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JUNIOR DOCTORS NETWORK

empowering young physicians to work together towards a healthier world through advocacy, education, and international collaboration

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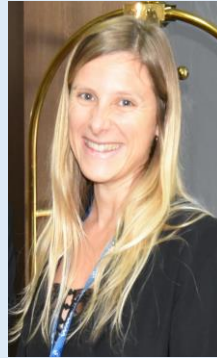
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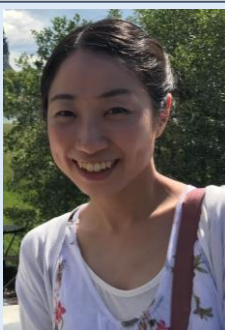
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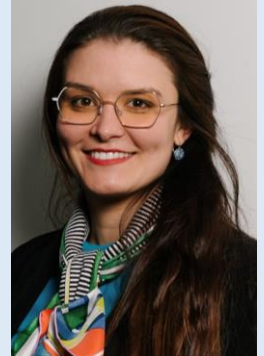
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Words from the Chair

[Audrey Fontaine](#), MD
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World Medical Association



Dear colleagues from around the world,

I am enthusiastic to share this April 2020 issue of the *Junior Doctors Network (JDN) Newsletter* with junior doctors across the world! This high-quality resource provides opportunities for junior doctors to share their global health activities and leadership in their countries and region.

Under the World Medical Association (WMA)'s continuous support and tutelage, we have become a strong voice for junior doctors around the world. The JDN serves as a platform where junior doctors can share their professional experiences, discuss perspectives and practices, and develop more in-depth understanding of global health issues.

Over the last decade, our network has expanded, offering leadership activities within diverse JDN working group activities and at national and international conferences and meetings. JDN members have shared their expertise in WMA activities, where they work within the Associate Member groups, comment on WMA policies, and collaborate with the WMA Secretariat on emerging health topics. They also ensure external representation at conferences (e.g. Prince Mahidol Award Conference) and meetings (e.g. World Health Organization Executive Board) as well as connect with other health professional groups.

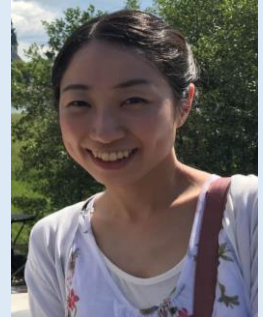
Now more than ever, the JDN serves as a crucial asset for COVID-19 response efforts. JDN members continue to communicate via email and virtual platforms like Slack, WhatsApp, and GoToMeeting, in order to express support and share information of clinical practices. As junior doctors, we must protect our physical and mental health as we manage excessive workloads and potential knowledge gaps in workplace responsibilities. Therefore, I would like to thank you for your strong commitment and encourage you to prioritize your health and well-being.

Looking forward to hearing from you on these virtual platforms! We look forward to seeing you in Spain in October!

Enjoy your reading,
Audrey

Words from the Communications Director

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Dear colleagues,

It is my pleasure to welcome you to the 18th issue of the *Junior Doctors Network (JDN) Newsletter*.

Supported by the World Medical Association (WMA), the JDN provides an international platform, where JDN members share their passion and enthusiasm to enhance medical practices and support global health initiatives. In October 2020, the JDN will be celebrating the 10th year anniversary, where the JDN has expanded membership and broadened the scope of activities and working groups. JDN members have shared their leadership through the delivery of policy statements at WMA and World Health Assembly (WHA) meetings, coordination of monthly JDN meetings, and preparation of biannual *JDN Newsletters*. These activities offer insight into junior doctors' scientific perspectives, allow exchanges of encountered challenges in the clinical or community setting, and foster ongoing collaborations.

To learn more information about JDN activities and updates, please visit the new JDN social media accounts (**Figure 1**).

Social Media	Resource
Official	https://www.wma.net/junior-doctors/
Mailing List	https://goo.gl/forms/jCP774K1fdLloWj1
Twitter	@WmaJdn
Facebook	WMA JDN
Instagram	wma_jdn

Figure 1. List of JDN social media resources.

Thanks to our wonderful JDN Publications Team, led by Dr Helena Chapman, for preparing this outstanding 18th issue of the *JDN Newsletter*. We hope that these high-quality articles by JDN members will stimulate your inspiration and provoke discussions among your colleagues.

We look forward to your active participation in our JDN activities!

Sincerely,
 Maki

Words from the Publications Director

[Helena Chapman](#), MD MPH PhD
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Dear JDN colleagues,

On behalf of the Publications Team (2019-2020) of the Junior Doctors Network (JDN), we are honored to present and share the 18th issue of the *JDN Newsletter* to junior doctors across the world.

As we have entered the new 2020 decade, we aim to leverage our JDN momentum to go beyond our previous accomplishments. Over the past four months, we have published the 17th issue of the *JDN Newsletter*, marking the first collaboration with the Medical Ethics Working Group. This *JDN Newsletter* Special Edition issue, published in March 2020, provided perspectives on diverse medical ethics topics from junior doctors from Dominican Republic, France, India, Korea, Mexico, and South Africa.

Now, we share the 18th issue of the *JDN Newsletter*, which includes articles from junior doctors from Brazil, Canada, Dominican Republic, France, Germany, Greece, Ireland, Japan, Malaysia, Nigeria, and Republic of Korea. These reports disseminate updates on JDN activities, scientific perspectives on global topics, and reflections on community health experiences.

The *JDN Newsletter* represents an indispensable international platform for the global community of junior doctors. Junior doctors can prepare articles that highlight their global health activities, inspire other junior doctors across the world, and strengthen communication between World Medical Association (WMA) and JDN members. This open dialogue can foster collaborations among junior doctors, which can lead to improved approaches to understand risks that directly influence health and well-being of all community members.

We wish to recognize the enthusiasm and dedicated efforts of all editors of the JDN Publications Team 2019-2020 as we finalized this 18th issue. We appreciate the continued support of the JDN Management Team and WMA leadership for the dissemination of this important junior doctors' resource. We hope that you enjoy learning from junior doctors' experiences in this 18th issue!

Together in health,
Helena

Public Health Doctors in the Republic of Korea Lead COVID-19 Response Efforts

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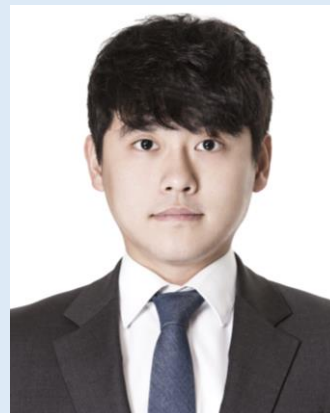


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In the Republic of Korea, four cases of the coronavirus disease 2019 (COVID-19) were confirmed on January 27, 2020, and additional cases were reported over the following three weeks. On February 21, 2020, a significant COVID-19 outbreak occurred in the southeastern metropolitan city of Daegu, causing a surge in confirmed cases. The Ministry

of Health promptly applied strict containment and mitigation strategies across the country, which were informed by lessons learned during the Middle East Respiratory Syndrome (MERS) outbreak in 2015. One month after this national action, daily reports of new confirmed cases fell below 100, and continue to fall below 50 (1). By April 18, 2020, there were 10,653 confirmed COVID-19 cases and 232 deaths, with an estimated mortality rate of 2.2% (1).

These successful rapid response and quarantine efforts of the COVID-19 outbreak, coordinated by the Republic of Korea, have received global attention.

As the scientific community continues to learn more about viral transmission, global citizens are interested in regular updates regarding the development of rapid diagnostic methods, immune response, and call to action for essential workers. Hence, without junior doctors in the Republic of Korea, especially the network of public health doctors (PHDs), these national response efforts would have significant limitations.

Role of Public Health Doctors

PHDs are public officials engaging in public health practices of communities and public institutions, in lieu of the three-year mandatory service required of all Korean male doctors.

Of the PHDs, an estimated 60% just completed medical school, 20% finished their internship year, and 20% became PHDs immediately after their medical residency. They are junior doctors – or doctors within 10 years of their medical graduation – around 20 to 30 years old, serving as invaluable human resources in the public sector of the Korean healthcare system.

During the COVID-19 outbreak, PHDs have been working across all levels of the national quarantine system. Although the majority of PHDs practice at local healthcare centers, they concurrently work at screening centers where patients with suspected COVID-19 infections are evaluated (**Photo 1**). Some PHDs work as Epidemic Intelligence Service (EIS) officers at airports, seaports, local governments, and the central quarantine

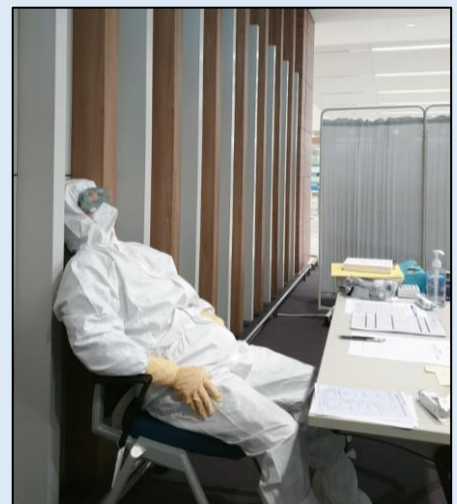


Photo 1. An overworked Public Health Doctor at the quarantine office.
Credit: Dr Seungho Yang.

headquarter at the Korea Centers for Disease Control (KCDC). Hence, the national quarantine system relies on PHDs, considering that 229 (42%) of the 548 screening centers nationwide have been established in healthcare centers, run by more than 2,000 PHDs, and that nearly all EIS officers in local governments are PHDs (2).

Role of the Korean Association of Public Health Doctors

While the tremendous effort of PHDs should be recognized, the role that the Korean Association of Public Health Doctors (KAPHD) played as a network of junior doctors may have implications for other countries. Although not every country has a reserve force of doctors dedicated to public service like PHDs, every country can support a national network of junior doctors, which can benefit both doctors and patients.

In efforts to support the COVID-19 response efforts, KAPHD has actively supported PHDs, nurses, and paramedics in five specific actions. First, with initial widespread confusion about the coordination of logistics and protocol for infection prevention and control practices, KAPHD prepared manuals on operational guidelines for screening centers and epidemiologic investigations and disseminated videos on how to obtain a nasopharyngeal swab specimen and appropriately use personal protective equipment (PPE). These KAPHD resources supported PHDs as they strengthened their infection control practices, maximized speed and efficiency of conducting diagnostic tests, and educated patients on accurate healthcare information.

Second, KAPHD invested efforts to ensure the health, safety, and well-being of PHDs. Continuous and close communications were made with government and congressmen of the National Assembly to confirm that PPEs were provided to PHDs without any shortage or delay. KAPHD received donations, purchased protective masks, face shields, and disposable gloves, and distributed these resources to every PHD. These collective actions resulted in no reported COVID-19 cases among PHDs.

Third, communication channels with leaders and policy makers of the government and National Assembly were not a novel development in light of the COVID-19 pandemic. Over the past years, KAPHD had established relationships with the Korean Medical Association and participating fora with political parties, by presenting evidence-based reports and findings on emerging healthcare issues to regional governments. These efforts stemmed from the lessons learned during the previous outbreaks of severe acute respiratory syndrome (SARS) in 2002, swine flu in 2009, and MERS in 2015, when PHDs were not supported and respected in their clinical roles on the frontline.

Fourth, KAPHD organized and facilitated communication among PHDs through the organizational website as well as mobile group chats. These communication channels have been crucial to effectively and quickly solve problems and meet the needs of PHDs as they work across different clinical capacities and locations related to the COVID-19 response efforts.

Fifth, KAPHD has disseminated educational resources to enhance public awareness about COVID-19 as an important mitigation strategy. KAPHD created YouTube videos and posters, encouraging community members to use protective masks, practice social distancing, and support widespread efforts to curb COVID-19 transmission. They also collaborated with healthcare start-up companies and influential YouTuber stars to expand the dissemination of these educational resources.

Importance of Junior Doctors' Leadership

Since approximately 90% of PHDs form part of the KAPHD, this strong network of junior doctors in the Republic of Korea has demonstrated significant leadership efforts to reduce COVID-19 transmission across the country. Although the COVID-19 pandemic has not ended yet, now is the time to strengthen this network of junior doctors, prepare for the next pandemic, and build a sustainable healthcare system. As junior doctors, we should have an active role in community health efforts and ensure that we contribute our perspectives on major health policy topics to health leaders and other decision-makers.

Through a global coalition, national networks of junior doctors can share administrative, epidemiologic, and clinical experiences and resources. As recommended by the World Medical Association, the wider community should be *"alert to the threat of emerging disease outbreaks and ready to respond with a global strategy"* (3).

Korean PHDs learned an important lesson from the COVID-19 response efforts: Junior doctors need to proactively stand up as national and international leaders and promote prompt and appropriate interventions that protect community health.

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Greek Junior Doctors: Perspectives of Pursuing a Career in Medicine and the Brain Drain Phenomenon

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Pursuing a medical career in Greece has never been an easy task for medical students and junior doctors.

The fundamental choice of an individual to become a doctor consists of a continuous struggle that combines long hours of studying, furious competition with classmates and colleagues, exhausting working hours, challenging workplaces, high levels of stress, sleep deprivation, and frequent poor work-life balance.

In recent years, the rising number of physicians and their unequal distribution over the various geographic regions and medical specialties, as well as the *brain drain phenomenon* during the Greek economic crisis (2009-2019), has become a major concern for health policy in Greece (1). The process of choosing the right profession, as well as following the correct career path, has puzzled various scientific fields (e.g. economists, psychologists, sociologists). This has resulted in the development of numerous theories, such as the theory of characteristics and factors, chance theory, economic theories, social learning theories, evolution theories, sociological theories, and the theory of career development, as referred by Brown et al. (2).

Junior Doctors' Network-Hellas (JDN-Hellas) has recently presented the mid-term results of a nationwide study, initiated in 2015, focusing on junior doctors and medical students. A junior doctor was defined as an individual who graduated from medical school within the last 15 years.

This study aimed to find and present the current and future views and perspectives of young medical professionals in regards to choosing medicine as their future career (3).

To date, this study has included a total of 112 respondents, comprising of 46% male and 54% female, who were between 18-44 years old. Of the sample, 49% were resident hospital doctors, 23% were recently specialized doctors, 8% were medical graduates awaiting their residency program, 2% were rural service doctors, and 18% were medical students.

The first objective was to examine the views and perceptions of junior doctors and medical students regarding their selection of medicine as their career. About one-third (30%) of respondents were very satisfied with choosing medicine as a career path, almost half (48%) were satisfied, 6% were neutral, 12% were dissatisfied, 2.7% were very dissatisfied, and 0.6% were rethinking their career choice. After specialization, the majority (85%) of respondents said that they would practice medicine as clinicians, 4% would work as managers, 7% as researchers, 1% in a different profession, 1% in public health, and 1% in medical education.

The second objective was to describe the views and perceptions of junior doctors and medical students regarding their future career in medicine within the next 15 years. A total of 32% of respondents believed that they would be ready to work in their own private practice, 21% would be ready to work as specialists at a public or private hospital, 36% would prefer to practice medicine with a group of doctors, 10% would prefer additional supervision, and 1% would definitely need additional supervision. Of those who planned to work in Greece after specialization, about half (52%) of respondents stated that they would choose Attica (greater Athens metropolitan area), 24% Central Macedonia (Thessaloniki metropolitan area), 10% Western Greece, 8% South Aegean, 3% Northern Aegean, and 3% Eastern Macedonia-Thrace.

Study findings showed that 44% of participants would prefer to work in the public sector, whereas 56% would prefer to work in the private sector. Factors that determined their future choice of workplace included salary, professional standards, workplace quality, workload, size (e.g. city, town, village), access to special equipment, collaboration with competent colleagues, and access to “hard” or demanding patient cases (**Figure 1**).

Additionally, workload and work-life balance were conceived differently by junior doctors. Study findings illustrated that more than 50% of respondents believed that the workload of internal medicine, surgery, and anesthesiology residents was considered heavy, while 43% believed that general practice residents faced a more reasonable workload. Work-life balance ratios also varied among different specialties (**Figure 2**).

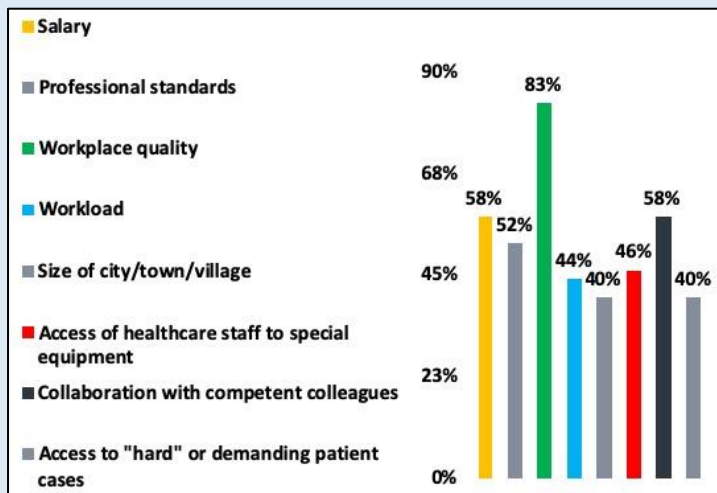


Figure 1. Factors influencing how junior doctors choose their future workplace. Source: Louis, 2018.

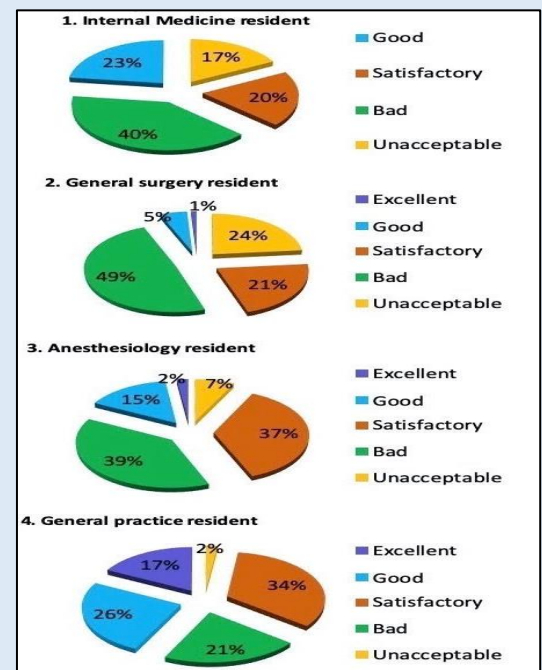


Figure 2. Medical residents responded about their perception of work-life balance. Source: Louis, 2018.

Finally, the majority (72%) of participants stated that they were willing to leave Greece and work abroad as junior specialists, with 34% of them choosing the United Kingdom, 20% Germany, 12% Sweden, 8% the United States, 6% France, and 20% another country in Europe, Asia, and Oceania.

Based on study findings and other recent studies (4,5), researchers have identified that Greece is currently experiencing a massive *brain drain phenomenon*. This phenomenon can be described when thousands of young generations of medical professionals decide to leave the country, after finishing their specialization, to live and work abroad, mainly to western and northern European countries, where salaries are higher, living costs are reasonable, and work-life balance is better than back home (6). The Greek State, unfortunately, has not taken concrete nor effective measures to counteract this massive loss of new health specialists. This has led to poor working conditions in hospitals and health centers, rising rates of violence and harassment against medical professionals, and deterioration in the quality of health services offered to the population, especially in underserved areas.

As a call to action, Greek health authorities must support medical education and training programs, which can encourage physicians to practice in public and private sectors across Greek communities.

As health leaders, physicians can identify gaps in health care service delivery that require future interventions and join forces with decision-makers towards the common goal of achieving universal health coverage in Greece.

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Current Challenges of Diabetes in Low-income Countries: Focus on Sub-Saharan Africa

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Diabetes is considered to be one of the fastest growing health challenges of this century. Global statistics have reported that the estimated number of adults (aged 20-79) living with diabetes has increased from 151 million in 2000, 285 million in 2009, and 463 million in 2019 (1). The prevalence of diabetes in adults is highest in high-income countries (10.4%) and middle-income countries (9.5%), when compared to low-income countries (4%) (1). As the prevalence of diabetes is expected to increase in all countries over the next 25 years, middle-income countries are projected to experience the largest disease burden (2).

Sub-Saharan Africa (SSA) had the lowest age-adjusted prevalence of diabetes (4.7%) in 2019, which was attributed to lower levels of urbanization as well as lower rates of being overweight and obese (2). Additionally, this low prevalence of diabetes may be due to a high proportion of adults with undiagnosed diabetes (66.8%), associated with delaying medical care for appropriate diagnosis (1). For example, in the Democratic Republic of the Congo, rural citizens often seek medical care at traditional healers, which can hinder prompt medical evaluation, diagnosis, and management to prevent long-term complications.

The developing world continues to experience two societal transitions.

First, the *nutrition transition* refers to evidence that the structure of dietary intake and prevalence of obesity have been changing rapidly over the past 15 years (3). Second, the *epidemiological transition* describes the high prevalence of infectious diseases that shifts to chronic and degenerative diseases. These transitions are associated with the adoption of urban-industrial lifestyles, characterized by a diet with a high intake of meat, sugar sweetened beverages, partially hydrogenated fats, and a lower intake of fiber, fruits, and vegetables (3,4).

Example: Democratic Republic of the Congo

The Saint Paul Health Facility, located in the eastern town of Uvira, created the diabetic service in January 2000. To date, this service has registered a total of 3,743 patients who reside in three different administrative zones. Each year, clinic staff provide follow-up to more than 1,780 patients and register 15 new cases each month. Of the total clinic population, 65% of patients have long-term complications of diabetes such as retinopathy, nephropathy, peripheral neuropathy, and diabetic foot. These debilitating health complications, which reduce quality of life and can lead to premature death, are linked to two challenges in this population. First, health care workers utilize blood glucose levels (via glucometer), rather than glycated hemoglobin (HbA1c) levels, to diagnose and monitor diabetes in patients. Second, health facilities lack necessary equipment to detect early signs of potential diabetes complications.

Over the last 20 years, there have been widespread regional efforts to reduce the burden of diabetes and related complications and improve quality of life.

However, little progress has been reported, due to weak health care infrastructure and budget, poor working conditions for health care workers, and lack of health care coverage for diabetes care. In fact, diabetes care requires out-of-pocket expenditure by patients, which affects the economic stability of citizens.

For World Diabetes Day 2019, health care workers and medical students at the Saint Paul Health Facility collaborated to coordinate diabetes screenings for the Uvira community (**Photos 1-2**). After screening a total of 460 community members, they diagnosed 9% with impaired tolerance glucose and 15% with diabetes. Among the 15% diagnosed with diabetes, 59% had undiagnosed diabetes. The prevalence of impaired tolerance glucose and undiagnosed diabetes matches the prevalence estimates (9% and 59.7%, respectively) in Africa, reported by the International Diabetes Federation in 2019 (1,2).



Photo 1. Dr Vandrome Nakundi and medical students coordinated diabetes screening for the Uvira community on World Diabetes Day 2019.
Credit: Joel Kapuku.



Photo 2. Medical students educated patients about diabetes on World Diabetes Day 2019.
Credit: Dr Billy Nguza.

Junior doctors can provide a powerful voice to raise awareness for the importance of diabetes prevention and education and dispel myths.

Moving forward, strong leadership by health leaders is essential to achieve universal health care for all patients, especially for diabetes patients. Primary health care physicians – and especially junior doctors in SSA – can encourage community members to change their lifestyle behaviors through proper nutrition and increased physical activity. These collective efforts can offer prompt and appropriate patient care for acute conditions as well as prevent potential long-term complications.

Dr Dario Rahelić, Chair of the International Diabetes Federation's Young Leaders in Diabetes Programme, from 2016 to 2019, stated: *"We cannot give to others without being affected positively ourselves. And this is the secret of giving: when we make the world better for others, you make the world better for ourselves."*

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Role of Junior Doctors' Groups in Trainee-led Research Collaborations

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Trainee-led research collaboration refers to when trainees, resident doctors, early career doctors or junior doctors lead, design, and implement research and then disseminate their study findings (1, 2). These studies can be multicentred and may be audits, cohort studies, randomised clinical trials, systematic reviews, and metanalyses.

This concept was pioneered by surgical trainees at the West Midlands Research Collaborative in the United Kingdom. This model is now widespread and well entrenched in the United Kingdom, with over 30 trainee-led research projects in different specialties. Other countries, such as Canada and the United States, have also developed these trainee-led research collaborations. In Nigeria, the first was established in 2018, which pioneered the "Challenges of Residency Training, and Early Career Doctors (ECDs) in Nigeria" (CHARTING) study (3,4).

Interestingly, these collaborations are initiated and driven by the enthusiasm of trainees themselves. It is necessary to distinguish trainee research collaborations from trainee-led research collaborations. The first trainee research collaboration was reported to be a two-year study of measles, conducted in 1986 by general practitioner trainees, which was initiated and coordinated by the Essex faculty of the Royal College of General Practitioners (5). This project demonstrated the capacities, competence, and enthusiasm of junior doctors to organise themselves to undertake large-scale and rigorous research studies. The success of such arrangement driven from faculty may have prompted the first reported trainee-led research collaboration of multicentred studies in 2007 by West Midlands Research Collaborative.

The junior doctor/trainees' group serves as a robust platform to galvanise interests and provide the necessary support for this initiative (6).

The group can initiate the formation of these research collaborations, such as the Research Collaboration Network in Nigeria, which was prompted by the Nigerian Association of Resident Doctors (NARD) (3). They serve as veritable source of funding and logistics support, especially in many low- and middle-income countries, where there is paucity of research grant systems. The meetings of such bodies are inherent opportunities for such collaborations to evolve while also providing networking opportunities.

The benefits of these collaborations are enormous to the extent that junior doctors are encouraged to engage and further develop their research skills.

Even in countries where theses or dissertations are necessary criteria for completion of residency training programmes, joining such academic collaborations can enrich participants' research skills and capacities. Furthermore, in other programmes that require previous expertise, these collaborations provide the necessary knowledge and skills for junior doctors to excel at required research tasks. These capacities are not limited to study design, implementation, analysis, and dissemination of findings, but they also involve the application of governance skills, particularly in large national, multidisciplinary studies. They have the potential to strengthen data integration from multiple sites, while generating robust contributions to the scientific knowledge base (2).

Although this model of promoting research competence among junior doctors offers significant benefits for academic learning, it appears to be poorly utilised globally.

Aside from the United Kingdom, where the model was initiated and reached national recognition by professional associations, it has not yet become a common practice in other countries. It is therefore imperative for junior doctors' groups in these areas to serve as a veritable source of support, raising awareness and bulwark of advocacy for these research collaborations (6). These trainee groups can serve as leaders to promote the accruable benefits of these initiatives and encourage the application of this model as a global framework for research collaborations in other countries (6).

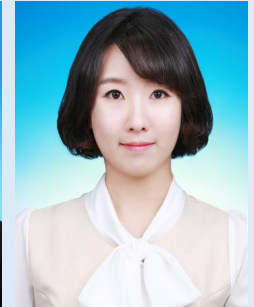
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Does Medical Internship Training in Korea Serve its Purpose?

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The medical environment in Korea is highly specialist-centered. The Post-Graduate Medical Education (PGME) course in Korea includes one year of internship and three to four years of residency, depending on the selected residency program. In 2013, the Korean Medical Association conducted a survey that identified that more than 90% of Korean physicians had completed the PGME course and were certified as specialist physicians (1). This percentage far outweighs the average reported by the Organization for Economic Co-operation and Development (OECD), and continuously rises each year. In other words, most junior physicians in Korea experience peer pressure throughout the internship training course, motivating them to pursue a medical specialty.

Despite the importance of this PGME phase, internships of junior physicians in Korea have been notoriously known for their clinical training with inadequate organization of curriculum content. The main responsibilities are often restricted to manual chores that rarely serve an educational purpose, including patient care related to dressing changes and transfer from one location to another. In 2017, the KMA's Medical Policy Research Institute conducted a survey that reported that more than 61% of interns showed disapproval when receiving an adequate education during their internship (**Figure 1**) (2).

Year of Training	Number of Respondents	Yes (%)	No (%)
Intern	254	39.0%	61.0%
Resident 1 st year	285	76.8%	23.2%
Resident 2 nd year	331	67.4%	32.6%
Resident 3 rd year	441	65.5%	34.5%
Resident 4 th year	457	67.6%	32.4%

Figure 1. KMA/KIRA survey of trainee physicians on perceptions if they receive appropriate education during training. Credit: KMA/KIRA and Kim et al., 2017.

In 2018, the Korean Intern Resident Association (KIRA) administered a survey that showed that only 29% of interns considered their internship curriculum well-organized to build upon their medical expertise (**Figure 2**).

Unfortunately, although interns can experience inadequate training, they can also feel neglected by the hospital leadership that should protect them. In 2018, nine interns at Ewha Woman's University Mokdong Hospital were informed that they were not qualified to receive accreditation for their internship since they could not complete required internship training in four departments – internal medicine, general surgery, ob-gyn, and pediatrics – set by the Ministry of Health and Welfare (MOHW).

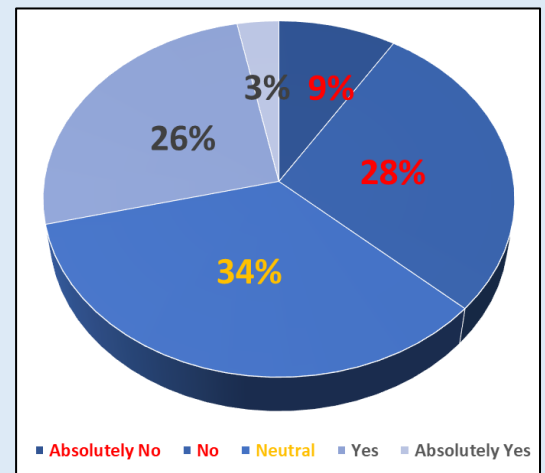


Figure 2. KMA/KIRA survey of trainee physicians on perceptions if curricula are well organized.
 Credit: KMA/KIRA and Kim et al., 2017.

Although hospital leadership carelessly made a mistake in coordinating the faulty internship schedule, these interns had to complete extra training hours on their own expense in order to receive academic credit. After this unfortunate event, the MOHW and KIRA sent official documents to teaching hospitals to request adherence to the official intern training regulations.

However, again in 2019, more than 60% of the 110 interns at Seoul National University Hospital experienced this same ordeal as these nine interns. The Training Environment Evaluation Board of Korea and the MOHW are currently investigating the situation to decide upon the exact penalty for the hospital. Subsequently, authorities also identified other major training hospitals that violated the official internship training regulations of required departments (3). The degree in which these major training hospitals failed to adhere to the intern training regulations differed from one another. Nevertheless, it was shocking that both hospitals and interns in these hospitals did not know whether they were adhering to established regulations for internship training.

From 2010, KIRA has been involved in various efforts to improve the quality of PGME for junior physicians in their internship and residency training. One of these efforts was a joint research publication on the policy of medical education for junior physicians. In the national audit of 2018, KIRA held an open forum to discuss approaches to form a better PGME environment for junior physicians with one Congress member. This forum discussion led to the publication of policy recommendations for improved PGME (**Photo 1**). These recommendations stressed the ambiguity of the internship training curriculum, where guidelines do not mention objective measures to evaluate clinical skills during training.



Photo 1. KIRA held an open forum to discuss a better PGME environment for junior doctors with one Congress member, 2018. Credit: KIRA.

To stress the importance of PGME in Korea, KIRA hosted the scientific session called, *Medical Training in PGME*, at the annual Medical Education Conference 2019 in Korea. From junior physicians' perspectives, KIRA identified specific challenges of PGME and proposed several alternatives to the large audience of health leaders, including MOHW, the Korean Hospital Association, and the Korean Academy of Medical Science. One proposed element was to reduce interns' chores irrelevant to education and allow their participation in the medical decision-making process, which would strengthen their internship training (**Photo 2**).

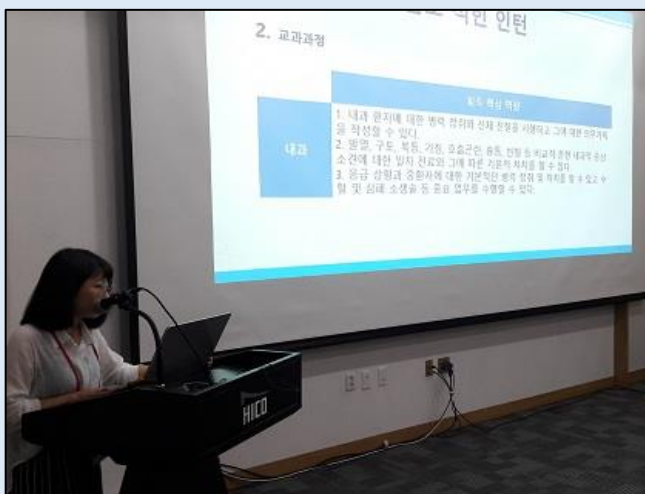


Photo 2. KIRA hosted a scientific session for PGME medical training at the Medical Education Conference 2019. Credit: KIRA.

Unfortunately, despite all KIRA's proactive endeavors, there have been few advances to date. It is still unclear even what interns should pursue due to the discordant stance between stakeholders. The Korean Academy of Medical Science, which has the responsibility to monitor PGME progress, has insisted on abolishing the internship training in order to strengthen resident education and nurture highly specialized physicians (4). Training hospitals, however, oppose this action as they argue that the abolition of the internship training would increase the shortage of clinicians and associated workloads. As this discord among interested parties continues, the current internship training of junior physicians appears to resemble a ship sailing through a foggy sea with no specific destination.

As Korean junior doctors, we believe that the internship training in Korea should be strictly evaluated and modified in order to offer high-quality clinical training for junior physicians.

These national guidelines for PGME are essential to develop junior physicians who are prepared to identify and manage future emerging threats. For example, in the United States, the Accreditation Council for Graduate Medical Education set basic standards called, *Common Program Requirements*, that require interns to develop certain skills, knowledge, and attitudes to provide patient-centered care. In turn, each residency program developed five-level milestones, where junior physicians can observe their objective progress from intern to specialist physician..

On the other hand, some training hospitals argue that they have limited resources to cover the financial costs to teach and train junior physicians. Many countries, including United States, United Kingdom, Canada, and Australia, are providing government funding to invest in the curriculum development of junior physicians' training programs, which can lower the financial burden for individual hospitals. For example, the Australian government has coordinated public hospitals to provide internship training programs. General practitioners receive financial aid from the federal government in the city where they plan to work. Furthermore, the budget has been allocated to improve the quality of the training environment as well as inspect and supervise the training curricula.

In reality, the current PGME in Korea has fallen behind the real world. Junior physicians, who work on the daily frontlines of medicine, deserve better training, education, and mentorship from their health institution and the Korean government.

As we hope for upcoming changes, junior physicians are health leaders who must vocalize their recommendations that strengthen clinical training for optimal health care service delivery in the future.

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An Overview of the Mental Health Burden in Malaysia

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The South-East Asian country of Malaysia has significant cultural diversity with a rich cultural heritage. According to the Malaysia Department of Statistics, the total population has grown from 28.5 in 2010 to 32.6 million people in 2020, with 29.4 million (90.2%) citizens and 3.2 million (9.8%) non-citizens. The majority (69.3%) of the population are Malays, with the remaining population as Chinese (22.8%), Indians (6.9%) or minor ethnic groups (1%).

Over the past 20 years, the prevalence of mental disorders, such as depressive and anxiety disorders, has increased significantly in Malaysia, where one in three Malaysians has experienced a mental health disorder (1).

In 2016, the Ministry of Health (MOH) reported that the prevalence of mental health disorders among adults was 29.2% and 12.1% among children (1). These findings indicate a three-fold increase in mental health cases among adults, when compared to 10.6% from 1996 (MOH 2015). The highest prevalence of mental health disorders was identified in the rural areas, Sabah and WP Labuan (42.9%), followed by the capital, Kuala Lumpur (39.8%) (1). This difference may be attributed to rural areas within the Malaysian states which face some challenges when seeking psychiatric evaluations (2).

Mental health disorders were found to have no significant association with ethnicity (1). Suicidal behaviour was found to be associated with interpersonal conflicts, and the annual suicide rate in Malaysia is approximately 6 to 8 suicides per 100,000 population (3). Furthermore, since adults from low-income families had a higher prevalence of mental health disorders when compared to high-income families, poverty remains a complex phenomenon with wide-ranging implications for individual and family well-being (4).

In the neighbouring country of Singapore, study findings showed an increased lifetime prevalence of mental health disorders in Singapore from 12% in 2010 to 13.9% in 2016 (5). These findings suggest that Malaysia is experiencing a dramatic increase in the prevalence of mental disorders, when compared to Singapore.

The Malaysian Mental Health Act was enacted on September 6, 2001, by the Parliament in Malaysia (ACT 615), but was adopted into operation in 2010, following the enforcement of the Mental Health Regulations 2010 (6).

The Act provided a structured framework in relation to mental disorders and made provisions for the admission, detention, assessment, treatment, and protection of persons with mental health disorders.

It also incorporated informed consent, which refers to the provision of voluntary consent by patients to undergo surgery or electroconvulsive therapy. In clinical cases where no informed consent can be provided due to patients' impairment or loss of capacity, then informed consent can be provided by a close relative or two psychiatrists upon medical evaluation.

The mental health burden in Malaysia incorporates three main challenges. First, lack of awareness and misconceptions about mental health disorders can serve as a barrier towards access to prompt and appropriate treatment (6). Second, due to the lack of understanding and insight on mental illness, most Malaysians tend to intentionally avoid medical treatment and seek religious practitioners or shamans (7). Third, there is a limited number of psychiatrists and psychologists to meet the population's demands.

To address these challenges, the Ministry of Health contributes a major role in increasing awareness by organising and delivering mental health awareness campaigns in rural and urban areas.

Psycho-education and positive peer support groups can reduce stigma and improve adherence to mental health treatment. Health education can incorporate supportive mental health messages on the television, radio, billboards, and virtual platforms. The Ministry of Health should review and allocate further funding for mental health community programs and strengthen clinical education and training for psychiatrists and psychologists in Malaysia. This national support can provide health care services for at-need communities and take forward steps to meet the World Health Organization's recommendation of one psychiatrist for 10,000 people.

In summary, the number of mental health cases is poised to significantly increase in the coming years as Malaysia, which continues to transition from an upper-middle income to a high-income country. Notably, Malaysia will most likely face multiple challenges regarding the lack of awareness, misconception, and stigma of mental health disorders. Coupled with limited funding and number of trained psychiatrists, these potential barriers can negatively impact the delivery of mental health services to the Malaysian population. Hence, the Malaysian government and various stakeholders should address this essential population health topic and develop preventive strategies and effective health programs to improve the mental health and well-being of Malaysians.

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COVID-19 pandemic in the Republic of Korea: Role of Junior Doctors

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In December 2019, Wuhan, the capital of Hubei province, China, became the center of an outbreak of pneumonia of an unknown cause, which raised attention within China and across the world. On January 7, 2020, scientists isolated a novel coronavirus from patients in Wuhan (1). This virus had been rapidly disseminating across the border of China, mainly through air travel to adjacent countries. On January 19, 2020, a febrile Chinese traveler arrived at the Incheon International Airport quarantine and was diagnosed with this novel coronavirus.

In spite of the strengthening quarantine and surveillance measures from neighboring countries, the novel coronavirus indiscriminately landed in other geographic regions. On January 30, 2020, as confirmed novel coronavirus cases skyrocketed, fear and concern resulted with the growing threat of a pandemic.

The World Health Organization (WHO) declared this outbreak to be a public health emergency of international concern, under the International Health Regulations (IHR 2005).

On February 11, 2020, after consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO), the WHO named the disease COVID-19, short for 'coronavirus disease 2019' (2). On February 21, 2020, the WHO added the detection of COVID-19 in the surveillance for severe acute respiratory infections (SARI). One week later, the WHO had increased the assessment of the risk of spread and impact of COVID-19 to a high global level. As of March 5, 2020, 93,090 confirmed cases were reported in over 74 countries (2).

Reflecting from the previous Middle East Respiratory Syndrome (MERS) outbreak in 2015, there were 186 confirmed cases and 36 deaths in total in the Republic of Korea (3). An ineffective screening system for suspected MERS patients and an inability to isolate patients in a negative pressure room attributed to this mortality rate. After the eradication of MERS, health authorities took forward steps to prepare the country for emerging threats. First, they increased the number of negative pressure rooms from fewer than 100 units in 2015 to 1,225 units in 2019. Second, they established a hotline to facilitate public inquiries about clinical symptoms in a methodically organized reporting system.

If COVID-19 was confirmed, patients were transported directly to a negative pressure room, via a route that minimizes contact between patients and susceptible individuals (**Photo 1**). Following the recommendation of Dr Moran Ki (National Graduate School of Cancer Science and Policy, Korea), some local governments implemented drive-through testing stations, where individuals with respiratory symptoms could drive to a neutral spot to receive the diagnostic test for COVID-19. This drive-through approach aimed to limit the exposure and potential COVID-19 transmission to health care workers (**Photo 1**).



Photo 1. Drive-through site for COVID-19 testing in Sejeong Province, Republic of Korea. Credit: Jaehyeong Lee, ASDK.

Despite these dedicated efforts and advancements, the Republic of Korea has encountered the COVID-19 outbreak to be a significant challenge for population health.

In one instance, one woman had attended a large-scale religious gathering and developed respiratory symptoms, which was confirmed as the 31st COVID-19 case in the Republic of Korea. Subsequently, aggressive local transmission spurred in the metropolitan city of Daegu, and the Republic of Korea entered a new phase of COVID-19 prevention and control measures. The number of cases increased rapidly from 31 to 4,812 in only two weeks. Medical resources and personal protective equipment (e.g. N95 masks, Hazmat

suits) were in short supplies, and the general population was fearful of being unprotected and susceptible to viral transmission. This new phase placed enormous pressure on the Korean society and national health system (**Figure 1**).

To support national surveillance and control measures, Korean junior doctors are actively working in screening centers and clinical care of COVID-19 patients. One survey conducted by the Korean Intern Resident Association (KIRA) revealed that a significant number of hospital surveillance and treatment programs depended on junior doctors' contribution (**Figure 2**). Notably, junior doctors, comprised of medical interns and residents, contributed to 50% of the established 98 screening centers. Aside from their regularly assigned shifts, they contributed to additional shifts by extending their regular schedules, performing overtime shifts, or being available on-call during off-duty time).

As the scenario enters greater urgency, more junior doctors are assigned to screening programs and clinical care. KIRA officially acknowledged and encouraged junior doctors' voluntary cooperation during this outbreak (4). In addition, KIRA requested the withdrawal of 'Electronic Medical Record (EMR) shutdown' (e.g. ban for logging into EMR system beyond their working hours) to maximize junior doctors' clinical practices and minimize record errors during epidemiologic investigations.

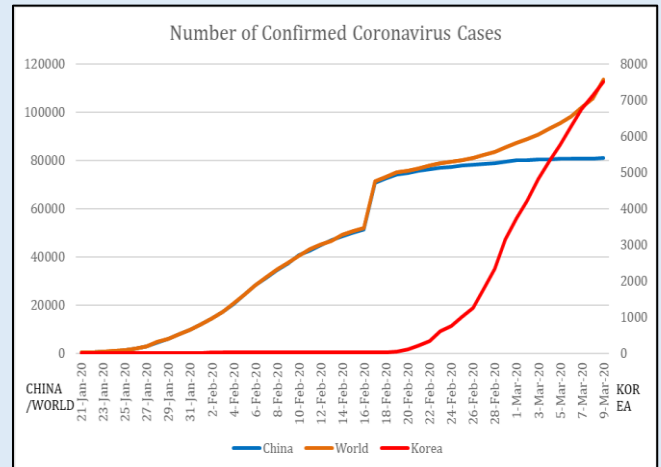


Figure 1. Comparison of trends of confirmed COVID-19 cases (cumulative) of the world, China, and South Korea. Illustrated by KIRA, 2020. Source: WHO, 2020.

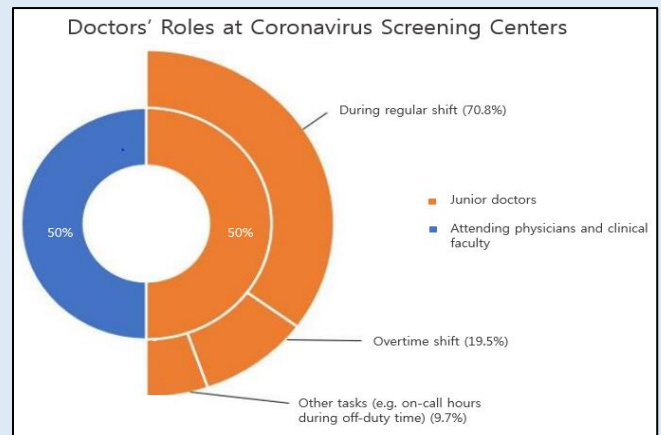


Figure 2. KIRA Survey of junior doctors on clinical responsibilities at COVID-19 screening centers during regular shifts and additional shifts (extending regular shift, overtime shift, on-call hours during off-duty time). Survey by KIRA, 2020.

As junior doctors continue to gain expertise and refine clinical skills, they contribute significant leadership in the hospital and community settings. Public Health Doctors (PHDs), one subgroup of junior doctors, are responsible for managing local screening centers and providing clinical care to local community members. They conduct epidemiologic investigations for real-time COVID-19 surveillance and stress the importance of quarantine. When the Daegu outbreak occurred, representing 90% of COVID-19 cases, hundreds of PHDs were transferred to this metropolitan city to aid other health care workers.

This account serves as evidence that all Korean junior doctors have provided expertise, time, and selfless duty to mitigate risk and curb COVID-19 community transmission.

Unfortunately, despite the selfless service of junior doctors to reduce COVID-19 transmission in the Republic of Korea, health authorities are not providing appropriate measures for health care worker protection. The Korean government has hastily released new versions of protocols frequently that may have fatal long-term consequences for health care workers. Junior doctors are working extra hours with no hazard pay, facing potential exposure to COVID-19 infection, and experiencing burnout and fatigue.

The Republic of Korea continues to combat COVID-19 transmission across local communities, but the number of cases has increased and transmission has not slowed (5). As junior doctors, to curb the soaring level of COVID-19 transmission, we must prioritize our collective efforts to combat the COVID-19 outbreak in our countries, as a pressing issue over other non-emergency health topics. Working in health care teams, junior doctors have the tremendous opportunity to empower our colleagues and collaborate on all required duties to combat this global pandemic.

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Providing Mentorship to Encourage Scientific Publications: Academic Workshop in the Dominican Republic

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“To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and marks real advance in science”
– Albert Einstein

Scientific inquiry sets the essential framework to identify programmatic or research gaps, develop timely solutions, and implement appropriate interventions to achieve overall objectives. Global health threats – such as air pollution, antimicrobial resistance, increased prevalence of noncommunicable diseases, vector-borne disease transmission, weak health system infrastructure, and zoonotic disease spillover – continue to challenge scientists and practitioners in their clinical and community initiatives. Junior doctors should understand the scientific background of these threats in order to conduct appropriate medical evaluations, identify risks for vulnerable populations, and provide evidence-based recommendations for management strategies. They serve as frontline leaders to improve disease surveillance programs and strengthen public health preparedness and response measures in their local community and nation.

As junior doctors are familiar with the expertise required throughout their clinical training, they can stress the importance of professional development skills like scientific writing. These scientific publications, based on critical inquiry and analysis, are products that will facilitate shared knowledge among health professionals to diverse audiences. Medical curricula, however, have traditionally emphasized acquiring scientific knowledge and skill-based competencies to excel on standardized medical exams. Hence, the following example highlights the valuable contribution of junior doctors who participate in professional development workshops that provide insight and mentorship to medical students on relevant career skills.

Workshop: Key Skills in Preparing Scientific Publications

Supported by the Executive Board and the Standing Committee on Medical Education (SCOME) of the Organización Dominicana de Estudiantes de Medicina (ODEM), recognized as the International Federation of Medical Students' Associations (IFMSA) for the Dominican Republic, ODEM members organized a two-hour academic workshop for medical students in September 2019. The event aimed to provide an overview of the writing process and offer key strategies to prepare a letter to an editor. Adapted from the successful workshop conducted in February 2019, the agenda was prepared by the president, Ms. Genesis Familia Tiburcio (Universidad Nacional Pedro Henriquez Ureña, UNPHU), and the vice-president of internal affairs, Ms. Mariand Méndez (Universidad Autónoma de Santo Domingo, UASD) (1). Held at UNPHU School of Medicine, an estimated 50 participants attended the event, representing seven medical schools from the cities of Santo Domingo, Santiago, and San Pedro de Macorís (**Photos 1-2**).



Photo 1. ODEM members who participated in the academic workshop.
Credit: ODEM.



Photo 2. ODEM logo.
Credit: ODEM.

In the workshop seminar, Dr Helena Chapman (Universidad Iberoamericana, UNIBE) emphasized the essential skills of critical analysis, technical knowledge, and scientific writing for a medical journal. She provided an introduction of plagiarism, examples of bibliographic citation styles, elements of the writing process, and sections of scientific manuscripts. Then, she advised medical students to contribute their innovative lens toward the evaluation of a scientific topic through a letter to an editor. Using two published letters to editors, she reviewed the step-by-step process of critical analysis and strategies to organize content. Finally, she described the relevant content of the accompanying cover letter and title page for manuscript submission.

Panel: ODEM Members Share Experiences in Scientific Publications

Following this seminar, four ODEM members shared their personal experiences and lessons learned related to the development of their letters for selected medical journals (**Photo 3**). These ODEM members had attended the previous academic workshop in February 2019, participated in the four-month practicum from March to June 2019, and submitted their letters to medical journals.

Two ODEM members expressed enthusiasm related to their first publication in a medical journal. They shared challenges of time management with academic schedules, acknowledged acquiring critical analytical and writing skills, and described their contribution to advance scientific inquiry. Mr Julio Otaño Rivas (UNPHU) presented his letter to the editor titled, [*Developing Empathy in Medical Students*](#), published in *The Clinical Teacher* journal. Ms Lilian Teresa Pimentel (Universidad OyM) published her letter to the editor titled, [*Educating Well-rounded Physicians for the 21st Century*](#), in the *MEDICC Review* journal.

Two ODEM members emphasized the value in the learning process as they shared experiences where their letters to editors were rejected during the editorial process. Ms Maria Fernanda Cedeño (UNIBE) described the editorial recommendation to adapt the content of her letter on enhancing emotional intelligence to the longer format of an editorial article. Ms Penélope del Rosario and Ms Cristina Melenciano (UASD) presented the editorial decision to seek an alternative journal for their letter resubmission on enhanced training in palliative care.



Photo 3. Ms Rosario Penelope del Rosario, Ms Cristina Melenciano, Ms. Maria Fernanda Cedeno, Dr Helena Chapman, Ms Genesis Familia, Mr Julio Otaño, and Ms Lilian Teresa Pimentel (left to right).
 Credit: ODEM.

At the workshop closing, Dr Chapman encouraged ODEM members to seek opportunities to expand their scientific knowledge and apply to the field of scientific communication. She offered a gratuitous virtual four-month practicum to ODEM members, describing the strict schedule of weekly assignments coupled with personalized mentorship throughout the development of the letter to an editor.

As community health leaders, junior doctors can seek direct interactions with medical students and provide mentorship, offer opportunities for innovative brainstorming and critical analysis, and foster professional networks.

By identifying gaps in medical education – including key moments to apply medical knowledge to practice – junior doctors can continue to showcase the value of global health leadership and contribution to medical education.

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International Universal Health Care Day: Interviews with Japan's Key Leaders

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In 2017, the United Nations (UN) General Assembly officially recognized the importance of Universal Health Coverage (UHC) and established International UHC Day on December 12th.

This resolution provides a global platform for UHC advocates to promote the added value of UHC for national health systems by highlighting the need for robust and resilient health systems and sharing personal narratives of global citizens.

In September 2019, UN Member States agreed to a political declaration on UHC and confirmed their commitment to achieving UHC by 2030 (1). Understanding this global priority, leaders identified upcoming challenges, including the lack of political leadership and limited essential resources to affirm sustainable and quality health provisions for UHC. They agreed that subsequent efforts would require continued dialogue focusing on problem-solving approaches to achieve established goals. As such, they promoted the theme, *Keep the Promise*, for UHC Day in 2019 (2).

Several members of the Japan Medical Association's Junior Doctors Network (JMA-JDN) participated in the advocacy efforts for UHC Day in 2019. They served as members of the UHC Youth Network, which was composed of young medical doctors, nurses, and students who have supported shared viewpoints for UHC since 2017. This article aims to share the experiences of JMA-JDN in their advocacy activities that promote achieving UHC by 2030.

Like other countries, Japan health leaders have encountered many challenges in the implementation of UHC. Japan's post-World War II experiences may provide some clues to how Japan and other countries can achieve UHC by 2030. Thus, JMA-JDN members interviewed eight individuals who have served in various leadership positions (e.g. politicians, administrators, health providers, academic professors, members of civil society organizations) and were aware of the specific details of Japan's history on UHC (**Photo 1**). Members asked participants about how Japan had developed the universal health insurance system, added national health provisions, and improved sustainability of the health system. These interviews were filmed, and members developed short videos on the YouTube channel of the UHC Youth Network (3,4).

Key Points from Interviews with Japan's Key Leaders

Prof Kenji Shimazaki, professor at the National Graduate Institute for Policy Studies and past administrative officer of Japan's Ministry of Health, Labour, and Welfare, explained the necessary five components to develop UHC in countries. To simplify this concept, he used the comparison of a jet plane. The five components included economic growth (powerful engine), spirit of social solidarity (vast wings), strong leadership by politicians (excellent pilots), government officers or researchers (excellent pilots or mechanics), and the basic infrastructure for administrative finance (long runways). His political analysis showed that the most influential factor for Japan to develop UHC was economic growth from the 1960s to the 1970s, led by the expanding phase of demographics and stable world politics. He highlighted that all low-, middle-, and high-income nations face different challenges in implementing UHC, including concurrent threats like managing health service delivery for acute and chronic conditions while experiencing an aging society and economic disparities.

Prof Keizo Takemi, a member of the House of Councilors and a Goodwill Ambassador for UHC, and Prof Yasushi Katsuma, a professor at Waseda University, mentioned that since the 1990s, many Japanese citizens who were involved in policy-making have realized that UHC is a key element of human security. They said that the concept of UHC helps multiple stakeholders, such as health and finance ministers, to collaborate on national plans to achieve UHC by 2030.

Dr Yoshitake Yokokura, President of the Japan Medical Association and the past president of the World Medical Association, mentioned that the sense of security that people can receive medical care when they become ill had driven Japan's rapid growth after World War II. He stressed that there is an interactive relationship between social security and the economy. Economic growth supports the financial base of social security, while the development of social security supports the Japanese economy by producing employment inducement effects.

Ms Sumie Ishii, a chairperson of the Japanese Organization for International Cooperation in Family Planning, emphasized the importance of trained community workers to connect public health operators with the community. She said that this was important since almost all low- and middle-income countries have established national health strategies and policies including UHC.

Mr Masaki Inaba, Chair of Japan Civil Society Organization Network on Global Health, discussed the combined importance of medical care, social security, and social welfare.

Ms Tomoko Fukuda, Regional Director of East, South East Asia, and Oceania Region of the International Planned Parenthood Federation, mentioned the three roles of civil society organizations and the importance of sexual and reproductive health and rights to achieve UHC.

Mr Miyavi, a guitarist and goodwill ambassador of the UN High Commissioner for Refugees, shared his experiences visiting refugee camps and living in the United States and Japan and discussed the importance of access to health care services without financial strain.

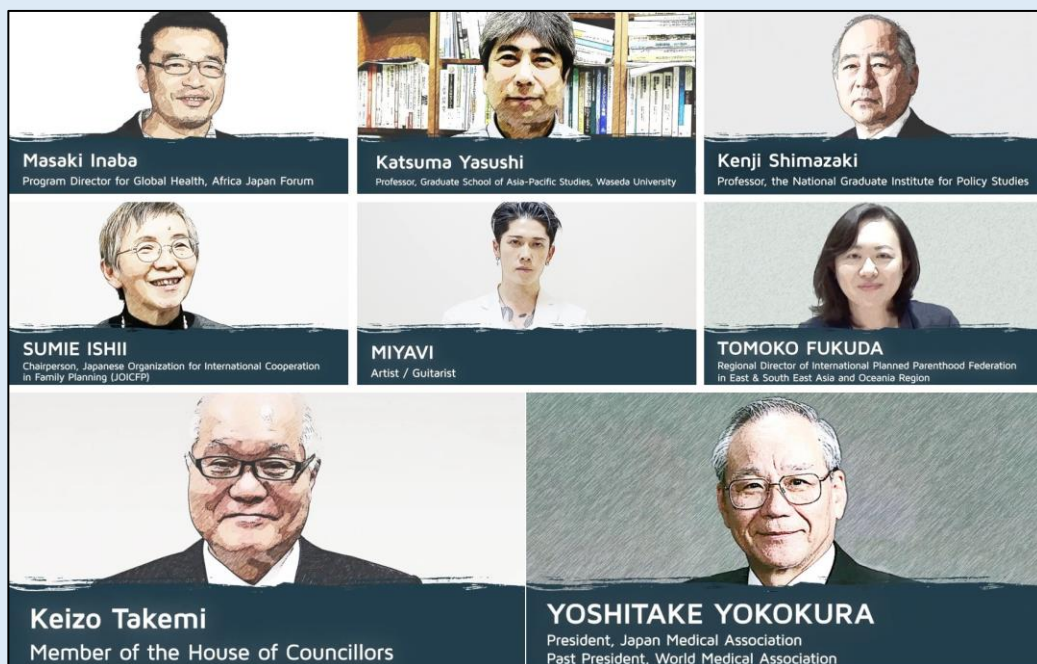


Photo 1. Key leaders interviewed for the UHC Day 2019. Credit: UHC Youth Network.

Through these interviews, JMA-JDN members learned key points that were shared by key experts who support Japan's UHC from various leadership positions in Japan. Their narratives highlighted personal experiences that form part of the history of the health care system, which is unpublished in course textbooks. JMA-JDN members hope that the content shared on the YouTube channel of the UHC Youth Network will provide insight to other countries that aim to achieve UHC.

These activities offer additional opportunities for junior doctors to learn essential knowledge and skills from health experts, which are infrequently provided in required clinical and research responsibilities.

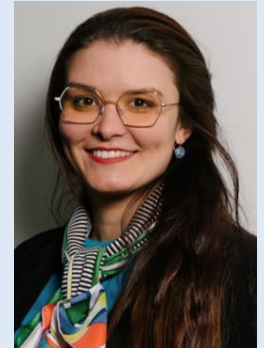
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World Health Organization: 146th Session of the Executive Board

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The 146th session of the Executive Board (EB146) took place at the World Health Organization (WHO) headquarters in Geneva, Switzerland, from February 3-8, 2020. This meeting provided the opportunity for global health leaders to address various elements on the established Programme of Work (1). Notably, coronavirus disease 2019 (COVID-19) was of particular interest in the discussion, especially as the WHO recognized COVID-19 as a Public Health Emergency of International Concern on January 30, 2020.

The EB146 was an opportunity to present WHO updates, providing reports of previous activities and actions, sharing challenges, and collecting inputs and perspectives from member states, civil society organizations, and non-state actors (NSAs). This event facilitated professional networking and engagement between leaders of the World Medical Association (WMA) and the 14 delegates of the Junior Doctors Network (JDN).

Professional engagement was achieved by hosting side meetings, facilitating open discussions, and delivering policy statements. JDN delegates participated in writing [WMA public statements](#) on eight different agenda items (**Figure 1**).

Number	Statement
146/6	Primary health care
146/7.1	Universal health coverage: Moving together to build a healthier world
146/7.2	Political declaration of the third high-level meeting of the General assembly on the prevention and control of non-communicable diseases
146/9	Accelerating the elimination of cervical cancer as a global public health problem
146/10	Ending Tuberculosis
146/15.4	The public health implications of implementation of the Nagoya Protocol
146/20	Digital Health
146/22.2	Involvement of non-State actors in WHO's governing bodies

Figure 1. Statements submitted to the WHO Executive Board 146th session, February 2020.
 Source: WHO EB 2020.

WMA-JDN members presented brief responses on the WMA public statements, including: 1) Primary Health Care (PHC) as a cornerstone to achieve Universal Health Coverage (UHC); 2) WHO reform involvement of non-State actors, representing the WHO Professions Alliance; and 3) Data and Innovation, with a global strategy on digital health advocating for ethical values and strengthened governance (**Photos 1-4**).



Photo 1. WMA-JDN delegate, Dr Christian Kraef, delivered a statement on Primary Health Care.
Credit: WHO EB146.



Photo 2. WMA-JDN delegate, Dr Yassen Tcholakov, delivered a statement on WHO reform involvement of non-State actors. Credit: WHO EB146.



Photo 3. WMA-JDN delegate, Dr Paula Reges, delivered a statement on Data and innovation.
Credit: WHO EB146.



Photo 4. WMA-JDN delegation, Dr Sead Zeynel, Dr Karan Parikh, Dr Paula Reges, Dr Nyambura Muroki, Dr Audrey Fontaine, Dr Christian Kraef, Dr Mike Kalmus Elias, Dr Caline Mattar, and Dr Yassen Tcholakov (left to right) at the WHO Hall.
Credit: WHO EB146.

PHC continues to be highlighted as a core instrument necessary for the achievement of UHC. Member states were urged to invest greatly in PHC, increase the affordability and accessibility of health services, and build resilient health systems.

To achieve UHC, a need for enhanced intersectional collaboration between all relevant stakeholders was emphasized.

The report on the political declaration for prevention and control of noncommunicable diseases provided various cost-effective, population-based, and individual-level interventions for mental health and well-being that Member states can utilize to develop national policies. Notably, to tackle the growing global health concern of premature deaths attributed to air pollution, Member states requested that WHO leaders provide detailed statistics on significant risk factors and morbidity and mortality rates and develop recommendations for national action plans to mitigate risk.

Regarding the WHO governance reform processes, leaders emphasized the need to enhance interactions and consultations between NSAs and WHO leaders. In the WHO report in 2019, *Web Consultation with Non-State Actors on their Involvement in WHO Governance*, recommendations included: 1) organizing NSAs into constituencies (e.g. groups that represent similar interests); 2) limiting the number of statements delivered; and 3) creating an alternative forum where NSAs, Member states, and the WHO Secretariat could discuss issues outside the governing body meetings (2). Due to the paucity of details on these respective reforms, the consensus was for the WHO Secretariat to prepare a new proposal on the modalities of engagements with NSAs for the 148th session of the Executive Board (EB148) in January 2021.

Throughout the EB146, continued updates were provided on the SARS-Cov2 and COVID-19 transmission, coupled with an open platform for questions. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and the WHO team on Health Emergencies stressed the importance of health literacy and strengthening all health systems in light of this outbreak.

“This outbreak is a test of solidarity – political, financial and scientific. We need to come together to fight a common enemy that does not respect borders, ensure that we have the resources necessary to bring this outbreak to an end and bring our best science to the forefront to find shared answers to shared problems.”

– Dr Tedros Adhanom Ghebreyesus (WHO Director-General)

Furthermore, the epidemic of information, known as an *infodemic*, was discussed as being one of the largest threats to successful mitigation of this outbreak. With this overabundance of correct and incorrect information, citizens are challenged to find trustworthy sources and reliable guidance about COVID-19 transmission, thus spreading panic and despair.

By the closing ceremony of the EB146, the common sentiment was that the 73rd World Health Assembly in May 2020 would incorporate an agenda that would highlight global health priorities as well as the current COVID-19 concerns related to disease control. This agenda would offer side meetings and open discussions for all delegates and facilitate decision-making among WHO leaders and Member states.

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Prince Mahidol Award Conference 2020: Universal Health Care Forum 2020

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The Prince Mahidol Award Conference (PMAC) is an annual global health conference that focuses on policy-related health issues. Since 2008, this annual event has been co-hosted by the Prince Mahidol Award Foundation and numerous international organizations such as the World Health Organization (WHO) and the World Bank. [PMAC 2020](#), recognized as the Universal Health Coverage (UHC) Forum 2020, was held from January 28 to February 2, 2020, in Bangkok, Thailand.

Using the theme, *Accelerating Progress Towards UHC*, the conference aimed to present evidence-based science and advance discussion on UHC goals, including challenges related to national implementation and sustainability. More than 1,150 participants from 75

Countries attended PMAC 2020, including four members of the Junior Doctors Network (JDN) of the World Medical Association. The JDN delegation, who received an extended invitation from the JDN of Thailand (JDN-Thai), formed part of the conference rapporteur team and prepared session summaries.

Session	Theme
0	Accelerating Progress towards Universal Health Coverage
1	Implementation Challenges and Innovative Solutions for UHC 2030
2	Making Health Financing for UHC SAFE
3	UHC and the Changing Global Landscape
4	From Political Declaration to Real Actions

Figure 1. Themes of the plenary sessions at the Prince Mahidol Award Conference 2020.

Pre-Conference Activities

At PMAC 2020, pre-conference activities included 55 side meetings and seven field visits to health institutions. Side meetings set the stage for the main conference, with academic sessions that focused on UHC presentations and discussions on *Health for All* and the global goal of *Leaving No One Behind*. The dialogue cast light on diverse health issues affecting youth, women and children, immigrants, and other vulnerable groups. Representatives from several countries shared their experiences and lessons learned when establishing UHC in their health systems.

Session topics also included disease-specific topics, new medical technologies, artificial intelligence, priority setting, and UHC financing strategies.

Since the meeting was held in Thailand, a country that achieved UHC in 2002, participants were able to directly observe and experience various elements of UHC in practice. They visited seven institutions and learned about their health service delivery such as health promotion and prevention activities, diagnosis and treatment measures, rehabilitation medicine, and palliative care for vulnerable groups including the elderly, disabled persons, prisoners, women, and children.

Participants had the opportunity to visit a public hospital and prison. First, **Pahonpolpayuhasena Hospital** is a public hospital that provides One Day Surgery (ODS) services (e.g. hernia repairs). Since this hospital recently adopted a strategy to be a centre of excellence for ODS, health authorities have expanded the number of surgeries included in the ODS package. Participants learned about these innovative cost-effective ODS services that offer high-quality health care services, minimize duration of hospital admission time, and reduce national health expenditure. Second, **Samutprakan Central Prison** was originally built in 1937, but due to overcrowding conditions, a new prison was built in another location and completed in 2001. During this visit, participants observed how Thai leaders have dedicated efforts to implement health care coverage across all prisons and improve prisoners' quality of life.

Conference Agenda

The conference proceedings were opened by Her Royal Highness Princess Maha Charki Sirindhorn of Thailand. Keynote speakers included Ban Ki-moon (deputy chair of The Elders), Her Royal Highness Dina Mired of Jordan, and Prof Ralf Bartenschlager and Prof David Mabey (2020 Prince Mahidol Awards Laureates). The laureates were awarded for their research on Hepatitis C virus and *Chlamydia trachomatis* infection, respectively.

In the keynote address, Ban Ki-moon (former Secretary-General of the United Nations) stressed the inadequate and uneven global progress towards UHC. Referencing statistics from the latest WHO and World Bank reports on UHC, he revealed that although with improved health coverage, rising levels of out-of-pocket health spending leads to catastrophic financial challenges for households. Thus, he encouraged political leaders to prioritize UHC through public financing, asserting that UHC is a political choice.

Then, Her Royal Highness Dina Mired made a strong call for commitment towards UHC. She shared three essential pre-requisites for UHC: political goodwill, comprehensive services and transformation health reforms, and strategic health leadership. She emphasized the need to coordinate the health workforce at the centre of UHC through empowering and promoting the right to health for all. As a renowned non-communicable disease advocate, she underscored the significance of innovative health financing from sin taxes of selected products like alcohol and tobacco.

Over the course of the conference, advanced discussions highlighted the need for high-quality and comprehensive UHC with appropriate health financing.

First, robust leadership and governance were identified as key drivers to achieve UHC, as the political economy requires transparency, trust, and confidence from all stakeholders. Participants appeared to agree that health is a fundamental human right and that UHC remains an ambitious yet critical goal toward achieving the targets of the Sustainable Development Goals. Second, collaborative efforts for health financing would require social solidarity, public and private sector involvement, and other innovative financing models. Publicly financed UHC seemed to be the most progressive and sustainable model for countries to achieve UHC. Low- and middle-income countries are urged to increase domestic funding for health and reduce reliance on donor funding to make UHC more sustainable.

In conclusion, the PMAC 2020 provided an open platform for international health leaders to discuss various elements of UHC. Throughout the conference sessions, the participation of physicians and other health professionals appeared to be insufficient, despite their vital role in UHC service delivery. Over the next few years, the WMA-JDN hopes to continue their active participation and engagement in the discussion of these health-related agendas and other emerging topics.

By encouraging physicians to openly share their expertise and lessons learned in the clinical and community settings, the voices of physicians in the field will be heard around the world.



Photo 1. Dr Jihoo Lee, Dr Christian Kraef, Dr Audrey Fontaine, and Dr Lyndah Kemunto (left to right) represent the JDN delegation at PMAC 2020. Credit: PMAC 2020.



Photo 2. PMAC 2020 attendees participate in conference activities. Credit: PMAC 2020.

Acknowledgments: The WMA-JDN delegation would like to thank the PMAC 2020 organizing committee and JDN-Thai members for the kind invitation to actively participate in these fascinating discussions.

Climate Change Working Group Update

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The Junior Doctors Network (JDN) Climate Change Working Group was founded by junior doctors in 2015, motivated by their knowledge and prior experiences of the impact of climate change on population health. Junior doctors were enthusiastic to contribute input to the World Medical Association (WMA) leadership on climate change and health at the United Nations Framework Convention on Climate Change during the negotiations of the Paris Agreement in 2015.

Junior doctors recognized the unique position of health professionals in developing a positive narrative capable of influencing climate change policy.

Since 2015, the working group has contributed to several WMA accomplishments. Among them, JDN members have coordinated numerous WMA delegations to participate in international meetings addressing climate change and formed strong alliances with other organizations working in this field. They aimed to better understand how the health sector influences international climate negotiations. Additionally, the working group has led the revision of the WMA Climate Change and Health resolution, adopted in October 2017. This resolution united junior doctors from across the world to contribute on formal manuscripts for the *World Medical Journal*. For example, the collaborative manuscript focusing on the role of physicians in social movements against climate change was published in the December 2019 issue (1).

This year, JDN members are enthusiastic to coordinate additional activities for the Working Group. The WHO-Civil Society Working Group on Climate Change will soon seek to broaden its reach and involve more individuals. The areas of work, which are yet to be finalized, will likely include advocacy for nationally determined contributions, work towards green healthcare systems, and expansion of climate change education in health professionals' curriculum (2). Each element will have a strategy that is openly co-constructed to encourage more JDN member involvement.

The WMA Council Meeting, which was to be held in April 2020 in Porto, Portugal, aimed to discuss two new policies related to the environment and climate change. Although this meeting has been cancelled, due to the coronavirus pandemic, the Working Group plans to continue to advance these two policies for the next WMA Council Meeting. First, the Turkish Medical Association planned to present the resolution, *Protecting the Future Generation's Right to Live in a Healthy Environment*, for adoption by the WMA. This resolution involves numerous concepts related to planetary boundaries, defines the term *ecocide* as “a serious loss, damage or destruction of ecosystems, and includes climate and cultural damage”, and calls upon governments to amend the Rome Statute of International Criminal Court in order to recognize Ecocide alongside Genocide, War Crimes, and Crimes Against Humanity. Second, members aimed to establish Green Guidelines for WMA meetings as a formal discussion point. Since this policy incorporates how the WMA can improve practices held at meetings that can reduce the overall environmental impact, it has the potential to encourage concrete actions that support other policies and serves as an example for other global organizations.

As we begin a new decade, we must reflect on the status of the world and recognize the impact of the current novel coronavirus pandemic. As a classic infectious disease, viral transmission has shown the fragility of the globalized world as well as significant global health challenges in emergency preparedness and response measures to protect population health. Global environmental changes, whether by anthropogenic and man-made sources, should be observed and analyzed, documenting important links to human health.

One key reflection remains: why is our response to climate change vastly different than our response to the coronavirus pandemic?

One part of this complex answer incorporates the need to strengthen risk communication skills among the climate change and health community. Although the climate impact of the coronavirus is difficult to predict at the present time, a second question persists: will the crashing economy lead to reduced global emissions or will challenges exist for the adoption of renewable technologies? Only time will tell.

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