

## **ExCo brainstorming meeting for the WMA Strategic Plan 2026-2030 17 January 2024, Vatican**

Participants: L. Al-Qodmani, C. Delorme, O. Enabulele, Z. Hagay, R. Henke, M. Kattelus, O. Kloiber, B. LaRocca, M. Mihaila, J Park, S. Park, R. Parsa-Parsi, A. Philip, J. Resneck, J. Tainijki, L. Wapner

### **1. Welcoming remarks (Dr. Park)**

### **2. Introduction (Dr. Kloiber)**

The greatest benefit of previous strategic plans has been to define the WMA's mission and vision and to identify strategic areas and priorities. This has helped to determine the WMA's investments and commitment. However, the day-to-day work of the WMA depends heavily on external factors (political, social and scientific developments) than on our own motivation.

Important changes in the global geopolitical, health and environmental context over the last years have impacted the WMA:

- With the Covid-19 pandemic, the intensified virtualisation of meetings has made them more accessible, with a better flow of information. At the same time, it generates higher expectations on delivery. The WMA is increasingly called upon to participate or be involved in global consultations (such as scientific committees), without having the capacity to respond to all requests. The involvement of officers in representing WMA at official meetings requires additional work on the part of the secretariat to support them. Working in partnership (WHPA, WPA, etc.) can provide support, but remains limited.
- The number of priority issues to be addressed continues to grow in the areas of health emergencies and lessons from the Covid pandemic (negotiations of a WHO pandemic treaty), Universal Health Coverage, Social and Environmental Determinants of Health, human rights and medicine. Guidance on work priorities is therefore very useful for the secretariat.
- The WMA's membership includes an increasing number of medical associations from countries with authoritarian regimes, leading to pressures or open confrontations that have more and more influence on our discussions and activities.

The WMA has faced in the past severe crisis, for example, the election of Prof. Sewering in 1990s, the arrest of President-Elect Dr Ketan Desai in 2010s. The lack of transparency in our crisis management did not calm the situation, but rather led to mistrust. The main lesson to be learned from experience is that openness and a willingness to share are essential.

#### Main points raised during the discussion:

- The WMA's interventions in support of its members, mainly in the field of human rights and on specific issues related to the situation of physicians in the country, have often been successful, promoting dialogue at national level.
- The WMA maintains constructive relations with regional medical organisations in Asia, Europe and Latin America (CMAAO, CPME, CONFEMEL). These partnerships are valuable and a similar regional structure in Africa should be supported.

### 3. Role of strategic planning and SWOT analysis (Dr. Parsa-Parsi)

#### Why is a strategic plan needed?

- To check regularly vision and mission statements: are we still in line?
- Identifying strategies that enable WMA to advance in its mission and pursue objectives.
- A roadmap that guides WMA for a specified time period and helps it accomplish its goals.

The starting point of a strategic plan is to review the **vision, mission and values** of the organization:

- The **vision**: A short and concise statement, aspirational and achievable, providing a long-term direction, and serving as a unifying focal point.
- The **mission**: A clear, concise, inspiring statement of the organization's purpose and its fundamental reason for existing.
- The **values** form the basis for the operation of the WMA: Deeply ingrained principles based on what the WMA cares about, the way it operates, its culture, its ways of interaction and on what is acceptable (or not).

⇒ Vision (and mission) should drive every aspect of the strategic planning.

**SWOT analysis** (Strengths, Weakness, Opportunities, Threats) is an assessment tool used to develop strategic planning. It helps identify the areas where we are succeeding and the places where we need to improve.

<i>Internal factors</i>	<b>Strengths</b>	<b>Weaknesses</b>
<i>External factors</i>	<b>Opportunities</b>	<b>Threats</b>

A SWOT analysis acts as a **brainstorming device** to create a synthesized view of our current state, identify opportunities as well as barriers that could limit goals and objectives, explore new solutions to problems, reveal possibilities and limitations for change.

A SWOT analysis is meant to encourage open and frank exchange.

It's a tool for us to use to take an honest look at our WMA and to ensure that it can continue to serve its mission under changing circumstances. It is critical to include WMA members in the process, but also partners.

### 4. Pre-work survey results, brainstorming (Dr. Resneck)

- ⇒ Survey based on [WMA Strategic Areas and Priorities](#), broken down by [work/objectives](#)
- ⇒ 16 Respondents: 8 ExCo Members, 3 ExCo Member Staff, 5 WMA Management/Staff
- ⇒ Chart summarizing the pre-work survey [results](#).

The survey is not representative. Its main aim is to examine perceptions. The results present a snapshot of these perceptions.

#### Discussion / comments on the survey results:

- Some participants expressed their surprise about the low priority given to physician-led care.
- Participants noted a very uniform/sustainable view on medical ethics.

- Increasing revenue, as a new task, would imply investment and a change in the means of action, and therefore a larger management team. We should remain humble given our size and current limited resources and staff.

Regarding revenue issues, O. Kloiber explained that the secretariat has tried to develop sources of non-earmarked income - for example through offering insurance policies for international working physicians or the professionalisation of the the World Medical Journal - but WMA members have opposed these initiatives, often fearing competition with their national activities, or because of ethical concerns.

## **5. SWOT analysis on opportunities and threats, with two breakout groups (Dr. Philip and Mr. Henke) and reports to the whole group**

Participants were divided into 2 breakout groups to discuss:

- WMA strengths/weaknesses (internal factors).
- WMA opportunities/threats (external factors).

A [summary of the participants' contributions](#) is available in annex.

## **6. Examining our Mission/Vision/Values exercise (Ms. Wapner, Dr. AlQodmani, Dr. Resneck)**

### **6.1 Examining our Mission (Leah Wapner)**

Does the mission capture really WMA's work? Does it give the best understanding of what is WMA, and its added value? Do we need to explain in the mission how do we work?

The actual mission statement of WMA dates back to 1940s.

A mission must be very clear and reflect the reality of WMA's work:

- ⇒ Representing the medical profession: to specify that WMA is the voice of physicians.
- ⇒ Advocacy for physicians, patients, health care as the core of WMA's work.

Points raised during the discussion:

- To use a simple, attractive language (what does "medical art" mean?).
- The mission should include connecting physicians around the world and joining forces/advocating for physicians, patients and health care/ advocacy for peace / Fostering medical ethics worldwide.
- WMA carries less activity on medical education than during its earliest years. However, we still work in this area, in particular with WFME and through other advocacy activities.
- The mission must be included in the statutes of the organisation with some wordings required for tax issues, given WMA non-profit statute (to check French law).

### **6.2 Examining our vision (Dr. AlQodmani)**

The vision of the WMA in its current form is too long, ambiguous and does not correspond to a forward-looking scheme. It should refer to the future and be shorter.

Points raised during the discussion:

- The current vision presents an overview of WMA's work, values and proposes rather tools or means to accompany or support a vision. A very short, catchy vision would be more appropriate (such as: "one world, one medical profession").
- The vision should include reference to physicians and ethics.

### 6.3 Mission/vision/values (Dr. Resneck)

A **mission statement** is a brief, powerful statement of the reason the organization exists. It uses bold, clear and memorable language, inspiring people to support the work being done by the organization. It often explains why the organization was founded, along with what it actually does in terms that convey the organization's values. Mission statements look at what can be accomplished today.

It answers key questions: What do we do? For whom do we do it? What is the benefit?

A **vision statement** is the guiding image of success for the organization, highlighting its hopes and ambitions for the future. It is part emotional, intending to inspire people to imagine a better future, and part rational, presenting view of the future that everyone can believe in. It answers key questions: What does success look like for our organization? How will the world be different if we succeed in our mission? What makes our organization unique?

- ⇒ Do WMA existing statements (vision and mission) resonate and capture current WMA aspirations?
- ⇒ What is missing or should be modified?

Core **values** of the WMA should reflect those of the medical profession including empathy, caring, being an inclusive organization (non-discrimination), to strive to reach consensus, effective partnership.

- ⇒ Should WMA develop a Values Statement?

### 7. Revisit list of strategic areas from the pre-work, Prioritization Exercise (Dr. Resneck)

Each participant was asked to rank WMA's work/ objectives in order of priority. The top three areas identified were:

- Organisational growth (revenue diversification)
- Organisational growth (new members)
- Communication/public relations

Based on the prioritisation exercise carried out by the participants, '**crisis leverage**' emerged as an additional strategic objective to be included in the list.

### 8. Wrap-up and discussion of next steps

There was an agreement that the broader WMA membership should be involved in the strategic planning through online consultations and/or take the opportunity of a General Assembly to organize a specific session. WMA partners should also be consulted.

It was agreed to have another ExCo strategic planning meeting online before the council session in Seoul. And open one session to the members during the council session in Seoul as well as in Helsinki. For Seoul meeting, 1h (8 to 9 am) can be allocated for such a session.

ExCo members will share some drafting work to stimulate further discussions. Following members are volunteered during the meeting:

- Ms. Wapner and Dr. AlQodmani: mission and vision statement
- Dr. Resneck: value statement

The new strategic plan 2026-2030 should be adopted at the GA 2025 in Porto.

+++

In annex:

1. WMA mission and vision
2. WMA strategic Areas and Priorities
3. WMA works/ objectives
4. Pre-work survey results (summary)
5. Results of the SWOT analysis

## **MISSION AND VISION OF THE WMA TODAY**

---

*Back to Mission/Vision/Values (item 6)*

### **Mission of the WMA (art.2 WMA Bylaws):**

The purpose of the WMA is to serve humanity by endeavoring 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.

### **Vision of WMA:**

#### **Ethics, Advocacy & 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**

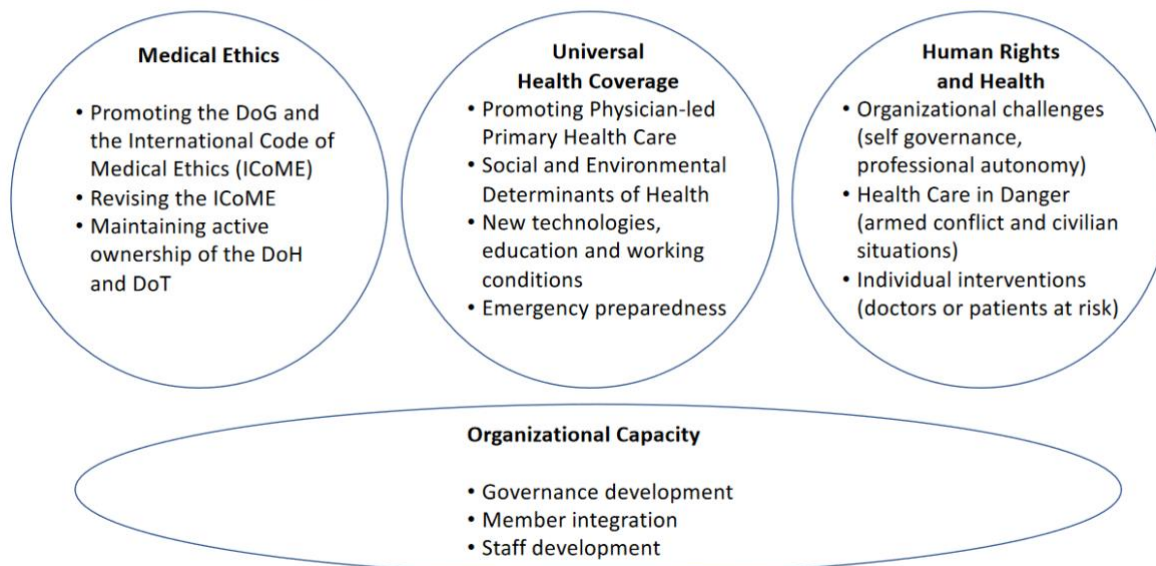
In order to achieve operational excellence, we follow the principles of ethical behaviour, professionalism, appropriateness and accountability.

**WMA STRATEGIC AREAS AND PRIORITIES**

---

*[Back to survey results \(item 4\)](#)*

## Strategic Areas and Priorities



**PRE-WORK SURVEY**  
**LIST OF WMA WORKS/ OBJECTIVES:**

---

*[Back to survey results \(item 4\)](#)*

1. **Revisions & Promotion of Seminal Documents in medical ethics** (ICoME, DoG, DoH, DoT, etc.)
2. Advancing access to quality healthcare through **promotion of physician-led care** (opposition to independent practice of medicine by other professions)
3. Advancing health and health equity by addressing **social and environmental determinants**
4. Ensuring international and national **emergency preparedness**
5. Addressing **new and emerging technologies** (digital health, AI, etc.)
6. Addressing national and individual **dangers and impediments to physicians and patients** (political threats, armed conflict, human rights violations, crisis response, improving physician workplace safety and support, compensation, etc.)
7. **Assisting NMAs** to advance their own self-governance, sustainability, and autonomy
8. Participating in **UN/WHO** and other healthcare ecosystem organization activities and submitting comment letters
9. Assessing and participating in **partner organization alliances or campaigns**
10. **Internal governance (Meetings)**: Preparation for statutory meetings of General Assembly, Council, and ExCo and workgroup meetings
11. **Internal Governance (Staff Development)**: Assembling the executive and staffing team and maximizing performance of legal support, IT support, communications support, advocacy and lobbying support, etc.
12. **Internal Governance (Finance)**: Budgeting, Finance, and Audit functions
13. **Organizational Growth (Revenue diversification)**: Seeking new sources of revenue (outside of membership dues) to support mission-driven work
14. **Organizational Growth (Increasing Membership)**: Recruiting and retaining NMAs as WMA members
15. **Communications / Public Relations**: Seeking visibility of WMA policies, activities, and accomplishments to advance relevance through print, web and social media



**PRE-WORK SURVEY RESULTS (summary)***[Back to survey results \(item 4\)](#)*

	High Priority	Lower Priority
High Impact	<ul style="list-style-type: none"> <li>• Membership Growth</li> <li>• Communications, PR, Visibility to Advance Relevance</li> <li>• Revise &amp; Promote Seminal Docs</li> <li>• Int. Governance (Finance, Meeting Prep, Staff Development)</li> </ul>	
Lower Impact	<ul style="list-style-type: none"> <li>• Addressing Emerging Tech (AI, etc.)</li> <li>• SDOH / Advancing Equity</li> <li>• Addressing Political Threats, Armed Conflict, Human Rights, Doc Safety...</li> <li>• Ensuring Emergency Preparedness</li> <li>• Participate in UN/WHO/etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Assisting NMAs (own governance, sustainability, autonomy)</li> <li>• Physician-led Care</li> <li>• Revenue Growth and Diversification</li> <li>• Participate in Partner Org Alliances/Campaigns</li> </ul>

## RESULTS OF THE SWOT ANALYSIS

### *Back to SWOT analysis on opportunities and threats (item 5)*

<i>Internal factors</i> <b>WMA strengths</b>	<i>Internal factors</i> <b>WMA weaknesses</b>
<b>Membership/Participation:</b> <ul style="list-style-type: none"> <li>– Solidarity</li> <li>– JDN and Associate Members play an important role within WMA</li> </ul>	<ul style="list-style-type: none"> <li>– Continued controversial debates in meetings / politization of issues.</li> <li>– Risk losing members due to disputes between them (x2).</li> <li>– Risk losing credibility because of the actions of a Constituent Member.</li> <li>– Lack of involvement of members as rapporteurs on certain topics</li> <li>– Lack of engagement of members.</li> <li>– Limited number of active participating members, especially in workgroup and other activities outside of Council meeting and GA.</li> <li>– Not to assist NMAs.</li> </ul>
<b>Membership/Representativity:</b> <ul style="list-style-type: none"> <li>– Many and diversified constituent members</li> <li>– Diversity of WMA leadership</li> <li>– Diversity</li> </ul>	<ul style="list-style-type: none"> <li>– Lack of regional balance / Limited membership in certain areas of the world.</li> <li>– Not easy to gain new members</li> </ul>
<b>Policy guidance:</b> <ul style="list-style-type: none"> <li>– Strong policies especially in ethics and through this, leadership in ethics</li> <li>– Vast amount of knowledge</li> <li>– WMA policies database</li> </ul>	<ul style="list-style-type: none"> <li>– Broad variety of topics WMA dealt with, no real focus.</li> <li>– WMA too focused on policy development, and not enough on implementation and advocacy.</li> <li>– Technicity of emerging issues requiring specific competences.</li> <li>– WMA to get more involved in discussions and organize events on main ethical concerns.</li> </ul>
<b>Secretariat:</b> <ul style="list-style-type: none"> <li>– Very passionate staff</li> <li>– Small but dedicated WMA secretariat</li> <li>– Well organized Council and GA meetings</li> </ul>	<ul style="list-style-type: none"> <li>– Small WMA secretariat with limited capacity and funding, staff is rather overburdened.</li> <li>– Absence of risk management team</li> </ul>
<b>Communication:</b> <ul style="list-style-type: none"> <li>–</li> </ul>	<ul style="list-style-type: none"> <li>– Ineffective communication to members: members are often not aware what the secretariat is doing – weak internal and external communication including communication to individual physicians</li> <li>– Lack of a transparent and inclusive strategies to benefit members.</li> <li>– Need to use more social media – low cost and big scale communication.</li> </ul>

	<ul style="list-style-type: none"> <li>- Limited outreach and communication activities: WMA is not well known for all policies and advocacy.</li> <li>- Limited resources dedicated to communication.</li> </ul>
<b>Finance:</b> <ul style="list-style-type: none"> <li>- Financial security</li> </ul>	<ul style="list-style-type: none"> <li>- Financial security dependency on membership fees <ul style="list-style-type: none"> <li>- lack of funding for outside core activities such as advocacy.</li> </ul> </li> <li>- Have contradictory expectations on the dues.</li> <li>- Rely on 99% income on membership dues.</li> <li>- Constituent members not wanting to pay dues.</li> </ul>

<i>External factors</i> <b>WMA opportunities</b>	<i>External factors</i> <b>WMA threats</b>
<b>International context:</b> <ul style="list-style-type: none"> <li>- Being the main physician organization in the world.</li> <li>- No competing physician organization.</li> </ul>	<ul style="list-style-type: none"> <li>- Political environment getting more hostile.</li> <li>- Global conflicts.</li> <li>- Clash of ideologies.</li> <li>- Limited political recognition of WMA; limited influence on national governments who are shaping the health systems.</li> <li>- To take the wrong position in a conflict because of lack of information</li> <li>- To not voice an opinion on an important topic.</li> <li>- Emergence of global medical players.</li> <li>- WMA secretariat in France with increasing popularity of xenophobic party.</li> </ul>
<b>Advocacy:</b> <ul style="list-style-type: none"> <li>- Known for ethical leadership and policies.</li> <li>- Long tradition of common ethical values.</li> <li>- WMA's visibility.</li> <li>- WMA is prestigious with reputation and profile.</li> <li>- WMA is well known, high external perception, big brand name.</li> </ul>	<ul style="list-style-type: none"> <li>- Climate change and health greenwashing<sup>1</sup>.</li> <li>- Too many challenges in health care system.</li> <li>- Too many non-health challenges for politicians.</li> <li>- In a crisis, WMA as a strong leading organization is needed.</li> <li>- Need to develop policies on challenging topics before other organisations.</li> <li>- Need to fill the vacuum that is created by increasingly disempowered UN organisations.</li> <li>- Competing ethical documents</li> <li>- Lack of communication on healthcare</li> <li>- Attrition/ fragmentation along interest groups</li> </ul>
<b>Emerging issues:</b> <ul style="list-style-type: none"> <li>- To be 'the physician voice' on key emerging issues, for example AI.</li> <li>- New technology is pivotal for re-inventing health care delivery.</li> <li>- Potential momentum for post UHC and TB High Level Meeting.</li> </ul>	<ul style="list-style-type: none"> <li>- Autonomy of NMAs threatened.</li> <li>- Physicians' burnout and insufficient plan for elderly physicians.</li> <li>- Criminalisation of medical practice.</li> <li>- Replacement of physicians by new technicians.</li> </ul>

<sup>1</sup> <https://en.wikipedia.org/wiki/Greenwashing>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2898878/>

<ul style="list-style-type: none"> <li>– Many emerging issues where WMA’ opinion is asked and expected.</li> <li>– Influence the climate debate on specific topic, i.e.footprint.</li> <li>– Health inequity and equitable access to health.</li> </ul>	<ul style="list-style-type: none"> <li>– Insufficient standards of action on medical education (especially CPD for primary physicians and specialists)</li> </ul>
<p><b>External relations / Partners:</b></p> <ul style="list-style-type: none"> <li>– Partner with private industry (advocacy and funding).</li> <li>– Building alliances, strengthen WHPA.</li> <li>– Liaise with diplomatic delegations in Geneva to amplify WMA’s messages.</li> </ul>	<ul style="list-style-type: none"> <li>– Challenges in working with WHO.</li> <li>– Conflicts of interest in private partnerships.</li> <li>– WMA often not seen as a cooperating partner, rather as an organization which blocks change.</li> <li>– WHPA: is the physicians’ voice getting lost?</li> <li>– Many competing organizations in the global arena on advocacy and policy influence – WMA has a weak media presence.</li> </ul>