



WORLD MEDICAL ASSOCIATION

ANNUAL REPORT

2022

75 YEARS OF WMA



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MESSAGE FROM THE WMA PRESIDENT

The year 2022 started on a hopeful note with greater societal and international mobility. Globally, citizens eagerly looked forward to a real transition to a post-COVID-19 Pandemic era, secured with improved vaccination and other public health measures. But these hopes were visibly shaken by the sad news of the Russian invasion of Ukraine. This caused immense global tensions and had a great impact on food security and global health.

Noticeable efforts were made to promote global health in 2022 through the development of a draft pandemic treaty, among other developments, challenges and lost opportunities. The challenges presented by weak health systems, health disparities and inequities, increasing brain drain, shortages, and burn out of the health workforce, increasing cases of violence against the health workforce in the work place, in situations of armed conflict or by oppressive regimes, antimicrobial resistance, emerging and re-emerging diseases and the climate change crisis, all remained.

As we face 2023 with hope for a healthier world and an end to the Russian-Ukraine War, it is imperative to transparently address the existential challenges that still tend to undermine global health. In this regard, WMA will need to sustain and strengthen its policy and advocacy initiatives, including public advocacy for One Health and Universal Health Coverage, good governance and improved political commitment to the development of more resilient health systems with physician-led primary health care as its bulwark, Social Determinants of Health, the reduction of greenhouse gas emissions and other activities contributing to global warming, the strengthening of supply chains backed by substantial and sustained investments in health infrastructure, the health workforce, medicines, vaccines, digital health and health management information systems, and quality research.

I am hopeful that 2023 will see a stronger determination to eliminate health inequities, particularly in prioritizing health issues and in the distribution and sharing of resources, such as human resources for health, technological and scientific developments, including vaccines and medicines.



The world urgently needs to resolve the burgeoning phenomenon of brain drain, burn out and violence against the health workforce, some of whom have opted out of the health sector for other endeavours. In this regard, the Pandemic Treaty, which member states of the World Health Organization are currently cogitating on, must be given critical attention with the views of all stakeholders duly incorporated, particularly as it concerns the integration of the health workforce in the frontline management of any future pandemic, as well as their resilience, rights, wellbeing, safety and working conditions, among other important issues. Similarly, the WMA will need to translate into action our robust policy documents that address the menace of violence against physicians and other health care workers.

While I hope for a more equitable, healthier, and peaceful world in 2023, it is my view that unless and until there is a more inclusive and equitable world, with an expansion of the frontiers of global cooperation and solidarity, global health may be imperiled.

I look forward to meeting my colleagues and Council members at our upcoming meetings.

DR. OSAHON ENABULELE

M.B.B.S, MHPM, FWACP, FNMA

WMA President

Policies adopted at the General Assembly 2022 - Berlin

- WMA International Code of Medical Ethics (revised)
- WMA Declaration of Berlin on Racism in Medicine
- WMA Declaration of Edinburgh on Prison Conditions and the Spread of Tuberculosis and Other Communicable Diseases (revised)
- WMA Declaration of Venice on End of Life Medical Care (revision)
- WMA Declaration on Discrimination against Elderly Individuals within Healthcare Settings
- WMA Declaration on Patient Safety (revised)
- WMA Statement on Assisted Reproductive Technologies (revised)
- WMA Statement on Guiding Principles for the Use of Telehealth for the Provision of Health Care (revised)
- WMA Statement on Health Hazards of Tobacco Products and Tobacco-Derived Products (revised)
- WMA Statement on Physicians Treating Relatives
- WMA Statement on Professional and Ethical Use of Social Media (revised)
- WMA Statement on the Global Burden of Chronic Disease (revised)
- WMA Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence (revised)
- WMA Statement on Violence in the Health Sector by Patients and Those Close to Them (revised)
- WMA Resolution for Providing Covid-19 Vaccines for All
- WMA Resolution in support of Medical Personnel and Citizens of Ukraine in the face of the Russian invasion
- WMA Resolution on Humanitarian and Medical Aid to Ukraine
- WMA Resolution on Occupational and Environmental Health and Safety (revised)

**Policies reaffirmed by the 220th Council Session, Paris (hybrid), April 2022
and the 221st Council Session, Berlin, October 2022**

- WMA Statement on Safe Injections in Health Care (with minor revision)
- WMA Statement on Self-Medication (with minor revision)
- WMA Statement on the Ethical Implications of Collective Action by Physicians (with minor revision)
- WMA Resolution on Economic Embargoes and Health
- WMA Resolution on Medical Assistance in Air Travel (with minor revision)
- WMA Resolution on Prohibition of Forced Anal Examinations to Substantiate Same-Sex Sexual Activity (with minor revision)
- WMA Resolution on Tuberculosis (with minor revision)

**Internal Guidelines adopted by the 220th Council Session, Paris (hybrid), April 2022
and the General Assembly, Berlin, October 2022**

- WMA Green Guidelines for WMA meetings to create more sustainable events
- WMA Guidelines on LGBTQ Equity in Venues Hosting WMA Meetings and Functions

General Assembly 2022 - Berlin

For the first time since 2019, the WMA was able to meet in-person for its annual General Assembly. The venue of Berlin allowed both the WMA and the German Medical Association to celebrate their 75th anniversaries.

President's Report

Dr Heidi Stensmyren (Swedish Medical Association), the outgoing President, in her written report said that her presidential year had taken place under the influence of the coronavirus disease 2019 (COVID-19) pandemic and the impact of global challenges such as climate change and conflicts. She referred to the thousands of professional brethren who had left the profession early, most due to fear, burnout, and other economic pressures on their practice. Economies around the world continued to recover from direct spending on COVID-19, and many countries had found it necessary to cut spending on health care, including investment in vaccines, as well as preparedness for future health crises. This pandemic would not be the last, and those who did not learn from the past were condemned to repeat it.

She also wrote about the devastating effect that the pandemic has had on mental health, with many psychiatric colleagues leaving the profession or cutting back. Those who remained were simply overwhelmed by the unbelievable need in the general population. She said that the only fruitful way to tackle global challenges was through collaboration between governmental institutions, as well as non-governmental organizations.

WMA condemned the continuing attacks on Ukraine and in particular Ukrainian health care facilities. These overt assaults were becoming all too common in conflicts globally. She referred to the aid given to the Ukraine Medical Help Fund, founded by the Committee of European Doctors (CPME), the European Forum of Medical Associations (EFMA), and the WMA,

She concluded by saying that she was deeply concerned about the violence against physicians around the globe and she particularly thanked the Indian Medical Association for leading the way on this issue.

Chair's Report

In his written report, Dr Frank Ulrich Montgomery warned that the COVID-19 pandemic was not over. He was convinced that physicians still had to remain cautious and attentive of immunescares, waning immune responses and new variants of concern. He said that physicians must continue their prevention and vaccination efforts. Demanding access to vaccines for everyone, overcoming fake news, and organizing vaccination campaigns remained challenges to be overcome. Visiting several NMA general assemblies had shown him once again how similar their problems were. From human rights and ethical issues, to violence against health care professionals and questions of universal health coverage to organizing medical care for underserved communities – they were all in the same boat.

Secretary General's Report

Dr Otmar Kloiber, Secretary General, referred to the lengthy written report on the activities of the Secretariat, highlighting the help for Ukraine and the substantial assistance provided by the Japan Medical Association. He particularly thanked Dr Leonid Eidelman (WMA Past President) for his work in delivering the help.

WMA in Egypt at the Climate Change Conference (COP 27)

The 27th Conference of Parties (COP 27) to the United Nations Framework Convention on Climate Change (UNFCCC), hosted by Egypt, was held in Sharm El Sheikh from 6-8 November 2022. Eight physicians representing the World Medical Association attended.

The WMA delegation was coordinated by Dr Ankush Bansal during week one of COP 27 and Dr Lwando Maki during week two. The delegation represented WMA's views and position toward climate change as expressed through the adopted climate change and environment policies of the WMA. Throughout COP 27 the delegates followed the negotiations closely and focused on the 4 key areas where health impacts were addressed:

- Nationally Determined Contributions (NDCs),
- Financing and capacity-building,
- Loss and damage, including review of the Warsaw International Mechanism for Loss and Damage (WIM), and
- Mitigation and Adaptation.

In addition to the negotiations, the delegates also attended the daily health community debrief and strategy meetings, as well as several health-related side events organized by UNFCCC, WHO, and health-related NGOs during COP 27. The delegation was also responsible for a social media campaign during COP 27 with WMA communications' support. The campaign was delivered via the Twitter social media platform and delegates tweeted highlights and key messages from COP 27 that allowed WMA members to keep track of the events/activities.

The delegation collaborated with the Global Climate Health Alliance on a panel regarding building Healthy Resilient Health Systems, in which Dr Lwando Maki spoke on the health impacts of climate change as witnessed by health workers.

The Week 1 delegation met with Dr John Balbus, an Internal Medicine and Public Health physician in the United States who serves as the Interim Director of the Office

of Climate Change and Health Equity in the Department of Health & Human Services, as well as three assistants from the Department of State working in global affairs.

The Delegation discussed about the importance of the health lens on climate change. Dr Balbus made specific requests of the health community, both in the United States and worldwide. These were case examples and stories of how climate change specifically affects human health with respect to acute and longitudinal medical visits.

During the second week, WMA delegates engaged with several member states from all WHO regions and advocated for health. Drs Schauer-Berg and Rocksén met with the delegation from Austria. Topics discussed included the health impacts of climate change on patients today with a special focus on the effects of heatwaves as well as preparedness in the Austrian health care system and the inclusion of health in the Austrian national adaptation plan. The delegation included Leonore Gewessler, federal minister on climate action, environment, energy, mobility, innovation and technology and Helmut Hojesky, head of the Austrian delegation. The discussion also covered the delivery of care and logistics that are a large part of the health care sector climate impact.

The health community, including the World Medical Association, has made some progress, particularly since COP 26, in impressing upon national delegations to include health in climate negotiations during the COP meetings and the intersessional meetings.

Violence against health care: current practices to prevent, reduce or mitigate violence against healthcare

Violence against health personnel and facilities is an expanding phenomenon, affecting all regions of the world both in war and in peacetime, undermining the very foundations of health systems and impacting critically on patient's health. With the health emergency context linked to the COVID-19 pandemic, an increasing number of incidents have been reported globally.

From May to July 2021, the International Council of Nurses (ICN), the International Committee of the Red Cross (ICRC), the International Hospital Federation (IHF) and the World Medical Association (WMA) - four international umbrella organisations and members of the global Community of Concern of the [Health Care in Danger](#) initiative - carried out a joint collaborative survey to evaluate the perceptions of violence against healthcare during the early stages of the pandemic and to identify good practices implemented to prevent, reduce or mitigate incidences.

The members of the four partner organizations replied to the survey voluntarily, based on their specific context. The medical associations of Bulgaria, Denmark, France, Senegal and United Kingdom participated in the survey.

The report of this collaborative survey was published in July 2022. Results demonstrate the persistence of violence against health personnel in all responders' locations, with a higher frequency of incidences during the COVID-19 pandemic. It documents the variety of practical solutions initiated by health actors to tackle violence at community level in the areas of security, work environment, mental health and wellbeing, communication and coordination. The most often cited measure refers to the training of health personnel on communication skills for de-escalating potential violent situations.

[The report of the survey aims](#) to serve as a trigger for the health community globally to act, share further positive experiences and advocate for meaningful strategies to address the scourge of violence against healthcare.

"Good word heals" initiative **[Good practice from Bulgaria](#)**

Violence against health care is systemic in Bulgaria, with more than one reported case of violence per week. The Bulgarian Medical Association launched the campaign "Good word heals" in 2019 to keep public attention focused on the issue of violence, raise awareness among health personnel and ultimately reduce these acts of violence. The association recruited a famous Bulgarian actor and photographer, Vladimir Karamazov, to promote the campaign: *"I became the face of an initiative that is very important, to stop violence against doctors (..) This violence is a sign of how uneducated our society is"*.

The impact of covid on violence against healthcare – a global dialogue for peer exchange of good practice, 1st December 2022

This [online event](#) organized by the 4 partners of the study aimed to initiate a debate on responses to violence against health care. The panelists of the webinar, representatives of the membership of the 4 organizations, presented examples from their experience in tackling or mitigating the issue of violence against healthcare. As a peer-to-peer exchange opportunity, the event provided space for dialogue amongst practitioners. Lwando Maki, Deputy-chair of WMA Junior Doctors Network, talked about the JDN project to develop a social media campaign on Medical Ethics in armed conflict and other situations of violence.

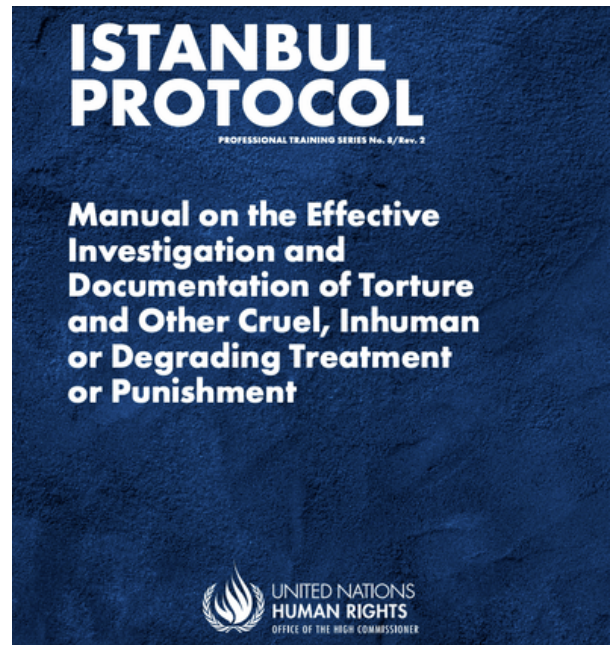
Investigation and Documentation of Torture - 2022 edition of the Istanbul Protocol

In February 2018, the WMA was invited to participate in a 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 project, involving more than 180 participants from 51 countries, aimed to update and strengthen the Istanbul Protocol. It was led by representatives of four civil society organizations (Physicians for Human Rights, the International Rehabilitation Council for Torture Victims, the Human Rights Foundation of Turkey and the Redress Trust) and four core United Nations anti-torture bodies (the Committee against Torture, the Subcommittee on Prevention of Torture, the Special Rapporteur on torture and the United Nations Voluntary Fund for Victims of Torture).

The WMA contributed to the revision process as member of the working group on ethical codes, based on its recent policies on the role of physicians to prevent and document torture and ill-treatments in detention.

This large-scale international effort reflects advances in the understanding of the practices and effects of torture and ill-treatment, as well as the practical experiences and lessons learned from using the Istanbul Protocol during the past 20 years. In addition to updating the six original chapters of the Protocol, the new edition includes two new chapters: chapter VII provides guidance on the role of health professionals in various contexts in which documentation may be necessary and chapter VIII provides guidance on the steps needed for effective implementation of the Istanbul Protocol by States.



The new edition of the Istanbul Protocol was officially published in June 2022.

A launching event was organized at the Geneva Academy with introductory remarks by Michelle Bachelet, previous UN High Commissioner for Human Rights.

Intergovernmental Negotiating Body - Pandemic preparedness

WMA is participating in the development of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The instrument will have recommendations for strengthening pandemic preparedness and response according to the following categories: leadership and governance, systems and tools, financing and equity. Furthermore, it should be seen as an additional tool for WHO alongside the International Health Regulations, which aim to prevent the international spread of disease since 1969.

The WMA has been following each session of the Intergovernmental Negotiating Body (INB) in charge of drafting the WHO instrument and contributed to two public hearings (April and September 2022) during the reporting period. WMA wrote an open letter together with WHPA to the INB secretariat with concrete suggestions for rewording and contacted the missions in Geneva insisting that health workforce strengthening should be a crucial component while ensuring continuous provision of other essential health and care services.

UHC – Universal Health Coverage

In the lead up to the United Nations High-Level Meeting (HLM) on UHC in 2023, the WMA, as a member of the UHC2030 network and of the Advisory Committee of the Civil Society Engagement mechanism of UHC2030, has developed several documents as advocacy tools or analysis of UHC implementation.

The Health for All Advocacy Toolkit is an interactive tool for civil society advocates interested in kick-starting advocacy for universal health coverage (UHC). It includes key information and tools to make the case for UHC and hold policymakers to account on their commitments. The web tool aims to build capacity, inspire and mobilize civil society in support of the global movement for UHC. The Toolkit is available in English, French, and Spanish.

A second tool is a message sheet, which provides messaging for advocates, campaigners and other stakeholders working on UHC and can be adapted to different contexts. What is UHC? Who is responsible for delivering UHC? What is the relationship between UHC and health security?

What is the relationship between UHC, health systems, and primary healthcare? Why is UHC important in 2023? What is UHC2030?

The 2023 engagement timeline highlights key mobilization and engagement moments for the UHC Movement ahead of the September 2023 UN High-Level Meeting.

For UHC2030 it was important to track the state of commitment to universal health coverage around the world since the first High Level Meeting on UHC. The State of Commitment to Universal Health Coverage (UHC) brings a unique multi-stakeholder view to a simple question: Are countries acting on their commitments to UHC? It is a combination of country profiles and a synthesis report. The State of Commitment to UHC is a political, country-focused and action-oriented tool that complements the more technical and global WHO UHC monitoring report focusing on UHC indicators on service coverage and financial protection.

Global Patient Safety Action Plan 2021-2030

WMA participated in the WHO expert meeting on the implementation of the WHO Global Patient Safety Action Plan 2021-2030 and discussed the prioritisation of actions in light of the COVID-19 pandemic. The WMA participated in a second implementation conference on the action plan– the “Policy Makers’ Forum: Patient Safety Implementation” in February 2022. This forum provided a global platform for engaging with senior policy makers and health care leaders in the discussion around implementation approaches of the Global Patient Safety Action Plan 2021-2030 within broader health agenda at country level. This will allow sharing of best practices and lessons learned in addressing patient safety at policy and practice levels and will pave the way for:

- mutual learning and understanding of barriers and constraints in addressing the causative and contributory factors leading to harm in health care, and in adopting a health systems approach to eliminating avoidable harm in health care.
- identifying actionable and scalable solutions, applicable to different settings and contexts.
- developing a consensus on the role of policy makers and health care leaders in eliminating avoidable harm in health care.

Engagement of health care leaders and senior policy makers is vital at this stage for taking urgent action and initiating implementation of the global action plan.



Patient safety is fundamental to the provision of health care in all settings. However, avoidable adverse events, errors and risks associated with health care remain major challenges for patient safety globally.

The 77nd World Health Assembly in 2019 adopted resolution WHA72.6 on global action on patient safety and mandated for development of a global patient safety action plan.

This global action plan was adopted by the 74th World Health Assembly in 2021 with a vision of “a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere”.

The purpose of the action plan is to provide strategic direction for all stakeholders for eliminating avoidable harm in health care and improving patient safety in different practice domains through policy actions on safety and quality of health services, as well as for the implementation of recommendations at the point of care.

WMA interventions to World Health Assembly and WHO Executive Board

The WMA follows carefully the activities of the World Health Organization, including its governing meetings which take place in January and May each year. Having an official observer status with the WHO, the WMA can submit policy statements to its Executive Board and World Health Assembly.

Statements submitted to the 75th World Health Assembly -May 2022-

- Immunization Agenda 2030
- WHO's work in health emergencies
- Strengthening WHO preparedness for and response to health emergencies
- Global Health for Peace Initiative
- Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 (Constituency statement)
- Human resources for health (Constituency statement)
- Joint WMA and CAPA recommendations on WHO draft action plan (2022–2030) to effectively implement the Global strategy to reduce the harmful use of alcohol as a public health priority

Statements submitted to 150th Executive Board session -January 2022-

- Health professionals joint statement on the global action plan for the prevention and controls of Non-Communicable Diseases (WHPA)
- WMA statement on the Immunisation Agenda 2030
- WMA Statement on Strengthening WHO preparedness for and response to health emergencies
- Health professionals joint Statement on health emergencies (WHPA)
- Health professionals joint Statement on the involvement of non-State actors in WHO's governing bodies (WHPA)

In 2022 the 5 members of the WHPA have signed an historic Memorandum of Understanding (MoU) with the World Health Organization (WHO). The agreement provides a framework for future collaboration between the partners, recognizing the need for multi-stakeholder partnerships to support the health workforce and address today's public health issues.

Next steps to begin operationalizing the MoU will include defining a work plan and a schedule of regular meetings. Topics identified in the MoU for future collaboration are health workforce issues and universal health coverage, noncommunicable diseases, and ageing populations.

Public Relations

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

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| 24.03.2023 - WMA condemns death penalty for gay offenders | 08.10.2022 - Physician's Code of Medical Ethics updated |
| 02.03.2023 - Global Medical and Human Rights Groups Call on Türkiye to End Persecution of Doctors | 08.10.2022 - Help Needed to Combat Physician Burnout, says New Physician Leader |
| 07.02.2023 - WMA Sends Message of Support to Earthquake Physicians | 28.09.2022 - New Treatments Needed to Combat Rabies |
| 30.01.2023 - WMA Calls For Charges Against Medical Association Members to be Dropped | 05.09.2022 - WMA annual General Assembly 2022 – Berlin |
| 25.01.2023 - Medical Bodies Send Further Help to Besieged People of Ukraine | 03.08.2022 - World Physician Leaders Express Horror at Latest Amputation News |
| 09.01.2023 - Physician Leaders Warn of Threat to Autonomy of Turkish Medical Association | 19.07.2022 - Impact of COVID on Violence against Healthcare – Report published by ICN, ICRC, IHF and WMA |
| 28.12.2022 - International Human Rights Groups Call for the Immediate Release and Acquittal of Turkish Physician | 23.06.2022 - Amputation punishment condemned by World Medical Association |
| 21.12.2022 - WMA Urges Immediate Action to End Humanitarian Crisis | 09.05.2022 - WMA Issues Urgent Plea to Stop Imminent Execution of Doctor |
| 20.12.2022 - Medical Organisations Join Forces to Free Physician Leader | 26.04.2022 - WMA Opposes Independent Nurse Legislation |
| 08.12.2022 - World Physicians Call for Death Penalty Moratorium | 21.04.2022 - Denial of health care amounts to torture, says WMA |
| 09.11.2022 | 19.04.2022 - WMA Urges World Health Organisation to Open its Doors to Taiwan |
| Violence Against Health Personnel in Iran Must Stop, says WMA | 11.04.2022 - World Medical Association Council meeting |
| 08.11.2022 - WHO, members of the World Health Professions Alliance sign new memorandum of understanding on health workforce priorities | 08.04.2022 - Indian Prime Minister urged to stop attacks on physicians |
| 07.11.2022 - Junior Doctors Burned Out Warns Physician Leader | 07.04.2022 - Physician Leaders Shocked by Bombing of Ukrainian Medical Facilities |
| 26.10.2022 - Turkish physician leader's arrest condemned by WMA | 24.03.2022 - Letter to WMA members from the Ukrainian Medical Association |
| 19.10.2022 - Healthcare discrimination against elderly must end, says WMA | 10.03.2022 - Beware of scam alerts related to the situation in Ukraine |
| 10.10.2022 - WMA General Assembly | 09.03.2022 - Physician Associations Help Ukraine Colleagues |
| 10.10.2022 - Physician Leaders Demand Action to Prevent Workplace Violence | 08.03.2022 - Ukraine Medical Help Fund by WMA, CPME and EFMA |
| 10.10.2022 - Declaration of Berlin on Racism in Medicine | 04.03.2022 - Update on sending medical supplies to Ukraine |

Constituent Membership

Physicians around the world are typically represented by the national and territorial medical associations of their regions.

Such associations are broadly representative of the physicians of their country by virtue of their membership, with their voting membership being limited to physicians and medical students. They are not subject to or directed by any office or agency of government.

The WMA currently has a total of 116 members as of October 2022. There is a detailed membership list on the [WMA website](#).

Advantages

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

Associate Membership

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

The WMA currently has more than 1800 active Associate Members as of April 2022. The registration page is available on the [WMA website](#).

Advantages

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

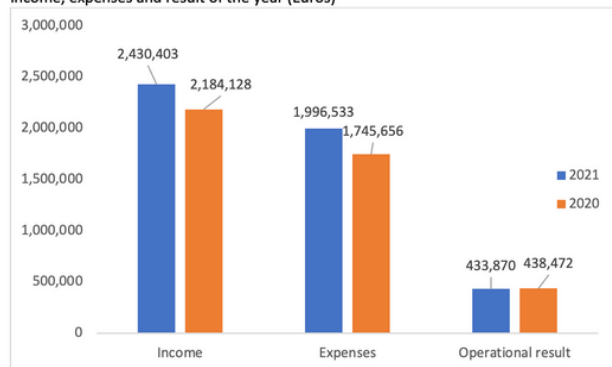
BALANCE SHEET AT 31 DECEMBER FOR THE YEARS 2021 AND 2020

Assets	2021	2020
Current assets		
Cash	4 583	4 143
Accounts receivable	158	32
Prepaid expenses	135	154
Non current assets		
Real Estate - net	25	34
Furniture, fixture and office equipment - net	35	43
Total assets	4 936	4 406
Liability and equity		
Accounts payable and accrued expenses	354	331
Deferred Income	15	24
Provisions and reserves	864	776
Funds		
Travel stipend fund	35	35
Earmarked funds	392	398
Association equity		
Other Equity	3 275	2 841
Total liability and equity	4 936	4 406
Net result for the year	434	438
Total Association equity	3 275	2 841

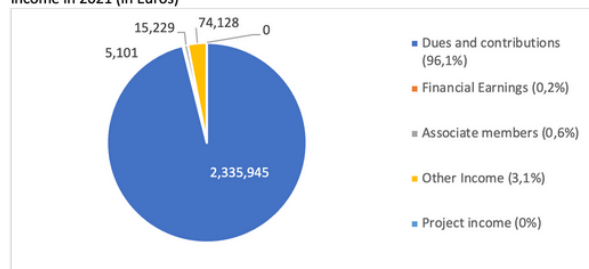
INCOME STATEMENT FOR THE YEARS 2021 AND 2020

	2021	2020
Income		
Dues and contributions	2 335	2 083
Financial earnings	5	5
Associate members - Net	15	17
Other income	74	79
Project income	-	-
Total income	2 430	2 261
Expenses		
Administrative overhead		
- Staff expenses	1 259	1 254
- Office expenses	253	177
- Other expenses	341	277
Meeting expenses		
- Council Session	24	14
- General Assembly	60	58
- Other meeting expenses	2	12
Financial items		
- Financial cost	1	1
- Foreign currency gains/losses	-1	-1
Changes in provisions/funds		
- Transfer from/to provisions	52	-5
- Transfer from/to funds	-6	-52
Taxation	12	11
Total Expenses	1 997	1 746
Net result for the year	434	438

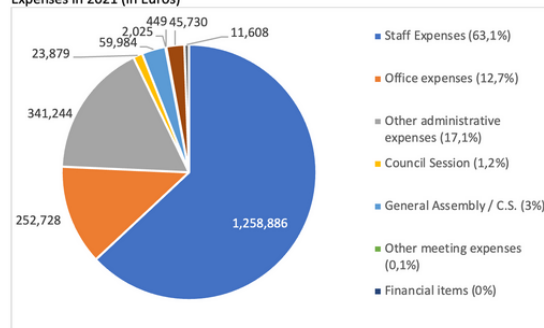
Income, expenses and result of the year (Euros)



Income in 2021 (in Euros)



Expenses in 2021 (in Euros)



WMA LEADERS



Dr. Osahon
Enabulele

President

Nigeria



Dr. Lujain
Alqodmani

President Elect

Kuwait



Dr. Heidi
STENSMYREN

Immediate Past
President

Sweden



Prof. Dr. Frank
Ulrich
MONTGOMERY

Chairperson of
Council
Germany



Dr. Otmar
KLOIBER

Secretary-General

Germany



Dr. Tohru Kakuta

Vice-Chair of Council

Japan



Dr. Ravindra
Sitaram
WANKHEDKAR

Treasurer

India



Dr. Marit
HERMANSEN

Chair of the Medical
Ethics Committee

Norway



Dr. Jung Yul PARK

Chair of the Finance
and Planning
Committee

Korea



Dr. Jean-François
RAULT

Chair of the Socio
Medical Affairs
Committee

France



Dr. Jacques de
Haller

Chairperson of the
Associate Members

Switzerland

WMA SECRETARIAT

Dr. Julia TAINIJOKI-SEYER
Medical Advisor

Clarisse DELORME
Senior Advocacy Advisor

Yoonsun PARK (Sunny)
Head of Operations

Magda MIHAILA
Communication and
Information Manager

Roderic DENNETT
Spanish Translator

Anne-Marie DELAGE
Office Secretary

Marie FERREIRA
Technical Assistant

Radhia SMAALI
Maintenance

Marielle GUIRLET
responsible for WMA
archives.



FUTURE MEETINGS

WMA General Assembly, Kigali 2023

Start date: October 4, 2023

End date: October 7, 2023

Location: Kigali, Rwanda

226th WMA Council Session, Seoul 2024

Start date: April 18, 2024

End date: April 20, 2024

Location: Conrad Seoul, Korea

WMA General Assembly, Helsinki 2024

Start date: October 16, 2024

End date: October 19, 2024

Location: Helsinki, Finland

229th WMA Council Session, Montevideo 2025

Start date: April 24, 2025

End date: April 26, 2025

Location: Montevideo, Uruguay



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