



**WMA**

**WORLD MEDICAL ASSOCIATION**

# **ANNUAL REPORT**

## **2021**





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# MESSAGE FROM THE WMA PRESIDENT

As we leave 2021 and enter our third year of the Covid-19 Pandemic, we are still plagued with illness, restrictions, quarantines, and constant testing; and we long for the cherished normalities of life. But, 2021 has also been a year of outstanding medical achievement, developing medicines and implementing vaccination programs with astonishing speed; testing and roll-out of medications faster than ever before seen in human history.

While the hope that vaccines would stop the pandemic has not come to fruition, the rapid development and distribution of these medications have saved us from the worst and allowed many to regain a bit of freedom. Vaccine development and distribution have seen a stunning collaboration of research, industry, and clinicians to provide the world with the necessary medicine in record time. Sadly, we have not produced and/or distributed enough to serve the world as a whole; many countries still lack sufficient access to protective vaccines. And, in many developed countries, leaders have not been successful in convincing segments of populations that the vaccines offer significant overall benefit to their health.

The fact that people would rather pay for fake vaccination certificates than receive a free vaccination may provide more telling information about society than any of our healthcare statistics. 'Distrust' has become a disease vector, not only allowing the further spread of the virus but prolonging the pandemic itself.

For those treating Covid patients, 2021 has been a year of exhaustion. The onerous burden of the work, the constant fight for survival, and the deficit of recovery time have taken a heavy toll on healthcare personnel worldwide, leaving many burned out or quitting clinical services altogether.

Our colleagues in hospitals have paid an exceptionally high price in the form of grueling hours, austerity measures, and unreliable supply chains. WMA will continue to focus on the pandemic's hard lessons in order to significantly improve emergency preparedness.



The World Medical Association has produced an array of recommendations on emergency and pandemic preparedness. It is time to improve our theoretical strategies by adding the real-world lessons we have gained. We must be prepared to aid world health care systems by improving public health structures, ensuring the necessary surge capacities, and developing reliable and robust supply chains and stock-piles of essential healthcare equipment and medicines. The World Medical Association must foster more international cooperation and investments to achieve more equitable health, Universal Health Coverage, and a more robust global public health structure.

The virtual meeting work we are now used to has been extremely helpful to stay in contact and to maintain our workstream. However, it is not a perfect substitute for meeting in person. At the time of this report, we look forward to 2022 as a year in which we will try to recover some of our close international cooperation. Our Council is planned for a hybrid meeting as we must expect that travel and meeting restrictions may still apply in April, when we want to convene in Paris. I hope to see as many of my council members and delegates as possible and to greet them in person.

**DR. HEIDI STENSMYREN**

WMA President

**Policies adopted at the General Assembly 2021 - London (online)**

- WMA Declaration on Principles of Health Care for Sports Medicine (revised)
- WMA Statement in Support of Ensuring the Availability, Quality and Safety of All Medicines Worldwide
- WMA Statement on Access of Women and Children to Health Care (revised)
- WMA Statement on Access to Surgery and Anesthesia Care
- WMA Statement on Family Violence (revised)
- WMA Statement on Medical Care for Migrants (revised)
- WMA Statement on Medical Liability (revised)
- WMA Statement on Photoprotection
- WMA Statement on Trade Agreements and Public Health (revised)
- WMA Statement on Women's Right to Health Care and How that Relates to the Prevention of Mother-to-Child HIV Infection (revised)
- WMA Resolution on Covid-19 Vaccines and International Travel Requirements
- WMA Resolution on Observer Status for Taiwan to WHO and inclusion as a participating party to the International Health Regulations (IHR) (revised)
- WMA Resolution in support of Myanmar Health Personnel and Citizens
- WMA Resolution in support of the Countries worst affected by the Covid-19 Crisis
- WMA Resolution on the repression of Nicaraguan doctors
- WMA Resolution Supporting the Rights of Patients and Physicians in the Islamic Republic of Iran (revised)
- WFME Standards for Distributed and Distance Learning in Medical Education (endorsed)

**Policies reaffirmed by the 217th Council Session (online), Seoul, April 2021 and the 218th Council Session (online), London, October 2021**

- WMA Declaration on Leprosy Control around the World and Elimination of Discrimination against persons affected by Leprosy (with minor revision)
- WMA Recommendation on the Development of a Monitoring and Reporting Mechanism to Permit Audit of Adherence of States to the Declaration of Tokyo (with minor revision)
- WMA Resolution on Child Safety in Air Travel (with minor revision)
- WMA Resolution on North Korean Nuclear Testing (with minor revision)
- WMA Resolution on Plain Packaging of Cigarettes (with minor revision)
- WMA Resolution on the Implementation of the WHO Framework Convention on Tobacco Control (with minor revision)
- WMA Resolution on the Protection of Health Care Facilities and Personnel in Syria (with minor revision)

### General Assembly 2021 - London (online)

For the second year in succession, the WMA's annual General Assembly had to be organised as a virtual event. London was due to host a week of meetings. Instead, the Scientific Session, the Council, committee meetings and General Assembly were all held online over a period of seven days. Two days were set aside for the Scientific Session in the first week, with the Council meeting starting the second week.

#### President's Report

Dr. David Barbe, in his written report, said that despite the Covid-19 pandemic the WMA leadership had participated in many conferences addressing various aspects of the pandemic. Their emphasis had been on protecting physicians and other healthcare workers, recognizing the personal risk they took in carrying out their task of caring for patients with Covid-19 under very difficult circumstances. They had also participated in conferences on equitable distribution of Covid-19 vaccine, overcoming vaccine hesitancy, and improving vaccination rates.

#### Chair's Report

Dr. Montgomery said the last year had changed all their lives dramatically. Covid-19 had taken its toll. Among many other colleagues and friends they had to mourn was their esteemed colleague and friend K.K. Aggarwal from India who had passed away from the disease in May. He listed some of the many activities the WMA had engaged in relation to the pandemic and vaccine equity. He said it was true that national governments had an obligation to service their own population, but "vaccine nationalism" was not the road to freedom. They had to share wisdom, knowledge and vaccines.

#### Secretary General's Report

Two emergency issues were raised. The first related to Covid-19 and the fact that citizens of some countries were experiencing serious complications in travelling, as their vaccinations were not accepted as proof of full protection. Many countries accepted only a certain set of vaccines considered as suitable protection, while other vaccines were not recognized. The Council proposed an emergency resolution calling for an end to this discrimination. The emergency resolution stated that it should be the effectiveness of the vaccine which counted, not the authorisation of the vaccine. Governments needed to reconsider their current rules to allow international meetings to be held. There had been a lot of concern from colleagues in Asia and Africa who were having big problems in travelling to Europe. The meeting approved the Resolution.



Prof. Chris Whitty - Chief Medical Officer for England - Honored Guest of the WMA General Assembly

## WMA in Glasgow at the Climate Change Conference (COP 26)

**Five members of World Medical Association were present at the 26th Conference of the Parties (COP) of the United Nations on 01-13 November 2021 in Glasgow, Scotland, United Kingdom. Participants included Dr. Ankush Kumar Bansal from the Associate Members section, Michelle Glekin from the Israeli Medical Association, Dr. Ekpe Philips Uche from the Nigerian Medical Association, Dr. Innocent Achanya Otobo Ujah from the Nigerian Medical Association, and Maira Sudabra from the Latvian Medical Association and the World Medical Journal.**

For the first time at a COP meeting, health was discussed during negotiations between participating nations and the health sector had a fixed physical presence at the meeting. The World Health Organization placed a pavilion amongst governments and other organizations where the health sector provided over 65 educational and panel sessions for delegation participants, observers, and other participants. These sessions were congruent with current WMA policies such as universal health access, Protecting the Future Generation's Right to Live in a Healthy Environment, Climate Emergency, and Divestment from Fossil Fuels.

The WMA Delegation met directly with national delegations from Nigeria, Bolivia, Iraq, Pakistan, United States of America, Norway, Colombia, Philippines, Israel, and Chile. The goal was five-fold: 1) to discuss the relationship between climate change and health, 2) why this relationship is negatively affecting citizens in that nation today and how that will likely worsen in the years to come, 3) review of their National Determined Contribution (NDC) for mentions of health and encouragement to include health in future 5-year revisions of NDC statements, 4) discussion of the Healthy Climate Prescription (see below), and 5) including mention and/or proposed language of health in high-level negotiations.

While ultimately health was not included in the final documents or as a priority by COP26 leadership, there were impassioned speeches from several delegations and interest to elevate the importance of health at COP27 in Egypt.

One of the key written messages of the WMA delegation and the health sector representation at the Conference was the Healthy Climate Prescription. This document asks government delegations to take action to meet the Paris Agreement commitments of stopping warming at the 1.5 C target by further reducing greenhouse gas emissions (GGE) particularly from high-income countries, include health in those plans, transition from fossil fuels to clean energy, transferring of funds from high-income to low-income countries towards mitigation and adaptation, build climate resilient, low-carbon, sustainable health systems, and ensure that pandemic recovery investments support climate action and reduce social and health inequities. Approximately 600 organizations representing 50 million healthcare workers signed this letter. During the conference, the WMA Delegation and partners negotiated with several governments to formally endorse the document.

The WMA delegation made numerous contacts with other non-governmental organizations, universities, and climate change and health educational programs for medical students, junior doctors, and practicing physicians to educate the next generation of physician researchers, policy makers, and advocates on the climate change and health intersection.

While all the goals of the WMA and the global health sector were not met at COP26, the future looks promising for governments to address this #1 public health threat in the coming years.

## Violence against health care: giving a new impetus to the UN Security Council Resolution 5 years after its adoption

2021 marked the 5th anniversary of the [United Nations Security Council Resolution 2286](#), by which its 15 members, supported by more than 80 countries, condemned attacks and threats against the wounded and sick, health and humanitarian personnel, their means of transport and equipment, as well as hospitals and other medical facilities. In the Resolution, the Security Council deplored the long-term consequences of such attacks for the civilian populations and health-care systems of the countries concerned.

Five years after its adoption, numerous reports attest that violence against health care remains a reality in all regions of the world and with the Covid-19 pandemic, the phenomenon has expanded dramatically.

In an attempt to give a fresh impetus to the Resolution 2286 and reinvigorate its implementation, the Permanent Mission of Norway, the International Committee of the Red Cross and the Norwegian Red Cross held a [High-Level event on "Protection of Health care"](#) on 26 May, in the margins of the annual protection of civilians week of the United Nations General Assembly. The event was supported by a number of countries, international NGOs and other civil society actors, including the World Medical Association and the Safeguarding Health in Conflict Coalition.

The meeting aimed to translate high-level political engagements on the protection of health care into concrete actions in countries, through international cooperation and dedicated resources.

WMA President David Barbe delivered a statement calling for urgent action to uphold the [Ethical Principles of Health Care in Times of Armed Conflict](#) and other Emergencies, endorsed by civilian and military healthcare organizations in 2015, and in particular to protect medical neutrality as an abiding principles in all circumstances.

Dr Barbe insisted as well that adequate accountability mechanisms against perpetrators of violence, as required in the Resolution 2286, be effectively implemented and that a stronger legal protection for health personnel is urgently required, as many countries already do for law-enforcement officers. Whoever attacks a nurse, physician or another health personnel must know that he or she will be severely punished for it.

### Other initiatives marked the 5th anniversary of the 2286 Resolution. To name just a few:

- [Video message by WHO Director-General](#) on the protection of health care in armed conflict commemorating the 5th anniversary of the 2286 Resolution, 5 May 2021
- "Ineffective Past, Uncertain Future - The UN Security Council's Resolution on the Protection of Health Care: A Five-year Review of Ongoing Violence and Inaction to Stop It" - [A publication](#) by Insecurity Insight/SHCC.
- ["Addressing the ongoing violence against health care in conflict and the covid-19 pandemic"](#), 24 May 2021, 74th World Health Assembly Side Event organized by the Global Health Centre, [Safeguarding Health in Conflict Coalition](#), the [Swiss Confederation](#), and the Spanish Government.
- ["Attacks on Healthcare - Five Years of UN Resolution 2286"](#), 26th May 2021, webinar organized by MSF Ireland's in collaboration with Irish Red Cross and DSA Ireland.





## A further step towards the elimination of nuclear weapons

The entry into force of the Treaty on the Prohibition of Nuclear Weapons on 22 January 2021 was considered as a major step forward for peace and planetary health by international health and humanitarian organizations, including the WMA which has been emphasizing for years the role of physicians in eliminating nuclear weapons, given the catastrophic humanitarian consequences that any use of nuclear weapons would have, and the impossibility of a meaningful health and humanitarian response.

At the initiative of the International Physicians for the Prevention of Nuclear War (IPPN), the WMA, the International Committee of the Red Cross (ICRC), the International Council of Nurses (ICN), the international Federation of Medical Students (IFMSA) and the World Federation of Public Health Associations (WFPHA) organized a Global Health Webinar "Entry into force of the Treaty on the Prohibition of Nuclear Weapons and the Role of Health Professionals" on 21 January. Dr David Barbe, WMA President and one of the keynote speakers, focused his statement on the ethical duty and responsibilities of the medical profession to advocate for the eradication of nuclear weapons.

The event was an opportunity for the partner organisations to issue a joint statement welcoming "this first comprehensive international prohibition of nuclear weapons, the most damaging weapons of mass destruction, and the latest to be comprehensively banned", insisting on "the urgent health and humanitarian imperative" to end nuclear weapons "before they end humankind and many other lifeforms".

In conclusion, the international health and humanitarian organizations urge "all nations to seize the opportunity the treaty offers and sign, ratify and faithfully implement it".

On 30 September, a virtual forum entitled "Eliminating the Existential Threat of Nuclear Weapons" was organized by the International Physicians for the Prevention of Nuclear War with the support of the WMA, ICN, IFMSA and WFPHA.

This high-level meeting brought together the United Nations Under Secretary General of Disarmament Affairs, Izumi Nakamitsu, ICRC President Maurer and the President of Rotary International Shekhar Mehta, to discuss the growing danger of nuclear war and strategies to eliminate these weapons.

If the pandemic context permits, the first meeting of State Parties to the Treaty on the Prohibition of Nuclear Weapons will take place from 22 to 24 March 2022 at the United Nations Office in Vienna.



## The need to protect public health interests from commercial interference in the fight against the scourge of alcohol

In 2005, the WMA adopted an important statement denouncing the global burden of alcohol on health and calling for comprehensive national policies to reduce the global impact of alcohol on health and society. Since then, WMA's position has been updated and completed, culminating with its WMA Declaration on Alcohol adopted in 2017, a consolidated broad policy addressing the root causes of alcoholism, its devastating impact on health and recommending targeted and evidence-based policies, based on a partnership with health professionals and other relevant actors. The WMA has always consistently opposed the involvement of the alcohol industry in the development of public health policies to reduce the harmful use of alcohol, given the conflicting interests between economic and public health imperatives.

The 193 Member States of WHO did not have such a clear-cut opinion on the role of the alcohol industry when they adopted the Global strategy to reduce the harmful use of alcohol in 2010. This strategy, considered as an historical consensus, provided the first-ever guidance to both Member States and to the WHO Secretariat on ways to reduce the harmful use of alcohol at all levels, with identified priority areas for global action and a portfolio of policy options for implementation at the national level. This instrument marked a turning point with the achievement of a global coordinated approach to address the alcohol burden, and was as such welcome by the WMA and the health community. However, notable reservations were raised on the role of the economic operators in alcohol production and trade, considered in the Strategy as essential" in enhancing global action, in the

same way as civil society stakeholders[1]. One may indeed wonder how realistic it is to expect the alcohol industry to take self-regulatory initiatives to prevent and reduce the harmful use of alcohol and thus take the wind out of its own sails.

Ten years later, the WHO Executive Board notes "with grave concern that, globally, the harmful use of alcohol causes approximately 3 million deaths every year; and that (...) the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high". Agreeing that the global strategy fell short of expectations, the Board Member States recognized its "continued relevance" and decided in February 2020 to boost the dynamic by requesting the WHO Director-General, inter alia, "to develop an action plan (2022-2030) to effectively implement the Global strategy (...) as a public health priority, in consultation with Member States and relevant stakeholders"[1].

In November 2020, WHO secretariat launched a web based consultation on a working document for the development of such an action plan. This lengthy document includes a first section "Setting the scene" highlighting the challenges in implementation of the Strategy. Amongst these, the WHO secretariat identifies "the influence of powerful commercial interests in policy-making and implementation (...). Competing interests across the whole of government at the country level, including interests related to the production and trade of alcohol and government revenues from alcohol taxation and sales, often result in policy

[1] WHO Executive Board decision EB146 (14), 7 February 2020

[2] Global strategy to reduce the harmful use of alcohol, paragraph 18

incoherence and the weakening of alcohol control efforts. (...) General trends towards deregulation in recent decades have often resulted in a weakening of alcohol controls, for the benefit of economic interests and at the expense of public health and welfare”[1].

Despite this accurate analysis of the situation, the proposed action plan maintains and further develops an explicit role for the economic operators, with a view to contribute to the reduction of alcohol burden or to refrain from acting against the public health interests. By inviting the same players for a second round, is WHO not jeopardizing again the chance of success of the Global Strategy?

In its written comments submitted in the framework of the consultation and later reiterated in its statement delivered on the occasion of the 3rd WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB) on 22-25 June 2021, the WMA argues that the proposal included in the plan to pursue a regular “global dialogue” with the alcohol industry contradicts the 1st guiding principle of the Global Strategy whereby public policies and interventions should be “guided and formulated by public health interests and based on clear public health goals and the best available evidence”. The WMA emphasizes the necessity to set very clear boundaries on the scope of action of the alcohol industry - strictly confined to their roles as producers, distributors and marketers of alcohol: any consideration of a supposedly virtuous role of economic operators to promote health and combat the alcohol scourge is inappropriate, unrealistic and even dangerous, leaving the door open to commercial intrusion to the

very detriment of public health imperatives. The WMA regrets as well in its comments the limited attention paid to the health professionals’ role in documenting and preventing the harmful use of alcohol. Stronger and more tangible actions are required in collaboration with legitimate partners sharing the same goal to protect public health interests from commercial interference.

The draft action plan is still under consultation. Its final version is expected to be submitted to the 75th World Health Assembly in 2022 for consideration.

[1] Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, 14th November 2020, p.4

**Other WMA’s recommendations on WHO draft action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol as a public health priority:**

- A stronger emphasis on health equity by addressing the problematic of alcohol through a Social Determinants of Health perspective and looking at the root causes of alcohol behaviours.
- The recognition of health professionals as key partners in combatting the harmful use of alcohol.
- The need for legally binding regulatory instruments at national and international levels including pertinent regulatory and fiscal measures to reduce harmful alcohol consumption.
- A health impact assessments of trade agreements, as a key necessity to protect, promote and prioritize public health over commercial interests.
- A solid reporting mechanism for the action plan’s implementation

## WHO Preparedness and Response to Health Emergencies

The WMA is following the discussions of the WHO Working Group on Preparedness and Response to Health Emergencies, which analyzes the feasibility and degree of impact of recommendations for strengthening pandemic preparedness and response according to the following categories: leadership and governance, systems and tools, financing and equity. Furthermore, they evaluated the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response as an additional tool for WHO beside the

International Health Regulations, which has aimed to prevent the international spread of disease since 1969.

Parallel to these meetings WHO hold its second special session of the World Health Assembly discussing possible international instruments on pandemic preparedness and response. The assembly adopted to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

In a first survey at the end of the year WMA commented the proposed main components and focus of such an international instrument.

### COVID-19: Make it the Last Pandemic

The Independent Panel for Pandemic Preparedness & Response examined over an 8-month period why COVID-19 became a global health and socio-economic crisis and published a report with its findings and recommendations for action to curb the COVID-19 pandemic and to ensure that any future infectious disease outbreak does not become another catastrophic pandemic.

WMA together with WHPA participated in focus group discussions of the Independent Panel to hear experiences, reflections, and suggestions from frontline health professionals about the impact of COVID-19 on their work and health, how they have been coping with it, and what need to change for future pandemics for the national and international systems to better support them.

### WMA signs WHO Vaccine Equity Declaration

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 would be carried out in all countries within the first 100 days of the year 2021. This call on countries and companies to ensure that COVID-19 vaccines would be

administered in every country by World Health Day on 7 April 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.

The Vaccine Equity Declaration can be found [here](#).

### International Symposium on Vaccination

WMA, the German Medical Association and the Pontifical Academy for Life collaborated to promote vaccine equity and confront vaccine hesitancy by organising an International Symposium on Vaccination at the beginning of July 2021. Recognizing the urgency of these issues and the essential role international and cross-sectoral collaborations can play in advancing these

causes, these 3 organisations joined forces to demand that all relevant stakeholders exhaust all efforts to ensure equitable global access to vaccines and confront vaccine hesitancy by sending a clear message about the safety and necessity of vaccines and counteracting vaccine myths and disinformation. Read more [here](#).

## Webinar on Safeguarding Health Professionals' Mental Health

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. This webinar, organised by WMA together, with WHA and IHF, 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. A recording can be accessed [here](#).

## Webinar “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.

The WMA together, with WHA and IHF, organized a [webinar](#) entitled COVID-19 - An occupational disease? featuring a panel of experts from the field discussing 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 can be accessed [here](#).

## Public Health in Global Perspective - The Case of Covid-19

The Pontifical Academy for Life invited the WMA to a conference in Rome under the title “Public Health in Global Perspective – The Case of Covid-19” on September 27 – 28 2021. WMA President Dr David Barbe held a presentation on the “Pandemic in the Physician Perspective”. The Conference focused on the ethical ramifications of the pandemic, including challenges, failures and the need for changes and development in the field of equity (e.g. vaccine distribution) as well as ecology. Presentations and debate were approached from a multicultural and multireligious perspective.

The conference provided also an opportunity for an audience with the Holy Father, Pope Francis which Dr Barbe and the WMA Secretary General Dr Otmar Kloiber attended.



Dr. David O. Barbe in his role as WMA's president meeting Pope Francis and Archbishop Vincenzo Paglia, President of the Pontifical Academy for Life

Copyright: Vatican Media

## Re-launch of the Positive Practice Environments campaign with new material

The World Health Organization estimates a shortage of 18 million health workers by 2030, leading to poorer health outcomes and health worker well-being. The reasons are complex. A prevailing reason, however, is the poor quality of healthcare work environments that are undermining health service delivery and driving health professionals away from their caregiving role and country.

Positive Practice Environments – health care settings that support excellence and decent work conditions – have the power to attract and retain staff, provide quality patient care and strengthen the health sector as a whole.

That's why WMA together with WHPA and IHF are urging health professionals, managers, governments, policy and decision-makers, and community leaders, to Stand Up For Positive Practice Environments.

Health professionals need health care information to feel empowered, build professional self-worth, learn, diagnose, educate the public and patients, and to save lives. As part of the re-launch of the Positive Practice Environment Campaign (PPE) new posters and factsheets on health care information for health professionals were developed in English, French and Spanish. All posters, factsheets and brochures are available for free on the [website](#).

### 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 in the newsletter.**

25.02.2022: Medical neutrality must be observed in Ukraine  
 24.02.2022: World doctors deplore Russian aggression in Ukraine  
 08.02.2022: WMA Condemns Ethiopia's Humanitarian Crisis  
 02.12.2021: Global Physicians Condemn Continuing Vaccine Inequity  
 11.11.2021: Turkish authorities urged to ensure fair trial of physician  
 18.10.2021: WMA General Assembly  
 16.10.2021: World Medical Association Calls For Action on Fake Medicines  
 15.10.2021: Physicians Facing Prison Threat Gain Global Support  
 15.10.2021: Gender Inequality in Health Care Must End, says WMA  
 15.10.2021: Message of Appreciation to Physicians in their Fight Against Covid-19

12.10.2021: WMA Calls For End to Covid Travel Discrimination  
 28.09.2021: Rabies, a serious one health problem say veterinarians and physicians  
 31.08.2021: Physician leaders call for end to repression against health professionals  
 02.07.2021: World Medical Association, German Medical Association and Pontifical Academy for Life collaborate to promote vaccine equity and confront vaccine hesitancy  
 01.07.2021: WMA calls for release of death sentence physician  
 03.05.2021: Physicians Code of Ethics Updated  
 23.04.2021: WMA calls for global solidarity in combating COVID

### Constituent Membership

The physicians of this world are typically represented by the 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.

### 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 1300 active Associate Members as of April 2021. The registration page is available on the [WMA website](#).**

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.

**The WMA currently has a total of 115 members as of October 2021. There is a detailed membership list 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.

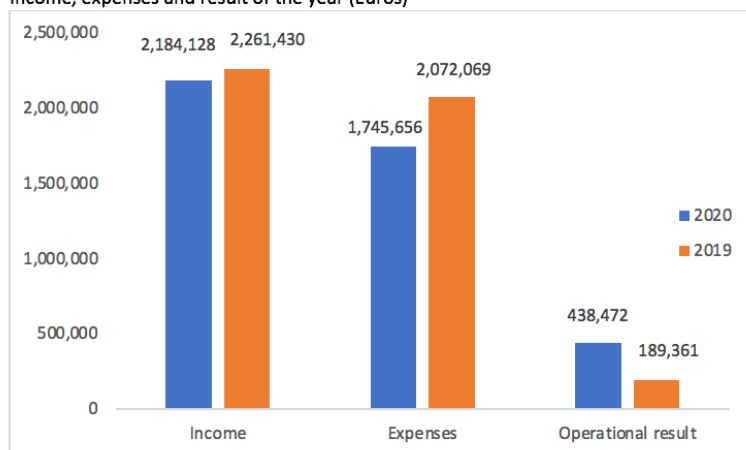
**BALANCE SHEET AT 31 DECEMBER FOR THE YEARS 2020 AND 2019**

Assets	2020	2019
<b>Current assets</b>		
Cash	4 143	3 821
Accounts receivable	32	33
Prepaid expenses	154	32
<b>Non current assets</b>		
Website - net	-	5
Real Estate - net	34	43
Furniture, fixture and office equipment - net	43	60
<b>Total assets</b>	<b>4 406</b>	<b>3 994</b>
<b>Liability and equity</b>		
Accounts payable and accrued expenses	331	358
Deferred Income	24	29
Provisions and reserves	776	728
<b>Funds</b>		
Travel stipend fund	35	25
Earmarked funds	398	451
<b>Association equity</b>		
Other Equity	2 841	2 403
<b>Total liability and equity</b>	<b>4 406</b>	<b>3 994</b>
<b>Net result for the year</b>	<b>438</b>	<b>189</b>
<b>Total Association equity</b>	<b>2 841</b>	<b>2 403</b>

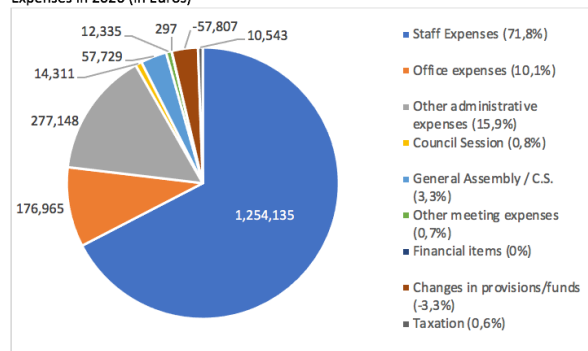
**INCOME STATEMENT FOR THE YEARS 2020 AND 2019**

	2020	2019
<b>Income</b>		
Dues and contributions	2 083	2 106
Financial earnings	5	13
Associate members - Net	17	15
Other income	79	61
Project income	-	66
<b>Total income</b>	<b>2 261</b>	<b>2 261</b>
<b>Expenses</b>		
Administrative overhead		
- Staff expenses	1 254	1 175
- Office expenses	177	147
- Other expenses	277	399
Meeting expenses		
- Council Session	14	144
- General Assembly	58	77
- Other meeting expenses	12	47
Financial items		
- Financial cost	1	2
- Foreign currency gains/losses	-1	-1
Changes in provisions/funds		
- Transfer from/to provisions	-5	54
- Transfer from/to funds	-52	15
Taxation	11	13
<b>Total Expenses</b>	<b>1 746</b>	<b>2 072</b>

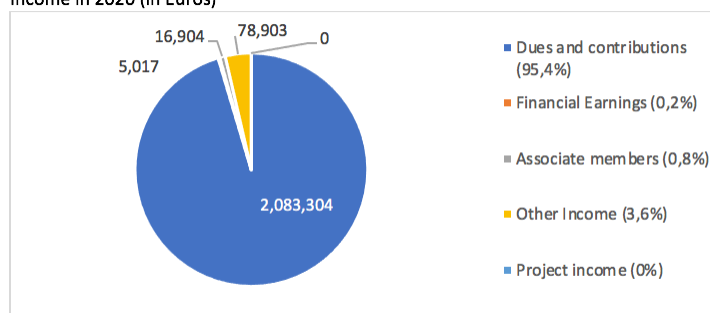
Income, expenses and result of the year (Euros)



Expenses in 2020 (in Euros)



Income in 2020 (in Euros)





WMA LEADERS



Dr. Heidi STENSMYREN

President

Sweden



Osahon Enabulele

President Elect

Nigeria



Dr. David Barbe

Immediate Past-President

U.S.A.



Prof. Dr. Frank Ulrich MONTGOMERY

Chairperson of Council

Germany



Dr. Otmar KLOIBER

Secretary-General

Germany



Dr. Kenji MATSUBARA

Vice-Chairperson of Council

Japan

Vacant until April 2022

Chair of the Socio Medical Affairs Committee



Dr. Joseph HEYMAN

Chairperson of the Associate Members (deceased February 12, 2022)

United States



Dr. Anthea Mowat

Interim Chairperson of the Associate Members

United Kingdom

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 Ferreira  
Technical Assistant

Magda MIHAILA  
Communication and Information Manager

Radhia SMAALI  
Maintenance

Marielle Guirlet  
responsible for WMA electronic/paper archives.



In 2021, the WMA Secretariat was joined by two new colleagues.

Ms Marielle Guirlet who has been working with the WMA as a consultant since 2014 on the WMA electronic/paper archives. She is French and obtained her PhD in Atmospheric Sciences in 1997 in France and Master of Science HES-SO on Information Science in Geneva, she specialized in data curation and preservation, and information architecture, which perfectly fits to her position at the WMA. The WMA team welcomed her in May 2021 as a part-time member of staff.

Ms Marie Ferreira de Oliveira joined the WMA team in May 2021 in the position "Technical Assistant", due to the departure of Ms Marie Isabelle Pin-Harry after her 2,5-year excellent contribution at the WMA Secretariat. Marie Ferreira de Oliveira is French and she obtained her Master, specialized in Hospitality Revenue Management in France. Before joining WMA team, she worked in a five-star hotel in France and from her academic and working experience, more value and expertise is added to the WMA team as she takes care of facility maintenance and relationships with our tenants and contractors. She also assists the WMA Associate Membership.







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