



WMA

WORLD MEDICAL ASSOCIATION

ANNUAL REPORT

2020



MESSAGE FROM THE WMA PRESIDENT

2020 will be a year forever linked to the COVID-19 pandemic. That makes no difference to the WMA. My thoughts are with those who lost their lives during the pandemic, and with their families and friends. Many doctors are among them, many who jumped to care for the ill even when lacking personal protective equipment.

The pandemic has taught us about our vulnerability, especially those of us who live in countries with high performing health care systems. It will be our task over the coming year(s) to reflect on the lessons from the COVID-19 pandemic and to become better prepared. This was not the first pandemic, and it will not be the last.

The global structure of the WMA led us early on to rely on telecommunications, distributed working and cloud computing. When the government ordered the closure of offices and requested business to switch to telework, it did not cause us disruption. However, from the middle of March 2020, all our in-person meetings were cancelled or converted to online sessions; discussions moved to video conferences and we voted electronically. Online meetings have proven to be a viable tool for our international cooperation, but they are not a perfect substitute for in-person meetings and communication. Working together internationally is about more than just exchanging and debating documents. It is also about mutual understanding, gaining respect for one other, and often making friendships across the borders which otherwise separate us. For this, personal contact is essential.

While the pandemic influenced our work from January 2020 onwards, and we were often dealing with questions around it, our "regular" work had to continue. The revision of policies, the creation of new guidance, had to be kept on the agenda.

From our core policies like the International Code of Medical Ethics, to the new frontiers of technology, like augmented intelligence, we have continued to sharpen our profile and strengthen our guidance giving and orientation. In October, we held a multi-lingual virtual General Assembly, originally planned as an in-person meeting in Cordoba, Spain.



With the WMA Council and General Assembly discussing and either revising or newly creating numerous policies, we continued our work despite being unable to meet in person.

The pandemic has emphasized some concerns we have expressed before: Our statements that austerity measures cutting investment in health care would result in damage to health became an awful reality. The need we had stressed for pandemic and disaster preparedness had been understood in only a few countries, while most others were hit by the pandemic unprepared. Our engagement for Universal Health Coverage turned out to be more necessary than ever.

The WMA stays vigilant in our efforts to enable access to high-quality health care for all people. We focus on improving the Social Determinants of Health, including better living and working conditions, better nutrition and education, and protecting our environment to reduce health damages from climate change and pollution. We continue to advocate for the profession's independence and autonomy and for its organizations, and for safeguarding human rights in health.

The pandemic has not stopped us. We work differently from how we did last year, but no less effectively and no less visibly – and yet we hope some normality will return in the months ahead.

DR. DAVID BARBE

WMA President

Policies adopted at the General Assembly 2020 - Cordoba (online)

- WMA Declaration of Cordoba on Patient-Physician Relationship
- WMA Declaration of Oslo on Social Determinants of Health (revised)
- WMA Declaration of Ottawa on Child Health (revised)
- WMA Declaration on Pseudoscience and Pseudotherapies in the Field of Health
- WMA Statement concerning the Relationship between Physicians and Commercial Enterprises (revised)
- WMA Statement on Gene-Editing
- WMA Statement on Hypertension and Cardiovascular Disease
- WMA Statement on Physicians' Responsibilities in Preventing and Combating Transplant-related Crimes
- WMA Statement on Stem Cell Research (revised)
- WMA Resolution in support of an International Day of the Medical Profession, October 30
- WMA Resolution in Support of Dr Serdar Küni (reaffirmed as a Resolution)
- WMA Resolution in support to the Turkish Medical Association
- WMA Resolution on Equitable Global Distribution of COVID-19 Vaccine
- WMA Resolution on Human Rights Violations against Uighur people in China
- WMA Resolution on Protecting the Future Generation's Right to Live in a Healthy Environment
- WMA Resolution on the Access to Adequate Pain Treatment (revised)
- WMA Resolution on the Responsibility of Physicians in the Documentation and Denouncing Acts of Torture and Ill-treatment (revised)
- WMA Resolution on Violence against Women and Girls (revised)
- WMA Resolution regarding the Medical Profession and COVID-19

Policies reaffirmed by the 215th Council Session

- WMA Statement on Freedom to Attend Medical Meetings (with minor revision)
- WMA Statement on the Relationship between Physicians and Pharmacists in Medicinal Therapy (with minor revision)
- WMA Resolution on Drug Prescription (with minor revision)
- WMA Resolution on the Designation of an Annual Medical Ethics Day
- WMA Resolution on the Healthcare Situation in Syria (with minor revision)
- WMA Resolution on the Prohibition of Chemical Weapons (with minor revision)

General Assembly 2020 - Cordoba (online)

The WMA's 71st annual General Assembly was due to be held in Cordoba, Spain to mark the 100th anniversary of the Spanish Medical Association. But regrettably, because of Covid-19, the Assembly had to be held online. From October 26 to 30, the WMA organised a five-day virtual conference, with more than 100 delegates from almost 60 national medical associations registering for the committee meetings, and the Council and Assembly sessions.

President's Report

The President, Dr. Miguel Jorge (Brazil), reported on his activities since his inauguration a year ago. He reminded the meeting that his theme had been the importance of the physician-patient relationship. Among the meetings he had attended were the 72nd Anniversary of the Japan Medical Association, the 7th International Congress of Person Centered Medicine and the International Symposium on Primary Health Care. He said it had been a very busy, if unusual year, with the outbreak of the pandemic. He was now looking forward to his term as Immediate Past President.

Chair's Report

Dr. Montgomery, in his written report, referred to his visits to Hong Kong, Taipei and Kolkata in India. Then SARS-CoV2 engulfed the world. Countries and continents followed different strategies to fight the pandemic virus, ranging from efforts to attain 'herd immunity' quickly by allowing people to maintain contacts and exposure to the virus, to total shut-down scenarios. He said the outcome of these various strategies was going to be the subject of scientific scrutiny for a long time to come.

Secretary General's Report

Dr. Kloiber referred the meeting to the lengthy written report to Council about the work of the secretariat. He said that there might be a need to discuss Covid-19 in more depth than was possible at this meeting, and it had been suggested that a separate conference might be held next year. The Chinese Medical Association proposed an amendment to the report, deleting the section relating to the WMA press release denouncing a reported breakdown of medical care and humanitarian assistance for protesters in Hong Kong. The Chinese delegate said these reports of physicians and other medical staff being arrested, and injured students and protesters being denied medical assistance, were not true. But in the absence of a seconder, the amendment fell.



Pedro Sanchez - Prime Minister of Spain - Honored Guest of the WMA General Assembly

Violence against health care in times of pandemic

A global mobilization to protect those who save our lives

Violence against health personnel is not a new phenomenon, but with the COVID-19 pandemic we witnessed a dramatic acceleration of the trend worldwide from the very first months of the year. As the outbreak continued to spread, more and more attacks against physicians and nurses were reported by our members, by other health organisations and individual physicians. In some countries, physicians became victims of reprisals for denouncing undignified working conditions, the lack of medical equipment, or for criticizing their governments' pandemic responses. Violence included threats, insults, stigmatisation by communities and the state.

In April, the [WMA condemned attacks against health professionals](#), emphasizing the situation in India as an example where “physicians and other health care staff are being ostracized, discriminated against and even physically attacked”. WMA President Miguel Jorge made a [plea for respect and peace](#) for health professionals later that month.

On the opening day of the World Health Assembly last May, the WMA presented a [statement](#) denouncing the rising tide of violence against health personnel in every region of the world, and calling on the WHO and Member States to finally assess the magnitude and gravity of this scourge and to recognize violence against health care as an international emergency requiring urgent action. Our call was reiterated to the [WHO Executive Board](#) during its special session in October and to the [73rd World Health Assembly](#) (resumed session), which took place last November.

The issue has been at the core of our exchanges during the year with our global partners from the [Health Care in Danger Initiative](#), led by the International Committee of the Red Cross, with a shared feeling of profound disbelief. The World Health Assembly 2020 was an opportunity to issue a [joint Declaration](#) denouncing violence linked to the pandemic and calling for solidarity with health personnel worldwide.

Human rights organisations were also outraged by the phenomenon, with Physicians for Human Rights (PHR) at the forefront.

In May, The Lancet published a joint comment “Attacks against health-care

personnel must stop, especially as the world fights COVID-19” by PHR, the WMA and the International Council of Nurses (ICN). Following on from this on 28 May, The Lancet Editor-in-Chief and PHR Board Member Dr Richard Horton moderated a [webinar](#) on protecting health care workers amid the COVID-19 pandemic. The panel featured nurse Howard Catton (ICN), Dr Michele Heisler (PHR) and WMA Secretary General Dr Otmar Kloiber, who discussed the distressing public targeting of frontline health care personnel and explored ways to protect and better support them in their critical roles as we face the COVID-19 pandemic.

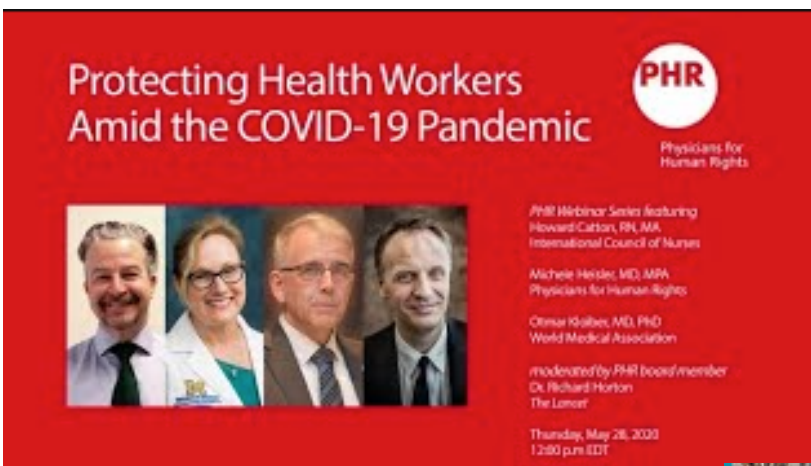
Amnesty International took a stance as well and conducted field research to document the experiences of health workers around the world during the COVID-19 pandemic. Through our membership and other contacts, we collaborated with Amnesty's research team and supported its research. In its [report](#) #ExposedSilencedAttacked released in July, Amnesty's analysis of available data revealed that more than 3000 health workers are known to have died from COVID-19 in 79 countries around the world. Amnesty invites all of us to take action by signing a [pledge](#) to protect health and essential workers on the frontline.

Yet, it is our governments who can ultimately make things happen. It is our governments that are accountable for the deaths of health personnel who they fail to protect from the pandemic. Condemning violence is not enough. They can and must do more:

- Promoting and ensuring compliance with the [Ethical Principles of Health Care in Times of Armed Conflict and other Emergencies](#), endorsed by civilian and military healthcare organizations in 2015.
- Ensuring compliance with the [UN Security Council Resolution](#) 2286, condemning attacks and threats against medical personnel and facilities in conflict situations and enforcing adequate accountability mechanisms against perpetrators.
- Developing adequate education for the health workforce to ensure rapid detection and response to health emergencies and prevention of epidemics and pandemics.
- Ensuring the security of the supply chain of personal protective equipment for all health personnel on the frontline;

- Providing to WHO with the necessary support to fulfil its leadership role in documenting attacks on health personnel and facilities, through accurate and systematic data collection on incidents of violence;
- Recognizing COVID-19 as an occupational illness, providing compensation and other support to health personnel in case of infection.

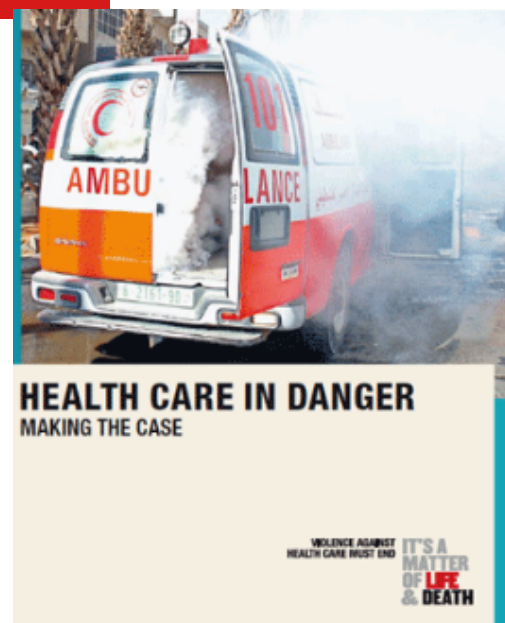
None of these recommendations are new and the WMA has been consistently asking for their implementation. It is our hope that the current tragedy will give full meaning to these measures, revealing to world leaders their merits and the urgency to act now.



In collaboration with the leadership of the World Medical Association and the International Council of Nurses, Physicians for Human Rights published a Comment piece in The Lancet on May 20, 2020 entitled, "Attacks Against Health-Care Personnel Must Stop, Especially as the World Fights COVID-19."



Amnesty International Report: Exposed, Silenced, Attacked Failures to protect health and essential workers during the COVID-19 pandemic



ICRC: Health Care In Danger: Making the case

Partnering with the World Psychiatric Association to foster the right to mental health

Mental health has become an important issue for the WMA over the past years, with the emergence of critical discussions piloted by Dr Dainius Puras, former United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. With the support of Dr Miguel Jorge, psychiatrist and WMA Past President, the WMA has been contributing to these discussions with the aim of providing the physicians' perspective. The debate, fuelled by various stakeholders, in particular organisations representing patients with mental disorders and victims of ill treatment, reveals a trend to present human rights and medical ethics regarding the treatment of mental disorders as opposing each other, conveying a negative portrayal of psychiatry and psychiatrists.

In April, Dr Puras presented his [report](#) to the 44th session of the Human Rights Council with recommendations to set a rights-based global agenda for advancing the right to mental health. Regretfully, health professionals' organisations were not consulted, although the WMA had developed a good working relationship with the Special Rapporteur and repeatedly affirmed its willingness to be included in discussions with users and other relevant actors.

This last publication by Dr Puras during his mandate addresses the issue of mental health by establishing once again a dichotomy between a "medicalized" approach to the treatment of mental disorders and non-medical, psychosocial interventions that take into account the social context of patients' lives.

Such a dichotomy appears inadequate to the WMA and the World Psychiatric Association (WPA), which decided to collaborate. In August, the two organisations sent a joint letter to Dr Dainius Puras in response to the report.

Although sharing most of the goals reflected in the report to foster the right to mental health, condemning without reservation any form of abuse, violence and discrimination against patients with mental disorders and reaffirming the ethical responsibility of physicians to respect the autonomy of their patients, WMA and WPA expressed their strong reservations about the proposals put forward, which in essence reject any biological component to mental disorders - in the face of extensive evidence to the contrary - to value only psychosocial interventions. In the letter, the two organisations emphasized the danger of such an approach in causing substantial harm to the very people that the Special Rapporteur purports to protect.

The WPA and WMA forwarded their views to Dr Tlaleng Mofokeng, the new Special Rapporteur appointed by the 44th Human Rights Council last July, and agreed to continue and further develop their collaboration in the future.



44th session of the Human Rights Council

The COVID-19 pandemic - the trigger for a new model of society based on a healthy economy?

For some of us, the COVID-19 outbreak is a cause for hope. The hope that world leaders will finally change their governance in order to bring about a transformation of our societies based on a long-term vision promoting healthy economies with adequate investments for the benefit of our well-being and our environment.

This, at least, is the hope of over 350 organizations representing more than 40 million health professionals and 4,500 individual health professionals from 90 different countries, who wrote to the G20 leaders last May, calling for a [Healthy Recovery](#) from the pandemic and urging them to put public health at the centre of their economic recovery packages by prioritizing investments in public health, clean air and water and a stable climate. The WMA was one of the signatories of this initiative launched by the [WHO-Civil Society Working Group to Advance Action on Climate & Health](#) and coordinated by the [Global Climate & Health Alliance](#). In the letter, health professionals denounce how inequality and underinvestment in public health systems are being amplified by the outbreak, threatening health, food security and freedom to work for many. "We must learn from these mistakes and come back stronger, healthier and more resilient", insist health professionals in the letter.

The initiative was followed by a webinar [A Healthy Recovery: Charting the path forward](#), organized by the Global Climate and Health Alliance (GCHA) and WHO, ahead of the July 2020 G20 Finance Ministers' meeting. WHO representatives, an economist with COVID-19 recovery expertise, as well as representatives from leading medical and health organizations from around the world gathered to discuss COVID-19 government response packages and how these investments can support our future health and well-being from a health, economic, and sustainability perspective. WMA Secretary General Dr Kloiber was one of the panellists.

We cannot go backwards, but we can act now to stop further degradation of our environment and its broad adverse impact on our health.

We can invest in long-term reforms for sustainable health care systems and reverse the trend so that the most vulnerable are no longer those bearing the heaviest burden of accumulated short-term cost-saving measures. The pandemic could be the trigger for a true awareness of the urgency to develop a healthy economy, promoting clean renewable energy, boosting economic growth and improving human welfare by 2050.

Is calling for such a paradigm shift wishful thinking? This is not the opinion of those millions of health professionals who have been on the frontline since the beginning of the COVID-19 pandemic, exposed to death, disease and mental distress at levels not seen in decades

"Any efforts to make our world safer are doomed to fail unless they address the critical interface between people and pathogens, and the existential threat of climate change, that is making our Earth less habitable." WHO Director-General Dr Tedros Adhanom Ghebreyesus. Address to the 73rd World Health Assembly. 18 May 2020.

IN A NUTSHELL

In its [Manifesto for a healthy recovery from COVID-19](#), WHO lists a series of prescriptions with practical actions aimed at creating a healthier, fairer and greener world while investing to maintain and revive economies crushed by the effects of the pandemic:

- Protect and preserve the source of human health: Nature.
- Invest in essential services, from water and sanitation to clean energy in healthcare facilities.
- Ensure a quick healthy energy transition.
- Promote healthy, sustainable food systems.
- Build healthy, liveable cities.
- Stop using taxpayers' money to fund pollution.

WHO Framework Convention on Tobacco Control

The WMA is a member of the WHO Framework Convention on Tobacco Control (WHO FCTC) and has been participating in several working groups on the implementation process. The WHO FCTC is the first international treaty negotiated under the auspices of WHO and was developed in response to the globalization of the tobacco epidemic. It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation.

At the moment, the WMA participates in the Working Group to develop guidelines on the implementation of Article 13- Tobacco advertisement, promotion and sponsorship.

These guidelines provide guidance on how to eliminate tobacco advertising, promotion and sponsorship effectively at both domestic and international levels. The document will also include a focus on digital marketing channels such as social media, which increase adolescent and young people's exposure to tobacco marketing, and the depiction of tobacco in entertainment media.

During this extraordinary year, work has been carried out through a series of virtual consultations and couldn't proceed as quickly as planned. The plan is to submit the draft text of the specific guidelines to the Conference of the Parties 9 (COP9) in autumn 2021.

PPE – Positive practice Environment Campaign with WHPA

The World Health Organization estimates a shortage of 18 million health workers by 2030, leading to poorer health outcomes and reduced health worker well-being. The COVID-19 pandemic demonstrated even more starkly how fragile and unprepared most health care systems are.

The reasons for this 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 (PPE) are health care settings that support excellence and decent working conditions, have the power to attract and retain staff, provide quality patient care and strengthen the health sector as a whole.

This is why we are urging health professionals, managers, governments, policy and decision-makers, and community leaders, to Stand Up For Positive Practice Environments.

On 6 November 2020 the WMA, together with the members of the World Health Professions Alliance (WHPA) and supported by the International Hospital Federation (IHF), hosted a webinar to launch the Stand Up for Positive Practice Environments campaign. The CEOs of the 5 WHPA members talked about the importance of providing supportive workplaces and conditions for our frontline professionals. Darren Brown, a physiotherapist with Long COVID, also shared his experience and urged health professionals to rest, recover and pace themselves.



On 6 November 2020 the World Health Professions Alliance (WHPA.org) supported by the International Hospital Federation (IHF) hosted a webinar to launch the Stand Up for Positive Practice Environments campaign

COVID-19 Talks on the WMA Youtube channel

WMA leaders and members have been interviewed on the topic of COVID 19 and how it is tackled in different regions of the world.

COVID Talk Focus on vaccination with Dr. Frank Ulrich Montgomery, WMA Chairperson of Council.

COVID Talk with Dr Caline Mattar, on using the various types of face masks and face shields in clinical use and in the public

COVID Talk [Uganda] with Dr Richtard Idro reporting from a country with a very low number of cases, but taking strong protection not to risk a disaster

COVID Talk [Belgium] with Adv. Sara Roda on COVID-Apps, their use, functionality, different national experiences and plans, data protection and public health needs

COVID Talk [Germany] with Dr Klaus Reinhardt explaining Germany's regulations

COVID Talk [Australia] with Dr Mukesh Haikerwal AC tells us how he prepared his family physician office for the pandemic

COVID Talk [Chile] with Dr Anamaria Arriagada, Colegio Médico Santiago, explains the situation in a health care system used to deal with catastrophes and scarcity,

COVID Talk [UK] with Dr Chaand Nagpaul, Chair, British Medical Association about the efforts to increase the surge capacity in the National Health Service,

COVID Talk [JDN] with Dr Audrey Fontaine about the experience of young physicians with the COVID-19 Pandemic

COVID Talk [France] with Dr Xavier Deau as a Family Physician working in a hotspot of Corona infections

COVID Talk [Kenya] with Dr Jacqueline Kitulu on the measures to keep the number of COVID cases as low as possible in a country with very limited health care resources

COVID Talk [Spain] with Dr Tomas Cobo on the extreme Corona outbreak in Spain

COVID Talk [Sweden] with Dr Heidi Stensmyren on the potential of being forced to triage for ICU treatment

COVID Talk [Australia] with Dr Tony Bartone on the Australian perspective of having a long time to deal with the pandemic

COVID Talk [New Zealand] with Dr Kate Baddock on the lock down in an individualistic society

COVID Talk [Iceland] with Dr Reynir Arngrimsson on massive testing to contain the pandemic

COVID Talk [USA] with Dr Dave Barbe on the different speeds of the development of the pandemic in the USA

COVID Talk [Sri Lanka] with Dr Indika Karunathilake on the island state dealing with the Corona threat in an early phase

COVID Talk [Vatican] with Dr Pablo Requena on pastoral and spiritual care during the pandemic

COVID Talk [Brazil] with Dr Miguel Jorge on the pandemic being a psychological and mental health threat

COVID Talk [Taiwan] with Dr Brian Chang on a successful strategy to contain the outbreak

COVID-19 Talks on the WMA Youtube channel

COVID TALK [India] with Dr Ravi Wankhedkar about a huge country going into an early lock down

COVID Talk [Nigeria] with Osahon Enabulele dealing with Corona in an Central African country

COVID Talk [Israel] with Dr Leonid Eidelman on precautionary measures and restrictions



COVID Talk [Germany] with Dr Klaus Reinhardt
COVID Talk with Dr Klaus Reinhardt explaining the likely reasons for Germany's relatively low death toll, the difficulties to get PPE, the reduction ...



COVID Talk with [Australia] Dr Mukesh Haikerwal AC
COVID Talk [Australia] with Dr Mukesh Haikerwal AC - he tells us how he prepared his family physician office for the pandemic and how he set up a...



COVID Talk [Chile] with Dr Anamaria Arriagada
COVID Talk [Chile] with Dr Anamaria Arriagada, Colegio Médico Santiago, explains the situation in a health care system used to deal with catastrophe...



COVID Talk [UK] with Dr Chaand Nagpaul
COVID Talk [UK] with Dr Chaand Nagpaul, Chair, British Medical Association about the efforts to increase the surge capacity in the National Health...

New interviews will be published in the future on the WMA Youtube Channel

Public Relations

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

24.02.2021: Harassment and arrest of doctors in Myanmar condemned by physician leaders

31.01.2021: WMA leader calls for international co-operation in the fight against COVID-19

21.01.2021: Physician leaders welcome next step in nuclear treaty enforcement

10.12.2020: WMA condemns arrests of physicians for treating injured demonstrators

02.12.2020: Physician victims of Covid-19 should be properly compensated

30.11.2020: Physician leaders express alarm at "appalling" amputation sentences

27.11.2020: Physician leaders appeal against doctor's execution

05.11.2020: World Medical Association repeats plea for Taiwan's admission to World Health Assembly

02.11.2020: Physician leaders express concern over human rights violations against Uighur people

02.11.2020: Warning that Patient-Physician Relationship Is Under Threat

30.10.2020: Physician Leaders Call for Fair Global Distribution of Covid-19 Vaccines

30.10.2020: Let the science lead on covid-19, says new global physician leader

29.10.2020: Lives Lost Through Spreading of Discredited Science Says WMA Leader

27.10.2020: Threat to Dismantle Turkish Medical Association Strongly Criticised

07.10.2020: WMA annual General Assembly 2020

28.09.2020: World Rabies Day 2020 - Learning from COVID-19 Implementing One Health Approach to Eliminate Rabies

25.09.2020: World Medical Association condemns barbaric punishment

16.09.2020: Physician Leaders Support World Patient Safety Day

18.05.2020: Urgent action demanded to combat violence against health personnel

14.05.2020: World Health Organisation must be sufficiently funded, say physician leaders

21.04.2020: World Medical Association Condemns Attacks on Health Care Professionals

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 2020. 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 2020. This is an increase of two members with the Paraguayan Medical Association (Círculo Paraguayo de Médicos) joining, and the Royal Dutch Medical Association re-joining the Association in 2020.

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.

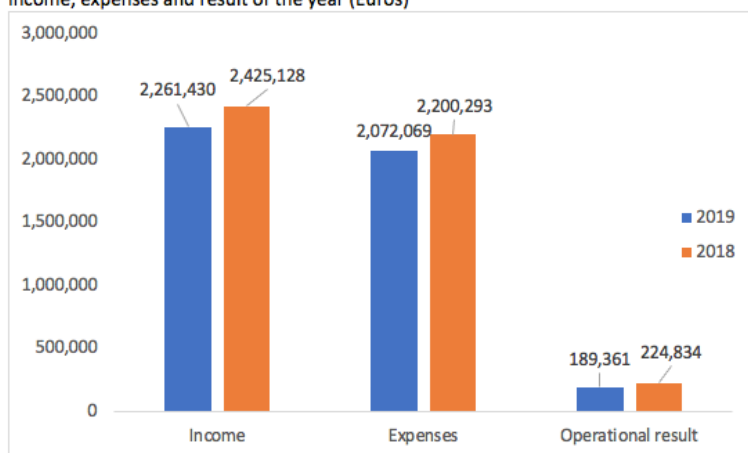
BALANCE SHEET AT 31 DECEMBER FOR THE YEARS 2019 AND 2018

Assets	2019	2018
Current assets		
Cash	3 821	3 426
Accounts receivable	33	99
Prepaid expenses	32	14
Non current assets		
Website - net	5	28
Real Estate - net	43	51
Furniture, fixture and office equipment - net	60	74
Total assets	3 994	3 692
Liability and equity		
Accounts payable and accrued expenses	358	366
Deferred Income	29	21
Provisions and reserves	728	635
Funds		
Travel stipend fund	25	19
Earmarked funds	451	436
Association equity		
Other Equity	2 403	2 214
Total liability and equity	3 994	3 692
Net result for the year	189	225
Total Association equity	2 403	2 214

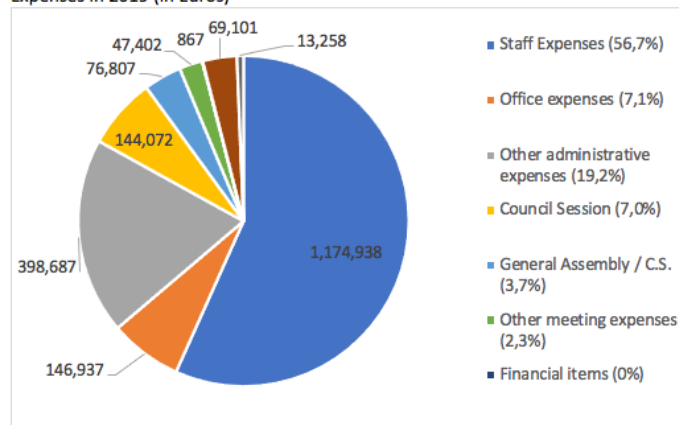
INCOME STATEMENT FOR THE YEARS 2019 AND 2018

	2019	2018
Income		
Dues and contributions	2 106	2 291
Financial earnings	13	14
Associate members - Net	15	12
Other income	61	40
Project income	66	68
Total income	2 261	2 425
Expenses		
Administrative overhead		
- Staff expenses	1 175	1 154
- Office expenses	147	150
- Other expenses	399	441
Meeting expenses		
- Council Session	144	88
- General Assembly	77	150
- Other meeting expenses	47	20
Financial items		
- Financial cost	2	2
- Foreign currency gains/losses	-1	-5
Changes in provisions/funds		
- Transfer from/to provisions	54	201
- Transfer from/to funds	15	-10
Taxation	13	10
Total Expenses	2 072	2 200
Net result for the year	189	225

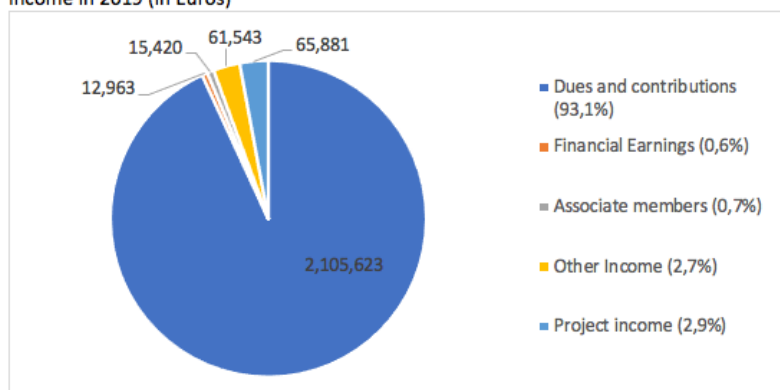
Income, expenses and result of the year (Euros)



Expenses in 2019 (in Euros)



Income in 2019 (in Euros)



WMA LEADERS



Dr. David BARBE
President
United States

Dr. Otmar KLOIBER
Secretary-General
Germany

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

Dr. Heidi STENSMYREN
President-Elect
Sweden

Dr. Kenji MATSUBARA
Vice-Chairperson of Council
Japan

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

Dr. Miguel R. JORGE
Immediate Past President
Brazil

Dr. Ravindra Sitaram
WANKHEDKAR
Treasurer
India

Dr. Joseph HEYMAN
Chairperson of the Associate
Members
United States

Dr. Frank Ulrich
MONTGOMERY
Chairperson of Council
Germany

Dr. Andreas RUDKJOEBING
Chairperson of the Medical
Ethics Committee - until
October 2020

WMA SECRETARIAT



Dr. Julia TAINIJOKI-SEYER
Medical Advisor

Roderic DENNETT
Spanish Translator

Clarisse DELORME
Advocacy Advisor

Anne-Marie DELAGE
Office Secretary

Yoonsun PARK (Sunny)
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Marie Isabelle PIN HARRY
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