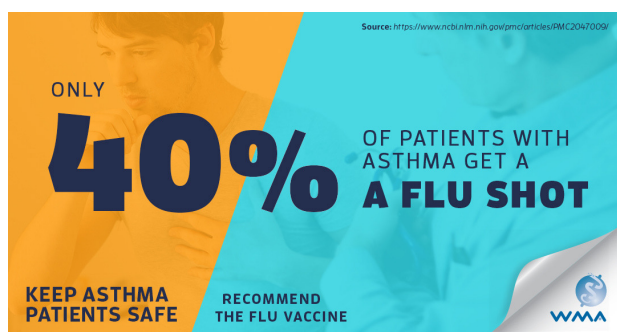
The WMA was invited by Ms Françoise Grossetête, Member of the European Parliament, and Prof. Thomas Szucs to be a member of the steering group to develop an EU Manifesto on Influenza Vaccination, which aims to help shift the agenda at European and national level in support of influenza vaccination. The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



influenza immunisation

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

The second part of the social media campaign started in autumn when the immunisation season for the northern hemisphere starts. The communication campaign achieved 1,2 million social media impressions (612.000 from twitter and 595.000 from facebook) and in total nearly 700.000 engagements. The geographical focus of this global campaign was on India and Eastern European countries..



Primary Health Care

Declaration of Astana

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

Dr Otmar Kloiber, Secretary General, is a member of the International Advisory Committee for the preparation of the Primary Health Care Conference. The WMA participated in the development of the conference declaration (Astana Declaration) and commented on the technical background papers.

World Health Professions Alliance

WHPA Regulation Conference

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

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

1. A call to set the right standards in regulation
Topics included: setting the right standards, who is regulating the regulators, ethics and professional autonomy, barriers to implementation, and reimbursement.
2. Safety, quality and compliance: Benefiting patients, communities and populations
Topics included: best practice guidelines, the role of regulation in sustainable prevention, facilitation of migration, the cost of maintaining licenses, use of big data and case studies of outcome-oriented models.
3. Supporting the quality of lifelong learning
Topics included: continuing professional development (CPD) and a discussion on the need for global standards, fostering innovation, improving patient treatment, the shift in CPD to assessment vs independence, and regulation of specialization.



Human Rights

WMA has issued an important number of press releases in support of its members and each time a human rights violation from the health sector was brought to its attention. The press releases are available on the WMA website and have been communicated on the WMA social media channels and newsletter.

5.02.2019 | Attack on hospital denounced by global health leaders

01.02.2019 | Message of solidarity sent to health workers in Venezuela

25.01.2019 | WMA condemns use of lethal force against sudanese physicians and protesters

20.12.2018 | WMA expresses shock at turkish physician leaders' prison sentences

08.11.2018 | WMA condemns 'shameful' move to ban doctors from working

22.10.2018 | Physician leaders protest over conditions of detention and death sentences

06.10.2018 | Criminalisation of Doctors is Condemned by World Medical Association

27.09.2018 | World Medical Association supports health personnel on trial

07.09.2018 | Global physician leaders express revulsion about torture reports from Uganda

10.08.2018 | Turkish president urged to end campaign against physician

30.07.2018 | World Medical Association condemns killing of medic

16.07.2018 | WMA condemns complicity of doctors in Iranian executions

15.06.2018 | Collapse of health system condemned by World Medical Association

23.05.2018 | Physician Leaders Echo Call for Vigorous Response to New Ebola Outbreak

30.04.2018 | Physician Leaders Urge All States to Sign Nuclear Weapons Treaty

10.04.2018 | World Medical Association Council meeting

26.02.2018 | International community criticised over Syria bombing

13.02.2018 | WMA appeals for immediate release of jailed physician

 World Medical Association @medwma · Mar 20

#SupportTTMA

Second hearing of the trial of Turkish Medical Association Council Members was held today. Dr. Otmar Klobner, the SecGen of the WMA, and the immediate past president of the CPME Dr Jacques de Haller attended in support.

@CPME_EUROPA @ttborgtr

The second hearing of the trial of Turkish Medical Association Council Members, 2016-2018 period, was held on 20th of March 2019. The Council members appeared at the court for issuing a statement "War is a Threat to Public Health." The trial adjourned until 3 May since TTB lawyers submitted a motion to the Chief Public Prosecutor that indicates the public prosecutor acted in a contrary manner to the law and mandate.

The motion also requests that the public prosecutor must be withdrawn from the case. The court decided to wait the result of the petition and gave time for preparation of defense against charges.

A BRIEF NOTE FROM TURKISH MEDICAL ASSOCIATION

 World Medical Association - WMA

Published by Hootsuite [?] · 15 February ·

Leaders of the World Medical Association have denounced the burning down of a hospital in the Cameroonian town of Kumba in the latest episode of the country's separatist conflict.

Full press release: <http://bit.ly/2X1IL5r>

WMA CONDEMNS USE OF LETHAL FORCE AGAINST SUDANESE PHYSICIANS AND PROTESTERS

The World Medical Association has condemned in the strongest terms the use of violence, particularly lethal force, against protesters and physicians during recent demonstrations in Sudan.

Constituent Membership

The physicians of this world are typically represented by national and territorial medical associations of their own regions. Such associations are broadly representative of the physicians of their country by virtue of their membership, with their voting membership being limited to physicians and medical students. They are not subject or directed by any office or agency of government.



Advantages

1. Recognition and acceptance as a member of an international organization such as the WMA lends the power of a global community to a National Medical Association (NMA). This underlines the importance and relevance of the NMA.
2. The WMA is in official relations with United Nations agencies such as the World Health Organization, which gives NMAs and Associate Members access to these international bodies.
3. By participating in debates with colleagues from all over the world, NMAs and Associate Members have the opportunity to collaborate on ethical guidance and leadership in health care.
4. Information and knowledge can be sourced from the WMA, which can contribute to the optimal efficacy of NMAs and individual physicians.
5. NMAs and Associate Members can make use of the WMA's products and services.

WMA currently has a total of 112 members as of October 2018. Detailed list on the WMA website.

Associate Membership

Associate membership is limited to physicians (as defined in the WMA Bylaws) and medical students who are properly enrolled in a recognised medical school, who have applied for such membership and who have paid the amount of dues prescribed for such members. Associate membership is available to such individual physicians and medical students whether or not their National Medical Association is a Constituent Member of the World Medical Association.

WMA currently has more than 1000 active Associate Members as of October 2018. The registration page is available on the WMA website.

Advantages

1. The privilege of attending and participating in WMA annual assemblies.
2. Introductions to professional leaders in your field and opportunities to visit medical and health institutions abroad.
3. Information on medical meetings abroad.
4. A service department which will assist you in meeting your colleagues both at home and abroad.
5. A membership certificate for display.
6. WMA secretariat consultation, service and small meeting center.
7. Preferred access to the WMA Education Portal for Continuing Medical Education and Continuing Professional Development.
8. Publications of the World Medical Association.
9. Access to the internal discussion documents on policy development.

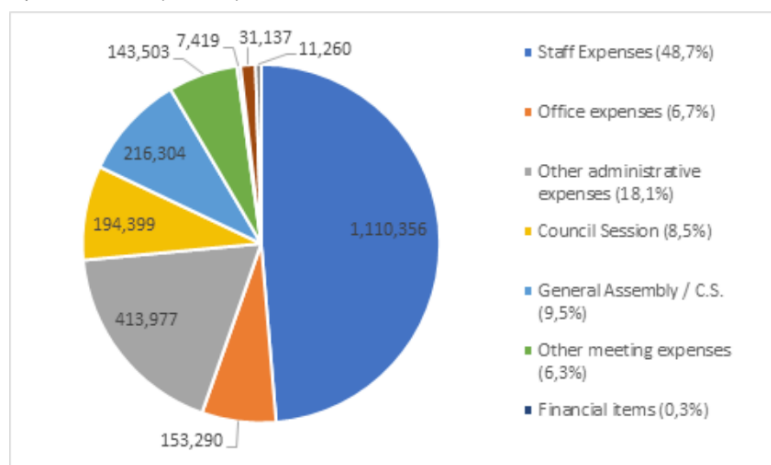
BALANCE SHEET AT 31 DECEMBER FOR THE YEARS 2017 AND 2016

	2017	2016
Assets		
Current assets		
Cash	3 007	2 705
Accounts receivable	126	96
Prepaid expenses	37	30
Non current assets		
Website - net	51	17
Real Estate - net	59	68
Furniture, fixture and office equipment - net	98	106
Total assets	3 378	3 022
Liability and equity		
Accounts payable and accrued expenses	506	319
Deferred Income	16	27
Provisions and reserves	409	350
Funds		
Travel stipend fund	12	5
Earmarked funds	446	474
Association equity		
Unrealised gains/losses on Investments/cash	-	-
Other Equity	1989	1 847
Total liability and equity	3378	3 022
Net result for the year	141	140
Total Association equity	1 989	1 847

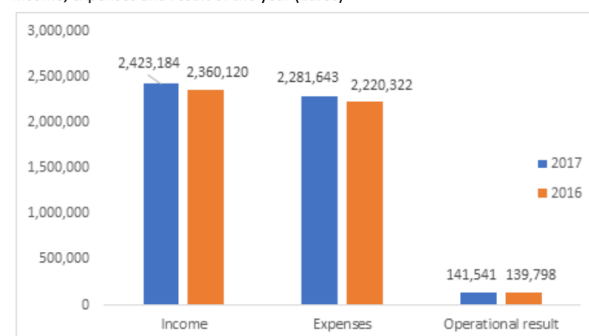
INCOME STATEMENT FOR THE YEARS 2017 AND 2016

	2017	2016
Income		
Dues and contributions	2 152	1 930
Financial earnings	20	28
Associate members - Net	13	14
Other income	43	26
Project income	195	362
Total income	2 423	2 360
Expenses		
Administrative overhead		
- Staff expenses	1 110	1 030
- Office expenses	153	137
- Other expenses	414	390
Meeting expenses		
- Council Session	195	143
- General Assembly	216	152
- Other meeting expenses	144	153
Financial items		
- Financial cost	3	3
- Foreign currency gains/losses	5	-8
Changes in provisions/funds		
- Transfer from/to provisions	59	45
- Transfer from/to funds	-28	169
Taxation	11	7
Total Expenses	2 282	2 220
Net result for the year	141	140

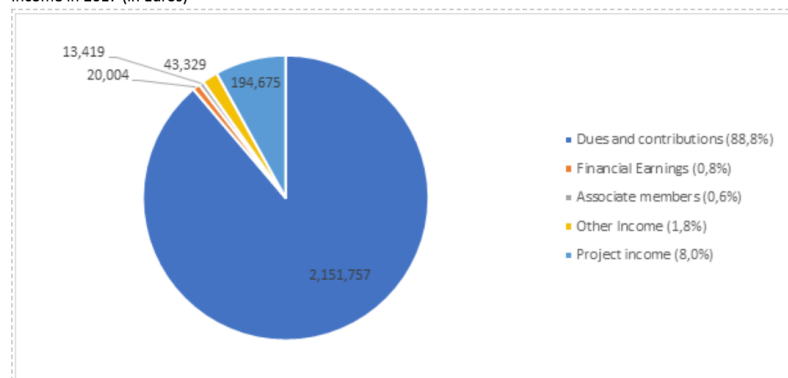
Expenses in 2017 (in Euros)



Income, expenses and result of the year (Euros)



Income in 2017 (in Euros)



WMA LEADERS



Dr. Leonid EIDELMAN
President
Israel

Dr. Otmar KLOIBER
Secretary-General
Germany

Dr. René HÉMAN
Chairperson of the Finance
and Planning Committee
until December 2018
Netherlands

Dr. Miguel R. Jorge
President-Elect
Brazil

Dr. Frank Ulrich
MONTGOMERY
Vice-Chairperson of Council
Germany

Dr. Miguel Roberto JORGE
Chairperson of the Socio-
Medical Affairs Committee
until October 2018
Brazil

Dr. Yoshitake YOKOKURA
Immediate Past President
Japan

Dr. Andrew DEARDEN
Treasurer until November 2018
United Kingdom

Dr. Ardis D. HOVEN
Chairperson of Council
United States

Dr. Heidi STENSMYREN
Chairperson of the Medical
Ethics Committee
Sweden

Dr. Joseph HEYMAN
Chairperson of the Associate
Members
United States

WMA SECRETARIAT



Dr. Julia TAINIJOKI-SEYER
Medical Advisor

Roderic DENNETT
Spanish Translator

Clarisse DELORME
Advocacy Advisor

Anne-Marie DELAGE
Office Secretary

Yoonsun PARK (Sunny)
Head of Operations

Marie Isabelle PIN HARRY
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Magda MIHAILA
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