



THE WORLD MEDICAL ASSOCIATION, INC.

Activity Report to the 212th WMA Council Session (October 2018 – March 2019)

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATIONS

1. Ethics

1.1 International Code of Medical Ethics (ICoME)

The Council has decided to establish a workgroup to revise the International Code of Medical Ethics in its meeting in Riga, April 2018. The workgroup started to develop a list of priority issues, which should be included in the policy. The plan is to share a draft version of the revised ICoME policy at the General Assembly in 2019.

1.2 Genetics in Medicine

At the Council Session in Riga, April 2018, it was decided to establish a workgroup for the revision of the WMA Statement on Genetics in Medicine and at the General Assembly in Reykjavik, October 2018, the Council decided to call this WMA Statement as the Declaration of Reykjavik. The workgroup proposes a revised version of the policy to the Medical Ethics Committee during this Council session in Santiago.

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. Dr Puras attended the General Assembly in Reykjavik and presented a keynote speech on “Opportunities and challenges on the way to realization of the right to physical and mental health”. Following on from this, Dr. O. Kloiber and C. Delorme met with him in early 2019 for an exchange of views on issues of common interest, in particular the role of physicians in relation to solitary confinement (see item 2.3.1), and on opportunities for cooperation.

2.2 Protecting patients and doctors

2.2.1 Actions of support

Country	Case
<p>TURKEY</p> <p>Sept. 2018 – March 2019</p> <p><u>Sources:</u> TMA, Human Rights Foundation of Turkey, Amnesty International</p>	<p>The WMA Secretariat remains mobilized on the situation in Turkey.</p> <p>In September 2018, the WMA was informed of criminal proceedings brought against 14 volunteer healthcare workers who, during 79 days of curfew in Cizre in January 2016, tried to provide care to patients in need of urgent health interventions. These healthcare workers, including physicians and nurses, were prosecuted for being members of a terrorist organization and engaging in propaganda for that organization. A letter was sent to the Turkish authorities in support of the 14 healthcare workers demanding that the charges based on the health care provision be dropped and that they be acquitted immediately and unconditionally. A press release was issued.</p>

	<p>In November 2018, the WMA sent a letter to the President of the Turkish Grand National Assembly and the <u>presidents of the political parties</u> regarding a bill related to health submitted to the Grand National Assembly (TBMM), which includes the exclusion of physicians - who lost their jobs under the State of Emergency Law Decrees - from employment in private hospitals contracted with the Social Security Agency. The exclusion also applies to newly graduated physicians without “security clearance”. In the letter, the Chair of Council expressed her deep concerns that this proposal not only violates the right to work of physicians by preventing them from practicing their profession, but also deprives millions of people from access to health as a result. The letter asked that all the necessary steps be taken so that the bill be withdrawn immediately. A <u>press release</u> was issued. The bill finally passed with substantial amendments removing some of the restrictive conditions imposed on physicians to practice. Although this revised proposal constitutes significant progress, the TMA considers that there are still substantial limitations for physicians and patients. The President of the TMA sent a thank-you letter to the WMA.</p> <p>In December 2018, the WMA issued a press release expressing shock at prison sentences handed down to several leading Turkish physicians: Dr Sebnem Korur Fincanci (Chair of the Human Rights Foundation of Turkey and former member of the Istanbul Chamber of Medicine Honorary Committee), Dr Ozdemir Aktan (former President of the Turkish Medical Association) and Dr Gençay Gürsoy (former Chair of the TMA and one of the founders of the Human Rights Foundation of Turkey). Other former members of TMA’s boards, including Dr Feride Aksu Tanik, are facing trial or sentences on the same charges of supporting terrorism. The charges are based on their support for a <u>petition</u> protesting against civilian killings during military operations in Cirze in 2016. They lost their jobs permanently and their passports have been withdrawn.</p> <p>On 27 December, the TMA Council members had their first trial date on the charge of helping terrorists by issuing a press release titled "War is a public health problem". Further to the request of the TMA’s lawyer, additional time was granted to examine the claims. The second trial date was scheduled for 20 March. WMA Secretary General Dr O. Kloiber, together with the Immediate-Past President of the Standing Committee of European Doctors (CPME), Dr de Haller, observed the trial in Ankara and spoke to the leaders of the Turkish Medical Association at a solidarity meeting.</p>
<p>VENEZUELA Feb. 2019 <u>Source:</u> Media</p>	<p>In February, the WMA sent out a message of solidarity with physicians and health workers in Venezuela urging the political parties in Venezuela to put the interests of the people first by ensuring adequate provision of health care to all. A <u>press release</u> was issued.</p>
<p>CAMEROON Feb. 2019 <u>Source:</u> Medical Order of Cameroon</p>	<p>Last February, the WMA issued a <u>press statement</u> denouncing the burning down of a hospital in the Cameroonian town of Kumba in the latest episode of the country’s separatist conflict.</p>
<p>EGYPT October 2018</p>	<p>The WMA was alerted by Amnesty International to the death penalty sentences imposed on more than 70 protesters in Egypt, including a number of doctors. In a letter to the Egyptian president, the leaders of the WMA</p>

<p><u>Source:</u> Amnesty international</p>	<p>protested strongly against the treatment of the detainees arrested following the demonstrations in 2013. In particular, they expressed concern about Dr Abdel Moneim Aboul Fotouh, the former Secretary General of the Egyptian Medical Syndicate and a former presidential candidate, who has been held in solitary confinement since his arrest for speaking out about human rights in several television interviews. A press release was issued.</p>
<p>SOUTH KOREA</p> <p>January 2019</p> <p>Source: KMA</p>	<p>In January, the Secretariat was informed by the Korean Medical Association (KMA) of increasing incidents of violence against health professionals in South Korea - including the recent murder of a psychiatrist by his patient. At KMA's request, the Secretary General, Dr. Kloiber, sent a letter to the President of KMA expressing WMA support and strongly denouncing any form of violence against health care. The purpose of the letter was to sustain KMA's awareness raising work to persuade the media and decision-makers in the country to take violence against health care seriously and address the problem.</p>
<p>SUDAN</p> <p>January 2019</p> <p>Sources: Amnesty International Physicians for Human Rights</p>	<p>In a letter to the Sudanese authorities, WMA President Dr Leonid Eidelman condemned the use of violence, particularly lethal force, against protesters and physicians during recent demonstrations in Sudan. The peaceful demonstrations took place to protest against the collapse of the public sector, physicians denouncing the breakdown of the health system and their working conditions. A press release was issued.</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.

Several bi-lateral meetings took place during the reporting period to discuss opportunities for the implementation of practical measures for the protection of healthcare within countries. In this respect, the ICRC is planning regional meetings bringing together participants from the HCiD Community of Concern, National Societies, ICRC delegations and other stakeholders. In 2019, regional meetings are scheduled in the Asia-Pacific region (5-7 June in Manila) and in the middle East (19-21 June, Beirut).

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 Role of physicians in preventing torture and ill-treatment

Since May 2017, the WMA Secretariat has been cooperating with the Health Care in Detention Unit of the International Committee of the Red Cross (ICRC) and the Norwegian Medical Association on updating the **online course for physicians working in prisons**. The ICRC is currently working on the update with the support of external experts. The updated courses should be online by May-June 2019.

Last 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 [International Rehabilitation Council for Torture Victims \(IRCT\)](#), 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 is one of the drafters and a member of the working group on ethical codes. She attended the first editorial Committee and Primary Drafters meeting on 23-24 May in Geneva and contributes to the revision process.

In his presentation at the last WMA General Assembly in Reykjavik (October 2018), the UN Special Rapporteur on the Right to health, Dr Dainius Puras, commented that the current **WMA policy on solitary confinement** could be strengthened with a view to further protecting the rights of prisoners and clarifying the role of physicians, particularly in light of the recent international standards adopted in this area. Following on from this, the Secretariat met with him in January 2019 and discussed the issues to be potentially reviewed and the opportunity for such a revision given the increasing documentation on the harmful impact of isolation and the recent international normative developments in this area (UN Standard Minimum Rules for the Treatment of Prisoners - known as the [Nelson Mandela Rules](#)). A proposed revision of the WMA statement has consequently been submitted to the Council in Santiago for consideration.

2.3.2 Psychiatric treatment – Mental health

Since 2017, the WMA Secretariat, with the support of Dr Miguel Jorge, psychiatrist and WMA President-Elect, has been monitoring international activities related to the promotion of mental health as a global priority and a fundamental human right, with the aim of providing the physicians' perspective in the discussion.

Last August, the co-chair of the Standing Committee on Ethics of the World Psychiatric Association (WPA) contacted the WMA Secretariat to share its concerns about the positions taken by the UN Committee on the Rights of Persons

with Disabilities, the body charged with overseeing the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). In particular, the Committee's General Comment #1 interpreted the CRPD as ruling out any non-consensual interventions affecting persons with disabilities. The WMA Secretariat replied positively to the offer to collaborate on this issue, with the support of Dr Miguel Jorge, Chair of WMA Socio-Medical Affairs Committee.

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.

In March 2018, 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.

On the occasion of the opening for signature of the Treaty on the Prohibition of Nuclear Weapons in New York on 20 September 2017, the International Physicians for the Prevention of Nuclear War (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.

Since then, the WMA and IPPN have been collaborating on the need to promote the global health imperative to eliminate nuclear weapons and to advocate for the ratification of the Treaty on the Prohibition of Nuclear Weapons. Last March, IPPN asked the Secretariat to mobilise constituent members in support of the ratification of the Treaty.

2.6 Sexual orientation and gender identity

In January, the WMA was invited by [Mr Victor Madrigal-Borloz, the UN Special rapporteur on sexual orientation and gender identity](#), to a consultation in collaboration with the UNDP (UN Development Programme) aiming to identify a human rights-based approach to data collection in the context of violence and discrimination based on sexual orientation and gender identity.

An expert meeting took place on 14 February in Geneva. C. Delorme represented the WMA and introduced the session on applicable human rights and ethical norms and

standards to data collection and management, referring to the WMA Declaration of Taipei. It is planned for a report of the meeting to be made available.

3. Public Health

3.1 Non-communicable diseases (NCDs)

3.1.1 General

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.

The GCM held a general meeting in November 2018, which brought together the members of the partnership to discuss the means and resources required to implement national NCD responses with a view to achieving SDG target 3.4 (“to reduce, by 2030, premature mortality from NCDs by one third and promote mental health”). Furthermore, members reflected on how this partnership can continue to provide added value and implement its mandate. The WMA participated at the meeting as a member of the partnership.

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 emphasized 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. The theme of the Third High Level Meeting is ‘Scaling up multi-stakeholder and multisectoral responses for the prevention and control of NCDs in the context of the 2030 Agenda for Sustainable Development’. Dr Yokokura was invited to be a panel speaker at the High-Level meeting in New York on 27 September 2018 during the plenary session on Strengthening health systems and financing for the prevention and control of NCDs, on each country’s path towards achieving universal health coverage, including sharing evidence-based best practices, scientific knowledge and lessons learned.

The WMA was closely involved in the preparation process of the High-Level Meeting and commented on the conference outcome document. The WHO Civil Society Workgroup will continue its mandate to support WHO in the implementation of the outcome document of the High-Level meeting in September.

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 attended the latest Conference of the Parties to the FCTC meeting from 1-6 October 2018 in Geneva. At the conference, the 2018 Global Progress Report was published showing progress in the implementation of most articles of the convention, especially the time bound measures concerning smoke-free environments, packaging and labelling and tobacco advertising, promotion and a sponsorship ban.

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).

In the context of the new planned collaboration between WHO and WMA for the period 2019-2021, it is intended that the WMA will collaborate with WHO and other relevant partners on the development and promotion of the WHO SAFER initiative (a safer world free from alcohol related harms), in particular by fostering the role of health professionals in reducing health risks linked to the consumption of alcohol.

Together with GAPA, the Secretariat is currently exploring opportunities to organise a side-event on the prevention of alcohol abuse in parallel with the World Health Assembly next May, possibly in cooperation with other interested stakeholders.

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.

The High-Level Meeting on Tuberculosis took place prior to the UN General Assembly this October. The WMA was represented at this event by Dr Yokokura, WMA President. The political declaration includes a commitment to diagnose and treat 40 million people by 2022, including 1.5 million people with drug-resistant tuberculosis, and to provide 30 million people with preventive treatment.

3.2.2 Influenza

In May 2018, 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 ran in October and November, the start of the immunisation season for the northern hemisphere.

Both [social media campaigns](#) together achieved 1.2 million impressions on twitter and Facebook for the WMA, with 2,400 engagements on twitter and 4,400 on Facebook. The spring campaign achieved the highest social media engagement in India and the Philippines, whereas the autumn campaign garnered most interest in Central and Eastern European countries.

3.3 Health and populations exposed to discrimination

3.3.1 Women and health

The WMA continues to follow global activities on women and health and aims to monitor the implementation phase of the “Global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children”, which was adopted by the World Health Assembly in May 2016.

In August 2017, in line with the 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 languages, with two modules specifically for health professionals. The Secretariat shared this information through social media.

During the reporting period, the WMA promoted the [recommendations](#) from the German Medical Association on the management of patients with a history of female genital mutilation (FGM).

3.3.2 Refugees, migrants & access to health

In September 2017, the WMA joined the 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), adopted in Marrakesh last December by the [Intergovernmental Conference on the Global Compact for Migration](#). The working group agreed on a [Proposed Health Component](#), which fed the discussion during the GCM drafting process.

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. Another [statement](#) was made during the 144th session of WHO Executive Board in January 2019, emphasizing the right to health care of undocumented migrants and the ethical challenge physicians might face, in particular concerning practices involving their participation to

non-medically justified examination, diagnosis or treatment. The Statement highlights the ethical aspects of health data collection on migrants as well.

Since July 2017, the WMA has developed a fruitful working relationship with the Migration Health Division of the **International Organisation for Migration** (IOM). Dr Poonam Dhavan attended the last Council session in Riga (April 2018) and made a presentation at the General Assembly in Reykjavik on potential areas of collaboration with interested WMA members. A survey of the WMA membership was launched in late August in order to assess the work done by constituent members in the area of migration and health.

3.4 Social determinants of health (SDH) and universal health coverage (UHC)

One of the most important global health topics this year is how countries can offer universal health coverage to all, especially in marginalised societies, and protect citizens from financial hardship. The UN General Assembly held the first ever High-Level Meeting on Universal Health Coverage in New York in September 2019.

Several important conferences will take place to negotiate the outcome document of the High-Level meeting, one of which will be the G20 meeting in Japan. To set the tone for the health discussions at the G20 meeting, the WMA, together with the Japan Medical Association and with the support of the Japanese Government, are organising a Health Professional Meeting (H20): The road to Universal Health Coverage on 13 – 14 June 2019 in Tokyo, Japan.

Participants will discuss how to make sustainable universal health coverage a priority for global politics. What can physicians and their medical associations do to support affordable, quality health care for all?

The WMA has applied to be a member of the UHC2030 network. UHC2030 is a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. Members advocate for increased political commitment to UHC and facilitate accountability and knowledge sharing.

3.5 Counterfeit medical products

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

The WMA 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 Health and the environment

3.6.1 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. Dr Lujain Al-Qodmani and Dr Peter Orris, co-chairs of the Environment Caucus, represented WMA at the **climate change summit (COP24)**, which took place on 3-14 December in Katowice, Poland. In preparation for this Summit, the WMA contributed to the **WHO Special Report on Health and Climate Change** launched at COP24. The [Report](#) highlights why health considerations are critical to the advancement of climate action and outlines key recommendations for policy makers.

An [article](#) from WMA President Dr Eidelman was published in the US magazine 'Fortune' to coincide with the COP24. In this article, Dr Eidelman wrote that if doctors wanted to fully uphold the Declaration of Geneva's creed that 'the health and well-being of my patient will be my first consideration', they needed to take an active role in defending their patients from the adverse effects of climate change. A [press release](#) was issued further to the publication of the article.

The WMA public statements during the [71st World Health Assembly](#) (May 2018) on health, environment and climate change and at the [144th session of the WHO Executive Board \(January 2019\)](#). In the latter, the WMA emphasized two key policy areas to take into consideration when addressing the wide spectrum of climate change's impact on health:

- Trade and economic policies, in particular trade agreements, should protect, promote and prioritize public health over commercial interests and secure services in the public interest, including those impacting on health and environment.
- Agriculture and food systems' transformations (food safety and quality) due to climate change have a pervasive impact on health, low-income producers and consumers of food being the most exposed.

3.6.2 Air pollution

The **WHO's First Global Conference on Air Pollution and Health** took place from 30 October to 1 November 2018 in Geneva. It brought together global, national and local partners to share knowledge and mobilize action for cleaner air and better health. Dr Lujain Al-Qodmani, co-chair of the Environment Caucus, was one of the keynote speakers at the session dedicated to the role of health professionals in addressing air pollution. Dr Al-Qodmani also contributed to a WHO discussion paper on air pollution and child health. A [press release](#) was issued.

Dr Peter Orris, Co-chair of the WMA Environment Caucus, represented the WMA at the [WHO Expert Consultation on air pollution](#) (12-14 February 2019 in Geneva.), which aimed to provide evidence-based recommendations on the best ways to communicate potential risks of the health effects of air pollution to the

public, to health care workers and to patients and to offer indications on how to reduce air pollution exposure.

3.6.3 Chemical safety

The WMA is a member of the Strategic Approach to International Chemicals Management (SAICM) of the Chemicals Branch of the United Nations Environment Programme (UNEP) and supported the adoption in 2016 of the 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**, and in 2017, of the **Chemicals Roadmap**, which identifies actions in which the health sector has a supporting role to play.

During the 71st World Health Assembly (May 2018), the WMA was invited by WHO's chemical safety programme and SAICM to a civil society meeting to discuss implementation of the WHO Chemicals Roadmap and engagement in the intersessional process beyond 2020. C. Delorme participated in the meeting and presented the WMA position on chemicals and proposals for implementation.

Dr Peter Orris, Co-Chair of the WMA Environment Caucus, represented the WMA at the second international meeting dedicated to the implementation of the [Minamata Mercury Convention \(COP2\)](#) last November in Geneva. The WMA sees the reduction of mercury environmental contamination as a critical public health issue and the removal of mercury from health care as an unfinished agenda.

3.6.4 WMA Green news

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, presentations, 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. Calls to action are often published on the WMA social media pages. A [press release "Physicians encouraged to go green"](#) was issued in October 2018.

In August 2018, the WMA Secretariat launched a [WMA Green List](#) through the Slack platform. Its purpose is to facilitate and promote an exchange of information within the WMA membership on issues related specifically to health and the environment. The list is open to all WMA associate members and interested constituent members.

4. Health Systems

4.1 Primary health care

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, served as a member of the International Advisory Committee for the preparation of the Primary Health Care Conference. The WMA commented on the conference declaration and the technical background papers.

Recently, the WMA Secretariat and WMA members have noticed a tendency in international discussions, personal exchanges and public events towards a push to downgrade primary health care. Some international organisations think physicians in primary health care could be replaced by mid or even low-level cadres equipped with decision support tools for diagnosis. The reason for this push can be found in the fact that the WHO, OECD and ILO have projected a shortfall of 18 million health workers worldwide by 2030. In addition, national health expenditure is constantly rising, many countries have difficulties implementing universal health coverage and many people have doubts about how to achieve the Sustainable Development Goals. In this challenging environment some might think downgrading could be an easy solution. The WMA strongly advocates for a high quality, physician-led primary health care system, which is closely linked with health promotion, prevention, secondary and tertiary care. The WMA, together with the other members of the World Health Professions Alliance, gave a statement during the WHO Executive Board meeting on community health workers in UHC and supported WHO in its statement that CHWs should not be used as a cheaper replacement for regulated health professionals.

4.2 Patient safety

In order 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.

Some years ago, the WMA, along 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’ will be updated in such a way that it can also stand alone as a single document. The WMA participated in several meetings to guide WHO in the development process.

In line with the Patient Safety Curriculum Guide, WHO is developing a Country Guidance on how to implement the Patient Safety Guide at national, local or university level. The WMA is also involved in this process.

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 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. As a next step, WHO developed a draft Curriculum for Health Workers' Education and Training on AMR. The curriculum is designed to serve all cadres of health workers, including prescribers, non-prescribers, policy makers and managers, and set an international standard in AMR knowledge. The WMA commented on this framework.

The September 2016 Political Declaration of the High-level Meeting on Antimicrobial Resistance called for the establishment of an **Interagency Coordination Group on Antimicrobial Resistance (IACG)**, in consultation with the World Health Organization, the Food and Agriculture Organization, and the World Organisation for Animal Health (OIE). The IACG's mandate is to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance; and to report back to the UN Secretary-General in 2019. In 2018, the WMA, along with the International Federation of Medical Students (IFMSA), participated in the open consultation on the development of a discussion paper for the IACG.

The WMA participated in the 2nd informal consultation of Member States and relevant partners on the global development and stewardship framework on AMR of the WHO in October 2018.

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.

In the international discussions on how to achieve universal health coverage and establish an integrated primary health care model as an entry point to the health system it is often highlighted that this is only possible if countries invest in a well trained and equipped health workforce. WHO asked the WMA and the other members of the World Health Professions Alliance to organise an event during the World Health Assembly to highlight the importance of the health workforce and ask for more investment.

4.5 Violence in the health sector

The [Sixth International Conference on Violence in the Health Sector](#) took place in Toronto, Canada on 24 - 26 October 2018. The WMA was a member of the organisation and scientific committee in charge of the preparations for the event and promoted the event within its membership and through social media.

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, was organised along with WMA Past President Dr Yank Coble, a member of the Past Presidents and Chairs Network.

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)

The Centre invited WMA Secretary General Dr Otmar Kloiber to present the new

Declaration of Taipei and the revised Declaration of Geneva at a seminar at the Schar School of Policy and Government in Arlington, Virginia last December.

5.2 Support for national constituent members

See item 2.2.1

CHAPTER II PARTNERSHIP & COLLABORATION

During the reporting period, the WMA Secretariat held bilateral meetings with the WHO and staff of other UN agencies on the following areas: Prevention of alcohol abuse, mental health, violence against women, the environment, the migration of health professionals and the prevention of torture. In addition, the Secretariat voiced the WMA's concerns in various public settings as follows¹:

1. World Health Organization (WHO)

<p>Memorandum of Understanding between WHO and WMA In April 2018 a Memorandum of Understanding was signed by the World Health Organisation and the World Medical Association to reaffirm and consolidate co-operation between the two organisations.</p>
<p>WHO Executive Board, January 2019, 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/index.html</p>
<p>WHO's First Global Conference on Air Pollution and Health, Geneva, 30 October - 1 November 2019 A press release was issued.</p>
<p>WHO Expert Consultation on air pollution, Geneva, 12-14 February 2019</p>
<p>General Meeting of the WHO Global Coordination Mechanism on Noncommunicable Diseases in November 2018, Geneva, Switzerland</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>

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.

The WMA again participated in the 13th World Conference on Bioethics, Medical Ethics and Health Law from 27-29 November 2018 in Jerusalem, Israel. The conference serves as a platform to discuss WMA's current policy with physicians, ethicists and other scientists.

3. Other UN agencies

AGENCY	ACTIVITIES
<p>Human Rights Council of the United Nations, in particular: UN Special Rapporteur (SR) on the right of</p>	<ul style="list-style-type: none"> • Monitoring the SRs' activities

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

<p>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 sexual orientation and gender identity (Victor Madrigal-Borloz)</p> <p>High Commissioner for Human Rights (Mr Zeid Ra'ad Al Hussein)</p>	<ul style="list-style-type: none"> • Ongoing exchange of information • Participation of the SR in the 2018 WMA General Assembly in Reykjavik • Follow-up meeting in January 2019 • Monitoring the SR's activities • Contact to be made with new SR • WMA part of a consultation on data collection on sexual orientation and gender identity (January 2019 onwards) <p>The WMA took part of the consultation process within the framework of the UN Resolution on mental health and human rights adopted in September 2016 and continually monitors the HCHR's activities.</p>
UNAIDS	Regular exchange of information
OECD	Regular exchange of information
International Organisation for Migration (IOM)	<ul style="list-style-type: none"> • Regular exchange of information. • The development of a Memorandum of Understanding is being considered. •
WHO and World Bank	Dr Yokokura gave one of the keynote speeches at the Universal Health Coverage Forum, December 2017 in Tokyo, Japan

4. World Health Professions Alliance (WHPA)

Based on WHPA priorities, the members of WHPA delivered a statement on universal health coverage, human resources for health, and water and sanitation hygiene at the 144th session of the WHO Executive Board in January 2019.

5. WMA Cooperating Centers

The WMA is 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.

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. The educational platform was launched in June 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, Egypt, Sudan 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 and participates in various work groups in matters of research in resource poor settings, patient information and healthy research subjects (planned).
Medical Human Rights Network (IFHHRO)	Regular exchange of information on human rights and health matters.
International Federation of	Internship program since 2013 (3 students in 2013 and 2

<u>Medical Students Associations (IFMSA)</u>	students in 2014). Regular collaboration, mostly in relation to WHO statutory meetings. Participation of WMA officers and officials in the pre-World Health Assembly IFMSA conference in Geneva.
International Federation of Associations of Pharmaceutical Physicians (IFAPP)	Cooperation on issues of human experimentation and pharmaceutical development, the role of physicians in that process. A <u>memorandum of understanding</u> was signed at the WMA General Assembly, October 2017 (Chicago).
<u>University of Pennsylvania International Internship Program</u>	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.
<u>International Rehabilitation Council for Torture Victims (IRCT)</u>	Regular exchange of information and joint actions on specific cases or situations.
<u>Global Climate & Health Alliance (GCHA)</u>	Regular exchange of information and ad hoc collaboration within the context of the UN climate change negotiations.
<u>New Jersey Medical School Global TB Institute</u>	The WMA is working with the New Jersey Medical School Global TB Institute and the University Research Company (URC) to update its online TB refresher course for physicians with the support of the US Agency for International Development (USAID).
<u>Safeguarding Health in Conflict Coalition</u>	Observer status in the coalition. Regular exchange of information.
<u>World Coalition Against The Death Penalty</u>	Regular exchange of information, in particular regarding individual cases requiring international support.
World Veterinary Association	Co-organisation of the Global Conference on One Health, 21-22 May 2015 in Madrid, Spain in collaboration with the Spanish medical and veterinary associations. 2 nd Global Conference on One Health, Kitakyushu City, Fukuoka Prefecture, Japan, 10-11 November 2016. Common advocacy on matters like AMR, zoonotic diseases and food safety.
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 (PHR)	Regular exchange of information and joint actions on specific cases or situations. A meeting took place in early March 2019 with the representative of the new set up office of PHR-Europe.
International Physicians for the Prevention of Nuclear War (IPPNW)	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. Besides communicating WMA activities and policies, the accounts have proved a powerful tool for supporting WMA Constituent Members in difficult political and social contexts.

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](#). The Journal is edited by Dr Peteris Apinis and Prof. Elmar Doppelfeld and technically managed by Ms Maira Sudraba of the Latvian Medical Association.

4. WMA Annual Report

The WMA has started issuing an Annual report. One for the year 2017 and 2018 have been issued so far. The report highlights the main activities of WMA, focusing on the report of the President, the events organised around the topics such as Health, Environment, NCDs, Influenza, Human Rights, but also on the categories of WMA Membership and the Financial Report. It is available both on the [WMA website](#) and a very limited number of copies are distributed at the WMA Council and General Assembly.

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

We have been running an internship programme with the IFMSA since 2013 (one intern in October-December from Indonesia and one in January-February from Burundi), with the University of Pennsylvania since 2014 (two interns have been selected for the summer of 2019) and in 2016 we started an internship programme with the Palack University Olomouc in the Czech Republic.

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).

The 3-year term of the mandate of current panel members will end in April 2019.

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. The discussions and findings of the group will provide input for the strategic development of the WMA. It has already triggered the installation of an information session for delegates before the General Assembly, increased communication through social media and an initiative for our members to

consider rotations for council positions. At the General Assembly in Reykjavik, an additional WMA Region was approved to guarantee members from the Eastern Mediterranean Region Council representation.

4. New staff at the WMA Secretariat

In October 2018, a new member of staff joined the WMA Secretariat to replace Mr Lamine Smaali who retired in 2017. Ms Marie Isabelle Pin Harry is responsible for technical and general services, overseeing facility maintenance and relationships with the tenants. She also assists the WMA Associate Membership.

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.



03.04.2019