



PMAC | PRINCE MAHIDOL  
AWARD CONFERENCE

2024

# REPORT

ON THE PMAC 2024

**Geopolitics,  
human security  
and health equity  
in an era of polycrises**

22 - 27 JANUARY 2024 | BANGKOK, THAILAND

*True Success is not in the learning  
but in its application to the benefit of mankind*

His Royal Highness Prince Mahidol of Songkla





From the beginning  
on the Sanitation  
Prince Mahidol



In 1921, in September 1921 His Royal Highness  
Public Health. At the same year the Thai Government  
initiated to negotiate with the Rockefeller Foundation  
for cooperation to recognize the medical education  
of Thailand. His Royal Highness was asked to be  
a representative of the Thai Government.



A small black and white photograph showing a group of people, possibly a medical team or students.

The National Institute of Health of Public Health, Queen Alexandra Hospital,  
Bangkok, under the supervision of His Royal Highness Prince Mahidol.



A small black and white portrait of a man, likely Prince Mahidol.

...on intended to upgrade  
...of Faculty of Medicine,  
...iversity to the standard of medical  
... States from certificate level  
... sending visiting professors to  
... teaching standard  
... in every subject and grant the scholarships to young  
... physicians to specialize in various medical fields  
... der to replace the visiting professors.

In this plan it was necessary to rebuild Srinakharinraj Hospital  
to fit the role as the teaching hospital and to purchase  
many scientific equipments, as well as many hospital  
supplies. The budget for this plan should be covered and  
funding between the Thai Government and Rockefeller  
Foundation. His Royal Highness had discussed and  
gone through every problem and asked the problem with  
He had donated his money to overcome the problem such  
as the financial problem for hospital construction.



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# PRINCE MAHIDOL AWARD



The Prince Mahidol Award was established in 1992 to commemorate the 100<sup>th</sup> birthday anniversary of Prince Mahidol of Songkla, who is recognized by the Thais as 'The Father of Modern Medicine and Public Health of Thailand'.

His Royal Highness Prince Mahidol of Songkla was born on January 1, 1892, a royal son of Their Majesties King Rama V and Queen Savang Vadhana of Siam. He received his education in England and Germany and earned a commission as a lieutenant in the Imperial German Navy in 1912. In that same year, His Majesty King Rama VI also commissioned him as a lieutenant in the Royal Thai Navy.

Prince Mahidol of Songkla had noted, while serving in the Royal Thai Navy, the serious need for improvement in the standards of medical practitioners and public health in Thailand. In undertaking such mission, he decided to study public health at M.I.T. and medicine at Harvard University, U.S.A. Prince Mahidol set in motion a whole range of activities in accordance with his conviction that human resource development at the national level was of utmost importance and his belief that improvement of public health constituted an essential factor in national development. During the first period of his residence at Harvard, Prince Mahidol negotiated and concluded, on behalf of the Royal Thai Government, an agreement with the Rockefeller Foundation on assistance for medical and nursing education in Thailand. One of his primary tasks was to lay a solid foundation for teaching basic sciences which Prince Mahidol pursued through all necessary measures. These included the provision of a considerable sum of his own money as scholarships for talented students to study abroad.

After he returned home with his well-earned M.D. and C.P.H. in 1928, Prince Mahidol taught preventive and social medicine to final year medical students at Siriraj Medical School. He also worked as a resident doctor at McCormick Hospital in Chiang Mai and performed operations alongside Dr. E.C. Cord, Director of the hospital. As ever, Prince Mahidol did much more than was required in attending his patients, taking care of needy patients at all hours of the day and night, and even, according to records, donating his own blood for them.

Prince Mahidol's initiatives and efforts produced a most remarkable and lasting impact on the advancement of modern medicine and public health in Thailand such that he was subsequently honoured with the title of "Father of Modern Medicine and Public Health of Thailand"

In commemoration of the Centenary of the Birthday of His Royal Highness Prince Mahidol of Songkla on January 1, 1992, the Prince Mahidol Award Foundation was established under the Royal Patronage of His Majesty King Bhumibol Adulyadej to bestow an international award - the Prince Mahidol Award, upon individuals or institutions that have made outstanding and exemplary contributions to the advancement of medical, and public health and human services in the world.

The Prince Mahidol Award will be conferred on an annual basis with prizes worth a total of USD 100,000. A Committee, consisting of world-renowned scientists and public health experts, will recommend selection of laureates whose nominations should be submitted to the Secretary-General of the Foundation before May 31<sup>st</sup> of each year. The committee will also decide on the number of prizes to be awarded annually, which shall not exceed two in any one year. The prizes will be given to outstanding performance and/or research in the field of medicine for the benefit of mankind and for outstanding contribution in the field of health for the sake of the well-being of the people. These two categories were established in commemoration of His Royal Highness Prince Mahidol's graduation with Doctor of Medicine (Cum Laude) and Certificate of Public Health and in respect to his speech that:

True success is not in the learning,  
but in its application to the benefit of mankind.

In the past 31 years, the Prince Mahidol Award has been conferred to 94 individuals and groups of individuals and institutions. Among them, 4 were Award recipients of Thai nationality, namely: (1) Professor Dr. Prasong Tuchinda, from studying the effects of Dengue virus to the disability of children who are sick with dengue hemorrhagic fever, (2) Dr. Suchitra Nimmannitya, from identifying severity classification of dengue hemorrhagic fever. Both of them received the Prince Mahidol Award in the field of Medicine in 1996; (3) Dr. Wiwat Rojanapithayakorn, from founding the project to promote the use of condoms to prevent the spread of HIVs; and (4) Mr. Mechai Viravaidya, from initiating the communication campaign to disseminate the use of condoms. Both Dr. Wiwat Rojanapithayakorn and Mr. Mechai Viravaidya received the Prince Mahidol Award in the field of Public Health in 2009.

The following Prince Mahidol Laureates have won the Nobel Prize at a later date:

**(1) PROFESSOR BARRY J. MARSHALL**

from Australia received the Prince Mahidol Award in the field of Public Health in 2001 and the Nobel Prize in the field of Medicine in 2005 for the discovery of the new bacterium identified as *Helicobacter pylori* that caused severe gastritis and its sensitivity to particular antibacterial drugs;

**(2) PROFESSOR HARALD ZUR HAUSEN**

from Germany received the Prince Mahidol Award in the field of Medicine in 2005 and the Nobel Prize in the field of Medicine in 2008 for the discovery of the human papilloma virus HPV16 and HPV18 from the cancer tissue and elucidated how the viruses turn normal cells into cancer cells;

**(3) PROFESSOR DR. SATOSHI OMURA**

from Japan received the Prince Mahidol Award in the field of Medicine in 1997 and the Nobel Prize in the field of Medicine in 2015 for the discovery and development of various pharmaceuticals originally occurring in microorganisms. His research group isolated a strain of *Streptomyces Avermitilis* that produce the anti-parasitical compound avermectin which contributed to the development of the drug ivermectin that is currently used against river blindness, lymphatic filariasis, and other parasitic infections;

**(4) PROFESSOR TU YOU YOU**

a member of the China Cooperative Research Group on Qinghaosu and its Derivatives as Antimalarials from China, received the Prince Mahidol Award in the field of Medicine in 2003 in an organisational category and the Nobel Prize in the field of Medicine in 2015 for the discovery of Qinghaosu as a new drug for treatment of the *P.falciparum* malaria;

**(5) SIR GREGORY PAUL WINTER**

from the United Kingdom received the Prince Mahidol Award in the field of Medicine in 2016 and the Nobel Prize in the field of Chemistry in 2018 for his pioneership in the field of antibody engineering and modification technology. He invented techniques to humanise antibodies for therapeutic uses, which later led to the creation of cutting-edge therapeutic drugs;

**(6) PROFESSOR DR. KATALIN KARIKÓ** from Hungary/the United States of America **AND PROFESSOR DREW WEISSMAN** from the United States of America

received the Prince Mahidol Award in the field of Medicine in 2021 and the Nobel Prize in the field of Medicine in 2023 for their timely research on the development of COVID-19 mRNA vaccine in response to the pandemic, making it possible to reduce the infection rate and severe illness. Their studies also serve as an important tool to contain the spread of the virus around the world, proving to be beneficial to public health and the lives of millions of patients around the world.



The Prince Mahidol Award Foundation under the Royal Patronage was established on 1 January 1992 in commemoration of the centenary of the birth of His Royal Highness Prince Mahidol of Songkla. With Her Royal Highness Princess Maha Chakri Sirindhorn as the President, the Foundation annually presents two Prince Mahidol Awards to individual(s) or institution(s) with outstanding and exemplary contributions to the advancement of the international medical and public health services. Each Award consists of a medal, a certificate, and a prize to the sum of 100,000 USD.

[www.princemahidolaward.org](http://www.princemahidolaward.org)







# PRINCE MAHIDOL AWARD 2023



The Prince Mahidol Award Foundation of which H.R.H. Princess Maha Chakri Sirindhorn is the President, has decided to confer the Prince Mahidol Award 2023

## **In the field of Medicine to**

Professor Napoleone Ferrara M.D.

## **In the field of Public Health to**

Dr. Barry H. Rumack M.D.

**Her Royal Highness  
Princess Maha Chakri Sirindhorn,  
as the Representative of His Majesty the King,**

Presiding Over the Presentation  
Ceremony of the Prince Mahidol Award 2023  
at the Chakri Throne Hall as well as a Dinner Party  
in Honour of the Prince Mahidol Award Laureates 2023  
at the Boromarajasathitmaholarn Hall  
on Wednesday 24<sup>th</sup> January, B.E. 2567 (A.D. 2024)

# PRINCE MAHIDOL AWARD LAUREATE 2023



IN THE FIELD OF MEDICINE



## **Professor Napoleone Ferrara M.D.**

Distinguished Professor of Ophthalmology and Pathology  
Senior Deputy Director for Basic Sciences, Moores Cancer Center  
School of Medicine, University of California San Diego  
USA / Italy

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Professor Napoleone Ferrara earned his M.D. from the University of Catania in Italy and completed an internship at Oregon Health & Science University, USA. During his postdoctoral fellowship at the University of California in the United States of America, Prof. Ferrara conducted a research in Reproductive Endocrinology and Cancer.

Prof. Ferrara discovered vascular endothelial growth factor (VEGF) and the identification and purification of VEGF as a potent mitogen specifically for vascular endothelial cells. His laboratory has conducted extensive researches into VEGF's biochemistry, molecular biology, its receptors, and the mechanisms of VEGF-induced angiogenesis, particularly in normal and pathological conditions, such as cancer and age-related macular degeneration (AMD).



Prof. Ferrara's research has resulted in the development of the anti-VEGF antibody, Bevacizumab, which is used in the treatment of highly vascularized and aggressive cancers.

His pioneer work included the development of the anti-VEGF Fab fragment known as Ranibizumab, and the scientific breakthrough has significantly improved the quality of life for many AMD patients, especially in an aging society.

The Laureate's contributions to VEGF and anti-VEGF therapy have led to the worldwide use of anti-VEGF drugs and benefited millions of patients around the world.



# PRINCE MAHIDOL AWARD LAUREATE 2023



## IN THE FIELD OF PUBLIC HEALTH



### **Dr. Barry H. Rumack M.D.**

Professor Emeritus of Pediatrics and Emergency Medicine,  
University of Colorado School of Medicine  
USA

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Dr. Barry H. Rumack earned his Doctor of Medicine degree from the University of Wisconsin School of Medicine and Public Health. He was also a clinical research fellow at the National Institutes of Health, a pediatric house staff, and subsequently a fellow at the Colorado Poison Center. His professional experiences, thus, provided him with a foundation for his future groundbreaking work in clinical toxicology.

In 1973, Dr. Rumack undertook a clinical fellowship with Dr. Henry Matthew, MD at the Royal Infirmary of Edinburgh in Scotland. During this time, he became deeply interested in the pharmacologic and toxicologic characteristics of a commonly used drug, paracetamol whose toxicity is responsible for 40-70 percent of acute liver failure cases worldwide. Collaborating with Professor Matthew, he collected a crucial dataset comprising 34 cases of paracetamol overdose and combined it with 30

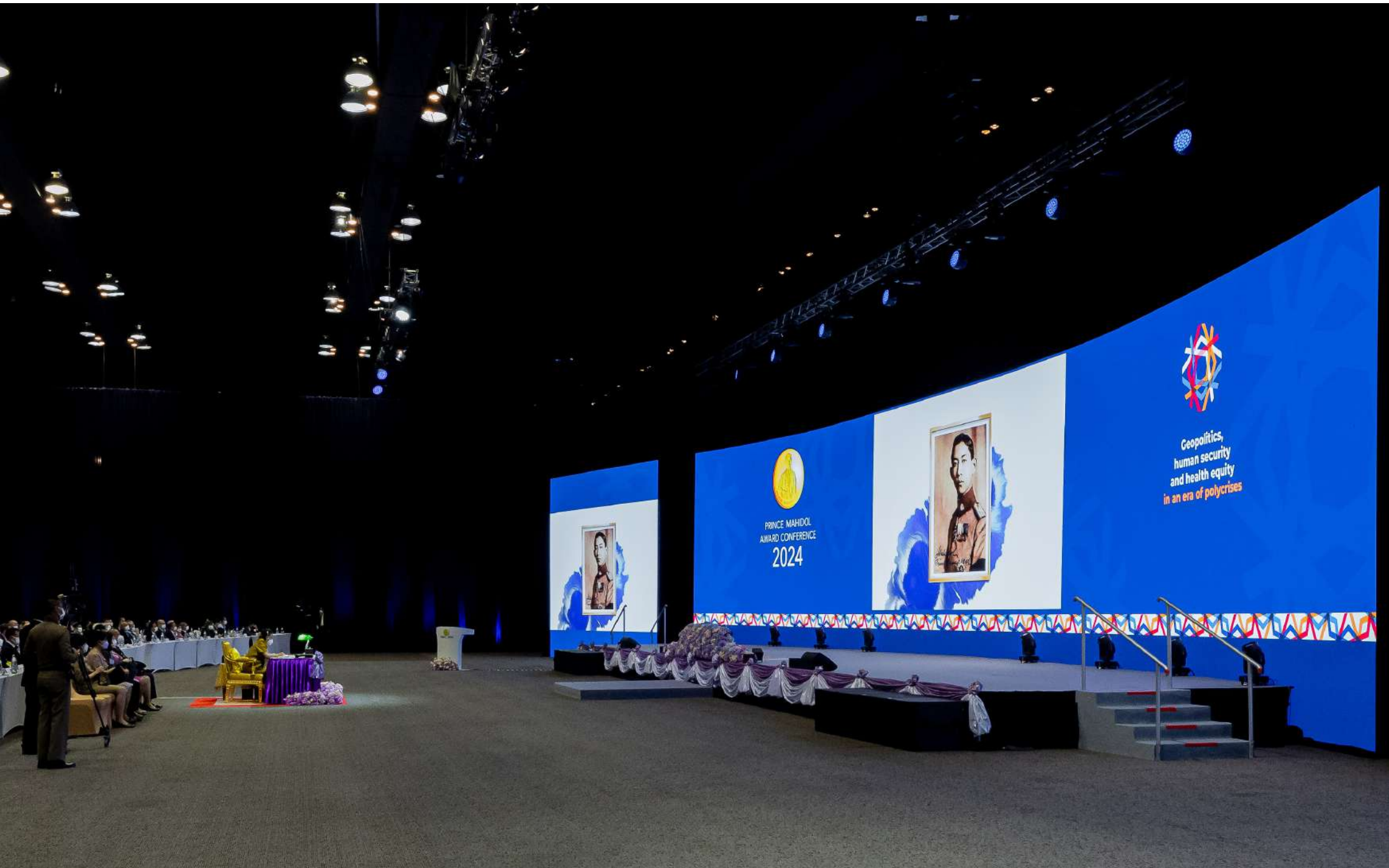


previously published cases. This collaboration resulted in the creation of the iconic Rumack–Matthews nomogram, published in 1975. This nomogram, with its easy-to-understand graphs of paracetamol level, time after ingestion, and risk of liver toxicity, has allowed doctors all over the world to appropriately diagnose paracetamol toxicity. Through his study on the efficacy of N-acetylcysteine as its antidote, a treatment protocol was formed which became the global standard for managing paracetamol toxicity and led to a drastic reduction in liver failure from 54 percent to nearly 0 percent. Some version of this protocol is still used in emergency rooms all across the world today.

Over the past 4 decades, Dr. Rumack has continued to be an influential figure in the field of medical toxicology. He pioneered the use of Poisindex as a poison information database and heralded in the digital age for poison centers and hospitals throughout the world, enhancing the efficiency and accuracy of poison information retrieval and provision. His work with paracetamol toxicity also continued, resulting in ever-improving and more individualized patient management. His passion for science, and his innovative spirit, combined with his unwavering commitment to deliver the best treatment possible for patients have helped save lives, improve treatment outcomes, and inspire countless physicians to strive for the betterment of their own patients.







PRINCE MAHIDOL  
AWARD CONFERENCE  
2024



Geopolitics,  
human security  
and health equity  
in an era of polycrises



# PRINCE MAHIDOL AWARD CONFERENCE



The Prince Mahidol Award Conference was first organized in 1998 to celebrate the 5<sup>th</sup> anniversary of the Prince Mahidol Award, then again in 2002 to celebrate the 10<sup>th</sup> anniversary of the award. To celebrate the 15<sup>th</sup> anniversary of the award and the 115<sup>th</sup> Birthday Anniversary of His Royal Highness Prince Mahidol of Songkla, Her Royal Highness Princess Maha Chakri Sirindhorn, President of the Prince Mahidol Award Foundation under the Royal Patronage, requested the conference to be organized annually since 2007.

Since 2007, the Prince Mahidol Award Conference has been organized as an annual international conference focusing on policy-related public health issues of global significance. The 2024 conference is hosted by the Prince Mahidol Award Foundation, the Royal Thai Government and other global partners, for example, the World Health Organization, The World Bank, the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Agency for International Development, the Japan International Cooperation Agency, the China Medical Board, The Rockefeller Foundation, the Chatham House, the University of Gothenburg, the Bill & Melinda Gates Foundation, the National University of Singapore, FHI 360, the International Federation of Medical Students Associations and The Hong Kong Jockey Club Charities, and other related organizations.

The general objective of the annual Prince Mahidol Award Conference is to bring together public health leaders and stakeholders from around the world to discuss high priority global health issues, and propose concrete solutions and recommendations. It aims at being an international forum that global health institutes, both public and private, can co-own and use for the advocacy and the seeking of international advices on important global health issues. Specific objectives of each year's conference will be discussed among key stakeholders and co-hosts of the conference.

The conference participants include ministers, senior government officials, intergovernmental organizations, international development partners, global health initiatives, health policy and health systems researchers and advocates, civil society organizations, and high-level stakeholders from developing and developed countries.

# THE PAST AND UPCOMING CONFERENCES INCLUDE:

- 1997: The International Conference Science and Health
- 2002: Medicine and Public Health in the Post-Genomic Era
- 2007: Improving Access to Essential Health Technologies:  
Focusing on Neglected Diseases, Reaching Neglected Populations
- 2008: Three Decades of Primary Health Care:  
Reviewing the Past and Defining the Future
- 2009: Mainstreaming Health into Public Policies
- 2010: Global Health Information Forum
- 2011: 2<sup>nd</sup> Global Forum on Human Resources for Health
- 2012: Moving Towards Universal Health Coverage: Health Financing Matters
- 2013: A World United against Infectious Diseases: Cross-Sectoral Solutions
- 2014: Transformative Learning for Health Equity
- 2015: Global Health Post 2015: Accelerating Equity
- 2016: Priority Setting for Universal Health Coverage
- 2017: Addressing the Health of Vulnerable Populations  
for an Inclusive Society
- 2018: Making the World Safe from the Threats of Emerging Infectious  
Diseases
- 2019: The Political Economy of NCDs: A Whole of Society Approach
- 2020: PMAC 2020 / UHC Forum 2020: Accelerating Progress Towards UHC
- 2021: COVID-19: Advancing Towards an Equitable and Healthy World
- 2022: The World We Want: Actions Towards a Sustainable,  
Fairer and Healthier Society
- 2023: Setting a New Health Agenda: At the Nexus of Climate Change,  
Environment, and Biodiversity
- 2024: Geopolitics, Human Security and Health Equity in an Era of Polycrises
- 2025: Harnessing Technologies in an Age of AI to Build a Healthier World



## **PMAC 2024** **Geopolitics,** **human security** **and health equity** **in an era of polycrises**

**22 - 27 JANUARY 2024 | BANGKOK, THAILAND**



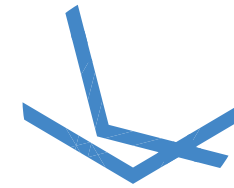
This year, there are three main sub-themes for the PMAC 2024, including:

# PRINCE MAHIDOL AWARD CONFERENCE 2024

## Geopolitics, Human Security and Health Equity in an Era of Polycrises

Geopolitics, often overlooked in the realm of global health, holds significant influence over the way we understand, address, and overcome health challenges. By shifting our focus towards geopolitics, we can better comprehend the forces that shape the economic, social, and physical landscapes affecting the health of all individuals. This includes a critical examination of international governance mechanisms such as the United Nations and Bretton Woods institutions. Recent years have witnessed a renewed focus on persistent inequalities in influence, resources, and health, shedding light on historical injustices such as colonialism and imperialism.

The PMAC 2024 aims to explore the impact of geopolitics on global health since World War II, adopting a historical perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world in the face of polycrises.



### **Sub-Theme 1:**

Global Governance for Health  
(and Global Health Governance)

### **Sub-Theme 2:**

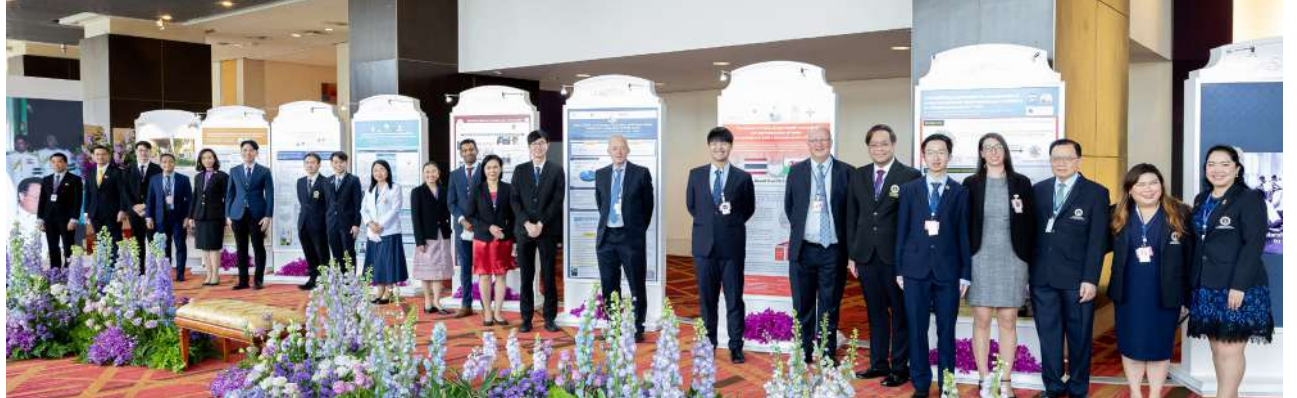
Geopolitical Puppeteers:  
Identifying the Roles of  
Hidden Actors Shaping  
the Commercial Determinants  
of Global Health



### **Sub-Theme 3:**

Reimagining Global Health:  
Decolonization of  
Global Health Governance

The PMAC 2024  
Conference Program Structure  
is given in ANNEX I.





# MESSAGE

## FROM THE CO-CHAIRS OF THE INTERNATIONAL ORGANIZING COMMITTEE



### GEOPOLITICS AND HEALTH EQUITY IN AN ERA OF POLYCRISES

People and planet are experiencing an unprecedented era of polycrises – interconnected and interacting threats of climate change, rising social and economic inequalities, political polarization, humanitarian crises, pandemics, violent conflicts – all negatively impacting health and well-being of people and planet and challenging the achievement of the 2030 Agenda for Sustainable Development and the Paris Agreement. Pandemic risk and inequalities are increasing, conflicts are on the rise and the climate crisis is accelerating. The need to respond is urgent, and the solutions must be sustainable.

Geopolitics impact health and shape the causes and consequences of polycrises. The COVID-19 pandemic has exposed and exacerbated the fragility of health systems and shown that health and well-being are critical to trust, solidarity and the legitimacy of governments and institutions. Access to life-saving HIV treatment and COVID-19 vaccines as well as the on-going negotiations of the Pandemic Accord have demonstrated that intellectual property rights (IPRs) and technology transfer represent a major unsolved issue at the nexus of geopolitics and health. Building on lessons from COVID-19 and the ongoing AIDS, TB and malaria pandemics, there is a growing understanding that health equity can play an important role in creating a fairer and more sustainable world for everyone, everywhere.



Challenges to international law and norms are growing, impacting health, health systems and human development. The global health governance landscape is shifting dramatically. Calls for critical reflections and reform of international governance mechanisms such as the United Nations and Bretton Woods institutions and global health architecture are growing. Moreover, the influence of transnational corporations has made it increasingly challenging for countries to prioritize health and well-being. Rightfully, more and more actors and institutions, including civil society and academia, from the Global South are asserting their legitimacy, voice and capacities in global health and development.

There is increasing recognition that widening and deepening inequalities, persistent power imbalances and the lingering impacts of colonization, racism and historic injustices are exacting an unacceptable toll on planetary health.

Geopolitics offers an important lens for understanding and responding to the economic, social and physical landscapes shaping human health and that of the planet. In a complex era of polycrises, a historic and contemporary analysis of geopolitics offers an opportunity to address the social, environmental, economic, commercial and political determinants of health for a fairer, more equitable and sustainable world for everyone, everywhere.

## PRINCE MAHIDOL AWARD CONFERENCE 2024

The Conference will provide a unique platform to understand the impacts and interactions of geopolitics on health. It provides an important opportunity for a range of stakeholders, including governments, multilateral institutions, academia, civil society, professional associations, philanthropies, faith-based groups, young people and the private sector to come together to discuss and debate innovative ideas and solutions and forge partnerships to address today's complex health challenges.

Collectively we have a historic opportunity to better address geopolitics and health equity in an era of polycrises in order to accelerate progress of the 2030 Agenda for Sustainable Development and the Paris Agreement.

As the Co-chairs of this conference, we encourage all participants to take advantage of the opportunities PMAC 2024 has to offer. In addition to your participation in the Conference programme that includes renowned speakers, we encourage you to actively participate in the exciting range of pre-conference side-meetings where you will be able to delve into these interesting topics in greater depth.



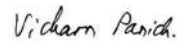
## Appreciation

We would like to express our appreciation and gratitude to the many individuals and organisations, whose tireless efforts helped bring the conference to life. We especially thank the Prince Mahidol Award Foundation and the Royal Thai Government for their exceptional support and leadership, as well as the PMAC Secretariat for their invaluable guidance, day-to-day support, and inspiring team spirit.

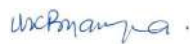
We look forward to welcoming you to Bangkok!

## CONFERENCE CO-HOSTS AND SUPPORTING ORGANIZATIONS

A full list of the PMAC 2024 International Organizing Committee Members is given in ANNEX II.



Dr. Vicharn PANICH  
Chair  
Prince Mahidol  
Award Foundation



Ms. Winnie BYANYIMA  
Co-Chair  
Joint United Nations  
Programme on HIV/AIDS



Ms. Debora COMINI  
Co-Chair  
United Nations  
Children's Fund



Dr. Ailan LI  
Co-Chair  
World Health Organization



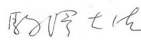
Dr. Juan Pablo URIBE  
Co-Chair  
The World Bank



Mr. Marcos Neto  
Co-Chair  
United Nations Development  
Programme



Dr. Marijke WIJNROKS  
Co-Chair  
The Global Fund to Fight AIDS,  
Tuberculosis and Malaria



Dr. Osuke KOMAZAWA  
Co-Chair  
Japan International  
Cooperation Agency




Dr. Atul GAWANDE  
Co-Chair  
United States Agency  
for International Development



Dr. Roger I. GLASS  
Co-Chair  
China Medical Board



Dr. Naveen RAO  
Co-Chair  
The Rockefeller Foundation



Dr. David HARPER  
Co-Chair  
Chatham House



PMAC PRINCE MAHIDOL  
AWARD CONFERENCE



THE WORLD BANK  
IBRD • IDA | WORLD BANK GROUP



BILL & MELINDA  
GATES foundation



Saw Swee Hock  
School of Public Health



The Hong Kong Jockey Club  
Charities Trust

# OPENING REMARKS

HER ROYAL HIGHNESS  
PRINCESS  
MAHA CHAKRI  
SIRINDHORN

CHAIRMAN, BOARD OF TRUSTEES AND PRESIDENT,  
PRINCE MAHIDOL AWARD FOUNDATION





I am very pleased to welcome you to the Prince Mahidol Award Conference 2024, a pivotal gathering on the theme of “Geopolitics, Human Security and Health Equity in an Era of Polycrises”.

In my capacity as the Chair of the Prince Mahidol Award Foundation, it is both an honor and a privilege to host this significant conference. Today, we stand at the intersection of unprecedented challenges, collectively referred to as a “polycrises”. The convergence of global pandemics, climate crises, political conflicts, economies fluctuations, and cyber threats has presented us with risks of unparalleled scale and complexity. This Conference aims to address these multifaceted issues head-on.

The impacts of these crises are felt on a global scale, with climate change standing out as a prime example. Its intensifying effects not only affect the environment but also pose substantial threats to population health. The resulting energy insecurity exacerbates economic and political instabilities, hitting the least resilient among us the hardest.

It is imperative that we explore the extent to which human security and health equity are further compromised by these geopolitical risks. As we gather here today, our diverse audience, comprising academics, policymakers, representatives from development partners and stakeholders, offers a unique opportunity for robust engagement. Together, we can propel this multi-dimensional agenda to the forefront of global awareness.



I extend my heartfelt appreciation to our esteemed co-hosts and partners without whom this conference would not have been possible. The World Health Organization, The World Bank, the United Nations Development Programme, the United Nations Children’s Fund, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Agency for International Development, the Japan International Cooperation Agency, the China Medical Board, The Rockefeller Foundation, the Chatham House, the Bill & Melinda Gates Foundation, the National University of Singapore, FHI 360, the International Federation of Medical Students Associations and The Hong Kong Jockey Club Charities Trust have played a pivotal role in preparing for this conference, overcoming significant challenges throughout the year. I express my deepest gratitude to all involved.

May this conference be an enriching experience for each of you, proving a platform to turn vision into reality. With that, I officially declare the Prince Mahidol Award Conference 2024 open.



# PRINCE MAHIDOL AWARD CONFERENCE (PMAC)

was initiated in 2007 as an annual global conference focusing on globally important public health issues that interlink with policy. The PMAC 2024 theme “Geopolitics, Human Security and Health Equity in an Era of Polycrises”, aims to explore the impact of geopolitics on global health since World War II, adopting a historical perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world in the face of polycrises. The conference was attended by multidisciplinary experts from the policy to implementation levels and from multisectoral affiliations, private, public, and civil society.



The main conference began with a video  
“PMAC 2024: One of the Greatest Priorities for  
Humanity Today is to Strengthen Health Equity”

The Full VDO  
is Available on YouTube





## Prince Mahidol Award Laureates 2023

### Anti-VEGF: Novel alternative for treating cancer and eye diseases

Prof. Napoleone Ferrara

### Saving lives from poisoning

Prof. Barry H. Rumack



**Hosted by**

Asst. Prof. Pavit Pienvichitr



The PMA Armchair Conversation  
(English Subtitle) is Available on YouTube



The PMA Armchair Conversation  
(Thai Subtitle) is Available on YouTube



# KEYNOTE ADDRESS





## Kishore Mahbubani

Distinguished Fellow,  
Asia Research Institute  
National University of Singapore

Prof. Kishore Mahbubani is a distinguished global intellectual with a remarkable career spanning diplomacy and academia. A veteran diplomat with the Singapore Foreign Service from 1971 to 2004, he undertook challenging roles, including serving as Singapore's Ambassador to the United Nations and President of the UN Security Council. Recognized internationally for his intellectual contributions, he has been listed among the top public intellectuals and global thinkers by prestigious publications such as *Foreign Policy*, *Prospect*, and the *Financial Times*.

In 2004, Prof. Mahbubani transitioned to academia as the founding Dean of the Lee Kuan Yew School of Public Policy at NUS, where he significantly elevated the institution's reputation, leading to its inclusion in the Global Public Policy Network. An accomplished author and speaker, he has written extensively on global geopolitics, with his works such as "The Great Convergence" and "Has China Won" gaining widespread acclaim. Prof. Mahbubani's multifaceted contributions have earned him accolades, including induction into the American Academy of Arts and Sciences, and he is celebrated as a gifted diplomat, historian, and provocative thinker.





SESSIONS AT  
**A GLANCE**





**Geopolitics, Human Security and Health Equity  
in an Era of Polycrises**



**MODERATOR**

Jesse B. Bump

**PANELISTS**

Atul Gawande

Irene Torres

Keizo Takemi

Kishore Mahbubani

Naomi Tulay Solanke





**Global Governance for Health**



**CHAIR**  
Srinath Reddy

**MODERATOR**  
Mishal Khan

**PANELISTS**  
Bruce Gellin  
Githinji Gitahi  
Precious Matsoso



# PARALLEL SESSION 1.1



Can Geopolitics Help Health Systems and the World Prepare for Future Pandemics?



Vaccines, Therapeutics, Diagnostics, and Other Supplies: Innovation, Access and Equity



# PARALLEL SESSION 1.2



# PARALLEL SESSION 1.3



Transformative Digital Technology for Future Health



Conflict, Crises, and Displaced Populations

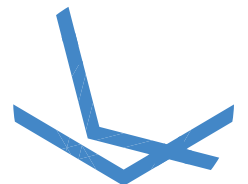


# PARALLEL SESSION 1.4

# PARALLEL SESSION 1.5



Reservoir for Change Making:  
Youth and the Geopolitics  
of Planetary Health





# PL ENARY SESSION 2



## Geopolitical Puppeteers: Identifying the Roles of Hidden Actors Shaping the Commercial Determinants of Global Health

**MODERATOR**  
Monika Kosinska

**KEYNOTE SPEAKER**  
Lawrence O. Gostin

**PANELISTS**  
Bungon Ritthipakdee  
Dan Smith  
Nason Maani





# PARALLEL SESSION 2.1



How Geopolitics of Commercial Determinants of Health Can Influence the Impacts of Food, Beverages and Agriculture Industry on Health



Road to Net Zero Emission - The Geopolitics of Energy Transitions and Health Nexus



SESSION AT A GLANCE

# PARALLEL SESSION 2.2

# PARALLEL SESSION 2.3

How Geopolitics of CDoH Can Influence the Impacts of the 'New' Technologies on Health



Geopolitics, Arms Race and Humanity



SESSION AT A GLANCE

# PARALLEL SESSION 2.4





**MODERATOR**

Jesse B. Bump

**SPEAKERS**

Emma Rawson Te Patu

Renu Khanna

Rhoda Wanyenze





# PARALLEL SESSION 3.1



Economics and Overseas Development Aid (specific on Decolonization of Global Health)



Decolonizing Knowledge Production and Utilization



# PARALLEL SESSION 3.2

# PARALLEL SESSION 3.3

Decolonizing Institutions and Governance – Moving from Rhetoric to Reform?



Understanding the Role of Gender and Sexuality in Global Health Inequalities: Addressing Biases and Promoting Inclusivity

# PARALLEL SESSION 3.4



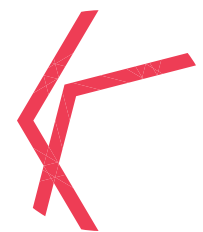
# PARALLEL SESSION 3.5



Human Resource for Health Migration through the Lens of Decolonization



SESSION AT A GLANCE





# WELCOME DINNER



SESSION AT A GLANCE

# SYNTHESIS: SUMMARY, CONCLUSION & RECOMMENDATIONS



SESSION AT A GLANCE

CLOSING  
SESSION

CONFERENCE  
**SYNTHESIS**





Prince Mahidol Award Conference (PMAC) was initiated in 2007 as an annual global conference focusing on globally important public health issues that require global solutions. The PMAC 2024 theme “Geopolitics, Human Security and Health Equity in An Era of Polycrises”, aimed to explore the impact of geopolitics on global health, with the application of a historical perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world in the face of polycrises. The conference was attended by multidisciplinary experts from the policy to implementation levels and from multisectoral affiliations, private, public, youths and civil society.

## SUMMARY OF PMAC 2024

The main conference emphasized three main issues; 1) Global governance for health, to discuss key gaps that require reforming global governance for health; 2) Geopolitics and commercial determinants of health (CDoH) to discuss and explore strategies and approaches that mitigate the harmful effects of CDoH on health and instead channel their influence towards promoting fairness, equality, and the overall well-being of individuals and the planet; and finally 3) Decolonization of global health governance to understand the concept of colonialism, defined as “the state-sponsored construction of non-merit inequality for the benefit of one group at the expense of another”, and how colonization is manifested, their consequences, and approaches to address them through decolonization.

# DEFINITION

**Geopolitics** refers to enquiring how nations, organizations, and corporations shape international politics by interacting with other nations to pursue their national political interests through influences, for example, economic, political, military, ideology, education or culture.

Scholars such as Colin Flint and Peter Taylor emphasize the complexity of geopolitics and the interconnectedness of various dimensions. In their book "Political Geography: World-Economy, Nation-State, and Locality," they explore how political, economic, military, cultural, and environmental factors intersect to shape global power relations and territorial dynamics. The enduring significance of geography in geopolitics and how it influences political decisions, economic strategies, military alliances, cultural interactions, and environmental policies. Kaplan's analysis underscores the intricate interplay between geographical features and geopolitical dynamics in shaping international affairs.

Geopolitical forces exert an enormous influence on health. Conflicts between powerful countries can have a tremendous negative impact on vulnerable countries with less power, much like elephants fighting and destroying grass fields. The current global governance structures offer certain states more influence than others. Regarding colonization and resource distribution, resources extorted during colonization continue to be extorted today, making equal distribution of healthcare services difficult. To summarize, solving global health inequity involves collaborative action, solidarity, international cooperation, and a focus on sustainability and equity.

# MANIFESTATIONS OF GEOPOLITICS AND ITS IMPACT ON HEALTH



## GEOPOLITICS MANIFESTATION:

# POLITICAL POWER IMBALANCE

### ARMED CONFLICTS

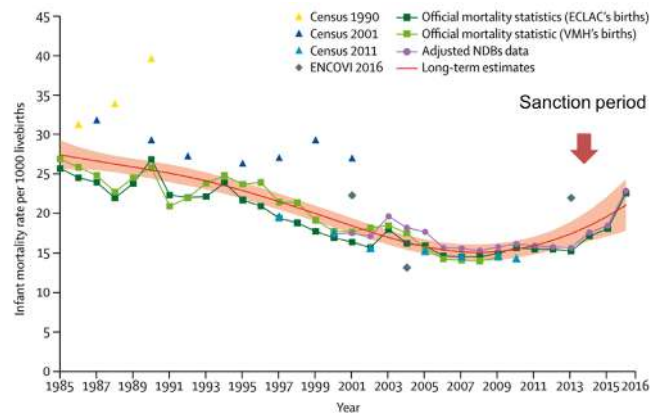
The imbalance of political power is manifested in political conflicts worldwide. The ongoing conflicts exist in many forms, such as territorial disputes (e.g., Russia-Ukraine, Israel-Palestine), civil wars (e.g., Syria, Iraq), and political instability and sectarianism (e.g., Myanmar, Democratic Republic of the Congo). According to the conflict, it directly and indirectly impacts the health of people. Based on data from the United Nations Office for the Coordination of Humanitarian Affairs in January 2024, 337 health workers were killed, and 15 out of 36 hospitals were not functioning in Gaza. It seems that not only developing countries have been affected by conflicts but developed countries also experience impacts from migration problems. A significant number of migrants flow into destination countries such as Europe and some of them die or missing. Migrants' health needs have been highlighted as consequences of exposure to violence through physical and mental health challenges, poor living conditions, and limited access to healthcare.



## UNILATERAL COERCIVE MEASURES

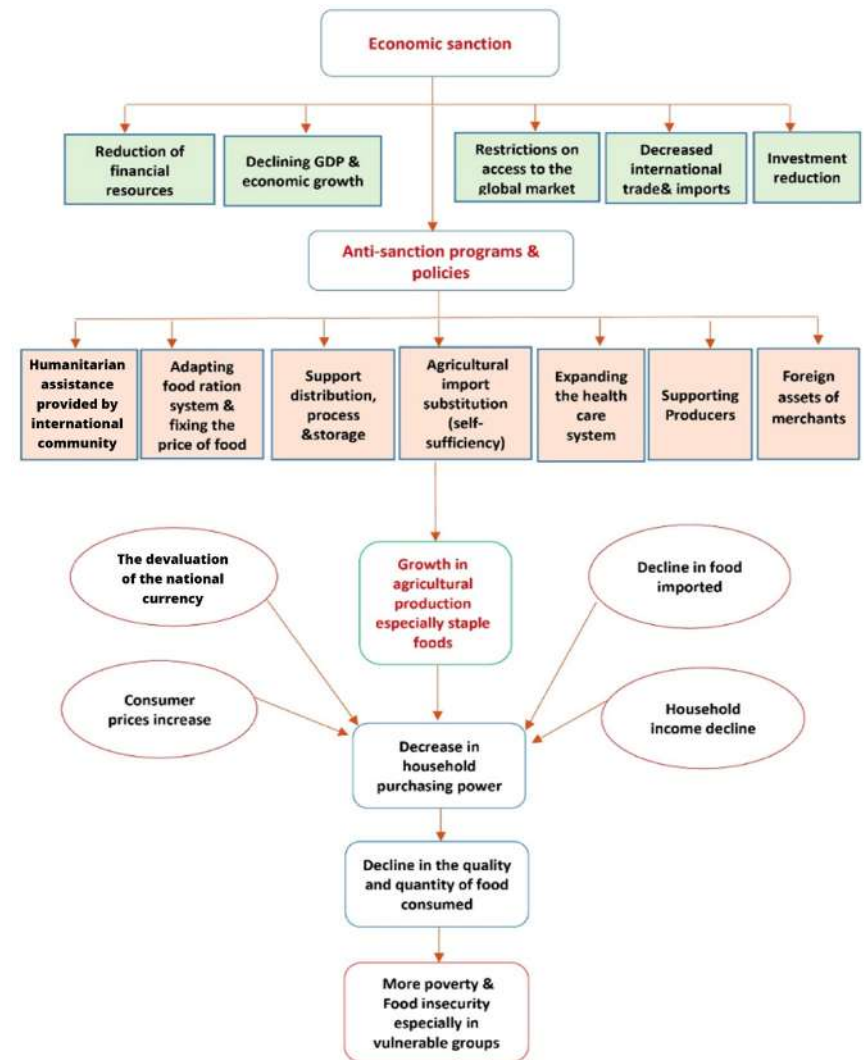
An economic sanction, a common unilateral coercive measure (UCM), is punitive economic action, typically involving the refusal to sell goods between one state or multistate body and another. UN Special Rapporteur on the negative impact of UCM on the enjoyment of human rights. It has been utilized as a tool to compel policy revisions or induce political change to resolve a conflict without the negative consequences associated with war. Although food and medicines are often excluded from sanctions, they are still typically affected and are associated with negative consequences both directly and indirectly on population health and the healthcare system. For example, the trend of infant mortality in Venezuela increased since the sanction period (since 2014), see Figure 1. Additionally, Iran's health system experienced degradation and negative outcomes due to the lack of availability of medicines, vaccines, and treatments during the sanction period. UCM has a major impact on the enjoyment of human rights in Syria. The sanctions also impact other determinants of health, such as food and nutrition security, through factors like unemployment, poverty, and food prices), see Figure 2. Moreover, international law has no regulations on UCM, so it stands outside any obligation.

Figure 1  
Venezuelan infant mortality rate estimations between 1985 and 2016



Source: García J, Correa G, Rousset B. Trends in infant mortality in Venezuela between 1985 and 2016: a systematic analysis of demographic data. *Lancet Glob Health*. 2019;7(3):e331-e6.

Figure 2  
Impacts of economic sanction on health and its determinants



Source: Mohammadi-Nasrabadi F, Ghodsi D, Haghghighian-Roudsari A, Esfarjani F, Khoshfetrat M-R, Houshialsadat Z, et al. Economic Sanctions Affecting Household Food and Nutrition Security and Policies to Cope With Them: A Systematic Review. *International Journal of Health Policy and Management*. 2023;12(Issue 1):1-19.

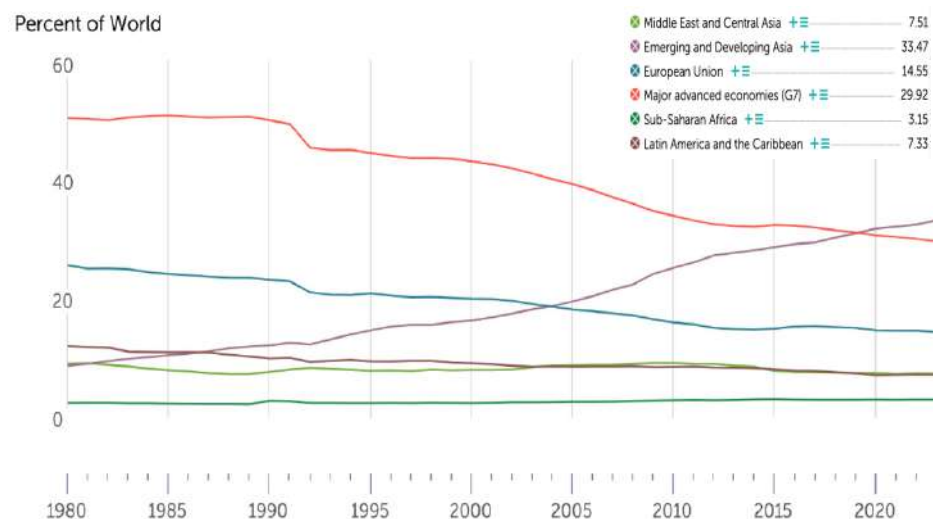
## GEOPOLITICS MANIFESTATION:

# ECONOMIC POWER IMBALANCE

### GLOBAL ECONOMIC

Global economic inequality still exists, as evidenced by a significant share of the GDP held by developed countries such as the G7 (29.9%). However, there has been a rising trend in emerging and developing countries such as Asia. It has been increasing from approximately 10% before 2000 to about 30% in 2020, see Figure 3.

Figure 3  
Proportion of shared world GDP by country grouping from 1980 to 2023



Source: International Monetary Fund. GDP based on PPP, share of world 2024 [cited 2024 March 13]. Available from: <https://www.imf.org/external/datamapper/PPPSH@WFO/MECA/DA/EU/MAE/SSA/WE>.

### GLOBAL INSTITUTIONS, GLOBAL HEALTH GOVERNANCE AND GLOBAL GOVERNANCE FOR HEALTH

Global organizations play a significant role in distributing power among nations. Some countries are granted more influence through the mechanisms of these international entities through political and economic power.

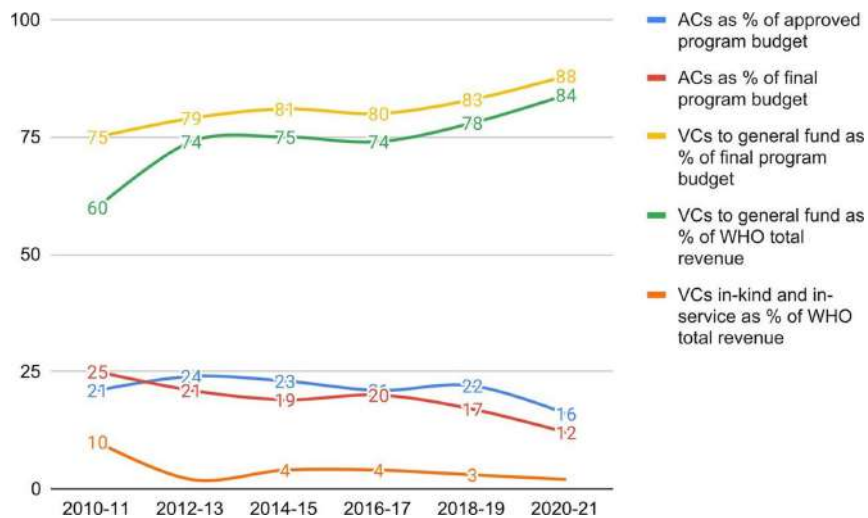
### The global organizations are

United Nations (UN) was created in 1945 after World War II **First**, by the Treaty of San Francisco. **Some permanent members of the UN Security Council such as China, France, Russia, the United Kingdom (UK), and the United States (US) had the power of veto which frequently causes a halt to UN activities, and they hold more authority than the General Assembly resulting in the General Assembly only making recommendations and resolutions.**

**Second**, World Health Organization (WHO) receives budget from voluntary contribution (VC) by high-income country (HIC) governments and private foundations increased from 75% in 2010-11 to 88% in 2020-2021, whereas contributions from member states reduced from 25% to 12% in the same period, see Figure 4. **As a result, the interests of HIC contributors result in an unfair distribution of resources to less urgent health problems including political conflicts, climate change, and noncommunicable diseases.** Furthermore, some commercial industries such as ultra-food products, and fossil fuels have contributed to the non-communicable disease (NCD) burden and climate emergencies as well as relentlessly delayed public health regulatory measures even though financial contributions to global health.

the World Trade Organization (WTO) had important implications for health and health policy. WTO impedes governments' ability to regulate trade in the interests of health. For instance, the limited scope of the COVID-19 vaccine indicates the powerful nations and industries on WTO decisions. South Africa and India proposed a waiver or suspension of Intellectual property rights (IPR) to WTO. Despite the support from the WHO Director-General, the UK, the US, Canada, Norway and the European Union (EU) opposed the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver request.

Figure 4  
Trend of funding sources to WHO 2010-2021



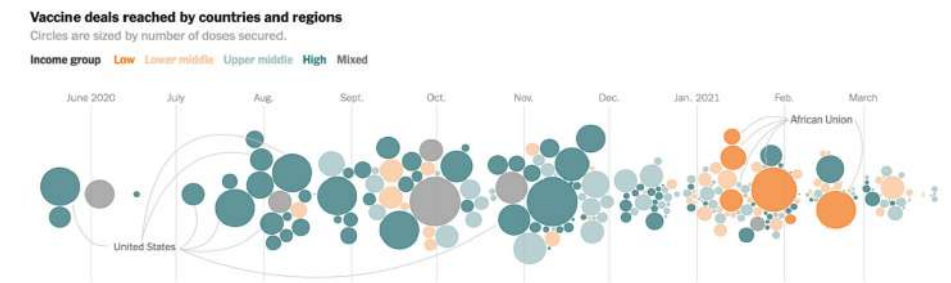
Note: assessed contributions (AC) and voluntary contributions (VC)  
Source: Iwunna O, Kennedy J, Harmer A. Flexibly funding WHO? An analysis of its donors' voluntary contributions. *BMJ Global Health*. 2023;8(4):e011232.

In addition, during the COVID-19 pandemic, people in some countries especially the African region were unable to access healthcare services such as vaccines. Although worldwide initiatives were trying to tackle this inequitable distribution of countermeasures such as COVAX, led by Gavi, the Vaccine Alliance, WHO, the United Nations International

Children's Emergency Fund (UNICEF) and the Coalition for Epidemic Preparedness Innovations (CEPI) to ensuring global equitable access to COVID-19 vaccines, it was still deemed ineffective ultimately, see Figure 5.

Furthermore, trade agreements, geopolitical tensions, and the formation of new alliances can reshape the accessibility, affordability and nutritional content of the global food system. The linkage between the food system and political economy should be highlighted, with broader considerations on the market forces and their impacts at the community and policy levels; commercial milk formula companies are a case study with their attempts to reframe what is normal infant behavior in the first few months of life. Corporations use global bodies to interfere with national regulations. For instance, the baby food companies pressured Thailand's policymakers via the Technical Barriers to Trade (TBT) Committee of the World Trade Organization (WTO).

Figure 5  
Vaccine deals reached by countries and regions



Source: UNICEF. COVAX n.d [cited 2024 March 14]. Available from: <https://www.unicef.org/supply/covax-ensuring-global-equitable-access-covid-19-vaccines>.

Finally, financial organizations include The World Bank and the International Monetary Fund (IMF). Since its founding after World War II, the presidency of The World Bank has been held by a citizen of the US. The US is the largest shareholder where a European candidate is appointed as the managing director of the International Monetary Fund (IMF).



## NEW FORM OF COLONIZATION: OFFICIAL DEVELOPMENT ASSISTANCE (ODA)

Colonization can be demonstrated in three modalities:

Colonialism

Neocolonialism and cooperation

Financial colonialism

Neocolonialism and cooperation and financial colonialism are new forms of colonization. ODA is one of the tools for addressing resource imbalance in terms of finance. According to an imbalance of power, the dominance of the donor often overshadows the national priorities and the actual needs of the recipient countries. This results in, instead of accelerated development of developing countries, uncoordinated and disconnected efforts from various donors not sticking to a national plan and priorities, prohibiting such countries to, in the long-run, craft and maintaining self-sustaining measures vital to escape the vicious cycle of being an aid-dependent country. Further, numerous evidence indicates that ODA does not significantly improve health outcomes in recipient nations. For instance, while a 1% increase in public financing for health results in a 0.025% reduction in under-5 mortality, a corresponding 1% increase in Development Assistance for Health does not exhibit a noteworthy impact on this metric.

## COMMERCIAL DETERMINANTS OF HEALTH (CDoH)

Commercial Determinants of Health (CDoH) have a significant impact on human health and well-being, with nuances in major challenges such as tobacco, food industries, peace and war, technology, and the financial sector. CDoH are corporate activities that can have positive or negative impacts on public health, economic systems and norms. The Second World War is a good mark of when the geopolitical event began.

The geopolitical evolution introduces a layer of uncertainty that deeply influences the way health is determined and delivered. Products and practices of

Commercial actors-notably largest transnational corporations (TNCs) are responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity.

Instrumental, structural and discursive power are employed by some private sectors to undermine public health policies that weaken their profits.

Tobacco, alcohol and others exert political interference when governments introduce measures safeguarding health of people, through various common tactics, where government counter-strategies should be introduced.

## EXAMPLES OF CDoH

### TOBACCO

Lobbying strategies become more aggressive when international treaties and the WTO are exploited to advance corporate interests globally and expand international coalitions. In 2015, Japan Tobacco International (JTI) Myanmar met with the Secretary of Myanmar Investment Commission and made a small donation toward helping flood victims. Also, tobacco industry interference employs corporate social responsibility (CSR) activities in Myanmar.

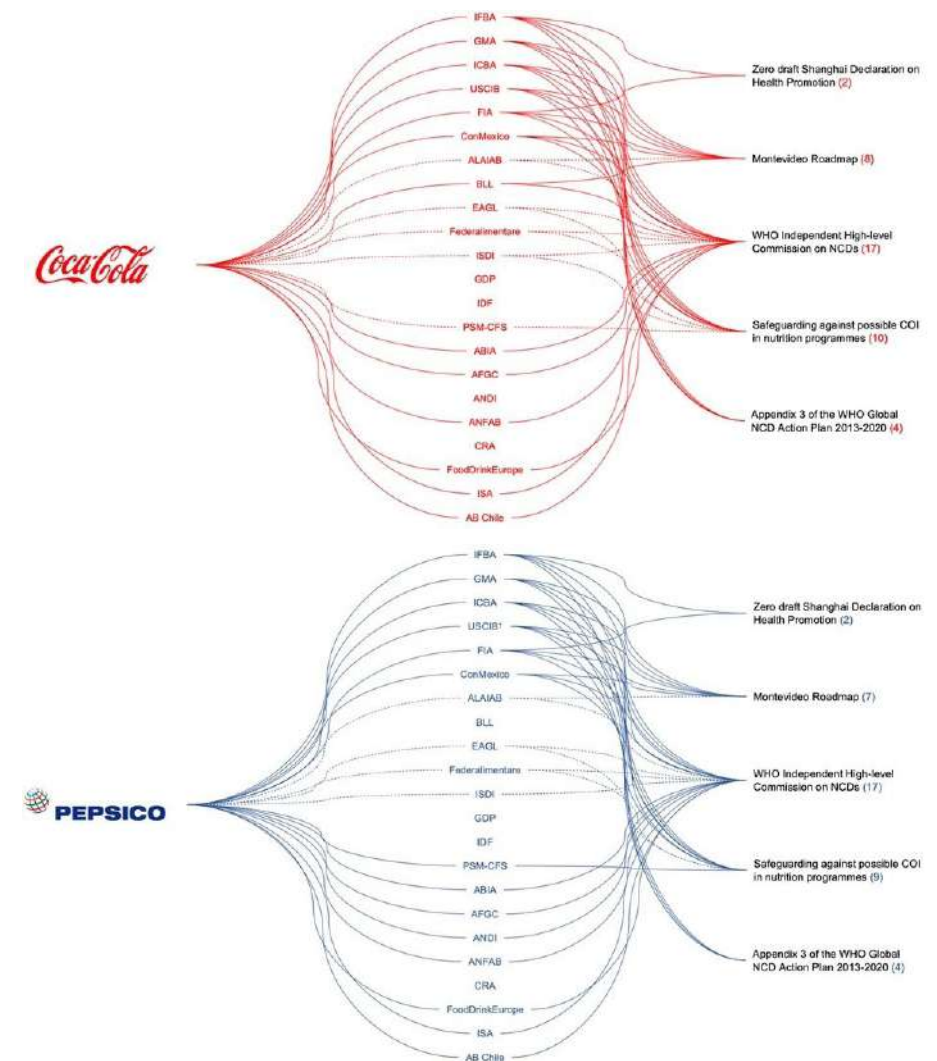
## ALCOHOL

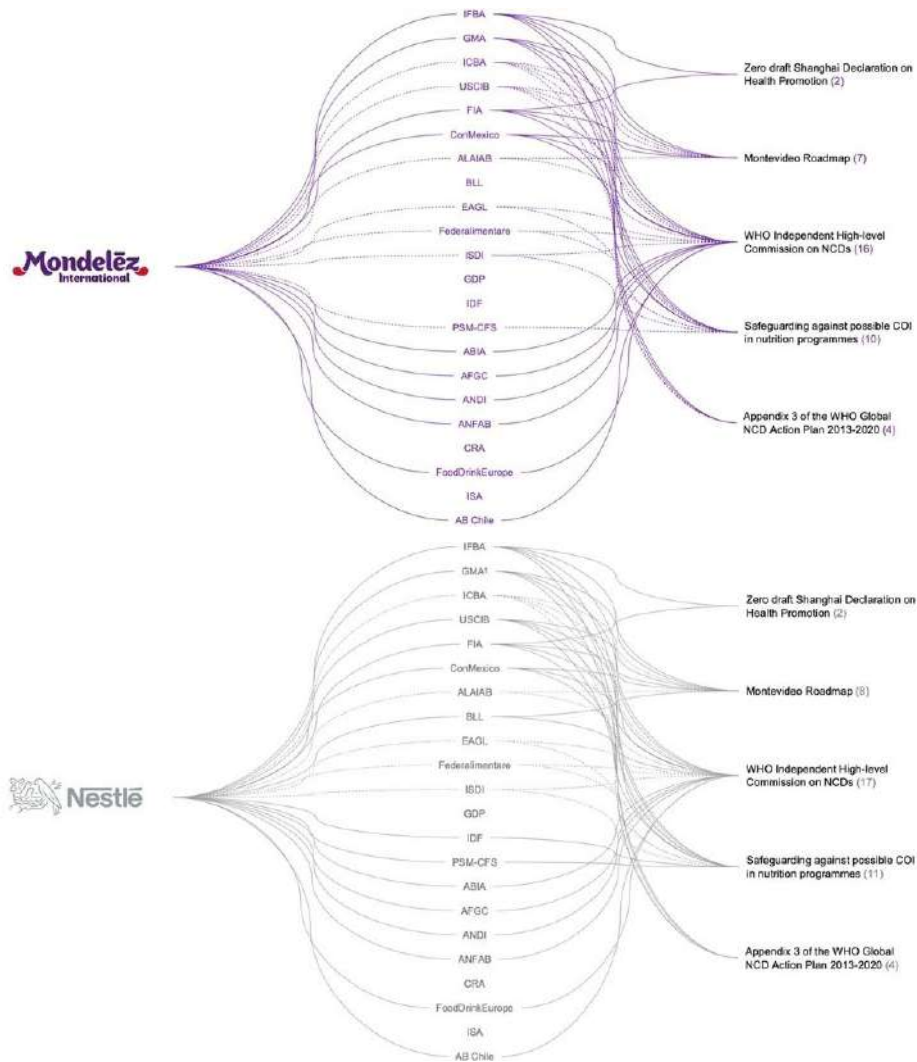
Companies often comply with regulations and adapt accordingly; however, these intentions are often jeopardized once economic benefits are introduced into the equation. Trade organizations actively advocate for self-regulation over legal obligations. Moreover, companies commonly disclaim responsibility, shifting the burden to government oversight. Alcohol industry used political activities, emphasizes industry responsibility, advocates the effectiveness of self-regulation, questions the effectiveness of statutory regulation and focuses on individual responsibility, to argue against marketing regulations.

## FOOD & AGRICULTURE

The food industry actively influences how people behave and make decisions. This is frequently done using deceptive tactics such as product placement and labeling. These efforts are fueled by financial incentives from influencers who market nutritional supplements and other goods. Business associations usually participated in the WHO consultations and the majority of them had some of the largest multinational food corporations as members, see Figure 6. Commonalities in responses to WHO consultations were self-regulation preferable and support of national responsibility. For example, the food industry in France applied corporate political activity (CPA) including promoting deregulation, shaping evidence, and seeking involvement in the community. In addition, various tactics were used by industry towards front-package-labelling in Mexico classified into 4Ds: Delay policy, divide with other systems and areas, deflect on IPR, economics and stigmatization of products, and deny by policy ineffectiveness. In addition to the above techniques, there have been attempts to manipulate the psyches of the population through the uses of intentionally wording advertisements/information pages to cast doubts on the evidence of harm, and frame “normal health conditions” as problematic and abnormal in the case of breastfeeding and formula milk.

Figure 6 Food business associations who participated in the included consultations and their links to the four largest packaged food and soft drinks corporations from September 2015 to September 2018





Source: Lauber K, Ralston R, Mialon M, Carriedo A, Gilmore AB. Non-communicable disease governance in the era of the sustainable development goals: a qualitative analysis of food industry framing in WHO consultations. *Globalization and Health*. 2020;16(1):76.

## ENERGY INDUSTRY

Climate crisis is increasingly claiming lives and livelihoods worldwide - and those who contributed the least to global emissions are being affected the most. Greenhouse gas emissions and energy shortages simultaneously impact both physical and mental health. In contrast,

air pollution and fossil fuel consumption are increasing yearly. Six out of nine have transgressed the planetary boundaries can have major impacts on humanity.

There is also a burden on young people due to climate change, fossil fuel-driven pollution, and the political involvement of fossil fuel companies. A significant increase in fossil fuel subsidization indirectly impacts health issues, air pollution, premature deaths, and the effects of climate change. There are challenges in deploying renewable energy, particularly for economically struggling countries. The challenges in the energy industry's transformation to net zero emission are about the locals' expectations toward adopting the technology. The main problem to overcome is cost and effectiveness in approaching a smooth, just, and equitable switch from fossil fuels to renewable energy. Thus, the company needs to figure out a way to build cheap and sustainable renewable energy that is accessible to people of every level of income.

## MEDICAL PRODUCTS

The COVID-19 pandemic has unveiled the significant role of commercial interests in determining the accessibility to medical countermeasures. From personal protective equipment (PPE) to vaccines, commercial determinants play a crucial role in shaping policy decisions, highlighting the need for comprehensive reform. International regulations face challenges due to the complex interplay between state regulation, private interests, and global issues, raising concerns about over and under-regulation. High-income countries have secured vaccines for their populations through advance purchase agreements. These countries initiated massive COVID-19 vaccine campaigns, while vaccine supply is still limited in most low- and middle-income countries

Also, market forces heavily influence health product choices, leading to commercial determinants shaping vaccine preferences based on market considerations rather than scientific evidence. In the same way, regional manufacturing and procurement strategies may prioritize market interests over scientific evidence, impacting health product availability and choices.



## GEOPOLITICS MANIFESTATION:

# KNOWLEDGE POWER IMBALANCE

### GLOBAL ECONOMIC KNOWLEDGE AND HEALTH TECHNOLOGY TRANSFER

The imbalance of knowledge is rooted in colonialism, and it manifests in research and development (R&D) as well as the educational system. Firstly, R&D was intense only in HICs, especially in medical products and health technology exhibiting capacity gaps between developed and developing countries. For instance, during the COVID-19 pandemic, pharmaceutical companies in developed countries were involved in mRNA transfer programs and retained vaccine know-how, despite being funded by governments. Consequently, vaccine production was concentrated in some countries, leading to inequitable global access to vaccines as mentioned before. Additionally, beyond knowledge, the capacity to apply knowledge in developing countries is crucial in human resource development, such as difficulties in accessing knowledge and a lack of human capacity.

### HIGHER EDUCATION AND HUMAN RESOURCE MIGRATION

The education system for human resource development is also influenced by colonization. Global university rankings with three dominant rankings produced by Times Higher Education (THE), Shanghai Rankings, and QS World University Ranking, predominantly located in the US and Europe, see Figure 7. They exhibit biases as they heavily favor research-intensive institutions and anglophone countries

(Global North). Moreover, the Western paradigm of research, the so-called standard method, cannot be applied to the foundation of this traditional culture. This mismatched foundation obstructs the study of indigenous wisdom and serves as an obstacle to localizing knowledge production and utilization.

Accordingly, it is reflected in the health professional education and health system. There is a competitive global market and a space vulnerable to “brain drain” across countries which is rooted in colonialism, despite the WHO Global Code of Practice on International Recruitment of Health Personnel especially in private sectors. The “push-pull factor” for the migration of health workers, such as low wages and opportunities in origin countries (push factors) and high wages and opportunities in destination countries (pull factors), resulting from socio-economic inequities can be partly attributed to colonial history.

**Figure 7** — Top 200 (top quintile) universities by geographic region as ranked by Academic Ranking of World Universities (ARWU) and THE in 2021



Source: Nassiri-Ansari T, McCoy D. World-class Universities? Interrogating the Biases and Coloniality of Global University Rankings: UNU International Institute for Global Health; 2023 [cited 2024 March 13]. Available from: <https://collections.unu.edu/view/UNU:9082#viewAttachments>.

## GEOPOLITICS MANIFESTATION:

# SOFT POWER CULTURAL INFLUENCE

Soft power refers to a state's ability to influence others through attraction rather than coercion, encompassing various elements like culture, values, education, and communication. Strong soft power enables nations to pursue their national interests, exert pressure, and navigate global affairs without resorting solely to military or economic might. The concept of soft power has become increasingly important in international relations, as countries seek to enhance their global influence and shape international perception through cultural, media, and educational means. The Global Soft Power Index, developed by Brand Finance, is a tool that assesses a country's soft power across eight pillars: Business & Trade, Governance, International Relations, Culture & Heritage, Media & Communication, Education & Science, People & Values, and Sustainable Future. In the Global Soft Power Index 2023, the United States won the top spot in the ranking, followed by the United Kingdom and Germany, see Table 1.

A country's soft power can have a significant impact on its international standing and influence. A study by the University of Oxford found that the United Kingdom's soft power, as measured by its cultural and educational exports, had a positive impact on its international reputation and influence. Soft power can also be used as a tool for diplomacy and international cooperation. The government has invested heavily in cultural and educational exchanges as a means of enhancing its soft power and building relationships with other countries. Similarly, the European Union has used its soft power to promote democracy, human rights, and environmental sustainability in its foreign policy objectives.

Table 1

Global Soft Power Index 2023 ranking

RANK	COUNTRY	RANK	COUNTRY
1	United States	11	Sweden
2	United Kingdom	12	Spain
3	Germany	13	Russia
4	Japan	14	Australia
5	China	15	South Korea
6	France	16	Netherlands
7	Canada	17	Norway
8	Switzerland	18	Denmark
9	Italy	19	Saudi Arabia
10	United Arab Emirates	20	Denmark

Source: Jagodzinski K. Soft Power of ASEAN Nation Brands: How Does it Matter to Corporate Brands? 2023 [cited 2024 March 13]. Available from: <https://brandfinance.com/insights/soft-power-of-asean-nation-brands-how-does-it-matter-to-corporate-brands>.

Japan's strategic utilization of soft power, specifically cultural policy, serves as an exemplar of how strong soft power can advance geopolitical goals, particularly in relation to its regional neighbors. Japan's cultural policy has played a pivotal role in strengthening ties with neighboring countries, thereby reinforcing its position in East Asia. An analysis conducted by Kawashima et al. highlights the significance of Japanese cultural policy in shaping perceptions and attitudes towards Japan in Southeast Asia. By focusing on language learning, popular culture, and historical narratives, Japan has successfully promoted understanding and appreciation of its culture, thus bolstering its image abroad.

## Global health diplomacy is one of the soft power tools.

There are seven dimensions namely,

- 1) Negotiating to promote health in the face of other interests, for example global health diplomacy at WHO, which sets global norms and standards;
- 2) Establishing new governance mechanisms in support of health such as UNAIDS, The Global Fund, and Gavi, the Vaccine Alliance, to respond to emerging health challenges;
- 3) Creating alliances in support of health outcomes by using a system of bloc politics, or a regional group;
- 4) Building and managing donor and stakeholder relations including a special relationship with key donors, which might be countries, private foundations, or other organizations or individuals;
- 5) Responding to public health crises due to increasing in global interdependence and integration;
- 6) Improving relations between countries through health, for example, supporting health programs;
- 7) Contributing to peace and security by mitigating the effects of armed conflict on health, such as negotiating ceasefires to allow immunization campaigns or other health interventions to take place.

Health diplomacy is effective, and aligning health and foreign policy can generate major health advantages. Health is increasingly recognized as a foreign policy aim and a critical contributor to development, peace, poverty reduction, social justice, and human rights. Health diplomacy may play an essential role in promoting sustainable development by treating health as a highly relevant social and economic problem, as well as dealing with health challenges both individually and collectively. It can assist countries in safeguarding their mutual interests and taking stances on issues of shared concern.

## CONCLUDING REMARKS

The dynamic and multifaceted nature of geopolitics, characterized by interactions across political, economic, military, cultural, and environmental dimensions, is a central theme in international relations. Geopolitical dynamics are in a constant state of evolution, influenced by changes in the global landscape and the actions of both state and non-state actors.

The impact of geopolitics has influenced population health directly or through social and commercial determinants as mentioned above. The imbalance of power is rooted in colonialism which continues to evolve, through a new form of colonization. Therefore, it is necessary to understand the root causes, their manifestations, and impacts to devise potential solutions to ensure equitable global health for all.



# ROOT CAUSES AND SOLUTIONS



## ROOT CAUSES

Neo-colonization, characterized by continued exploitation of developing countries, is aggravated by factors such as corruption, weak governance, debt dependency, and historical legacies. These elements contribute to the vulnerability of low- and middle-income countries (LMICs) to neocolonial exploitation and hinder their ability to stand for external manipulation and policy interference by corporations.

CORRUPTION AND WEAK GOVERNANCE

DEBT DEPENDENCY

HISTORICAL LEGACIES

## CORRUPTION AND WEAK GOVERNANCE

Corruption and weak governance in LMICs create an environment conducive to neocolonial exploitation.

A study by Mauro (1995) highlights how corruption undermines economic development and exacerbates income inequality, perpetuating conditions for external exploitation. Structural reforms, as a condition of IMF, result in more people getting trapped in the poverty cycle, as structural reforms tend to raise unemployment, lower government revenue, increase costs of basic services, and restructure tax collection, pensions, and social security programs.

The absence of effective institutions and transparency in LMICs creates fertile ground for external manipulation and policy interference by corporate entities. This situation leaves LMICs vulnerable to neocolonial exploitation and hinders their ability to safeguard their resources and promote sustainable development. It was challenging to enforce regulatory frameworks, monitor corporate activities, and prevent abuses of power. As a result, corporate entities can engage in unfair business practices, exploit local labor forces, and extract resources unsustainably.

## DEBT DEPENDANCY

Debt dependency, characterized by high levels of debt owed to international financial institutions or bilateral loans from powerful nations, leads to increased reliance on external actors and influences over policy decisions. This situation creates a vicious cycle of dependence, limiting a nation's autonomy and perpetuating economic vulnerabilities.

Loan conditionalities often require recipient countries to adopt specific economic policies, regardless of whether these policies align with their domestic priorities or needs.

Such conditionalities can lead to a loss of control over policy decisions and compromise a country's ability to chart its own course for development.

The issue of traditional aid conditionality's ineffectiveness due to the lack of enforcement by aid agencies, such as The World Bank, weakens the credibility of conditions and reduces incentives for policy reforms. This inconsistency is often attributed to bureaucratic factors within aid agencies, pressure from powerful donors, and short-sighted altruism. An empirical analysis focusing on the political economy of conditionality in international organizations, specifically The World Bank and the US, reveals that disbursements of structural adjustment loans are less dependent on macroeconomic performance in countries aligned with the US. This highlights the complex dynamics surrounding aid conditionality and its impact on policy implementation.

Aside from the direct impact of debt dependency on policy decisions, high levels of debt can also constrain a country's fiscal space, preventing it from investing in vital areas such as healthcare, education, infrastructure, and poverty reduction. Moreover, excessive debt burdens can make countries more vulnerable to external shocks, such as fluctuations in commodity prices or currency crises, and increase their likelihood of defaulting on debts.

## HISTORICAL LEGACIES

Colonialism expressing in two aspects of a dynamic where one group dominates, subjugates, and exploits another to facilitate the extraction and misappropriation of resources, including natural resources and tangible assets such as human labor and financial elements.

Colonialism resulted in profoundly varied institutional legacies, leading to divergent consequences for economic development. Extractive institutions were established by colonial masters in many colonies, resulting in legacy of poor long-term development outcomes.

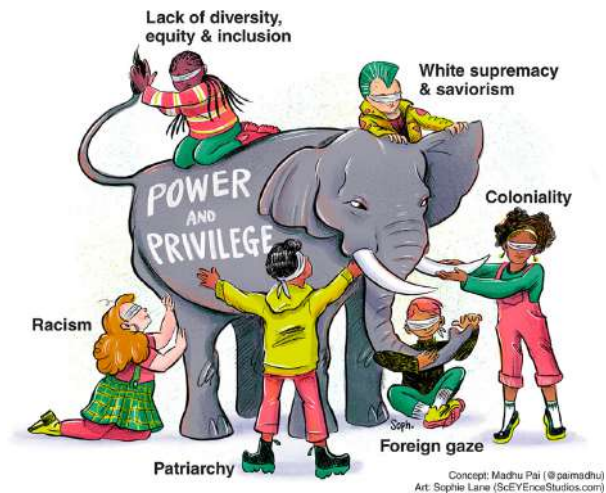
Colonialism involved drainage of wealth, expropriation mainly of land, control over production and trade, and exploitation of natural resources. Additionally, colonialism introduced new forms of imperialism and domination, including the spread of development and aid industries, and military occupations.

The enduring impact of historical legacies, particularly colonialism, on economic, social, and political structures plays a significant role in shaping contemporary relationships between nations. Acemoglu and Robinson (2012) underscore the critical importance of historical legacies in perpetuating persistent inequalities and power dynamics in global affairs. The legacy of colonial rule has contributed to disparities in wealth, development, and governance across regions, with former colonies often facing challenges related to institutional weaknesses, resource extraction, and social divisions. Historical legacies, such as colonialism, remain central to understanding current global dynamics and the continued imbalances they engender.

Colonialism has been manifested through various forms of Quijano's Typology of Colonialism's four Forms of Power: 1) Economics (extraction of economic and material resources) 2) Knowledge (specialized knowledge production for extraction facilitation) 3) Institutions and governance (authority, control and decision-making regulation) and 4) Gender and sexuality (critical aspects of the social order).

Figure 8

Global health, as currently practiced, has many asymmetries in power and privilege



Source: Abimbola S, Asthana S, Montenegro C, Guinto RR, Jumbam DT, Louskieter L, et al. Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. PLoS Med. 2021;18(4):e1003604.

The political, economic and knowledge power have been already mentioned above but gender and sexuality are also discussed, and it has been highlighted in power imbalance during the COVID-19 pandemic in the form of patriarchy, see Figure 8. Our social norms include practices that discriminate based on gender, contributing to disparities in our population worldwide. From a cultural standpoint, being women or girls, the traits that they were born with made them prone to a wide variety of risks from physical to mental harm. For instance, women have fewer opportunities for career development and have inequitable access to healthcare compared to men.



# SOLUTIONS

Though the conference participants gained more understanding of geopolitics, global health governance and neocolonialism and identified more challenges than solutions; they offer the following suggestions.



## POLITICAL POWER IMBALANCE

It is suggested that more international collaboration through right-based and rule-based approaches is needed. Ensuring inclusivity and diversity of stakeholders in global health governance such as non-governmental organizations, civil society organizations, and private sectors is also important. Strengthening global health governance ensures fair access to healthcare resources and promotes health equity worldwide. To rebuild trust for all, implementing transparent agreements and efficient communications are suggested.

To protect people in the conflicted areas, there is a need to strengthen solidarity in global health by enhancing global conversation and committees about the impacts of armed conflict and unilateral coercive measures on health security and systems.

UN Security Council Resolution 2286 condemns attacks on medical facilities and health workers in conflicts. It calls on all parties to armed conflicts to respect international law, to prevent attacks, and to hold those responsible to account.

Conflict-sensitive health programming is an important adaptation in conflict-affected regions and the support of post-conflict such as health system rehabilitation on rebuilding healthcare infrastructure must be focused.

In addition, political conflicts and economic inequity also lead to migration including the 'brain-drain' of health professionals. Advocating for cooperation between nations including private sectors at various stages of migration reflects the shared responsibility. The agreements or code of practice can be applied to prevent the unethical recruitment of health workers from countries facing critical shortages by high-income countries such as the 2010 WHO Global Code of Practice on International Recruitment of Health Personnel.

Empowering local communities involves supporting their efforts to assert their sovereignty, make independent policy decisions, and protect their resources from external exploitation. Recognizing their priorities and needs, promoting meaningful participation, supporting local partners to control data, and strengthening the use of local knowledge and technology are suggested.

Advance progress towards gender equality and health equity by empowering youth and women through education, training, and mentoring essential skills according to job opportunities, and facilitate their active participation in global discussions and decision-making. Also, in the realm of healthcare, it is important to promote inclusive healthcare practices and enhance gender and sexuality training in healthcare professions.

## ECONOMIC POWER IMBALANCE

Innovative financing mechanisms including international solidarity and wealth taxes should be initiated to ensure sustainable funding for health systems in LMICs.

The decision-makers from developing countries are supported in global funding and adhere to the Paris Declaration on Aids Effectiveness with more flexibility and innovative financing such as horizontal programs. The donor countries of ODAs are required to focus on the national priority and interest of recipient countries and support them to have skills in negotiating with donors. For example, the pandemic fund, a fund for strengthening public health emergency preparedness capacities in LMICs, aims to support core investor board members of the Fund from developing countries in amplifying their voices in decision-making and will be achieved through responses by regional organizations and civil society.

The harmful externalities contingent with CDoH covering unhealthy commodities, food and agriculture, and energy, have significant impacts on LMICs who possess less knowledge, resources, and evidence-based analyses. There is a need for increasing awareness and other mechanisms to aid member states in assessing the impact of commercial determinants on health at regional national and sub-national levels such as the Global Report by WHO on tobacco and alcohol. Evidence-based negotiation with transparency is needed during trade agreements ensuring benefits balance between countries. Comprehensive frameworks for safeguarding from conflicts of interest (COI) are necessary when engaging with actors who may have COI in protecting public health.

## KNOWLEDGE POWER IMBALANCE

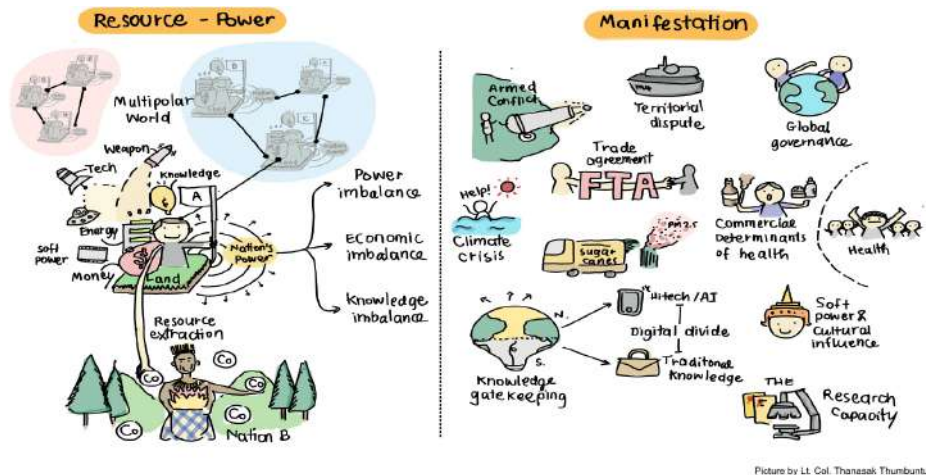
Recognizing and understanding the manifestations of neocolonialism is crucial in combating its effects. This awareness helps in identifying patterns of exploitation, manipulation, and dependency that perpetuate unequal power dynamics. Creating effective accountability structures and institutional policies to generate commitments and mechanisms of institutions and individuals to achieve decolonization.

Increasing investment in R&D and building capacity of researchers in LMICs with equitable partnerships is also recommended.

It is necessary to promote a structural change in the education system, for example, revising criteria for global university rankings by evaluating universities based on their social contributions rather than relying solely on research output or funding. The barriers like the English language and local culture should be considered, for instance, global health research should trust the local knowledge used for community life and indigenous cultures.

Democratizing technology transfers by sharing benefits, knowledge, and manufacturing capacities such as vaccine development during the COVID-19 pandemic.

Reforms are needed to ensure that taxpayer-funded research and development lead to accessible health technologies rather than exclusive profit-driven outcomes.



Effective regulations are suggested to balance between industry interference and technology development. For example, the mRNA vaccine technology transfer hub or ACT accelerator, are pool partnerships, where experts come to serve a common interest and the end product is shared between the developers. In addition, the foundation of public data infrastructures such as data centers and interoperable standards, should be supported to ensure the seamless exchange of health data and interconnected systems and reduce the gap in society.



By implementing these solutions collectively and collaboratively on a global scale, it is possible to address neocolonialism effectively and work towards a more equitable international system that respects the sovereignty and rights of all nations. The manifestations of power imbalance will be recognized and strategies dealing with each disparity will be implemented to reduce the inequitable gap in global health.



# HEALTHY MEETING

## CONFERENCE POLICY



PMAC 2024 is strongly committed towards a healthy meeting, continuing from last year's initiative in setting global and national norms and standards of a healthy and active meeting. The conference provides an opportunity to all participants to choose healthier diets and engage in physical activity. Nutrition information and a warning label for food containing high sugar, sodium, and fat have been placed in every food corner.

Furthermore, PMAC 2024 is an alcohol-free conference. More physical activity space has been set up and welcomes all participants throughout the meeting. Standing tables for conference participants are made available in the plenary venue though not in the side meeting venue. Everywhere in the conference venue is free of smoking.

PMAC 2024

# FIELD TRIP



## PMAC 2024 FIELD TRIP

In the global health discourse, the profound impact of geopolitics is often downplayed, yet it significantly influences our understanding and response to health challenges.

This year, PMAC 2024 focuses on

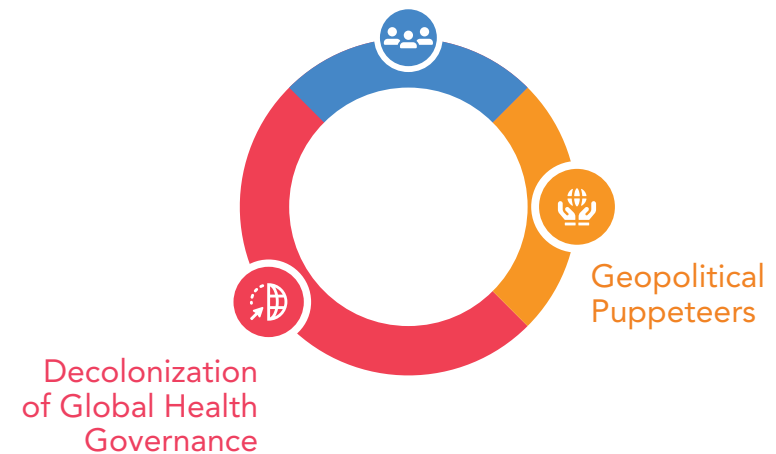
### Geopolitics, Human Security, and Health Equity in an Era of Polycrises.

Expanding our focus on geopolitical determinants of health gives us a more precise understanding of the impact of geopolitical factors such as war, geopolitical conflicts, climate change, and immigration on healthcare policy and health outcomes.

The COVID-19 pandemic has underscored existing inequalities within and between societies, revealing the impact of power dynamics on global health and accentuating how competition between superpower countries can hinder collaborative efforts to address shared health challenges.

Aligned with three sub-themes covering

#### Global Governance for Health in a Multipolar World



Our field trips offer profound insights into real-world applications of a geopolitical perspective in health.

————— The Companion Book  
for PMAC 2024 Field Trip





## SITE 1

# SIRIRAJ-SSPO: A JIGSAW PUZZLE TO STRENGTHEN THE HEALTH SYSTEM

Location: Sirindhorn School of Prosthetics and Orthotics

Date: 24 January 2024



In a world where health policy and geopolitics are increasingly intertwined, the Sirindhorn School of Prosthetics & Orthotics (SSPO) at the Faculty of Medicine Siriraj Hospital, Mahidol University, is a unique intersection. Renowned for its expertise in prosthetics and orthotics, SSPO is more than an educational institution; it is a beacon of innovation in addressing global health challenges. This positioning makes SSPO an ideal focus for health policy experts with a nuanced understanding of geopolitics.

SSPO's commitment to inclusivity and global outreach is its defining strength. The institution excels in reaching distant lands with limited access through specialised distance learning programs. Imagine a virtual classroom where students from diverse backgrounds, including Croatia, Afghanistan, and Myanmar, converge, symbolising the dissolution of educational barriers. In partnership with Human Study e.V. from Germany, this initiative transforms a complex puzzle of disparity into a cohesive picture of equitable education in tune with the Sustainable Development Goals.

The diverse student body at SSPO, with individuals from countries such as Japan, Nepal, Vietnam, Pakistan, Cambodia, Sri Lanka, and Myanmar, creates a rich, multicultural educational environment. This enhances the learning experience in prosthetics and orthotics and equips students for impactful global contributions, highlighting the intricate relationship between health and geopolitics.

Moreover, SSPO's influence extends to pioneering research and clinical services bolstered by collaborations with entities from Sweden and Japan, creating a melody of technology and knowledge exchange and enhancing SSPO's virtuosity in education and clinical services. Projects like the 'sPace Dynamic Prosthetic Foot' demonstrate SSPO's commitment to making advanced healthcare accessible to all, challenging and overcoming geopolitical barriers. Collaborative efforts with organisations like PENTA and SCG underscore the institution's dedication to sustainable practices and the practical application of academic research in shaping health policy and practice.

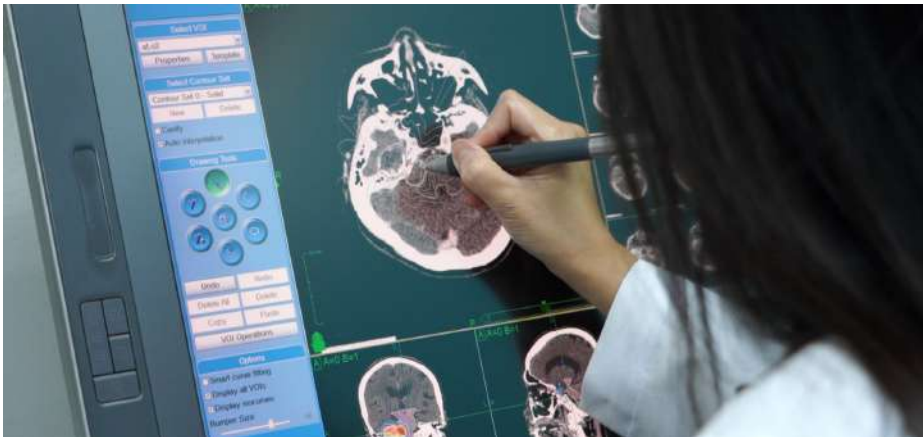
In essence, SSPO exemplifies the profound impact an academic institution can have on global health policies and practices. Its blend of academic excellence, innovative research, and commitment to health equity and education positions it as a compelling subject of interest for health policy experts exploring the convergence of health, education, and geopolitics.

## SITE 2

# MEDICAL TECHNOLOGY IN THE CURRENT GEOPOLITICS: COMPETITION, COLLABORATION, AND TECHNOLOGY TRANSFER

Location: The Faculty of Medicine Ramathibodi Hospital,  
Mahidol University

Date: 24 January 2024



In an age of rapid technological change and shifting geopolitical landscapes, a critical question arises: How are these forces reshaping the field of medical imaging? This site visit will delve into these dynamics, explicitly focusing on the East-West powerplay and its impact on medical technology in developing countries, including Thailand.

We will examine the geopolitical dynamics in medical imaging, particularly the influence of Asia's population density and economic growth on the global medical imaging market. Key questions include: What roles do these factors play in fostering competition and innovation in healthcare technology? Moreover, how is the intensifying rivalry between major powers like the United States and China affecting the development and global distribution of medical imaging technologies? We aim to uncover the broader implications of this rivalry for technological advancement and market competition. During the site visit, we will prompt discussions among global health practitioners on various issues:

- How should high-income countries in regions like Europe and North America approach partnerships to foster technological growth?
- How does global competition impact technology development and healthcare outcomes in low- and middle-income countries?
- How does reliance on imported technologies affect healthcare systems in these regions?
- What are the broader implications of these geopolitical dynamics for global healthcare, particularly regarding technological transfer, market equity, and data security?
- Conclusion and Practical Insights at Ramathibodi Hospital

The discussion will culminate with a visit to The Faculty of Medicine Ramathibodi Hospital, Mahidol University. Here, participants will gain firsthand insights into how a leading medical institution navigates the complex interplay of collaboration and competition in adopting and transferring imaging technology amidst current geopolitical tensions. The focus will be on understanding the strategies employed by Ramathibodi Hospital in managing these challenges and what lessons can be learned from their experiences in technology adoption and transfer.

## SITE 3

# HARMONY AND PEACEFUL LAND BETWEEN LOCAL AND MIGRANTS TO SUSTAIN ECONOMIC AND EQUITABLE HEALTH ACCESSIBILITY

Location: Samut Sakhon Province

Date: 24 January 2024



Samut Sakhon Province is in the central region, which is 30 kilometers from Bangkok and 2 kilometers away from the sea. It is renowned as the center for the production and processing of fisheries and agricultural products. There are 9,578 factories and a total working-age population of approximately 996,349 persons, including 253,934 migrant workers, which is composed of Myanmar, Cambodian, Laotian, and others. It highlights how this province influences the economy of Thailand. Therefore, harmony, peaceful living, and resource allocation between local people and migrants in the province are challenges.

To ensure national and health security, there are laws and regulations for monitoring and controlling migrants to work and live in Thailand. Health insurance and health services for migrant workers are also provided. During the COVID-19 pandemic in late 2020, the province was faced with a COVID-19 outbreak among migrant workers in a seafood market. The province recovered by using a whole-of-society approach to respond to the outbreak. It is led by the Samut Sakhon governor and local public health authorities with support from seafood entrepreneurs, Thais, migrant workers, and all communities. This important lesson reflects that effective collaboration between health and all non-health sectors is crucial. To deal with crises, political commitment and the well-being of all people are essential beyond geopolitics that is geographical dimensions of power. Therefore, this site visit will focus on the effective strategies of the Samut Sakhon governor and local authorities to manage local Thais and migrants to promote peaceful lives and ensure equity education opportunities and health accessibility. The effects of a whole-of-society approach will be focused on supporting “leave no one behind” policies.



PMAC 2024  
FIELD TRIP



PMAC 2024

# WORLD ART CONTEST



PMAC 2024

# WORLD ART CONTEST

Since 2013, a unique activity called the “Art Contest” was introduced to the PMAC which not only crossed over two different sides of knowledge, art and science, but also brought the public audience, the community, closer to the PMAC concept.

The Art Contest project was initiated as an instrument to communicate the idea of the conference theme to the public audience. The contest was opened to everyone, with the aim of raising the awareness of the young generation in how their health is connected to their little families and through the entire World. Vice versa, the various new perspectives of a successful world where all people live better, happy, healthy and equitably from the young generation have been presented to our prestigious participants.

This year, the theme of the Prince Mahidol Award Conference 2024 is “Geopolitics, Human Security and Health Equity in an Era of Polycrises”. This reflects an opportunity for all of us to explore the impact of geopolitics on global health since World War II, adopting a historical perspective, and deliberate on how these influences can be contested or mitigated as we strive to create a fairer and more equitable world in the face of polycrises.

We invited students and all people to take part in the PMAC 2024 World Art Contest under the topic

“Unity in Diversity Promoting:  
Inclusion and Health for Every Nation”  
through Drawings & Paintings.

The project has received positive response nationally and internationally from young people, parents and schools. Out of 11 nationalities that participated, 556 entries were sent in; 40 young artists won the prizes (13 prizes worth over 144,000 Baht).

The winners were invited to receive the award during PMAC 2024 on 24 January 2024 at the Centara Grand, CentralWorld. The award ceremony event was a fulfilling and enjoyable experience for the winners and participants.

All the winning artwork were displayed during the conference. The display art pieces amazed PMAC participants by their high quality artistic skill and creativity. We recognized the difficulties of many schools which support our program as well. Consequently, we introduced the ‘art contribution’. The purpose was to provide financial contribution from our prestigious PMAC participants to schools which supported the art program for their students. The art contribution of winning art pieces from the previous year, PMAC 2023 has raised over 67,444 Baht and 10 schools were invited to receive 6,000 Baht each from the PMAC 2023 art contribution.

Additionally, at the PMAC 2024, apart from the art contribution of the PMAC winning art pieces (which are not only from the PMAC 2024, but also from the previous PMACs), there were various products (including umbrellas, mugs, calendars, and magnets) designed by the PMAC 2024 art pieces. The PMAC 2024 art contribution has raised 153,896.50 Baht (as of February 2024) and we will look for opportunities to increase the funds for art contributions to be given to the schools in PMAC 2025.



# DRAWINGS & PAINTINGS

## Under 9 YEARS OLD

### World First Prize

Nahathai Ruttanawarasin

### World Second Prize

Nathapohn Senthong

### World Third Prize

Benyapa Asawasukhon

### World Honorable Mention Prize

Wipaporn Thipprachat

Jirapinya Lekkla

Thanakit Hatsadecha

Palyn Thitibordin

Jean Iiyu Sun

Siraphop Sonjai

Thitiwat Heebngern

Irada Kongkaew

Nichaphat Chaingam

Supakan Sutham



## 9 - 13 YEARS OLD

### World First Prize

Kittitee Aendsao

### World Second Prize

Poonyisa Sodsai

### World Third Prize

Warisara Samrit  
Kawinthida Lekkla

### World Honorable Mention Prize

Napin Varnapurna  
Parinyada Tomprom  
Kanyarat Boonkum  
Haneeny Momadtohed



## 14 - 18 YEARS OLD

### World First Prize

Lathisa Nadine Azzahra  
Lintang Citra Sagita

### World Second Prize

Suthaneekarn Siritrakuldecha

### World Third Prize

Supidsara Pasanpot

### World Honorable Mention Prize

Kanyawee Saengngam  
Thanawat Joemwatthana  
Ramita Rakyat  
Yanisa Somasrid  
Yanaphat Wangarrayagul  
Pakwalan Khachon  
Jeric Mee Mercadal



## ABOVE 18 YEARS OLD

### World First Prize

Surasak Jongsomjit

### World Second Prize

Chatuphon Siretar

### World Third Prize

Jongruk Somboon

### World Honorable Mention Prize

Jaran Boonpradoem  
Kittachaphol Watcharachaisakul  
Sukit Chuasaidoung  
Nattha Sawasdee  
Nawapon Madsuden





# THE AWARD CEREMONY OF THE PMAC 2024 WORLD ART CONTEST



The Artwork are Displayed  
on the PMAC 2024 Website





**OTHER  
CONFERENCE  
ACTIVITIES**



# PMAC 2024 PUBLICATION



## Bulletin of the World Health Organization for the Prince Mahidol Award Conference 2024

Theme Issues: Geopolitics, Global Health and Equity

Volume 102, Issue 2, February 2024, 85–148 (11 articles)

The Bulletin of the World Health Organization is an international journal of public health with a special focus on developing countries. Since it was first published in 1948, the Bulletin has become one of the world's leading public health journals. This month's theme is linked to the Prince Mahidol Award Conference 2024 on geopolitics, global health and equity.

[Read Full Articles](#)



Page	Title	Author
86	Global health inequities: more challenges, some solutions	Viroj Tangcharoensathien, Angkana Lekagul & Yik-Ying Teo
87	How economic implications of gender gaps in employment affect global health equity	Michelle McIsaac & Felicia Marie Knaul
94-104	Health policy implications of corporate social responsibility provisions in international investment agreements	Takwa Tissaoui, Teresa Davis, Helen Trevena & Anne Marie Thow
105-116	A composite index; socioeconomic deprivation and coverage of reproductive and maternal health interventions	Leonardo Z Ferreira, Fernando C Wehrmeister, Jakob Dirksen, Luis Paulo Vidaletti, Monica Pinilla-Roncancio, Katherine Kirkby, Luiza IC Ricardo, Aluisio JD Barros & Ahmad Reza Hosseinpoor
117-122	Health workforce data needed to minimize inequities associated with health-worker migration	Margaret Walton-Roberts & Ivy L Bourgeault
123-129	Forum shifting in global health security	Clare Wenham
130-136	Developing an agenda for the decolonization of global health	David McCoy, Anuj Kapilashrami, Ramya Kumar, Emma Rhule & Rajat Khosla
137-139	Evaluating global health initiatives to improve health equity	Shams El Arifeen, John Grove, Peter M Hansen, James R Hargreaves, Hope L Johnson, Mira Johri & Esther Saville
140-142	Self-care interventions and universal health coverage	Manjulaa Narasimhan, Priya Karna, Olumuyiwa Ojo, Dhammika Perera & Kate Gilmore
143-145	Tracking migration and health inequities	Elisa Mosler Vidal & Kolitha Prabash Wickramage
146-148	Research needed on urban indigenous health inequalities	Abdullah A Mamun, Edmund Wedam Kanmiki, Stuart Leske, Janet Stajic & James Ward

# ANNEXES



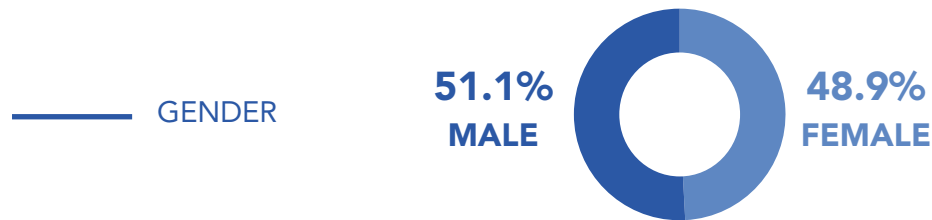


# CONFERENCE PROGRAM STRUCTURE

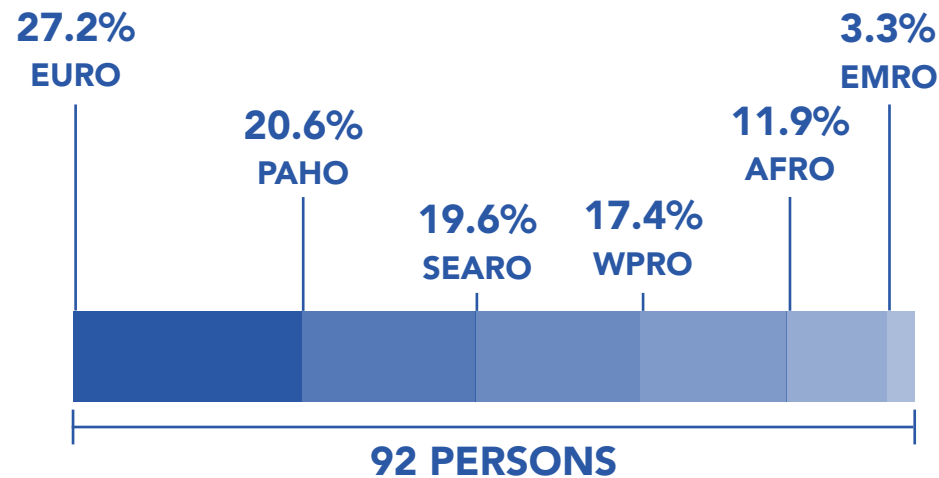


# SPEAKERS, MODERATORS AND PANELISTS

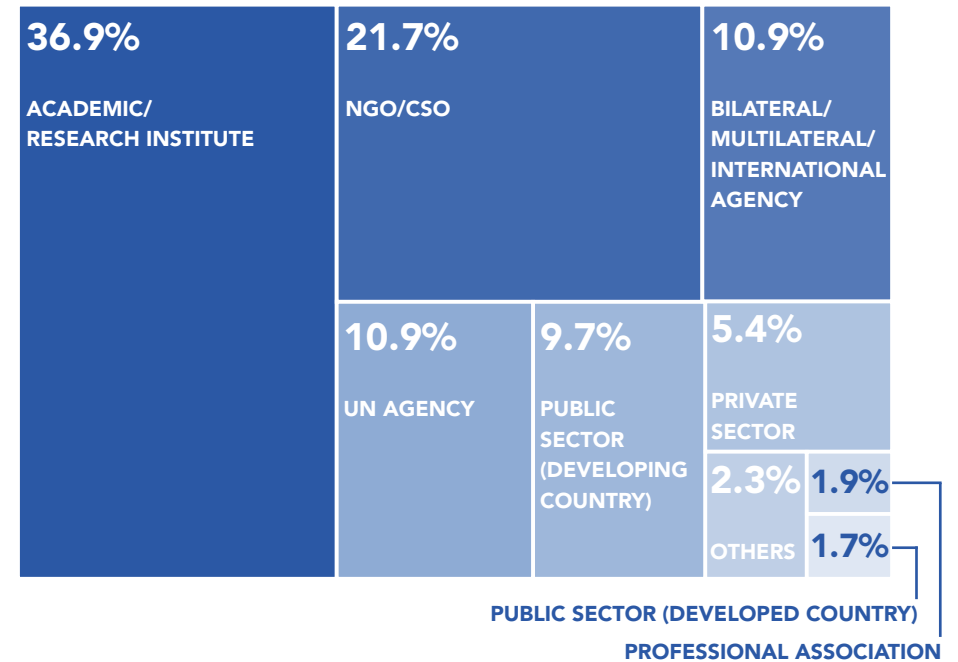
There were a total of 92 speakers, moderators and panelists altogether (male 51.1 %, female 48.9 %) from 33 countries in all sessions of PMAC 2024. There were 77 speakers attending on-site and 15 speakers attending online.



COUNTRY OF RESIDENCE OF SPEAKERS, MODERATORS, AND PANELISTS BY SIX WHO REGIONS



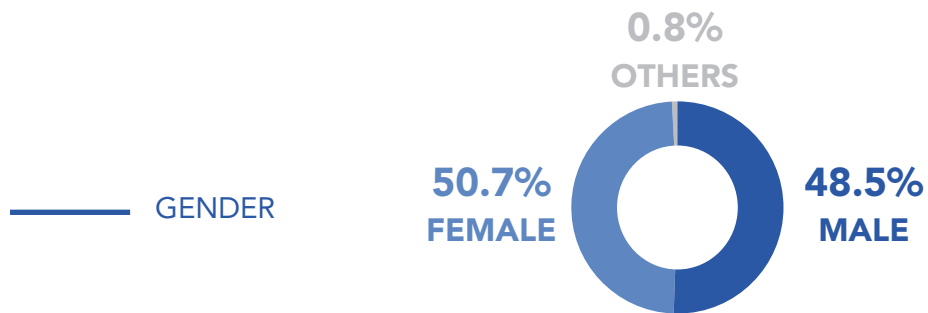
## ORGANIZATION OF SPEAKERS, MODERATORS AND PANELISTS



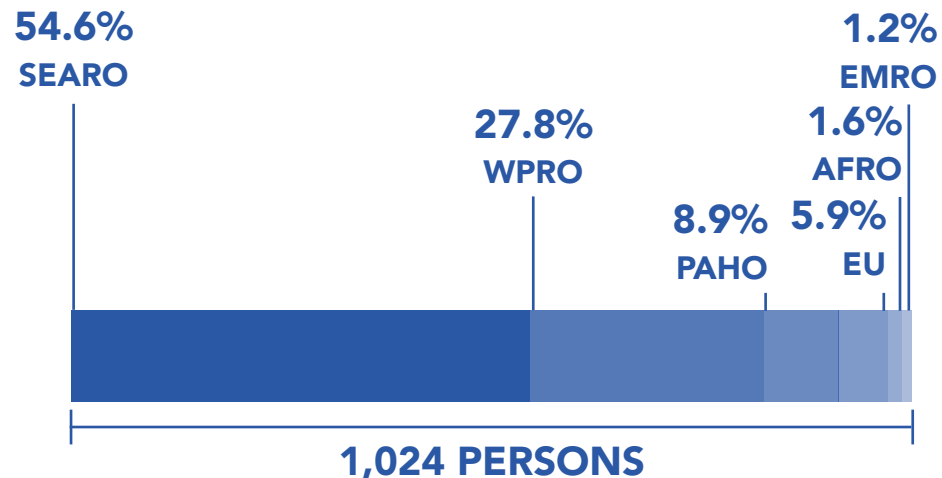
Note: America (PAHO); Europe (EURO); South-East Asia (SEARO); Western Pacific (WPRO); Africa (AFRO); Eastern Mediterranean (EMRO)

# PARTICIPANTS

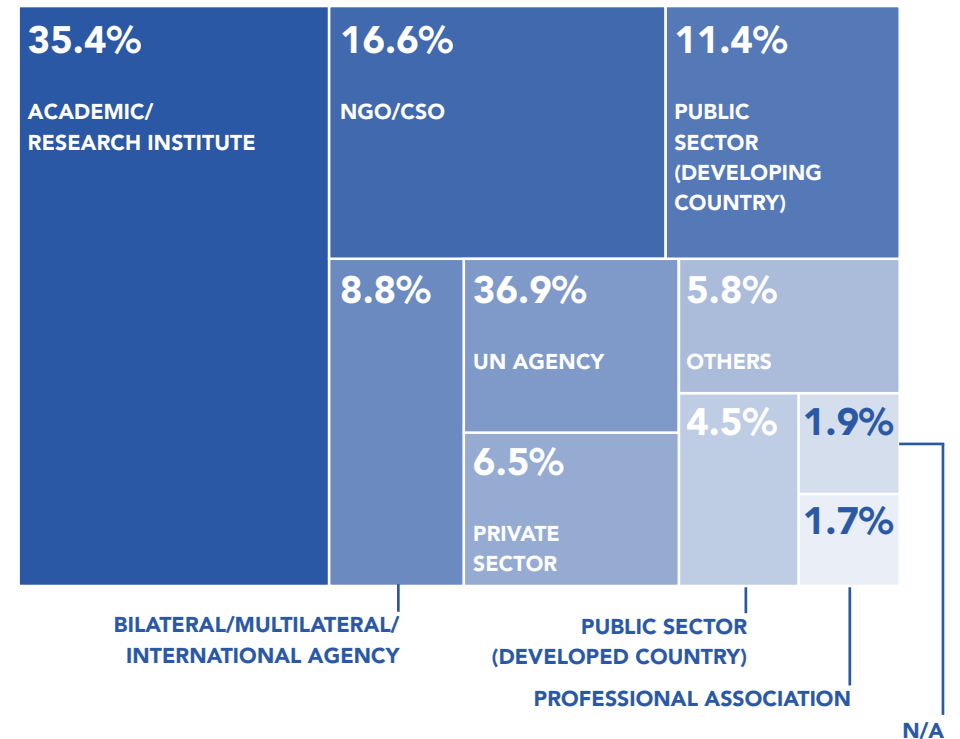
Total registered participants (including speakers, panelists, moderators, rapporteurs and attendees): There were a total of 1,024 participants from 54 countries (male 48.5 %, female 50.7 %, others 0.8%).



COUNTRY OF RESIDENCE OF PARTICIPANTS BY SIX WHO REGIONS



## ORGANIZATION OF PARTICIPANTS



Note: America (PAHO); Europe (EURO); South-East Asia (SEARO); Western Pacific (WPRO); Africa (AFRO); Eastern Mediterranean (EMRO)



## ANNEX II

# LIST OF INTERNATIONAL ORGANIZING COMMITTEE MEMBERS

NAME	POSITION	ORGANIZATION	ROLE
Dr. Vicharn Panich	Chair, International Organizing Committee	Prince Mahidol Award Conference, Thailand	Chair
Ms. Catherine Russell	Executive Director	United Nations Children's Fund, USA	Co-Chair
Ms. Winnie Byanyima	Executive Director	Joint United Nations Programme on HIV/AIDS, Switzerland	Co-Chair
Dr. Ailan Li	Assistant Director-General, Healthier Populations	World Health Organization, Switzerland	Co-Chair
Dr. Juan Pablo Uribe	Global Director for Health Nutrition and Population	The World Bank, USA	Co-Chair
Mr. Haoliang Xu	Assistant Secretary General and Director of the Bureau for Policy and Programme	United Nations Development Programme, USA	Co-Chair
Dr. Marijke Wijnroks	Head, Strategy, Investment and Impact Division (SIID) a.i.	The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland	Co-Chair
Dr. Osuke Komazawa	Senior Director, Human Development Department	Japan International Cooperation Agency, Japan	Co-Chair
Dr. Atul Gawande	Assistant Administrator for Global Health	United States Agency for International Development, USA	Co-Chair
Dr. Roger I. Glass	President	China Medical Board, USA	Co-Chair

NAME	POSITION	ORGANIZATION	ROLE
Dr. Naveen Rao	Senior Vice President & Senior Advisor to the President, Health Initiative	The Rockefeller Foundation, USA	Co-Chair
Dr. David Harper	Senior Consulting Fellow, Global Health Programme	Chatham House, United Kingdom	Co-Chair
Dr. Rintaro Mori	Regional Adviser (Population Ageing and Sustainable Development)	United Nations Population Fund, Thailand	Member
Dr. Peter Friberg	Professor, School of Public Health and Community Medicine	University of Gothenburg, Sweden	Member
Dr. Shannon Larsen	Senior Program Officer Development Policy and Finance	Bill & Melinda Gates Foundation, USA	Member
Dr. Teo Yik Ying	Dean, Saw Swee Hock School of Public Health	National University of Singapore, Singapore	Member
Dr. Timothy Mastro	Chief Science Officer	FHI 360, USA	Member
Mr. Daniel Zeymer von Metnitz	Vice President for External Affairs	International Federation of Medical Students Associations (IFMSA), Germany	Member
Dr. Gabriel Leung	Executive Director, Charities and Community	The Hong Kong Jockey Club Charities Trust, Hong Kong	Member
Dr. Dennis Carroll	Chair, Leadership Board	Global Virome Project, USA	Member
Dr. Jesse Bump	Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy	Harvard T.H. Chan School of Public Health, USA	Member
Dr. Udom Kachintorn	Advisor to The Dean	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member
Mr. Sarun Charoensuwan	Permanent Secretary	Ministry of Foreign Affairs, Thailand	Member
Dr. Opart Karnkawinpong	Permanent Secretary	Ministry of Public Health, Thailand	Member

NAME	POSITION	ORGANIZATION	ROLE
Mr. Danucha Pichayanan	Secretary General	National Economic and Social Development Council, Thailand	Member
Dr. Supat Vanichakarn	Secretary General	Prince Mahidol Award Foundation, Thailand	Member
Dr. Jadej Thammatath-aree	Secretary General	National Health Security Office, Thailand	Member
Dr. Supakit Sirilak	Director	Health Systems Research Institute, Thailand	Member
Dr. Supreda Adulyanon	Chief Executive Officer	Thai Health Promotion Foundation, Thailand	Member
Dr. Banchong Mahaisavariya	President	Mahidol University, Thailand	Member
Dr. Apichat Asavamongkolkul	Dean, Faculty of Medicine Siriraj Hospital	Mahidol University, Thailand	Member
Dr. Chanchai Sittipunt	Dean, Faculty of Medicine	Chulalongkorn University, Thailand	Member
Dr. Piyamitr Sritara	Dean, Faculty of Medicine Ramathibodi Hospital	Mahidol University, Thailand	Member
Dr. Suwit Wibulpolprasert	Vice Chair	International Health Policy Program Foundation and Health Intervention and Technology Assessment Foundation, Thailand	Member
Dr. Viroj Tangcharoensathien	Senior Advisor	International Health Policy Program, Thailand	Member
Dr. Prasit Watanapa	Chair, International Award Committee	Prince Mahidol Award Foundation, Thailand	Member
Dr. Walaiporn Patcharanarumol	Director, Global Health Division	Ministry of Public Health, Thailand	Member

NAME	POSITION	ORGANIZATION	ROLE
Mr. Gerardo Zamora-Monge	Executive Officer, Office of Assistant Director-General, Division of UHC/Healthier Populations	World Health Organization, Switzerland	Member & Joint Secretary
Dr. Feng Zhao	Practice Manager, the Health, Nutrition and Population Program, South Asia Region	The World Bank, Switzerland	Member & Joint Secretary
Dr. Mandeep Dhaliwal	Director, HIV, Health and Development	United Nations Development Programme, Thailand	Member & Joint Secretary
Ms. Debora Comini	Deputy Regional Director, East Asia and the Pacific Regional Office	United Nations Children's Fund, Thailand	Member & Joint Secretary
Mr. Eamonn Murphy	Regional Director, Asia Pacific and Eastern Europe & Central Asia	Joint United Nations Programme on HIV/AIDS, Thailand	Member & Joint Secretary
Dr. Scott Stewart	Senior Health Economist, Bureau for Global Health	United States Agency for International Development, USA	Member & Joint Secretary
Ms. Shoko Isokawa	Director, Human Development Department	Japan International Cooperation Agency, Japan	Member & Joint Secretary
Dr. Phuong Nhan Le	CMB SE Asia Regional Representative	China Medical Board, Thailand	Member & Joint Secretary
Dr. Charlanne Burke	Director, Integrated Operations, Health Initiative	The Rockefeller Foundation, USA	Member & Joint Secretary
Prof. Aasis Unnanuntana	Deputy Dean for Academic Affairs, Faculty of Medicine Siriraj Hospital	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member & Joint Secretary
Dr. Churnrurtai Kanchanachitra	Professor	Institute for Population and Social Research, Mahidol University, Thailand	Member & Joint Secretary
Dr. Rapeepong Suphanchaimat	Director	International Health Policy Program, Thailand	Member & Joint Secretary

# LIST OF INDEPENDENT INTERNATIONAL SCIENTIFIC COMMITTEE MEMBERS

NAME	POSITION	ORGANIZATION	ROLE
Dr. Viroj Tangcharoensathien	Senior Advisor	International Health Policy Program, Thailand	Chair
Dr. Angkana Lekakul	Researcher	International Health Policy Program, Thailand	Member
Dr. Borwornsom Leerapan	Associate Professor	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand	Member
Dr. Churnrurtai Kanchanachitra	Emeritus Professor	Institute for Population and Social Research, Mahidol University, Thailand	Member
Dr. Dennis Carroll	Chair, Leadership Board	Global Virome Project, USA	Member
Dr. Jesse Bump	Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy	Harvard T.H. Chan School of Public Health, USA	Member
Dr. Osuke Komazawa	Senior Director, Human Development Department	Japan International Cooperation Agency, Japan	Member
Dr. Pataraporn Laowong	Plan and Policy Analyst, Expert Level	National Economic and Social Development Council, Thailand	Member
Dr. Peter Friberg	Professor, School of Public Health and Community Medicine	University of Gothenburg, Sweden	Member

NAME	POSITION	ORGANIZATION	ROLE
Dr. Phanuwich Kaewkamjornchai	Doctor of Medicine	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand	Member
Dr. Pritaporn Kingkaew	Head of Research Unit	Health Intervention and Technology Assessment Program (HITAP), Thailand	Member
Dr. Rapeepong Suphanchaimat	Director	International Health Policy Program, Thailand	Member
Dr. Teo Yik Ying	Dean, Saw Swee Hock School of Public Health	National University of Singapore, Singapore	Member
Dr. Timothy Mastro	Chief Science Officer	FHI 360, USA	Member
Dr. Varalak Srinonprasert	Assistant Dean, Research	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member
Dr. Walaiporn Patcharanarumol	Director, Global Health Division	Ministry of Public Health, Thailand	Member





## ANNEX III

# LIST OF SPEAKERS, PANELISTS, MODERATORS, AND RAPORTEURS

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPORTEUR
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### KEYNOTE ADDRESS

Kishore Mahbubani

### PLENARY SESSION 0

Geopolitics, Human Security and Health Equity in an Era of Polycrises

Atul Gawande Irene Torres Keizo Takemi Kishore Mahbubani Naomi Tulay Solanke	Jesse B. Bump	Divya Lakhota Jiranun Thiphong Kanjaree Suppawittaya Sarayuth Khuntha Seksan Yoadsanit Wanapas Wachiradejkul
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### WELCOME DINNER SESSION

Agnes Binagwaho Kun Tang Mishal Khan Toomas Palu	Gabriel Leung
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### PLENARY SESSION 1

Global Governance for Health

Precious Matsoso Bruce Gellin Githinji Gitahi	Mishal Khan Srinath Reddy	Jirayu Lekcholayuth Orratai Waleewong Phasith Phatchana Pongpaka Puntaluck Wit Jensuksap
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KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPORTEUR
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### PARALLEL SESSION 1.1

Can Geopolitics Help Health Systems and the World Prepare for Future Pandemics?

Ahmed E. Ogwel Ouma Precious Matsoso Priya Basu Richard Hatchett Soumya Swaminathan	Ebere Okereke	Chayannan Jaide Kimihiko Yasuda Nutwara Kijthammarat Pariyakorn Chuensuwonkul Sakditat Ittiphisit
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### PARALLEL SESSION 1.2

Vaccines, Therapeutics, Diagnostics, and Other Supplies: Innovation, Access and Equity

Ayoade Yodi Alakija Carolyn Reynolds Estepan Burrone Feng Zhao Karina Rando Linfa Wang Minghui Ren Thomas Cueni Tim Nguyen	Githinji Gitahi	Hidehiro Nagaoka Natabhorn Kashemsri Na- Ayudhaya Nattakrit Tongpoonsakdi Papart Rungrasameviriya Thanawat Khongyot
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### PARALLEL SESSION 1.3

Transformative Digital Technology for Future Health

Aarthi Raghavan Alain Labrique Basant Garg Cecilia Oh Daniel Mwai Gary Marcus Jia-Rong Low Toomas Palu	Mandeep Dhaliwal	Athicha Santilinn Nattadhanai Rajatanavin Nippitch Pratoom Ponnapat Meksongsee Thanaphon Phangsee
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### PARALLEL SESSION 1.4

Conflict, Crises, and Displaced Populations

Dustin Barter Ellen Hansen Fabio Baggio Federica Zamatto	Ronald Waldman	Anond Kulthanmanusorn Chawisa Wanda Vongsuly Maylin Wongjarupun Punnachai Juntamongkon
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KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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Monette Zard Xavier Devictor		Sharon Low
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PARALLEL SESSION 1.5 Reservoir for Change Making: Youth and the Geopolitics of Planetary Health
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Alejandro Daly Benita Kayembe Natnicha Manaboriboon Omnia El Omrani Thanasak Thumbuntu	Zahra Al Hilaly	Porntep Chotchaisuwat Puenthai Thephmontha Phatthanamon Sinsawat Prin Chaikyakit Theerisara Kraisarin
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PLENARY SESSION 2 Geopolitical Puppeteers: Identifying the Roles of Hidden Actors Shaping the Commercial Determinants of Global Health
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Bungon Ritthipakdee Dan Smith Lawrence O. Gostin Nason Maani Pipit Aneaknithi	Monika Kosinska	Aye Nandar Myint Benjamaphorn Rungsi- panuratn Onranicha Phataralaoha Ornjira Tongprasert Watinee Kunpeuk Wilailak Saengsri
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PARALLEL SESSION 2.1 How Geopolitics of Commercial Determinants of Health Can Influence the Impacts of Food, Beverages and Agriculture Industry on Health
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Nason Maani Kannikar Kijtiwatchakul Purnima Menon Simon Baquera	Subhash Morzaria	Mayumi Okada Sirapop Uaechevakul Tadhi Sucharitakul Thanasak Thumbuntu Ydathip Phetchrung- ruengphol
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PARALLEL SESSION 2.2 Road to Net Zero Emission - The Geopolitics of Energy Transitions and Health Nexus
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Jeffrey Char Marina Romanello Omnia El Omrani	Sangeetha Chandrashe- keran	Darinorn Pleanrungsi Li Qian Pearnan Boonliam
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KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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Pipit Aneaknithi Shweta Narayan		Sirithorn Khositchaiwat Voramon Agrasuta
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PARALLEL SESSION 2.3 How Geopolitics of CDoH Can Influence the Impacts of the 'New' Technologies on Health
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Gabriel Leung Precious Matsoso Soumya Swaminathan	Saudamini Dabak	Dimple Butani Khanut Boonjong Narata Yudtanahiran Nhi Ngo Pariyakorn Udomwan
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PARALLEL SESSION 2.4 Geopolitics, Arms Race and Humanity
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Ahmed Al-Mandhari Dan Smith Espen Bjertness Ghada Al Jadba Piti Srisangnam Reza Majdzadeh Wasiq Khan	Peter Friberg	Ellen Beer Nattakarn Ponpetch Paam Bidaya Phakhaphol Sophon- sakulsuk Sirinard Nipaphron
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PLENARY SESSION 3 Decolonizing Global Health
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Emma Rawson Te Patu Renu Khanna Rhoda Wanyenze	Jesse Bump	Chollatorn Yongyukantorn Jordanna Nunes Karnsita Suna Nontakorn Siriwattana- satorn Pispasinee Pisansin Woranan Witthayapipop- sakul
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PARALLEL SESSION 3.1 Economics and Overseas Development Aid (specific on Decolonization of Global Health)
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Agnes Binagwaho Kalipso Chalkidou	Teo Yik Ying	Chanya Mittrakulkij Haruka Furukawa
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KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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Kun Tang Saeda Makimoto		Krittin Chanprapab Natnarun Nichaphatjirakul Somtanuek Chotchoung- chatchai
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**PARALLEL SESSION 3.2**  
Decolonizing Knowledge Production and Utilization

Angele Flora Mendy David McCoy Eirliani Abdul Rahman Maria Mison Tikki Pang	Irene Torres	Chuthamas Rattana- pongvanich Krittin Prechachaisurat Shaheda Viriyathorn Sopit Nasueb Suphasin Supha
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**PARALLEL SESSION 3.3**  
Decolonizing Institutions and Governance – Moving from Rhetoric to Reform?

Tessie San Martin Cheikh Tidiane Gueye Sangeetha Chandrashe- keran Zahra Al Hilaly	Thu-Ba Huynh	Eakdanai Samanuhut Nachanon Upariputtang- goon Pariyat Limpitheeprakan Sasivimol Ontong Supachai Amorngittich- arean
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**PARALLEL SESSION 3.4**  
Understanding the Role of Gender and Sexuality in Global Health Inequalities:  
Addressing Biases and Promoting Inclusivity

Allysha Maragh-Bass Lucy Kombe Melanie Etti Minah Kang Naomi Tulay Solanke	Muhammad Naveed Noor	Pat Ngamdachakij Pleam Chirasavinuprapand Sho Nashimoto Siravich Sutharajana Waranyu Lengwiriyakul
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**PARALLEL SESSION 3.5**  
Human Resource for Health Migration through the Lens of Decolonization

Jim Campbell Palitha Abeykoon	Dennis Carroll	Bello Usman Ardo Kwanmuang Charoensit
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KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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Johanna Banzon		Noprada Masuwan Rebecca Walshe Warattra Singkarin
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**SYNTHESIS: SUMMARY, CONCLUSION AND RECOMMENDATIONS**  
by Lead Rapporteur

Viroj Tangcharoensathien  
Soumya Swaminathan  
Teo Yik Ying

Rapporteur Coordinator

Rapeepong Suphanchaimat (Advisor)  
Walaiporn Patcharanarumol (Advisor)  
Divya Lakhota  
Hathairat Kosiyaporn  
Nisachol Cettakrikul  
Titiporn Tuangratananon



## ANNEX IV

# LIST OF SIDE MEETINGS AND SPECIAL EVENTS

## SIDE MEETINGS

TITLE	ORGANIZERS
Addressing the Health and Economic Burden of Non-Communicable Diseases: Innovations and Lessons from Select Middle and High Income Countries	World Bank Group
Thailand's Global Health Convening: Mapping Capacity, Opportunities, and Collaborations	National Health Foundation (NHF); Faculty of Medicine Siriraj Hospital, Mahidol University; Faculty of Medicine Ramathibodi Hospital, Mahidol University; School of Global Health, Faculty of Medicine, Chulalongkorn University; Health Intervention and Technology Assessment Program (HITAP) Foundation, Ministry of Public Health; International Health Policy Program (IHPP), Thailand, Ministry of Public Health; Ministry of Public Health
Digital-in-Health: Unlocking value for Everyone and Foster Inclusivity, Equality, and Fairness in Global Health Governance	The World Bank
The Lancet Commission on Investing in Health 3.0: Global Health from COVID-19 to 2050 (Consultation Meeting)	Lancet Commission on Investing in Health; JICA (JICA Ogata Sadako Research Institute for Peace and Development)
Informing Infectious Disease Policies in South East Asia Using Modelling	Saw Swee Hock School of Public Health, National University of Singapore

TITLE	ORGANIZERS
Data Driven Decision Making in Health: Leveraging Claims Data	Faraz Salahuddin; Aakash Mohpal
Strengthening Local Health Systems in Asia-Pacific Nations to Address the Impact of International Migration of Health Workforces	Asia Pacific Action Alliance on Human Resources for Health (AAAH)
Global Health Case Competition: Prince Mahidol Award Conference 2024	Siriraj Medical Student Union IFMSA Siriraj
Taxing Bads for the Greater Good: Health Taxes as Policy Pathways to Achieve the SDGs	World Health Organization; United Nations Development Programme; World Bank; Alliance for Health Policy and Systems Research
Advancing Child Immunization in Thailand: Harnessing Digital Communication Tools and Social and Behavior Change Messaging for Impact	PATH; The Rockefeller Foundation
Financing of Primary Health Care in the Southeast Asia Region	Dr. Piya Hanvoravongchai; Dr. Aungsumalee Pholpark; Dr. Hsu Mon
The Power of Words: Tips for Harnessing Language in Support of Inclusive Programs and Partnerships	Shameka Harmon
WHO Pandemic Agreement: Opportunities for Trade and Health?	National Commission on International Trade and Health Studies (NCITHS); International Health Policy Program (IHPP)
Sustaining Equitable Universal Health Coverage for Key and Vulnerable Populations	UNAIDS; ADB
Strategies to Address Health Inequity and Promote Inclusive Health Systems for Migrants: Lessons from Malaysia, Singapore, and Thailand, with Potential Applications to Other Countries	International Health Policy Program, Thailand; Health Systems Research Institute
Promoting Healthy Food and Well-being in an Era of Polycrisis	Tohoku University; Mahidol University; Chulalongkorn University

TITLE	ORGANIZERS
Aligning Health Financing for Sustainable Impact: Decolonisation of ODA	The Global Fund; World Bank; WHO; ADB; GIZ; USAID; P4H
From Historical Insights to Crystal Balling the Future: Preparing Models for a New Generation of Challenges	Health Intervention and Technology Assessment Program (HITAP); National University of Singapore (NUS); London School of Hygiene and Tropical Medicine (LSHTM); Bill & Melinda Gates Foundation (BMGF); United Nations Development Programme (UNDP); Ministry of Public Health (MOPH), Thailand; The Lancet
Equitable and Respectful Partnerships in Global Public Health: Case Studies in Southeast Asia	National University of Singapore
Climate, the Environment, the Polycrisis, and Global Health Governance	Elizabeth Lugten
Health Systems Resilience and Preparedness in the ASEAN Region - Learning from Global and Regional Experience	China Medical Board; National Institute of Health, Cambodia; National University of Singapore, Saw Swee Hock School of Public Health; Hong Kong University, School of Public Health; Yale School of Public Health; National Health Foundation, Thailand; International Health Policy Program, Thailand
Strengthening Health Technology Assessment (HTA) Capacity in Low- and Middle-income Countries (LMICs) to Support Universal Health Coverage (UHC): How was Equity Considered in Health Policy Decision Making?	Health Technology Assessment Postgraduate Programs, Mahidol University; Faculty of Medicine, Siriraj Hospital, Mahidol University; Faculty of Medicine, Ramathibodi Hospital, Mahidol University; Faculty of Pharmacy, Mahidol University
Pathways to Scaling Wastewater Surveillance for Global Health	The Rockefeller Foundation; The Hong Kong Jockey Club Charities Trust
The Path Forward: Managing Risks and Mitigating Hazards along the Pathogen Value Chain	Chatham House; University Research Co; FAO; Pasteur Institute

TITLE	ORGANIZERS
Spotlight on Indonesia: Transformational Health System Reforms to Promote Health Equity and Improve Health Outcomes	The World Bank
Integration of Traditional, Complementary, and Integrative Medicine in the Institutionalization of Evidence-Informed Decision-making	Tanja Kuchenmüller, Unit Head, Evidence to Policy and Impact Unit, Research for Health Department, Science Division, WHO; Geetha Gopalakrishna, Evidence Unit Head, WHO Global Traditional Medicine Center -GTMC; Mukdarut Bangpan, Associate Professor in Evidence-Informed Policy and Development, University College London
Addressing Commercial Determinants of Health: The Significance of Social Determinants and Social Participation	World Health Organization Sri Lanka
24th Board Meeting of the Asia Pacific Observatory (APO) on Health Systems and Policies	Ministry of Public Health (MOPH) Thailand; Asia Pacific Observatory (APO)
Rethinking External Assistance for Health	International Health Policy Programme; Alliance for Health Policy and Systems Research, WHO; WHO Health Financing and Economics
N4G's New Challenge: Bridging Nutrition Divides from Tokyo to France	NGO RESULTS Japan; International University of Health and Welfare
Health Equity Amidst Polycrises: Climate-Smart Healthcare in Asia-Pacific	FHI 360; Asian Development Bank (ADB); Healthcare Without Harm, Southeast Asia; UNFPA Thailand St. Luke's Medical Center College of Medicine; Health Systems Global
Equity on a Plate: Tackling Commercial Determinants of Health with Nutrition-Targeted Taxes	World Bank; Thai Health Promotion Foundation (ThaiHealth)
Advancing Mental Health Support to Achieve Health Equity	The Hong Kong Jockey Club Charities Trust

TITLE	ORGANIZERS
Supply Chain Resilience for Health Emergency Preparedness and Response in Asia: Considerations for Strategic Stockpiling of Countermeasures and Materials	Chatham House, the Royal Institute of International Affairs; National Health Security Office (NHSO), Thailand; International Health Policy Program (IHPP), Thailand
Reversing the Course in Deteriorating Financial Protection for Universal Health Coverage: Measurement and Policy Responses	Ajay Tandon
Local to Global: Implementing PHC in India, Indonesia and Philippines to Leave Nobody Behind	Daryl Martyris
Leveraging Data-Driven Solutions for Climate-Resilient Health: a China Case Study	The Rockefeller Foundation; ASK Health Asia
Launch of an ASEAN Collaborative Program for Cambodia and Other Countries: Building Data and National Capacity to Improve Health Systems Performance, Resilience, and Pandemic Preparedness	China Medical Board; National Institute of Public Health - Cambodia; National University of Singapore; Hong Kong University School of Public Health; Yale School of Public Health; University of Health Sciences - Cambodia; Mahidol University; Prince of Songkla University
Advancing the Representation and Rights of Health and Care Workers in Global Health Governance to Strengthen Women's Economic Security	USAID
Global Coordination in Governance for Digital Health	USAID; WHO Department of Digital Health and Innovation
Confronting Hidden Commercial Forces Influencing Policymakers and Healthcare Providers: Rethinking Governance, Policy and Advocacy	Saw Swee Hock School of Public Health, National University of Singapore; London School of Hygiene and Tropical Medicine; Aga Khan University
Beyond Borders: Telemedicine's Triumphs, Trials, and Tomorrow	Health Intervention and Technology Assessment Program (HITAP), Thailand

TITLE	ORGANIZERS
NIHR: The Launch of the NIHR Advanced Fellowship Scheme for Future Leaders in Global Health Research	Kara Hanson, Professor of Health Economics, LSHTM and Director of NIHR Global Health Research
Recognizing and Addressing Legacy Systems of Power and Privilege	Jesse Patterson; Shameka Harmon; Neetu Hariharan
Prince Mahidol Award Youth Program (PMAYP) Conference 2024	Prince Mahidol Award Youth Program, Prince Mahidol Award Foundation under the Royal Patronage

## SPECIAL EVENTS

TITLE	ORGANIZERS
The World Bank's Flagship Report - "Digital-in-health: Unlocking the Value for Everyone."	The World Bank
Book Launch – The Art of Establishing Universal Health Coverage in Thailand from the Past to Present, c.1868-2002	National Health Security Office
Book Launch – The Bulletin of the World Health Organization for PMAC 2024	International Health Policy Program; World Health Organization
Book Launch – The APO Book: The use of Routine Health Information Systems for Policy-making in Decentralized Countries: Comparing Indonesia and the Philippines	World Health Organization
Book Launch – Pulse to Planet: The Long Lifeline of Human Health	Prof. K. Srinath Reddy





# SIDE MEETINGS





SPECIAL EVENTS

## ANNEX V

# LIST OF POSTER PRESENTATIONS

ID	TITLE	PRESENTER
A01	Socioecological Factors Linked with Pharmaceutical Incentive-driven Prescribing in Pakistan	Muhammad Naveed Noor
A02	Dietary Dichotomies: Quantifying the Impact of Global Commercial Determinants on Traditional Food Intake among China's Internal Migrants	Li Niu
A03	An Analysis of the Bill and Melinda Gates Foundation's Grants to the World Health Organization, 1998-2022	Jonathan Kennedy
A04	Governance Lessons from Nepal for Pandemic Preparedness and Response	Shanti Mahendra
A05	Strategic Health Financing to Primary Health Facility Investment in Low Resource Setting in Myanmar	Bawi Mang Lian
A06	South-to-South Collaboration: A Learning Model for Oxygen Ecosystem Strengthening	Quy Tran
A07	Strengthening Myanmar's TB Response by Investing in Local Ownership	Phyo Wai Tun
A08	Factors Influencing Diabetes Prevalence and Its Economic Disparities in Indonesia: An Analysis of National Health Insurance Participants	Mahlil Ruby
A09	The Power of Equitable Partnerships in Advancing Power Shifting in Global Health	Goodness Odey
B01	Evaluation of Health and Poverty Alleviation Programs for Yunnan, China	Xizhuo Xie

ID	TITLE	PRESENTER
B02	Telemedicine and Elderly Care: The Impact of Caregiver Support and Digital Navigation on Access Perceptions	Pitchaya Chairuengjitjaras
B03	Reevaluating Global Health and International Law: The Relationship between Regime Interaction and Legal Fragmentation among Mechanisms Governing the Public Health Sphere	Matthew Carvalho
B04	Placing Child Health at the Center: A Case Study on Improving Global Health Governance	Jennifer Requejo
B05	Role of Health Equity in Health Technology Assessment in Asia: A Landscape Analysis of 13 Health Systems in Asia	Chanthawat Patikorn
B06	Assessing Policies for a Climate-Resilient Health Systems in Guyana: A Comprehensive Mixed-Methods Study	Cecil Boston
B07	From Crisis to Coverage: Global Lessons for Achieving Universal Health Coverage	Brooke Hunsaker
B08	Civil Society in The Global South Acting for Pandemic Preparedness	Asha Jyothi
B09	Estimating the Impacts of Climate Change on Mortality and Morbidity	Loreta Rufo
C01	Reorganized Primary Health Care through Community-based Engagement	Pradeep Jayawardana
C02	Technology-Driven COVID-19 Information Dissemination and Its Impact on Mental Well-being of Medical Students in China: A Global Health Perspective	Hongye Luo



ID	TITLE	PRESENTER
C03	How Cultural and Spiritual Entities Leverage the Achievement of Global Health Agendas: Learned from Pandemic Control in Indonesia	Salamuddin Nasution
C04	Temporal Shifts in Mental Health Resource Equity and Efficiency in Guangxi, China: A 2015-2021 Assessment	Aihong Xie
C05	Do Electronic Health Literacy and Online Health Information Seeking Mediate the Effects of Socio-Demographic Factors on COVID-19 and Non-Communicable Disease (NCD) Related Behaviors among Myanmar Migrants in Southern Thailand?	Hein Htet
C06	Collaborating for Resilient & Sustainable Health Systems in Asia Pacific	Syaru Shirley Lin
C07	Global Health Finance in the Era of Polycrises - Stronger and Aligned Governance System for Sustainability	Kalipso Chalkidou
C08	Increasing the Quality of Malaria Detection through Microscopy and External Quality Evaluation at the Regional Level in Haiti	Edet Hamel
C09	Exploring the Global Health Equity Discourse: Learnings from the past decade of Research Analysed Using Large Language Models	Anton Van Pamel
D01	The Limits of Multilateralism: Myanmar as a Case Study of the Need to Go Local	Tom Traill
D02	Feasibility of Implementing a Digital, Case-based, Real-time Malaria Surveillance System at the Township Level in Two States and Two Regions of Myanmar	Wah Wah Thaw

ID	TITLE	PRESENTER
D03	Political and Economical Analysis of the Amending Process of the Tobacco Hazards Prevention Act in Taiwan	Feng Jen Tsai
D04	Global Solidarity and Political Determinants of Health: The Experience of Myanmar and Sudan	May Phyu Sin
D05	Revitalizing Ethnic Health Information Systems in Conflict-Affected Southeast Myanmar: A Scoping Review	Zarni Lynn Kyaw
D06	Transformative Leadership and Health Equity in the Context of Geopolitics and Power Asymmetries	Tanja Tomson
D07	Spatial-Temporal Dynamics and Influencing Factors of Health Human Resources in Guangxi Counties: Insights from the MGWR Model	Chengcheng Li
D08	Decolonising Knowledge Production to Support Equitable Research Partnerships: Reflections from the ARISE Consortium	Wafa Alam
E01	Leaving No One Behind: Odisha's Empowering March towards Universal Health and Gender Equity	Sudhashree Chandrashekar
E02	Global Governance for Health and Its Implication on Health Outcome: A Case Study from Pakistan	Sabeen Afzal
E03	Third-Party Validation (TPV) of Pakistan's Prime Minister's National Health Programme (PMNHP)	Muhammad Arshad
E04	Exploring Co-production of Responses to Infectious Disease Threats With(in) Nepali Communities	Anna Durrance Bagale
E05	Decolonizing Medical Education and Research: Perspectives from Young Healthcare Professionals in Kerala, India	Shaheer Aboobacker

ID	TITLE	PRESENTER
E06	Deconstructing Global Health Security and the Health-Security Nexus	David McCoy
E07	Inequity in Government's COVID-19 Mitigation Measures To Community Members During The Peak Of COVID-19	Maxwell Dalaba
E08	What Does It Take for Success? Seven Competencies to Enhance the Quality of Community-based Co-production Research Partnerships for Health	Wafa Alam
F01	Decolonial Feminist Foresight: A Strategy to Address and Redress the Historical Injustice and Power Imbalance in Global Health	Tiffany Nassiri Ansari
F02	The Free Trade Agreements' Impacts on Alcohol Consumption: A Guide for Government Decision	Chardsumon Prutipinyo
F03	Building towards a Decolonised Leadership Programme for Health Equity: The Tekano Journey	Tracey Naledi
F04	Building Governance through a Regional Network and Assessment Tool	Jia Xin Foo
F05	Global Health Governance Performance during COVID-19, What Needs to Be Changed? A Delphi Survey Study	Wafa Abu El Kheir-mataria
F06	Patients' Perspectives on the Consequences of Incentive-linked Prescribing	Zahida Azizullah
F07	Decolonization of Global Health: A Myanmar NGO Case Study	Han Win Htat
F08	The Role of Global Health Partnerships in Achieving Vaccine Equity: A Case Study of the COVAX Facility	Charnele Nunes









**Geopolitics,  
human security  
and health equity  
in an era of polycrises**

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