IAMP tackles a void in medical education: leadership

David Holmes’s Profile (Oct 22, p 1455) quoted Steve Wesselingh, the dean of Monash University, Melbourne, VIC, Australia, as stating: “academic institutions have an enormous amount of expertise and knowledge, but rarely are they engaged in the process of health and social policy.” The inaugural Inter Academy Medical Panel (IAMP) Young Physician Leaders (YPL) programme held during the third World Health Summit in Berlin, Germany, attempted to address this deficit. IAMP sent out a global call for nominations for physicians aged 40 years or younger with demonstrated leadership skills in medicine or public health, and 22 participants were chosen, representing 18 countries—low-income, middle-income, and high-income—and diverse physician specialties.

The inaugural YPL group discussed personal and systemic leadership challenges as well as the necessary substrate for leadership development. The programme consisted of an interactive brainstorming session aimed at helping participants to develop a strong leadership style. Mentoring and peer-learning relationships were developed through peer and senior faculty interactions.

Participants from developing countries acknowledged challenges of limited resources and infrastructure. For example, one participant had been asked to start a centre with US$30 of funding. Common challenges in the developing and developed world were the difficulty of breaking down silos, and that politics, as well as preference for seniorty over talent, can often get in the way of success. Participants from all countries shared difficulties in gaining credibility as young leaders and breaking into established hierarchies.

The IAMP executive board members will continue to work as personal mentors for each inaugural YPL member, providing their insight and guidance on future career decisions and linking them to other professional leaders in their fields. The inaugural class of IAMP’s YPL leadership programme felt that the workshop was a success and the IAMP asks for its member academies to continue supporting these young leaders as they return to their countries and support an annual programme and development of a growing network of young physician leaders. These efforts will help address the dearth of leadership training programmes for young academicians and nurture them as they learn to shape global health policy for millions in need.

All authors were participants in the YPL programme. The other participants were: Laila Asmal, Davaalkham Dambadarjaa, Shen Yang Lim, Usankha Arjuna Bandara Medagama, Rose Muhindo, Mayowa Ojo Owoh, Anthony Adebusola Oyekunle, Gustavo Patiño, Alexandre da Costa Pereira, Anis Safura Ramli, Katharine Victoria Sedano Rojas, Sefl Abdallah Shekalaghe, Antonio Lucio Teixeira Jr, and Derya Tilki.

One more reason to fund the Global Fund

In your Editorial (Oct 1, p 1198), you rightly stress five reasons to ensure continued financing for the Global Fund as it undergoes necessary reforms. However, there is another compelling, often unremarked, reason to further support the Global Fund: the organisation accelerates the availability of better health products at better prices to developing countries, generating a global public good that maximises the value for money achieved by all global health donors.

Since its inception, the Global Fund has mobilised massive purchasing power that has created the conditions necessary to substantially improve the supply, design, and price of products from antiretroviral drugs to malaria treatments. These better products and prices are accessible to most developing countries, irrespective of the funding source, and the Global Fund’s increasingly sophisticated price tracking systems ensure that its recipients pay those prices where possible.

To date, the Global Fund has achieved this effect through a laissez-