

THE CLIMATE-LITERATE HEALTH PROFESSIONAL: PERSPECTIVES OF MEDICAL STUDENTS FROM THE REPUBLIC OF MOLDOVA

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Abstract

Objectives. In the context of the global climate crisis, medical education has the duty to integrate new, interdisciplinary perspectives into the training of future health professionals, perspectives that reflect the complexity and urgency of climate-related risks to public health.

Material and Methods. A study was conducted on the integration of climate change topics into medical education in the Republic of Moldova. The primary material included 54 bibliographic sources (relevant scientific articles, theoretical models, guides, manuals), which were used to highlight the topicality, argue the need for curriculum development and the development process.

Results. The curriculum was developed based on the principles of modern medical education and aligned with international recommendations regarding the integration of climate health into higher medical education programs.

“Health and climate change” is an innovative course developed at the “Nicolae Testemițanu” State University of Medicine and Pharmacy in the Republic of Moldova, aimed at strengthening the competencies of future health professionals in the face of contemporary climate challenges. The curriculum promotes critical and applied thinking about the interaction between health and the environment, in the context of rising global temperatures, increasing frequency of extreme weather events, and their impact on morbidity and mortality.

The goal of the new course is to provide students with general knowledge about this emerging phenomenon and its health consequences, essential for influencing the adaptation process and preventing the impacts of climate change.

Conclusions. As a result of integrating the new course “Health and climate change” into the academic program, clinical practice will be enhanced by a deeper understanding of population health issues influenced by climate change, enabling physicians to play a key role as advocates for the health of their communities.

Keywords: health, curriculum, climate change, climate-literate, health professional

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Introduction

The interactions between health and the environment are complex and multifactorial. Although climate change has been extensively studied from the perspective of environmental

science, planetary health is an emerging field. As leading health institutions with talented researchers and research resources, medical schools should support research investigating the effects of climate change and anthropogenic environmental toxins on human health. This obligation is particularly strong since the public and policymakers pay more attention to climate change when its implications for human health are emphasized (Planetary Health Report Card [PHRC], 2021).

In recent decades, international organizations, various medical associations, and physicians have described climate change as a health crisis that health professionals must be prepared to confront (Global Consortium on Climate and Health Education [GCCHE], 2023; Wellbery et al., 2018).

Researchers and faculty members in the health field propose the introduction of a longitudinal thread, “Climate Change and Health”, into the curricula of phases I, II, and III of medical education to provide students with training on the environmental determinants of health. This longitudinal component will offer an overview of the broad impact of climate change on population health and on the health system, and vice versa: the impact of the medical system on the environment (Busch et al., 2018; Gomez et al., 2021; Yamron et al., 2023).

As health professionals, specialists must be prepared to prevent, diagnose, and manage the health consequences of climate change, as well as to cope with the unprecedented pressure that climate change will place on the health system. Experts in the field advocate for reform of the medical school curriculum to include the intersection of climate change, health, and healthcare delivery (Yamron et al., 2023).

Integrating knowledge of climate change and health education into medical training programs will help future physicians be equipped to address these interconnected challenges, advocate for sustainable health systems, and make decisions that minimize environmental harm (in the operational processes of institutions) (PHRC, 2025). The impact of climate change and environmental degradation is shaping the nature of health-related challenges, including rising rates of respiratory diseases, cardiovascular diseases, heat-related illnesses, mental health issues, and the spread of vector-borne diseases (Anubhav et al., 2024; Silveira et al., 2023; Croitoru et al., 2023; PHRC, 2025; Singh et al., 2024; Spinei et al., 2023; Stewart et al., 2024; Wu et al., 2016).

Topics such as the changing geography of vector-borne diseases, the health consequences of air pollution, environmental health inequalities, disaster response principles, and healthcare sustainability must be part of the core curriculum of every medical school (Anåker et al., 2021; Croitoru et al., 2023; Croitoru & Agachie, 2021; Gomez et al., 2021; Kotcher et al., 2021; Overcenco et al., 2015; PHRC, 2025).

Even in the First National Communication of the Republic of Moldova, developed under the United Nations Framework Convention on Climate Change in the year 2000, it was noted that climate change, to varying degrees, affects all people globally, briefly reflecting its influence on the health status of the population in the country. The subsequent National Communications (2009; 2013; 2018; 2022) more broadly argue for the linkage between the health sector and climate change, highlighting the direct impact of climate change, its potential socio-economic consequences relevant to health, the particularly vulnerable and sensitive groups due to health status under new climate conditions, the key risks and opportunities for health, actions within the health system, actions to improve adaptation to climate change, mortality and emergency care during extreme summer and winter temperatures – particularly the characteristics of the hot summer of 2007 – the dynamics of disease-specific deaths, and projections of future changes in the incidence of diarrheal, cardiovascular, respiratory, and digestive diseases in the Republic of Moldova.

Material and methods

This article represents a descriptive study, aimed at documenting the process of development, integration, and presentation of a new university course entitled “Health and climate change”, designed for medical students in the Republic of Moldova.

Theoretical analysis

To assess the topicality of the problem and the need for a curriculum in medical education, 54 bibliographic sources (relevant scientific articles, theoretical models, guides, manuals) were analyzed. The bibliographic search was performed using the international open access database PubMed, the social networking platform ResearchGate and the reference manager and academic social network Mendeley, using relevant search terms such as: “teaching climate change”, “medical education”, “medical school curriculum”, “climate change education”, “IPCC report”, “Lancet report”, “climate and health curriculum”, “human health”, “impact of climate change”. To highlight the research conducted in the Republic of Moldova, the following were consulted: the largest open access electronic library in the country – the National Bibliometric Instrument (IBN) and the repository of the “Nicolae Testemițanu” State University of Medicine and Pharmacy. To enhance the relevance of the results and narrow the search scope, a Boolean operator AND, search field tags Title/Abstract [ti.ab] were applied.

Argument for the need for curriculum development and the development process

The need for curriculum development was highlighted based on the research “Reflectarea informațiilor despre conduita corectă a populației pe timp de caniculă în programele de studii la medicină” [The coverage of information on appropriate public behavior during heat waves in medical curricula]” and “Knowledge, attitudes, and practices of medical students from middle-income countries regarding climate change: the case of Republic of Moldova” (Agachie, 2021; Croitoru et al., 2025).

To understand and establish the structure of the curriculum, the sources “A call for action: integrating climate change into the medical school curriculum”, “It's time for medical schools to introduce climate change into their curricula”, “Guide to climate and health curriculum reform in medical schools. Medical students for a sustainable future”, “Broadening epistemologies and methodologies in climate change education research”, “What is climate change education?”, “Teaching medical students about the impacts of climate change on human health”, “Awareness of the problem and the need for information about heat waves by medical students” and other studies were analyzed (Maxwell & Grant, 2016; Wellbery et al., 2018; Yamron et al., 2023; Busch et al., 2018; Stevenson et al., 2017; Gomez et al., 2021; Croitoru & Agachie, 2021).

The identification of current directions in the field of health associated with climate change was based on important documents at the global level from the World Health Organization [WHO], Intergovernmental Panel on Climate Change [IPCC], Global Consortium on Climate and Health Education [GCCHE], International Federation of Medical Students Associations [IFMSA], National Health Service [NHS], the Lancet Countdown and at the local level “Conceptul și planul de acțiuni pentru Serviciile climatice din Republica Moldova [Concept and action plan for Climate Services in the Republic of Moldova]”, “Cu privire la politicile de sănătate pentru adaptarea la temperaturile ambientale extreme în contextul schimbărilor climatice” [On health policies for adapting to extreme ambient temperatures in the context of climate change]” (WHO, 2021; IPCC, 2019; IPCC, 2022; GCCHE, 2023; IFMSA, 2016; NHS, 2023; Silveira et al., 2023; Romanello et al., 2021; Dutta et al., 2015; Denisov et al., 2019; Overcenco et al., 2015).

The content of the curriculum was inspired by a multitude of scientific research, which highlighted the effect and impact of the consequences of climate change on the body and health of both the general population and vulnerable groups, but also on employees in different fields (Anubhav et al., 2024; Singh et al., 2024; Sasai et al., 2023; Spinei et al., 2023; Segal & Giudice, 2022; Chen et al., 2021; Figgs, 2020; Sekeyová et al., 2019; Leyva et al., 2017; Wu et al., 2016).

The article provides insight into the curricular content, educational objectives, and the scientific rationale underlying the development of this initiative.

The model presented in the article may be replicable for other institutions interested in planetary health education.

Results

Today's medical students will be on the front lines in combating the impact of environmental degradation (caused by climate change) on human health.

To highlight the need to educate medical students regarding the influence of climate change, global warming, and heat stress on population health, prevention and adaptation measures – course syllabi for theoretical lectures and practical work were analyzed at the “Nicolae Testemițanu” State University of Medicine and Pharmacy in the Republic of Moldova.

A total of 93 course syllabi, both for theoretical lectures and practical activities, were reviewed across the Faculties of Medicine, Pharmacy, and Dentistry. As a result of this review, topics relevant to understanding the impact of climate change on the human body, preparing students to adapt to climate change, or containing thematically adjacent content, were identified in only five disciplines: *Medical Emergencies* with the topic “Heat-related medical emergencies. Hypothermia”; *Military Medicine* with the topic “Organization of medical supply to health institutions and formations in exceptional situations”; *Sanitary Microbiology* with the topic “Microbiological indicators of environmental pollution. Microbiological examination of water, air, and food”; *Epidemiology* with the topic “General characteristics of bloodborne infections. Epidemiology and prevention of malaria, epidemic typhus, Lyme disease. Epidemiological features, control and prevention measures in epidemic typhus, recurrent typhus, Lyme borreliosis, and malaria”; and *Hygiene* with the topic “General aspects of climate change”.

Based on research evaluating the knowledge, attitudes, and practices of students at this university, it was established that the above-mentioned lectures are insufficient (Croitoru et al., 2025). Thus, in 2023, an elective course was implemented. The course, titled “Health and climate change”, is taught within the Department of Hygiene to 5th-year students from the Faculty of Medicine and 2nd-year students in the Public Health program.

The approach to the topic is multifactorial, as the course is designed for medical students to describe the impact of climate change on health, understand the contribution of healthcare to global carbon emissions, and develop approaches to managing diseases caused or aggravated by extreme weather events, as well as strategies for reducing emissions within the local healthcare system.

The curriculum provides 30 hours of instruction, including 10 hours of lectures, 5 hours of seminars, 5 hours of practical sessions, and 10 hours of individual work focused on scientific activity. The course is awarded 1 ECTS credit. Recently (in the summer of 2025), changes were made to the number of hours in this course: the hours allocated to seminars and practical sessions were doubled, and the hours for individual work increased from 10 to 60. As a result, the total number of hours for the discipline will be 90, allowing the course to carry 3 ECTS credits. The curriculum will be supplemented with two new chapters.

The curriculum includes learning objectives at the levels of knowledge and understanding, application, and integration. It specifies the prerequisites necessary for mastering

the course. The curriculum also outlines five specialized practical skills that students are expected to master by the end of the course.

The topics include 11 course-relevant subjects covering general issues, clinical-hygienic aspects, a sociological perspective on promoting knowledge, and a hygienic component. The subjects are distributed across three chapters, with detailed specifications of the topics to be learned.

The curriculum also includes specific professional and transversal competencies, as well as defined learning outcomes aligned with the study programs.

It concludes with the teaching-learning methodology, explaining the instructional methods used, applied didactic strategies, and assessment methods. A list of required and supplementary bibliographic sources necessary for the teaching process is also included.

The climate change course will contribute to learning methods for analyzing factors and conditions that may influence human health, maintaining health status, disease prevention, life expectancy extension, and solving problems in all fields of practical activity with the application of regulatory documents.

In the long term, the aim is to acquire the fundamental and clinical knowledge necessary for the physician's activity concerning health affected by risk factors associated with the current phenomenon of climate change.

Narrative description of the curriculum

The acceleration of climate phenomena – rising average temperatures, heatwaves, floods, droughts, and wildfires – has a direct and indirect impact on human health. The World Health Organization (WHO) warns that, in the absence of adaptation, climate change will lead to an increase in the global burden of disease. Therefore, training physicians in this area becomes an educational imperative.

The curriculum was developed based on the principles of modern medical education, aligned with international recommendations for integrating climate health into higher medical education programs (e.g., WHO, The Lancet Countdown, EAHM, AMEE).

"Health and climate change" is an innovative course developed at the "Nicolae Testemițanu" State University of Medicine and Pharmacy in the Republic of Moldova, intended to strengthen the competencies of future health professionals in addressing contemporary climate challenges.

The curriculum aims to develop critical and applied thinking regarding the interaction between health and the environment, in the context of global temperature increases, intensifying extreme weather events, and their impact on morbidity and mortality.

The goal of the new discipline is to provide students with general knowledge about the emerging phenomenon and its consequences on health, essential for influencing the adaptation process and preventing the impacts of climate change.

General objectives:

- Understanding the scientific foundations of climate change and the greenhouse effect.
- Evaluating the impact of environmental factors on human health, especially in the context of heat stress.
- Promoting prevention, adaptation, and education measures in the field of climate change.
- Developing practical skills for medical action and communication in climate risk situations.
- Promoting critical thinking regarding environmental, health, and sustainability policies.

The course content is organized around three main conceptual pillars:

1. General aspects of climate change and health, basic concepts, the greenhouse effect, global and local impact, the correlation between climate, biodiversity, air, water, health.
2. Health effects such as emerging infectious diseases and chronic illnesses exacerbated by heat, mental health, heat stress, pollution, individual and community vulnerability.
3. Prevention, adaptation, and mitigation of consequences: preventive measures, awareness campaigns, development of policies and intervention plans:
 - Climate-resilient systems.
 - Adaptation strategies for medical institutions.
 - Community education, campaigns, the role of the physician in advocacy.
 - Elements of eco-health and sustainable development.

Teaching methodology

The course has an applied and collaborative character. Modern teaching–learning methods are employed: interactive lectures supported by climate maps, graphs, and up-to-date data; case studies from the Republic of Moldova and abroad; debates, brainstorming, and group work; individual projects (e.g., adaptation plans, community education materials, graphic works) and involvement in awareness campaigns; assessment through multiple-choice tests, portfolios, and thematic presentations.

The emphasis is on an interdisciplinary approach, integrating medical sciences with ecological and social knowledge.

Learning outcomes

Students who complete this course will be able to: identify, assess and communicate health risks caused by climate change; propose adaptation and mitigation solutions; communicate effectively with patients and communities on climate-related topics; apply the acquired knowledge in clinical, educational, and research activities.

The knowledge to be gained through such training includes:

- Factual knowledge: health risks, health co-benefits, sustainability of the health sector, social and environmental determinants of health, behavioral change, psychology of suffering, community-level emergency response.
- Conceptual knowledge: eco-health, equity, vulnerability, sustainability, planetary boundaries, precautionary principle.
- Skills-based knowledge: clinical diagnosis and management of related diseases, health education, scientific communication, evidence-based practice, research, collaboration, and systems thinking.
- Affective knowledge: appreciation of the complex relationship between equity, sustainability, and health; the importance of medical education for broader society; and the benefits of multidisciplinary collaboration.

Discussions

Eco-medical literacy is defined as the ability to access, understand, integrate, and use information about the health-related ecological effects of climate change to deliver and improve medical services (GCCHE, 2023; IFMSA, 2016; Stevenson et al., 2017).

Eco-health approaches recognize the interdependence of human, animal, and ecological system health, aiming to develop transdisciplinary, systems-focused collaborations to improve health through social stability and environmental sustainability. This broader conceptualization of

health and ecological health education encompasses public health literacy and can equip medical students with the tools needed to predict and manage human health in an uncertain ecological and socio-political future (IFMSA, 2016; Maxwell & Blashki, 2016; Maxwell & Grant, 2016; Oversby, 2015).

Increasing knowledge of climate change plays a vital role in the training of young professionals, who will begin their careers in a changing climate, thus becoming the "climate generation". Since climate change has a significant impact on the general population and a profound effect on vulnerable patients, knowledge that influences prevention strategies is essential (Busch et al., 2018; Perkins et al., 2018; Wellbery et al., 2018).

The education of health professionals must reflect these health threats. Topics such as the changing geography of vector-borne diseases, the health consequences of air pollution, environmental health inequalities, disaster response principles, and healthcare sustainability must be part of every medical school's core curriculum (Madden et al., 2018).

The optional course "Health and climate change" was designed as a response to the emerging challenges of the 21st century, in which the climate crisis is becoming one of the most pressing threats to global health. This educational module offers an integrated and interdisciplinary approach aimed at preparing future doctors to face risks generated by climate change.

In professional training, a primary goal is to develop thinking and form a preventive approach to solving health problems at the individual and community level (Perkins et al., 2018). The climate change course will help students learn methods to study the factors and conditions that can influence human health, approaches to maintaining health, preventing diseases, prolonging life, and solving problems in all areas of practice through the application of normative documents.

Medical school curricula are not static; on the contrary, they evolve over decades to reflect new ideas and knowledge. A growing number of medical schools are implementing numerous changes to incorporate useful and up-to-date content.

The pedagogical structure of the curriculum is supported by a clearly defined set of reference objectives, directly correlated with the proposed content units. These objectives reflect the curricular intention to develop in students not only theoretical knowledge regarding climate change and its effects on health but also practical skills and proactive attitudes toward these emerging risks.

The first objective of the discipline aims to provide students with a deep understanding of the phenomenon of global warming, its causes, and its impact on ecosystems and health. This conceptual framework is essential to later support the analysis of clinical and public health aspects. The content associated with this objective includes concepts related to greenhouse gases, environmental degradation, and global and regional climate change.

Extreme heat is associated with asthma exacerbations, fluid and electrolyte disturbances, heat-related nephropathy, congenital anomalies, infant mortality, complications during the perinatal period, skin and soft tissue infections, and suicide (Cramer et al., 2022; Nairn et al., 2018; Sasai et al., 2023).

High air temperatures increase ground-level ozone. Ozone exposure increases the severity of asthma and exacerbations of chronic obstructive pulmonary disease (COPD), and decreases lung function in children (Figgs, 2020).

Wildfires increase air pollution with particulates. Particle pollution worsens asthma and COPD, leads to premature births and low birth weight, and affects cognitive development (Anubhav et al., 2024; Chen et al., 2021; Croitoru et al., 2023; Deng et al., 2020; Segal & Giudice, 2022; Stewart et al., 2024).

Rising temperatures prolong the pollen season. Higher atmospheric CO₂ concentrations lead to increased pollen production by allergenic plants (e.g., ragweed) (Deng et al., 2020).

High temperatures encourage the spread of mosquitoes and ticks, which carry diseases, into new locations and may lead to the increased use of pesticides, which are potentially associated with harmful effects on neurodevelopment (WHO, 2021; Wu et al., 2016).

Warming and heavy precipitation are associated with increased outbreaks of *Campylobacter*, *Cryptosporidium*, *Escherichia coli*, *Giardia*, *hepatitis A virus*, *nontyphoidal Salmonella*, *Shigella*, nervous system rickettsial infections (Dumitraş et al., 2020; Lone & Malik, 2021; Sekeyová et al., 2019).

The second objective aims to recognize and interpret diseases and conditions that may arise or worsen in the context of climate change. This includes emerging and re-emerging infectious diseases (e.g., vector-borne diseases), as well as chronic diseases sensitive to heat stress and pollution. This segment of the curriculum emphasizes correlations between environmental factors and the health of vulnerable populations.

While medical programs cover pathologies and symptoms linked to environmental threats, healthcare professionals are generally not trained to consider climate change impacts during patient visits (Boland & Temte, 2019; Gomez et al., 2021; Kotcher et al., 2021; Lister et al., 2024). This may be due to an overloaded curriculum or because students already learn about aspects of disease aggravated by environmental factors (Gomez et al., 2021). However, there is a substantial need to focus on making connections between human health and environmental challenges caused by climate change. Even in crowded programs, climate change presents an opportunity to strengthen and expand understanding of how interactions between people and place affect health (Agachie, 2021).

Parallels between climate change and clinical practice, biomedical science, and public health should include: i) evidence-based practice: critical evaluation of climate change and health research; ii) pathophysiology of heat-related disease: examination of heat stroke and physiological risk; iii) principles of infectious disease: climate change-linked vector-borne diseases; iv) statistics and epidemiology: exploring associations between respiratory diseases and pollution; v) health as a human right: exploring challenges such as sustainable development and intergenerational equity; and vi) the value of multidisciplinary perspectives: evaluating climate risks such as infectious diseases and malnutrition from different angles, e.g., agricultural and zoonotic studies (Anåker et al., 2021; Maxwell & Blashki, 2016; Maxwell & Grant, 2016; Perkins et al., 2018).

As mentioned above, climate change can lead to: heat exhaustion, heat stroke, syncope, heat-related nephropathy, electrolyte imbalances, asthma/COPD exacerbations, pollution and wildfire smoke exposure, seasonal allergies, gastroenteritis (viral, bacterial), malnutrition, micronutrient deficiencies, poor glycemic control in diabetics, and heart failure exacerbations (Croitoru et al., 2023; Deng et al., 2020; IPCC 2022; Nairn et al., 2018; Sasai et al., 2023; Zilbermint, 2020). Training plans should address the management of these acute or chronic issues, identify and obtain needed resources, and provide anticipatory guidance (Gomez et al., 2021).

Extreme heat may alter pharmacological properties of medications (e.g., insulin, levothyroxine, epinephrine). Patients require proper medication storage. Some medications increase the risk of heat-related illnesses (e.g., beta-blockers, diuretics, antidepressants, antihistamines). Pressurized or aerosolized containers (e.g., albuterol inhalers) may explode at temperatures > 48°C (Fagunwa et al., 2024; Gond, 2024; Kaplan et al., 2025).

Individual factors placing patients at greater climate-related risk include: young or old age, pregnancy, outdoor work or sports, exertion, chronic conditions, lack of family resources (poverty; homelessness; no reliable, safe transportation; inadequate climate control, heating, and ventilation), lack of community resources (absence of extreme weather or air quality alerts), and family displacement and/or separation (Chen et al., 2021; Dutta et al., 2015; Leyva et al., 2017; Romanello et al., 2021; Segal & Giudice, 2022; WHO, 2021; Zilbermint, 2020).

Action plans should include risk communication; limiting outdoor activity; appropriate clothing; increased fluid intake; guidance on maintaining indoor temperatures; and safe heat-sensitive medication storage (Dumitraş et al., 2020; Fenton et al., 2021).

Greater consumption of plant-based foods results in reduced greenhouse gas emissions (agriculture and animal farming are significant contributors), reduced chronic disease risk, and financial savings (Ebi & Ziska, 2018; IPCC, 2019). Reducing food waste lowers carbon emissions. Active transport (walking, cycling) decreases car emissions and improves physical fitness (Denisov et al., 2019; Hutchins et al., 2019; NHS, 2023).

The final three objectives emphasize developing the competencies needed to identify adaptation measures and reduce climate-related health impacts. They promote integrative thinking and practical medical solutions, as well as awareness of the healthcare workforce's role in promoting community resilience. Content covers adaptation measures at the individual, institutional, and community levels, as well as principles of sustainable development and planetary health.

Doctors must be informed about air quality and/or air quality alerts, daily pollen count levels, locations of toxic substance storage in the community, and advise boiling water when necessary.

Doctors should adapt differential diagnoses based on location and tailor management plans to the patient's history and disease pattern. They should be able to access and practice their hospital or clinic's disaster preparedness plan and demonstrate competencies in managing procedures during electronic health record outages or workflow disruptions (e.g., writing prescriptions by hand if systems are down). Roles and responsibilities during different disaster scenarios must be recognized, reviewed, and rehearsed.

Resident physicians should have access to and practice using a standardized template for the information that must be shared with patients, emergency services, and families in the event of a patient transfer or evacuation. They should know how to contact institutional, governmental, and public health authorities who coordinate responses to natural disasters. Examples of such collaborations include serving as a trainee member of a hospital disaster planning committee, ensuring that trainees are included in these plans, and partnering with public health officials to learn how disaster preparedness plans are developed in hospitals, especially during summer research or experiential projects.

Curriculum design is a continuous process, particularly relevant in the dynamic field of climate change.

Conclusions

The curriculum contributes to achieving the Sustainable Development Goals (SDG 3 – Good Health and Well-being, SDG 13 – Climate Action) and serves as an example of best practice in integrating climate-related topics into the professional training of physicians. At the same time, it encourages the civic and professional engagement of future doctors in strengthening health systems that are resilient to climate change.

Overall, the course's reference objectives form a logical and progressive learning arc, from understanding the climate phenomenon, to recognizing its health impacts, and ultimately to formulating relevant responses and interventions. They reflect the vision of a curriculum aimed at training professionals capable of acting effectively in a global context marked by ongoing climate transformation.

Clinical practice will be enhanced through a better understanding of population health issues influenced by climate change, allowing physicians to play a significant role as advocates for the health of their communities.

By implementing this curriculum, the *Nicolae Testemitanu* State University of Medicine and Pharmacy becomes one of the first institutions in the region to respond systematically and strategically, through integrated education to one of the most critical health challenges of the century. Training physicians in the field of climate change is no longer optional, but essential for the future of global health.

Competing interests

The author declares no competing interests.

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