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What is the World Health Summit for?

We thank Richard Horton for his thoughtful critique (April 5, p 1195)¹ of the World Health Summit and the M8 Alliance of Academic Health Centers, Universities, and National Academies. As a supporter of both activities since their earliest days, *The Lancet's* input is especially important to us.

We agree that the world does need a World Health Summit and aver that it is the one held in Berlin, Germany, in October. In the short time since the World Health Summit and the M8 have been founded, our accomplishments have been substantial. The World Health Summit's mission to provide a multisectoral platform, hosted by academia, for discussion of the world's most pressing problems is unique, and the initial meeting was so successful that it became an annual meeting with attendance increasing every year. The annual gathering in Berlin allows a whole-of-society approach to the complexities of global health. Strong testimony to the effect of the World Health Summit is the growing number of M8 member institutions and their desire to hold regional meetings to focus on issues that pertain to more local health challenges. Even though some of our 16 members have joined in only the past 2 years or 3 years, our partner institutions have created an increasingly rich network of relations and collaborations. Through these interactions, the world view of many of our academic health centres has expanded beyond that of the specific patients whom we serve. We are convinced that academia has to take more responsibility for the world's most pressing problems.

We agree, however, that to achieve a lasting effect that extends beyond our own members, discussion and creating networks alone are not adequate. We commit to creating a stronger organisational framework for the M8 and the World Health Summit, including forming a permanent secretariat. There is no blueprint for building and operating a group like the M8; creating bridges between sectors, such as civil society, government, industry, media, and academia with different cultures that do not communicate frequently can be challenging. Although the path might not be as direct as some would like, it is a path worth travelling. We remain resolute that with energy, collaboration, and the right balance of effort, it is a route to a healthier world.

DG is President of the World Health Summit. All authors (except JELW) are members of the M8 Alliance Executive Committee. We declare no competing interests.

José Otavio Costa Junior Auler,
Ben Canny, Shunichi Fukuhara,
Detlev Ganten,
Annette Grüters-Kieslich,
*Michael J Klag, John E L Wong
mklag@jhu.edu

Faculty of Medicine, University of São Paulo, São Paulo, Brazil (JOCJA); Faculty of Medicine Nursing and Health Sciences Monash University, Melbourne, VIC, Australia (BC); Kyoto University, Kyoto, Japan (SF); Charité University Berlin, Berlin, Germany (DG, AG-K); Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA (MJK); and National University Health System, National University of Singapore, Singapore (JELW)

- 1 Horton R. Offline: What is the World Health Summit for? *Lancet* 2014; **383**: 1195.

What has the Young Physician Leaders Programme achieved?

Developing leadership qualities among health professionals and embedding leadership training programmes into the medical curriculum has recently gained attention.¹ The InterAcademy Medical Panel (IAMP) is a worldwide network of medical academies committed to improving global health.

Its goals include, but are not restricted to, providing evidence-based advice to governments on health policy and developing consensus statements on matters of importance to global health.

To address the scarcity of opportunities for training in leadership, especially for young physicians dealing with global health issues, the IAMP launched the Young Physician Leaders (YPL) Programme in 2011 in partnership with the World Health Summit and the M8 Alliance of Academic Health Centers and Medical Universities.² The YPL Programme brings together each year about 20 physicians younger than 40 years from different regions for leadership training. The long-term goal is to establish an international network of talented young physicians who can develop their leadership roles locally, with support from an international network.

Here, we summarise the key themes of this leadership programme and highlight challenges. A questionnaire exploring the effect of the programme was sent in December, 2013, to all 60 participants.

Across more than 25 countries, participants faced similar challenges at every stage of their career, from entry level to the assumption of a leadership role. Personal, institutional, and societal challenges were obstacles to effective leadership in every participant's country of origin and many found that the reduced availability of financial and human resources restricted their achievements as successful leaders. The presence of senior colleagues can on occasion undermine the authority of YPL and contribute to low expectations by the YPL. Many YPL felt that by speaking out against these issues they may jeopardise career-advancement opportunities, or worse, bring about political reprisals. In some situations, being a woman, non-white, or young were perceived as negative attributes in a leader by peers. These factors contributed to slower acceptance as a leader, and missed opportunities. Skills identified as essential for effective

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For more on the IAMP see <http://www.iamp-online.org>

leadership in young physicians included an ability to listen and communicate clearly, an ability to form team approaches to problem solving, intellectual competency, diplomacy, and personal integrity.

The participants of the YPL Programme proposed several steps to overcome these challenges. Consulting closely with senior colleagues can give credibility and bridge the gap between old and new leadership. Effective networking allowed the YPL to benefit from the experience of senior colleagues and establish connections. By taking the time to stand back and reflect on the situation rather than reacting impulsively, YPL were better placed to understand the dynamics of the organisation and its people, while at the same time allowing time for others to accept the new leadership and adapt appropriately.

Following 3 years of the IAMP YPL Programme, a questionnaire was developed to assess this training initiative. The response rate was 30 of 60 (50%). Of the 30 returned questionnaires, five were from 2011, seven from 2012, and 18 from 2013. Respondents were from 18 countries, 57% were men, median age was 37 years (range 31–42). Participants were asked what were the major obstacles or challenges they faced regarding success as YPL. Their responses are summarised in the figure. 38% of female YPL identified gender issues as a challenge. Participants were also asked what was the most important skill learnt in the YPL Programme that helped them overcome these challenges. The responses are summarised in the appendix.

The challenges facing YPL from different backgrounds, and from a broad range of countries, were similar as were the strategies identified to successfully overcome these obstacles. Limited resources (both financial and human) were identified as challenges in both resource-poor and resource-rich settings. Similarly, opportunities and formalised structures including

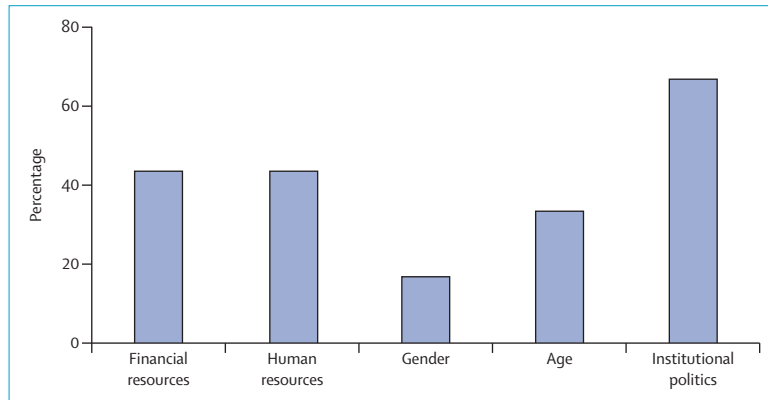


Figure: Young Physicians Leaders' challenges or obstacles to a leadership role

training and mentorship were identified as lacking, irrespective of the country of origin. Therefore, the YPL initiative by the IAMP is very timely for the training of future health-care leaders. Its sustainability, however, is uncertain and the potential scale of benefit somewhat restricted if this is only accessible to 20 individuals per year. Consideration should be given to how this programme can be built on to increase its reach and accessibility.

Even if such leadership training programmes were available in all countries, there remains an unmet need to (re)educate mentors already in positions of leadership, to embrace the skills and enthusiasm young leaders can bring, along with encouraging them to create opportunities and support YPL in tackling the challenges of global health. Mentors and existing leaders need to have increased awareness of the barriers perceived by YPLs. YPL should be viewed as individuals with enormous potential; today leaders need to acknowledge this.

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Michelle L Giles, *Fabien B Vincent, Stefan Volkenstein, Sultana Marufa Shefin, Anjana Silva, Francis Fredrick, on behalf of the Young Physician Leadership Group 2013
fabien.vincent@monash.edu

Department of Infectious Diseases and Department of Obstetrics and Gynaecology, Monash University, Melbourne, VIC, Australia (MLG); Department of Immunology, Monash University, Central Clinical School, Alfred Medical Research and Education Precinct, Melbourne, VIC 3004, Australia (FBV); Department of Otorhinolaryngology, Head and Neck Surgery, Ruhr-University of Bochum, St Elisabeth-Hospital Bochum, Germany (SV); Department of Endocrinology, Faculty of Medicine, Ibrahim Medical College and Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders, General Hospital, Shahbag, Dhaka, Bangladesh (SMS); Department of Parasitology, Faculty of Medicine and Allied Sciences, Rajarata, University of Sri Lanka, Saliyapura, Sri Lanka (AS); and Department of Paediatrics and Child Health, School of Medicine, University of Health and Allied Sciences, Dar es Salaam, Tanzania (FF)

- 1 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; **376**: 1923–58.
- 2 IAMP. Young Physician Leaders. <http://www.iamp-online.org/node/7> (accessed June 10, 2014).

Is cerebrovascular neurosurgery sacrificed on the altar of RCTs?

Microneurosurgery is decreasingly considered a treatment option for people with surgically curable cerebrovascular diseases, partly due to the misconceptions and misinterpretations of some randomised controlled trials (RCTs).^{1–3}

RCTs are regarded as the gold standard to assess the efficacy of a novel pharmacological intervention.

See Online for appendix