



PMAC

PRINCE MAHIDOL
AWARD CONFERENCE

2026

REPORT ON THE
PMAC 2026

**Navigating Global
Demographic Transition**

through Innovative Policy: An Equity-Centered Approach

26 - 31 JANUARY 2026 | 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



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Congratulations
Prince Mahidol Award Laureate 2025
Field of Medicine



ศาสตราจารย์ ดร. วิวัฒน์ สอนสุภาพ
ปี พ.ศ. ๒๕๖๗
Prince Mahidol Award Documentary 2025

The Prince Mahidol Award
Field of Medicine

Using Machine Learning for Clinical Analysis Program

1. Data Collection: Collecting patient data from various sources.

2. Data Preprocessing: Cleaning and normalizing the data.

3. Model Training: Training a machine learning model on the preprocessed data.

4. Model Evaluation: Evaluating the performance of the trained model.

5. Deployment: Deploying the trained model for clinical analysis.

6. Monitoring: Monitoring the performance of the deployed model.

7. Feedback: Providing feedback to the model based on the monitoring results.



PRINCE MAHIDOL AWARD

The Prince Mahidol Award was established in 1992 to commemorate the 100th 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 31st 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 33 years (1992 - 2024), the Prince Mahidol Award has been conferred to 98 individuals, 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



PRINCE MAHIDOL AWARD 2025

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 2025

In the field of Medicine to
Doctor Terry Dean King, M.D.

In the field of Public Health to
Professor Dr. Walter C. Willett, M.D., M.P.H., Dr.P.H.



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

Presided Over the Presentation
Ceremony of the Prince Mahidol Award 2025
at the Sommutti Devaraj Uppabat Hall as well as the Dinner Party
in Honour of the Prince Mahidol Award Laureates 2025
at the Chakri Throne Hall in the Grand Palace
on Wednesday, 28th January 2026

PRINCE MAHIDOL AWARD LAUREATE 2025

IN THE FIELD OF
MEDICINE



Doctor Terry Dean King, M.D.

Pediatric Cardiologist and Senior Physician,
Ochsner Children's Hospital

United States of America



Dr. Terry Dean King is a distinguished physician and scientist specializing in cardiology. He received a medical degree from the University of Texas, USA, and completed his internship and residency in Pediatrics at Duke University, USA. He subsequently undertook fellowship training in pediatric cardiology and has since been practicing as a Senior Staff Physician at the Ochsner Children's Hospital in West Monroe, Louisiana, USA. Dr. King developed a profound interest in minimally invasive treatments, particularly in non-surgical approaches to correct heart defects. His research and clinical experience have laid a foundation for advancing safer, more effective cardiac treatment.

In 1975, Dr. King and his team successfully performed the first non-surgical closure of an atrial septal defect (ASD), using a newly developed small umbrella-shaped device, later known as the **King-Mills Cardiac Umbrella**. This innovation represented a groundbreaking step in cardiac care, allowing the repair of heart defects without open-chest surgery by inserting the device through a venous catheter. The device significantly reduced the need

for major surgery, shortened hospital stays, minimized complications, and allowed faster patient recovery. This achievement marked a major milestone in the history of cardiology, bridging the gap between engineering innovation and clinical application. It laid the groundwork for the development of minimally invasive cardiac technologies. Moreover, Dr. King was also a pioneer in knowledge-transfer and promoting equitable access to advanced cardiac care technologies in low- and middle-income countries.

His outstanding achievements in pioneering medical innovations and advancing the quality of life for patients with congenital heart diseases worldwide through the development of minimally invasive treatment technologies have benefited the health and well-being of hundreds of millions of people around the globe.

PRINCE MAHIDOL AWARD LAUREATE 2025

IN THE FIELD OF
PUBLIC HEALTH



Professor Dr. Walter C. Willett,
M.D., M.P.H., Dr.P.H.

Professor of Epidemiology and Nutrition
Harvard T. H. Chan School of Public Health

United States of America



Professor Dr. Walter C. Willett received a medical degree from the University of Michigan and an advanced degree in public health from Harvard T. H. Chan School of Public Health. Professor Willett is recognized as a pioneer in modern nutritional epidemiology, as he directed many influential studies on diet, lifestyle, and chronic disease. His research has transformed global understanding of nutrition and driven major public health policy changes.

One of his landmark studies provided the first conclusive evidence linking trans fat consumption to increased risk of coronary heart disease. This discovery led to a ban on trans fats in many countries and the World Health Organization's global initiative to eliminate trans fats, which is projected to prevent over 250,000 premature deaths from heart disease each year.

Professor Dr. Willett also dispelled long-standing misconceptions that all types of dietary fats are harmful, demonstrating that **fat quality**, not total fat quantity, is the key determinant of cardiovascular risk. Moreover, his studies highlighted the health risks of high intake of refined carbohydrates and

sugars, showing that diets with a high glycemic index significantly increase the risk of chronic diseases, particularly type 2 diabetes.

His findings reinforced the principle that most chronic diseases are preventable, including coronary heart disease and type 2 diabetes, through improved diet and lifestyle. In 2019, he proposed the concept of a **"Planetary Health Diet"** which could reduce premature mortality by up to 30%, equivalent to 15 million lives saved per year.

His invaluable contributions and groundbreaking work in nutrition research have profoundly influenced global health promotion and the development of public health policies for disease prevention, benefiting the health and well-being of hundreds of millions of people worldwide.



PMAC 2026
PRINCE MAHIDOL AWARD CONFERENCE

Navigating Global Demographic Transition
Empowering Policy: An Equity-Centered Approach

RESERVED



PRINCE MAHIDOL AWARD CONFERENCE

The Prince Mahidol Award Conference was first organized in 1998 to celebrate the 5th anniversary of the Prince Mahidol Award, then again in 2002 to celebrate the 10th anniversary of the award. To celebrate the 15th anniversary of the award and the 115th 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 2026 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 Japan International Cooperation Agency, the CMB Foundation, the Rockefeller Foundation, the Chatham House, the National University of Singapore, the University of Gothenburg, the Asian Development Bank, the Institute of Philanthropy, FHI 360, the Gates Foundation, the International Federation of Medical Students Associations, and other related organizations.

The general objective of the annual Prince Mahidol Award Conference is to bring together leading public health leaders and stakeholders from around the world to discuss high priority global health issues, summarize findings 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: 2nd 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
- 2026: Navigating Global Demographic Transitions Through Innovative Policy:
An Equity-Centered Approach
- 2027: Achieving Health Through Addressing Commercial Determinants of Health

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PMAC 2026

Navigating Global Demographic Transition

through Innovative Policy: An Equity-Centered Approach

26 - 31 January 2026 | Bangkok, Thailand

PRINCE MAHIDOL AWARD CONFERENCE 2026

Navigating Global Demographic Transitions

through Innovative Policy: An Equity-Centered Approach

Global demographics are undergoing profound shifts through aging populations, declining fertility rates, evolving migration patterns, youth bulges, and rapid urbanization, which intersect with widening inequalities, economic vulnerabilities, strained health systems, and climate pressures. High-income countries face aging populations and shrinking workforces, while low- and middle-income countries manage growing youth populations requiring expanded infrastructure and employment. Strategic investments in human capital—including education, vocational training, and lifelong learning—alongside infrastructure supporting intergenerational integration can transform these challenges into opportunities for economic growth and inclusive social progress, as demonstrated by East Asia’s demographic dividend in the late 20th century.

Aging populations in middle- and high-income countries create labor shortages and economic strain as younger workers support older populations amid rising healthcare costs and pension obligations. Healthcare systems must adapt to increasing non-communicable diseases and long-term care needs, while comprehensive strategies addressing housing, urban planning, and community well-being are essential for supporting aging individuals. Countries like Japan and Singapore offer valuable models through technology-assisted elder care and reskilling programs for older workers. The PMAC 2026 conference aims to identify actionable solutions through life course policies that address needs across all age demographics, showcasing evidence-based case studies that inspire policymakers to implement effective strategies for managing demographic transitions globally.

The PMAC 2026

encompasses three sub-themes comprising:

Sub-Theme 1

Demographic Transitions, Social Equity,
and Population Diversity



Sub-Theme 2

Demographic Shifts and Health System
Transformation

Sub-Theme 3

Governing Health for People and Planet:
Geopolitics in Flux



The PMAC 2026 Conference Program Structure
is given in ANNEX I.





MESSAGE

FROM THE CO-CHAIRS
OF THE INTERNATIONAL
ORGANIZING COMMITTEE



Navigating Global Demographic Transitions

through Innovative Policy: An Equity-Centered Approach

The world stands at a critical demographic crossroads. Unprecedented shifts in global population dynamics – aging societies, declining fertility rates, youth bulges, rapid urbanization, and evolving migration patterns – are fundamentally reshaping our social, economic, and health landscapes. These transitions intersect with widening inequalities, strained health systems, economic vulnerabilities, and escalating climate pressures, creating complex challenges that demand innovative, equity-centered policy responses.

The demographic transformations we are witnessing present both profound challenges and remarkable opportunities. High-income countries grapple with aging populations and shrinking workforces, while low- and middle-income nations manage burgeoning youth populations requiring expanded infrastructure, education, and employment opportunities. Strategic investments in human capital – through education, vocational training, and lifelong learning – alongside infrastructure that supports intergenerational integration, can transform these demographic shifts into catalysts for inclusive economic growth and social progress.

Aging populations in middle- and high-income countries are creating unprecedented pressures on health systems, social protection mechanisms, and economic structures. As the proportion of older adults increases, healthcare systems must adapt to rising non-communicable disease burdens and growing long-term care needs. Simultaneously, comprehensive strategies addressing housing, urban planning, and community well-being become essential for supporting aging individuals while maintaining social cohesion and economic vitality.



These demographic transitions do not occur in isolation. They intersect with geopolitical tensions, technological disruptions, and planetary health crises, amplifying systemic risks and deepening inequalities. The convergence of demographic shifts with climate change, armed conflicts, and economic instability creates complex challenges that disproportionately impact vulnerable populations, including people with disabilities, migrants, indigenous communities, gender minorities, and informal workers.

Moreover, the rapid advancement of technologies, particularly artificial intelligence and digital health systems, presents both opportunities and risks. While these innovations offer potential solutions for addressing demographic challenges – from technology-assisted elder care to improved health service delivery – they also risk creating new divides if not implemented equitably and inclusively.

We must recognize that our response to these demographic transitions will shape the future of humanity. The policies we implement today will determine whether we can harness demographic dividends, build resilient health systems, foster intergenerational solidarity, and create inclusive societies that leave no one behind. This requires moving beyond traditional silos to embrace holistic, life-course approaches that address the needs of all age groups while protecting our planet for future generations.

The Conference this year will provide a unique platform to explore innovative policy responses to global demographic transitions through an equity-centered lens. It provides an exceptional opportunity for all stakeholders, including governments, the United Nations system, academic institutions, civil society organizations, professional associations, non-governmental and faith-based organizations, philanthropic foundations, youth activists, and the private sector to come together to debate and develop actionable solutions that address the multifaceted nature of demographic change.



PRINCE MAHIDOL AWARD CONFERENCE 2026

Collectively, we have the responsibility and opportunity to chart a course for “Navigating Global Demographic Transitions through Innovative Policy: An Equity-centered Approach.” Through evidence based discussions, cross-sectoral collaboration, and shared learning from diverse contexts, we can identify and implement strategies that transform demographic challenges into opportunities for building more equitable, sustainable, and resilient societies.

As the Co-chairs of this important global Conference, we encourage all participants to take full advantage of the opportunities that PMAC 2026 has to offer. In addition to your participation in the insightful Conference programme that includes plenary discussions and parallel sessions with many renowned speakers exploring three critical sub-themes – [Demographic Transitions, Social Equity, and Population Diversity](#); [Demographic Shifts and Health System Transformation](#); and [Governing Health for People and Planet: Geopolitics in Flux](#) – we encourage you to actively engage in the exciting range of pre-conference side meetings where these vital topics will be examined in greater depth.

APPRECIATION

The Chairs extend their sincere appreciation to the many individuals and organizations whose efforts have made this conference possible. We especially thank the Prince Mahidol Award Foundation, the Royal Thai Government, and the PMAC Secretariat for their exceptional support and leadership. We also acknowledge the invaluable contributions of our speakers, panelists, and participants, whose expertise and passion will enrich PMAC 2026.

We look forward to welcoming you to PMAC 2026 and to the collaborative efforts that will shape a brighter future for global health.

Welcome all to Bangkok!



CONFERENCE CO-HOSTS AND SUPPORTING ORGANIZATIONS

A full list of the PMAC 2026 International
Organizing Committee Members
is given in ANNEX II.



OPENING REMARKS

HER ROYAL HIGHNESS PRINCESS MAHA CHAKRI SIRINDHORN

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



HER ROYAL HIGHNESS PRINCESS MAHA CHAKRI SIRINDHORN

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



It is my great pleasure to welcome you to the Prince Mahidol Award Conference 2026.

We meet at a defining moment in human history. Across the world, populations are changing—people are living longer, families are smaller, cities are growing, and migration is reshaping societies. These demographic transitions are not simply numbers or trends. They are about people, dignity, and opportunity.

How we respond will determine whether longer lives become better lives, whether young populations find hope and purpose, and whether societies grow more inclusive or more divided.

Innovation in policy is essential—but innovation alone is not enough. Progress must be guided by equity. Policies must protect the vulnerable, reduce disparities, and ensure that no group is left behind, regardless of age, gender, ability, or place of birth.

This conference invites us to look beyond sectors and silos, to think across generations, and to act with responsibility toward both people and planet. Evidence, compassion, and collaboration must guide our decisions.

I hope that your discussions here will lead to practical solutions, shared learning, and renewed commitment to building fairer and more resilient societies.

I want to express my heartfelt thanks to our co-hosts and partners; 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 Japan International Cooperation Agency, the CMB Foundation, The Rockefeller Foundation, Chatham House, the National University of Singapore, the University of Gothenburg, the Asian Development Bank, the Institute of Philanthropy, FHI 360, the Gates Foundation, and the International Federation of Medical Students' Associations. They have been instrumental in making this conference a reality. On behalf of the Foundation, I express my deepest gratitude to all who have contributed to this endeavor.

It is now my honor to declare the Prince Mahidol Award Conference 2026 officially open.

PRINCE MAHIDOL AWARD CONFERENCE (PMAC) 2026

The Prince Mahidol Award Conference (PMAC) 2026 convenes global leaders, policymakers, academics, and practitioners to address one of the most pressing challenges of our time—rapid and uneven demographic transitions. Under the theme “Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach,” the conference explores how shifting population structures—characterized by ageing societies, declining fertility rates, urbanization, and migration—are reshaping health systems, economies, and social contracts worldwide. It emphasizes the need for forward-looking, inclusive policies that balance economic sustainability with social justice, ensuring that no population group is left behind. Against this backdrop, the Opening Video serves as a powerful entry point to ground these complex issues in human experience and ethical reflection.

The PMAC 2026 Opening Video, a thought-provoking and emotionally engaging narrative, sets the tone for the conference theme on

"Navigating Global Demographic Transitions
through Innovative Policy:
An Equity-Centered Approach."



Through a dramatized storyline intertwined with expert insights, the video explores the complexities of global demographic transitions—ranging from declining birth rates and population ageing to shifting societal values and economic implications. By challenging the tendency to reduce human lives to statistics and economic metrics, the video calls for a more holistic, human-centered perspective that recognizes dignity, equity, and quality of life across all generations.

It invites viewers to reflect on
the real-life experiences behind the numbers
and underscores the urgency of building inclusive systems
that respond to the needs of diverse populations.



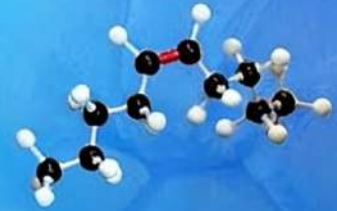
The Full VDO
is Available on YouTube



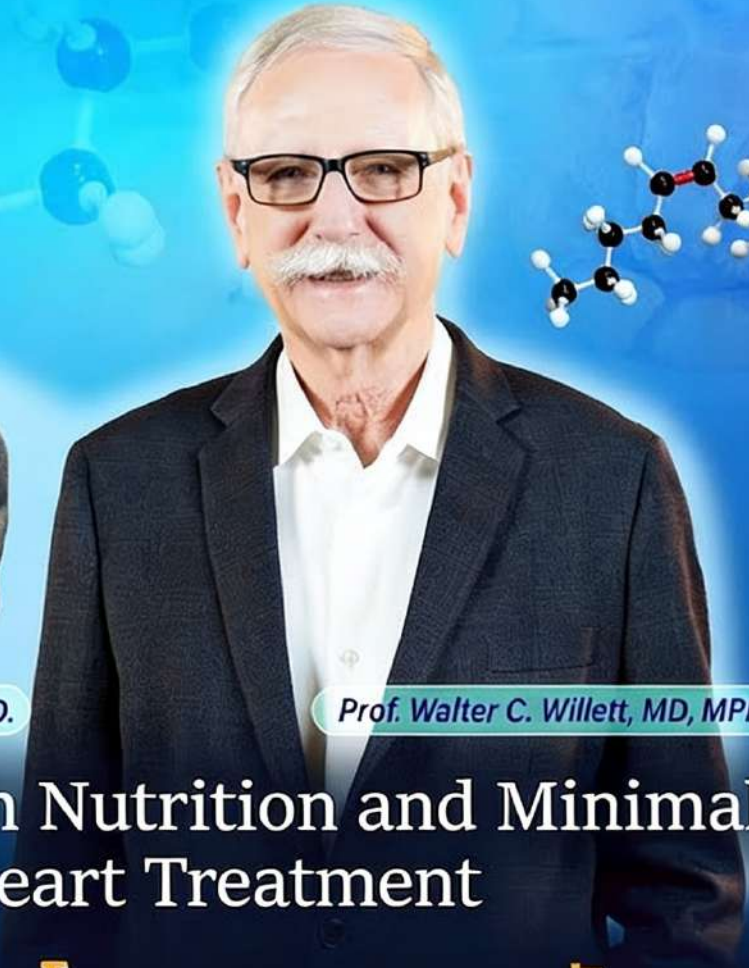


PMAC 2026

A Conversation with
the 2025 Prince Mahidol Award
Laureates



Dr. Terry Dean King, MD.



Prof. Walter C. Willett, MD, MPH, DrPH

Better Health Through Nutrition and Minimally
Invasive Heart Treatment

สุขภาพที่ดีกว่าด้วยโภชนาการ และนวัตกรรม
การรักษาหัวใจโดยไม่ต้องผ่าตัด



Hosted by Asst. Prof. Pavit Plenvichitr
ดำเนินรายการโดย ผศ. นพ.ทวิชญ์ เพ็ญวิจิตร

The PMA Armchair Conversation
is Available on YouTube



KEYNOTE ADDRESS



KEYNOTE ADDRESS

Martha Alter Chen

Associate, the Mittal South Asia Institute
Harvard University
United States of America

The Keynote Address titled “Inclusive Social Protection and the Informal Workforce: Promoting Equity During Demographic Transitions” delivered by Dr. Martha (Marty) Chen at the Prince Mahidol Award Conference 2026. In her address, she highlights the critical yet often overlooked role of the world’s two billion informal workers and calls for more inclusive, equity-centered social protection systems in the context of global demographic shifts. Drawing on global evidence and country experiences—particularly from Thailand—the keynote underscores the importance of recognizing, protecting, and empowering informal workers as essential contributors to resilient and inclusive societies.

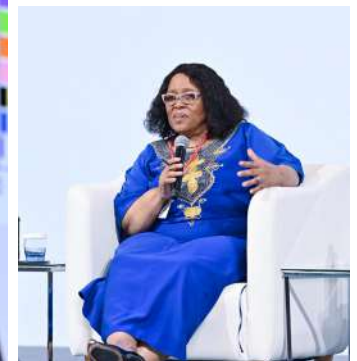




SESSIONS AT
A GLANCE

PLENARY SESSION 0

Navigating Global Demographic Transitions in a Time of Geopolitical Upheaval



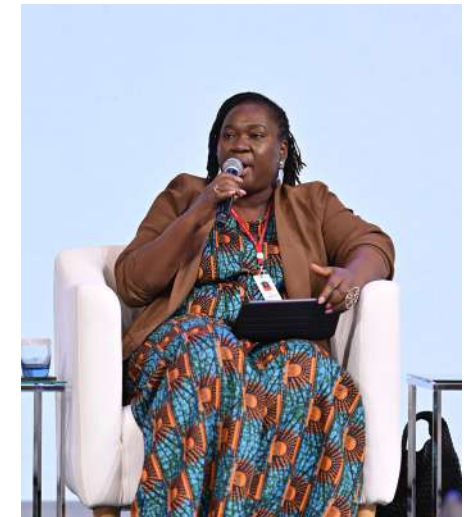
MODERATOR
Dennis Carroll

KEYNOTE SPEAKER
Christopher J.L. Murray

PANELISTS
Gabriel Leung
Keizo Takemi
Magda Robalo
Malebona Precious Matsoso

PLENARY SESSION 1

Demographic Transitions, Social Equity, and Population Diversity



SESSIONS AT A GLANCE



MODERATORS

Abhijit Visaria
Chalermpol Chamchan

PANELISTS

Aleksandar Sasha Bodiroza
Eduardo Banzon
Fadekemi Akinfaderin
Gretchen Donehower
Reiko Hayashi

PARALLEL SESSION 1.1

Social Welfare Systems, Social Protection, and Fiscal Sustainability

MODERATOR

Piya Hanvoravongchai

KEYNOTE SPEAKER

Hervé Boulhol

PANELISTS

Aiko Kikkawai

Rintaro Mori

Veerathai Santiprabhob



PARALLEL SESSION 1.2

Harnessing Demographic Dividends and Silver Economy, and Implication to Health System

MODERATOR

Sang-Hyop Lee

SPEAKERS

Aïssata Fall

Kanoko Oishi

Philip O'Keefe

Voradon Lerdrat

PARALLEL SESSION 1.3

The Role of Family, Community, and Supportive Environments Amid Demographic Shifts

MODERATOR

Issarang Nuchprayoon

KEYNOTE SPEAKER

Praseedha Janakiram

PANELISTS

Dinesh Arora

Emi Kiyota

Katie Malbon

Wycliffe Waweru



SESSIONS AT A GLANCE



PARALLEL SESSION 1.4

Advancing Intergenerational Solidarity and Equity in an Unsettling World

MODERATOR

Mikiko Kanda

KEYNOTE SPEAKER

Irene Blackberry

PANELISTS

Edren M. Llanillo

Sabu S. Padmadas

Stephen Meir Tollman

Vania De La Fuente-Nunez

PARALLEL SESSION 1.5

No One Left Behind: Inclusive Policies for Vulnerable and At-Risk Groups in an Era of Demographic Change



MODERATOR

Monire Therese-Bassir

SPEAKER

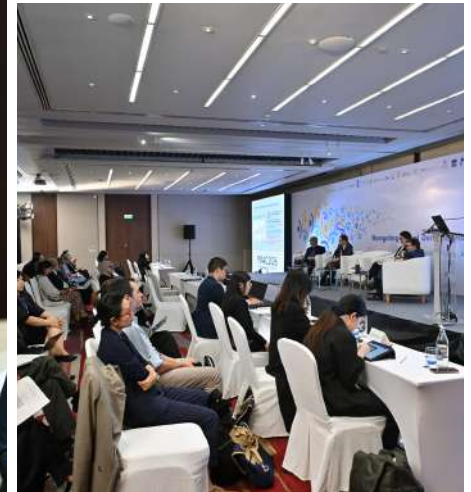
Nik Norliati Fitri Md Nor

PANELISTS

Muhammad Hamid Zaman

Renu Khanna

Viviane Oke



PLENARY SESSION 2

Demographic Shifts and Health System Transformation



SESSIONS AT A GLANCE



MODERATOR

Feng Zhao

SPEAKERS

Ailan Li

Dechen Wangmo

Jimmy Volmink

Ntobeko Ntusi

PARALLEL SESSION 2.1

Navigating Demographic Transitions:
Impacts and Implications for
the Human Resources for Health



MODERATOR

Ritu Sadana

SPEAKERS

Bootsakorn Loharjun

Kenneth Ronquillo

Minghui Ren

Muthoni Karanja



SESSIONS AT
A GLANCE

PARALLEL SESSION 2.2

Securing the Future of Health
and Well-Being for All at All Ages:
Sustainable Financing Solutions



CHAIR

Malebona Precious Matsoso

MODERATORS

Akihito Watabe

Kiesha Prem

SPEAKERS

Festus Susilo

Ghina Fadhilla

Jonathan Cylus

PANELISTS

Ayako Honda

Huijun Cynthia Chen

Lluis Vinyals Torres

Samrit Srithamrongsawat

Soonman Kwon



PARALLEL SESSION 2.3

Responsive Service Delivery
in Shifting Health Needs



CHAIR

Feng Zhao

MODERATOR

Xiaohui Hou

KEYNOTE SPEAKER

David Bishai

SPEAKERS

Anna Koziel

Hiang Khoon Tan

Jun Sasaki

Keisuke Shimizu

Mohamed Elduma

Sriromi Maduwage

Tengku Aizan Hamid



SESSIONS AT
A GLANCE

PARALLEL SESSION 2.4

People-Centered Long-Term Care:
Promising Multisectoral and
Community-Based Approaches



MODERATOR

Shintaro Nakamura

SPEAKERS

Akosua Agyemang

Hongsoo Kim

Janevit Wisongsongkram

Katsuya Iijima

Marco Stampini

PARALLEL SESSION 2.5

Diverse Values and Ethics in Designing Population Policies



MODERATOR

Fatou Wurie

SPEAKERS

Aïssata Fall

Dechen Wangmo

Poonam Muttreja

Stuart Gietel-Basten



PLENARY SESSION 3

Governing Health for People and Planet: Geopolitics in Flux



SESSIONS AT
A GLANCE

MODERATOR

Thu-Ba Huynh

KEYNOTE SPEAKER

Andrew Haines

PANELISTS

Alana Nicholls

Gabriel Leung

Heela Yoon

John Patterson

Raya Muttarak

Suriwan Thaiprayoon

PARALLEL SESSION 3.1

Planet, Power, and People:
Building Just Transitions Across Generations



MODERATOR

Omnia Omrani

PANELISTS

Carina Hirsch

Raya Muttarak

Woraphot Kingkawkontong

Yukiko Yamada Morovic



SESSIONS AT A GLANCE

PARALLEL SESSION 3.2

Digital Futures in a Demographic Shift:
Technology for Health, Justice, and the Planet



MODERATOR

Swati Mahajan

KEYNOTE SPEAKER

Sara Khalid

PANELISTS

Alexo Esperato

Poruan Temu

Sarah Morris

PARALLEL SESSION 3.3

Moving Futures: Migration, Labor,
and the Health of a Changing Planet



MODERATORS

Kelly Perry
Timothy Mastro

KEYNOTE SPEAKERS

Poonam Dhavan
Santino Severoni

PANELISTS

Betty Barkha
Nyan Linn
Otto Nzapfurundi Chabikuli
Phongsak Nitikaroon



SESSIONS AT
A GLANCE

PARALLEL SESSION 3.4

Peace Under Pressure: Navigating Conflict,
Environment, and Population Health



MODERATORS

Jemilah Mahmood
Sara Causevic

KEYNOTE SPEAKER

Peter Wallensteen

SPEAKERS

David Mclachlan-Karr
Firass Abiad
Heela Yoon
Jamela Al Raiby
Shweta Narayan
Tobias Ide

PARALLEL SESSION 3.5

Generation Now: Youth Leadership
at the Nexus of Health, Gender, and the Environment



MODERATOR

Anita Soina

SPEAKERS

Barnabas Koroa
Daniela Urquijo Defex
David Johnson
Enas Osama
Rebecca Kausa
Voradon Lerdrat

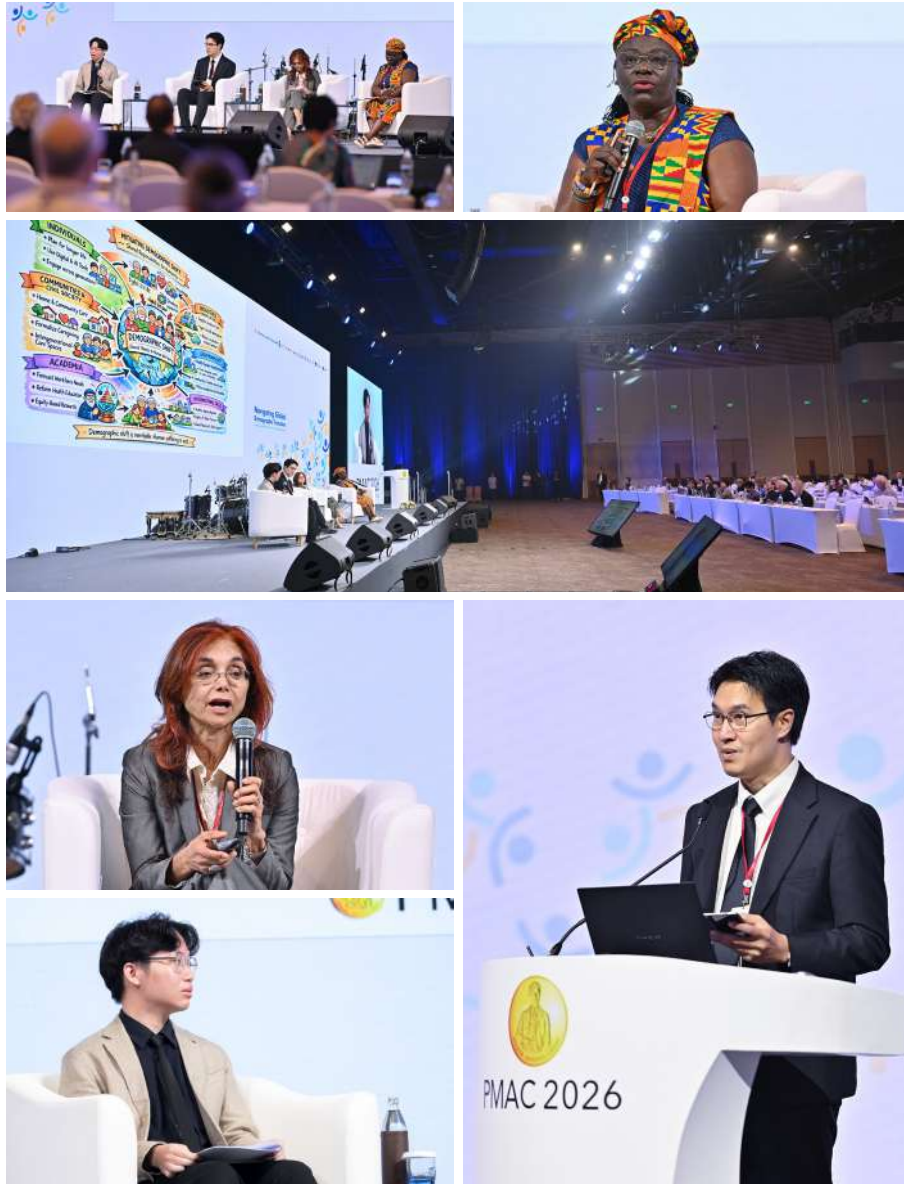


WELCOME DINNER



SESSIONS AT A GLANCE

SYNTHESIS: SUMMARY, CONCLUSION & RECOMMENDATIONS



SESSIONS AT
A GLANCE

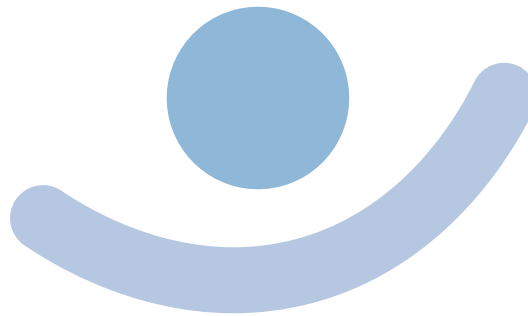
 **CLOSING
PERFORMANCE**



CONFERENCE
SYNTHESIS

The World in a Demographic Transition:

Facts and Current Realities



The theme of PMAC 2026,
**Navigating Global
Demographic Transitions
through Innovative Policy:
An Equity-Centered Approach,**

is grounded in a set of structural transformations
that are reshaping societies across the globe.

The world is not approaching demographic transition as a distant prospect; it is already living through it. At the same time, epidemiological shifts, economic asymmetries, care burdens, and geopolitical instability are interacting in ways that intensify both vulnerabilities and inequalities.

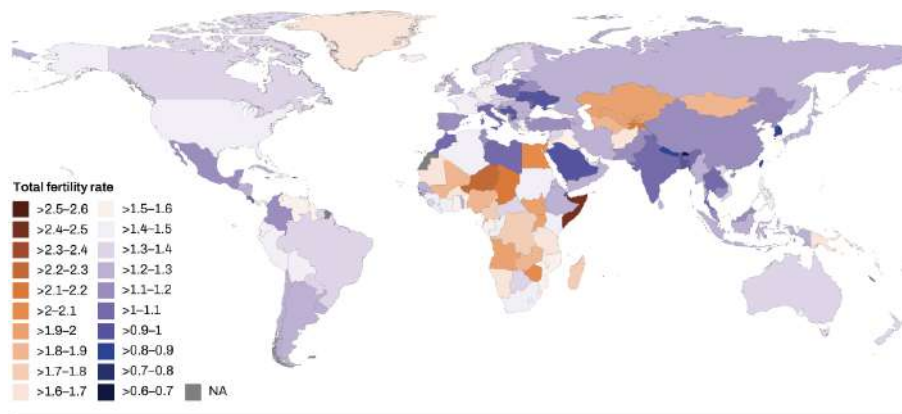
THE GLOBAL DEMOGRAPHIC SHIFT

The global population structure is undergoing a profound transformation.

Declining fertility rates and rising life expectancy are altering the age composition of societies at an unprecedented pace.

In many parts of the world, fertility has fallen below replacement level, while improvements in survival have extended life spans. Although global population growth continues—with an estimated peak of 9.5 billion people in 2064¹—its pace has slowed considerably, and in numerous countries population decline is already underway. The proportion and absolute number of older persons are increasing rapidly, while the share of children and youth is shrinking in many regions. This shift, notably more ageing and less working age population, has far-reaching implications for labour markets, social protection systems, health services, and intergenerational relations.

Figure 1 Projected fertility rates by country in 2100



Source: <http://bit.ly/FertilityGBD21>, The Lancet.

¹ Vollset, S. E., Goren, E., Yuan, C. W., Cao, J., Smith, A. E., Hsiao, T., . . . Murray, C. J. L. (2020). Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: a forecasting analysis for the Global Burden of Disease Study. *Lancet*, 396(10258), 1285-1306. doi:10.1016/s0140-6736(20)30677-2



Importantly, demographic transition is unfolding unevenly.

Some countries, particularly in parts of sub-Saharan Africa, retain relatively youthful populations and continue to experience population growth.²

Several middle-income countries are experiencing rapid compressed transitions, moving from high fertility to rapid ageing within a few decades; faster than high income country's experiences.

This divergence creates a world in which countries face distinct but interconnected demographic realities, complicating global policy responses and cooperation.



² Global fertility in 204 countries and territories, 1950-2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021. (2024). *Lancet*, 403(10440), 2057-2099. doi:10.1016/s0140-6736(24)00550-6

THE REALITY OF INFORMAL CARE WORK

As populations age and the prevalence of chronic conditions rises, the demand for long-term care is increasing. However, in most countries, the primary providers of care are not formal institutions but families and communities. This care work is largely unpaid and disproportionately performed by women.

According to 2024 ILO estimates, approximately 708 million women around the world are outside the labour force because of unpaid care responsibilities.⁴

The invisibility of informal care has implications not only for gender equity but also for economic productivity and social cohesion.



Without mechanisms to support, redistribute, and complement informal caregiving through formal systems, societies risk deepening inequalities and placing disproportionate burdens on households, particularly women.

Women's role in informal caregiver creates social inequalities, especially in opportunities at the professional level.⁵

4 International Labour Organization. (2024). Unpaid care work prevents 708 million women from participating in the labour market. Geneva: ILO Retrieved from <https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market>

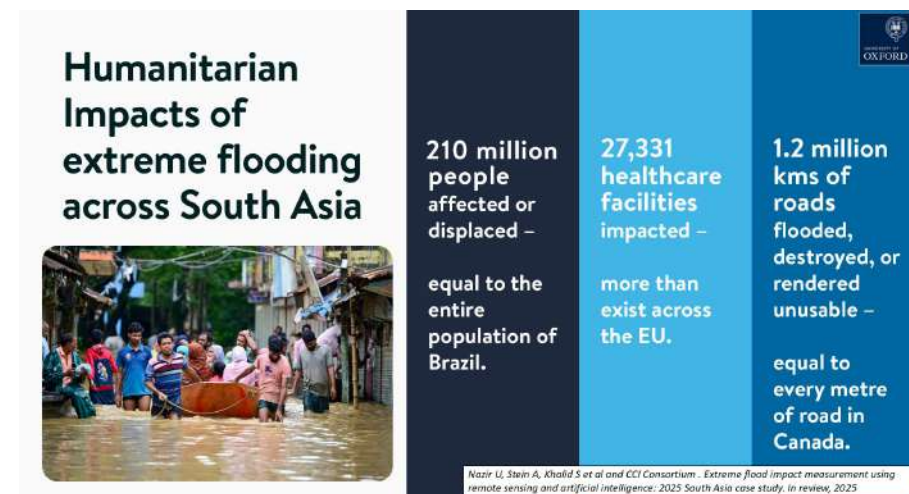
5 Rexhaj S, Nguyen A, Favrod J, Coloni-Terrapon C, Buisson L, Drainville AL, Martinez D. Women involvement in the informal caregiving field: A perspective review. *Front Psychiatry*. 2023 Jan 18;14:1113587. doi: 10.3389/fpsy.2023.1113587

DEMOGRAPHIC TRANSITION IN AN ERA OF POLYCRISES

Demographic and epidemiological transitions are unfolding within a global landscape marked by geopolitical tensions, armed conflicts, and planetary health crises. These multiplying forces intensify vulnerabilities and undermine resilience.

Armed conflicts disrupt health systems, displace populations, and interrupt continuity of care. Infrastructure destruction and workforce shortages further constrain service delivery. Maternal and child health services are seriously affected, with limited antenatal care, increased maternal mortality, and disrupted vaccination programs. Conflicts precipitate a severe food crisis, characterised by widespread food insecurity and acute malnutrition among children.⁶ Simultaneously, climate change and environmental degradation are exerting mounting pressures on societies. Extreme weather events, food and water insecurity, and environmental stressors disproportionately affect vulnerable populations.

Figure 3 Humanitarian Impact of Extreme Flooding across South Asia



These overlapping crises create a complex operating environment in which demographic transition cannot be addressed in isolation from broader structural risks.

6 Ayele K. Impacts of Armed Conflicts on Healthcare and Nutrition Services in Ethiopia: A Narrative Review. *Public Health Chall*. 2025 Aug 9;4(3):e70099. doi: 10.1002/puh2.70099.

What Demographic Transition Means:

Cross-Sectoral Implications



Demographic transition does not occur in isolation, its consequences reverberate across health systems, labour markets, fiscal frameworks, and social structures.

There are multi-dimensional implications of population ageing and shifting disease burdens, from the intensification of informal caregiving to mounting pressures on health workforce capacity and pension systems, the stakes of inaction are high, and the risks are not shared equally.

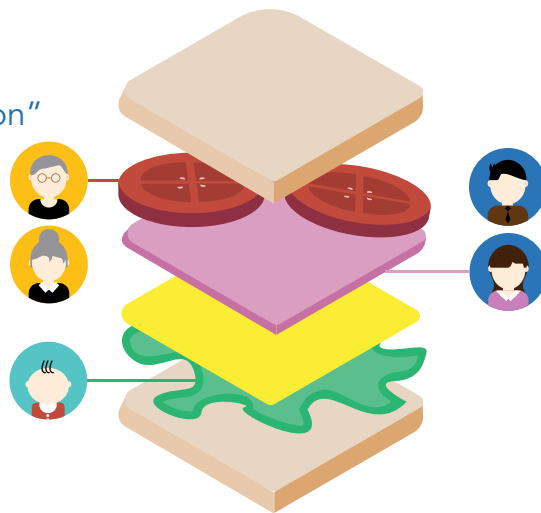
WHO GETS LEFT BEHIND? EQUITY AND THE CARE GAP

Population ageing and the rising prevalence of chronic diseases increase the demand for long-term and continuous care.

In many countries, however, formal health and long-term care systems remain insufficiently developed to meet these growing needs. As a result, care responsibilities are increasingly shifted from public systems to households, raising important concerns regarding equity and the sustainability of informal care systems.⁷

A major implication is the intensification of unpaid caregiving within families, particularly affecting women and individuals in

the “sandwich generation” who simultaneously care for older parents and dependent children.



7 Culberson, J. W., Kopel, J., Sehar, U., & Reddy, P. H. (2023). Urgent needs of caregiving in ageing populations with Alzheimer's disease and other chronic conditions: Support our loved ones. *Ageing Res Rev*, 90, 102001. doi:10.1016/j.arr.2023.102001

Globally, women perform more than three-quarters of unpaid care work, reflecting persistent gender inequalities in care responsibilities. These caregiving roles can reduce labour market participation, affect caregivers' health and well-being, and reinforce existing socioeconomic inequalities.⁸

The sandwich generation experience more caregiving-related financial and emotional difficulties and role overload.⁹

The burden of care is also distributed unevenly across households. Families with limited financial resources often lack the ability to access formal care services or assistive technologies, resulting in a disproportionate burden on low-income households, migrants, and rural populations. Migration and demographic changes can further weaken traditional family support networks, particularly in rural areas where younger populations move to urban centres for employment.¹⁰

From an equity perspective, these trends highlight the need to recognize and support informal caregivers as a key component of health and social systems.

Policies such as caregiver support programs, community-based care services, and integrated long-term care systems are essential to reduce household burdens and ensure equitable access to care for ageing populations.



8 International Labour Organization. (2024). Decent work and the care economy. Geneva: ILO. Retrieved from <https://www.ilo.org/media/534421/download>

9 Lei L, Leggett AN, Maust DT. A national profile of sandwich generation caregivers providing care to both older adults and children. *J Am Geriatr Soc*. 2023 Mar;71(3):799-809. doi: 10.1111/jgs.18138

10 Conduah, A. K., & Ofoe, S. H. (2025). Intersecting impacts of ageing, migration, and socioeconomic disparities on health equity: a post-pandemic policy review. *Int J Equity Health*, 24(1), 304. doi:10.1186/s12939-025-02683-0

HEALTH & SOCIAL SYSTEMS UNDER PRESSURE

Population ageing is increasing demand for health services, particularly for the management of chronic diseases, multimorbidity, and long-term care needs. Older persons generally require more frequent healthcare services and more complex care compared with younger populations, placing growing pressure on health systems and health workforces.¹¹

However, many countries already face shortages and inequitable distribution of health and care workers.

Workforce planning has traditionally focused on hospital-based services, while ageing populations require expanded community-based, primary care, and long-term care services. As a result, existing health workforce capacities may be insufficient to meet future care demands, particularly in low- and middle-income countries.⁸

Migration of health professionals further exacerbates these challenges. High-income countries increasingly recruit health and care workers from countries with weaker health systems, contributing to workforce shortages and raising concerns about global health workforce equity. At the same time, the ageing of the health workforce itself may reduce workforce capacity as many professionals approach retirement.¹²



11 Shreya, D., Fish, P. N., & Du, D. (2025). Navigating the Future of Elderly Healthcare: A Comprehensive Analysis of Aging Populations and Mortality Trends Using National Inpatient Sample (NIS) Data (2010-2024). *Cureus*, 17(3), e80442. doi:10.7759/cureus.80442

12 Walton-Roberts, M., & Bourgeault, I. L. (2024). Health workforce data needed to minimize inequities associated with health-worker migration. *Bull World Health Organ*, 102(2), 117-122. doi:10.2471/blt.23.290028

Addressing these challenges requires strategic health workforce planning, including

- expanding training in geriatric and chronic care,
- strengthening community-based health services, and
- promoting task-sharing among healthcare professionals and caregivers.¹³

Such measures will be essential to ensure that health systems remain capable of meeting the growing and complex needs of ageing populations.



Not only effective implementation of the 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel, a combination of complementary policy responses is required. Destination countries should increase production of health workers to meet domestic needs; source countries should invest through domestic financing to absorb the health workers in their health systems and to improve working conditions, including fair remuneration, to enhance retention.¹⁴

13 Flaherty, E., & Bartels, S. J. (2019). Addressing the Community-Based Geriatric Healthcare Workforce Shortage by Leveraging the Potential of Interprofessional Teams. *J Am Geriatr Soc*, 67(S2), S400-s408. doi:10.1111/jgs.15924

14 Cometto G, Boniol M, Mahat A, Diallo K, Campbell J. Understanding the WHO health workforce support and safeguards list2023. *Bull World Health Organ*. 2023 Jun 1;101(6):362-362A. doi: 10.2471/BLT.23.290191

INTENSIFYING PRESSURE ON THE LABOUR MARKET

Low fertility and population decline are increasing pressure on labour markets,

especially where immigration is limited and mortality remains high: globally, fertility has fallen from 3.31 in 1990 to 2.25 births per woman in 2024,¹⁵ shrinking the future labour supply in many countries. Population ageing is adding further strain because it raises demand for long-term care at the same time that health and care workers are retiring, migrating, or leaving the professional career;

WHO now projects a global shortage

of 11.1 million health workers by 2030.¹⁶

These pressures are intensified by recruitment from high-income countries, which WHO says should be managed through fair and ethical arrangements so that source countries, especially LMICs, are not further weakened.



When formal care systems fail to adapt, the burden shifts back to households, particularly women and the “sandwich generation”.

¹⁵ United Nations Department of Economic and Social Affairs. (2024). World Population Prospects 2024: Summary of Results. Retrieved from New York: <https://desapublications.un.org/publications/world-population-prospects-2024-summary-results>

¹⁶ World Health Organization. (2024). Health and care workforce. Global strategy on human resources for health: workforce 2030. Report by the Director-General. Retrieved from Geneva: https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_15-en.pdf

CHALLENGES IN FISCAL SUSTAINABILITY

Population ageing is making fiscal sustainability more difficult because demand for health care, pensions, and social protection is rising faster than the revenue base in many countries.



Globally, the potential support ratio, the number of people aged 25–64 for every person aged 65 or older, is projected to fall from 5.1 in 2021 to 3.0 in 2050,¹⁷ meaning fewer workers will be supporting more older people. In the OECD, annual public spending on pensions and health is projected to rise by 3% of GDP by 2060, increasing pressure on already stretched public finances. Without stronger policy adaptation to longer lives, labour-force ageing could also weaken growth: the OECD estimates that GDP per capita growth could slow by about 40%, from 1.0% per year in 2006–19 to 0.6% in 2024–60.¹⁸

As a result, payroll- and labour-based financing systems become harder to sustain,

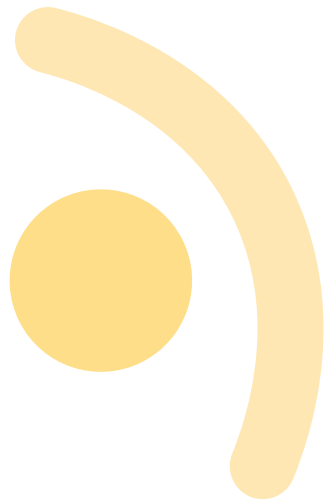
and if risk pools remain fragmented, countries may face more regressive financing, higher out-of-pocket spending, and greater exposure to catastrophic health costs.

¹⁷ United Nations. UN Population Division Data Portal: Interactive access to global demographic indicators. Retrieved from <https://population.un.org/dataportal/home?df=a3b96f45-21ca-46b5-bc2c-5faff8810421>

¹⁸ OECD. (2025). OECD Employment Outlook 2025: Can We Get Through the Demographic Crunch? Retrieved from Paris: <https://doi.org/10.1787/194a947b-en>

What Exists:

Policies in Health, Labour, and Social Protection



**Global and
country initiatives
have begun responding to
demographic transition
through a range of policy measures**

from healthcare reform and workforce planning to pension restructuring and age-friendly urban development. Understanding the current state of policy and implementations are essential for identifying what needs to change, scale, or be reimagined entirely.

REFORMING CARE: INTEGRATED MODELS AND LONG-TERM CARE POLICY

As populations age and the burden of chronic diseases increases, there is growing recognition that traditional health systems evolve to provide continuous, integrated, and person-centred care. Several global initiatives aim to support countries in adapting their systems to these demographic realities.

The WHO's Integrated Care for Older People (ICOPE) framework promotes community-based and primary care approaches tailored to the needs of ageing populations.

In parallel, global efforts such as

the United Nations Decade of Healthy Ageing seek to strengthen policies and investments that support healthy ageing across the life course.

Progress has been made on the implementation of ICOPE and UN Decade of Healthy Ageing, though more countries should be involved.¹⁹ Long-term care systems remain underdeveloped in many countries, and training and financial support for caregivers are often insufficient. Palliative care services are also not yet fully integrated into long-term care systems and remain limited in availability in many settings. In addition, quality standards for age-friendly primary health care and long-term care services have yet to be widely developed and implemented. These gaps highlight the need for sustained policy attention to ensure that health systems are capable of responding effectively and equitably to ageing societies.

¹⁹ WHO 2025. WHO's programme of work on Older People, Ageing and the UN Decade of Healthy Ageing. Member State Information Session 3 September 2025. Available from <https://shorturl.at/WNYg9>

LABOUR MARKET POLICIES IN AN AGEING WORLD

Demographic transition is also reshaping labour markets and workforce policies, particularly in the health and care sectors.

Declining fertility rates and population ageing are placing increasing pressure on labour markets, while simultaneously increasing demand for health and long-term care services. International policy frameworks have sought to address these challenges while promoting more ethical and sustainable workforce management.

One key example is the WHO Global Code of Practice on the International Recruitment of Health Personnel, which provides guidance to ensure responsible and ethical recruitment practices.

The Code discourages active recruitment from countries with critical shortages of health workers, particularly those identified on the WHO workforce support and safeguard list.

The list covers countries with a health workforce (medical doctors, nursing personnel and midwifery personnel) density less than the median of 49 per 10 000 population, and a universal health coverage (UHC) service coverage index less than 55.²⁰

²⁰ WHO 2023 WHO health workforce support and safeguards list 2023. Available from <https://iris.who.int/server/api/core/bitstreams/7a4c60c5-0610-44da-ad9d-6e20fd938d92/content>



Beyond migration governance, workforce policies increasingly emphasize the need for training, upskilling, and retention of health and care workers, as well as strengthening community-based health services.

Expanding the health and care workforce also presents opportunities for job creation within the emerging silver economy, as ageing populations generate demand for new services and care models.

At the same time, effective policy responses require greater alignment between education systems, labour market policies, and migration frameworks to ensure that workforce planning keeps pace with demographic change and growing care needs.



SOCIAL PROTECTION AND INCOME SECURITY

Social protection and income security policies are essential in addressing the socioeconomic consequences of population ageing.

Many countries have implemented social protection mechanisms—such as pension systems, social assistance programs, and health insurance coverage—to reduce financial vulnerability among older persons and ensure access to essential services. These policies aim to provide income stability after retirement and protect households from poverty and economic insecurity in later life.²¹



Public pension systems remain the primary mechanism for ensuring income security in old age.

Contributory pension schemes linked to formal employment provide income replacement for retirees who have participated in the labour market. However, in many countries with large informal sectors, a significant proportion of workers do not contribute to pension systems and therefore lack adequate income security after retirement. To address this gap, some governments have introduced non-contributory or universal social pensions, financed through general taxation, to provide a basic income floor for older persons who are not covered by contributory schemes.²²

²¹ Balagopal, G., & Ponnusamy, R. (2025). Introduction: Pensions and Social Protection for the Elderly. In S. Rajan, Handbook of Aging, Health and Public Policy: Perspectives from Asia (pp. 1359-1380). Singapore: Springer Nature Singapore. doi:10.1007/978-981-99-7842-7_21

²² Clements, B., Eich, F., & Gupta, S. (2014). Equitable and Sustainable Pensions: Challenges and Experience. USA: International Monetary Fund. doi:10.5089/9781616359508.071

Despite these efforts, gaps remain in the integration of social protection with health and long-term care systems.

Many social protection policies focus primarily on income transfers while providing limited support for long-term care or informal caregivers who play a critical role in supporting older persons. In addition, demographic ageing places increasing pressure on pension systems, as declining fertility and longer life expectancy reduce the ratio of workers to retirees, challenging the financial sustainability of contributory schemes.

Strengthening social protection policies including expanding pension coverage, improving integration with health and long-term care systems, and recognizing the role of informal caregivers will be important to ensure income security and social protection for ageing populations.



HOUSING, TRANSPORT AND URBAN DEVELOPMENT

Existing policies on housing, transport, and urban development have shown uneven progress in advancing age-friendly and inclusive communities, particularly in low- and middle-income countries (LMICs).

While many policy frameworks emphasize accessible housing, reliable public transport, universal design, and safe public spaces, implementation has often been inconsistent and incomplete.



As a result, older persons and other vulnerable groups continue to face barriers in navigating their communities, accessing services, and participating fully in social and economic life.

Progress has also been limited in addressing social isolation and in creating safe, connected environments that support social participation, independence, and wellbeing across the life course.

INTEGRATED CARE MODELS IN PRACTICE: CONVENTIONAL AND DIGITAL APPLICATIONS

Although 71% of countries reported having national policies to support comprehensive assessments for older people in 2022, from 48% in 2020; only 27% reported having adequate resources for action on person-centred, integrated care for older people.

The goal is to orient health systems towards improving intrinsic capacity and functional ability of older persons,

ensuring affordable access to high quality, person-centred, integrated care (prevention, promotion, and curative, rehabilitative, palliative and end-of-life care, without experiencing financial hardship), and a strengthened workforce.



ICOPE has been piloted in various settings. A study in Andorra confirms the ICOPE model is feasible at national scale with local adaptations;²³ and France with the application of digital tool by healthcare professionals.²⁴

The remaining challenges are scaling up interventions targeting intrinsic capacity. Interventions primarily include ICOPE recommended multidomain interventions, along with other interventions such as multicomponent exercise, cognitive stimulation therapy, and dietary intervention.²⁵

The ICOPE App can mitigate the gap between geriatricians and family physicians and those between the family physicians and the patients. The intrinsic capacity declines measured by the App is useful to anticipate clinical adverse outcomes, such as prefrailty, missteps, falls, disability and to provide professional advices to community-dwelling older adults.²⁶ The use of ICOPE monitoring App for self-assessment of cognition, vision, and hearing domains in older adults should be further upscaled in resource constraint settings.²⁷

23 Heras E, Missé J, Ulloa E, Ballester G, Anglada M, Valero O. Implementation and validation of the WHO ICOPE framework in andorra: a nationwide pilot study. *JAR Life*. 2025 Dec 31;15:100033. doi: 10.1016/j.jarlif.2025.100033

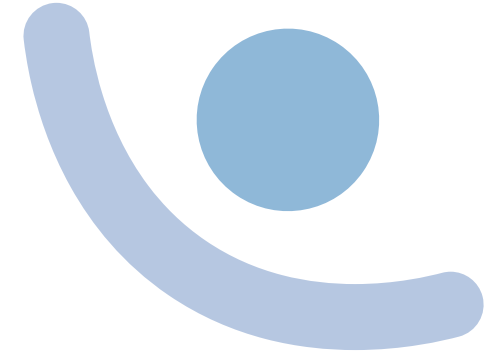
24 Heras E, Missé J, Ulloa E, Ballester G, Anglada M, Valero O. Implementation and validation of the WHO ICOPE framework in andorra: a nationwide pilot study. *JAR Life*. 2025 Dec 31;15:100033. doi: 10.1016/j.jarlif.2025.100033

25 Zhu Y, Zhu Y, Li J, Shi N, Li W, Tang Y, Hua L, Zhang H, Yan F, Ma Y. Research progress on intrinsic capacity in older adults: Concepts, epidemiology, assessments, influencing factors, adverse outcomes, and interventions. *Glob Health Med*. 2025 Oct 31;7(5):358-369. doi: 10.35772/ghm.2025.01026

26 Sanchez-Rodriguez D, Annweiler C, Gillain S, Vellas B. Implementation of the Integrated Care of Older People (ICOPE) App in Primary Care: New Technologies in Geriatric Care during Quarantine of COVID-19 and Beyond. *J Frailty Aging*. 2021;10(2):139-140. doi: 10.14283/jfa.2020.24.

27 Gonzalez-Bautista E, de Souto Barreto P, Tavassoli N, Ranarijho C, Pons JS, Rolland Y, Andrieu S, Delrieu J. Reliability of Self-Screening for Intrinsic Capacity Impairments Using the ICOPE Monitor App. *J Frailty Aging*. 2023;12(4):291-297. doi: 10.14283/jfa.2023.34

Action Across Sectors



Addressing the poly-crisis of demographic change and shifting disease patterns

requires a multi-sectoral approach
that prioritizes Healthy Life Expectancy (HALE).

Strategic roles are recommended across six key domains: individuals, communities and civil society organizations (CSOs), academia, national governments, international organizations, and the private sector.

INDIVIDUALS



Individuals should strengthen their financial literacy,

particularly for retirement planning. This is increasingly important as life expectancies rises and uncertainty grows about whether public pension systems will provide sufficient support in the future.



Individuals are also encouraged to develop digital and AI-related skills.

These competencies are becoming essential for remaining economically active and for accessing health and social services as these systems become more digitalized. Improving digital skills can also help prevent social exclusion in an increasingly technological landscape.



Active participation in communities and intergenerational networks is equally important.

Engagements in these spaces helps strengthen social cohesion and build informal support systems that become particularly valuable during period of demographic and geopolitical stress. Such participation can foster "functional solidarity," including activities such as childcare support, assistance with household tasks, and financial transfers across generations within families or communities.

COMMUNITIES AND CIVIL SOCIETY ORGANIZATIONS (CSOS)

Communities and CSOs play a critical role in delivering and supporting community-based, home-based, and long-term care services, including palliative care.

This aligns with models such as Japan's community-based integrated care system, which integrates preventive health checks, hospital-at-home services, and rehabilitation to ensure older adults can remain in their communities as they age.²⁸



Communities and CSOs can also contribute to the formalization and professionalization of caregiving roles.

Through training and coordination of community volunteers, these organizations can help address care shortages caused by smaller family sizes and migration. Professionalizing caregiving can improve service quality while also creating employment opportunities and strengthening the broader "silver economy".

28 Saito, Junko, Haseda, Maho, Amemiya, Airi, Takagi, Daisuke, Kondo, Katsunori et al. (2019). Community-based care for healthy ageing: lessons from Japan. Bulletin of the World Health Organization, 97(8), 570 - 574. World Health Organization. <https://doi.org/10.2471/BLT.18.223057>



The physical and technological environment is another important area for action.

Communities and CSOs should promote age-friendly and dementia-friendly environments that support independence and safety for older adults.

This includes encouraging the use of preventive technologies such as sensors, assistive devices, and care robots, which can enhance quality of life and reduce risks that may lead to loss of independence.²⁹



Finally, communities should facilitate meaningful intergenerational interaction through shared spaces and local institutions.

These efforts should go beyond symbolic activities and aim to build lasting social cohesion. Through participation in public-private partnerships, CSOs can also help pilot and scale innovative solutions, ensuring that strategies for ageing societies remain both effective and financially sustainable.

²⁹ K Obayashi, N Kodate, H Kondo, Y Okamoto, S Kurishima, Y Ishii, T Nonoda, T Yasukawa, S Masuyama, 7 Designing and testing an integrated community care model with a remote home monitoring-alert device: a pilot study in Japan, *Age and Ageing*, Volume 52, Issue Supplement_3, September 2023, afad156.047, <https://doi.org/10.1093/ageing/afad156.047>

ACADEMIA

Academic institutions need to reform health workforce education to better reflect current and future health needs. Training programs should place greater emphasis on

chronic disease management,

multimorbidity, geriatric care,

palliative care, long-term care, and

community-based service delivery.

Interdisciplinary and team-based training should be strengthened to support integrated, people-centered care across settings.



Education in prevention, life-course health, digital tools, and data literacy should become core competencies for health professionals.

At the same time, academic institutions should expand research on ageing, integrated care models, sustainable health financing, and long-term care systems. Stronger collaboration between academia and policymakers will be essential to ensure that demographic and epidemiological evidence informs practical policy and system reforms.

NATIONAL GOVERNMENTS (HEALTH AND NON-HEALTH SECTORS)

National governments must adopt a whole-of-government with a life-course perspective approach to respond to demographic change.

Health financing reform is particularly important. As labor forces shrink and dependency ratios rise, financing systems will need to diversify beyond payroll-based contributions toward mixed models that include general taxation and progressive consumption-based taxes. Pooling mechanisms should be strengthened and better integrated, particularly between health and long-term care financing, to improve efficiency and risk sharing.



Financial protection should also be reinforced through progressive co-payments, income-related caps, and exemptions for essential services, especially for older and vulnerable populations.

Purchasing arrangements should gradually shift toward blended payment models—such as capitation, bundled payments, and value-based incentives—to promote integrated and preventive care. At the same time, investments should increasingly prioritize prevention, primary care, and community-, home-, and long-term care services rather than hospital-centered models.



Strengthening data systems and planning capacity is equally important.

Demographic and health surveys should generate disaggregated data to identify emerging needs and inequities.

Forecasting tools that combine demographic, epidemiological, and fiscal projections can support medium- and long-term planning. Strategic human resources for health planning should also use predictive analytics to anticipate workforce shortages before they become critical.

Beyond the health sector,

governments should support productive and inclusive ageing through age-friendly labor markets,

lifelong learning opportunities, flexible employment arrangements, and policies that address ageism. Ageing populations should be recognized not only as a fiscal challenge but also as a potential social and economic asset.



Social protection systems must also adapt to demographic change.

Universal old-age pensions can provide an important foundation for stability in ageing societies. Minimum contributory pensions and safety nets should be strengthened to address gaps related to informal employment and fragmented work histories. Progressive pension formulas can help reduce inequalities accumulated across the life course. Social protection frameworks should also recognize both paid and unpaid caregivers in order to address gender and care-related inequities. Governments should ensure policies that allow comprehensive assessment of older persons' health and social care needs across the continuum of care.

Reducing mortality from preventable and treatable conditions

is likely to have a more immediate and measurable impact on demographic resilience than policies aimed at increasing fertility.

Strengthening prevention, early detection, and effective management of noncommunicable and other avoidable diseases

will improve HALE, sustain productivity, and support long-term social and economic stability.



INTERNATIONAL ORGANIZATIONS

International organizations, including the United Nations, the World Health Organization, and the World Bank, should elevate healthy ageing as a global priority. Healthy ageing should be positioned as a central development and equity issue rather than a niche health concern.

A key step is accelerating the implementation of the UN Decade of Healthy Ageing, with greater emphasis on scaling interventions, securing sustainable financing, and measuring impact.

WHO continues to support Member States in the implementation of ICOPE, especially the application of ICOPE monitoring App followed by effective interventions; as well as support Member States in the implementation of action areas in the UN Decade of Healthy Ageing.

International bodies are also encouraged to support the development of a legally binding UN instrument on the rights of older persons. At the system level, global financing, technical assistance, and evidence platforms should be better aligned to support countries in responding to demographic change.

In addition, international organizations should continue providing normative guidance, technical standards, and data to support national policy development. Facilitating cross-country learning and implementation support will help ensure that healthy ageing strategies are informed by evidence and global best practices.

PRIVATE SECTOR

The private sector should act as a complementary partner within public policy frameworks addressing population ageing.

Companies can contribute by developing digital health tools, assistive technologies, and other care-enabling innovations that support integrated, people-centered care.

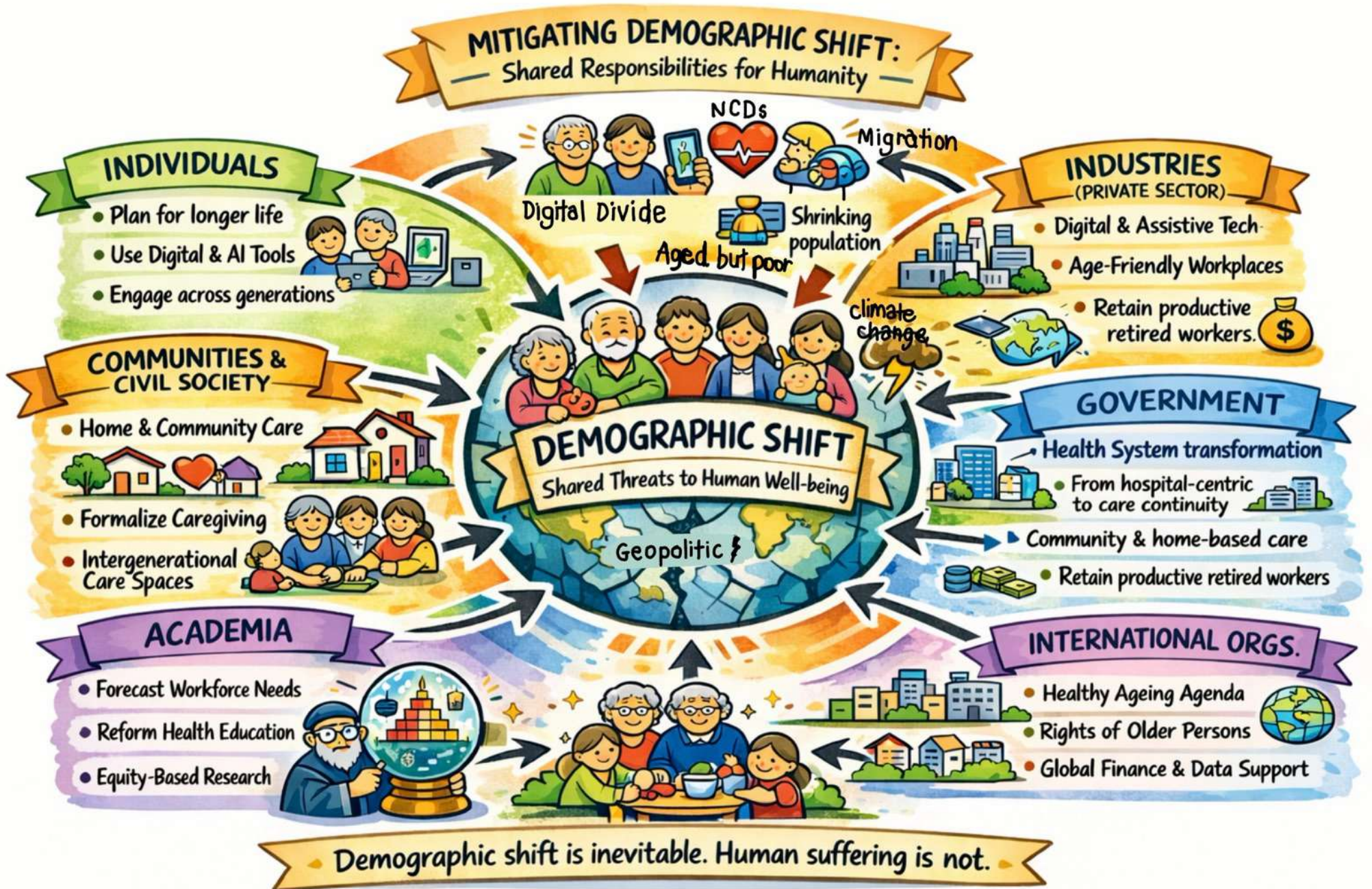
These solutions should be designed to be affordable, scalable, and aligned with public health system priorities.

Businesses can also support age-friendly labor markets by creating inclusive workplaces that enable longer and more flexible working lives.

Through workforce development and innovation, companies can help improve both the quality and availability of services within the care economy.

In addition, the private sector can invest in age-friendly housing, technologies, and services while working with governments to scale these solutions.

Public-private collaboration will be important to ensure that industry investments align with broader public goals and equity considerations. Engagement with public systems can also support the development of infrastructure and services for community- and home-based care.





PMAC 2026
ACTIVITIES

HEALTHY MEETING CONFERENCE POLICY

PMAC 2026 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 2026 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.

Additionally, PMAC 2026 featured a special activity, *"Park-Jai: Finding Peace and Interconnectedness Through Nature."* This experiential session enabled participants to cultivate mindfulness, inner calm, and a sense of connection through nature-based practice, supported by growing evidence of its benefits for psychological well-being and connectedness.





PMAC 2026
FIELD TRIP

PMAC 2026

FIELD TRIP

Global demographics are undergoing profound shifts through aging populations, declining fertility rates, evolving migration patterns, youth bulges, and rapid urbanization, which intersect with widening inequalities, economic vulnerabilities, strained health systems, and climate pressures. High-income countries face aging populations and shrinking workforces, while low- and middle-income countries manage growing youth populations requiring expanded infrastructure and employment. Strategic investments in human capital—including education, vocational training, and lifelong learning—alongside infrastructure supporting intergenerational integration can transform these challenges into opportunities for economic growth and inclusive social progress, as demonstrated by East Asia's demographic dividend in the late 20th century.

Aging populations in middle- and high-income countries create labor shortages and economic strain as younger workers support older populations amid rising healthcare costs and pension obligations. Healthcare systems must adapt to increasing non-communicable diseases and long-term care needs, while comprehensive strategies addressing housing, urban planning, and community well-being are essential for supporting aging individuals. Countries like Japan and Singapore offer valuable models through technology-assisted elder care and reskilling programs for older workers. The PMAC 2026 conference aims to identify actionable solutions through life course policies that address needs across all age demographics, showcasing evidence-based case studies that inspire policymakers to implement effective strategies for managing demographic transitions globally.

Under the theme of “Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach.” PMAC 2026 will be organized with three sub-themes:



SITE 1

Adapting Urban Elderly Care –
Lessons from the Ratchaphiphat
Sandbox Model



SITE 2

Community-Based Long-Term Care
in Thailand – Multi-Sectoral Cooperation
for Healthy and Dignified Ageing



SITE 3

Geopolitical Shifts in International
Development Assistance and
Impact on Migrant Health

The Companion Book
for PMAC 2026 Field Trip



SITE 1:

Adapting Urban Elderly Care – Lessons from the Ratchaphiphat Sandbox Model

 Ratchaphiphat Hospital and nearby community, Bangkok

Explore how Bangkok - one of Asia's fastest-ageing cities - is transforming elderly care. The Ratchaphiphat Sandbox Model, part of the city's Healthy City for All initiative, integrates telemedicine, home-based services, and strong community partnerships to deliver continuous, person-centered care for older persons.

Participants will see 24/7 teleconsultation platforms, urban home-care innovations such as Commu-lance and Motor-lance units, remote monitoring systems, and collaborative service networks linking hospitals, primary care centers, pharmacies, and community volunteers.

This field trip offers practical insights into designing scalable, technology-enabled urban health systems for ageing populations.



Overview

Bangkok is becoming one of Asia's fastest-ageing cities. As more older people live with chronic conditions and long-term care needs, traditional hospital-centric systems can no longer meet demand. The **Ratchaphiphat Sandbox Model**, part of the Bangkok Governor's Healthy City for All policy, showcases how the city is redesigning elderly care through integrated services, digital innovation, home-based care, and strong community partnerships.

This field trip offers participants a first-hand look at how Bangkok is transforming health services for older persons in complex urban environments.

Background

While Bangkok has world-class hospitals, access to primary and community care—the “capillaries” of the health system—has historically been fragmented. Many elderly people living alone or with chronic conditions face barriers to timely care. The Ratchaphiphat Sandbox Model was created as a **living laboratory** to address these challenges by strengthening primary care, expanding home-based services, using technology to connect providers and patients, and improving the safety and independence of older persons.

The model is now a key driver of **Bangkok Health Zoning**, which is scaling these innovations across all eight health zones.

Key Features You Will Experience

- 1. Technology-Enabled Care: Telemedicine and Teleconsultation:** See how Bangkok uses digital tools to make care available anytime, anywhere:
 - **24/7 telemedicine and teleconsultation** via LINE Official and the BMA Doctor app
 - **UMSC (Urban Medicine Support Center)** serving as a digital coordination hub for remote care, emergency response, home monitoring, elder transport, and e-referrals
 - **Health Tech Hubs** in malls and community spaces offering screening, teleconsultation, and access to specialists

These innovations expand Hi-tech primary care and reduce unnecessary hospital visits.

- 2. Home-Based and Urban Medicine Care: Bringing Services to the Doorstep:** The Sandbox Model shifts hospital services into homes and neighborhoods through:
 - **Home Care for elderly and bedridden patients,** including in-person visits, online follow-up, CCTV health monitoring, and smart IPD documentation
 - **Commu-lance mobile health units** providing primary care, health screening, and telemedicine services directly in the community
 - **Motor-lance emergency motorcycles** that navigate narrow alleys to deliver rapid response and perform basic medical procedures at home.
 - **Telemedicine Ambulances** enabling real-time physician consultation during emergency transport

These approaches ensure continuity of care for older persons with limited mobility.

3. Network Governance and Community Partnerships

The Sandbox Model is driven by multisector collaboration, including:

- **Ratchaphiphat Hospital** coordinating with BMA primary care centers, community clinics, and local pharmacies
- **NHSO** supporting financing and service linkages under the Universal Coverage Scheme
- **Community organizations, volunteers, and civil society** supporting follow-up and connecting health and social services
- **Cross-sector problem-solving** across health workers, district offices, emergency teams, and private partners

This network approach ensures person-centered and coordinated elderly care across the city.

Why This Field Trip Matters

The Ratchaphiphat Sandbox Model demonstrates how cities can respond effectively to rapid population ageing. By combining Hi-touch services with Hi-tech innovations, Bangkok delivers hospital-grade care at the community level.

Participants will gain insights on:

- Redesigning urban elderly care systems
- Integrating technology, facilities, and community actors
- Scaling primary care innovations across metropolitan areas
- Strengthening person-centered long-term care



Field Trip Objectives

Participants will:

1. Explore the Ratchaphiphat Sandbox Model as an integrated urban elderly care system.
2. Observe how hospitals, communities, logistics services, and digital platforms are linked to support older persons.
3. Learn from practical interventions across community clinics, community and home-based, and telemedicine services.
4. Engage in dialogue on adapting and scaling similar models in other country contexts.



SITE 2:

Community-Based Long-Term Care in Thailand – Multi-Sectoral Cooperation for Healthy and Dignified Ageing

 Ladsawai Municipality Medical Center and community area, Pathum Thani Province

Visit Ladsawai Municipality Medical Center in Pathum Thani to explore Thailand's community-based long-term care (LTC) model, built on strong cooperation between the National Health Security Office (NHSO) and Local Administrative Organizations (LAOs) for all Thais regardless of their public health insurance schemes. Participants will see how caregivers, care managers, health volunteers, and multidisciplinary teams work together to support older persons through home-based care, rehabilitation, social support, and prevention services.

The field trip offers hands-on learning at both health facility and community levels—including a special opportunity to experience traditional Thai massage delivered by certified practitioners. Discover how Thailand empowers communities to deliver sustainable, dignified care for an ageing population.



Overview

As Thailand transitions into a Complete Aged Society, the demand for long-term care (LTC) is rising rapidly. This field trip takes participants to **Ladsawai Municipality Medical Center** in Pathum Thani, a semi-urban area demonstrating how **local governance, community action, and multi-sectoral collaboration** are reshaping elderly care in Thailand.

The model—built on a **Matching Fund mechanism between the National Health Security Office (NHSO) and Local Administrative Organizations (LAOs)**—strengthens shared responsibility and empowers communities to manage their own LTC systems. Through coordinated roles of **Care Managers (CM), Care Givers (CG), multidisciplinary teams, and village health volunteers**, the system provides a seamless continuum of medical, social, and community-based support.

Participants will observe LTC in action at both the health facility and household level, gaining insights into sustainable, LAOs-led strategies that enable older persons to age with dignity—while reducing pressure on hospital services.

What You Will See

- A functioning community-based LTC model driven by matching fund between NHSO and LAOs
- Home and Community-Based Care delivered by trained caregivers and health volunteers
- Facility-based services such as rehabilitation, dental care, Thai traditional medicine, and Chinese medicine
- Health promotion and prevention activities delivered directly within communities
- Strong multi-sectoral coordination across health providers, social agencies, local governments, and civil society
- Special experience for participants: the opportunity to enjoy traditional Thai massage, provided by certified Thai traditional medicine practitioners, as part of the field demonstration



Why This Field Trip Matters

Thailand's experience offers a practical example of how countries can build sustainable LTC systems in the face of rapid demographic ageing. The approach combines:

- Integrated health and social care
- Community empowerment and local ownership
- Innovative joint financing models
- Practical tools such as caregivers, care managers, and individualized care plans

Participants will gain tangible lessons on **designing cost-effective, locally responsive LTC systems** that can be adapted to diverse global contexts.



FIELD TRIP



Field Trip Objectives


Participants will:

1. Explore Thailand's integrated hospital–community LTC model.
2. Observe multi-sectoral cooperation—health sector, academic sector, social agencies, local governments, and community actors—in real settings.
3. Learn about Thailand's innovative LTC financing and governance mechanisms.
4. Understand practical interventions that support healthy and dignified ageing.
5. Engage in interactive discussions on adapting LTC innovations to their own country contexts.



SITE 3:

Geopolitical Shifts in International Development Assistance and Impact on Migrant Health

 Centara Grand & Bangkok Convention Centre
At CentralWorld (Hybrid: VDO & On-Site Discussion)

Thailand sits at the intersection of major demographic and geopolitical shifts. Ongoing population movement and declining international development assistance have increased pressure on border provinces—particularly **Mae Sot District, Tak Province, along the Thai-Myanmar border**—to maintain essential health services for migrants, displaced persons, and their dependents.

This hybrid field trip provides participants with a first-hand understanding of how Thailand's border health system is adapting through a combination of **video documentation from the field and live discussion with frontline implementers**, civil society organizations, and border health authorities.



Overview

Globally, there are **281 million international migrants and 117 million displaced persons** (UN, 2022), with Southeast Asia hosting approximately 86 million. Thailand, as a key destination and transit country, plays a central role in regional mobility dynamics. While Thailand has achieved Universal Health Coverage for its citizens through domestic financing, migrants in border areas continue to rely heavily on local hospitals, civil society organizations (CSOs), and humanitarian actors.

In recent years, reductions in international development assistance have intensified pressure on border health facilities and community-based services. This field trip highlights how Thailand is adapting service delivery models, financing approaches, and cross-sector collaboration to protect migrant health despite shrinking external resources.

Key Features You Will Experience

1. Hybrid Virtual-to-Dialogue Experience

This field trip begins with a video-led virtual journey to Mae Sot District, Tak Province, along the Thai–Myanmar border—an area shaped by ongoing cross-border tensions, population movement, and geopolitical uncertainty. The video captures real operational challenges and local adaptation strategies within Thailand’s border health system, setting the scene for deeper discussion.

2. Border Health Under Geopolitical and Aid Shifts

Participants will explore how declining international development assistance, combined with sustained migration flows, is placing new pressures on local health systems.

Through live dialogue with frontline actors, the session examines:

- Service continuity amid shrinking external support
- Governance and financing adaptations at the border
- The health system implications of prolonged displacement and mobility

3. Civil Society and Community-Led Responses

The virtual field trip highlights the critical role of civil society organizations (CSOs) and Migrant Health Volunteers (MHVs) in sustaining access to care—especially for undocumented and uninsured migrants. Participants will learn how community-based mechanisms help bridge service gaps when formal resources are constrained.

Why This Field Trip Matters

This field trip illustrates the real-world impacts of shifting geopolitics and declining international assistance on migrant health. It shows how local health authorities, CSOs, and community partners work together to sustain health services and disease prevention under financial and operational constraints.

Participants will gain insights into:

- The effects of declining international development assistance on migrant health and health equity
- Collaborative service delivery models that help maintain access to care in resource-constrained settings
- Strategies for sustaining progress toward UHC in border and migration contexts
- Lessons from Thailand that can inform other countries facing similar migration and health challenges



Field Trip Objectives

Participants will:

1. Examine the impact of declining international development assistance on humanitarian assistance for migrants and displaced persons along the Thai–Myanmar border.
2. Understand major health challenges faced by migrants, refugees, and dependents living in border settings.
3. Understand Thailand’s adaptive responses, including service delivery, financing strategies, and CSO-led support mechanisms.
4. Engage in dialogue on scalable, equity-centered approaches to sustaining migrant health in resource-constrained context.



PMAC 2026 FIELD TRIP



FIELD TRIP



PMAC 2026
**WORLD
ART CONTEST**

PMAC 2026

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 2026 is “Navigating Global Demographic Transitions through Innovative Policy: An Equity-Centered Approach.” The theme addresses critical global demographic shifts including aging populations, declining fertility rates, youth demographic bulges, evolving migration patterns, and accelerating urbanization.

We invited young artists and all people to take part in the PMAC 2026 World Art Contest under the topic

EQUAL DREAMS, SHARED FUTURES

IN AN AGE OF DEMOGRAPHIC TRANSITION



The project has received positive response nationally and internationally from young people, parents and schools. Out of

13 nationalities that participated,

651 entries were sent in;

64 young artists won the prizes

(13 prizes worth over 144,000 Baht).

The winners were invited to receive the award during PMAC 2026 on 28 January 2026 at the Centara Grand, CentralWorld. The award ceremony event was a fulfilling and enjoyable experience for the winners and participants.

All the winning artworks were displayed during the conference. These pieces impressed PMAC participants with their high level of artistic skill and creativity. We also recognized the challenges faced by many schools that support this program. Consequently, we introduced the “Art Contribution” initiative, aimed at providing financial support from our PMAC participants to schools that have supported the art program for their students.

The art contribution from winning artworks in the previous year, PMAC 2025, raised over 162,169.37 Baht. A total of 10 schools were invited to receive 6,000 Baht each from the PMAC 2025 art contribution.

Additionally, at PMAC 2026, beyond contributions from the winning artworks (not only from PMAC 2026 but also from previous PMACs), various products including elephant pants, shawls, buff scarves, insulated tumblers, foldable fans, luggage tags, refrigerator magnets, and postcards were created based on the PMAC 2026 artworks. The PMAC 2026 art contribution has raised 234,800.32 Baht (as of February 2026), and we will continue to seek opportunities to increase funding for art contributions to be distributed to schools in PMAC 2027.



AGES 8 AND UNDER

WORLD FIRST PRIZE

Thanakron Wichaidit

WORLD SECOND PRIZE

Hatsadee Loasutta

Phattaraphon Prachit

Narawit Pinidnok

Piyanuch Moonprasert

Panyaporn Plodkrathok

Rinrada Srithon

WORLD THIRD PRIZE

Tubtimwadee Tubtim

WORLD HONORABLE MENTION PRIZE

Tipadee Janthapatn

Wanpen Wongsiriwittaya

Panlada Timabuts

Chanaporn Latthijit

Chutiya Yamchuti

Ammaline Suwanwanmanee

Kranokwadee Tubtim

Thanawynn Thanasri

Kanyakorn Kongsombut

Jutaporn Sriphuthorn



AGES 9 - 13

WORLD FIRST PRIZE

Navalant Ruanthawee

WORLD SECOND PRIZE

Jidapa Ponsaart

WORLD THIRD PRIZE

Kuntaphich Siriphattanphal

WORLD HONORABLE MENTION PRIZE

Nutthamon Parisatta

Pakorn Mignkaew

Phitchanan Chaiprakhom

Shawn Cheng

Onkanya Mokchan

Pinsuda Nanpao

Onwara Kwanmuang

Kittiset Arlakboonsukhee

Suparat Srinaka

Arcita Awa Fayola

Annisa Fiana Zahwa Kamila

Ruemonrat Kenrsisombut





AGES 14 - 18

WORLD FIRST PRIZE

Uassaya Laohakulphaisan

WORLD SECOND PRIZE

Kamonwan Yodarnon

WORLD THIRD PRIZE

Gunyawee Jitprawat

Manascha Klinhom

WORLD HONORABLE MENTION PRIZE

Nunnapat Nithipongpaisan

Fadhilah Mama

Phatnari Sisuwan

Wanwisa Authumphok

Poonyisa Sodsai

Zhafira Nur Faridah

Feisya Fahma Adisa

Thanatad Meeson

Chompunut Kamchuad

Anchisa Vaisopha

Achiraya Uttasat

Pimwaree Doungdang

Kanyawee Saengngam

Nopchanok Supapan

Supidsara Pasanpot

Thanaporn Daorueng

Haneeny Momadtohad



AGES 18 AND ABOVE

WORLD FIRST PRIZE

Thanabadee Lamunpand

WORLD SECOND PRIZE

Rattana Waiyarabut

WORLD THIRD PRIZE

Jongruk Somboon

WORLD HONORABLE MENTION PRIZE

Surasak Jongsomjit

Monnut Sabai

Khachen Playbun

Theerawat Chanstamp

Phapimol Mateekittikun

Nattayaporn Yodkong

Jesus Ramos Tejada



THE AWARD CEREMONY OF THE PMAC 2026 WORLD ART CONTEST



The Artworks are Displayed on
the PMAC 2026 Website





PMAC 2026
PUBLICATION

PMAC 2026 PUBLICATION

Bulletin of the World Health Organization for the Prince Mahidol Award Conference 2026

Theme Issue:

Health system responses to population declines

Volume 104, Issue 2, February 2026, 61 – 136 (14 articles)

The Bulletin of the World Health Organization is an international journal of public health with a special focus on demographic change, including relevant multisectoral policy and health systems responses. 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 2026 on Health system responses to population declines.



Read Full Articles



Page	Title	Author
62–62A	Multisectoral policy and health systems responses to ageing populations	Viroj Tangcharoensathien, Jongjit Rittirong, Ritu Sadana, Varalak Srinonprasert, Angkana Lekagul
63–63A	Improved long-term care provision in the context of population ageing	Jagadish K Chhetri, Barbara Kamholz, Piu Chan, Hyobum Jang, Ritu Sadana
64–64A	Commercial determinants of health; accentuating positive, curtailing negative impacts: call for papers	Jintana Jankhotkaew, Monika Kosinska, Nisachol Cetthakrikul, Angkana Lekagul, Viroj Tangcharoensathien

Page	Title	Author
71–81	Community-based integrated care for HIV, viral hepatitis and sexually transmitted infections, Thailand	Tanyaporn Wansom, Akaphot Thongmee, Salyavit Chittmitrapap, Tunyaluck Saraporn, Karuna Chavalertsakul, Nuntisa Chotirosniramit, Suta Pattarakijroongrueng, Thitisant Palakawong Na Ayuthaya, Viroj Verachai, Paisarn Traisirichok, Benjamas Intharabut, Nyan Linn, Rapeeporn Teuansiri, Kewalin Kulprayong, Arrini Waesateh, Sureena Lawseng, Tikumporn Chumwangwapee, Smith Pattarasuteewong, Nee Pudpong, Duangsamon Unchit, Jukraphan Photipap, Chutarat Wongsuwon, Nattapon Werapattanawong, Suhainong Smahoh, Pилanthana Sae-chee, Sakda Phueakchai, Prommin Kittikoonprasert, Pongsri Bootsan, Saranath Lawpoolsri, Philippe Creac'H, Stephen Mills, Pornsak Yoocharoen, Anchalee Avihingsanon, Nittaya Phanuphak, Arthorn Riewpai boon, Nicolas Durier; on behalf of the C-Free Study Group.

Page	Title	Author
82–93	Medicines for treatment of older people in guidelines and essential medicines lists, WHO African Region	Ke Wei Foong, Amelia Paveley, Isabella Alcock, Pamela Gorejena-Chidawanyika, Celia L Gregson, Grace ME Pearson
94–102	Investments in health and mortality reduction to address population decline	Stuart Gietel-Basten, Wiraporn Pothisiri, Sergei Scherbov
103–111	Changes needed in health information systems to support an ageing population	Ana Mendez-Lopez, Kidong Park, Roland D Hensman
112–117	Projects to support people with dementia, Shanghai, China	Qiuling An, Fei Sun
118–120	Diagnosis of the first few cases of a novel respiratory pathogen: the FFX-Dx protocol	Claudia M Denking, Jane Cunningham, Verena Faehling, Lukas E Brümmer, Kim Hanson, Richard Molenkamp, Melissa B Miller, Adrian J Marcato, David J Price, Sandra Ciesek, Emmanuel Agogo, Joseph Fitchett, Ute Ströher, Pragya D Yadav, Isabel Bergeri, Nicki L Boddington, Nira R Pollock
121–123	Infertility services in the context of decreasing total fertility rates	Gitau Mburu, James Kiarie, Pascale Allotey
124–126	Towards a shared vision for research on evidence-informed policy-making	Bastien Kolt, Tanja Kuchenmüller, Ahmed Mandil, Annette Boaz, Daniel F Patiño-Lugo, John C Reeder, Kathryn Oliver, Robert F Terry, Sarah C Charnaud, Tarang Sharma, Tikki Elka Pangestu

Page	Title	Author
127–130	Accounting for inequality in dementia prevention programmes	Timothy Daly, Andrea Slachevsky, Dominic Trépel, Sebastian Walsh, Agustin Ibáñez
131–133	Filial piety and fertility decisions, Thailand	Noppol Witvorapong, Jim Stankovich, Thant Zin
134–136	Population changes and demographic dividends	David E Bloom, Michael Kuhn, Klaus Prettnner





ANNEXES

ANNEX I

CONFERENCE PROGRAM STRUCTURE

55 SIDE MEETINGS

6 SPECIAL EVENTS

3 FIELD TRIPS

47 POSTER PRESENTATIONS

1 PUBLICATION

Bulletin of the World Health Organization
Volume 104, Issue 2, February 2026, 61–136 (14 articles)

651 SUBMISSIONS
FOR PMAC 2026 WORLD ART CONTEST

**MAIN
CONFERENCE
PROGRAM**

**PMAC 2026
CONFERENCE
ACTIVITIES**

1 KEYNOTE ADDRESS

4 PLENARY SESSIONS (PL)

15 PARALLEL SESSIONS (PS)

28 - 31 JANUARY 2026



SPEAKERS, MODERATORS AND PANELISTS

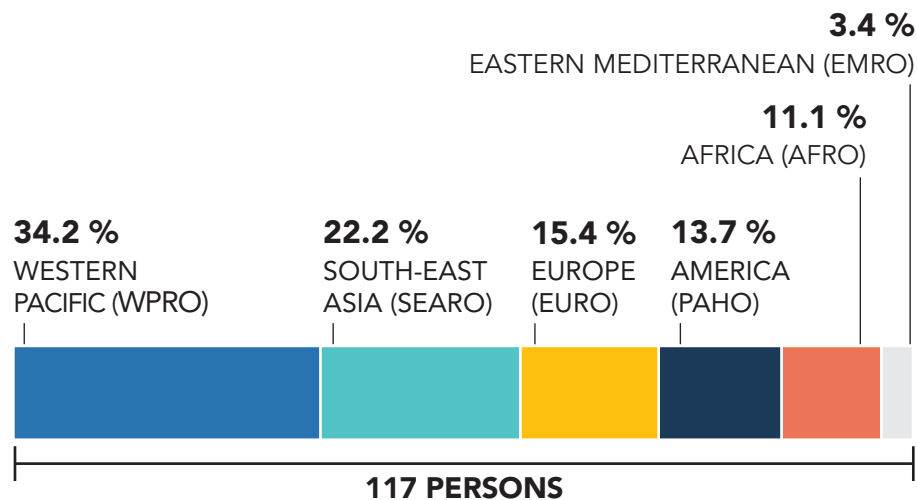
Speakers, moderators and panelists: There were a total of **117 speakers**, moderators and panelists altogether (male 50.43 %, female 49.57 %) **from 38 countries** in all sessions of PMAC 2026. There were 113 speakers attending in person and 4 speakers attending online.

GENDER



COUNTRY OF RESIDENCE

OF SPEAKERS, MODERATORS, AND PANELISTS BY SIX WHO REGIONS



ORGANIZATION

OF SPEAKERS, MODERATORS AND PANELISTS

33.3 % ACADEMIC/RESEARCH INSTITUTE

26.5 % NGO/CSO

11.1 % UN AGENCY

9.4 % BILATERAL/ MULTILATERAL/ INTERNATIONAL AGENCY

6.0 % PUBLIC SECTOR (DEVELOPING COUNTRY)

5.1 % PRIVATE SECTOR

3.4 % PUBLIC SECTOR (DEVELOPED COUNTRY)

3.4 % OTHER

0.9 % PROFESSIONAL ASSOCIATION

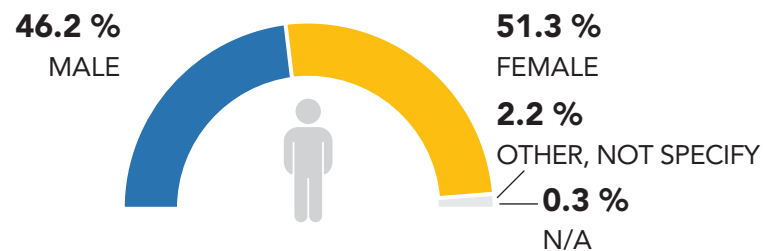
0.9 % N/A



PARTICIPANTS

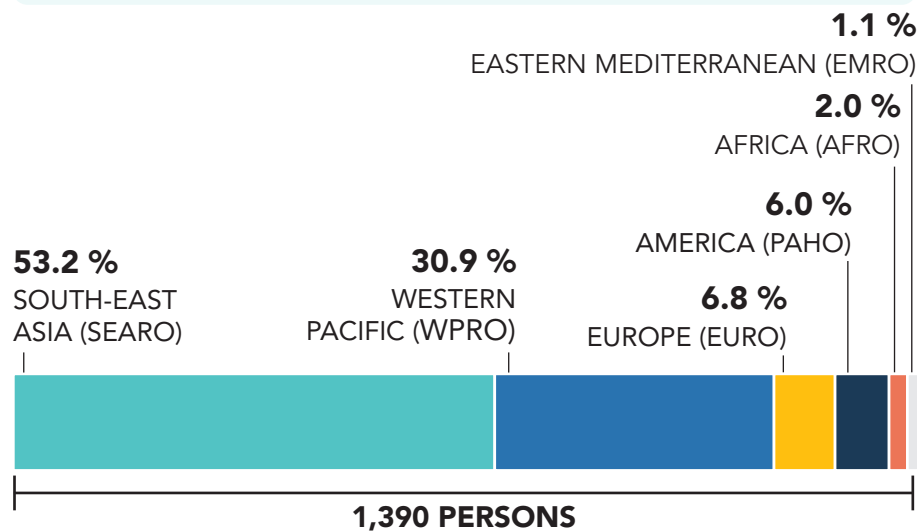
Total registered participants (including speakers, panelists, moderators, rapporteurs and attendees): There were a total of **1,390 participants** from **68 countries** (male 46.19 %, female 51.29 %, Other, not specify 0.36 % and N/A 2.16 %)

GENDER



COUNTRY OF RESIDENCE

OF PARTICIPANTS BY SIX WHO REGIONS



ORGANIZATION

OF PARTICIPANTS

33.1 % ACADEMIC/RESEARCH INSTITUTE

15.3 % NGO/CSO

15.2 % PUBLIC SECTOR (DEVELOPING COUNTRY)

11.2 % BILATERAL/ MULTILATERAL/ INTERNATIONAL AGENCY

7.3 % UN AGENCY

5.4 % OTHER

5.3 % PUBLIC SECTOR (DEVELOPED COUNTRY)

4.8 % PRIVATE SECTOR

1.3 % N/A

1.1 % PROFESSIONAL ASSOCIATION



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. Winnie Byanyima	Executive Director	Joint United Nations Programme on HIV/AIDS, Switzerland	Co-Chair
Ms. June Kunugi	Regional Director, East Asia and the Pacific Regional Office	United Nations Children's Fund, Thailand	Co-Chair
Dr. Ailan Li	Assistant Director-General	World Health Organization, Switzerland	Co-Chair
Dr. Juan Pablo Uribe	Global Director for Health Nutrition and Population	The World Bank, USA	Co-Chair
Mr. Marcos Neto	Assistant Administrator 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)	The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland	Co-Chair
Dr. Atul Gawande	Assistant Administrator for Global Health	United States Agency for International Development, USA	Co-Chair
Dr. Saeda Makimoto	Senior Deputy Director General, Human Development Department	Japan International Cooperation Agency, Japan	Co-Chair

NAME	POSITION	ORGANIZATION	ROLE
Dr. Roger I. Glass	President	China Medical Board, USA	Co-Chair
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
Mr. Pio Smith	Director, Asia-Pacific Regional Office	United Nations Population Fund, Thailand	IOC Member
Dr. Teo Yik Ying	Vice President of Global Health, and Dean at Saw Swee Hock School of Public Health	National University of Singapore, Singapore	IOC Member
Dr. Peter Friberg	Professor, School of Public Health and Community Medicine	University of Gothenburg, Sweden	IOC Member
Dr. Akihito Watabe	Health Specialist (Health Financing), Human and Social Development Office, Sectors Group	Asian Development Bank, Philippines	IOC Member
Dr. Gabriel Leung	Director	Institute of Philanthropy, Hong Kong	IOC Member
Dr. Stephen Mills	Asia Regional Director, Infectious Diseases	FHI 360, USA	IOC Member
Dr. Hong Wang	Senior Program Officer, Health Economics, Financing, and System Strengthening	Bill & Melinda Gates Foundation, USA	IOC Member

NAME	POSITION	ORGANIZATION	ROLE
Ms. Lucía Pérez Gómez	Vice-President for External Affairs	International Federation of Medical Students' Associations	IOC Member
Dr. Dennis Carroll	Chair, Leadership Board	Global Virome Project, USA	IOC 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	IOC Member
Dr. Timothy Mastro	Professor, adjunct, Gillings School of Global Public Health	University of North Carolina at Chapel Hill, USA	IOC Member
Dr. Kun Tang	Associate Professor	Tsinghua University, China	IOC Member
Mrs. Eksiri Pintaruchi	Permanent Secretary	Ministry of Foreign Affairs, Thailand	IOC Member
Dr. Opart Karnkawinpong	Permanent Secretary	Ministry of Public Health, Thailand	IOC Member
Mr. Danucha Pichayanan	Secretary General	National Economic and Social Development Council, Thailand	IOC Member
Dr. Supat Vanichakarn	Secretary General	Prince Mahidol Award Foundation, Thailand	IOC Member
Dr. Jadej Thammatach-aree	Secretary General	National Health Security Office, Thailand	IOC Member
Dr. Piyamitr Sritara	President	Mahidol University, Thailand	IOC Member
Dr. Supakit Sirilak	Director	Health Systems Research Institute, Thailand	IOC Member

NAME	POSITION	ORGANIZATION	ROLE
Dr. Pongthep Wongwacharapaiboon	Chief Executive Officer	Thai Health Promotion Foundation, Thailand	IOC Member
Dr. Apichat Asavamongkolkul	Dean	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	IOC Member
Dr. Chanchai Sittipunt	Dean	Faculty of Medicine, Chulalongkorn University, Thailand	IOC Member
Dr. Artit Ungkanont	Dean	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand	IOC Member
Ms. Kobkarn Wattanavrangkul	Chairperson	Kasikornthai Foundation, Thailand	IOC Member
Dr. Prasit Watanapa	Chair, International Award Committee	Prince Mahidol Award Foundation, Thailand	IOC Member
Dr. Udom Kachintorn		Prince Mahidol Award Foundation, Thailand	IOC Member
Dr. Suwit Wibulpolprasert	Senior Advisor	International Health Policy Foundation, Thailand	IOC Member
Dr. Viroj Tangcharoensathien	Senior Advisor	International Health Policy Foundation, Thailand	IOC Member
Dr. Kasem Tangkasemsamran	Medical Officer, Advisory Level, Health Technical Office, Office of the Permanent Secretary	Ministry of Public Health, Thailand	IOC Member
Dr. Chakrarat Pittayawonganon	Senior Advisor, Office of the Permanent Secretary	Ministry of Public Health, Thailand	IOC Member

NAME	POSITION	ORGANIZATION	ROLE
Dr. Wanrudee Isaranuwatchai	Secretary General	Health Intervention and Technology Assessment Program Foundation, Thailand	IOC Member
Mr. Gerardo Zamora-Monge	Executive Officer, Office of Assistant Director-General	World Health Organization, Switzerland	Member & Joint Secretary
Dr. Feng Zhao	Practice Manager, Health, Nutrition and Population Program, South Asia Region	The World Bank, USA	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. Myo-Zin Nyunt	Deputy Regional Director, East Asia and the Pacific Regional Office	United Nations Children's Fund, Thailand	Member & Joint Secretary
Dr. Mandeep Dhaliwal	Director, HIV, Health and Development	United Nations Development Programme, USA	Member & Joint Secretary
Dr. Scott Stewart	Director of the Office of Health Systems, Bureau for Global Health	United States Agency for International Development, USA	Member & Joint Secretary
Ms. Emiko Nishimura	Director, Global Health Team, Human Development Department	Japan International Cooperation Agency, Japan	Member & Joint Secretary
Dr. Piya Hanvoravongchai	Equity Initiative Program Director	China Medical Board, Thailand	Member & Joint Secretary

NAME	POSITION	ORGANIZATION	ROLE
Dr. Alexis Feeney Tallman	Managing Director, Health Initiative	The Rockefeller Foundation, USA	Member & Joint Secretary
Dr. Churnrurtai Kanchanachitra	Professor, Institute for Population and Social Research	Mahidol University, Thailand	Member & Joint Secretary
Dr. Angkana Lekagul	Secretary General	International Health Policy Foundation, Thailand	Member & Joint Secretary

ANNEX II

LIST OF INDEPENDENT INTERNATIONAL SCIENTIFIC COMMITTEE MEMBERS

NAME	POSITION	ORGANIZATION	ROLE
Dr. Gabriel Leung	Director	Institute of Philanthropy, Hong Kong	Chair
Dr. Viroj Tangcharoensathien	Senior Advisor	International Health Policy Foundation, Thailand	Member
Dr. Angkana Lekagul	Secretary General	International Health Policy Foundation, Thailand	Member
Dr. Akihito Watabe	Health Specialist (Health Financing), Human and Social Development Office, Sectors Group	Asian Development Bank, Philippines	Member
Dr. Chalernpol Chamchan	Director and Associate Professor	Institute for Population and Social Research, Mahidol University, Thailand	Member
Dr. David Harper	Senior Consulting Fellow, Global Health Programme	Chatham House, United Kingdom	Member
Dr. Dennis Carroll	Chair, Leadership Board	Global Virome Project, USA	Member
Ms. Divya Lakhota	Researcher	International Health Policy Program Foundation, Thailand	Member

NAME	POSITION	ORGANIZATION	ROLE
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. Jintana Jankhotkaew	Researcher	International Health Policy Program Foundation, Thailand	Member
Dr. Kiesha Prem	Assistant Professor at Saw Swee Hock School of Public Health	National University of Singapore, Singapore	Member
Dr. Kun Tang	Associate Professor	Tsinghua University, China	Member
Dr. Kyi Thar	Public Health Specialist (Consultant)	Asian Development Bank, Philippines	Member
Ms. Lucía Pérez Gómez	Vice-President for External Affairs	International Federation of Medical Students' Associations	Member
Ms. Nattaya Boonpakdee	Director, Healthy Child, Youth, and Family Promotion Section	Thai Health Promotion Foundation, Thailand	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
Dr. Phanuwich Kaewkamjornchai	Lecturer, Division of Health Systems Science	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand	Member

NAME	POSITION	ORGANIZATION	ROLE
Ms. Phiriyaporn Kala	Project Management of Country Cooperation Strategy (CCS) Program	Health Systems Research Institute, Thailand	Member
Dr. Rapeepong Suphanchaimat	Researcher	International Health Policy Program Foundation, Thailand	Member
Dr. Saeda Makimoto	Senior Deputy Director General, Human Development Department	Japan International Cooperation Agency, Japan	Member
Mr. Sompop Santiwatanakul	FVP - Corporate Strategy & Innovation Division	Kasikornthai Bank, Thailand	Member
Dr. Somsak Akasilp	Executive Director	ASEAN Centre for Active Ageing and Innovation (ACAI), Thailand	Member
Dr. Stephen Mills	Asia Regional Director, Infectious Diseases	FHI 360, USA	Member
Dr. Taninee Sahakitrungruang	Assistant Dean for Graduate Affairs	Faculty of Medicine, Chulalongkorn University, Thailand	Member
Dr. Teo Yik Ying	Vice President of Global Health, and Dean at Saw Swee Hock School of Public Health	National University of Singapore, Singapore	Member
Dr. Thananya Boonyasirinant	Deputy Dean of Excellent Innovation and Corporate Value	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member
Dr. Thu Ba Huynh	Team Leader, Climate Action and Resilience	World Vision Australia, Australia	Member

NAME	POSITION	ORGANIZATION	ROLE
Dr. Timothy Mastro	Professor, adjunct, Gillings School of Global Public Health	University of North Carolina at Chapel Hill, USA	Member
Dr. Varalak Srinonprasert	Assistant Dean and Associate Professor	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member
Dr. Wipaporn Natalie Songtaweessin	Lecturer, School of Global Health	Faculty of Medicine, Chulalongkorn University, Thailand	Member

ANNEX III

LIST OF SPEAKERS, PANELISTS, MODERATORS, AND RAPPOORTEURS

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPOORTEUR
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KEYNOTE ADDRESS

Martha Alter Chen Wanapas Wachiradejkul

PLENARY SESSION 0

Navigating Global Demographic Transitions in a Time of Geopolitical Upheaval

Christopher J.L. Murray	Dennis Carroll	Papawit Netinatsunton
Gabriel Leung		Paphapin Pairojtanchai
Keizo Takemi		Sarunthorn Japakasetr
Magda Robalo		Tippawan Liabsuetrakul
Malebona Precious Matsoso		

WELCOME DINNER SESSION

Medical Students
(Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand | Faculty of Medicine, Chulalongkorn University, Thailand | Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand)

PLENARY SESSION 1

Demographic Transitions, Social Equity, and Population Diversity

Aleksandar Sasha Bodiroza	Abhijit Visaria	Joy Marie Gillera
Eduardo Banzon	Chalernpol Chamchan	Krittin Chanprapab
Fadekemi Akinfaderin		Pannathorn Phinitwong-witthaya
Gretchen Donehower		Tharani Loganathan
Reiko Hayashi		

PARALLEL SESSION 1.1

Social Welfare Systems, Social Protection, and Fiscal Sustainability

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPOORTEUR
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PARALLEL SESSION 1.2

Harnessing Demographic Dividends and Silver Economy, and Implication to Health System

Aïssata Fall	Sang-Hyop Lee	Chieko Matsubara
Kanoko Oishi		Leonard Thomas Lim
Philip O'Keefe		Phuthep Tiangthamkun
Voradon Lerdrat		Santhanat Ariyarungruengkul

PARALLEL SESSION 1.3

The Role of Family, Community, and Supportive Environments Amid Demographic Shifts

Dinesh Arora	Issarang Nuchprayoon	Kasemsak Jandee
Emi Kiyota		Lalaine Alfaro
Katie Malbon		Phee Tranghiranyathorn
Praseedha Janakiram		
Wycliffe Waweru		

PARALLEL SESSION 1.4

Advancing Intergenerational Solidarity and Equity in an Unsettling World

Edren M. Llanillo	Mikiko Kanda	Brandon Chua
Irene Blackberry		Marian Theresia Co
Sabu S. Padmadas		Pimpraewa Putharukkit
Stephen Meir Tollman		Theerisara Kraissarin
Vania De La Fuente-Nunez		

PARALLEL SESSION 1.5

No One Left Behind: Inclusive Policies for Vulnerable and At-Risk Groups in an Era of Demographic Change

Muhammad Hamid Zaman	Monire Therese-Bassir	Anakin Laowattana
Nik Norliati Fitri Md Nor		Chatcha Sriwanwit
Renu Khanna		Panupong
Viviane Oke		Chaowanawasawat
		Patikorn Jarutanitkun

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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PLENARY SESSION 2

Demographic Shifts and Health System Transformation

Ailan Li	Feng Zhao	Arisa Satasook
Dechen Wangmo		Chittawan Poonsiri
Jimmy Volmink		Joseph Martinez
Ntobeko Ntusi		Nara Phonprasert
		Prin Chaiyakit

PARALLEL SESSION 2.1

Navigating Demographic Transitions: Impacts and Implications for the Human Resources for Health

Muthoni Karanja	Ritu Sadana	Jiratthapon Jaikamsueb
Minghui Ren		Narada Jachalee
Bootsakorn Loharjun		Nontakorn
Kenneth Ronquillo		Siriwattanasatorn
		Sher Mein Chew

PARALLEL SESSION 2.2

Securing the Future of Health and Well-Being for All at All Ages: Sustainable Financing Solutions

Ayako Honda	Akihito Watabe	Jinnapat Suvannakatka
Festus Susilo	Kiesha Prem	Maria Iris Baltazar
Ghina Fadhillah	Malebona Precious	Patcharanan
Huijun Cynthia Chen	Matsoso	Deprasertwong
Jonathan Cylus		Tanatat Pisankunakit
Lluís Vinyals Torres		
Samrit Srithamrongsawat		
Soonman Kwon		

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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PARALLEL SESSION 2.3

Responsive Service Delivery in Shifting Health Needs

Anna Koziel	Feng Zhao	Hinano Seo
David Bishai	Xiaohui Hou	Khwanchanok
Hiang Khoon Tan		Paka-Akaralardkul
Jun Sasaki		Phyu Sin Win Htet
Keisuke Shimizu		Salman Khan
Mohamed Elduma		
Sriromi Maduwage		
Tengku Aizan Hamid		

PARALLEL SESSION 2.4

People-Centered Long-Term Care: Promising Multisectoral and Community-Based Approaches

Akosua Agyemang	Shintaro Nakamura	Anna Karenina Dungca
Hongsoo Kim		Chanwipha
Janevit Wisojongkram		Sirisaengtaksin
Katsuya Iijima		Tashi Chozom
Marco Stampini		

PARALLEL SESSION 2.5

Diverse Values and Ethics in Designing Population Policies

Aïssata Fall	Fatou Wurie	Karnsita Suna
Dechen Wangmo		Nuttnicha Hongsakul
Stuart Gietel-Basten		Phatthanamon Sinsawat
Poonam Muttreja		Ponlagrit Kumwichar

PLENARY SESSION 3

Governing Health for People and Planet: Geopolitics in Flux

Alana Nicholls	Thu-Ba Huynh	Angela Judhia Arkandhi
Andrew Haines		Lydia Ng
Gabriel Leung		Nuttapat Prommanun
Heela Yoon		Paam Bidaya
John Patterson		Pornlapin Swasdibutara
Raya Muttarak		
Suriwan Thaiprayoon		

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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PARALLEL SESSION 3.1

Planet, Power, and People: Building Just Transitions Across Generations

Carina Hirsch	Omnia Omrani	Beth Stinchcombe
Raya Muttarak		Eleanor J. Ong
Woraphot Kingkawkontong		Pawarisa Aungatichart
Yukiko Yamada Morovic		Phutanabordee
		Watjanasirisathain

PARALLEL SESSION 3.2

Digital Futures in a Demographic Shift: Technology for Health, Justice, and the Planet

Alexo Esperato	Swati Mahajan	Chomnapus Lertpreecha
Poruan Temu		Keeratika Thongchaiprasit
Sara Khalid		Nachanon
Sarah Morris		Upariputtangoon
		Voraruthai
		Puengchanchaikul
		Wit Wichaidit

PARALLEL SESSION 3.3

Moving Futures: Migration, Labor, and the Health of a Changing Planet

Betty Barkha	Kelly Perry	Dhaneshan
Nyan Linn	Timothy Mastro	Thirugnanasambhandan
Otto Nzapfurundi Chabikuli		Natchanon Rongdach
Phongsak Nitikaroon		Nyein Chan Oo
Poonam Dhavan		Ranitz Lhaokunlavanich
Santino Severoni		Wongrat

PARALLEL SESSION 3.4

Peace Under Pressure: Navigating Conflict, Environment, and Population Health

David Mclachlan-Karr	Jemilah Mahmood	Collins Santhanasamy
Firass Abiad	Sara Causevic	Sirirath Ratlerdkarn
Heela Yoon		Tanatittikarn Therdkiet
Jamela Al Raiby		Wakin Wongkunanant
Peter Wallensteen		
Shweta Narayan		
Tobias Ide		

KEYNOTE/SPEAKER/ PANELIST	CHAIR/MODERATOR	RAPPORTEUR
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PARALLEL SESSION 3.5

Generation Now: Youth Leadership at the Nexus of Health, Gender, and the Environment

Barnabas Koroa	Anita Soina	Dusit Jiemkhosit
Daniela Urquijo Defex		Ijyaa Singh
David Johnson		Kullaya Petchkanokpraw
Enas Osama		Panisara Chamnansil
Rabecca Kausa		
Voradon Lerdrat		

SYNTHESIS: SUMMARY, CONCLUSION AND RECOMMENDATIONS

by Lead Rapporteur

Akosua Agyemang
Chalernmpol Chamchan
Phee Tranghiranyathorn
Ritu Sadana

Lead Rapporteur	Rapporteur Coordinator
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Viroj Tangcharoensathien	Angkana Lekagul
Chalernmpol Chamchan	Jinnapat Suvannakatka
Phee Tranghiranyathorn	Kullaya Petchkanokpraw
Ritu Sadana	Nisachol Cetthakrikul
Akosua Agyemang	Woranan Witthayapipopsakul

Technical Content Coach

Borwornsom Leerapan
Thu-Ba Huynh
Repeepong Suphanchaimat
Chalernmpol Chamchan
Thanasak Thumbuntu

ANNEX IV

LIST OF SIDE MEETINGS AND SPECIAL EVENTS

SIDE MEETINGS

TITLE	ORGANIZERS
The Appropriate Care Economy System and Beyond	ASEAN Centre for Active Ageing and Innovation (ACAI), Active Aging Consortium in Asia Pacific (ACAP), Health Intervention and Technology Assessment Program Foundation (HITAP), Center for International Collaboration of Innovation and Safety for Ageing (CICISA), Faculty of Public Health, Thammasat University, Japan-ASEAN Integration Fund (JAIF), International Development Research Centre (IDRC)
Inter-regional, Inter-Sectoral and Multi-Stakeholders' Collaboration for Active Ageing & Innovation: Concerted Efforts from ASEAN Member States and Alliances	ASEAN Centre for Active Ageing and Innovation (ACAI), Japan International Cooperation Agency (JICA), Economic Research Institute for ASEAN and East Asia (ERIA), Japan Center for International Exchange (JCIE), Japan-ASEAN Integration Fund (JAIF), International Development Research Centre, Canada (IDRC)
Sustainable Financing for Health System Transformation: How Health Tax and Investments in Healthy Aging and Long-Term Care Leverage the Health System in Asia and The Pacific	Asian Development Bank, United Nations Development Programme, HelpAge International

TITLE	ORGANIZERS
Strengthening Global Health Governance: Integrated Approaches for Climate Health Initiatives in Geopolitical Dynamics	Asian Development Bank, FHI 360, World Health Organization, United Nations Development Programme, International Organization for Migration, Japan International Cooperation Agency, Ministry of Public Health Thailand, SingHealth Duke-NUS Global Health Institute
Smart Health System: Leveraging Digital and Innovative Solutions for Health Governance	Asian Development Bank, World Health Organization, HITAP, Ministry of Public Health, Thailand, Ministry of Health, Lao PDR
Peer-to-Peer Learning Approach on Universal Health Coverage Through UHC Peers for: Life-Course-Based Primary Health Care, Human Resources for Health and Digital Health	Asian Development Bank, World Health Organization, Global Fund, UHC PEERS, NHSO Thailand, University of Soul
Co-creating a Strategy & Framework to Protect and Prepare Communities of Southeast Asia from the Impacts of Extreme Heat	Global Heat Health Information Network (GHHIN) Southeast Asia Hub, The Rockefeller Foundation, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region (ACE)
Reaching the Last Mile: Equitable Health Systems in Shifting Demographics	National Health Security Office (NHSO), Partnership Project for Global Health and UHC (GLO+UHC) Phase 3, Japan International Cooperation Agency (JICA)
Governance in the Concrete Jungle: Towards Accessible, Affordable and Inclusive Health Systems in Cities	International Health Policy Program Foundation (IHPP), Thailand, Centre for Social and Economic Progress (CSEP), India, National Health Security Office (NHSO), Thailand

TITLE	ORGANIZERS
Financing Active Ageing: The Life-Course Approach	Mahidol University, Institute for Population and Social Research (IPSR), United Nations Population Fund (UNFPA), National Economic and Social Development Council (NESDC), Thailand, Thai Population Association (TPA)
Connected Futures: Equity, Climate, and Health – How to Navigate and Use Diplomacy in a Complex Political Reality	International Health Policy Program (IHPP) Foundation; Health Diplomacy Institutional Network
Peer-to-Peer Learning Approach on Universal Health Coverage Through UHC PEERS for Climate Resilient Health Infrastructure, Strengthening Data Systems for Strategic Purchasing and New Approaches to Mobilizing Domestic Resources	Asian Development Bank, World Health Organization, Global Fund, UHC PEERS
Global Convening of Deans of Global Public Health	Saw Swee Hock School of Public Health, National University of Singapore, Vanke School of Public Health, Tsinghua University, Institute of Global Health, University of Geneva, London School of Hygiene and Tropical Medicine
Clean Water, Shared Futures: Strengthening Water Security, Sustainability and Equity for Rural Health Amid demographic Change	Health Intervention and Technology Assessment Program Foundation
Building Climate-Adaptive Healthcare for Asia's Demographic Transitions: Community-Driven Solutions and Cross-Sector Partnerships	Asian Development Bank, ASK Health Asia, Asian Infrastructure Investment Bank
Antimicrobial Resistance (AMR) in an Ageing World: Policy Challenges and Equity Implications	Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand

TITLE	ORGANIZERS
Building the Future of Health Research in Southeast Asia: Lessons from Successful Regional Partnerships and Launch of the DREAM 4 Health Call for Proposals 2026	Wellcome Trust; SEAMEO, UK FCDO; National University of Singapore
Improving Financial Protection for UHC: Strengthening the Evidence to Policy Pipeline	The World Bank, World Health Organization
Climate, Health, and the Future of Work: Safeguarding Productivity in a Warming World	The World Bank
Shaping Health Policy Amid Demographic Shifts and Diverse Geographies: Driving Equitable Service Delivery and Sustainable Financing	The World Bank
Strategic Purchasing of Healthcare from the Private Sector: Issues, Challenges, and Opportunities	The World Bank
Digital Technology for Elder Care in Asia	The World Bank
Addressing Climate Disinformation – Uncovering Implications for Health	Global Climate and Health Alliance, University of Gothenburg, UNDP, Sunway Center for Planetary Health, Climate Action Against Disinformation
Demographic Divides and Health Equity: Ageing Thai Society and Neighboring Country Migrant Realities in Urban Thailand	School of Global Health, Faculty of Medicine, Chulalongkorn University, Global Health Focus (GHF)
Advancing Healthy Aging and Long-Term Care in a Changing World: Global Perspectives on Harnessing Demographic Change for Sustainable Development	The World Bank

TITLE	ORGANIZERS
Beyond Demographic Transition: Thai Health Initiative Policy for Vulnerable Population	Thai Health Promotion Foundation, Ratchasuda Institute, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Institute of Asian Studies, Chulalongkorn University, Social Innovation Foundation (SIF)
Healthy Aging, Healthy People, Healthy Planet – Leveraging Co-Benefits	Thai Health Promotion Foundation (ThaiHealth), WHO Asia-Pacific Centre for Environment and Health (ACE), International Network of Health Promotion Foundations (INHPF), Department of Epidemiology, Faculty of Medicine, Prince of Songkla University, National Health Commission Office, Thailand (NHCO Thailand)
The Lancet Global Health Commission on People-Centered Care for Universal Health Coverage: A Participatory Lab for Our Shared Future	FHI 360, Harvard Medical School Program in Global Primary Health Care, Praboromarajchanok Institute of the Thai Ministry of Public Health, and the International Federation of Medical Students Association (IFMSA)
PMAC 2026 Special Session: The Future of Global Health Governance in a Fragmented World	National University of Singapore, World Bank, International Health Policy Program Foundation, Thailand
Turning the Tide: Using the New Methodology and Data for Financial Hardship for More Equitable, Sustainable Health Systems in the Western Pacific	World Health Organization (WHO), Asian Development Bank (ADB)
Health Policy and Systems Research Collaborative Forum: Silver Jubilee of IHPP Foundation and PMAC Strategic Institute Launch	International Health Policy Program Foundation

TITLE	ORGANIZERS
Launching Volume 2 of Disease Control Priorities (DCP4): Investing in Pandemic Prevention, Preparedness, and Response	DCP4 / Harvard T.H. Chan School of Public Health, World Bank, Asian Development Bank
Silver Economy: Turning Aging into Opportunity	National Health Commission Office (NHCO), Thailand, Office of the National Economic and Social Development Council (ONESDC), Institute for Population and Social Research (IPSR), Mahidol University, Japan Center for International Exchange (JCIE), Asian Development Bank (ADB)
Building Sustainable and Resilient Healthcare Systems for Asia's Vulnerable Communities: From Solutions to Scale	The Rockefeller Foundation, ASK Health Asia
A Healthy Future: Primary Health Care and the Chronic Disease Epidemic in East Asia and Pacific	World Bank
How Do Demographic Transitions, Geopolitics and Innovative Influence Accessibility, Cost, and Social Equity in Pharmaceutical Care?	Health Systems Research Institute (HSRI), Thailand, The Pharmacy Council of Thailand, WEE Health Development Foundation, Thailand, National Health Security Office, Thailand
NCD Fighting: Empowering Individual and Community Approach	Health Systems Research Institute (HSRI), Thailand, Princess Agrarajakumari Faculty of Nursing, Chulabhorn Royal Academy, Thailand, National Health Security Office, Thailand, WEE HEALTH DEVELOPMENT Foundation, Thailand
Harnessing Digital Health to Respond to Demographic Shifts: Youth-Led Solutions for Intergenerational Health Equity	International Federation of Medical Students' Associations, Digital Transformations for Health Lab (DTH-Lab)

TITLE	ORGANIZERS
Unboxing Healthy Ageing in Thailand	WHO Thailand, Department of Health, Ministry of Public Health
Bridging Policy Gaps with Evidence: Strengthening PHC across Asia Pacific	Asia Pacific Observatory on Health Systems and Policies (APO), WHO-WPRO, WHO-SEARO
Tackling Childhood Obesity Through Multisectoral Approaches and Inclusive Health Systems Amid Global Demographic Shifts	Department of Health, Ministry of Public Health, Thailand, Japan International Cooperation Agency (JICA)
Digital technology for Inclusion of Last-Mile Populations - Lessons from India	Gates Foundation
Blue Resilience: Nature, Health and Equity in the Pacific Embedding Coastal Nature in Smart Investment and Public Health Decisions	Financial Times and World Vision
From Fractured to Resilient Health Systems: Innovating Healthcare Delivery in Myanmar to Address Demographic and Conflict-Related Challenges	CMB Foundation, Community Partners International, Sun Community Health, The Equity Initiative, National Health Foundation
Strengthening Data and Health Metrics Capacity in the ASEAN Countries for Health Policy and Health Systems Performance	CMB Foundation, NUS
Launch of the Bulletin of the World Health Organization's Theme Issue on Health System Responses to Population Declines	World Health Organization
Prince Mahidol Award Youth Program Conference 2026	Prince Mahidol Award Youth Program, Prince Mahidol Award Foundation under the Royal Patronage
"Redesigning Tomorrow: Youth for Equitable Health in a Changing Demographic World"	Faculty of medicine, Siriraj hospital, Mahidol University

TITLE	ORGANIZERS
Navigating Demographic Transitions: Challenges and Opportunities in Addressing Loneliness for Silver Generations	Hong Kong Jockey Club Charities Trust
Innovating NCD Care in Changing Demographics: Insights from the Pacific Islands and Asia	Institute of Philanthropy
"Reimagining Health Systems through Social Value: Toward Inclusive and Sustainable UHC in the Era of Demographic Transformation"	National Institute of Public Health, Japan (NIPH), Japan International Cooperation Agency (JICA)
Who Pays for Tomorrow? Rethinking Intergenerational Equity through the Lens of Immunisation	Gavi, the Vaccine Alliance, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF)
Climate Extremes and Health: From Data to Adaptation Action	CivicDataLab, The Rockefeller Foundation
Multisector Innovations to Build Thailand's Demographic Resilience Future through Ageing and Low-Fertility Challenges	UNFPA

SPECIAL EVENTS

TITLE	ORGANIZERS
Launch of the 5th Healthy Aging Prize for Asian Innovation (HAPI)	Japan Center for International Exchange (JCIE), Economic Research Institute for ASEAN and East Asia (ERIA)
Nature Medicine Commission Report Launch: The Access to Dialysis in Low- and Middle-Income Countries	Health Intervention and Technology Assessment Program Foundation (HITAP)
Fireside Chat — Health Harms of Fossil Fuels & Reclaiming the Narrative	Global Climate and Health Alliance, University of Gothenburg, Sunway Center for Planetary Health
A Showcase of Arokayasala, Wat Kham Pramong: Where Care Meets Happiness	National Health Security Office
Third Lincoln C. Chen Lecture in Global Health: Reflections on 35 Years of Global Burden of Disease (GBD) Study	CMB Foundation
Shaping the Second Half of the UN Decade of Healthy Ageing (2021–2030): Midpoint Progress and Strategic Directions	World Health Organisation



SIDE MEETINGS



SIDE MEETINGS



SPECIAL EVENTS



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A02	Promoting Lifelong Mobility: Japan's Orthopaedic Campaign to Combat Locomotive Syndrome	Keiko Yamada
A03	Implementation Research on Supportive Supervision Adoption for Community Health Workers (CHWs) in Indonesia: Community-Based Strategies for People-Centered Long-Term Care	Alhaynurika Nevyla Putri
A04	A Mixed-Methods Study of Vaccine Financing on the Thai-Myanmar Border: Quantifying Gaps and Explaining Barriers in Five Thai Provinces and Adjacent Myanmar States/Region	Nyein Chan Oo
A05	Determinants of ICT Acceptance Among Elderly People in Japan: Insights for Promoting Decentralized Personal Data Management Applications	Ikuko Tsumura
A06	Harnessing AI for Climate-Health Resilience: Developing a Community-Centric Heat Action Plan in Assam, India	Aashi Srivastava
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A08	AMRSense: A People-Centric, AI-Enabled Scorecard for Antimicrobial Resistance Stewardship and Surveillance in Karnataka, India	Tavpritesh Sethi

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A10	Recognising the Unique Contributions of Older women to the Global Economy: A Life Course Approach to Social Protection Equity	Ann Keeling
B01	Harnessing Intergenerational Health Gains and Long-term Care Insurance for Equity-Driven Ageing Policy: Evidence From the Flynn Effect in China	Xinye Ma
B02	Strengthening Oral Health Systems Under Thailand's Decentralization Reform	Rattanun Losupakarn
B03	Integrated Elderly Care in Sri Lanka: Mapping Services, Human Resources, and Policy Pathways	Uthpala Muhandiram
B04	Adapting Health Systems to Respond to Refugees' Health Needs: New Empirical Evidence on the Integration of Refugees Into National Health Systems in LMICs	Maria Bertone
B05	A Conceptual Framework for Global Health Security under the Pandemic Agreement: from a Lens of AlxBio	Yi Cai
B06	Co-Creating Health Futures: Youth Leadership in Digital Health & Data Governance	Whitney Gray
B08	Priorities for Policy Action to Address the Digital Determinants of Youth Mental Health and Well-Being	Aferdita Bytyqi
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C03	Human-Centered Design for Gender-Responsive Maternal and Child Health Long-Term Care in Indonesia	Rayssa Anggraeni Putri
C04	Examining the State of the Indian Health System's Responsiveness to the Most-in-Need and Most Vulnerable Older Adults	Thi Vinh Nguyen
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C07	From Fragmentation to Integration: Strengthening Primary Health Care Financing Through Public Financial Management Reform in Indonesia	Feby Oldfisra
C08	Centering Communities in Mental Health Research: Critical Reflections of STAND-Indonesia in Co-Producing Engagement Activities	Sayyid Muhammad Jundullah
C09	Community Dynamics on Influencing HPV Vaccine Uptake Amongst Girls in the Pacific Islands	Ki Fung Kelvin Lam
C10	Updating the Evidence: Cost-Effectiveness of Early Childhood Nutrition and Development Interventions (2013–2024) to Guide Health System Transformation	Qi Rui Soh
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D03	Predictive Governance of Transit Migration and Internal Displacement in Mozambique: Bayesian and Agent-Based Modeling of Climate, Conflict and Demographic Shifts (2025–2040)	Elvino Zacarias Nhantumbo
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E03	Bridging the Gap: Integrating Nutrition and Health Equity for Indigenous Youth in Indonesia–Malaysia Border Regions	Agus Fitriangga
E04	Unpacking the Progress Towards Universal Health Coverage (UHC): Financial Protection Insights and Analytics From the Western Pacific	Alia Cynthia Luz
E05	Cross Border Digital Initiative in Support of Migrants on the move Across Asia–Pacific	Sunny Ibeneme
E06	Legal and Regulatory Mapping of Policies and Action Plans Addressing the Intersection of Heat with Health, Gender, and Vulnerable Populations.	Lynn Tang
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Navigating Global Demographic Transition

through Innovative Policy: An Equity-Centered Approach



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