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The Global Pharmaceutical Medicine Journal



**INTERNATIONAL FEDERATION OF
ASSOCIATIONS OF
PHARMACEUTICAL PHYSICIANS
AND PHARMACEUTICAL MEDICINE**

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The only international
organisation for
everyone involved in
Pharmaceutical Medicine



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ICPM 2027 in Kyoto – Bringing the Global Pharmaceutical Medicine Community Together

We are delighted to share an update on the upcoming **22nd International Conference on Pharmaceutical Medicine (ICPM 2027)**, which will take place in Kyoto, Japan, on **10–11 November 2027**, in collaboration with the Japanese Association of Pharmaceutical Medicine (JAPhMed).

Following previous ICPM meetings in Berlin, São Paulo, Tokyo, Athens, and most recently Amsterdam in 2025, the 22nd ICPM will bring the international Pharmaceutical Medicine community back to Japan in 2027.

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ICPM has provided an international forum for professionals working across Pharmaceutical Medicine, clinical development, regulatory science, medical affairs, patient engagement, and related disciplines, for a long time. ICPM 2027 will offer an opportunity to reconnect the global IFAPP community and strengthen links between international and Japanese professionals involved in the development and responsible use of medicines.

Kyoto as the meeting place

Kyoto, one of Japan's historic academic and cultural centres, will provide a distinctive setting in which to discuss the future of Pharmaceutical Medicine and the evolving responsibilities of our profession.

The conference will be held at the **Kyoto University Clock Tower Centennial Hall**, a landmark at the heart of Kyoto University's Yoshida Campus. The venue combines a strong academic setting for international scientific exchange with convenient access to Kyoto's cultural and historical environment.



<https://www.kyoto-u.ac.jp/ja/about/facilities/campus/clocktower>

Collaboration between IFAPP and JAPhMed

A particularly important feature of ICPM 2027 will be its close collaboration with **JAPhMed**. The 18th JAPhMed Annual Meeting is scheduled for **12 November 2027**, immediately following ICPM 2027 at the same venue. This coordinated setting will create opportunities for interaction between IFAPP members and Pharmaceutical Medicine professionals in Japan. While each organisation will maintain its own identity and professional community, the programme is being developed to encourage meaningful dialogue, networking, and exchange of perspectives.

The collaboration reflects one of IFAPP's core strengths: connecting Pharmaceutical Medicine communities across countries and regions and creating opportunities to learn from different healthcare, regulatory, research, and development environments.

Looking ahead to the future of Pharmaceutical Medicine

The scientific programme is under development and is expected to address areas that are rapidly transforming Pharmaceutical Medicine and are closely aligned with the activities of IFAPP and its Working Groups. Topics will include the changing global clinical trial ecosystem, innovative drug development, regulatory science, artificial intelligence and digital technologies, real-world data, patient engagement, research ethics, education, training and capacity building, pharmacovigilance and drug safety, health technology assessment (HTA), and the evolving competencies required of Pharmaceutical Medicine professionals.



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Particular attention will be given to young professionals and the next generation of leaders, as well as to communication, collaboration, and knowledge exchange across disciplines, countries, and regions. We hope to provide opportunities for IFAPP Working Groups, National Member Associations, researchers, industry colleagues, regulators, healthcare professionals, patient representatives, educators, and other stakeholders to contribute to the programme and discussions.

Our aim is not simply to organise another scientific meeting, but to create a forum where the international Pharmaceutical Medicine community can explore how our profession should evolve in response to changes in science, technology, healthcare systems, professional education, and society.

Save the dates – and stay tuned

10–11 November 2027 for the 22nd ICPM 2027 and
12 November 2027 for the 18th JAPhMed Annual Meeting

Planning is moving forward with IFAPP and JAPhMed colleagues, and further information on the scientific programme, speakers, registration, and opportunities for participation will be shared in the coming months.

We are very pleased to invite the IFAPP community to **ICPM 2027** in Kyoto and we hope that colleagues from around the world will join us in Japan to reconnect, exchange ideas, build new collaborations, and shape the future of Pharmaceutical Medicine together.

Kotone Matsuyama

President Elect, IFAPP
Congress President, ICPM 2027



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Liver Health in Africa: Key Priorities Emerging from COLDA 2026

The 9th Conference on Liver Disease in Africa (COLDA 2026), organised by the Society on Liver Disease in Africa (SOLDA), brought together clinicians, researchers, policymakers, patient advocates and international experts in Addis Ababa, Ethiopia, for three days of discussion on the evolving priorities for liver health across the continent.

The meeting opened with a strong advocacy session, bringing together representatives from the Ethiopian Ministry of Health, the African Union, Africa CDC (1), the UNITE (2) Parliamentarians Network for Global Health, and the World Hepatitis Alliance representing the patient community. The discussions highlighted the importance of coordinated action to address the continent's significant burden of liver disease.



COLDA 2026
9TH CONFERENCE ON LIVER DISEASE IN AFRICA

HBV remains a major priority

Hepatitis B virus (HBV) emerged as a central theme throughout the conference and remains a major priority for the continent. Discussions highlighted persistent gaps in birth-dose vaccination, implementation of prevention of mother-to-child transmission (PMTCT) policies, testing and treatment, as well as the need for earlier detection of liver cancer.

Hepatitis D virus (HDV) was also highlighted as an under-recognised challenge, particularly in the context of limited access to appropriate diagnostics.

Another important theme was the limited availability of clinical trials conducted in African populations. Participants emphasised the need for more African-centred clinical research and trials that reflect the continent's disease burden and genetic diversity while ensuring African data sovereignty.



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Addressing paediatric liver disease

Paediatric liver disease was also identified as another priority area requiring greater attention. Key challenges discussed included lack of awareness among parents and health care providers leading to late diagnosis, shortages of specialised paediatric expertise, limited specialised infrastructure and diagnostic facilities, and restricted access to liver transplantation in many African countries, with transplantation services currently concentrated largely in Egypt and South Africa.

From discussion to action

The conference's early-morning Special Interest Group (SIG) sessions provided an opportunity to translate these challenges into practical initiatives.

The HBV SIG announced a new HBV Toolkit, an interactive mobile application developed in collaboration with Africa CDC. The Autoimmune Hepatitis SIG presented plans for continental surveys through SOLDA to support the development of regionally tailored guidance.

The prevention of mother to child transmission (PMTCT) SIG showcased different programme models, alongside Africa CDC's commitment to strengthening birth-dose programmes across the continent. The Liver Cancer SIG focused on improving surveillance networks and access to interventions, while the Steatotic Liver Disease SIG explored policy, multidisciplinary approaches and multi-stakeholder collaboration in response to this emerging challenge.

International expertise from the European Association for the Study of the Liver (EASL) and the American Association for the Study of Liver Diseases (AASLD) further enriched the scientific discussions.

Supporting the next generation

The scientific programme also showcased research from collaborative networks including HEPANET (3), COR-HEPB (4) and EVOLVE-HBV (5), alongside contributions from young investigators. Three poster presenters received SOLDA awards, while three young investigators were selected for fully sponsored EASL Fellowship Travel Awards to attend EASL 2027.

The conference demonstrated the growing scientific collaboration and engagement within the African liver health community, while providing opportunities for the next generation of clinicians, researchers and community advocates to contribute to the field. From a powerful advocacy opening to a strong call to action at our closing—this year's event marked significant progress for liver health across the continent.

COLDA 2026 was supported by the Ethiopian Ministry of Health, the Ethiopian Gastroenterology Association, international and local co-chairs, local organisers, international faculty, Academic Medical Education (AME), the Share Foundation, sponsors and partner organisations.

As SOLDA looks ahead to its 10th anniversary meeting, the momentum from COLDA 2026 provides an important foundation for continued collaboration, research and advocacy to advance liver health across Africa.



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Abbreviations/References:

- (1) Africa CDC: African Centres for Disease Control and Prevention, <https://africacdc.org>
- (2) UNITE: <https://www.unitenetwork.org>
- (3) HEPANET: <https://www.hepsanet.org>
- (4) COR-HEPB: <https://cor-hepb.org/>
- (5) EVOLVE HBV: Int J Infect Dis. 2026 Oct;171:108998. doi: 10.1016/j.ijid.2026.108998. Epub 2026 Jul 23.

Author:

Hon. Prof. Manal Hamdy El-Sayed

President of SOLDA, Professor & former Chair of the Pediatric Department and former director of the Clinical Research Center at Ain Shams University, Cairo, Egypt and member of the Egyptian House of Representatives



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MedSafetyWeek 2026: Side effects - don't ignore them, report them



The global **MedSafetyWeek**, an annual campaign led by the World Health Organization's (WHO) **Uppsala Monitoring Centre (UMC)** in collaboration with national regulatory authorities, emphasises the collective responsibility for medicine safety (1).

Considering that approximately only **5–10% of adverse events** are ever reported, the UMC takes this opportunity to remind patients and healthcare professionals with this year's theme **"Side effects - don't ignore them, report them"** that every report counts.

The Value of Spontaneous Reporting

Before getting a marketing authorisation, medicines intended for human use have to undergo intense testing for safety and efficacy in premarketing clinical trials. However, safety monitoring and reporting does not end at approval, in particular as clinical trials setting often have certain limitations. Sample sizes are mostly small, treatment durations are relatively short, study populations are carefully selected, and populations with certain co-medications or co-morbidities (e.g., pregnant women, children, elderly or patients with severe renal or hepatic impairment) are even excluded. As a result, long-term adverse effects, rare adverse reactions and untoward medical occurrences in specific subgroups remain undetected. Therefore, safety monitoring beyond approval, i.e., post-authorisation data under real-world conditions help filling these previously unknown knowledge gaps.

Underreporting remains a Challenge

Although the importance of getting adverse reactions from the real-world environment is acknowledged, and these cases are considered a valuable source of information that helps detecting safety signals and serious drug risks early, underreporting of adverse events remains a known weakness of the spontaneous reporting system. However, every unreported case is a missed opportunity in this regard, e.g., for identifying patterns that warrant systematic evaluation.



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Pharma companies and health authorities try to enhance this post-authorisation system by easy-access reporting channels, electronic health records and active surveillance systems (e.g., drug or disease registries). Nevertheless, the rates for reporting suspected adverse drug reactions (ADRs) by patients and healthcare professionals generally remain quite low.



Empowering Patients to Report

The MedSafetyWeek 2026 and its slogan is explicitly aimed at patients as well. The added value of patient reports is clearly acknowledged as they feed into signal detection, the evolution of the product information and the development of risk mitigation measures.

Apart from this, the early detection of quality-of-life issues, the occurrence of subjective symptoms and the active reporting of long-term effects can help avoiding hospital admissions due to side effects, which not only poses an unpleasant situation to the individual patient but is also a remarkable burden to the healthcare system as a whole.

Awareness campaigns, e.g., from patient engagement associations, may help the patients to understand the importance of reporting and inform them about direct reporting systems as applicable (e.g., in the EU, UK, and the USA), including their use via apps or online portals.

Furthermore, awareness campaigns may help patients to understand the ADR journey, i.e., from themselves, via the physician, up to pharma companies and health authorities, back to the patient community with an improved safety profile of the drug.

Encouraging Healthcare Professionals to Report

Similar to the patient, healthcare professionals are essential for contributing spontaneous reporting data to safety signal detection as well. And similar to patients, they face some hurdles preventing them to report potential side effects seen in their patients or having received from them.

Time pressure and the perceived administrative burden are probably at the top of the list here. If patients do not tolerate a particular drug, they get simply switched to another one. The professional and organisational culture might hinder a physician to report an adverse reaction as well. And the assumption that an adverse effect is not worth reporting, particularly if it is listed in the product information or the patient leaflet already, also belongs to the reasons for underreporting from the healthcare professional community.

Difficulties recognising an ADR (e.g., in polypharmacy) and/or uncertainty about the causality can happen. Fear of liability and concerns about damaging professional reputation, discourage engagement further. Lack of awareness of reporting mechanisms or digital barriers in some hospitals may contribute to the unfortunate overall situation. A better education, an integration with clinical workflows, an automated identification of potential cases and a simplified electronic reporting may facilitate the spontaneous reporting system of this occupational group.



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Opportunities of Artificial Intelligence in Pharmacovigilance (PV)

All these issues and hurdles summarised above are not new. However, machine learning and artificial intelligence (AI) offer new opportunities to support various PV activities, in particular where large volumes of structured or unstructured information need to be processed systematically.

High quality and completeness of data certainly remain a key prerequisite even with the integration of AI into PV. Apart from getting the four minimum criteria for an ADR report (reporter, patient, drug, adverse reaction) any additional context (such as co-diseases, co-medications, off-label use) is beneficial. Given this, AI may assist pharma companies and health authorities in detecting safety signals earlier now.

Automations and AI may further facilitate the reporting of ADRs by patients and healthcare professionals. Chatbots, for example, can lead a patient through a reporting process in an interactive manner (and often better than just a static ADR form could). Detection and reporting tools that are directly embedded into the clinical workflows or software solutions, may remove barriers for treating physicians.

Complementarity between Human Reporting and Machine Analysis

Can automations and AI solve all challenges regarding underreporting? Probably not. Patients are still required to actively speak up and talk to their physicians about their drug treatment experiences, to describe symptom onset, severity and effects on daily functioning. Healthcare professionals - AI supported or not - are still needed to provide diagnostic interpretation, relevant medical history and information concerning alternative explanations and to bring potential side effects to the attention of pharma companies and health authorities.

Mobile and other digital devices, AI and interactive tools are obviously useful for facilitating the reporting by patients and healthcare providers. In pharma companies, automation tools support already the transfer from unstructured data into structured data fields in the PV database, make proposals for data coding, prioritise cases, translate reports into different languages, and



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provide preliminary safety signals by screening large data set quicker than a human PV professional. However, challenges such as a bias in training data, false positive or missed signals, the interpretability of AI results or the validation (audit trail) are remaining.

Human Expertise and Artificial Intelligence shape the future of PV

AI has clearly changed the way PV is being performed. Several years ago, when PV switched from a reactive system to a proactive one, focusing no longer only on the risk but rather on the risk-benefit balance, the last decisive paradigm shift has taken place.

AI will change even more than just the focus on PV. AI is in the process of becoming a partner in drug development and the post-authorisation setting with regard to drug and patient safety.

However, AI alone will not be the future of PV, human expertise definitely needs to stay in the loop, and only human beings should make decisions with significant consequences to the patients. In this way, artificial intelligence and human intelligence together, will probably form a kind of “Safety Intelligence” as the future model of PV. But everything still starts with the crucial action:

Side effects - don't ignore them, report them!

(1) Uppsala Monitoring Centre (UMC). #MedSafetyWeek 2026. Available at: <https://who-umc.org/medsafetyweek/>

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IFAPP Board Member

Chair of the IFAPP Pharmacovigilance Working Group



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The Future of Advanced Medical Technologies and Data-driven R&D Ecosystems: Pioneered by Patient and Public Engagement JAPhMed-IFAPP Joint Session at Annual Meeting of JAPhMed

On 25 July 2026, a joint session between the Japanese Association of Pharmaceutical Medicine (JAPhMed) and IFAPP, titled **"The Future of Advanced Medical Technology and Data-Driven R&D Ecosystem Empowered by Patient and Public Involvement"** was held as the final session of the two-day Annual Meeting of JAPhMed.

The session (see Table 1 for the programme) opened with an introductory video message from Eric Klaver, the current President of IFAPP, presented by Kotone Matsuyama, IFAPP's President-elect. Eric Klaver, an expert in data-driven research, highly praised the collaborative efforts between IFAPP and the Japanese groups leading up to this session, which focused on the revision of the World Medical Association's (WMA) Declaration of Taipei (DoT) on Health Databases and Biobanks. Kotone Matsuyama then presented the background of these activities, noting that four IFAPP Webinars had been hosted on this topic and highlighting her participation in an international conference organised by the WMA on the revision of the DoT. Subsequently, Hideki Oi, Former Chair of Clinical Development Committee of JAPhMed, gave a presentation on a mental health registry project in Japan.

In the second half, achievements of the patient and public groups were presented by Keiko Inoue and Noriko Kishi, members of the Bioethics Working Group of the Japanese Institute for Public Engagement (Ji4pe), with commentaries from panelists Kyoko Imamura (Immediate Past President of Ji4pe, former President of IFAPP) and Toshie Murakami (member of the Bioethics WG), followed by an overview from Atsushi Kuga, a pharmaceutical medicine expert. The session was co-chaired by Shinichi Nishiuma, the President of this annual meeting and Chieko Kurihara, who had organised the entire initiative.

This initiative was a joint project of IFAPP and JAPhMed, following a proposal from the JAPhMed Clinical Development Committee and the Medical Affairs Committee. Through collaboration with members of patients and the public, we have put forward proposals for a research and development ecosystem that takes into account cutting-edge medical technologies and data-driven research and development (R&D). Discussions are based on the outcomes of the international dialogue between patient groups and experts that took place during the IFAPP webinars on WMA's DoT.

Table 1 Programme of the session, speakers and their membership and role in IFAPP, JAPhMed and/or Ji4pe

●	Ethics in Data-Driven Research: IFAPP's Initiatives on a series of webinars (Including a video message from the IFAPP President, Eric Klaver) By Kotone Matsuyama, President-elect, IFAPP
●	The Evolution of Disease Registries: Enhancing Value through Patient and Public Engagement By Hideki Oi, Former Chair of Clinical Development Committee of JAPhMed
●	Patient and Public Involvement in Data-driven Genomic Research: Initiatives Relating to the Declaration of Taipei and the Bill to Prohibit Genomic Discrimination By Keiko Inoue, Noriko Kishi, Bioethics Working Group (patient group) of Ji4pe
●	Special Comments By Toshie Murakami, Bioethics Working Group (patient group) of Ji4pe; Kyoko Imamura, Immediate Past President of Ji4pe Former President of IFAPP, Former President of JAPhMed; Atsushi Kuga, Chair of Clinical Development Committee of JAPhMed
●	Chair persons Shinichi Nishiuma, Annual Meeting President of JAPhMed; Chieko Kurihara, members of JAPhMed, IFAPP, Ji4pe Ethics WG



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Value of Patient and Public Involvement

Patient and Public Involvement (PPI) in Pharmaceutical Medicine is becoming a key element of drug development strategies, particularly in terms of setting study endpoints, recruiting participants, and raising awareness of products during the marketing phase. Meanwhile, a patient group educated in the framework of Ji4pe's PharmaTrain-certificated training programme has been engaged in discussions on revising the WMA's Declarations of Helsinki and Taipei.

In light of the ongoing development and use of artificial intelligence (AI) and the increasing utilisations of real-world data, this initiative aims to contribute to global discussions addressing the ethical challenges in using large volumes of personal data whilst ensuring the integrity of data science and data management in research and development. To this end, our initiative has been exploring challenges and solutions for medicines development ecosystem through continuing global dialogue between patients and experts.

We plan to sustain this initiative by moving forward, actively disseminating our findings through webinars, scientific papers, and book publications.



In the back row, from left to right: Atsushi Kuga, Kyoko, Imamura, Kotone Matsuyama, Shinichi Nishimura, Hideki Oi, Kanna Yoshikawa (graphic recorder), In the front row, from left to right: Noriko Kishi, Toshie Murakami, Keiko Inoue, Chieko Kurihara*



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*Graphic recording is a technique where the content of a meeting, lecture, or workshop is visually recorded using drawings and simple text in real time. See related websites below:

Kanna Yoshikawa's website (Japanese part is English convertible)

<https://bluebeeink.com/>

Collaboration with Ji4pe Bioethics Working Group

<https://cont.o.oo7.jp/grareco.html>

International Forum of Visual Practitioners

<https://www.ifvp.org/>

Report of this session with graphic recordings (in Japanese, English convertible)

<https://www.yakuji.co.jp/entry138437.html>

Author:

Chieko Kurihara, Education and Certification Working Group, IFAPP, Editor-in-chief, Clinical Evaluation, Japan



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Free Webinar: TWAS Building Scientific Capacity in the Global South

2026
IFAPP
Free webinar

THE WORLD ACADEMY OF SCIENCES
for the advancement of science in developing countries

19 November 2026
12.00 - 13.00 PM CEST
06.00 - 07.00 AM EDT
07.00 - 08.00 PM JST

TWAS Building
Scientific Capacity in
the Global South

<https://ifapp.org>

[Click here to register](#)

Dr Max Paoli
Introduction and moderator

The World Academy of Sciences for the advancement of science in developing countries, known worldwide by its acronym, TWAS, supports sustainable prosperity through research, education, policy and diplomacy. The Academy is based in Trieste, Italy.

Quality of life is still severely compromised in many developing countries, and extreme inequalities are increasing. Increasing capacity in science and technology, as well as education, is one of the best ways to help vulnerable communities across the Global South and to support a sustainable path of development.

This webinar will address these issues through examples provided by the work of The World Academy of Sciences, TWAS, which is a Programme Unit of UNESCO established in 1983 through the support of the Italian Government, and currently funded by multiple donors including the Federal Ministry of Research, Technology and Space (BMFTR), of Germany.

The TWAS Programme Coordinator, Dr Max Paoli, will explain the TWAS Capacity Building Programmes and will be followed by two scientists from Africa, Drs Pennante Naa Ayikailey Bruce-Vanderpuije from Ghana and Rosemary Buliyaba from Uganda. Their presentations will illustrate the strength and critical role of interventions such as the TWAS Programme 'Seed Grants for New African Principal Investigators' (SG-NAPI) made possible by the generous partnership with BMFTR.



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2026

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Free webinar



THE WORLD ACADEMY OF SCIENCES
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countries





Dr Pennante Naa Ayikailey Bruce-Vanderpuije

Council for Scientific and Industrial
Research-WaterResearch Institute, Ghana
Expertise: microplastics, human health,
one health approach, national policy



Dr Rosemary Bulyaba

Uganda Christian University, Uganda
Expertise: agricultural sciences,
sustainable agriculture, grain legumes,
nutrition sensitive agriculture

The webinar will last for an hour including a Q&A session at the end. After registering, you will receive a confirmation email containing information about joining the webinar



<https://ifapp.org>



[Click here to register](#)



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CONFERENCE

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Webinar Summary: Ethics of Genome Editing and iPS cells: Experiences from South Africa and Japan (September 2026)

Advances in genome editing and induced pluripotent stem (iPS) cell technologies have raised hopes for the treatment of diseases that have long been considered incurable. However, their clinical application continues to provoke significant ethical and safety concerns. The prospect of applying these technologies to human germ cells is particularly contentious, given its implications for future generations and human dignity. As a result, the transfer of genetically modified embryos into the human uterus remains prohibited in several jurisdictions.

This IFAPP webinar, held on 14 September 2026, brought together a South African academic (Safia Mohamed) and a Japanese patient group leader (Yoshiko Saito), who is also a cancer survivor to discuss the ethical considerations and societal implications of these rapidly evolving biotechnologies. The webinar program was produced by GREEN Statement Organisers (1) of which the panellists (Dirceu Greco, Kotone Matsuyama) and the moderator (Chieko Kurihara) are members. This report is co-authored by speakers, panellists, and a moderator.

IFAPP Webinar

Ethics of genome editing and iPS cells: experiences from South Africa and Japan

14 September 2026, Monday
20:00-21:30JST/13:00-14:30 SAST, CET

Panelists

Dirceu Greco

Kotone Matsuyama

Moderator
Chieko Kurihara

Yoshiko Saito, MBA, Bioethics Working Group, Ji4pe, Japan, Cancer Survivor "Expectations and concerns on development of iPS cell manipulation technology: Regulatory and scientific status in Japan"

Safia Mahomed, BCom LLB LLM PhD, Professor, School of Law, University of South Africa "Heritable Human Genome Editing: The South African ethico-regulatory response"

Produced by GREEN Statement Organisers
Supported by The Japanese Association of Pharmaceutical Medicine (JAPhMed);
Japanese Institute for Public Engagement (Ji4pe)



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Presentation by Yoshiko Saito on Ethical Issues Related to iPS Cells

• What are iPS Cells?

iPS cells, first created in 2006 from ordinary body cells, are characterised by their pluripotency, which allows them to differentiate into various cell types. They are expected to significantly advance regenerative medicine, and, unlike embryonic stem (ES) cells, their production does not require the destruction of fertilised eggs. However, after 20 years of progress, this field now faces new questions in Japan.

• Regulations on iPS Cell Research

In 2010, Japanese guidelines allowed the creation of human germ cells from iPS cells, and in 2026, they permitted the creation of “human embryo models” (human embryo-like structures derived from pluripotent stem cells). Although creating fertilised embryos from iPS cell-derived germ cell is prohibited under current guidelines, the government’s expert panel gave the green light to this kind of research in 2025. Transferring genome-edited embryos or embryos derived from iPS cells into human or animal uteri is prohibited by 2026 law and guidelines. Although these models show some features of early human development, they are not human embryos. In this policy-making process, the moral status of these “human embryo models” has not yet been established, which requires further deliberation involving patients and the public over the coming decades of iPS cell research.

• iPS Cell-Derived Treatment: Still Extremely Expensive

Meanwhile, in May 2026, the world’s first iPS cell-derived treatment for Parkinson’s disease was approved in Japan and covered by public insurance, bringing great hope to patients. However, the treatment costs about 55 million Japanese yen (approximately 304,000 Euros), and only a limited number of patients are eligible due to the strict criteria. This development raises new questions regarding how to allocate healthcare resources and which treatments public health insurance should cover, potentially affecting equity in access to healthcare.

Slide from the webinar presentation:

2. Examples

2) AMCHEPRY® : Hope and New Questions

★ May, 2026

World’s first iPS cell-derived treatment with public insurance coverage
For **Parkinson’s** disease

★ Great hope for patients

But...

!! **About 55 million yen**

!! **Only a limited number of patients are eligible**

✓ New questions

1 How should we allocate limited healthcare resources?

2 What treatments should public health insurance cover?

These questions may affect equity in access to healthcare.

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• Experience in Peer Support and the Importance of Ethics of Care

Drawing on her 10-year experience as a peer supporter working with patients, Yoshiko Saito highlighted the importance of the Ethics of Care (2). She noted that, when people fall ill, they often feel deeply destabilised, as their daily lives, relationships, and hopes for the future become uncertain. Therefore, rather than simply pursuing rapid technological advances, it is crucial to prioritise the Ethics of Care and ensure patient and public involvement (PPI) from the early stages of research and development.

Presentation by Safia Mahomed on the South African Ethico-regulatory Response to Heritable Human Genome Editing (HHGE)

• Understanding HHGE

HHGE refers to genetic modifications made to human embryos, gametes, or reproductive cells in ways that can be passed on to future generations. HHGE differs fundamentally from somatic genome editing, as somatic editing affects only the treated individual, whereas heritable editing affects future persons who cannot consent and potentially alters the human gene pool.

Consequently, HHGE is often described as one of the most ethically contentious applications of biotechnology, and there is a broad international consensus that clinical applications of HHGE are currently unsafe and ethically controversial.

• How HHGE Entered the NHREC Guidelines

In 2024, South Africa's National Health Research Ethics Council (NHREC) released its third edition of the Ethics in Health Research Guidelines after approximately a 2-year revision period. The Guideline included a section on HHGE research and appeared to extend such research to applications with references to prospective children and parents and individuals born as a result of HHGE research interventions(3).

These inclusions naturally generated concern amongst members of the South African legal, research ethics, and genetics communities as there was little awareness that HHGE had been incorporated into South Africa's national ethics Guidelines. Thus, the governance process itself became the subject of scrutiny.

• The Removal of the HHGE Section

Concerns eventually prompted reconsideration by the NHREC and, in mid-2025, the HHGE section was formally withdrawn from the Guidelines with an indication of the need for further national stakeholder engagement on the matter. The withdrawal itself was noteworthy in that we witnessed the removal of guidance that was considered premature and insufficiently justified.

The withdrawal does not signal opposition to science, nor does it indicate rejection of future discussions concerning HHGE. Instead, it reflects recognition that governance should be built upon robust scientific evidence, sound ethical analysis, legal clarity, public participation, and demonstrated societal need. Ultimately, this event reminded us that governance should not outpace deliberation. Internationally, the regulatory environment remains overwhelmingly cautious (according to a survey of 96 countries from 2019 to 2020, it was prohibited outright in 70 of them) (4). Importantly, no country explicitly permits the clinical reproductive use of HHGE. But major international bodies have called for robust governance frameworks and broad societal engagement before any clinical use is contemplated.

• A Reality Check for South Africa

South Africa continues to face challenges associated with healthcare access, maternal and child health, infectious diseases, tuberculosis, HIV, workforce shortages, and research ethics capacity. Unlike HHGE, these issues affect millions of people today, and policy attention should be proportionate to actual societal need. In a resource-constrained setting, regulatory energy is itself a scarce resource; therefore, a responsible approach involves horizon scanning rather than regulatory haste.

South Africa's withdrawal of the HHGE section from the NHREC guidelines demonstrates that sometimes the most responsible governance decision is not to regulate more, but to pause, reflect, and deliberate carefully.



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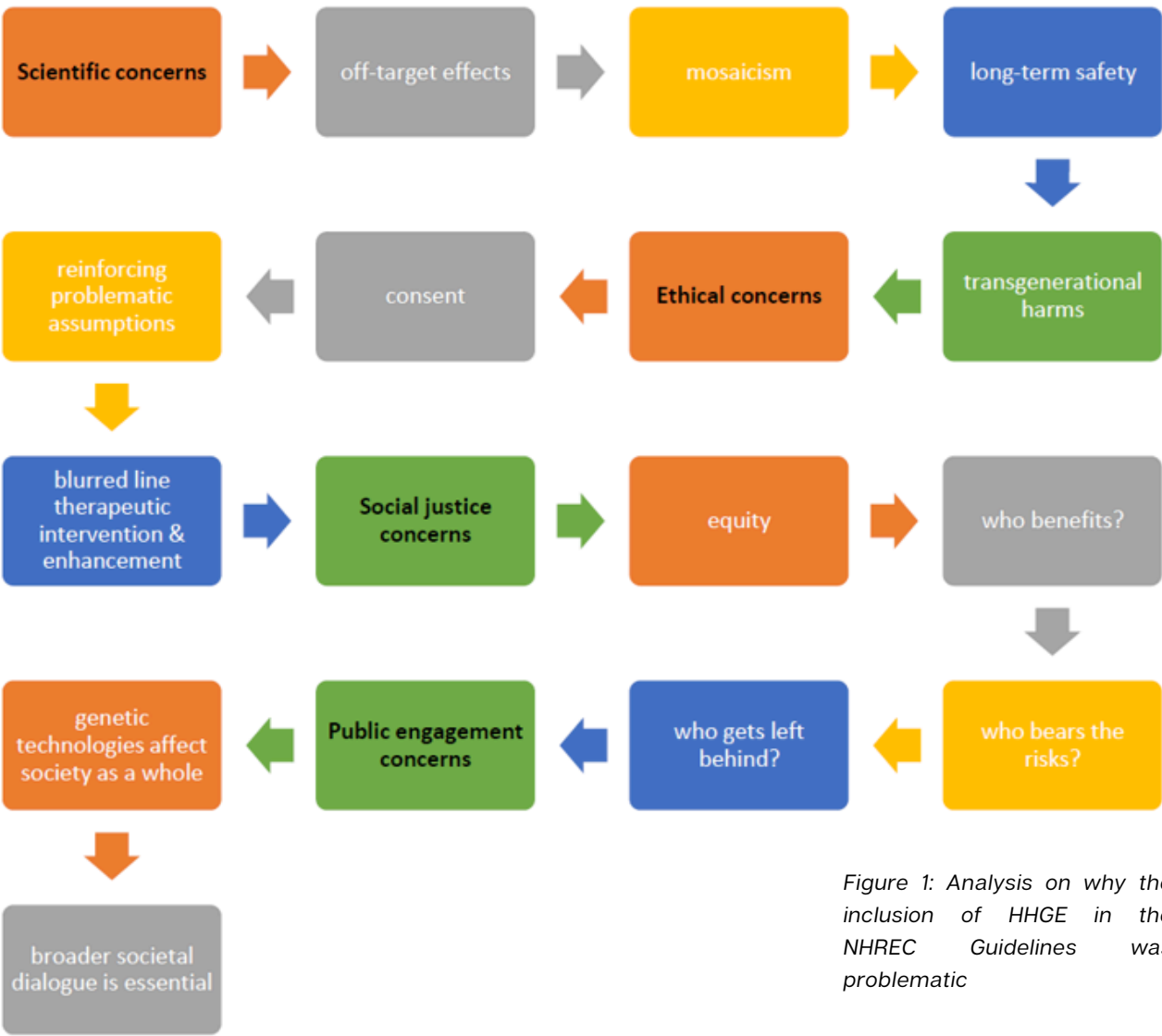


Figure 1: Analysis on why the inclusion of HHGE in the NHREC Guidelines was problematic

South Africa should move towards regulatory science rather than premature regulation. This means building the evidence base, expertise, and governance capacity needed to evaluate HHGE responsibly if and when the technology becomes scientifically viable and societally relevant.

Panel Discussions

A meaningful Question & Answer session took place between Yoshiko Saito and Safia Mohamed, following their respective presentations. The panel featured Dirceu Greco, Professor Emeritus of Bioethics and Infectious Diseases from Brazil, and Kotone Matsuyama, a pharmaceutical scientist, clinical trial management expert, and President-elect of IFAPP, with moderation by Chieko Kurihara, a bioethicist and research ethics expert. The discussion highlighted that the advancement of cutting-edge medical technology crucially depends on both the early-stage involvement of communities, patients, and the public, and the guarantee of equitable access to healthcare, which presupposes access to affordable care within the public health system for all those who need it.



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Furthermore, while each country navigates diverse cultural backgrounds when addressing ethical challenges, the discussion revealed a strong, common foundation of shared values and a unified purpose in problem-solving across Japan, South Africa, and Brazil.

The recording of this webinar is available via the following link:

<https://youtu.be/WcrloskOe4s>

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- **Kotone Matsuyama**, President-Elect of IFAPP, Director of the Center for Clinical Research and Development, National Center for Child Health and Development, Japan
- **Dirceu Greco**, Professor Emeritus of Infectious Diseases and Bioethics at the School of Medicine, Federal University of Minas Gerais, Brazil



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Meet Hakan Polat - Welcome to the IFAPP Communication Working Group



We are pleased to introduce Hakan Polat who will support our Communication Working Group.

Hakan is an instructional designer and the owner of iDoctor, a Dutch company specialising in accredited education and communication for healthcare professionals. He trained in educational science and spent ten years developing e-learning before acquiring iDoctor in 2025. Through the company's own platform, Mediamed.nl, he publishes accredited continuing education and clinical content for Dutch physicians, and he is an education partner in Ombion, the Dutch national programme for animal-free biomedical innovation.

His background is in learning rather than marketing, and that shapes how he approaches communication. As he puts it: reaching an audience is the easy part; the question is what people do differently afterwards.

Hakan can be reached at hakan@idoctornet.com.



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MEAPP Launches its Education & Standards Working Group

The Middle East Association of Pharmaceutical Medicine Professionals (MEAPP) is pleased to announce the launch of its Education & Standards Working Group, with a kick-off webinar titled “Pharmaceutical Medicine in the Middle East & Africa: Education Opportunities and the Road Ahead”.

The webinar will open with Dr Assem El Baghdady, President of MEAPP, highlighting the relevance of Pharmaceutical Medicine to the region, opportunities across clinical research, drug development and medical affairs, and the importance of education and capacity building.

This will be followed by Dr Nouran Omar El Said, Chair of the Education & Standards Working Group, who will introduce the Group’s vision, mission and agenda, six specialised tracks, webinar framework and members.

The launch represents an important step in MEAPP’s ongoing commitment to developing the next generation of professionals and advancing evidence-informed practice in Pharmaceutical Medicine.

[Register for the webinar here.](#)

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MEAPP
The Middle East Association of Pharmaceutical Medicine Professionals

PHARMACEUTICAL MEDICINE IN THE MIDDLE EAST & AFRICA: EDUCATION OPPORTUNITIES AND THE ROAD AHEAD

Launching the MEAPP Education & Standards Working Group

PRESENTER
DR ASSEM EL BAGHDADY
• MEAPP President
• Senior Lecturer in Pharmaceutical Medicine, King's College London

PRESENTER
DR NOURAN OMAR EL SAID
• Associate Professor in Pharmacy Practice & Clinical Pharmacy, Future University in Egypt (FUE)
• Chair of the Education & Standards Working Group

MODERATOR
YASMIN NAGATY
• Regional Manager, MEAPP
• Visiting Lecturer, King's College London

MONDAY 26 October 2026
7:00 PM CAIRO TIME (EEST, UTC+3) / 4:00 PM GMT

Online registration is free! Simply scan the QR code to get started.



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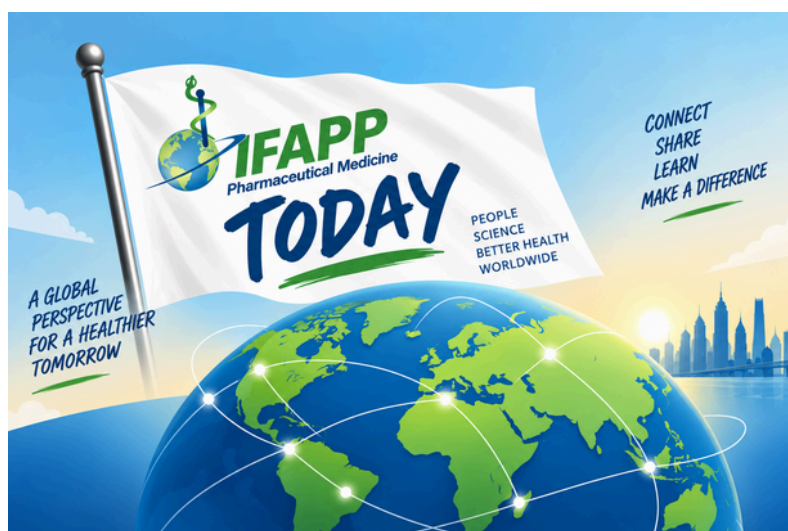
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- 19 November 2026 - TWAS Building Scientific Capacity in the Global South
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THE FLAG

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