



THE WORLD MEDICAL ASSOCIATION, INC.

**Activity Report to the
218th WMA Council Session
(October 2020 – September
2021)**

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CHAPTER I ETHICS, ADVOCACY & REPRESENTATION

1. COVID-19

On 31 January 2021 the World Medical Association was awarded the Golden Arrow Award by the Vienna Congress. The award, usually bestowed on individuals for their lifetime achievements, was this year given to the WMA as the representative organisation of the physicians of the world in recognition of their work fighting the pandemic. The award was handed over to WMA President David Barbe and the WMA Secretary General in a virtual ceremony. A recording of the ceremony can be viewed at https://youtu.be/SigJ_zKS4SQ?t=15635

The WMA carried out a series of interviews with physicians from all over the world highlighting specific country's issues or topics around COVID-19. These interviews and other resources gathered from WMA Members and partners are available on our website: <https://www.wma.net/news-post/covid19-resources/>

In early July 2020, the WMA, represented by its Past-President Sir Michael Marmot, partnered in the global launch of the [Sustainable Health Equity Movement \(SHEM\)](#). In February 2021 Sir Michael was appointed to the SHEM Steering Committee upon the proposal of the World Medical Association.

A series of webinars have been held by the WMA JDN, which are available on our YouTube Channel: <https://www.youtube.com/user/worldmedassociation>

Since the beginning of the pandemic, the WMA President and Chair have been present in press interviews, talks and documentaries about the pandemic.

In reviewing the unfolding and persisting pandemic, the WMA critically noted a lack of pandemic preparedness in most non-Asian countries, including:

- Non-adherence to existing guidelines and recommendations (WHO, ECDC, WMA),
- Insufficient supply chains for drugs and PPE,
- Inequalities, driven by and driving the pandemic,
- Unacceptable or non-existent triage strategies,
- Lack of protection for vulnerable groups, especially the elderly and nursing home residents (denial of care)
- Nationalism inhibiting cross-border cooperation and support

The WMA contributes to the activities of the [Independent Panel for Pandemic Preparedness and Response](#) established by the World Health Organization (WHO) Director-General in response to the [World Health Assembly resolution 73.1](#), with a mission to provide an evidence-based path for the future to ensure countries and global institutions, including WHO, effectively address health threats. In December, the Secretariat shared with its members a survey with a view to learn from health professionals' understanding of what happened during the early phase of the COVID-19 pandemic. The Secretariat is also involved in the organisation of a series of focus group discussions planned by the Panel Secretariat in March, with a view to hear experiences, reflections, and suggestions from frontline health professionals about the impact of COVID-19 on their work and health.

Following up on the decision of the 148th WHO Executive Board to set up a process leading to the adoption of a Resolution on Strengthening WHO Preparedness and Response next May, the **Delegation of the European Union invited the WMA to take part in an informal consultation** on 19 February with WHO Member States on a zero draft of the resolution. The intention of the EU Delegation was to collect the views of all relevant stakeholders during this process. The WMA submitted written comments on the zero draft resolution and Dr Kloiber represented the WMA at the consultation meeting. (*see also under 3.2.2*)

The WMA submitted a statement on the [update on the implementation of Resolution WHA73.1 on the COVID-19 response](#) to the Executive Board Special Session (October 2020) and on the [COVID-19 response](#) to the WHO Executive Board, 148th session (January 2021).

The WMA has signed the [WHO Vaccine Equity Declaration](#) calling on all countries to work together in solidarity to ensure that the vaccination of health workers and older people is underway in all countries within the first 100 days of the year. This call on countries and companies to ensure that COVID-19 vaccines are being administered in every country by World Health Day on 7 April 2021 stands as a symbol of hope for overcoming both the pandemic and the inequalities that lie at the root of so many global health challenges. Dr David Barbe issued a [video message](#) to mark this occasion.

2. Ethics

2.1 International Code of Medical Ethics (ICoME)

At its meeting in Riga in April 2018, the Council decided to establish a workgroup to revise the International Code of Medical Ethics. The workgroup began by developing a list of priority issues to be included in the policy. During the General Assembly in Tbilisi 2019, a first draft version of the revised ICoME policy was shared with delegates.

Together with the Kuwait Medical Association, the WMA organised a regional meeting on the revision of the International Code of Medical Ethics from 6-7 February 2020. The meeting was a tremendous success, with over 400 participants and a mixture of presentations and discussions primarily focused on informed consent and patient confidentiality. In addition, over the course of the two-day event, feedback was gathered from attendees about overarching questions regarding the revision of the ICoME, including the questions marked for further discussion in the current draft, such as physicians' duties toward animals and the environment, duties of the organisations of the medical profession, etc. Small workgroups also discussed the draft paragraph by paragraph.

Equally outstanding was the work of the Brazilian Medical Association and the Brazilian Medical Council, which hosted the conference for the South American region in Sao Paulo on 5-6 March. In cooperation with the Latin-American Doctors organization CONFEMEL the conference brought together representatives from medical associations from Argentina, Brazil, Chile, Honduras, Paraguay, Peru, Uruguay, Portugal and Spain. Together with the Chairs of the Medical Ethics Committee, the working group on the ICoME and the Secretary General, the conference engaged in in-depth discussion of deontological issues ranging from the physician-patient relationship over conscientious objection, e-health issues, to questions of obligatory reporting of cases of violence in health care.

Unfortunately, the regional meeting in Porto at the invitation of the Portuguese Medical Association had to be cancelled due to the COVID-19 pandemic. However, we would like to thank the Portuguese Medical Association for the invitation.

Based on the feedback received during these regional meetings, along with the Associate Members' webinar focused on the ICoME in April 2020 and workgroup video conferences in April and May 2020, the workgroup prepared a revised draft which was submitted to the WMA Executive Committee for approval to be used as the basis for discussion during the meeting of the International Association of Bioethics (IAB) in June 2020. The session was a success, drawing around 100 participants, and produced a lot of thought-provoking feedback. Shortly after the IAB meeting, the many comments received from IAB participants were discussed and considered for inclusion in the ICoME.

These and other comments from workgroup members were debated further in a full workgroup video conference in early September, resulting in a new draft, which was submitted to the Medical Ethics Committee (MEC) for information at the General Assembly in October 2020.

In January, the working group held another video call and submitted a revised version to the MEDC committee at the Council meeting in April along with a request for a public consultation. The public consultation took place in May 2021. Over the course of three subsequent meetings, the workgroup came to a consensus on most of the comments received from the public consultation and produced a revised draft that was submitted to the WMA Executive Committee with a request for permission to circulate it to all WMA members for comments in advance of the October 2021 MEC and Council sessions. Due to the volume of responses received on the conscientious objection paragraph, the chair proposed holding a separate meeting to discuss this paragraph, which is still to take place. In the meantime, the workgroup collated and analysed the comments and suggestions that have been received and produced a revised working document that is intended to be presented to Council in October 2021.

2.2 Monitoring the Use and Application of the Declaration of Helsinki

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 ramifications for the [Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects](#) as the global core policy on research ethics.

In various conferences, articles and public statements, different areas and existing potential deficits of the DoH were discussed and new ones arose in the context of vaccine testing during the COVID-19 epidemic. Some of the topics that point to the need for a revision of the DoH are, for example,

- Patient driven research
- Undue patient pressure
- “Open Science” approaches
- Inclusiveness of research
- Prevention trials and the concept of “vulnerable” groups vs. “concerned” groups
- Real world data use for control groups
- Coherency between the Declaration of Helsinki and Taipei
- Adaptive trial designs
- Branched trial designs
- Dynamic consent

- Challenge trials
- The persistency of ethical standards during pandemics
- The abuse of paragraph 37 on compassionate care
- Placebo use
- Different standards for emergency authorizations
- Consistency of language use in the Declaration of Helsinki and other key WMA policies

To mention just some of the issues for which the Declaration of Helsinki should be revisited.

3. Human Rights

3.1 Right to health

The WMA Secretariat follows the activities of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Replacing Dr Dainius Puras, Dr [Tlaleng Mofokeng](#) (South Africa) was appointed by the United Nations Human Rights Council at its forty-fourth session in July 2020. Dr Mofokeng is a medical doctor with expertise advocating for universal health access, HIV care, youth friendly services and family planning. WMA Secretary General Dr Kloiber and Clarisse Delorme, senior policy advisor, had an online meeting with Dr Mofokeng in November 2020 to learn about her priorities during her mandate and discuss possible future collaboration with the WMA. Another meeting took place in January 2021 to discuss mental health issues more specifically (*See below under 2.3.2*)

3.2 Protecting patients and doctors

3.2.1 Actions of support

Country/ topic	Case
AZERBAIJAN October 2020 <u>Source:</u> Armenian Medical Association	In October, the Secretariat received a request from the President of the Armenian Medical Association Dr Armen Soghoyan to support his demand to have Dr Hrant Papikyan released from a hostage situation, most probably a prisoner of the Azerbaijan military. Dr Papikyan's ambulance (bearing the symbol of the medical cross) was attacked while driving in the direction of the frontline to collect wounded and dead people. Secretary General Dr Kloiber sent a mail to Dr Nariman Safarli, President of the Azerbaijan Medical Association, expressing his concerns that an ambulance car had been attacked and asking for intervention in support of Dr Papikyan's release.
EGYPT June 2021 <u>Source:</u> Amnesty International	In June the WMA sent a letter to the Egyptian authorities further to the decision of the Egyptian Court of Cassation to uphold the death sentence for 12 political figures, including Dr Mohamed Elbeltagy, a well-known physician, academic and professor at the Faculty of Medicine at Al-Azhar University.

<p>ISRAEL</p> <p>October 2020-July 2021</p> <p><u>Sources:</u> Israeli Medical Association Physicians for Human Rights Israel Lutheran World Federation (LWF)</p>	<p>In October, the WMA wrote to the Israeli authorities regarding the case of Mr. Samer Arbeed, detained in Ramallah on 25 September, expressing its serious concerns about his conditions of detention. Recalling the WMA's firm and long-standing position against all forms of torture as well as cruel, inhuman and degrading treatment, the WMA President and Chair of Council emphasized that the requirement of medical staff in interrogation centres to verify detainees' conditions amounts to asking them to participate in or enable acts of torture or other ill treatments, in violation of the fundamental principle of medical ethics "Do no harm".</p> <p>In late October, the Secretariat received several complaints about the treatment of Palestinians in Israel and their access to medical care. The complaints were shared with the Israeli Medical Association (IMA). Based on previous conversations with officials, the IMA informed us that the situation is being handled appropriately, but that they have written once again to the Chief Medical Officer of the Israeli Defense Forces, the Coordinator of Activities in the Territories and the Ministry of Health for their response.</p> <p>Last July, Physicians for Human Rights Israel (PHRI) wrote to the WMA expressing its concerns further to a decision by the Israeli MoH to amend the informed consent form in medical research and post-trial access to care, which could result in a violation of the Declaration of Helsinki. An online meeting took place with WMA Secretary General, representatives of PHRI and of the Israel Medical Association.</p>
<p>IRAN</p> <p>September 2020-March 2021</p> <p><u>Sources:</u> Amnesty International</p>	<p>In September, a first letter was sent to the Iranian authorities regarding the sentencing of four men, held in Urumieh prison in West Azerbaijan province, to "have four fingers on their right hands completely cut off so that only the palm of their hands and their thumbs are left", as per the punishment stipulated for certain types of robbery under Iran's Islamic Penal Code. A press release was issued. In November, Amnesty International alerted us that the amputation sentences could be carried out imminently. We sent a second letter reiterating our firm opposition to this ruling, which purposely inflicts extreme pain, irreversible disability and obliterates human dignity, constituting a grave cruel, inhuman and degrading punishment.</p> <p>In November, a letter was sent denouncing the critical health condition of Dr Ahmadreza Djalali, a specialist in emergency medicine, in detention since April 2016 on charges of espionage (letters were already sent in February 2017 and August 2019). A press release was issued. The WMA sent another letter to the Iranian authorities in March, supporting the United Nations Human rights experts' call for the release of Dr Djalali and demanding to put an end to torture. This was followed up by a press release promoted through social media. The Secretariat shared the letter with WMA members, asking for their actions. Several constituent members took action accordingly.</p>
<p>MYANMAR</p> <p>February 2021</p> <p><u>Source:</u> Myanmar Medical Association</p>	<p>In February, a press release was issued condemning the arrest and harassment of doctors while treating patients in the Myanmar protests. The WMA Council Resolution in support of Medical Personnel and Citizens of Myanmar adopted last April was promoted on social media. The Secretariat is closely following the situation in consultation with the Myanmar Medical Association.</p>

Media	
NICARAGUA July-August 2021 <u>Source:</u> Amnesty International	<p>In July, the Americas regional office of Amnesty International contacted us regarding repressive actions in Nicaragua against physicians and other health professionals, denouncing - amongst other things - the mismanagement of the Covid pandemic by the authorities. Dr Miguel Jorge, WMA Past-President, had an online meeting with Amnesty and the representative of a group of Nicaraguan physicians, and liaised with the CONFEMEL. This was followed by a plea from the group of physicians to the WMA to take action in favour of the Nicaraguan physicians, emphasizing their compliance with ethical commitments and obligations as physicians. A letter was sent to the President of Nicaragua on the 31 August and a press release issued.</p>
SINGAPORE November 2020 Source: Individual physician	<p>In November 2020, the Secretariat was alerted to cases of doctors in hospitals in Singapore deliberately not recording or reporting certain medical findings in order to perform tests and procedures for financial gain and medical training purposes for foreign trainee doctors whilst abusing elderly & vulnerable patients and citizens. A mail was sent to the Singapore Medical Association recommending an investigation be conducted into these violations of medical ethics principles and offering WMA support.</p>
SRI LANKA November 2020 Source: Human Rights Watch	<p>Human Rights Watch informed us of several cases of forced anal and vaginal examinations and compulsory HIV tests by doctors and other health professionals in Sri Lanka in the context of prosecutions for consensual same-sex relations. The Secretariat sent a mail to the Sri Lanka Medical Association recalling the WMA Resolution on Prohibition of Forced Anal Examinations to Substantiate Same-Sex Sexual Activity and recommending the Association take all necessary measures to investigate and put an end to these practices in line with WMA policy standards.</p>
TURKEY October 2020 – March 2021 Sources: TMA, Human Rights Foundation of Turkey	<p>The WMA Secretariat remains mobilized on the situation in Turkey. In October, the TMA alerted us of the plan of the Turkish government to dismantle the Turkish Medical Association (TMA) by the end of the year in order “to protect patients and the profession from terrorists”. Further to the adoption of a Resolution in support to the Turkish Medical Association by the WMA General Assembly, a letter was sent to the Turkish authorities in early November calling for the protection of the Turkish Medical Association as a national independent association and as the main representative body of all physicians in the country.</p> <p>In November, we sent a joint letter with CPME in support of Dr Şeyhmus Gökalp, a member of the High Disciplinary Committee and former member of the Central Council of the TMA, who had been in detention since 20 November and had been referred to the Diyarbakır 2nd Criminal Court of Peace for “strong suspicion of crime”. Dr Gökalp was released after his first court hearing on 10 February.</p> <p>Last January, another joint letter with CPME was sent to the Turkish authorities regarding the trial of Dr Küni, a respected practicing physician in Cizre, convicted in 2017 of “aiding and abetting” terrorist organizations. In a Resolution in April 2017, the WMA Council expressed serious concerns about this case due to the criminalizing of medical professionals and medical practice.</p>

	<p>On 4 February, Dr David Barbe, WMA President, participated in a Panel Discussion on clinical independence, professional autonomy and the independence of medical associations, organized by the TMA.</p> <p>From 11-14 March, the TMA organised an online symposium “First year of Pandemic in Turkey: Nature, Humanity and our Future”. Dr David Barbe and Dr Otmar Kloiber attended as speakers, and Dr Frank Ulrich Montgomery attended in his role as President of the Standing Committee of European Doctors (CPME).</p>
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3.2.2 Protection of health professionals in areas of armed conflict and other situations of violence

“Health Care in Danger” (HCiD) initiative

The WMA Secretariat has a close working relationship with the International Committee of the Red Cross (ICRC) headquarters within the context of the [“Health Care in Danger” \(HCiD\) initiative](#).

In coordination with the ICRC, the Secretariat circulated an invitation to WMA members to the online [Eurasia Regional Health Care in Danger Meeting \(3-4 February 2021\)](#) and the 2nd Near and Middle East (NAME) Regional Health Care in Danger (HCiD) Meeting (29-30 September 2021). These regional meetings are organized by the International Committee of the Red Cross and other regional partners. They bring together health practitioners, researchers and academics, policy makers and those working in the humanitarian sector, with the aim to share experiences, develop and reinforce local, national and regional partnerships in order to prevent and reduce the impact of violence against health care.

During the reporting period, the Secretariat attended the **regular meetings of the global HCiD Community of Concerns** organized by the ICRC, which brings together representatives of the WMA, Médecins Sans Frontières (MSF), the International Committee of Military Medicine (ICMM), the International Council of Nurses (ICN), the International Hospital Federation (IHF), the Safeguarding Health in Conflict Coalition, Médecins du Monde and the World Federation on Medical Education (WFME). These meetings allowed for an exchange of updated information between partners and the exploration of possible joint actions on advocacy and the monitoring of violence.

On the occasion of the **5th anniversary of the [UN Security Council Resolution 2286](#)**, WMA President David Barbe, delivered a statement at a [High Level Side-event on the Protection of Health Care](#) on 26 of May, on the margins of the UN Protection of Civilians week. The event was organized by the ICRC and the Permanent Mission of Norway. The objective of the meeting was to translate high-level political engagement on the protection of health care into concrete action at national level to make progress towards its implementation. Dr Barbe called for urgent action to uphold medical neutrality and for full accountability for violations of that neutrality.

As a follow-up, the members of the global HCiD Community of Concerns met in August to discuss strategies in terms of advocacy and/or operational work in the

coming 5 years, with the ultimate goal of strengthening the implementation of the resolution.

The WMA, together with the International Hospital Federation (IHF), the International Committee of the Red Cross (ICRC) and the International Council of Nurses (ICN), agreed to carry out a **joint collaborative study** to identify measures on protection and prevention of violence implemented during the pandemic year. A call for expressions of interest was sent to WMA constituent members in January. A survey was sent out in June to the organisations' members, having indicated their interest to take part in the study. An external consultant was hired in September to analyse the data. The outcome and conclusions of the study should be available in December/January.

Other activities related to violence against health care

Ongoing violence against health personnel was condemned by the WMA last October in a **statement** related to [WHO's COVID-19 response delivered to the Executive Board Special Session](#) (October 2020). Likewise, the WMA submitted a statement on [health emergencies preparedness](#) to the **73rd World Health Assembly**, resumed session (November 2020) and on [WHO's global emergency preparedness and response](#) during the **WHO Executive Board, 148th session** (January 2021). Last May, the World Health Professions Alliance (WHPA) delivered a [statement](#) on the same topic on the occasion of the 74th World Health Assembly.

In its comments on the zero draft of the resolution by the Delegation of the European Union on Strengthening WHO Preparedness and Response (see item 1 above), the WMA regretted the absence of recommendations on the personal safety of health professionals and health workers during disasters and included proposals to prevent and address violence.

3.3 Prevention of torture and ill-treatment

The WMA Secretariat follows relevant international activities in this area, in particular those of the Human Rights Council.

3.3.1 Role of physicians in preventing torture and ill-treatment

In 2019-2020, the ICRC in partnership with the WMA and the Norwegian Medical Association, undertook an update of the **online course for physicians working in prisons**, especially in relation to human rights, medical ethics, mental health, healthcare for women and accompanying children in detention and other vulnerable groups. The updated courses are now [available](#) on the WMA website.

In February 2018, the WMA was invited to participate in a one-year project on the development of a supplement to the **Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment**, commonly called the Istanbul Protocol (IP). The initiative is jointly headed by [Physicians for Human Rights \(PHR\)](#), the [International Rehabilitation Council for Torture Victims \(IRCT\)](#), the [Human Rights Foundation of Turkey](#), [REDRESS](#), the [UN Committee against Torture](#), the

[UN Subcommittee for the Prevention of Torture](#), the [UN Special Rapporteur on Torture](#) and the [UN Voluntary Fund for Victims of Torture](#). The purpose of the project was to strengthen the IP with updates and clarifications based on practical experience from users. Clarisse Delorme (Policy Advisor, WMA Secretariat) is one of the drafters and a member of the working group on ethical codes. The proposed revision (proposal for the 2020 edition of the Istanbul Protocol) was finalised during the summer of 2019 and then submitted to the OHCHR¹. It is now undergoing an internal review by OHCHR Publications Office staff. The OHCHR's subsequent process of proofreading and copyediting will take several additional months. It is hoped that the English version of the IP will be available next Autumn.

3.3.2 Psychiatric treatment – Mental health

Since 2017, the WMA Secretariat, with the support of Dr Miguel Jorge, psychiatrist and WMA President, has been monitoring international activities related to the promotion of mental health as a global priority and a fundamental human right with the aim of providing the physicians' perspective in the discussion. The WMA is involved in particular in discussions within the **Council of Europe's [Committee on Bioethics \(DH-BIO\)](#)** concerning the protection of human rights and dignity of persons with mental disorders with regard to involuntary placement and involuntary treatment.

In August 2020, the WMA and the World Psychiatric Association (WPA) sent a [joint letter](#) to Dr Dainius Puras, previous **United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**, in response to his report ([A/HRC/44/48](#)), submitted to the 44th session of the United Nations Human Rights Council (15 June – 3 July 2020). In his report, Dr Puras developed recommendations for a rights-based global agenda for advancing the right to mental health. Although sharing most of the goals reflected in the report, the WMA and WPA expressed in the letter their concerns that the report severely challenges the psychiatric profession and regretted that health professionals were not consulted at any stage in the report drafting process.

The two organisations forwarded their views to [Dr Tlaleng Mofokeng, the new Special Rapporteur](#) appointed by the 44th Human Rights Council in July 2020 (*see 2.1 above*), and met with her on 15 January to discuss ways of bringing forward their concerns. The WMA-WPA letter is now available on the [OHCHR website dedicated to mental health](#) as a right of response.

In April 2021, the WMA and the WPA sent a joint letter inviting their members to participate in the [Council of Europe Compendium of good practices to promote voluntary measures in the field of mental healthcare](#).

3.4 Health through peace

¹ Office of the High Commissioner for Human Rights

Further to the adoption of the [Treaty on the Prohibition of Nuclear Weapons](#), the International Physicians for the Prevention of Nuclear War (IPPN), the WMA, the International Council of Nurses (ICN), the international Federation of Medical Students (IFMSA) and the World Federation of Public Health Associations (WFPHA) have been collaborating on the need to promote the global health imperative to eliminate nuclear weapons and to advocate for the ratification of the Treaty on the Prohibition of Nuclear Weapons.

On 21 January, the four organisations together with the International Committee of the Red Cross organized a [Global Health Webinar](#) “**Entry into force of the Treaty on the Prohibition of Nuclear Weapons and the Role of Health Professionals**” with leading health experts. The event featured WMA President, Dr David Barbe, as one of the keynote speakers. At the end of the event, the partner organisations issued a [joint statement](#) welcoming the Treaty entering into force. A [press release](#) was published.

A virtual forum entitled “[Eliminating the Existential Threat of Nuclear Weapons](#)” organized by the International Physicians for the Prevention of Nuclear War (IPPN) and supported by the WMA, ICN, IFMSA and WFPHA, took place on 30 September 2021. This high-level meeting brought together the UN Under Secretary General of Disarmament Affairs, Izumi Nakamitsu, ICRC President Maurer and the Rotary President Shekhar Mehta, to discuss the growing danger of nuclear war and strategies to eliminate these weapons.

3.5 Sexual orientation and gender identity

In August, Clarisse Delorme, Senior Policy Advisor, participated in a [breakout session on so-called conversion therapy, in the margins of WorldPride 2021](#). The event, organized by the International Rehabilitation Council for Torture Victims (IRCT), brought together key actors working against so-called conversion therapy to discuss how the health-based knowledge and expertise on how so-called conversion therapy constitutes torture can further contribute towards a global ban on so-called conversion therapy. WMA’s participation was an opportunity to highlight its policy in this area.

In July 2021, the Office of the United Nations High Commissioner for Human Rights (OHCHR) contacted the Secretariat recommending that the WMA consider an **amicus brief submission as a third party in connection with the case Semenya v Switzerland at the European Court of Human Rights**, given its [position](#) in April 2019, raising strong concerns on the ethical validity of the World Athletics Federation’s regulation. The [Global Health Justice Partnership \(GHJP\)](#) of the Yale Law School and School of Public Health offered its support and cooperation as a partner in this submission. Given the GHJP expertise grounded in both health and law, the WMA agreed to make a joint submission with the understanding that it would be focused on the very specific questions of medical ethics and the ways in which the regulations in design and implementation set up unethical practice for physicians. In late August, the Court granted leave for the two organisations to make written submissions to the Court by 12 October.

See also above under 3.2.1 regarding cases of forced anal and vaginal examinations and compulsory HIV tests by physicians and other health professionals in Sri Lanka in the context of prosecutions for consensual same-sex relations.

4. Public Health

4.1 Non-communicable diseases (NCDs)

4.1.1 General

In response to the first **UN Political Declaration on Prevention and Control of Non-communicable Diseases** from 2011, the WHO also established the **Global Monitoring Framework as a Global Coordination Mechanism (GCM)** on the Prevention and Control of Non-communicable Diseases. The scope and purpose of the coordination mechanism is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors at local, national, regional and global levels. The WMA is an official member of this coordination mechanism, which was launched in March 2015.

The World Health Organization and the GCM organized 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 non-communicable 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 from 9 - 12 December 2019 in Muscat, Oman. The WMA was represented by Dr Miguel Roberto Jorge in the High-level Segment, and Dr Julia Tainijoki participated in panel discussions on health care system strengthening and the role of health professionals. In February 2021, a follow up meeting was organised by WHO to report back on achievements and lessons learned, especially under the lens of COVID-19, and Dr Julia Tainijoki presented the difficult situation of physicians during the COVID-19 pandemic and the disruption of health care and prevention services, especially for patients with NCDs.

WMA participated at the WHO strategic round table: Building an NCD-ready workforce. Mortality and morbidity from noncommunicable diseases (NCDs) constitutes one of the major challenges for development in the 21st century, with 82% of premature deaths from NCDs occurring in low- and middle-income countries (LMIC). People living with NCDs have a lifelong reliance on health systems to deliver a continuum of appropriate, affordable and high-quality services for the prevention, treatment, and rehabilitation of NCDs. WHO has committed to strengthen and orient health systems to address NCDs through people-centred primary health care towards achieving universal health coverage (UHC). Health workers are at the centre of service delivery, and countries are faced with critical decisions on how to “shape” their health teams to be fit-for-purpose, ensuring they have the required competencies, supervision, resources and motivation to deliver care to quality standards.

The growing burden of NCDs and population ageing is estimated to generate demand for an additional 40 million health workers by 2030, primarily in high-income countries. Conversely, a projected shortfall of 18 million health workers is estimated by 2030, mostly in LMICs.

The objective of the meeting was to draft a roadmap delineating a strategic approach to build an “NCD-ready workforce” to support the NCD implementation

roadmap to be discussed by member states at the WHO Executive Board meeting in 2022.

4.1.2 Tobacco

The WMA is involved in the implementation process of the [WHO Framework Convention on Tobacco Control \(FCTC\)](#). The FCTC is an international treaty that condemns tobacco as an addictive substance, imposes bans on advertising and promotion of tobacco, and reaffirms the right of all people to the highest standard of health.

Established by the eighth session of the Conference of the Parties, the WHO FCTC secretariat started a new working group on Article 13 (Tobacco advertising, promotion and sponsorship: depiction of tobacco in entertainment media) and appointed the WMA as a member. The working group has now submitted a draft version of the guidelines for approval to the next COP in November 2021.

4.1.3 Alcohol

The Secretariat maintains regular contact with the WHO staff in charge of this topic, as well as with the Global Alcohol Policy Alliance (GAPA).

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

In November 2020, WHO launched a [web based consultation on a working document for the development of an action plan \(2022-2030\) to effectively implement the WHO Global Strategy to reduce the harmful use of alcohol](#). The Secretariat consulted with GAPA and submitted [comments](#) on the basis of its [Declaration on Alcohol](#) (October 2017) and shared the WHO call for submission with its members. The WMA contribution is posted on the relevant [WHO consultation webpage](#).

Further to this public consultation, WHO developed a first draft action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol, which was presented during the [3rd WHO Forum on Alcohol, Drugs and Addictive Behaviours \(FADAB\)](#) on 22-25 June. The WMA delivered a [statement](#) reiterating its concerns that stronger and more tangible commitments and actions are required, in particular on the role of health professionals as recognized partners in tackling alcohol addiction and on the key necessity to protect public health interests from commercial interference.

4.2 Communicable diseases

4.2.1 Immunisation

The World Medical Association (WMA), the German Medical Association (GMA), the Pontifical Academy for Life (PAL) and the Pontifical Academy of

Sciences (PAS) planned to hold an International Symposium on Vaccination on 4-5 May 2020 in Vatican City. However, due to the COVID-19 pandemic, this conference was organized as a virtual / hybrid meeting on 1 July 2021.

The current pandemic has amplified some of the challenges already associated with vaccination – from the hurdles that impede equitable global distribution of vaccine doses to unfounded vaccine scepticism and mistrust. The symposium addressed these issues and sent a clear message to the world about the necessity and life-saving potential of vaccines.

The WHO is revising its immunisation strategy, developing a vision and strategy for immunization from 2021-2030, Immunization Agenda 2030 - A Global Strategy To Leave No One Behind. The WMA is actively involved in the revision process.

4.3 Health and populations exposed to discrimination

4.3.1 Women and health

No specific activities undertaken during the reporting period.

4.3.2 Refugees, migrants & access to health

No specific activities undertaken during the reporting period.

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

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

A second High Level Meeting (HLM) on Universal Health Coverage will take place in July 2023. The preparations for this conference have started already and the WMA is engaged in this process. The two co-facilitators at the UN level are Japan and Guyana. A High-Level Political Forum will be held from 6 to 15 July 2021 prior to the HLM under the Economic and Social Council, including a three-day ministerial segment from 13 to 15 July 2021. The theme this year will include SDG 3 and be "Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development".

The WMA joined the UHC2030 network in 2019. UHC2030 is a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. Members advocate for increased political commitment to UHC and facilitate accountability and knowledge sharing.

The WMA has been appointed as an Advisory Group Member for the Civil Society Engagement Mechanism for the UHC2030 network. The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituent of the International Health Partnership for UHC2030 (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.

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, has developed a [Health for All Advocacy Toolkit](#), a new, 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 will be officially launched in September 2021 in English, French, and Spanish. A downloadable PDF will also be made available later this year.

The WMA submitted a [statement](#) to the WHO Executive Board, 148th session (January 2021) on Social Determinants of Health, emphasizing the need for a multisectoral approach to policy decisions for all areas affecting health, including the environment, housing, transport and education, but also agriculture, trade and taxation.

See also Chapter I.1 on our participation in the [Sustainable Health Equity Movement \(SHEM\)](#).

4.5 Health and the environment

4.5.1 Climate change

The WMA is a member of the [WHO-Civil Society Working Group to Advance Action on Climate Change and Health](#) set up in May 2019. The Working Group aims to foster a strong and sustained health voice, informing decision-making on climate change nationally and internationally, and driving urgent action on climate change. The proposed strategic partnership is well in line with the agreed collaboration plan between WHO and WMA for the period 2019-2021². Dr Lujain Al-Qodmani (Kuwait Medical Association), Co-Chair of the Environment Caucus, represents the WMA in the Working Group.

In October 2020, the WMA partnered with the Global Climate and Health Alliance and George Mason University's Center for Climate Change Communication, in collaboration with the World Health Organization, to carry out a **global survey** of the members of ~20 health professional associations from countries in the 6 WHO regions around the world to assess their attitudes further to the [Covid-19 Healthy Recovery Initiative](#), and about climate change and its impacts on health. Several WMA constituent members from the six regions, as well as Associate Members, participated in the survey. The results of the survey were published in the Lancet, Planetary health : [Views of health professionals on climate change and health: a multinational survey study](#) (April 2021).

² Other partners of the WG include: International Council of Nurses, International Federation of Medical Students' Associations, International Federation of Red Cross and Red Crescent Societies, Health Care Without Harm, Health and Environment Alliance.

UN Climate Change Conference (COP26), Glasgow, 1-12 November 2021 -

Since 2010, the WMA has been following the COP summits, and sends a delegation to monitor the negotiations and, together with our health partners, advocates for a stronger health component. The WMA is one of the signatories of the [healthy climate prescription](#), a COP26 Health Professionals Sign-On letter, released on 6 September with the aim to build pressure on governments, and their representatives to COP26, for urgent and far-reaching action on the climate crisis. A call to sign the letter was sent to WMA members and partners. On the same day, a concurrent medical journal editorial was published simultaneously in 230 journals around the world.

The WMA will co-sponsor a **side-event at the COP26** initiated by civil society organizations including Action for Global Health and the UK NHS to advocate for health system resilience, with a panel discussion bringing together experts with lived experience of the impacts of climate change on health.

4.5.2 Air pollution

The advocacy work of the Secretariat on air pollution is mainly incorporated in its activities related to climate change.

During its last meetings, participants of the WMA Environment Caucus discussed the need to review the WMA policy on air pollution. The Caucus plans to examine a proposed revision of the Statement.

4.5.3 Chemical safety

The WMA is a member of the Strategic Approach to International Chemicals Management (SAICM) of the Chemicals Branch of the United Nations Environment Programme (UNEP) and is involved in the implementation of the World Health Assembly Resolution on the **Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond**. The Secretariat regularly shares with its members information related to [the WHO Chemicals Roadmap](#), in particular related to actions in which the health sector has a supporting role to play.

Dr Peter Orris, Co-Chair of the WMA Environment Caucus, continues to monitor the global negotiations related to the implementation of the [Minamata Mercury Convention](#) and will attend the [Fourth meeting of the Conference of the Parties to the Minamata Convention on Mercury](#) (COP-4, online, 1-5 November 2021). The WMA sees the reduction of environmental contamination with mercury as a critical public health issue and the removal of mercury from health care as an unfinished agenda.

4.5.4 WMA Green news

The WMA is partnered with the Florida Medical Association (FMA) on a joint project “**My Green Doctor**”. This project is a medical office environmental management service offered free of charge to members of the World Medical Association (WMA) and the Florida Medical Association (FMA). The initial

version of My Green Doctor was launched by the FMA on World Earth Day 2010. In June 2014, the WMA and FMA agreed to work together on this project. My Green Doctor provides a free practice management tool designed by doctors to make medical offices more environmentally friendly. The [My Green Doctor](#) website is available in the “What we do - Education” section of the WMA website. Calls to action are often published on the WMA social media pages.

4.6 Health implications of the use of genetic resources

The Secretariat attended the WHO informal consultation on the health implications of the implementation of the [Nagoya Protocol](#) on 13 November.

During the WHO Executive Board’s 148th session (January 2021) and the 74th World Health Assembly (May 2021), the WMA delivered a [statement on the public health implications of the implementation of the Nagoya Protocol](#). The WMA expressed its concerns that WHO’s action is limited to infectious diseases and does not encompass the broad scope of genetic resources’ (GRs) use in health. Given the critical impact of GRs on human health through their growing role in several economic sectors, their use related to the Nagoya Protocol should be closely monitored by WHO in order to guarantee a fair and equitable sharing of the benefits. The WMA also conveyed its concerns about the use of intellectual property associated with GRs, calling for the determination of clear and strict criteria that identify authentic innovations associated with GRs in order to prevent granting erroneous patents for the sake of commercial benefit to the detriment of public health.

5. Health Systems

5.1 Primary health care

In March 2021, Dr Osahon Enabulele participated on behalf of the WMA in an Expert Roundtable – Delivering prevention in an ageing world: Democratising access to prevention hosted by the International Longevity Centre UK. Again, we observed the presence of ideas to replace classic physician roles by other cadres. Dr Enabulele explained our understanding, especially of primary care as a team-based approach, and the need for Universal Health Coverage encompassing prevention as an essential part.

5.2 Patient safety

The WMA is a member of the high-level World Patient Safety Day 2021 Steering Committee to provide advice and strategic guidance to WHO to ensure successful implementation of the Day. Considering the huge burden of avoidable risks and harm during childbirth and the major impact of COVID-19 on maternal and neonatal health, ‘Maternal and Newborn Safety’ has been selected as the theme for this year’s WPSD on 17 September 2021.

In 2021 the World Health Assembly adopted the “Global Patient Safety Action Plan 2021–2030”. The global action plan provides strategic direction and a list of suggested actions for all stakeholders for eliminating avoidable harm in health care and improving patient safety in different practice domains through policy actions, as well as for implementation of recommendations at the point of care. In August, the WMA

participated in the expert meeting on the implementation of the global plan and discussed the prioritisation of actions in light of the COVID-19 pandemic.

5.3 Antimicrobial resistance

Antimicrobial Resistance (AMR) is a growing concern and an important challenge to public health. It has various aspects and different actors contribute to the problem.

The WMA was invited to contribute expertise to the

- Global AMR R&D Hub's Expert Advisory Group (EAG) and the
- WHO Antimicrobial Stewardship Meeting in Thailand this spring, which was cancelled due to the COVID-19 pandemic.

Dr Caline Matar was nominated by the WMA for both and has been accepted as a member.

The WMA delivered an intervention on Anti-Microbial Resistance at the WHO Executive Board session in January 2021. The COVID-19 pandemic has highlighted several issues relevant to AMR: Due to the challenge of finding treatments for COVID-19 patients, antimicrobials were used as direct treatment, even when evidence already showed that they do not offer any benefit. Further antimicrobials were prescribed for possible co-infections, although evidence suggests that bacterial and fungal co-infections are low. Both patterns increased prescribing rates and the use of broad-spectrum antimicrobial agents. Additional research highlighted a high transmission of multi-drug resistant organisms due to hospitalised COVID-19 patients, and the disruption of health care caused by COVID-19 reduced testing and surveillance of infections. The focus on COVID -19 shifted funding away from AMR. It is crucial to continue to step up the political and financial commitments to AMR.

5.4 Health workforce

The WMA is a member of the WHO Guidelines Development Group to revise the Rural Health Workers' Attraction, Recruitment and Retention Guidelines. These guidelines were developed 10 years ago and have now been revised based on new literature, evidence and experience. The new guidelines propose seventeen evidence-based recommendations on how to improve the recruitment and retention of health workers in underserved areas. The Guidelines present a pathway for reversing both the current and predicted worsening shortage of health professionals in rural and remote areas through:

- Protecting the existing rural health workforce which will aid their retention.
- Investing in the development and training of multidisciplinary fit-for-purpose health teams, attraction and recruitment of health workers.

Interventions cover the areas of education, regulation, incentives, personal and professional support.

The WMA has been very active in highlighting the difficult situation of health professionals during the COVID-19 pandemic and advocating for improvements. Health professionals have faced difficulties, such as lack of personal protection measures, a high

burden of work, discrimination and violence. For all the activities in which the WMA was involved, please see section 1 of this report on COVID-19.

The WHO has requested the cooperation of the World Health Professions Alliance through the International Council of Nurses and the World Medical Association to assist them in studying the health impact of the COVID-19 pandemic on the health workforce. Together with our partner organizations, we are preparing to survey our members on this issue.

WHO designated 2021 as the International Year of Health and Care Workers (YHCW). In March 2021, the WHO set up a steering committee, with the first meeting taking place on 24 March. The steering committee's role is to contribute to the work associated with the Year of Health and Care Workers, in particular to facilitate equal and prioritize access for health personnel to COVID-19 immunization in the first 100 days of 2021. Another focus of the YHCW is to mobilize commitments by Member States, international financing institutions, bilateral and philanthropic partners to protect and invest in health and human resources for health to accelerate the attainment of the SDGs and COVID-19 recovery.

In line with this special year, WHO is organizing the next Global Forum of the Health Workforce as a virtual meeting in November 2021.

6. Health Policy & Education

6.1 Medical and health policy development and education

In January 2020, the World Medical & Health Policy journal, in collaboration with the WMA, issued a **call for papers on "Climate Change and Health"** with the goal of bringing attention and contributing understanding to improve policy related to climate change and health around the world. The project was delayed due to the COVID-19 pandemic. Selected articles will be published soon.

6.2 Support for national constituent members

See item 2.2.1

CHAPTER II PARTNERSHIP & COLLABORATION

During the reporting period, the WMA Secretariat held bilateral meetings with the WHO and staff of other UN agencies on various areas and voiced the WMA's opinion and concerns in public settings as follows³:

1. World Health Organization (WHO)

<p>Executive Board Special Session (October 2020) - held virtually The WMA submitted a written statement on the update on the implementation of Resolution WHA73.1 on the COVID-19 response. For more information (agenda, working documents and resolutions) see the dedicated official WHO website.</p>
<p>73rd World Health Assembly, resumed session (November 2020) - held virtually The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions) see the dedicated official WHO website.</p>
<p>WHO Executive Board, 148th session (January 2021) - held virtually The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions) see the dedicated official WHO website.</p>
<p>74th World Health Assembly (May 2021) - held virtually The WMA made public statements on a series of issues. For more information (agenda, working documents and resolutions) see the dedicated official WHO website.</p>
<p>Other WHO virtual meetings attended:</p> <ul style="list-style-type: none"> - WMA participated in the WHO virtual event on the implementation of the WHO Global Patient Safety Action Plan 2021–2030 - WHO informal consultation on the health implications of the implementation of the Nagoya Protocol (13 November) - WHO Social Determinants of Health Webinar: “COVID-19, social determinants and violence” (2 December) - INSPIRE: Seven strategies for ending violence against children - training (19 February). - WHO-UNICEF Global Transmission Discussion on SARS-CoV-2 in children and adolescents (26 January) - WMA participation as a member of the Steering Committee for the organization of World Patient Safety Day 2021. - WMA delivered a statement at the Third WHO Forum on Alcohol, Drugs and Addictive Behaviours (virtual), 22-25 June 2021 (<i>see above under 4.1.3</i>)
<p>General Meeting of the WHO Global Coordination Mechanism on Noncommunicable Diseases as a follow up event to the conference in December 2019 in Muscat, Oman - held virtually.</p>

³ More information on the activities mentioned is set out under the relevant section of the report.

WMA is a member of the WHO Guidelines Development Group to revise the Rural Health Workers' Attraction, Recruitment and Retention Guidelines and took part in several meetings.

2. UNESCO Conference on Bioethics, Medical Ethics and Health Law

In recent years, the WMA has supported the “UNESCO Chair in Bioethics World Conference on Bioethics, Medical Ethics and Health Law” organised by the UNESCO Bioethics Chair, Prof. Dr Amnon Carmi. The conference serves as a platform to discuss WMA’s current policy with physicians, ethicists and other scientists.

The growing international network of academic ethics and law departments, which has been gathering for the past two decades under the title UNESCO Chair in Bioethics, is now being reorganised as the **International Chair in Bioethics - ICB**. Following the Secretariat’s proposal, the WMA Council agreed to sign a Memorandum of Understanding with the ICB to continue cooperation with this network and to award it the status of a “WMA Cooperation Centre”.

The 14th World Conference on Bioethics, Medical Ethics and Health Law scheduled from 11-14 May 2020 in Porto, Portugal, was cancelled due to the coronavirus outbreak and has been postponed until 7-10 March 2022 (see <https://bioethics-porto2022.com/>). In the meantime, the University of Porto staged a Global Conference on Bioethics and the Coronavirus Pandemic from 10-11 March. WMA President, Dr David Barbe, and the WMA Secretary General participated as invited speakers.

3. Other UN agencies

AGENCY	ACTIVITIES
<p>Human Rights Council of the United Nations, in particular: UN Special Rapporteur (SR) on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Dr Tlaleng Mofokeng)</p> <p>Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (Dr Nils Melzer)</p> <p>Special rapporteur on sexual orientation and gender identity (Victor Madrigal-Borloz)</p>	<ul style="list-style-type: none"> • Meetings with Dr Tlaleng Mofokeng, newly appointed SR, on 10 November and on 15 January together with the World Psychiatric Association. • Monitoring the SR’s activities • Monitoring the SR’s activities • Monitoring the follow-up to the consultation on data collection on sexual orientation and gender identity
UNAIDS	Regular exchange of information
OECD	Regular exchange of information
International Organisation for Migration (IOM)	<ul style="list-style-type: none"> • Regular exchange of information.

	<ul style="list-style-type: none"> The development of a Memorandum of Understanding is being considered.
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4. World Health Professions Alliance (WHPA)

The WHPA launched the revision of its long-standing Positive Practice Environment Campaign (PPE) in October 2020. A positive practice environment is a health care setting that supports excellence and decent working conditions, has the power to attract and retain staff, provide quality care, and deliver cost-effective, people-centred health care services. Health care settings can be turned into positive practice environments by assessing the quality of practice environments; identifying any deficiencies and developing strategies to address priority gaps. The COVID-19 pandemic, with the stress that it has put on health systems globally and the increased need for productive, supported health professionals and other health care workers, has showcased the importance of standing up for Positive Practice Environments. The WHPA is currently looking into the global situation regarding the recognition of health damages and death from SARS-CoV-2 as an occupational disease in health professionals. Initial surveys have revealed a very disparate pattern of recognition and protection.

In line with its PPE campaign, the WHPA organized a series of webinars:

1. COVID-19 - An occupational disease?
The COVID-19 pandemic continues to put a strain on health professionals and other healthcare workers and ongoing funding and further recognition and assistance is required to ensure the workforce is supported. COVID-19 should be recognized as an occupational disease which can lead to reporting on deaths and infections, better risk assessment, standards set and compensation for those who die or are affected by COVID-19. A panel of experts from the field discussed the challenges faced by health professionals and the importance of providing positive practice environments to safeguard the health and well-being of workers. A recording is available [here](#).
2. Safeguarding Health Professionals' Mental Health, 23 September 2021
Like most people, health professionals experience illness and have family obligations and other commitments outside their professional lives that can affect their mental health. Unlike most people, however, health professionals are also exposed to a particular mix of occupational pressures that can pose additional risks to their mental well-being. Rates of poor mental health in health professionals appear to be increasing in response to rising demands, staffing shortages and diminishing resources. In addition, mental health stresses have been rising during the COVID-19 pandemic. During this webinar, the World Health Professions Alliance brought together a range of experts in mental health and the workforce to better understand what the issues are and how we can all work together to support our workforce and look after ourselves.

5. WMA Cooperating Centers

The WMA is proud to enjoy the support of academic cooperating centres. The WMA Cooperating Centers bring specific scientific expertise to our projects and/or policy work, improving our professional profile and outreach.

WMA Cooperating Centre	Areas of cooperation
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Institute of Ethics and History of Medicine, University of Tübingen, Germany	Revising the Declaration of Geneva, medical ethics
Institut de droit de la santé, Université de Neuchâtel, Switzerland	International health law, developing and promoting the Declaration of Taipei, medical ethics, deontology, sports medicine
Steve Biko Center for Bioethics, University of Witwatersrand, Johannesburg, South Africa	Revising the Declaration of Helsinki, medical ethics, bioethics
Institute for Environmental Research, Yonsei University College of Medicine, South Korea	Environmental health, climate change and health issues
International Chair in Bioethics	Collaboration at the International Conference on Bioethics and the ICB Department of Education online activities

6. World Continuing Education Alliance (WCEA)

The World Medical Association has signed an agreement with the WCEA to provide an online education portal that will not only enable the WMA to host its online education, but also offers an opportunity for member associations to develop their own portals and online content. This offer is directed specifically at medical associations and societies that wish to engage in providing online education. Interested groups, medical schools or academies are invited to contact wma@weca.education or visit www.wcea.education for more information. The educational platform was launched in June 2018. In September 2019, the WMA launched courses for non-members as well. These courses are available at <https://www.wma.net/what-we-do/education/wcea-cme-courses/>.

7. Other partnerships or collaborations with health and human rights organizations

Organisation	Activity
<u>Amnesty International</u>	Exchange of information and support on human rights issues related to health during the reporting period.
<u>Human Rights Watch</u>	Regular contact on issues of common interest, in particular on sexual orientation and gender identity during the reporting period.
<u>Global Alliance on Alcohol Policy (GAPA)</u>	Regular exchange of information, in particular in the context of the WHO <u>consultation</u> to develop the global alcohol action plan (December 2020-June 2021).
<u>International Committee of the Red Cross (ICRC)</u>	Partners on the Health Care in Danger (HCiD) project since September 2011. <u>Memorandum of Understanding between the ICRC and the WMA</u> signed in November 2016.
International Council of Military Medicine (ICMM)	<u>A Memorandum of Understanding between the ICMM and the WMA</u> was signed at the WMA General Assembly in October 2017 (Chicago).
Council for International Organizations of Medical Sciences (CIOMS)	Development of guidance for the scientific community on medicine and health care in general. The WMA is a member and currently represented on the Executive Board and

	participates in various work groups on matters of research in resource poor settings, patient information and healthy research subjects.
<u>International Federation of Medical Students Associations (IFMSA)</u>	Internship program since 2013. Regular collaboration, mostly in relation to WHO statutory meetings. Participation of WMA officers and officials in the pre-World Health Assembly IFMSA conference in Geneva.
International Federation of Associations of Pharmaceutical Physicians (IFAPP)	Cooperation on issues of human experimentation and pharmaceutical development, the role of physicians in that process. A <u>Memorandum of Understanding</u> was signed at the WMA General Assembly, October 2017 (Chicago). Together with the WMA, IFAPP is exploring the possibility of a course on medicines' development for physicians in clinical research, ethics committees or regulation.
<u>Global Health Justice Partnership of the Yale Law School and School of Public Health (GHJP)</u>	Joint submission as third party in connection with the case <i>Semenya v Switzerland</i> at the European Court of Human Rights (<i>see under 3.5</i>)
<u>University of Pennsylvania International Internship Program</u>	Annual internship program on health policy, public health, human rights, project management. 2-3 students usually come as interns to our office for the summer. The programme has been running since 2014.
<u>International Rehabilitation Council for Torture Victims (IRCT)</u>	Regular exchange of information and joint actions on specific cases or situations. During the reporting period, the WMA participated in a breakout session organised by the IRCT on so-called conversion therapy (<i>see item 3.5</i>)
<u>Global Climate & Health Alliance (GCHA)</u>	Regular exchange of information and ad hoc collaboration within the context of the UN climate change negotiations and the COVID-19 pandemic response.
<u>New Jersey Medical School Global TB Institute</u>	The WMA is working with the New Jersey Medical School Global TB Institute and the University Research Company (URC) to update its online TB refresher course for physicians with the support of the US Agency for International Development (USAID).
World Veterinary Association	Co-organisation of the Global Conference on One Health in 2015 (Madrid) and 2016 (Japan). Common advocacy on matters like AMR, zoonotic diseases and food safety.
Physicians for Human Rights (PHR)	Regular exchange of information and joint actions on attacks against health personnel in the COVID-19 pandemic context
International Physicians for the Prevention of Nuclear War (IPPNW)	Exchange of information and joint actions, in particular organisation of a joint global health webinar on the occasion of the entry into force of the UN Treaty on the Prohibition of Nuclear Weapons.
Association for the Prevention of Torture	Exchange of information on the implementation of the Convention against Torture with regard to the role of physicians in preventing torture and ill treatment.
<u>Safeguarding Health in Conflict Coalition</u>	Observer status in the coalition. Regular exchange of information.

<u>World Coalition Against The Death Penalty</u>	Regular exchange of information, in particular regarding individual cases requiring international support.
<u>Medical Human Rights Network (IFHHRO)</u>	Regular exchange of information on human rights and health matters.

CHAPTER III COMMUNICATION & OUTREACH

1. WMA Newsletter

In April 2012, the WMA Secretariat started a bi-monthly e-newsletter for its members. The Secretariat appreciates any comments and suggestions for developing this service and making it as useful for members as possible. It is currently being sent to over 1.600 recipients. Since August 2021, the Newsletter is being sent through a new mailing system, compliant with the GDPR regulations.

2. WMA social media (Twitter and Facebook)

In 2013, the WMA launched its official [Facebook](#) and Twitter accounts (@medwma). Since 2018, the WMA also communicates via LinkedIn. The Secretariat encourages members to spread the word within their associations that they can follow the WMA's activities on social media. Besides communicating WMA activities and policies, the accounts have proved a powerful tool for supporting WMA Constituent Members in difficult political and social contexts.

3. The World Medical Journal

The World Medical Journal (WMJ) is issued every 3 months and includes articles on WMA activities and feature articles by members and partners. The 60th anniversary edition was published as a final printed copy in 2014. It transferred to an electronic format in 2015, which is available on the [WMA website](#). The Journal is edited by Dr Peteris Apinis and Prof. Elmar Doppelfeld and managed by Ms Maira Sudraba of the Latvian Medical Association. The editorial team has recently been supplemented by Dr Helena Chapman, who has been the JDN Publications Director for the past few years.

4. WMA Annual Report

The WMA has started issuing an Annual Report. So far reports have been issued for the years 2017, 2018, 2019 and 2020. The report highlights the main activities of the WMA, focusing on the report of the President and events organised around topics such as Health, Environment, NCDs, Influenza, Human Rights, but also on the categories of WMA Membership and the Financial Report. It is available on the [WMA website](#) and a very limited number of copies are distributed at the WMA Council and General Assembly.

5. Secondments / internships

We have been running an internship programme with the IFMSA since 2013. This year it was conducted remotely with two interns from Lithuania and Canada, and another joining the team later this year. Our internship programme with the University of Pennsylvania, which has been running with 2-3 interns per year since 2014, continued remotely in 2021 with two interns over the summer.

CHAPTER IV — OPERATIONAL EXCELLENCE

1. Advocacy

Given the new WMA Strategic Plan 2020-2025, adopted in Tbilisi in October 2019, to refocus the activities of the WMA, including by redeploying outreach and advocacy work, the Chair of the Council reflected on the renewal of the workplan and the task of the current Advocacy and Communications Advisory Panel, suggesting a proactive model of participation in the advocacy and communication work of the WMA.

The Advocacy and Communications Panel has been restructured into a workgroup that is tasked with setting up mechanisms and actions to support the advocacy work of the WMA and to increase attention on WMA policy.

CHAPTER V — ACKNOWLEDGEMENT

The Secretariat wishes to record its appreciation of member associations and individual members for their interest in, and cooperation with, the World Medical Association and its Council during the past year. We thank all those who have represented the WMA at various meetings and gratefully acknowledge the collaboration and guidance received from the officers, as well as the Association's editors, its legal, public relations and financial advisors, staff of constituent members, council advisors, associate members, friends of the association, cooperating centres, partner organizations and officials.

We wish to mention the excellent working relationships we have with colleagues and experts in international, regional and national organizations, be they (inter-)governmental or private. We highly appreciate their willingness and efforts to enable our cooperation.



29.09.2021