ISSN 0049-8122

World Medical Journal

Official Journal of The World Medical Association, Inc. Nr. 1, March 2025

vol. 71

Contents

Editorial 3

Invitation to 229th WMA Council Session 4

Embracing Polarisation as a Path Toward Common Ground:
An Associate Members Webinar 5

WMA at COP29 in Baku, Azerbaijan 7

A Report from the 156th WHO Executive Board Meeting: Junior Doctors' Participation 11

Techquity: Achieving Health Equity through Innovation 15

Reinforcing the Humanity of Healthcare for Everyone Involved 18

Interview with National Medical Associations' Leaders of the Pacific Region 21

Impact of U.S. Foreign Aid Policy Shifts on HIV/AIDS Programs in South Africa:
Challenges, Responses, and Strategies for Sustainability 31

Challenges and Successes of Ivorian Doctors in a Rapidly Changing Health System 34

Research Travel from the Global South: Challenges of Visa Delays and Denials 38

Four Years after the Military Coup:
Road to the WMA Medical Neutrality Policy Statement 41

South Africa's Obesity Epidemic and the Role of Food Delivery Apps 45

WMA Members Commemorate World Cancer Day 47

WORLD MEDICAL ASSOCIATION OFFICERS, CHAIRPERSONS AND OFFICIALS

www.wma.net

OFFICIAL JOURNAL OF THE WORLD MEDICAL ASSOCIATION

Editor in Chief
Dr. Helena Chapman
Milken Institute School of Public Health, George Washington University, United States
editor-in-chief@wma.net

Assistant Editor
Mg. Health. sc. Maira Sudraba
Latvian Medical Association
lma@arstubiedriba.lv, editor-in-chief@wma.net

Journal design by
Erika Lekavica
dizains.el@gmail.com

Publisher
Latvian Medical Association
Skolas Street 3, Riga, Latvia
ISSN 0049-8122

World Medical Journal

Editorial

As our global medical community welcomes the new year, we renew our enthusiasm for planned activities within our institutions and professional medical societies. As World Health Organisation (WHO) leaders reflected upon 2024, they touted global achievements, including the adoption of high-level resolutions, the launch of evidence-based reports and guidelines, reported disease elimination in selected countries, and successful immunization campaigns. They simultaneously acknowledged the urgent call to action to address the non-communicable disease and mental health burden, tackle antimicrobial resistance risks, strengthen local country office capacity to implement community-based solutions, and reduce misinformation and disinformation. A new year offers an opportunity to leverage clinical, public health, and research expertise to examine global health and medical ethics topics that directly influence health system preparedness. To support these collective efforts, the World Medical Association (WMA) shared six press releases that advocate for protecting health professionals and facilities during conflicts, sustaining global leadership diplomacy, promoting optimal working conditions for junior doctors, and taking steps to combat air pollution, and ensuring safety for health professionals and patients.

The World Economic Forum launched the *Global Risks Report 2025*, highlighting the accelerated pace of evolving generative artificial intelligence technology across all sectors and the need for digital safety to foster safe virtual platforms. The document presented key findings, such as declined optimism, profound geopolitical and geoeconomic tensions, increased societal fragmentation, short- and long-term environmental threats, and technological risks. Hence, these evidence-based findings offer timely insight for global leaders to detect junctures where multidisciplinary and multisectoral collaborations can lead to sustainable solutions. These efforts are particularly important now, as the world has witnessed various shifts over the past year, including economic inflation (e.g. COVID-19 recovery), extreme weather events, humanitarian crises and armed conflicts, and transitions in political governance, with unknown impacts to unravel throughout the year.

As WMA members represent more than 114 national medical associations (NMAs), they have a leading role in driving global collaborations that mitigate health risks, incorporate expertise to address these challenges, and stress the humanistic touch in healthcare service delivery. In this issue, five NMA leaders of the Pacific region described leadership experiences, ongoing NMA activities, and perceived strengths and challenges in medical education. Also, WMA members representing 11 countries of the Americas, Asian, European, and Pacific regions shared perspectives and reflections on physicians' contributions to improve cancer care initiatives, as part of a commemoration for World Cancer Day. These efforts are illustrated by the words of Henry Ford: "*Coming together is a beginning, staying together is progress, and working together is success.*" These scientific accomplishments and future endeavours will help advance discussions on national and global issues affecting physicians at the 229th WMA Council Meeting in Montevideo, Uruguay, from 24-26 April 2025.

Also, in this issue, Dr. Jacques de Haller provided an overview of key discussion topics during the Associate Members webinar focusing on polarisation. Dr. Ankush Bansal and colleagues shared a summary of the WMA delegation's participation at COP29 in Azerbaijan in November 2024, and Dr. Pablo Estrella Porter and Dr. Jeazul Ponce Hernández showcased junior doctors' participation in the 156th WHO Executive Board Meeting in February 2025. Dr. Jesse Ehrenfeld discussed techquity as the use of innovative technology to advance health equity. Dr. Gregory Makoul and Dr. Calum MacKichan stressed three overarching tasks that can reinforce the humanity of healthcare for health professionals and patients. Dr. Michael Mncedisi Willie and colleagues analysed the impacts of international policy shifts on HIV/AIDS programs in South Africa. Dr. Anderson N'dri described how Ivorian doctors have navigated a rapidly changing health system. Dr. Cliffland Mosoti and colleagues illustrated travel barriers (including visa applications) for researchers in the Global South. Dr. Wunna Tun defined the concept of medical neutrality and shared the rationale leading to the draft WMA Statement on medical neutrality. Finally, Dr. Siyabonga Jikwana and Dr. Michael Mncedisi Willie highlighted the growing obesity epidemic and role of food delivery apps in South Africa.

We are excited to connect at the 229th WMA Council Meeting in Montevideo!

***Helena Chapman**, MD, MPH, PhD*
Editor in Chief of the World Medical Journal
editor-in-chief@wma.net

BACK TO CONTENTS

World Medical Journal

Invitation to 229th WMA Council Session

Jose Minarrieta

Dear colleagues,

It is a tremendous honor for the Medical Union of Uruguay (Sindicato Médico del Uruguay, SMU) (https://www.smu.org.uy/), a union organisation that celebrates 105 years of history, to host the 229th Council Session of the World Medical Association (WMA), which will be held on 24-26 April 2025.

The SMU was founded in 1920, motivated by the labor movement and the defense of Uruguayan doctors' labor rights. The first statutes set objectives that transcended beyond labor rights and expanded to improving population health. These historical actions have established a framework to strengthen the resiliency of the Uruguayan health system by improving the quality of healthcare, ensuring the inclusion of bioethics principles, and defending human rights.

This year, Uruguay celebrates 200 years of independence. As two major national accomplishments, Uruguay was the first country (second in the world) to successfully implant the pacemaker in 1960, by Dr. Orestes Fiandra and Dr. Roberto Rubio, as well as serve as a model across Latin America for the implementation of the Integrated National Health System (Sistema Nacional Integrado de Salud, SNIS) in 2007.

Montevideo, the capital of the Eastern Republic of Uruguay, has served as host for four WMA Council Sessions. Our organisation is hopeful that this new Council Session will be even more productive than past meetings, with the participation of global medical leaders with diverse clinical expertise. We are committed to ensuring a high-quality meeting agenda and social networking events, so that you have a pleasant stay, can enjoy the unique historical and cultural sites, and connect with the kindness of the Uruguayan people.

Last year, the WMA celebrated 80 years, marking the informal meeting of doctors convened at the British Medical Association (BMA) House in London in November 1944. This meeting offered a space to discuss the creation of a new international medical organisation that would replace the International Association of Medical Professionals, which was founded in 1925 and suspended at the beginning of the Second World War. In April 2025, we will celebrate the 81st anniversary of the launch of this organisation that became the voice of organised medicine.

Our organisation thanks the WMA for allowing our members to serve an integral role in the development and revision of WMA declarations that provide ethical guidance to doctors around the world. We are proud to have contributed content, exchanged information, and learned from our colleagues, especially during the revisions of the International Code of Medical Ethics, the Declaration of Geneva, and the Declaration of Helsinki.

We welcome your visit to Uruguay!

Sindicato Médico del Uruguay (SMU)
Montevideo, Uruguay
secretaria@smu.org.uy

BACK TO CONTENTS

World Medical Journal

Embracing Polarisation as a Path Toward Common Ground: An Associate Members Webinar

Jacques de Haller

According to the Webster's Dictionary, "polarisation" was recognised as the "Word of 2024" and defined as "*division into two sharply distinct opposites; especially, a state in which the opinions, beliefs, or interests of a group or society no longer range along a continuum but become concentrated at opposing extremes*" [1]. We may feel resigned to the divisions that seem to define modern society in an increasingly polarised world; however, this phenomenon is not an inevitable development. By rethinking our approach to conflict and differences, we can foster deeper understanding and collaboration, even in the most contentious environments. Typically, in a global organisation dealing mostly with medical ethics, cultural and political differences play a major role in our academic discussions that cross national borders.

In September 2024, the World Medical Association (WMA) Associate Members organised a two-session webinar on polarisation. As polarisation may present significant challenges for all organisations, including our Association, the Associate Members Steering Committee agreed on the importance to confront and address this threat before fronts harden, and a culture of conflict and opposition replaces our traditional benevolent and attentive listening. Our Steering Committee invited Professor Michelle LeBaron (University of British Colombia's Allard School of Law), specialised in cross-cultural dispute resolution, to moderate the exchanges. Contributions from several past, acting, and future WMA presidents and WMA Council members also enriched the academic debates.

This brief report highlights key discussion topics presented during this webinar, including understanding the roots of polarisation, considering the role of conflict as a catalyst for change, balancing emotions and reason and building trust, and moving beyond the status quo. The webinar concluded with offering practical steps for addressing polarisation in future scientific and community dialogue.

Understanding the Roots of Polarisation

Polarisation frequently stems from a lack of understanding and recognition of diverse perspectives. When individuals feel unheard or stereotyped, they may push their ideas forcefully, leading to further division. This dynamic is exacerbated by ethnocentrism, defined as the "*attitude that one's own group, ethnicity, or nationality is superior to others*" [2]. Acknowledging our differences as inevitable, yet surmountable, can help mitigate this tendency and foster mutual respect. In other words, the key to countering this dynamic lies in finding common ground and resisting the urge to focus solely on any differences.

The collective discussion emphasised that the real challenge might not be polarisation itself, but rather the contempt that arises in the presence of differences. Contempt fosters an "us versus them" mentality, eroding the possibility of finding common ground. To counter this, it is essential to humanize those who hold opposing views, rather than first attempting to change their minds. This sentiment was reflected in one participant's expressed comment: "*When contempt enters the picture, then we have failed to find common ground.*"

Considering the Role of Conflict as a Catalyst for Change

Conflict, far from being purely destructive, is a natural and necessary agent of social change. It drives progress by challenging established norms and fostering new ideas. However, Professor LeBaron emphasised that not all conflicts are created equal and identified three levels of conflict. First, the *material level* includes tangible issues like policies and resources, which are measurable and often the starting point of disputes. Second, the *symbolic level* describes conflicts that delve into deeper meanings and values, such as debates on life and morality in the context of abortion, which can feel like personal attacks that challenge core belief systems. Third, the *relational level* illustrates the dynamics of interactions between individuals or groups, where mutual respect and acknowledgment are critical. Understanding these levels allows us to engage with conflict more effectively, as an "energetic form" that drives change, rather than an obstacle. As Marie-Caroline Richards aptly stated, "*Conflict is not personal; what becomes personal is how we learn from it and deepen our humanity*" [3].

BACK TO CONTENTS

World Medical Journal

Balancing Emotions and Reason and Building Trust

Constructively addressing differences and conflicting points of view requires the involvement of the whole of each person. In her presentation, Professor LeBaron highlighted the importance of connecting emotions, reason, and trust in conflict resolution. While it may seem logical to downplay emotions in favour of rationality, emotions are a profound source of wisdom which should not be discarded. They provide the capacity to embrace common ground and view conflicts not as insurmountable barriers, but rather as opportunities for growth. Furthermore, contrary to common belief that trust is a prerequisite for working together, it was argued that trust and distrust coexist in relationships. An inflection point in any discussion occurs when participants acknowledge each other's perspectives and recognise the coexistence of trust and distrust. This acknowledgment creates space for exploring deeper truths and finding shared values, even amidst disagreements.

Moving Beyond the Status Quo

The webinar underscored the importance of individuals breaking free from habitual, standard responses to polarisation, noting that common ground becomes elusive as soon as they prioritise proving their own version of the truth over understanding others. Moving forward requires a significant shift from a compulsive problem-solving mindset to an exploration and reflection perspective. Furthermore, it is imperative to examine what conflict reveals about an organisation's values and direction, and rather than rushing to resolutions, embrace crises and challenges as opportunities for growth. Conflict, when approached with openness and creativity, can be transformed into an energetic force for positive change. This meaning is expressed through the reflections of Louise Diamond (renowned peacebuilder and co-founder of the Institute for Multi-Track Diplomacy), that being open to conflict is a conscious decision, rather than a natural tendency, and Marie-Caroline Richards, "*If we can stand on the heat of conflict, then our colours will be deepened*" [3].

Practical Steps for Addressing Polarisation

The webinar offered several actionable strategies for countering polarisation that could be adapted for daily life, including:

1. Humanising opposing perspectives: To focus not on changing others' minds, but rather on understanding and respecting their humanity.

2. Acknowledging differences: To recognise that differences are unavoidable, but need not be divisive.

3. Fostering dialogue: To create spaces for open and honest communication, where emotions and logic are dually valued.

4. Embracing conflict: To view conflicts as opportunities to deepen understanding and drive progress.

A Renaissance of Ideas

Polarisation and conflict are inevitable in any dynamic society; however, they need not lead to division and contempt. By embracing these challenges and seeking common ground, we can transform moments of tension into opportunities for growth, connection, and progress. We live in a time reminiscent of the Renaissance, where foundational ideas are being questioned and reshaped. This period of transformation offers a chance to reimagine how we engage with different analyses and perspectives. As we navigate this era of contested ideas and shifting paradigms, let us remember that the work of bridging divides begins with a willingness to listen, reflect, and grow together.

With all this in mind, the WMA will surely be well endowed for the future!

References

1. Merriam-Webster. 2024 word of the year: polarisation [Internet]. 2024 [cited 2025 Jan 20]. Available from: https://www.merriam-webster.com/wordplay/word-of-the-year

2. Merriam-Webster. Ethnocentrism [Internet]. 2025 [cited 2025 Jan 20]. Available from: https://www.merriam-webster.com/dictionary/ethnocentrism

3. Richards MC. Centering in pottery, poetry, and the person, 2nd ed. Hanover: Wesleyan University Press; 1989.

Jacques de Haller, *MD*
Chair, Associate Members,
World Medical Association
mail@jdehaller.ch

BACK TO CONTENTS

World Medical Journal

World Medical Association at COP29 in Baku, Azerbaijan

Ankush K. Bansal

Suryakanta Acharya

Ahmed Aboushady

Lujain Alqodmani

Lekha Rathod

Jeazul Ponce Hernández

Johanna Schauer-Berg

World Medical Association (WMA) members attended the 29th Conference of the Parties (COP29) to the United Nations Framework Convention on Climate Change (UNFCCC) in Baku, Azerbaijan, from 11 to 23 November 2024 [1]. The WMA delegation, led by Dr. Lujain Alqodmani and Dr. Ankush Bansal, consisted of four in-person (Dr. Ankush K. Bansal, Dr. Lujain Alqodmani, Dr. Ahmed Aboushady, Dr. Jeazul Ponce Hernández) and three virtual delegates (Dr. Suryakanta Acharya, Dr. Lekha Rathod, Dr. Johanna Schauer-Berg), representing Austria, Egypt, India, Kuwait, Luxembourg, Mexico, and the United States (Photos 1-2). Although the COP29 host imposed new limitations (only one WMA delegate could be credentialed as an in-person delegate per conference day), this COP had equal numbers of virtual and in-person delegates representing the WMA.

Notably, the COP29 finance goal established that high-income countries agreed to the climate finance goal of US$1.3 trillion by 2035, supporting low- and middle-income countries to develop and scale-up mitigation and adaptation strategies. However, the final agreement was for US$300 billion annually by 2035. There was also no agreement on the shares of high-income countries (e.g. United Kingdom, European Union, United States) that would be required to pay into this fund. The deal omitted sub-targets, eliminating or reducing fossil fuel subsidies, and the principle of "polluter pays" will likely be insufficient for health mitigation and adaptation strategies. Ultimately, these efforts will not align with the WMA Declaration of Delhi on Health and Climate Change adopted in October 2017 [2].

BACK TO CONTENTS

World Medical Journal

Photo 1. Dr. Jeazul Ponce Hernández (left) and Dr. Ankush Bansal (right) during Week 2 of the COP29. Credit: WMA

Two discussions on key global topics were postponed to the COP30 in Belem, Brazil. First, the Just Transition Work Programme (JTWP), which aims to guarantee a right to health and a clean, healthy, sustainable environment and duly reflected in the WMA Resolution on Protecting the Future Generation's Right to Live in a Healthy Environment from October 2020, did not move appreciably forward towards adoption [3]. Instead, the discussion on the JTWP has been postponed to the 62nd session of the Subsidiary Body for Scientific and Technological Advice and the Subsidiary Body for Implementation (SB62) meeting, which will be held in Bonn, Germany, to be held the 16-26 June 2025. Second, discussions on national adaptation plan advancement were stalled due to disagreements on intersectionality and gender equality. Progress on the global goal on adaptation, however, did receive further refinement, specifically on the education and health of youth.

As a specific milestone at COP29, the Baku COP Presidency's Continuity Coalition on Climate and Health was launched by the World Health Organisation and the Azerbaijan's COP29 presidency [4]. This initiative represents a formal collaboration between the presidencies of the COP26 (United Kingdom), COP27 (Egypt), COP28 (United Arab Emirates), COP29 (Azerbaijan), and upcoming COP30 (Brazil). It aims to bridge efforts across presidencies to enable more coordinated action on health priorities based on established commitments related to the Paris Agreement. However, beyond the signed letter of intent, it is unclear whether the initiative will truly drive sustained action and elevate health within the climate agenda.

Photo 2. As a virtual delegate, Dr. Suryakanta Acharya monitored the meeting proceedings and negotiations in November 2024. Credit: WMA

During the conference proceedings, several Member States provided information about climate policy, including policy implementation within their national borders and in partnership with other countries. For example, the United States stated to the WMA delegation that 29% of all U.S. healthcare facilities are tracking emissions. Furthermore, the United States is working with the United Kingdom's National Health Service, Norway, and Germany on global supply procurement interventions to reduce Scope 3 emissions. However, the impacts of the United States' withdrawal from the Paris Agreement and pause on climate program financing and non-military foreign aid in January 2025, are unknown.

As part of the Junior Doctors Network (JDN) delegation, Dr. Jeazul Ponce Hernández (in-person) and Dr. Lekha Rathod (virtual) contributed to the event proceedings, ensuring continuous

Photo 3. WMA collaborations with global health professionals, as part of the Global Climate and Health Alliance, in November 2024. Credit: WMA

BACK TO CONTENTS

World Medical Journal

Photo 4. Dr. Ankush Bansal (second from left), met with Dr. John Balbus, Director of the U.S. Department of Health and Human Services' Office of Climate Change and Health Equity (left), and the U.S. delegation (right) on 19 November 2024. Credit: WMA

and effective engagement that prioritises health on the global climate agenda throughout sessions. Informative materials about health and climate change were extensively disseminated through social media channels. Notably, the JDN has launched a WMA-JDN podcast with special episodes relevant for global physicians (https://open.spotify.com/show/6Rpvhj9GdEspLvpKHOvHtl), highlighting the strategic importance of these communication initiatives for connecting with broader audiences.

At this global event, the WMA delegation collaborated with global physicians, nurses, pharmacists, scientists, and students in the climate and health space during the Global Climate and Health Alliance (GCHA) and daily policy meetings (Photos 3-4). Specifically, the WMA delegation contributed to discussions in various negotiation meetings and party outreach, as well as helped evaluate the presence, activity, and influence on state parties by the health community. Although the WMA delegation was unable to secure speaking engagements at roundtables or side events during COP29, due to the reduced permitted attendance, we look forward to collaborating with WMA members and other global leaders to present scientific talks and moderate events at COP30.

References

1. World Health Organisation. Health at COP29 (11 November - 22 November 2024, Baku, Azerbaijan) [Internet]. 2024 [cited 2025 Mar 1]. Available from: https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/advocacy-partnerships/talks/health-at-cop29

2. World Medical Association. WMA Declaration of Delhi on Health and Climate Change [Internet]. 2017 [cited 2025 Mar 1]. Available from: https://www.wma.net/policies-post/wma-declaration-of-delhi-on-health-and-climate-change/

3. World Medical Association. WMA Resolution on Protecting the Future Generation's Right to Live in a Healthy Environment [Internet]. 2020 [cited 2025 Mar 1]. Available from: https://www.wma.net/policies-post/wma-resolution-on-protecting-the-future-generations-right-to-live-in-a-healthy-environment/

4. World Health Organisation. Baku COP29 advances health-climate commitments with new coalition [Internet[. 2024 [cited 2025 Mar 1]. Available from: https://www.who.int/news/item/18-11-2024-baku-cop29-advances-health-climate-commitments-with-new-coalition

BACK TO CONTENTS

World Medical Journal

Authors

Ankush K. Bansal, *MD, FACP, FACPM, SFHM*
Chair, Workgroup on Environment & Delegation Co-Chair for COP29, World Medical Association
WMA Delegation Co-Chair for COP29
President-Elect, Physicians for Social Responsibility (United States)
Westlake, Florida, United States
dr.akb1@gmail.com

Lujain Alqodmani, *BMSc, MBBS, MIHMEP*
President & Delegation Co-Chair for COP29, World Medical Association
WMA Delegation Co-Chair for COP29
Director of Global Action and Project Portfolio, EAT
Kuwait City, Kuwait
lujainalq@gmail.com

Johanna Schauer-Berg, *MD, MPH*
Member, Workgroup on Environment & Associate Member, World Medical Association
Research associate, Institute of General Practice, Family and Preventive Medicine, PMU Salzburg
Salzburg, Austria
j.schauer-berg@posteo.de

Suryakanta Acharya, *MD*
Associate Member, World Medical Association
Clinical Oncologist, Assam Cancer Care Foundation
Lakhimpur, India
suryaoncology@gmail.com

Lekha Rathod, MBBS, *MSc*
Associate Member, World Medical Association
Co-chair, JDN-WMA Planetary Health Working Group
Luxembourg City, Luxembourg
lrathod95@gmail.com

Ahmed Aboushady, *MD, MPH*
Associate Member, World Medical Association
Research Specialist, Brigham and Women's Hospital
Boston, Massachusetts, United States
a.taboushady@gmail.com

Jeazul Ponce Hernández, *MD, MPH, MSc*
Communications Director, Junior Doctors Network
Attending Doctor at the Public Health System of Castilla y León (SACYL), Spain
Research assistant, Department of Public Health, Complutense University of Madrid
Salamanca, Spain
jeazulponce@gmail.com

BACK TO CONTENTS

World Medical Journal

Report from the 156th WHO Executive Board Meeting: Junior Doctors' Participation

Pablo Estrella Porter

Jeazul Ponce Hernández

The 156th World Health Organisation (WHO) Executive Board (EB156) session was held from 3-11 February 2025, at the WHO headquarters in Geneva, Switzerland. This session provided a critical platform to discuss global health priorities, ranging from universal health coverage, pandemic preparedness to mental health, non-communicable diseases, and the rapidly evolving implications of climate change on health. During the week, delegates from Member States, international health agencies, and Non-State Actors reviewed progress on strategic objectives, heard updates on emerging priorities, and set the agenda for the subsequent World Health Assembly (WHA).

At the WHO EB156, three Junior Doctors Network (JDN) delegates joined World Medical Association (WMA) medical advisors at the WHO headquarters, participating in the event (Photos 1-2). A total of 5 JDN members (including 3 members of the Organizing Committee for the JDN pre-WHA and 2 JDN Working Group Chairs) virtually contributed to preparing statements and social media messaging. This dual approach enabled direct on-site engagement while simultaneously broadening social media reach.

At the WHO EB156, key agenda items included the reaffirmation of universal health coverage and commitments to increase health financing, decisions on the WHO's 2026–2027 Programme Budget and the proposed 20% increase in assessed contributions, and discussions on strengthening emergency preparedness [1,2]. These essential discussions were timely, particularly in light of the forthcoming WHO Pandemic Treaty negotiations. Further emphasis was placed on leveraging innovation and technology to broaden access to care, as well as on fostering global collaboration among nations and stakeholders to address ongoing and emerging health threats.

In his opening remarks, WHO Director-General, Dr. Tedros Adhanom, underscored the daunting challenges and noteworthy achievements of the previous year. Reflecting on a close call in Yemen, where he experienced firsthand the daily insecurities that many communities endure, Dr. Tedros highlighted successes such as the adoption of the new 14th General Programme of Work and progress toward concluding a new Pandemic Agreement. He stressed the need for mobilising broader resources, expanding WHO's donor base, and continuing organisation-wide reforms to strengthen health systems worldwide [3].

Photo 1. Dr. Pablo Estrella Porter, Dr. Jeazul Ponce Hernández, and Dr. Saksham Mehra at the 156th World Health Organisation Executive Board Meeting in February 2025. Credit: JDN WMA.

BACK TO CONTENTS

World Medical Journal

Statements Delivered during the Event

One highlight of the WMA's participation at WHO EB156 was the delivery of six WMA statements (https://www.wma.net/news-press/interventions/), with some statements endorsed by multiple professional organisations (*"constituency statements"*) while others were delivered on behalf of the WMA. These Non-State Actor statements played a crucial role in WHO meetings by providing diverse, frontline perspectives that complemented Member State discussions and helped shape more inclusive global health policies.

1. **Universal Health Coverage** (*Constituency Statement*) [4]

   This statement underscored the importance of integrating medical imaging into primary healthcare to enhance disease detection and treatment. It highlighted the rising burden of both communicable and non-communicable diseases in low- and middle-income countries, the vital role that imaging played in guiding patient management, and the need for international collaboration to expand imaging capacity. It also called on the WHO and Member States to align financing and strategic plans for strengthening imaging infrastructure at all levels of care.

2. **Follow-up to the Political Declaration on the Prevention and Control of Non-Communicable Diseases** (*WMA Statement*) [5]

   The statement emphasised that non-communicable diseases were driven by social and commercial determinants, requiring comprehensive and equitable policy interventions. It called for greater investment in prevention, early diagnosis, and primary care services to reduce the global non-communicable disease burden. It also highlighted the need for a trained, well-supported health workforce to manage increasing non-communicable disease cases. Finally, it urged upcoming UN high-level meetings to prioritise health workforce investments for resilient healthcare systems.

3. **Mental Health and Social Connection** (*WMA Statement*) [6]

   Focusing on mental health as integral to universal health coverage, the statement called for system-wide integration of mental health services, particularly at the primary care level. It promoted collaboration across sectors to address stigma, reduce suicide, and improve access to culturally sensitive interventions. It specifically highlighted the role of marginalised populations in mental health planning. Overall, the statement aimed to foster global mental health security and resilience as part of WHO's *Comprehensive Mental Health Action Plan.*

4. **Health and Care Workforce** (*Constituency Statement*) [7]

   This statement highlighted unethical recruitment practices that siphoned skilled health professionals from lower-income countries, compromising their local health systems. It called for immediate compliance with the Global Code of Practice to protect vulnerable regions and bolster in-country capacity. The signatories emphasised prioritising safe and decent working conditions, addressing violence against health professionals, and ensuring fair compensation. They also distinguished between fully licensed health professionals and community health workers to safeguard patient safety and care quality.

5. **Universal Health and Preparedness Review** (*WMA Statement*) [8]

   The statement described the value of the Universal Health and Preparedness Review platform for strengthening global health security and resilience. It advocated for multisectoral collaboration and peer learning to bolster pandemic preparedness, particularly in resource-limited settings. Equity and transparency remained central to building trust and ensuring underserved regions received adequate support. The WMA reaffirmed its readiness to help with training, awareness, and integrating One Health approaches globally.

6. **Climate Change and Health** (*Constituency Statement*) [9]

   Recognising climate change as a pressing global health emergency, this document commended the WHO's *Draft Global Action Plan on Climate Change and Health*. It stressed the importance of involving health professionals and civil society in all stages of climate-health strategies, from development to evaluation. Building resilient health systems, especially in vulnerable regions, and reducing carbon footprints were key focal points. Urgent mitigation, such as phasing out fossil fuels, was urged to protect communities from the health impacts of climate change.

BACK TO CONTENTS

World Medical Journal

Leadership by JDN Members

Since the JDN establishment in 2010, JDN members have actively participated in global health policy discussions at different WHO events (like WHA and EB meetings). They have consistently provided youth-led perspectives on pressing health issues, contributed to developing statements, and supported the WMA in advocating for equitable, high-quality healthcare worldwide. This specific engagement in the WHO EB156 proceedings marked historical steps, where JDN members led the preparation of four of the six statements (Non-Communicable Diseases, Mental Health, Universal Health and Preparedness Review, Climate Change). Members of the JDN Management Team, JDN Working Groups, and pre-WHA Workshop Organizing Committee assumed active roles in drafting, coordinating with WMA medical advisors, and delivering statements on the WHO EB156 floor.

In addition to helping deliver statements, JDN members used the opportunity to meet with other WHO staff members on ongoing JDN projects, such as the Quadripartite Working Group on Youth Engagement on antimicrobial resistance. They connected with WHO Youth Council members and other Non-State Actors to explore future engagement opportunities, including the upcoming pre-WHA workshop. They further underscored the importance of collaboration with other youth-led health associations and emphasised the political inclusion and participation of young professionals. Noting the common misconception that a political position is needed to have influence, JDN members recognise that the JDN-WMA offers a platform and opportunity to raise their voices. To extend their reach to a broader audience, JDN members recorded two podcast episodes with WMA advisors that will be available on the JDN podcast channel in Summer and Fall 2025 (https://open.spotify.com/show/6Rpvhj9GdEspLvpKHOvHtl).

Photo 2. Dr. Pablo Estrella Porter, Dr. Jeazul Ponce Hernández, and Dr. Saksham Mehra at the 156th World Health Organisation's Executive Board Meeting in February 2025. Credit: JDN WMA.

As health professionals, we play an essential role in addressing situations that affect population health and well-being. Given our direct experience with patient care and clinical practice, we must actively participate in shaping health policies, contributing our insights to ensure decisions reflect the realities of healthcare delivery. Engaging in these discussions helps represent our profession, our patients, and our fellow health professionals effectively at all levels. Active participation and leadership demonstrated by junior doctors at WHO EB156 have significantly reinforced the visibility and voice of young professionals in global health policies.

References

1. Global Health Council. 5 key takeaways from WHO Executive Board Meeting [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://globalhealth.org/5-key-takeaways-from-who-executive-board-meeting/

2. Funds for NGOs. WHO's 156th Executive Board Meeting: shaping the future of global health [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://news.fundsforngos.org/2025/03/06/whos-156th-executive-board-meeting-shaping-the-future-of-global-health/

BACK TO CONTENTS

World Medical Journal

3. World Health Organisation. WHO Director-General's opening remarks at the 156th session of the Executive Board – 3 February 2025 [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-156th-session-of-the-executive-board-3-february-2025

4. World Medical Association. Item 6: universal health coverage [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/02/UHC_Final_constituency-statement-for-WHO-EB-Feb-2025_Resolution-on-Strengthening-Medical-Imaging-capacity_Jan31.pdf

5. World Medical Association. Item 7: follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/02/EB156-WMA-statement-Non-Communicable-Diseases-item-7.pdf

6. World Medical Association. Item 8: mental health and social connection [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/01/EB156-WMA-statement-Mental-Health-item-8.pdf

7. World Medical Association. Item 12: health and care workforce [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/02/156-EB-constituency-statement-item-12-HRH-FINAL.pdf

8. World Medical Association. Item 18: universal health and preparedness review [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/02/EB156-WMA-statement-Pandemic-preparedness-item-18.pdf

9. World Medical Association. Item 22: climate change and health [Internet]. 2025 [cited 2025 Mar 9]. Available from: https://www.wma.net/wp-content/uploads/2025/02/EB156-WHPA-Constituency-Statement-ClimateChange_FINAL-30.01.pdf

Authors

***Pablo Estrella Porter**, MD, MPH*
Chair, Junior Doctors Network,
World Medical Association
Hospital Clínico Universitario
de Valencia
Valencia, Spain
pestrellaporter@gmail.com

Jeazul Ponce Hernández,
MD, MPH, MSc
Communications Director,
Junior Doctors Network
Physician, Public Health System
of Castilla y León
Research assistant,
Department of Public Health,
Complutense University of Madrid
Salamanca, Spain
jeazulponce@gmail.com

BACK TO CONTENTS

World Medical Journal

Techquity: Achieving Health Equity through Innovation

Jesse M. Ehrenfeld

There are many reasons to be excited about emerging technology like augmented intelligence (AI) and AI-enabled tools in healthcare, helping to provide the opportunity to expand access to care to high-risk communities and solve longstanding health inequities for historically marginalised populations. This is true in the United States and around the world as technology evolves at a rapid pace.

However, physicians have learned from experience that if health technology is not designed and built correctly and does not leverage the clinical knowledge and expertise of physicians, these technologies run the risk of failing to deliver on their exciting promise. Additionally, these technologies have the possibility of exacerbating existing health inequities and creating even worse outcomes for patients. The same challenge is true for health data tools, which also hold tremendous potential to help identify and address disparities in treatment as well as mitigate unjust differences in disease incidence through early risk assessment and prevention.

The American Medical Association (AMA) Approach

One important piece of the American Medical Association (AMA)'s strategic priorities is to drive the future of medicine through the design and development of better health technology. To do so, physicians must be given a seat at the table when digital health tools are in the concept-stage. The AMA is accomplishing this task in a number of ways, including our California-based health technology venture studio called Health2047 and our AMA Physicians Innovation Network, which allows physicians to connect with technology entrepreneurs on exciting new projects.

For technology to effectively address deeply rooted health inequities in the United States, we have to be intentional about our actions, such as prioritising funding and supporting the launch and scaling of solutions that meaningfully advance health, racial, and social justice. In addition, the investment and allocation of resources in new technology must mirror the diverse make-up of our country.

Techquity

Techquity is not a term that is widely known, but its aim is clear: the strategic design, development, and deployment of technology to advance health equity. What is better understood is that our best chance to address longstanding health inequities through technology is to incorporate health equity into technology in the earliest stages so that common biases are not baked into the design. This is something to which the AMA is committed and has been working toward as a component of our broader strategic work to address health inequities in the United States.

Solving Health Inequities in the United States and Abroad

The AMA has made advancing health equity and improving health outcomes for marginalised groups a strategic focus since the creation of its Center for Health Equity in 2019. Our organisational plan on equity lays out a multi-pronged strategic approach to advance health equity through state and federal advocacy, by working upstream to address social determinants of health, by building alliances with other physician and health organisations, and by developing equity-centred programs and robust education and teaching models, among other actions. It also includes leveraging data and health information technology to address widespread disparities in our healthcare system, and helping ensure health technology tools, such as AI, are built through an equity lens.

The need for this work grows by the day. Across the United States, Black, Hispanic, Indigenous peoples and other historically marginalised groups face growing health inequities that too often lead to serious health consequences. Much of it is rooted in bias and racism within our healthcare system but is also due to limited access to physician care. Black and Hispanic populations in the United States, for example, face disproportionately higher rates of chronic disease, including heart disease, which is the leading cause of death in the country and globally. In fact, nearly half of Black women in the United States over the age of 20 have heart disease, but a small minority of those – just one in five – believes she is personally at risk. There is much work to be done to educate individual patients on heart disease and how to achieve

BACK TO CONTENTS

World Medical Journal

better blood pressure control. These challenges, while unique within the United States, are mirrored globally with different populations and gaps in health outcomes.

The Perils of Poorly Designed Health Technology

It is not only important, but necessary, to build health technology through an equity lens because technology does not always work the same for people of all race and ethnic backgrounds. This lesson was learned the hard way during the COVID-19 pandemic. Pulse oximeter devices, which played a critical role by measuring the blood oxygen level of a patient with COVID-19, routinely conveyed inaccurate blood-oxygen information in patients with dark skin pigmentation. This was a problem that was well-known in medicine for more than 30 years, and yet it was allowed to persist until a deadly pandemic brought its inherent flaws to light.

Pulse oximeters are widely used to inform medical decision-making and make critical decisions in acute care settings, so it is essential that these devices are accurate and reliable for all people. The risks posed by inaccurate readings is typically an overestimate of oxygen levels in patients with dark skin pigmentation, resulting in these patients being less likely to receive supplemental oxygen and life-saving treatment. The fact that this problem has not been fixed underscores a lack of urgency in addressing implicit bias in medical technologies. This is just one of many examples of technology that was conceptualised and built without adequate input from those who could have called out this obvious – and deadly – flaw.

Eliminating Bias in Digital Health

So how do we prevent bias from being built into the DNA of new health technology? That is a question at the heart of the AMA's work to advance equity-centred technology. We are taking a collaborative approach to tackle these challenges, such as the AMA's In Full Health initiative that was launched in 2022. The In Full Health initiative, which grew out of our Strategic Plan on Health Equity, is built on five principles for advancing equity-centred innovation to not only improve health outcomes for patients but increase investment in technology from underrepresented communities.

The In Full Health initiative seeks to:

- Understand how structural racism, sexism and bias impact health innovation resource allocation, so that steps can be taken to dismantle them;
- Assess the value of all health innovation solutions by their impact on health equity as a fundamental metric;
- Invest in health innovations designed by innovators building from and for historically marginalised communities;
- Utilise health innovation investment models that support asset ownership and wealth development within historically marginalised communities; and
- Engage technology industry influencers in addressing systems-level barriers and needs.

Despite decades of increasing investment in health innovation, the reality is that venture capital investing topped US$10 billion in the United States in 2023, and investments in technology start-ups by Black, Hispanic, Indigenous people and women represent less than 10 percent of this total. That is a concerning trend that In Full Health seeks to correct.

Equitable Data Standards

The AMA also actively advocates for more equitable data standards and enhanced interoperability, and we support the inclusion of social determinants of health, race, ethnicity, sexual orientation, gender identity, and disability data elements in the United States Core Data for Interoperability. These standards enable consistent data collection and better identification of health disparities.

We have joined with the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education to create the Physician Data Collaborative (the Collaborative), which is examining opportunities to use physician demographic data to advance health equity. The Collaborative uses existing data relationships to model and document the processes by which the simplification of data sharing can be accomplished, including simple data sharing agreements based upon principles to support research using demographic data.

Additionally, we are involved in initiatives to enhance electronic health data exchange, aiming to ensure that health IT systems can effectively share and use data to identify and address health inequities. As part of those efforts, the AMA was a founding member of the Gravity Project (https://thegravityproject.net/), a Robert Wood Johnson-funded initiative with more than

BACK TO CONTENTS

World Medical Journal

2,500 participants from organisations and entities representing healthcare, social services, payers, technology vendors, and government agencies working to develop consensus-driven data standards to support the collection, use, and exchange of social determinants of health data.

Principles for AI Development, Deployment and Use

The AMA also made equity-centred design and development in AI technology an integral part of its Principles for AI Development, Deployment and Use that were released in Fall 2024. These principles build on existing AMA policies on AI that go back to 2018, and they encourage comprehensive government approach to AI governance policies to mitigate risks to patients. They focus on seven specific areas: 1) governance policies; 2) transparency in the use of and required disclosures by AI enabled systems and technologies; 3) special considerations for the use of generative AI; 4) liability; 5) data privacy; 6) cybersecurity; and 7) payor use of AI.

The key elements of the AMA's approach include that:

- Above all else, healthcare AI must be designed, developed, and deployed in a manner which is ethical, equitable, responsible and transparent.
- Compliance with national governance policies is necessary to develop AI in an ethical and responsible manner to ensure patient safety, quality, and continued access to care. Voluntary agreements or voluntary compliance is not sufficient.
- Healthcare AI requires a risk-based approach where the level of scrutiny, validation, and oversight should be proportionate to the potential overall or disparate harm and consequences the AI system might introduce.

The principles also emphasise that *clinical decisions influenced by AI must be made with specified human intervention points during the decision-making process*. As the potential for patient harm increases, the point in time when a physician should utilize their clinical judgment to interpret or act on an AI recommendation should occur earlier in the care plan. And of course, implementation and utilisation of AI in a clinical setting should avoid exacerbating the physician burden and should be designed and deployed in harmony with the clinical workflow.

Technology vs Humanity or Technology and Humanity?

Achieving equity-centred design in health technology is, at its core, about maintaining humanity in medicine as technology rapidly advances. To quote Dr. Abraham Verghese, author of Cutting for Stone, "*The way here is not to think technology versus humanity, but to ask how they come together where the sum can be greater than the parts for an equitable, inclusive, human and humane care and practice in medicine.*" If we do not fix the foundational problems in technology design and development at the front end that is, if we are not intentional about eliminating bias and incorporating better data sets at the very beginning of this process, we are simply going to perpetuate these longstanding biases and widen existing inequities.

***Jesse M. Ehrenfeld**, MD, MPH*
178th President,
American Medical Association
Senior Associate Dean,
Medical College of Wisconsin
Director, Advancing a Healthier
Wisconsin Endowment
Milwaukee, Wisconsin, United States
jehrenfeld@mcw.edu

BACK TO CONTENTS

World Medical Journal

Reinforcing the Humanity of Healthcare for Everyone Involved

Gregory Makoul

Calum MacKichan

When physicians, whether in training or in practice, recite the WMA Declaration of Geneva ("Modern Hippocratic Oath"), they pledge to dedicate their lives to the service of humanity [1]. However, in many countries, regions, and settings, the healthcare system makes it exceedingly difficult for physicians and other health professionals to prioritise the human aspect of care. On a daily basis, health professionals and patients face barriers that compromise the humanity of healthcare, negatively affecting the experience, delivery, and outcomes of care while exacerbating burnout and moral injury [2].

Given this state of affairs, the first author (GM) facilitated a workshop at the 2022 International Conference on Communication in Healthcare (Glasgow, Scotland) to explore how effective communication can reinforce the humanity of contemporary healthcare. A working group of health professionals, researchers, and educators with expertise in healthcare communication left the session with a commitment to develop an international, interdisciplinary consensus statement. Published in 2024, the Glasgow Consensus Statement on Effective Communication in Clinical Encounters is the outcome of a disciplined process firmly grounded in evidence and experience [3].

The Glasgow Consensus Statement recognises that, while advances such as multidisciplinary teamwork and digital technology have improved many aspects of care, they have engendered a more transactional ecosystem marked by fragmentation for patients alongside inefficient workflows and unrealistic administrative burdens for clinicians [4,5]. The fundamental implication is clear: "*the increasingly transactional nature of clinical encounters can dehumanize the care experience for patients and health professionals across disciplines and specialties*" [3]. Working group members outlined a set of interconnected premises to build a clear foundation for issuing recommendations. For instance, they highlighted the need for applicability to all health professionals (i.e. not just doctors) and stipulated that high-quality healthcare must efficiently address health issues while recognising the humanity of all parties involved (i.e. not just patients). The working group's recommendations took the form of overarching tasks, which are "*longitudinal and woven throughout encounters as well as episodes of care*" [3], along with incremental tasks that were adapted and refined from the Kalamazoo Consensus Statement on effective communication in medical encounters, published in 2001 [6]. This brief report highlights the three overarching tasks as articulated within the Glasgow Consensus Statement in the context of encounters between health professionals and patients [3]. It also summarizes a recent development that expanded their scope beyond clinical encounters, demonstrating that these tasks have practical value regardless of role or setting.

Overarching Tasks

Connect as humans. A fundamental communication task included in earlier consensus statements focused on building a relationship [6]. This may seem unattainable given the realities of everyday practice, especially in short or 'one-off' consultations where a patient is unlikely to see a particular health professional on a regular basis. However, human connection, which can be demonstrated by respecting the "*patient's dignity, uniqueness, individuality and humanity*", is possible in all interpersonal interactions [7]. Indeed, human connections are a pathway to therapeutic, trusting relationships, whether episodic or sustained over time, and there is good evidence that human connection has benefits for patients and health professionals [8].

BACK TO CONTENTS

World Medical Journal

Understand the patient's perspective. Drawn from the Kalamazoo Consensus Statement, this task supports therapeutic partnerships by addressing what matters most to each person receiving care [6,9]. Identifying an individual's needs is a central pillar of person-centred care and an antidote to 'conveyer belt' healthcare. This task can include exploring ideas, beliefs, feelings, expectations and/or preferences to an extent relevant and proportionate to the moment. While different clinical situations may require varying depth of exploration, taking the patient's perspective and context into account can pre-empt the misalignment of goals, thereby improving outcomes that are valued by patients as well as saving resources and time [10].

Be responsive. Effective communication requires adapting to different situations and patients, and even the same patient in different situations. People with similar health issues may have very different needs, goals, barriers, literacy levels, language preferences, cultural practices, and expectations for the encounter. Encounters may vary in terms of duration and intent. Moreover, tone, emotion, and demeanour can change during the course of a single encounter. Meeting patients' needs in the context of their life and health status is at the heart of delivering person-centred care. As there is no 'one size fits all' model of an effective encounter, it is important to develop a repertoire of skills and strategies that can be applied as needed to accomplish essential tasks [11].

A Broader Scope

It is important to note that these tasks are not about being 'nice'; they are geared entirely toward being effective. Taking that aim a step further, a subset of the original working group organised a symposium on "Using the Glasgow Consensus Statement in the Real World" at the 2024 International Conference on Communication in Healthcare (Zaragoza, Spain). A clear line of continuity ran through the presentations on leadership, teaching, assessment, research, and policy: *The experience and delivery of healthcare will improve if the overarching tasks are applied, not just to patients and families, but also in interactions with trainees, colleagues, community members, and policy makers.* Accordingly, the symposium presenters advocated for a slight modification in the wording of one task (from 'understand the patient's perspective' to 'focus on understanding'), yielding a broadly applicable set of overarching tasks.

Building on the logic of broadening the view beyond clinical encounters, the first author (GM) worked with Planetree to expand the Glasgow Consensus Statement's description of person-centred care as "*compassionate, collaborative care that focuses on the needs of each patient as a whole person*" [3]. Planetree is an international non-profit organisation that provides education, consulting, and recognition to support and sustain truly person-centred care. The refreshed definition – "*Person-Centered Care is compassionate, collaborative care that improves outcomes by focusing on what matters to everyone involved in healthcare experiences*" – benefited from the participation of a broad range of Planetree stakeholders and is now featured on the organisation's website guide future work in the field [12]. Explicitly highlighting "*what matters to everyone involved*" is an important reminder that reinforcing the humanity of healthcare requires paying attention to the needs and perspectives of health professionals, patients, families, and communities.

The overarching tasks, coupled with the Planetree definition of person-centred care, provide tangible touchstones for everyday clinical practice as well as healthcare writ large. We strongly believe that national medical associations can play a vital role in disseminating this simple but powerful approach, illustrating how it applies to encounters between clinicians and patients, educators and trainees, leaders and team members, advocates and policy makers, and others who are dedicated to improving the experience and delivery of care. While system-level challenges that risk dehumanising healthcare are likely to persist, leaders can use the Glasgow Consensus Statement in concert with the expanded scope to facilitate change within operations under their control [3]. *In a healthcare ecosystem where interactions often feel transactional and processes may feel overwhelming, this triad – connect as humans, focus on understanding, be responsive – can reinforce the humanity of healthcare for everyone involved.*

References

1. World Medical Association. WMA Declaration of Geneva [Internet]. 2017 [cited 2024 Nov 25]. Available from: https://www.wma.net/policies-post/wma-declaration-of-geneva/

2. Dean W, Morris D, Llorca PM, Talbot SG, Fond G, Duclos A, et al. Moral injury and the global health workforce crisis – insights from an international partnership. N Engl J Med. 2024;391:782-5.

BACK TO CONTENTS

World Medical Journal

3. Makoul G, Noble L, Gulbrandsen P, van Dulmen S; Consensus Working Group. Reinforcing the humanity in healthcare: the Glasgow Consensus Statement on effective communication in clinical encounters. Patient Educ Couns. 2024;122:108158.

4. Stange KC. The problem of fragmentation and the need for integrative solutions. Ann Fam Med. 2009;7:100-3.

5. Porter J, Boyd C, Skandari MR, Laiteerapong N. Revisiting the time needed to provide adult primary care. J Gen Int Med. 2023;38:147-55.

6. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001;76:390-3.

7. Busch IM, Moretti F, Travaini G, Wu AW, Rimondini M. Humanization of care: key elements identified by patients, caregivers, and healthcare providers. A systematic review. Patient. 2019;12:461-74.

8. Street RL Jr, Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. Patient Educ Couns. 2009;74:295-301.

9. Barry MJ, Edgman-Levitan S. Shared decision making--pinnacle of patient-centered care. N Engl J Med. 2012;366:780-1.

10. Weiner SJ, Schwartz A. Listening for what matters: avoiding contextual errors in health care, 2nd ed. Oxford: Oxford University Press; 2023.

11. Lussier MT, Richard C. Because one shoe doesn't fit all: a repertoire of doctor-patient relationships. Can Fam Physician. 2008;54:1089-92.

12. Planetree. Person-centered Care [Internet]. 2025 [cited 2025 Jan 31]. Available from: https://www.planetree.org

Members of the Glasgow Consensus Statement Working Group: Margarida Braga (Portugal), Marianne Brouwers (Netherlands), Judy Chang (United States), Glyn Elwyn (United States), Pål Gulbrandsen (Norway), Monique Heijmans (Netherlands), Michael Kaffman (Israel), Jéssica Leão (Brazil), Marie-Thérèse Lussier (Canada), Calum MacKichan (Belgium), Gregory Makoul (United States), Lorraine Noble (United Kingdom), Arwen Pieterse (Netherlands), Shakaib Rehman (United States), Claude Richard (Canada), Anna Udvardi (Hungary), Sandra van Dulmen (Netherlands) and Jonathan Ward (United Kingdom).

Authors

Gregory Makoul, *PhD, MS*
Founder, Wisdomics
Strategic Advisor, Planetree
Faculty of Medicine,
Yale School of Medicine
New Haven, Connecticut,
United States
gmakoul@wisdomics.org

Calum MacKichan, *PhD*
Communication Officer,
Standing Committee of
European Doctors (CPME)
Co-Chair Policy and Practice,
International Association for
Communication in Healthcare (EACH)
Brussels, Belgium
calum.mackichan@cpme.eu

BACK TO CONTENTS

World Medical Journal

Interview with National Medical Associations' Leaders of the Pacific Region

Maria Minerva Calimag

TaegWoo Kim

Hector Santos, Jr.

Brian Chang

Danielle McMullen

Dr. Danielle McMullen, Dr. Hector Santos, Jr., and Dr. TaegWoo Kim, the Presidents of the national medical associations (NMAs) of Australia, Philippines, and Republic of Korea, respectively, Dr. Maria Minerva Calimag, Past President of the NMA of the Philippines, and Dr. Brian Chang, Secretary-General of the NMA of Taiwan, join the interview with Dr. Helena Chapman, the WMJ Editor in Chief. They share their perspectives on their leadership experiences, ongoing NMA activities, strengths and existing challenges in medical education, and how the World Medical Association (WMA) can support NMA initiatives in the Pacific region.

As you reflect upon your journey as NMA president, please describe one memorable experience, one challenge and how you resolved the challenge, and one hope for the future of medicine.

Australia: As NMA president, one significant highlight has been meeting my National Medical Association colleagues at a Confederation of Medical Associations in Asia and Oceania (CMAAO) event last year in the Philippines. It was remarkable to see the similarity of different healthcare issues that we face each day, despite quite different health systems. One challenge facing Australian healthcare has been the workforce shortage of doctors, and governments' actions to try and solve this shortage by expanding the scope of non-medical health professionals and introducing new non-medical workforces working autonomously. We are deeply concerned that this action will fragment patient care, and if not done correctly, will lead to worse outcomes. Instead, we should be pursuing genuine team-based care approaches, using each team member to their full potential while ensuring true collaboration and medical involvement. I hope that the future of medicine in Australia reflects this goal – that our doctors can enjoy fulfilling careers working in well-supported teams, and that our patients have access to high-quality care when and where they need these services.

Philippines: Reflecting on my journey as the Philippine Medical Association (PMA) President, from 2014-2016 and 2022-2024, I am filled with a profound sense of gratitude and responsibility [1]. The post-pandemic era presented unique challenges and opportunities, allowing me to grow personally and professionally while driving impactful changes in the medical fraternity. Being elected as the PMA President for four terms is a feat that many physician-leaders

BACK TO CONTENTS

World Medical Journal

have not had the chance to experience. One memorable professional experience was when the Professional Regulations Commission recognised the PMA – twice – as the Most Outstanding Professional Organisation out of 46 other professional organisations in the Philippines. My most memorable personal experience was when I was selected to lead other national medical associations in the Asia and Oceania region, as the 41st President of the CMAAO for 2024-2025 (https://www.cmaao.org/aboutus/current-leaders/).

However, my time as president was not without challenges. First, the coronavirus disease 2019 (COVID-19) pandemic had left profound scars on the medical community's mental well-being, with many healthcare professionals experiencing burnout and depression. Collaborating with mental health professionals, I immediately spearheaded the development of a comprehensive support program, including offering regular counselling sessions, organising stress management workshops, and creating safe spaces for healthcare professionals to express their feelings and concerns. These efforts, coupled with fostering a culture of openness and acceptance, gradually eased the mental strain on our community. Witnessing the positive impact of these initiatives reinforced my belief in resilience and the power of communal support.

Looking towards the future, I hope that governments will adopt universal health care and medical centres will embrace holistic primary care services. While technological advancements continue to push the boundaries of medical possibilities, I envision a future where medicine marries innovation with compassion. Personalised patient care, effective mental health integration, and preventive strategies should become the gold standards, where the healthcare ecosystem focus shifts from treating illnesses to proactively maintaining well-being and health. To realize this vision, it is crucial to keep nurturing young, passionate professionals who are skilled and empathetic to strengthen the physician-patient relationships. As we continue to heal from the pandemic's reverberations, I am optimistic that this holistic approach will lead to a healthier society, where everyone has access to inclusive, comprehensive care.

As I reflect on the experiences, challenges, and aspirations from my presidential tenure, I am filled with optimism about the future of medicine. Embracing technological advances, addressing mental health head-on, and cultivating a holistic healthcare system are fundamental stepping stones. I am enthusiastic about the journey ahead, ready to work alongside my peers toward a future where healthcare evolves into a beacon of innovation, compassion, and inclusivity.

Republic of Korea: I was inaugurated as the 43rd president of the Korean Medical Association (KMA) on 8 January 2025, during a prolonged national healthcare crisis that has persisted for over one year. Before my presidency, I served as the chairman of the KMA Emergency Response Committee, leading efforts to prevent the government's unilateral enforcement of medical policies, including an excessive increase in medical school admissions. In this role, I earned the trust of medical students and residents, who are the primary stakeholders and victims of the crisis. As a result, I was elected as KMA president with broad support from the entire medical community. Currently, the Republic of Korean government is pushing forward with a drastic increase in medical school enrolment, from 3,058 to 4,567 students per year – a surge of 1,508 students without adequate preparation. Despite repeated warnings that the existing medical education infrastructure is insufficient to accommodate such an increase, the government continues to implement this policy without due consideration. As a result, medical students and residents have been resisting by submitting resignations and requesting leaves of absence, a movement that has now lasted for one year. With nearly 7,600 students expected to be educated under an infrastructure originally designed for 3,058 students, the sustainability of medical education and training is at serious risk. As the KMA president, I am fully committed to restoring stability and normalcy to the Republic of Korea's healthcare system.

Taiwan: During my tenure with the Taiwan Medical Association (TMA), one memorable experience was leading a national campaign to enhance mental health awareness among citizens. TMA members interacted with community members of all ages, encouraging open conversations about mental health in order to reduce stigma. Our primary challenge was the overwhelming demand on our healthcare system during the COVID-19 pandemic and resulting burnout among medical staff, and in response, we established support networks and prioritised communication to help alleviate stress. Looking to the future, I hope for a more integrated approach to healthcare that emphasises prevention and holistic care, ensuring access to comprehensive services for all citizens.

BACK TO CONTENTS

World Medical Journal

How would you describe the current opportunities for NMA members to help influence health care policy-making activities in your country?

Australia: The Australian Medical Association (AuMA) has a strong and proud history working with our government on a wide range of health-related policy issues. Underpinning the AuMA's policy and advocacy is the *Vision for Australia's Health 2024-2027* document (https://www.ama.com.au/vision-for-australias-health), which proposed sensible and targeted reforms that would help address these issues in our health system. AuMA's reform ideas focus on five pillars: general practice, public hospitals, private health, a health system for all, and a health system for the future. With a federal election in Australia in 2025, there are many opportunities for the AuMA and our members to influence the health policy of the future in Australia, and we will be taking every opportunity to do so.

Philippines: The PMA members have numerous opportunities to influence healthcare policy-making activities within the Philippines. By participating in legislative advocacy, PMA members collaborate with government officials and policymakers to draft and promote laws that address pressing health concerns and improve the healthcare system. Engaging in public forums and stakeholder meetings also provides PMA members with platforms to voice their expert opinions, ensuring that decisions made at the policy level are informed by evidence-based medical practices and the real-world experiences of healthcare professionals.

Moreover, PMA members are involved in research initiatives and data collection efforts, contributing critical insights that shape national health priorities. This involvement not only aids in creating effective health policies, but also helps in monitoring and evaluating the outcomes of these policies, ensuring that they meet the intended goals. Additionally, PMA members work in partnership with non-governmental organisations, educational institutions, and international bodies to foster collaborative efforts aimed at public health improvements, which can lead to a broader influence on policy-making.

By leveraging media platforms, PMA members raise public awareness on vital health issues, thereby mobilising public support for policy changes. Serving as educators and advisors, they play a crucial role in informing both policymakers and the public about the complexities of health issues, advocating for necessary reforms and budget allocations. The PMA also creates special interest groups within its membership to provide targeted expertise and advocacy on specific health issues, such as infectious diseases, maternal health, and mental health. Notable advocacy groups and healthcare movements include the Healthcare without Harm–Philippines (HCWH-PH), Healthcare Professionals Alliance Against COVID-19 (HPAAC), Sin Tax Coalition, Philippine Alliance Against Tuberculosis (PhilCAT), Coalition Against Fake Medicines, Safe Medicines Network, Health Action Information Network (HAIN), Coalition Against Cannabis Legalization, Empowering Networks against Dengue, Diabetes Philippines, Mental Health PH, and Rotary Club of Healing Hands. Through these diverse advocacy groups, PMA members significantly impact healthcare policy-making and contribute to the overall health and well-being of the Filipino population.

Republic of Korea: As the representative body of the medical community, the KMA has actively participated in government committees, parliamentary discussions, and various policy forums to advocate for diverse perspectives in healthcare. We have also organised national and specialty-specific academic conferences and policy discussions to fulfil our role as an expert advisory body in healthcare policymaking. While we have consistently engaged with the government to contribute expert opinions, there have been instances where we had to express strong opposition through protests and strikes when policies were pushed forward without proper consultation.

Currently, despite the KMA's repeated advice, the government is pushing ahead with excessive and impractical policy changes, leading medical students and residents to resist by resigning and taking leaves of absence. In December 2024, the government even issued a quasi-martial law directive to suppress their legitimate protest. Trust between the government and the medical community has completely collapsed, and urgent efforts are needed to rebuild this trust. Despite these challenges, the KMA remains dedicated to its primary mission – conducting research on healthcare policies and advocating for evidence-based improvements. We hope to restore cooperation with the government to ensure better healthcare for the nation.

Taiwan: The Taiwan Medical Association (TMA) members have significant opportunities to influence healthcare policy-making

BACK TO CONTENTS

World Medical Journal

through evidence-based policy lobbying. By leveraging robust data and research, we can advocate for policies that truly reflect the unique needs of our population. Establishing strong communication channels with health authorities can ensure that our voices are heard in the decision-making process. Moreover, we always prioritise the best interests of physicians, patients, and their families at the centre of our health policies, aligning our advocacy efforts with the ultimate goal of improving community health outcomes. Through collaboration and a unified approach, we can effectively shape a better healthcare landscape for all citizens.

How do perceive the physician-patient relationship and rapport in the clinical setting in your country?

Australia: As measured in the Governance Institute of Australia's yearly Ethics Index (https://www.governanceinstitute.com.au/ethics-index/), the Australian public perceives the ethical behaviours of the health sector and general practitioners as very high, especially amongst a range of occupations. In order to maintain the public's trust and confidence in the medical profession, the various Australian medical regulatory and professional organisations work together to promote a very high standard of ethical behaviour, standards of practice, competency, and professional conduct through an open and accountable process of profession-led regulation. This collaboration also involves responding to new and ongoing challenges that could potentially compromise the physician-patient relationship, patient safety or healthcare access if not managed appropriately, such as the expansion of non-medical practitioner's scope of practice or the increased use of artificial intelligence in healthcare. The AuMA provides a particularly strong leadership role in highlighting the sanctity of the physician-patient relationship through its Code of Ethics and a range of position statements and guidelines, which collectively guide doctors in their relationships with patients, colleagues, other healthcare professionals, and society.

Philippines: As healthcare leaders at the helm of our national medical association, we perceive the physician-patient relationship in the Philippines as a pivotal element of effective healthcare. We engage with patient groups like the Philippine Alliance of Patient Organisations (PAPO) to confirm that our health initiatives are grounded in trust, empathy, and open communication, and where physicians actively listen and engage with patients as partners in their health journey. Shared decision-making is encouraged, fostering collaboration and empowering patients in their treatment choices. By prioritising confidentiality, continuity of care, and constructive feedback, we aim to cultivate enduring, compassionate relationships that enhance patient satisfaction and healthcare outcomes, ultimately advancing the nation's medical standards.

Cultural sensitivity and respect for diverse backgrounds are paramount, ensuring that care respects patients' beliefs and values. The PMA has mobilised healthcare professionals, resources, and community partnerships to launch the Reaching the Unreached Flagship Program ("Kultura Komunikasyón at Katutubong Wikà para sa Kalusugan at Kaunlaran ng mga Katutubò") in 2022, as a groundbreaking initiative that extends healthcare access to remote, marginalised, and isolated communities lacking adequate medical services in the Philippines. The program, which emphasises preventive care, health education, and the provision of essential medical services (e.g. vaccinations, check-ups, screenings), collaborates with local governments and organisations to establish long-term healthcare infrastructure and empower local health professionals. Through this initiative, the PMA has demonstrated their commitment to the broader goal of nationwide health improvement and the elimination of health disparities, supporting healthcare equity and enhancing the well-being of all Filipinos, particularly those in geographically challenging and economically disadvantaged locations.

Republic of Korea: On the ground, patients and the general public generally hold a high level of trust in medical professionals. However, despite this trust, the Republic of Korea has an exceptionally high number of medical lawsuits compared to other countries. Even in cases of unavoidable medical accidents, physicians are frequently held criminally liable, which eventually erodes trust in the medical profession over time.

This legal environment has led to an increasing reluctance (and subsequent decline) among doctors to enter high-risk specialties such as emergency medicine, obstetrics and gynecology, and pediatrics, causing delays in urgent medical care. Consequently, the rapport between the public and the medical community is deteriorating due to systemic failures and the breakdown of trust between the government and the medical profession, rather than the quality of physician-patient interactions. Without policy reforms to address issues such as excessive legal liability, essential medical fields

BACK TO CONTENTS

World Medical Journal

will continue to struggle, ultimately harming both doctors and patients.

Taiwan: In Taiwan, the physician-patient relationship is influenced by our National Health Insurance system, a universal healthcare system that ensures that all citizens can seek and receive high-quality, comprehensive medical services. As some patients feel entitled to high-quality medical treatment due to their contributions to the system, their lack of appreciation and respect for these healthcare resources and physicians can result in strained physician-patient interactions and rapport. Moreover, physicians often express concerns about potential medical malpractice, which can make them hesitant to pursue aggressive treatment options. Overall, fostering mutual respect and understanding between physicians and patients are essential for improving rapport and confidence in clinical settings.

How would you describe the anticipated challenges in medical education over the next decade in your country?

Australia: The AuMA is advocating for responsive, sustainable, inclusive, and quality medical education in Australia. Doctors in training are the future of our health workforce, and they must be equipped with the necessary support to excel in the speciality of their choice. Australia has one of the most effective medical education systems, where medical students complete a clinically-integrated medical degree, and then two years of generalist training in hospitals, before selecting a speciality (including general practice/family medicine) and completing further training through one of our learned specialist medical colleges should they wish. Anticipated challenges include ensuring that doctors in training undertaking specialist postgraduate medical education are supported and engaged in their learning and institution's governance. Support for trainees include ensuring that trainees receive feedback regarding exam performance, that training and workplaces are free from bullying, harassment, and discrimination, and that they have the opportunity to undertake rural training should they wish.

The AuMA also strongly advocates for flexible training, reflecting the changing needs of the medical workforce and the shift in societal attitudes for greater flexibility in work and education. The introduction of flexible medical work and training practices promotes equal opportunity and diversity, enhances the participation of doctors in the workforce, and supports sustainable medical workforce retention and growth. It also encourages innovation, promotes doctors' well-being, and strengthens the delivery of high-quality medical care and training.

Philippines: Over the next decade, medical education in the Philippines and other countries faces challenges like rapid advancements in medical technologies, necessitating constant curriculum updates and faculty expertise in areas such as artificial intelligence, telemedicine, and personalised medicine. Increasing student diversity demands equitable educational experiences and elimination of biases. Balancing theoretical knowledge with practical skills requires innovative teaching and more clinical exposure. Addressing mental health and well-being among students is crucial due to high stress levels and burnout. Funding constraints pose difficulties in expanding facilities and hiring qualified staff, potentially affecting education quality.

Integrating global health perspectives into medical education is becoming increasingly important. As global health challenges like pandemics, climate change, and cross-border diseases arise, it is crucial for medical curricula to reflect these issues, preparing students for a globalised healthcare environment. Addressing these challenges requires a proactive approach from educational institutions, government bodies, and healthcare professionals to ensure the development of competent and adaptable medical professionals in the Philippines and the Pacific region.

Republic of Korea: The government's abrupt and authoritative increase in medical school admissions has created significant challenges for medical education. When students currently on leave return to school, the total number of first-year medical students will exceed 7,000. However, there has been no corresponding expansion in lecture halls, faculty numbers, or other essential educational infrastructure. This lack of preparation threatens to degrade both medical education and the overall quality of healthcare.

Furthermore, increasing legal risks and exploitative, low-paid working conditions in residency training programs in essential medical fields have led to the growing reluctance among junior doctors to enter these specialties. Addressing these issues and eliminating unfair working conditions require urgent reforms in medical policies. Additionally, with the rise of artificial intelligence in medicine, future physicians must be prepared for the evolving changes it will bring to the field. There is also a growing need for education in health system science to help future doctors understand healthcare from a broader societal and policy-driven perspective.

BACK TO CONTENTS

World Medical Journal

Taiwan: As medical education in Taiwan will face several anticipated challenges, continuous medical education will be essential to ensure quality care as healthcare demands evolve. First, academic leaders will need to discuss how artificial intelligence will impact future healthcare delivery, and hence identify best practices for incorporating artificial intelligence concepts into medical school curriculum. Second, physicians will need to expand their knowledge beyond traditional healthcare topics, including understanding administration, law and regulations, infection control, sexual equity, medical ethics, and long-term care, to meet the growing needs of the global population. Third, by developing and refining their skills in social communication and understanding corporate social responsibility, physicians can help foster community engagement and address broader health issues for Taiwan. Adapting our education system to encompass these diverse areas while maintaining a strong foundation in clinical skills will be a key challenge moving forward to support the health needs of Taiwan and the Asia-Pacific region.

From the medical education perspective, how has your NMA responded to the existing and emerging health challenges within your country?

Australia: The AuMA does not provide medical education within Australia, but rather shares strong clinician-led feedback with key institutions involved in funding medical education, establishing standards, and delivering training. A key challenge facing Australia, like many other countries, is ensuring that patients have access to the care they need, no matter where they live. Our system of medical education and training and its reform are critical to addressing this challenge, particularly with our widespread geography and large rural population. We continue to support doctors' access to high-quality training experiences in rural areas, which can encourage more doctors to live and work in these areas. We also promote opportunities for doctors to explore better funding models to encourage more doctors to train in underserviced specialties, including through the private sector.

Philippines: The PMA plays a pivotal role in shaping the landscape of medical education and professional development in the Philippines. The PMA participates in shaping medical education policies, standards and guidelines as a member of the Commission on Higher Education Technical Panel for Medical Education. In undergraduate medical education, the PMA collaborates with various academic institutions and regulatory bodies to ensure that the medical curriculum remains relevant and aligned with contemporary advancements in healthcare. These steps involve advocating for curricular updates that integrate modern medical technologies, global health perspectives, and the essential balance between foundational medical knowledge and practical skillsets.

The PMA recognises the crucial need for lifelong learning and supports structured programs that enhance the competency and skills among medical trainees in internship, residency, and fellowship programs. First, the PMA Commission on Professional Specialization collaborates with the Association of Philippine Medical Colleges to provide a venue for the discussion of issues that impact training programs. Second, the PMA actively organizes virtual and face-to-face seminars, workshops, and conferences for the continuing professional development of healthcare professionals so they may stay informed about the latest medical research, technologies, and best practices. These programs are designed to foster a culture of continuous learning, encouraging doctors to keep abreast of new developments in their field and improve patient care standards. They focus not only on medical knowledge, but also on leadership, communication, and ethical practices within the healthcare sector.

By endorsing and sometimes developing continuing professional development activities, the PMA ensures that doctors maintain their professional competence and are equipped to tackle emerging healthcare challenges effectively. To support these efforts, the PMA liaises with the Professional Regulation Commission through the Committees of Continuing Professional Development (CPD) and the Committee on Career Progression and Specialization – Credit Accumulation Transfers (CPSP-CATs) to engender the mandate of the Association of Southeast Asian Nations (ASEAN) Qualifications Framework. Overall, the PMA's comprehensive approach to medical education and professional development ensures that the medical community in the Philippines remains dynamic, competent, and prepared to meet the ever-evolving demands of the healthcare industry.

Republic of Korea: The Republic of Korea is facing a rapidly aging population and a record-low birth rate, leading to an impending demographic crisis. The national health system has observed increased demands for

BACK TO CONTENTS

World Medical Journal

chronic disease management, elderly care, and elective, quality-of-life medical services. To address these fundamental issues, the KMA has taken an active role in advocating for a multidisciplinary approach to the low birth rate crisis. We have established committees, organised public forums, and even launched fundraising initiatives to create a more supportive environment for childbirth and parenting. Additionally, the KMA is actively involved in ensuring that the government's chronic disease management initiatives are implemented effectively. We have established a Chronic Disease Management Committee to provide expert input and policy recommendations, ensuring that these programs align with best practices in healthcare delivery.

Taiwan: The TMA, along with the 23 specialty societies, have recognised the evolving healthcare landscape and have proactively implemented continuous medical education and training programs to address existing and emerging health challenges in Taiwan. They have collaborated with educational institutions to integrate critical topics, such as artificial intelligence, long-term care, and social communication, into the curriculum and ensure that future physicians are well-equipped to meet contemporary healthcare demands. By collaborating with specialty societies, they can incorporate specialised training tailored to the unique needs of various medical fields, which enriches the educational landscape and fosters a culture of lifelong learning. In response to public health crises, such as the COVID-19 pandemic, they have organised workshops and webinars to disseminate best practices to healthcare professionals, which has enhanced their readiness to tackle emerging health issues effectively.

From your perspective and national experiences, how has the COVID-19 pandemic affected medical education in your country?

Australia: During the COVID-19 pandemic, the profession observed the need to make significant changes in how doctors train and assess medical education for the next generation. Medical schools and colleges responded quickly to this call and supported the implementation of many innovative changes including online assessments, which are now well entrenched in these academic programs.

Philippines: The COVID-19 pandemic brought about profound changes in medical education in the Philippines, forcing institutions to rapidly adapt to new circumstances. As lockdown measures necessitated the closure of physical classroom, medical schools swiftly transitioned to online hybrid and hyflex learning, including video conferencing tools and learning management systems to maintain educational delivery. This transition highlighted the issue of accessibility, as many students living in rural areas had limited access to reliable internet and digital devices, which further exacerbated educational inequalities.

Curriculum adaptations became necessary, with a shift in focus from practical, hands-on experiences to more theoretical knowledge, given the restrictions on physical interactions. To compensate for the reduced clinical exposure, vital in medical training, institutions increased the use of virtual simulations and clinical case discussions, offering alternative, albeit less tactile, forms of practical learning. Educators were prompted to innovate their teaching methods, using interactive online tools such as quizzes, fora, and video assignments to keep student engagement high.

Assessment methods also evolved, as traditional in-person exams were replaced with online assessments, prompting schools to develop new strategies that maintained academic integrity and fairness. The pandemic's pressures also heightened mental health concerns among students and faculty, leading institutions to bolster mental health support services and awareness initiatives. Moreover, the pandemic underscored the importance of telemedicine and interdisciplinary learning, pushing these themes into the curriculum to better prepare future healthcare professionals. While these challenges were significant, they also sparked innovation, likely leaving a lasting impact on the landscape of medical education in the Philippines.

Republic of Korea: During the COVID-19 pandemic, medical students were forced to transition from in-person to online learning, significantly reducing hands-on clinical experience. With hospitals overwhelmed by COVID-19 patients, many students lost opportunities for clinical training, raising concerns about a decline in their practical skills, including procedural techniques and physical examination skills.

As a result, the importance of internship and residency training has become even more pronounced, offering time for medical graduates to refine these practical skills. At the same time, the pandemic accelerated innovation in medical education, leading to the widespread adoption of innovation technology (IT)-driven learning methods.

BACK TO CONTENTS

World Medical Journal

Moving forward, medical education must continue evolving to balance traditional hands-on training with new, flexible, and technology-driven teaching approaches.

Taiwan: The COVID-19 pandemic has significantly impacted medical education in Taiwan, leading to an increased emphasis on infection control and emerging pathogens, which are now essential components of continuous medical education for license renewal. In the academic setting, the pandemic helped accelerate the adoption of online learning for medical and interprofessional education, which enabled broader access to training resources, reinforced the value of adaptability and lifelong learning, and highlighted the importance of digital literacy among educators and learners. In the clinical setting, the pandemic helped raise awareness of the value of effective healthcare teamwork as well as risk factors that influence optimal mental health and well-being, which led to the integration of wellness initiatives into curricula.

How does your NMA leadership implement the WMA policies in the organisation?

Australia: The AuMA regularly promulgates new and updated WMA policies to our members and others through our media channels. In fact, many WMA policies are referenced within our own position statements and resolutions. On occasion, we will formally adopt a WMA declaration, statement or resolution to serve as formal AuMA policy, as observed with the Declaration of Seoul, Declaration of Geneva, Declaration of Tokyo, and Regulations in Times of Armed Conflict and Other Situations of Violence. These particular policies are highlighted on our website and mentioned in our own advocacy through submissions, media and communications channels, and written documents or meetings with government ministers and other external stakeholders.

Philippines: Advocacy is a critical area where the PMA aligns with WMA policies. The Association actively lobbies for health policies that resonate with WMA principles, often collaborating with governmental and non-governmental organisations to influence health legislation. Ethical guidelines from the WMA, such as the Declaration of Geneva, are integrated into the PMA's Code of Ethics of the Medical Profession, promoting ethical and professional integrity among practitioners.

Through its active involvement at the CMAAO and the Medical Association of Southeast Asian Nations (MASEAN), the PMA leadership is actively involved in global medical fora, staying abreast of new WMA developments and policies. Insights from these engagements are integrated into local strategic plans, ensuring that the PMA enhances medical practices in the Philippines and contributes to the global healthcare agenda. Overall, the PMA's strategic alignment with WMA policies strengthens the quality of healthcare and upholds ethical standards within the medical community.

As Immediate Past President of the PMA and the current President of the CMAAO, I joined the WMA Pacific Regional Meeting on the 2024 Revision of the Declaration of Helsinki in Tokyo, Japan, from 29 November to 1 December 2023. Specifically, I presented the topic entitled, *Emergency Use Authorization, Compassionate Use and Research Ethics during Health Emergencies*. We joined fellow advocates in the campaign towards centring human health in the Global Plastic Treaty held in Hanoi, Vietnam, from 27-29 March 2024, as well as the International Leadership Summit of Medical Associations on tuberculosis eradication in Kochi, India, from 1-2 June 2024 [2,3].

Republic of Korea: The KMA actively integrates WMA policies and guidelines into our national healthcare framework, ensuring that South Korean physicians are aligned with global medical ethics and standards. We reference key WMA declarations, such as the Declaration of Geneva, the Declaration of Helsinki, and the International Code of Medical Ethics, to strengthen domestic medical ethics policies. Additionally, we leverage WMA policies when advocating for legal and systemic reforms that protect physicians' rights and improve the healthcare environment. By incorporating international best practices into national policies, the KMA aims to uphold the highest ethical and professional standards in the Republic of Korea's medical community.

Taiwan: The TMA leadership actively implements WMA policies through a structured approach. After each WMA meeting, they promptly document the discussions on medical ethics, sociomedical affairs, and key policies. When the WMA requires minor or major revisions of statements, the TMA convenes expert meetings for extensive discussions, allowing members to provide informed recommendations. Additionally, new WMA statements are translated into Mandarin and published in the *Taiwan Medical Journal*, ensuring that physicians can stay informed about relevant policies. This systematic approach

BACK TO CONTENTS

World Medical Journal

facilitates the effective integration of WMA policies into the organisation and enhances the overall quality of medical practice in Taiwan.

How can the WMA support the ongoing NMA activities in your country?

Australia: The WMA can use its global platform to continually highlight and advocate for issues important to Australia and the Pacific region. Some key issues that influence the delivery of quality healthcare for patients and communities include understanding the health impacts of climate change and natural disasters and promoting and protecting physicians' clinical independence and professional autonomy.

Philippines: The WMA can play a pivotal role in supporting the ongoing activities of the PMA in multiple ways. First, the WMA can support professional development by organising joint conferences, webinars, and workshops, which can allow PMA members to enhance their knowledge and skills through a global perspective. They can provide valuable guidance, targeted workshops, and training resources that enhance the competencies and high ethical standards of healthcare professionals in specific medical fields. Access to a comprehensive repository of global medical research and publications through the WMA can further aid the professional growth of Filipino doctors. Second, the WMA can provide advocacy and policy support that bolsters PMA's collaborative efforts on health policy initiatives that address significant national issues like universal healthcare and medical ethics. The WMA can help amplify the impact of PMA's public health campaigns against emerging challenges, such as pandemic preparedness, prevention of non-communicable diseases, and vaccinations. Working collaboratively with the PMA on campaigns to improve healthcare access and quality, especially in underserved regions, is invaluable.

Third, the WMA can help facilitate networking opportunities between the PMA and other national medical associations, fostering an exchange of knowledge and expertise and potentially leading to collaborative international research and public health projects. Encouraging cultural exchanges between medical professionals from different countries can expand understanding and incorporate diverse healthcare practices, benefiting both doctors and patients. Sharing educational materials, research outputs, and other resources will bolster the PMA's educational endeavours. In summary, the WMA's support through professional development, advocacy, capacity building, networking, resource sharing, ethical guidance, and public health initiatives can significantly enhance the PMA's efforts to improve healthcare standards and professional practice in the Philippines. Moreover, the PMA welcomes the opportunity to have a Filipino physician lead at the WMA.

Republic of Korea: The WMA has been an invaluable ally in supporting the KMA's efforts to address critical healthcare issues, such as opposing the mandatory installation of surveillance cameras in operating rooms, preventing the enactment of the controversial Nursing Act, and advocating against excessive increases in medical school enrolment. Through public statements, video campaigns, and social media outreach, the WMA has helped amplify the KMA's concerns on the international stage. We urge the WMA to champion the universal rights of physicians worldwide and ensure that medical professionals can practice in a system that prioritises both ethical standards and patient well-being.

Taiwan: The WMA can support ongoing NMA activities in Taiwan by facilitating conferences that bring WMA leaders and local stakeholders together to address timely health issues, as previously observed each year in Geneva and Taipei City. These conferences, often attended by the Taiwanese President and the Taiwanese Minister of Health and Welfare, would help ensure that health policies are more readily accepted by the government and the public. The WMA's support for physicians emphasises their vital leadership role within multi-professional teams, empowering the NMA to advocate effectively for the interests of physicians. Furthermore, WMA upholds the principle that health is a fundamental right, free from political interference, and supports Taiwan's bid to join the World Health Organisation and other international health organisations, demonstrating resilience against political pressures. This collaboration enhances the NMA's efforts to promote health equity and improve healthcare delivery in Taiwan.

References

1. The Philippines Medical Association. Unprecedented legacy: President Calimag lead the PMA for a historic fourth term [Internet]. The Physician. 2023 [cited 2025 Feb 1]. Available from: https://www.philippinemedicalassociation.org/wp-content/uploads/2023/09/PMA-Newsletter-2023-2024-First-Issue-F.pdf

BACK TO CONTENTS

World Medical Journal

2. Health Care without Harm. Open letter from health professionals on the plastics treaty [Internet]. 2024 [cited 2025 Feb 1]. Available from: https://global.noharm.org/focus/plastics/open-letter

3. STOP TB Partnership. First ever international leadership summit of medical associations on achieving UNHLM targets to end TB concludes with the Kochi Declaration [Internet]. 2024 [cited 2025 Feb 1]. Available from: https://www.stoptb.org/news/first-ever-international-leadership-summit-medical-associations-achieving-un-hlm-targets-end-tb

Authors

Maria Minerva Calimag, *MD, PhD*
Immediate Past President, Philippine Medical Association (PMA)
President, Confederation of Medical Associations in Asia and Oceania (CMAAO)
Manila, Philippines
mpcalimag@ust.edu.ph

Brian Chang, *MD, PhDc*
Secretary-General, Taiwan Medical Association
Taipei, Taiwan
intl@mail.tma.tw

TaegWoo Kim, *MD*
President, Korean Medical Association (KMA)
Seoul, Republic of Korea
intl@kma.org

Danielle McMullen, *MBBS(Hon), FRACGP, DCH, GAICD*
President, Australian Medical Association
Brisbane, Australia
president@ama.com.au

Hector Santos, Jr., *MD*
President, Philippine Medical Association (PMA)
Manila, Philippines
drhecsan@yahoo.com

BACK TO CONTENTS

World Medical Journal

Impact of U.S. Foreign Aid Policy Shifts on HIV/AIDS Programs in South Africa: Challenges, Responses, and Strategies for Sustainability

Michael Mncedisi Willie

Lesiba Arnold Malotana

Musa Gumede

Siyabonga Jikwana

Refilwe Mokgetle

The United States Agency for International Development (USAID) is pivotal in supporting global health initiatives, particularly in the fight against HIV/AIDS [1]. Through its partnerships and funding, the USAID advances clinical research, expands access to life-saving treatments, and strengthens healthcare systems to improve patient outcomes. In South Africa, where HIV/AIDS remains a significant public health challenge, the USAID has been instrumental in supporting antiretroviral therapy (ART) programs, prevention initiatives, and clinical trials for innovative interventions, including pre-exposure prophylaxis (PrEP) [2]. In particular, the USAID collaborates with non-governmental organisations (NGOs) such as the South African National AIDS Council (SANAC), the Right to Care, and the Treatment Action Campaign (TAC), which play a critical role in community outreach, patient advocacy, and service delivery [3]. By working alongside these NGOs and other stakeholders, the USAID helps scale up evidence-based strategies that enhance HIV/AIDS prevention, treatment, and care services, ensuring that communities receive comprehensive and sustainable interventions.

As illustrated in Figure 1, USAID's funding through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) accounted for 24% of

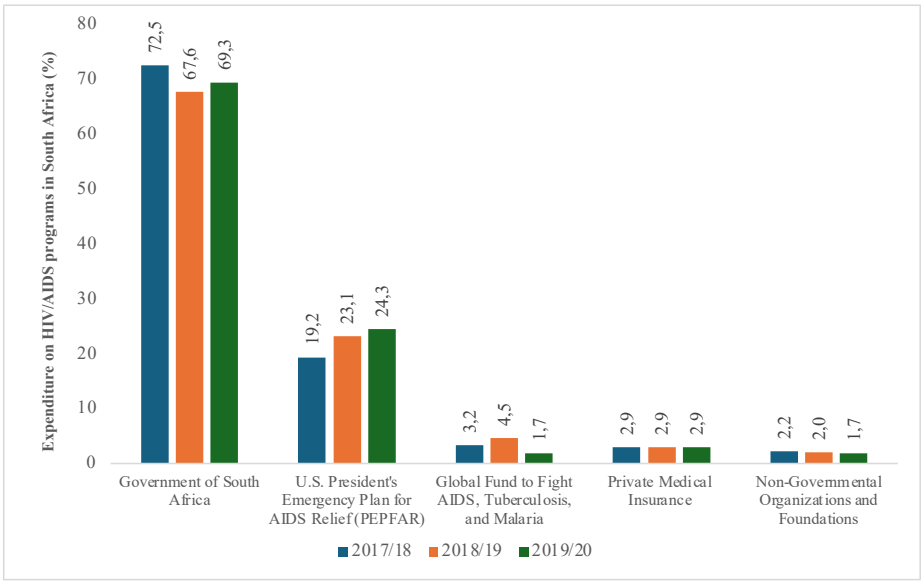

Figure 1. Entities funding HIV/AIDS treatment, prevention, and care programs in South Africa, 2017-2020 [4].

BACK TO CONTENTS

World Medical Journal

HIV/AIDS expenditure in 2019-2020 (increased from 19% in 2017-2018), while the South African government incurred 69% of HIV/AIDS expenditure in 2019-2020 (decreased from 73% in 2017-2018) [4,5]. The significance of PEPFAR lies in its critical source of financial support for global HIV/AIDS interventions, enabling countries like South Africa to sustain and expand their healthcare programs despite challenges in domestic funding [5]. PEPFAR's contribution has been instrumental in addressing the HIV epidemic, providing essential resources for treatment, prevention, and care programs. Furthermore, the private sector and domestic organisations, which had minimal financial contributions (less than 1.0%) to HIV/AIDS programs, were not included in the illustration.

In January 2025, U.S. leadership announced a 90-day pause on international funding, citing alignment with agency priorities and national interest, with potential impacts on PEPFAR, USAID, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) activities [6]. After the announcement, PEPFAR support continued for 90 days (excluding some HIV prevention services), while USAID suspended thousands of HIV-related health grants in Africa. These funding cuts have disrupted HIV-related healthcare services, leading to suspended services at health centres such as OUT Lesbian, Gay, Bisexual, and Transgender (LGBT) Wellbeing and the Wits Reproductive Health and HIV Institute (Wits RHI), leaving patients without access to life-saving ARV medication [6]. Similarly, the closure of centres providing PrEP and other HIV prevention services has heightened the risk of HIV transmission in vulnerable communities (like orphaned children with HIV) and has led to workforce reductions [6]. While the government funds the broader HIV/AIDS programs, as depicted in Figure 1, donor funding for NGOs supports access to non-government funded HIV/AIDS clinical research, innovations (e.g. injectable treatments), and other related services. Sustaining these donor-funded initiatives is critical, given that South Africa has the highest HIV prevalence rates reported in Africa and one of the highest prevalence rates globally.

As global priorities shift and economic constraints tighten, traditional donor funding becomes increasingly unpredictable [7,8]. Figure 2 illustrates how NGOs can adapt their financial and operational strategies to generate revenue through service provision and other income-generating activities, which can reduce reliance on donors and enhance financial stability. These non-profit organisations can turn to social enterprise models, such as impact investing and strategic partnerships to maintain credibility and accountability, promote transparency, and secure sustainable funding for HIV/AIDS programs [9,10].

In December 2020, UNAIDS set ambitious targets for 2025, recognising the key clinical cascade to diagnose, treat, and achieve viral suppression for all people living with HIV, and hence accelerating global progress to ending the HIV/AIDS epidemic by 2030. These targets aim for 95% of people living with HIV to know their status, 95% of diagnosed individuals to receive sustained ART, and 95% of those on ART to achieve viral suppression to reduce inequalities in treatment coverage and accelerate HIV incidence reductions across all populations and regions [11]. However, shifts in U.S. foreign aid policy have broader implications for global HIV prevention and treatment efforts, particularly by altering funding levels and program priorities. These changes hinder progress toward UNAIDS targets, deepening healthcare disparities and impeding efforts to reduce HIV incidence, particularly in resource-limited settings.

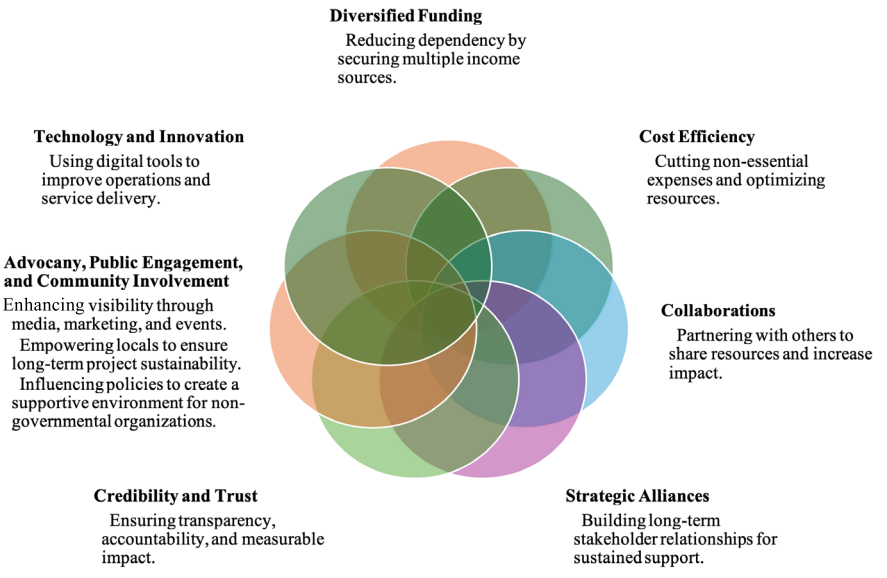

Figure 2. Sustainable strategies for non-governmental organisations in aid-dependent countries [9,10].

BACK TO CONTENTS

World Medical Journal

To support the UNAIDS targets and end the HIV/AIDS epidemic, healthcare professionals have an indispensable role in leveraging their clinical and research expertise and leading the implementation of national HIV/AIDS programs that safeguard national progress and prevent any setbacks. They must work collaboratively with NGOs and government agencies that have established priorities related to HIV prevention, treatment, and care, promoting long-term partnerships and investing in research and capacity building activities. Moreover, these organisations should remain informed about emerging funding opportunities, technological advancements, and best practices in governance to ensure they remain effective and competitive in addressing HIV-related challenges. Patients who have received support and access to treatments through PEPFAR programs can continue to benefit from care accessible through government facilities. Ultimately, the collective efforts of health practitioners, NGOs, and government initiatives must converge to ensure that the progress made in combating HIV/AIDS transmission is sustained and further expanded, securing a future where access to care is equitable, and the epidemic is finally eradicated.

References

1. U.S. Agency for International Development. U.S. foreign assistance by country: South Africa [Internet]. 2023 [cited 2025 Mar 1]. Available from: https://www.foreignassistance.gov/cd/south%20africa/

2. Milimu JW, Parmley L, Matjeng M, Madibane M, Mabika M, Livingston J, et al. Oral pre-exposure prophylaxis implementation in South Africa: a case study of USAID-supported programs. Front Reprod Health. 2024;6:1473354.

3. The Global Health Delivery Project. Political leadership in South Africa: HIV [Internet]. 2015 [cited 2025 Mar 1]. Available from: https://www.globalhealthdelivery.org/ghd/files

4. Joint United Nations Programme on HIV/AIDS. National AIDS spending assessment plus (NASA+) [Internet]. UNAIDS. 2020 [cited 2025 Mar 1]. Available from: https://www.unaids.org/sites/default/files/media/documents/NASAreport_southafrica_2017-2020_en.pdf

5. Kaiser Family Foundation. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) [Internet]. 2024 [cited 2025 Mar 1]. Available from: https://www.kff.org/global-health-policy/the-u-s-presidents-emergency-plan-for-aids-relief-pepfar

6. Adeyinka DA, Ologunagba B, Olakunde BO. US funding cuts as a catalyst for African-led HIV solutions. Lancet HIV. 2025;12(4):e248-9.

7. Cordery C, Belal AR, Thomson I. NGO accounting and accountability: past, present and future. Account Forum. 2019;43(1):1-15.

8. Banks N, Hulme D, Edwards M. NGOs, states, and donors revisited: still too close for comfort? World Dev. 2015;66:707-18.

9. Murphy H. Rethinking the roles of non-governmental organisations at the World Trade Organisation. Aust J Int Aff. 2012;66(4):468-86.

10. Arhin A, Adam MA, Kumi E. Facing the bullet? Non-governmental organisations' (NGOs') responses to the changing aid landscape in Ghana. Int J Volunt Nonprofit Organ. 2018;29(2):348-60.

11. Joint United Nations Programme on HIV/AIDS. 2025 AIDS targets [Internet]. UNAIDS; 2025 [cited 2025 Mar 1]. Available from: https://www.unaids.org/sites/default/files/2025-AIDS-Targets_en.pdf

Authors

Michael Mncedisi Willie, *DBA*
Council for Medical Schemes
Pretoria, South Africa
m.willie@medicalschemes.co.za

Siyabonga Jikwana, *MPH*
Department of Public Health Medicine,
University of Pretoria and
Gauteng Department of Health
Johannesburg, South Africa
siyabonga.jikwana@gauteng.gov.za

Lesiba Arnold Malotana, *MPM*
Gauteng Department of Health
Johannesburg, South Africa
arnold.malotana@gauteng.gov.za

Refilwe Mokgetle, *MPH*
Gauteng Department of Health
Johannesburg, South Africa
refilwe.mokgetle@gauteng.gov.za

Musa Gumede, *PhD*
Chief Executive and Registrar,
Council for Medical Schemes
Pretoria, South Africa
m.gumede@medicalschemes.co.za

BACK TO CONTENTS

World Medical Journal

Challenges and Successes of Ivorian Doctors in a Rapidly Changing Health System

Anderson N'dri

Like many countries in sub-Saharan Africa, the Ivory Coast, a West African country with 31 million residents, is undergoing significant changes in its healthcare landscape. The nation has started to modernise its health system in 2020 by reorganising the structure of 33 health regions (from 20) and 113 health districts (from 86) and seeking to improve population health outcomes. The life expectancy, at just 55 years, is among the lowest globally, and maternal mortality rates remain alarmingly high at 645 per 100,000 live births [1,2]. Ivorian doctors, regarded as the backbone of healthcare delivery, find themselves at the forefront of this transformation.

Before 2010, the Ivorian healthcare system was characterised by chronic underfunding, worsened by sociopolitical crises that hindered investments in infrastructure and medical personnel training. This healthcare fragility reflected the country's economic challenges, where growth was unstable and access to care remained limited for a large part of the population. Although Ivorian doctors face a host of challenges, ranging from resource constraints to an increasing disease burden, they have achieved remarkable successes that underscore their resilience and dedication. By understanding how they have managed these challenges in clinical and community practice, we can better appreciate the critical role of healthcare professionals in building a healthier and more equitable society in the Ivory Coast and the African continent. This article aims to describe the key challenges faced by Ivorian doctors and highlight their indispensable role in shaping the future of national healthcare service delivery.

Challenges Faced by Ivorian Doctors

As Ivorian doctors leverage their valuable medical expertise across the healthcare system each day, they encounter numerous challenges that affect their daily practice. Their commitment is constantly tested, as they manage high healthcare demands with limited resources over diverse clinical work environments. These obstacles influence the physical and mental health outcomes (including risk of burnout) of doctors and other health professionals. Despite government efforts to improve the healthcare sector, these workplace limitations compromise patients' quality of care as well as health professionals' motivation and morale.

Limited Resources and Infrastructure

Ivorian doctors frequently observe insufficient resources and infrastructure in their daily clinical, community, and surgical practice, which directly impact the quality of care provided to citizens. Despite ongoing efforts to improve healthcare infrastructure, significant barriers remain in the Ivorian primary healthcare sector. According to the World Health Organisation (WHO), only 60% of healthcare facilities are equipped to conduct basic diagnostic procedures, such as blood tests and ultrasounds, as of 2023 [3]. This resource shortage is particularly evident in rural areas, where the Ivorian Ministry of Health reported that more than 40% of healthcare facilities lacked reliable access to electricity or running water in 2022 [4]. Additionally, the African Development Bank highlighted that 70% of rural hospitals experienced frequent stockouts of essential medicines in 2023, forcing health professionals to use makeshift solutions that ultimately undermine patient care [5]. This disparity highlights the urgent need for sustained investments in healthcare infrastructure to ensure equitable access to quality care.

Human Resource Shortages

The Ivory Coast faces a significant shortage of health professionals (e.g. doctors, nurses, midwives), especially in rural areas. The World Bank estimated that the country had 11 health professionals per 10,000 people in 2023, which is well below the WHO's recommended threshold of 23 per 10,000 people [3,6]. As this shortage is particularly acute in rural areas, where some districts have a doctor to population ratio of 1:50,000, the strain on health professionals in these regions is immense, leading to high rates of burnout and attrition. In 2022, the Ivorian Ministry of Health conducted a survey that found that 30% of newly graduated doctors leave the public health system within their first five years of practice, citing low salaries and poor working conditions [4]. The government has attempted to address this issue

BACK TO CONTENTS

World Medical Journal

through various initiatives, such as increasing the capacity of medical schools and offering scholarships for rural service, but the retention of health professionals remains a significant challenge.

Brain Drain

The emigration of skilled medical professionals, commonly referred to as "brain drain," continues to undermine the Ivorian healthcare system. Each year, approximately 15% of newly trained doctors leave the country in search of opportunities abroad, according to a 2022 report by the African Union [7]. This exodus is driven by a combination of factors, including inadequate compensation, limited opportunities for specialisation, and challenging working conditions in domestic healthcare facilities. The financial impact of the brain drain is substantial, as training a single doctor costs the Ivorian government approximately 12,470,000 CFA Francs (equivalent of US$20,000), yet the country loses millions of dollars annually as professionals migrate. The WHO has emphasised the need to invest in retention strategies, including salary increases, career development programs, and improved working environments, to curb this trend and ensure a sustainable healthcare workforce in Africa [2].

Disease Burden

Like other African nations, the Ivory Coast has a complex and evolving disease burden characterised by the coexistence of infectious and non-communicable diseases. Of the three leading causes of mortality due to a single infectious agent, tuberculosis, HIV/AIDS, and malaria remain a significant health and economic burden. Although the nation counts on the National Tuberculosis Program, National HIV Program (Programme National de Lutte Contre le Sida, PNLS), National Malaria Control Programme, the nation has not meet established goals set by global strategies. First, according to the WHO, tuberculosis had a reported incidence rate of 119 cases per 100,000 people in 2023, with declining mortality rates since 2015 [6]. Second, the Joint United Nations Programme on HIV/AIDS (UNAIDS) confirmed that an estimated 420,000 adults and children were living with HIV, adults (ages 15-49) had a 1.8% HIV prevalence rate, and 9,400 AIDS-related deaths were recorded in 2023 [8]. Third, according to the 2021 Demographic and Health Survey, an estimated 7.3 million malaria cases and 14,906 deaths were reported (predominantly *Plasmodium falciparum*), as a leading cause of morbidity and mortality among children under five, with increasing prevalence from 18% in 2011 to 26% in 2021 [9].

Beyond infectious diseases, non-communicable diseases (NCDs) were associated with 36% of deaths in 2019, with current increasing trends due to urbanisation and lifestyle changes, signalling an urgent need for preventive strategies and improved chronic disease management [10]. In 2013, an epidemiological review of cancer cases reported from the Anatomic Pathology Laboratory of Abidjan teaching hospitals (1984-2009) concluded that the most common cancer types in adults were cervical (33% of cases among women) and skin (21% of cases among men) cancers, and in children were Burkitt's lymphoma (34%) [11]. The cancer burden is associated with few specialised centres, late diagnoses, high treatment costs, and viral risk factors (e.g. human papillomavirus, hepatitis B and C) [9]. In 2023, the Ivorian Ministry of Health reported that 25% of Ivorian adults were diagnosed with hypertension and 8% with diabetes. The dual infectious and chronic disease burden places considerable demands on healthcare professionals, who must navigate the complexities of managing both acute and chronic conditions with limited resources. Hence, strengthening screening programs, expanding healthcare accessibility, and implementing subsidy policies are essential to reducing the burden of NCDs and protect population health.

Successes and Milestones

Despite the numerous challenges and deficiencies within the Ivorian healthcare system, doctors have demonstrated resilience and commitment to patient care, making significant progress in improving health outcomes across the country. These achievements stand as a testament to the dedication of Ivorian doctors, who navigate challenges and strive to make a positive difference for patients and families within the healthcare system. Notably, efforts to expand universal health coverage and strengthen disease surveillance and emergency response have increased access to essential medical services for vulnerable populations as well as improved the country's ability to effectively manage health crises. Additionally, investments in medical education and training have contributed to a new generation of well-equipped healthcare professionals, ensuring continuous improvement in service delivery.

Improved Healthcare Access

Ivorian health leaders have made notable strides in improving access to healthcare services across the country. In 2019, the country implemented universal health coverage (Couverture Maladie Universelle, CMU), marking

BACK TO CONTENTS

World Medical Journal

a significant step toward providing affordable care for all citizens. According to the Ivorian Ministry of Health, the CMU program had enrolled over 4 million people (30% of the population) by 2023, with doctors serving as advocates and educators within their communities. Their efforts have contributed to increasing utilisation of healthcare services, particularly in rural areas, as well as expanding access to maternal and child healthcare, with a reported 15% reduction in maternal mortality rates since its implementation [12]. The program's success underscores the importance of strong partnerships among healthcare professionals, policymakers, and community leaders.

Advances in Medical Training and Education

The Ivorian Ministry of Health has strongly supported the continued expansion of medical training programs coupled with the establishment of specialised clinical specialties to support the health needs of the Ivory Coast population. Universities in Abidjan and other cities now offer advanced degrees in clinical disciplines, including cardiology, oncology, and surgery. In 2022, the National Institute of Public Health highlighted the 20% increase in the number of medical graduates over the past decade [12]. Partnerships with international institutions, such as those in France and Morocco, have provided opportunities for Ivorian doctors to gain expertise in cutting-edge medical practices. Upon returning to the Ivory Coast, these professionals bring valuable knowledges and skills that enhance the overall quality of care. The *National Health Development Plan, 2021-2025 (Plan National de Développement Sanitaire, 2021-2025)* has also prioritised investments in healthcare education, including the recruitment of experienced faculties to train the next generation of doctors [13].

Public Health Initiatives and Disease Control

Ivorian doctors have demonstrated exceptional leadership in managing public health crises. During the coronavirus disease 2019 (COVID-19) pandemic, they worked tirelessly to treat patients, implement preventive measures, and raise awareness about the importance of vaccination. Similarly, in the fight against HIV/AIDS and malaria, doctors have collaborated with international organisations to develop and implement effective treatment and prevention programs. The UNAIDS found that 92% of people living with HIV in the Ivory Coast were receiving antiretroviral therapy in 2023, which had increased from 85% in 2018, demonstrating the country's commitment to combating this disease burden [14].

Innovation in Healthcare Delivery

Faced with resource constraints, Ivorian doctors have embraced novel approaches to streamline healthcare delivery to urban and rural residents, including mobile clinics, telemedicine platforms, and community outreach programs. These innovations have bridged gaps in service delivery, ensuring that patients receive timely and effective care regardless of their geographic location. In 2022, the African Health Observatory reported a 30% increase in patient satisfaction rates, specifically in regions where telemedicine services were introduced [15]. Given the growing influence of social media in today's digital landscape, the Ivorian healthcare system has increasingly leveraged these platforms to enhance public health awareness and education. Through targeted campaigns, real-time information sharing, and interactive engagement, social media serves as a vital tool for health promotion, disease prevention, and community outreach across the country.

Looking Ahead

The future of healthcare in the Ivory Coast holds immense potential for residents, but realising this promise will require sustained effort and collaboration. Addressing systemic challenges such as infrastructure deficits, workforce shortages, and the dual disease burden will be essential to building a resilient and equitable health system. To address emerging health risks across Africa, investments in medical education, infrastructure, and public health programs must remain a priority. Fostering public-private partnerships can help mobilize resources needed to drive innovation and improve outcomes. As the Ivory Coast continues its journey toward a healthier future, successes achieved by Ivorian doctors serve as a powerful reminder of their critical role in advancing healthcare. Their resilience, ingenuity, and commitment to their communities offer hope for a brighter and healthier tomorrow.

References

1. World Bank. Life expectancy at birth, female (years) - Côte d'Ivoire [Internet]. 2022 [cited 2025 Feb 1]. Available from: https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=CI

2. World Health Organisation. Birth plan helps reduce maternal deaths in Côte d'Ivoire [Internet]. 2023 [cited 2025 Feb 10]. Available from: https://www.afro.who.int/photo-story/birth-plan-helps-reduce-maternal-deaths-cote-divoire

BACK TO CONTENTS

World Medical Journal

3. Ahmat A, Asamani JA, Abdou Illou MM, Millogo JJS, Okoroafor SC, Nabyonga-Orem J, et al. Estimating the threshold of health workforce densities towards universal health coverage in Africa. BMJ Glob Health. 2022;7(Suppl 1):e008310.

4. Ministry of Health and Public Hygiene, Government of Côte d'Ivoire. Annual report on health in Ivory Coast 2022. Abidjan: Ministry of Health and Public Hygiene; 2022. French.

5. Ministry of Health and Public Hygiene, Government of Côte d'Ivoire. Healthcare workforce statistics [Internet]. 2022 [cited 2025 Feb 1]. French. Available from: https://www.sante.gouv.ci/statistiques

6. World Health Organisation. World health statistics [Internet]. 2023 [cited 2025 Feb 1]. Available from: https://www.who.int/data/gho/publications/world-health-statistics

7. African Union. Brain drain in Africa: challenges and solutions. Addis Ababa: African Union; 2022.

8. Alwihda Info. Côte d'Ivoire: des avancées dans la lutte contre le paludisme, le VIH, la tuberculose et les cancers [Internet]. 2024 [cited 2025 Feb 1]. French. Available from: https://www.alwihdainfo.com/Cote-d-Ivoire-des-avancees-dans-la-lutte-contre-le-paludisme-le-VIH-la-tuberculose-et-les-cancers_a136518.html

9. National Institute of Statistics; ICF 2022. Enquête démographique et de santé de Côte d'Ivoire, 2021. Rockville: INS/Côte d'Ivoire et ICF; 2022. French. Available from: https://dhsprogram.com/pubs/pdf/PR140/PR140.pdf

10. Ministry of Health and Public Hygiene, Government of Côte d'Ivoire. Report on health indicators 2022. Abidjan: Ministry of Health and Public Hygiene; 2022. French.

11. Effi AB, Koffi KE, Aman NA, Doukouré B, N'dah KJ, Koffi KD, et al. Épidémiologie descriptive des cancers en Côte d'Ivoire [Descriptive epidemiology of cancers in Cote d'Ivoire]. Bull Cancer. 2013;100(2):119-25. French.

12. Government of Côte d'Ivoire. CMU: more than 7.8 million people registered as of November 13, 2023. Government News. 2023 [cited 2025 Feb 1]. French. Available from: https://www.gouv.ci/_actualite-article.php?recordID=15987&d=1

13. Ministry of Health and Public Hygiene, Government of Côte d'Ivoire. Plan National de Développement Sanitaire (PNDS) 2021-2025. Abidjan: Ministry of Health and Public Hygiene; 2021. French. Available from: https://extranet.who.int/countryplanningcycles/planning-cycle-files/plan-national-de-developpement-sanitaire-2021-2025

14. Centers for Disease Control and Prevention. HIV prevention and treatment in Côte d'Ivoire [Internet]. 2022 [cited 2025 Feb 1]. Available from: https://www.cdc.gov/global-health/countries/cote-d-ivoire.html

15. African Health Observatory. Telemedicine in sub-Saharan Africa: bridging gaps in healthcare delivery. Geneva: WHO; 2022.

***Anderson N'dri**, MD*
Psychiatry resident,
Psychiatric Hospital of Bingerville,
University Felix Houphoët,
Boigny of Cocody
Chair person, JDN Ivory Coast
Abidjan, Ivory Coast
andersondri001@gmail.com

BACK TO CONTENTS

World Medical Journal

Research Travel from the Global South: Challenges of Visa Delays and Denials

Cliffland Mosoti

Marie-Claire Wangari

Mehr Muhammad Adeel Riaz

International conferences and academic events provide vital opportunities for researchers to share knowledge, build networks, and advance their careers. However, researchers from the Global South often encounter systemic barriers to travel, particularly in obtaining visas to attend events in the Global North. These barriers disproportionately impact early-career researchers, undermining equitable global knowledge exchange and perpetuating academic inequalities. For example, African individuals faced approximately 30% of the Schengen visa denials, nearly double to the global average of 17% in 2022 [1]. This commentary will describe the root causes of systemic barriers, the lack of inclusive visa policies, and their career impacts of researchers from the Global South.

Visa Delays and Denials

Visa application processes for researchers from the Global South are frequently characterised by excessive delays and unexplained denials. Researchers with impeccable credentials, clear travel objectives, and legitimate invitations to present at conferences often experience processing times extending far beyond standard timelines. For example, one Kenyan researcher, who was invited to a conference held in Germany, reported waiting over three months for a visa, only to receive a denial one week before the event [2]. Such delays render it impossible for researchers to attend time-sensitive academic events, creating missed opportunities for knowledge dissemination and professional growth [2].

Compounding these challenges is the presumption that applicants from the Global South may overstay or migrate. Despite providing evidence of return commitments, such as employment contracts, academic affiliations or family ties, young researchers often face unwarranted scrutiny. This systemic bias is particularly detrimental to early-career academics, whose professional development relies heavily on international exposure [3]. While high-level restrictions are imposed by countries in the Global North, it is crucial to note that visa and passport discrimination against citizens in low- and middle-income countries are also practiced by countries in the Global South [4].

Outsourced Visa Processing and Degraded Diplomatic Presence

The outsourcing of visa processing services can exacerbate inefficiencies and raise costs for applicants. Many countries in the Global North have reduced their diplomatic presence in the Global South, delegating visa responsibilities to third-party agencies or embassies of other nations. For instance, Portugal relies on the Greek Embassy in Kenya for visa processing, leading to protracted waiting times for appointments and interviews. One Nigerian researcher, who was invited to present his research on the lack of legal protection for women and children in Nigerian state camps at a conference, described waiting six weeks for an appointment and two additional months for visa approval, ultimately missing the conference entirely [5].

Outsourced visa centres often prioritise profit over service quality, charging high fees for "premium" appointments while offering inadequate support. Applicants may encounter arbitrary decisions, lost documents, or inconsistent communication, further complicating an already opaque process. These inefficiencies erode trust in the visa system and impede diplomatic objectives intended to foster international collaboration.

Diplomatic Objectives vs. Practical Barriers

Embassies are ostensibly tasked with facilitating travel as part

BACK TO CONTENTS

World Medical Journal

of their diplomatic mandate. Streamlining visa processes for academic travellers, particularly young researchers with verified credentials, should align with these objectives. However, the current system often operates more like a lottery, with outcomes dependent on arbitrary factors rather than merit or compliance. For example, a Ugandan researcher, who was invited to present groundbreaking research on renewable energy at a conference held in the United Kingdom, was denied a visa without explanation, despite providing sponsorship letters, proof of accommodation, and a return flight ticket. Such cases highlight the disconnect between diplomatic goals of fostering global partnerships and the practical barriers imposed by restrictive visa policies [6].

Recommendations

The systemic challenges in visa processing for researchers in public, private, and academic settings are substantial and negatively impact essential scientific knowledge exchange and networking. The authors propose four recommendations that can minimise travel restrictions for global health researchers and expand their contributions to scientific dialogue in the region and world. These recommendations aim to create a fairer, more efficient visa process that promotes global academic exchange and addresses systemic inequities in international mobility.

Transparency in visa decisions. Embassies and visa centres should provide clear and detailed reasons for visa rejections, which will enable applicants to identify and address deficiencies in subsequent applications, fostering fairness and efficiency [2]. This openness not only enhances trust in the application process but also empowers applicants with the knowledge needed to improve their chances of approval.

Prioritisation of academic travel. Visa applications submitted by researchers with verified academic invitations should be fast-tracked, which would ensure timely participation in international conferences and other academic events as well as promote global collaboration [3]. Expediting such applications would strengthen knowledge exchange and innovation by enabling researchers to contribute their expertise on a global stage without unnecessary delays.

Strengthening diplomatic presence. Countries must invest in well-staffed embassies in the Global South, which can reduce reliance on outsourced visa centres, enhance the efficiency and accessibility of visa services, and foster stronger diplomatic ties [5]. Specifically, governments should establish and enforce robust standards of affordability, efficiency, and accountability for third-party visa processing agencies, which can guarantee that outsourced services align with the needs of applicants and maintain public trust.

Early-career friendly policies. Embassies should adopt policies that address the unique challenges faced by early-career researchers, which can reduce systemic biases, support academic mobility, and empower the next generation of scholars and innovators [7]. Such policies would foster inclusivity and confirm that emerging researchers have equal opportunities to access international academic and professional development experiences.

Conclusion

The barriers faced by researchers from the Global South in obtaining visas for international academic travel highlight significant inequities in the global knowledge economy. Addressing these challenges requires a commitment to transparency, efficiency, and fairness in visa policies. By implementing reforms that prioritise academic mobility and equitable access, the global academic community can foster inclusive collaboration and ensure that diverse voices contribute to the advancement of knowledge.

References

1. Maru MT. Rejected: the impact of visa bias on Africa–Europe relations [Internet]. 2024 [cited 2025 Feb 2]. Available from: https://www.henleyglobal.com/publications/global-mobility-report/2024-july/rejected-impact-visa-bias-africaeurope-relations

2. Adeyemo W. Systemic barriers to academic mobility: a perspective from the Global South. Journal of International Education Policy. 2023;15(3):45-58.

3. Global Visa Index. Analysing delays and denials in visa applications: a focus on academic travel. Global Mobility Report. 2023;12(1):89-101.

4. Bandara S, Zeinali Z, Blandina DM, Ebrahimi OV, Essar MY, Senga J, et al. Imagining a future in global health without visa and passport inequities. PLOS Glob Public Health. 2023;3(8):e0002310.

BACK TO CONTENTS

World Medical Journal

5. Mbatha P, Ribeiro L. Outsourced visa processing: challenges and implications for the Global South. Diplomatic Affairs Quarterly. 2022;19(2):134-50.

6. United Nations Educational, Scientific and Cultural Organisation. Barriers to knowledge exchange in the global academic community. Paris: UNESCO Press; 2021. Available from: https://unesdoc.unesco.org/ark:/48223/pf0000380063

7. Wangari MC, Mariyam D, Rathod L. Junior doctors' perspectives on barriers and solutions to equitable access to global health opportunities. World Medical Journal. 2024;70(3):23-6.

Authors

Cliffland Mosoti, *BDS*
General Dentist & Graduate Student in MPH (Applied Epidemiology), Amref International University
Assistant Secretary General, Kenya Dental Association
Nairobi, Kenya
mosoticliffland@gmail.com

Marie-Claire Wangari, *MBChB*
Graduate Student in Global Health, Liverpool School of Tropical Medicine, Liverpool, United Kingdom
Independent Global Health Consultant & Immediate Past Chair, WMA-JDN (2024/2025)
Nairobi, Kenya
mcwangari.wm@gmail.com

Mehr Muhammad Adeel Riaz, *MBBS*
Director of Youth Affairs, Gender Interactive Alliance, Pakistan
Socio-medical Affairs Officer, WMA-JDN (2024/2025)
Mailsi, Pakistan
adeelriaz369@gmail.com

BACK TO CONTENTS

World Medical Journal

Four Years after the Military Coup: Road to the WMA Medical Neutrality Policy Statement

Wunna Tun

The topic of medical neutrality has become increasingly relevant in today's world, particularly for those healthcare professionals working in armed conflict and civil unrest. Medical neutrality, which represents a social contract in times of war and peace, serves as a vital component of humanitarian law and medical ethics that protects healthcare professionals and patients and ensures equitable access to care for all individuals. In theory, medical neutrality dictates that all sick and wounded individuals, whether combatants or civilians, should receive care without discrimination, and that medical facilities and transport should be protected and not targeted during conflicts [1]. This principle is enshrined in international humanitarian law, particularly the Geneva Conventions, which emphasises the protection of medical personnel and facilities [2,3].

As a doctor working in Myanmar, I have witnessed first-hand the devastating consequences when medical neutrality was compromised during the coup d'état on 1 February 2021 [4,5]. Myanmar's health system has been severely impacted by the military regime, leading to a collapse in healthcare services and infrastructure [6]. The selective distribution of medical supplies, such as vaccines being largely limited to military-controlled areas, further erodes the principle of providing care based solely on medical need [7]. The increasing use of air and drone strikes to bomb healthcare facilities and capture family members of healthcare professionals by Myanmar military and security forces represents a significant violation of medical neutrality, as healthcare facilities are supposed to be protected zones [8,9].

Recognising the urgent need for clarity and action regarding medical neutrality, I recommended that the World Medical Association (WMA) adopt an official declaration outlining specific measures to protect healthcare professionals in conflict zones. Based on my personal experiences and expertise in international humanitarian law (like the Geneva Conventions), the proposed declaration should achieve two objectives: 1) establish a clear definition of medical neutrality to be universally understood and applied across different contexts; and 2) strengthen protections for healthcare professionals against attacks and coercion during conflicts. It should focus more on medical neutrality and the Geneva Conventions, rather than also explaining complementary International Committee of the Red Cross (ICRC) principles,, urge all mechanisms to reinforce international humanitarian law, and hold violators accountable for breaches of medical neutrality. It should also emphasise the need for education and training programs for healthcare professionals on their rights and responsibilities under international law.

In April 2022, in preparation for the 220th WMA Council Session held in Paris, I submitted a draft statement on medical neutrality to the WMA, requesting that members review the statement and contribute content to enhance the discernment of this guiding principle. Given that my national medical association (NMA) operates under the control of a military regime that disregards medical neutrality, I consulted and collaborated with colleagues in other NMA delegations who could present the statement in our name to the Council. In October 2024, the WMA General Assembly in Helsinki provided a long series of amendments, and the Council circulated the draft among its constituents' members for feedback. After the meeting, we were tasked with submitting a "compromised version" by April 2025, in time for the 229th WMA Council Session held in Montevideo, which would incorporate the comments and suggested revisions received from constituents and associate members. This revised document aims to reflect diverse perspectives, strengthen its applicability, effectively promote and protect medical neutrality globally, reinforce accountability mechanisms, and uphold the integrity of healthcare in conflict zones.

The Essence of Medical Neutrality

Medical neutrality reinforces the ethical principles of impartiality, non-discrimination, and respect for human dignity that are at the core of medical practice. Physicians are bound by guiding documents, such as the Declaration of Geneva and the Physician Pledge, to treat all individuals without discrimination [1,10]. However, the reality on the ground often starkly contrasts with these legal frameworks. Health professionals in Myanmar are operating in fear due to targeted

BACK TO CONTENTS

World Medical Journal

violence following the military coup, demonstrating a clear contrast to the ethical obligations outlined in the Declaration of Geneva and the Physician Pledge. Myanmar military and security force attacks on health professionals and facilities directly endanger lives and compromise the ability to provide impartial care, highlighting the erosion of medical ethics in the face of political violence [11]. The bombing of health facilities and health professionals by the military is a blatant violation of medical neutrality and ethical principles that protect healthcare facilities, demonstrating a clear departure from the standards set forth in the ethical foundation of the medical profession that emphasise the preservation of life and the provision of care [12-14].

Yet, in conflict zones, this commitment is frequently challenged by external pressures from military authorities or conflicting ideologies. Since international organisations, like the United Nations, have not accepted a universal definition of medical neutrality in key documents, this ambiguity leads to inconsistent interpretations and applications, creating loopholes that allow violations to go unpunished [3]. In my experience, this lack of clarity can have deadly consequences, as it emboldens those who disregard medical neutrality and leaves healthcare professionals vulnerable.

Real-World Implications

Beyond the physical dangers, healthcare professionals in war zones frequently face complex ethical dilemmas that test the boundaries of medical neutrality. For example, when two patients from opposing political sides (military vs civilian) require life-saving treatment simultaneously, how does a physician remain impartial? On a daily basis, healthcare professionals often face threats for providing care to individuals deemed "enemies" or are forced to make agonising decisions that weigh their ethical obligations against their personal and family safety. On a personal note, I have witnessed civilian doctors being coerced by military authorities to prioritise certain patients or even withhold care entirely, creating an atmosphere of fear and conflict that compromises the ability of healthcare professionals to act according to their ethical obligations. These scenarios underscore the need for a clear definition and application of medical neutrality for all stakeholders (healthcare professionals, military personnel, policymakers), which can uphold the ethical principles that guide the medical profession, maintain trust in healthcare systems, safeguard the integrity of medical care during crises, and address the duties and obligations of physicians in conflict zones.

Despite challenges of upholding medical neutrality in war zones, the principle itself has far-reaching implications for global society. The ongoing humanitarian crisis in Myanmar highlights the far-reaching implications of violating medical neutrality, as healthcare systems are severely impacted, leaving populations without access to essential medical care. Despite international laws protecting medical neutrality, enforcement remains weak, and healthcare professionals face significant risks in conflict zones like Myanmar [15,16]. Despite its strong foundation in international law, medical neutrality is frequently violated across the globe, leaving healthcare professionals vulnerable and underscoring the need for more effective measures to uphold this principle globally [3,17]. Establishing effective accountability mechanisms is critical to deter violations and protect fundamental human rights, especially those healthcare professionals who risk their lives to provide care.

Respect for medical neutrality can contribute to broader peace and stability by reducing violence against healthcare professionals and facilities, creating an environment where medical services can operate effectively, and fostering trust between healthcare professionals and the communities they serve. There is an alarming trend of breaches in medical neutrality, which are increasingly recognised as war crimes under international law due to their detrimental impacts on civilian populations and healthcare professionals. Holding perpetrators accountable is crucial to ensure that such violations are not tolerated, thereby upholding the integrity of medical practice amidst warfare [18].

Medical neutrality is a cornerstone of the medical profession, representing a social contract in which healthcare professionals commit to treating all patients impartially, and society pledges to protect them during times of peace and conflict. This principle extends beyond traditional warfare to encompass civil unrest and state emergencies, where it demands the consistent provision of care without bias or discrimination. However, ensuring medical neutrality in such contexts presents unique challenges, particularly when legal protections under the Geneva Conventions do not explicitly apply [1]. Unlike international armed conflicts, civil unrest and non-international armed conflicts often lack the robust legal frameworks provided by the Geneva Conventions [1,3]. In such situations, the principles of medical neutrality are frequently governed by domestic law, which may be inconsistently enforced and create vulnerabilities for healthcare professionals and facilities, as they may face interference,

BACK TO CONTENTS

World Medical Journal

targeting or obstruction from state or non-state actors. In both situations, state actors and armed groups have a critical responsibility to respect and uphold medical neutrality, including refraining from targeting healthcare personnel, facilities, or transport systems as well as ensuring that medical services can operate freely without interference.

Role of International Organisations

In cases where state militaries themselves are implicated in attacks on healthcare systems, international actors must intervene through diplomatic pressure, advocacy, and accountability mechanisms. International bodies must take a more active role in promoting and enforcing medical neutrality standards, including advocating for policies that protect healthcare professionals and ensuring that violations are investigated and prosecuted effectively. First, international organisations, such as the United Nations and the WMA, should develop a clear, comprehensive definition of medical neutrality that can be consistently applied in all contexts. Second, the International Criminal Court (ICC) and the International Court of Justice (ICJ) must establish effective mechanisms for investigating and prosecuting violations of medical neutrality, ensuring that those responsible are held accountable under international law [18,19]. Third, the establishment of a United Nations Special Rapporteur on Medical Neutrality could significantly enhance efforts to hold violators accountable. Finally, civil society organisations and advocacy groups can play a crucial role in raising awareness about medical neutrality and pressing for policy changes that will better protect healthcare facilities and personnel.

Conclusion

The principle of medical neutrality is essential for protecting healthcare professionals and preserving human dignity during armed conflicts. Our collective responsibility should protect this principle for the benefit of all individuals seeking care, and our shared humanity must prevail over political divisions. As healthcare professionals, we must learn from the experiences of our colleagues who are serving in healthcare systems in conflict zones – including my personal experiences as a frontline doctor in Myanmar – and advocate for clearer definitions, stronger protections, and greater awareness around medical neutrality. In line with this commitment, NMA contributions to the declaration on medical neutrality will be discussed at the WMA Council Meeting in April 2025, as an opportunity to strengthen global accountability mechanisms and ensure that healthcare systems remain sanctuaries of compassion and humanity even amidst the chaos of war.

References

1. Kent AK. Geneva Convention relative to the protection of civilian persons in time of war and additional protocol. In: Bernat FP, Frailing K, Gelsthorpe L, Kethineni S, Pasko L (eds). The Encyclopedia of Women and Crime, 1st ed. Hoboken: Wiley-Blackwell; 2019. Available from: https://doi.org/10.1002/9781118929803.ewac0232

2. Guzhva VS, Raghavan S, D'Agostino DJ. Aviation legal and regulatory framework. Elsevier eBooks. 2018;101-39.

3. Kurtz LR. Encyclopedia of violence, peace, and conflict, 3rd ed. San Diego: Academic Press; 2022.

4. British Medical Association. Statement of solidarity with Myanmar [Internet]. 2021 [cited 2025 Feb 17]. Available from: https://www.bma.org.uk/news-and-opinion/statement-of-solidarity-with-myanmar

5. Oo M. Army doctor handed death penalty for alleged support of resistance [Internet]. Myanmar Now. 2023 [cited 2025 Feb 17]. Available from: https://myanmar-now.org/en/news/army-doctor-handed-death-penalty-for-alleged-support-of-resistance/

6. Paddock RC. Myanmar's health system is in collapse, "obliterated" by the regime [Internet]. New York Times. 2022 [cited 2025 Feb 17]. Available from: https://www.nytimes.com/2022/04/19/world/asia/myanmars-coup-doctors.html

7. Krugman A. In Myanmar, health care has become a battleground [Internet]. Council on Foreign Relations. 2024 [cited 2025 Feb 17]. Available from: https://www.thinkglobalhealth.org/article/myanmar-health-care-has-become-battleground

8. Insecurity Insight. Increasing use of air and drone strikes in attacks on health care in Myanmar - February 2024 [Internet]. ReliefWeb. 2024 [cited 2025 Feb 17]. Available from: https://reliefweb.int/report/myanmar/increasing-use-air-and-drone-strikes-attacks-health-care-myanmar-february-2024

BACK TO CONTENTS

World Medical Journal

9. RFA Burmese. Junta helicopter drops bomb on hospital where war refugees were being treated [Internet]. Radio Free Asia. 2023 [cited 2025 Feb 17]. Available from: https://www.rfa.org/english/news/myanmar/hospital-bomb-junta-04252023150525.html

10. Parsa-Parsi RW. The revised Declaration of Geneva: a modern-day physician's pledge. JAMA. 2017;318(20):1971-2.

11. Green L. "Our health workers are working in fear": after Myanmar's military coup, one year of targeted violence against health care [Internet]. Physicians for Human Rights. 2022 [cited 2025 Feb 17]. Available from: https://phr.org/our-work/resources/one-year-anniversary-of-the-myanmar-coup-detat/

12. Sajid I. At least 22 killed, dozens injured in bombing by junta in central Myanmar [Internet]. Com.tr. 2025 [cited 2025 Mar 1]. Available from: https://www.aa.com.tr/en/asia-pacific/at-least-22-killed-dozens-injured-in-bombing-by-junta-in-central-myanmar/3464080

13. Barnabas Aid. Myanmar military bomb two churches and a hospital in Christian-majority Chin State [Internet]. 2024 [cited 2025 Feb 17]. Available from: https://www.barnabasaid.org/us/news/myanmar-military-bomb-two-churches-and-a-hospital-in-christian-majority/

14. The Irrawaddy. As patients slept in Chin State hospital, Myanmar military jets dropped bombs [Internet]. 2024 [cited 2025 Feb 17]. Available from: https://www.irrawaddy.com/news/burma/as-patients-slept-in-chin-state-hospital-myanmar-military-jets-dropped-bombs.html

15. Root RL, Lusan NN. In Myanmar's worsening conflict, health workers deliver care and dodge death [Internet]. The New Humanitarian. 2023 [cited 2025 Feb 17]. Available from: https://www.thenewhumanitarian.org/news-feature/2023/04/12/myanmar-conflict-health-workers

16. Htet AS, Soe ZW, Aye WT, Maung C, Lien L, Ottersen OP, et al. 3 years after the Myanmar military coup – the people are suffering. Lancet. 2024; 403(10440):1966-9.

17. Bhuyan SS, Ebuenyi I, Bhatt J. Persisting trend in the breach of medical neutrality: a wake-up call to the international community. BMJ Glob Health. 2016;1(3):e000109.

18. Leaning J. War crimes and medical science. BMJ. 1996;313(7070):1413-5.

19. Benton A, Atshan S. "Even war has rules": on medical neutrality and legitimate non-violence. Cult Med Psychiatry. 2016;40(2):151-8.

***Wunna Tun**, MBBS, MD*
Fellow, Medical Education
JDN Secretary
Yangon, Myanmar
onlinewunna@gmail.com

BACK TO CONTENTS

World Medical Journal

South Africa's Obesity Epidemic and the Role of Food Delivery Apps

Siyabonga Jikwana

Michael Mncedisi Willie

On-demand food delivery services provided by app-based platforms, such as UberEats, DoorDash, GrabFood, and Meituan, have seen a surge in popularity across numerous African countries [1]. The COVID-19 pandemic led to social distancing measures and increased remote working, driving demand for food delivery services that provided safe, contactless interactions. These apps allowed consumers to browse restaurant menus, read reviews, select convenient payment options, and track their orders all from the comfort of their homes. As hybrid and remote working patterns become more prevalent, technological advancements shape consumer lifestyles, reinforcing the growing dependence on digital solutions for everyday conveniences.

In South Africa, food delivery services have transformed the urban landscape, integral to national economy, and have contributed significantly to job creation such as delivery drivers and app developers [2]. In 2024, Shoprite reported that their Checkers Sixty60 app had an estimated 60% increase in sales and 1.4 million downloads (of 5.2 million total downloads) [3]. Established in 2019, this app has emphasised its strategic focus on convenience, efficient last-mile delivery service, launch of dark stores, introduction of premium products, and extensive expansion across 539 locations [2]. Also, the partnership between Pick n Pay and Mr D apps has reshaped online grocery shopping in South Africa, offering users access to over 10,000 products at in-store prices and earning loyalty rewards. Combining Pick n Pay's grocery expertise with Mr D's delivery technology has evolved into a seamless, cost-effective experience (https://www.pnp.co.za/).

These food delivery services have driven a shift in eating habits, with many individuals increasingly relying on high-calorie, highly processed takeaway meals, contributing to unhealthy dietary patterns and rising obesity levels. Obesity, characterised by excessive body fat, significantly increases the risk of cardiovascular disease, diabetes, and certain cancers, which not only reduces life expectancy but also puts immense pressure on healthcare resources. Notably, the South Africa National Department of Health reported increases in the rates of being overweight or obese in 2016, affecting adults (68% females and 31% males) and children under five years of age (13%) [4]. This concerning trend in South Africa aligns with global projections, highlighting the growing burden of obesity-related health issues and the increasing strain these trends place on healthcare systems worldwide [5].

Global advocacy for promoting healthier dietary practices and more active lifestyles is urgent across populations of all ages [6]. Although the United Nations Sustainable Development Goals (SDGs) does not explicitly mention "obesity" (only non-communicable diseases), at least 14 of the 17 SDGs are congruent with obesity-related health implications. Hence, fostering collaborations among healthcare professionals, policymakers, and app developers can leverage their expertise to collaborate on adapting emerging technologies to support national health systems. For example, by modifying the app interface to display calorie information and offer smaller portion sizes, consumers can more accurately evaluate the nutritional value prior to their meal purchase [7]. Medical professionals are well-placed to lead local and national public health initiatives that educate and empower the public to adopt actionable strategies to improve dietary habits and reduce non-communicable disease risks.

References

1. Bannor RK, Amponsah J. The emergence of food delivery in Africa: a systematic review. Sustain Technol Entrep. 2024;3(2):100062.

2. Khumalo S. Food delivery apps bring new hope to SA's jobless, but it's not always a piece of cake [Internet]. News24. 2022 [cited 2025 Jan 11]. Available from: https://www.news24.com/

BACK TO CONTENTS

World Medical Journal

fin24/companies/food-delivery-apps-bring-new-hope-to-sas-jobless-but-its-not-always-a-piece-of-cake-20220205

3. Daily Investor. Checkers reveals secret to Sixty60 success [Internet]. Daily Investor. 2025 [cited 2025 Jan 11]. Available from: https://mybroadband.co.za/news/investing/577984-checkers-reveals-secret-to-sixty60-success.html

4. National Department of Health. Strategy for the prevention and management of obesity in South Africa, 2023–2028. Pretoria National Department of Health; 2023. Available from: https://www.health.gov.za/wp-content/uploads/2023/05/Obesity-Strategy-2023-2028_Final_Approved.pdf

5. Koliaki C, Dalamaga M, Liatis S. Update on the obesity epidemic: after the sudden rise, is the upward trajectory beginning to flatten? Curr Obes Rep. 2023;12(4):514-27.

6. Ralston J, Cooper K, Powis J. Obesity, SDGs and ROOTS: a framework for impact. Curr Obes Rep. 2021;10(1):54.

7. Coughlin SS, Whitehead M, Sheats JQ, Mastromonico J, Hardy D, Smith SA. Smartphone applications for promoting healthy diet and nutrition: a literature review. Jacobs J Food Nutr. 2015;2(3):021.

Siyabonga Jikwana,
MPH, DrPH (Candidate)
Chief Director,
Health Economics and Finance,
Gauteng Department of Health
Johannesburg, South Africa
University of Pretoria,
School of Public Health Medicine
Pretoria, South Africa
siyabonga.jikwana@gauteng.gov.za

Michael Mncedisi Willie, *DBA*
Executive for Policy,
Research and Monitoring,
Council for Medical Schemes
Pretoria, South Africa
m.willie@medicalschemes.co.za

BACK TO CONTENTS

World Medical Journal

WMA Members Commemorate World Cancer Day

Credit: Yuganov Konstantin / shutterstock.com

The global cancer burden remains a significant challenge across national health systems, as leaders navigate timely and cost-effective ways to implement equitable and accessible approaches to health service delivery for optimal cancer care. According to the International Agency for Research on Cancer (IARC)'s Global Cancer Observatory (GCO), a total of 20 million new cases and 9.7 million deaths were reported globally in 2022, where one in five individuals are estimated to develop cancer during the lifetime [1]. Together with changing health system priorities, the coronavirus disease (COVID-19) pandemic, natural disasters, armed conflicts, and economic inflation have all played a major role in disrupting or slowing progress in reducing cancer incidence and mortality [2]. Hence, health leaders and community stakeholders should develop local and national health initiatives to better understand the modifiable risk factors related to the incidence of cancer and other non-communicable diseases, including alcohol and tobacco use, sedentarism and unhealthy diets leading to obesity, and exposure to air pollution (e.g. aerosols, particulate matter) [1,3].

The IARC, supported by population-based cancer registries like the International Association of Cancer Registries and the Global Initiative for Cancer Registry Development, offers data visualisation tools and fact sheets as a platform to examine the global cancer burden (https://gco.iarc.fr/today/en). Using this database, the most reported cancers globally in 2022 were lung (2.5 million new cases), breast (2.3 million cases in women), and colorectal (1.9 million cases) cancers [1]. Also, the leading global causes of cancer mortality in 2022 were lung (1.8 million deaths), colorectal (900,000 deaths), liver (760,000 deaths), and breast (670,000 deaths) cancers [1]. Further analyses on differences by sex, however, found that leading cancer diagnoses and mortality in women were breast, lung, and colorectal cancers, and in men were lung, prostate, and colorectal cancers [1,4].

Notably, the World Health Assembly (WHA) adopted the resolution WHA 70.12 (*Cancer prevention and control in the context of an integrated approach*) in 2017, to encourage national governments and the World Health Organisation (WHO) to accelerate steps to achieve the objectives of global plans that aim to reduce cancer incidence and mortality [5]. This resolution is supported by the *Global Action Plan for the Prevention and Control of Noncommunicable Disease*

BACK TO CONTENTS

World Medical Journal

2013-2020, which follows the resolution A/RES/66/2 (*Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*) adopted in 2011, highlighting the importance of national commitment and international collaborations to combat cancer risks [6]. It also aligns with Goal 3 (*Ensure healthy lives and promote well-being for all at all ages*) (https://sdgs.un.org/goals/goal3) of the 2030 United Nations Agenda for Sustainable Development, with specific targets 3.4 (*by 2030, reduce premature mortality from non-communicable diseases by one-third*) and 3.8 (*achieve universal health coverage*).

To strengthen these global efforts on cancer prevention and control, the World Medical Association (WMA) adopted the WMA Statement on Solar Radiation and Photoprotection at the 72nd WMA General Assembly (online) in London, United Kingdom, in October 2021 [7]. This resolution emphasised photoprotection as a key strategy to reduce the risk of ultraviolet solar exposure, as well as supported skin cancer screen campaigns to identify pre-cancerous lesions. Also, the WMA approved the WMA Statement on Human Papillomavirus (HPV) Vaccination at the 75th WMA General Assembly in Helsinki, Finland, in October 2024 [8]. This resolution supports the global strategy to eliminate cervical cancer, including the 90–70–90 targets (90% of girls with HPV vaccine by age 15, 70% of women screened by age 35 and age 45, 90% of women diagnosed with cervical disease receive treatment) by 2030 [9].

World Cancer Day (https://www.worldcancerday.org/) is observed annually on 4 February, in commemoration of the adoption of the Charter of Paris Against Cancer, as part of the World Summit Against Cancer for the New Millenium held in Paris, France, in 2000 [10]. The "United by Unique" theme offers a space to highlight ongoing efforts across national cancer programs and encourage global leaders in the collective commitment to combat cancer. It emphasises the people-centred approach, with empathy and compassionate care, to address specific individual needs and appreciate the humanistic side of each patient's cancer testimony across age, socio-cultural, and geographic distributions.

In this article, physicians from 11 countries – Argentina, Colombia, Finland, India, Myanmar, Nepal, Pakistan, Philippines, Trinidad and Tobago, Turkey, and Uruguay – shared national cancer statistics and trends and highlighted local and national actions that promote the urgent need for improved cancer care initiatives to meet health priorities. They stressed that early diagnostic screening and prevention campaigns focused on modifiable risk factors can help curb the rising trends in non-communicable disease risks. Finally, they shared optimism that robust health surveillance systems can help guide clinical and community practice and policy development by identifying epidemiological trends, prioritising early detection, and supporting public health messaging and other community advocacy efforts.

Argentina

Over the past two decades, the Argentina health system has reported striking statistics about the high cancer burden, as the third leading cause of mortality (15.6% of all causes of mortality), for the 46 million residents [11,12]. The IARC's GCO reported an estimated 130,878 new cancer cases in Argentina in both sexes in 2020 [3]. According to the Argentina Ministry of Health, colorectal cancer is the second most common type (12.1% of all cancers), and together with lung cancer was described as the second and third leading causes of mortality in Argentina, respectively [12,13]. Notably, breast cancer was designated as the second highest mortality rate in South America [14].

Over the past two decades, the Argentina Ministry of Health has recognised that the epidemiological and demographic transition affect the increasing trends of non-communicable diseases, and robust programs for optimal cancer care is essential for the 46 million residents. First, health leaders approved the *Decree 1286*, which founded the National Institute of Cancer (Instituto Nacional del Cáncer) (https://www.argentina.gob.ar/salud/inc) in 2010. Second, they adopted the *Resolution 1261/2011* in 2011, which established the National Program on Cervical Cancer Prevention (Programa Nacional de Prevención de Cáncer Cervicouterino, PNPCC). As secondary prevention, the HPV screening test was widely implemented for the early detection of pre-cancerous lesions [15]. They also supported *Resolution 2173/2013* in 2013, which formed the National Program on Colorectal Cancer Prevention and Early Detection (Programa Nacional de Prevención y Detección Temprana del Cáncer Colorrectal, PNCCR). Finally, health leaders adopted the *Law No. 27.674* (*Decreto 399/2022*) in 2022, which launched the National Comprehensive Care Program for Children and Adolescents with Cancer (Programa Nacional de

BACK TO CONTENTS

World Medical Journal

Cuidado Integral del Niño, Niña y Adolescente con Cáncer), ensuring equitable access to high-quality care for children and adolescents diagnosed with cancer.

To combat the cancer burden, Argentinian physicians can collaborate to raise public awareness about cancer risk factors and promote the importance of lifestyle behavioural modifications and screening tests. To reinforce clinical training for health professionals, the National Institute of Cancer offers continuing education opportunities such as webinars and courses on cancer diagnoses, pathology, treatment, and palliative care. Working with local and national leaders, physicians and other health professionals can advocate for cost-effective and accessible cancer screening services to reach diverse age groups, leading efforts to reduce cancer morbidity and mortality rates in Argentina and the Americas region.

Colombia

The Colombia health system, which serves an estimated 52 million residents, recognises the changing demographics including the expected life expectancy of 77.9 years in 2024 (increase from 70.9 in 2000) [16]. According to the National Cancer Institute (Instituto Nacional de Cancerología, INC) (https://www.cancer.gov.co/), an estimated 6,387 and 6,640 new cancer cases were reported in Colombia in 2022 and 2023, respectively [17]. These statistics reflect the cancer burden, noting a 4% increase from 2022, 14.8% increase from 2021, and a 30% projected increase by 2030. To manage national health priorities, the Colombia health system develops relevant health objectives and policies for national programs, but private insurance companies (e.g. Health Promotion Companies or Entidades Promotoras de Salud, EPS) direct regulations, implement the policies, and manage the operational system. However, the health system is perceived as decentralised and fragmented, and ineffective accountability and limited resources have led to delays in healthcare service delivery, including cancer diagnostic procedures (e.g. screening tests), medication delivery, and palliative care. The EPS has been responsible for managing, financing, and ensuring the provision of services of the Colombia public health system since 1993.

Over the past decade, the Colombia Ministry of Health and Social Protection has observed significant delays in healthcare service delivery (e.g. diagnostic results exceeding 50 days), and in response, have supported significant policies and initiatives to promote population health. First, health leaders launched the *National Development Plan 2022-2026* (*Plan Nacional de Desarrollo 2022-2026*), using the "Colombia, Global Power of Life" theme, that aims to strengthen the health system and ensure universal access to quality services such as timely access to cancer diagnosis and treatment to improve patient outcomes and survival [18]. Second, they adopted the *Law 2360* (*Ley 2360*) de 2024, which expands on the *Law 1384* (*Ley 1384*) of 2010, to ensure constitutional protection for cancer patients [19]. Finally, they approved the *Resolution 3202* (*Resolución 3202*) of 2016, which supports the Comprehensive Health Care Routes (Rutas Integrales de Atención en Salud) that provide timely clinical services (including screening), expand the national oncology network, and reinforce legal framework to protect cancer patients.

Recognising the cancer burden in Colombia and the Americas region, health leaders supported the first-ever Global Cervical Cancer Elimination Forum in Cartagena de Indias in March 2024, highlighting the urgent need for national and global action to reduce risk of cervical cancer [20]. Notably, as the INC commemorates its 90th anniversary, the International Congress used the "90 Years of Transformation for Cancer Control in Colombia" theme to reinforce the commitment to person-centred cancer care, health professionals' education and training, and robust research initiatives during the event in Bogota on 26-28 February 2025 (https://www.congresointernacionalinc.com/) [21]. By coordinating these national and regional events, doctors can lead efforts to prioritise clinical and research initiatives to reduce the burden of non-communicable diseases (like cancer) in Colombia and the Americas region by strengthening early detection (including screening tests) and ensuring prompt treatment (without delayed care). Understanding the specific barriers to healthcare service delivery at the local and national level will help health leaders advocate for political commitment to guarantee sufficient resources for patients' care and their families. Together, we can raise our voices to increase public awareness on cancer risks and demonstrate support for optimal cancer care for all patients.

Finland

In Finland, a country of 5.6 million residents, one in three Finns will develop cancer at some point in their lives. The most common cancers in Finnish women and men are breast and prostate cancers, respectively, followed by lung cancer (almost 3,000 new annual cancer

BACK TO CONTENTS

World Medical Journal

cases). The Finnish Cancer Registry, which has maintained the national registry on cancer cases in Finland since 1953, reported an estimated 37,268 new cancer cases and 13,287 cancer deaths in 2022, and 70% five-year relative survival rate of cancer patients monitored between 2020 and 2022 [22]. At the same time, colon cancer screening was widely promoted across Finland, and the Finnish health system confirmed 77.3% participation rates during this first annual campaign, with 5.1% positive tests and a total of 581 diagnosed cancers (0.2 % of the total screened population). Due to aging demographics, new cancer cases are projected to increase by 24%, with the largest increase among melanoma cases, by 2040 [22].

In the early 2000s, cancer survival rates in Finland were the best across the Nordic countries, but while other Nordic countries improved over the past two decades, there has only been a moderate development in Finland. Although reasons for this delay are unknown, current efforts aim to find an explanation for the observed difference and promptly take action to correct the trend [23]. Notably, in May 2024, the Finnish Ministry of Social Affairs and Health and the Finnish Cancer Center (FICAN) (with five regional cancer centres) signed an agreement on preparing the national cancer strategy by Spring 2025. This strategy will cover seven elements (prevention, screening, diagnostics, treatments, patient rehabilitation and psychosocial support, palliative and hospice care, research) and will strengthen the national implementation of the European Union's Beating Cancer Plan and the European Union's Cancer Mission (https://fican.fi/en/). In February 2025, FICAN, Neurocenter Finland, and public hospital biobanks launched a collaborative initiative to strengthen the adoption of personalised medicine across the nation by October 2026. Primary activities, such as improving biobank sample collection of pilot diseases, standardising health data recording, and ensuring expanded access to biobank samples and associated health data for research purposes, will inform the preparation and planning of Finland's national personalised medicine program [24]. The Finnish Medical Association urges Finnish doctors to familiarize themselves with the new cancer strategy and cancer registry information and use them to improve the prognosis of cancer patients in Finland.

India

World Cancer Day, celebrated annually on 4 February, holds immense significance for India, serving as a reminder of the alarming annual increase in cancer cases for over 14 billion residents and the urgent need for collective action. India's cancer burden is rapidly growing, with 1.46 million cases in 2022 projected to rise to 1.57 million by 2025 [25]. In 2022, the national crude incidence rate of all cancers was 100.4 (per 100,000 population), with rates for females (105.4) higher than males (95.6), highlighting increased prevalence of breast, lung, cervical, and oral cancers [25]. A comprehensive analysis of cancer data (1990-2021) from the Global Burden of Disease (GBD) 2021 report highlighted that oral cancer incidence (one-third of global cancer cases) and mortality (increased by 11%) rates remain a significant health burden for the nation [26]. These epidemiological trends underscore the urgency of strengthening cancer prevention and care in India, especially with inadequate access to specialised care across urban and rural communities. To combat this national burden, the India health system continues to stive to deliver health awareness campaigns and equitable healthcare services for all citizens.

In India, the rising prevalence of cancer (e.g. lung, oral, colorectal) can be attributed to increasing age, lifestyle changes (e.g. increased tobacco use, alcohol consumption, sedentary behaviour), rapid urbanisation and industrialisation (e.g. exposure to environmental pollution), and dietary changes (e.g. increased consumption of processed and high-fat foods). To address these challenges, the India healthcare system has undertaken several commendable initiatives to promote awareness and deliver localised care that emphasises detection and preventive strategies over the past two decades. First, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) serves as a cornerstone initiative to enhance healthcare systems, emphasising the early detection, diagnosis, and management of cancer [27]. Second, the Pradhan Mantri Jan Arogya Yojana (PM-JAY) (https://nha.gov.in/PM-JAY), launched in 2018 as part of Ayushman Bharat, provides financial support for cancer treatment, thereby improving access to care (e.g. free chemotherapy in district hospitals near patients' hometowns) for economically disadvantaged populations.

Third, Indian Medical Association (IMA) leaders are collaborating with non-governmental organisations and professional societies to advocate for education and supportive services for the Indian population.

BACK TO CONTENTS

World Medical Journal

They collaborate with the National Tobacco Control Program to encourage tobacco cessation services as well as the Federation of Obstetric and Gynaecological Societies of India (FOGSI) to enhance training in cervical cancer vaccinations. Fourth, IMA members have contributed to successful advocacy efforts to incorporate cervical cancer vaccinations in the National Immunization Protocol as well as cancer in the list of notifiable diseases [28]. Finally, in the Union Budget of 2025-2026, the Health Ministry announced that 200 Day Care Cancer Centres would be developed in all district hospitals of India over the next three years. Also, the basic customs duty exemption to 36 life-saving drugs used for treating cancers, rare diseases, and other severe conditions will increase the drug affordability and accessibility.

As the largest group of doctors in India, the IMA regularly coordinates community-driven efforts and social media initiatives that raise public awareness about cancer risks and prevention, such as the public awareness campaigns for World No Tobacco Day (31 May), World Head and Neck Cancer Day (27 July), and Breast Cancer Awareness Month (October). They also support targeted educational campaigns, including Tobacco Free Youth Campaign (2023) and WHO-endorsed "Screen and Treat" program for cervical cancer introduced in 2021 [29]. For World Cancer Day 2025, IMA leaders shared educational documents with clinical guidelines and statistics with members across the country, encouraging them to combat myths and stigma by presenting academic lectures, coordinating symposia, recording brief video messages, publishing blog articles, and communicating press releases with local journalists. As a medical community, we must embody the "United by Unique" theme for World Cancer Day 2025-2027, to champion patient-centred care and innovative management approaches in cancer prevention and management.

Myanmar

Myanmar's healthcare system, with health professionals serving over 54 million residents and 130 ethnic groups, has reported significant milestones and challenges in delivering optimal cancer care over the past decade. In 2016, the Myanmar Ministry of Health adopted the *Myanmar National Comprehensive Cancer Control (2017-2021)*, as a plan to prioritise cancer control, in lieu of a specific national cancer policy [30]. In 2020, health leaders successfully introduced the HPV vaccine, as efforts to combat cervical cancer and ensure equitable access to vaccinations while adhering to strict COVID-19 safety measures [31]. Also, as they successfully expanded the delivery of radiation therapy services to public and private sectors, other low- and middle-income countries incorporated these best practices into their health systems [32]. As time progressed, however, they began to observe patients with financial hardships in obtaining life-saving medications to improve quality of life, critical shortages of essential personnel (e.g. radiation physicists, technicians, oncology nurses) in implementing multidisciplinary approaches to cancer management, and physicians with less confidence in providing palliative care [33,34]. This situation underscores the urgent need for comprehensive cancer control measures and improved healthcare access in Myanmar. These observations were exacerbated by the military coup on 1 February 2021, with reports of deliberate attacks on health professionals and facilities by the Myanmar military and security forces, potentially constituting war crimes and severely undermining humanitarian efforts [35]. With border closures and heavy military attacks, supply networks were disrupted, causing extreme inflation and unsafe environments for cancer patients [36]. In some cases, prison officials unethically withheld life-saving treatment from political prisoners. The death of Mandalay Minister Dr. Zaw Myint Maung, due to inadequate medical care in a military-controlled jail, highlights the dire consequences of these actions [37].

As Myanmar physicians, we must raise awareness about the impact of the military coup on cancer care and advocate for international support to ensure continuity of care for patients. Ensuring the cross-border delivery of cancer medications and equipment can help address the urgent healthcare needs of cancer patients in Myanmar. This strategic shift will fostering a coordinated and sustainable approach to cancer treatment, enhance the safety and security of humanitarian assistance, and ensure that medical supplies and care reach those most in need. Organisations such as the WMA, Junior Doctors Network (JDN), and the World Federation of Medical Education (WFME), can develop virtual and in-person cancer education and clinical training programs for health professionals in Myanmar. This call to action is crucial for improving cancer awareness and care in Myanmar as well as the wider Asian Region amidst ongoing violence and resource limitations, with the ultimate goal of enhancing patient-centred care and developing effective management approaches.

BACK TO CONTENTS

World Medical Journal

Nepal

With the rising burden of cancer in Nepal and around the world, World Cancer Day serves as an essential platform for raising awareness for healthcare professionals and the public on early detection, prevention strategies, and access to cost-effective treatment. For physicians and stakeholders, it serves as moment to reflect on the current system and push for new policy reforms to reduce the cancer burden in Nepal. According to the IARC's GCO, there were 14,704 cancer-related deaths in Nepal in 2022, representing an age-standardised mortality rate of 55.3 per 100,000 people, and 22,008 new cancer cases, with an age-standardised incidence rate of 81.6 per 100,000 people [38]. Lung, stomach, and oral cancers were reportedly more common in men, whereas breast, cervix uteri, and lung cancers were more common in women [38]. To address the national cancer burden, however, the Nepal health system lacks a comprehensive national cancer control program and a robust national health insurance scheme necessary to cover cancer treatment costs and minimise financial hardship for patients [39].

Over the past decade, the Nepal Ministry of Health and Population has implemented several initiatives to improve cancer care for the 29 million residents. First, the Nepal Health Research Council (https://nhrc.gov.np/) led efforts to develop the population-based cancer registry in 2018, providing support to evidence-based information across urban and rural regions. Second, leaders adopted the *National Cancer Control Strategy 2024-2030* in 2024, which focuses on prevention through incidence reduction, improved early detection, and enhanced access to treatment and palliative care [40]. Third, in 2025, they launched a nationwide HPV vaccination program targeting 1.6 million girls (aged 10-15), prioritising areas with low vaccine uptake such as Madhesh Province and Kathmandu Valley [41]. Fourth, since 2024, Nepal's membership in the Global Platform for Access to Childhood Cancer Medicines has granted free access to 35 essential cancer medications for paediatric patients [42]. Finally, the Association of Medical Doctors of Asia (AMDA), together with other Nepalese physicians, regularly lead hospital and community campaigns at the Bir Hospital, Marie Stopes Nepal, and Daiichi Sankyo, offering cancer educational and screening programs focusing on prevention, early detection, and treatment for women (e.g. breast and cervical cancers) [43-45]. These local and national efforts demonstrate the need for stronger policy implementation and resource allocation.

As physicians in Nepal, we stress the need for increased funding, stronger policies, increased public awareness, and decentralisation of programs in the rural setting. We also call for international organisations to share their experiences, expertise, and knowledge to strengthen efforts to provide optimal cancer care in Nepal. Using the "United by Unique" campaign theme, we must be open to learning about each cancer patient's lived experiences and collectively work to reinforce the importance of cancer prevention and early screening. Together, we envision a healthcare setting where patients and the public perceive cancer as a preventable and treatable condition.

Pakistan

World Cancer Day, held annually on 4 February, holds a deep significance for physicians and other healthcare professionals across Pakistan, as a reminder of the ongoing battle against cancer and the unique challenges our nation faces in addressing this global health burden. According to the WHO and Pakistan Medical Research Council (PMRC) reports, cancer remains the second-leading cause of mortality, with approximately 178,000 new cases and 117,000 cancer-related deaths reported annually in Pakistan [46,47]. As the most prevalent cancer in Pakistan, breast cancer alone accounts for 38.5% of cancer cases among Pakistani women, which can lead to financial hardship and emotional strain among families. Rural communities, however, face severe gaps in early cancer diagnosis and treatment due to limited diagnostic centres and general lack of awareness. Notably, cultural stigma often includes misconceptions about cancer being incurable, fear of social ostracisation, and reluctance to discuss breast health openly, which discourage women from seeking timely medical help.

Since the 1990s, the Pakistan healthcare system has implemented several noteworthy initiatives aimed at improving cancer awareness and care management. First, the National Cancer Control Program, launched in 1994, has expanded outreach by integrating cancer screening services in basic health units (BHUs) and rural health centres (RHCs), ensuring access for underserved populations. Second, the Shaukat Khanum Memorial Cancer Hospital and Research Centre, established in 1994, has conducted mobile mammography camps, screenings to over 100,000 women in rural areas annually, and free follow-up treatments for low-income patients. Third, the *Prohibition of Smoking and Protection of Non-Smokers Health*

BACK TO CONTENTS

World Medical Journal

Ordinance of 2002, coupled with recent bans on flavoured tobacco products, has been instrumental in reducing lung cancer rates, particularly among urban youth.

Awareness campaigns, like those organised by the Pink Ribbon Pakistan Organisation (PRPO), continue to play a pivotal role in encouraging early breast cancer screening through media advocacy and partnerships with schools and workplaces [48]. The PRPO launched Pakistan's first-ever breast cancer awareness campaign in 2004, and between 2006 and 2008, it was responsible for coordinating the Cancer Registry with the Ministry of Health. Despite these efforts, one cross-sectional study conducted in a tertiary care hospital in Lahore in 2009, revealed that only 13.9% of female inpatients reported that they practiced self-examination, either being unaware of the exam or believing that they did not need to perform the exam [49]. A total of 14.3% of female inpatients (9.5% urban and 4.8% rural) reported that clinical breast cancer screenings were available [49]. In 2024, the PRPO organised its annual breast cancer awareness campaign with educational seminars and free screening camps, reaching over one million women nationwide, which led to a 20% increase in early breast cancer detection rates.

Physicians in Pakistan, the Asian region, and across the globe must unite in advocating for comprehensive cancer care that leaves no one behind. Key priorities include the establishment of regional cancer registries to collect precise health surveillance data, which can justify the need for targeted interventions, and the expansion of telemedicine platforms (like Sehat Kahani) to bridge access gaps for remote consultations [50]. Also, clinical content on oncology topics can be incorporated into graduate and post-graduate medical education and training, including continuing education workshops and online certificate programs supported by collaborations between the Pakistan Medical and Dental Council (PMDC) and leading cancer care centres. Finally, global collaborations with the World Cancer Day campaign and similar initiatives can help advocate for increased funding for research on prevalent cancers (e.g. oral and breast cancers). Health professionals can lead efforts to foster community engagement and policy advocacy, to build a future rooted in equitable and innovative cancer care.

Philippines

World Cancer Day holds deep significance for Filipino healthcare professionals, serving as a reminder of the urgent need to improve cancer awareness, prevention, and treatment. In 2022, cancer was identified as the third leading cause of death in the country, with lung, breast, and liver cancers as the top three most common causes [51]. Despite growing awareness, many Filipinos still struggle to access timely diagnosis and treatment, due to financial constraints, limited specialised facilities, and disparities in early detection services. These national challenges highlight the need for stronger healthcare policies and expanded cancer care programs, particularly for underprivileged communities.

Recognising these gaps, the Philippine government has taken significant steps to improve cancer care. The passage of the *National Integrated Cancer Control Act (NICCA) of 2019 (Republic Act No. 11215)* laid the groundwork for a more structured approach to cancer prevention, early detection, treatment, and patient support. It introduced key initiatives such as the Cancer Assistance Fund to help ease financial burdens and mandated the creation of the Philippine Cancer Center, a dedicated institution for research, treatment, and innovation in cancer care [52]. To further strengthen these efforts, the Department of Health and the WHO recently launched the *2024-2028 National Integrated Cancer Control Program (NICCP) Strategic Framework*, outlining priorities and capacity-building efforts to enhance cancer services nationwide [53].

Medical organisations also play a vital role in the coordination and implementation of these health initiatives. First, the Philippine Medical Association, Philippine Society of Medical Oncology, Philippine Cancer Society, Philippine Society of Oncologists (PSO), and Quezon City Health Department led efforts to launch the "Act Now: 30-Day Screening to Treatment" campaign in February 2025, offering free cancer screenings and educational sessions to minimise delays in diagnosis and treatment [54]. Second, the Philippine College of Surgeons Cancer Commission Foundation (PCS CanCom), Cancer Coalition Philippines, and Philippine Cancer Society organised the Philippine National Cancer Summit 2025 on 27-28 February 2025, at Novotel Araneta City in Cubao, Quezon City (https://cancersummit.pcscancom.org/). Using the "Stronger Philippines: Building a Resilient Cancer Care Ecosystem" theme, this summit served as the nation's premier multi-sectoral, multidisciplinary, and multi-stakeholder cancer conference, underscoring the collective commitment to advancing cancer care in the country.

BACK TO CONTENTS

World Medical Journal

Filipino physicians must take proactive steps to enhance cancer care by educating communities about early detection, advocating for better access to affordable care, and pushing for policy reforms that address systemic challenges in cancer management. Collaborations with the government, non-governmental organisations, and community groups are vital in addressing these systemic challenges, ensuring that cancer prevention, treatment, and support services reach underserved populations. Strengthening investments in medical research, advanced diagnostic tools, and innovative treatment options can further improve patient outcomes and survival rates. By working together, healthcare professionals can not only reduce the cancer burden in the Philippines but also contribute to the global fight against this disease, fostering a future where quality cancer care is accessible to all.

Trinidad and Tobago

World Cancer Day represents an opportunity to brainstorm on avenues to help improve care and reduce healthcare disparities by bridging the gap in cancer care outcomes. Trinidad and Tobago, a twin island nation in the Caribbean, has a robust health system that supports the health and well-being of the 1.4 million residents. Since cancer is one of the leading causes of mortality in the Caribbean region, Trinidad and Tobago is strategically positioned to prioritise clinical cancer care at the Regional Health Authorities and support epidemiological records at the Dr. Elizabeth Quamina Cancer Registry (established in 1994) [55,56]. In 2018, a comprehensive analysis of registry records between 1995 and 2009, highlighted that the highest cancer incidence and mortality rates were linked to women (breast, cervix, uterus) and men (colorectal, lung, prostate) [56]. Notably, breast and prostate cancer rates had increasing trends, as compared to decreasing trends in developed countries, marking potential differences to explore related to ancestry and geography [55,56]. Hence, understanding the epidemiology of cancer incidence, mortality, and trends can help guide clinical diagnostics, treatment (chemotherapy, radiation therapy, surgery), and prevention initiatives, especially as some specialised treatments (e.g. immunotherapies) are not available locally in the public sector.

Over the past decade, the Trinidad and Tobago Ministry of Health has pioneered key initiatives to offer optimal cancer care for residents. First, health leaders established the National Oncology Programme (NOP) (https://health.gov.tt/services/cancer-care-and-treatment), which supports the National Oncology Centre as a major hub for cancer diagnostic screening, treatment, palliative care, and prevention in the nation [57]. Second, they adopted the *National Strategic Plan for the Prevention and Control of Non Communicable Diseases: Trinidad and Tobago 2017-2021*, which highlights the responsibilities of the National Cancer Coordinating Committee (NCCC) and the National Cancer Registry (https://health.gov.tt/national-cancer-registry) to support national cancer care initiatives and epidemiological surveillance, respectively [58]. Third, non-governmental organisations have helped support national efforts to enhance care of vulnerable populations (including children). For example, the SickKids-Caribbean Initiative (SCI), a collaboration initiated in 2013, has offered valuable training to healthcare professionals in seven Caribbean countries, including Trinidad and Tobago [59]. Finally, the *Caribbean Medical Journal*, as the official journal of the Trinidad and Tobago Medical Association (T&TMA), has shed light on the patient-caregiver experience including the psychological and emotional burden, in its Palliative Care Series (https://www.caribbeanmedicaljournal.org/cmj-reflections/palliative-care-series/).

As a call to action, Trinidad and Tobago doctors can lead efforts to bridge knowledge and practice gaps in cancer care across the nation and Latin American and Caribbean region. Collectively, they can encourage doctors to network and partner with ministries of health and non-governmental organisations, which can help navigate cancer care through shared data and resources and capacity building activities. The medical community has the clinical and public health expertise to help strengthen healthcare system resilience, leading to optimal patient outcomes one patient and family at a time. Reflecting on the sentiment of Her Excellency Paula-Mae Weekes, past president of Trinidad and Tobago – "*We must not become weary. We must trust that in time we will reap the benefits of our efforts.*" – we recognise the urgent need to be resilient and strong in our efforts in the fight against cancer in the Latin American and Caribbean region.

Turkey

World Cancer Day serves as a crucial reminder of the ongoing and growing battle against cancer for physicians in Türkiye. According to the Turkish Ministry of Health report of 2022, the total cancer incidence in our country (per 100,000 persons) has risen from 133.5 in 2002 to 225.2 in 2018 [60,61]. Even though the IARC's

BACK TO CONTENTS

World Medical Journal

GCO reported that the age-standardised incidence rate has demonstrated a stable course in 2022, mortality increased from 83,163 cancer-related deaths in 2018 to 129,672 deaths in 2022 [62,63]. Cancer continues to be a growing burden on our health system that each physician must remember every day, constituting a dual local and global public health crisis.

Despite healthcare advancements, the Turkish health system faces significant gaps, such as disparities in access to early detection services and treatment options between urban and rural areas, areas affected by the 2023 earthquake, and different socioeconomic groups. As these observed gaps call for immediate attention to ensure equitable cancer care across the country, Türkiye has implemented several initiatives that promote cancer awareness and improving care management. First, the National Cancer Control Program focuses on prevention strategies, including public education campaigns about risk factors (e.g. smoking, unhealthy diets) and supports a nationwide screening program for breast, colorectal, and cervical cancers [64]. Second, the Turkish Society of Medical Oncology and other community outreach initiatives provide updated health recommendations via online public platforms. The Turkish Association for Cancer Research and Control, as a member of the Association of European Cancer Leagues (ECL) and the Union for International Cancer Control (UICC), has dedicated efforts toward early detection and care of cancer patients since 1947. Patient advocacy groups, including the PI (Pembe Izler – Turkish for Pink Marks) Female Cancers Association, work in collaboration with the European Network of Gynaecological Cancer Advocacy Groups (ENGAGe).

However, despite the WHO's aim to eliminate cervical cancer by 2030 with widespread vaccination and screening programs, the Turkish Ministry of Health has still not included the HPV vaccine in its national vaccination schedule [65]. Also, many targeted therapies and novel anti-cancer agents lack reimbursement by the social security system. The cost of each treatment cycle from the WHO Essential Medicines complementary list (e.g. nivolumab, pembrolizumab) is up to 10 times greater than the minimum wage [66]. Considering that more than 40% of the Turkish population is employed on minimum wage, lack of state reimbursement of these recommended treatments is depriving the community of accessing the best standard management [67].

As physicians committed to enhancing cancer care management locally and globally, our call to action involves a multi-faceted approach. We must advocate for increasing the state budget allocated to the health system, focusing on cancer prevention, screening, and treatment programs. Additional financial support can include establishing accessible cancer centres with multidisciplinary teams, ensuring reimbursement for standard treatments, and implementing smoking cessation and HPV vaccination programs. Collaboration among healthcare professionals is vital, and sharing best practices can lead us toward more effective prevention and screening protocols tailored to our population's unique needs.

Uruguay

As World Cancer Day provides an invaluable opportunity to highlight the importance of equitable cancer care across the globe, countries of the Latin America and Caribbean region support national cancer programs within the national health systems, but notable regional disparities exist. Within the Latin America and Caribbean region, an estimated 1.5 million new cancer cases and 700,000 cancer-related deaths were reported in 2020, with projected increases due to population growth, demographic changes (e.g. aging), and risk factors [68]. As physicians reflect on national and global achievements, they should identify areas that demand immediate attention and advocate for national interventions to reduce cancer risks.

In Uruguay, cancer is the leading cause of premature death (under 70 years of age), with breast cancer as the most common in women, and lung cancer as the primary cause of mortality among all causes. The Uruguay National Cancer Registry reported an average of 8,244 annual cancer-related deaths between 2016 and 2020 [69]. Notably, colorectal cancer rates are the highest among other Latin American countries [70]. Despite the presence of universal health coverage, ensuring timely diagnoses and improving access to innovative therapies remain as significant challenges across the Uruguay population.

The Uruguay Ministry of Health, serving 3.4 million residents, has undertaken several initiatives to enhance cancer care and awareness. First, the National Cancer Prevention and Control Program (PRONACAN) updated its guidelines in 2024, to strengthen the prevention of breast, colorectal, and

BACK TO CONTENTS

World Medical Journal

cervical cancers, such as extending HPV vaccination to vulnerable populations [71-73]. Second, the Anti-Tobacco Campaign, launched in 2006, has encompassed plain packaging regulations and strict prohibitions on smoking in public spaces, with reported reductions in smoking prevalence. Third, the Commission to Combat Cancer (Comisión de Lucha Contra el Cáncer) organizes annual population education programs – such as "Abrí el paraguas a la prevención del cáncer de mama" ("Opening the Umbrella to Prevent Breast Cancer"), "Los colores del daño" ("The Colors of Danger"), and "De pulmón a pulmón" ("From Lung to Lung") – that raise awareness of the most prevalent cancers. Fourth, the National Resource Fund (Fondo Nacional de Recursos) has expanded universal coverage for several high-cost cancer treatments, ensuring equitable access to innovative therapies for patients regardless of socioeconomic status. Finally, the Uruguay Cancer Society (Sociedad de Oncología del Uruguay) is actively engaged in promoting continuous medical education for oncologists and fostering closer ties with the community through annual educational campaigns (e.g. World Cancer Day).

Physicians in Uruguay must champion equitable access to cancer care, with a particular focus on underserved regions. Strengthening primary care networks to facilitate early detection and harnessing digital health tools to address geographic barriers should be our top priorities. On a global scale, we must collaborate to advance cancer research, share best practices, and advocate for policies that mitigate risk factors such as tobacco and alcohol consumption. Our united efforts are crucial in building a future where all patients receive timely, effective, and affordable care.

Conclusion

The global observation of World Cancer Day represents a pivotal moment in society to raise public awareness of cancer risks and prevention, drive local and national initiatives that promote patient-centred care, and support novel research applications that advance cancer diagnostics, treatment, and palliative care. The estimated projection from 20 million new cancer cases in 2022 to 35 million cases by 2050 – or 70% increase – highlights the need for emerging research to further elucidate epidemiological trends and risks factors, including demographic changes, exposure to environmental hazards or pathogens, and unhealthy lifestyle behaviours [1,2]. Over the next decade, public-private partnerships can invest in technological advancements targeting genomic sequencing, pharmaceuticals, clinical diagnostics, and treatments for cancer care, which can directly reduce morbidity and mortality rates [74].

The World Cancer Day's "United by Unique" theme offers a platform to better understand and appreciate an individual's lived experiences living with cancer and navigating cancer survivorship. Social science research will be instrumental to further study how physician-patient communication and rapport, family dynamics, and health system interactions influence physical and mental health outcomes [75]. Effective communication practices that promote dignity and incorporate active listening, empathy, respect, and transparency should align with an individual's needs [76]. Sharing patients' testimonies with cancer diagnoses through social media (e.g. podcasts, videos) can illustrate courage, hope, and perseverance, provide encouragement to patients and families, and inspire health professionals as they promote patient-centred clinical care (https://www.cdc.gov/cancer-survivors/stories/index.html).

To address this non-communicable disease burden across countries, WMA members can leverage their clinical expertise and skills to foster robust collaborations across disciplines and sectors and advocate for the development of timely policies that prioritise cancer initiatives. This collective article highlights global efforts to develop sustainable partnerships with community stakeholders and support ongoing political commitment for patient-centred cancer care and investment in cancer research. Notably, it recognises physicians' leadership to build clinical capacity by promoting cancer care initiatives and strengthening education and training programs across the Americas, Asian, European, and Pacific regions.

References

1. World Health Organisation. Global cancer burden growing, amidst mounting need for services [Internet]. 2024 [cited 2025 Feb 14]. Available from: https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services

2. Bizuayehu HM, Ahmed KY, Kibret GD, Dadi AF, Belachew SA, Bagade T, et al. Global disparities of cancer and its projected burden in 2050. JAMA Netw Open. 2024;7(11):e2443198.

BACK TO CONTENTS

World Medical Journal

3. Turner MC, Andersen ZJ, Baccarelli A, Diver WR, Gapstur SM, Pope CA 3rd, et al. Outdoor air pollution and cancer: an overview of the current evidence and public health recommendations. CA Cancer J Clin. 2020:10.3322/caac.21632.

4. Luo G, Zhang Y, Rumgay H, Morgan E, Langselius O, Vignat J, et al. Estimated worldwide variation and trends in incidence of lung cancer by histological subtype in 2022 and over time: a population-based study. Lancet Respir Med. 2025:S2213-2600(24)00428-4.

5. World Health Assembly. Cancer prevention and control in the context of an integrated approach. Geneva: World Health Organisation; 2017. Available from: https://iris.who.int/handle/10665/275676

6. World Health Organisation. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: WHO; 2013. Available from: https://www.who.int/publications/i/item/9789241506236

7. World Medical Association. WMA Statement on Solar Radiation and Photoprotection [Internet]. 2021 [cited 2025 Feb 14]. Available from: https://www.wma.net/policies-post/wma-statement-on-solar-radiation-and-photoprotection/

8. World Medical Association. WMA Statement on Human Papillomavirus Vaccination [Internet]. 2024 [cited 2025 Feb 14]. Available from: https://www.wma.net/policies-post/wma-statement-on-human-papillomavirus-vaccination/

9. World Health Organisation. Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: WHO; 2020. Available from: https://www.who.int/publications/i/item/9789240014107

10. Wazed S. World cancer day [Internet]. 2025 [cited 2025 Feb 14]. Available from: https://www.who.int/southeastasia/news/detail/04-02-2025-world-cancer-day

11. OECD. Tackling the impact of cancer on health, the economy and society: Argentina 2024 [Internet]. 2024 [cited 2025 Feb 14]. Available from: https://www.oecd.org/en/publications/2024/11/tackling-the-impact-of-cancer-on-health-the-economy-and-society-country-notes_db760f3f/argentina_e5a4cb1e.html

12. Rizzo MM, Barros M, Chimondeguy D, Dalurzo ML, Minatta N, Pupareli CS, et al. Lung cancer in Argentina. J Thorac Oncol. 2025;20(2):144-9.

13. Ministry of Health, Government of Argentina. Estadísticas – incidencia [Internet]. 2025 [cited 2025 Feb 14]. Spanish. Available from: https://www.argentina.gob.ar/salud/instituto-nacional-del-cancer/estadisticas/incidencia

14. Valencia D, Granda P, Pesce V, Di Sibio A, Soliman AS, Gómez J, et al. Argentina's national program for control of breast cancer: time 1, patient navigation, and patient cancer education experience. J Cancer Educ. 2022;37(6):1669-76.

15. Patel H, Wilson E, Vizzotti C, Parston G, Prestt J, Darzi A. Argentina's successful implementation of a national human papillomavirus vaccination program. Health Aff (Millwood). 2016;35(2):301-8.

16. Pan American Health Organisation. Perfil de país - Colombia [Internet]. 2024 [cited 2025 Feb 25]. Spanish. Available from: https://hia.paho.org/es/perfiles-de-pais/colombia

17. Instituto Nacional de Cancerología, Government of Colombia. Anuario estadístico 2023. Bogota: Government of Colombia; 2025. Spanish. Available from: https://www.cancer.gov.co/recursos_user/files/libros/archivos/ANUARIO_2023-INC-_vfinal.pdf

18. Ministry of Health and Social Protection, Government of Colombia. Plan Nacional de Desarrollo, 2022-2026. Bogota: Government of Colombia; 2023. Spanish. Available from: https://www.dnp.gov.co/plan-nacional-desarrollo/pnd-2022-2026

19. Government of Colombia. Ley 2360 de 2024 [Internet]. 2021 [cited 2025 Feb 25]. Spanish. Available from: https://www.suin-juriscol.gov.co/viewDocument.asp?id=30051713

20. World Health Organisation. Wave of new commitments marks historic step towards the elimination of cervical cancer [Internet]. 2024 [cited 2025 Feb 25]. Available from: https://www.paho.org/en/news/5-3-2024-wave-new-commitments-marks-historic-step-towards-elimination-cervical-cancer

21. Wiesner-Ceballos C. The social and political context of the last five years of the Instituto Nacion-

BACK TO CONTENTS

World Medical Journal

al de Cancerología (2019-2024): on the occasion of its 90th anniversary. Rev Colomb Cancerol. 2024;28(3):112-114.

22. Finnish Cancer Registry. Cancer in Finland [Internet]. 2024 [cited 2025 Feb 12]. Available from: https://cancerregistry.fi/statistics/cancer-in-finland/

23. Malila NJ, Pitkäniemi J, Hermiö E, Johansson S, Seppä K, Toikkanen S. Lung cancer report. Statistical report on the quality of lung cancer care. Helsinki: Suomen Söpäyhdistys; 2024. Finnish. Available from: https://syoparekisteri.fi/assets/files/2024/12/Keuhkosyopa_Suomessa.pdf

24. Neurocenter Finland. Advancing personalized medicine through new collaborative project [Internet]. 2025 [cited 2025 Feb 12]. Available from: https://fican.fi/en/advancing-personalized-medicine-through-new-collaborative-project/

25. Akashanand, Zahiruddin QS, Jena D, Ballal S, Kumar S, Bhat M, et al. Burden of oral cancer and associated risk factors at national and state levels: a systematic analysis from the global burden of disease in India, 1990–2021. Oral Oncology. 2024;159:107063.

26. Sathishkumar K, Chaturvedi M, Das P, Stephen S, Mathur P. Cancer incidence estimates for 2022 & projection for 2025: result from National Cancer Registry Programme, India. Indian J Med Res. 2022;156(4&5):598-607.

27. Ministry of Health and Family Welfare, Government of India. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke: operational guidelines [Internet]. 2013 [cited 2025 Jan 20]. Available from: https://mohfw.gov.in/sites/default/files/Operational%20Guidelines%20of%20NPCDCS%20%28Revised%20-%202013-17%29_1.pdf

28. Saji E, Mathew A. Legislation on cancer notification in India: current status. Lancet Reg Health Southeast Asia. 2024;21:100356.

29. Srinivas V, Herbst De Cortina S, Nishimura H, Krupp K, Jayakrishna P, Ravi K, et al. Community-based mobile cervical cancer screening program in rural India: successes and challenges for implementation. Asian Pac J Cancer Prev. 2021;22(5):1393-400.

30. Ministry of Health, Government of Myanmar. Myanmar National Comprehensive Cancer Control Plan 2017-2021. Naypyidaw; Government of Myanmar; 2016. Available from: https://www.iccp-portal.org/system/files/plans/MMR_B5_NCCP_15_Jul_2016%20total-2%20MK_full.pdf

31. Myanmar introduces cervical cancer vaccine nationally, despite COVID-19 challenges [Internet]. 2020 [cited 2025 Jan 6]. Available at: https://www.gavi.org/news/media-room/myanmar-introduces-cervical-cancer-vaccine-nationally-despite-covid-19-challenges

32. Opie C, Shwe KM. Improvements in radiation therapy services in Myanmar: 2012-2020. J Med Imaging Radiat Oncol. 2021;65(4):445-53.

33. Earl-Royal E, Feltes M, Gisondi MA, Matheson L, Htoo MOT, Walker R. Physicians in Myanmar provide palliative care despite limited training and low confidence in their abilities. Palliat Med Rep. 2020;1(1):314-20.

34. ACTION Study Group. Policy and priorities for national cancer control planning in low- and middle-income countries: lessons from the Association of Southeast Asian Nations (ASEAN) Costs in Oncology prospective cohort study. Eur J Cancer. 2017;74:26-37.

35. Krugman A. In Myanmar, health care has become a battleground [Internet]. 2024 [cited 2025 Jan 6]. Think Global Health. Available from: https://www.thinkglobalhealth.org/article/myanmar-health-care-has-become-battleground

36. Altaf U, Nanda S. Border closures and intensifying conflict worsen Myanmar's healthcare crisis [Internet]. The New Humanitarian. 2024 [cited 2025 Jan 6]. Available from: https://www.thenewhumanitarian.org/photo-feature/2024/08/21/border-closures-and-intensifying-conflict-worsen-myanmar-healthcare

37. Thit H. Denial of medical treatment caused 17 Myanmar political prisoners' deaths in 2023 [Internet]. Myanmar Now. 2024 [cited 2025 Jan 6]. Available from: https://myanmar-now.org/en/news/denial-of-medical-treatment-caused-17-myanmar-political-prisoners-deaths-in-2023/

38. Global Cancer Observatory, International Agency for Research on Cancer. Nepal fact sheet [Internet]. 2022 [cited 2025 Feb 14]. Available from: https://gco.iarc.who.int/media/globocan/factsheets/populations/524-ne-

BACK TO CONTENTS

World Medical Journal

pal-fact-sheet.pdf

39. Gyawali B, Sharma S, Shilpakar R, Dulal S, Pariyar J, Booth CM, et al. Overview of delivery of cancer care in Nepal: current status and future priorities. JCO Glob Oncol. 2020;6:1211-7.

40. International Cancer Control Partnership. Nepal Cancer Control Strategy 2024-2030 [Internet]. ICCP Portal. 2024 [cited 2025 Feb 14]. Available from: https://www.iccp-portal.org/news/nepal-cancer-control-strategy-2024-2030

41. The Kathmandu Post. HPV vaccination campaign extended in low-uptake areas [Internet]. 2025 [cited 2025 Feb 14]. Available from: https://kathmandupost.com/health/2025/02/18/hpv-vaccination-campaign-extended-in-low-uptake-areas

42. World Health Organisation. WHO and UNICEF welcome first delivery of essential childhood cancer medicines to Nepal under Global Platform Initiative [Internet]. 2025 [cited 2025 Feb 14]. Available from: https://www.unicef.org/nepal/press-releases/who-and-unicef-welcome-first-delivery-essential-childhood-cancer-medicines-nepal

43. World Health Organisation. World Cancer Day observed with focus on public awareness and multisectoral collaboration [Internet]. 2025 [cited 2025 Feb 14]. Available from: https://www.who.int/nepal/news/detail/04-02-2025-world-cancer-day-observed-with-focus-on-public-awareness-and-multisectoral-collaboration

44. Daiichi Sankyo Company. Nepal's breast and cervical cancer screening initiatives [Internet]. n.d. [cited 2025 Feb 14]. Available from: https://www.daiichisankyo.com/sustainability/access_to_healthcare/capability/in_nepal

45. Marie Stopes Nepal. Providing mobile outreach services across Nepal [Internet]. n.d. [cited 2025 Feb 14]. Available from: https://mariestopes.org.np/about-us/outreach-clinics/

46. World Health Organisation. Cancer country profile: Pakistan [Internet]. 2020 [cited 2025 Jan 15]. Available from: https://www.who.int/cancer/country-profiles/en/

47. Cancer statistics in Pakistan from 1994 to 2021: data from the National Cancer Registry [Internet]. 2022 [cited 2025 Jan 15]. Available from: https://ascopubs.org/doi/10.1200/CCI.22.00142

48. Pink Ribbon Pakistan. Annual Report 2024 [Internet]. Karachi: Pink Ribbon Pakistan; 2024 [cited 2025 Jan 15]. Available from: https://www.pinkribbon.org.pk/

49. Maqsood B, Zeeshan MM, Rehman F, Aslam F, Zafar A, Syed B, et al. Breast cancer screening practices and awareness in women admitted to a tertiary care hospital of Lahore, Pakistan. J Pak Med Assoc. 2009;59(6):418-21.

50. Sehat Kahani. Sehat Kahani Annual Report, June 2023 to June 2024 [Internet]. Karachi: Sehat Kahani; 2024 [cited 2025 Jan 15]. Available from: https://sehatkahani.com/sehat-kahani-annual-report-june-2023-june-2024/

51. Columbres RC, Feliciano EJG, Catedral LI, Zaldarriaga JMH, Eala MAB, Flores JA, et al. Financial sequelae of cancer for patients' family members and caregivers: a focus on the Philippines. JCO Glob Oncol. 2024;10:e2400074.

52. Philippine Cancer Center, Department of Health. National Integrated Cancer Control Act: a bold step towards combating cancer [Internet]. 2023 [cited 2025 Feb 14]. Available from: https://philcancercenter.gov.ph/ra-11215/

53. World Health Organisation. DOH, WHO launch 2024-2028 National Integrated Cancer Control Program (NICCP) Strategic Framework [Internet]. 2024 [cited 2025 Feb 14]. Available from: https://www.who.int/philippines/news/detail/14-02-2024-doh--who-launch-2024-2028-national-integrated-cancer-control-program-(niccp)-strategic-framework

54. Philippine Society of Medical Oncology. World Cancer Day 2025: join the movement for timely cancer care [Internet]. 2025 [cited 2025 Feb 14]. Available from: https://psmo.org.ph/world-cancer-day-2025-join-the-movement-for-timely-cancer-care/

55. Glasgow L, Lewis R, Charles S. The cancer epidemic in the Caribbean region: further opportunities to reverse the disease trend. Lancet Reg Health Am. 2022;13:100295.

56. Warner WA, Lee TY, Badal K, Williams TM, Bajracharya S, Sundaram V, et al. Cancer incidence and mortality rates and trends in Trinidad and Tobago. BMC Cancer. 2018;18(1):712.

BACK TO CONTENTS

World Medical Journal

57. Ministry of Health, Government of the Republic of Trinidad and Tobago. Cancer care and treatment [Internet]. n.d. [cited 2025 Feb 23]. Available from: https://health.gov.tt/services/cancer-care-and-treatment

58. Ministry of Health, Government of the Republic of Trinidad and Tobago. National Strategic Plan for the Prevention and Control of Non Communicable Diseases: Trinidad and Tobago 2017 – 2021. Port of Spain; Trinidad and Tobago Ministry of Health; 2017. Available from: https://health.gov.tt/national-strategic-plan-for-the-prevention-and-control-of-non-communicable-diseases-trinidad-and

59. Reece-Mills M, Baxter JB. The SickKids Caribbean Initiative to improve care for children with cancer and blood disorders. Rev Panam Salud Publica. 2023;47:e130.

60. General Directorate of Health Information System, Türkiye Ministry of Health. Health statistics yearbook 2023. 2025 [cited 2025 Feb 4]. Ankara: Government of Türkiye; 2025. Turkish. Available from: https://dosyasb.saglik.gov.tr/Eklenti/50208/0/siy2023ingilizce31012025pdf.pdf

61. General Directorate of Public Health, Türkiye Ministry of Health. Turkey cancer statistics 2018. 2022 [cited 2025 Feb 4]. Ankara: Government of Türkiye; 2022. Turkish. Available from: https://hsgm.saglik.gov.tr/depo/birimler/kanser-db/Dokumanlar/Istatistikler/Kanser_Rapor_2018.pdf

62. Turkish Statistical Institute (TURKSTAT). Death statistics, 2018. 2019 [cited 2025 Feb 4]. Ankara: Government of Türkiye; 2019. Turkish. Available from: https://data.tuik.gov.tr/Bulten/Index?p=Olum-Nedeni-Istatistikleri-2018-30626

63. World Health Organisation. Türkiye fact sheet [Internet]. 2024 [cited 2025 Feb 4]. Available from: https://gco.iarc.who.int/media/globocan/factsheets/populations/792-turkiye-fact-sheet.pdf

64. General Directorate of Health Information System, Türkiye Ministry of Health. Türkiye cancer control program. 2021 [cited 2025 Feb 4]. Ankara: Government of Turkey; 2021. Turkish. Available from: https://hsgm.saglik.gov.tr/depo/birimler/kanser-db/Dokumanlar/Raporlar/17.Agustos_2021_Kanser_Kontrol_Programi_versiyon-1.pdf

65. World Health Organisation. Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: WHO; 2020. Available from: https://www.who.int/publications/i/item/9789240014107

66. World Health Organisation. Model list of essential medicines, 23rd list. Geneva: WHO; 2023. Available from: https://iris.who.int/bitstream/handle/10665/371090/WHO-MHP-HPS-EML-2023.02-eng.pdf?sequence=1

67. Euronews. Türkiye'de asgari ücret çalışanlar için giderek ortalama ücret haline geliyor [Internet]. Euronews. 2023 [cited 2025 Feb 4]. Turkish. Available from: https://tr.euronews.com/business/2023/12/10/turkiyede-asgari-ucret-calisanlar-icin-giderek-ortalama-ucret-haline-geliyor

68. Piñeros M, Laversanne M, Barrios E, Cancela MC, de Vries E, Pardo C, et al. An updated profile of the cancer burden, patterns and trends in Latin America and the Caribbean. Lancet Reg Health Am. 2022;13:100294.

69. Comisión Honoraria de Lucha Contra el Cáncer. Situación epidemiológica del Uruguay en relación al cáncer, 2024. 2024 [cited 2025 Feb 10]. Spanish. Available from: https://www.comisioncancer.org.uy/Ocultas/Situacion-Epidemiologica-del-Uruguay-en-relacion-al-Cancer--2024-uc108

70. Reich M, Buki LP. Colorectal cancer screening in Uruguay: current assessment and roadmap for the future. Psicol Reflex Crit. 2021;34(1):20.

71. Ministry of Health, Government of Uruguay. Guía de práctica clínica de prevención de cáncer de cuello de útero. 2024 [cited 2025 Feb 10]. Spanish. Available from: https://www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/guia-practica-clinica-prevencion-cancer-cuello-utero

72. Ministry of Health, Government of Uruguay. Guía de práctica clínica de prevención de cáncer colorrectal [Internet]. 2024 [cited 2025 Feb 10]. Spanish. Available from: https://www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/guia-practica-clinica-prevencion-cancer-colorrectal

73. Ministry of Health, Government of Uruguay. Guía de práctica clínica para la detección precoz del cáncer de mama [Internet]. 2024 [cited 2025 Feb 10]. Spanish. Available from: https://www.gub.uy/ministerio-salud-publi-

BACK TO CONTENTS

World Medical Journal

ca/comunicacion/publicaciones/guia-practica-clinica-para-deteccion-precoz-del-cancer-mama

74. Herbst RS, Blumenthal G, Khleif SN, Lippman SM, Meropol NJ, Rosati K, et al. Optimizing public private partnerships to support clinical cancer research. J Natl Cancer Inst. 2024:djae279.

75. Fitch MI, Coronado AC, Schippke JC, Chadder J, Green E. Exploring the perspectives of patients about their care experience: identifying what patients perceive are important qualities in cancer care. Support Care Cancer. 2020;28(5):2299-309.

76. Sanders JJ, Dubey M, Hall JA, Catzen HZ, Blanch-Hartigan D, Schwartz R. What is empathy? Oncology patient perspectives on empathic clinician behaviors. Cancer. 2021;127(22):4258-65.

Authors

***Dilip Kumar Acharya**, MBBS, MS(Surgery), FMAS*
Chairman, National Cancer and Tobacco Control Committee, Indian Medical Association
Indore, India

***Damion Basdeo**, MBBS, MRCP (UK), Acute Medicine SCE (UK)*
Internal Medicine, Registrar
Department of Internal Medicine
Sangre Grande Hospital Campus, Sangre Grande
Trinidad and Tobago, West Indies

***Dilip Bhanushali**, MBBS*
National President, Indian Medical Association
New Delhi, India

***Maria Minerva Calimag**, MD, MSc, PhD*
Departments of Pharmacology and Clinical Epidemiology, Faculty of Medicine and Surgery, University of Santo Tomas
Immediate Past President, Philippine Medical Association
Manila, Philippines

***Helena Chapman**, MD, MPH, PhD*
Milken Institute School of Public Health, George Washington University
Washington DC, United States

***Maymona Choudry**, MD, MPH*
School of Medicine, Ateneo de Zamboanga University, Zamboanga City, Philippines
Basilan Medical Center, Basilan, Philippines

***Kevon Dindial**, MBBS, DM*
Paediatrics, Subspeciality Affiliate (Paediatric Haematology/Oncology)
Consultant Paediatric Haematologist/Oncologist, Department of Paediatrics, Eric Williams Medical Sciences Complex, San Juan, Trinidad and Tobago, West Indies

***Sarbari Dutta**, MBBS, MD*
Hony. Secretary General, Indian Medical Association
New Delhi, India

***Nihan Eren**, MD*
Medical Oncology Fellow and Internal Medicine Specialist, Istanbul University Oncology Institute
Istanbul, Türkiye

***Jorge Alberto Iapichino**, MD*
President, Confederación Médica de la República Argentina (COMRA)
Buenos Aires, Argentina

***Krishna Jasani**, MBBS, MD (Community Medicine)*
Department of Community and Family Medicine, All India Institute of Medical Sciences (AIIMS)
Rajkot, Gujarat, India

***Jay Bhushan Jha**, MBBS, MD*
Clinical Research Officer, Nepal Medical Association
Kathmandu, Nepal

***Anil Bikram Karki**, MBBS, MS*
President, Nepal Medical Association
Kathmandu, Nepal
Senior ENT Consultant, B. P. Koirala Memorial Cancer Hospital
Bharatpur, Nepal

***Mervi Kattelus**, LL.M*
Health Policy Advisor, Finnish Medical Association
Helsinki, Finland

***Naila Jamal Khattak**, MBBS*
Clinical Teaching Fellow, CMH Multan Institute of Medical Sciences
Associate Member, WMA Pakistan
Multan, Punjab, Pakistan

***Niina Koivuviita**, MD,*
Specialist in Internal Medicine and Nephrology
President, Finnish Medical Association
Helsinki, Finland

***Pinar Saip**, MD*
Vice President, Turkish Medical Association
Professor of Medical Oncology, Istanbul University Oncology Institute
Istanbul, Türkiye

BACK TO CONTENTS

World Medical Journal

***Noelia Silveyra**, MD*
Secretary General,
Sociedad de Oncología Médica
y Pediátrica del Uruguay
Assistant Professor,
Department of Medical Oncology,
Universidad de la República
Montevideo, Uruguay

***Ana María Soleibe Mejía**, MD*
President, Federación
Médica Colombiana
Bogota, Colombia

***Sanjeeb Tiwati**, MBBS, MD*
General Secretary, Nepal
Medical Association
Assistant Professor, Department
of General Practice, Tribhuvan
University Teaching Hospital
Kathmandu, Nepal

***Wunna Tun**, MBBS, MD*
Fellow, Medical Education
JDN Secretary
Yangon, Myanmar

BACK TO CONTENTS