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Family Medicine between Local Service and Global Discipline: the Contribution of Wonca



Primary Care, with family physicians, nurses, midwifes and other allied health providers, is essential for the health of people. The strength of Primary Care is its ability to respond to the local needs of people and populations and to focus care on the prevailing living conditions. This has been stressed by the resolution of the World Health Organization (WHO): "Primary Health Care, including Health Sys-

tem Strengthening", adopted in May 2009 [1]. From this, it can be inferred that Primary Care, and with it Family Medicine, are shaped and formed under the local conditions they have to work in. With this must come the realization that Primary Care can only thrive, when it is embedded within academic development of research, teaching and training, in the society it serves. That is why family physicians need excellent national Colleges and Academies of Family Medicine.

However, there is another side to this coin: if Primary Care is essential for the health of people and populations, this is true for all populations and communities. That is why every family must have a family doctor and there should be Primary Care, with family physicians, in every community of the world. This comes to the dictum to "think globally and act locally" and requires Family Medicine promotion and co-ordination on a world scale.

This is where Wonca finds its mission. To appreciate Wonca's track record, it is important to understand this global–local interaction. As an academic organization of national organizations, Wonca focuses on activities that promote the health (care) of people, that require global actions and cannot, or not yet, be done on a national level. An overriding objective of Wonca is, therefore, to stimulate the development of strong national Colleges and Academies. Lobbying with governments to promote Primary Care and the role of family physicians is an ongoing activity, and the close collaboration with the WHO is instrumental. Although much ground has been covered – Wonca currently counts 119 member organizations – there is still a substantial number of countries around the world without academic Primary Care. That is the importance of the WHO

resolution on Primary Care that Wonca campaigned for [1]. From this follows, that only from its own (community specific) setting can Primary Care be developed, and this implies that teaching and training [2] as well as research [3] should take place in the community itself. Once this principle is accepted, the actual pursuit falls under the national mandate, but for many countries teaching, training and in particular research are still the exclusive right of subspecialists and teaching hospitals.

Another example of what only can be achieved through Wonca, is in the field of classifications: the International Classification of Primary Care (ICPC) [4] which does justice to the specific characteristics of Primary Care, has been essential in the development of Family Medicine.

Equally important is the transfer and exchange of products between countries. Wonca is a regional and global forum for the innovation of Primary Care. Its richness is also the vast collective resources of its Member Organizations. Particularly when operating in a regional structure the flow of exchanges is powerful, as the experiences in Europe, for example, show.

If there would be a world without Wonca, the current developments in health care would make it mandatory to found a Wonca now. However, as Wonca was founded more than thirty-seven years ago, Primary Care and Family Medicine are now off to a flying start: to organize Family Medicine Colleges and Academies in a regional structure, to allow the development of Primary Care products and the exchange of existing ones. This makes it possible for Family Medicine to reach out to every community in the world.

References

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- 4 Wonca International Classification Committee. International Classification of Primary Care, ICPC-2. Second edition. Oxford: Oxford Press; 1998.