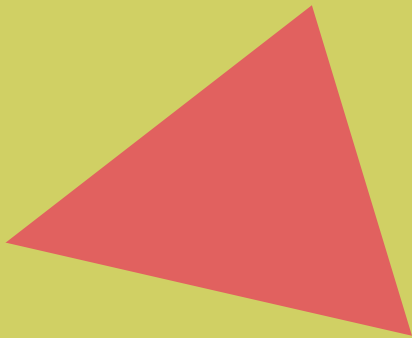




PMAC 2019



THE POLITICAL
ECONOMY OF

NCDs

A WHOLE OF
SOCIETY APPROACH

29 JAN -3 FEB 2019 | BANGKOK, THAILAND



PMAC | PRINCE MAHIDOL
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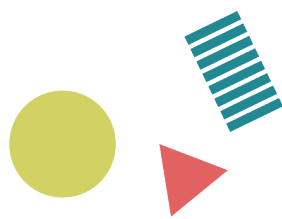


NCD Alliance
PUTTING NON-COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

BILL & MELINDA
GATES foundation



Health for All Now!
People's Health Movement



THE POLITICAL ECONOMY OF NCDS
A WHOLE OF SOCIETY APPROACH

| BACKGROUND

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues. The PMAC 2019 is co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University, the World Health Organization, The World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, The Rockefeller Foundation, with support from other key related partners. The Conference will be held in Bangkok, Thailand, from 29 January - 3 February 2019. The theme of the conference is “The Political Economy of NCDs: A Whole of Society Approach”.



NCDS: CRITICAL HEALTH AGENDA AROUND THE WORLD

More than a decade into the 21st century, the health community is grappling with epidemiological and demographic transitions. In this regard, noncommunicable diseases (NCDs) have overtaken infectious diseases as the leading cause of mortality globally. This shift challenges traditional development thinking, which has long focused primarily on infectious diseases and maternal and child mortality as priorities for international actions. While continuing to combat infectious diseases and maternal and child conditions, the world needs to address the emerging NCD challenges. Besides, it is imperative to explore and analyze why we still make a slow progress in addressing NCDs despite a number of global and national commitments.

NCDs, which include cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory diseases, are the leading cause of death and a prominent cause of disability worldwide, accounting for more than 36 million lives lost each year and 15 million premature deaths. Moreover, around 70% of the world's poor now live in low and middle-income countries, where economic growth and modernization have opened wide the entry point for the spread of unhealthy lifestyles.

Evidence confirms that the majority of the health burden from NCDs are attributable from four major behavioral risks including, but not limited to, unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Most of the aforementioned risks are preventable. High blood pressure accounts for more than 7.5 million deaths annually. The second leading cause of NCDs is tobacco use, which contributes to 5.1 million deaths each year, followed by high blood glucose (3.4 million deaths).

Apart from the Big Four Diseases and Big Four Risks, mental neurological and substance use disorders and malnutrition in all forms also contribute to the huge health burden worldwide. Thus NCDs can no longer be conceptualized as a rich-country problem. WHO estimates that 80% of the burden from NCDs now falls on low- and middle-income countries, where people develop these diseases earlier, fall sicker, and unfortunately die sooner than their counterparts in wealthy nations.

NCDS: COMPLEX INTERACTION BETWEEN HEALTH, ECONOMIC GROWTH AND DEVELOPMENT

NCDs have been recognized as a public health catastrophe, not only for human health, but also in the economic arena due to premature mortality which leads to lost productivity and endangers industry competitiveness across borders.

The World Economic Forum highlighted that NCDs may contribute to over US\$ 30 trillion economic loss in the next 20 years, equivalent to approximately half of the global gross domestic products (GDPs) in 2010. Besides, there has been a concern amongst economic experts worldwide that NCDs will undermine not only the global GDP in monetary values but also labor supply and capital accumulation. Though, currently the burden of NCDs is borne mostly by high income countries, the NCD prevalence increases in leaps and bounds in LMICs due to steep economic and population growth.

From a societal perspective, it positions these diseases as one of the major challenges for development in the 21st century. It points out their threat to economies and their contribution to inequalities. Some NCDs, such as cancer and end stage renal diseases, are major contributory factors of household impoverishment. The responsibility for the rise in NCDs does not fall on individuals who choose to eat, smoke, and drink too much or opt for a sedentary lifestyle. The responsibility falls on the environments in which these choices are made and we should call for the whole society including governments, civil societies and private sectors to be responsible for building healthy environments and making choice architectures for good health.



GLOBAL POLITICAL MOVEMENT, WHO AND NCDs: PROCESS-TARGETS-BEST BUYS

Year 2011 marks a historic event when the UN General Assembly passed the Political Declaration on NCD prevention and control, reiterating the significance of NCD programs and the role of multiple stakeholders beyond the health sector. The issue of NCDs is the second health agenda after HIV/AIDS which was proposed into the UNGA High Level Meeting in 2011

In 2013, the World Health Assembly endorsed the Global Action Plan for the Prevention and Control of NCDs 2013-2020, which highlights the proven cost-effective population-wide and individual-targeted interventions, known as 'Best Buys.'

Since then, WHO Regional Offices have been working with Member states to provide technical services and other support to accelerate implementation of the GAP on NCDs and these best buys in the member states, but the progress remains uneven.

SDGs, UNIVERSAL HEALTH COVERAGE AND HEALTH SYSTEMS STRENGTHENING

In 2015, the global community has again reaffirmed the commitment of tackling NCDs, mental health and nutrition problems through the adoption of the Sustainable Development Goals. The sustainable development agenda covers the targets and indicators on reduction of premature mortality from NCDs, hunger and malnutrition, mental health and substance abuse. It has proven that tackling NCDs needs united efforts from the whole of government through effective multi-sectoral actions.

Focusing on both processes and outcomes, the SDGs reaffirm commitment and provide guidance and monitoring framework for NCD prevention and control programs, at both national and international levels. These SDG goals and targets particularly relate to NCDs, mental health and nutrition.

- SDG2 Ending Hunger and Food Security, Target 2.2: ending all forms of malnutrition, including achievement of agreed 2025 nutrition targets
- SDG3 Good Health and Wellbeing, Target 3.4: reduce by one-third premature mortality from NCDs, and promote mental health and well-being
- SDG3 Good Health and Wellbeing, Target 3.5: strengthening prevention and treatment of substance abuse and harmful use of alcohol
- SDG3 Good Health and Wellbeing: Target 3.8: achieve Universal Health Coverage, including financial risk protection, access to quality care and medicine
- SDG3 Good Health and Wellbeing, Target 3.a: strengthening the implementation of WHO FCTC
- SDG3 Good Health and Wellbeing, Target 3.b: support research and development in particular to provide access to medicine
- SDG3 Health, Target 3.c: increase health financing and strengthening health workforce

Universal Health Coverage (UHC), identified as target SDG 3.8, is both the goal and means by itself. UHC is particularly crucial for the management of NCDs, nutrition and mental health, in particular for health system responses. Not only screening, diagnosis and treatment, UHC also contributes to disease prevention and health promotion. Scaling up implementation of NCD best buy interventions is therefore clearly part of the path towards UHC



AFTER THE 2011 POLITICAL DECLARATION: SUBSEQUENT RESOLUTIONS, YET ANOTHER UN HLM ON NCDs

UNGA resolution requests the WHO Director-General to report back to the UNGA HLM in 2018. Not unsurprisingly, most of the UN Member States are off track towards NCD achievement.

Much evidence uncovers stagnation of NCD implementation

1. Failure to address NCD primary preventions beyond health sector. It must stress the need for policy solutions that shape social environments and these are the responsibility of all partners, not only the governments.
2. Lost sight to tackle the commercial determinants, in particular by tobacco, alcohol and obesogenic food industries, and spread too thin on risk factors, focused too much on treatment rather than prevention.
3. Health system has not yet been prepared for NCDs and chronic care, with large know-do gaps to implement the “best buy” interventions mostly beyond the health sector capacities.
4. Large gaps of citizens’ capacity to hold government accountable to NCD primary prevention; yet to improve the accountability across international and national partners and united efforts across different sectoral partners in tackling NCDs.

As we approach the deadline to achieve the targets in 2025, it is important to take stock of the situation and collectively share the experiences and discuss on how to accelerate the progress. Thus the PMAC in January 2019 would be most timely to bring up the UN HLM report in 2018 and recommend further actions to make the efforts to prevent and control NCDs back on track.



| OBJECTIVES

General objective

To identify major bottlenecks, root causes and propose solutions at national and global level to accelerate implementation of NCD prevention and control

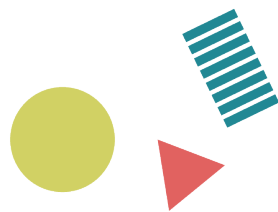
Specific objectives

1. To sustain global movement towards, and collaborations on the implementation of NCD prevention measures in particular the best buy long-term interventions.
2. To brainstorm on the way forward after the 2018 UN HLM in implementing effective NCD prevention and control in particular the commercial determinants, health system preparedness and accountability and monitoring framework.
3. To share knowledge, context-relevant experience, and viewpoints of international organizations and countries working towards prevention and control of NCDs.
4. To provide a platform where policymakers, policy analysts, researchers, academics, representatives from development partners and all relevant stakeholders can learn from, and help strengthen capacity of, each other in the way that links to NCD prevention and control in the context of UHC.
5. To promote intra-and inter-national collaborations amongst stakeholders.

AUDIENCES

The target audience includes policymakers, senior officers, and staff of national bodies that are responsible for the decisions of resource allocation in NCDs including the Ministry of Finance, Ministry of Health and other relevant agencies, HTA agencies, civil society organizations, international organizations and development partners, universities, and industries.





Sub-Theme 1

Analyzing the Political Economy
of the Determinants of NCDs

SUB-THEME 1

Background Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, chronic obstructive pulmonary disease, diabetes and mental illnesses are the leading causes of morbidity and mortality, claiming 40 million out of 56 million annual deaths globally. The four main categories of NCDs are commonly grouped together due to their shared risk factors, such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol (Table 1).

Table 1. Major NCDs and their shared risk factors

Four major groups of diseases under NCDs		Shared risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
NCD	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

Source: WHO, 2011. The global premature deaths from NCDs, that is, the deaths between the ages of 30 to 70, are particularly alarming: In 2015, 15 million people died prematurely and nearly 47% (7 million) of these deaths took place in low- and middle-income countries.¹

Table 2. Global Premature (30-70) NCD Mortality in Millions in 2015²

	Men	Women	Total	Percentage
Low-income countries	0.4	0.4	0.8	5%
Low middle-income countries	3.6	2.6	6.2	41%
Upper middle-income countries	3.5	2.4	5.9	39%
High-income countries	1.4	0.8	2.2	15%
Total	8.9	6.2	15.1	100%

Over the past decade, evidence has also accumulated on the role that social contexts play in determining the health and well-being of people regarding NCDs. The social determinants of health are defined as the “causes of the causes” or “societal conditions in which people are born, grow, live, work and age,” and they show a clear social gradient in health outcomes (WHO 2008).

Two important meetings held in 2011 – the UN High Level Meeting on the Prevention and Control of NCDs in New York, and a thematically linked World Conference on Social Determinants of Health in Rio de Janeiro, Brazil – reaffirmed the role of social determinants in health and disease. More importantly, effective and accessible health systems were also recognized as a social determinant of health and as a driver of health inequities.

In 2014 the second UN high level meeting on NCDs was held, and a set of time bound commitments and 10 process monitoring indicators was adopted.³ In 2015, the Sustainable Development Goals included a target (3.4) to reduce premature NCD mortality by one third by 2030 through prevention and treatment and promoting mental health and well-being.⁴ The 2030 Agenda provided valuable guidance to all countries to address the three dimensions of sustainable development – economic, social and environmental. However, the SDGs cannot be achieved without addressing the growing burden of NCDs, as they will undermine the achievements of other SDGs, such as, for example, poverty eradication.

To prevent premature mortality and morbidity from NCDs, a life-course approach is required, as younger generations globally are exposed to a range of risk factors and suffer from a variety of NCDs. Focus on children and adolescents, particularly curbing childhood obesity, is important for building a strong foundation for achieving SDGs and SDG3.4.

Key risk factors of NCDs are strongly associated with patterns of consumption and unhealthy choices that are often influenced by the corporate sector. The commercial determinants of health, defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health,” need to be addressed to focus the fights against NCD risk factors. However, the private sector is not homogeneous, and governments can and should incentivize the private sector to align their practices to national public health goals, while avoiding potential real or perceived conflicts of interest.

Effective NCD prevention and control requires multisectoral (health, agriculture, communication, education, employment, energy, environment, finance, food systems, foreign affairs, housing, justice and security, legislature, social welfare, social and economic development, environment, sports, trade and industry, transport, urban planning and youth affairs) and coordinated multistakeholder (governments and non-State actors) engagement. Policy coherence is critical to ensuring an integrated response to NCD risk factors and goes beyond the responsibility of one line ministry. For example, the FCTC can be viewed as best practice to promote policy coherence across multiple policy domains relevant to tobacco control. Meeting the SDG FCT target (3a, Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate) will be one of the most important contributors to achieving SDG 3.4.

In an era of growing healthcare expenditure and fiscal restraint, governments are exploring ways of limiting spending on social sectors, including health. Hence, arguments for prevention based on economic benefits are more likely to appeal to policy-makers and international funders. Multisectoral action for prevention will be necessary to reduce the future burden, in addition to action in the health sector, particularly at the primary level of care.

In May 2015, the World Health Organization published a report on how WHO would report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical Note (NCD Progress Monitor) was updated in September 2017 to ensure alignment with the updated set of WHO ‘best-buys’ and other recommended interventions for the prevention and control of noncommunicable diseases, which were endorsed by the World Health Assembly in May 2017.

The Progress Monitor provides data on the 19 indicators detailed in the Technical Note for all of WHO’s 194 Member States. The indicators include setting time-bound targets to reduce NCD deaths; developing whole-of-government policies to address NCDs; implementing key tobacco demand reduction measures; measures to reduce harmful use of alcohol and unhealthy diets and promote physical activity; and strengthening health systems through primary health care and universal health coverage.

WHO Noncommunicable Disease Progress Monitor 2017,⁵ which charts actions by countries to set targets, implement policies to address four main shared and modifiable NCD risk factors (tobacco, unhealthy diet, physical inactivity and harmful use of alcohol) and build capacities to reduce and treat NCDs, shows that progress around the world has been uneven and insufficient. The WHO report also documents efforts by countries to implement a so-called set of “best buys” and other recommended interventions that can prevent or delay most premature NCD deaths, and which were endorsed during World

Health Assembly 2017. Many countries around the world have not been able to successfully implement basic cost-effective interventions. Improving chronic disease surveillance with a focus on monitoring shared risk factors and cause-specific mortality should be a priority, as sound surveillance systems provide the needed evidence for advocacy and political awareness-raising.⁶

Continued neglect of NCDs is a result of political neglect. The availability of scientific evidence and cost-effective interventions is not a guarantee of effective national responses. Applying a political economy lens to understanding various policy contexts, including the priorities of particular administrations, power relations and vested interests, is important to understanding the political forces and incentives for incorporating NCDs into the development agenda and the allocation of funding for international development and global health.

Objectives

1. To review the multi-level determinants of NCDs – biological, social, economic, behavioural, environmental, commercial, and political – using a political economy framework
2. To discuss the strategies in tackling the major risk factors (unhealthy diets, tobacco use, harmful use of alcohol, physical inactivity and environmental pollution) and the underlying determinants, focusing on the implementation of the cost-effective interventions to achieve SDG3.4 and other NCD-related targets
3. To share and learn from national, regional and global experiences in addressing the main risk factors of NCDs and their social, economic, commercial and political determinants and to discuss how to translate these experiences to other contexts
4. To identify knowledge gaps and strategies to address them
5. To formulate key policy recommendations and actions to implement the proposed solutions

¹WHO World Health Statistics 2017: monitoring health for the SDGs. Geneva: World Health Organization;2017.

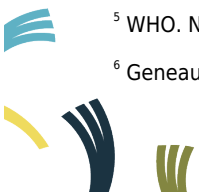
² Source: WHO 2017, available at: http://www.who.int/healthinfo/global_burden_diseases/estimates/en

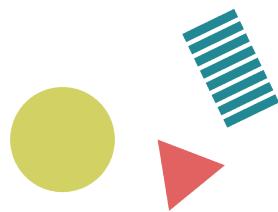
³WHO. Noncommunicable Diseases Progress Monitor 2015. Geneva: World Health Organization, 2015.

⁴ UN. Sustainable Development Goals: United Nations; 2015 [cited 2016 June]. Available from: <https://sustainabledevelopment.un.org/?menu=1300>.

⁵ WHO. Noncommunicable Diseases Progress Monitor 2017. Geneva: World Health Organization, 2017.

⁶ Geneau R, Stuckler D, Stachencko S et al. Raising the priority of preventing chronic diseases: A political process. The Lancet 2010





Sub-Theme 2

System Approaches to Address
the Political Economy of NCDs

SUB-THEME 2

The increased NCD burden puts a serious pressure on the fragile health systems in most of the low and middle income countries. Major social determinants of NCDs include socioeconomic status, literacy, health infrastructure, social equality and the double challenges from epidemiological transition towards chronic diseases, and rapid demographic transition towards an ageing society. All the determinants are interrelated and largely linked to the political economy to trigger the proximal risk factors leading to the rise in NCDs. Given the complexity of NCDs, to tackle the problem needs to look at the whole system not only the health sector. Conventional reductionist approaches in health policy and planning process are inadequate for tackling complex problems of rapidly increasing burdens of NCDs. Public policy and interventions that fail to take this complexity into account will continue to hinder effective systems response to NCDs.

Recognizing that political economy context have critical influence and impacts on NCDs, efforts to strengthen the whole systems might need a new paradigm shift and systems approach. Addressing NCDs with a comprehensive systems approach combine large-scale population interventions through interventions and minimize risk of population to these health risks as key primary preventions (e.g. taxation, laws/regulation, commercial/trade, environmental and urban design, transportation, education, health services, human resources, and etc. to promote healthy life style) and effective individual health services (e.g. early detection of NCDs; hypertension, diabetes detection and clinical management to prevent complication such as stroke, heart diseases etc.).

Using systems approaches in response to NCDs requires a dynamic process and holistic view, while different perspectives, interests, and power of different stakeholders are taken into account. It is increasingly recognized that there are special sets of approaches, methods and tools that derive from systems thinking perspectives to help the policy decision-making process and implementation of NCD prevention and control. Through a panel discussion in this plenary session, the panelists will highlight the challenge and impact of political economy to the health system and beyond, examine various innovative systems thinking methods and tools that can help create a more effective policy decision-making of NCD prevention and control and provide examples of how the system with sub-systems and components can respond to the political economy of NCDs.

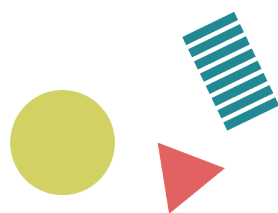
Issues to be discussed

- Challenge and influence of political economy to NCDs
- System thinking approaches to address political economy to NCDs
- Role of the multisector in response to NCDs
- Examples of systems approaches to address political economy of NCDs

Expected outcomes:

Systems approaches for policies, planning, strategic investment, lessons, good practices, in response to NCDs





Sub-Theme 3

Addressing Critical Challenges
for Governance of NCDs

SUB-THEME 3

Governance is the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences." UNDP. Governance for sustainable human development, UNDP policy document, New York, 1997.

Background

NCDs continue to be the single greatest cause of preventable illness, disability and mortality worldwide, with large impacts on productive capacity. They account for more death and disease than all other causes combined. NCDs are not confined to wealthier nations. Nearly 75 percent of NCD deaths – and 82 percent of premature NCD deaths (i.e. those occurring before the age of 70) – occur in low- and middle-income countries (LMICs). Processes such as aging, rapid unplanned urbanization and changing consumption patterns contribute to rising NCD burdens globally. In parallel, underlying social exclusion, marginalization and discrimination create conditions that increase vulnerability to NCDs and reduce access to services, resulting in some populations experiencing NCDs at younger ages and enduring worse outcomes.

Differential exposures to the four main behavioural risk factors for NCDs – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet – as well as rising exposures to environmental risks, especially air pollution, and access to prevention and treatment services are often rooted in public policy choices that span sectors beyond health. The 2011 Political Declaration on the Prevention and Control of NCDs emphasized that addressing NCDs requires whole-of-government and whole-of-society responses. Engagement of different sectors including (but not limited to), agriculture, education, labour, environment, trade, finance, infrastructure, urban planning, is critical. NCDs impact all of these areas, and decisions across these sectors often have a greater bearing on health and well-being than do those in the healthcare sector alone.

The 2030 Agenda for Sustainable Development recognizes that current NCD trends and sustainable development cannot coexist. It includes a specific target, 3.4, to reduce premature mortality from NCDs by one-third by 2030, as well as target 3.a on strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). Progress on NCDs would yield benefits across the SDGs, given the multidimensional relationship between NCDs and poverty, inequalities, climate action and a range of other goals and targets. Links can be made from at least nine SDGs to the NCD target (3.4) which show mutual benefits of achieving policy coherence and aligned programmes across sectors.¹ For an effective response, NCDs must be integrated within countries' development priorities and reflected in their planning frameworks for development, including for achieving the SDGs.

This session comes at a time when the evidence on NCDs is stronger than ever. A number of global and regional frameworks already exist to guide multisectoral action on NCDs and their social determinants, most recently the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. Appendix 3 was updated in 2017, outlining 88 proven cost-effective interventions with 16 of these deemed 'best buys' by the World Health Assembly. Of these, four are clinical interventions and 12 in health or services in the wider policy environment. These frameworks identify enablers for successful multisectoral action on NCDs and health more broadly: high-level political commitment, governance mechanisms to facilitate and coordinate multisectoral responses, and robust structures for monitoring, evaluation and accountability. The Global Coordination Mechanism on Prevention and Control of NCDs (GCM/NCDs) established by the WHO in 2014, contributes to accelerate the achievement of NCD-related SDG targets by fostering high level political commitment and encouraging multi-sectoral and multi-stakeholder engagement at local, national, regional and global levels.

Yet, progress on NCDs has been deemed 'insufficient and highly uneven.' With the third High Level Meeting on NCDs: Time to Act! in September 2018 to take stock of progress, there is a critical need to scale up approaches and make good on current commitments. There is likewise an urgent need to expand policy and programmatic approaches to NCDs beyond the 4x4 model, to also look more closely at environmental risks, mental health, and road traffic injuries. The Global Programme of Work (GPW 13) in WHO on NCDs is a robust platform to extend attention to mental health.



Making needed progress on NCDs, realizing opportunities and meeting commitments, including in the SDGs, requires us to grapple with NCD barriers and enablers. Core governance and accountability challenges persist and include:

1. The need for stronger political commitment for action on NCD prevention and care and lack of ownership of the agenda across government entities beyond the health sector;
2. The need to develop and entrench understanding of (a) why a multi-stakeholder response is necessary and (b) the social and economic costs of inaction;
3. Furthering integration of prevention and control of NCD issues into national agendas and planning frameworks;
4. Overcoming policy incoherence and the inability to adequately balance trade-off between different goals (for example economic or commercial interests and NCD targets).
5. The need to strengthen framework legislation, including for the establishment of a national multisectoral mechanism and for monitoring and accountability;
6. Ensuring adequate and sustained financing for NCD prevention and response, including limited ODA/support from international partners and limited use of price and tax measures which can simultaneously reduce the use of health-harming products and represent a revenue stream for financing for development;
7. Confronting global governance challenges, for example related to trade agreements, and limited investment in South-South cooperation or regional legislative frameworks to address shared concerns.

Depending on the context, there may be particular opportunities and challenges related to NCD governance. For example, LMICs often have lower capacities to respond to NCDs and must contend simultaneously with ongoing communicable disease burdens, including from HIV, tuberculosis (TB), malaria and water-borne diseases. In such settings attention to co- and multi-morbidities and co-financing options may be appropriate. Similarly, in places where the burden of NCDs is concentrated in sub-regions or cities, empowering municipal governments with greater authority over public health is integral to building decentralized governance capacity and greater intersectoral competence to deliver and increase uptake of NCD prevention and treatment services.

Objectives

- To assess how whole-of-society responses (multisector, multi-stakeholder actions), inclusive political processes and legislation can support NCD responses, including through policy coherence and conflict of interest management;
- To examine challenges and opportunities in financing the NCD response, and ensuring monitoring and accountability;
- To share and learn from successes and challenges at the local, national, regional and global levels

Expected outcome:

Identification of policies, regulations, structures and partnerships for addressing key governance, financing and accountability challenges in the prevention and control of NCDs.

¹Paper #1, Lancet Task Force on NCDs and Economics, April 2018.



| VENUE AND DATES OF THE CONFERENCE

Centara Grand at Central World Hotel, Bangkok

Monday 29 - Tuesday 30 January 2019	Side Meetings
Wednesday 31 January 2019	Field Trip
Thursday 1 - Saturday 3 February 2019	Main Conference

| STRUCTURE OF THE CONFERENCE

This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. **Pre-conference**

- Side meetings
- Field trip

2. **Main conference**

- Keynote speeches
- Plenary sessions
- Parallel sessions
- Synthesis: Summary and recommendations
- Poster display

| PRE-CONFERENCE PROGRAM

Monday 29 January 2019

09:00-17:30	Side Meetings
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Tuesday 30 January 2019

09:00-17:30	Side Meetings
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Wednesday 31 January 2019

06:30-18:00	Field Trip
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| MAIN CONFERENCE PROGRAM

Thursday 1 February 2019

09:00-10:30	Opening Session & Keynote Address Opening Session by Her Royal Highness Princess Maha Chakri Sirindhorn Keynote Address <ul style="list-style-type: none"> ◦ Brian Druker, Director, Knight Cancer Institute, Oregon Health & Science University, United States of America ◦ Leah Dodds, Research Associate, University of Miami, United States of America ◦ Thomas R. Frieden, President and CEO, Resolve to Save Lives, an Initiative of Vital Strategies, United States of America
10:30-11:00	Break
11:00-12:30	Plenary Session 0 : Political Economy of NCD: Players, Powers and Policy Processes
12:30-14:00	Lunch
14:30-15:00	Plenary Session 1 : The Political Economy of the Determinants of NCDs: Accelerating Actions for Prevention
15:00-15:30	Break / Special Event /Poster Presentation
15:30-17:30	PS 1.1 : Addressing the Behavioural Determinants of NCDs: Empowering or Victim-Blaming? PS 1.2 : Action Beyond the Health Sector - Addressing the Social Determinants of NCDs PS 1.3 : The Commercial Determinants of Non-Communicable Diseases PS 1.4 : Interrogating [fiscal/public] Policies and Politics PS 1.5 : Win-Win Strategy for the Control and Prevention of NCDs and Tackling Environment and Climate Challenges
18:00-20:30	Welcome Diner

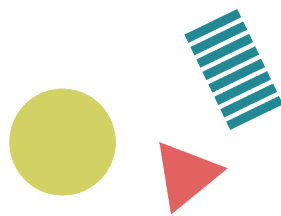
Friday 2 February 2019

09:00-10:00	Plenary Session 2 : Address Determinants of NCD: the Whole of Government and Systems Response
10:00-10:30	Break / Special Event / Poster Presentation
10:30-12:30	PS 2.1 : Building Ethical Systems for Public Interest in the National Response to NCDs PS 2.2 : Intelligence Systems and Institutional Capacities in Response to NCDs PS 2.3 : Imperative Need for Paradigm Shift of Health Systems: A Holistic Response to NCD PS 2.4 : Implementing the 'Best Buys' and Effective Interventions at City and Local Level: Showcasing Multisectoral Action PS 2.5 : Best Buys, Wasted Buys and Controversies in NCD prevention
12:30-14:00	Lunch / Special Event
12.45-13.45	Abstract Session Complement to Sub-theme 1 Abstract Session Complement to Sub-theme 2 Abstract Session Complement to Sub-theme 3 Abstract Session for Young Researchers
14:00-15:00	Plenary Session 3 : Governance of the NCD Response - Who Is in Control?
15:00-15:30	Break / Special Event / Poster Presentation

15:30-17:30	<p>PS 3.1 : The Prisoner's Dilemma or the Dilemma's Prisoners? Challenges at the Frontier of NCD Control</p> <p>PS 3.2 : Financing of NCD Response: Reality-Testing Domestic, Blended and ODA Finance Options</p> <p>PS 3.3 : What's Law Got to Do with It ?</p> <p>PS 3.4 : No Progress Without Action: A New Era of Accountability to End Empty Promises for NCD Prevention and Control</p> <p>PS 3.5 : Framing NCDs to Accelerate Political Action</p>
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Saturday 3 February 2019

09.00-10.00	Synthesis : Summary, Conclusion & Recommendations
10.00-10.30	Break
10.30-10.40	Statement
10:40-12.00	Closing Performance
12.00-13.30	Lunch



PLENARY SESSION 0

POLITICAL ECONOMY OF NCD: PLAYERS, POWERS AND POLICY PROCESSES



| BACKGROUND

Noncommunicable diseases (NCD) epidemic constitute one of the major challenges for development in the 21 century, in terms of health and well-being as well as obstacle for socio-economic development in all societies, rich and poor alike. NCD are the leading causes of morbidity and mortality, claiming 40 million out of 56 million annual deaths globally. The number of premature death from NCD continues to rise disproportionately in low income and lower middle income countries where 47% (7 million) of premature deaths from NCDs occur.

NCD has got significant global political attention, since adoption of the Political Declaration on NCD prevention and Control at UN General Assembly in 2011; leading to the adoption of nine Global Voluntary Targets in 2013 covering targets on premature mortality, risk reduction and national system response; and the adoption of SDG 3.4 to reduce premature mortality from NCDs by one-third in 2030. However, under a business-as-usual scenario, or without scaling up efforts significantly before 2020, the current rate of decline in the risk of dying prematurely from non-communicable diseases is insufficient to meet the target by 2030.

Keeping social and economic significance of NCD epidemic and the progress we made so far, global community has witnessed two wonders. First wonder, there is a major systematic barrier separating what we know and what we do. Evidence shows that most NCDs are preventable, delayable and manageable. Furthermore, evidence also differentiates interventions those do not work from those cost-effective and feasible Best Buys interventions. Population-based preventive intervention can prevent half up to two-third of premature deaths, while effective individual-targeted health care can prevent one-third up to half of premature deaths. Evidence also confirms that investment for only one to three dollars per capita per year could make significant NCD premature mortality decline. The global community fail to close this know-do gap.

The second wonder; we know well that most effective interventions lie outside health care system boundary. Therefore, collaboration within and beyond public sector, or so-called Whole-of-Government and Whole-of-Society approaches are needed. Effective multisectoral coordination and collaboration are still a rare case in reality.

“Political economy” recently emerges as an innovative tool to better addressing policy agenda and program, beyond linear technocratic approach. It focuses on both politics and economics and interaction between them; power and resources, how they are distributed and contested and the resulting implications for development outcome; it also considers underlying interests, incentives, rents/rent distribution, historical legacies, prior experiences, social trends and how factors effect or impede change.¹ Meanwhile, OECD² describes “Political economy analysis is concerned with the interaction of political and economic processes in a society: the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships overtime”.

While policy direction to tackle NCD is pretty clear, governments often find it difficult to safeguard the health and well-being of their population, in the context of multiple stakeholders with different and common values and interests, unevenly distributed influence, and with restricted capability. Report to the third High Level Meeting of UN General Assembly on NCD Prevention and Control identifies five groups of challenge which hamper the global progress of effort to tackle NCD epidemic. These are 1) weak and non-integrated political actions; 2) ineffective health system response; 3) inadequate national capacity; 4) insufficient international finance on NCD; and 5) industry interference. Arguably, these five major challenges are all about policy process of domestic and international stakeholders, policy actors as well as powers and interactions between them, leading to system competency to deal with NCD in any society.

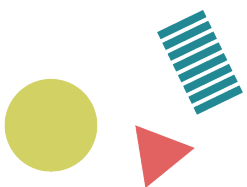
Aims to foster and enhance global momentum for NCD prevention and control, PMAC 2019 introduces an unconventional outlook on NCD epidemic, through political economy perspective. At the outset, this Plenary is to set the scene and provides conceptual platforms to articulate all three sub-themes; better understanding of NCD determinants through political economy lens (sub-theme 1), promote comprehensive system approach to address NCD (sub-theme 2), and lastly, 3) unfold hindrance of and strategize roles of governments (sub-theme 3).

1 World Bank, How-to notes: political economy assessment at sector and project levels (2011)

2 DFID. Political economy: how to note (2009)

| OBJECTIVES

- To introduce and provide overarching conceptual fundamental for the whole PMAC 2019, covering all three sub-themes, in particular how political economy is important but neglected for NCD prevention and control
- To discuss how the whole society approach could better address political economy of NCDs





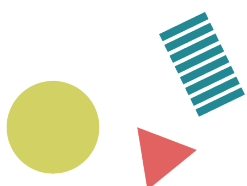
Moderator

Timothy Evans

Senior Director, Health, Nutrition and Population

The World Bank
United States of America

Tim Evans is the Senior Director of Health, Nutrition and Population at the World Bank Group. From 2010 to 2013, Tim was Dean of the James P. Grant School of Public Health at BRAC University in Dhaka, Bangladesh, and Senior Advisor to the BRAC Health Program. From 2003 to 2010, he was Assistant Director General at the World Health Organization (WHO). Prior to this, he served as Director of the Health Equity Theme at the Rockefeller Foundation. Earlier in his career he was an attending physician of internal medicine at Brigham and Women's Hospital in Boston and was Assistant Professor in International Health Economics at the Harvard School of Public Health. He is a board member of a number of international health alliances. Tim has been at the forefront of advancing global health equity and strengthening health systems delivery for more than 20 years. At WHO, he led the Commission on Social Determinants of Health and oversaw the production of the annual World Health Report. He has been a co-founder of many partnerships including the Global Alliance on Vaccines and Immunization (GAVI) as well as efforts to increase access to HIV treatment for mothers and innovative approaches to training community-based midwives in Bangladesh. Tim received his Medical Degree from McMaster University in Canada and was a Research and internal Medicine Resident at Brigham and Women's Hospital. He earned a D.Phil. in Agricultural Economics from University of Oxford, where he was a Rhodes Scholar.





Keynote Speaker

Michael R. Reich

Taro Takemi Research Professor of International Health Policy

Harvard T.H. Chan School of Public Health
United States of America

Michael R. Reich is the Taro Takemi Research Professor of International Health Policy at the Harvard T.H. Chan School of Public Health. He received his Ph.D. in political science from Yale University in 1981 and has been a member of the Harvard faculty since 1983. He has served as Chair of the Department of Global Health and Population and as Director of the Harvard Center for Population and Development Studies; he continues as Director of the Takemi Program in International Health. Dr. Reich has longstanding research interests in the political economy of health reform, pharmaceutical policy, and access to medicines. He coauthored a leading textbook on health systems, *Getting Health Reform Right: A Guide to Improving Performance and Equity* (Oxford University Press, 2004, with M.J. Roberts, W.C. Hsiao, and P. Berman). He has taught in the World Bank's Flagship Course on Health System Strengthening and Sustainable Financing since the course started and currently serves as director of the global course. Since the early 1990s, Dr. Reich has worked with David Cooper on a Windows-based software program for applied political analysis. This tool, called PolicyMaker, provides a computer-assisted guide for strategic political thinking about policy reform. The software is available for free on the Internet ([click here](#)). Many of his publications are available on his Harvard faculty website ([click here](#)). He is founding Editor-in-Chief of the journal *Health Systems & Reform* ([click here](#)), now completing its fourth year of publication. In April 2015, the government of Japan announced in its Spring Honors List the award of the Order of the Rising Sun, Gold Rays with Neck Ribbon, to Professor Reich, for his outstanding contribution to the promotion of Japan's policy for global public health as well as for advancing public health in Japan ([click here](#)). In November 2016, Dr. Reich received the Award for Lifetime Service to the Field of Health Policy and Systems Research from the Alliance for Health Policy and Systems Research and from Health Systems Global.



Panelist

Margaret Chan

President of Global Health Forum, BFA

Boao Forum for Asia
China

Dr. Margaret Chan, from the People's Republic of China, is the Director-General Emeritus of the World Health Organization (WHO). As the 7th Director-General from January 2007 to June 2017, Dr. Chan led WHO through a period of profound change. The political, social, economic and epidemiological challenges facing health in the early 21st century have been unprecedented in their complexity and global in their impact. Population ageing, antimicrobial resistance, climate change, obesity, and the globalised marketing of unhealthy products, chronic non communicable diseases overtook infectious diseases as the leading killers worldwide. The global economic slowdown since 2008 also affected populations around the world as many governments struggled to finance basic health services. Despite these immense challenges, Dr. Chan's leadership ensured sustained progress in improving health and life-expectancy in populations around the world. During her tenure, Dr. Chan led the global movement on "universal health coverage", and the global response to major health emergencies like the influenza pandemic, Ebola and Zika epidemics. She has also transformed WHO into one of the most transparent and accountable international organisations by initiating an ambitious program of reform since 2011. As Director-General, Dr. Chan frequently emphasised the importance of working in partnership with other stakeholders in society to achieve common goals in health. Dr. Chan obtained her B.A., M.D. and DSc degrees from the Western University, Canada and a MSc in public health from the National University of Singapore. She completed a programme for management development at Harvard Business School in Boston.



Panelist

Naveen Rao

Managing Director

The Rockefeller Foundation
United States of America

Dr. Naveen Rao joined The Rockefeller Foundation in 2018 as Managing Director for Health. In this role, he advances innovative strategies with the goal of bending the curve on country achievement of SDG targets for health, starting with maternal and child mortality and universal health coverage. The Rockefeller Foundation has a long history in health—from eradicating hookworm in the American South, to creating the field of public health, to developing the yellow fever vaccine. Today, the Foundation’s goal in health is grown out of the recognition that there exists a unique opportunity to harness the power of data for community health. The Foundation’s Health initiative, under Dr. Rao’s leadership, aims to build an approach that enables scale of successful data-driven efforts—strengthening community health systems. The Rockefeller Foundation aims to lead the global effort for data-driven community health by convening the right global partners, driving innovation, engaging the private sector, and developing public goods and best practices. Our approach will integrate disparate data sources and generate actionable insights for decision makers—delivering the right intervention to the right population at the right time. Our goal is to save the lives of 6 million at-risk mothers and children over the next 10 years. Prior to joining The Rockefeller Foundation, Dr. Rao held numerous leadership positions at Merck & Co., Inc from 1993 to 2018. His most recent position was Lead of Merck for Mothers, Merck’s 10-year, \$500 million initiative to reduce maternal mortality around the world. In this capacity, Dr. Rao was responsible for leveraging the company’s science and business expertise to accelerate progress in reaching the Sustainable Development Goals. Dr. Rao is Board Certified in Internal Medicine and is a Fellow of the American College of Physicians. He was Associate Director of the Department of Medicine at Beekman Downtown Hospital and practiced Internal Medicine in New York City for 10 years prior to joining Merck in 1993.



Panelist

Rocco Renaldi

Secretary General

International Food and Beverage Alliance
Belgium

Rocco Renaldi is the Secretary General of the International Food and Beverage Alliance (IFBA). IFBA is a group of twelve of the largest international food and beverage companies, dedicated to developing, implementing and promoting good practice on health and nutrition. Rocco had led the development of IFBA's current global commitments on product formulation and innovation, responsible marketing, nutrition information to consumers and the promotion of healthy lifestyles. Rocco represents IFBA towards the World Health Organisation, other UN agencies and government authorities; he maintains relationships with non-governmental organisations; and leads the development of local initiatives modelled on the IFBA commitments around the world.



Panelist

Sicily K. Kariuki

Cabinet Secretary (Minister)

Ministry of Health
Kenya



Panelist

Takao Toda

Vice President for Human Security and Global Health

Japan International Cooperation Agency (JICA)
Japan

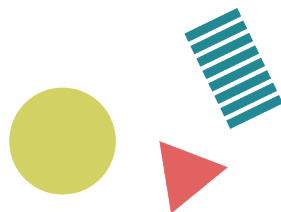
As the Vice President for Human Security and Global Health, Dr. Toda promotes strategic planning and implementation of JICA's operations. Dr. Toda received Ph.D at the Graduate School of International Development in Nagoya University in 2009, master's degree at the Graduate School of Frontier Sciences in the University of Tokyo in 2001, and LL.B at the Faculty of Law in Kyoto University in 1984. For more than three decades, he has been playing various key roles of strategizing and implementing Japan's ODA, such as Group Director on Peace Building, Group Director on Human Security, Senior Fellow of JICA Research Center, Chief Representative of Bangladesh Office, Director General of Human Development Department. He has a wide range of knowledge and experience especially on the operationalization process of Human Security, which has been the core concept of Japan's diplomatic policy of international cooperation.



PMAC

PRINCE MAHIDOL
AWARD CONFERENCE

2019



PLENARY SESSION 1

**THE POLITICAL ECONOMY OF THE DETERMINANTS OF NCDS: ACCELERATING
ACTIONS FOR PREVENTION**



| BACKGROUND

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, chronic obstructive pulmonary disease, diabetes and mental illnesses are the leading causes of morbidity and mortality, claiming 41 million out of 56 million annual deaths globally in 2016. The global premature deaths from NCDs, that is, the deaths between the ages of 30 and 69, are of particular concern: In 2016, 15 million people died prematurely, and nearly 85% of these deaths took place in low- and middle-income countries.

NCDs have been recognized as a significant development challenge and human rights issue, as they impede social and economic development and are driven by underlying social, economic, political, environmental, and cultural factors. Therefore, responding to NCDs and their shared risk factors, such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, along with environmental risk factors (e.g. air pollution), is not simply a matter of changing individual health behaviours in isolation. The international community has increasingly come to recognise that technical solutions to development problems will not work if they are not aligned with political economy concerns.¹

Leadership and action from the health sector is critical to respond to NCDs. However, there is a need for robust and coherent national policies and strategies in all sectors with an increased focus on the social, environmental and commercial causes of NCDs, requiring a whole-of-society and whole-of-government approach to address the underlying determinants. Intersectoral collaboration encompassing both health and relevant non-health sectors is necessary in combating NCDs at global, regional, national and local levels. The approach has been endorsed at the highest political level and is reflected in political documents, such as the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 and the 2030 Agenda for Sustainable Development.²

Although progress on chronic NCD prevention and control has been slow, there is now strengthened global support for action. The three High-level Meetings on NCDs have contributed to rising political attention to preventing chronic diseases globally. However, for countries to make progress in the implementation of high-level commitments, domestic solutions need to reflect local historical, political, cultural and institutional legacies.³

¹Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and Region, 2000-2016. Geneva, World Health Organization; 2018

² Fox AM, Reich MR (2015) The politics of universal health coverage in low- and middle-income countries: a framework for evaluation and action, *Journal of Health Politics, Policy and Law* 40(5) 1023-60.

³ Bump JB (2010) *The long road to universal health coverage: a century of lessons for development strategy*. Seattle, WA:PATH

| OBJECTIVES

- To review the multi-level determinants of NCDs – biological, social, economic, behavioural, environmental, commercial, fiscal and political – using a political economy framework
- To discuss strategies in tackling the major risk factors (unhealthy diets, tobacco use, harmful use of alcohol, physical inactivity and environmental pollution) and the underlying determinants, focusing on the implementation of cost-effective interventions to achieve SDG3.4 and other NCD-related targets
- To share and learn from national, regional and global experiences in addressing the main risk factors of NCDs and their social, economic, commercial, fiscal and political determinants
- To provide examples of strategies on how to scale up best NCD prevention practices in different contexts
- To identify knowledge gaps and approaches to address them
- To formulate key policy recommendations and actions to implement the proposed solutions





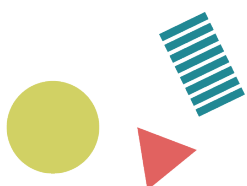
Moderator

Tea Collins

Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases

World Health Organization
Switzerland

Téa Collins, MD, MPH, MPA, DrPH, is Adviser to the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases (GCM/NCD), where she oversees work on development cooperation, resource flows into NCDs, strengthening health systems for universal health coverage, implementation research and social determinants of NCDs. Dr Collins came to WHO from the International Atomic Energy Agency (IAEA), where she provided technical advice and expertise on matters related to comprehensive cancer control and health systems strengthening to the Programme of Action for Cancer Therapy (PACT). Prior to IAEA, Dr Collins advised the World Medical Association (WMA) on global health issues of concern to the medical profession, in collaboration with the WHO Global Health Workforce Alliance. As part of her work at WMA she oversaw a global campaign on immunization against influenza among physicians and other healthcare workers. She also served as the first Executive Director of the NCD Alliance, a partnership of over 2,000 member organizations in 170 countries with a mission to combat the NCD epidemic by putting health at the center of all policies. Dr Collins' background includes work at the national Ministry of Health in Georgia, as well as experience managing technical assistance for the US\$ 20 million World Bank Health Reform Implementation Project. She also led the USAID-supported reproductive health and primary health care education projects in the Caucasus targeting internally displaced populations. Dr Collins's academic work includes an appointment at the George Washington University in Washington, DC, where she taught graduate courses on subjects ranging from international health and development to strengthening health systems in Eastern Europe and the former Soviet Union. While at GWU, Dr Collins conducted research and consulted with organizations such as John Snow, Inc., the US Department of Health and Human Services and the National Council on Hispanic Aging. Dr Collins is a pediatrician with a Doctorate in Global Health from The George Washington University, as well as a Master's Degree in Public Health from Boston University and a Master's Degree in Public Administration from the Harvard University Kennedy School of Government. She was a Presidential Scholar, Mason Fellow and Public Service Fellow at Harvard and served on the Board of Directors of the Kennedy School Alumni Association.





Panelist

Michael Marmot

Director, Institute of Health Equity

Department of Epidemiology and Public Health, University College London
United Kingdom

Professor Sir Michael G. Marmot MBBS, MPH, PhD, FRCP, FFPHM, FMedSci, FBA Director of the Institute of Health Equity (UCL Department of Epidemiology & Public Health). Sir Michael Marmot is Professor of Epidemiology at University College London. He is the author of *The Health Gap: the challenge of an unequal world* (Bloomsbury: 2015) and *Status Syndrome: how your place on the social gradient directly affects your health* (Bloomsbury: 2004). Professor Marmot held the Harvard Lown Professorship for 2014-2017 and is the recipient of the Prince Mahidol Award for Public Health 2015. He has been awarded honorary doctorates from 18 universities. Marmot has led research groups on health inequalities for over 40 years. He chairs the Commission on Equity and Health Inequalities in the Americas, set up in 2015 by the World Health Organization's Pan-American Health Organization (PAHO/ WHO). He was Chair of the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and produced the report entitled: 'Closing the Gap in a Generation' in August 2008. At the request of the British Government, he conducted the Strategic Review of Health Inequalities in England post 2010, which published its report 'Fair Society, Healthy Lives' in February 2010. This was followed by the European Review of Social Determinants of Health and the Health Divide, for WHO Euro in 2014. Professor Marmot chaired the Expert Panel for the WCRF/AICR 2007 Second Expert Report on Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. He chaired the Breast Screening Review for the NHS National Cancer Action Team and was a member of The Lancet-University of Oslo Commission on Global Governance for Health. He set up and led a number of longitudinal cohort studies on the social gradient in health in the UCL Department of Epidemiology & Public Health (where he was head of department for 25 years): the Whitehall II Studies of British Civil Servants, investigating explanations for the striking inverse social gradient in morbidity and mortality; the English Longitudinal Study of Ageing (ELSA), and several international research efforts on the social determinants of health. He served as President of the British Medical Association (BMA) in 2010-2011, as President of the World Medical Association in 2015. He is President of the British Lung Foundation. He is an Honorary Fellow of the American College of Epidemiology; a Fellow of the Academy of Medical Sciences; an Honorary Fellow of the British Academy, and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities. Professor Marmot is a Member of the National Academy of Medicine.



Panelist

Sania Nishtar

Founder and President

Heartlife

Pakistan

Dr. Sania Nishtar is an internationally acclaimed Pakistani physician and public health expert. She is currently serving as a Chairperson of Benazir Income Support Program (BISP), Pakistan's biggest social safety net program. She is also co-chair of WHO's High-Level Commission on Non-communicable diseases along with the presidents of Uruguay, Finland and Sri-Lanka. She is also a member and former co-chair of the World Economic Forum's Global Agenda Council on the Future of Healthcare and the U.S National Academy of Sciences Global Study on the Quality of Healthcare in low and middle-income countries. In addition, she also chairs the United Nations International Institute for Global Health's Advisory Committee. She is the founder and president of the NGO Heartfile in Pakistan and has previously served as a federal minister in the Pakistan government in 2013. She was Pakistan's nominee for director-general of the World Health Organisation in 2017 and was in the final shortlist of three. Earlier she was also founding Chair of the UN Secretary General's Independent Accountability Panel for Women's and Children's health and chaired WHO's Commission on Ending Childhood Obesity. She has received many international awards for her work and is widely published. Sania Nishtar graduated from Khyber Medical University as the best graduate in 1986. She is a Fellow of the Royal College of Physicians and took a Ph.D at Kings College London.



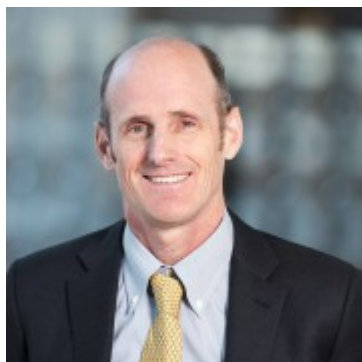
Panelist

Theresa Marteau

Director of Behaviour and Health Research Unit, Department of Public Health and Primary Care

University of Cambridge
United Kingdom

Professor Theresa Marteau is Director of the Behaviour and Health Research Unit in the Clinical School at the University of Cambridge, and Director of Studies in Psychological and Behavioural Sciences at Christ's College, Cambridge. She studied psychology at the London School of Economics and Political Science (LSE) and the University of Oxford (Wolfson College). Her research interests include: i. development and evaluation of interventions to change behaviour (principally diet, tobacco and alcohol consumption) to improve population health and reduce health inequalities, with a particular focus on targeting non-conscious processes ii. risk perception and communication, particular of biomarker-derived risks, and their weak links with behaviour change iii. acceptability to publics and policy makers of government intervention to change behavior. She is a Fellow of the Academy of Medical Sciences and the Academy of Social Sciences. In 2017, she was appointed Dame Commander of the Order of the British Empire in recognition of her contribution to Public Health.



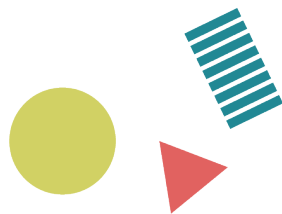
Panelist

Timothy Evans

Senior Director, Health, Nutrition and Population

The World Bank
United States of America

Tim Evans is the Senior Director of Health, Nutrition and Population at the World Bank Group. From 2010 to 2013, Tim was Dean of the James P. Grant School of Public Health at BRAC University in Dhaka, Bangladesh, and Senior Advisor to the BRAC Health Program. From 2003 to 2010, he was Assistant Director General at the World Health Organization (WHO). Prior to this, he served as Director of the Health Equity Theme at the Rockefeller Foundation. Earlier in his career he was an attending physician of internal medicine at Brigham and Women's Hospital in Boston and was Assistant Professor in International Health Economics at the Harvard School of Public Health. He is a board member of a number of international health alliances. Tim has been at the forefront of advancing global health equity and strengthening health systems delivery for more than 20 years. At WHO, he led the Commission on Social Determinants of Health and oversaw the production of the annual World Health Report. He has been a co-founder of many partnerships including the Global Alliance on Vaccines and Immunization (GAVI) as well as efforts to increase access to HIV treatment for mothers and innovative approaches to training community-based midwives in Bangladesh. Tim received his Medical Degree from McMaster University in Canada and was a Research and internal Medicine Resident at Brigham and Women's Hospital. He earned a D.Phil. in Agricultural Economics from University of Oxford, where he was a Rhodes Scholar.



PARALLEL SESSION 1.1

**ADDRESSING THE BEHAVIOURAL DETERMINANTS OF NCDS: EMPOWERING OR
VICTIM-BLAMING?**



| BACKGROUND

It is emphasized from the outset that the multiplicity of inter-dependent determinants of NCDs need to be considered and addressed together as part of a comprehensive framework. This session, however, will focus on the behavioural determinants of NCDs, which encompass individual lifestyle factors, and the promotion of health and nutrition literacy and behavior change communication to address them. Four major NCD risk factors have significant behavioural dimensions at the level of the individual: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. NCDs impose a disproportionate burden that on poorer populations in upper income countries and across all populations in low and middle income countries. Given the evidence of greater impact of the behavioural determinants on populations with low socio-economic status, these groups require greater focus and appropriately tailored approaches. Despite the proliferation of health information on the Internet, there is often a lack of evidence-based and tailored information that is easily available to the general public, while on the other hand the public is receiving a huge amount of marketing information on unhealthy products from the various industries.

Health literacy refers, broadly, to the ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health” for themselves, their families and their communities. Health literacy is particularly important in order to prevent and control NCDs and their shared risk factors. For example, people with higher levels of health literacy are better able to understand available nutrition information and to be empowered to make healthier choices, thus contributing to preventing both undernutrition and overweight and associated NCDs. At the same time, the availability and affordability of healthier choices and the socio-cultural contexts need to be considered and addressed – aspects covered in other parallel sessions.

A strand of narrative that has dominated the (industry promoted) discourse is that NCDs are primarily caused by poor individual choices on lifestyles, and that the strategy to prevent them is focused primarily on promoting healthy lifestyles, placing the onus (or blame) on the individual. This narrative still holds sway in certain contexts and among certain stakeholders – for example, in case of Governments which choose or are influenced to avoid addressing the wider socio-cultural, commercial and policy determinants, or among private sector stakeholders and the researchers they fund, which have vested interests in preventing those wider determinants from being addressed. The session will aim to explore this aspect of the narrative and reiterate that behavior change interventions support and complement strategies that address wider determinants of health.

Social and behavior change communication – often in the form of “health education” – is one of the health promotion strategies to modify the behavioural risk factors through the life course and improve health and nutrition literacy. “Health education” is often the dominant form of behavior modification strategy in many countries. It should be considered one strategy among a comprehensive package which includes the legislative and policy measures addressed in other parallel sessions of the conference. It should be based on a thorough analysis of the epidemiological situation in each country by identifying the distribution of risk factors among different population groups and developing a national risk profile. Analysis of the social norms, socio-economic factors and motivators that influence individual behaviours should also be assessed, as well as the channels and communication approaches that are most likely to be accessed and successful among different groups. It should also assess the relative importance to different groups – including children and adolescents – of prevailing marketing of unhealthy foods and beverages, tobacco and alcohol. Another tactic to change individual behaviour is “nudging” to encourage people to make healthy choices, be more active, and eat better, among others, drawing on behavioural insight theory.

The session will emphasize the critical importance of starting early with health education interventions – during pregnancy, in early childhood and in adolescence – to create positive health related behaviours. It will discuss the evidence of the impact of early interventions on later NCDs.

This session will summarize the evidence on behavioural determinants in terms of data on prevalence of smoking, alcohol consumption, physical inactivity, unhealthy diets in different contexts – e.g. lower, middle and upper income countries, by income, age, sex etc – and evidence on various education/communication approaches to modify them. It will consider the question raised by the title of the session, whether behavior change interventions are empowering or victim-blaming. It will showcase examples of best practices, innovations and documented success from a range of countries in modifying NCD-related behaviours across the life course as well as potentially addressing failed strategies, and will identify knowledge gaps for further research and suggest recommendations going forward.

| OBJECTIVES

- To examine the current state of evidence on various behavioural determinants of NCDs
- To explore the evidence on strategies to address various behavioural determinants: what works, what does not work, and why; plus suggestions for national strategies
- To discuss examples of national strategies to address behavioural determinants, particularly from LMICs
- To analyze the political economy of “promoting healthy lifestyles” and explore whether strategies are empowering or victim-blaming
- To identify knowledge gaps and research priorities





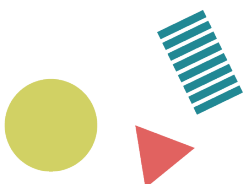
Moderator

Jane Badham

Managing Director

JB Consultancy
South Africa

Jane is a dietitian and nutritionist with a Masters degree in Nutrition. Jane has been running her own global health communication and strategy business, JB Consultancy, for 26 years. JB Consultancy focuses on advising development agencies, NGOs, and the food industry on issues pertaining to nutrition with a special focus on trends, food law, micronutrient malnutrition and maternal, infant and young child nutrition. JB Consultancy is well known for its skills in taking the evidence-based science of health and nutrition to diverse audiences and for its commitment to towards policy, practice and behaviour change, for ultimate improved health. Jane is also globally in demand as a strategy and meeting facilitator and has a passion for transformational leadership development. She is actively involved with the African Nutrition Leadership Programme.





Keynote Speaker

Karen Glanz

George A. Weiss University Professor, Schools of Medicine and Nursing

University of Pennsylvania

United States of America

Karen Glanz, PhD, MPH is George A. Weiss University Professor, Professor in the Perelman School of Medicine and the School of Nursing, and Director of the UPenn Prevention Research Center, at the University of Pennsylvania. She is also Associate Director for Community Engaged Research and Program Leader for Cancer Control, at the Abramson Cancer Center of the University of Pennsylvania. A globally influential public health scholar whose work spans psychology, epidemiology, nutrition and other disciplines, her research in community and healthcare settings focuses on obesity, nutrition, and the built environment; reducing health disparities; and health communication technologies. Her research, funded for over \$40 million over the past 25 years, focuses on cancer prevention and control, theories of health behavior, obesity and the built environment, social and health policy, and new health communication technologies. Her research and publications about understanding, measuring and improving healthy food environments, beginning in the 1980's, has been widely recognized and replicated. She is a member of the NHLBI Advisory Council and served on the US Task Force on Community Preventive Services for 10 years. Dr. Glanz was elected to membership in the National Academy of Medicine of the National Academy of Sciences in 2013. She was designated a Highly Cited Author by ISIHighlyCited.com, in the top 0.5% of authors in her field over a 20-year period, and was named a Highly Cited Author from 2007 to the present and was designated as one of The World's Most Influential Scientific Minds 2015 by Thomson Reuters.



Keynote Speaker

Theresa Marteau

Director of Behaviour and Health Research Unit, Department of Public Health and Primary Care

University of Cambridge
United Kingdom

Professor Theresa Marteau is Director of the Behaviour and Health Research Unit in the Clinical School at the University of Cambridge, and Director of Studies in Psychological and Behavioural Sciences at Christ's College, Cambridge. She studied psychology at the London School of Economics and Political Science (LSE) and the University of Oxford (Wolfson College). Her research interests include: i. development and evaluation of interventions to change behaviour (principally diet, tobacco and alcohol consumption) to improve population health and reduce health inequalities, with a particular focus on targeting non-conscious processes ii. risk perception and communication, particular of biomarker-derived risks, and their weak links with behaviour change iii. acceptability to publics and policy makers of government intervention to change behavior. She is a Fellow of the Academy of Medical Sciences and the Academy of Social Sciences. In 2017, she was appointed Dame Commander of the Order of the British Empire in recognition of her contribution to Public Health.



Panelist

Carolina Casas

Regional Director of Education and Research

Sesame Workshop, Latin America
Colombia

Carolina Casas is a researcher and education specialist with sixteen years of experience designing and implementing scalable educational interventions and developing innovative educational content, focused mainly in Latin America. Having joined Sesame Workshop in 2010, Ms. Casas currently serves Director of Education and Research for Latin America (Sésamo), charged with working with multidisciplinary teams to ensure that all social impact projects in the region advance Sesame Workshop's mission of helping children grow stronger, smarter and kinder. Ms. Casas also oversees the development of educational content for diverse children's programming and the design and implementation of community engagement programs throughout the region, seeking to ensure the educational effectiveness of each project and demonstrate and document lessons learned on the ground.



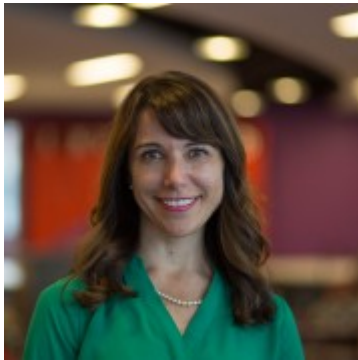
Panelist

Elin Bergstrom

Policy Officer

EAT Foundation
Norway

Elin Bergstrøm is a Policy Officer at EAT, a global non-profit startup based in Oslo, Norway, dedicated to transforming our global food system to be able to feed a growing population healthy diets from sustainable production. Elin has been actively involved in EAT's engagements in the Asia-Pacific, in particular the inaugural EAT Asia-Pacific Food Forum that was held in Jakarta in 2017 and co-hosted by the Government of the Republic of Indonesia. Elin is also coordinating EAT's involvement in the EU Horizon 2020 project called CO-CREATE. The project uses a societal systems approach to understand how factors associated with obesity interact at various levels and will work directly with adolescents to create, inform and disseminate policies to tackle obesity among their peers. EAT will work to connect youth with other stakeholders to action commitments and policies to enable healthy nutrition and physical activity habits among adolescents. Elin has a MSc. in Environmental Studies and Sustainability Science from Lund University, Sweden.



Panelist

Lori Foster

Professor of Industrial-Organizational Psychology

North Carolina State University
United States of America

Lori Foster, Ph.D. is a Professor of Industrial-Organizational psychology at North Carolina State University (USA) and the University of Cape Town (South Africa) who recently completed posts as a Fellow with the White House Social and Behavioral Sciences Team, and as a Behavioral Sciences Advisor to the United Nations. In her academic role, she oversees the 4D Lab, which focuses on research at the intersection of work, psychology, technology, and development. In the private sector, she is Head of Behavioral Science at pymetrics, a company that uses neuroscience and AI to make the recruitment process as effective, efficient and unbiased as possible. Lori is a Fellow of the American Psychological Association (APA), the Association for Psychological Science (APS), and the Society for Industrial-Organizational Psychology (SIOP). She has held visiting scholar appointments at a number of universities around the world, including the London Business School, Singapore Management University, and the Universities of Valencia, Barcelona, and Bologna. As a scientist-practitioner, she has more than 20 years of experience as a consultant, applying the science of work behavior to regional, state, national, and international organizations in the private and public sectors. She has delivered hundreds of papers and talks to audiences in countries spanning six continents. Her printed scholarship has taken the form of refereed journal articles, book chapters, authored, and edited books, and her work has been featured in popular media outlets such as The Wall Street Journal, Folha de São Paulo, ARS Technica, Fast Company, Fortune, Science, U.S. News and World Report, and Scientific American.



Panelist

Nithya Solomon

Executive Lead, Innovation Office

Victorian Health Promotion Foundation
Australia

Nithya Gopu Solomon is the Executive Lead of Innovation at the Victorian Health Promotion Foundation (VicHealth) and shapes the organisation's agenda to discover how to accelerate health outcomes for Victorians. This includes stewardship over flagship Innovation initiatives based on practices such as behavioural insights, participatory democracy and collective impact. In particular VicHealth's Leading Thinkers Initiative is in its sixth year of applying behavioural insights to aspects of health promotion, such as healthy eating, alcohol culture change, physical activity and gender equality. Nithya has 20 years of international leadership experience in Australia, USA and Latin America, gained through roles at NIKE, Inc., Ernst & Young, Accenture and ANZ Investment Bank. As the Nike Foundation's Director of Strategy, Operations & Finance she managed a multi-million-dollar venture philanthropy engine to provide adolescent girls a clear path out of poverty. In 2010 Nithya was appointed by Nike to lead the production of the Designed to Move Framework for Action, an unprecedented collaboration with 70+ multi-sector organisations and a catalyst for a global movement to increase worldwide physical activity. Nithya holds a Masters of Administration degree from the Kellogg Graduate School of Management and Bachelor degrees in Chemical Engineering and Performing Arts from Monash University.





Panelist

Roy William Mayega

Lecturer, Department of Epidemiology and Biostatistics

Makerere University
Uganda

Dr. Roy William Mayega MB.ChB, MPH, PHD Dr. Roy William Mayega is a Lecturer in the Department of Epidemiology and Biostatistics, at the School of Public Health in Africa's premier university, Makerere University, Uganda. He is also the Instructional Materials Designer and Editor for the School of Public Health's MPH Distance Education program. He underwent basic training as a Medical Doctor at Makerere's Medical School. Later, he received a Master's Degree in Public Health at the School of Public Health, Makerere (2006). He holds a PhD in Medical Science from Karolinska Institutet Sweden through an institutional collaboration with Makerere University. Since starting his medical career as an intern doctor in 1998, Dr. Mayega has accumulated at least 19 years of experience in public health related work, 6 of which were spent at primary care level. He worked as a Medical Officer, Assistant Director District Health Services and acting District Health Officer, Kiboga District Local Government in rural mid-western Uganda. Dr. Mayega teaches Epidemiology, Biostatistics, Research Methods, Disease Control, Leadership and Disaster Management to graduate and undergraduate students. Dr. Mayega's current research interests include non-communicable disease control, disaster risk reduction, resilience and innovation. The focus of his PhD studies was type 2 diabetes, resulting into a thesis entitled: Type 2 Diabetes in Rural Uganda: Prevalence, risk factors, perceptions and implications for the health system (published May 2014). His formative work has informed subsequent efforts to design possible interventions for improving type 2 diabetes prevention and care in resource constrained settings like Uganda. Dr. Mayega is currently a co-investigator of a multi-country research group that is testing an innovative package of facility and community interventions for improvement of prevention and care for type 2 diabetes at primary care levels in different socioeconomic settings. This cluster randomized trial is now in its third year of implementation. The Uganda part of this study is being implemented in a rural low income district. Dr. Mayega has also been part of several initiatives to improve policy and programs for NCDs in Uganda, and is part of a team exploring the feasibility of establishing a long-term NCD risk factor surveillance and intervention cohort in Uganda.



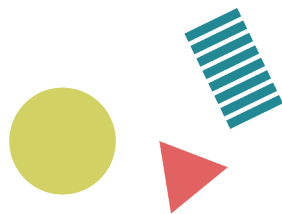
Panelist

Supreda Adulyanon

Chief Executive Officer

Thai Health Promotion Foundation
Thailand

Dr. Supreda Adulyanon is one of the leading experts in innovative health financing and health promotion movement in Thailand and in Asia. He is well known internationally for his work in on supporting countries on sustainable health financing mechanism, and on addressing major health risks control for NCDs in Thailand, such as tobacco and alcohol. Currently, he is the Chief Executive Officer of the Thai Health Promotion Foundation (ThaiHealth), the forefront national agency which catalyzes, motivates, supports, and coordinates health promotion movement in Thailand to over 20,000 multi-sectoral partner organizations in Thailand and abroad since 2001. Prior to his current position, Dr. Adulyanon served as the Deputy Chief Executive Officer of ThaiHealth and its Director of the Major Risk Factors Control section, overseeing Tobacco Control Plan, Alcohol Control Plan and Road Traffic Accident Prevention Plan at the Thai Health Promotion Foundation. He was instrumental in Thailand achievements and improvement in reducing the national health burden derived from those three major risk factors. On academia front, he has written and published numerous articles about health promotion and the innovative health financing model, with the following notable publication items. 1. Supreda Adulyanon, Funding health promotion and disease prevention programmes: an innovative financing experience from Thailand, WHO South-East Asia Journal of Public Health 2012;1(2):201-207. 2. Sakol Sopitarchasak, Supreda Adulyanon and Tananart Lorthong, Thai Health Promotion Foundation: Innovative Enabler for Health Promotion, World Health & Population, Vol. 16 No. 1, 2015, Longwoods Publication



PARALLEL SESSION 1.2

**ACTION BEYOND THE HEALTH SECTOR - ADDRESSING THE SOCIAL
DETERMINANTS OF NCDS**



| BACKGROUND

The social determinants of health have been described as “the causes of the causes” of illness. They affect people’s health and well-being in the environment into which “they are born, grow up, live, work and age.”

Key behavioural pathways leading to NCDs and jeopardizing the achievement of SDG3.4 (by 2030, reduce by one third premature mortality and promote mental health and well-being) have long been identified, and frequently the focus in NCD prevention has been on improving diet, reducing smoking prevalence and harmful use of alcohol, and increasing physical activity, as well as managing conditions following diagnosis. Much of this work is within the remit of public health and health professionals. As low- and middle-income countries strive to address NCDs as a major threat to sustainable development, a social determinants approach is increasingly highlighted as one of the important focus areas due to its relevance to all sectors.

Social determinants of NCDs include: socio-economic context; inequality; level of education; gender; ethnicity; social norms; cultural beliefs and practices; social exclusion; income; employment; access to health services; and transportation; social and community support networks, including social cohesion. In addition, public policies (policy coherence) and the economic and political structures and accompanying ideologies shape the adverse circumstances negatively influencing health.¹

By definition, the social determinants of health are the result of human action and therefore their transformation requires human efforts involving intersectoral and coherent public policies that can be implemented through the whole-of-society and whole-of-government approach for health equity.

The social determinants approach is central to achieving not only SDG targets, including SDG 3.4 on the one third reduction of premature mortality from NCDs, but other related targets as well, such as SDG 3.8 on enhancing universal health coverage. However, aligning policies, regulations and actions across various sectors and stakeholders has proved to be a challenge, as countries strive to implement their NCD commitments and achieve universal health coverage.

Interventions on the social determinants of NCDs can be defined through using analysis of the determinants in shaping interventions across the life-course in order to enable children, young adults and elderly to live up to their full potential and have control over their lives. Taking action to improve the conditions of daily life well before birth, during early childhood, at school age, during reproductive and working ages, are particularly important to improve populations’ mental health and to reduce the risk of those mental health disorders that are associated with health inequalities.²

These interventions may include poverty-reduction strategies, social protection measures, community engagement, including addressing social norms and cultural beliefs, enhanced health literacy and tailored health promotion approaches. Furthermore, social determinants of health underpin the implementation of all SDGs due to their interlinked nature and the need for policy coherence and intersectoral interventions, most of which fall outside the health sector.

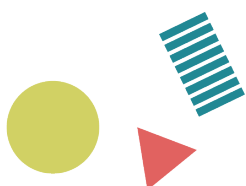
The health sector, an important social determinant itself, also has an important role within the Health-in-all Policies, whole-of-government and whole-of-society frameworks to act as a facilitator of policy development and coordination across sectors and stakeholders. As a backbone of health systems, medical professionals have a critical role in the prevention and control of NCDs. Therefore, it is important to ensure that healthcare workers are trained to have clinical competency in global health and primary care and understand the preventive strategies for NCDs and their social determinants.

Current medical and nursing curricula, particularly in low- and middle-income countries, have not kept pace with the changing dynamics of public health, health policy and health demographics. As a result, medical education in these countries does not adequately cover the prevention and control of NCDs. Medical education and training should be reoriented by introducing competency-based, health system-connected curricula that reflect national needs and priorities. In addition, continuous education should incorporate knowledge of social determinants for NCD prevention to respond to the demands of evolving health systems, changing disease patterns and growing patient expectations.

1 Raphael D. The Social Determinants of Noncommunicable Diseases: A Political Perspective. Global Handbook on Noncommunicable Diseases and Health Promotion 2013: pp95-113.

| OBJECTIVES

- Take stock of available evidence on interventions and public policies to address the social determinants and promote social equity in different contexts for the prevention and control of NCDs
- Highlight the importance of early childhood interventions to prevent NCDs throughout the life-course
- Explore the role of the social determinants of health as modifiable risk factors that, if addressed, could lead to major health improvements in socially disadvantaged and marginalized groups, such as people living with mental health and substance abuse disorders
- Highlight the role of medical education in preparing healthcare workers with clinical competencies to address NCDs and their social determinants
- Highlight examples (delivery platforms, NCD-specific actions) of the successful implementation of the social determinants of health approach through policy coherence and action across sectors, departments, health agencies and community groups for NCD prevention
- Understand the role of enhanced health literacy for action on the social determinants of NCDs





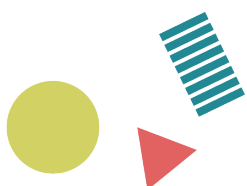
Moderator

Michael Marmot

Director, Institute of Health Equity

Department of Epidemiology and Public Health, University College London
United Kingdom

Professor Sir Michael G. Marmot MBBS, MPH, PhD, FRCP, FFPHM, FMedSci, FBA Director of the Institute of Health Equity (UCL Department of Epidemiology & Public Health). Sir Michael Marmot is Professor of Epidemiology at University College London. He is the author of *The Health Gap: the challenge of an unequal world* (Bloomsbury: 2015) and *Status Syndrome: how your place on the social gradient directly affects your health* (Bloomsbury: 2004). Professor Marmot held the Harvard Lown Professorship for 2014-2017 and is the recipient of the Prince Mahidol Award for Public Health 2015. He has been awarded honorary doctorates from 18 universities. Marmot has led research groups on health inequalities for over 40 years. He chairs the Commission on Equity and Health Inequalities in the Americas, set up in 2015 by the World Health Organization's Pan-American Health Organization (PAHO/ WHO). He was Chair of the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and produced the report entitled: 'Closing the Gap in a Generation' in August 2008. At the request of the British Government, he conducted the Strategic Review of Health Inequalities in England post 2010, which published its report 'Fair Society, Healthy Lives' in February 2010. This was followed by the European Review of Social Determinants of Health and the Health Divide, for WHO Euro in 2014. Professor Marmot chaired the Expert Panel for the WCRF/AICR 2007 Second Expert Report on Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. He chaired the Breast Screening Review for the NHS National Cancer Action Team and was a member of The Lancet-University of Oslo Commission on Global Governance for Health. He set up and led a number of longitudinal cohort studies on the social gradient in health in the UCL Department of Epidemiology & Public Health (where he was head of department for 25 years): the Whitehall II Studies of British Civil Servants, investigating explanations for the striking inverse social gradient in morbidity and mortality; the English Longitudinal Study of Ageing (ELSA), and several international research efforts on the social determinants of health. He served as President of the British Medical Association (BMA) in 2010-2011, as President of the World Medical Association in 2015. He is President of the British Lung Foundation. He is an Honorary Fellow of the American College of Epidemiology; a Fellow of the Academy of Medical Sciences; an Honorary Fellow of the British Academy, and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities. Professor Marmot is a Member of the National Academy of Medicine.





Panelist

Anselm Hennis

Director, Noncommunicable Diseases and Mental Health

Pan American Health Organization
United States of America

Dr. Hennis is Director of the Department of Noncommunicable Diseases and Mental Health, Pan American Health Organization/World Health Organization. This Department coordinates activities on non-communicable diseases and related risk factors, nutrition, violence and injuries, road safety, disabilities, and mental health and illicit substance use throughout the Americas. He graduated in Medicine from the University of the West Indies (UWI), and qualified in Internal Medicine in the UK. Dr. Hennis was Wellcome Trust Clinical Epidemiology Fellow to the London School of Hygiene and Tropical Medicine, University of London, where he obtained an MSc. and PhD in Epidemiology. He has been Professor of Medicine and Epidemiology at the University of the West Indies, as well as Research Associate Professor in Preventive Medicine at Stony Brook University, NY. Dr. Hennis has collaborated on several NIH grants which conducted research into eye disease, diabetes as well as diabetes in pregnancy; cardiovascular disease and stroke, population genetics, cancer and social disparities of health. He led the establishment of a national NCD surveillance system and the population-based cancer registry in Barbados and authored/co-authored more than 150 peer-reviewed papers. Dr. Hennis has spent his career working to tackle NCDs through clinical practice, research and publication, teaching, working collaboratively with civil society, and through public health practice.



Panelist

Carrie Brooke-Sumner

Implementation Adviser

South African Medical Research Council
South Africa

Dr Brooke-Sumner is Implementation & Systems Advisor in the Alcohol, Tobacco and Other Drug Research Unit of the South African Medical Research Council. Zimbabwean by nationality, she completed a Master's degree in Public Health at the London School of Hygiene and Tropical Medicine and has worked as a consultant in health promotion in the HIV prevention, gender equality and youth development sectors in Southern Africa for more than 10 years. She has extensive expertise in community health, including developing training programmes for community workers and youth peer educators. Her PhD in Psychology from the University of KwaZuluNatal in South Africa focused on developing, piloting and evaluating a community-based psychosocial rehabilitation programme for people with schizophrenia. She co-authored the recent systematic review of reviews covering linking of social determinants of mental disorders with the Sustainable Development Goals. Dr Brooke-Sumner's current work focuses on implementation and scaling up of psychosocial interventions for people with non-communicable diseases and comorbid mental disorders in low resource primary care South African settings.



Panelist

Dina Tadros

Medical Doctor

Ludwig Maximilian University Munich
Germany

Dina is a medical doctor, young researcher and global health advocate. She served as National Officer on Human Rights and Peace Issues in the national medical students' association and founded a youth led organization that supports healthcare provision for refugees and asylum seekers in Germany. She proposed a new curriculum for her medical faculty aiming at increasing awareness of public and global health issues for medical students. Dina worked in several health institutions around the world including Germany, Switzerland, France, the US, Bolivia and Egypt. Dina was an intern at World Health Organization where she focused her work on multistakeholder and multisectoral engagement for noncommunicable diseases prevention and control. Apart from this she successfully advocated for reforms of the internship program including health insurance coverage and stipends for interns as President of the WHO Intern Board.



Panelist

Johan Carlson

Director General

Public Health Agency of Sweden
Sweden

Johan Carlson [M.D., Ph. D., D.T.M. & H], took up office as the first Director General of the Public Health Agency of Sweden in 2014. The Agency is a merge between The Swedish Institute for Communicable Disease Control and The National Public Health Institute. It is an expert authority with a broad responsibility for public health issues at a national level, including both communicable and non-communicable diseases as well as environmental health issues. The Agency develops and supports activities to promote health, prevent illness and improve preparedness for health threats. It is involved in many international projects as well as bilateral projects with countries in Asia and Africa. Dr Carlson is the former Director General of the Swedish Institute for Communicable Disease Control (2009-2013). In 2005-2009 he served as Director for the Supervision of Health Services at the National Board of Health. He has a background in clinical medicine (infectious diseases and tropical medicine). In addition, he has held research positions at the Karolinska Institute in the 1990s and has served as an expert in the field of public health and communicable disease control at the European Commission (1998-2001). Dr Carlson is member of the Management Boards of the European Centre for Disease Prevention and Control (ECDC) and of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). He is also the Swedish representative in the European Union Steering Group on Promotion and Prevention.



Panelist

Mary Bassett

Director

Harvard FXB Center for Health and Human Rights
United States of America

Mary T. Bassett is the Director of the FXB Center for Health and Human Rights at Harvard University, as well as the FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health. With more than 30 years of experience in public health, Dr. Mary Travis Bassett has dedicated her career to advancing health equity. Prior to her directorship at the FXB Center, Dr. Bassett served for four years as commissioner of Health for New York City. As commissioner, she worked to ensure that every New York City neighborhood supported the health of its residents, with the goal of closing gaps in population health across the city. Originally from New York City, Dr. Bassett lived in Zimbabwe for nearly 20 years. Previously, she was the Program Director for the African Health Initiative and the Child Well-being Program at the Doris Duke Charitable Foundation. She received her B.A. in History and Science from Harvard University and her M.D. from Columbia University's College of Physicians and Surgeons. She served her medical residency at Harlem Hospital Center, and has a master's degree in Public Health from the University of Washington, where she was a Robert Wood Johnson Clinical Scholar.



Panelist

Monika Arora

Executive Director

HRIDAY (Secretariat of Healthy India Alliance), New Delhi-110049
India

Dr Monika Arora is a public health scientist working in the area of health promotion and health advocacy. She is Executive Director of HRIDAY, an NGO working on NCD prevention and control in India and also serves as the secretariat of Healthy India Alliance (India NCD Alliance) and India Network for NCDs and Youth (INNY). She is also the Director of the Health Promotion Division and Additional Professor at Public Health Foundation of India. Her expertise is in designing, implementing, managing and evaluating intervention trials in various health promotion settings, large scale group randomized trials as well as qualitative research on NCD prevention and control. Her research in India has focused on scientifically developing multi-component interventions for NCD prevention and control. She has led Rapid Program Reviews, Impact Evaluations, Implementation Science Research and Health Impact Assessments of various policies and programs in India and has proposed convergence models for National health programs. She has worked extensively with government at National and sub-national level. She has special interest in studying multi-sectoral working and convergence models across sectors to address various health issues. She has been involved in empowering youth with health advocacy skills in India and globally. She has published more than 100 scientific papers in high impact public health journals and her research recommendations have informed National Health Programs in India. Dr. Arora has been a member on various national and international expert committees on NCDs, tobacco control, Alcohol control and Adolescent Health related issues, formed by Ministry of Health and family Welfare, Government of India. She has been a member of Ad Hoc Working Group on Implementation, Monitoring and Accountability on Ending Childhood Obesity, formed by WHO Director General during 2014-2016. She is also a member of WHO Civil Society Working Group on the third High-level Meeting of the UN General Assembly on NCDs. She has been a commissioner on the Lancet Report "Our Future: A Lancet Commission on Adolescent health and Wellbeing" published in 2016. Dr. Arora has been honoured with the Best Practices Award in Global Health in 2011 by the prestigious Global Health Council, for demonstrating best practice example in the area of health promotion among youth and community, especially focusing on preventing NCDs. She has been awarded with the WHO Director General's World No Tobacco Day Award in 2012; Dr. Prem Menon outstanding service award in January 2018 by World-India Diabetes Foundation (WIDF) in recognition of her contributions to the education and prevention of diabetes among children in India and "Exceptional Women of Excellence 2018 Award" by Women Economic Forum (WEF) in April 2018.

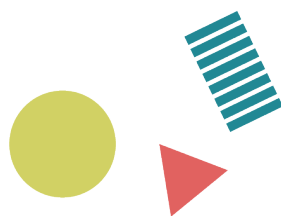




PMAC

PRINCE MAHIDOL
AWARD CONFERENCE

2019



PARALLEL SESSION 1.3

THE COMMERCIAL DETERMINANTS OF NON-COMMUNICABLE DISEASES



| BACKGROUND

Key risk factors of NCDs are strongly associated with patterns of consumption and easy access to unhealthy products. Corporate influence is usually exerted through five main channels: increasing control over production and investment by large corporates; increasing control over marketing, particularly marketing to children, to increase the appeal and acceptability of unhealthy products; lobbying, which can negatively influence policies related to plain packaging and minimum drinking ages; corporate social responsibility strategies, to enhance positive image and extensive supply chains to exert influence all over the world.

From the NCD perspective, health outcomes are determined by influencing the social environment in which people live and work: the availability, cultural practices and prices of unhealthy products. Hence, the rise of non-communicable diseases is a manifestation of a global economic system that currently prioritises wealth creation over health creation. Many problems and solutions to address the risk factors lie outside the health sector, in the domains of finance, trade and investment policies.

Commercial determinants of health are a sub-set of the social determinants of health with which they interact, such as education, occupation, income, ethnicity, race, access to healthcare and structural determinants (socio-economic and political context) and affect individuals throughout the life course, as they shape disease risk factors and ultimately disease across the life span. The life-course approach to analysing the social determinants also provides an opportunity to identify potential entry points for action.

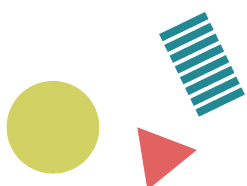
This session will entail a detailed analysis of the key commercial drivers of NCDs. It will present the main strategies and approaches used by the private sector to promote choices detrimental to health. These will include marketing, trade and foreign direct investment. The session will also examine the role played by different institutions in facilitating or regulating these, especially Governments, as well as other stakeholders including multilateral organizations and civil society.

| OBJECTIVES

- To analyse the role industry plays in the commercial determinants of NCDs, including food/beverage, tobacco, alcohol and extractive industries
- To showcase a few exemplary interventions that have successfully addressed selected commercial determinants (E.g. regulation of marketing, including to children, and labelling of sugary beverages, unhealthy foods, tobacco and alcohol; enactment of regulations to contain pollution from mines, power plants, factories and cars).

Some of the questions to address may include:

- What are the commercial drivers influencing the risk factors of NCDs in different contexts? What is the role of industry (e.g. food and beverage, tobacco, alcohol, extractive industries) in influencing the commercial determinants?
- What are the common strategies of marketing to children and adolescents (e.g. particularly digital marketing) and mechanisms to reduce exposure to NCD risk factors, notably alcohol, tobacco and unhealthy foods and beverages?
- How have governments engaged with industry to mitigate the risk to health and enhance public health benefits? What has worked and what has not?
- What is the role played by different institutions in facilitating or regulating the commercial determinants, including Governments, and other stakeholders such as WTO, multilateral organizations and civil society?





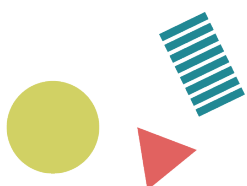
Moderator

David Sanders

Emeritus Professor

School of Public Health, University of Western Cape/Peoples Health Movement
South Africa

David Sanders, Emeritus Professor and founding Director of the School of Public Health at the University of the Western Cape (UWC), South Africa, is a paediatrician qualified in Public Health. He has 38 years' experience of health policy and programme development, research and teaching in Zimbabwe and South Africa, having advised governments and UN agencies and published extensively on primary health care, child health and nutrition, including four books on global health and PHC and over 200 articles in peer-reviewed journals. He was on the UN Standing Committee on Nutrition and the Knowledge Network on Globalisation of the WHO Commission on Social Determinants of Health and is a founder member of INFORMAS. He received an Honorary Doctorate from UCT in 2012 for his contribution to the global policy of Primary Health Care and the Public Health Innovation and Lifetime Achievement (PHILA) Award Public Health Association of South Africa in 2014. He is Global Co-Chair of Peoples Health Movement.





Speaker

Aadielah Maker Diedericks

Coordinator

Southern African Alcohol Policy Alliance
South Africa

Aadielah Maker Diedericks has a Masters in Community Health from UNSW, Sydney; is a public health advocate with experience in developing and producing edutainment and multi-media interventions, training, social mobilisation and campaign management. She has worked in the civil society sector for over 25 years in the areas of sexual and reproductive health, HIV and AIDS, gender and alcohol. She managed the award winning Soul Buddyz programme and Soul City Phuza Wise campaign. Currently, she is coordinating the Southern African Alcohol Policy Alliance. SAAPA is a platform for civil society organisations across 8 countries – Botswana, Lesotho, Madagascar, Malawi, South Africa, Zambia and Zimbabwe - lobbying for health promoting evidence based alcohol policies. At regional level, SAAPA focus on promoting alcohol as a development issue impacting across sectors. A key strategy is to lobby the Southern African Development Community (SADC) to include alcohol in its agenda in order to influence governments within the region. Through SAAPA's efforts Malawi (2017) and Zambia (2018) has adopted National Alcohol Policies. In 2017 SAAPA in South Africa successfully mobilised civil society to stop SAB's "Beers for Africa" marketing campaign. The focus in 2018 in South Africa is to mobilise government to release the Control of Marketing of Alcoholic Beverages Bill of 2013, which has not been released to the public for comment for 5 years. To this end, SAAPA has initiated an "END ALCOHOL AVDERTISING SPORT" campaign, similar to a campaign in Australia. SAAPA also successfully made a submission to the UN Commission on Cultural, Social and Economic Rights on the right to participation and consultation in the absence of the South African government making available the Control Bill to the public for comment.





Speaker

Carlos Monteiro

Professor

Department of Nutrition, School of Public Health, University of Sao Paulo
Brazil

Carlos A. Monteiro, MD and PhD, is a Professor of Public Health Nutrition at the University of Sao Paulo, Brazil where he chairs the Center for Epidemiological Studies in Health and Nutrition. His research focuses on methods in population nutritional and dietary assessment, secular trends and determinants of all forms of malnutrition, food processing and human health, and programs and policies evaluation. His main academic achievements include extensively quoted studies on the nutrition transition, the development of the most used food classification based on food-processing (NOVA), the new concept of food ultra-processing, and the internationally acclaimed Dietary Guidelines for the Brazilian Population. He has served on numerous national and international nutrition expert panels and committees. Since 2010, he is member of the WHO Nutrition Expert Advisory Group on Diet and Health. He is a recipient of the PAHO Abraham Horwitz Award for Excellence in Leadership in Inter-American Health.



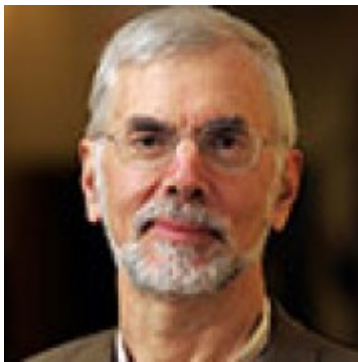
Speaker

Fran Baum

Matthew Flinders Distinguished Professor

College of Medicine and Public Health, Flinders University, Adelaide
Australia

Fran Baum is Matthew Flinders Distinguished Professor of Public Health and Foundation, Director of the Southgate Institute for Health, Society and Equity at Flinders University, Adelaide, Australia. She was named in the Queen's Birthday 2016 Honours List as an Officer of the Order of Australia (AO) for "distinguished service to higher education as an academic and public health researcher, as an advocate for improved access to community health care, and to professional organisations". From 2009-2014 she held a prestigious Australia Research Council Federation Fellowship. She is a Fellow of the Academy of the Social Sciences in Australia, the Australian Academy of Health and Medical Sciences and of the Australian Health Promotion Association. She is a past National President and Life Member of the Public Health Association of Australia. She is a member and past Chair of the Global Steering Council of the People's Health Movement – a global network of health activist (www.phmovement.org). She also served as a Commissioner on the World Health Organisation's Commission on the Social Determinants of Health from 2005-08. Fran Baum is one of Australia's leading researchers on the social and economic determinants of health. She holds grants from the National Health & Medical Research Council and the Australia Research Council which are considering a wide range of aspects of health inequities and social determinants of health. These grants include an NHMRC Centre for Research Excellence on Policies for Health Equity of which she is one of the two co-Directors. Her book, *The New Public Health* (4th ed. published January 2016 Oxford University Press), is widely cited and used in many public health courses. Her new book *Governing for Health* (Oxford University Press, New York, December, 2018) examines how a society can be organised to best promote health.



Speaker

Nicholas Freudenberg

Distinguished Professor of Public Health

City University of New York, School of Public Health and Health Policy
United States of America

Nicholas Freudenberg is Distinguished Professor of Public Health at the City University of New York Graduate School of Public Health and Health Policy, where he also directs the CUNY Urban Food Policy Institute. For the last 40 years, he has developed and evaluated policies and programs to improve population health and reduce health inequities in New York City and elsewhere. His recent book *Lethal but Legal: Corporations, Consumption and Protecting Public Health* (Oxford, 2015) examines the health and social impact of business practices such as marketing and retail distribution and political practices such as lobbying and litigation of multinational corporations in six sectors: food and beverages, firearms, automobiles, alcohol, pharmaceuticals and tobacco. He has also worked with young people in East and Central Harlem to design and launch local countermarketing campaigns against unhealthy food. Freudenberg has published more than 150 articles and reports on a variety of topics including corporate practices and health, urban health, social movements and health and strategies to improve urban food environments. His work has been supported by the National Institutes of Health, the US Centers for Disease Control, the New York City Department of Health, the Open Society Institute, the Robert Wood Johnson Foundation and others. He is also the founder and director of Corporations and Health Watch, a global network of scholars and activists focused on the impact of corporate practices on health.



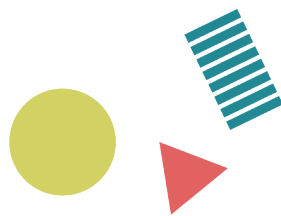
Speaker

Tea Collins

Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases

World Health Organization
Switzerland

Téa Collins, MD, MPH, MPA, DrPH, is Adviser to the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases (GCM/NCD), where she oversees work on development cooperation, resource flows into NCDs, strengthening health systems for universal health coverage, implementation research and social determinants of NCDs. Dr Collins came to WHO from the International Atomic Energy Agency (IAEA), where she provided technical advice and expertise on matters related to comprehensive cancer control and health systems strengthening to the Programme of Action for Cancer Therapy (PACT). Prior to IAEA, Dr Collins advised the World Medical Association (WMA) on global health issues of concern to the medical profession, in collaboration with the WHO Global Health Workforce Alliance. As part of her work at WMA she oversaw a global campaign on immunization against influenza among physicians and other healthcare workers. She also served as the first Executive Director of the NCD Alliance, a partnership of over 2,000 member organizations in 170 countries with a mission to combat the NCD epidemic by putting health at the center of all policies. Dr Collins' background includes work at the national Ministry of Health in Georgia, as well as experience managing technical assistance for the US\$ 20 million World Bank Health Reform Implementation Project. She also led the USAID-supported reproductive health and primary health care education projects in the Caucasus targeting internally displaced populations. Dr Collins's academic work includes an appointment at the George Washington University in Washington, DC, where she taught graduate courses on subjects ranging from international health and development to strengthening health systems in Eastern Europe and the former Soviet Union. While at GWU, Dr Collins conducted research and consulted with organizations such as John Snow, Inc., the US Department of Health and Human Services and the National Council on Hispanic Aging. Dr Collins is a pediatrician with a Doctorate in Global Health from The George Washington University, as well as a Master's Degree in Public Health from Boston University and a Master's Degree in Public Administration from the Harvard University Kennedy School of Government. She was a Presidential Scholar, Mason Fellow and Public Service Fellow at Harvard and served on the Board of Directors of the Kennedy School Alumni Association.



PARALLEL SESSION 1.4

INTERROGATING [FISCAL/PUBLIC] POLICIES AND POLITICS



| BACKGROUND

As countries pursue their journey towards Universal Health Coverage (UHC), they face an increasing burden of noncommunicable diseases (NCDs), which are now the leading cause of death in the world, killing 40 million people each year and representing 70% of all annual deaths. Eighty percent of NCD — cancer, cardiovascular disease, chronic lung disease and diabetes — deaths occur in low- and middle-income countries, straining health care systems, contributing to poverty and posing a major barrier to development. Prevention and control of NCDs requires new approaches in the health sector, including using fiscal and regulatory policy instruments and other multisectoral interventions. Tobacco use, obesity and risky alcohol abuse are three leading risk factors for the development of NCDs that are amenable to use of such fiscal and regulatory policy instruments.

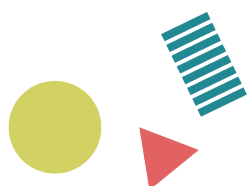
Given the high human and economic toll posed by NCDs, the prevention of these conditions should be a public health imperative under the UHC agenda. The statistics on these three risk factors are staggering:

- Tobacco use contributes to 7 million deaths annually.
- Obesity contributes to 4 million deaths annually.
- Alcohol abuse contributes to 3.3 million deaths annually, and well to injuries (e.g., due to road traffic crashes).

Existing evidence from around the world, particularly on tobacco taxation, shows that taxing these products can offer a “win-win” for countries strengthening their health systems by increasing both positive health outcomes and domestic resources to fund priority investments and programs. The public health impact, revenue generation and increased equity that could result from taxing specific products all point to the value of a redoubled and sustained effort to support the utilization of this fiscal policy as a global public good. However, this fiscal measure, is underused across the world. Nothing illustrates this more than gains achieved from taxing tobacco over the past couple decades in many countries (World Bank Group Global Tobacco Control Program website: <http://www.worldbank.org/en/topic/tobacco>). The lessons learnt from the use of tobacco taxes, for instance, can also serve for other innovative uses of fiscal policy instruments for public health.

| OBJECTIVES

The objective is to share country experiences and evidence on implementing tax and other fiscal policies for public health, with a focus on experiences from tobacco, alcohol and sugary drinks tax policies that optimally address the dual goals of tobacco, alcohol, and sugary drinks use reduction and domestic resource mobilization to fund priority investments and programs that benefit all. The session will also address barriers to implementation, and focus on “how countries” can best leverage fiscal policies to yield improved health outcomes for their citizens with the added benefit of bringing in additional revenue and enhancing equity.





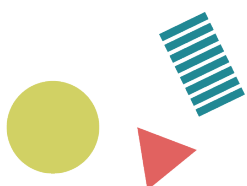
Moderator

Patricio V. Marquez

Lead Public Health Specialist

World Bank Group (WBG) HNP GP
United States of America

Patricio V. Marquez, from Ecuador, is a World Bank Lead Public Health Specialist, who coordinates the Global Tobacco Control Program and the Global Mental Health initiative at the World Bank Group. He has worked in more than 75 countries across different regions in the world. He co-led the WBG team that designed the Ebola Emergency Response Program for West Africa and prepared the US\$390 million Ebola Emergency Response Project for Guinea, Liberia and Sierra Leone. He was deployed to WHO Geneva to help coordinate the WB and WHO interface on the Global Response to Ebola over the September-December 2014 period. He also co-led with WHO the Thematic Working Group on Health, Nutrition and Water and Sanitation for the preparation of the UN/WBG/EU/AfDB multi sector Ebola Recovery Assessment Report over January-March 2015. Additionally, he was part of the core teams that prepared the US\$1.3 billion Global Avian Influenza Preparedness and Control Framework Program in 2006, and the US\$1.2 billion Global Food Response Facility in 2008--both covered more than 70 countries across the world. He served as Public Health Focal Point at the Health, Nutrition and Population Global Practice of the World Bank over June 2014-June 2015, and over 2013-2014, he served as Human Development Sector Leader for Ghana, Liberia and Sierra Leone, as well as for Malawi, Zambia and Zimbabwe, based in Accra, Ghana. Prior, he served as Health Cluster Leader for the countries in Southern Africa in 2011-12. During 2004-2011, he worked in the Europe and Central Asia (ECA) region, particularly in the Russian Federation, Georgia, Azerbaijan, and the Central Asian Republics, managing WBG-funded health system reform and disease-specific projects. Over 1988-2003, working as a lead public health specialist, he managed health systems development and science and technology projects funded by the WBG in Argentina, Brazil, Chile, Colombia, Dominican Republic, Ecuador, Mexico, Paraguay, and Venezuela, and led the preparation and start up implementation of Multi Country HIV/AIDS Program in the Caribbean Region that covered 9 countries and CARICOM, and that introduced ARV treatment in 2002-among the first programs in the world to do so. Over 2015-2017 he was a member of the Global Work Group of the Advisory Committee to the Director of US Centers for Disease Control and Prevention (CDC), providing recommendations and counsel global public health issues. He has authored reports on global mental health, tobacco taxation at global and country levels, as well as on non-communicable diseases and road traffic injuries in Sub-Saharan Africa, road safety in Europe and Central Asian countries, the economic cost of road safety globally, the demographic and health crisis, as well as health system challenges in Russia, blood transfusion systems and the spread of HIV in Central Asia, HIV/AIDS in the Caribbean, non-communicable diseases and health systems in Chile, and health system assessments in several countries in Latin America and the Caribbean, Africa, and Eastern Europe. He also co-authored a report on non-communicable diseases (NCDs) in China, a policy brief on NCDs and road traffic injuries in Cambodia, and in 2016/2017 he was part of a team that prepared a global report on the economics of anti-microbial resistance (AMR). He pursued his university studies at the George Washington University and Johns Hopkins University Bloomberg School of Public Health, and done executive program training at Harvard University and London School of Hygiene and Tropical Medicine.





Panelist

Abdillah Ahsan

Professor

University of Indonesia
Indonesia

Abdillah Ahsan is Associate Professor in Faculty of Economics and Business, University of Indonesia. His academic background is political economy from the University of Indonesia. His main research area is the political economy of tobacco control in Indonesia such as tobacco tax system, illicit cigarette, tobacco farming, tobacco use and poverty, and tobacco tax as innovative funding for Indonesia Universal Health Coverage Program. During his career from 2005 in the political economy of tobacco control in Indonesia, He has collaborated with several international and national partners such as The World Bank Group, World Health Organization, International Development Research Center, Indonesia Social Health Insurance (BPJS Kesehatan), South East Asia Tobacco Control Alliance, The International Union Against Tuberculosis and Lung Disease, and The Center for Tobacco-Free Kids.



Panelist

Alan Fuchs

Senior Poverty Economist

World Bank Group (WBG) Poverty&Equity GP
United States of America

Alan Fuchs is a Senior Economist in the Poverty and Equity Global Practice of the World Bank and the Lead of the Global Solutions Group of Fiscal and Social Policies. He has led operations and analytical work on social inclusion, risk management and fiscal incidence in Latin America and the Caribbean and in Europe and Central Asia. Alan's research focuses on development economics, applied microeconomics, health economics, insurance and energy and has publications at the American Economic Review, American Economic Journal: Economic Policy, American Journal of Agricultural Economics, British Medical Journal. Prior to joining the Bank Alan worked for UNDP and the Mexican Government. Alan holds a PhD from UC Berkeley, MPA/ID from Harvard and B.A. in Economics and a MPP from ITAM, México.



Panelist

Blanca Llorente

Director

Fundación Anaas
Colombia

Blanca Llorente is the research director of Fundación Anáas, a think tank in Colombia. She has more than 10 years of experience in tobacco control and earlier work in market analysis for the financial sector. She has played a key role in advocacy to advance the tobacco tax agenda in Colombia and the Latin America region. Her background includes the promotion of policies and best practices in environmental and public health policies and human rights. Ms. Llorente received her BA in Economics from Universidad Javeriana, and an MSc in Public health from LSHTM University of London. She was previously a researcher, Vice Dean and Research director at the School of Economics in Universidad Sergio Arboleda. She is currently associate researcher at Fundación Salutia and CREER. Her recent work includes: illicit cigarette trade studies in Colombia, collaboration with illicit trade measurement initiatives in the region, and the design of a monitoring system for tax policy in Colombia.



Panelist

Karl Theodore

Director

HEU, Centre for Health Economics, The University of West Indies
Trinidad and Tobago

Prof. Emeritus Karl Theodore is the Director of the HEU, Centre for Health Economics at The University of the West Indies. As a professor of economics at the Department of Economics on the St. Augustine Campus, he taught Public Sector Economics and Fiscal Policy and Development as well as Health Economics. He has also supervised research in these areas for many years. His early work focused on fiscal policy, including tax reform issues, the social sectors including health and social security, and public policy in general. As such, he has functioned in an advisory capacity to many of the regional and international agencies that operate in the Caribbean and where interest is the social sectors. Prof. Theodore over the years has worked closely with the Trade Union Movement, the Credit Union Movement and the Social Security Organizations. His professional work has been mainly directed at protecting the economic position of the ordinary people of our society. He is strong in the belief that the management of our economic affairs has been and continues to be a source of unnecessary hardship to many people. For this reason, he has in the past found it necessary to speak out publicly when economic policies, which he thought were harmful, were being proposed or adapted. In shifting his focus to health Prof. Theodore has concentrated on the efficiency of health systems and on the way these systems touch the lives of the ordinary people in these countries. In this respect much of his work has focused on the health financing system. He has led a multidisciplinary team of professionals in producing a number of technical reports for governments and international agencies and has also produced significant pieces of work on the operations of the health systems in different countries of the Caribbean region. The HEU, Centre for Health Economics (formerly the Health Economics Unit) was founded in 1995 and continues to do extensive work on Health System Strengthening Country Support and related activities in Health, Policy Design and Social Security in the region. Professor Theodore continues to lead a team of professionals with extensive experience in National Health Insurance and Social Security and has co-authored research on fiscal space for the health sector as well as on the economic impact of HIV/AIDS and non-communicable diseases.



Panelist

Lynn Silver

Senior Advisor

Public Health Institute, Berkeley, California
United States of America

Lynn Silver, MD, MPH, FAAP, is a pediatrician, Senior Advisor at the Public Health Institute and Clinical Professor at University of California San Francisco. In diverse roles as a researcher, consumer advocate, and policymaker, she has advocated for public policies for primary prevention of noncommunicable disease and universal access to quality health care. She helps design and advance successful sugar-sweetened beverage taxes in the US, and lead the evaluation of the first such tax in Berkeley, California. In New York City government, she led initiatives including the nation's first trans fat ban, calorie labeling law, active design guidelines, and national salt reduction. She serves as an advisor to PAHO and the World Bank on NCD prevention issues including fiscal policy. Silver was formerly Visiting Scholar at the Karolinska Institute in Stockholm, and professor at the University of Brasilia.



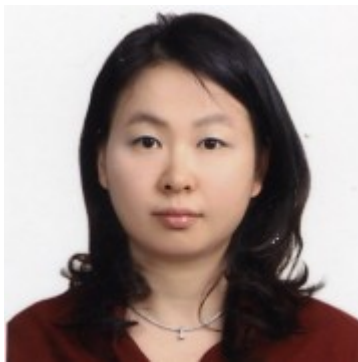
Panelist

Rong Zheng

Professor

University of International Business and Economics, Beijing
China

Dr. Rong Zheng is a tax professor, she leads the WHO Collaborating Center for Tobacco and Economics based at the University of International Business and Economics in Beijing China. She has served as a consultant for The World Bank Group and the World Health Organization and she has been working with several other major global organizations on applying fiscal policies for health promotion in developing countries, particularly on applying taxes on tobacco, alcohol and sweetened beverage. Dr. Zheng has a strong commitment to health improvement and contributed directly to the Chinese tobacco tax reforms in 2009 and 2015 through a number of research projects in collaboration with the Chinese Ministry of Finance and the World Health Organization. In addition to her research and teaching activities, she devotes herself to policy advocacy through training of various administrations, organization of seminars /conferences, and regular interviews with the medias.



Panelist

Seng-Eun Choi

Senior Research Fellow

Korean Institute of Public Finance
Republic of Korea

Seng Eun Choi - Affiliation/ position: Director, the Center for Fiscal Studies on Social Policy/ Senior Research Fellow - Organization: Korea Institute of Public Finance - Major: Public Finance, Health Economics -Fields of Study: Tax and Fiscal Policy, Tobacco Taxation, Health Expenditure, Social Policy -Ph.D. in Economics, Syracuse University -MA in Economics, New York University -B.S., Seoul National University -Member of the Finance Committee, Korean National Health Insurance Corporation -Advisory Committee member on the National Health Promotion Fund, Ministry of Health and Welfare -Member of the Social Social Security Committee, Office for Government Policy Coordination, Prime Minister's Secretariat -Member of the National Basic Livelihood Committee, Ministry of Health and Welfare -Member of Board Directors, Korean Association of Public Finance



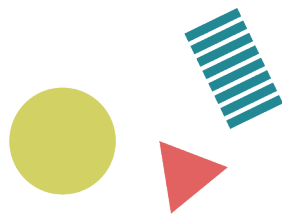
Panelist

Sutayut Osornprasop

Senior Human Development Specialist

World Bank Group (WBG) HNP GP
Thailand

Sutayut Osornprasop (Ph.D.) is Senior Human Development Specialist in the Health, Nutrition, Population Global Practice of the World Bank. Based in Bangkok, Sutayut is the Health Cluster Leader for Thailand and has been leading World Bank projects and analytic work to promote multi-sectoral collaboration and social determinants for improved health and nutrition outcomes across the East Asia and the Pacific region. A social scientist by training, he is widely known for his leadership in promoting innovative HIV prevention interventions, promoting multi-sectoral actions to address double burden of malnutrition and the rise of non-communicable diseases and obesity in the East Asia and Pacific region, and supporting sustainable financing and resilient systems for health security and pandemic preparedness. His leadership and contribution to the post-disaster damage and losses assessment of the health sector following Thailand's devastating floods in 2011 is well recognized. He also contributed to the damage and losses assessment of the health sector following Cyclone Nargis in Myanmar in 2008. He has worked on health financing and co-authored public expenditure reviews of the health sector in Thailand and Myanmar. He has also contributed to the efforts to support Palestine on the Universal Health Coverage agenda.



PARALLEL SESSION 1.5

**WIN-WIN STRATEGY FOR THE CONTROL AND PREVENTION OF NCDS AND
TACKLING ENVIRONMENT AND CLIMATE CHALLENGES**



| BACKGROUND

Environmental factors are main causes of noncommunicable diseases (NCDs). Growing evidence indicates that early life exposure to environmental risks, such as chemicals, radiation and air pollutants, might increase NCD risk throughout the life course.¹ Air pollution alone causes about 6.5 million deaths a year, or one in eight of all deaths. The strongest causal associations are seen between PM_{2.5} pollution and cardiovascular and pulmonary disease as well as with several highly prevalent non-communicable diseases including diabetes, decreased cognitive function, attention-deficit or hyperactivity disorder and autism in children. Yet, around 2 billion children live in areas that exceed the World Health Organization annual limit of 10 µg/m³. These health burdens related to environmental pollution disproportionately fall on the poor and marginalized communities in low and middle income countries.²

There is a need for increased understanding on the environmental determinants of NCDs, including but not limited to: climate change (e.g. heat waves increasing risks for CVD and stroke), biodiversity loss, environmental pollution (air, water, soil, heavy metals, chemicals); impacts of the urban and built environment on NCDs (e.g. car-centric urban planning, environmental noise, housing, walkability, safe green spaces for physical activity and social interaction); consumption and production patterns across health, nutrition and other sectors. Moreover, the compounding effects of multiple environmental stressors (e.g. multiple contaminants through multiple exposure pathways) are poorly understood.

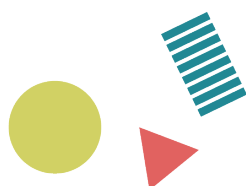
Although there is a growing understanding of the close relationship between health and environment, the linkages are not fully understood and integrated solutions are not effectively considered in policies and interventions across sectors. Moreover, there is a lack of policy recommendations that would enable policy makers to target the interventions across key sectors that would have the greatest beneficial long-term impacts on health, especially of vulnerable populations including children. Improving our understanding of these linkages and how they can be applied to support integrated decision-making can catalyse the public and private sector to act. Whole-of-government and whole-of-society actions are urgently needed for the control and prevention of NCDs and for reversing the alarming trend of environmental degradation and climate change.

¹ Preventing noncommunicable diseases by reducing environmental risk factors. WHO 2017

² The Lancet Commission on pollution and health (2017)

| OBJECTIVES

- To share the latest knowledge on environmental determinants of NCDs
- To share practical experiences and lessons learned on the use of science-based tools for identifying and assessing environmental risks of NCDs
- To share good practices and lessons learned on implementing actions to reduce environmental risks of NCDs
- To discuss multi-sectoral and multi-stakeholder strategies, mechanisms and financing needs to tackle environmental determinants of NCDs



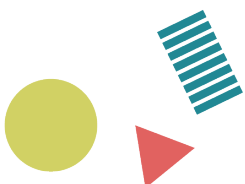


Moderator

Thaksaphon Thamarangsi

Director

Noncommunicable Diseases and Environmental Health, WHO South - East Asia
Regional Office
India





Panelist

Johannah Wegerdt

Health and well-being specialist

Green Climate Fund
Republic of Korea

Johannah Wegerdt is the Health and Well-being Specialist at the Green Climate Fund. Prior to that she was based in Thailand with UNDP with the Global Environmental Finance Unit developing climate change and health projects. At the Umea University Epidemiology and Global Health Unit she managed two FP7 consortia on social determinants of health and the other on climate and dengue fever. With Médecins Sans Frontier she conducted operational research on subjects ranging from environmental health to communicable diseases. In Myanmar, she evaluated several a vector-borne disease programmes specialising on dengue. She did her PhD at the University of Nottingham from 2000 to 2003 on aeolian dust, air pollution and childhood respiratory symptoms in Qaraqalpaqstan, Uzbekistan near the shrinking Aral Sea. Earlier studies were in Environmental Epidemiology and Policy at the London School of Hygiene and Tropical Medicine where she focused on air pollution (1999) for her Masters. Past consultancies have been with UNICEF, WHO, UN-OCHA, UNDP and WFP in Asia-Pacific and Southeast Asia. She was a Senior Epidemiologist for two UK government agencies, namely the Health and Safety Laboratory and the Health Protection Agency, and Epidemiologist for Valid International in multiple countries in Africa.



Panelist

Montira Pongsiri

Senior Research Associate

Cornell University
United States of America

Montira Pongsiri, PhD, MPH Dr. Montira Pongsiri was the first Science Advisor at the U.S. Mission to the Association of Southeast Asian Nations (ASEAN). Dr. Pongsiri led the Mission's efforts to develop and apply science and technology to support ASEAN's sustainability goals, and to strengthen the capacity of science-based policy-making through programs such as the ASEAN-U.S. sustainable cities partnership. She was on overseas assignment to the U.S. Mission to ASEAN from the U.S. Environmental Protection Agency's (EPA) Office of Research and Development where she was an Environmental Health Scientist. At the EPA, Dr. Pongsiri developed and led a research initiative on biodiversity and human health which studied the links between anthropogenic stressors, changes in biodiversity, and infectious disease transmission. She was the agency's lead on technical partnerships with the Smithsonian Institution and with Rockefeller's 100 Resilient Cities Global Challenge. As a member of The Rockefeller Foundation-Lancet Commission on Planetary Health, Dr. Pongsiri brought expertise on environmental change-human disease linkages. Dr. Pongsiri is a Senior Research Associate at Cornell University. Dr. Pongsiri's primary research and science policy interests are in applying scientific understanding of the relationships between the condition of natural systems and human health to inform policy for long-term sustainability impact. Dr. Pongsiri is currently a Visiting Scientist at the UN Environment Asia-Pacific Regional Office in Bangkok where she works on planetary health demonstration studies and integrated methodologies and tools while also helping UN agencies in the region to incorporate environmental change-health issues into their strategic planning and activities. Dr. Pongsiri completed her Ph.D. at Yale University.



Panelist

Thar Tun Kyaw

Permanent Secretary

Ministry of Health and Sports
Myanmar

• He is currently Vice-President in WHO Framework Convention on Tobacco Control (WHO-FCTC) (2019-2020), Geneva, Switzerland. He is former Director General in Department of Public Health and Department of Medical Services(2016-2018) , Myanmar. He was Member in Malaria Policy Advisory Committee (MPAC) (2013-2015) in Global Malaria Program (GMP), Geneva , Switzerland . He was Country Coordinating Director (CCD)(2012-2014) in Asia Collaborating Training Network in Malaria (ACT-Malaria) base in Manila , Philippine. He was Chair in Malaria Technical Advisory Group (Malaria – TSG)(2011-2014), Myanmar. He was voting member in Regional Steering Committee (RSC) (2013-2015), Greater Mekong Sub-region Artemisinin Resistance Initiative (GMS-RAI). • He is Malaria Experts and Public Health Specialist .He did his M.B,B.S(1985) and Master Degree in Public Health (M. Med. Sc – Public Health) (2003) in University of Medicine (2) ,Yangon, Myanmar. He studied malaria parasitology and medical entomology in Jichi Medical University (2008) , Japan. He also studied leadership, public administration and management in Crotonvill , GE training Center in New York (2013) and World Bank (Headquarter) ,(2017) Washington, USA.



Panelist

Tony Capon

Professor of Planetary Health

University of Sydney
Australia

Anthony Capon is the inaugural Professor of Planetary Health at the University of Sydney. A former director of the global health institute at United Nations University (UNU-IIGH), Tony is a public health physician and authority on environmental health and health promotion. For more than 20 years, Tony has been leading transdisciplinary research and capacity building efforts on the broad theme of urbanisation, sustainable development and human health. Since 2008, he has advised the International Council for Science (ICSU) on their global interdisciplinary science program on health and wellbeing in the changing urban environment using systems approaches. Tony is a member of The Rockefeller Foundation–Lancet Commission on Planetary Health which published its report *Safeguarding human health in the Anthropocene epoch* in 2015. He has served in numerous honorary leadership roles with professional and not-for-profit organisations including the International Society for Urban Health and the Frank Fenner Foundation.



Panelist

William A Suk

Director, Superfund Research Program, Division of Extramural Research and Training

National Institute of Environmental Health Sciences, US National Institutes of Health

United States of America

Dr. Suk is Chief, Hazardous Substances Research Branch, and Director, Superfund Hazardous Substances Basic Research and Training Program [Superfund Research Program], National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH). His primary interest is in the assessment of adverse effects on human health, primarily in vulnerable populations, resulting from exposure to deleterious environmental agents. Aside from a two-year period in which he was the Acting Deputy Director of NIEHS, Dr. Suk has served since its inception as Director of the NIH/NIEHS Superfund Hazardous Substances Basic Research and Training Program, a unique Program fostering interdisciplinary research and training approaches to address the complex problems associated with potentially hazardous environmental exposures, and to develop technologies to reduce these exposures, thereby reducing the burden of disease. Dr. Suk is currently or has been affiliated with a number of organizations and committees, including: member, roundtable on Environmental Health Sciences, Research, and Medicine of the Institute of Medicine of the National Academy of Sciences; member, International Advisory Board of the Chulabhorn Research Institute, Bangkok, Thailand; co-chaired the World Health Organization Consultation on Scientific Principles and Methodologies for Assessing Health Risks in Children Associated with Chemical Exposures; Chairman, Board of Directors of the Pacific Basin Consortium for Environment and Health. Dr. Suk has assisted in the conceptualization and implementation of research and training programs in children's environmental health, exposure biology (the exposome), and in understanding gene-environment interactions, to name but a few. Dr. Suk received his B.S. and M.S. in biology from American University, his Ph.D. in microbiology from the George Washington University Medical School, and his Masters in Public Health in health policy from the School of Public Health at the University of North Carolina at Chapel Hill. He has been or is on the editorial advisory boards of several international journals; is a member of several scientific societies; and has been a National Science Foundation fellow. Dr. Suk has been honored at the NIH with several NIH Director's Awards and with numerous NIH Award of Merit for his efforts, and has received the DHHS Secretary's Award for Distinguished Service. He was privileged with receiving the Roy E. Albert Memorial Award for Translational Research in Environmental Health from the University of Cincinnati; the Child Health Advocacy Award from the Children's Environmental Health Network; the John P. Wyatt Lecture Award in Environmental Health and Disease from the University of Kentucky; the Adel F. Sarofim Award for Outstanding Professional Achievement in Championing Research on the Origin, Fate and Health Effects of Combustion Emissions; the Society of Toxicology Founders Award; and the first Chairman's Award from the Pacific Basin Consortium for Environment and Health. Dr. Suk is a Fellow of the Collegium Ramazzini, the international society of scholars in environmental and occupational health. Dr. Suk is a Fulbright global scholar.



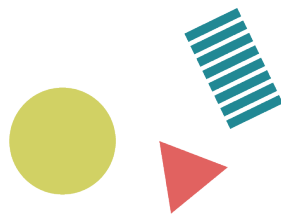
Panelist

Yevgeniy Goryakin

Health economist

The Organisation for Economic Co-operation and Development
France

Yevgeniy Goryakin is a Health Economist/Policy Analyst at the Health Division of the Organisation for Economic Co-operation and Development, where he focuses on modelling health and economic impact of public health interventions promoting healthier diet and physical activity, as well as reducing harmful alcohol consumption. His other interests include econometric analysis of environmental and socioeconomic determinants of health and health behaviours, including the impact of macro-level factors such as technological change, urbanization, economic and social globalization. He has also done research on the socioeconomic inequalities in overweight/obesity, as well as on the impact of chronic health conditions associated with obesity on labour market outcomes. He has a PhD in Health Services and Policy Analysis from the University of California at Berkeley, as well as an MPhil in Development Studies from Cambridge University, UK.



PLENARY SESSION 2

**ADDRESS DETERMINANTS OF NCD: THE WHOLE OF GOVERNMENT AND
SYSTEMS RESPONSE**



| BACKGROUND

Addressing NCD determinants requires strengthening multi-sectoral actions for health beyond the territory of health sector. A few systems contribute to addressing NCD.

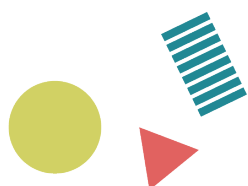
- Accountability systems: good governance, ethical conduct of government actor, effective management of conflict of interests will guide transparent and responsive politics which affect sectoral policies in response to NCD.
- Intelligence systems contribute to evidence which guide effective agenda setting, policy formulation, policy implementation and monitoring and evaluation. This requires institutional capacity in country to guide evidence based policy.
- Effective political systems: government and legislative bodies has large role in effective responses to NCD, through leadership, commitment, and responsiveness to its citizen.

These systems contribute to effective sectoral policy responses to NCD, for example, education sector improves health literacy in the population and consumer empowerment, economic and fiscal policies support increased tax on tobacco, alcohol and sugary beverage deter consumption on these products. Labour policies in favor of maternity leaves support successful six month exclusive breast feeding which is an intrinsic preventive factors for certain NCD. Food and nutrition labeling such as Recommended Daily Allowance, salt, trans-fat and sugar contents increases consumer awareness and prevent obesity. Urban planning, environment and transportation policies provide a conducive infrastructure and social environment in favour of physically active citizen and minimum polluted environment.

This sixty minute plenary will address how various government sectors: trade, economic, education, labour and health are mobilized, given their distinctive institutional and legal mandates, for a shared value in response to NCD through policy coherence and synergies. Active citizen and empowerment are critical in holding government actors and private corporate sector accountable and act for the interests of public. This can be accomplished by good governance, rule of law, accountability, transparency and management of conflict of interests, government regulatory capacities, and an intelligence system where institutional capacities are required to maximize power of evidence.

| OBJECTIVES

To synthesize global experiences on the whole of government actions and synergies with civil society and active citizens in addressing NCD determinants.





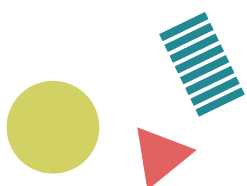
Moderator

Douglas Bettcher

Former Director, Prevention of Non-Communicable Diseases

World Health Organization
Switzerland

Dr Douglas William Bettcher is the former Director the Department for Prevention of Noncommunicable Diseases, World Health Organization (WHO), Geneva, Switzerland. In this capacity his portfolio included oversight for WHO's work on NCD risk factor prevention (including tobacco use, diet and physical inactivity), health promotion, ending childhood obesity and NCD risk factor surveillance. He has a multidisciplinary background and holds a PhD in International Relations and a Graduate Diploma in World Politics, both from the London School of Economics and Political Science; a Master's of Public Health from the London School of Hygiene and Tropical Medicine; and a Doctor of Medicine degree from the University of Alberta, Canada. Dr Bettcher has written widely on several topics, including globalization and health, foreign policy and health security, international law and public health, noncommunicable diseases prevention and control, tobacco control, and trade and other health policy issues. Dr Bettcher was WHO's principal focal point for providing Secretariat support for the negotiation of WHO's first treaty, the WHO Framework Convention on Tobacco Control. On March 8, 2018 at the 17th World Conference on Tobacco or Health in Cape Town he was awarded a Luther L. Terry Distinguished Career Award for his lifetime contribution to tobacco control.





Panelist

Boyd Swinburn

Professor of Population Nutrition and Global Health

University of Auckland
New Zealand

Professor Boyd Swinburn MBChB, MD, FRACP, FNZCPHM Boyd Swinburn is Professor of Population Nutrition and Global Health at the University of Auckland and Alfred Deakin Professor with the Global Obesity Centre, Deakin University, Melbourne. He is also Co-Chair of World Obesity Policy & Prevention section (formerly International Obesity Task Force). He trained as an endocrinologist and has conducted research in metabolic, clinical and public health aspects of obesity. His major research interests are centred on community and policy actions to prevent childhood and adolescent obesity, and reduce, what he has coined, 'obesogenic' environments. He is currently leading an initiative (www.informas.org) to monitor and benchmark food environments internationally. He has over 350 publications related to obesity, established WHO's first Collaborating Centre on Obesity Prevention at Deakin University in 2003, led two Lancet Series on Obesity and co-chairs the Lancet Commission on Obesity. He has been an advisor on many government committees, WHO Consultations, and large scientific studies internationally. Contact details: School of Population Health, University of Auckland, Private Bag 92019 Auckland, New Zealand boyd.swinburn@auckland.ac.nz Mobile +64 22 167 9636



Panelist

Prakit Vathesatogkit

Secretary General

Thailand's Smoking and Health Foundation
Thailand

Dr. Prakrit Vathesatogkit is an experienced tobacco control advocate who has long served the Thai Government as a tobacco control advisor, and former Dean of Ramathibodi Medical School of Mahidol University. He has served as executive secretary to the Action on Smoking and Health Foundation, Thailand since 1986. In recognition of his determination and skill at providing tobacco control and medical service, he was popularly-elected to the Thai Senate in 2006. He has been involved with all aspects of tobacco control advocacy and tobacco policy, regulation and enforcement, and has served as a spokesperson for tobacco control for more than 30 years. He has played a pivotal role in tobacco tax policy formulation for the Thai Government since 1993. He has won numerous tobacco control awards including the first Luther Terry Award for exemplary leadership in tobacco control in 2000, and continues to be engaged in tobacco control through his education and wise counsel to junior health professionals. He has served as a key facilitator in the working group for drafting Guidelines on Article 5.3 and Article 6 of The Framework Convention on Tobacco Control (FCTC). He also provides assistance and advice to many countries on policy advocacy for Tobacco Control, as well as assisting in the drafting of tobacco control related legislation. He has extended the reach of his expertise far and wide by helping to establish and serving on the Board and as a senior advisor of the Thailand Health Promotion Foundation (Thai Health), a statutory autonomous state agency, with a budget from a 2 % surcharge of tobacco and alcohol taxes to fund tobacco, alcohol and other health promotion activities since 2001. He has been very actively engaged in advocacy and knowledge sharing in the setting up of health promotion foundations funded by tobacco and alcohol taxes both regionally and globally.



Panelist

Sally Casswell

Co-Director

SHORE and Whariki Research Centre, School of Public Health, Massey University
New Zealand

Sally Casswell is Professor of Social and Health Research and the Co-director of the SHORE & Whariki Research Centre, College of Health at Massey University, New Zealand. Her research interests are in social and public health policy, particularly in relation to alcohol. She has carried out research on the development and implementation of public policy at the national and community level and in the evaluation of these initiatives. A focus for some years has been on commercial marketing of alcohol products. She is involved in international alcohol policy as a member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems and SHORE is a WHO Collaborating Centre. Professor Casswell also has an active involvement with the NGO sector as Chair of GAPA (Global Alcohol Policy Alliance) and is currently President of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol. Professor Casswell is a Fellow of the Royal Society of New Zealand and an Officer of the Order of New Zealand



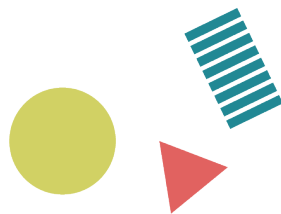
Panelist

Susan Mercado

Deputy Secretary General, Centers for Health in Humanitarian Action

Philippine Red Cross
Philippines

Susan Pineda Mercado MD, MPH Leadership | Vision | Service Dr Susan Mercado is a medical doctor and public health expert with over 30 years of experience. For 15 years, she had a distinguished career with the World Health Organization, Western Pacific Regional Office where she led the response to some of the most complex challenges of public health today—noncommunicable diseases (including tobacco, alcohol, unhealthy diet and physical inactivity); climate and health; malnutrition; violence and injuries; disability; mental health and substance abuse; maternal and child health; and urban health and inequity. Previously, she was Undersecretary and Chief of Staff of the Department of Health, Republic of the Philippines. Currently she was 2018 Special Envoy of the President for Global Health Initiatives and now works full time with the Philippine Red Cross, as Deputy Secretary General in charge of Centers for Health in Humanitarian Action with oversight of primary health care, blood services, dialysis, water sanitation and hygiene, welfare services and safety services/injury prevention. Dr Mercado has degrees of A.B. Philosophy (magna cum laude), Doctor of Medicine and Master of Public Health from the University of the Philippines. She was named Distinguished Alumni in Global Health by the University of the Philippines in 2017. In 2018, she was recognized as one of the 100 most influential Filipina women in world in the category of Innovator and Thought Leader by the US-based Filipina Women's Network.



PARALLEL SESSION 2.1

**BUILDING ETHICAL SYSTEMS FOR PUBLIC INTEREST IN THE NATIONAL
RESPONSE TO NCDS**



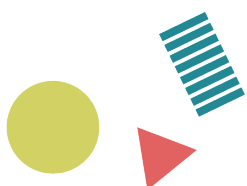
| BACKGROUND

The rising trend of NCDs is influenced by the consumption of tobacco, alcohol, unhealthy diets, physical inactivity and compounded by poverty, unfair trade, and environmental pollution. In order to safeguard public interests, it is imperative to build the enabling environment for ethical behaviors and practices. The global community should collectively invest in building institutional capabilities promoting transparency and accountability in addressing these risk factors and determinants.

Ethical systems reflect good governance, rule of law, accountability, transparency, responsiveness and effective management of conflict of interests. Various tools such as mandatory public reporting, regulatory systems and tools including self-regulation, surveillance and monitoring can be applied.

| OBJECTIVES

- Define the ethical system which supports the national response to NCDs;
- Discuss ways to build institutional capabilities for ethical conduct and decision making;
- Outline the range of tools and regulatory mechanisms to support strategic choices in support of public interest;
- Highlight efforts required to build the enabling environment for professional ethics in all relevant sectors in support of the national response to NCDs.





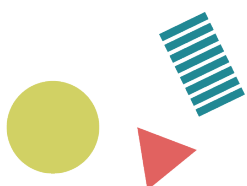
Moderator

Boyd Swinburn

Professor of Population Nutrition and Global Health

University of Auckland
New Zealand

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Panelist

Carlos Monteiro

Professor

Department of Nutrition, School of Public Health, University of Sao Paulo
Brazil

Carlos A. Monteiro, MD and PhD, is a Professor of Public Health Nutrition at the University of Sao Paulo, Brazil where he chairs the Center for Epidemiological Studies in Health and Nutrition. His research focuses on methods in population nutritional and dietary assessment, secular trends and determinants of all forms of malnutrition, food processing and human health, and programs and policies evaluation. His main academic achievements include extensively quoted studies on the nutrition transition, the development of the most used food classification based on food-processing (NOVA), the new concept of food ultra-processing, and the internationally acclaimed Dietary Guidelines for the Brazilian Population. He has served on numerous national and international nutrition expert panels and committees. Since 2010, he is member of the WHO Nutrition Expert Advisory Group on Diet and Health. He is a recipient of the PAHO Abraham Horwitz Award for Excellence in Leadership in Inter-American Health.



Panelist

Christoph Stuckelberger

Founder and President

Globethics.net

Switzerland

Prof. Dr. Dr. h.c. Christoph Stüeckelberger Short CV Christoph Stüeckelberger (born 1951) is Senior Ethics Advisor to the UN Scaling up Nutrition SUN movement. Founder, was Executive Director (2008-2016) and is President (since July 2016) of the global network on ethics "Globethics.net Foundation", based in Geneva/Switzerland and with ten offices on four continents. He is Executive Director of Geneva Agape Foundation in Geneva, mainly with partners in China. He is Prof. (em.) at the University of Basel, Distinguished Professor at the Technical University MEPhI in Moscow, Visiting Professor at GOU University in Enugu/Nigeria and at Kingdom Business College in Beijing/China. He got his doctor honoris causa (Dr. h.c.) from the UPC University in Kinshasa/DR Congo for his long-term engagement in Africa. He is co-coordinator of the international research project on "Religions in OneBeltOneRoad" OBOR with the Minzu University, Academy of Religions, in Beijing. His main fields of research are environmental ethics, economic/business ethics, trade ethics, finance ethics incl. tax ethics, political ethics, development ethics, and philanthropy. He published as author and editor many books and hundreds of articles on applied ethics, among others "Cyber-Ethics" (co-edited with Pavan Duggal, Nov 2018), "Ethics in Higher Education" (eds. With Divya Singh, 2016), "Responsible Leadership" and four volumes "Global Ethics Applied (1500 pages), all downloadable for free on www.globethics.net/publications. On Environment and Sustainability Ethics he is a global academic leader as he published many books and articles on it since almost 4 decades. His standard work "Environment and Development. An Ethical Orientation" was published in German, Chinese, Korean, Indonesian, most works in English and many also in French, Russian and Spanish. He was Director of the Swiss Development Organisation "Bread for all" (14 years); Director of the Institute for Theology and Ethics of the Federation of Swiss Protestant Churches (4 Years); Editor-in- chief of a large Magazine (8 Years); Founder and President of Transparency International Switzerland; Member of the Commission for International Cooperation of the Swiss Government (14 years) and President of its sub-commission on WTO for several years; Member of the Swiss Ethics Committee on Non-human Biotechnology of the Swiss Government (9 years); Member and President of the Council of the Swiss Import Promotion Programme SIPPO to support imports from developing countries; President of the international microfinance institution ECLOF working in 30 developing countries (9 years); Founding President of the Swiss Association Church and Environment OeKU; member and consultant of various ethics committees of very large and small Banks (international, Switzerland, Germany, China) and a Sovereign Wealth Fund; consultant of international companies; member of Boards of academic Ethics Centers. www.gaafoundation.world www.globethics.net www.christophstueckelberger.ch



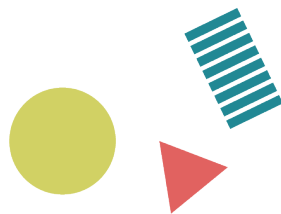
Panelist

Sally Casswell

Co-Director

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PARALLEL SESSION 2.2

**INTELLIGENCE SYSTEMS AND INSTITUTIONAL CAPACITIES IN RESPONSE TO
NCDS**

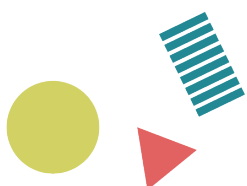


| BACKGROUND

The burden of non-communicable diseases is expected to increase tremendously in the coming decade, driven in part by the confluence of rising obesity and rapidly ageing societies. National surveys on health and behavior offer valuable insights into the scale of the NCD burden, and the intelligence system underpinning a country can be further extended to evaluate the success of national programmes in prevention, screening, and disease management.

| OBJECTIVES

This session focuses on the importance of strategies that are data-guided and evidence-based, to highlight the importance of strengthening institutional and community-based capabilities in the use of intelligence systems to address the systemic and long-term challenges that lead to the rise of NCDs.





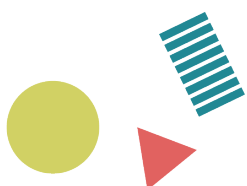
Moderator

Yik Ying Teo

Dean

Saw Swee Hock School of Public Health, National University of Singapore
Singapore

Professor Teo Yik Ying is Dean of the Saw Swee Hock School of Public Health, National University of Singapore, and concurrently the iOmics Programme Leader at the Life Sciences Institute, and an Associate Faculty Member of the Genome Institute of Singapore. Prof Teo majored in statistical genetics, having completed his doctoral training at the University of Oxford after obtaining a Distinction for his Masters in Applied Statistics at Oxford and graduating top of the cohort for in the Bachelor programme in Mathematics at Imperial College, UK. He pursued his postdoctoral training with the Wellcome Trust Center for Human Genetics, where he was concurrently appointed as a Lecturer at the Statistics Department in Oxford University. A keen researcher by nature, Prof Teo has gained international recognition for his work in genomics, where his focus is in the development and application of mathematical and statistical techniques to understand the genetic causes of human diseases and genetic evolution in worldwide populations. He has conducted large scale genomic studies on populations from Africa, Europe and Asia, and currently chairs an international consortium investigating the genetic diversity of cosmopolitan and indigenous populations in Asia. Prof Teo has served as the Director for the Centre for Infectious Disease Epidemiology and Research, where the Centre works closely with the Ministry of Defence to develop capabilities for disease surveillance, consultation and research to deter and to control potential infectious disease outbreaks. He was also the Founding Director for the Centre for Health Services and Policy Research, which approaches systems-level healthcare issues from a multidisciplinary perspective, connecting healthcare workers, patients, researchers, policy- and decision-makers to tackle complex themes in the fast-changing nature of health services delivery. For his contributions and achievements to academic and public health, Prof Teo was the recipient of numerous awards, including the Singapore Youth Award (2011), the Young Scientist Award by the Singapore National Academy of Science (2010), the NUHS-Mochtar Riady Pinnacle Young Achiever Award (2015), and the Outstanding Young Persons of the World award in the category of Academic Leadership and Achievements (2015). He was also conferred numerous scholarships during his education, including the Public Service Commission scholarship (1997), the Shell Centenary Scholarship (2000), the Lee Kuan Yew Postgraduate Scholarship (2003) and the NUS Overseas Graduate Scholarship (2003). Growing up in a family of educators, Prof Teo is both a passionate and exceptional educator, and has won numerous faculty and university awards for teaching excellence from both NUS and Oxford.





Panelist

Alan Lopez

Laureate Professor of Global Health

University of Melbourne
Australia

Professor Alan Lopez AC PhD FAHMS is a Melbourne Laureate Professor and the Rowden-White Chair of Global Health and Burden of Disease Measurement at The University of Melbourne. He is also Director of the Global Burden of Disease (GBD) Group at Melbourne, Visiting Professor of Epidemiology and Director of the IHME-Big Data Institute Strategic Partnership at the University of Oxford, and an Affiliate Professor of Global Health at the University of Washington. He held prior appointments as Professor of Medical Statistics and Global Health, and Head of the School of Population Health at the University of Queensland and several senior technical and senior managerial posts at the World Health Organization in Geneva including Chief Epidemiologist in WHO's Tobacco Control Program, Director of WHO's Epidemiology and Burden of Disease Unit and Senior Science Advisor to the Director-General. More recently, he has led the Bloomberg Data for Health global initiative to improve the registration and certification of births, deaths and causes of death to better inform global and national investments for health development. He is the co-author with Christopher Murray of the seminal Global Burden of Disease Study (1996), and subsequent updates, which have greatly influenced global and national debates about priority setting and resource allocation in health. In 2018, Professors Lopez and Murray were awarded the John Dirks Canada Gairdner Global Health Award, for their ground-breaking work in conceptualizing and quantifying the Global Burden of Disease. He was awarded the Peter Wills Medal by Research Australia in 2014 for his outstanding contributions to building Australia's international reputation in health and medical research. Since 2015 he has been listed among Thompson Reuters Highly Cited (HiCi) Researchers in clinical medicine, with over 130,000 citations to his work, and in 2015 was ranked among the top 10 most cited scientists in the world by Thompson Reuters. He is a Foreign Associate Member of the US National Academy of Medicine and a Fellow of the Australian Academy of Health and Medical Sciences. In 2016 he was made a Companion of the Order of Australia (AC) for eminent service to science and to the advancement of planning and policy development to improve public health in developing countries.



Panelist

Julian Flowers

Head of Public Health Data Science

Public Health England
United Kingdom

Julian Flowers is a Consultant in Public Health Medicine at Public Health England and Honorary Professor at University College London, where he is helping develop the Centre for Public Health Data Science as part of the Institute for Health Informatics. At Public Health England he leads the recently established Public Health Data Science team. He has a long standing interest in health intelligence, having established one of the regional public health observatories in England and an equivalent NHS observatory. He now leads part of PHE's work on developing precision public health combining data science, marketing and digital inputs to make best use of routine and digital data to devise interventions to improve population health.



Panelist

Pairoj Saonuam

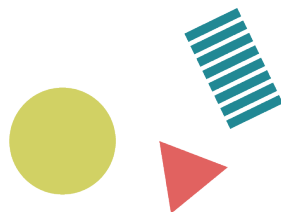
Director, Healthy Lifestyle Promotion Section

Thai Health Promotion Foundation (ThaiHealth)
Thailand

Dr.Pairoj Saonuam was trained as a medical doctor with Thai Board Certificate in Preventive Medicine (Epidemiology). Early in his career, he had served as a medical professional in a community hospital in the Northeast region of Thailand, giving him the perfect breeding ground for practicing health in a remote area. While, his daily practices also involved Disease Prevention and also Health Promotion. The rewarding experience has convinced him to enhance his expertise further by obtaining a PhD in Community Medicine at Chulalongkorn University in 2008. Since he started his career at Thai Health Promotion Foundation (ThaiHealth), he has overseen for 3 years in the Monitoring and Evaluation Unit. Currently, he has been appointed the Director of Healthy Lifestyle Promotion Section with the main responsibility on overall NCDs management, particularly on promoting healthy food, physical activity, and healthy media system. Dr.Pairoj also managed to spend time for academic development by serving as an invited lecturer in many universities and giving consultation on Monitoring and Evaluation.



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PARALLEL SESSION 2.3

**IMPERATIVE NEED FOR PARADIGM SHIFT OF HEALTH SYSTEMS: A HOLISTIC
RESPONSE TO NCD**



| BACKGROUND

Health systems are characterized by complexities in relationships among stakeholders and the processes they have created. It is often difficult to manage health system behaviors because of massive interdependencies, organizing and emergent behaviors, non-linearity and lagged feedback loops, path dependence and tipping points. Conventional approaches to health policy process are inadequate for tackling complex problems embedded within health systems such as rapidly increasing burdens of NCD globally. Therefore, policymakers failing to take this complexity into account will continue to hinder effective health systems response to NCD. Working with complexities of planning and implementing of health systems response on NCD requires a paradigm shift from linear, reductionist approaches to dynamic and holistic approaches, while different perspectives, interests, and power of different stakeholders should also be taken into the account. It is increasingly recognized that we need a new (or special) set of approaches including methods and tools that derive from systems thinking perspectives to help manage NCD crisis. Other public health responses like the global AIDS response have made such historical paradigm shifts and these experiences can shorten the learning curve for the NCD movement and add value towards a holistic response to NCDs.

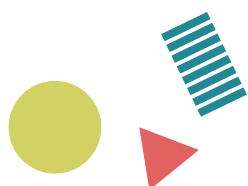
The paradigm shift of health system varies by health system components. Health financing, health workforce, and governance are some key exemplary cases. For instance, when mentioning 'health financing', most people (even health practitioners) may have a first impression as a financing system for health care arena. By contrast, 'health financing' should (or must) include all financing measures towards healthy society. Though this sounds attractive, some challenges arise. For instance, the introduction of excise tax on tobacco and alcohol as well as sugar sweetened beverage (SSB) tax, though universally admitted as effective means to control NCD, always makes governments and law makers, especially in developing countries, face with not only resistance and litigations threats, but also bribery from industrial and business sectors. This is not just a matter of "obvious" risk factors of NCDs, such as sugar, tobacco, and alcohol, but it also expands to other processed food which contains unhealthy components, like trans-fat and highly concentrated fructose corn syrup.

'Health workforce' is another component that needs to transcend its current paradigm. The paradigmatic ideology of the current human resources production is based on acute care model, which puts more emphasis on 'individual' treatment. This is contrast to the nature of NCD, where its determinants are multi-facet and go far beyond 'health' arena. To implement effective measures in NCD prevention and control, we require a new set of skills which go far beyond the biomedical knowledge, for instance, communication skills, inter-cultural competency, health-system comprehension and system thinking.

'Governance' of health system is one of the key jigsaws in addressing NCD. A new governance model in health care that allows all sectors, including people from the grass root level, to take part in NCD management and control is required in this era where the health sector is highly influenced by commerce, overseas pharmaceutical industries and international trade.

| OBJECTIVES

- To identify key challenges of health systems response to NCDs
- To share positive and negative experiences and lessons from other public health responses and countries, especially LMIC, in addressing NCD in the context of weak health systems
- To identify areas of health systems strengthening in order to respond to the full range of NCD intervention, including health promotion innovation and technologies, alternative health system delivery, political, financial,
- To make a business case for investing in health systems responses to NCDs, in particular capacity building of health workforce





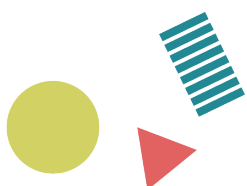
Moderator

Eamonn Murphy

Regional Director, Asia and the Pacific

UNAIDS
Thailand

As Regional Director for Asia and the Pacific, Eamonn Murphy supports countries across the region in achieving the goals outlined in the 2016 United Nations Political Declaration on Ending AIDS. He leads and facilitates a joint United Nations response to support countries and their HIV programmes, which includes strengthening the links between governments, civil society, the United Nations system and development partners. Mr Murphy was previously the UNAIDS Country Director in Myanmar, where he supported Myanmar's significant scale-up of services and helped to create an enabling environment and overcome legislative obstacles. Prior to that, he served in Viet Nam as UNAIDS Country Director, where he was honoured with the Order of Friendship by the President in 2010, UNAIDS headquarters as Director of Governance, United Nations System and Donor Relations, and as the UNAIDS Country Coordinator in Myanmar. Before joining the United Nations, Mr Murphy held a number of senior positions with the Australian Government, including Director for Health Sectors with AusAID in the Foreign Ministry, as well as Assistant Secretary for Communicable Diseases and Environmental Health and Director of the National AIDS Programme for the Commonwealth Health Department.





Panelist

A. H. M. (Enayet) Hussain

Additional Director General

Director General of Health Service, Ministry of Health and Family Welfare
Bangladesh

1. Personal History: 1. Date of Birth : 08.08.1963 2. Permanent Address : Raynagar, Sylhet 3. Date of Joining in Govt. Service : 20.12.1989 2. University degrees / diploma SI No Degree (class) Institution Year 1. MBBS Sylhet MAG Osmani Medical College 1987 2. FCPS Bangladesh College of Physicians & Surgeons 1995 3. FRCS Royal College of Physicians & Surgeons, Glasgow 2007 3. Position: • Present > Additional Director General, Planning & Development Director General of Health Services (DGHS), Mohakhali, Dhaka & Line Director, Non Communicable Disease Control Director General of Health Services (DGHS), Mohakhali, Dhaka 4. Area of interest: a) Non Communicable Diseases Control b) Paediatric Ophthalmology c) Community Ophthalmology 5. Research Program: • A study to access the clinical outcome and impact of cataract surgery on family and social life of children who have undergone cataract surgery through Bangladesh Childhood Cataract Campaign (BCCC). • Prevalence of child hood blindness in Bangladesh (on going project supported by Centre for Injury Prevention & Research Bangladesh, Sight Savers, Bangladesh Country Office and BRAC) • Prevalence of Refractive Error among the school children (on going project supported by Sight Savers, Bangladesh Country Office) 6. Professional Involvement Technical Advisor: □ Direct Financial Cooperation project between WHO & DGHS for Avoidable Childhood Blindness: "A model intervention package at primary health care setting in Bangladesh"; □ An intervention program between Sight Savers Bangladesh Country office & DGHS for "Reaching the unreachable with paediatric eye care services" □ Annual Performance Work Project between WHO & DGHS for "Eye Care Services Assessment" 7. Social Involvement □ Chairman, Bangladesh Chapter, International Agency for Prevention of Blindness. □ Coordinator, Bangladesh, International Council of Ophthalmology (ICO) Examination. □ Ex Secretary General, Ophthalmological Society of Bangladesh □ Organized Outreach Mega Eye Camp (OMEC) & School Sight Testing Program with the support & collaboration of Government, International & local NGOs. □ Implementing in the mission of making Bangladesh free of Cataract backlog by the year 2020. □ Involve in activities for Prevention & elimination of Childhood Blindness. 8. Award: 1. "Outstanding service in prevention of blindness" awarded by Asia Pacific Academy Ophthalmology (APAO) Congress, Taipei 2016. 2. "Dr. A.K Das Endowment ACOIN Award 2013" from Association of Community Ophthalmologist Society of India, 3. "Professor Mobarak Ali Gold Medal 2017", awarded by Ophthalmological Society of Bangladesh 4. "IAPB Eye Health Hero Award 2018"- Awarded by International Agency for Prevention of Blindness.



Panelist

Anders Nordström

Ambassador for Global Health, UN Policy Department

Ministry for Foreign Affairs
Sweden

Dr Anders Nordström is the Swedish Ambassador for Global Health at the Ministry for Foreign Affairs in Stockholm. Medical doctor from the Karolinska Institute. His first international assignments were with the Swedish Red Cross in Cambodia and the International Committee of the Red Cross in Iran. He worked for the Swedish International Development Cooperation Agency (Sida) for 12 years, including three years as Regional Advisor in Zambia and four years as Head of the Health Division in Stockholm. During 2002 Dr Nordström, as the Interim Executive Director, established the Global Fund to Fight AIDS, Tuberculosis and Malaria as a legal entity. 2003 he was appointed Assistant Director-General for General Management for WHO. He served as Acting Director-General of WHO from 23 May 2006 until 3 January 2007 following the sudden death of Dr LEE Jong-Wook, Director-General. After handing over to Dr Margaret Chan, Dr Nordström was appointed Assistant Director-General for Health Systems and Services. From January 2008 until June 2010 Dr Nordström served as Director-General for the Swedish International Agency for Development Cooperation (Sida). Dr Nordström was appointed Ambassador for HIV/AIDS at the Swedish Ministry for Foreign Affairs by the Government on the 26th of August 2010. In April 2012 the Swedish government appointed him the world's first Ambassador for Global Health. October 2014 – March 2015 he worked with the UN Secretary-General's Special Envoy for Ebola, David Nabarro. April 2015 to June 2017 he was the Head of the WHO Country Office in Sierra Leone. July-August the same year he worked for WHO/AFRO as project leader for the Functional Review Project. He has served as board member of the Global Fund to fight AIDS, TB and Malaria, GAVI, UNAIDS and PMNCH. And he has chaired and been a member of several international task forces, committees and working groups.



Panelist

Melisa Mei Jin Tan

Research Associate and PhD Student

Saw Swee Hock School of Public Health, National University of Singapore
Singapore

Melisa Mei Jin Tan is a Research Associate and a second year PhD student supervised by A/Prof Helena Legido-Quigley at Saw Swee Hock School of Public Health, National University of Singapore. Her current PhD research focuses on mapping the key actors of Noncommunicable Diseases (NCDs) using network analysis and understanding their roles and perspectives in the policy formulation process of NCDs at the global and national levels in Asia. Through this research, she seeks to contribute to the knowledge base on the Governance of NCDs. Melisa adopts a multidisciplinary approach to her research study, drawing inspiration from disciplines such as international political economy, accounting, finance and engineering. She recently co-authored a chapter on NCDs in a forthcoming book on health systems in Asia. Her current research interests include global health, health governance, the political economy of health, health policy and systems research, and NCDs. Melisa holds an MSc in International Political Economy from S. Rajaratnam School of International Studies, Nanyang Technological University and a BSc (Hons) in Applied Accounting from Oxford Brookes University. Before joining the PhD program in 2017, Melisa worked as a grant administrator in the public healthcare and higher education sectors in Singapore for the past ten years.



Panelist

Mouly Ieng

Senior Minister, Chair of the National AIDS Authority

National AIDS Authority
Cambodia

Mouly Ieng is currently the Senior Minister in Charge of Special Mission of the Royal Government of Cambodia and the Chairman of the National AIDS Authority. He has been involved in the Global Fund grants since 2013, and has extensive experience in humanitarian activities. He was one of the signatories of the Paris Peace Agreement on the Cambodia conflict in 1991. He also succeeded the late Sergio de Mello of the UN in launching the demining program in Cambodia in the 1990s. Furthermore, he fought for press freedom when he serves as the Minister of Information in 1993.



Panelist

Tomás Reinoso

Professor

National School of Public Health, Havana, Cuba
Cuba

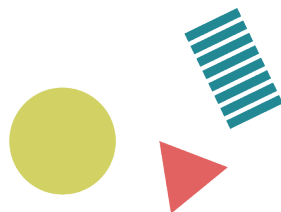
Dr. Reinoso is a professor at National School of Public Health, Havana, Cuba and a Medical Doctor and Specialist in Health Administration and Organization (Medical University of Havana). He is PhD in Social Medicine (Humboldt University, Berlin). Dr. Reinoso has considerable experience in undergraduate and postgraduate education in medical sciences, both in Cuba and overseas, where he has actively participated in the foundation and curriculum change and evaluation of medical schools in several countries. During his career, he has served as the Ministry of Public Health's National Director of Postgraduate Education, First Deputy Director of the National School of Public Health and Vice President of Cuban Medical Services, among other positions. Dr. Reinoso also headed the Cuban Medical Teams deployed in Yemen, South Africa, Saudi Arabia and The Bahamas. As a representative of Cuba's Ministry of Public Health, he has visited more than 40 countries in an official capacity and to participate in international scientific events.



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PARALLEL SESSION 2.4

**IMPLEMENTING THE 'BEST BUYS' AND EFFECTIVE INTERVENTIONS AT CITY
AND LOCAL LEVEL: SHOWCASING MULTISECTORAL ACTION**

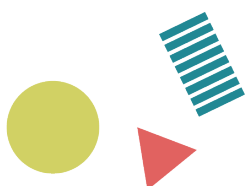


| BACKGROUND

Cities have a unique role to play in delivering both national and global commitments to reduce NCDs. This session will look at examples of best practice from the local level, examining how local or municipal authorities and other stakeholders have introduced programmes to promote NCD prevention at the city level. A series of three mini-panels will discuss comparative experiences from multiple cities and their applicability to other settings. The case studies will focus on experience in implementing effective interventions for the prevention and control of NCDs including those linked to the WHO Best Buys. Discussions will look at action across different sectors, transferrable lessons and mechanisms of accountability.

| OBJECTIVES

- To highlight the role of local governments and their partners in preventing and controlling NCDs at the local level by implementing effective interventions including the WHO 'Best Buys'
- To showcase examples of exemplary action on the 'Best Buys' and other effective interventions at local level, understanding incentives for action, partnership models and mechanisms of accountability.
- To understand barriers to implementing effective interventions and ways of overcoming them.
- To inspire others to scale up action on NCDs at the city level.





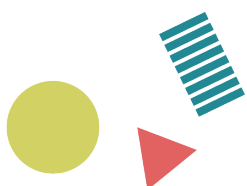
Moderator

Fiona Bull

Program Manager, NCD Prevention

World Health Organization
Switzerland

Dr Fiona Bull is Acting Director and Programme Manager in the Department of Prevention of Noncommunicable Diseases (NCD) at the World Health Organization based in Geneva, Switzerland. She leads the WHO's global work on reducing physical inactivity, promoting healthy eating, the prevention of obesity, as well as providing leadership for global monitoring and surveillance of NCDs and their risk factors. Dr Bull joined WHO after 25 years in NCD prevention research and practice in Australia, the UK and the USA. Before joining WHO she was Professor of Public Health and Director of the Centre for Built Environment and Health at the University of Western Australia. This work focussed on the evidence and effectiveness of improving urban design in cities and communities to promote health and has informed national and international policy and practice. She is one of the lead investigators of RESIDE, a 10-year cohort study of Liveable Neighbourhoods, the State urban design policy. Across her career Fiona has focussed on developing and then translating evidence and understanding on healthy lifestyles to inform policy and practical solutions in community settings. She has co-authored over 180 scientific publications and was awarded a Member of the British Empire (MBE) for her services to public health. She is a keen swimmer, sailor and dog walker.





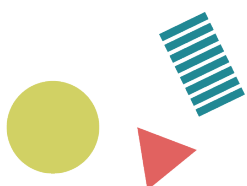
Moderator

Jo Birckmayer

Public Health Advisor

Bloomberg Philanthropies
United States of America

Johanna Birckmayer PhD MPH Dr. Birckmayer coordinates the tobacco economics projects supported by Bloomberg Philanthropies, overseeing efforts to assist low-and middle-income countries implement effective tobacco tax policies to reduce tobacco use. From 2008 to 2015, she directed the International Research Department at the Campaign for Tobacco Free Kids, supporting international efforts to advocate for effective tobacco control policies using data and evidence. Dr. Birckmayer has led technical assistance programs to assist U.S. States improve the effectiveness of state tobacco, alcohol, and illicit drug prevention systems and worked with community-based organizations evaluating health services, mental health and health promotion programs. She has a PhD in Health Policy from Harvard University and a MPH from the University of North Carolina at Chapel Hill. She is an Adjunct Professor at the Gillings School of Global Public Health, University of North Carolina.





Moderator

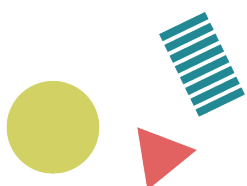
Judith Mackay

Senior Advisor, Tobacco Control, Policy, Advocacy and Communication

Vital Strategies

China

Dr. Judith Mackay is a medical graduate from Edinburgh University, Scotland. She has lived in Hong Kong since 1967, initially working as a hospital physician, then since 1984 concentrating on public health, especially tobacco control. She is Senior Advisor, Vital Strategies; Senior Policy Advisor to World Health Organisation; and Director of the Asian Consultancy on Tobacco Control. Her particular interest is tobacco control in low-income countries; and tobacco and women. She has developed extensive experience in working with national governments and health organizations in Asia and more recently in the Middle East in developing comprehensive tobacco control policies. She has published over 230 academic papers and addressed over 550 conferences world-wide. She has authored or co-authored several health atlases, crafting complicated health statistics into a creative graphic format: "The State of Health Atlas" (1994), "The Penguin Atlas of Human Sexual Behavior" (2000), "The Tobacco Atlas" (WHO 2002, ACS 2006, ACS 2009, ACS 2012, ACS/WLF 2015), "The Atlas of Heart Disease and Stroke" (WHO, 2004), "The Cancer Atlas" (ACS 2006), "Global Tobacco Surveillance: GTSS Atlas" (CDC 2009), "The Atlas of Oral Health" (FDI 2009), and "The GATS Atlas" (CDC 2015). HONOURS AND AWARDS She has received the WHO Commemorative Medal, the AFACT Presidential and Founding International Achievement Award, and national awards from Hong Kong (the Silver Bauhinia Star); the United Kingdom (MBE, then OBE); the United States of America (the US Surgeon General's Medallion), Thailand (the King's Royal Award); and China. From the USA in 2000, she received the Luther Terry Award for Outstanding Individual Leadership, and the Fries Prize. In 2006, she received the INWAT (International Network of Women Against Tobacco) Lifetime Achievement Award. In 2006, she was selected by Time Magazine as one of 60 Asian Heroes from the previous 60 years; in 2007 selected as one of the Time 100 World's Most Influential People, and in 2009 received the first-ever British Medical Journal Group Lifetime Achievement Award. In 2018 she was the recipient of the Inaugural World Heart Federation Advocacy Award in Cardiovascular Health. She has been identified by the tobacco industry as one of the three most dangerous people in the world.





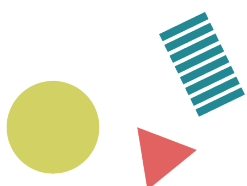
Moderator

Nicholas Banatvala

Head of the UN Interagency Task Force on NCDs

World Health Organization
Switzerland

Dr Nick Banatvala MBBS, MSc, MD, FRCP, FFPH leads the Secretariat of the United Nations Interagency Task Force on the Prevention and control of Non-communicable Diseases. The Task Force was established by the UN Secretary General in 2013 and report to the UN's Economic and Social Council. The Secretariat is based in WHO's Headquarters in Geneva. The role of the Task Force is to bring the UN system together to tackle NCDs, mental health and other NCD-related Sustainable Development Goals. The Task Force uses its networks and expertise to help governments develop and introduce effective responses to prevent and control NCDs. It provides high quality technical support to enable governments across the world to develop and implement multisectoral action that is aligned with broader national development plans. Prior to this, Nick was Head of Global Affairs at the Department of Health in England where he led the development and implementation of the UK Government's first-ever global health strategy. Before that, he headed up the UK Department for International Development's work on global health partnership and scaling up health services. Prior to this, Nick led DFID's health and education programming to Pakistan, Afghanistan and the Middle East. Nick has experience of the NGO sector, having worked with the UK aid agency Merlin on a number of development and humanitarian programmes. Nick trained in paediatrics and infectious diseases before doing public health and epidemiologic research in the UK and CDC, Atlanta. Nick has held senior posts in UK public health. Nick has sat on government, non-government and academic boards, as well as national and international committees. He has undertaken consultancies for a number of agencies including the World Bank. He has published widely on a range of international public health issues.





Keynote Speaker

Mary Bassett

Director

Harvard FXB Center for Health and Human Rights
United States of America

Mary T. Bassett is the Director of the FXB Center for Health and Human Rights at Harvard University, as well as the FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health. With more than 30 years of experience in public health, Dr. Mary Travis Bassett has dedicated her career to advancing health equity. Prior to her directorship at the FXB Center, Dr. Bassett served for four years as commissioner of Health for New York City. As commissioner, she worked to ensure that every New York City neighborhood supported the health of its residents, with the goal of closing gaps in population health across the city. Originally from New York City, Dr. Bassett lived in Zimbabwe for nearly 20 years. Previously, she was the Program Director for the African Health Initiative and the Child Well-being Program at the Doris Duke Charitable Foundation. She received her B.A. in History and Science from Harvard University and her M.D. from Columbia University's College of Physicians and Surgeons. She served her medical residency at Harlem Hospital Center, and has a master's degree in Public Health from the University of Washington, where she was a Robert Wood Johnson Clinical Scholar.



Panelist

Analice Beron

Director of Health

Government of Montevideo
Uruguay



Panelist

Francis Anthony Garcia

Mayor

Balanga City
Philippines

Mayor Francis Anthony S. Garcia graduated from Philippine Science High School in 1992, and Cornell University in Ithaca, New York USA in 1996 with a Bachelor of Science in Engineering degree, majoring in Computer Science. He worked for various companies afterwards, including for Qualcomm, Incorporated in San Diego, California. Mayor Garcia was elected as Mayor of Balanga City, Bataan, Philippines in 2016 and has since improved and continued on various advocacies including a smoke-free and Tobacco-Free Generation City, excellent educational and computer facilities in the villages and schools, and more job opportunities.



Panelist

Liz Prosser

Healthy Early Years Manager

Healthy Early Years London at Greater London Authority
United Kingdom

Liz Prosser B.Ed (Honours) M.Sc. My career began as a Physical Education teacher in Secondary schools and then in Special Education. I then developed 'Exercise Enterprise' a programme of exercise classes for children and adults aged 2 to 82! Later, as Development Officer for the Association for Physical Education (AfPE), I developed and managed the Physical Education Association (PEA) Certificate in Exercise and Health Studies as a national training programme for Exercise Instructors. Eventually, returning to education as a Physical Education Adviser for the London Borough of Barnet for many years, I ran the National Healthy Schools Programmes for both London Boroughs of Barnet and Hackney, respectively from 2000-2009. I was then seconded to the Department of Health as Delivery Manager for Physical Activity in the Obesity Team and led on the development of new UK Chief Medical Officers' physical activity and sedentary behaviour guidelines for under-fives, (Start Active, Stay Active 2011). Additionally, management of Healthy Towns, the Department of Communities and Local Government Spatial Planning Review and Department for Transport Cycling and Walking programmes fell under my wing. In 2011, following the demise of the National Healthy Schools Programme, the Greater London Authority appointed me to co-design, develop and manage Healthy Schools London to improve the health and wellbeing of school age children. We now have over 80% of London's schools taking part. In 2016, to support the Mayor of London's Health Inequalities Strategy (2018) and key ambition to give every London child the best start in life, I led on the design, development and delivery of the Mayor's new Healthy Early Years London (HEYL) programme. This involved creating a new city-wide approach to improving the health, wellbeing and development of infants and children under five, in childcare, including those in deprived communities. In collaboration with colleagues from health and education, we devised a new industry standard-an incentive-based awards scheme and self-evaluation framework for childcare providers to create healthy environments involving children, staff, carers and families. This would, also help settings to improve practice and achieve their Ofsted outcomes. After two years of consultation and development, the Mayor successfully launched Healthy Early Years London in October 2018 and now has over 870 nurseries, children centres, pre-schools, play groups, creche, childminders taking part in 97% of London's boroughs, including all boroughs with the poorest child outcomes. The HEYL programme is supported by the Bloomberg Philanthropies Partnership for Healthy Cities, which has funded the first-year evaluation of HEYL. I am, currently, an Expert Adviser for the National Institute for Health and Care Excellence (NICE) and formerly a member of the (NICE) Physical Activity and the Environment Professional Development Group in 2007/8. Additionally, I have been an advisor for the British Heart Foundation Centre for Physical Activity and Health, Early Years Advisory Group and the International Physical Literacy Association Early Years Advisory Group.



Panelist

Vishal Rao

Member of High Powered Committee on Tobacco Control

Government of Karnataka
India

Dr. Vishal Rao is presently the Chief of Head neck surgical oncology at HCG Bangalore, India. He is a TEDx speaker and inventor of the Aum Voice Prosthesis a 1\$ speaking device for throat cancer patients. He has more than 8 patents filed for his innovations. He has been conferred the Honorary FRCS by the Royal College of Surgeons Glasgow recognizing his contributions in the field of head neck oncology. He is the recipient of the Judy Wilkenfeld award for Global excellence in tobacco control 2017, Rotary vocational training award 2016 for inventing the voice prosthesis for his throat cancer patients. He received the VarshadaKannadiga Award 2018 (Kannadiga of the Year) for his contributions in Science and Technology. He is presently associate editor of Cancer therapy and oncology international journal and has more than 50 national and International publications to his credit, and is a reviewer for 10 international journals. He also works with Bloomberg partners for Tobacco Control in collaboration with state and union government to implement the WHO FCTC- Framework convention for Tobacco Control through National Tobacco control program. He has been a visiting faculty to John Hopkins University leadership programs. He is a member of High Powered committee on tobacco control and cancer control Govt of Karnataka. He is also member of NCD Task for Bengaluru city. He is also the Incharge coordinator union for international cancer control at HCG. He completed his training in Head neck oncology surgery at the Tata Memorial Hospital in Mumbai and a brief stint at the Pittsburgh school of medicine as visiting scholar.



Panelist

Witaya Chadbunchachai

Director

WHO collaborating center for Injury Prevention and Safety Promotion
Thailand



Panelist

Yasar Faisal Al Khitan

Business and Health Inspection Executive Director

Amman

Jordan

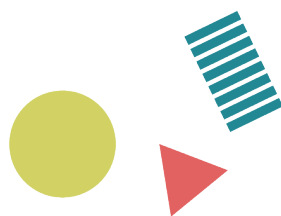
Dr Yasar Al-Khitan, he is an Executive director of business and health inspection 2018, an employee in "Greater Amman Municipality "since 1999. He earned his B.A. in Veterinary Medicine & Surgery (BVMS) at Baghdad University 1998. He worked at Slaughterhouse department from 1999-2009, then moved to Health and Business Inspection Department (HBID) as Head of health control and business unit, then became a director of Slaughterhouse department 2017. He is a Council Member of "Jordanian Vet Association" since 2008 and till present time, Member of the "General Union of Arab veterinarians", Founding member of "Specialist Association of Public Health of Jordan Veterinary Medical", Member of "National Committee for Avian Influenza Control", representative of Greater Amman Municipality 2005, Associate in local & abroad scientific veterinary medical conferences since 1999, He Conducted several training course for Health Inspectors and Veterinary about "Inspection of Red and White Meat" in the training center of Greater Amman Municipality , also he Conduct a training course in Dar Alkhalaf for Agricultural Studies & Consultations in KUWAIT about "Qualifying Vet & Slaughter Men in slaughterhouses for slaughtering preparations & Methods" / Kuwait April 2012.



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PARALLEL SESSION 2.5

BEST BUYS, WASTED BUYS AND CONTROVERSIES IN NCD PREVENTION

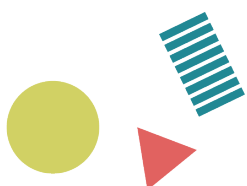


| BACKGROUND

The world is facing a spectre of non-communicable diseases (NCDs), which will diminish the length and quality of life, interact with existing health conditions, raise household and public health expenditures, and increase the burden of care on family members. A number of policies have been implemented to fight NCDs and studies have shown some interventions to be 'best buys' whereas others are 'wasted buys'. Most NCDs can be preventable and, given the generally lower cost and simpler delivery of preventive interventions, a move towards preventive rather than curative interventions could be attractive. Another approach that is gaining prominence in discussions of NCDs is 'do-it-yourself' or DIY interventions. NCDs are by definition not contagious or infectious and people develop them over the course of their lives for many reasons including those to do with lifestyle. As such, they can be prevented if people modify their lifestyles (i.e., in DIY interventions). At present, there is no definitive collection of evidence on 'best buys', 'wasted buys', and DIY interventions for the prevention of the NCD burden that governments, health professionals, NCD program managers, and healthy lifestyle promotion personnel can use.

| OBJECTIVES

This session will introduce an upcoming information package which aims to provide details on Best Buys, Wasted Buys, and DIYs in NCD prevention focusing on cardiovascular diseases (heart disease and stroke), diabetes, chronic lung disease and cancers. This work is not intended to offer a one-size-fits-all approach for making recommendations on NCD prevention. It seeks instead to identify how different systems can create and utilize information for identifying interventions offering best value for their populations.





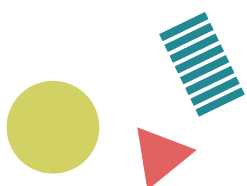
Moderator

Anthony Culyer

Professor

University of York
United Kingdom

Anthony J Culyer is emeritus professor of economics at York (England); Senior Fellow at the Institute of Health Policy, Management and Evaluation at the University of Toronto; Visiting Professor at Imperial College London, and Chair of the International Decision Support Initiative. He was the founding Organiser of the UK Health Economists' Study Group. For 33 years he was the founding co-editor, with Joe Newhouse, of *Journal of Health Economics*. He was founding Vice Chair of the National Institute for Health and Care Excellence (NICE). For many years he was chair of the Department of Economics & Related Studies at York and, for six of them, was also deputy vice-chancellor. He has received many honours, including Founding Fellowship of the Academy of Medical Sciences (1998), Commander of the British Empire (CBE) (1999), Honorary Doctor of Economics, (Stockholm School of Economics, 1999), Fellowship of the Royal Society of Arts (1999), Honorary Fellowship of the Royal College of Physicians of London (2003). Honorary Membership of the Finnish Society for Health Economics (2013), Baxter Foundation's William B. Graham Prize for Health Services Research (2015), Emmett Hall Laureate and Hall Lecturer (2015), and the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Avedis Donabedian Outcomes Research Lifetime Achievement Award (2015). He has published widely, mostly in health economics. The third edition of his *The Dictionary of Health Economics* (Edward Elgar) came out in 2014. A collection of his non-technical essays called *The Humble Economist* is available on-line free of charge. He has been an amateur church organist, choir director and music composer.





Panelist

Adam Elshaug

Professor of Health Policy and Co-Director

Menzies Centre for Health Policy, University of Sydney
Australia

Professor Adam Elshaug, M.P.H., Ph.D., is an internationally recognized researcher and policy advisor specializing in the calculation of low-value care (prevalence and costs of) and reducing waste to optimize value in health care. He is Chair and Professor in Health Policy and Co-Director of the Menzies Centre for Health Policy (MCHP) at The University of Sydney, Australia. Professor Elshaug is a Ministerial appointee to the (Australian) Medicare Benefits Schedule (MBS) Review Taskforce. This is undertaking a 4-year process to review Australia's entire Medicare fee-for-service system utilising HTA principles and processes. In October 2017 Professor Elshaug was appointed to the Board of the NSW Bureau of Health Information (BHI), an arms-length government agency that publicly reports on the performance of all public hospitals. He is a Chief Investigator within the Wiser Healthcare Collaborative: <http://wiserhealthcare.org.au/> and a Chief Investigator and Lead of the Safety, Quality and Value stream of the recently awarded USD\$100 million 'Digital Health Cooperative Research Centre' (DHCRC). Professor Elshaug is Senior Fellow with the Lown Institute in Boston, USA. Professor Elshaug was a 2010-11 Commonwealth Fund Harkness Fellow based at the US Agency for Healthcare Research and Quality (AHRQ). From mid-2011 to mid-2013, he then served as NHMRC Sidney Sax Fellow in Harvard Medical School's Department of Health Care Policy. In parallel, he became The Commonwealth Fund's Inaugural Visiting Fellow for 2012-13 in New York City. He is recipient of numerous research awards and over 150 invitations to address conferences, government, academic, insurance and health technology assessment groups internationally. He has published over 120 technical reports and peer review articles with first-author publications in journals such as The Lancet, New England Journal of Medicine, BMJ, JAMA, Medical Journal of Australia, BMJ Quality & Safety. Professor Elshaug was Co-Lead of 2017 'Right Care' Series of papers in The Lancet.



Panelist

Bundit Sornpaisarn

Project Scientist

Centre for Addiction and Mental Health
Canada

Bundit Sornpaisarn, M.D., Ph.D., had been for years the deputy CEO, ThaiHealth Promotion Foundation, Thailand, with a responsibility to work on a topic of NCDs and NCD-risk factors controls including control of tobacco, alcohol, unhealthy diet and physical inactivity. He currently is a project scientist at Centre for Addiction and Mental Health (CAMH), Canada. Bundit has been working for years with several research centers, funded by ThaiHealth Promotion Foundation (ThaiHealth), that focus on topics of alcohol, tobacco, unhealthy diet, physical inactivity controls. His works, collaboratively with the mentioned research centers, cover knowledge generation and translation for policy advocacy, diseases and risk behaviors surveillance, as well as working progress monitoring and outcome evaluation. He had closely involved in evidence-based policy advocacy for the enactment of the Alcohol Control Act 2008 and the Tobacco Control Act 2017 in Thailand. He did research studies to evaluate the impacts of alcohol taxation in Thailand. Focusing on achieving the challenged Nine Voluntary Global Target on NCDs Prevention and Controls by 2025 in Thailand, He has invented a conceptual framework for working with multisectoral agencies namely 'A Four-Quadrant Model of Multisectoral Collaborations'. Using the funder role of ThaiHealth, Bundit has built an effective collaboration between four main sectors of key stakeholders that contain agencies under the government sector (including Ministry of Public Health and other ministries under the concept of total of government), the civic sector, the academic sector, and the funders that includes World Health Organization - Thailand office also.



Panelist

Jesse Bump

Lecturer on Global Health Policy and Executive Director of the Takemi Program in International Health

Harvard T.H. Chan School of Public Health
United States of America

Jesse B. Bump is Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health. He leads the global health field of study in the Master of Public Health degree and teaches on the political economy of global health. His research focuses on the intellectual ecology of global health, examining the historical, political, and economic forces that are among the most fundamental determinants of ill health, and the most significant contextual factors that shape institutions and the approaches they embrace. This work addresses major themes in global health history, and in the political economy of global health to analyze these macro forces and develop strategies for navigating solutions within them. Projects have investigated the history of child health problems such as diarrheal disease and congenital syphilis to explain how issues rise and fall on the global health agenda and to produce strategies to better align political visibility with health needs; the historical development of health systems and the implications for development assistance in that area; and the political economy of policy making and implementation in areas such as universal health coverage, humanitarian assistance, tobacco control, and nutrition governance. Dr. Bump has collaborated with the Wellcome Trust on access to pharmaceuticals and aid allocation, the Rockefeller Foundation on applied political economy analysis for universal health coverage, the World Health Organization on the political economy of evaluation, and with UNICEF on the history and politics of nutrition policy. Dr. Bump holds a Baccalaureate in Astronomy and History from Amherst College, a Master in Public Health from Harvard University and a PhD in the History of Science, Medicine, and Technology from the Johns Hopkins University. Previously he was a Takemi Fellow at the Harvard School of Public Health and then Assistant Professor in the Department of International Health at Georgetown University.



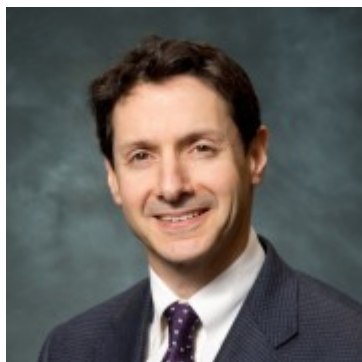
Panelist

Karen Hofman

Director

PRICELESS SA
South Africa

Founding Director of PRICELESS (Priority Cost Effective Lessons for Systems Strengthening) SA at Wits School of Public Health, Professor Karen Hofman graduated from Wits University faculty of Health Sciences and is a qualified Paediatrician. She was on faculty at Johns Hopkins and was subsequently Director of Policy and Planning at the US NIH Fogarty Center. The mission of PRICELESS is to perform analyses that show policymakers where to expect a good return on investment for health. Significant PRICELESS research that will affect life expectancy in South Africa are regulations on the salt content of processed food in 2016 and legislation that was passed for a sugary beverage tax in 2018. An author of more than 100 journal manuscripts and chapters, Karen has been a member of several ministerial task teams and national health committees and regularly engages with the media. She also is a member of the Academy of Science of South Africa (ASSAf), and on the executive committee of the Inter Academy Medical Panel AP for Health. In 2016, she received the Public Health Association of South Africa Annual Award.



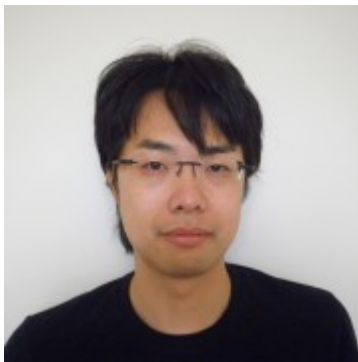
Panelist

Peter Neumann

Director

The Center for the Evaluation of Value and Risk in Health at Tufts Medical Center
United States of America

Peter J. Neumann, Sc.D., is Director of the Center for the Evaluation of Value and Risk in Health (CEVR) at the Institute for Clinical Research and Health Policy Studies at Tufts Medical Center, and Professor of Medicine at Tufts University School of Medicine. Prior to joining Tufts, he was on the faculty of the Harvard School of Public Health. His research focuses on the use of comparative effectiveness research and cost-effectiveness analysis in health care decision making. He is the founder and director of the Cost-Effectiveness Registry, a comprehensive database of cost-effectiveness analyses in health care. Dr. Neumann has written widely on the role of clinical and economic evidence in pharmaceutical decision making and on regulatory and reimbursement issues in health care. He served as co-chair of the 2nd Panel on Cost-Effectiveness in Health and Medicine. He is the author or co-author of over 250 papers in the medical literature, the author of *Using Cost-Effectiveness Analysis to Improve Health Care* (Oxford University Press, 2005) and co-editor of *Cost-Effectiveness in Health and Medicine, 2nd Edition* (Oxford University Press, 2016). Dr. Neumann has served as President of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), and as a trustee of the Society for Medical Decision Making. He is a member of the editorial advisory boards of *Health Affairs* and *Value in Health* and has served on many advisory boards, including those for the Congressional Budget Office and the Robert Wood Johnson Foundation. He has also held several policy positions in Washington, including Special Assistant to the Administrator at the Health Care Financing Administration. He received his doctorate in health policy and management from Harvard University.



Panelist

Ryota Nakamura

Associate Professor

Hitotsubashi University
Japan

Ryota Nakamura is an associate professor at Hitotsubashi University, Japan. He also serves as a visiting associate professor at the Institute of Statistical Mathematics. He is an applied microeconomist specialising in health economics and policy. He holds a BA and an MA in Economics from Kyoto University and a PhD in Economics from the University of York. Prior to joining Hitotsubashi University in 2016, he held positions at the University of East Anglia and the University of York. His research interests include empirical and theoretical investigations of health-related behavior as well as healthcare systems to inform national and international public health policies, using a wide range of research methods including micro-econometric analysis of observational data, e.g. impact evaluation, economic experiment, modelling, and evidence synthesis.



Panelist

Tazeem Bhatia

Public Health Physician

Public Health England
United Kingdom

Dr Tazeem Bhatia is a Consultant in Global Public health working on Non-Communicable Diseases and Obesity at Public Health England. She has more than 18 years' experience of medical and public health practice working in diverse environments and resource settings from International NGOs, think tanks and academia, Local Government, the NHS and Civil Service





Panelist

Tea Collins

Adviser, WHO Global Coordination Mechanism on Noncommunicable Diseases

World Health Organization
Switzerland

Téa Collins, MD, MPH, MPA, DrPH, is Adviser to the World Health Organization (WHO) Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases (GCM/NCD), where she oversees work on development cooperation, resource flows into NCDs, strengthening health systems for universal health coverage, implementation research and social determinants of NCDs. Dr Collins came to WHO from the International Atomic Energy Agency (IAEA), where she provided technical advice and expertise on matters related to comprehensive cancer control and health systems strengthening to the Programme of Action for Cancer Therapy (PACT). Prior to IAEA, Dr Collins advised the World Medical Association (WMA) on global health issues of concern to the medical profession, in collaboration with the WHO Global Health Workforce Alliance. As part of her work at WMA she oversaw a global campaign on immunization against influenza among physicians and other healthcare workers. She also served as the first Executive Director of the NCD Alliance, a partnership of over 2,000 member organizations in 170 countries with a mission to combat the NCD epidemic by putting health at the center of all policies. Dr Collins' background includes work at the national Ministry of Health in Georgia, as well as experience managing technical assistance for the US\$ 20 million World Bank Health Reform Implementation Project. She also led the USAID-supported reproductive health and primary health care education projects in the Caucasus targeting internally displaced populations. Dr Collins's academic work includes an appointment at the George Washington University in Washington, DC, where she taught graduate courses on subjects ranging from international health and development to strengthening health systems in Eastern Europe and the former Soviet Union. While at GWU, Dr Collins conducted research and consulted with organizations such as John Snow, Inc., the US Department of Health and Human Services and the National Council on Hispanic Aging. Dr Collins is a pediatrician with a Doctorate in Global Health from The George Washington University, as well as a Master's Degree in Public Health from Boston University and a Master's Degree in Public Administration from the Harvard University Kennedy School of Government. She was a Presidential Scholar, Mason Fellow and Public Service Fellow at Harvard and served on the Board of Directors of the Kennedy School Alumni Association.



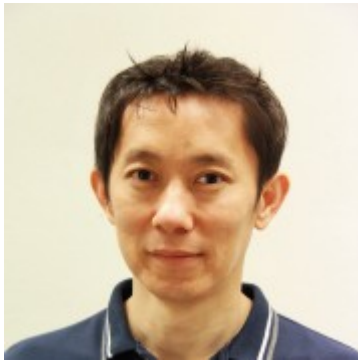
Panelist

Thunyarat Anothaisintawee

Assistant Professor

Department of Family Medicine, Ramathibodi Hospital, Mahidol University
Thailand

Assist. Prof. Dr. Thunyarat Anothaisintawee is a Family physician. She has graduated Ph.D. in Clinical Epidemiology and has worked as faculty staff at Department of Family Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Thailand. She is an expert in systematic reviews and meta-analysis and published several papers about the association between sleep factors and risk of developing diabetes mellitus in international medical journals. Now, she has conducted the Prediabetes cohort study in Thailand. This cohort aims to investigate the association between sleep factors, eating habits, level of physical activity, genetic factors and risk of developing diabetes mellitus and chronic kidney disease in prediabetes people in Thailand.



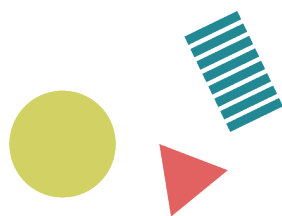
Panelist

Yot Teerawattananon

Founder

Health Intervention and Technology Assessment Program
Thailand

Yot is a founder of HITAP of the Thai Ministry of Public Health and a Visiting Professor at the National University of Singapore. He is co-founder of the HTAsiaLink and the international Decision Support Initiative (iDSI). He has published more than 130 journal articles and provided technical support to countries in Asia and Africa.



PLENARY SESSION 3

GOVERNANCE OF THE NCD RESPONSE - WHO IS IN CONTROL?

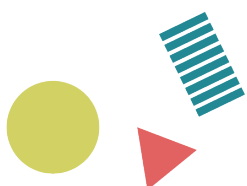


| BACKGROUND

Differential exposures to the behavioural and environmental risk factors for NCDs and access to prevention and treatment services are rooted in public policy choices. The 2030 Agenda for Sustainable Development recognizes that current NCD trends and sustainable development cannot coexist. For an effective response, NCDs must be integrated within countries' development priorities and reflected in their planning frameworks for development, including for achieving the SDGs. Yet, progress on NCDs has been deemed 'insufficient and highly uneven.' Global and regional frameworks identify enablers for successful multisectoral action on NCDs and health more broadly: high-level political commitment, governance mechanisms to facilitate and coordinate multisectoral responses, and robust structures for monitoring, evaluation and accountability. So what is happening? - core governance and accountability challenges persist and include: lack of ownership and resourcing of the agenda across government and international entities; the need to develop and entrench understanding of the social and economic costs of inaction; overcoming policy incoherence and the inability to adequately balance trade-off between institutions and their incentives.

| OBJECTIVES

- To assess the power dynamics in whole-of-society responses to NCDs (multisector, multi-stakeholder actions)
- To better understand policy coherence and conflict of interest management
- To examine challenges and opportunities in resourcing the NCD response, and ensuring monitoring and accountability





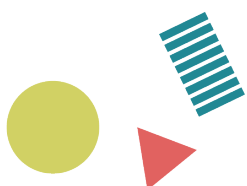
Moderator

Douglas Webb

Team Leader Health and Innovative Financing

United Nation Development Programme
United States of America

Douglas Webb is with UNDP, as a Team Leader in the HIV, Health and Development Practice. In 2014-2015 he was seconded to be a Deputy Director in the UN Mission for the Ebola Emergency Response (UNMEER) in West Africa. In UNDP his work focuses on epidemic response governance and the social determinants of health. From 2008-2011 he was with UNICEF in Ethiopia managing UNICEF's child focused social protection, HIV prevention and AIDS impact mitigation. He was the Chief of the Children and AIDS Section in the UNICEF Regional Office in Kenya (2004-8). He was the Global HIV/AIDS Adviser for Save the Children UK (2000-2004). Previous appointments included to UNICEF Zambia (1995-1997). His doctoral thesis examined HIV and AIDS in Southern Africa (University of London, 1995). He has over 50 published articles and book chapters and is the author of HIV and AIDS in Africa and co-editor of Social Protection for Africa's Children.





Panelist

Andrew Black

Team Leader - Development Assistance

World Health Organization
Switzerland

Andrew Black is the Team Leader (Development Assistance) at the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), based at the World Health Organization Headquarters in Geneva. As part of his responsibilities, Andrew leads the delivery of the FCTC 2030 project. Before joining the Secretariat of the WHO FCTC in 2016, Andrew was a civil servant at the United Kingdom Department of Health, where he had many roles, including Tobacco Programme Manager for almost a decade. As Tobacco Programme Manager, Andrew led the development and implementation of smokefree legislation in England, picture warnings on tobacco packs, removing tobacco displays in shops and ending the sale of tobacco from vending machines. More recently, Andrew supported the UK Government to negotiate the latest European Tobacco Products Directive, end smoking in cars carrying children and introduce standardised packaging of tobacco products. Andrew has also worked in other fields with the Department of Health including international relations, medicines regulation and social services. In 2003-2004, Andrew was the Private Secretary for the UK Health Minister. Growing up in Melbourne in Australia, Andrew studied geography at the University of New South Wales and has post-graduate qualifications in health promotion, management and communications. In 2016, Andrew was made an Honorary Member of the UK's Faculty of Public Health.



Panelist

Geoff Parker

Executive Director

ICBA Asia Pacific Regional Group
Australia

Mr. Geoff Parker is one of the world's leading association executives, possessing a unique breadth and depth of domestic and international experience across executive management roles and Board positions as both director and Chair/President. Over the last 20 years Mr. Parker has been involved with a large number of organisational types including private companies, arts organisations, not-for-profits, government departments and statutory authorities, as well as in both domestic and global industry associations. Mr. Parker is an experienced beverage industry advocate and has professionally represented his organisations' interests before an extensive number of forums including international/national media programs, senate/parliamentary inquiries as well as before high-level meetings at various global organisations. Mr. Parker currently serves on the Board of the International Council of Beverages Associations, the International Council of Bottled Water Associations, and the Australian Beverages Council. Mr. Parker resides in Sydney, Australia, and is a Fellow of both the Australian Institute of Company Directors and the Australian Institute of Leaders and Managers. Mr. Parker has studied at a number of institutions, including the University of Queensland and University of Cambridge.



Panelist

James Hospedales

Executive Director

Caribbean Public Health Agency
Trinidad and Tobago

Dr. C. James Hospedales, a citizen of Trinidad & Tobago, is the Executive Director of the Caribbean Public Health Agency since February 2013. From 2006-2012, Dr Hospedales was responsible for the PAHO program for prevention and control of chronic noncommunicable diseases (NCDs). He played a key role in increasing priority and resources for NCDs, including helping organize the CARICOM and UN Summits on NCDs. He pioneered the Pan American Forum for Action on NCDs, which brings together governments, civil society, academia & business. He has also been a champion for civil society involvement in efforts to improve health, and helped catalyze the formation of the Healthy Caribbean Coalition. From 1998-2006, Dr. Hospedales was Director of the Caribbean Epidemiology Centre. He was instrumental in developing donor partnerships for HIV/AIDS prevention, and a partnership with the Caribbean tourism industry to improve health, safety and environment conditions. Dr. Hospedales was a member of the Caribbean Commission on Health and Development, which made policy recommendations in 2005 to the Heads of Government and named chronic diseases as a super-priority for the Region. Dr. Hospedales' career has included service as an Epidemic Intelligence Service Officer with the US Centers for Disease Control, as an epidemiologist at CAREC, and several years working in public health for the UK National Health Service. Dr. Hospedales graduated with honors in medicine from the University of the West Indies. He has a Masters of Science degree in community medicine from the London School of Hygiene and Tropical Medicine, is a Fellow of UK Faculty of Public Health, and an accredited partnership broker with the Partnering Institute of the UK. He has published more than 60 papers and reports.



Panelist

Kwanele Asante

Lawyer & Bioethicist

African Organization for Research & Training in Cancer
South Africa

Kwanele Asante is the Former Chairperson of the Ministerial Advisory Committee on Cancer Prevention and Control in South Africa). She taught and was the Unit Head of the Health Law module at the Steve Biko Centre for Bioethics, the University of the Witwatersrand in South Africa. Asante has received several awards for her African cancer equity activism, including the Harvard Global Health Catalyst - 2016 African Ambassador Award. She serves on the 2019 Global Advisory Committee of the NCD Alliance Geneva and is a member of the Lancet High-Quality Health Systems Commission People's Voice Advisory Board, USA Asante has a B. A. Liberal Arts (Psychology-Sociology major) degree from Wesleyan University in Middletown, Connecticut, USA. And LLB and MSc Medicine: Bioethics and Health Law degrees from the University of the Witwatersrand, South Africa.



Panelist

Tamu Davidson

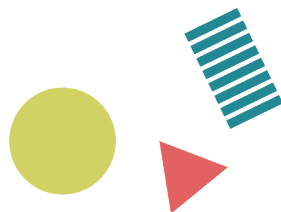
Director of NCDs and Injuries Prevention

MoH, Government of Jamaica
Jamaica

Dr Tamu Davidson is the Director Non-communicable Diseases and Injuries Prevention and National Non-communicable Disease and Tobacco Control Focal Point for the Ministry of Health Jamaica. She also is a part-time lecturer in epidemiology and non-communicable diseases prevention and control at the University of Technology, School of Public Health and Health Technology. Dr Davidson graduated from the Ukrainian State Medical University (formerly Kiev State Medical Institute) in Kiev, Ukraine with a degree in Medicine. She later gained a Master of Public Health degree from the Joseph Mailman School of Public Health, Columbia University in the United States in 2003. She has worked over the past 23 years in both urban and rural Jamaica, at almost every level of the Health system. She was the first Regional HIV/AIDS Coordinator in Jamaica and established the HIV/AIDS Unit in the Western Health Region. Dr Davidson has also served on PAHO/WHO Regional Technical Working groups in the area of Non-communicable Diseases and the Jamaica AIDS Support for Life and Jamaica Gleaner P.A.L.S Boards.



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PARALLEL SESSION 3.1

**THE PRISONER'S DILEMMA OR THE DILEMMA'S PRISONERS? CHALLENGES AT
THE FRONTIER OF NCD CONTROL**

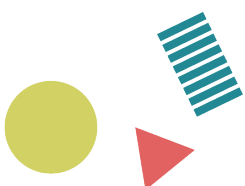


| BACKGROUND

The tremendous cost of NCDs is obvious to even casual observers, but it is an as-yet unsolved challenge to make this threat sufficiently pressing to inspire action. Many relatively simple measures could reduce risk factors and open the door to more complex changes to address others. One important reason for this inaction is the wide variety of professional, commercial, governmental, and public interests that would have to be engaged to produce a solution. Designing such solutions, facilitating cooperation, establishing responsibilities, and enforcing responsibilities requires both ways of thinking and channels of action that do not exist in most governments and societies.

| OBJECTIVES

The complexity needed to understand NCD causes and risk factors is at odds with typical public health approaches, which usually emphasize narrow interventions. The first objective of the session is to highlight this problem by assembling speakers with different lenses on NCDs and asking them to discuss causes, responses, and accountabilities. The second objective is to sketch possible solutions by discussing ways that cooperation and collaboration may be improved. Speakers will be selected to provide perspectives from different sectors: government, medicine and public health, advocacy organizations, and the private sector. The discussion will draw out the challenges each speaker has faced in coordinating and engaging with other sectors.





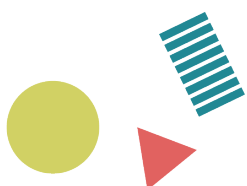
Moderator

Jesse Bump

Lecturer on Global Health Policy and Executive Director of the Takemi Program in International Health

Harvard T.H. Chan School of Public Health
United States of America

Jesse B. Bump is Executive Director of the Takemi Program in International Health and Lecturer on Global Health Policy in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health. He leads the global health field of study in the Master of Public Health degree and teaches on the political economy of global health. His research focuses on the intellectual ecology of global health, examining the historical, political, and economic forces that are among the most fundamental determinants of ill health, and the most significant contextual factors that shape institutions and the approaches they embrace. This work addresses major themes in global health history, and in the political economy of global health to analyze these macro forces and develop strategies for navigating solutions within them. Projects have investigated the history of child health problems such as diarrheal disease and congenital syphilis to explain how issues rise and fall on the global health agenda and to produce strategies to better align political visibility with health needs; the historical development of health systems and the implications for development assistance in that area; and the political economy of policy making and implementation in areas such as universal health coverage, humanitarian assistance, tobacco control, and nutrition governance. Dr. Bump has collaborated with the Wellcome Trust on access to pharmaceuticals and aid allocation, the Rockefeller Foundation on applied political economy analysis for universal health coverage, the World Health Organization on the political economy of evaluation, and with UNICEF on the history and politics of nutrition policy. Dr. Bump holds a Baccalaureate in Astronomy and History from Amherst College, a Master in Public Health from Harvard University and a PhD in the History of Science, Medicine, and Technology from the Johns Hopkins University. Previously he was a Takemi Fellow at the Harvard School of Public Health and then Assistant Professor in the Department of International Health at Georgetown University.





Panelist

Karen Hofman

Director

PRICELESS SA
South Africa

Founding Director of PRICELESS (Priority Cost Effective Lessons for Systems Strengthening) SA at Wits School of Public Health, Professor Karen Hofman graduated from Wits University faculty of Health Sciences and is a qualified Paediatrician. She was on faculty at Johns Hopkins and was subsequently Director of Policy and Planning at the US NIH Fogarty Center. The mission of PRICELESS is to perform analyses that show policymakers where to expect a good return on investment for health. Significant PRICELESS research that will affect life expectancy in South Africa are regulations on the salt content of processed food in 2016 and legislation that was passed for a sugary beverage tax in 2018. An author of more than 100 journal manuscripts and chapters, Karen has been a member of several ministerial task teams and national health committees and regularly engages with the media. She also is a member of the Academy of Science of South Africa (ASSAf), and on the executive committee of the Inter Academy Medical Panel AP for Health. In 2016, she received the Public Health Association of South Africa Annual Award.



Panelist

Kelley Lee

Professor

Simon Fraser University
Canada

Kelley Lee is Canada Research Chair in Global Health Governance and Professor in the Faculty of Health Sciences, Simon Fraser University. She was previously Professor of Global Health Policy at the London School of Hygiene and Tropical Medicine. She is a Fellow of the UK Faculty of Public Health and Canadian Academy of Health Sciences. Trained in international political economy and public administration, her research focuses on globalisation's impacts on public health, and the need for collective action to address them. She has chaired the WHO Expert Group on Globalization, Trade and Health, and has served on several major initiatives to assess specific aspects of global health governance. She led international efforts to secure public access to a major collection of internal tobacco industry documents, alongside serving as PI on major projects to analyse these documents. Her current research is supporting Indigenous communities in Canada to develop culturally appropriate tobacco control strategies. Her research has been supported by NIH, CIHR, Wellcome Trust, Nuffield Trust, Rockefeller Foundation, European Research Council, UK Department for International Development, Cancer Research UK and WHO. She has published 120+ papers, 60+ book chapters and 14 books including *Researching Corporations and Global Health Governance* (2016) and *Oxford Handbook of Global Health Politics* (2019).



Panelist

Paula Johns

Director General

ACT Promocao da Saude
Brazil

Paula Johns was born and grew up in Brazil. She obtained a Master of Arts Degree in English and International Development Studies in Denmark, at Roskilde University Center. She is the co-founder and director of the ACT Health Promotion (former Alliance for the Control of Tobacco Use), a Brazilian coalition of over a thousand members, created in 2003 to support the process of ratification and implementation of the WHO-FCTC in Brazil. Since 2013, ACT has expanded its scope of work to include the agenda of the NCDs. ACT is also one of the leading organizations of the Alliance for Healthy Diets formed in 2016 to support food policy issues. Johns has been a presenter at conferences and other events on tobacco control, other risk factors for NCDs, Advocacy and civil society mobilization issues nationally and internationally. She is also a former chair of the Board of Directors of the FCA - Framework Convention Alliance, an elected member of the Brazilian National Health Council, Board Member of the NCD Alliance, Board Member of the Interamerican Heart Foundation and Board Member of GAPA - Global Alcohol Policy Alliance. Johns is also an Ashoka Fellow.



Panelist

Scott Ratzan

M-RCBG Senior Fellow

Harvard Kennedy School
United States of America

Scott C. Ratzan MD, MPA, has three decades of pioneering accomplishments in the U.S. and globally in health communication, health literacy and strategic diplomacy. He is the founding Editor-in-Chief of the Journal of Health Communication: International Perspectives, established in 1995. Over the last five years at Anheuser-Busch InBev, he was the architect of a ground-breaking approach to help reduce harmful drinking. Termed the “Global Smart Drinking Goals,” the program is a ten-year, \$1 billion multi-sectoral initiative, which included the creation of a Foundation with an independently led Board of which Dr. Ratzan was founding President. Prior to joining ABInBev, Dr. Ratzan was Vice President of Global Health at Johnson & Johnson for eleven years including time in Brussels as VP Government Affairs. Before his private sector engagement, he worked at the US Agency for International Development (USAID) in Washington DC, designing the framework for the Bureau of Global Health communication efforts. He launched his career in Boston spending a decade in academia as a professor and Founding Director of the Emerson-Tufts Masters Program in Health Communication. In addition to a number of publications in the health field, he is the co-author of the definition of health literacy adopted by the US Government and incorporated in the Affordable Care Act. He serves on the U.S. National Academy of Science, Engineering and Medicine Board on Global Health, and has been Co-Chair of the UN Secretary General’s Every Woman Every Child Innovation Working Group, Vice Chair of the Business Industry Advisory Council’s Health Committee to the OECD, on the World Economic Forum Global Agenda Council on Well-Being and Mental Health, and on the U.S. Centers for Disease Control and Prevention, Board of Scientific Counselors, Office of Infectious Disease. Dr. Ratzan has an M.D. from the University of Southern California, an M.P.A. from the Harvard Kennedy School, and an M.A. in Communication from Emerson College. His academic appointments include Adjunct Professor at Columbia University Mailman School of Public Health, Tufts University School of Medicine, George Washington University, and the Blanquerna School of Communication & International Relations in Barcelona. Email: scott_ratzan@hks.harvard.edu



Panelist

Tamu Davidson

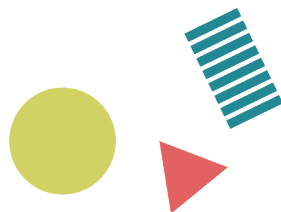
Director of NCDs and Injuries Prevention

MoH, Government of Jamaica
Jamaica

Dr Tamu Davidson is the Director Non-communicable Diseases and Injuries Prevention and National Non-communicable Disease and Tobacco Control Focal Point for the Ministry of Health Jamaica. She also is a part-time lecturer in epidemiology and non-communicable diseases prevention and control at the University of Technology, School of Public Health and Health Technology. Dr Davidson graduated from the Ukrainian State Medical University (formerly Kiev State Medical Institute) in Kiev, Ukraine with a degree in Medicine. She later gained a Master of Public Health degree from the Joseph Mailman School of Public Health, Columbia University in the United States in 2003. She has worked over the past 23 years in both urban and rural Jamaica, at almost every level of the Health system. She was the first Regional HIV/AIDS Coordinator in Jamaica and established the HIV/AIDS Unit in the Western Health Region. Dr Davidson has also served on PAHO/WHO Regional Technical Working groups in the area of Non-communicable Diseases and the Jamaica AIDS Support for Life and Jamaica Gleaner P.A.L.S Boards.



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PARALLEL SESSION 3.2

**FINANCING OF NCD RESPONSE: REALITY-TESTING DOMESTIC, BLENDED AND
ODA FINANCE OPTIONS**



| BACKGROUND

Creating health systems of the 21st century to provide high quality care for today's health problems requires modernizing, improving, and streamlining the way people receive and pay for health care. Growing health needs due to aging and epidemiological transition collide with challenging realities in countries at all income levels: inadequate infrastructure and too few health providers in low-income countries; budget-busting provision of comprehensive health services for all in middle-income countries; and layers of high-cost care in high-income countries. Fully tackling these challenges will require new resources for health – and wiser allocation of existing resources – to keep up with rising demand, and to fairly provide the benefits of advanced technology to all.

Of the projected \$80 billion increase in health investments needed by 2030 to meet SDG 3, more than 60 percent is needed to grow NCD services, and 85% is expected to come from domestic resources (SDG Health Price Tag, WHO 2018). And yet many countries, including India and multiple countries in Africa, have deprioritized health within government budgets in the past 15 years. Middle-income countries struggle to meet new promises against tight budget ceilings. Solutions are multi-faceted and multi-partner. The primary responsibility for meeting health needs lies with governments, but external resources will be required to fill the large vacuum in NCD control in the poorest countries of the world. Other LMICs can accelerate progress toward UHC by augmenting existing resources with technology, technical assistance and partnerships. External resources can come from multiple sources, such as official development assistance (ODA), loans – both at concessional and commercial rate, the private sector, and innovative financing. Internal resources are predominantly generated from the public sector, where efficient delivery of services is paramount to achieving greater coverage for NCD needs.

This session provides a close look at sources of funding for NCDs in LMICs by looking at historical trends in funding from official and non-official donors, as well as LMIC governments. It examines the financing gap for NCDs, globally and for selected countries, and projections of how that gap will be narrowed by 2030. Finally, the session offers examples of funds mobilization from a variety of sources – public, private, and innovative. It features representatives of organizations that are co-creating customized financial mechanisms and arrangements to close the NCD financing gap.

| OBJECTIVES

- To provide a realistic discussion of sources and magnitude of NCD financing to 2030.
- To provide experiences of success in NCD financing.
- To lay the groundwork for advancement of feasible innovative NCD financing mechanisms.





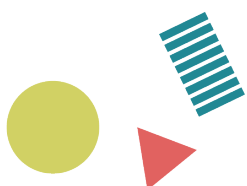
Moderator

Rachel Nugent

Vice President, Global NCDs

RTI International
United States of America

Rachel Nugent is Vice President for Global Non-communicable Diseases at RTI International. Rachel was Associate Professor in the Department of Global Health at the University of Washington and Director of the Disease Control Priorities Network. She has advised the World Health Organization, the U.S. Government, and non-profit organizations on the economics and policy environment of NCDs. She is a member of WHO's Expert Advisory Panel on Management of Non Communicable Diseases, co-chair of the Coalition on Access to NCD Medicines and Products, and a member of The Lancet Commission on NCDs of the Poorest Billion. She led a Lancet Task Force and Series on NCDs and Economics (2018). She served on the U.S. Institute of Medicine Committee on Economic Evaluation for Investments in Children, Youth, and Families (2015-2016), was co-chair of the IOM Workshop on Country-Level Decision Making for Control of Chronic Diseases (2012), and is currently on the National Academy of Medicine workshop planning committee on Global Obesity. Rachel focuses on using economic analysis for priority-setting in health, and has worked with global and national institutions to increase use of evidence for decision-making. Her recent work includes the costs and cost-effectiveness of HIV and NCD integration, assessing costs and benefits of NCD policies and interventions in multiple countries, and economic impacts of double burden of malnutrition. She received her M.Phil. and Ph.D. degrees in economics from the George Washington University in Washington, DC, USA.





Speaker

Agnes Soucat

Global Leader, Service Delivery

World Health Organization
Switzerland



Speaker

Andrea Feigl

Visiting Scientist, Harvard TH Chan School of Public Health

Harvard University
United States of America

Andrea Feigl, PhD MPH, is a visiting scientist and health economist at Harvard TH Chan School of Public Health and Senior Health Economist at Microclinic International. She also serves as Scientific Advisor to the Lancet Commission on Non-Communicable Diseases, Injuries, and Poverty. Dr. Feigl currently leads a SDG3 multisector initiative focused on innovative health financing for neglected global health issues. Her academic work focuses on health systems financing and governance, universal healthcare, and cost-effectiveness of chronic disease interventions in developing countries. Previously, she was a health economist and policy analyst with the Organisation for Economic Cooperation and Development (OECD). She led the largest worldwide longitudinal analysis of the political, social, and economic determinants of universal healthcare in 196 countries (published in *Health Policy*), leading the impact evaluation of a nationwide anti-smoking legislation in Chile (published in *WHO Bulletin*), and led the impact study of the award-winning intervention program for obesity/diabetes prevention in Amman, Jordan (project awarded Global Health Project of the Year from Consortium of Universities for Global Health). She was also notably the innovator of the Evidenced Formal Coverage Index for comparative health economics of achieving universal healthcare, and a primary author of the NCD reframing initiative, published in *Lancet Global Health*. In addition to health systems analysis in Timor-Leste and Bangladesh, she conducted policy research at WHO-PAHO, evaluated projects in Ecuador, Paraguay, and Peru, and worked for the Canadian Institutes of Health Research. She has further authored several high level reports, including Development Aid Flows for Chronic Diseases for the Center for Global Development, a background paper on the political economy of universal healthcare for WHO, and a leading World Economic Forum/Harvard report on the global economic burden of chronic diseases, featured at the UN High Level Summit on NCDs in 2011. She was a Harvard Graduate Leadership Initiative Fellow, former President of the Harvard Club of Austria, and an internationally certified teacher in Cecchetti classical ballet from the Imperial Society for Teachers of Dance. A native of Austria, she received her PhD in global health and population from Harvard University, her MPH and BSc (First Class Honors with full scholarship) from Simon Fraser University in Canada, and her IB from Red Cross Nordic United World College in Norway.



Speaker

Belinda Ngongo

Senior Technical Advisor

Medtronic Foundation
South Africa

BELINDA NGONGO is the Senior Technical Advisor for global health within Medtronic Foundation. In her role, she supports global health investments portfolio for expanding access to care for the underserved across Africa and is responsible for deploying gender lens strategies globally. A seasoned global health leader, Belinda has spent a great amount of her career engaging the private sector in health issues through forging public-private partnerships (PPP) with various actors to strengthen health systems in emerging markets. Previously, Belinda led BD (Becton Dickinson & Company) Global Health efforts in Africa where she was responsible for overseeing the regional strategy and implemented PPPs across a wide range of health initiatives including HIV/AIDS, TB, Cancer and Maternal, Newborn and Child Health. Belinda holds a Master of Public Health (MPH) in health policy and management and international health from Johns Hopkins Bloomberg School of Public Health, and a Bachelor of Science Honours in Applied Chemistry from the University of the Witwatersrand. Belinda is a global health leaders' fellow at the Public Health Institute.





Speaker

Hasbullah Thabrany

Senior Researcher and Policy Adviser

Center for Social Security Studies, Universitas Indonesia and ThinkWell Global Indonesia

Hasbullah Thabrany Senior Policy Adviser, ThinkWell Organization and Chairman of the Indonesian Health Economics Association (InaHEA) Hasbullah Thabrany was a professor and former dean of the School of Public Health and former chairman of the Centre for Health Economics and Policy Studies, Universitas Indonesia. He is now serving as a Senior Policy Adviser on Strategic Purchasing on Family Planning and Maternal and Child Health with ThinkWell, funded by Melinda&Gates Foundation. Mr Thabrany has been working to evaluate the development of non communicable diseases in particular the effect of cigarettes in Indonesia. He has been instrumental in advocating raising cigarette excise to control future NCDs and high medical claim costs for the National Health Insurance (JKN) in Indonesia. Dr Thabrany worked with RAND Corporation in Santa Monica, California, from 1992 to 1995. Realising that there was a severe shortage of professionals in health insurance and social security, Dr Thabrany established PAMJAKI (Association of Health Insurance Professionals of Indonesia) in 1998. He served as its chairman until October 2010. He was a key person in reforming health care and social security in Indonesia when he was a secretary of the Task Force for social health insurance reform, established by President Megawati. He publishes a book entitled Jaminan Kesehatan Nasional (JKN), detailing the design and current achievement of UHC in Indonesia. He was the Chair of the Center for Health Economics and Policy Studies, Universitas Indonesia. Since the National Health Insurance (JKN) was implemented in 2014, he has been conducting research and evaluation to advocate the JKN to be implemented consistently with the principles of improving access and quality of care. From 2016-2018 he served as Senior Health Financing Adviser to the National Social Security Council (DJSN) under the BANTU—a USAID funded project. He established the Indonesian Health Economic Association in 2013 and becomes the chairman since then. Dr Thabrany has a medical degree from the Universitas Indonesia and MPH & DrPH degrees from the University of California, at Berkeley, USA.

ABSTRACT Reducing Fuel Subsidies to Finance the Chronic Deficits of the UHC in Indonesia Hasbullah Thabrany Chairman, the Indonesian Health Economic Association (InaHEA) Email: hasbullah.thabrany@gmail.com Non communicable diseases in Indonesia has been taking about 60% of lives in the last decades in Indonesia. To anticipated the growing NCDs and to prevent people from impoverished, Indonesia launched integrated health coverage by establishing the National health Insurance Scheme (Known as JKN) in 2014. Currently the JKN covers more than 205 million people, about 75% of the 266 million people. The single payer JKN is now the biggest UHC under a single database in term of population coverage. Despite increasing utilization of the JKN benefits, protecting ten of millions of people from impoverishments, the JKN has been suffering from five year consecutive deficits. Poor and inclining toward more political considerations in setting the contributions, the JKN is struggling to ensure sustainability. Last year, the Government fill the financial gaps from cigarette tax income stimulating debates about financing NCDs via sin-tax. About 30% of the JKN spending has been for NCDs. Many believe that NCDs will put more burden to the Indonesian UHC. The Indonesian UHC has been suffering from five consecutive deficits. Financing for the deficits becomes big debates recently. Many argue that Indonesia has not adequate fiscal capacity. However, the author found that it has been malfunction of public policy in Indonesian public finance policy. For example subsidies for oil, gas and electricities in 2019 reach IDR 157 Trillion while the government subsidy to cover 107 million low income people is only IDR 29.5 Trillion, or about 15%. Who are the users of oil and gas subsidies? Not the low income. This mistargetting of the public fund should be corrected inspite of strong political opposition. In addition, increasing contributions are also a viable options given that the economic growths have been quite good at more 5% annually in the last five years. At the same time, contributions rates have not been increased. Lastly, sin-tax from cigarettes potentially could increase the UHC fund with more than IDR 50 Trillion. All of those viable options can be done if the Government has a political will.



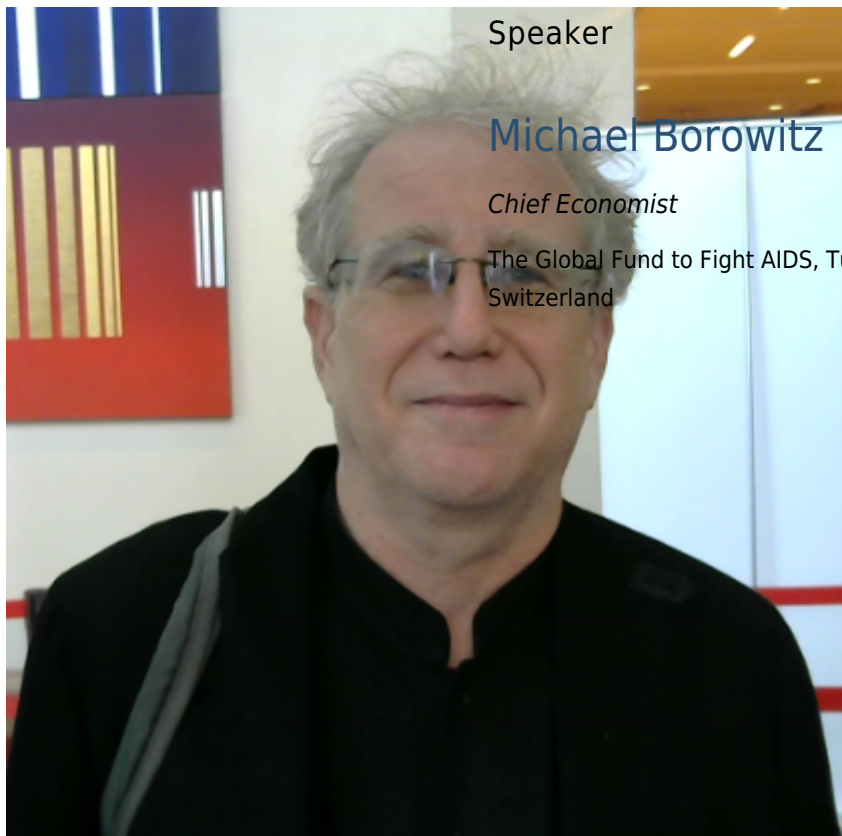
Speaker

Jo Birckmayer

Public Health Advisor

Bloomberg Philanthropies
United States of America

Johanna Birckmayer PhD MPH Dr. Birckmayer coordinates the tobacco economics projects supported by Bloomberg Philanthropies, overseeing efforts to assist low-and middle-income countries implement effective tobacco tax policies to reduce tobacco use. From 2008 to 2015, she directed the International Research Department at the Campaign for Tobacco Free Kids, supporting international efforts to advocate for effective tobacco control policies using data and evidence. Dr. Birckmayer has led technical assistance programs to assist U.S. States improve the effectiveness of state tobacco, alcohol, and illicit drug prevention systems and worked with community-based organizations evaluating health services, mental health and health promotion programs. She has a PhD in Health Policy from Harvard University and a MPH from the University of North Carolina at Chapel Hill. She is an Adjunct Professor at the Gillings School of Global Public Health, University of North Carolina.



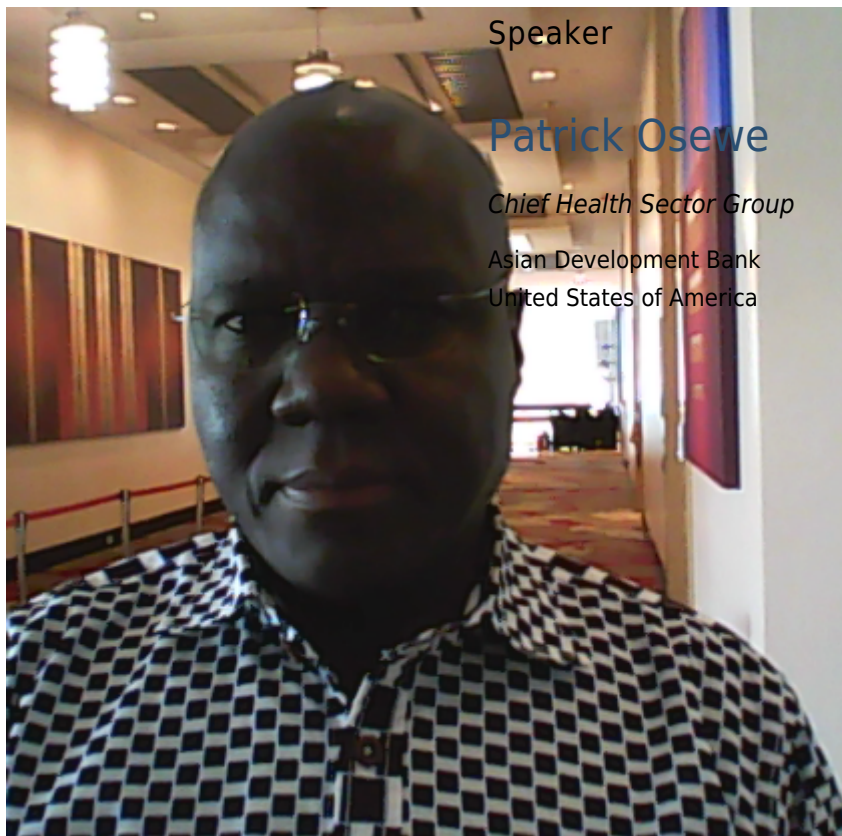
Speaker

Michael Borowitz

Chief Economist

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Switzerland





Speaker

Patrick Osewe

Chief Health Sector Group

Asian Development Bank

United States of America

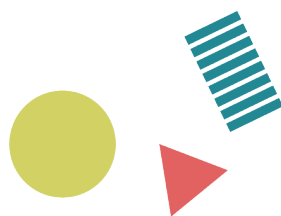




PMAC

PRINCE MAHIDOL
AWARD CONFERENCE

2019



PARALLEL SESSION 3.3

WHAT'S LAW GOT TO DO WITH IT ?



| BACKGROUND

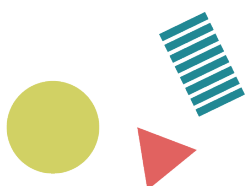
The law can be a powerful tool to prevent, control and treat NCDs as it can be used to prohibit or permit specific behaviors. The law is also a vital tool in the creation of safeguards and normative frameworks that shape politics, economics and governance. However, the law can also create barriers and challenges to optimal NCDs responses. As part of ongoing efforts to improve policy coherence in global, regional and national legal frameworks and create and implement public health-driven legal and normative strategies, including by sensitizing and supporting parliamentarians to accelerate progress towards Agenda 2030 implementation, much can be done to support NCD-related priorities.

The session will discuss challenges and opportunities related to the NCD responses & the Law, including discussion of the following topics:

- Global norm-setting to prevent, control and treat NCDs, from the WHO Framework Convention on Tobacco control and beyond
- Best practices in creating strategies and safeguards to promote evidence-driven policy-coherent legal responses and avoid undue influence
- Making the case for a rights-based approach to NCD treatment: a patient perspective
- The law as a tool to deal with commercial determinant in NCD responses –NCD strategies to increase legal policy coherence on health, trade and investment regimes

| OBJECTIVES

This session will increase visibility of the opportunities, progress and challenges in creative effective framework legislation and normative guidelines and the role of international law and rules based agreements in NCD responses. It will also provide an overview of how international and domestic legislative and normative strategies interact and to highlight opportunities for increased policy coherence and best practices. The session will provide an opportunity to discuss strategies for multisectoral and whole-society responses, while managing undue influence and conflicts of interest.





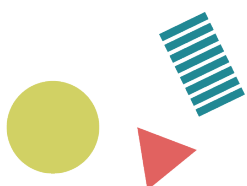
Moderator

Tenu Avafia

Team Leader, HIV, Health and Development Team

United Nations Development Programme
United States of America

Tenu Avafia leads the Human Rights, Key Populations and Treatment Access team within UNDP's HIV, Health and Development Group. His responsibilities include overseeing the implementation of the Global Commission on HIV as well as UNDP's partnerships with the Government of Japan around health technology innovation and access including the UNDP-led Access and Delivery Partnership. Before joining UNDP, he worked at the Trade Law Centre for Southern Africa focusing on regional and multilateral trade negotiations and regional integration. He also worked with the Legal Assistance Centre in Namibia where he undertook rights-based litigation and research into socio-economic issues including the right to health. He holds an LLM in international trade law from the University of Stellenbosch and a PhD in intellectual property law from Queen Mary, University of London.





Panelist

Fiona Bull

Program Manager, NCD Prevention

World Health Organization
Switzerland

Dr Fiona Bull is Acting Director and Programme Manager in the Department of Prevention of Noncommunicable Diseases (NCD) at the World Health Organization based in Geneva, Switzerland. She leads the WHO's global work on reducing physical inactivity, promoting healthy eating, the prevention of obesity, as well as providing leadership for global monitoring and surveillance of NCDs and their risk factors. Dr Bull joined WHO after 25 years in NCD prevention research and practice in Australia, the UK and the USA. Before joining WHO she was Professor of Public Health and Director of the Centre for Built Environment and Health at the University of Western Australia. This work focussed on the evidence and effectiveness of improving urban design in cities and communities to promote health and has informed national and international policy and practice. She is one of the lead investigators of RESIDE, a 10-year cohort study of Liveable Neighbourhoods, the State urban design policy. Across her career Fiona has focussed on developing and then translating evidence and understanding on healthy lifestyles to inform policy and practical solutions in community settings. She has co-authored over 180 scientific publications and was awarded a Member of the British Empire (MBE) for her services to public health. She is a keen swimmer, sailor and dog walker.



Panelist

Janet Byaruhanga

Senior Programme Officer, Public Health

New Partnership for Africa's Development (NEPAD)
South Africa




Panelist

Manon Ress

Patient, Founder and Acting Director

Union for Affordable Cancer Treatment
United States of America

Dr. Manon Ress is a Founder and Acting Director of the Union for Affordable Cancer Treatment (UACT). Beginning with her work at Knowledge Ecology International (KEI), Dr. Ress' mission has focused on the protection on consumer and user rights in intellectual property norm setting, the development and use of open standards, open access publishing, the development of open access user generated databases, and the use of prizes and other alternative reward mechanism to reward creative and inventive activity. She has been an active participant at the World Intellectual Property Organization's meetings of the Standing Committee on Copyright and Related Rights, and other multilateral and regional forums that discuss intellectual property rights, innovation and related topics. In 2010, Dr. Ress was diagnosed with cancer and began to hear from patients around her about the struggles they faced in gaining access to the treatments they critically needed. She began to focus her advocacy skills towards improving access to and innovation of cancer treatments in the US and globally. As one of the founding members of UACT, Dr. Ress has represented UACT from its inception, delivering interventions before the US International Trade Commission, World Health Organization, and monitoring policy talks at forums such as the negotiations for the Trans-Pacific Partnership and the Transatlantic Trade and Investment Partnership, where many IP norms that impact drug pricing are decided. Too often, patients' voices are not heard in the very meetings where their fates are being decided. Through UACT, Dr. Ress seeks to educate and empower patients' to demand openness and transparency in drug pricing and the policies that impact pricing. Dr. Ress holds a B.A. and a Master's Degree from the Université de Nice, France as well as a Master's and a Ph.D. from Princeton University.



Panelist

Marcus Otto Low

Spotlight Editor

Spotlight/SECTION27
South Africa



Marcus Low is editor of the South African public health magazine Spotlight and an employee of the public interest law centre SECTION27 (formerly known as the AIDS Law Project). He previously worked as Policy Director at the Treatment Action Campaign, an influential AIDS lobby group. Low was involved in advocacy relating to the conclusion of the 2013 WIPO Marrakesh Treaty and its domestication in South Africa. He is currently pursuing a PhD in pharmaceutical sciences. He is the author of the public health-related novel 'asylum' (published in South Africa in 2017, UK publication scheduled for April 2019).





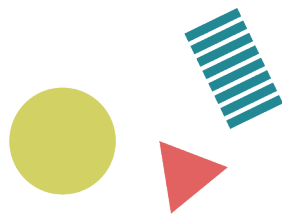
Panelist

Patricia Lambert

Director International Legal Consortium

Campaign for Tobacco Free Kids
United States of America

Patricia Lambert is a South African human rights lawyer and social justice advocate currently working as the Director of the International Legal Consortium (ILC) at the Campaign for Tobacco-Free Kids (CTFK) in Washington, DC – part of the Bloomberg Initiative to Reduce Tobacco Use. In the past twelve years, the ILC has provided legal technical assistance to more than 90 countries. For ten years, during the Mandela and Mbeki administrations, Patricia worked as a legal adviser to the South African government on a range of human rights, international trade, environmental and health issues. She was appointed as the Chief Negotiator for the South African government for the negotiations that culminated in the WHO Framework Convention on Tobacco Control (FCTC), the world's first public health treaty, and became Africa's representative on the Bureau that managed the treaty-making process. Beyond tobacco control, Patricia was a lead author on South Africa's National Plan for the Promotion and Protection of Human Rights; she advised the South African government during its historic legal battle with the multinational pharmaceutical industry over the country's groundbreaking laws aimed at providing affordable medicines; and was appointed as South Africa's Chief Negotiator for the revision of the WHO International Health Regulations. Patricia serves as an advisor to the Board of the African Tobacco Control Alliance (ATCA). She is a past President of the International Network of Women Against Tobacco (INWAT) and has served on the Boards of the Framework Convention Alliance (FCA) and Action on Smoking or Health (ASH-US).



PARALLEL SESSION 3.4

**NO PROGRESS WITHOUT ACTION: A NEW ERA OF ACCOUNTABILITY TO END
EMPTY PROMISES FOR NCD PREVENTION AND CONTROL**



| BACKGROUND

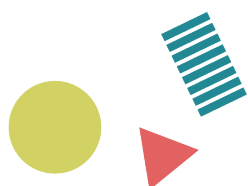
A plethora of global NCD commitments and targets have been made, but ten years since the first UN High-Level Meeting on NCDs it is evident countries are struggling to move to implementation, and the official process to track and review global progress is overwhelming and confusing. 25 outcome indicators, 10 progress indicators, and 2 SDG indicators comprise the global accountability framework for NCDs. Yet many low- and income countries (LMICs) still have inadequate national information systems, the reporting globally on NCDs is not providing the in-depth granular trends that is required to catalyse action, and all reporting on NCD targets and commitments are voluntary (unlike in the case of framework conventions such as the WHO Framework Convention on Tobacco Control or the Paris Agreement which is legally binding).

As has been demonstrated by the HIV/AIDS and women and children's health communities, accountability can be a crucial force for political and programmatic change. Defined as a cyclical process of monitoring, review and action, accountability enables the tracking of commitments, resources, and results and provides information on what works and why, what needs improving, and what requires increased attention. Accountability ensures that decision-makers have the information required to meet the health needs and realise the rights of all people at risk of or living with NCDs, and to place them at the heart of related efforts.

This session will seek to explore if the global accountability framework and architecture for NCDs is fit for purpose. Speakers will explore whether there is ownership and adherence by countries to the international system of declarations, commitments and targets, and if the systems are in place at the country level to ensure accountability; if there is value in a greater focus on independent accountability mechanisms, as has been central pillar of accountability for women and children's health; what are the lessons learnt from other parts of global health governance and other parts of sustainable development (for example the FCTC and other conventions); and what is the role of non-state actors in driving accountability for NCDs (for example, shadow reporting and witnessing).

| OBJECTIVES

- Review and evaluate the current accountability framework and architecture for NCDs, and explore ways of strengthening it
- Identify lessons learnt from other global health governance and mechanisms, including Framework Conventions, and their implications for NCDs
- Explore the value of independent accountability mechanisms, and the role of non-state actors in accountability.





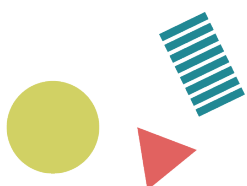
Moderator

Robert Beaglehole

Professor Emeritus

University of Auckland
New Zealand

Robert Beaglehole trained in medicine, cardiology, epidemiology and public health in New Zealand, England and the USA before becoming a public health physician. He was Professor of Community Health at the University of Auckland, New Zealand (1988-1999). In 2000 he joined the staff of the World Health Organization and was engaged in a variety of public health roles. Between 2004 and 2007 he directed the Department of Chronic Disease and Health Promotion. In 2007 he returned to New Zealand. He is now an independent global public health practitioner with a focus on the prevention and control of noncommunicable diseases (NCDs) in New Zealand, the Pacific and globally. He founded ASH in 1982 and now chairs the organisation which actively supports the Smokefree Aotearoa 2025 Goal. He is Professor Emeritus of the University of Auckland and chairs the Lancet NCD Action Group.





Speaker

Katie Dain

Chief Executive Officer

NCD Alliance
United Kingdom

Katie Dain is Chief Executive Officer of the NCD Alliance, a global network of civil society organisations dedicated to transforming the fight against non-communicable diseases (NCDs). Katie has worked with the NCD Alliance since its founding in 2009. Katie is widely recognised as a leading advocate and expert on NCDs. She is currently a member of the WHO Independent High-Level Commission on NCDs, co-chair of the WHO Civil Society Working Group on the UN High-Level Meeting on NCDs, and a member of The Lancet Commission on NCDs of the Poorest Billion. Her experience covers a range of sustainable development issues, including global health, gender equality and women's empowerment, violence against women, and women's health. Before joining the NCD Alliance, she held a series of policy and advocacy posts in international NGOs and government, including the International Diabetes Federation (IDF) in Brussels, leading their global policy and advocacy programme; the UK Government as a gender policy adviser; Womankind Worldwide, a women's rights organisation; and the Terrence Higgins Trust (THT), a HIV and sexual health charity. She has a BA in History from Sheffield University, and a Master's degree in Violence, Conflict and International Development from the School of Oriental and African Studies (SOAS), London.



Panelist

Anna Gilmore

Professor of Public Health, Director of the Tobacco Control Research Group

University of Bath
United Kingdom

Anna Gilmore MBBS (hons), DTM&H MSc (dist) PhD FFPH is Professor of Public Health, and Founding Director of the Tobacco Control Research Group (TCRG) at the University of Bath. Her work focuses on understanding and addressing the commercial determinants of health (most specifically corporate influences on public policy), and policy evaluation, with a particular focus on tobacco. It has led to numerous impacts at national, European and global level as recognised through the Public Health Advocacy Institute Award and the WHO World No Tobacco Day Award. She has over 200 publications, is European Editor (previously Senior Editor) of Tobacco Control, is/has been a member of various international and national expert groups including the WHO Expert Committee to Examine Tobacco Industry Interference with Tobacco Control and the Royal College of Physicians Tobacco Advisory Group. Her research group established www.TobaccoTactics.org, a widely acclaimed and innovative knowledge exchange platform that makes research on tobacco industry conduct available in a timely manner to as broad an audience as possible. Her group, working with international collaborators - The Global Centre for Good Governance in Tobacco (Thailand), Vital Strategies and the Union (US) - was recently awarded major funding from Bloomberg Philanthropies to establish a global tobacco industry watchdog - Stopping Tobacco Organizations and Products (STOP). You can follow the TCRG on @BathTR. <https://researchportal.bath.ac.uk/en/persons/anna-gilmore>



Panelist

Kul Chandra Gautam

Co-chair

Independent Accountability Panel for Every Woman, Every Child, Every Adolescent
Nepal

Mr. Kul Chandra Gautam is a distinguished international civil servant, development professional, public policy expert, and human rights activist. He is a former Deputy Executive Director of UNICEF and Assistant Secretary-General of the United Nations. He has extensive experience in international diplomacy, development cooperation and humanitarian assistance. Mr. Gautam serves on the Boards of several international and national organizations, charitable foundations and public private partnerships. Currently, he is Co-Chair of the UN Secretary-General's Independent Accountability Panel (IAP) on Women's, Children's and Adolescents' Health; Chair of the Board of anti-poverty advocacy organization RESULTS, Inc (USA); and a Member of the Fund Steering Committee of Global Partnership on Violence against Children. In Nepal, Mr. Gautam serves as Member of the Nepal Public Health Foundation and the Arogya Health Foundation, and several other organizations. In 2010-11 he served as Special Advisor to the Prime Minister of Nepal on International Affairs and the Peace Process. In an illustrious UN career spanning over three decades, Mr. Gautam served in senior leadership and managerial positions at UNICEF in several countries and continents. He was the key senior UNICEF officer responsible for drafting the Declaration and Plan of Action of the 1990 World Summit for Children, the largest gathering of world leaders in history until that time. In 2002 he led the organization of another major United Nations Summit - the Special Session of the General Assembly on Children - attended by 70 world leaders and thousands of child rights activists and civil society leaders, including celebrities and Nobel Prize Laureates. On behalf of UNICEF, Mr. Gautam actively contributed to crafting of the Millennium Development Goals. He took special interest in the health-related MDGs, and participated actively in the High-level Forum on Health MDGs, the International Health Partnership and the Global Campaign for Health MDGs. He was actively involved in the UNICEF-led child survival and development campaigns; universal child immunization; polio eradication, and served UNICEF representative in the Board of the Global Alliance for Vaccine and Immunization (GAVI) during 2002-2007. Mr. Gautam served as Chair or member of the Boards of several international development organizations and public-private partnerships, including the Partnership for Maternal, Newborn and Child Health (PMNCH), the Micronutrient Initiative (MI), the Global Alliance for Improved Nutrition (GAIN), and South Asia Food and Nutrition Security Initiative (World Bank). Mr. Gautam is the winner of several awards, including the Harris Wofford Global Citizen Award conferred by the US Peace Corps in 2018; the Martin Luther King, Jr. Social Justice Award for Lifetime Achievement given by Dartmouth College, USA in 2009; and the Audrey Hepburn Humanitarian Award conferred by UNICEF-USA in 2008. A citizen of Nepal, Mr. Gautam received his higher education in international relations and development economics at Dartmouth College and Princeton University in the United States of America.



Panelist

Kwanele Asante

Lawyer & Bioethicist

African Organization for Research & Training in Cancer
South Africa

Kwanele Asante is the Former Chairperson of the Ministerial Advisory Committee on Cancer Prevention and Control in South Africa). She taught and was the Unit Head of the Health Law module at the Steve Biko Centre for Bioethics, the University of the Witwatersrand in South Africa. Asante has received several awards for her African cancer equity activism, including the Harvard Global Health Catalyst - 2016 African Ambassador Award. She serves on the 2019 Global Advisory Committee of the NCD Alliance Geneva and is a member of the Lancet High-Quality Health Systems Commission People's Voice Advisory Board, USA Asante has a B. A. Liberal Arts (Psychology-Sociology major) degree from Wesleyan University in Middletown, Connecticut, USA. And LLB and MSc Medicine: Bioethics and Health Law degrees from the University of the Witwatersrand, South Africa.



Panelist

Leanne Riley

Coordinator, NCD Surveillance

Department of Prevention of Noncommunicable Diseases, WHO
Switzerland

Leanne Riley has been serving as a Scientist with the World Health Organization, Geneva Switzerland since August 1996. She currently works in the Department for Prevention of Noncommunicable Diseases, where she leads NCD Surveillance. This includes developing global standards for noncommunicable disease surveillance and risk factor assessment; producing standard methodologies for collecting, analysing and displaying data; and supporting the collection, analysis and dissemination of country-level noncommunicable diseases and risk factor information to inform and improve public health policy. Specific survey initiatives supported by her team include the WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS), Global School Based Student Health Survey (GSHS), Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS), and the NCD Country Capacity Survey. Prior to this she worked in the WHO Tobacco Free Initiative, with responsibility for youth programming and surveillance and for tobacco product regulation issues; and the WHO Programme on Substance Abuse with responsibility for work in the area of alcohol surveillance, policy and programme development. She was educated in both New Zealand and the United Kingdom, and has an MSc (Econs) from the London School of Economics and Political Science (LSE).



Panelist

Majid Ezzati

Professor of Global Environmental Health

Imperial College London
United Kingdom

Majid Ezzati (<http://www.globalenvhealth.org>) is Professor of Global Environmental Health at Imperial College London, Director of Wellcome Trust-Imperial Centre for Global Health Research, and Director of the WHO Collaborating Centre on NCD Surveillance and Epidemiology. His research focuses on exposure to and health effects of environmental, behavioural, nutritional, and metabolic risk factors and their interventions, and on health inequalities. Majid and his research group have conducted field studies on air pollution in Kenya, Ghana, The Gambia, and China. He led the World Health Organization's Comparative Risk Assessment Study, which was the first consistent global analysis of behavioural, environmental, nutritional, psychosocial, and metabolic risk factors and formed the scientific core of World Health Report 2002: Reducing Risks, Promoting Healthy Life. Majid leads the NCD Risk Factor Collaboration (www.ncdrisc.org) and co-leads NCD Countdown 2030 (www.ncdcountdown.org), worldwide scientific collaborations that aim to strengthen the evidence for more effective NCD prevention and management. He is a fellow of the UK Academy of Medical Sciences.



Panelist

Nick Watts

Executive Director

Lancet Countdown on Health and Climate Change
United Kingdom

Nick is the Executive Director of the Lancet Countdown: Tracking Progress on Health and Climate Change, an independent and multi-disciplinary research collaboration between academic centres around the world. It is based at University College London's Institute for Global Health, and is a continuation of the 2015 Lancet Commission on Health and Climate Change. The Countdown tracks and drives progress towards a world which is responding to climate change in a way that protects and promotes public health. Nick is a medical doctor having qualified from the University of Western Australia, and trained in population health (UWA) and public policy (University College London). He works to engage the health profession on the links between climate change and public health, having founded both the Global Climate and Health Alliance and the UK Health Alliance on Climate Change.



Panelist

Taoufik Bakkali

Senior Strategic Information Adviser

UNAIDS Regional Office for Asia and the Pacific
Thailand

Dr Taoufik Bakkali is Senior Regional Strategic Information Advisor, UNAIDS Regional Support Team for Asia and Pacific. Dr Bakkali carries 15 years of rich experience in guiding and supporting countries in fulfilling their global HIV reporting mandates among other initiatives he works on, including national health information system strengthening.





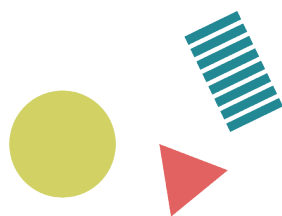
Panelist

Thelma Alafia Samuels

Director, George Alleyne Chronic Disease Research Centre

University of the West Indies
Barbados

Professor T. Alafia Samuels is the Director of the George Alleyne Chronic Disease Research Centre, University of the West Indies in Barbados. She is a medical doctor, trained at UWI Mona. She also holds a MPH (Masters in Public Health) and a PhD in Chronic Disease Epidemiology, from Johns Hopkins University. She is an appointed member of the multi-sectoral Barbados National NCD (Non Communicable Diseases) Commission and was the principal author of the Barbados Ministry of Health Strategic Plan of Action for NCDs 2015-2019. She was the Principal Investigator for the formal evaluation of the CARICOM Heads of Government 2007 Port of Spain NCD Summit Declaration, which received the Vice Chancellors Award for Excellence for Multi-campus research. She is currently the Principal Investigator for the follow-on project, also funded by the IDRC Canada, "Improving Household Nutrition Security in CARICOM" Her research interests include policy and practice in NCD prevention and control, clinical quality of care, evaluation of NCD programmes and translation of evidence



PARALLEL SESSION 3.5

FRAMING NCDS TO ACCELERATE POLITICAL ACTION



| BACKGROUND

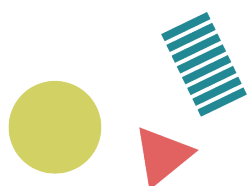
There are multiple competing frames involved in the governance of noncommunicable diseases (NCDs). These include: NCDs as a technical public health problem, with technocratic solutions (such as WHO's Best Buys); NCDs as an obstacle to economic growth; NCDs as an equity and human rights issue; NCDs as a development issue, central to achieving the SDGs; NCDs as an externality of transnational corporate practice, an 'industrial epidemic'; and NCDs as a multi-sectoral issue, requiring a 'whole-of-government', 'whole-of-society' approach. This typology of framing also links NCDs to existing global health agendas, such as those of health security, UHC and health systems strengthening. There are also additional risk factor and disease-specific frames, for example concerning obesity/diabetes, sleep deprivation and environmental exposures to pollution. No one frame yet has dominance, and there is currently a pluralistic approach to conceptualising NCDs and the response required to manage them. The response globally has been heavily criticised for its fragmentation - often seen as a major hindrance to progress, especially regarding the achievement of political traction. It is not clear how the different competing frames might be contributing to the fragmented response. However, it is clear that the commonalities and overlaps in the various frames and agendas could be better harnessed and any synergies realised to accelerate political commitment and action.

| OBJECTIVES

- Informed by the commissioned paper (provided by Chatham House), to provide an opportunity for participants to reflect on the framing of NCDs - a neglected topic in policy discussions thus far.
- To bring together actors and opinion-formers from across the NCD response spectrum, to discuss and debate how their different framings may be affecting progress, especially in terms of political action;
- Based on both the commissioned paper, and the discussions by participants, to make recommendations on how to accelerate political commitment.
- Via a targeted call for abstracts to increase the participation of younger and less well-known NCD experts, to bring fresh voices, and new ideas to the table.

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PMAC 20session 203.5_audience 20 Handout ([Download](#))





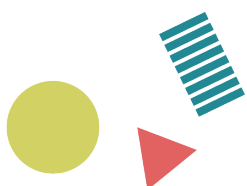
Moderator

David Harper

Senior Consulting Fellow, Centre on Global Health Security

Chatham House
United Kingdom

Professor David R Harper CBE, FRSB, FFPH, Hon FRSPH Professor David Ross Harper is the Managing Director of Harper Public Health Consulting Limited. He is also Senior Consulting Fellow at the Chatham House Centre on Global Health Security. Previously, David was the Chief Scientist and Director General for Health Improvement and Protection in the UK Department of Health. In addition, he has been Special Adviser to the WHO in Geneva. A scientist by training, David graduated in microbiology from the University of Dundee and gained his PhD in biochemistry from the University of Birmingham. He is a Fellow of the Royal Society of Biology, a Fellow of the Faculty of Public Health of the Royal College of Physicians, and an honorary Fellow of the Royal Society of Public Health. He was awarded the Commander of the Order of the British Empire in 2002. He has honorary Professorships at the London School of Hygiene and Tropical Medicine and the University of Dundee, and an honorary Doctorate of Science from Cranfield University, where he is also a visiting Professor.





Speaker

Rachel Thompson

Research Associate

Chatham House
United Kingdom

Rachel Thompson has a background in humanitarian work, international development and public health research. Rachel has previously worked with the Red Cross Movement and several NGOs, including significant time in the field in Africa and Asia. She has conducted research on a range of global health topics including family planning in Somalia, Kenya and India, malaria in Tanzania and the Greater Mekong Sub-region, the Ebola response in Sierra Leone, and universal health coverage in Ghana. At Chatham House she focuses on issues around healthcare in conflict, and non-communicable diseases, leading the Centre on Global Health Security's work in these areas. Rachel holds a Bachelor's degree in Anthropology and two Masters degrees in Development Studies and Public Health, all from the University of London.



Panelist

Belinda Townsend

Research Fellow

Australian National University
Australia

Dr. Belinda Townsend is a Research Fellow at the School of Regulation and Global Governance, The Australian National University. She earned her PhD in political science at Deakin University and has undergraduate degrees in political science (Honours), anthropology and public health. Belinda's PhD thesis examined the history, conflicts and transformations in the evolution of global medicines governance over the last seventy years. Her thesis traced a pattern of forum-shifting by governments, firms, and globally networked non-government organisations in a battle of power and resistance over the norms and rules that shape global medicines governance. The frameworks and findings of this research has informed her recent work on trade policy. She has published on the impact of trade agreements on health and on the governance of trade-policy making which can enable or constrain coherence for action on non-communicable diseases. She has served as a resource person on trade and health for the Public Health Association of Australia and has presented for a variety of audiences including community organisations, public forums, academic experts and trade negotiators. Belinda is working with the Australian NHMRC Centre for Research Excellence in the Social Determinants of Health Equity leading a project investigating agenda setting in public policy for health.



Panelist

Gene Bukhman

Assistant Professor

Harvard Medical School
United States of America

Gene Bukhman, MD, PhD, is a cardiologist and medical anthropologist who heads the Program on Global Noncommunicable Disease (NCDs) and Social Change at Harvard Medical School. He is an Assistant Professor of Medicine and an Assistant Professor of Global Health and Social Medicine. He is also the Senior Health and Policy Advisor on NCDs at Partners In Health (PIH) where he directs the NCD Synergies project. He is an attending cardiologist in the Cardiovascular Division and the Division of Global Health Equity at Brigham and Women's Hospital. He is Director of the BWH Fellowship in Cardiovascular Disease and Global Health Equity. He is the Co-Chair of the Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion. Dr. Bukhman completed his medical training and doctorate in medical anthropology at the University of Arizona in 2001, during which time he studied the politics of tuberculosis control in the Former Soviet Union. He completed his internal medicine residency at Brigham and Women's Hospital in 2003 and his cardiology fellowship at the Beth Israel Deaconess Medical Center in 2007. For the past 15 years, his career has focused on the NCD and injury (NCDI) burden among those living in extreme poverty, with a particular focus on low-income countries. His research explores both the political and historical context of NCDI interventions, as well as the development and implementation of integrated strategies to deliver these interventions. He was the Senior Technical Advisor to the Ministry of Health of Rwanda between 2010 and 2015 and has worked with Health Ministry NCD divisions in many low- and lower-middle income countries. He is frequently invited to speak regarding NCDs, Poverty, and Development. He is lead author and editor of the PIH Guide to Chronic Care Integration for Endemic NCDs (2011). In 2011, the University of Arizona Honors College named him Alumnus of the Year. In 2015, Dr. Bukhman was chosen to be a member of the Financing Working Group of the World Health Organization's Global Coordination Mechanism on NCDs.



Panelist

Johanna Ralston

Chief Executive Officer

World Obesity Federation
Switzerland

Johanna Ralston has worked in global NCDs and their risk factors for over two decades. She has served as CEO of World Obesity Federation since 2017, focusing on changing the narrative and elevating obesity on the global agenda. From 2011-2016 Johanna served as CEO of World Heart Federation, the main CVD organization in official relations with WHO and a founder of NCD Alliance. Johanna's work included mobilizing the CVD community around the NCD agenda and WHO initiatives including the Global Action Plan on NCDs 2013-2020 and Global HEARTS, as well as a shared strategy to address rheumatic heart disease. Johanna also served as Vice Chair, steering group member and Interim Director of NCD Alliance during that period, and led the communications strategy for the 2011 UN HLM and strategic planning for the second business plan. From 1999 until 2011 Johanna was Vice President of Global Strategies at American Cancer Society, overseeing global advocacy and building the global capacity building program to strengthen community based cancer and tobacco control in LMICs. She is also a fellow at Geneva Centre for Security Policy, leading the course on global health security. A dual citizen of Sweden and the US, Johanna is an alumna of Harvard Business School and studied public health at Johns Hopkins, after a first degree in literature. She serves on various committees and boards including Lung Cancer Alliance, the WEF Global Future of Health and Healthcare Council, and the WHO NCD Civil Society Working Group, the WHO Expert Advisory Panel on Surgical Care, and the WHO Bloomberg NCD Business Case Expert Group.



Panelist

Jordan Jarvis

Director of Programs

Young Professionals Chronic Disease Network
Canada

Jordan Jarvis is passionate about using policy change and civic engagement to improve equitable access to the environments, structures and goods that enable people to live healthy and joyful lives worldwide. She is currently conducting research toward a doctorate in public health at the London School of Hygiene and Tropical Medicine. She helped establish and served as the Executive Director of the Young Professionals Chronic Disease Network (YP-CDN), a global network and nonprofit organization that seeks to mobilize young leaders to promote social justice and health, with over 6,000 members in over 150 countries. Through YP-CDN, Jordan led global advocacy initiatives and capacity building to address the world's leading causes of death and ill health—non-communicable diseases—with a particular focus in East Africa. Jordan has consulted on diverse projects for the Global Alliance for Chronic Diseases, Health Action International, and the American Cancer Society (Global). Previously, she worked with Amref Health Africa in Kenya as Operations Research Officer and in cancer control at the World Health Organization. She completed a postgraduate research fellowship at the Harvard Global Equity Initiative/Harvard Medical School, and earned an MSc (Cancer Biology) from the University of Toronto and a BSc in Biology from Western University. She is a 2017 World Heart Federation Emerging Leader on essential medicines and an Associate Editor for the journal 'Globalization and Health'.



Panelist

Rhea Saksena

Global Policy Coordinator

NCDFREE

United Kingdom

Rhea Saksena is an active health advocate. She currently works as a Medical Doctor in London within National Health Service (NHS). Alongside this she is the Global Policy Coordinator for NCDFREE, a global social movement which aims to create a world free of NCDs. She completed her undergraduate studies in Global Health at the Institute of Global Health, University College London (UCL) where she graduated with First Class Honours. She was nominated for the Faculty of Life Sciences Medal for her dissertation analysing whether a more comprehensive strategy on sugar reduction is needed to reduce obesity in the UK. She was also awarded Highly Commended on the UCL Dean's List and awarded the John Yudkin Prize in International Health for outstanding commitment to global health advocacy. She completed her medical training from UCL with a Certificate of Merit. She has worked as Scientific Officer with Public Health England to design and implement national sugar reduction strategies to reduce childhood obesity. Rhea has also undertaken an internship with the World Health Organisation Regional Office for Europe in the Nutrition, Physical Activity and Obesity Department, co-designing a study to look at market availability of complementary feeding products across the WHO European Region and their effect on Under 5 years nutrition and obesity rates. Furthermore she has interned with the WHO Country Office in Samoa to implement a national NCD strategy (PEN Fa'a Samoa) as well as working in the Obstetrics and Gynaecology Department in Samoan National Health Service. She is excited to use the learning from these experiences as she pursues her passion - to collaborate and use a collective voice to demand better, for the health of both individuals and populations.



PMAC 2019

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A WHOLE OF SOCIETY APPROACH

