

*Including reflections on
the recent earthquake in
Turkey and Syria on
pages 10-13 and an
article in the Spanish
version. Page 38.*

JUNIOR DOCTORS NETWORK

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



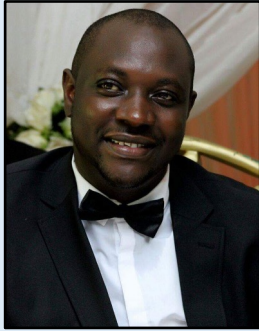
*Find in this issue the information about the
1st JDN Conference held in Malaysia in
2022. Page 41*

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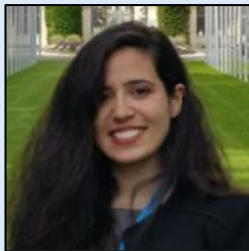
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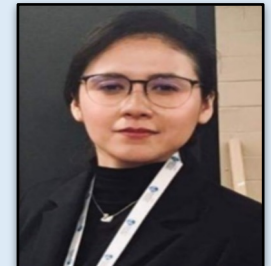
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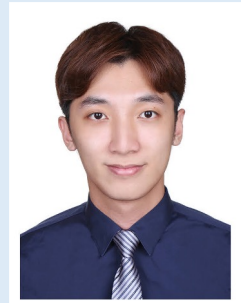
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Words from the JDN Chairperson

Dr. Uchechukwu Arum
Chairperson 2022-2023
Junior Doctors Network
World Medical Association



Dear colleagues,

I am pleased to present to you the 26th issue of the JDN Newsletter. This is a great platform where junior doctors share their views on wide range of topics and give updates of activities in global health.

This newsletter has been a valuable resource, providing us with a platform to share our experiences, knowledge, and insights with peers from around the world. In this edition, we have curated an array of articles that we hope will pique your interest and is particularly unique as this is the first time, we have an article in another language other than English (Spanish).

I would like to take this opportunity to extend my gratitude to the JDN publications team and contributors for their hard work and dedication in producing this high-quality publication. I would also like to thank the JDN members for their engagement and support, which motivates us to continue producing informative and engaging content.

As we celebrate this milestone, we are reminded of the importance of collaboration, communication, and knowledge-sharing among junior doctors. We hope that this newsletter continues to serve as a valuable platform for us to connect, learn, and grow together. Thank you for being a part of JDN, and we look forward to continuing to serve you.

Dr. Uchechukwu Arum
Chairperson JDN-World Medical Association

Words from the Communications Director

Dr. Sazi Z Nzama MD
Communications Director 2022–2023
Junior Doctors Network
World Medical Association



Dear colleagues,

It is most pleasing to bring you the 26th issue of the Junior Doctors Network Newsletter. Undoubtedly, these past few years have been some of the most difficult years that we, as the younger generation, have ever experienced.

The challenges we encountered both as a medical fraternity as well as individuals have highlighted various aspects of our lives that required more attention than previously prioritized.

It is wonderful to witness the evolution of a medical fraternity and its' movement towards becoming more progressive, inclusive and relevant to the society and the world that we as the leaders of tomorrow, want to actualize in this lifetime. Through constant positive influence and communication, the world we now live in sees a grand shift in the focus of pertinent issues across the world; Healthcare professionals' welfare and mental health, the inclusion and advocacy for LGBTQAI+ health, medicine and rights. The empowerment of and equality for women and women in leadership.

These milestones, serve as reassurance that, when united for common causes, the youth have the power to effect tremendous change in the world we live in. The possibilities of what we can then do, become limitless!

Words from the Communications Director

This issue brings reflections from our colleagues in the broader international community; sharing lessons learnt through the pandemic, war and natural disasters and provides a glimpse into the recent events affecting junior doctors in their various locations.

Through their reflections, I hope conversations can be initiated, thoughts provoked, and ideas illuminated. Moreover, the thoughts see themselves coming to life through collaborative action as we continue on. In our journey towards building a sustainable world that is safe and equal, for all who live in it.

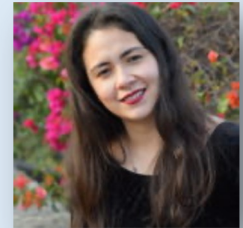
Media	Resource
Website	https://www.wma.net/junior-doctors/
Mailing List	https://goo.gl/forms/jCP774K1fldLloWj1
Twitter	@WmaJdn
Facebook (Members)	WMA-JDN
Facebook (Public)	WMA JDN
Instagram	wma_jdn

Figure 1. List of JDN media resources.

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

Words from the Publications Director

**Jeazul Ponce Hernandez MD MSc. MPH.
Publications Director 2022–2023
Junior Doctors Network
World Medical Association**



Dear JDN colleagues,

On behalf of the Publications Team (2022–2023) of the Junior Doctors Network (JDN), we are honoured to share the 26th issue of the *JDN Newsletter* with junior doctors across the world.

Since a few years ago, around the world difficulties, such as the coronavirus disease 2019 (COVID-19) pandemic, natural disasters, the terrible wars and conflicts that perpetuate around the planet (Palestine, Western Sahara, Ukraine, South Sudan, etc.), junior doctors have contributed significantly to advancing local and national response efforts.

The *JDN Newsletter* provides an international platform where junior doctors offer valuable insight into their clinical and community health leadership in local and national health initiatives. This 26th issue includes articles from junior doctors from:

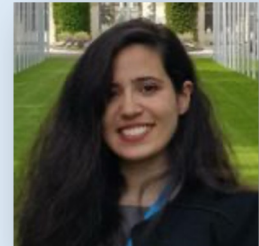
We acknowledge the leadership of all editors of the JDN Publications Team 2022-2023 as we finalized this 26th issue. We recognize and appreciate the continued support of the JDN Management Team and WMA leadership as we share this high-quality resource for junior doctors across the globe.

We hope enjoy it and still participate in your community and of course continue sharing with us the amazing job you are doing to improve your environment and society.

Jeazul Ponce Hernandez

Reflections on recent earthquakes in Turkey and Syria

By Dr. Balkiss Abdelmula (Tunisia)
Medical Education Director 2022-2023
Junior Doctors Network
World Medical Association



Responding to the worst natural disaster in recent history

The death toll from the massive earthquake, that recently struck both Turkey and Syria, has surpassed 46,000 people, with rescue workers still desperately searching for survivors. The earthquake, which measured 7.2 on the Richter scale, is considered as one of the worst natural disasters in recent history.

It caused widespread devastation and displacement, and the chances of finding anyone alive diminish with each passing day, as many are trapped under the rubble. Despite the appeal for international aid to assist with relief and recovery efforts, including medical supplies and personnel, as well as tents and food for the thousands of people left homeless by the disaster, the situation remains dire, and there are fears that the death toll will continue to rise as rescue teams reach more remote areas.

According to the latest reports from the World Health Organization (WHO) reports, the earthquake is having devastating impacts on health facilities in the affected areas, severely disrupting the delivery of essential health services, especially in previously war-torn Syria. With many health facilities destroyed or forced to suspend or reduce their operations, affected communities are left without access to essential medical care. This has also resulted in an increased risk of disease outbreaks, particularly for those living in crowded and unsanitary conditions. Preventing public health risks to those who lost their homes as well as averting further loss of life and disability through life-saving care thus remain major priorities.

Reflections about recent earthquake in Turkey and Syria

While the full impact of the earthquake is yet to be known, there is a need for urgent action to allocate resources and coordinate with relevant partners to support the rehabilitation of damaged health facilities and the delivery of essential health services in the affected areas and communities. The WHO is working closely with health ministries of both countries and other local and global partners to assess the damage and support the affected health facilities in restoring their services as quickly as possible. However, the scale of the damage and the ongoing security challenges in affected areas are making the response efforts difficult and complex.

In such context, it is worthy to salute the resilience and inspiring determination of the Syrian and Turkish health workforce in their dedicated response amidst yet another crisis.

As junior doctors, it is important for us to convey our respect and admiration to our colleagues on the field and to express condolences to all affected individuals and families.

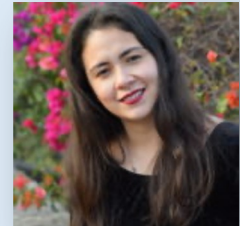


Photo credit line: Ammar Safarjalani / Xinhua News / ContactoPhoto

Being aware of the impact of such a devastating natural disaster, particularly on the health systems of both countries, we would also like to call upon our governments to take action where possible to help those affected by this disaster. Supporting the WHO as well as local and global relief organizations in their efforts to respond to this crisis is the least anyone could do. We can contribute by simply donating to these organizations as well as by spreading awareness and advocating for the basic human rights of all affected populations.

Reflection about recent earthquake in Turkey and Syria

By Dr. Jeazul Ponce Hernandez
(Mexico)
Publications Director 2022-2023
Junior Doctors Network
World Medical Association



Natural disasters and inequality, a challenge to face.

As a Mexican who has experienced a few earthquakes in her flesh, the last one in 2017, I can affirm the horrible panic that can be felt. However, this does not make me in the least bit an expert at natural disasters. But it does leave me with many reflections, some with very mixed feelings and others full of doubts. Could it be that the social determinants and the inequality gaps enhance the damage of a natural catastrophe? probably the answer is YES. It should be noted that solidarity and the response of the citizenry are always unbeatable, memorable and very plausible.

Solidarity is good, but it is not everything, actions are required, actions by governments and the different stakeholders, but these actions should be affordable and equitable.

The rescue teams immediately responded to the facts, and the news spread, the NGOs, and the international canine brigades were all there. They all came from many parts of the world. The humanitarian response has been exemplary, but it is worth noting the lack of equity in this solidarity response. Unfortunately, the arrival of this aid compared with Turkey was not seen in the same way as Syria, probably due to the political and social circumstances of that country, but that gives me questions to me (asking myself), how much do we need to think over in terms of access to humanitarian aid, rescue services, and the responses of governments to this type of circumstance?


Reflection about recent earthquake in Turkey and Syria

As JDN members, it is important to demonstrate our empathy, and respect for the victims, to have positions in these circumstances, but it is also valid to raise our voices. As members of an international organization, we cannot let these details go by, we must work on a team and support the WHO, UN, WMA, etc.

Finally, as doctors of different specialties, we contribute in a thousand ways. There will be members who are volunteers, and donors, and there will be others whose specialty is disaster medicine, but we are also members of JDN to express alternatives in a critical and constructive way, respectful statements that provide help and improve society, statements which can reach to the governments and the international community.

I would also like to share my greatest admiration for those furry heroes who are there to help us through thick and thin, who risk their lives and, although their voice is not heard in the same way, do not detract from their great heroic actions. Those rescuers dogs, deserve all the admiration in the world and, above all, thanks.



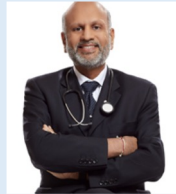
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Team of officials and contributions

Health in Climate Change at COP27



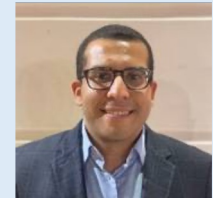
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The 27th Conference of Parties (COP27) to the United Nations Framework Convention on Climate Change (UNFCCC) was held in Sharm El Sheikh, Egypt, from 6-18 November 2022. Eight physicians from South Africa, Egypt, India, Finland, Austria, Sweden, and the United States represented the World Medical Association (WMA) at COP 27. Dr Ankush Kumar Bansal (United States) and Dr Lwando Maki (South Africa) led the delegation during the first and second weeks, respectively. The delegation represented WMA's views and position toward climate change, as expressed through the adoption of WMA climate change and environment policies [1-5]. Delegates followed key areas of health impacts with the attendance of COP27 negotiations, daily health community debrief/strategy meetings and health-related side events. There was also a social media campaign supported by WMA Communications.

Health-Related Side Events

In collaboration with the Global Climate Health Alliance, WMA members successfully organized a panel entitled, “Building Healthy Resilient Health Systems”. On this panel, Dr. Lwando Maki (South Africa) described the health impacts of climate change as witnessed by health professionals.

Advocacy and Plenary Statements Supported by Member States

During COP, WMA delegates met delegates to advocate for health as aligned with WMA policies.

COP27 KEY OUTCOMES

Loss and Damage Fund

The outcome was the establishment of a new fund for loss and damages, with a transitional committee that would make recommendations for adoption at COP28.

Santiago Network

The Santiago Network was formed at COP25 in Madrid, with the goal of helping low-income countries to identify technical needs and connect with technical experts and providers who can address technical needs. At COP27, there was a consensus on the institutional arrangements to operationalize the Santiago Network.

Warsaw International Mechanism

The Warsaw International Mechanism (WIM) was established in 2013, with the goal of coordinating and encouraging dialogue on loss and damage. There was no decision made on taking the WIM forward by the parties.

Carbon Markets

Carbon markets, which can be bought and sold between countries or entities, are defined as a system of credits based on carbon emissions that countries or entities can use to emit carbon emissions. Although the use of carbon credits was transparent, delegates changed the text to allow for confidentiality around movement of carbon credits.

Failure to Phase Out Fossil Fuels

Although a total of 80 countries, led by India, supported the call to phase out fossil fuels, parties failed to raise the mitigation ambitions regarding fossil fuels including coal.

Involvement of Youth and Intergenerational Equity

COP27 had a youth envoy for the first time. Members of the WMA delegation from the Junior Doctors Network (JDN) were proud to have represented young physicians from across the world at COP27. There will be further activities by the Junior Doctors Network (JDN) in support of addressing the climate crisis and they have the support of the WMA environmental caucus.

Right to a Clean, Healthy, and Sustainable Environment

The “right to a clean, healthy, and sustainable environment” phrase, as recognised by the UN General Assembly in July 2022, was included on the cover text of document with decisions along with the right to health.

Koronivia Joint Work on Agriculture (KJWA)

The KJWA was included in the document that works to address topics such as food systems. The KJWA looks at food systems, nutrition, and security, health impacts as it relates to loss & damage and local or indigenous communities, resilient health systems, emissions with respect to carbon markets and Article 6, and gender issues and health in the committee meetings and some negotiations was a positive step forward.

WAY FORWARD TO COP28

To prepare for COP28, the WMA delegation propose the following actions:

1. To develop and plan lectures and panel discussions with collaborating organizations, which can describe the health impacts of climate change across geographic regions and what physicians are observing due to climate change (e.g. hurricanes, typhoons, excessive heat, drought, nutrient depletion from soil, vector-borne diseases)

2. To organize and plan the promotion of previous and current WMA statements and declarations on climate change to national delegations
3. To expand the Environment Caucus activities and membership, which can foster new ideas, encourage collaborative projects, and leverage expertise among WMA members
4. To seek relevant delegations in order to facilitate advocacy work during COP28.



Photo 1. The COP27 delegation during week 1 included WMA members (Dr. Ankush Bansal, Dr. Muha Hassan, Dr. Ahmed Taha Aboushady) with Dr. John Balbus (U.S. Office of Climate Change and Health Equity) and three members of the U.S. Department of State.



Photo 2. The COP27 delegation during week 2 included WMA members, Dr. Lwando Maki, Dr. Lars Rocksén, Dr. Johanna Schauer-Berg, Dr. Lehka Rathod, and Dr. Mahesh Bhatt (left to right).

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Team of officials and contributions

The Second International Conference on Public Health in Africa (CPHIA 2022)

By Marie-Claire Wangari (MBChB) (Kenya)
Secretary 2022-2023
Junior Doctors Network
World Medical Association



The Africa Centre's for Disease Control and Prevention (Africa CDC) hosted the Second International Conference on Public Health in Africa (CPHIA 2022) in a hybrid format in Kigali, Rwanda from 13-15 December 2022. This was preceded by numerous side events that commenced on the 12th of December 2022 and a youth pre-conference (YPC) for young African global health leaders and advocates from the 10th and 11th of December 2022.



REGISTRATION IS NOW OPEN!

**2ND INTERNATIONAL CONFERENCE
ON PUBLIC HEALTH IN AFRICA (CPHIA 2022)**

Preparedness for Future Pandemics and Post-Pandemic Recovery: Africa at a Crossroads

Kigali Convention Centre, Kigali, Rwanda | 13-15 December 2022

Official CPHIA 2022 Side Events begin on 12 December 2022

For more information and to register, please visit www.cphia2022.com



Hosted by:  

Figure 1: CPHIA 2022 Publicity Poster

Team of officials and contributions

What is CPHIA:

CPHIA is a platform for African researchers, policymakers, and stakeholders to come together and share perspectives and research findings in public health while ushering in a new era of strengthened scientific collaboration and innovation across the continent. [1]

The inaugural conference was held in 2021 in a fully online format due to the Coronavirus (COVID-19) pandemic, making the second edition the first in-person event which was attended by close to 4000 participants and had over 50 side events.

Building on CPHIA 2021, the 2022 event was themed: “Preparedness for Future Pandemics and Post-Pandemic Recovery: Africa at a Crossroads.” It aptly summarized the current state of the continent on matters pertaining to health emergencies. It also affirmed the New Public Health Order (NPHO); [2] [3] that was released by the Africa CDC a few months earlier.

What is the New Public Health Order (NPHO):

The NPHO is a roadmap to sustainable health outcomes and health security. It is defined by five pillars as follows:

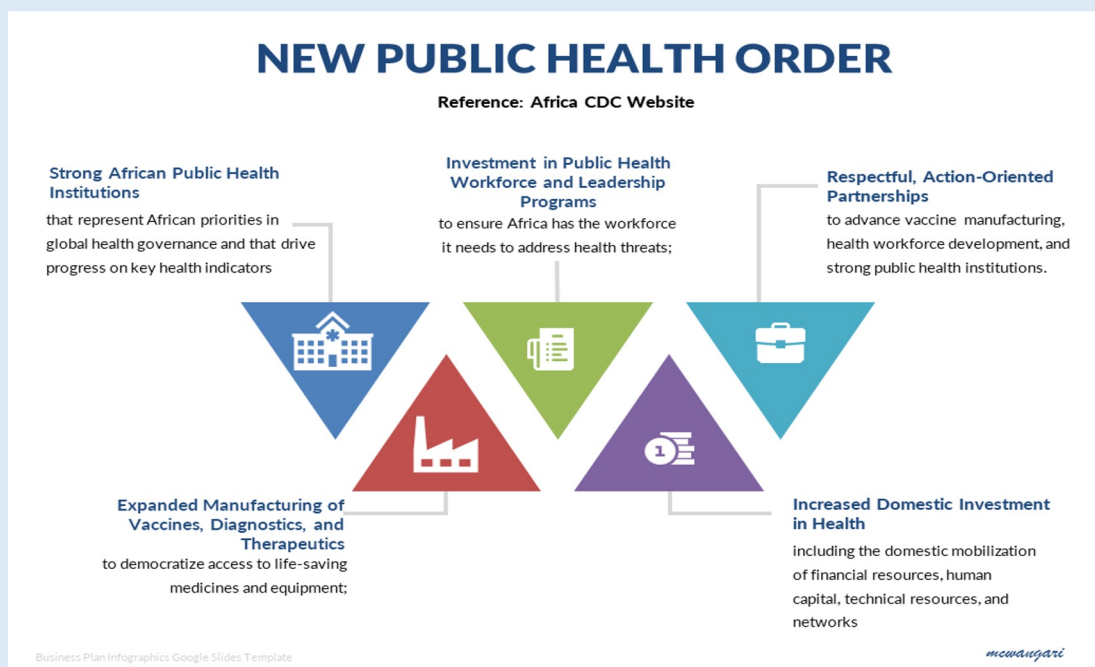


Figure 2: Summary of the Africa CDC, New Public Health Order Pillars .

Team of officials and contributions

Personal Reflections of my participation at the CPHIA 2022

1. Intergenerational Solidarity

Following the heels of the 2022 International Youth Day theme, it was crucial to learn about the current efforts and plans of the African Union (AU) and the Africa CDC regarding development of African leaders of tomorrow. With a special focus on young doctors, especially considering the age for youth in the AU is 35 years old as opposed to the global cut-off of 25 years old.

2. Meaningful Youth Engagement and Participation

The YPC advanced the Africa CDC's efforts of meaningful youth engagement and participation by offering young African's a chance to discuss key health policy issues affecting them. In addition, the attendees attended the pre-conference and the main event free of charge courtesy of full financial support offered by the event partners and the Africa CDC (including logistics and accommodation facilitation).

The lack of a feedback session on the YPC during day 1 of the CPHIA 2022 was noted, in addition to the lack of a dedicated main plenary and/or a parallel session for the youth with most youth-themed events being left to side sessions. However, the announcement of the establishment of an Africa CDC Youth Advisory Council at the opening ceremony was welcome with the inaugural members of the Africa CDC Youth Advisory Team for Health (YAT4H) being announced in late January 2023.

3. Women in Health – From Recipients to Providers to Leaders

This plenary session blended various modalities of formats from panel discussions, fireside presentations, and best of all, a debate session on the motion, "Gender equity in health leadership in Africa-have we made progress or gone backwards." This creative debate was moderated by Dr. Ebere Okereke, where those for the notion narrowly defeated the opposition via a vote on Mentimeter (finally tally was 190 votes to 112 votes). You can recap the session on the Africa CDC YouTube page [here](#)

Team of officials and contributions

4. Investment in Public Health Workforce and Leadership Programs

In line with the NPHO, there are already ongoing efforts towards attaining this pillar with the ongoing AU COVID-19 Vaccination Bingwa Initiative that aims to establish a network of youth champions for COVID-19 vaccination on the continent. (PS: Bingwa is a Kiswahili term for Champion)

Furthermore, the Africa CDC has the Kofi Annan Global Health Leadership Programme, whose inaugural fellows were in attendance of CPHIA 2022. This was a huge plus as it gave interested individuals a chance to learn about the program as the call for the third cohort was already ongoing and set to close on 15th January 2023.

5. Preparedness for future Pandemic and Post-Pandemic Recovery in Africa

The highlight of the CPHIA 2022 for me was the Africa CDC side-event, on health diplomacy, that was held on the last day as the last session before the closing ceremony. This session demystified what the Africa CDC is doing on matters of Pandemic Prevention, Preparedness and Response such as the Africa Pandemic Preparedness and Response Authority (APPRA).

The session also had positive stories of how the Africa CDC used best practices from previous health emergencies to be better equipped. Whilst trying to mitigate the health system challenges brought about by the COVID-19 pandemic. Among the key messages shared was a crucial one; that of knowledge exchange and shared learning. It was interesting to see how the Africa CDC's efforts in pandemic preparedness already align with health security and pandemic preparedness discussions such as the World Health Organization Intergovernmental Negotiating Body (INB) [4] where the INB Co-Chair, Ms. Precious Matsoso [5] shared more on the INB processes and how it intertwines with health diplomacy and Africa CDC's efforts regionally. You can recap the session on the Africa CDC YouTube page [here](#).

Team of officials and contributions

Conclusion

Having participated in both editions of the CPHIA, I believe that this is a pivotal global health event for all those who are interested in or engaged in Public Health in Africa. It is my hope that more people attend the event, especially those not based on the continent. All roads now lead to Zambia for CPHIA 2023.

Disclaimer: This article has been modified for the JDN Newsletter following personal reflections on the same. Views expressed are purely the author's own [6].

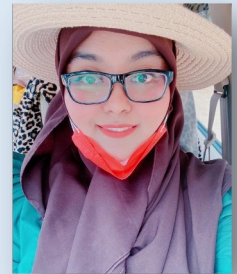
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JDN members' contributions

Experiences of Surgical Residents of Vicente Sotto Memorial Medical Center in the Aftermath of Super typhoon Rai (Odette) in Cebu City, Philippines

**By: Maymona J. Choudry, MD, MPH
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Junior Doctors Network
World Medical Association**



In December 2021, according to the Philippines Disaster Risk Reduction and Management Council, one of the most powerful typhoons struck the southern parts of the Philippines [1]. Super Typhoon Rai, also known as “Bagyong Odette”, made its first landfall on 16 December 2021, bringing torrential rains, violent winds, floods, and storm surges to the Visayas and Mindanao Islands [2]. Within 24 hours, with sustained winds of 100mph in a band spanning 600 miles, the typhoon intensified into a Category 5 hurricane, [1]. The storm lasted a total of 24 hours, affecting around 16 million people, of which 2.4 million needed assistance, requiring funding of \$169 million in the islands of Visayas & Mindanao [2].

In other parts of the Philippines, the typhoon severely impacted an estimated 9.9 million people across the six most affected regions, leaving about 2.4 million people in need of assistance. According to the National Disaster Risk Reduction and Management Council (NDRRMC) and the Department of Social Welfare and Development (DSWD), the typhoon killed at least 409 people; injured thousands more, and cumulatively displaced nearly 3.2 million people [2].

Meanwhile in Cebu, a few hours prior to the peak of the typhoon, the surgical residents of Vicente Sotto Memorial Medical Center (VSMMC) went about their normal days at the hospital before receiving multiple text alerts from the NDRRMC about the incoming typhoon. Since storms are a common occurrence in the Philippines, most of the locals did not heed the warning from the NDRRMC. We went to work as usual, attending endorsements, conducting ward rounds, and assisting in operations. Nightfall came and light rain started to pour, with everybody rushing to go home, and the traffic bustling on the streets. The dark clouds in the sky felt like an imminent sign for us to go home early.

JDN members' contributions

Some of us went home while others stayed at the hospital when heavy rainfall started pouring coupled with strong thunderstorms and powerful lightning strikes. At the storm's peak, the raindrops felt heavier than before, and the sound of the windstorm rustled through the windows and corridors of the building. The whole building started to tremble due to the impact of the typhoon, and the electricity started to flicker until the entire building lost power. Meanwhile, some of my colleagues on duty at the hospital were preparing themselves for the possible surge of trauma patients. One of the scenarios in the emergency room was the destruction and damage of the glass doors (Figure 1), which were salvaged by the security and maintenance staff. Due to the unavailability of food deliveries, some of my colleagues who went out that night to buy food supplies were met with flying debris and broken tree branches on the streets. It was a one-of-a-kind experience for each one of us.

The next morning, once the storm had calmed, there was a city-wide power outage. Walking down the street to the hospital, we encountered the aftermath of the typhoon (Figure 2). For almost two weeks after the passing of Supertyphoon Odette through Cebu, most people were affected to varying degrees. Some of us had experienced a power outage and water shortage at our homes, unavailability of clean drinking water, shortage of food products, and inflation rates of gasoline for almost three weeks. For the residents of the VSMMC, the hospital became our shelter against the harsh impacts of the typhoon. Every day, we had to look for a place to take a bath, sleep safely, and buy food aside from the unhealthy snacks we had been eating for almost a week. Eventually, after two weeks, the power supply was re-established, and everything else fell back to how it was before the typhoon. It was at this time that the residents came together to help each other emotionally and spiritually.



*Figure 1. One of the examples of property damage at the hospital.
© Maymona Choudry*

JDN members' contributions



Figure 2. Streets of Cebu City after the impact of Supertyphoon Odette. © Maymona Choudry

It was one of the most memorable experiences for someone like me who has never experienced a natural disaster firsthand. I am grateful that my colleagues were there with me; their presence provided me with the emotional support that I needed and served as a reminder that I am not alone in this difficult journey.

It has been 31 years since Typhoon Mike, which was one of the strongest typhoons to hit the region. As a tertiary hospital in the region, the VSMHC conducts training on disaster risk reduction, preparedness, and management. The local government should work “hand-in-hand” with the hospitals to ensure adequate preparation and management of any disasters. The super typhoon Odette served as a wake-up call to the local government of Cebu to remain prepared for typhoons, storms, and any disaster that may hit the region, especially those that are being alerted by the NDRRMC.

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JDN members' contributions

How COVID-19 Pandemic shaped the World

By: Dr. Israel Osagie,
Brookes Army Medical Center,
United States of America
Junior Doctors Network
World Medical Association



The COVID-19 pandemic has had a profound impact on the world, affecting nearly every aspect of daily life. The virus, which first emerged in Wuhan, China in 2019, quickly spread across the globe, resulting in widespread lockdowns and economic disruption.

One of the most significant impacts of the pandemic has been on public health. The virus has infected millions of people and killed hundreds of thousands, overwhelming healthcare systems in many countries. The rapid spread of the virus also highlighted existing inequalities in healthcare access and outcomes, with marginalized communities disproportionately affected.

The pandemic has also had a major impact on the global economy. Businesses have shuttered, unemployment has risen, and supply chains have been disrupted, leading to a recession in many countries. The economic fallout has disproportionately affected low-income workers and small businesses.

The pandemic has also accelerated the shift towards remote work and online learning. With lockdowns in place and social distancing measures in effect, many people have been forced to work and study from home. This has resulted in a rapid adoption of technology, as well as changes in work culture and the way we live our lives.

The pandemic also accelerated the use of IT in the medical field which saw the use of data science, artificial intelligence and machine learning being applied to specific areas such as scientific health, research studies and predictions, genetic mapping and sequencing of novel pathogenic strains, use of complex computerized RNA 3D models employed in vaccine discovery and production at breakneck speed, defying the delays involved with traditional medical pharmacotherapeutic phases and processing of medication.

JDN members' contributions

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The pandemic has also had a significant impact on social and political issues. The crisis has highlighted existing inequalities and injustices and has led to increased awareness of issues such as healthcare access, worker rights, and economic inequality. The pandemic has also led to increased polarization and political division in some countries.

In terms of global cooperation, the pandemic has both highlighted the need for international cooperation and exposed the lack of it. Many countries have struggled to access basic medical supplies and equipment, while others have hoarded supplies and restricted exports. The pandemic has also exposed the fragility of global supply chains and the need for greater self-sufficiency.

Overall, the COVID-19 pandemic has had a profound and far-reaching impact on the world. It has affected nearly every aspect of daily life, from public health and the economy to social and political issues. The pandemic has accelerated changes that were already underway and has highlighted existing inequalities and injustices. The world will continue to feel the effects of the pandemic for years to come.

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JDN members' contributions

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JDN members' contributions

Being a physician in the United States Armed Forces

By: Dr. Israel Osagie,
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Junior Doctors Network
World Medical Association



Being a physician in the military is a challenging and rewarding experience. As a military doctor, you are responsible for providing medical care to soldiers, veterans, and their families. This includes everything from routine checkups and vaccinations to emergency care and surgery, depending on the chosen specialty of training.

The experience of a military physician is a peculiar one. It requires you balance intense physical training within the military, with your academic and clinical skills as a medical professional. Simultaneously training as a physician whilst undertaking your responsibilities within the armed forces.

One of the biggest challenges of being a physician in the military is the fact that you may be deployed to a combat zone. This means that you must be prepared to work in austere and potentially dangerous conditions. You must also be able to make quick decisions and act under pressure, as the lives of your patients may depend on it. These patients could be your soldiers or enemy soldiers alike who must receive medical care, according to the Geneva convention rules.

Despite these challenges, there are many rewards to being a physician in the military. One of the most rewarding aspects of the job is the opportunity to make a real difference in the lives of soldiers and their families. You will also can work with a highly skilled and dedicated team of medical professionals. In addition to providing medical care, military physicians also could conduct research and develop new medical technologies. This can lead to advancements in medical care that will benefit not only military personnel, but also the general population.

Overall, being a physician in the military is a noble and challenging profession. You will have a chance to serve your country, help soldiers and their families, and be a part of a dedicated team of medical professionals. The experience can be challenging, but the rewards are many, and the impact on your patients and their families will last a lifetime.

JDN members' contributions

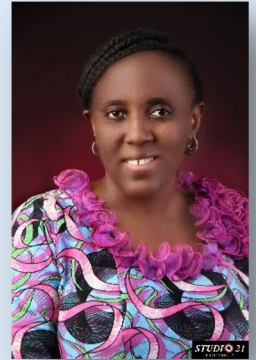
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JDN members' contributions

“Why the blame”

Poem by Dr. Dabota Yvonne Buowari, MD
Nigeria
Junior Doctors Network
World Medical Association



A A woman is raped, she is blamed
A girl is raped, her mother is blamed
A lady is sexually harassed, she is blamed

I have been stripped of my dignity as a woman
The supremacy of the male gender is promoted in
most African cultures
Oh Africa, oh Nigeria
Who did this to you?
Can a woman be allowed to speak out for once?
When will this aggression stop?

Rapists must be punished
Women and girls should be believed when they
speak out
Stop the discrimination against victims of rape
Stop blaming victims of rape
Stop blaming mothers of girls who are raped
My dignity must be kept
Oh, Nigerian women! Oh, Nigerian girls!
It's time to break the silence and speak out.

This poem is dedicated to the survivors of rape in Nigeria

JDN members' contributions

Translational Medicine: Where Basic Science Becomes Medically Tangible.”

**By Daniel Andrés Sierra García, MD
Guatemala/Germany
Junior Doctors Network
World Medical Association**



Inside the medical community, there is often a discussion on novel treatments for the diseases our patients face all the time. We are regularly reading about cutting-edge scientific discoveries of how different diseases modify the normal function of the body, with promising results that would change the course of their current management. But what happens after? Why are these groundbreaking innovations not reaching the patients that need them?

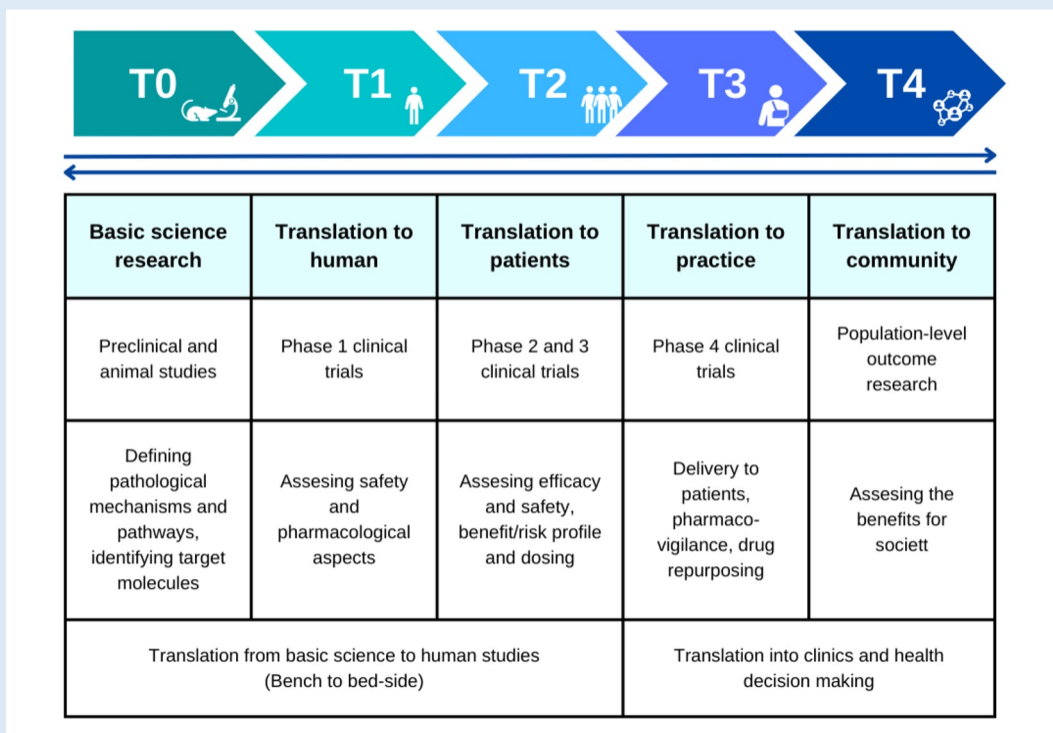
The answer is complex. There's a huge journey for these discoveries to finally reach the medical ground and become part of routine therapeutics. As a matter of fact, in 2022, worldwide more than 606,000 scientific papers were published as medical research, but only 37 new drugs were approved by the US Food and Drug Administration (FDA). There is an evident void between the laboratory results and their application in a clinical context. The so-called “translational gap” refers to this rift between basic research and clinical application.¹ And this is where translational medicine comes into the spotlight.

Translational medicine in a glance.

In easy words, translational medicine is the bridge that closes the gap. Essentially, it encompasses the process of bringing basic scientific research into clinical practice, and creating novel treatments, procedures, and diagnostics.¹ For us as clinicians, the more important perspective is the translation of the latest research into the standard care of patients.

Translational medicine proposes a continuum of research, involving multiple disciplines in the process.² While basic-science researchers focus on identifying unanswered questions on the understanding of disease pathogenesis and therapeutic mechanisms, clinicians bring the results to the practice focusing on patient well-being and health outcomes.³ The whole process of translation can be divided into multiple phases, as illustrated in figure 1

JDN members' contributions



(Figure 1) The translational continuum.

The whole process of translational medicine can be summarized in five operational phases. Between each phase, some challenges and obstacles arise and must be overcome. T0 is the basic and preclinical research, mostly performed in basic science laboratories. Different basic disciplines are involved in this process, and basic researchers are experts in this phase. T1 through T3 include all phases of clinical trials, each with different expected outcomes before bringing a new therapeutic to standard clinical practice. Physicians are most familiarized with these process, as clinical trials are mainly conducted by clinicians. Finally, T4 involves public health intervention in order to evaluate the outcomes of an intervention on a population level.¹ As a continuum, the order is not strict and each progressive phase can go back to a previous one, in order to improve the outcomes. This continuum allows to connect both the basic research and clinical intervention, bringing the laboratory results to clinical practice and the same way around. (Adapted from [1]).

JDN members' contributions

This process takes time. In fact, it takes an average of 10.5 years for a novel therapeutic to finally get the approval for commercialization after its discovery.⁵ Numerous factors influence this long duration and they depend on each phase: reproducibility of the experiments, regulatory processes, negative results, intellectual property, etc.¹ As an example, clinical trials in phase 1 take around 2.3 years, in phase 2 around 3.6 years, and phase 3 around 3.3 years.⁵

Translational doctors: becoming a clinician-scientist.

For medical professionals, joining translational research can be defiant. It requires special proficiency in speaking two different languages: basic science and clinical medicine. Furthermore, it also represents an opportunity to gain new knowledge outside of the clinics, like bioinformatics, project management and statistics.³ Going back to basic science does not mean you are going backward, but quite the opposite; it represents the perfect way of connecting both clinical experience and basic research, providing great insights from the application of diagnostics and therapeutics for further research opportunities.

A clinician-scientist is a physician devoted to research, combining both clinical practice and basic science laboratory research. Clinician-scientists can solve the dead-ends of basic research, as they understand diseases simultaneously as a scientific phenomenon and a medical condition affecting patients, bringing new perspectives and novel approaches missed by previous experiments and research.³ Somehow, clinician-scientist would become part of the translation continuum, which can be passionately satisfying, especially when the results of experimental lab work are successfully translated into healthcare delivery.²

Personal perspectives

As a doctor with a complete clinical-focus medical formation, becoming a clinician-scientist has been challenging. Same as in surgical procedures, lab work has specific steps, meticulous processes and requires thorough ability. Also, the grasp of diseases is completely different between basic and clinical science. We physicians know the basic molecular processes happening inside, nevertheless, we ignore a lot of the in-detail complexity of those mechanisms. Reviewing (and re-learning) the basic cell functioning, from metabolic to replication processes, has not been an easy task.

JDN members' contributions

But coming across a multidisciplinary group with other young scientists has been also exciting. Between scientific disciplines, we share different understandings, unique visions, and particular thinking processes for the same problems. That is why learning from peers coming from basic sciences has been a clash of knowledge and a new common ground. We have created a scenario with different junior scientists, each bringing in different ideas and perspectives, all with the common goal of finding a convergent point to tackle a health problem. We all share the same goal: the improvement of patients' health and well-being as the ultimate outcome.

Closing remarks

There is still a big road ahead for biomedical research. As young physicians, with great service and passion for our patients, we can begin delivering this very needed input from clinical practice back to basic science research. Modern technologies make research both exciting and extraordinarily promising, and there is no question that translation is urgently needed.

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JDN members' contributions; Spanish version.

Medicina Traslacional: Donde la Ciencia se vuelve Médicamente Tangible

By Daniel Andrés Sierra García, MD
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Junior Doctors Network
World Medical Association



Dentro de la comunidad médica, a menudo hay una discusión sobre nuevos tratamientos para las enfermedades que todo el tiempo enfrentan nuestros pacientes. Regularmente leemos descubrimientos científicos vanguardistas sobre cómo diferentes enfermedades modifican la función normal del cuerpo, con resultados prometedores que cambiarían el curso y el manejo actual. ¿Pero qué pasa después? ¿Por qué estas innovaciones revolucionarias no llegan a los pacientes que las necesitan?

La respuesta no es fácil. Hay un gran viaje para que estos descubrimientos lleguen al terreno médico y se conviertan en parte de la terapia rutinaria. De hecho, en 2022, en todo el mundo se publicaron más de 606,000 artículos científicos de investigación médica, pero solo 37 nuevos medicamentos fueron aprobados por la Administración de Drogas y Alimentos de Estados Unidos (FDA, por su siglas en inglés). Existe una brecha entre los resultados de laboratorio y su implementación en un contexto clínico. La llamada “brecha traslacional” se refiere a ese vacío entre la investigación básica y la aplicación clínica (1). Y es ahí donde la medicina traslacional cobra protagonismo.

Un vistazo a la medicina traslacional

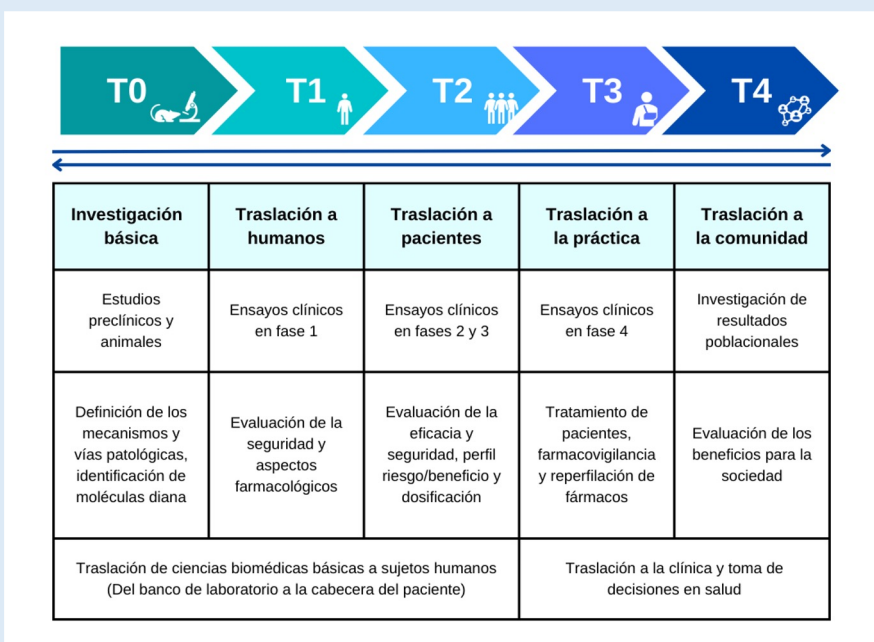
En palabras sencillas, la medicina traslacional es el puente para cerrar esa brecha. En esencia, abarca el proceso de llevar la investigación científica básica a la práctica clínica, creando nuevos tratamientos, procedimientos y diagnósticos. (1) Para nosotros como médicos, la perspectiva más importante es la traslación de las últimas investigaciones en el cuidado estándar de los pacientes.

La medicina traslacional propone un continuo de investigación, involucrando múltiples disciplinas en el proceso. (2) Mientras que los investigadores de ciencias básicas se enfocan en identificar preguntas sin respuestas acerca de los procesos patogénicos de las enfermedades y los mecanismos terapéuticos, los médicos clínicos llevan los resultados.

JDN members' contributions

a la práctica, centrándose en el bienestar del paciente y los resultados en salud (3) Todo el proceso de traslación se puede dividir en múltiples fases. Mientras que las primeras fases están dedicadas a la investigación básica, las fases intermedias implican la traslación a sujetos humanos sanos y pacientes. La última fase está comprometida con la salud pública y se abarca la traslación a poblaciones enteras. (1, 2, 4) Es evidente, entonces, por qué la traslación lleva tiempo, con muchos desafíos que pueden surgir a lo largo del proceso.

(Figura 1)



Medicina traslacional: convertirse en un científico clínico.

Para los profesionales médicos, unirse a la investigación traslacional puede ser desafiante. Requiere un dominio especial de dos idiomas diferentes: ciencias básicas y medicina clínica. Pero también representa una oportunidad para adquirir nuevos conocimientos fuera de la clínica, como bioinformática, gestión de proyectos y bioestadística. (3) Volver a la ciencia básica no significa un retroceso, sino todo lo contrario; representa la manera perfecta de conectar la experiencia clínica y la investigación básica, a través de una visión particular desde la aplicación de diagnósticos y terapias para futuras oportunidades de investigación.

JDN members' contributions

Aunque pueda sonar vago volver a lo básico, se necesitan médicos en todo el proceso de traslación. El científico clínico puede abrir los callejones sin salida de la investigación básica, brindando nuevas perspectivas para considerar enfoques novedosos pasados por alto durante los experimentos e investigaciones pasadas. (3) De alguna manera, el científico clínico se convertiría en una parte clave del continuo de la traslación, que puede llegar a ser muy satisfactorio, especialmente cuando los resultados del trabajo de laboratorio experimental se trasladan con éxito en la atención médica. (2)

Perspectivas personales

Como médico con una formación completamente con enfoque clínico, encontrarme con un grupo multidisciplinario con otros científicos jóvenes de diferentes campos ha sido tanto desafiante como emocionante. Los médicos conocemos los procesos moleculares básicos que suceden en el cuerpo humano, sin embargo, ignoramos muchos detalles de la complejidad de esos mecanismos. Revisar y volver a aprender el funcionamiento celular básico, desde los procesos metabólicos a la replicación del genoma, no ha sido tarea fácil.

Además, es bien sabido que, entre disciplinas científicas, la visión y los procesos de pensamiento para los mismos problemas es particular. Por eso, aprender de pares o “peers” provenientes de las ciencias básicas ha sido un choque de saberes en un nuevo terreno común. Hemos creado un escenario conformado por diferentes científicos jóvenes, cada uno aportando diferentes ideas y perspectivas, todo con el objetivo común de encontrar un punto de convergencia para abordar un problema de salud. Todos compartimos el mismo objetivo: la mejora de la salud y el bienestar de los pacientes como máximo resultado.

Comentarios finales.

Todavía queda un gran camino por delante para la investigación biomédica. Como médicos jóvenes, con una gran pasión por el servicio a nuestros pacientes, podemos comenzar a brindar ese aporte tan necesario de la medicina clínica a la investigación científica. Las tecnologías actuales hacen que la investigación sea emocionante y extraordinariamente prometedora, y no hay duda de la necesidad urgente de la traslación de conocimiento.

JDN members' contributions

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JDN members' contributions

The 1st International Junior Doctors' Network (JDN) Malaysia Conference 2022

By Dr Merlinda Shazellenne
MBBS AIMST, OHD NIOSH.
Chairperson, JDN Malaysia (2021-2023)
Organizing Chairperson, 1st International
Junior Doctors Network (JDN) Malaysia
Conference.
Junior Doctors Network
World Medical Association



Malaysia's JDN recently held their very first International JDN Malaysia Conference, last November 5th, 2022. It served to make JDN well known in Malaysia as well as to foster unity amongst JDN representatives of the neighbouring countries. The event was held concurrently with the CMA 26th Triennial Conference and Council Meeting.

The event had a crowd of 200 plus, both online and physical, as the event was planned in a hybrid fashion to facilitate more participation from junior doctors who might have logistics issues in being present physically. Our guest of honour was the WMA president himself, Dr Osahon Enabulele, who gave a short but sweet opening speech to start the conference. Meanwhile, Dr Murugaraj Rajathurai, the incoming CMA President who also is the President of the MMA (Malaysian Medical Association), gave his closing speech, post-forum.

JDN Management was represented by Dr Lwando Maki, the Vice Chairperson. The other JDN present were Dr Yujin Song from KIRA (Korea), Dr Wunna Tun (Myanmar), Dr. Marie-Claire Wangari (Kenya), Dr Jihoo Lee (Medical Ethics Working Group Chair) and others, to name a few.

The topics presented are in the poster seen below (Picture 1). A brief outline about "SCHOMOS" (Section Concerning House Officers, Medical Officers and Specialists-the government wing of MMA) was given to the participants before introducing JDN in Malaysia, how it all started and what all are the achievements thus far, both in Malaysia and in the international arena. This then was followed by various topics which are heavily related to junior doctors in Malaysia such as Mental Health, Introduction to General Practitioner practice, Alternative Pathways, Life Long Learning and Research.

JDN members' contributions

The forum, conducted in the evening, was done to facilitate a healthy discussion amongst those present, on how to improve the situation in Malaysia as well as the issues concerning junior doctors in Malaysia. Suggestions from several countries (concluded during the country updates meeting the previous day) were also presented to the participants of the conference (Picture 2). In the Q&A session, the participants asked many relevant questions which were then answered by the panel present (Picture 3).

We also took the opportunity to network with good food during the conference and also managed to take a nice group photo as a memoir (Picture 4). Networking with other JDN, during this forum, has led to closer unity and given opportunities for more joint collaboration, namely some research papers and articles. We also managed to get to know some of the lovely leaders in CMA (Picture 5) during the Grand Dinner organized post-conference.

In a nutshell, organizing this International Conference was a pleasure on my side, despite all the hundreds of hours spent preparing for it, as the feedback post-conference was highly positive and this encourages my team to continue this tradition of conducting this forum, yearly. By initializing JDN this year in MMA, and through all the extensive networks that we have managed to grow during my tenure, both internally (with the other Young Professionals Associations-YPA) and externally in the international arena, I hope that the voices of junior doctors can be heard, loud and clear, in fighting injustice and in bettering lives for all in the medical fraternity. I must convey my sincerest gratitude, to my MMA President, Dr Murugaraj Rajathurai, for his never-ending help and guidance during the entire planning of this forum.

Sincere thanks also must be conveyed to all of the Organizing Committee and to our Secretariat, without whom the event will never materialize. Lastly, I wish to thank the entire network of JDN-WMA for being an organization which is very supportive for all junior doctors.

JDN members' contributions

Pictures



TIME	PROGRAMME	DESCRIPTION
0800 hrs - 0830 hrs	Registration	
0830 hrs - 0845 hrs	Welcome Address by CMA President / WMA President	Dr Osahon
0845 hrs - 0915 hrs	Role of SCHOMOS in Malaysia	Dr Vijay
0915 hrs - 0945 hrs	Introduction to JDN	Dr Merlinda
0945 hrs - 1000 hrs	Tea Break	
1000 hrs - 1045 hrs	Assessing a Patient with Liver Disease	Dr Chin Jun Liong, Consultant Gastroenterology Specialist, Gleneagles KL
1045 hrs - 1130 hrs	Introduction to GP Practice	Datuk Dr Arasu
1130 hrs - 1215 hrs	Alternative Pathway, Lifelong Learning and Research	Dr Sentil
1215 hrs - 1300 hrs	Reaching For The Stars ... And Beyond	Dr Gayathri
1300 hrs - 1400 hrs	Lunch Symposium - Beyond Clinical Practice - Building a Sustainable Healthcare Ecosystem for Malaysia	Dr Ashwini Saha, Country Medical Director, AstraZeneca Malaysia
1400 hrs - 1600 hrs	Open Forum: - Statistics / Research on Bullying / Harassment - Summary of Best Country Practices from JDN International - Right as Junior Doctor - Human Rights in Medicine - Ethics at The Workplace - Career Progression in Malaysia	Dr John-Paul Tabone (CMA Malta) Dr Merlinda (Moderator) Panelists: Dr Lwando Maki (JDN WMA) Dr Jihoo (JDN WMA) Dr Lianne (JDN Malaysia) Dr Sivabala (SCHOMOS EXCO) Dr Gayathri (Malaysia)
1600 hrs - 1615 hrs	Closing Address by MMA President / CMA President Elect	Dr Muruga Raj
1615 hrs - 1630 hrs	Official Photoshoot Event Ends Tea Time	

8 CPD POINTS WILL BE AWARDED

Date : 5th November 2022
Venue : The Gardens Hotel & Residences, Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur
Theme : Empowering Junior Doctors: The Future of Malaysian Healthcare Providers

Picture 1. Poster with the program

JDN members' contributions

Pictures



Picture 2.



Picture 3.

JDN members' contributions

Pictures



Picture 4.



Picture 5.



Picture 6.