**President's Annual Report**
May 2013 - 30 April 2014
Ines Boechat
Founding President

**Membership**
Timothy Cain
Chair, Membership Committee

**Membership: current**
- FAARDIT application, Argentina
- Others to be encouraged (Asia, Europe, Pacific, Latin America)
- Bylaws revision:
  - Membership extended to include associated membership for imaging-associated societies
  - No individual membership
- Upswing in multi-year payments, avoid bank charges

**Membership: expansion**

**Global work in education and child imaging safety**
Dorothy Bulas
Chair, Education Committee;
Marilyn Goske
President, Image Gently Campaign

**Education: global**
- Largely addressed by regional and national societies
- WFPI promotes & shares access to these efforts *(we could do more: contact us!)*
Education: global (2)

- SPR live web streaming
  - North American access (paying, CME)
  - Extended to 100 international places (free, no CME), 140 attended

Education: global (3)

- Webpages developed for global dissemination: expansion needed

Child imaging safety: global (1)

- In collaboration with the Image Gently campaign
  - Expand IG’s international committee, avoid duplication of resources
  - Including cross-linking to IG’s website as opposed to building up content on WFPI’s

Child imaging safety: global (2)

- CT cross-over between IG/WFPI, eg via dissemination of ACR’s fluoroscopy module
- Internationally-driven translation of IG tools
- A start of coordinated international representation at healthcare forums: more could be done

SPR 2014 live web streaming ‘selfies’
Education, training & outreach in lower resource settings
Savvas Andronikou & Dorothy Bulas
Chairs, Outreach & Education Committees

Education: lower resource settings
Our best bet is to "bolt-on" to existing, proven projects
Or... copy good projects
We must learn to train the trainers
We must innovate

CHOP-Radiology Society of Ethiopia - University of Addis Ababa Pediatric Radiology Fellowship program
Mozambique, March 2014

Education: lower resource settings (2)
White Paper 2012, RAD-AID Conference on International Radiology for Developing Countries - training the trainers?
Training health care personnel in the developed world is often overlooked.
Cannot assume that a radiologist from the developed world has the knowledge & skills to participate in a radiology development project in the developing world.
Overlooking "training of trainers" contributes to well-intentioned, but doomed to fail, projects.

Education: lower resource settings (3)
The role of technology innovation is paramount in radiology's international outreach
Examples of technology innovation include imaging services & educational platforms used to support personnel
The continuing proliferation of third-generation cell networks, broadband Internet & Wi-Fi present new opportunities for digitally connecting radiology facilities in the developing world

Education: lower resource settings (4)
Online lectures, tools and video library - particularly important when education opportunities are limited
Think about mobile phones
Consider lectures on digital picture frames
Consider institutional relationships

Education, lower resource settings (5)
Online lectures, tools and video library - particularly important when education opportunities are limited
Think about mobile phones
Consider lectures on digital picture frames
Consider institutional relationships
Education, lower resource settings

**Founding Societies**

- Boston Children's Hospital in South Africa
- Prof. Prabhu webinar on Imaging in Pediatric Epilepsy - Techniques, Tips, Tricks and Pitfalls
- Prof. G. Taylor will give the webinar on Scoliosis Curveballs

Education, all settings

**We must continue with output in print**

- WHO Manual: Efforts by Kieran McHugh
- Mini-Symposium June 2014 issue 32 papers from all continents

Outreach Tele-reading

3 existing telereading projects
4 planned projects

Tele-reading & training

**Khayeltisha, Western Cape, South Africa:**
- Managed by Ben Johnson, Richard Barth, Hans Ringhertz
- Read about initial part of project in Mini-symposium
- Take-over by Stanford University Hospital - opinions by residents supervised by 2 attendings
- Slow going - 10 referrals since October 2013
- Problem on site accessing Internet
- Attempted moving to Collegium Telemedics platform (pending)
- Legal issues at Stanford regarding licensure - under discussion

**India Ghandi Institute of Child Health, Bangalore, India:**
- Managed by Cicero Silva
- Shaky start, now rolling: 23 reports made
  - All CTs (mostly chest CTs, a few abdominal CTs)
- Time range, study reaches WFPI coordinator -> report fed into the software: 0 to 4 days, mean 1.4 days, median 1 day.
- Findings in most CT patients: suspicious for tuberculosis or fungal disease
- Studies were mostly of acceptable quality.
- Suggest elimination of multiple scan phases (scanned pre- and post-contrast)
- 6 tele-volunteers reporting: Ahmed Aedil, Jon Brandon, Sarah Desoky, Pacharn Preeyacha, Erick Serenito, Cicero de Silva
Tele-reading & training (3)

**MSF/ Doctors without Borders: Managed by Richard Wooton, Jared Halton**

- Reviewed MSF’s imaging manual, ultrasound manual; participated in QA publication in the Journal of Telemedicine and Telecare
- Relationship expansion: Cara Kosack / Jared Halton
- Tajikistan, CAR, Cambodia & Malawi since July 2012
- Approximately 130 reports
- 4 readers reporting for MSF: Richard Wooton, Jared Halton, MSF/Doctors without Borders: Managed by Tele-reading & training (3)

**Tele-reading & training: future projects**

1. **Pneumonia WHO:** Tim Cain / Nasreen Mahomed / Amanda Dehays
   - Pneumonia vaccine (PCV) studies - radiology “end point”
2. **Central Europe:** Erich Sorantin
   - 1 / 2 sites explored for tele-reading & training support
3. **Cambodia:** Eva Kis (Cathy Owens)(ESPR)
   - Lectures + chest course for residents, weekly X-ray meetings, teaching the pediatricians
4. **Malawi:** Tracy Kilborn + ITW
   - Exploratory/teaching mission, June 2014
   - Set up tele-reading & X-ray interpretation training
   - POC ultrasound for a rural clinic (ITW site)

**Tele-reading, lessons learnt**

- Tele-reading platforms can outstrip local IT capacities
- Onsite internet access: not a given
- Not all local practitioners buy in

**Innovative ultrasound research in lower resource settings (2)**

- With ITW, WFPI started a research project using volume sweep US protocols at the Red Cross War Memorial Children’s Hospital in Cape Town, South Africa for mediastinal lymphadenopathy (as a proxy for TB)
- We had major contribution from USA resident Kara-Lee Pool (used ACR grant to visit SA)
- Began in January 2014, generated 40 mediastinal US and 40 sweeps plus 40 MRI gold standards
- Planned expansion to Malawi in partnership with Imaging the World; the development of renal and head protocols

**Innovative ultrasound in lower resource settings (1)**

- ITW program designed to develop, deploy, and teach low-cost medical ultrasound in rural regions of developing countries
- Task-shifting to non/little trained staff, perform ultrasound using external body landmarks and a low-cost ultrasound unit - 1 week training
- Operator sweeps the ultrasound probe across the region of interest, images are stored as video clips + image compression and wirelessly transmit volume data in video format.
- Images viewed remotely by an expert who provides interpretation via text messaging

**Strategy: A combination approach (1)**

- **Bolt on** to existing education initiatives, e.g., MSF; ITW; ISR; WHO
  - For onsite tele-reading & training plans
    - **Bolt on** to existing partners' projects with a focal point/continent.
    - Spearhead or endorse projects e.g., Cambodia; Ethiopia; ITW Malawi
    - Run initial assessment-training trips; personal contacts and onsite familiarity are **VITAL** to success [We need to invest in this]
  - **Services:** Tele-reading plain films, introduction of POC ultrasound

**Looking to focus on ultrasound**

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   - Exploratory/teaching mission, June 2014
   - Set up tele-reading & X-ray interpretation training
   - POC ultrasound for a rural clinic (ITW site)
A combination approach (2)

- **Introduce an institutional ‘buddy’ system to take over WFPI’s role (sustainability)**
- We have **50+ international volunteers** ready to tele-read plus **institutions and major aid organizations** willing to work with us.
- We must engage residents as volunteers and researchers.
- Help introduce technicain, industry and multi-disciplinary support.
- Build up/capitalize expertise in specific technique or pathology: research, publish, develop educational tools.

**Partnerships**

**Current**
- MSF (Video lectures; Tele-reading; expertise)
- WHO (patient safety and PCV radiology working grp)
- Image Gently
- ISH/TB (sharing educational TB content)
- ACR (Haiti)
- UCLA Centre for World Health (Mozambique)
- ITW (Malawi / pediatric protocols / Uganda)
- Red Cross Hospital Cape Town (Research base)
- Stanford (telereading buddy system)
- Baylor College of Medicine (Swaziland co-operation)
- ICAP-Columbia (Swaziland co-operation)
- CHOP (Ethiopia)

**Future**
- RAD-AID
- John Hopkins

**WFPI Project Selection Criteria (1)**

- Criteria posted on WFPI website
- Need expansion
  - The nature of WFPI’s involvement: different pathways. Specify **either** Individuals participate with WFPI endorsement (MSF guidelines, TB work) or project reliant on WFPI institutional sponsorship (WFPI, Khayeltisha, IGICH, Malawi)

**WFPI Project Selection Criteria (2)**

2. WFPI is not a donor: insufficient funds, unequipped to take on the (heavy) governance & admin awarding grants entails
3. Independent endeavours cannot be included in WFPI’s project portfolio - i.e. endeavours set up and implemented with no WFPI Council input or oversight
4. WFPI’s position re independent endeavours run by WFPI member organizations for which:
   - WFPI welcomes the opportunity to give them viability (website, newsletters)
   - If possible, harness networks for the diffusion of WFPI-collated tools
   - Welcomes leaders’ expertise in WFPI projects

**Annual budget allocations**

**For education, website, outreach, other**

Two options:
1. Allocated by the Executive Committee annually, project leaders spend as they see fit (accountability: to the Council at all meetings & via bi-annual reports)
2. Projects put to the Executive Committee for approval - workable if the Executive Committee meets regularly (monthly tele-conf), monitors progress and responds swiftly
Incorporation

Following Council discussion & consensus

- Stay an offshoot of SPR
  - As such, it is governed by section 501(c)(3) of the United States Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States Internal Revenue statutes.
- Through the SPR, it holds and exercises all powers and authority conferred upon not-for-profit corporations under the laws of the State of Minnesota, United States.
- ACR management services under the existing SPR-ACR Management Services Agreement
- SPR board insured re liability for the WFPI Council’s acts
- WFPI operates as an entirely independent body; its international mandate is guaranteed by cross-regional Council representation

Visibility

Sanjay Prabhu
Webmaster

Communication channels in use

- 1/ Website: www.wfpiweb.org
  - Site migration: Dec 2013, entailed a total of 13 working days
  - Google analytics available since Jan 2014
  - Data run until 26th May 2014
  - Post-filtering of web update and maintenance work:
    - 1st Jan – 26th May: 1800 hits in total (= 400/month)
    - 1300 unique users
    - Average n° of pages viewed: 4

Visibility (2)

How do visitors reach us?

Devices

1 March (date site mobile compatibility completed) – 26 May ‘14

- 1. desktop 959 (89.4%)
- 2. mobile 144 (13.75%)
- 3. tablet 121 (11.89%)

Visibility (3)

Website Top Ten countries - n° of hits

March 1 – May 26 2014
Visibility (4)

**Most visited pages**

*WFPI*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Page</th>
<th>Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Home</td>
<td>116</td>
</tr>
<tr>
<td>2</td>
<td>Newsletters, articles</td>
<td>110</td>
</tr>
<tr>
<td>3</td>
<td>Outreach - TB Corner</td>
<td>72</td>
</tr>
<tr>
<td>4</td>
<td>Educational Worldwide Initiatives</td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td>Events</td>
<td>23</td>
</tr>
<tr>
<td>6</td>
<td>SRRlive streaming</td>
<td>23</td>
</tr>
<tr>
<td>7</td>
<td>Education page - pediatric radiologists</td>
<td>19</td>
</tr>
<tr>
<td>8</td>
<td>Education page - nonradiologists</td>
<td>16</td>
</tr>
<tr>
<td>9</td>
<td>Outreach - telereading &amp; training</td>
<td>16</td>
</tr>
<tr>
<td>10</td>
<td>Outreach - WFPIrow</td>
<td>15</td>
</tr>
</tbody>
</table>

Visibility (5)

**Facebook: highest ranking posts (in order)**

- Childhood Tuberculosis, Bernard Laye - 392% more reach than any other post, 2nd most downloaded pdf on website
- World TB Day 24th March
- Savvas’ 7 Minute Snippets - interpreting CXRs, childhood TB
- ISR’s “Imaging in TB” educational module
- Newsletters
- Radiology of Child Abuse
- Educational initiatives in Mozambique & Haiti

Visibility (6)

**Between Jan 1st and May 26th 2014, “likes” rose from 173 to 434 = 250% increase**

Visibility (7)

**WFPI member organizations: circulation of WFPI visibility tools**

By way of an introduction to this data, a gentle reminder:

Extract from WFPI bylaws, Member Organization obligations (Section 5)

“As a condition of WFPI membership, members agree to [...] publish or otherwise disseminate to their individual members the WFPI newsletters, notices, requests for publications and other announcements”

Visibility (8)

**N° of hits per region**

*WFPI*

<table>
<thead>
<tr>
<th>Region</th>
<th>Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>South America</td>
<td>400</td>
</tr>
<tr>
<td>Europe</td>
<td>300</td>
</tr>
<tr>
<td>Africa</td>
<td>200</td>
</tr>
<tr>
<td>Latin America</td>
<td>150</td>
</tr>
<tr>
<td>Asia &amp; eastern</td>
<td>100</td>
</tr>
</tbody>
</table>

Visibility (9)

**Member organization website referrals and other significant referral sources**

*WFPI*

<table>
<thead>
<tr>
<th>Region</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe</td>
<td>400</td>
</tr>
<tr>
<td>Africa</td>
<td>300</td>
</tr>
<tr>
<td>Latin America</td>
<td>200</td>
</tr>
<tr>
<td>Asia &amp; eastern</td>
<td>150</td>
</tr>
<tr>
<td>South America</td>
<td>100</td>
</tr>
</tbody>
</table>
Visibility (10)

<table>
<thead>
<tr>
<th>Member organization</th>
<th>Has a society newsletter?</th>
<th>Includes WFPI newsletters or specific issue?</th>
<th>Uses blast email for specific WFPI project/newsletter?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYFRS</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>AOSPR</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>ESRA</td>
<td>Yes</td>
<td>N/A (only for newsletter)</td>
<td>N/A</td>
</tr>
<tr>
<td>ISRP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SPR</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A (via Facebook page)</td>
</tr>
<tr>
<td>SPRM</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>SPFR</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>SFSM</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>TIRG</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Visibility (11)

To conclude:

Suggestions to increase visibility:
1. Create relevant content that people want to access
2. Free access to educational material
3. Dissemination of info by member organizations
4. Make content more accessible to users
5. Greater social media presence

Visibility (12)

Website users & visibility drivers

<table>
<thead>
<tr>
<th>Website users &amp; visibility drivers</th>
<th>Newsletter issue: global circulation except SPR</th>
<th>Mini-symposium issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletter issue</td>
<td>[Graph showing website user count]</td>
<td>[Graph showing mini-symposium issue]</td>
</tr>
</tbody>
</table>

Treasurer’s Report
Gloria Soto & Timothy Cain
Treasurer & Acting Vice Treasurer

Opening remarks
- Accounts now aligned to the SPR’s financial year, Jan 1st – Dec 31st 2013
- 2014 revenues and expenditures also presented, as are fees for 2015 and 2016 received as multi-year payments
- Accounts show current and non-current assets, actual expenditures and liabilities
- Presented in $US

Reminder (1)

Donations in kind

<table>
<thead>
<tr>
<th>SUBSTITUTE INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPR:</td>
</tr>
<tr>
<td>- staff time, software tools (website host, GTM licence)</td>
</tr>
<tr>
<td>- access to SPR/ACR Service Agreement (accounts, IT, legal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBSTITUTE EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician volunteer &amp; WFPI partner time</td>
</tr>
<tr>
<td>- Council</td>
</tr>
<tr>
<td>- Committees</td>
</tr>
<tr>
<td>- Project volunteers</td>
</tr>
</tbody>
</table>

We need more specifics on the value of these donations in kind for the purpose of listing our assets.
Expenditure definitions

All work put into meeting WFPI’s goals:
- Communication and collaboration between pediatric imaging practitioners, via their organizations
- Advocating for appropriate practices and resource allocation for children
- Education
- Patient safety, in particular radiation safety and protection
- Outreach and training in lower resource settings
- Research
- Information

are called **PROJECT COSTS** by WFPI

Expenditure definitions cont.

All costs flowing from institutional performance, largely staff support for:
- Governance
- Council and officer smooth functioning
- Institutional communications – website, newsletter, social media, other
- Direct project support to project leaders and volunteer pools

are called **OPERATING COSTS** by WFPI

Income 2013 (1)

**CURRENT ASSETS**
- Balance rolled over 2012: 39.84 k
- Member society fees + top-ups: 1.26 k
- ESPR website initiation costs: 1.8 k
- ESPR capital injection 2013: 25 k
- Individual donations: 0.5 k

**NON-CURRENT ASSETS**
- SPR fees 2013: 0.22 k
- SPR capital injection 2013: 25 k

**TOTAL = $US 93.62 k**

Expenditures 2013 (1)

**PROJECT COSTS:**

**ACTUAL EXPENDITURES**
- Volunteers & WFPI partner hours: 0 k
- Meeting, WHO vaccines, travel: 0.61 k
- Project staff support (gross): 2.23 k

**LIABILITIES**
- Project staff support: 0.8 k

**TOTAL = $US 3.64 k**

Expenditures 2013 (2)

**OPERATING COSTS:**

**ACTUAL EXPENDITURES**
- Volunteers & WFPI partner hours: 0 k
- Website initiation costs: 1.8 k
- Bank charges, transfers: 0.16 k
- Institutional staff support (gross): 18.57 k

**LIABILITIES**
- Institutional staff support: 7 k

**TOTAL = $US 27.53k**

Staff Hours 2013 Breakdown
**Balance 2013**

<table>
<thead>
<tr>
<th>Income</th>
<th>93.62 k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>31.17 k</td>
</tr>
</tbody>
</table>

**Balance 2013: $US 62.45 k**

**REMINDER**

WFPI costs cannot generate a project:institutional costs ratio because donations in kind (SPR,ACR, physician volunteer) mask tangible contributions received (revenue) and total man hours deployed (expenditures)

---

**Projected balance 2014**

<table>
<thead>
<tr>
<th>Income</th>
<th>119.99 k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>43.77 k</td>
</tr>
</tbody>
</table>

**Balance 2014: $US 76.22 k**

---

**Fund raising**

- SPR & ESPR capital injections: received 2013, committed 2014
- Pfizer 5k for ultrasound research video
- SPR Parker Allen funds?
- Stuart Royal: individual fund raising – year end 2014?
- Leadership discussion 14th May: implementation of “Phase II” fund raising

**Issues:**

- Some delay in turning to Phase II funding while sorting out incorporation status
- Time and expertise needed to produce grant applications
- General awareness: the need to fund raise, the prerequisites

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**Bylaws - revision**

 Timothy Cain
Chair, Bylaws Committee

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**Voting representatives**

- SPR: Ines Boechat
- ESPR: Rutger A. J. Nievelstein
- SLARP: Celia Ferrari
- AOSPR: Wendy Lam
- AFSPI: Savvas Andronikou
- BSPR: Kath Halliday (online)
- GPR: M. Riccabona
- ISPR: Dr. Bjorn
- SASPI: Jaishree Naidoo
- SERPE: Jose Luis Vazquez
- SFIPP: Jean-François Chateil
- SPIN: Omolola Atalabi

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**Bylaws (1)**

**Changes**

1. What is a non-WFPI member organisation

   - Need to define new non-voting associate classification to allow organisations that are not “pure Paediatric Radiology societies” to become members; e.g. Special Interest Groups of adult radiology societies, radiographers
Bylaws (2)

Changes (cont.)

2. What is discussed/decided at Annual General Meetings
   - Limit points of discussion to items on the agenda

3. What needs to be voted on by members and what is decided by council
   - Changes to Bylaws
   - Removal of council member/president

Bylaws (3)

Changes (cont.)

4. Voting at Annual General meetings
   - Each member organization (Regional, National or Supranational) is currently entitled to 3 votes per motion.
   - The intended purpose of giving 3 votes to voting members was that
     - a regional member could deliver a split vote
     - taking into account the opposing preferences of a heterogeneous constituency
   - Overly complex, change to 1 vote per voting member only
   - Voting weight remains equal

Bylaws (4)

Changes to wording

- Charitable vs Non-profit organisation
- Reduce complexity of Article V section 5 Clause b because voting in real time is possible at Annual General Meetings.
  Change:
  “Balloting takes place by the official liaison office/her or his proxy either in person or electronically, and ballots arranged by e-vote only must be received before the next members’ meeting, at which the results are announced. If any members’ meeting is deferred for lack of quorum, the ballots cast remain valid for counting at the next members’ meeting scheduled.”
  To:
  “Balloting takes place at the AGM”

Bylaws (5)

Changes to wording (cont.)

- Timing – change from “same time each year” to “each year”
- Maintain reference to proxies.

A further suggested change (not in revised text)
- Webmaster on the Council

Thank you!

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