

# The World Medical Association Inc. Strategic Plan 2020 – 2025

adopted by the WMA General Assembly, Tbilisi 2019

### Mission

The purpose of the WMA is to serve humanity by endeavouring to achieve the highest international standards in Medical Education, Medical Science, Medical Art and Medical Ethics, and Health Care for all people in the world. (WMA Article 2)

### Vision

Ethics, Adv	ocacy &
Representation	

The WMA represents all physicians across the world. We are committed to the ethical values laid down in the Declaration of Geneva. Striving for better health and health care for all people, we stress the importance of the Social Determinants of Health and we support the idea of Universal Health Coverage. We constantly engage to improve medical education, and we advocate on behalf of the physicians of this world, their patients and the communities they live in. Caring, ethics and science are enduring traditions of medicine which we share.

# Partnerships & Collaborations

We acknowledge the high degree of cooperation that is necessary to ensure health and to provide high quality health care to all people. Our work with partners within and outside health care systems is based on mutual respect and clear responsibility for our patients and communities. We are prepared to take leadership.

# Communications & Outreach

Health and health care require communication. We aim to improve and innovate the communication between physicians, health professionals, laypersons and, most importantly, with our patients, understanding them as persons seeking our help, advice, protection and partnership. We are ready to lead change when change for the better is possible.

# Operational Excellence

In order to achieve operational excellence, we follow the principles of ethical behaviour, professionalism, appropriateness and accountability.

# Strategic Areas and Priorities

#### **Medical Ethics**

- Promoting the DoG and the International Code of Medical Ethics (ICoME)
- Revising the ICoME
- Maintaining active ownership of the DoH and DoT

# Universal Health Coverage

- Promoting Physician-led Primary Health Care
- Social and Environmental Determinants of Health
- New technologies, education and working conditions
- Emergency preparedness

# Human Rights and Health

- Organizational challenges (self governance, professional autonomy)
- Health Care in Danger (armed conflict and civilian situations)
- Individual interventions (doctors or patients at risk)

#### **Organizational Capacity**

- Governance development
- Member integration
- Staff development

### Medical Ethics – Priorities & Deliverables

#### **Promoting the Declaration of Geneva and the International Code of Medical Ethics**

- Using the DoG at annual assemblies and similar events
- Encouraging member and non-member physician associations (e.g. regional groups) to use the DoG
- Discussing the ICoME in WMA member organizations and participating in the international discussion
- Celebrating the DoG in the WMA
- Surveying medical associations on whether they use the DoG in their assemblies and how
- Providing discussion materials to member organizations, inviting them to participate

#### Revising the International Code of Medical Ethics – demonstrating ownership and concern

- Global discussion with regional events starting in 2020
- Regional discussions and expert hearings on all continents
- A new ICoME in 2022

- Organizing at least three regional events to demonstrate ownership and engagement
- Finishing revision by 2022

#### Maintaining and demonstrating ownership of the Declaration of Helsinki and the Declaration of Taipei

- Stressing their value and collecting information on the use and shortfalls of the DoH / DoT
- Discussing with experts and users, inviting comments
- Reporting the discussion to Council & taking necessary action
- Participation of WMA leadership in international and national events on DoH / DoT subjects
- Activities to seek scientific and practical input
- Reporting back and preparing necessary policy steps

### Universal Health Coverage: Priorities & Deliverables I

#### Social and Environmental Determinants of Health

- Engaging for equity as measure of prevention and caring
- Underlining general conditions of life (habitation, nutrition, education, working conditions) as pre-requisites of good health
- Advising for fair and equitable health care systems
- Engaging for the global environment to mitigate health effects of climate change
- Fostering policy for climate protection
- Taking action in the health sector (my green doctor, healthy hospitals)

- Inserting the endeavour for equity into our policies (new and reviewed)
- Advocating for action on the Social Determinants of Health by participation in international organs
- Demanding health in all policies at the WHO and other UN bodies
- Continuation of our engagement to support WHO in the COP process
- Engaging physicians in understanding and acting on climate change
- · Promoting our tool kits for green offices
- Developing material for green hospitals / with IHF

#### **Promoting Physician-led Primary Health Care**

- Demonstrating the value of physician-led care
- · Promoting quality as condition for equity
- Decent working and living conditions for those serving in health care
   (allowing health professionals to develop their career in and with their regions or communities)
- Counteracting violence in health care

- Developing talking points together with WONCA
- Inserting a need for evidence-based medicine in cooperation with international organizations on as many levels as possible
- Aligning in action with partner organizations (trade unions, WHPA in action for better working and living conditions)
- Extending Health Care in Danger into civilian settings co-organizing activities with our members
- Increasing advocacy at the political level through our member organizations

### Universal Health Coverage: Priorities & Deliverables II

#### New technologies, education and working conditions

- Defining acceptable integration of artificial and augmented intelligence in medicine
- Integrating and operationalizing IT in medical education, but prioritizing the human interaction in medical care
- Promoting physician well-being and mental health, including advocacy to reduce physician burnout

- Developing a policy on artificial/augmented reality in medicine
- Cooperating with WFME on technology integration in medical education
- Promoting safe and respectful workplaces to reduce work-related diseases,
   violence, bullying, and harassment
- Monitoring the expanding use of new technologies by patients in selfmanagement and how this will impact on the work and role of doctors as well as on the doctor-patient relationship

#### **Emergency preparedness**

· Promoting assistance and contingency planning

 Refining our policy work on emergency preparedness, ethics and contingency planning

### Autonomy, Human Rights and Health – Priorities & Deliverables

#### Organizational challenges (self-governance, professional autonomy) Supporting medical associations under pressure, in conflict or in Providing support with press work, advocacy to politicians, personal development appearances of WMA leaders where possible Providing organizational guidance, arranging partnerships with other Giving guidance, brokering expert advice, building partnerships among member associations members Cooperating with regional medical organizations Health Care in Danger (armed conflict and civilian situations) Supporting the ICRC in the HCiD work by participating in workgroups Participation in the ICRC HCiD campaign and conferences Stimulating conferences and activities with member organizations Promoting transfer of tools from HCiD into the civilian world Raising political awareness Disseminating ideas for better protection and violence mitigation Individual interventions (doctors or patients at risk) Interventions on demand (campaign letters, diplomatic action, social Acting where necessary media, attendance at court)

## Organizational Capacity – Priorities & Deliverables

Governance development		
<ul> <li>Higher integration of members into Council and Assembly work</li> <li>Offering more room for discussion and interaction (regional and online discussions)</li> <li>Ephancing communication with members, partners and externally</li> </ul>	<ul> <li>Encouraging self-regulated mechanisms of rotation</li> <li>Facilitating the participation of especially non-Council members in statutory meetings, work groups, joint activities and discussions</li> </ul>	
Improving representation to Council and General Assembly,	<ul> <li>Developing a communications plan including our member organizations</li> <li>Focussing WMA leadership participation in more so far</li> </ul>	
<ul> <li>reflecting regional and cultural diversity</li> <li>Integrating young physicians in our work</li> </ul>	<ul> <li>underrepresented communities</li> <li>Involving young physicians in activities in sync with our rules and procedures</li> </ul>	
Strengthening constituent membership	<ul> <li>Attracting new members (constituent and associate)</li> <li>Increasing the participation of constituent members at all levels</li> </ul>	
Member integration		
<ul> <li>Recruiting more voluntary in-person support</li> <li>Continuing internship programs</li> </ul>	<ul> <li>Making more use of voluntary work and secondments</li> <li>Increasing internships at the WMA office</li> </ul>	
Staff development		
<ul> <li>Increasing our communications capacity</li> <li>Offering CPD opportunities</li> </ul>	<ul> <li>Education and training for communications</li> <li>Increasing general participation in CPD courses</li> </ul>	

Caring, Ethics, Science WMA www.wma.net