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

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

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

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Editorial

Recent environmental risks have impacted community health and well-being worldwide, including wildfires in Canada, Portugal, Spain, and the United States, monsoon rains in Pakistan, Hurricane Erin in the Atlantic Ocean and Hurricane Kiko in the Pacific Ocean, Typhoon Kajiki affecting China and Vietnam, and disease outbreaks (cholera in Africa, Nipah virus in South Asia, yellow fever in South America). Addressing these complex challenges will require the One Health framework (human-animal-environment nexus) to connect evidence-based data (from satellite-based remote sensing to in situ measurements) with the development of relevant policies, clinical guidelines, and community health interventions. The urgent need to build health system resilience and reinforce local and national capacity will be fundamental to ensuring community preparedness and response and reducing physical and mental health stressors.

Global leaders continue to advance our scientific understanding of environmental risks (linked to 24% of global mortality rates) that directly influence health systems. First, the World Health Organization (WHO)'s *Health and Environment Country Scorecards* (2024 update) was published in July 2025, offering a snapshot of eight environmental risks to health (air pollution; unsafe water, sanitation and hygiene; climate change; biodiversity loss; exposure to chemicals; radiation; occupational risks; healthcare facilities) to help decision-makers identify priorities and needs. Second, the WHO and World Meteorological Organization (WMO) published the *Climate Change and Workplace Heat Stress* report in August 2025, noting the long-term health and economic impacts of extreme heat as well as the 2-3% decline in worker productivity for each degree above 20°C. Third, the launches of two satellite instruments – NISAR (NASA-ISRO Synthetic Aperture Radar) on 30 July 2025 and Metop-SGA1 (Metop Second Generation A1) on 13 August 2025 – will help monitor Earth's changing ecosystems (including natural hazards and sea level rise) and support weather forecasting for research and applications, respectively.

In this issue, Dr. Ashok Philip emphasised the essential physicians' role in promoting universal health coverage. Dr. Hosams Abu Meri described national efforts in the Latvia health system to ensure equitable access and resilience in European medicine. Dr. Mónica Correia highlighted current bioethical issues across global health systems as well as the effective use of digital surveillance and artificial intelligence to protect autonomy and privacy in medical practice and research. Dr. Carlos Serrano, Jr., and colleagues supported continuing medical education to prepare physicians to uphold quality patient care in the changing healthcare landscape. Finally, Dr. Mehr Muhammad Adeel Riaz and colleagues recognised the Junior Doctors Network (JDN)'s valuable contributions to global health diplomacy and youth engagement for the 78th World Health Assembly (WHA78).

The World Medical Association (WMA) members, who represent 115 national medical associations (NMAs), demonstrate robust leadership and excellence across nations and geographic regions. WMA leaders prepared eight press releases that advocate for investing in the health workforce, protecting health professionals during conflicts, and highlighting plastic pollution as a public health emergency. In this issue, WMA members enthusiastically shared the importance of strengthening mental health and wellness for the lifespan across health systems. Dr. Tomas Cobo Castro iterated the need for global responsibility to protect physicians' mental health. Dr. Ayda Linda Wanjiku described national initiatives, milestones, and structural reforms related to for mental health advocacy in Kenya. Finally, WMA members representing 20 countries of the African, Americas, Asian, East Mediterranean, and Pacific regions articulated their commitment to support mental health services and national policies, in efforts to commemorate World Mental Health Day.

Notably, this issue showcased the professional testimonies of three NMA leaders of the East Mediterranean region, related to ongoing NMA priorities and activities and perceived strengths and challenges in medical education. These accounts are evidence of physicians' remarkable achievements and encountered challenges while seeking to strengthen medical education and improve healthcare service delivery. This expertise will certainly help advance discussions on pressing topics in medical education and ethics at the 76th WMA General Assembly, which will be held from 8-11 October 2025, in Porto, Portugal.

We are overjoyed to connect at the 76th WMA General Assembly in Porto!

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

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Invitation to the 76th WMA General Assembly in Porto, Portugal

Dear colleagues,

As members of the World Medical Association (WMA), we understand that medicine knows no borders. Despite cultural, linguistic, geographical or ideological differences, physicians share a unique identity: medicine, grounded in the universal principles of ethics, humanism, solidarity, and the Hippocratic tradition. This global and inclusive vision is at the forefront of the Portuguese Medical Association (Ordem dos Médicos) (https://ordemdosmedicos.pt/), and for the first time, we are honored to host the 76th WMA General Assembly from 8-11 October 2025, in the city of Porto.

Although this gathering represents a scientific and statutory event for global physicians, it offers a unique moment to strengthen the bonds that unite us as a global medical community, regardless of our disciplines and geographic regions. Together, we have the responsibility to defend human dignity in all its fullness, promote global solidarity, protect human rights, and ensure the universal right to health - even in situations of conflict or catastrophe. Medicine is, by its very nature, an exercise in peace, and physicians, by their mission, are builders of this peace. This meeting will provide an opportunity to reaffirm medical universalism and our determination to transcend ideological and political boundaries, placing life and health at the center of global priorities.

We live in a time when global challenges demand coordinated and effective responses. Whether facing health crises, conflicts or wars or inequalities in access to care, the medical community must remain faithful to its humanist vocation, ensuring that all scientific and technological advances are subordinate to human well-being, ethics, and justice. Physicians also serve as mediators and guardians of peace, reminding us that health and dignity must never be held hostage to conflicts or private interests.

Using *"The Impact of Artificial Intelligence on Medical Practice"* theme, the scientific session will bring together internationally renowned experts to highlight how technologies can help reduce inequalities, improve access, and strengthen international cooperation. The discussion will allow deep reflection on how to preserve ethics, empathy, and humanity in medical practice in the face of an unprecedented technological transformation. Although artificial intelligence opens new possibilities in diagnosis, treatment, and clinical management, it demands an unwavering defense of the doctor-patient relationship and human clinical judgment.

At the WMA General Assembly in Porto, we will reaffirm the unity of the global medical community and our commitment to medicine that serves as an instrument of hope, solidarity, and human development. It will serve as a declaration of principles: health as an inalienable human right, defense of life, promotion of peace, and strengthening of citizens' trust worldwide. It will provide a moment to share experiences, build bridges, and strengthen networks that enable us to act in concert when experiencing common challenges. Above all, it will be a place to share our vision for the world and propose concrete solutions that foster development, drive progress, and improve people's well-being and happiness.

We count on you to ensure that this WMA General Assembly is an unequivocal affirmation of the values that define us as physicians and global citizens. Your presence and participation will be essential for us to advance together in building a truly universal, ethical, supportive, and deeply humanist medicine.

We welcome your visit to Porto!

Portuguese Medical Association
(Ordem dos Médicos)
Porto, Portugal
internacional@ordemdosmedicos.pt

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Universal Health Coverage: Physician Input is Imperative

Ashok Philip

The human impulse to care for the sick has been with us before we were even fully human. At whatever stage of development they may be, no human society leaves the sick untreated. Empathy and self-interests work together to ensure that no one is left behind. As societies become more complex and populous, giving and receiving medical care is no longer a matter of a quick visit to the local shaman. In our modern world, urbanisation, population growth, inequality, changing epidemiological trends, and social upheaval all challenge the delivery of healthcare to all.

The World Health Organisation has ambitious goals for universal health coverage (UHC), as leaders envision a world where everyone can access healthcare serves at any time or place, without facing financial distress. Despite initial progress, achieving UHC worldwide had stalled during the coronavirus disease 2019 (COVID-19) pandemic, and it continues to have a slow recovery to the present date. For instance, an estimated 25 million children missed routine vaccinations in 2021 [1]. With rising vaccine mistrust and rapid spread of misinformation, global citizens will feel the short- and long-term effects on morbidity and mortality – especially poor and disadvantaged communities. However, with high stakes and potential benefits, no one is abandoning efforts to streamline UHC worldwide.

Observing the global trend, the World Medical Association (WMA) is concerned about the slowed progress to achieve UHC. To address this challenge, the WMA offers a space to bring doctors together from around the world to share their problems and insights, identify any setbacks, and brainstorm on potential solutions and breakthroughs. Notably, our strength lies in our diversity. Since WMA members work across the spectrum of healthcare systems – ranging from the most advanced technologies to the fewest resources – this space presents a cross-fertilization of ideas with collective dialogue that fosters knowledge exchange and learning.

At the 75th WMA General Assembly held in Helsinki, WMA members heard speakers share their challenges as well as novel practical solutions from diverse healthcare systems. The insightful dialogue created opportunities to better understand cultural and geographical nuances in medical practice and healthcare policy. As clinicians, we are accustomed to devices (e.g. pacemakers, cochlear implants) and diagnostic tools (e.g. computed tomography scan, magnetic resonance imaging, positron emission tomography scan) in our medical practice, recognising that these devices have greatly improved diagnostic and therapeutic capabilities. Although costs have tumbled over the past decade, they still remain unaffordable for many patients and countries.

Specifically, the use of advanced technology in non-traditional ways can help accelerate progress to achieving UHC across global healthcare systems. In 2025, the number of smartphones in the world was around 7.4 billion, in the hands of 5.28 billion users, representing a ready-to-use channel connecting providers with users of healthcare services [2]. For example, messaging apps can enable doctors and nurses to speak with patients in remote areas, deliver medicines via courier and transport services, and process payments.

Advanced communications technology is not enough to achieve UHC. Hospitals and clinics must be built in poorly served areas and equipped properly with the necessary tools to optimise patient care. Doctors, nurses, pharmacists, and other personnel should be trained, employed, and deployed for emergency responses or community mobilisation efforts.

Healthcare decisions are complex and multifactorial, and deciding between alternative solutions is difficult and important for clinical discussions. Politicians and bureaucrats seek cost-effective solutions that can easily be implemented in healthcare settings. These are easy to sell to voters and will not be unpopular at the ballot box. As doctors, we have to speak firmly with a united voice against easy solutions. Replacing doctors with another health professional (like "physician assistants") can

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reduce healthcare expenditure, but it will increase expenditure over time, due to the costs of improper or inadequate treatment, misdiagnosis, and delayed diagnosis. These consequences may be irreversible, with incalculable costs of premature illness and death.

Although doctors may be challenged to play a meaningful role in the development of health systems, we owe it to our patients, our profession, and ourselves. Fortunately, as WMA members, you have the global platform and strong support to make a positive difference in the medical discipline. All you need to take one step forward.

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Ashok Philip, *MBBS, MRCP(UK)*
President, World Medical Association
Past President, Malaysian Medical Association
ashokphilip17@gmail.com

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Ensuring Equitable Access and Resilience in European Medicines: Latvia's Perspective

Hosams Abu Meri

The European Union (EU) today stands at a crossroads of transformation. As the geopolitical landscape becomes increasingly unstable and fragmented, we are called upon to strengthen not only our common defense, but also our healthcare systems.

As Latvia's Minister for Health, I firmly believe that Europe must move decisively toward self-sufficiency in the supply of medicines, ensuring equal and timely access to affordable, innovative treatments for all its citizens, regardless of geography or market size. Because health in its broadest sense is also a matter of competitiveness – it is people who contribute the most to productivity, efficiency, and added value. A prevention-based approach to promote good health for people is therefore the cornerstones for improving the EU's competitiveness.

We are currently witnessing the most substantial reform of EU pharmaceutical legislation in over two decades. These changes are not merely technical updates; they are a long-overdue response to systemic imbalances that have deepened over time. The reform should rebuild a fairer and more resilient framework for medicine development, authorisation, and distribution – one that meets the patients' real needs and enhances the EU's strategic autonomy.

For smaller countries like Latvia, access to centrally authorised medicines remains a persistent challenge. Today, only around 20% of medicines authorised through EU centralised procedures are made available to patients in Latvia. These disparities are not only unjust; they are dangerous. When market-driven decisions determine whether a patient in Riga can access the same life-saving treatment as one in Berlin or Paris, we risk undermining one of the EU's core values: solidarity. Parallel distribution is not a solution in a small market, where administrative costs must be borne by a small number of packs.

At the same time, across Latvia, we already act within the limits of the existing regulation to provide the maximum regulatory flexibility for entering the market. For example, we support labeling requirements and a balanced approach to safeguard access to the medicines brought to our market. We are committed to further analyse any hurdles and determine which challenges can be tackled domestically and identify those that require action at the EU level.

The European Commission's proposal ('Pharmaceutical Package') takes a significant step forward in addressing these inequalities. Latvia supports the European Commission's initiative to reduce the standard regulatory data protection period, while also introducing a modulated system of incentives that rewards pharmaceutical companies for actions that promote equity in access. We support the structure whereby additional periods of protection are granted for launching a product in all Member States, addressing unmet medical needs, conducting comparative clinical trials or developing new therapeutic indications.

However, while these legislative steps are commendable, they must be matched by practical, enforceable commitments. We advocate that marketing authorisation holders be required to submit a written commitment to supply medicines in all Member States, upon request by the relevant national authority. The ability of Member States to ensure consistent supply must not rely on goodwill alone.

The EU must also recognise that the reimbursement system is not the only mechanism through which medicines become available in Member States. In Latvia, patients also access medicines through hospital procurement, out-of-pocket payment, over-the-counter availability, and individual reimbursement decisions. Therefore, conditions for assessing the availability of medicines should be flexible enough to reflect these national healthcare system specificities.

Furthermore, we must take decisive action against the growing threat of medicine shortages. Latvia supports provisions enabling competent authorities to prevent or mitigate shortages caused by

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parallel trade. Hence, we believe that these provisions must become a cornerstone of the new pharmaceutical framework. Our patients cannot be placed at the mercy of market speculation or regional imbalances in distribution.

Notably, access is only part of the equation. Considering growing geopolitical instability, the EU must build its pharmaceutical resilience by improving regulation and strengthening the physical foundations of supply. The coronavirus disease 2019 (COVID-19) pandemic, followed by sustained geopolitical tension in Eastern Europe, has underscored our over-reliance on a limited number of global suppliers and manufacturing hubs. As this dependence exposes EU citizens to unacceptable risks – both in crisis situations and during peacetime periods – the pharmaceutical sector is of paramount importance for the EU.

Healthcare resiliency is inseparable from European security. The ability to manufacture essential medicines within our borders, with diversified production capacity across the EU, is no longer optional – it is a strategic necessity. We cannot afford to concentrate solely on large Member States or Western European regions. Instead, the EU must foster an inclusive industrial policy that promotes pharmaceutical manufacturing in smaller countries, particularly those near our Eastern external borders, such as Latvia.

This is not simply a matter of equity; it is about reinforcing the collective preparedness of the EU. Distributing production capacity more evenly strengthens supply chains, reduces the risk of bottlenecks, and brings economic and social benefits to regions that have long been underrepresented in the pharmaceutical landscape. Our goal should be to build a more united and robust European pharmaceutical system that is capable of responding to emerging threats without delay or dependence on external actors.

To that end, Latvia strongly supports the proposed *Critical Medicines Act* and welcomes the leadership of the Danish Presidency of the Council of the EU in prioritising this legislature. This initiative will complement the Pharmaceutical Package and offer a promising path toward a more coordinated, EU-wide response to supply chain vulnerabilities. As Member States, we may differ in how we interpret solutions, but we are united in recognising the urgency of this challenge.

We must rise to the occasion not only with statements of intent, but also with concrete, enforceable policies that protect our citizens and preserve our health systems. These efforts include building sufficient stockpiles, ensuring diversified sourcing of active pharmaceutical ingredients, supporting local production initiatives, and simplifying cross-border cooperation in times of crisis.

As discussions advance in the European Council and beyond, Latvia stands ready to play an active role and work closely with other like-minded small EU Member States to secure rules that guarantee fair pricing and predictable procurement practices. The proposed joint procurement mechanisms represent a crucial step towards improving access to affordable medicines, and Latvia strongly urges their swift implementation together with the rapid adoption of the *Critical Medicines Act*.

Ultimately, our shared ambition must be to guarantee that no patient in the EU is left behind. Whether they live in the heart of a major metropolis or in a remote rural area, every citizen deserves access to high-quality, affordable, and timely healthcare. Medicines are not ordinary consumer goods, but rather essential components of public health in times of uncertainty and of national security. If we succeed in reforming our pharmaceutical framework with fairness, resilience, and solidarity at its core, then Europe will not only be stronger in the face of external threats – it will be healthier, more united, and better prepared to protect its most valuable asset: its people.

Hosams Abu Meri, *MD*
Minister for Health
of the Republic of Latvia
Riga, Latvia

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Interview with National Medical Associations' Leaders of the East Mediterranean Region

Youssef Bakhach

Rym Ghachem Attia

Muhammad Ashraf Nizami

For this interview, Dr. Youssef Bakhach and Dr. Rym Ghachem Attia, the Presidents of the national medical associations (NMAs) of Lebanon and Tunisia, respectively, and Dr. Muhammad Ashraf Nizami, Past President of the NMA of Pakistan, join the interview with Dr. Helena Chapman, the WMJ Editor in Chief. They share their perspectives on their leadership experiences, ongoing NMA activities, strengths and existing challenges in medical education, and how the World Medical Association (WMA) can support NMA initiatives in the East Mediterranean Region.

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

Lebanon: One of the most memorable experiences during my tenure was witnessing the collective resilience and dedication of our physicians in the aftermath of the Beirut Port explosion on 4 August 2020. Despite personal losses, damaged hospitals, and immense emotional strain, doctors across Lebanon mobilised with unwavering commitment to treat more than 7,000 wounded people and provide emergency care. As a plastic surgeon, I will never forget standing with my medical residents in our hospital's emergency department, caring for more than 500 casualties with minimal supplies and prioritising critical patients. It was a powerful reminder of the nobility of our profession and the strength of our medical community.

One of our most daunting challenges has been the massive brain drain of physicians due to the economic crisis, unstable national security, Beirut port explosion, and the coronavirus disease 2019 (COVID-19) pandemic. As a result, the exodus of hundreds of Lebanese physicians (more than 35% of all the medical community) seeking stability and dignity in their profession, has threatened to paralyse Lebanon's healthcare system. To address this challenge, the Association advocated for international support, partnered with diaspora physicians to create remote consultation programs and scientific webinars and congresses, and worked with private and public medical funds to improve working conditions. Notably, these initiatives have slowed this exodus, with more than 70% returning to the country, which has helped lay the foundation for a more sustainable approach to physician retention.

My deepest hope for the future of medicine in Lebanon is the rebuilding of trust between patients and physicians, and between institutions and the people they serve. I envision a healthcare system that is not only scientifically advanced, but also rooted in equity, transparency, and human dignity. With collaboration, innovation, and the spirit of service that define our medical community, I believe that we can build a resilient system for future generations.

Pakistan: During my tenure as President of the Pakistan Medical Association, one of the most memorable experiences was organising the National Medical Convention during the COVID-19 pandemic, which brought together hundreds of physicians, policymakers, and public health experts from across the country. It was a moment of unity and purpose, where we collectively addressed the urgent

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needs of healthcare reform and physician welfare. One significant challenge was addressing violence against healthcare professionals, a growing issue in Pakistan due to systemic inefficiencies and lack of patient education. Pakistan Medical Association leaders responded by launching a nationwide awareness campaign, collaborated with legal authorities and successfully lobbied for the introduction of protective legislation for healthcare professionals. My hope for the future of medicine is that healthcare becomes more human-centred and equitable, driven by ethical principles, innovation, and global solidarity.

Tunisia: One memorable experience is how the Tunisian Medical Association (Conseil National de l'Ordre des Médecins, CNOM) collectively helped organise medical care tents on the streets of the capital city (Tunis) during civil demonstrations against the political party in power. The unity of our Association continues to help advance the quality of healthcare, guarantee access to healthcare services for the Tunisian population, promote ethical medical practices, and support the training of medical professionals.

Two specific challenges presented during our leadership roles within the Tunisian Medical Association. First, more than 7,000 medical residents went on strike in efforts to advocate for better working conditions across hospitals in July 2025. Our Association members helped mediate this tense situation and effectively avoided further shutdown of health institutions across Tunisia. Second, Council leadership met with medical student representatives who shared their concern about medical education reform, which required physicians to finish their specialty training before authorisation to register with the Tunisian Medical Association. After our collective discussion, since we could not ethically deny membership to physicians, we have registered recent medical graduates in the Council, noting that they were not allowed to practice medicine without the supervision of a department chief in a hospital setting. This revised policy allowed our Council to remain compliant to older legislation relating to medical practice, fair to the physicians whom we represent, and adaptable to new regulations. Furthermore, our Council is working in conjunction with the Ministry of Health to alleviate gaps between the new regulations on medical education and older legislation on medical practice, as a way to improve medical practice for physicians and patients.

We hope that the future of medicine will continue to strengthen the doctor-patient relationship, since this personal exchange sets the foundation of humanity and remains essential in the healing process. The development of new technologies and the advent of artificial intelligence will surely bring novel changes to medical care for patients. Hence, we urge doctors to identify ways to effectively use of artificial intelligence as a diagnostic and therapeutic aid as they prioritise personal exchanges with patients – all to guarantee quality medical care for patients.

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

Lebanon: Despite Lebanon's complex and often unstable political environment, today presents a critical opportunity for Lebanese physicians to play a more active and strategic role in shaping healthcare policy. Although ongoing health, economic, and social crises have revealed deep systemic gaps, they have also opened doors for physicians to become key voices in reform. First, the Lebanese Order of Physicians now holds stronger visibility in public discourse, and many governmental and parliamentary bodies are seeking input from professional orders (like our Association), particularly after the "Health Orders Presidents Association" (representing 18 orders and syndicates in health fields) was established in 2024. Second, there is a growing recognition that collective physician advocacy can push for legislation related to medical liability reform, insurance reimbursement fairness, public hospital support, and physician protections. Physicians can engage through advocacy campaigns and policy position papers organised by the Association.

Third, physicians involved in clinical research, epidemiology, and medical education can contribute directly to evidence-based policy proposals. The tight collaboration of the Lebanese Order of Physicians with the association of doctors from Lebanese descent (e.g. American Lebanese Medical Association, ALMA; Association Medicale Franco-Libanaise, AMFL) encourages contributions and supports research forums and policy workshops. Finally, since physicians increasingly use media for traditional and social purposes to inform the public, correct misinformation, and propose reforms, the Association can provide guidance, support, and regulations for members who wish to engage constructively on these digital platforms.

Pakistan: The opportunity to influence healthcare policy

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development in Pakistan has expanded significantly over the past decade. The Pakistan Medical Association now actively engages with government ministries, regulatory bodies, and parliamentary health committees. Members contribute to national health policy formulation, participate in health advisory panels, and serve as technical consultants in public health. Moving ahead, we recognize that sustained institutional engagement and evidence-based advocacy remain essential to strengthening influence on healthcare policy development.

Tunisia: The Tunisian Medical Association can collaborate to reduce the inequalities that exist between East Mediterranean Region countries in terms of access to care. By advocating for an egalitarian ethic of access to care, the Council can advocate for increased opportunities and hence reduce the number of caregivers migrating from low-income countries to high-income countries. Also, Council members work in committees with regional medical associations to draft policies and submit them to Parliament and the Ministry of Health. One example is the policy on medical responsibility which was adopted into law in June 2024. The Council has also worked with the National Pharmacist and Dentist Associations to draft a policy that would allow physicians to practice together with pharmacists and dentists.

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

Lebanon: Physician-patient relationship and rapport in Lebanon generally reflect longstanding cultural expectations and evolving standards of care in four ways. First, clinical competence and reputation matter deeply in developing robust physician-patient relationships. Patients tend to place more trust in physicians at university hospitals trained in Western Europe or North America and recognised with positive reputations through media, word of mouth or family endorsement. Second, empathy, professionalism, and a kind character are highly valued traits by Lebanese patients [1]. Third, since communication and engagement can shape satisfaction in clinical settings, patients often report that they appreciate doctors who listen attentively, write clear prescriptions, manage time well (minimising wait times), and provide transparent explanations. Finally, as Lebanese patients (as similar to Eastern patients but unlike Western patients) demand direct and personal relationships (including availability) with physicians, physicians should advocate for patient education as well as improved organisation of patient care to minimise discomfort and ensure proper care and follow-up.

Pakistan: The physician-patient relationship in Pakistan is rooted in deep cultural respect and trust. However, it is increasingly strained by overcrowded healthcare facilities, limited consultation time, and growing societal impatience. To preserve this vital relationship, Pakistan Medical Association members continue to lead efforts that reinforce communication training in medical education, ensure ethical standards in healthcare service delivery, and promote public awareness about shared decision-making between physicians and patients.

Tunisia: Since the Tunisian Revolution (2010-2011), the doctor-patient ratio in Tunisia has been deteriorating due to numerous factors. First, rapid consultations offer minimal time for doctor-patient communication, and patients may not feel satisfied with their care. Patients frequently review medical facts on the internet, believing any information source, and they may be subject to misinformation or disinformation. Second, doctors are frequently challenged with keeping abreast of new research findings, yet clinical schedules leave minimal time to review the scientific literature. Third, healthcare costs continue to increase, although patients can coordinate appointments with medical specialists quickly.

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

Lebanon: Over the next decade, medical education in Lebanon will face a combination of long-standing structural problems and newer pressures intensified by the economic, political, and public health crises. First, the collapse of the Lebanese pound has eroded universities' budgets, reducing research programs, staff salaries, and investment in advanced educational tools and technologies. Second, since the onset of the economic crisis, experienced professors and clinical mentors have emigrated for better and more stable opportunities, leaving gaps in curricula teaching. Educational affordability has plummeted, due to tuition hikes and increased living costs. New medical graduates seek training opportunities abroad, draining the system of future educators and clinical leaders. Finally, medical schools have not yet upgraded their curricula to

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incorporate novel technologies, including artificial intelligence, robotics, telemedicine, and 3D printing, ill preparing students to face the rapid technological evolution to solve complex medical risks. However, faculty may encounter challenges, including the lack of specific guidelines for artificial intelligence, insufficient instructor training, and limited economic resources.

Pakistan: Over the next decade, medical education in Pakistan will face challenges in integrating digital technology into patient care, improving faculty training in the classroom and hospital, and aligning curricula with global health needs. Specifically, there is an urgent need to reinforce interdisciplinary collaboration in healthcare and build research capacity on artificial intelligence and telemedicine applications. Regulatory frameworks should evolve to ensure quality, equity, and accountability across public and private institutions in the nation.

Tunisia: For the coming decades, doctors must adapt to the practical uses of artificial intelligence in medical education and clinical practice. Also, increased costs for clinical simulations, which allow skills-building exercises for medical students, will be substantial for medical schools.

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

Lebanon: Through multiple initiatives, the Lebanese Order of Physicians has been investing in medical education in order to meet the health challenges of current and future health challenges. First, the Scientific Committee of the Lebanese Order of Physicians published practice-relevant content and disseminated guidance and themed issues, including the COVID-19 pandemic and war management of injuries, offering local, context-specific educational resources for clinicians. Second, they organised annual congresses (e.g. "Together" 2023–2024) and thematic days (e.g. "Justice in Practice" 2025), bringing diaspora and international experts to Lebanon-an important up skilling channel amid the brain drain and fast-moving therapeutics. Third, scientific societies of the Lebanese Order of Physicians endorsed specialty international guidance and recommendations (e.g. European Alliance of Associations for Rheumatology guidance), supporting learning for frontline healthcare teams. Finally, the Lebanese Order of Physicians collaborated with the Ministry of Public Health and other national bodies to strengthen their roles in public health education and policy and align medical education with national priorities (e.g. outbreak response, tobacco harms), ensuring that doctors are prepared to meet health systems' needs.

Pakistan: The Pakistan Medical Association has played a proactive role by organising continuing medical education programs, promoting community-based medical education, and advocating for curriculum reforms that reflect local disease burden, including non-communicable diseases, mental health, and antimicrobial resistance. Leaders have supported collaborative training programs with international partners to upgrade clinical skills and public health competencies.

Tunisia: First, the Council has developed a policy encouraging medical residents to expand their practice into the private sector and public health discipline. Second, with fewer physicians practicing in rural areas, the Ministry of Health responded by creating the "residanat des regions" category, which allows physicians more freedom in pursuing a specialty if they agree to practice five years in a rural area. This unprecedented policy required the Council to monitor physicians serving rural areas, to ensure that they upheld their commitment and expanded medical coverage in their assigned region.

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

Lebanon: The COVID-19 pandemic had a profound and multi-layered impact on medical education, changing how students learned and revisiting priorities and expectations of the academic system. Within weeks of the first lockdown measures in early 2020, medical students and faculty quickly adapted to the digital learning platforms for lectures, case discussions, and clinical teaching. This shift was notably difficult for individuals living outside of the capital city (Beirut), where many students and faculty experienced unstable electricity sources, slow internet connections, and limited technology, leading to decreased engagement and difficulty mastering their practical skills remotely.

Furthermore, as students' hospitals access was restricted to reduce transmission risk, particularly in high-risk specialties like internal medicine and surgery, it reduced hands-on skill building in conducting physical examinations and procedural skills as well as contributing to bedside communication and interactions. Finally, as the pandemic overlapped

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with Lebanon's worsening economic crisis, the subsequent pandemic waves significantly affected mental health, including risk of burnout and anxiety (e.g. fear of infection, academic uncertainty, financial strain). Moving forward, this experience offered lessons learned for the development of resilience, adaptability, and commitment to community health.

Pakistan: The COVID-19 pandemic exposed both the vulnerabilities and resilience of our medical education system in Pakistan, emphasising the need for flexible, technology-driven, and resilient educational models. Although traditional teaching in classrooms and clinical training was significantly disrupted, many institutions swiftly transitioned to virtual learning platforms. However, we observed that disparities in digital access created a divide across cities in Pakistan.

Tunisia: During the COVID-19 pandemic, students received their academic coursework on the virtual platform, which hindered relationship building with their professors. Also, physicians experienced the rapid spread of medical misinformation, which the Council addressed through webinars. Also, the Government of Tunisia nominated the Council to serve as a permanent member of the Crisis Unit as well as allowing a signed agreement for telemedicine consultations.

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

Lebanon: Although the Lebanese Order of Physicians has not been approved as a full member of the World Medical Association to date, the Association has actively incorporated WMA policies and regulations related to medical ethics and standards alignment in their structure. Despite significant crises since 2019 – like conflict, COVID-19 pandemic, economic inflation, port explosion, and physician migration – the Association has continued to activate the disciplinary and ethics committees' for requested (or ad hoc) medical services and basic care.

Pakistan: The Pakistan Medical Association disseminate WMA policies on medical ethics, patient rights, and public health priorities through national advocacy, policy alignment, physician education, scientific publications, and the Association's seminars and workshops. In fact, the Pakistan Medical Association's Ethics Committee actively references WMA guidelines in national deliberations. As members explore the evidence-based research and global standards of our medical discipline, they are enthusiastic to better understand how they relate to the Pakistani context and how national efforts can increase public awareness.

Tunisia: The National Council of the Order of Physicians has adopted the WMA policies related to violence against medical personnel and physicians' mental health into membership guidelines. As Council members hold medical ethics and practice in high regard, the Council offered a global forum where national medical association representatives could meet and exchange best practices to support their membership, especially across the African continent.

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

Lebanon: The World Medical Association could support the Lebanese Order of Physicians in several targeted ways, leveraging its global influence, resources, and expertise to strengthen the Association's activities and address Lebanon's current healthcare challenges. Also, the WMA could collaborate with members in co-developing workshops and e-learning modules on medical ethics, patients' rights, and confidentiality tailored for Lebanon's unique sociocultural and legal context. Also, the WMA could provide technical guidance to review and update the Association's Code of Ethics, in alignment with the latest WMA declarations. Furthermore, with multiple waves of physician migrations, the WMA could develop exchange programs to build capacity with faculty and specialists, particularly in critical medical and surgical fields like emergency medicine and paediatric cardiac surgery.

Pakistan: The WMA can support the Pakistan Medical Association by facilitating technical exchange programs, co-developing policy briefs tailored to regional health challenges, and providing platforms for Pakistani physicians to engage in global forums. Continued support for capacity building (e.g. leadership, ethics, digital health), collaborative research, and emergency response preparedness can help strengthen physicians' skills training and improve health system resiliency in Pakistan.

Tunisia: The WMA can support the activities of the National Council of the Order of Physicians through three main

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areas. First, WMA leaders can help NMA leaders develop continuing education for physicians on medical ethics, patients' rights, telemedicine, and public health topics as well as share best practices in professional regulation and ethics. Second, they can offer technical advice to NMA leaders regarding the development of public policies related to medical practice as well as the integration of international standards into NMA policies that help govern the medical profession. Third, WMA leaders can join the NMA and help advocate for the defense of physicians' and patients' interests in international forums as well as support the Council's positions on sensitive or urgent ethical issues. They can facilitate the sharing of tools and experiences that can help strengthen oversight and professional accountability mechanisms in fair and transparent procedures. Finally, they can help support our Council in conducting national health initiatives (including awareness campaigns) throughout the year.

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Authors

Youssef Bakhach, *MD*
Plastic & Reconstructive Surgeon
Associate Professor in Clinical Surgery,
American University of
Beirut Medical Center
President, Lebanese Order of Physicians
Beirut, Lebanon
yb11@aub.edu.lb

Rym Ghachem Attia, *MD*
President, Tunisian Medical
Association (Conseil National de
l'Ordre des Médecins, CNOM)
Tunis, Tunisia
ghachemr1964@gmail.com

Muhammad Ashraf Nizami,
MD, PhD
Past President, Pakistan
Medical Association
Lahore, Pakistan
profashrafnizami@gmail.com

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Interview with Global Legal and Bioethics Expert

Mónica Correia

Dr. Mónica Correia joins the interview with Maira Sudraba-Sangoviča, the WMJ Assistant Editor. As a legal and bioethics expert, with additional training in public administration, economics, urban planning, and environmental law, her research has focused on health data protection. Notably, she served as the legal advisor to the Council of Portuguese Medical Schools from 2019 to 2023, and currently heads the Department of Biolaw of the International Chair in Bioethics.

Question 1: Which five bioethical issues do you believe are the most pressing across global health systems today?

Allow me to start with a general reflection. The significant challenges for bioethics today revolve around three areas. The first is artificial intelligence, which is reshaping not only medicine, but society as a whole. The second is One Health, which reminds us that human health cannot be separated from animal health and the environment, and that ethical frameworks must evolve to embrace this interconnection. The third is regulation because only with robust, forward-looking legal frameworks can we ensure that new technologies serve humanity, that is, serve the public good while respecting fundamental rights. We must search for responsible and sustainable solutions at this intersection; between bioethics and law, we find biolaw.

Having said that, first, fair access to healthcare is essential because, worldwide, too many people are still excluded, undermining fairness. Second, protecting health data and privacy is central in the digital age. Third, the responsible use of artificial intelligence (AI) is at the forefront. We must embrace innovation with transparency, accountability, and equity. Fourth, we need stronger ethical frameworks to ensure rapid, just, and proportionate responses for global health emergencies. And finally, protecting patients' autonomy is key in this new digital environment. Informed consent must remain significant, even when complex technologies and data flows cross borders.

Question 2: Can you describe three bioethics lessons learned during the COVID-19 pandemic that prompt the need to improve healthcare practice and right to data privacy?

Yes, three stand out for me. First, transparency: honesty and openness about risks and decisions are key to building trust. Second, data minimisation: during a crisis, we should collect only what is strictly necessary to reduce risks and prevent misuse. And third, solidarity: emergency measures (like digital contact tracing) must be proportionate, time-limited, and respectful of dignity. Our Acta Bioethica article entitled, "The Right to Be Forgotten and COVID-19: Privacy versus Public Interest," presents the stance that utilitarian approaches cannot be strictly applied [1]. Protecting the public interest is vital but cannot come at the cost of eroding fundamental rights such as privacy. If public health is placed above all else without limits, we risk normalising exceptional measures and undermining the ethical foundations of healthcare.

Question 3: How do you define digital surveillance, and what are the strengths and limitations related to expanding its application in medical practice and research?

I see digital surveillance as *dataveillance*, which means using digital technologies to collect and analyse any data, either private or public domain. In health, digital surveillance plays a significant role in tracking diseases, detecting outbreaks, and guiding interventions. Its strengths are clear: it gives us speed, evidence, and real-time monitoring. But the risks are equally real: overreach, erosion of privacy and even identity, and possible misuse. That is why strong governance and regulation based on ethical safeguards are essential.

Question 4: How can physicians lead efforts to effectively use artificial intelligence in clinical practice while striving to safeguard autonomy and privacy?

Physicians can lead by example. They can insist on transparency and explainability in AI tools. They can keep learning, so they understand both the benefits

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and the risks. They can involve patients in the conversation, ensuring that consent reflects how technology is used. They can also work with other professionals to ensure privacy is built into new systems by default. We now see the beginnings of regulation in this field. The European Union's *AI Act* is a pioneering example of how to set standards for reliable and trustworthy AI. It takes a risk-based approach and highlights accountability, transparency, and human oversight. Such regulation is essential to build innovative, safe, fair, and respectful systems of patients' rights.

Question 5: Over the past few years, you have contributed to successfully coordinating the World Conferences on Bioethics, Medical Ethics, and Health Law. How does this global event drive innovation, encourage collaboration, and expand professional networking, and how can WMA members become more involved in conference sessions?

These scientific conferences are unique because they unite people from different regions, professions, and academic backgrounds. This mix of perspectives sparks innovation, so ideas travel, adapt, and expand. They also create lasting partnerships, giving early-career professionals a chance to learn and have a voice. Above all, they promote the development of a genuinely global bioethics that recognises diversity and builds on shared values and everyday challenges. These conferences are an ideal forum for WMA members to engage actively, particularly on medical ethics and civil liability issues. Medical practitioners can use these sessions to discuss the ethical and legal dimensions of civil responsibility, share experiences, compare legal frameworks, and develop practical approaches to challenges they face in daily practice. Members can propose panels, lead workshops, or share case studies. In short, it is an exceptional opportunity to connect ethical principles with the realities of clinical work while building professional networks across the globe.

Question 6: With technological advancements and globalisation, how do you envision the future of medical research and the need to protect data and privacy?

Looking ahead, the future of medical research will undoubtedly be more data-driven, collaborative, and global. We are already seeing enormous changes through genomics, neuroscience, reproductive technologies, AI, and big data analytics. However, these advances also bring complex ethical and legal questions that traditional frameworks struggle to address. As part of the answer to these significant challenges, biolaw is a new academic label and a necessary response to the increasingly complex relationship between biomedicine, law, and ethics. It is the law shaped by ethics, grounded in the biomedical phenomenon. Ethics here is not an afterthought; rather, it is the bridge. Without thoughtful ethical reflection, drawing a direct line from "bios" to law would be impossible and undesirable.

What makes biolaw so urgent and transformative is precisely this intersection: it creates space for open, interdisciplinary frameworks, grounded in shared human values. If the future of bioethics requires new tools, alliances, and approaches, then biolaw offers one such framework. As such, we must ensure robust and harmonised protections for privacy, trustworthy infrastructures, and strong international cooperation, and we must always place patients' rights and human dignity at the centre of solutions. Only by combining these elements can we ensure that innovation in medicine truly serves humanity.

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Mónica Correia,
LLM (equiv.), PhD
Visiting Assistant Professor,
RISE-Health Researcher &
Ethics Committee, Faculty of Medicine,
University of Porto
Porto, Portugal
mcorreia@med.up.pt

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Continuing Medical Education: Embracing Lifelong Learning for Excellence in Healthcare

Carlos V. Serrano Jr.

Luciana D. Bichuette

Fernando S. Tallo

José Eduardo L. Dolci

Cesar E. Fernandes

The medical profession is characterised by continuous advancements in knowledge, technology, and patient care practices. To keep pace with these changes, physicians must engage in ongoing education beyond their initial training [1]. Continuing Medical Education (CME) provides structured learning opportunities that enable healthcare professionals to update their skills, knowledge, and competencies [2]. The concept of lifelong learning is integral to CME, emphasising the need for continuous professional development to ensure optimal patient outcomes and uphold the standards of medical practice [3].

The Evolution of CME

Historically, CME was informal, relying on peer discussions, journal readings, and attendance at medical conferences. Over time, the need for structured and standardised CME became evident, leading to the establishment of accrediting bodies and formal CME programs. In the United States, the Accreditation Council for Continuing Medical Education (ACCME) was founded to oversee and accredit CME activities, ensuring that they meet specific educational standards [4]. Similarly, several European countries have developed their own CME accreditation systems to maintain the quality and relevance of medical education [5].

Lifelong Learning: An Ethical Imperative

Lifelong learning is not merely a professional requirement, but also an ethical obligation for physicians. The World Medical Association (WMA) emphasises that *"medical education must be a lifelong process"* and that physicians have a responsibility to maintain and develop their professional knowledge and skills throughout their careers. This commitment ensures that physicians can provide the highest standard of care, adapt to new medical advancements, and meet the evolving needs of patients and society [6].

Global Perspectives on CME

CME practices vary globally, reflecting differences in healthcare systems, regulatory frameworks, and cultural contexts. In Canada, the Royal College of Physicians and Surgeons mandates a Maintenance of Certification (MOC) program, requiring physicians to engage in continuous professional development activities. In the United Kingdom, the General Medical Council (GMC) requires doctors to participate in Continuing

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Professional Development (CPD) as part of their revalidation process. These initiatives underscore the global recognition of CME as essential for maintaining medical competence and ensuring patient safety [7].

Innovations in CME Delivery

Technological advancements using online learning platforms have transformed the delivery of CME, as a more accessible and flexible approach. Physicians can engage in CME activities by viewing webinars and virtual simulations on their computer or smartphone at their convenience, overcoming geographical and time constraints. The coronavirus disease 2019 (COVID-19) pandemic further accelerated the adoption of digital CME, highlighting the importance of adaptable and resilient educational models. Moreover, the integration of data analytics and personalised learning pathways has the potential to tailor CME experiences to individual learning needs, thereby enhancing engagement and knowledge retention.

Despite its importance, professional organisations have highlighted several challenges in maintaining the relevance, accessibility, and measurable impact of CME on physicians' professional development. First, physicians have demanding clinical responsibilities that may hinder their active engagement and morale to complete CME requirements. Second, the preparation of CME content may lag behind the rapid production of emerging evidence-based scientific research. Similarly, the rapid pace of medical innovation demands agile CME systems that can incorporate novel knowledge and technologies in real time. Third, although CME evaluations can help measure the impact of CME on clinical performance and patient outcomes, design and implementation approaches are complex [8]. Fourth, broadband internet and socioeconomic disparities, especially in low-resource settings, can affect physicians' access and availability to CME resources. Collaborative efforts among institutions, accrediting bodies, and information technology platforms are essential to address these barriers and optimise the effectiveness of CME.

Recommended Strategies for Supporting CME

Several strategies can be employed to enhance how physicians can access and apply content presented in CME programs in clinical practice. For example, tailoring CME activities to individual learning needs and practice areas can energise physicians to seek academic opportunities that help them maintain clinical knowledge and skills [4]. Incorporating case-based discussions, simulations, and hands-on workshops can improve physicians' knowledge retention and application through interactive and experiential learning techniques [9]. Also, encouraging self-assessment and reflective practices can help foster deeper learning and professional growth. Furthermore, facilitating peer-to-peer learning and interdisciplinary collaboration can enrich the educational experience. Importantly, aligning CME initiatives with institutional goals and quality improvement efforts can ensure that educational activities translate into tangible improvements in patient care.

Accreditation bodies play a vital role in maintaining the quality and integrity of CME programs. By setting standards for content, delivery, and evaluation, these organisations ensure that CME activities are educationally sound and free from commercial bias. Regulatory frameworks mandate CME participation for licensure renewal, reinforcing its importance in professional practice [10]. Also, ongoing oversight and periodic review by accrediting organisations help drive continuous improvement, ensuring that CME evolves in response to emerging clinical evidence and educational best practices.

The future of CME lies in embracing innovative educational models and technologies. The Master Adaptive Learner (MAL) framework, for instance, emphasises self-directed learning, adaptability, and continuous improvement. Integrating artificial intelligence, virtual reality, and data analytics can further personalise and enhance the CME experience. Moreover, fostering a culture of lifelong learning within healthcare institutions can support physicians in their ongoing professional development [11].

Conclusion

CME is fundamental to the medical profession, ensuring that physicians remain competent, ethical, and responsive to the changing landscape of healthcare. By embracing lifelong learning, physicians can uphold the highest standards of patient care and contribute to the advancement of medicine [12]. As the WMA asserts, the commitment to continuous education is not only a professional duty, but also a moral imperative. Fostering a culture that values and supports CME at both individual and institutional levels is essential to sustaining excellence and innovation in healthcare delivery.

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Authors

Carlos V. Serrano Jr., *MD*
Director of International Relations,
Brazilian MedicalAssociation (AMB)
São Paulo, Brazil
rinternacional@amb.org.br

Luciana D. Bichuette, MD
Invited Observer,
Brazilian Medical Association (AMB)
São Paulo, Brazil
Lucianadornfeldb@hotmail.com

Fernando S. Tallo, *MD*
Second Treasurer,
Brazilian Medical Association (AMB)
São Paulo, Brazil
segundotesoureiro@amb.org.br

José Eduardo L. Dolci, *MD*
Scientific Director,
Brazilian Medical Association (AMB)
São Paulo, Brazil
diretorcientifico@amb.org.br

Cesar E. Fernandes, *MD*
President,
Brazilian Medical Association (AMB)
São Paulo, Brazil
presidencia.cesar@amb.org.br

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Protecting Physicians' Mental Health: A Global Responsibility

Tomas Cobo Castro

The mental health of physicians is increasingly recognised as a fundamental determinant of healthcare quality, patient safety, and system sustainability. Physicians are frequently exposed to high-stress environments, excessive workloads, moral distress, and emotionally demanding clinical decisions – conditions that heighten the risk of anxiety, depression, burnout, substance use, and suicidal ideation [1,2]. These challenges not only compromise individual well-being, but also threaten clinical performance, staff retention, and ultimately health system resiliency [1]. Since the coronavirus disease 2019 (COVID-19) pandemic, the urgency of mental health prevention and support has become even more evident across health systems. Addressing physicians' mental health is therefore not only a clinical necessity – it is an ethical imperative [3].

According to the World Health Organization (WHO), a significant proportion of healthcare professionals globally experience mental health symptoms, with increased prevalence of anxiety, depression, burnout, and sleep disorders during and after the COVID-19 pandemic [1]. These effects persist, with many physicians continuing to work under unsafe or unsupportive conditions, often without adequate access to care. The resulting absenteeism, presenteeism, and premature exit from the profession and can endanger healthcare continuity and quality [4].

Occupational risk factors–including long working hours, job insecurity, lack of control, and hostile work environments–are recognised as determinants of physicians' mental health, not merely correlated factors [1,2,5]. Since these stressors are influenced by structural factors (not just individual behaviours), understanding workplace policies related to organisational culture and employee safety as well as access to resources such as compensation and training programs will be important to promote physicians' physical and mental health and well-being. Therefore, interventions must target systemic transformation by advocating for safer workplaces, appropriate staffing levels, supportive leadership, and access to confidential, stigma-free care [6].

Despite the scale of the challenge, evidence-based interventions to support physicians' mental health already exist and span the full continuum of care. Preventive strategies and well-being initiatives such as peer support systems, burnout prevention programs, and leadership training have shown positive effects [7,8]. When mental disorders emerge, dedicated treatment programs led by professional bodies and healthcare systems provide confidential, specialised care tailored to the needs of healthcare professionals [9]. These approaches demonstrate that trusted, profession-specific responses are both feasible and essential when embedded in supportive institutional frameworks.

Global organisations have marked noteworthy steps to actively support policy and advocacy efforts across nations. First, the WHO published the *Comprehensive Mental Health Action Plan 2013–2030* in 2021, as a framework to strengthen mental health worldwide through four strategic objectives: 1) leadership and governance; 2) provision of comprehensive, integrated services; 3) promotion and prevention; and 4) reinforced information systems and research [10]. Second, the WHO launched the *Our Duty of Care* report in 2022, as a global call to action to protect the mental health of healthcare professionals, urging governments and institutions to ensure access to mental health services, address occupational risk factors, and invest in safe and supportive work environments [1]. Finally, the World Medical Association (WMA) Statement on Epidemics and Pandemics, adopted in 2024, further reaffirmed the need to prioritise physicians' mental health, as part of health system resilience and emergency preparedness [11].

Recommendations

Over the past decade, international health bodies (e.g. WHO), professional organisations (e.g. WMA), and national medical organisations have actively

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contributed to global discourse on mental health challenges and shared practical lessons from clinical practice. As a call to action, their consensus incorporates five priorities that point toward a coherent and actionable global response:

- **Promote structural reforms in working conditions.** Health institutions must address the root causes of distress, including excessive work hours, exposure to violence, lack of workforce planning, authoritarian workplace dynamics, and lack of job security. Policy frameworks should ensure adequate rest, autonomy, and protection from workplace harassment [1,6].

- **Develop and scale-up tailored mental health programs.** Governments and professional associations should co-develop programs offering confidential, evidence-based treatment for physicians living with mental health problems. Reintegration support and occupational adaptations must be core components of the program framework [8,9].

- **Combat stigma.** Programs should involve physicians (who have experienced stigma) in outreach and mentoring roles, which can help normalise help-seeking, reduce stigma, and foster a culture of solidarity [3,4].

- **Ensure inclusive governance and participation.** Physicians with lived experience of mental health challenges should be invited to contribute in the development of policies and decisions that affect the medical community, ensuring relevance and fairness [12].

- **Invest in systems, workforce, and research.** Monitoring progress and sharing best practices requires robust data collection, evaluation tools, and international cooperation. These efforts must be supported by sustained investment in mental health research and improvements to working conditions, staffing, and institutional capacity [1,6,7].

As physicians' mental health and well-being is a global priority, a comprehensive, system-based approach must address working conditions, team dynamics, and organisational culture that support the four strategic objectives of the *Comprehensive Mental Health Action Plan 2013–2030*. Identifying community and institutional resources for physicians to seek mental health care services, while ensuring confidentiality, can offer a path to reducing stigma, promoting self-care, and strengthening work and personal relationships. Protecting physicians' mental health is not only a matter of ethics – it is a requisite for building resilient, high-quality healthcare systems capable of withstanding future challenges.

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Tomás Cobo Castro, *MD*
President, Organización Médica Colegial (OMC) de España (Spanish General Medical Council)
Madrid, Spain
internacional@cgcom.es

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Revolutionising Mental Wellness for Medical Professionals: A Report on Milestones, Innovative Initiatives, and Systematic Change in Kenya

Ayda Linda Wanjiku

Kenya's mental health landscape is undergoing a profound transformation marked by increasing political will, growing public awareness and bold policy reforms, and the nation is relentlessly shifting mental health from the margins to the mainstream of public health discourse. Yet, this progress unfolds against a backdrop of critical workforce shortages with approximately 150 registered psychiatrists serving a population exceeding 50 million. The psychiatrist-to-population ratio stands at about 0.19 per 100,000 people, far below the World Health Organization's recommended minimum of 1 per 10,000 people [1]. This shortage, which is compounded by the emigration of trained professionals and limited mental health training in medical education, highlights a significant disparity in access to care and its equitable distribution, especially for the rural and underserved populations [2].

In response, the Kenyan government has initiated policy reforms, notably the *Kenya Mental Health Policy 2015–2030*, aiming to integrate mental health services into primary healthcare and promote community-based care [3]. This policy was supported by the *Mental Health (Amendment) Act of 2022* that was signed into law in June 2022, marking a significant policy milestone, that anchored the right to mental health care and calling for the decentralisation of services [4]. It introduced a human rights based, inclusive, and community-oriented framework for the promotion, prevention and treatment of mental health conditions across the country.

While legislative milestones signal progress, major implementation gaps persist, most notably limited infrastructure, and pervasive stigma that further hampers access to care, leading many individuals to seek help from traditional healers or avoid treatment altogether [5]. Efforts to combat stigma include developing public awareness campaigns and decriminalising attempted suicide, a move that aligns with constitutional rights to health and dignity [6]. Despite these challenges, there is a growing recognition of the importance of mental health in Kenya, with increased advocacy and policy attention, continued investment in infrastructure and workforce development, as well as public education as essential steps to improve mental health outcomes nationwide.

In the high-stakes corridors of Kenyan healthcare, physicians often stand as pillars of strength to heal, lead, and serve with resilience, yet beneath the white coats and clinical expertise lie a mounting and often invisible crisis: physicians' mental health. For far too long, the emotional well-being of those entrusted with saving lives has been overlooked, normalised under the weight of long hours, intense pressure, and a culture that equates vulnerability with weakness. From increased reports of burnout, depression, and anxiety, to tragic cases of suicide among healthcare professionals, the urgency is no longer silent. According to the 2023 Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) workforce report, Kenyan physicians work under significant strain, with burnout rates nearing 60%, and data continue to reveal a troubling landscape where one in every three Kenyan doctors consider leaving the profession with access to mental health support remaining limited or stigmatised [7].

Recent years have seen a welcome shift, and Kenya is witnessing a growing awakening to the mental health realities faced by its medical workforce. With strengthened multisectoral collaboration and strategic investment, Kenya is well positioned to model scalable rights-based, inclusive and integrated mental health systems in the region. This report captures a pivotal moment and chronicles the groundbreaking milestones, bold initiatives, and structural reforms that are redefining mental health advocacy for physicians in Kenya championed by voices within the profession itself.

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Kenya Medical Association's Physician Well-being Committee: Leading from Within

Across the globe, conversations around physician mental health are gaining urgency and in Kenya, this shift is intentional, strategic, and is picking up pace in fueling widespread engagement across institutions and policy frameworks. At the forefront of this revolution is the Kenya Medical Association (KMA)'s Physician Well-being Committee which is an innovative arm that is boldly reshaping the narrative around wellness in the medical profession. Rather than treating physician burnout and distress as isolated occurrences, the committee has framed "mental wellness" as a leadership priority and an ethical responsibility. By influencing policy engagement, amplifying voices of advocacy and championing dynamic programming, it is actively dismantling harmful norms that have long equated self-neglect with professionalism. From nationwide digital campaigns to intimate wellness conversations and institutional reforms, the committee is creating structures of psychological safety and support for doctors across all cadres. The Committee affirms that doctors deserve the same empathy and care they extend to their patients. These steps help normalise vulnerability and lay the groundwork for a more humane, sustainable, and responsive healthcare culture, where the healer's well-being is recognised as foundational to the health of the nation.

The 2024 Breakthrough Mental Health Campaign

Throughout October 2024, in alignment with World Mental Health Day, the KMA's Physician Well-being Committee launched an ambitious, high-impact 30-day digital campaign across all major social media platforms. Each post delivered precise, poignant, and deeply relatable messages aimed at normalising conversations around workplace mental health and urging physicians to prioritise their emotional and psychological well-being. The campaign's bold, authentic tone resonated widely, garnering shares from national institutions, hospitals, and healthcare leaders, and igniting conversations across both professional and public spaces. It marked a powerful cultural shift: a collective declaration that the well-being of healthcare professionals could no longer be sidelined.

Building on this momentum, the Committee curated and hosted a comprehensive three-month Mental Health webinar series from October to December 2024, drawing participation from across the country and the region. The sessions tackled urgent and often unspoken realities in the healthcare environment with eleven themes: 1) Consistent mental health support at the workplace; 2) Addressing bullying and toxic work environments; 3) Nexus between work culture and mental health; 4) Role of leadership in promoting mental health; 5) Psychosocial hazards in the health sector; 6) Physician, heal thyself; 7) Substance use disorders in medical practice; 8) Physical fitness and mental health; 9) Addressing mental health stigma amongst medical practitioners; 10) Cognitive restructuring for resilience; and 11) How music supports mental health. Each webinar featured leading voices in psychiatry, occupational health, organisational leadership, and lived experience experts creating a safe and intellectually stimulating space for personal reflection and professional development. Participants reported feeling validated, seen, and more equipped to navigate mental health challenges of their practice, many describing the series as "transformative," with ripple effects extending into workplace cultures, team dynamics, and personal coping strategies. Importantly, the campaign catalysed action where several hospitals and professional bodies initiated their own wellness-focused dialogues, peer-support groups, and institutional policy reviews. This deeply human-centered and evidence-informed approach recognises that sustainable care begins with caring for the caregivers with a collective readiness among physicians to dismantle stigma and embrace a culture of vulnerability and support.

2025: Expanding Horizons with Gender-Responsive Programming

This year, the KMA's Physician Well-being Committee continues to gain ground in mental health awareness and advocacy through timely campaigns such as a first of its kind compelling X Space (formerly Twitter) conversation on International Women's Day 2025, aligning with the "For Women and Girls – Rights, Equality, and Empowerment" theme. This digital event focused on Women's Mental Health, bravely addressing the emotional and psychological dimensions of issues such as menopause, dysmenorrhea, chronic pelvic pain, and impact of skin conditions on self-image and mental well-being. These topics, often minimised and stigmatised in clinical and cultural spaces, were approached with compassion and medical clarity. The X space created an empowering platform for women doctors and the public to voice the silent burdens they carry, helping to normalise conversations around

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reproductive and dermatologic health as legitimate mental health concerns.

Among the key lessons learned was that dismissal of pain or hormonal changes by clinicians can lead to emotional invalidation, worsening psychological distress. Second, skin health is strongly linked to self-esteem and social participation, with many women sharing how acne, hyperpigmentation or scarring negatively affected their confidence, especially in professional spaces. Third, there is a need for structured support systems in navigating menopause and period-related disorders, as many women suffer in silence due to shame or lack of accessible information. The ripple effect of these conversations was felt through ongoing online engagement, direct messages seeking support, and interest in mentorship opportunities. This initiative illustrated the power of gender-responsive mental health programming, underscoring the importance of empathetic care, lived experiences, and shared knowledge in transforming the mental health landscape for women and girls in Kenya.

Groundbreaking Fatherhood Series

In June 2025, the KMA's Physician Well-being Committee audaciously redefined the scope of physician wellness and curated an unprecedented Fatherhood webinar series, as a four-part virtual event that centered on the emotional and psychosocial well-being of male doctors as fathers. Departing from conventional well-being interventions, this series took a courageous and innovative shift towards deeply personal, grounding conversations that fostered reflection on masculinity, vulnerability, emotional presence, and legacy. Featuring diverse male physicians across generations, specialties, and geographies, the series created a transformative space for affirmation, storytelling, and cultural introspection. It addressed critical emotional dimensions of physician identity often neglected yet vital for mental resilience and relational balance within high-pressure health systems.

The series featured four dynamic sessions:

1. "Nurturing Resilience, Shaping Futures" – focused on how fatherhood can instill strength and emotional balance in both the family and the physician.

2. "A Pan-African Roundtable: Rooted Yet Rising" – celebrated the deep cultural roots of African fatherhood, while challenging norms and exploring modern expressions of paternal identity among doctors.

3. "The Power of a Present Father" – highlighted the transformative impact of emotional availability, especially for doctors balancing demanding medical careers and fatherhood.

4. "A Trans-generational Doctor Dad Panel: Legacy in Motion" – captured the wisdom, vulnerability, and evolving perspectives of seasoned and young physician fathers.

The series sparked meaningful conversations, challenged norms, and celebrated the vital role of fatherhood in shaping futures across Africa and the medical community at large. It demonstrated that this steady movement of affirmation and legacy helps male doctors become better physicians and more present, intentional fathers regardless of life's complexities. These trailblazing efforts were timely and actively reshaped mindsets in the medical profession, affirming fatherhood as a critical aspect of physician wellness. They offered peer-led psychosocial support, connected attendees through shared narratives, and opened a long-overdue conversation on male emotional health within healthcare.

Innovation in Support Systems: The "Adopt an Intern" Initiative

Medical interns in Kenya face significant personal and systemic challenges, including financial hardship, inadequate housing, mental health stressors, and insufficient mentorship. These gaps compromise the quality of care, professional growth, and long-term retention of healthcare professionals. Additionally, these factors have negatively affected their mental and physical well-being, sometimes with serious consequences such as suicide. Despite their essential contribution to Kenya's healthcare system, where interns form the bedrock of service delivery in many hospitals and provide critical frontline services across emergency departments, inpatient wards, operating theatres, and outpatient clinics, these young professionals often struggle without adequate support systems.

In its ongoing work of deepening impact and widening its reach, the KMA's Physician Wellbeing Committee is intricately curating a groundbreaking support program dubbed the "Adopt an Intern" initiative. This psychosocial and mentorship framework is designed to support interns during the rigorous compulsory internship year by pairing interns with senior colleagues offering professional

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support, emotional wellness, peer support, and social integration into the medical fraternity. First launched by the KMA's Nakuru Division in 2024, the program has already provided interns with stipends, access to mental health services, and coordinated mentorship.

This cutting-edge program is built on five interconnected pillars addressing critical needs faced by interns. First, mentorship provides structured clinical and non-clinical guidance through case discussions, hands-on skill coaching, professional etiquette training, and life-stage specific guidance, with interns having the freedom to choose their mentors through a structured matching process. Second, well-being anchoring promotes holistic health via psychological support, including peer support groups, access to therapy, and mental health emergency hotlines, alongside physical wellness support covering nutrition, exercise, and sleep hygiene, plus social wellness through relationship coaching and grief counseling. Third, financial support and literacy address economic insecurity through advocacy for timely intern payment, access to low-interest loans from local member-owned financial institutions, emergency support funds managed at divisional level, and comprehensive financial literacy training covering budgeting, saving, and avoiding predatory lending. Fourth, community integration fosters belonging through social events, inter-hospital intern forums, and a proposed mid-year weekend conference to support community building among interns. Fifth, career development equips interns for long-term success through resume workshops, career pathway mapping covering public service, clinical specialisation, private practice, and non-clinical pathways such as research mentorship opportunities, and scholarship application support.

The initiative employs comprehensive implementation strategies including needs assessment surveys to quantify intern challenges, mentor database for flexible matching systems, partnerships with existing mentorship bodies, transparent emergency fund management through crowdsourcing and philanthropic donations, regular wellness check-ins, and virtual conversations covering topics from entrepreneurship to global health. The program addresses anticipated challenges such as mentor fatigue through rotation systems, limited funding through the cooperative financial loan institutions and tentative partnerships, and coordination burden through regional coordinators. Sustainability is ensured through institutionalisation within the KMA's strategic plan, a "pay it forward" model recruiting alumni interns as future mentors, documented success stories, and quarterly monitoring and evaluation using key indicators such as intern participation rates, mentor matching success, stress level improvements, successful career transitions. This comprehensive structured support system should adequately nurture interns into confident, competent doctors, enhance their internship experiences, improve clinical performance, and strengthen Kenya's healthcare system.

Sustained Educational Programming and Future Developments

From July to October 2025, parallel fortnight webinar series aims to foster a culture of continuous learning, normalise mental health conversations within the medical fraternity, and equip healthcare professionals with practical, evidence-based tools to enhance personal well-being, patient care, and systemic resilience in the face of growing psychosocial challenges. First, focusing on lifestyle psychiatry recognises that mental well-being is deeply rooted in everyday behaviors such as sleep, exercise, social connection, stress management that are often compromised in high-pressure healthcare environments. Second, geriatric health particularly the well-being of our senior doctors, addresses the unique mental and physical health concerns faced in later years, including burnout, loneliness, and transitioning out of active practice. Third, suicide prevention series will address the alarming rates of physician and trainee suicide, encouraging openness, early intervention, and peer support within a profession often silenced by stigma. Finally, addressing nutrition and mental health underscores the vital role that food and metabolic health play in regulating mood, energy levels, and cognitive function.

Technology-Enabled Solutions

Looking forward, a self-check-in virtual mental health platform is also under development to allow healthcare professionals to assess themselves for burnout, compassion fatigue or psychological distress and be automatically referred to a qualified counseling psychologist when needed. This innovative tool is designed to promote proactive mental health care by enabling timely self-awareness and confidential access to professional support. By integrating technology into wellness, the platform reflects a shift toward compassionate, data-driven solutions that prioritise the mental well-being

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of healthcare providers in real time.

Lastly, a toll-free national helpline is underway to connect medical practitioners across Kenya with licensed counseling psychologists as well as offer confidential emotional support, making mental health care accessible, timely, and stigma-free. Together, these innovations signal a transformational shift in Kenya's healthcare system: one that places the mental well-being of providers at its core. By humanising the healthcare experience and embedding psychosocial support into routine practice, these efforts reaffirm a simple, but powerful truth, that caring for those who care for others is not optional; it is foundational to building a resilient, compassionate, and sustainable health system.

Conclusion: A Call to Sustained Action

The time to reimagine mental health in medicine is now. Prioritising mental health is a foundational component of public health systems. Kenya's efforts are advancing steadily and with unified global collaboration, we can secure a mentally resilient health workforce for the future. As KMA continues to pioneer inclusive, gender-responsive and culturally grounded mental health initiatives, we call upon all stakeholders, such as healthcare institutions, policymakers, medical educators, senior professionals, and frontline health professionals to join this transformative movement.

Let us join hands to amplify conversations that validate emotional wellness as core to medical professionalism as well as champion mentorship and psychosocial support for our youngest and most vulnerable colleagues. In unity we can break the silence surrounding male mental health and empower doctors to be present for their patients, their families and themselves. We can invest in sustainable structures like digital wellness tools and toll-free helplines that ensure access, confidentiality, and continuity of care. We can embed mental health into everyday practice from ward rounds to boardrooms recognising that a resilient health system begins with a well-supported workforce. These collective actions will influence a cultural shift, where we will build a medical community that recognises vulnerability as strength, support as standard, and physician well-being as protected as a moral and strategic imperative. Together, we shall strengthen systemic safeguards for physicians' mental health, support sustainable training, and scale up mental wellness interventions.

As Kenya takes bold steps forward, the opportunity now lies in galvanising regional and continental momentum. Africa must position itself as a leader in redefining physician mental wellness anchored in systems that are resilient, inclusive, and responsive to the unique pressures faced by healthcare professionals. By institutionalising mental health within health policy, resourcing wellness infrastructure, and scaling proven, locally driven interventions, we can shape a future where the mental well-being of medical professionals is safeguarded as a core pillar of health system performance. Let this be Africa's moment to lead with vision, act with urgency, and build a legacy of care that strengthens not only our physicians, but the millions of patients, families and communities who depend on them.

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Ayda Linda Wanjiku, *MBChB, MMed (Obstetrics & Gynaecology) FIGO One World Exchange Fellow*
Convenor, Physician Well-being Committee,
Kenya Medical Association
Nairobi, Kenya
aydawanjiku@gmail.com

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WMA Members Call for Renewed Focus on Mental Health and Well-Being

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"The inextricable links between mental health and public health, human rights and socioeconomic development mean that transforming policy and practice in mental health can deliver real, substantive benefits for individuals, communities and countries everywhere. Investment into mental health is an investment into a better life and future for all." – WHO Director-General, Tedros Adhanom Ghebreyesus

Mental health, as a fundamental component of overall health, represents a state of mental well-being that allows individuals to cope with life stressors, build social relationships, be productive in learning and work environments, and contribute to the wider community [1]. Mental health disorders, which exist on a continuum with varying degrees of stress, burden, and impairment, can be influenced by diverse determinants of health, including cultural, economic, environmental, and social factors [2]. The global mental health burden continues to rise, with an estimated one billion (or one in eight) individuals currently living with a mental health disorder – including 301 million with anxiety and 280 million with depression [3]. Global age-standardised suicide mortality rates have declined by 40% over the past three decades, from 15.0 per 100,000 people in 1990 to 9.0 per 100,000 people in 2021, demonstrating the impact of effective mental health programs (e.g. expanding crisis services and social support networks) [4]. However, significant regional variations persist, with significant declines in East Asia (up to 66%) and increases in North (7%) and South America (9-39%) [4]. These statistics present the stark reality of inconsistent integration of mental healthcare in health system financing, governance, and policy development worldwide, including significant challenges like the coronavirus disease 2019 (COVID-19) pandemic and global conflict and instability [2,3].

Over the past decade, substantial policy initiatives have been developed and incorporated into global health systems. First, the World Health Assembly (WHA) approved the World Health Organization (WHO)'s *Comprehensive Mental Health Action Plan (2013-2020)* in May 2013, which was extended until 2030 in May 2019 [5]. The document aims to promote mental health and well-being for all through four primary objectives; 1) more effective leadership and governance for mental health; 2) provision of comprehensive, integrated mental health and social care services in community-based settings;

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3) implementation of promotion and prevention strategies; and 4) strengthened information systems, evidence and research [5]. Second, the *World Mental Health Report: Transforming Mental Health for All*, published in 2021, offered an urgent call for stakeholders worldwide to implement the action plan by identifying novel approaches that ensure political and community leadership commitment, fostering collaborations across sectors, and building networks of integrative primary and mental health services [6]. It expands on the *Comprehensive Mental Health Action Plan*, which highlighted insufficient advancements to achieve targets, including global inequalities related to mental health resources, clinical service delivery, and policies and laws. Finally, the *Mental Health Atlas 2024* was published in 2025, updating the 2020 version, sharing updated country performance data on designated targets of the *Comprehensive Mental Health Action Plan* across health systems [7].

World Mental Health Day (https://www.who.int/campaigns/world-mental-health-day) is observed annually on 10 October [8]. The "Access to Services – Mental Health in Catastrophes and Emergencies" theme underscores the need for mental health support during disasters and other crises. To combat the mental health burden and prioritise health professionals' training programs, the Ensuring Quality in Psychological Support (EQUIP) platform (https://equipcompetency.org/en-gb), a joint WHO and United Nations International Children's Emergency Fund (UNICEF) initiative, was developed in 2020 [9]. In July 2025, the WHO and UNICEF launched a new training manual to support the EQUIP platform, with 15 core competencies that support three categories (engage, understand, support), including empathetic listening and compassionate care in mental health [10].

Understanding the underlying drivers of mental health, including the development factors (e.g. poverty), is key to tailor national and international initiatives to achieve the specific indicators and targets of the United Nations' (UN) Sustainable Development Goals (SDGs). For example, SDG3 (*Ensure healthy lives and promote well-being for all at all ages*) – namely, targets 3.4 (*reduce premature mortality from non-communicable disease by one-third through prevention and treatment*) and 3.5 (*strengthen prevention and treatment of substance abuse*) – specifically points out mental health disorders as a global priority, yet current estimates show insufficient progress toward achieving the established goals [11]. Notably, the SDG framework demonstrates the interconnectedness of other global indicators that are associated with mental healthcare and quality of life – like SDG1 (no poverty), SDG4 (quality education), SDG8 (decent work and economic growth), SDG10 (reduced inequalities), and SDG11 (sustainable cities and communities) – as the call to action to strengthen health system leadership and governance for mental health services worldwide [11].

In this article, physicians from 20 countries – Colombia, Dominican Republic, Ecuador, Hungary, Ivory Coast, Kenya, Latvia, Malaysia, Myanmar, Pakistan, Peru, Philippines, South Africa, Spain, Taiwan, Thailand, Trinidad and Tobago, Tunisia, United Kingdom, and Uruguay – described statistics of the national mental health burden, existing challenges to support mental health services, and national policies that demonstrate expanded coverage for mental health care and health professions' training programs. They shared specific community-based initiatives that have increased mental health awareness in efforts to reduce stigma and discrimination in their countries.

Colombia

Each year, World Mental Health Day offers a moment for physicians in Colombia to reflect on the silent mental health crisis and promote the creation of safe spaces and supportive services to break down potential barriers and meet community needs. According to the Colombia Ministry of Health and Social Protection, mental disorders are one of the main causes of morbidity, especially among persons aged 15 to 34 years [12]. The fourth edition of the National Survey of Mental Health (Encuesta Nacional de Salud Mental, ENSM) highlighted that the prevalence of depression had declined from 543 per 100,000 people in 2019 to 474 cases per 100,000 people in 2023, with urban areas at significant risk (double) than rural areas [12]. The incidence rate of suicide attempts in adults had increased dramatically from 46.7% in 2020 to 71.3% in 2023, as a result of the pandemic and other socio-economic challenges [12]. With more than 100 indigenous communities in the nation, such as the Embera Dobidá (Chocó rainforest), Vaupés (Amazonian region), and Wayuú (Guajira Peninsula), these populations have documented alarming rates of suicide attempts and deaths, linked with ongoing armed violence, displacement, and poverty [13,14].

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The limited number of health professionals (e.g. 2.5 psychiatrists per 100,000 people) and prevention programs, together with persistent geographic, territorial, and socioeconomic inequalities, continue to exacerbate gaps in access and availability of mental healthcare services across Colombia [12].

Over the past decade, the Government of Colombia has implemented robust measures to promote mental health for all citizens, guided by the *Decadal Plan of Public Health (Plan Decenal de Salud Pública), 2022-2031*. First, national leaders adopted the *Law 1616* of 2013, which recognised mental health as a fundamental right for all citizens and mandated the government as the responsible party to ensure coverage (e.g. healthcare services to support groups) within the health system [15]. Second, the Colombia Ministry of Health launched the *National Mental Health Policy* in 2021, as a comprehensive, territorial approach to ensure that mental healthcare was incorporated in primary care and community-based services [16]. These two initiatives, however, faced significant setbacks as the health system's design was deemed ineffective with the implementation of public policy on the private sector (Health Promotion Entities or Empresas Promotoras de Salud, EPS). Finally, national leaders approved *Law 2460* of 2025, which prioritised mental health within the regulatory framework of *Law 1616* de 2013, reshaping the national discourse on mental health services and guaranteeing the effective access to healthcare, prevention, and rehabilitation services across the health system [17].

As physicians representing the Colombian Medical Federation (Federación Médica Colombiana), we recognise that collective action is crucial to strengthen primary care services and incorporate the early detection and prompt management of mental health disorders. Physicians are local and national health leaders who can lead the development of community-based programs that expand resource distribution and outreach to marginalised communities, such as rural and indigenous populations. They can advocate for sustainable political investment in mental health education and health literacy, which can transform this "culture of silence" and reduce stigma and discrimination associated with mental health disorders. At regional and global levels, physicians can contribute to building global scientific and community networks that promote knowledge sharing of evidence-based research, identify existing gaps, and discuss cost-effective solutions and interventions. After all, health professionals can lead efforts combat barriers and associated stigma to help expand access and availability of mental healthcare services.

Dominican Republic

In the Dominican Republic, the *Health Situation Analysis (Análisis de Situación de Salud)* report estimated the 20% of residents suffered from at least one mental disorder between 2018 and 2022, including 6.4% with depression, 4.0% with anxiety, and 1.4% with drug use [18]. The National Epidemiological Surveillance System concluded that the national suicide rate in persons (over 6 years of age) fluctuated between 6.6 and 7.1 per 100,000 people between 2019 and 2023 [18]. The mental health burden has been attributed to limited federal funding for mental health services, limited access to care for rural communities, associated stigma, poverty and financial hardship, and the impact of the COVID-19 pandemic. As citizens have had few resources to seek care, leading to undiagnosed and untreated mental disorders, increased reports of domestic violence, sexual assaults, robbery, and homicides in August 2025, have propelled a call to action to review the health system care model to better understand the impact of mental health disorders on individual and community health.

The Dominican Republic Ministry of Health, serving a total of 11.4 million residents, has observed the fluctuating trend of mental health disorders in the population between 1990 and 2000, particularly noting how family members frequently abandoned hospitalised patients, which facilitated the path to strengthen mental health care services [19]. First, the *National Standards for Mental Health Care (Normas Nacionales para la Atención en Salud Mental)* were published in 2004, proposing a cross-cutting model for integrated mental health management [20]. Second, the *Mental Health Law 12-06 (Ley de Salud Mental No. 12-06)* was enacted in 2006, establishing that public policies and specific plans must protect the right to seek and receive comprehensive mental healthcare [21]. Third, the *Provision 000026-14 (Provisión No. 000026-14)*, adopted in 2014, approved the mental healthcare model, which facilitated the development and approval of the *Resolution 000019-6 (Resolución No. 000019-6)* in 2016, which created mental health crisis intervention units to operationalize clinical care protocols [22,23]. Fourth, the the *National Mental Health Plan (Plan Nacional de Salud Mental)* was launched in 2019, which prioritised the complete integration

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of mental healthcare into primary care services [18]. In 2020, *Resolution 00004 (Resolución No. 00004)* was accepted, which updated the mandatory notification disease and events for the national health heath surveillance system, including mental health (e.g. alcoholism, anxiety attacks, depression, drug addiction, suicide attempts) [24].

The Dominican Republic health system continues to prioritise the integration of mental healthcare in primary care services across urban and rural communities, as forward steps to improve life expectancy and quality of life and respect human rights and dignity. With recent increase in acts of social violence in the country, the government aims to amend the *Mental Health Law (Ley de Salud Mental)* to incorporate five elements – 1) respect human rights and dignity; 2) increase access and quality of health services; 3) support mental health prevention and promotion; 4) focus on community-based approaches; 5) increase political and financial commitment [25]. As leaders commemorate World Mental Health Day, they have shared their commitment to support public policies that prioritise patients with mental disorders, promote patient-centered health services, and strengthen community services and resources. Physicians are community leaders who can advocate for patients' rights for quality health services for ambulatory or hospital care (including access to medications), relevant health professionals' training courses on mental health, and increased national support for academic research on mental health (e.g. Mental Health Observatory launched by the Pontificia Universidad Católica Madre y Maestra).

Ecuador

In Ecuador, recent studies highlight the substantial toll of poor physicians' mental health on communities, but no official national surveillance system monitors this health outcome. One 2025 national survey of 1,976 physicians found that 9.0% met strict criteria for burnout syndrome, 25.3% reported high emotional exhaustion, and 23.8% exhibited symptoms of depersonalization. Independent risk factors included long shifts (>8 hours), shift work, work-family conflict, psychological inflexibility, and perceived loneliness [26]. Another survey of 2,873 health professionals conducted during the COVID-19 pandemic, concluded that 57.1% experienced moderate burnout, with higher levels in those working in the Amazon region than in the coastal regions [27]. These challenges are compounded by shortages of medical specialists: Ecuador currently has only 0.08 psychiatrists for every 10,000 people – less than the WHO recommendation of at least one psychiatrist per 10,000 people [28].

The high toll has been seen not only on healthcare providers themselves, but also on the communities they serve. Mental health is a stark reminder of the urgency and uneven progress that exist in supporting mental health needs. A nationwide study of suicide trends (2011-2020) documented 10,380 deaths, with the national rate rising from 8.15 per 100,000 in 2011 to 8.81 per 100,000 in 2020. Specifically, provinces, such as Napo (central region) and Azuay (south-central region), carried a disproportionate burden [29]. Similarly, earlier longitudinal data (2001-2015) highlighted how suicide rates in the Highlands were twice the rates on the Coast, and by 2015, suicide mortality (7.9 per 100,000 people) exceeded homicide mortality (6.3 per 100,000 people) nationally [30]. These patterns, coupled with mental health workforce shortages and insufficient surveillance, reflect a critical gap and a pronounced lack of comprehensive epidemiological information that impedes targeted policy design.

In response, Ecuadorian leaders have taken significant steps and developed new frameworks to address these deficiencies through legislation, policies, and campaigns. In 2021, the Ecuadorian Ministry of Health published the *Manual for Suicide Prevention for Community Caregivers* (*Manual de Prevención del Suicidio para Cuidadores Comunitarios*), providing practical guidance for responding to suicide attempts at home or in public [31]. In 2023, after a decade of sustained advocacy, the National Assembly approved a *Mental Health Law*, establishing mental health as a right and strengthening community-based services. This law paved the way for the *National Mental Health Policy* 2024-2030 [32], approved in 2024, focusing on community-based care, preventing risk factors, and integrating mental health into primary care. Additionally, in May 2025, a new *Manual for Suicide Attempt Prevention* (*Manual para la Prevención en Intentos de Suicidios*) was published by the Ministry of Health, seeking to organise primary response teams and communities in regard to suicide attempts [33]. Furthermore, Ecuador has also partnered with regional actors such as the Pan American Health Organization on community campaigns and initiatives, including "Where's my head?" community mental health festival and the QualityRights

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Initiative on mental health, recovery, and community inclusion. Grassroots innovations further significantly contribute to encouraging community participation. For example, "Huertomanías" Cooperative represents a social initiative that seeks to dismantle mental health stigma through horticulture and humour, employing individuals with mental illness and delivering immersive workshops, products, and language-based stigma [34].

On this World Mental Health Day, our global community must confront the culture of silence and stigma in medicine by fostering environments where healthcare professionals feel safe to disclose their struggles and seek professional help when needed. Physicians in Ecuador and the region should unite through our medical societies and institutions to push for full implementation of the new *Mental Health Law* and adequate funding for services. Additionally, we should be a catalyst for sustained and coordinated action for our population. Integrating stepped-care approaches that align with patients' needs can be instrumental in delivering cost-effective, targeted treatment options for optimal management and recovery. From a policy perspective, the medical community can play a decisive role in advocating for the operationaliation of the *Mental Health Law*, ensuring that community-based services are incorporated into training and outreach programs. At the global level, equitable distribution of mental health resources and inclusion of low- and middle-income countries in research funding streams should be prioritised as part of the international conversation, with equity, data transparency and collaboration at the core of this effort.

Hungary

As an opportune moment to commemorate World Mental Health Day, Hungary is recognised for making significant scientific discoveries that have advanced the fields of psychology, psychiatry, and psychotherapy [35]. The Government of Hungary allocates the expenditure on mental health as 4% of the total expenditure on health [36]. According to the Institute for Health Metrics and Evaluation (IHME), an estimated 14% of the nation's citizens (versus 17% of European citizens) were diagnosed with a mental health disorder in 2019 [37]. Notably, Hungary has one of the highest suicide mortality rates in Europe, reporting 15.7 (per 100,000 people) in 2020, decreased from 35.1 (per 100,000 people) in 2000. This observed trend, however, has stalled over the past five years due to impacts from the COVID-19 pandemic [37]. The Hungary Ministry of Health recognises barriers in underdiagnosed depressive and anxiety disorders, due to severe workforce shortages and poor primary care management of mental health disorders.

Over the past two decades, the Ministry of Interior, serving the healthcare needs of an estimated 9.5 million citizens, has observed the reduced institutional capacity in the mental health sector, increased proportion of outpatient and group-based services, and low national health expenditure allocated for mental health services. Since Hungary does not have a separate Mental Health Act, despite widespread discourse among health professionals advocating for this policy, regulations and patients' rights are not clearly specified, leading to legal uncertainty and violation of patients' rights. In 2019, the Government of Hungary announced the plans to develop t he National Mental Health Program, which aimed to create an integrated, stepped-care model that would link primary care with psychological services and strengthen community-based psychiatric care. However, no detailed background materials, analyses or legal frameworks have been published since 2019. In 2021, the *Healthy Hungary Strategy (2021-2027)* was adopted, incorporating mental health as a significant national priority, but no implementation programs have been developed yet [38]. Although Health Insurance Fund includes publicly funded care (gratuitous) for Hungarian citizens, rural residents face barriers to access due to the lack of mental health infrastructure and limited services. Access to psychotherapy is the most striking example of income-based disparity: limited availability in the public sector, but an out-of-pocket expense in private practice.

As physicians of the Hungarian Medical Chamber, we recognise the need to strengthen primary care and ensure political commitment for sustainable financing for mental health programs. We understand the driving factors that are influencing the burden of mental health disorders in the Hungarian population, including limited policies for social protection, socio-economic challenges, and digital transformation. Using the WHO guidance documents, physicians can lead efforts to advocate for appropriate and timely mental

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health legislation – focused on patients' rights – as essential steps for the future. We encourage Hungarian doctors to raise their voices for national programs that aim to integrate mental healthcare services across all levels of the health system.

Ivory Coast

As we observe World Mental Health Day on 10 October, low- and middle-income countries (LMICs) experience challenges that are magnified by resource constraints, fragmented health systems, and pervasive stigma. With its complex demographic evolution and history of socio-political upheaval, the Ivory Coast (Côte d'Ivoire) faces unique cultural, historical, economic, and systemic challenges in addressing mental health. The Ivory Coast, with an estimated 31 million citizens, has limited prevalence data on the mental health burden, but highlights that community-based campaigns have attributed to the national suicide prevalence declining from 14.5 per 100,000 people in 2016 to 8.9 per 100.000 people in 2019 [39]. The country reports fewer than 150 psychiatrists and clinical psychologists available nationwide, concentrated in the economic capital (Abidjan), and few specialised psychiatric hospitals (e.g. Bingerville Psychiatric Hospital) and psychiatric wards within regional and university hospitals [40,41]. Together with mental health financing representing less than 1% of the national health budget, this imbalance results in limited accessibility to specialised care for rural or peri-urban communities, who depend on community health practitioners with limited mental health training as the first point of contact [42].

Over the past two decades, the Ivory Coast has successfully supported two landmark initiatives to ensure that mental health is prioritised within the national health system. First, the National *Mental Health Program (Programme National de Santé Mentale, PNSM),* established in 2007, represents the national body that coordinates policy development and integrated mental health service delivery (including national suicide reporting) [43]. Second, the Ivory Coast was the first Francophone African nation to implemented a national suicide reporting system in 2023, which will improve health surveillance records and help inform tailored community-based approaches [44].

Furthermore, the Ministry of Health has initiated programs to decentralise mental health services by integrating psychiatric units into regional hospitals as well as expanding mental health training programs for health professionals. As mental illness is still perceived through cultural and spiritual lenses, many communities attribute psychiatric symptoms to mystical causes or witchcraft and consult traditional healers or religious leaders [41]. Hence, robust partnerships between the Ivorian government, WHO, and other non-governmental and international organisations have resulted in widespread community-based awareness campaigns aimed at reducing stigma and promoting psychosocial support for all citizens. As valuable partnerships, the Saint Camille de Lellis Association (Association Saint-Camille de Lellis), founded in Bouaké in 1991, represents a network of 18 centres offering compassionate, affordable care to marginalised populations in three West African nations (Benin, Ivory Coast, Togo) (https://www.amis-st-camille.org/en/). Also, the Committee for the Promotion and Advancement of Cooperatives (Centre de Counseling Professionnel et de Pastorale Clinique, COPAC Center) was established in 2018, training non-specialists in psychosocial support, aiming to reduce stigma and complement formal care systems (https://www.copac.coop/).

In the Ivory Coast, despite significant systemic and cultural barriers, compassionate initiatives, emerging research applications, and civil society engagement demonstrate the country's potential for positive transformation. As health leaders working across the world, we can collectively advocate for the comprehensive integration of mental health into primary care services as well as youth-focused interventions into primary schools and universities. We can highlight the need for political investment in co-designing community-based programs with community members (including religious and traditional leaders), with support from organisations like the Saint Camille de Lellis Association and the COPAC Center. World Mental Health Day serves as a crucial reminder that investing in mental health and well-being is essential to enhance social cohesion, productivity, and national resilience and ensure equitable access to mental healthcare in the Ivory Coast, Africa, and the world.

Kenya

World Mental Health Day has profound significance for physicians in Kenya. It is a moment to pause, reflect, and advocate for systems that care for the caregiver, as we urgently safeguard the mental health of healthcare professionals

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who serve under relentless pressure with limited resources. In Kenya, approximately 1 in 4 people seeking outpatient services present with a mental health condition, yet fewer than 150 practicing psychiatrists serve over 50 million residents [45]. These statistics highlight a significant disparity in access to care and its equitable distribution, especially for the rural and underserved populations. Among physicians, the burden is compounded by the normalisation of overwork, relentless professional pressure, and limited access to support systems, with burnout rates nearing 60%, and 1 in 3 physicians considering leaving the profession due to poor mental health support [46]. Despite growing awareness, mental health challenges remain vastly underreported among medical students, residents and early-career doctors due to stigma, cultural silence, and fear of professional repercussions and more evident in young female doctors during the COVID-19 pandemic [47].

Kenya has made remarkable progress in positioning mental health as a national priority driven by a range of transformative initiatives that reflect a multi-sectoral and forward-looking approach. First, the *Mental Health (Amendment) Act of 2022* marked a watershed moment in health policy reform by laying the foundation for a paradigm shift toward a rights-based, inclusive, and community-centered mental health system [48]. The Act mandates the decentralisation of services and integration of mental health into primary healthcare, reinforcing earlier commitments in the *Kenya Mental Health Policy 2015–2030* [49]. In harmony, these frameworks aim to dismantle long-standing stigma, improve accessibility, and bring quality mental health services closer to communities. Second, the Ministry of Health's "You Matter" campaign, launched in 2023, exemplified digital innovation in public health advocacy targeting youth through widespread engagement spotlighting suicide prevention, resilience-building and mental well-being. By amplifying authentic stories and peer voices, it successfully demystified help-seeking and leveraged the power of digital storytelling to normalise mental health conversations among Kenya's younger population. Third, the Kenya Medical Association has pioneered sector-specific advocacy and high impact programming that are shifting the conversation from silence to sustained support within the profession and society at large. In October 2024, its Physician Well-being Committee led a nationwide mental health advocacy campaign where strong, concise, and relatable social media messages on all major platforms helped champion workplace mental health and encouraged physicians to prioritise their well-being. From October to December 2024, the Committee also hosted a three-month webinar series prioritising workplace mental health sparking meaningful conversations and offering participants practical tools to recognise and address mental health challenges in their workspaces. Such rollouts have not only created safe spaces for dialogue but have also elevated physician well-being as a public health concern deserving structured sustainable support. The highlighted triads of innovative efforts signify a growing national recognition that mental health is integral to holistic well-being, social justice, and the resilience of Kenya's health system.

Our call to action is urgent and clear: to prioritise mental health not as a siloed issue, but as a foundational pillar of resilient, equitable public health systems. We must normalise mental health conversations within our profession, embed supportive policies at institutional levels, and model the care we advocate for. Kenyan physicians must continue to lead the charge by championing policy reforms, promoting psychologically safe workplaces, and advancing community-driven mental health education. Regionally, we must forge strategic collaborations, share scalable models, and build an African-led movement that centres local context and ownership. Globally, we urge our peers and partners to elevate physician mental health as a human rights imperative, commit sustainable funding toward long-term support structures, and actively dismantle structural stigma in our health systems. As we embed mental health at the heart of health care, let us act boldly, unite collectively and respond with unrelenting compassion to this pressing reality.

Latvia

World Mental Health Day represents a moment for Latvian physicians and the public to reflect on the growing importance of mental well-being and advocate for improved access to care. In Latvia, a Baltic state of 1.8 million residents, the burden of mental health disorders in primary care is unknown. One national cross-sectional primary care study showed that the current prevalence of any mental disorder in Latvia was 37.2% in 2020, with significantly greater risk in women [50].

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Specifically, the most frequent diagnostic categories were mood disorders (18.4%), suicidality (18.6%), and anxiety disorders (15.8%) [50]. Also, one population-wide study (2019–2023) reported that the Latvians expressed clinically significant depressive symptoms (6.4%) and generalised anxiety disorder (3.9%), met criteria for alcohol use disorders (13.1%), and reported suicidal thoughts or behaviour in the past month (10.6%) [50]. Specifically, Latvia's suicide rate remains elevated within the European Union – 15.6 per 100,000 people in 2020 – though it has decreased from previous years [51].

In recent years, Latvia has implemented significant reforms and innovative programs in the f ield of mental health, aligning national strategies with European priorities and evidence-based practices. At the national level, Latvia's *Mental Health Care Improvement Plan 2023–2025*, approved in 2022, introduced early intervention programs for first-episode psychosis, expanded mobile psychiatric teams, improved transitions from child to adult psychiatry, and broadened harm-reduction services, including methadone buses [52]. One milestone achievement is the Methodological Centre for Mental Health Care at the National Centre of Mental Health, established in 2024 by the Ministry of Health, which oversees clinical quality, develops diagnostic and treatment guidelines, evaluates health data, and facilitates interdisciplinary and intersectoral collaboration [53]. The Centre also provides recommendations for medical education and workforce planning, ensuring systematic improvements in service delivery.

At the regional level, the Joint Action Mental Health Together (MENTOR) was launched in September 2024, with the participation of 43 institutions from 20 European countries, including Latvia (https://ja-mentor.eu/). Coordinated by the National Centre for Mental Health, the project aims to promote mental health and reduce the burden of mental illness across Europe by fostering experience exchange, implementing best practices, and supporting vulnerable groups such as children, young people, and Ukrainian refugees. Core objectives include integrating mental health in all policies, strengthening prevention and community-based interventions, reducing stigma and discrimination, and developing innovative digital tools for early detection and support.

Notably, Latvia has pioneered digital innovation in treatment access. Since December 2024, a state-funded semi-automated digital therapy program has been available for individuals diagnosed with anxiety and depression [52]. The intervention, based on evidence from Finland, provides cognitive behavioural therapy (CBT) modules accessible via smartphones or tablets, supervised by mental health specialists. In 2025, the NPVC, in collaboration with the Adolescent Resource Centre and the Children's Clinical University Hospital, launched a pilot program to adapt and evaluate this model for adolescents and young adults (up to age 25). The program offers structured sessions, digital diaries, relaxation techniques, and therapist feedback, with the capacity to treat 400 patients within its first year. Early evaluations suggest that digital therapy can be as effective as face-to-face treatment, while significantly reducing waiting times and preserving clinical resources [54].

Together, these national initiatives reflect Latvia's commitment to building a modern, accessible, and integrated mental health system that addresses the needs of vulnerable populations, supports professional development, and contributes to European-wide innovation in mental healthcare. For now, Latvian leaders are ready to cooperate and share their clinical and community health expertise to help improve the integration of mental healthcare into primary care across diverse health systems worldwide. They are enthusiastic to learn, share, and implement best clinical practices that help strengthen Latvian mental healthcare services.

Malaysia

World Mental Health Day is a timely reminder that mental well-being is an essential part of health for both the public and the medical profession. The National Health and Morbidity Survey (NHMS), published by the Malaysia Ministry of Health every four years, offers a comprehensive overview of the national health statistics on mental health outcomes and other non-communicable diseases. Earlier NHMS surveys reported the prevalence rate of mental health disorders as 10.7% in 1996 and 29.2% in 2015, noting an increased burden of 40% in the capital city (Kuala Lumpur) and rural areas in East Malaysia

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[55,56]. The NHMS 2023 captured a decreasing prevalence of mental health disorders, with 4.6% of adults (or an estimated one million individuals) and 16.5% of children (5-15 years of age) with depression, increasing from 2.3% and 7.9%, respectively, reported in NHMS 2019 [57,58]. These figures represent real lives, patients, colleagues, and communities that physicians serve, yet stigma, uneven access to specialist care, and workforce shortages remain significant barriers to timely and effective mental health interventions. The rising depression and mental health problems highlight the urgent need for stronger support across Malaysian communities, schools, and workplaces.

The Government of Malaysia has taken several steps to improve mental health awareness and access for its 35 million citizens. Over the past two decades, the Malaysia Parliament adopted two key policies related to mental healthcare, management, and protection – *Malaysian Mental Health Act* in 2001 (implemented in 2010) and the *Mental Health Regulation* in 2010 [55]. Later, the *National Strategic Plan for Mental Health (2020–2025)* was approved in 2021, as a multi-sectoral framework for prevention, early detection, and integrated community care. This plan also aimed to decrease depression rates among adolescents from 18% to 10% by 2025 [59].

Furthermore, the National Centre of Excellence for Mental Health (NCEMH), established in 2022, serves as a hub for service coordination, training, and crisis support [60]. To support these robust initiatives, Malaysian Medical Association leaders successfully advocated for the decriminalization of attempted suicide in 2023, which demonstrated a historic shift from punitive to compassionate care. The Association also leads and operates HelpDoc (https://mma.org.my/helpdoc/), a confidential online platform that addresses workplace bullying and harassment – including burnout, mental fatigue, and anxiety – in particularly in underfunded, overworked, and understaffed healthcare settings [61].

The Malaysian Medical Association, representing physicians in Malaysia, believes that mental healthcare is a universal right-one that must be extended equally to our patients and to those who dedicate their lives to caring for them. As the Malaysia Ministry of Health has prioritised mental healthcare under the *National Strategic Plan for Mental Health*, noting cross-sector support in education, social welfare, and employment, the Malaysian Medical Association will continue to work with the Ministry and partners to strengthen a compassionate and accessible mental health system for all Malaysians. Physicians must also lead efforts to normalise conversations on mental health, ensure early access to care, and protect the well-being of our own health professional colleagues. By embedding mental health support into workplace culture and advocating for fair staffing and resources, physicians can collectively combat stigma within our profession.

Myanmar

As a doctor serving in the war-torn regions occupied by the Myanmar military and security forces, World Mental Health Day holds a critical reminder of the unseen wounds affecting citizens' mental health and well-being each day. Since February 2021, the military coup has led bombardments and shelling, destroying health facilities and homes and systematically blocking essential supplies and logistical constraints [62,63]. Grappling with profound grief, anxiety, and despair, the Myanmar people – more than 54 million residents – live in the shadow of fear, loss, and uncertainty about their futures [62,64]. They are caught in a precarious balance between physical survival and psychological devastation, without timely or empathetic support [65]. Research reported that one-third of Myanmar's population had moderately severe to severe depression due to direct and indirect conflict-related trauma, loss of income and personal properties, and fear for personal safety [66]. These alarmingly high national rates of depression and anxiety represent an urgent public health emergency that require prompt attention and resources [66].

The National League for Democracy government launched *A Roadmap towards Universal Health Coverage in Myanmar (2016-2030)* in 2015, as an ambitious health reform plan that incorporates mental health into primary care, strengthens mental health professionals' training programs, and underscores professional standards and supervisory protocols. The Myanmar Ministry of Health and Sports Government, led by State Counsellor Daw Aung San Suu Kyi, developed the *National Strategic Plan on Noncommunicable Diseases (2017-2021)* in 2016, as a national framework to combat non-communicable diseases and reduce gaps in access to mental

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health services by 2021 [67]. Together with the Myanmar Medical Association and the National Mental Health Society, the government was developing a mental health law for Parliament's approval in 2021, but these actions were halted due to the military coup.

As Myanmar physicians serving on the frontlines, we must advocate for international funding dedicated explicitly to trauma-informed, evidence-based mental healthcare that is accessible to all. Since they have endured injury, displacement, and burnout, supporting their mental health is paramount to sustaining care delivery during protracted conflict. Support from international organisations, such as the World Medical Association, Junior Doctors Network, WHO, and non-governmental organisations, can help bolster Myanmar mental health capacity and resilience and ensure the uninterrupted flow and delivery of essential medical supplies from border regions to communities. The pursuit of justice through international legal mechanisms, such as the International Court of Justice and the International Criminal Court, can help restore justice, deter further violations, and ultimately ease the psychological scars of war. This global engagement embodies a moral imperative for the medical community worldwide to stand shoulder to shoulder with Myanmar healthcare professionals and patients, to advocate for peace, justice, and recovery.

Pakistan

World Mental Health Day is a solemn and urgent reminder for physicians in Pakistan of the growing mental health crisis facing our population. With more than 251 million citizens, an estimated 24 million Pakistani adults have experienced mental health disorders that require mental health services, yet an estimated 564 qualified psychiatrists (0.19 per 100,000 people) are available to serve this enormous need [68]. Mental health disorders are particularly prevalent among youth, women, internally displaced persons, and victims of violence and poverty. Alarmingly, suicide rates (9.7 per 100,000 people) have shown an upward trend, especially in underserved rural regions, although underreporting due to religious, social, and legal taboos masks the true extent of the problem [69,70]. Cultural stigma, lack of mental health literacy, shortage of mental health professionals, and low public spending on mental health–less than 1% of the national health budget–have resulted in significant gaps in prevention, early diagnosis, and access to care [68]. For physicians, this day not only honours the importance of mental health, but it also reinforces our responsibility to advocate for systemic reform, improve education, and raise awareness to address this critical dimension of public health.

In recent years, Pakistan has gradually recognised the urgency of mental health through policy and community-led initiatives, leaving behind the obsolete *Indian Lunacy Act of 1912* [65]. The *Mental Health Ordinance*, approved in 2001, established the Federal Mental Health Authority that aimed to oversee national standards of patient care, including regulations for voluntary and involuntary treatment of mental healthcare [71]. However, as these policies lapsed without Parliament's vote to permanent law, the responsibilities transitioned to the provinces to develop their own mental health legislation. The enactment of the *Mental Health Acts* in Sindh (2013) and Punjab (2014) marked a vital step in protecting the rights of individuals with mental illnesses and regulating service delivery [71]. In the education sector, the School Mental Health Programme in Punjab, developed with support from UNICEF, provides mental health literacy training to teachers and counsellors and incorporates mental well-being modules in public schools (https://www.unicef.org/pakistan). As part of their primary care outreach, the Lady Health Worker (LHW) Programme helps train frontline community health practitioners to screen for depression, anxiety, and maternal mental health concerns [72]. Also, Humraaz and Breathe Pakistan (https://breathepakistan.org) are two digital platforms (e.g. via mobile apps, chatbots, and helplines) that provide confidential mental health counselling, suicide prevention services, and community engagement to vulnerable youth and students across urban Pakistan. While challenges remain, these initiatives demonstrate a growing political and public momentum to prioritise mental health within our broader health systems and communities.

Physicians in Pakistan and worldwide must become proactive agents of mental health advocacy and reform. We must extend our roles beyond clinical boundaries to become educators, counsellors, community leaders, and champions for policy change. Mental health screening and referral must become routine in

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primary care settings. Medical curricula at undergraduate and postgraduate levels must integrate psychiatry and mental health as core subjects, rather than elective coursework. Moreover, international cooperation must be fostered to share best practices, training, and digital health tools, especially for low- and middle-income countries. As physicians, we can advocate for national governments, global health organisations, and professional associations to commit to sustained investment in mental health infrastructure and destigmatization. Let this World Mental Health Day serve as an awareness campaign and call to collective action to restore dignity, resilience, and hope to millions in silence.

Peru

Peru is a South American nation with 34 million residents, with 55 different indigenous groups (estimated seven million people) with different languages [73]. According to the Peru Ministry of Health, mental health represents one of the main public health challenges in Peru, with one in three Peruvians developing a mental health disorder (with depression and anxiety as most common) throughout their life [74]. Before recent mental health reforms in 2012, less than 10% of Peruvians diagnosed with a mental health disorder requiring a clinical intervention actually received timely treatment [74]. Still today, significant barriers remain in accessing mental health care due to distance from health facilities, economic hardship, language barriers, and stigma. As the Ministry of Health reported more than 1.8 million mental health services in 2023, and more than 900,000 individuals sought care during the first half of 2024, the magnitude of this healthcare demand will require the health system to expand the coverage of healthcare services [75].

Over the past three decades, Peruvian leaders have advanced national dialogue and action to incorporate mental health into the public agenda. First, the *General Health Law (Law 26842)* was approved in 1997, with Article 11 confirming that individuals had rights to prevent and seek care for mental health disorders. The *Law 29889* was approved in 2012, enhancing patients' rights to mental healthcare; however, it was replaced by the *Mental Health Law (Law No. 30947)* in 2019, guaranteeing universal access with a community-based approach and enabling the implementation of more than 250 Community Mental Health Centers throughout the country [76-78]. Furthermore, the Ministry of Health has led the expansion of the required social service program (Rural Medical Service, SERUMS) for psychologists in marginalised communities. Regarding the health team's mental health, professional societies like the Medical College of Peru are developing innovative programs, like 'RESPIRA' promoted by the Peruvian Medical College's Young Physicians Committee, that provide comprehensive support including mental health services, legal support, and continued medical education to SERUMS physicians [79]. These efforts reflect the growing leadership and political commitment from different organisations to develop a more comprehensive, sustainable, and patient-centered model for care. Notably, the Peruvian Medical College summarises this commitment with a clear message: *"We take care of you, so you can continue taking care of others."*

Globally, health systems must recognise and guarantee mental health services as a fundamental right for all citizens. Special attention should be provided to countries with high prevalence rates of mental health disorders citizens and significant barriers in accessing timely treatment. As physicians in Peru, Latin American region, and the world, our calling as physicians is to serve as leaders of change, where we are committed to the early detection, prevention, and education of communicable and non-communicable diseases, including mental health disorders. We must collectively advocate for sustainable policies that ensure dignified and equitable care for all citizens. By caring for the mental health and well-being of ourselves, our patients, and our wider community, we can strengthen hope and dignity for all and work together to build a better future of our countries.

Philippines

Each year, as 10 October approaches, Filipino physicians and advocates observe World Mental Health Day as a crucial reminder of an ongoing and deeply rooted public health crisis. Mental illness in the Philippines remains shrouded in stigma and neglect, with millions of Filipinos – particularly the youth – silently struggling. From 2013 to 2021, the rate of moderate to severe depressive symptoms among Filipino adolescents more than doubled from 9.6% to 20.9%, reflecting a growing need for urgent and sustained attention [80]. According to the Department of Health, over 3.6 million Filipinos are currently living with mental,

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neurological or substance use disorders, and the country has fewer than one mental health professional for every 100,000 people [81]. Yet despite the passage of the landmark *Mental Health Act (Republic Act 11036)* in 2018, critical gaps persist – mental health receives only about 5% of the national health budget, and services remain largely concentrated in urban areas, leaving rural and conflict-affected communities behind [81,82].

In response, both the government and civil society have launched a range of initiatives aimed at promoting more accessible and community-based mental healthcare services. The WHO's Special Initiative for Mental Health, through the Mental Health Gap Action Programme (mhGAP), is being implemented in underserved areas such as the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), where barangay health practitioners and nurses are trained to provide culturally sensitive mental healthcare [83]. Student-led movements, such as the Usapang Isipan initiative by the Phi Kappa Mu fraternity (https://www.phikappamu.com/web5/lorem-ipsum-4/) in collaboration with the Philippine General Hospital Department of Psychiatry, have helped normalise mental health conversations in universities through workshops, webinars, and peer support circles. In April 2025, the Philippine Mental Health Association (PMHA) launched the "Wellness on Wheels" mobile outreach program, which provided free consultations and mental health education in schools and universities across Luzon, Visayas, and Mindanao, reaching over 8,000 students within just a few months (https://www.facebook.com/PMHAofficial).

Looking ahead, the Department of Health has committed to increasing the mental health budget to 8% by 2026 and 10% by 2028 [81]. Leaders launched the *National Adolescent Mental Health Roadmap 2025-2030,* which targets suicide prevention and mental health promotion among vulnerable groups such as lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) and indigenous youth [81]. Additionally, the Professional Regulation Commission (PRC) has approved the implementation of a mandatory Continuing Mental Health Education (CMHE) module for all licensed physicians starting in 2026, aiming to better equip health professionals with the skills needed for early detection, referral, and basic psychosocial support [82]. For Filipino physicians, this evolving landscape presents both a challenge and a responsibility – to move beyond awareness and become active agents of change. By working alongside schools, local governments, and community-based organisations, they can help dismantle stigma, advocate for stronger policies, and ensure that mental healthcare is inclusive and far-reaching. This World Mental Health Day, the message is clear: mental health is a right, not a privilege - and every Filipino deserves a chance to be heard, to heal, and to thrive.

South Africa

World Mental Health Day is a reminder to all physicians that *"there is no health without mental health,"* and that a society's full potential depends on the mental well-being of its people. One national survey examined mental health disorders among South African citizens in 2022, noting that 25.7% experienced depression and anxiety symptoms, with higher rates among perinatal women (20-40%), people living with HIV (over 40%), and people with non-communicable diseases (66%) [84]. The high prevalence of mental health disorders intersects with the country's quadruple burden of disease – communicable diseases (e.g. tuberculosis, HIV/AIDS), non-communicable diseases (e.g. cancer, cardiovascular disease, diabetes), maternal and child health issues, and injuries and violence – further intensifying the public health challenge.

Physicians are not immune to physical and mental health concerns, as an estimated 53.7% have reported depressive symptoms (twice the rate in the general population) and 46.2% have experienced burnout [85]. These overlapping conditions increase the risk of medical errors, reduce the quality of care, and negatively affect health outcomes. Despite this observed national burden, mental health services remain underfunded, with treatment gaps reaching up to 92% [84]. The inequitable distribution of resources in South Africa contributes to shortages in skilled personnel, infrastructure constraints, stigma, and limited service coverage [86]. As insufficient data systems hinder the ability to plan, monitor, and evaluate services effectively, urgent, coordinated, and targeted interventions are required to reduce this persistent gap.

The Government of South Africa has actively led strides to develop, scale, and sustain initiatives to achieve citizens' mental health needs.

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In 2022, *South Africa's National Mental Health Policy Framework and Strategic Plan* (2023–2030) established a vision to achieve comprehensive, high-quality, integrated mental health promotion, prevention, care, treatment, and rehabilitation by 2030 [87]. The central priority aimed to integrate mental health into all levels of the South African health system, ensuring that services were accessible, coordinated, and person-centred. To operationalize this vision, primary healthcare (PHC) re-engineering initiatives embed mental health into routine PHC services and empower nurses through task-sharing to address the severe shortages of psychiatrists (0.31 per 100,000 people) [84]. For example, the Ward-Based Outreach Teams (WBOT) operate within local communities to provide education, facilitate early identification (screening) of mental health concerns, and ensure timely referral for appropriate care. In addition, the Integrated School Health Programme (ISHP) provides psychosocial screening alongside resilience training, counselling, and peer support, while antenatal clinics have routine visits with screening tools for depression, anxiety, and suicide risk.

As physicians, as a nation, and as a global community, we have the duty to advance mental health as a public good by strengthening policy implementation and integration, ensuring adequate resources, and embedding mental health promotion and prevention across all government sectors. It calls for collective action to challenge stigma, build community capacity, and create supportive environments by addressing social determinants (e.g. poverty, violence, inequality) through a whole-of-society approach. Structured resilience-building and well-being interventions implemented beyond formal healthcare settings can help empower healthcare providers and enhance community wellbeing [88]. Reorienting health services toward prevention and community-based care, reducing reliance on institutionalisation, and removing barriers to access can strengthen health systems, safeguard populations, and bring us closer to the ultimate goal of *"no health without mental health"* [87].

Spain

In Spain, mental health has become a major public health concern, especially in the wake of the COVID-19 pandemic, as the prevalence of diagnosed mental disorders (e.g. anxiety, sleep, and depressive disorders) rose from 11.1% in 2013 to 17.2% in 2022 [89]. In 2022, 34% of the national population reported at least one mental health diagnosis, with prevalence rates climbing to 40% in adults over age 50 and 50% in adults over age 85 [89]. Over the past decade, data from the Spain's Ministry of Health reflected this trend, demonstrating a marked rise in antidepressant and anxiolytic prescriptions, and placing Spain among the highest rates in Europe [90,91]. Health leaders have concluded that structural challenges (e.g. low ratios of mental health professionals per capita) and social determinants (e.g. precarious employment, housing difficulties, poverty, gender-based violence) further exacerbate mental health disparities across the population [91,92].

Guided by the WHO's *Comprehensive Mental Health Action Plan* 2013–2030, Ministry of Health leaders have taken important policy steps to strengthen mental healthcare across Spain [5]. In 2023, the Office of the Mental Health Commissioner (Comisionado de Salud Mental) was established as a high-level office within the Ministry of Health and tasked with coordinating interministerial and governmental action. In 2024, the Spain Ministry of Health adopted the *Mental Health Action Plan 2025–2027*, setting strategic priorities that included reinforcing human resources, promoting community-based care, reducing stigma, and integrating a human rights-based approach [92]. Notably, for the first time, this plan included dedicated funding for programs addressing healthcare professionals' mental health, such as supporting the *Integral Care Programme for Sick Physicians (Programa de Atención Integral al Médico Enfermo,* PAIME) initiative of the Spanish General Medical Council (OMC). In 2024, health leaders approved the *National Suicide Prevention Action Plan 2025–2027*, which builds on previous initiatives and emphasises cross-sectoral collaboration, early detection, and crisis support, including maintaining the national 024-suicide prevention helpline [93]. In 2025, health leaders launched the *Work and Mental Health: A Roadmap for Health Administrations in Spain (Trabajo y Salud Mental: Hoja de Ruta para las Administraciones Sanitarias en España)*, as a guide to help identify, manage, and prevent mental health concerns related to employment or workplace stressors [94].

On this World Mental Health Day, we call on all governments, health systems, professional organisations, and civil society to incorporate mental health in

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the development of local and national policies for Spain, the European region, and the world. We can collectively move beyond rhetoric, ensuring sustainable funding, integrated and community-based services, and effective prevention strategies rooted in social determinants and human rights. Healthcare professionals play a crucial role in this effort, both as providers of clinical and public health services and individuals seeking safe, supportive work environments. By committing to these goals, we can build healthier, more equitable societies where mental health is recognised as fundamental to well-being and human dignity.

Taiwan

Suicide is a worldwide issue and has become a great concern facing the post-COVID-19 era. In Taiwan, suicide became one of the top 10 leading causes of death in 1997, as the standard suicide mortality rate had rapidly and steadily increased from 10.0 in 1997 to 16.6 in 2005 per 100,000 people [95]. The Department of Health initiated a National Suicide Prevention Project and founded the Taiwan Suicide Prevention Center, the standard suicide mortality rate decreased from 16.8 in 2006 to 12.7 in 2023 per 100,000 people, effectively dropped out of the top 10 leading causes of death since 2010. However, recent statistics of Ministry of Health and Welfare (MOHW) indicated that 4,062 individuals died by suicide in 2024, with the standard suicide mortality rate or 13.4, making it once again a significant health priority [95]. Rising suicidal deaths among people aged 15–64 highlight the urgent need for upstream prevention, targeted interventions, and robust social support systems.

Aligning with the UN SDGs and in consideration of global development trends, Taiwan has developed national health policies that increasingly emphasise mental health [96]. The country's mental health policy and associated national strategies based on the *Mental Health Act* (1990; 2022, revised) and *Suicide Prevention Act* (2019) have evolved from a treatment-oriented model to a more comprehensive approach that prioritises prevention and promotion, as well as protection of the patient's rights and interests [97]. Current reforms with a six-year plan, launched by the President in 2025, highlight the Mental Health Resilience Program for All People in Taiwan. Guided by public health principles, the program prioritises resilience building, improvements in mental health literacy, and the cultivation of supportive environments across all stages of life [98,99]. The Ministry of Health and Welfare (MOHW) coordinates central-local partnerships and inter-ministerial collaboration to embed prevention efforts within schools, workplaces, families, and communities.

The implementation strategies of Taiwan's mental health policy include strengthening regional service networks, expanding access to counseling, and promoting evidence-based, culturally appropriate programs [99]. Specific initiatives target vulnerable populations such as perinatal women, Indigenous peoples, new immigrants, individuals with disabilities, and older adults. Mental health promotion is integrated in education through age-appropriate curricula and teacher training, workplaces through labor–enterprise partnerships, and communities through multi-level advocacy. Continuous monitoring and research ensure that policies remain adaptive, cost-effective, and culturally relevant. For example, suicide prevention remains a cornerstone of Taiwan's mental health framework. Policies emphasise early identification, awareness-raising, stigma reduction, and referral pathways across school, community, and workplace settings [100]. Particularly, a National Suicide Surveillance and Aftercare System (NSSS) was launched in 2006, to register suicide attempts nationwide and provide pertinent care [101]. Local surveillance data from New Taipei City of Taiwan showed that the aftercare programs for suicide ideators and family members of adolescent suicide ideators (aged ≤ 19 years old) decreased subsequent episodes of suicidal behaviour [102]. Most recent MOHW statistics indicated rising suicidal deaths among people aged 15–64 highlight the urgent need for upstream prevention, targeted interventions, and robust social support systems [95]. By integrating health promotion, interagency collaboration, and evidence-based strategies, Taiwan seeks to reduce suicide rates while advancing the overall well-being of its population.

Taiwan has a well-defined heath network with quality services, including a general medical care network, emergency care network, mental health networks, school mental health networks, and a national social safety network to provide people with medical and mental healthcare [103]. Almost all individuals are covered by national health insurance and can seek mental health services if necessary. To enhance the public awareness of mental health issues

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in Taiwan, mental health organisations collaborate with central and local governments and hold a series of activities during the "Mental Health Month" from 10 September (World Suicide Prevention Day) thru 10 October (World Mental Health Day). In conclusion, the Taiwan Medical Association with 57,000 member physicians plays an important role and is actively involved in the implementation of mental health policies. Mental healthcare in Taiwan is comprehensive and cross-disciplinary and needs more successful involvement of clinical mental health professionals based on the established infrastructure and valid implementation of the national strategy.

Thailand

Over the past nine years, the Thailand Ministry of Public Health has reported a significant increase in the number of patients diagnosed with mental health disorders, rising from 1.39 million in 2015 to 2.7 million in 2024 [104]. The most prevalent mental health diagnoses include depression, anxiety, and substance abuse, and recent national surveys estimate that one in six Thai adults may experience a diagnosable mental health condition during their lifetime. An estimated 10 million people in Thailand may be living with undiagnosed and untreated mental health issues, a figure that exceeds the global average [105,106]. Furthermore, mental health patients with drug abuse problems account for a nearly 19.1% of cases, and almost half of individuals involved in violence (47.7%) have a history of mental illness or substance abuse. These figures highlight a growing public health challenge that requires urgent and sustained intervention.

To address this burden, Thailand has introduced several important initiatives. First, *the Mental Health Act B.E. 2551*, adopted in 2008, established the Mental Health Board, and its 2019 amendment strengthened patients' rights and protections under the universal coverage scheme [107]. Second, the *National Mental Health Policy (2020–2030)* was adopted in 2020, aims to integrate mental healthcare into all levels of the health system, with a focus on equity, prevention, and community-based care [108]. Third, the Department of Mental Health developed guidelines for counselling services, which are certified every five years to ensure quality and accountability, with the goal of expanding access to psychological support for all citizens regardless of psychiatric diagnosis. Ongoing collaboration between the government, private sector, and local communities will be critical to close the treatment gap and ensure that mental health services are both accessible and sustainable.

Given the significant and growing mental health needs in Thailand, it is crucial for physicians to lead efforts to advocate for greater mental health integration into primary care and champion collaborative care models. Physicians can also play an active role in community-based initiatives to reduce stigma, foster public awareness, and encourage early help-seeking. By engaging in these activities, Thai physicians can ensure that mental healthcare is delivered with compassion, accessibility, and cultural sensitivity. Ultimately, their leadership can help transform the country's mental health landscape, reduce suffering, and enhance the well-being of the Thai population.

Trinidad and Tobago

World Mental Health Day serves as a stark reminder that mental health should be at the forefront of our overall health objectives, and as 10 October approaches each year, it resonates with a special urgency for us as healthcare professionals in Trinidad and Tobago. According to the data, mental, neurological, and substance-related disorders, along with the tragic death rate from suicide, account for 16% of our nation's disability-adjusted life years and nearly one-third of the years spent living with a disability [109]. A study examining the mental health impact of COVID-19 lockdowns on people living with non-communicable diseases in Trinidad and Tobago revealed that of the respondents with a non-communicable disease, 36.4% and 32.7% screened positive for anxiety and depression, respectively [110]. These findings highlight the heavy psychological toll that the pandemic has placed on an already vulnerable group within our population.

In 2025, the Trinidad and Tobago Medical Association (T&TMA) dedicated its Annual Medical Research Conference to the theme of mental health, emphasising the transition "from surviving to thriving in the workplace" and showcasing research contributions in the field of mental health. On a national level, the Pan American Health Organization's Trinidad and Tobago office hosted the WHO's Quality Rights Train the Trained Workshop in February 2025. Over 30 participants attended

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this workshop, including mental health professionals from the Ministry of Health, the Regional Health Authorities (of the Trinidad and Tobago healthcare system), and non-governmental organisations. This workshop offered professionals the relevant knowledge and skills to uphold human rights, ensuring that persons living with mental health conditions receive the care and respect to which they are entitled [111].

As medical professionals, we must go beyond our clinics and hospitals to make a difference on World Mental Health Day. To confirm that early detection and support are not limited to specialised settings, we must locally push for a more robust integration of mental health into primary care. At the regional level, collaborations should be strengthened to address our common issues through research, training, and shared knowledge exchanges of best practices. We need to advocate for policies in favour of mental health, support equal distribution of resources, and be part of the global effort to eliminate the stigma associated with mental illness. The journey to protecting our own mental health, building healthy workplaces, and helping our co-workers starts with us. We must collaboratively support efforts in striving to make mental health care accessible and sustainable to everyone.

Tunisia

World Mental Health Day reminds physicians and the general public about the global burden of mental health disorders, the associated economic, political, and social challenges that influence mental health care, and the need to reduce stigma [112]. Tunisia is a North African nation of 12 million people with borders to Algeria, Libya, and the Mediterranean Sea. Since the Jasmine Revolution in 2011, the country has faced significant health system challenges in ensuring equitable access to mental health care [113]. One national study, conducted in 2015, documented that an estimated 52% of survey respondents were diagnosed with at least one mental disorder, noting that one-third of cases had comorbidies [114]. According to the Swiss Refugee Council (SRK), the doctor-patient ratio has been steadily declining, and as of 2025, the country has about 1.25 psychiatrists per 10,000 residents, with most services centralised in large institutions such as Razi Hospital located in La Manouba [114,115]. Compounding these statistics, many psychiatrists tend to concentrate in private practice in urban areas, leaving rural regions and public facilities underserved with limited access to mental health care. Also, citizens often seek help from traditional healers rather than consulting a mental health professional, due to associated stigma, high costs associated with mental healthcare (e.g. 40-80 Tunisian dinars for an initial session), and few psychiatrists working in public hospitals and rural areas. Hence, physicians and citizens can use World Mental Health Day as a catalyst for national dialogue and a platform for solidarity in supporting mental health across the lifespan.

Specific priorities to the Tunisia Ministry of Health include: 1) reducing use and risks associated with psychoactive substances; 2) preventing suicide risk; 3) reviewing legislation on psychiatric hospitalizations; 4) and expanding psychiatric care to ensure equitable access [112]. Specifically, the Tunisia Ministry of Health (psychiatrists and epidemiologists) is collaborating with the WHO to conduct a national mental health survey, alongside a STEPS (STEPwise approach to non-communicable disease risk factor surveillance) survey on chronic diseases and risk factors, in 2025. The mental health section – using the WHO Flexible Interview for ICD-11 (FLI-11) – seeks to collect data on lifetime prevalence, one-year prevalence and current prevalence of selected mental health disorders in adults and children.

The Tunisian health system has actively promoted political commitment to reduce the mental health burden through policies and community initiatives. First, the *National Strategy for Mental Health Promotion*, adopted in 2013, provides a framework for prevention, awareness, and improved access to care across the country. Second, the Tunisian Association for the Promotion and Prevention of Mental Health (ATPPSM) organises year-round activities, including events on World Mental Health Day, community campaigns, conferences at high schools and universities, trainings (e.g. Responding to Experienced and Anticipated Discrimination, READ), community campaigns, workshops with nurses and caregivers, and social media posts to educate the public, share resources, and combat stigma [116,117]. In addition, the Tunisian Psychiatric Society commemorated World Mental Health Week from 9-14 October 2024, by coordinating workshops led by mental health professionals to raise mental health awareness among high school and university students. They also held public screenings of films on mental health (Tunisian film, "Communion") across four cities, showing the

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struggles living with psychosis or other mental health disorders, to foster understanding and empathy. These initiatives reflect a multi-level approach, emphasising the need to combine policy, education, and community engagement to promote mental health awareness and advocacy.

In Tunisia, where mental illness remains heavily stigmatised, physicians are strategic leaders to advocate for the integration of mental health into primary health care, support community-based mental health programs, and coordinate public awareness campaigns to educate citizens about mental health disorders and available resources. For example, they can connect with community leaders and develop extracurricular activities, such as painting and sculpture workshops, that can provide theraupeutic activities that reduce stress and strengthen community bonds. Also, physicians can promote the need for increased resources for training programs in psychiatry, child psychiatry, and psychology, ensuring that relevant medications (like psychotropics) are available in underserved areas, and establishing psychological support programs for caregivers. Physicians can share up-to-date research findings on the mental health burden at scientific conferences as well as collectively contribute to national dialogue to reinforce medical education and training and defend patients' rights and dignity when seeking quality mental healthcare. By cultivating a resilient generation – starting from primary school – we can have protected spaces for dialogue on pressing health issues such as mental health and well-being.

United Kingdom

World Mental Health Day serves as an important reminder for physicians in the United Kingdom of the deepening mental health crisis within our population and our health workforce. The 2023-2024 Office for National Statistics survey revealed that 22.6% of adults aged 16 to 64 now experience common mental health conditions, as compared to 17.6% in 2007 and 18.9% in 2014 [118]. Of particular risk, young adults aged 16 to 24 have reported a rising prevalence in mental health conditions (25.8%), in addition to lifetime non-suicidal self-harm (10.3%) and attention deficit hyperactivity disorder (13.9%) [118]. According to a survey conducted by the British Medical Association, over 80% of doctors reported experiencing work-related stress, with nearly half considering leaving the profession due to burnout [119]. These statistics demonstrate a growing mental health burden that directly impacts patients and the medical workforce.

Over the past decade, the United Kingdom has implemented several national initiatives to improve mental health awareness and care. First, the National Health Service (NHS) Long Term Plan, launched in 2019, committed to expanding mental health services, including increased funding for community-based care and crisis response teams [120]. Second, the British Medical Association has led sustained efforts to advocate for physician mental well-being through its "Caring for the Mental Health of the Medical Workforce" campaign, which calls for improved workplace support, destigmatisation, and accessible psychological services for healthcare staff. Finally, the Public Health England has launched public-facing initiatives, such as the "Every Mind Matters" campaign, to help normalise mental health conversations through accessible digital resources and nationwide media campaigns (https://www.nhs.uk/every-mind-matters/).

The call to action is clear: we must embed mental health as a core component of healthcare delivery, policy, and professional culture. Physicians have a unique responsibility to champion evidence-based mental healthcare, advocate for system-level reforms, and lead by example in fostering supportive, psychologically safe environments within our workplaces. Collaboration between national medical associations, governments, and communities is vital to close the care gap, promote mental health literacy, and ensure that mental well-being is recognised not only as a health priority but also as a human right.

Uruguay

For the Medical Union of Uruguay (Sindicato Médico del Uruguay, SMU) and the Psychiatric Society of Uruguay, World Mental Health Day represents an opportunity to reaffirm our commitment to advancing toward a more humane, accessible, and dignity-centered health system for individuals living with mental disorders. According to the Uruguay Ministry of Health data, suicide rates were reported as 23.2 (per 100,000 people) in 2023 and 21.4 (per 100,000 people) in 2024, placing Uruguay among the highest rates in the region [121]. Although the prevalence

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of mental disorders (e.g. anxiety and depression disorders) follows the increasing global growth trend, the gap in access to specialised services, wait times for psychiatric care, access to mental health benefits, and adequate integration of mental health into primary care, especially in areas with lower coverage, remain significant challenges toward reducing.

The Government of Uruguay adopted the *Law 18.211 (Ley 18.211)* in 2007, which formally established the National Integrated Health System (SNIS) and set the guiding principles of universality, equity, quality, solidarity, and sustainability – including mental healthcare. *The Mental Health Law 19.529 (Ley de Salud Mental No. 19.529)* was adopted in 2017, seeking to guarantee rights to mental health protection, human dignity, and personal integrity through universal coverage [122,123]. The Ministry of Health leaders supported this interdisciplinary, inter-institutional, and community-based approach to help increase awareness for primary care and health professionals' training in mental health, including updated clinical guidelines for depression published in 2024 [124]. Due to the national burden of high suicide rates, health leaders approved the *National Suicide Prevention Strategy 2021-2025* in 2020, to help support the *Mental Health Law* and identify mental health concerns in primary care [125]. The Ministry of Health, together with the Medical Union of Uruguay, and other institutions, have regularly coordinated prevention campaigns and continuing education programs that focus on training healthcare professionals to reinforce clinical competencies in recognising mental health symptoms, making timely referrals to specialised services, and combating stigma in their clinical and community practice [126-128].

Our call to action as physicians in Uruguay, the region, and the world focuses on defending and expanding mental healthcare, education, and advocacy. We must advocate for national health systems that actively implement and reinforce mental health laws and policies as key tools to ensure equitable access, comprehensive and integrated care, and human rights protection for all citizens. As professional medical organisations, like the Uruguay Society of Psychiatry and Medical Union of Uruguay, we must promote community-based training in mental health with a community focus, as well as seek collaboration with communities, schools, and civil organisations to identify ways to expand coverage and reduce stigma. At the regional level, we can collaborate with scientific associations to share best practices and evidence, as well as serve as subject matter experts for national policy decision-making with governments and civil sectors.

Conclusion

"Transforming mental health services is one of the most pressing public health challenges. Investing in mental health means investing in people, communities, and economies – an investment no country can afford to neglect. Every government and every leader has a responsibility to act with urgency and to ensure that mental health care is treated not as a privilege, but as a basic right for all." – WHO Director-General, Tedros Adhanom Ghebreyesus

The global commemoration of World Mental Health Day highlights the urgent need for political leadership and governance to support relevant policies that integrate mental health services into patient-centred primary care. The mental health burden worldwide contributes to an estimated 15% of years of life lost, yet the true burden across geographic regions may be substantially underestimated, underscoring the importance of accelerating action to achieve the SDG targets [1]. With lessons learned during the COVID-19 pandemic, the *"Access to Services – Mental Health in Catastrophes and Emergencies"* theme offers a timely space for health professionals to reflect on their clinical and community health roles with patients, families, and caregivers. Notably, they can work together to identify knowledge gaps and barriers that influence care, support novel communication approaches that enhance patient-provider rapport and health literacy, and design evidence-based interventions that can be adapted to the needs of local communities.

The Fourth High-level Meeting of the UN General Assembly, focusing on the prevention and control of non-communicable diseases and the promotion of mental health and well-being, will be held on 25 September 2025. Global leaders can shape global discourse by advocating for increased political investment to bolster national strategies to scale-up policies and planning for mental health services aligned with international human rights standards [129]. Representing diverse clinical and surgical specialties, WMA members can focus on building clinical and research capacity within their

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institutions, developing prevention programs and social support for patients, families, and caregivers, promoting evidence-based clinical and public health research, and increasing public awareness of mental health to reduce stigma [130]. This collective article underscores physicians' robust leadership efforts to contribute to policy development, support health professions' training, and promote community-based educational campaigns across the African, Americas, Asian, East Mediterranean, and Pacific regions.

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Authors

Péter Zoltán Álmos, *MD*
President, Hungarian Medical Chamber
Budapest, Hungary

Damion Basdeo, *MBBS (Dist.), MRCP (UK), Acute Medicine SCE (UK)*
Editorial Chair and Past President, Trinidad and Tobago Medical Association (T&TMA)
Trinidad and Tobago, West Indies

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

Brian Bih-Jeng Chang, *MD*
Secretary General, Taiwan Medical Association
Taipei, Taiwan

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

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

Tomás Cobo Castro, *MD*
President, Organización Médica Colegial (OMC) de España (Spanish General Medical Council)
Madrid, Spain

Pablo Estrella Porter, *MD, MPH*
PhD student, Universidad de Valencia
Public Health Specialist, Hospital Clínico Universitario de Valencia
Valencia, Spain

Rym Ghachem Attia, *MD*
President, Tunisian Medical Association (Conseil National de l'Ordre des Médecins)
Tunis, Tunisia

Cinthya Gonzáles, *MD*
President, Young Physicians National Committee
Lima, Peru

Muha Hassan, *MBChB, BSc (Hons)*
Internal Medicine Trainee, University Hospitals of Birmingham
Birmingham, United Kingdom

María José Jaramillo-Cartwright, *MD*
Instructor, Universidad San Francisco de Quito
MSc student, Universidad Andina Simón Bolívar
Quito, Ecuador

Ronnachai Kongsakon, *MD, LLB, MSc, MRC, Psy(T)*
Past President, Medical Association of Thailand
Bangkok, Thailand

Ming-Been Lee, *MD*
Department of Psychiatry, Shin Kong Wu Ho-Su Memorial Hospital
Taipei, Taiwan

Siphesihle Mahanjana-Chataika, *MBChB, PGDPH*
Senior Public Health Medicine Registrar, Department of Community Health, Sefako Makgatho Health Sciences University
Member. South African Medical Association
Pretoria, South Africa

Saksham Mehra, *BMSc (Dist.), MBBS (Dist.)*
External Affairs Chair, Trinidad and Tobago Medical Association (T&TMA)
Trinidad and Tobago, West Indies

Anderson N'dri, *MD*
Psychiatry resident, Psychiatric Hospital of Bingerville
University Felix Houphouët Boigny of Cocody
Chairperson, JDN Ivory Coast
Abidjan, Republic of Ivory Coast

Muhammad Ashraf Nizami, *MD, PhD, FRCOS (Orth)*
Consultant Orthopaedic Surgeon
Past President, Pakistan Medical Association
Past Councillor, World Medical Association
President, Pakistan Association of Preventable Ailments
Lahore, Pakistan

Linda Seldere
Specialist of Public Health, Scientific Institute of Mental Health, National Centre of Mental Health
Riga, Latvia

Liene Sile, *MD, PhD*
Psychiatrist, Scientific Institute of Mental Health, National Centre of Mental Health
Riga, Latvia

Ana Maria Soleibe Mejía, *MD*
Specialist in Public Economy
President, Federación Médica Colombia
Bogotá, Colombia

Thirunavukarasu Rajoo, *MD, MBA*
President-Elect, Malaysian Medical Association
Founder & CEO, Careclinics Healthcare Services
Kuala Lumpur, Malaysia

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

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Ayda Linda Wanjiku, *MBChB, MMed (Obstetrics & Gynaecology) FIGO One World Exchange Fellow Convenor, Physician Well-being Committee, Kenya Medical Association Nairobi, Kenya*

Chia-Yi Wu, *RN, PhD School of Nursing, National Taiwan University College of Medicine Taipei, Taiwan*

Uruguay Society of Psychiatry *(Sociedad de Psiquiatría del Uruguay) Montevideo, Uruguay*

Bienvenido Veras-Estévez, *MD, MPH Department of Epidemiology, Hospital Regional Universitario José María Cabral y Báez & Faculty of Health Sciences, Universidad Católica del Cibao Santiago de los Caballeros & La Vega, Dominican Republic*

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Empowering Youth in Global Health Diplomacy: The Junior Doctors Network at WHA78

Mehr Muhammad Adeel Riaz

Pablo Estrella Porter

Introduction

The 78th World Health Assembly (WHA78), which was held from 19-27 May 2025 in Geneva, Switzerland, marked a significant milestone for youth engagement in global health diplomacy [1]. At a time of overlapping health emergencies, climate crises, and workforce challenges, the Junior Doctors Network (JDN) of the World Medical Association (WMA) was recognised as a dynamic voice, bridging the perspectives of early-career physicians with the highest levels of health policymaking.

Preparation for WHA78 began months earlier through the JDN's pre-WHA Program, a capacity-building initiative designed to equip junior doctors with the tools to understand global health policy. From March to May 2025, a series of four virtual workshops addressed intervention writing, advocacy and strategic communication, and structural barriers faced by youth from the Global South in accessing High-Level meetings. The Organizing Committee was led by Dr. Mehr Muhammad Adeel Riaz, JDN's Socio-Medical Affairs Officer from Pakistan, alongside members based in the United Kingdom, Spain, Trinidad and Tobago, and Egypt (Photo 1). This diverse team ensured that the program reflected both global policy priorities and the lived realities of underrepresented geographic regions.

The program culminated in a hybrid two-day event on 17-18 May 2025, hosted at the WMA Headquarters in Ferney-Voltaire, France. High-level speakers, representing the World Health Organization (WHO), Permanent Member States' missions, academia, and civil society, emphasised the importance of youth physicians in shaping global health governance. Interactive sessions provided delegates with practical tools to facilitate their advocacy efforts and participation in WHA and subsequently to translate the information in their clinical workplace.

WHA78 Thematic Priorities and WMA Involvement

The WHA78 convened at a critical juncture for global health governance. Priority themes included universal health coverage anchored in primary healthcare, health and care workforce sustainability, mental health under the Comprehensive *Mental Health Action Plan 2013–2030*, WHO's role in health emergencies, health conditions in occupied territories, Pandemic Treaty negotiations, climate change and health, and sustainable WHO financing.

During the WHA78, five Organizing Committee members and 11 JDN members represented the WMA and contributed five formal statements to these agenda areas: Non-Communicable Diseases; Mental Health and Social Connection; Health and Care Workforce; Health in the 2030 Agenda for Sustainable Development, and Antimicrobial Resistance [2]. They represented the World Health Professional Alliance (WHPA) and shared three constituency statements: Universal Health Coverage, Climate Change and Health, and Global Architecture

Photo 1: Pre-WHA Organizing Committee along with JDN Pre-WHA delegates at WMA Headquarters in Ferney-Voltaire, France, in May 2025. Credits: JDN

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for Emergency Response [2].

Youth Leadership in Action

The WMA JDN delegation represented 11 countries across five WHO regions, with strong participation from low- and middle-income countries. Notably, women made up 73% of the delegation, reflecting WMA JDN's ongoing commitment to gender equity in leadership. Dr. Pablo Estrella Porter, JDN Chairperson, led the delegation inside the United Nations (UN) Headquarters (Palais des Nations). Delegates engaged in bilateral meetings with WHO staff members, such as the WHO Youth Council side events (Photo 2).

The WHA offered an important moment for JDN members to meet with external partners, including the International Federation of Medical Students' Associations (IFMSA), World Federation of Public Health Associations (WFPHA), International Student Surgical Network (InciSion), and International Pharmaceutical Students Federation (IPSF). It also allowed JDN members to participate in youth-focused side events, such as the WHO Youth Hub and the Taiwan Healthcare Youth Alliance's forum on youth empowerment.

Recognising that influence extends beyond the UN Headquarters, the WMA JDN delegation implemented a coordinated communications strategy with the WMA's Communications Team. Across LinkedIn, Instagram, and X, delegates shared real-time updates, daily highlights, and personal reflections on the WHA proceedings and side events of the respective day. These posts showcased both technical developments, such as the unanimous adoption of the WHO Pandemic Agreement, and the human side of navigating complex global health diplomacy spaces.

The Road Ahead

The WHA78 marked a milestone for youth representation, noting greater participation from Member States and youth delegates as well as evidence of a dedicated space for youth voices. The WMA JDN delegation identified two clear areas to strengthen impact. First, by engaging earlier with communications and content creation, youth delegates can better understand the WHA processes and analyse how they can contribute significantly to proceedings. Second, the pre-WHA experience underscored the value of structured preparation, mentorship pathways, and practical simulations to maximise the impact of youth delegates. By combining evidence-based advocacy with capacity-building and cross-sector partnerships, junior doctors can engage strategically and shape health policy in ways that will resonate far beyond Geneva.

Photo 2: WMA JDN delegation to WHA78 at the UN Headquarters in Geneva, Switzerland, in May 2025. Credits: JDN

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Authors

Mehr Muhammad Adeel Riaz, *MBBS*
Socio-Medical Affairs Officer and Pre-World Health Assembly Chair, Junior Doctors Network
Mailsi, Pakistan
adeelriaz369@gmail.com

Pablo Estrella Porter, *MD, MPH*
Chairperson, Junior Doctors Network
PhD student, Universidad de Valencia
Public Health Specialist, Hospital Clínico Universitario de Valencia
Valencia, Spain
pestrellaporter@gmail.com

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Youth Leading the Way: Reflections from WHA78 and the Future of Global Health Governance

Mehr Muhammad Adeel Riaz

Pablo Estrella Porter

Hamaiyal Sana

Beth Elinor Stinchcombe

The World Medical Association (WMA)'s Junior Doctors Network (JDN) organised a webinar in July 2025, reflecting on the evolution of youth engagement at the 78th World Health Assembly (WHA78), the decision-making body of the World Health Organization (WHO). Inviting global junior doctors, medical students, and health advocates, this session was conceived and moderated by the JDN Socio-Medical Affairs Office, featuring Dr. Hamaiyal Sana (Co-Chair, WHO Youth Council) and Ms. Beth Stinchcombe (International Federation of Medical Students' Associations Liaison to the WHO) as speakers, emphasising the growing recognition of youth as current leaders and important stakeholders of global health (Photo 1).

Elevating Youth Voices at the WHO

The WHO Youth Council, the advisory body established to institutionalize youth expertise and leadership within the global health architecture, was a central topic. The *Youth Declaration on Healthy Societies*, launched at the 2024 World Health Summit, was highlighted as a landmark youth-authored document [1]. The declaration highlights 10 key recommendations, ranging from strengthening health education to advocating for youth-led systems reform and equitable access to mental health services.

Dr. Sana emphasised, *"Youth are not just beneficiaries of the health systems-we are investigators, explorers, and leaders. Young people are actively shaping the future of health care in their communities, and their work needs to be valued and supported for its unique expertise and insights."*

WHA78 marked a historical high point in youth representation,

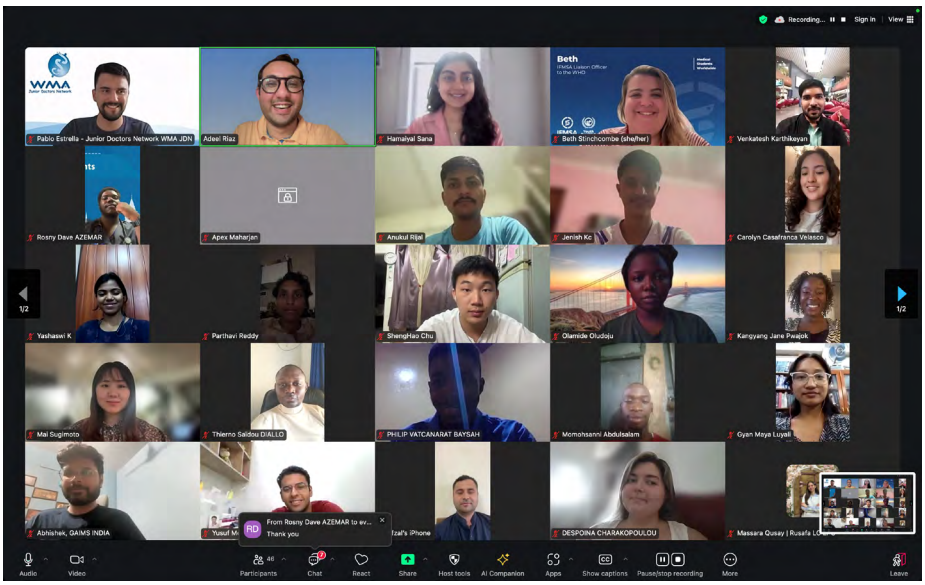

Photo 1: Moderators Dr. Pablo Estrella Porter and Dr. Mehr Muhammad Adeel Riaz and presenters Dr. Hamayial Sana and Ms. Beth Stinchcombe (top row, left to right) with virtual audience. Credits: JDN

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ranging from youth-focused addressed plenary sessions, with several youth delegates from each WHO region contributing to the Pandemic Accord approval remarks. Over 20 youth-led side events were conducted during the WHA78, covering topics like planetary health, health diplomacy, and sustainable health workforce. Notably, youth participation in official Member State delegations surged, rising from six countries in previous years to more than 20 countries in 2024.

Challenges and Structural Barriers

In her presentation, Ms. Stinchcombe emphasised that although youth leaders have become increasingly engaged with active participation in WHA events, glaring disparities persist. Many youth leaders from low- and middle-income countries remain excluded from the WHA78 audience, due to accreditation, visa restrictions, and inadequate funding to attend multilateral events in high-income countries. Four key obstacles were identified, including limited national youth delegate programs, persistent bureaucratic and logistical barriers for youth from the Global South, unsustainable, short-term funding models for youth-led initiatives, and inadequate mentorship and policy training at early career stages.

Ms. Stinchcombe noted, *"The Youth Declaration is not just a document. It's a blueprint for intergenerational justice and youth-led systems change that can help solve these above-mentioned issues".*

Strategic Recommendations

Youth engagement at WHA78 highlighted the urgent need to move beyond tokenism toward meaningful partnership in decision-making. Early-career professionals contribute significantly to discussions, bringing fresh perspectives and innovative, context-driven solutions to global health challenges. Dr. Sana and Ms. Stinchcombe collectively emphasised that coordinated, multi-sectoral efforts support youth partnership and leadership in global health.

For WHO and Member States:

- Institutionalize youth delegate positions across all national delegations to the WHA.
- Expand WHO Youth Councils chapters regionally to reach young people working at the grassroots.
- Ensure sustained funding and protection for youth-led organisations and movements.

For Academia:

- Integrate systems thinking, health diplomacy, and policy training into medical education curricula.
- Collaborate with youth to co-create engagement strategies aligned with the Sustainable Development Goals (e.g. SDG3) and Universal Health Coverage (UHC) 2030 goals.

For Youth:

- Engage locally and advocate nationally, as change often starts at the community level.
- Utilise platforms like the WMA's JDN (physicians-in-training) and International Federation of Medical Students' Associations (medical students) for leadership development and global exposure.
- Cultivate mentorship networks and amplify lived experiences in policy spaces.

From Participation to Transformation

The dual outcomes of the WHA78 and the JDN webinar point to a promising trajectory: youth are increasingly viewed as essential partners in policy formulation, health systems reform, and diplomacy – and not solely as symbolic participants.

Dr. Riaz aptly concluded: *"Don't underestimate yourself. Leadership starts locally, curiosity and action drive change."*

The challenge now lies in operationalising the Youth Declaration on Healthy Societies and ensuring that engagement leads to measurable impact. Establishing regional WHO Youth Councils, expanding youth training in health diplomacy, and sustaining mentorship structures will be key to closing the gap between advocacy and implementation. As the WHO accelerates action toward UHC and pandemic preparedness, youth voices should be grounded in lived experiences, innovation, and urgency. As youth are already shaping global health, it is time to meet them in shared leadership, rather than just at the discussion table.

Reference

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Authors:

Mehr Muhammad Adeel Riaz, *MBBS*
Socio-medical Affairs Officer and Pre-World Health Assembly Organizing Committee Chair, Junior Doctors Network
Mailsi, Pakistan
adeelriaz369@gmail.com

Pablo Estrella Porter, *MD, MPH*
Chairperson, Junior Doctors Network
PhD student, Universidad de Valencia
Public Health Specialist, Hospital Clínico Universitario de Valencia
Valencia, Spain
pestrellaporter@gmail.com

Hamaiyal Sana, *MBBS*
Department of Global Health and Population, Harvard TH Chan School of Public Health
Dana-Farber Harvard Cancer Center
Boston, Massachusetts, United States
hamaiyalsana@hsph.harvard.edu

Beth Elinor Stinchcombe
Liaison Officer to the World Health Organization, International Federation of Medical Students' Associations
Coventry, United Kingdom
lwho@ifmsa.org

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