



WORLD MEDICAL ASSOCIATION

ANNUAL REPORT 2017

The WMA at 70

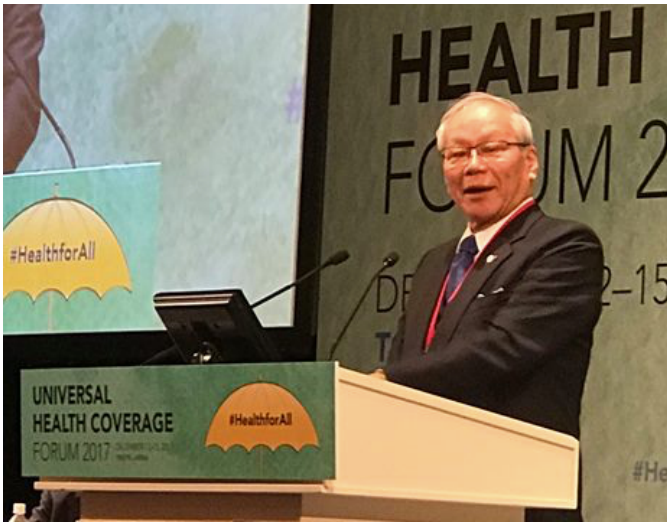


Paris 1947



Chicago 2017

MESSAGE FROM THE WMA PRESIDENT



WMA President Dr Yokokura addressing the UHC Forum, December 2017, Tokyo, Japan

For the first time the World Medical Association presents an annual report which is not only aimed at the membership, but at the public at large. The WMA Executive Council found that it was time to respond to increasing demands of people and media to learn about what WMA is and does.

We thought giving a review was one, but not the only way to do this. 2017 has again been a year with remarkable activities of the Association: From two successful statutory meetings in Zambia at Victoria Falls and in the United States of America in Chicago to a series of discussions on end-of-life issues we staged in Rio de Janeiro, Brazil, Tokyo, Japan and at the Vatican we explored and experienced discussion with scientists, partners, patient representatives and our members.

In Chicago, we have not only revised the Declaration of Geneva, the successor to the Hippocratic Oath, we have demonstrated the will and determination to stay with a common deontology for all physicians around the world.

There is one core of medical ethics to which we all subscribe and the support among medical associations to have this realized is overwhelming.

The WMA has recommitted itself to major public health efforts, together with international partners like the UN Organizations or private groups from professional organizations to patient groups and industry. We act with an awareness for the Social Determinants of Health as fundamental challenges to our societies, but also to our profession. We specifically work to strengthen the use of immunizations, fight tobacco and aim to reduce the abuse of alcohol and drugs. Together with the World Health Organization we strive for the introduction and fostering of Universal Health Care for all people and we will continue this work in the years to come.

To us it comprises a core part of the work for the Sustainable Development Goals of the global community. This report will not replace the formal semestrial reports (Secretary General and Council Report) to the Council and the General Assembly, but rather gives a glimpse insight of some activities we had over the last year.

This report is not to be thought to be exhaustive or even complete, but should rather be seen as a collection of snapshots telling the story of the past year. I hope you will enjoy it.

DR YOSHITAKE YOKOKURA
WMA President

The World Medical Association was founded September 1947 in Paris after a two-year period of preparation by a number of national Medical Association and the firm decision not to continue a previously existing International Medical Association. In the aftermath of WWII and what then came to light about the abuse of medicine and research, especially in Nazi-Germany – a new start was deemed necessary. Since then and until today the focus of the World Medical Association lies on building an international, global consensus on the rules of the profession, the medical ethics or the deontology of medicine as it is called in some countries.

Since 1947 the WMA has published a number of key policies, which have shaped medical ethics, like the Declaration of Geneva – the successor of the Hippocratic Oath (1947) a first international professional code (1949) the Declaration of Helsinki on research involving human beings (1964), the Declaration of Tokyo commanding physicians not to participate in torture or degrading treatment (1975) or the Declaration of Malta on Hunger Strikers (1991).

But from the very beginning the WMA was also interested in the social environment of health and health care and medical education. While the work on our social environment is still a second core issue of the association and most prominently demonstrated in our work on the Social Determinants of Health (Declaration of Oslo, 2015).

The engagement for medical education was fused with the medical faculties, the International Federation of Medical Students Association and WHO by founding the World Federation for Medical Education (WFME) with which we are still in close co-operations.

In its early years the WMA resided in New York, close to the United Nations. In 1974 the Secretariat moved to Ferney-Voltaire, France in close proximity to the Geneva UN Campus, in order to be close to the WHO. WMA entertains formal relationships to many of the UN Agencies, like WHO, IMO, ILO, IMO, UNESCO, UNICEF as well as the UN Human Rights Council and the Social and Economic Committee of the UN. We represent our members to international private and public institutions and cooperation closely with the [International Committee of the Red Cross \(ICRC\)](#) and the [International Federation of Red Cross and Red Crescent Societies \(IFRC\)](#).

The WMA is networking with many other (professional) associations in the field of health care, human rights, social policy and the environment. Since 1999 we have a close cooperation with the International Council of Nurses (ICN), the World Dental Federation (FDI), the international Pharmaceutical Federation (FIP) and the World Confederation for Physical Therapy (WCPT) in the [World Health Professions Alliance \(WHPA\)](#).



Delegates at the First General Assembly 1947

The Declaration of Geneva is a true successor the Hippocratic Oath

One of the first policies of the then new World Medical Association was the Declaration of Geneva in 1948. A declaration or pledge that was intended to replace the outdated Hippocratic Oath.

Over the thousands of years not only medicine had changed. We don't believe anymore in Greek gods and swearing to them – and that is in the beginning of the Hippocratic Oath – was not seen as appropriate anymore. And while ancient Greek physicians were prohibited to do surgery – modern medicine would not go without it. Yet basic ethical principles that have been attributed to the Hippocratic Oath like confidentiality and non-maleficence are still values we honour. And those cornerstones of medical ethics can be seen as the true legacy of the Hippocratic oath, which now are reflected in the Declaration of Geneva.

The Declaration has become the core document of the WMA policy apparatus. However, over the years the Declaration itself got more and more forgotten. In a survey with the WMA members the workgroup found a disappointing low use of the Declaration and a tendency for regional adaptations or versions. But in a time of globalization and exchange shouldn't our ethical rules be the same all over?

With that in mind, the workgroup analysed the short fallings and strengths of the Declaration and finally proposed a revised version to WMA Council and the General Assembly meeting in Chicago October 2017. Clearly the new like the old document does not attempt to be trendy or fashionable, the revised version retained form and values of the old version and with that most of the text.

But it rearranged the text in a more logical order and added some new items to them. And although some may argue those new items have been implicit before, but it was felt that they had to be mentioned explicitly now.

There are four main additions to the Declaration of Geneva in the 2017 version

- The respect for patient autonomy
- The obligation to share medical knowledge
- The promise to give due respect to teachers, colleagues and students
- The attention to one's own health and well-being

The added subtitle "The Physician's Pledge" underlines the difference from an oath.

And finally: The document is no longer targeting only beginners, but also can and should be used by experienced physicians renewing their commitment to medical ethics.

The new text reads:

The Physician's Pledge
AS A MEMBER OF THE MEDICAL PROFESSION:
I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
I WILL RESPECT the autonomy and dignity of my patient;
I WILL MAINTAIN the utmost respect for human life;
I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I WILL RESPECT the secrets that are confided in me, even after the patient has died;
I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
I WILL FOSTER the honour and noble traditions of the medical profession;
I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;
I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
I MAKE THESE PROMISES solemnly, freely, and upon my honour.

Second CPW Leadership Course hosted at the Mayo Clinic

For a second time the WMA held its leadership course under the Caring Physicians of World Initiative at the Mayo Clinic in Jacksonville, Florida. 29 participants from 20 countries (Brazil, Iceland, India, Japan, Korea, Kenya, Latvia, Malaysia, Myanmar, Netherlands, Nigeria, Romania, Singapore, Senegal, South Africa, Sweden, Taiwan, Trinidad & Tobago, Uruguay, and Zambia) participated at this year's course. Originally the course was provided by the international business school INSEAD in Fontainebleau, France and later at their Campus in Singapore. For two years now the course is being held at the Mayo Clinic, which kindly allows the WMA to hold the course at their campus and delivers the content on social media communication in health.

The purpose of the course is to support the physician leaders of tomorrow to be more effective in their roles within their National Medical Association. More specifically, the program aimed to enhance competency development in core domains:

- Leadership, strategic decision-making and negotiation
- Health communication and policy
- Social media and traditional media

Among the participants were 28 physicians ranging from experienced leaders to junior doctors plus one member of the WMA secretariat. The physicians attending represented several practice disciplines from family practice to psychiatry, from public health to surgery and academia.

In difference to earlier course, the lectures and exercises at Mayo deal more with communication methods and strategies. Faculty from Brandeis University, The Institute for Healthcare Excellence, Mayo and Health Care Strategy delivered the content in session over five days. Nearly every participant found the course providing new skills for them and being relevant to their work as medical leaders.

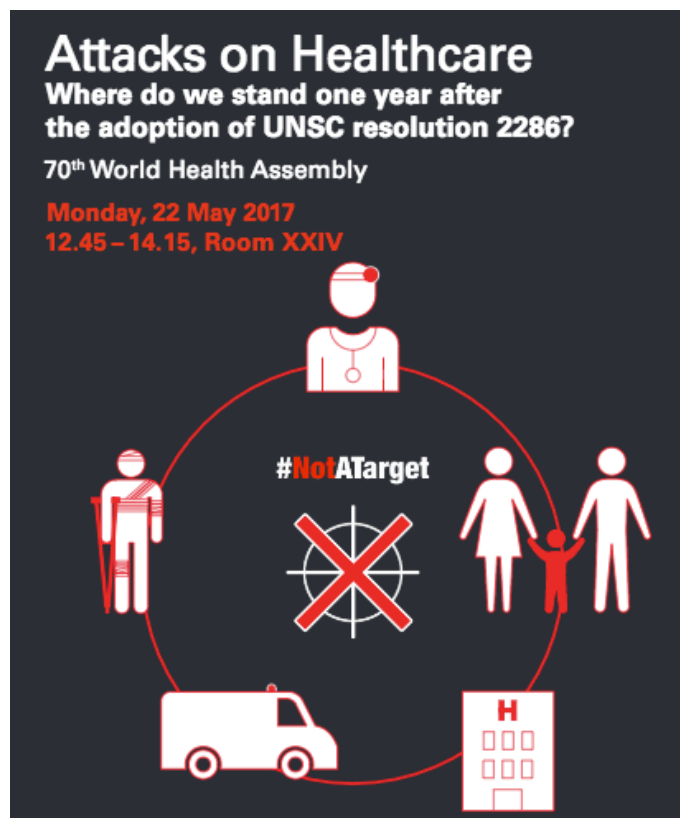


Keeping on our engagement to stop violence against health care

In May 2017, in parallel to the World Health Assembly, the WMA together with the ICRC, the Permanent Missions of Switzerland and Canada, the World Health Organization (WHO), and Médecins Sans Frontières (MSF) organised a prominent joint side-event in the Geneva Palais. The event on 22nd May entitled: "Attacks on healthcare: Where do we stand one year after the adoption of the UNSC Resolution 2286?" aimed to look at concrete measures to address increasing attacks on healthcare, including with the support of the Resolution.

The side-event - co-chaired by Alain Berset, Vice-President of the Swiss Federal Council, and the Honourable Jane Philpott, Canadian Minister of Health - provided an excellent opportunity for the broad health community gathered in Geneva for the World Health Assembly to listen to the perspectives of key actors in this area, including Dr Peter Salama, Executive Director of WHO Health Emergencies Programme, Yves Daccord,

Director-General of the ICRC, Dr Joanne Liu, President of MSF as well as Dr Ardis Hoven, Chair of the WMA's Council. Dr Hoven recalled that attacks on health care constitutes a matter of primary concern for the WMA and expressed her grave concerns regarding the decreasing threshold for using violence in civil and emergency contexts. Noting the consequent erosion of medical neutrality, she strongly denounced that health care personnel and facilities are becoming targets of war. In conclusion, the Chair of WMA's Council called for society leaders - not only in conflict zones - to urgently engage to ensure that health care can be provided safely under the best conditions. The full implementation of the 2286 Resolution by Member States would be a good start. Violence has a serious and detrimental effect on the provision of health care in regions where the need is the greatest.



The United Security Council Resolution 2286

The Security Council, composed of 15 members, has primary responsibility for the maintenance of international peace and security. All Member States are obligated to comply with its decisions. In May 2016, the Security Council adopted the resolution 2286 condemning attacks against medical facilities and personnel in conflict situations. Its endorsement followed the Spanish initiative bringing to the attention of the diplomats the "Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies", adopted by the Civilian and military health-care organizations, including the WMA, in June 2015. The resolution demands an end to impunity for those responsible and respect for international law on the part of all parties to armed conflict and urges States and all parties to armed conflict to develop effective measures to prevent and address acts of violence against the delivery of medical care in armed conflict.

Making physicians' voice heard in the international debate on the promotion of mental health as a global priority and a fundamental human right

In June 2017, Dr Dainius Puras, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health presented his report to the United Nations Human Rights Council (Report A/HRC/35/21). Being the international reference body for defining medical ethics values, the WMA considered that its contribution to the discussion on mental health and human rights was essential. With the core contribution of Dr Miguel Jorge (Brazilian Medical Association), psychiatrist and Chair of the WMA Socio-Medical Affairs Committee, and based on its Statement on Ethical Issues Concerning Patients with Mental Illness, the WMA produced written comments on the report. In its comments, the WMA welcomes the Special Rapporteur Report denouncing the widespread and continuous violations of the fundamental rights of persons with mental health conditions and recalls physicians' responsibilities to support the well-being and rights of all patients.

The WMA supports a holistic approach placing all mental health stakeholders together for a balanced bio-psychosocial model of care allowing to take into considerations the various needs of the patients.

Noting also that low quality care and abuses in psychiatric institutions are mostly related to poor resources, underdevelopment, ignorance and stigmatization of persons with mental health conditions, the WMA denounces the often very precarious working conditions of health professionals. The written comments conclude by recommending the inclusion of psychiatrists and other health professionals in the discussion on human rights in mental health and in advocating for an inclusive, bio-psychosocial approach.

The Special Rapporteur, Dr Puras, welcomed WMA comments positively, valuing its legitimate contribution to the debate. A regular dialogue has since then been in place on this issue and other health related human rights issues.

Fostering health in the core global climate change discussions - a healthy global society requires a healthy planet

During the year 2017, the WMA maintained its active engagement to highlight the importance of health in the global discussions on climate change, in particular in with respect to the implementation of core elements of the Paris agreement. The WMA was present at both the COP23 conference as well as the meetings of the subsidiaries bodies of the UNFCCC in April and November 2017 in Bonn, Germany.

Based on WMA policy line, and in collaboration with other key partners and WHO, the delegation advocated for the urgent implementation of the actions needed to meet the commitments of the Paris Agreement, enouncing the consequences of

climate change on health through social and environmental determinants of health and the very short timeline to act in order to protect human wellbeing.

The line of action in Bonn was articulated on the requisite for a transdisciplinary and inclusive approach that considers broad imperatives, such as the Sustainable Development Goals, and to seize the opportunities of many cost-effective public health interventions, such as cleaner air, healthier diets, more physically active lifestyles, to mitigate and adapt to climate change.

Antimicrobial Resistance

WHO developed the Global Action Plan on Antimicrobial Resistance, which articulated five main objectives with the healthcare workforce being a key player in their attainment. Most notably,

Objective 1 strives to “improve awareness and understanding of antimicrobial resistance through effective communication, education and training.” The WHO established an AMR secretariat whose purpose is to link the various stakeholders, get them involved and coordinate the activities of the Action Plan.

One emphasis will be on the education of medical students and physicians. 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 training scheduled.

WMA commented the first draft version together with the World Federation of Medical Associations. in order to be able to reduce the burden of AMR that it is of utmost importance to have a deep knowledge of diagnosis before prescribing an antibiotic.

A study from India reports on the overuse and inappropriate choice of antibiotics for acute, uncomplicated infections of the respiratory tract (3) and shows how critical the deep knowledge and training in diagnosis is for the prescribing health professional. Therefore, our comments included the knowledge and training aspects to do a proper diagnosis and to differentiate between different origins and severity of infections.



More than
30
worldwide
events

In 2017, the leaders of WMA have represented the organization in over 30 events across the globe, defending the core values of physicians.

How can regulation ensure quality health care, professional autonomy and protect the public's interest?

During the Fourth Global Forum on Human Resources for Health in November 2017 in Dublin, Ireland WMA organized together with the International federation of Pharmacists FIP the side session on: How can regulation ensure quality health care, professional autonomy and protect the public's interest?

Commercialised health care models may affect professional autonomy and the delivered quality of care.

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

Patient Safety

To address the global problems of unsafe medication practices, the WHO has launched a Global Patient Safety Challenge on Medication Safety with the overall goal to "reduce the avoidable harm due to unsafe medication practices by 50% worldwide by 2020". In order to develop this initiative, the WHO invited the WMA and other relevant stakeholders to several consultations this year.

Under this overarching topic WMA was invited by the WHO to participate in a Global Consultation for Setting Priorities for Global Patient Safety in collaboration with the Centre for Clinical Risk Management and Patient Safety, Department of Health.

This high-level global event brought together key international experts and senior policy makers from ministries of health from both developed and developing countries.

The objective of this consultation was to identify main challenges and barriers to improving patient safety for patients, health-care providers and the environment of care and define priorities for future action by the WHO and countries.

WMA wrote together with WHO and the other health professions the 'Patient Safety Curriculum Guide- Multi Professional Edition' and we participated in the update a few years later.

Now WHO would like to do a second revision of this curriculum guide but do this in several steps. As the first step the chapter 'Improving Medication Safety' should be updated with the possibility to have it as a single document as well. In a first meeting in December 2017 we discussed the topics, order and priorities of the chapter improving medication safety. Based on this discussion WHO will develop a first revised version to be commented by WMA and other health professionals.



Constituent Membership

This category of members is typically represented by National and Territorial Medical Associations of Physicians from different countries in the world. Such associations are broadly representative of the physicians of their country by virtue of their membership, with their voting membership being limited to physicians and medical students. They are not subject to, or controlled by, any office or agency of government.



Advantages

1. Recognition and acceptance as a member of an international organization such as the WMA lends tremendous credibility to a National Medical Association (NMA). This is particularly true when there is more than one professional association representing physicians in a country.
2. The WMA is in official relations with United Nations agencies such as the World Health Organization, which gives NMAs and Associate Members access to these world bodies.
3. By participating in the debate with colleagues from all over the world, NMAs and Associate Members have the opportunity to provide the world with valuable ethical guidance and leadership in health care.
4. Information and knowledge can be sourced from the WMA, which can contribute to the optimal efficacy of NMAs and individual physicians.
5. NMAs and Associate Members can make use of the WMA's products and services.

WMA currently has a total of 114 members since October 2017. Detailed list [available here](#).

Associate Membership

Associate members is limited to physicians, as that term is defined in the WMA Bylaws and medical students who are properly enrolled in a medical school which the Council determines is a recognized medical school in the country in which it is located, who have applied for such membership and who have paid the amount of dues prescribed for such members. Associate membership is available to such individual physicians and medical students whether or not their National Medical Association is a Constituent Member of the World Medical Association.

WMA currently has more than 1000 active Associate Members since October 2017. The registration page is [available here](#).

Advantages

1. Introductions to professional leaders in your field and appointments to visit medical and health institutions abroad.
2. Information on medical meetings abroad.
3. The privilege of attending and participating in WMA annual assemblies.
4. A service department which will assist you in meeting your colleagues both at home or abroad.
5. An internationally recognized membership card, automobile decals and certificate for display.
6. WMA secretariat consultation, service and small meeting center.
7. Possible participation in foreign and exchange programs.
8. Publications of the World Medical Association.

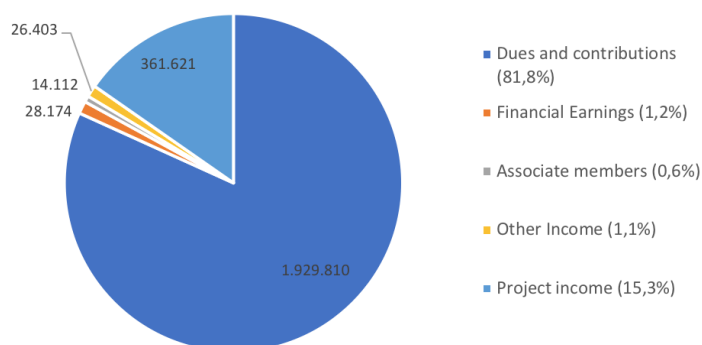
BALANCE SHEET FOR THE YEARS AT 31 DECEMBER 2016 AND 2015

Assets	2016	2015
Current assets		
Cash	2 705	2 420
Accounts receivable	96	83
Prepaid expenses	30	29
Non current assets		
Website - net	17	-
Real Estate - net	68	77
Furniture, fixture and office equipment - net	106	56
Total assets	3 022	2 665
Liability and equity		
Accounts payable and accrued expenses	319	325
Deferred Income	27	22
Provisions and reserves	350	305
Funds		
Travel stipend fund	5	-
Earmarked funds	474	305
Association equity		
Unrealised gains/losses on Investments/cash	-	-
Other Equity	1 847	1 707
Total liability and equity	3 022	2 665
Net result for the year	140	11
Total Association equity	1 847	1 707

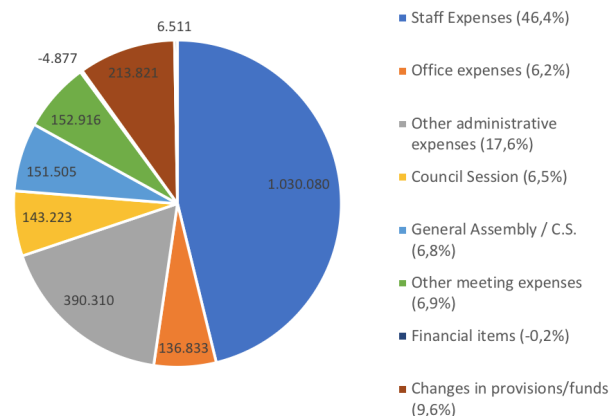
INCOME STATEMENT FOR THE YEARS 2016 AND 2015

	2016	2015
Income		
Dues and contributions	1 930	1 631
Financial earnings	28	28
Associate members - Net	14	4
Other income	26	33
Project income	362	123
Total income	2 360	1 818
Expenses		
Administrative overhead		
- Staff expenses	1 030	1 021
- Office expenses	137	113
- Other expenses	390	415
Meeting expenses		
- Council Session	143	141
- General Assembly	152	67
- Other meeting expenses	153	21
Financial items		
- Financial cost	3	2
- Foreign currency gains/losses	-8	-
Changes in provisions/funds		
- Transfer from/to provisions	45	7
- Transfer from/to funds	169	12
Taxation	7	8
Total Expenses	2 220	1 807
Net result for the year	140	11

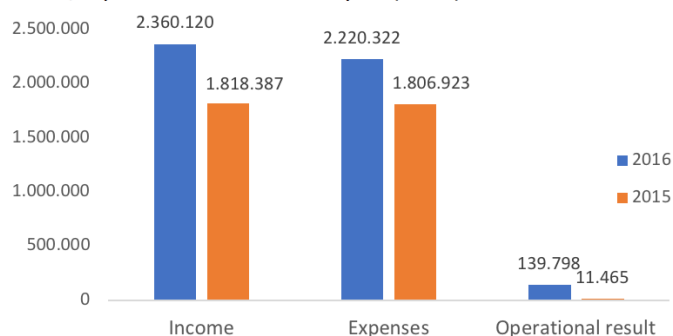
Income in 2016 (in Euros)



Expenses in 2016 (in Euros)



Income, expenses and result of the year (Euros)





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Brazil

Dr. Joseph HEYMAN
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United States

WMA SECRETARIAT



Dr. Ketan DESAI, President of WMA (2016-2017)
with the WMA Staff



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