

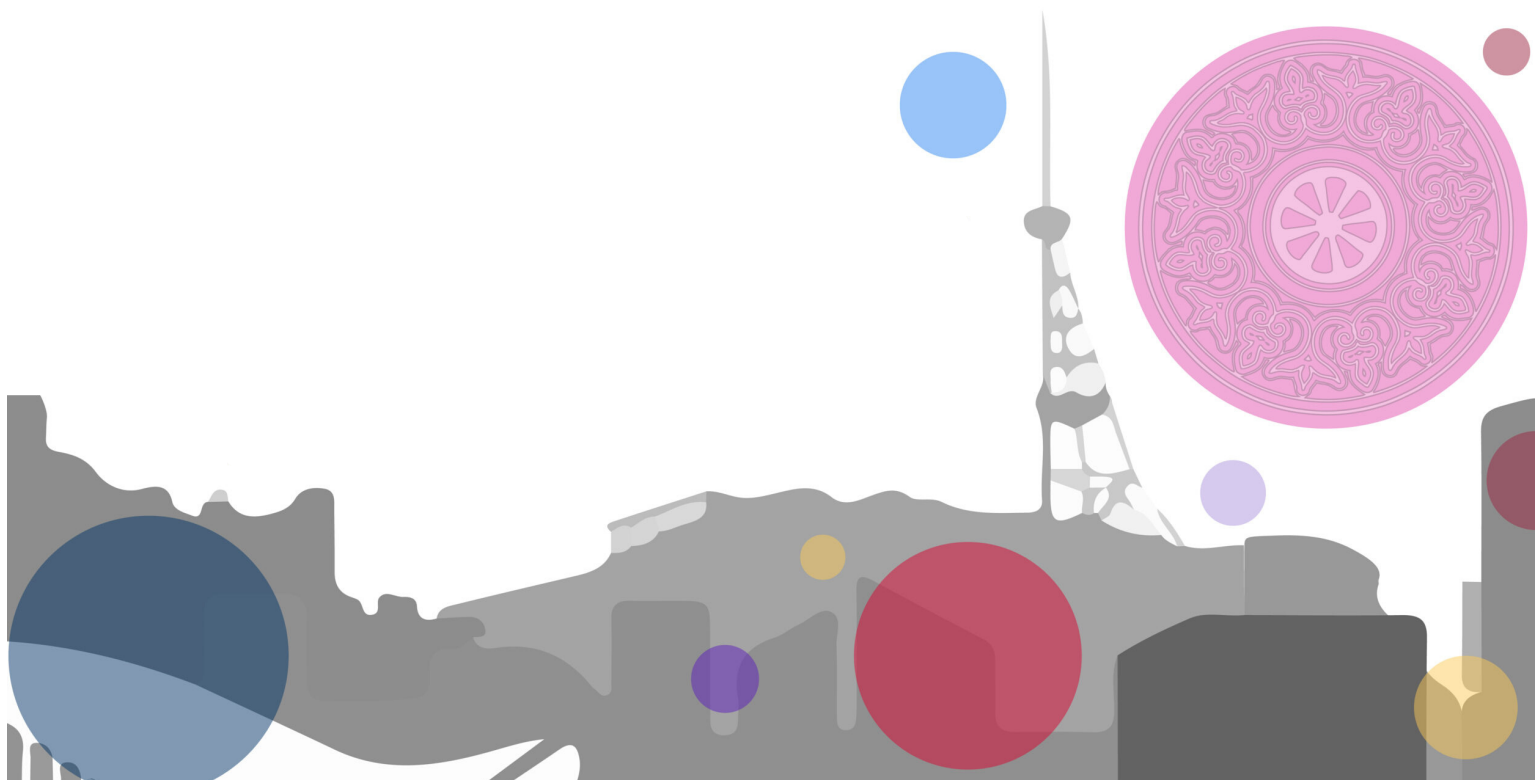


WMA

WORLD MEDICAL ASSOCIATION

ANNUAL REPORT

2019



Policies adopted at the General Assembly 2019 - Tbilisi

Adopted:

- WMA Declaration on Euthanasia and Physician-Assisted Suicide
- WMA Resolution on the Revocation of WHO Guidelines on Opioid Use
- WMA Statement on Healthcare Information for All
- WMA Statement on Free Sugar Consumption and Sugar-sweetened Beverages
- WMA Resolution on Climate Emergency Climate, Climate Change
- WMA Statement on Augmented Intelligence in Medical Care
- WMA Statement on Medical Age Assessment of Unaccompanied Minor Asylum Seekers



Revised / Reaffirmed

- WMA Statement on Solitary Confinement
- WMA Statement on the Prioritisation of Immunisation
- WMA Resolution on Task Shifting from the Medical Profession
- WMA Resolution on Legislation against Abortion in Nicaragua
- WMA Declaration of Reykjavik - Ethical Considerations Regarding the Use of Genetics in Health Care
- WMA Statement on Patenting Medical Procedures
- WMA Declaration on Guidelines for Continuous Quality Improvement in Healthcare
- WMA Declaration of Madrid on Professionally-led Regulation
- WMA Statement on Antimicrobial Resistance
- WMA Statement on Reducing Dietary Sodium Intake
- WMA Statement on Access of Women and Children to Health Care
- WMA Declaration on the Relation of Law and Ethics
- WMA Statement on Violence and Health
- WMA Statement on Sex Selection Abortion and Female Foeticide

MESSAGE FROM THE WMA PRESIDENT

The year 2019 was a year that will stand out as a culmination point for the climate change debate, a debate the WMA has not only been involved in for more than a decade, we are also proud to have brought the health aspects of climate change to the political debate at the UN Climate Conference, first at the COP 15 in Copenhagen ten years ago.

The short notice change of this year's conference venue from Santiago de Chile to Madrid due to the social unrest in Chile points to the fact that some of the social fabric in our societies is not what it should be.

In our work on the Social Determinants of Health we deal with these questions, but we also prepare for the changes that are coming to our profession through increasing digitization. Organized by my immediate predecessor Dr Leonid Eidelman, the WMA and the Israeli Medical Association held a Symposium on the future of medicine. Big data, artificial intelligence, mobile health and new types of economics based on Internet platforms rather than on traditional businesses are already changing the face of medicine. But while medical technology and practice continue to develop, the protagonists of these developments still encourage us to bear in mind the human factor in medicine.

The patient-physician relationship is more than, if not completely different from, a consumer or client-provider relationship, at least this is the case if we are serious about our professional ethics. Although the patient-physician relationship has evolved considerably over time, from physicians taking decisions alone to shared decision-making processes, the asymmetry in this relationship remains. A thorough and high-quality education forms a physician, and we have to put more emphasis on the human interaction in the practice of medicine than we did in the past.



The eight to twelve years of education a person usually needs to become a competent and specialized physician, and I include family physicians as such, also make physicians the most competent leaders in a primary care team. While there is no doubt that all medical care nowadays is team care, we strongly advocate for a world in which all patients who need to be seen by a physician will be seen by a physician. This demand may still be aspirational in many parts of the world, but it is appropriate, and we don't want physicians to be replaced by other health professionals who don't have this high level of qualification.

Only such health care, and especially primary care that is based on the best evidence, of high quality and is delivered on time, can fulfil the requirements of Universal Health Coverage (UHC). We believe the standard for this must be science based, practiced with compassion and it cannot be replaced by "alternative medicine" or "local standards". At a conference on UHC, organised jointly with the Japan Medical Association and with the support of the Japanese Government, we underlined our support for bringing UHC to all countries of the world. Wise health policy and strong investment in human resources for health will be necessary to bring real health care to many more people. We are convinced this can be done and we stay committed to this goal.

DR. MIGUEL ROBERTO JORGE

WMA President

General Assembly 2019 - Tbilisi

At the invitation of the Georgian Medical Association, delegates from more than 50 National Medical Associations and constituent member associations met at the Sheraton Grand Tbilisi Metechi Palace.

President's Report

Dr. Leonid Eidelman presented his written and oral report about his work as President during 2018/19.

He said he had stated at the start of his Presidency that he would like to devote his tenure to evaluating future challenges faced by physicians throughout the world, as well as promoting preparedness. This he had done at the many meetings he had spoken at and attended. Among them was the 'Physician 2030' meeting in Herzliya, Israel in May, which addressed healthcare models and the medical workplace in 2030. He had also attended many national medical association meetings.

Chair's Report

Dr. Montgomery, in his written report, said that since his election in Santiago in April many big health issues had 'stormed over' them - Universal Health Coverage, Ebola returning to Africa, and the measles returning in many countries, either due to people having no access to vaccines, or to the shameful fact that a growing vaccine hesitancy in richer societies had led to a loss of immunity. There was also climate change, with heatwaves in Europe, typhoons and hurricanes in tropical and subtropical regions, and the dangerous melting of polar ice on both sides of the planet. This was casting long shadows over the future of their children's generation.



WMA General assembly, Tbilisi, Georgia - Photo: Peteris Apinis

Campaigning for Universal Health Coverage

The World Medical Association has committed itself to support the World Health Organization in its endeavour to roll out Universal Health Coverage. We support the idea of bringing real, quality health care to all the people of the world and demand that governments provide the necessary structures and means to build systems of Universal Health Coverage.

Those countries which are successful demonstrate that this is not so much a question of either a state run or private health care system, but rather the commitment to equality. The 2018 Astana conference underlined the need for good Primary Health Care structures to be at the core of any good and comprehensive health care system. But the need for more health professionals and the creation of attractive and retaining work and living environments was also evident.

The Japan Medical Association kicked off the campaign in 2019 with its Health Policy Symposium, at which the WMA contributed with a presentation underlining the role of Physicians in Primary Care.

In a side-event to the 2019 World Health Assembly organized by the Taiwan Medical Association we again underlined the development of Primary Health Care Structures as cornerstones for UHC and stressed the leading role of the family physician in multi-professional teams. Prior to the governmental G20 Summit in Japan, the WMA co-organized another international H(ealth)20 Meeting with the Japan Medical Association with the support of the Japanese Government in Tokyo. Japan is one of the countries which has probably come closest to the ideal of Universal Health Coverage. Japan has demonstrated the striking effect of its social health insurance on the health and life-expectancy of its people. Japan very much supports the idea of Universal Health Coverage as a means to improve health and to stabilize societies and develop economies.

The H20 conference ended with a call upon the leaders of the G20 group to put more effort into health and the development of UHC, which was not only echoed by the group, but was also reflected in a UN-Declaration on UHC later adopted by a UN Summit held alongside the UN General Assembly in September 2019.

Alongside the High Level meeting on UHC in New York on 22 September, the WMA together with the Japan Medical Association and other partners organised the side event on 'UHC and Communicable Diseases: Tradition and Innovation'. The event highlighted how digitalization and innovations can enhance the acceleration of universal health coverage.

At an International Symposium on Primary Health Care organized in December 2019 in Taipei by the Taiwan Medical Association, leaders from the TMA and WMA discussed new models of Primary Health Care structures to build primary health care communities, advance health care planning and the role of the physicians in PHC with a focus on the Patient/Physician-Relationship.



Health Professionals Meeting (H20) 2019
"Road to Universal Health Coverage"

Physician 2030



During the 7 decades of its existence, the future of medicine has always been an important topic of discussion for the WMA. Many of the changes and inventions that have shaped medical practice have come from inside the profession, but with the rapid commoditization and digitization of medicine we are faced with enormous outside pressure.

While many predict a complete change or even abolition of certain specialties, discussions with frontline innovators and IT developers reveal a much more differentiated and positive picture. Initiated by WMA President Leonid Eidelman, and jointly organized with the Israeli Medical Association, the WMA held the Physician 2030 conference in Israel in June 2019.

With keynote speakers from science, developers from Silicon Valley and physicians who use and teach about new technologies, the conference provided a better understanding of changes already underway and those to come. And while there will be many changes to methods in medicine, human to human interaction is worth being retained and developed.

The WMA has been developing policy on IT since 1973 and we are still preparing for the future. Our latest Statement on Mobile Health and on Ethical Considerations regarding Health Databases and Biobanks are good examples of work that continues.

<https://www.wma.net/policies-post/wma-statement-on-mobile-health/>

<https://www.wma.net/policies-post/wma-declaration-of-taipei-on-ethical-considerations-regarding-health-databases-and-biobanks/>

Joining Global Compact UHC 2030 in May 2019

UHC2030's Global Compact is an international health partnership to "accelerate progress towards UHC" jointly organized by currently 83 countries, the European Union, international and multilateral government bodies and organizations, philanthropists and Civil Society organizations. The WMA joined in May 2019 at a signing ceremony with WMA President Leonid Eidelman.

<https://www.uhc2030.org/our-mission/global-compact/>

The WMA was also elected as a board member of the Civil Society Engagement Mechanism (CSEM), which is the civil society constituent of the International Health Partnership for UHC2030. The CSEM raises civil society voices in UHC2030 to ensure that Universal Health Coverage policies are inclusive and equitable, and that systematic attention is given to the most marginalized and vulnerable populations so that no one is left behind.

WHO Global Meeting to Accelerate Progress on SDG Target 3.4 on NCDs and Mental Health 9-12 December Muscat, Oman

From 9 to 12 December 2019 the World Health Organization held a four-day Global Meeting to accelerate progress on SDG target 3.4 of the 2030 Agenda for Sustainable Development (to reduce premature mortality from noncommunicable diseases (NCDs) by one third through prevention and treatment and the promotion of mental health and well-being). The Meeting was hosted by the Government of the Sultanate of Oman in Muscat, Oman. The goal of the Global Meeting was to scale up the implementation of national responses to address NCDs, their risk factors (including air pollution), and mental health conditions with a view to reducing premature mortality and put countries on a sustainable path in order to achieve SDG target 3.4 by 2030. Opportunities for synergies to end all forms of malnutrition (SDG target 2.2), reduce the number of deaths and injuries from road traffic accidents (SDG targets 3.6 and 11.2), and end all forms of violence against children (SDG target 16.2) were also explored.

WMA president Dr Miguel Roberto Jorge was invited to speak at the High-level Segment at the level of ministers and heads of organizations. He highlighted that the health sector is one of the most essential sectors for tackling NCDs. This won't be possible without strengthening the health workforce and closing the gap on the estimated 18 million missing health professionals. Health professionals need to be trained in health promotion, prevention and treatment of NCDs. The health system needs to allow them to have sufficient time with their patients, and regulation systems should not only reimburse health professionals for providing treatment, but also for prevention and health promotion. In a second speech, Dr Miguel Roberto Jorge expressed the importance of collaborative governance on NCDs – only by multisectoral and multistakeholder action we can accelerate regional and country-level responses.



WMA President Dr. Miguel Jorge - part of the panel

A second WMA speaker, Dr Julia Tainijoki-Seyer, was invited to explore how to overcome national implementation challenges. One focus of her presentation was in health care system strengthening and the important role of health professionals, their education and working conditions.

Furthermore, during the official launch of the BMJ journal - Solutions for non-communicable disease prevention and control - she presented her article on how medical education must change in order to prepare physicians for health promotion, prevention and treatment. Taking a holistic approach, putting the patient at the centre of care and including the social determinants of health.

WHO Expert consultations attended by WMA

- WHO- involvement of Non State Actors in official relationship with WHO in governing bodies meetings of WHO - 16.12.2019
- CSEM UHC 2030 advisory board meeting 8+9.12.2019
- 9th Global Forum on health promotion at WHO 'health promotion – a critical pathway to achieving UHC' - 12.11.2019
- WHO meeting: Planning for the very first World Patient Safety Day 17 September 2019 - 17/18.6.2019

Clinical research is rapidly changing – What does this mean for research ethics?

Under the new Strategic Plan 2020-2025 the Secretary General is asked to monitor developments in clinical/medical research and to report back to the Council on the ramifications for the Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects as the global core policy on research ethics. The Secretary General had opportunities to participate in various conferences that are directly related to research ethics:

The Annual Conference of the European Forum of Good Clinical Practice (EFGCP) in Brussels in February 2019 began with the topic of “Making Clinical Research an Element of Better Healthcare”. It dealt in depth with the limitations of clinical trial designs, integration with care and, especially, patient-involvement in clinical research - from involving patients in the design and planning of clinical studies, to patient driven research. While stronger patient involvement was generally seen as a positive element to better focus and integrate research into clinical practice, it also highlighted the effects of extreme patient group pressure on researchers and study designs.

An invitation to speak at the 40th Annual Scientific Meeting of the Japanese Society of Clinical Pharmacology and Therapeutics (JSCPT) on the development of the Declaration of Helsinki allowed us to discuss new trends in international clinical research. Diversified strategies in clinical research such as branched trial groups, adaptive trial design, cluster trials and the use of “real world data” as controls demand our attention for the development of ethical standards. Although the Declaration of Helsinki is currently unchallenged, the changes in the research environment require our attention and consideration.

UNAIDS and the World Health Organization invited the WMA to a joint a meeting on “Ethical frameworks and biomedical HIV prevention research in the era of highly effective HIV prevention“. This November event was basically designed as a hearing for the revision of the “Ethical considerations in biomedical HIV prevention trials”, a guidance document on prevention trials that UNAIDS and WHO last revised in 2012.

The discussions revealed completely new complexities in the design of clinical trials on prevention methods, which require new approaches to the structuring of test groups, control-group design and research subject selection. It also demonstrated, among other points, that either our current concept of dealing with “vulnerable” groups does not fit the needs of prevention trials, or that a more refined definition of vulnerability is necessary.



WMA Secretary General Dr. Otmar Kloiber, speaker at the conference

CIOMS celebrates 70 years

CIOMS - the Council for International Organizations of Medical Sciences - brings together the research community in medicine. The WMA is a member of CIOMS and closely cooperates with the Geneva-based association, especially on matters of research ethics. 2019 marked the 70th Anniversary of CIOMS.

To mark this occasion, CIOMS President Dr Hervé LeLouet and Secretary General Dr Lembti Rägo cut a birthday cake at the CIOMS General Assembly. WMA Secretary General, Dr Otmar Kloiber, was re-elected to the CIOMS Executive Board and Prof. Dominique Sprumont from Switzerland was newly elected to the CIOMS Board upon nomination of the WMA.

<https://cioms.ch>



CIOMS President Dr Hervé LeLouet and Secretary General Dr Lembti Rägo

Delegation of the German Parliament visits the WMA office



German Delegation and part of the WMA staff

Although visits of politicians are not unusual for the WMA, a visit of a whole subcommittee is indeed a novelty.

In February 2019, the Subcommittee on International Health of the German Parliament visited the WMA as part of a visit to the international institutions in Geneva. This gave us an opportunity to introduce the WMA and its work to the Parliament members and to speak about our campaign for UHC and the role of physicians in health care.

Visit to Montenegro

On the occasion of a visit to Montenegro in preparation for the upcoming European Forum of Medical Associations, the WMA Secretary General together with the delegation of the Forum and the President of the Medical Chamber of Montenegro, Dr Aleksandar Mugosa, had an opportunity to meet with the Prime Minister of Montenegro, Mr Duško Marković. Despite efforts to increase investments in health care.



Montenegro is one of the countries with a high attrition rate of physicians migrating to countries of the European Union. With the high probability of joining the EU in the future, Montenegro could experience even stronger emigration of physicians. Improving the conditions for physicians working in Montenegro should therefore be a priority, argued the Secretary General. This would also include more support for CME/CPD activities, including providing the necessary means for continuing medical education and professional development in the public health care system.

The Standing Committee of European Doctors celebrates 60 years

The World Medical Association has a long standing and close cooperation with some regional medical associations, such as the Confederación Médica Latinoamericana y del Caribe - CONFEMEL, the Confederation of Medical Associations in Asia and Oceania - CMAAO, the Medical Associations of the member states of the Association of South East Asian Nations - MASEAN, and, since 2019, with the newly founded (South Asian Association for Regional Cooperation) SAARC Medical Association. The Standing Committee of European Doctors – CPME has a special relationship with the WMA as it was formed in 1959 out of the then European Committee of the WMA.

With the foundation of CPME, the European Committee ceased to exist. Among the regional associations CPME also plays a special role as a large amount of legislation in the EU has been handed over from national institutions to the European Commission, the European Council and the European Parliament. In Brussels, CPME serves as a lobbying organization for physicians and health care to the EU Institutions.

On the occasion of its General Assembly in Helsinki in November 2019 we were the first to congratulate CPME on a very successful 60 years!

<http://www.confemel.com>

<http://cmaao.org/>

<https://masean.net>

<https://www.cpme.eu>



The Standing Committee of European Doctors at its fall meeting in Helsinki
November 2019

Violence in Health Care

On invitation of the Indian Medical Association an international group of health leaders met to discuss the increasing violence in health care, which has reached dramatic forms and frequencies in some countries. India seems to be one of the countries that has been hit very hard, but the phenomenon is growing globally.

Health professionals and other health personnel increasingly find themselves confronted by verbally and physically aggressive patients, relatives or just by-standers. Each year, several physicians are killed on duty and many more are injured or intimidated. The reasons are manifold and range from long waiting times to medical errors, from disappointment about treatment results to just a desire to be aggressive.

The conference summarized its findings in the Memorandum of Mumbai. It concludes that “Violence against medical profession and health care workers as well as facilities will be counterproductive and demoralizing those who serve patients. This undermines the confidence and courage of medical profession especially in critical situations, adversely impacting patient care and safety.” Among other items, the conference suggested: “There need to be efficient mechanisms to manage situations through strong government support. There need to be strong policy initiatives, strong legislations and supportive mechanisms.” However, not much has happened so far.

Solidarity with our Turkish Colleagues

After Turkey entered into the war in Syria the Board of the Turkish Medical Association issued a statement that war is detrimental to public health. This was enough to have the whole board of the TMA imprisoned.

After they were released on bail, the Secretary General and other international representatives observed a trial session against the board members in Ankara during the summer. They were finally sentenced to multiyear prison terms for allegedly supporting terrorism. They are currently fighting the verdicts in the next instance. The WMA continues its support for the TMA, freedom of expression and truthfulness in medicine.



Defendants and Observers in front of the court room
Photo: Courtesy Turkish Medical Association (TTB)

Medical Education

In 1972 WHO and WMA jointly established the World Federation for Medical Education. Its members are now the six regional associations of medical education (mainly representing medical school faculties), the International Federation of Medical Student Associations (IFMSA), the Educational Commission for Foreign Medical Graduates (ECFMG) and the Junior Doctors Network of the WMA, together with the founding partners.

The WFME has developed a trilogy of standards for basic medical education, postgraduate medical education and Continuing Professional Development. Standards for basic medical education, especially, have helped build systems of accreditation for medical education, which countries can voluntarily have recognized by WFME.

Although the standards provide a clear framework for medical education, they are not intended to standardise medical education. Rather they should ensure that education is producing a competent and responsible physician. This is also an insurance for countries investing in medical education, or vice-versa for students in places where they pay for their education themselves.

The World Conferences on Medical Education, the first three of which were organized by the WMA in London in 1953, in Chicago in 1959 and in New Delhi in 1966, provide a forum to discuss the development of medical education, as well as standards, accreditation and recognition.

The most recent World Conference was organized by the WFME, Korean Faculties of Medicine, the Council on Medical Education, the Korean Medical Academy and the Korean Medical Association in Seoul with more than 800 participants from 57 countries. Under the topic of "Quality Assurance in Medical Education in the 21st Century" the conference discussed, among other subjects, the further development of standards, accreditation and recognition of accreditation.

The conference demonstrated the will to uphold a common global understanding of what a physician is. An important signal to all parties who wish to dilute the professionalism in medicine in order to make it a technical service.

Professor Jung-Yul PARK, now WMA Chair of the Finance and Planning Committee, chaired the Organizing Committee for the Conference.



Prof. Jung Yul Park, chair of the organizing committee
Photo: Courtesy World Federation for Medical Education

In December 2019 the WHO, with support from the Educational Commission for Foreign Medical Graduates (ECFME), organised an interprofessional conference on medical education, which was held in Istanbul, Turkey.

This represented a first attempt by WHO to develop a common approach to the regulation of health professionals. The World Health Professions Alliance, which is staging an interprofessional conference series on Health Professions' Regulation, will continue its conference series on 16 May 2020, immediately before the opening of the World Health Assembly.

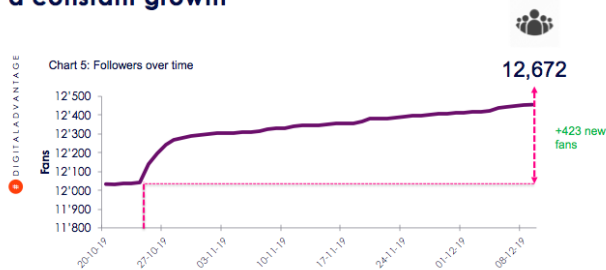
<https://wfme.org>
<https://www.whpa.org>
<https://www.whpa.org/news-resources/news/20191219-whprc-2020-planning-full-swing>

Influenza

For the past seven years, the World Medical Association (WMA), with the support of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), has run an advocacy and communications campaign to promote the uptake of influenza immunization. In 2019 the campaign’s focus was again on health professionals.

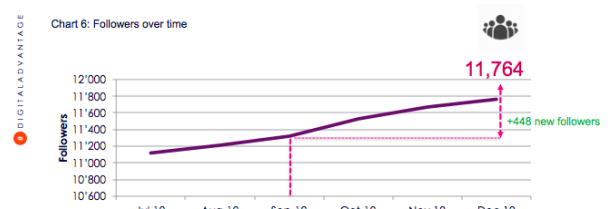
Health professionals should be aware of the importance of communicating with patients and encouraging them to get immunized and be better equipped to address immunization hesitance among their patients. During the 6 weeks of the communication campaign from October until early December we achieved increased visibility for the WMA, with 2 600 000 social media impressions (2 500 000 from Facebook and 149 000 from Twitter). The campaign attracted 12 672 followers on Facebook and had peak growth at the start of the campaign, followed by constant growth. Over this period, we gained 423 new fans.

Peak growth on the campaign start followed by a constant growth



Data source: Facebook Insights. Data range: 20th Oct – 9th Dec, 2019 ZN

As well as Twitter followers



Data source: Twitter Analytics. Data range: 1st Jul – 9th Dec, 2019 ZN

Social Media growth during the campaign

Some visuals of the Social Media campaign

Physicians at the forefront of Climate Change and Health

2019 has been touted as the year the world woke up to the reality of climate change. The WMA has taken an active position on climate issues for a long time now, calling for climate action among physicians and promoting sustainable healthcare systems.

Evidence has shown that climate change has devastating effects on health. Threats such as increased temperatures, fires, floods, droughts and the loss of biodiversity significantly affect human health. Air pollution alone causes 7 million deaths per year and is responsible for longer hospital stays. Unfortunately, the health impact of climate change is understated in political discussions.

At the 69th WMA General Assembly held in Tbilisi, Georgia, the WMA joined the global community in declaring a climate emergency, urging governments to act swiftly to deliver carbon neutrality by 2030. WMA President, Dr Miguel Jorge, stated that: "Physicians have an important role in advocating for the health of citizens around the world, and we have a responsibility to demand greater action on climate change." An international delegation of physicians represented the WMA at the 25th Conference of Parties (COP 25) to the United Nations Framework Convention on Climate Change (UNFCCC) in Madrid, Spain in December 2019. They participated in health-related side events and joined the Global Climate and Health Alliance (GCHA), WHO and other members of the health community at the Global Climate and Health Summit.

The starting point of the discussion at the Summit was to acknowledge that the challenges of climate change and health are intertwined and therefore have common solutions. Whatever is beneficial for the climate is beneficial for human health. It is for this reason that the changing climate will define the profile of public health over the next several decades.

It also offers a great opportunity to the health community, particularly physicians as the most trusted professionals.

Health arguments have proven to be effective in stimulating accelerated action. There was also consensus among the health community present at the Summit that the response to climate change largely depends on political will, rather than technical or economic factors. There is currently a wave of young people and indigenous groups that have risen to the occasion and are actively campaigning in political spaces demanding climate action. Their efforts must be backed by science. Through them, complex data can be broken down and communicated to decision makers and the general public. The WMA will therefore continue to support studies that describe the patterns of disease attributed to climate change and define the most vulnerable populations.

It was also agreed that a multilateral approach is required to ensure that the health of populations is at the centre of all policies. Ministries of health must collaborate with ministries of environment, transport, agriculture, energy and finance to build momentum on the political front.

The WMA will keep on urging national governments and civil society to recognize the serious health consequences of climate change and to adopt strategies to adapt and mitigate its effects. It is also the physicians' responsibility to advocate for sustainable, environmentally responsible and low-carbon practices across the health sector to reduce the environmental impact of health care facilities and practices.

Physicians make the Case for Medical Ethics in World Athletics Competitions

In 2019, the WMA and the South African Medical Association were vocal against the International Association of Athletics Federation (IAAF) Regulations for the Female Classification (Athletes with Differences of Sex Development), expressing strong reservations as to its ethical validity. A week before an expected ruling by the Court of Arbitration for Sports (CAS) on these regulations, the WMA called upon physicians not to participate in the implementation of instructions that intend to classify women athletes.

On 1 May, the CAS dismissed Caster Semenya's appeal, expressing serious reservations about the regulations, but maintaining that they are necessary to preserve the integrity of female athletics. WMA's statement received broad media coverage and influenced the discourse around this subject, eventually warranting an open letter from the IAAF in response to the WMA, explaining its position.

The WMA stood firmly behind the principles of medical ethics and human rights, emphasizing that the regulation perpetuates flagrant discrimination based on the genetic variation of female athletes. In response to the IAAF, WMA President Dr Leonid Eidelman and WMA Chair Dr Frank Ulrich Montgomery explained: 'A medical treatment .. is only justified when there is a medical need. The mere existence of an intersex condition, without the person indicating suffering and expressing the desire for an adequate treatment, does not constitute a medical indication.

'The days when doctors or society would determine which gender a person should have are definitely over. It is the ethical duty of physicians to respect the dignity and integrity of people, regardless of whether they are female, male, intersex or transgender. Medical treatment for the sole purpose of altering the performance in sport is not permissible.'

On July 29 the Swiss Court reversed its ruling and temporarily reimposed the hormonal restrictions on female athletes. The summary examination concluded that: "Neither the allegation of an infringement of the principle of non-discrimination, nor the alleged violation of public order due to an infringement of personality and human dignity appears with high probability to be well founded". This ruling poses a setback for Caster Semenya and her counterparts. The full consideration of this case will probably be heard in a few months. However, the federal judges will not rule on the IAAF regulation itself, they will only give their opinion on its compatibility with the Swiss public order.

Despite the reversal of this decision, physicians and human rights defenders were successful in voicing their opposition to the IAAF regulations. The WMA's public stand on this issue received widespread attention in the media, reaching far beyond the world of sport. Organizations, such as Human Rights Watch, have sought the support of the WMA to urge medical associations in countries where athletes are being discriminated against to condemn testosterone testing by national governing bodies for athletics and back physicians refusing to act in violation of the Hippocratic Oath.

Public Relations

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

09.04.2020 | Global health leaders urge G20 to act now on personal protective equipment

02.04.2020 | Global physician leaders call for urgent action to protect health professionals and carers

16.03.2020 | Turkish President is urged to release human rights physician

10.03.2020 | Physician leaders issue plea to Turkey and Greece on border dispute

04.03.2020 | World health professionals calling governments to prioritise support for healthcare workers in the front line against coronavirus

10.02.2020 | WMA welcomes Pope's message for world day of the sick

30.01.2020 | WMA calls for international supply chain to fight coronavirus

01.01.2020 | Physician leaders send anniversary message of thanks to nurses

19.12.2019 | WMA urges legislation on violence against physicians

11.12.2019 | Physicians need more time with their patients

05.12.2019 | Senseless killing of Japanese doctor condemned

04.12.2019 | No criminalization of medical practice, says WMA

19.11.2019 | WMA deplors breakdown in Hong Kong medical care

19.11.2019 | Attacks on children's hospitals must end

05.11.2019 | Violence against health professions a significant public health challenge

31.10.2019 | WMA issues revised guidelines on genetic testing

29.10.2019 | WMA urges all governments to introduce sugar tax

28.10.2019 | Physicians demand accelerated action on climate change

26.10.2019 | WMA reaffirms opposition to euthanasia and physician-assisted suicide

25.10.2019 | Medical students and physicians need to practice with empathy in caring for patients, says new WMA President

27.09.2019 | Call to end dog-transmitted human rabies by 2030

16.09.2019 | World's health professionals call for an end to Syria hospital air strikes

03.09.2019 | WMA condemns latest killing of doctor

15.08.2019 | Arrest of health professionals deplored

02.08.2019 | WMA's urgent plea for release of doctor facing death penalty

17.06.2019 | Convicted physicians receive message of support from world's doctors

12.06.2019 | Physician leaders call for end to violence in Honduras

04.06.2019 | WMA welcomes Swiss court decision

28.05.2019 | WMA welcomes decision on burnout

22.05.2019 | WMA signs up to promoting universal health coverage

21.05.2019 | World governments urged to condemn doctors' sentences

15.05.2019 | Physician leaders reaffirm opposition to IAAF rules

15.05.2019 | WMA leader's warning over substituting physicians

09.05.2019 | Turkish hunger strike protest by WMA

03.05.2019 | Statement on the outcome of the trial against the Turkish doctor leaders

02.05.2019 | WMA Reiterates advice to physicians not to implement IAAF Rules on classifying women athletes

30.04.2019 | WMA calls for Taiwan's participation at World Health Assembly

Constituent Membership

The physicians of this world are typically represented by national and territorial medical associations of their own 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 or directed by any office or agency of government.



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.

WMA currently has a total of 113 members as of October 2019. Detailed list on the [WMA website](#).

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 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 as of April 2019.

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 the internal discussion documents on policy development.

BALANCE SHEET AT 31 DECEMBER FOR THE YEARS 2018 AND 2017

Balance sheet

For the years at 31 December 2018 and 2017

	2018	2017
Assets		
Current assets		
Cash	3 426	3 007
Accounts receivable	99	126
Prepaid expenses	14	37
Non current assets		
Website - net	28	51
Real Estate - net	51	59
Furniture, fixture and office equipment - net	74	98
Total assets	3 692	3 378
Liability and equity		
Accounts payable and accrued expenses	366	506
Deferred Income	21	16
Provisions and reserves	635	409
Funds		
Travel stipend fund	19	12
Earmarked funds	436	446
Association equity		
Other Equity	2 214	1 989
Total liability and equity	3 692	3 378
Net result for the year	225	141
Total Association equity	2 214	1 989

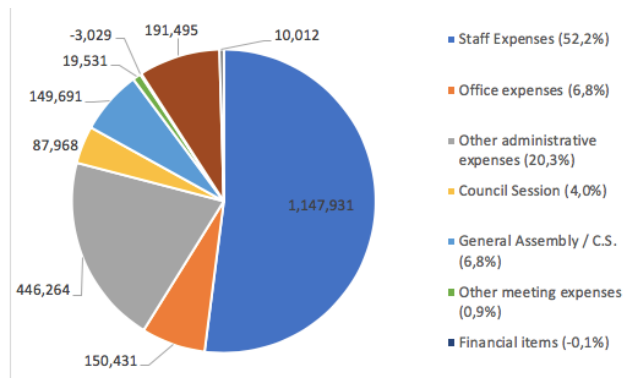
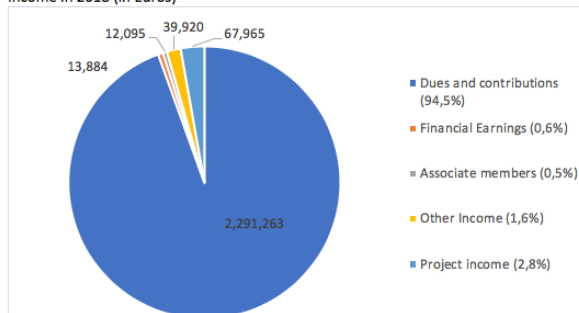
INCOME STATEMENT FOR THE YEARS 2018 AND 2017

	2018	2017
Income		
Dues and contributions	2 291	2 152
Financial earnings	14	20
Associate members - Net	12	13
Other income	40	43
Project income	68	195
Total income	2 425	2 423
Expenses		
Administrative overhead		
- Staff expenses	1 148	1 110
- Office expenses	150	153
- Other expenses	446	414
Meeting expenses		
- Council Session	88	195
- General Assembly	150	216
- Other meeting expenses	20	144
Financial items		
- Financial cost	2	3
- Foreign currency gains/losses	-5	5
Changes in provisions/funds		
- Transfer from/to provisions	201	59
- Transfer from/to funds	-10	-28
Taxation	10	11
Total Expenses	2 200	2 282
Net result for the year	225	141

Income, expenses and result of the year (Euros)



Income in 2018 (in Euros)



WMA LEADERS



Part of the WMA Leaders with the representatives of the Georgian Medical Association



Dr. Miguel R. JORGE
President
Brazil

Dr. Otmar KLOIBER
Secretary-General
Germany

Dr. Jung Yul PARK
Chairperson of the Finance and
Planning Committee until
December 2018
Korea

Dr. David Barbe
President-Elect
United States

Dr. Mari MICHINAGA
Vice-Chairperson of Council
Japan

Dr. Osahon ENABULELE
Chairperson of the Socio-
Medical Affairs Committee
Nigeria

Dr. Leonid EIDELMAN
Immediate Past President
Israel

Dr. Ravindra Sitaram
WANKHEDKAR
Treasurer
India

Dr. Joseph HEYMAN
Chairperson of the Associate
Members
United States

Dr. Frank Ulrich
MONTGOMERY
Chairperson of Council
Germany

Dr Andreas RUDKJØBING
Chairperson of the Medical
Ethics Committee
Denmark

WMA SECRETARIAT



Dr. Julia TAINIJOKI-SEYER
Medical Advisor

Roderic DENNETT
Spanish Translator

Clarisse DELORME
Advocacy Advisor

Anne-Marie DELAGE
Office Secretary

Yoonsun PARK (Sunny)
Head of Operations

Marie Isabelle PIN HARRY
Technical Assistant

Magda MIHAILA
Communication and Information Manager

Radhia SMAALI
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