



PMAC

PRINCE MAHIDOL
AWARD CONFERENCE

2019

REPORT
ON THE 2019 CONFERENCE ON

THE POLITICAL
ECONOMY OF

NCDs

A WHOLE OF
SOCIETY
APPROACH

29 JAN -3 FEB 2019 | BANGKOK, THAILAND

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

His Royal Highness Prince Mahidol of Songkla



**RENAL DISEASES:
ROYAL BENEVOLENCE
AND THE PATIENT CARE**



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PRINCE MAHIDOL

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

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

Prince Mahidol of Songkla had noted, while serving in the Royal Thai Navy, the serious need for improvement in the standards of medical practitioners and public health in Thailand. In undertaking such mission, he decided to study public health at M.I.T. and medicine at Harvard University, U.S.A. Prince Mahidol set in motion a whole range of activities in accordance with his conviction that human resource development at the national level was of utmost importance and his belief that improvement of public health constituted an essential factor in national development. During the first period of his residence at Harvard, Prince Mahidol negotiated and concluded, on behalf of the Royal Thai Government, an agreement with the Rockefeller Foundation on assistance for medical and nursing education in Thailand.

One of his primary tasks was to lay a solid foundation for teaching basic sciences which Prince Mahidol pursued through all necessary measures. These included the provision of a considerable sum of his own money as scholarships for talented students to study abroad.

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

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

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

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

TRUE SUCCESS
IS NOT IN THE LEARNING,
BUT IN ITS APPLICATION
TO THE BENEFIT
OF MANKIND

In the past 26 years, 79 individuals, groups of individuals, and institutions have received the Prince Mahidol Award. Among them, 4 Thai nationals have received the Prince Mahidol Award: (1) Professor Dr. Prasong Tuchinda and (2) Dr. Suchitra Nimmannitya were conferred the Prince Mahidol Award in the field of Medicine in 1996, and (3) Dr. Wiwat Rojanapithayakorn and (4) Mr. Mechai Viravaidya were conferred the Prince Mahidol Award in the field of Public Health in 2009.

Among them, 5 subsequently received the Nobel Prize:

(1) Professor Barry J. Marshall from Australia was conferred the Prince Mahidol Award in the field of Public Health in 2001 for the discovery of the new bacterium identified as *Helicobacter pylori* that caused severe gastritis, and its sensitivity to particular antibacterial drugs. He received the Nobel Prize in the field of Medicine in 2005 for the same discovery.

(2) Professor Harald Zur Hausen from Germany was conferred the Prince Mahidol Award in the field of Medicine in 2005 for the discovery of the virus, namely human papilloma virus HPV16 and HPV18, from the cancer tissue and elucidated the mechanism that the viruses turn the normal cell into cancer cells. He received the Nobel Prize in the field of Medicine in 2008 for the same discovery.

(3) Professor Dr. Satoshi Omura was conferred the Prince Mahidol Award in the field of Medicine in 1997. He is known for the discovery and development of various pharmaceuticals originally occurring in microorganisms. His research group isolated a strain of *Streptomyces avermitilis* that produce the anti-parasitical compound avermectin which contributed to the development of the drug ivermectin that is today used against river blindness, lymphatic filariasis, and other parasitic infections. He received the Nobel Prize in the field of Medicine in 2015 for the same discovery.

(4) Professor Tu You You, a member of The China Cooperative Research Group on Qinghaosu and its Derivatives as Antimalarials, was conferred the Prince Mahidol Award in the field of Medicine in 2003 as an organisational category for the discovery of Qinghaosu as a new drug for treatment of the *P.falciparum* malaria. He received the Nobel Prize in the field of Medicine in 2015 for the same discovery

(5) Sir Gregory Paul Winter was conferred the Prince Mahidol Award in the field of Medicine in 2016. He was a pioneer in the field of antibody engineering and modification technology. He invented techniques to humanise antibodies for therapeutic uses, which later led to the creation of cutting-edge therapeutic drugs. He received the Nobel Prize in the field of Chemistry in 2018 for the same discovery.

The Prince Mahidol Award Foundation under the Royal Patronage was established in commemoration of the centenary of the birth of His Royal Highness Prince Mahidol of Songkla, on 1 January 1992. The Foundation is under the Royal Patronage, with Her Royal Highness Princess Maha Chakri Sirindhorn as President. The Foundation annually confers two Prince Mahidol Awards upon individual(s) or institution(s), which have demonstrated outstanding and exemplary contributions to the advancement of the world's medical and public health services. Each Award consists of a medal, a certificate and a sum of US \$100,000.

The Prince Mahidol Award ceremony will be held in Bangkok in January each year and presided over by His Majesty the King of Thailand.

www.princemahidolaward.org



PRINCE MAHIDOL AWARD

The Prince Mahidol Award Foundation of which H.R.H. Princess Maha Chakri Sirindhorn is the President, has decided to confer the Prince Mahidol Award 2018

In the field of Medicine to

Professor Brian J. Druker, M.D. and
Professor Dr. Mary-Claire King, Ph.D.

In the field of Public Health to

Professor John D. Clemens, M.D. and
Professor Jan R. Holmgren, M.D., Ph.D.



Her Royal Highness Princess
Maha Chakri Sirindhorn
presided over
the Presentation Ceremony of
the Prince Mahidol Award 2018
at the Chakri Throne hall
on 31 January 2019
at 17.30 hours.

PRINCE MAHIDOL AWARD



IN THE FIELD OF
MEDICINE

The Prince Mahidol Award
recognises the great discoveries by
Prof. Brian J. Druker, for a prototype drug used
for treatment of CML that advances
the development of targeted therapy,

and by Prof. Dr. Mary-Clair King,
for identifying the most common and hereditary
gene related to breast cancer as well as developing
a breast cancer gene detection kit to provide
effective screening and monitoring for people at risk.

These findings demonstrate the high impact of basic research,
diagnosis, and treatment of common cancers, and thus
improves the quality of life for mankind and reduces the
mortality rates of CML and breast cancer among millions
of people worldwide.

PRINCE MAHIDOL AWARD LAUREATE 2018

Professor Brian J. Druker, M.D.

Prince Mahidol Award
In the Field of Medicine

Professor Brian J. Druker, M.D. made a significant research discovery in the field of targeted cancer therapy. He developed a prototype drug called "Imatinib" for treatment of chronic myeloid leukemia (CML).

Imatinib inhibits BCR-ABL, a specific protein that is only detected in cells of CML patients, not in a normal cell. This specificity can thus minimise a side effect during treatment. From a laboratory research, the drug has been tested on animals and humans and has been found to reduce severity, mortality and morbidity from CML. Without imatinib, CML patients usually deteriorate and die within 3 years. Currently, other drugs for targeted therapy have been developed for treatment of other cancers.



PRINCE MAHIDOL AWARD LAUREATE 2018

Professor Dr. Mary-Claire King, Ph.D.

Prince Mahidol Award
In the Field of Medicine

Professor Dr. Mary-Claire King, Ph.D. discovered a gene causing breast cancer, the most common cancer among women. Each year, there are over 2 million new cases of breast cancer resulting in 200,000 deaths.

In 1991, Prof. King found a gene called BRCA1 in which its mutation leads to breast cancer. Therefore, it was demonstrated for the first time that the diseases can be inherited. The genetic testing can help screen people at risk of breast cancer in order to rapidly diagnose, monitor or effectively treat it at its early stages. Later, more breast cancer-related genes, e.g. BRCA2, were identified and Prof. King was often involved in those findings. However, mutations in BRCA1 remains the most common cause of breast cancer among patients. Prof. King also worked with researchers at the University of Washington to develop an affordable genetic test for breast cancer so that more people can have access to screening.



PRINCE MAHIDOL AWARD



IN THE FIELD OF
PUBLIC HEALTH

Professor John D. Clemens, M.D. and
Professor Jan R. Holmgren, M.D., Ph.D. worked
jointly for over 30 years to study and develop
oral cholera vaccine (OCV).

Cholera is a gastrointestinal disease due to bacterial infection. The worldwide spread, or pandemic, occurred for the first time in the 19th century, and there have been 7 pandemics till now. Millions of people have died from cholera. Injectable vaccines have been used to prevent cholera for a long period despite low efficacy. During the 1970s, Prof. Holmgren demonstrated that an important immunity against cholera is IgA produced on the mucosal surface of intestines. Thus, oral vaccines would be more efficient in inducing protection than injectable vaccines. Prof. Clemens played an important role to clinically prove the efficacy of OCV. As a result, WHO has recommended that cholera vaccines should be given orally and discontinued the use of injectable vaccines.

PRINCE MAHIDOL AWARD LAUREATE 2018

Professor John D. Clemens, M.D.

Prince Mahidol Award
in the Field of Public Health

The first OCV was called Dukoral. However, it was expensive and difficult to administer with a protection efficacy of only 50% and only lasted 2 years. During the 2000s, Prof. Clemens and Prof. Holmgren produced a new OCV known as Shanchol. This new vaccine was cheap and provided a protection of up to 5 years.

In addition, they demonstrated the concept of “herd immunity” by which providing vaccinations to at least 60% of the population can prevent an outbreak. This is because the vaccinated population can reduce incidences of disease so that the unvaccinated population would have much less of a chance of contracting the disease. Therefore, diseases can be controlled even not all of population are vaccinated. With this concept, WHO has recommended Shanchol vaccine for countries struggling to control cholera since 2010. In 2013, WHO and GAVI established an OCV stockpile to prevent a spread of cholera especially when there is a threat or a disaster-level situation.



PRINCE MAHIDOL AWARD LAUREATE 2018

Professor Jan R. Holmgren, M.D., Ph.D.

Prince Mahidol Award
in the Field of Public Health

For example, the use of OCV among several hundreds of thousands of people in Haiti after hit by Hurricane Matthew in 2016 and in Bangladesh after a heavy influx of Rohingya following the migration crisis in 2017 was believed to have helped prevent an epidemic of cholera.

A significant discovery from basic research and clinical test regarding vaccines against cholera has been approved by WHO. Prof. John D. Clemens and Prof. Jan R. Holmgren have made a great impact by recommending that cholera vaccines, be provided orally rather than injected.

This also led to the establishment of an OCV stockpile to support countries at risk of or affected by the spread of cholera to help save the lives of millions of people worldwide.







PRINCE MAHIDOL AWARD CONFERENCE

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

Since 2007, the Prince Mahidol Award Conference has been organized as an annual international conference focusing on policy-related public health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Royal Thai Government and other global partners, for example the World Health Organization (WHO), the World Bank, the United States Agency for International Development (USAID), the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the China Medical Board (CMB), and other related UN agencies.

The general objective of the annual Prince Mahidol Award Conference is to bring together leading public health leaders and stakeholders from around the world to discuss high priority global health issues, summarize findings and propose concrete solutions and recommendations. It aims at being an international forum that global



health institutes, both public and private, can co-own and use for the advocacy and the seeking of international advices on important global health issues. Specific objectives of each year's conference will be discussed among key stakeholders and co-hosts of the conference.

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

THE PAST AND UPCOMING CONFERENCES INCLUDE:

- 1997 : The International Conference Science and Health
- 2002 : Medicine and Public Health in the Post-Genomic Era
- 2007 : Improving Access to Essential Health Technologies:
Focusing on Neglected Diseases, Reaching Neglected Populations
- 2008 : Three Decades of Primary Health Care:
Reviewing the Past and Defining the Future
- 2009 : Mainstreaming Health into Public Policies
- 2010 : Global Health Information Forum
- 2011 : 2nd Global Forum on Human Resources for Health
- 2012 : Moving towards Universal Health Coverage: Health Financing Matters
- 2013 : A World United against Infectious Diseases:
Cross-Sectoral Solutions
- 2014 : Transformative Learning for Health Equity
- 2015 : Global Health Post 2015: Accelerating Equity
- 2016 : Priority Setting for Universal Health Coverage
- 2017 : Addressing the Health of Vulnerable Populations
for an Inclusive Society
- 2018 : Making the World Safe from the Threats of Emerging Infectious Diseases
- 2019 : The Political Economy of NCDs: A Whole of Society Approach
- 2020 : PMAC 2020 / UHC Forum 2020 : Accelerating Progress Towards UHC

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MESSAGE FROM THE CHAIRS OF THE INTERNATIONAL ORGANIZING COMMITTEE



Noncommunicable Diseases (NCDs) as a Global Development Challenge

Noncommunicable diseases, including cardiovascular diseases, some cancers, chronic respiratory diseases and diabetes, along with their shared risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol and drugs) are some of the greatest causes of premature death and morbidity in poor and rich countries alike. These diseases can impede nations' socio-economic progress and jeopardize the well-being of their people. The four major groups of NCDs listed above are estimated to be responsible for 71 percent (41 million) of the 57 million global deaths, and account for over 75 percent of all premature NCD mortality (deaths between the ages of 30 and 69)¹. Recently, the global health community has also recognized environmental determinants (such as pollution) and mental health problems as major contributors to NCDs, which broadened the scope of the NCD agenda from "4x4" to "5X5".



The devastating impact of these diseases and conditions is disproportionately felt by low- and middle-income countries (LMIC), where 78 percent of all NCD deaths take place. In LMIC, ambient air pollution, chemical pollution, and soil pollution produced by industry, mining, mechanised agriculture and petroleum-powered vehicles are on the rise.² These environmental determinants likely constitute key underlying causes for NCD deaths from cardiovascular diseases, cancer and chronic lung diseases.

The inclusion of NCDs in the 2030 Agenda for Sustainable Development provided an unprecedented opportunity to explore linkages among the Sustainable Development Goals (SDGs), enhance policy coherence and advance the NCD agenda as part of sustainable development. However, achieving the NCD target under SDG 3 (SDG 3.4) – achieving a one-third reduction of premature mortality from NCDs through prevention and treatment and promoting mental health and well-being by 2030 – will require strong action at the national level.

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

²Landrigan et al. The Lancet Commission on pollution and health, Lancet 2018; 391: 462-512.

High-level Political Action to Address NCDs and Their Underlying Determinants

Although NCD risk factors are largely related to individual behaviour, social risk factors also influence the distribution of health within, and between, populations. Social risk factors may also be associated with higher rates of morbidity and mortality.

The United Nations system has been instrumental in facilitating a political response to NCDs, which enables the world to address them as a global development challenge. The Three United Nations General Assembly High-Level Meetings on the Prevention and Control of NCDs (in 2011, 2014 and 2018) mobilized stakeholders at the highest level and resulted in commitments by heads of states and governments to prevent and control NCDs through the whole-of-society, health-in-all-policies and multisectoral and multistakeholder approaches.

Tools and Mechanisms for NCD Prevention and Control

The World Health Organization, as a designated agency to accelerate progress towards implementation of the high-level commitments on NCDs, has produced numerous tools, guidelines and action plans, as well as provided a comprehensive menu of policy options to Member States for cost-effective “best-buy” interventions to address NCDs.



The WHO Global Coordination Mechanism on the Prevention and Control of NCDs and the United Nations Interagency Task Force were established to enhance action across sectors and stakeholders and bring the United Nations organizations together in the fight against NCDs.

Implementation Challenges

Although some nations have made substantial progress towards meeting the global commitments, of the HLMs, the progress has been slow and uneven. Many countries still lack the political will, commitment, technical and operational capacities, as well as financial and human resources, to strengthen their health systems and scale up national NCD responses. Some countries also face leadership and governance challenges, with effects in the areas of planning, prioritization and resource allocation. Engagement with the private sector presents a challenge yet essential particularly in improving accountability and facilitating multistakeholder and multisectoral partnerships for tackling NCDs. Any conflicts of interest must be managed rather than ignored or considered an insurmountable barrier.



Prince Mahidol Award Conference 2019

The Conference this year will provide a platform to all stakeholders, including governments, the United Nations System, academic institutions, civil society organizations, professional associations, non-governmental and faith-based organizations, philanthropic foundations, young professionals and the private sector to come together to debate and discuss the most innovative and bold ideas, to propose solutions and forge partnerships to address NCDs at global, regional, national and local levels.

As the Co-chairs of this very important global Conference, we would like to encourage all participants to take full advantage of all the opportunities that PMAC 2019 has to offer: more than 50 side meetings organized by the Conference partners, engaging and educational field trips, the fascinating world art contest and abstract presentations, in addition to the insightful Conference programme that includes several plenary discussions with renowned speakers and parallel sessions for examining issues in more detail. All these activities will ensure that Conference attendees are given a chance to actively participate through exchanging experiences, learning from each other and meeting new colleagues and partners.

Appreciation

We would like to acknowledge the valuable contribution of the co-sponsoring organizations, whose tireless efforts helped bring the Conference to fruition. We especially thank the Prince Mahidol Award Foundation and the Royal Thai Government for their remarkable support and outstanding leadership, as well as the PMAC Secretariat for providing their overall guidance, day-to-day support and an incredible team spirit.

We look forward to welcoming you to Bangkok!

CONFERENCE CO-HOSTS AND SUPPORTING ORGANIZATIONS

A full list of the PMAC 2019
Organizing Committee
Members is given in
ANNEX I, and Scientific
Committee Members in
ANNEX II.

Vicharn Panich

Dr. Vicharn PANICH
Chair
Prince Mahidol
Award Conference

Naoko Yamamoto

Dr. Naoko YAMAMOTO
Co-Chair
World Health Organization

Timothy Evans

Dr. Timothy EVANS
Co-Chair
The World Bank

Abdoulaye Mar Dieye

Mr. Abdoulaye Mar DIEYE
Co-Chair
United Nations Development
Programme

Michel Sidibé

Mr. Michel SIDIBÉ
Co-Chair
Joint United Nations
Programme on HIV/AIDS

Peter Sands

Mr. Peter SANDS
Co-Chair
The Global Fund to Fight AIDS,
Tuberculosis and Malaria

Alma Golden

Dr. Alma GOLDEN
Co-Chair
U.S. Agency for
International Development

Roger Glass

Dr. Roger GLASS
Co-Chair
National Institutes
of Health

Takao Toda

Dr. Takao TODA
Co-Chair
Japan International
Cooperation Agency

Naveen Rao

Dr. Naveen RAO
Co-Chair
The Rockefeller Foundation

Lincoln C. Chen

Dr. Lincoln C. CHEN
Co-Chair
China Medical Board

David Heymann

Dr. David HEYMANN
Co-Chair
Chatham House

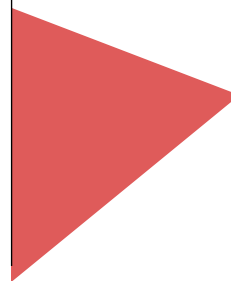


Government Offices of Sweden



PMAC

2019



THE POLITICAL
ECONOMY OF

NCDs

A WHOLE OF
SOCIETY
APPROACH

CONFERENCE PROGRAMME STRUCTURE



PRE-CONFERENCE 29-31 January 2019

53

Side Meetings

6

Field Trips

421

Entries of World
Art Contest



MAIN CONFERENCE 1 - 3 February 2019

3

Keynote Addresses

4

Plenary Sessions

15

Parallel Sessions

4

Abstract Sessions

31

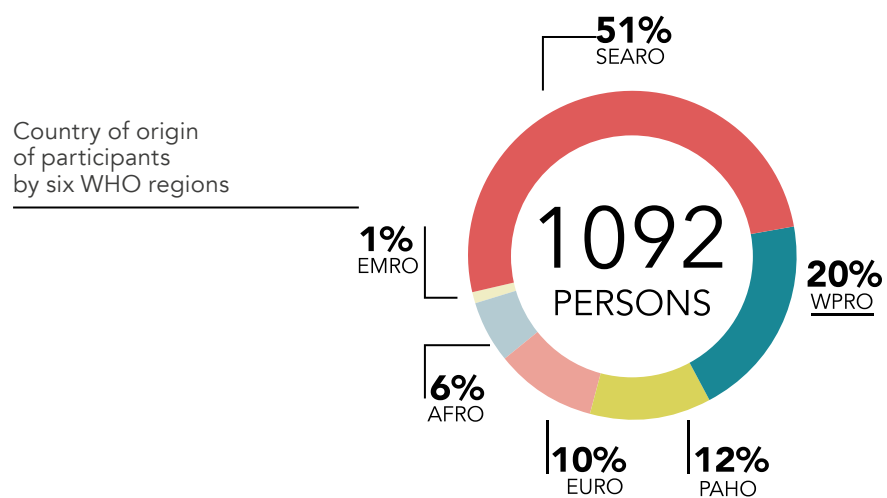
E-poster
presentations

6

Special Events

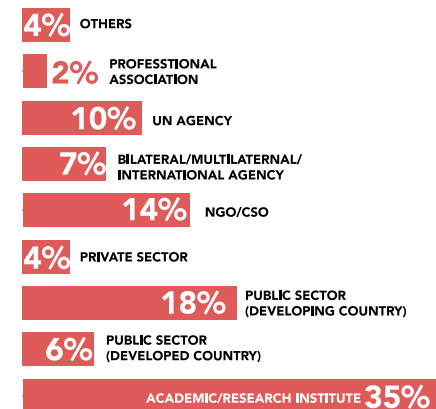
PROFILE OF PARTICIPANTS

Total registered participants
1,092 participants from 77 countries
(F 52%, M 48%)



♀ **52%** ♂ **48%**

Organization of participants

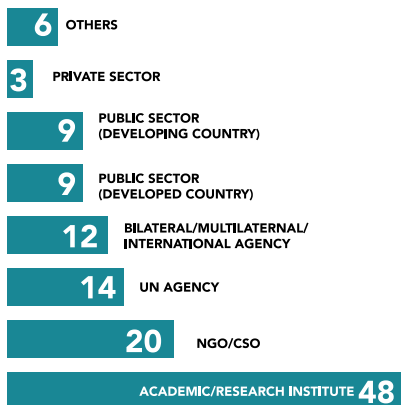


PROFILE OF MODERATORS, SPEAKERS AND PANELISTS

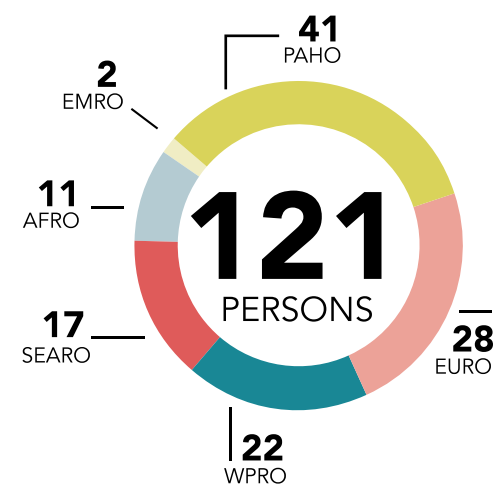
A total of 19 plenary and parallel sessions of the PMAC 2019 had a total 121 moderators speakers and panelists altogether (54 females and 67 males).



Organization of moderators, speakers and panelists



Country of origin of moderators, speakers and panelists by six WHO regions



54 ♀ 67 ♂

A full list of the PMAC 2019 Conference Speakers, Panelists, Chairs, Moderators and Rapporteurs is shown in ANNEX



THE POLITICAL ECONOMY OF NCDs : A WHOLE OF SOCIETY APPROACH

29 JAN -3 FEB 2019 | BANGKOK, THAILAND



PRINCE MAHIDOL
AWARD CONFERENCE

29 JAN -3 FEB 2019 | BANGKOK, THAILAND

PMAC 2019



CONFERENCE OVERVIEW



The Prince Mahidol Award Conference (PMAC)

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 System 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



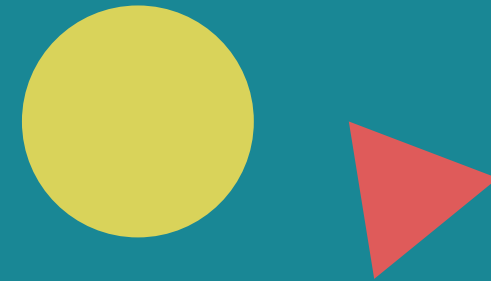
Specific Objectives

- To sustain global movement towards, and collaborations on the implementation of NCD prevention measures in particular the best buy long-term interventions;
- 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;
- To share knowledge, context-relevant experience, and viewpoints of international organizations and countries working towards prevention and control of NCDs; and
- 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;
- 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.



SUBTHEME 1

ANALYZING
THE POLITICAL
ECONOMY
OF THE
DETERMINANTS
OF NCDs

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
Heart Disease and Stroke	X	X	X	X
Diabetes	X	X	X	X
Cancer	X	X	X	X
Chronic Lung Disease	X			

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

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

Table 2.

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

	Men	Women	Total	%
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.

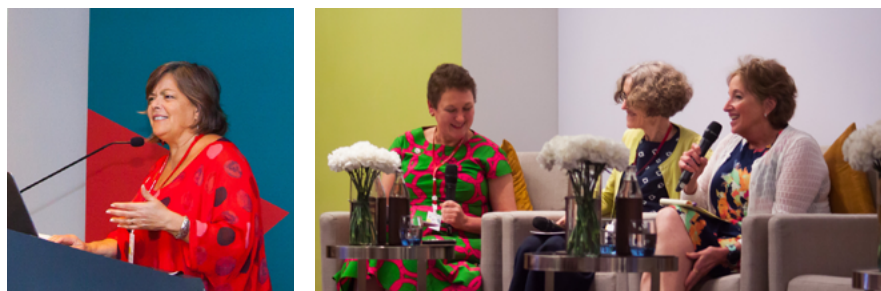
In May 2015, the World Health Organization published a report on how WHO would report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical 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.



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

³ WHO. 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, Stachenko S et al. Raising the priority of preventing chronic diseases:

A political process. The Lancet 2010

Objectives

- To review the multi-level determinants of NCDs – biological, social, economic, behavioural, environmental, commercial, and political – using a political economy framework
- 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
- 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
- To identify knowledge gaps and strategies to address them
- To formulate key policy recommendations and actions to implement the proposed solutions



SUBTHEME 2

SYSTEMS
APPROACHES
TO ADDRESS
POLITICAL
ECONOMY OF
NCDs

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
- System tools, methods and mechanism 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

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



SUBTHEME 3

ADDRESSING
CRITICAL
CHALLENGES
FOR
GOVERNANCE
OF NCD_s



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.⁷ 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:

- 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;
- 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;
- Furthering integration of prevention and control of NCD issues into national agendas and planning frameworks;
- Overcoming policy incoherence and the inability to adequately balance trade-off between different goals (for example economic or commercial interests and NCD targets).
- The need to strengthen framework legislation, including for the establishment of a national multisectoral mechanism and for monitoring and accountability;
- 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;
- 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.



⁷ Paper #1, Lancet Task Force on NCDs and Economics, April 2018.

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 Outcomes

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



OPENING SESSION

HER ROYAL HIGHNESS
PRINCESS MAHA CHAKRI
SIRINDHORN

As the Chair of the Prince Mahidol Award Foundation, it is my great pleasure to join you today in the thirteenth annual Prince Mahidol Award Conference 2019 on the theme "The Political Economy of NCDs: A Whole of Society Approach".

We are honored to host this conference on this very important issue and to be part of the global policy movement for action on NCD prevention and control. To halt the epidemic of NCDs, we have to address the root causes of the problems. To tackle overweight or obesity, for example, we need to make it easier for people to choose healthy food by having it available, accessible and at the affordable price. We also have to make unhealthy food harder to choose by using pricing or tax policy or using food labeling to provide information to the consumers. We also have to provide environment for people to exercise. Thus, to tackle NCDs, we need all sectors including health, finance, commerce, agriculture, architect, and communities that bring the whole of society together. This theme of the Conference on the



political economy of NCDs and to discuss on a whole of society approach is very much addressing the issue in the right direction.

The Conference has received great contributions from our co-hosts to make it successful. I would sincerely like to thank our co-hosts, the World Health Organization, the World Bank, the United Nations Development Programme, the Joint United Nations Programme on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.S. Agency for International Development, the National Institutes of Health, the Japan International Cooperation Agency, The Rockefeller Foundation, the China Medical Board, the Chatham House, the United Nations Population Fund, the United Nations Children's Fund, the Swedish Ministry of Foreign Affairs, NCD Alliance, Access Accelerated, the Bill & Melinda Gates Foundation, and the People's Health Movement.

I wish you a very successful meeting and I now declare the Prince Mahidol Award Conference 2019 open.



KEYNOTE ADDRESSES





Brian DRUKER

Prince Mahidol Award Laureate 2018
Director of Knight Cancer Institute
Oregon Health & Science University
USA

I would like to thank the organizations for the opportunity to speak today and I would like to thank the Prince Mahidol Award Foundation for this prestigious honor.

For the past 30 years, my laboratory and clinical focus has been on chronic myeloid leukemia or CML for short. CML is one of the four common leukemias, accounting for 15 to 20% of all leukemias. The numbers of people diagnosed with CML is 1 person per 100,000 annually and the incidence is virtually identical throughout the world. This leukemia can affect any age group, but the average age of onset is approximately 50 to 60 years of age. Historically, the average survival for patients with this leukemia was no more than 3 to 5 years.

Now you might be wondering what this leukemia has to with many more common illnesses, so let me try to illustrate.

PLAY VIDEO

- Morgenroth, Kraus, Becker, Hata. Everybody, come here!
- Yes, sir.
- You called?

Gentlemen, it would seem that the germ of Syphilis has been discovered.

- What do you mean?
- By whom?
- By one, Fritz Schaudinn. The German Medical Weekly sent me these proofs for approval.

Listen, "The spirochete pallida is a protozoan. It is a fine, steeply, convoluted filament with six to fourteen turns. It is decidedly motile, with forward, turning, and bending movements."

Tell me, does that description put your mind in anything else?

"It's decidedly motile with forward, turning and bending movements."

- Why that's just like the trypanosome.
- Right.
- If the germ has been discovered, there's cause to hope for a cure.
- Yes, there is hope.

So there it is. If the cause has been discovered, there's hope for a cure. And that's true whether you are working on leukemia, HIV, diabetes, or any other disease.

Due to the work of hundreds of investigators over many decades, when I began working on CML, we had a thorough understanding of the disease's pathogenesis. In particular, we knew that a chromosome translocation created an abnormal enzyme in the family of tyrosine kinases called BCR-ABL. Tyrosine kinases work by transferring phosphate from ATP to tyrosine residues on specific proteins and in the case of BCR-ABL and CML, this causes the uncontrolled growth of white blood cells. I thought that if you could block binding of ATP to this specific enzyme that you would have an ideal, targeted therapy for this disease.

Despite enormous skepticism that this approach would work, one drug company, Novartis, had developed some compounds that they were willing to send me for testing and one of their drugs, now known as imatinib or Gleevec, did exactly what I hoped, it killed CML cells without harming normal cells. When we went to clinical trials, nearly all of our patients responded incredibly well to this one a day pill and responses have been quite durable.

Due to our efforts, there are now 5 drugs that target BCR-ABL on the market and survival of patients diagnosed with this leukemia has been markedly prolonged.

The effectiveness of this drug has been so dramatic that a recent study from Sweden showed that patients diagnosed with this leukemia can now be expected to live a normal life span.

Understanding A Cause Can Lead to Effective Treatments

Well, that's great if you live in Sweden, but what about the rest of the world. For the past decade, I have been involved in two organizations dedicated to bringing these advances to the entire world. One of them, the International CML Foundation, founded by good friend, the late John Goldman, has as their mission statement, that "the improved survival in CML is so dramatic that these new agents must be made available as rapidly as possible throughout the whole world."

This is particularly true since due to the increased survival of patients with CML, it is predicted to become the most prevalent leukemia by 2040 when there are projected to be over 3 million patients worldwide.

The International CML Foundation has worked to provide global programs that impact CML education, and allow access to diagnostics and therapy. We have provided preceptorships to dozens of hematologists around the world to train them in the management of patients with CML, the Foundation has placed inexpensive testing capabilities in numerous countries (similar to what can be provided for HIV testing and monitoring), and works closely with other entities to provide low-cost or free access to medications. These programs have reached numerous countries as shown here.

The second foundation I work with is the Max Foundation, named for a 17 year old who died of CML. The mission of this organization is to increase global access to treatment, care, and support of patients and families with CML. The Max Foundation works to identify providers in countries capable of providing care to patients with CML, often utilizing the programs offered by the International CML Foundation. They then work with drug companies to provide free drug to patients and then help to manage supplying these medications to patients. This integrated effort has provided 30,000 patients with medications

The boy replied,

throwing starfish back
into the ocean.

The sun is rising
and the tide is going out. If I don't
throw them back, they'll die.

The man looked around and said,

but there are too many starfish
on the beach. You can't
possibly make a difference

*After listening politely,
the boy bent down, picked up another starfish
and threw it into the ocean.*

Then turning to the man, he said,

I made a difference
for that one.

for their CML spanning 72 countries. I am particularly pleased that the Thai government is providing access to two of these medications for all patients with CML in Thailand. Although these world-wide numbers are small in comparison to the numbers of patients needing access, I'll leave you with one more video that represents why we do what we do and why I am sure all of you are here.

Play second video

One day a man was walking along the beach when he noticed a boy picking up starfish and throwing them into the ocean. Approaching the boy he asked, excuse me, but what are you doing? The boy replied, "throwing starfish back into the ocean. The sun is rising and the tide is going out. If I don't throw them back, they'll die." The man looked around and said, but there are too many starfish on the beach. You can't possibly make a difference. After listening politely, the boy bent down, picked up another starfish and threw it into the ocean. Then turning to the man, he said, "I made a difference for that one."

Thank you very much.



Thomas R. FRIEDEN

President and Chief Executive Officer
Resolve to Save Lives
USA

Recognize conflict
and common
interests.

Have the courage
to treat NCDs as
the life-threatening
emergency they are !

Conflict, Common Interests & Courage

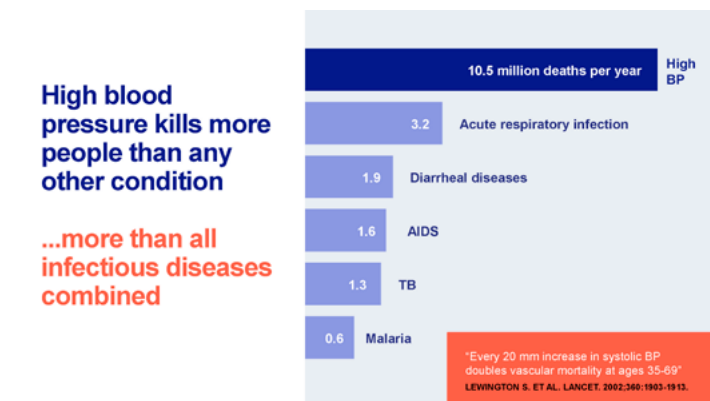
in the Control of Cardiovascular Disease and Cancer

Tom Frieden
MD, MPH

PRESIDENT AND
CHIEF EXECUTIVE OFFICER

RESOLVE
TO SAVE LIVES
AN INITIATIVE OF JOHN HOPKINS

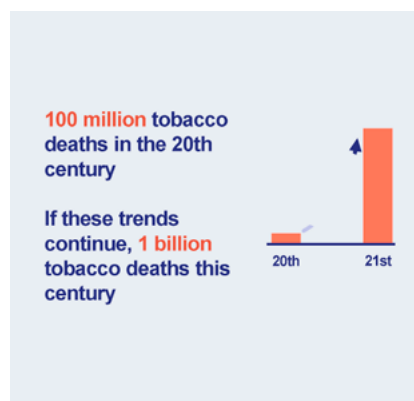
Conflicts	Common Interests
Commercial determinants of health – industries that promote unhealthy products	Healthier people more productive and creative (e.g., Thai Health Promotion Foundation)
Undue influence on governmental and clinical policies	Health-based policies increase health and economic return on health investment
Public vs. private health sectors	Public and private health sectors together can increase patient access to care
Doctors vs. non-medical providers	Team-based care quadruple win: access, cost, quality, employment
Pharmaceutical, equipment, laboratory industries vs. effective treatment programs	Expanded access increases market for essential medications, diagnostics, and equipment



Courage is essential for success

Focus on impact is not unethical — failure to prioritize is!

- Tax:** tobacco, alcohol, sugar-sweetened beverages, salt, carbon
- Regulate:** smoke-free public spaces, nicotine, sodium levels, trans fat elimination, alcohol sales and drunk driving, health care quality
- Warn:** plain tobacco packaging, front of pack warnings on unhealthy food



Tobacco is the #1 preventable cause of death in the world

Source: Campaign for Tobacco-Free Kids

Courage is essential for success

Focus on impact is not unethical — failure to prioritize is!

- Transparency** on clinical decision-making and industry influence
- Enable each provider type to practice at **top of capability**
- Control costs, select **optimal medications**
- Try** new approaches, evaluate rigorously, share results openly



Primary health care most needed,
most neglected



Thailand is model of quality,
accessible care

Universal health
coverage must
be more than a
slogan

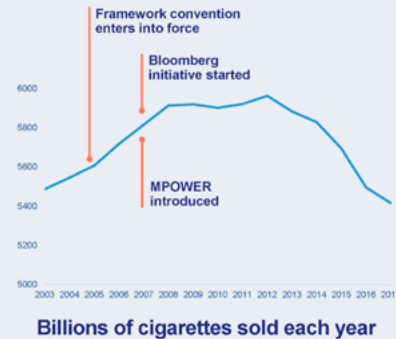
Hypertension control is crucial, and a
pathfinder for primary care

- Evidence-based protocols
- Regular supply of drugs and logistics
- Team-based care
- Patient-centered services
- Rigorous accountability and continuous quality improvement

Universal health
coverage must
be more than a
slogan

TOP

Technical,
Operational,
Political
aspects are essential
for health progress



Cigarette sales
are falling for
the first time in
history

Source: Euromonitor International, 2018

When does
 $50 + 30 + 0 = 100?$

We can save 100
million lives over
the next 30 years



Increase global control of
blood pressure from 14% to
50%



Reduce global dietary
sodium intake by
30%



Eliminate artificial trans fats
0%

Recognize conflict and
common interests

Have the courage to
treat NCDs as the life-
threatening emergency
they are!

**Act today
to protect**

our families
our communities
our countries
our world

RESOLVE
TO SAVE LIVES
AN INITIATIVE OF THE RESOLVE FOUNDATION



Leah DODDS

Research Associate
University of Miami
USA

Your Royal Highness

Dominica, a low-middle income country with a meager population of 73000, undoubtedly embodies "The Nature Isle of the Caribbean". Unfortunately, amidst its beauty and splendor, not too far away from the breathtaking beaches where the Pirates of the Caribbean was filmed, lie communities afflicted with extreme poverty and the crippling burden of chronic diseases. Dominica is both my home and one of the most underdeveloped countries in the Caribbean, a reality that did not become apparent to me until I experienced stark differences after moving to the United States.

Perhaps the biggest shock was witnessing drastically different levels of health literacy and prevention compared to my home country.

As a young transfer student, moving to America was both challenging and exciting. Although I was eager to pursue the education of my dreams, I had to navigate a different culture in a very fast-paced society. Perhaps the biggest shock was witnessing drastically different levels of health literacy and prevention compared to my home country. In America, my peers were more autonomous, especially with regards to their health. Many utilized various clinical and preventative services (such as contraceptives and seasonal flu shots) and were knowledgeable on how to integrate them into their daily regime. Meanwhile, it was only through my research experiences, in gynecological cancers, that I was exposed to the power of prevention by screenings and prophylactic surgeries. In fact, it was not until my research mentor inquired about my receiving of the HPV vaccine that the importance of health advocacy and disease prevention finally hit home. To my disbelief, I had no idea that the HPV vaccine existed, and at the age of 21, I had not received the treatment series. But I did know of Ella, a Dominican friend, who became a victim of metastatic cervical cancer. She passed away at the age of 23.

At the University of Miami, I decided to turn my shock, into action by dedicating my energy towards making a difference in women's lives globally. In Spring 2017, I served as a medical volunteer in Nicaragua with Vida Volunteers - a non-profit organization whose mission is to improve the well-being of rural Central American communities through the implementation of free mobile clinics. My most memorable moment was when a 32-year old woman and mother of 4, let's call her Maria, walked into the clinic. Maria complained of a burning sensation after eating while also admitting that she often induced vomiting for relief. Despite this, her primary complaint was that she could not understand the results from an ultrasound exam. After perusal of the report, Dr. Ramirez, the head doctor of the program, explained to

Maria that she had irritable bowel syndrome, fatty liver grade II and uterine fibroids in addition to her previous diagnosis of hypertension and type II diabetes. As they engaged in further conversation, Maria described her challenges with accessing care and her difficulties with prioritizing health.

She was the sole-provider of her household with a measly income as a craftswoman. With no medical facilities within 10 miles of her home, Maria considered seeking medical advice an inconvenience and a burden to her family. In fact, she had been constipated with a bloody discharge for over 5 years but took no action due to the demanding responsibilities of a single-mother. As Maria sat uncomfortably in pain expressing her frustrations, she began to weep. I was overwhelmed. Although I tried to maintain a professional composure during this encounter, tears ran down my cheeks as I could not help but empathize with her pain. We provided her with medication to control her NCDs, in addition to referrals, as we did not provide all the services, necessary for her treatment. Knowing that we were limited in our scope of aid, I felt powerless. I was even more concerned that she would leave our clinic plagued by diseases, with only fleeting hope that she would follow through with our recommendations.

Through this experience, and my time in Nicaragua, I learnt that while ensuring access to screening for all is a vital part of the transformative work that must take place in healthcare, education and broader support to help those most at-risk, is imperative to inform effective health policy. I also learnt that the risk factors associated with NCDs and other chronic illnesses in LMICs are largely due to socio-demographic effects. LMICs need better surveillance to increase screening and prevention strategies. However, we cannot stop there. High-risk populations need frequent preventive follow-ups, nutrition guidelines, psychological counseling, and information on how to

I knew that
bridging the gap
between underserved
populations and access
to care was exactly
how I wanted to make
a difference as
a future physician

decrease risk factors. They may need support to cover transportation costs or child-care. And we must think about how the broader context – whether it be stigma or violence or the food environment – may make it challenging for those at risk to follow medical advice.

While my encounter with Maria was brief, it created a lasting impression. After leaving Nicaragua, I knew that bridging the gap between underserved populations and access to care was exactly how I wanted to make a difference as a future physician. As a result, I have decided to not only follow a path in female reproductive health as an OB/GYN, but to also use the insights of an MD/PhD dual degree to prepare myself for a career as a revolutionary physician, influencing health policy and administrative decision making within medical delivery.

Together, we can truly improve the quality of human life, and thus decrease the number of individuals that must face detrimental life outcomes

Since I first moved to America, I have learned that despite the surface-level efficiency of the American health system, many of the deep-rooted issues evident in my home country and other developing countries also exist in the most developed and technologically advanced countries in the world. Therefore, conventional medical practice and education will not suffice when advocating for prevention. We need to be creative. In partnership with Urgent Cuts Barbershop in Overtown-Miami, for example, I'm helping to provide free monthly hypertension screenings and preventive education for cardiovascular disease to men waiting to get their hair cut. Last year, I served as a site leader on a Community Health project at 180 Degree Farm in Georgia – an initiative that provides organic food to families fighting cancer, who may have insurance for treatment but are financially unable to afford a nutritious meal.

These experiences have taught me that effective NCD prevention and control requires multi-sectoral and coordinated multi-stakeholder engagement and an explicit focus on health equity. I also believe a life-course approach is required, as younger generations globally are exposed to a range of risk factors. My hope is that we translate community input into meaningful communication and teaching resources, especially amongst young adults. I will do everything in my power to ensure that stories like that of Maria are heard, but also to bring my generation along with me as we build a strong foundation for the achievement of the sustainable development goals. Together, we can truly improve the quality of human life, and thus decrease the number of individuals that must face detrimental life outcomes like 23-year old Ella.

Thank You.



PMAC | PRINCE MAHIDOL AWARD CONFERENCE 2019

THE POLITICAL ECONOMY OF NCDs : A WHOLE OF SOCIETY APPROACH

29 JAN -3 FEB 2019 | BANGKOK, THAILAND



PRINCE MAHIDOL AWARD CONFERENCE

29 JAN -3 FEB 2019 | BANGKOK, THAILAND

PMAC 2019



CONFERENCE SESSIONS AT A GLANCE

OPENING SESSION & KEYNOTE ADDRESS



UNIVERSAL
HEALTH
COVERAGE
MUST BE MORE
THAN
A SLOGAN

TOM FRIEDEN

PLENARY 0 Political Economy of NCD: Players, Powers and Policy Processes



POLITICAL
ECONOMY IS
UNCONVENTIONAL
BUT THIS
CONFERENCE
COULD BRING IT
CONVENTIONAL

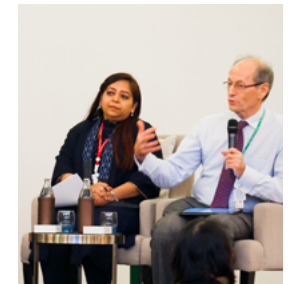
MICHAEL R. REICH



PLENARY 1 The Political Economy of the Determinants of NCDs: Accelerating Actions for Prevention

WE NEED
TO TAKE ACTIONS
TO REDUCE
SOCIAL INJUSTICE.

MICHAEL MARMOT



PS1.1: Addressing the Behavioural Determinants of NCDs: Empowering or Victim- Blaming?



PS1.3: The Commercial Determinants of Non-Communicable Diseases



PS1.2: Action Beyond the Health Sector – Addressing the Social Determinants of NCDs

THE GOAL OF SDG IS HEALTH, BUT THE RESPONSE NOT ALL IN HEALTH SECTOR

ANDERS NORDSTRÖM



PS1.4: Interrogating [fiscal/public] Policies and Politics

CONVENTIONAL MEDICAL PRACTICE AND EDUCATION IS NOT ENOUGH; WE NEED TO BE CREATIVE IN ADVOCATING PREVENTION.

LEAH DODDS



PS1.5: Win-Win Strategy for the Control and Prevention of NCDs and Tackling Environment and Climate Challenges

PLENARY 2

Address Determinants
of NCD: the Whole
of Government and
Systems Response



HEALTH AND WELL-BEING
GO BEYOND HEALTH
AND WE NEED TO
ACKNOWLEDGE THIS
IN COLLABORATIONS
WE CREATE

DOUG BETTCHER



PS2.1: Building Ethical
Systems for Public Interest
in the National Response
to NCDs

PS2.2: Intelligence
Systems and
Institutional
Capacities in
Response to NCDs



WE NEED REAL
ACTIONS FROM
GOVERNMENT
TO BUILD
ETHICAL SYSTEM

SALLY CASSWELL

PS2.3: Imperative
Need for Paradigm
Shift of Health
Systems: A Holistic
Response to NCD

THE BEST
PARTNERSHIP
BETWEEN PRIVATE
AND PUBLIC SECTORS
UNTIL THIS DAY IS
TAXATION

PAULA JOHNS



KNOWLEDGE
IS VITAL TO
ENHANCE
THE PUBLIC
WILL WHICH
THEREAFTER
DRIVES THE
POLITICAL WILL

TIM EVANS



PS2.4: Implementing the
'Best Buys' and Effective
Interventions at City and
Local Level: Showcasing
Multisectoral Action



WE SHOULD
MOVE BEYOND
THE ONE SIZE
FITS ALL
APPROACH

YIK YING TEO



IT MIGHT NOT
BE A HAPPY END
BUT A BETTER WORLD
POSSIBLE

TOMÁS REINOSO

PS2.5: Best Buys,
Wasted Buys and
Controversies in
NCD Prevention



PLENARY 3

Governance of the NCD
Response – Who Is in Control?



LEADERS DO NOT
WORK IN THE
SPACE WHERE IT
IS POSSIBLE OR
IMPOSSIBLE;
THEY WORK IN
SPACES BEYOND
IMAGINATION

SUSAN MERCADO



PS3.1: The Prisoner's
Dilemma or the
Dilemma's Prisoners?
Challenges at the
Frontier of NCD
Control

PS3.2: Financing of
NCD Response:
Reality-Testing Domestic,
Blended and ODA
Finance Options



POLICY-MAKING
[...] SHOULD BE
BASED ON REAL
ENGAGEMENT
OF THE
ISSUE AND
UNDERSTANDING
WHAT THE
EVIDENCE IS.

MARKUS LOW



PS3.3: What's Law
Got to Do with It ?

PS3.4: No Progress Without
Action: A New Era of
Accountability to End
Empty Promises for NCD
Prevention and Control



PS3.5: Framing
NCDs to Accelerate
Political Action



GOVERNMENTS
CAN'T DO THIS
ALONE [IN NCDs
PREVENTION].

TAMU DAVIDSON

SYNTHESIS:
SUMMARY,
CONCLUSION &
RECOMMENDATIONS

WE NEED
INTERNATIONAL
LEGALLY BINDING
INSTRUMENT
TO CONTROL
INDUSTRY...

PRAKIT VASTHESATOGKIT





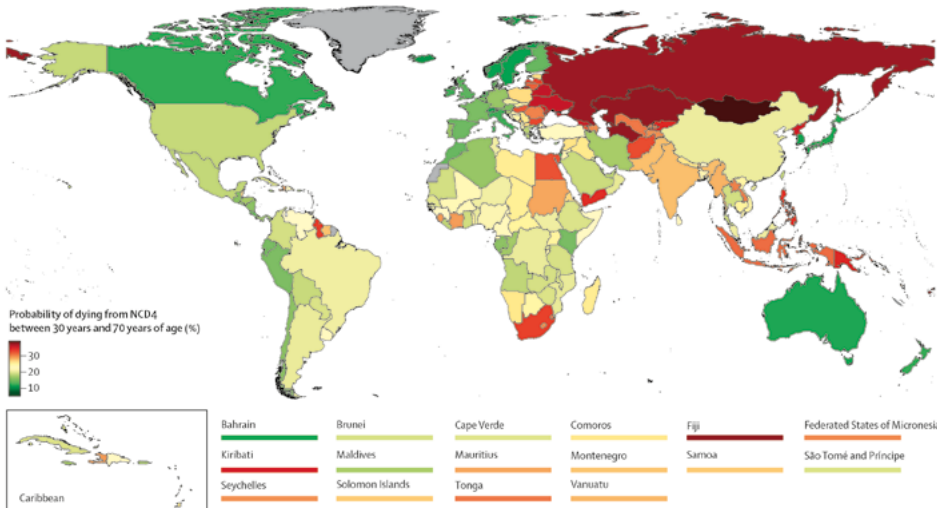
PMAC 2019 SYNTHESIS



NCDs

A CRITICAL GLOBAL HEALTH AGENDA

In the 21st century, NCDs have overtaken infectious diseases as the leading cause of global mortality. The issue has shifted traditional development thinking in public health agenda, which has long focused primarily on infectious diseases and maternal and child mortality as priorities for international actions. NCDs,



SOURCE: NCD COUNTDOWN 2030 COLLABORATORS LANCET 2018

which include cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory diseases, are the leading cause of death and prominent cause of disability worldwide, especially in low and middle-income countries (LMICs), where economic growth and modernization have opened wide the entry point for the spread of unhealthy lifestyles. Recent data of WHO NCD country profiles 2018 shows that NCDs cause 41 million deaths out of 57 million global deaths, where 78% of deaths and 85% of premature

deaths occur in LMICs. In 2010, the World Economic Forum highlighted that NCDs contribute to the loss of approximately half of the global gross domestic products (GDP).

78%
OF NCD DEATHS
OCCURRED IN
LOW AND MIDDLE-
INCOME COUNTRIES

GLOBAL COMMITMENT ON NCD PREVENTION AND CONTROL

Year 2011 marks a historic event when the UN General Assembly High Level Meeting (UNGA HLM) passed the Political Declaration on NCDs Prevention and Control reiterating the importance of joint-action of stakeholders beyond the health sector. In 2013, the World Health

GLOBAL COMMITMENT ON NCD PREVENTION AND CONTROL

Assembly endorsed the Global Action Plan for the Prevention and Control of NCDs 2013-2020, which highlighted the proven cost-effective population-wide and individual targeted interventions, known as “Best Buys” to assist countries in implementing policy actions. In 2015, the Sustainable Development Goals (SDGs) included a target (3.4) to reduce by one third premature mortality by 2030 through prevention and treatment and promoting mental health and well-being.

Despite the global commitments and the availability of scientific evidence, cost-effective intervention good practices and “best buys”, the progress of NCD prevention and control have been



Source: Dain K. A New Era of Accountability to End Empty Promises for NCD Prevention and Control. Prince Mahidol Award Conference, Parallel session 3.4; 1-3 Feb 2019; Bangkok, Thailand: 2019

deemed as insufficient globally. Many countries around the world have not been able to successfully implement cost-effective interventions. In 2018, the WHO Director –General reported back to UNGA HLM that most of the UN Member States are off track towards NCD prevention and control achievement.



DETERMINANTS AND ROOT CAUSES OF NCDs

NCDs are influenced by a series of complex, dynamic and intertwined interaction between health, economic growth and development. Evidence confirms that the majority of the health burdens from NCDs are attributable to from four major behavioral risks including but not limited to, unhealthy diet, tobacco use, harmful use of alcohol and insufficient physical activity. Currently, the community is moving away from 4 by 4 paradigm to a 5 by 5 when environmental pollution is added as one of the determinants and risk factor for NCDs, as well as, mental health.

The international community has increasingly come to recognize that the causes of NCDs are largely linked to the political economy context that requires multi-sectoral engagement that goes beyond health. Under the political economy lens, the root causes of NCDs are understood in the systematic approaches which include social, commercial and environmental determinants of health.

3.1 SOCIAL DETERMINANTS

Major social determinants of NCDs encompass from socio-economic context, inequality level of education, gender, ethnicity, social norms, cultural beliefs and practices, social exclusion, income, employment, access to health services, transportation, to social and community support networks including social cohesion. These determinants are rooted deeply within social inequality and shaped by the economic ideological and political structures. For example, poverty, lack of education, and unemployment are largely linked with higher consumption of alcohol, unhealthy food, and higher exposure to NCD risks. Interventions on social determinants of NCDs are central

to achieving not only SDG target 3.4 on the one third reduction of premature mortality from NCDs, but also SDG 3.8 on enhancing universal health coverage.

FOOD COMMERCIAL DETERMINANT OF HEALTH

Source: Monteiro CA. The role of the transnational ultra-processed food industry in the pandemic of obesity and its associated diseases: problems and solutions Prince Mahidol Award Conference (Parallel session 1.3); 1-3 Feb 2019; Bangkok, Thailand: 2019



Global sales from these companies: US\$1,1 bi/day (2013)

3.2 COMMERCIAL DETERMINANTS

Commercial determinants, or strategies and approaches used by the private/corporate sector to promote products and choices that are detrimental to health, are widely discussed in plenary and parallel sessions. Corporate influence is usually exerted through various channels such as unethical marketing of unhealthy commodities to children, misled discourse towards individual responsibility for consumption, and lobbying to negatively

influence policies, and corporate social responsibility strategies to exert national and international influences. For example, Tobacco industry cigarettes account for around 2/3 of the illicit cigarette market, industry resists and interferes with the "Illicit Trade Protocol" Litigation in international and domestic trades.

Perceived conflict of interest (COI) between regulators, government officials and industries, regulatory capture and industry funded research and foundation. Solutions for commercial determinants often lie outside the health sector, in the domains of finance, trade and investment policies and often require multi-sectoral actions.

Annual total volume sales of ultra-processed foods
South and Southeast Asia



Source: Vandevijver S, Jaacks L, Monteiro CA et al. Global trends in ultra-processed food and drink product sales and their association with adult body mass index trajectories, 2002-2014. Paper submitted

3.3

ENVIRONMENTAL DETERMINANTS

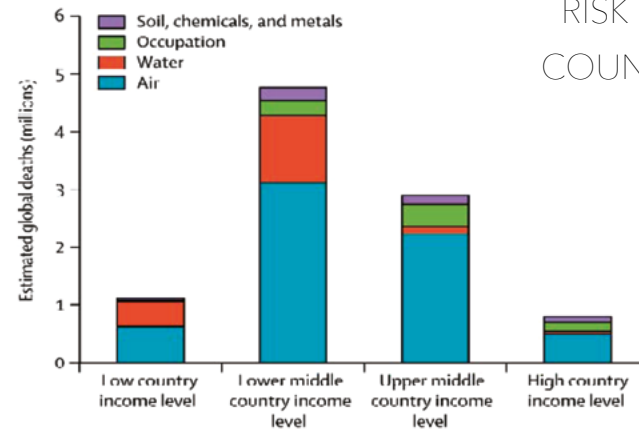
Growing evidence indicates that environmental determinants such as air pollution and climate change contribute significantly to increase NCD risks throughout the life course. Air pollution alone causes about 6.5 million deaths per year. Evidence also shows that there is a strong causal association between PM2.5 pollution and cardiovascular and pulmonary disease as well as diabetes, decreased cognitive function, and hyperactivity disorder and autism in children. However, integrated solutions are not effectively considered in policies and interventions across sectors that would provide the greatest beneficial long-term impact on health, especially of vulnerable population. Improving our understanding of the

linkages between environmental determinants and NCDs will provide support to whole-of-government and whole-of-society actions to formulate co-benefits policies and actions not only for prevention and control of NCDs but also reversing the alarming trend of environmental degradation and climate change.

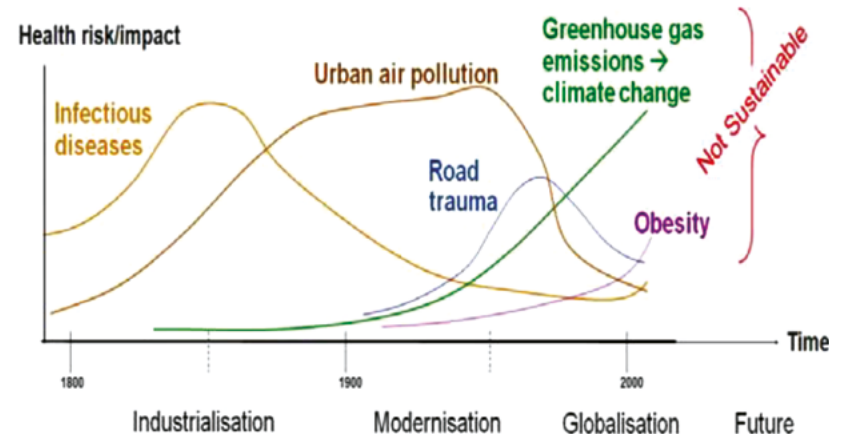
URBAN ENVIRONMENTAL DETERMINANTS OF NCDs

Source: Capon T. Urban environmental determinants of NCDs (Parallel session 1.5); 1-3 Feb 2019; Bangkok, Thailand: 2019.

ESTIMATED DEATHS BY POLLUTION RISK FACTOR AND COUNTRY INCOME LEVEL, 2015



Source: Suk WA. Environmental Pollution and NCDs and the Impact on Children's Health (Parallel session 1.5); 1-3 Feb 2019; Bangkok, Thailand: 2019.





CHALLENGES IN NCD PREVENTION AND CONTROL

GAPS

It is acknowledged that efforts to tackle NCDs require a new paradigm shift and systems approach while taking into account the political economy context. Conventional reductionist approaches in health policy and planning processes are inadequate and continue to hinder system response to NCDs. Two gaps were identified in the discussions during the conference: Policy and implementation gaps and evidence gaps.

4.1

POLICY AND IMPLEMENTATION GAPS

Policy inertia, or the reluctance to regulate NCD risk factors, is acknowledged as the major cause in stagnation of policy and implementation both at the global and national levels. A principal source of this policy inertia is the power of vested interests by commercial actors whose engagement in policy and decision-making process often constitutes a conflict of interest that is at odds with public health goals.

At the global level, policy and implementation gaps are caused by the absence of global accountability mechanism and lack of internationally legally binding instruments in regulating NCD risk factors, as well as low engagement and poorly organized global actors in advancing the NCD agenda. It is also worsened by the lack of policy coherence between public health goals versus economic growth. For example, SDG 8 supports economic growth and SDG 17 supports global partnership, which both goals can provide a platform for industry interference and conflict of interest. At the national level,

continued neglect of NCDs is a result of political neglect. Lack of political will and leadership, limited capacity of government agencies, and weak governance when dealing with corruption and conflict of interest are considered major challenges which result in the weak regulatory mechanism, resources including financial investment, and infrastructure to facilitate policy adoption and implementation.

4.2

EVIDENCE GAPS

Addressing NCDs using the political economy lens require different perspectives, interests and power of different stakeholders are taken into account. Currently there is a lack of political economy analysis in the public health arena, both at the global and national levels. Policy evaluation and assessment in holistic approach on health outcomes that include perspective outside the health sectors are still limited, especially in LMICs. Evidence related to emerging health risk factors such as air pollution and climate change are still scarce in public health literature. Understanding the challenge and impact of political economy to the health system and beyond will help create more effective decision-making processes in addressing NCDs at the global and national levels.

SOLUTIONS AND ROLE OF ACTORS

The conference deliberations generated solutions and actions at the global and national levels required to advance NCD prevention and control at the global and national levels.



5.1

ACTIONS BY GLOBAL ACTORS

At the global level, two actions are identified.

First,

there is a need to strengthen global governance regimes through the development of legally binding international agreements.

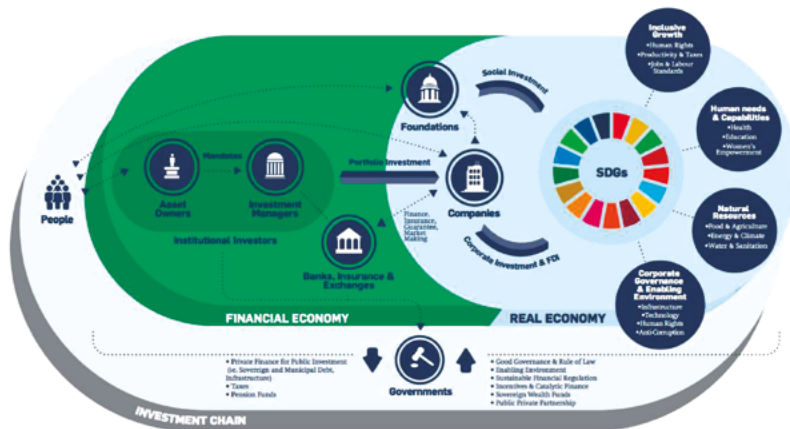
- Learning from the Framework Convention on Tobacco Control (FCTC), Member States can start to negotiate the development of the convention framework for alcohol control and food systems to help foster coherent policies and regulatory measures against industry interferences.
- There is also a need to promote multi-sectoral collaborations and support accountability across all stakeholders in health and non-health sectors at all levels.

Second,

it is critical to improve the global financing mechanisms for NCD prevention and control. It is critical to fill the gaps in funding and development assistance for health in low income countries, and align them with countries' NCD prevention and control plans. It is also possible to integrate NCDs into the existing financing mechanism and explore new innovative financing sources and models through bilateral and multilateral cooperation.

INNOVATIVE FINANCING MECHANISM FOR THE SDGs

Source: Feigl A. Billions needed for NCDs – can innovative finance deliver?. Prince Mahidol Award Conference (Parallel session 3.2); 1-3 Feb 2019; Bangkok, Thailand: 2019.



5.2

ACTIONS BY NATIONAL ACTORS

At the national level,
five actions are identified.

First,

there is a need to improve governance and leadership which can translate political commitment into policy and actions with an application of whole-of-government and health-in-all-policies approaches.

5

ACTIONS

Second,

mobilizing public sector budget and prioritizing resource allocation for NCD prevention and control requires innovative financing mechanisms such as introducing pro-health taxes and designing provider payment to support continuum of care.

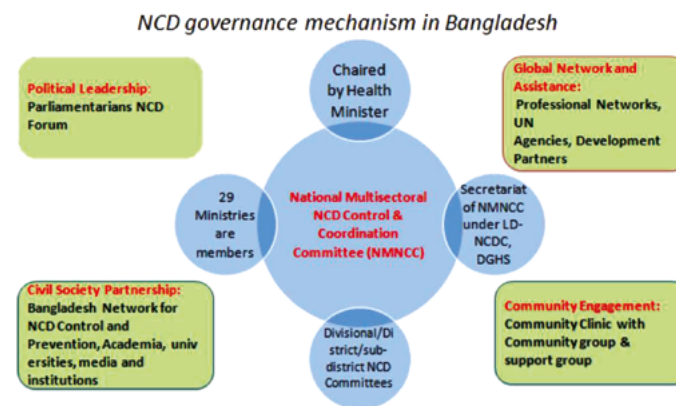
Third,

implementation capacities at the national level need improvement. Health delivery system should respond to demographic and epidemiological transitions including ensuring that diagnostic and essential medicines for NCDs and mental health are available at primary health care level. The implementation of FCTC and 16 best buys of NCD prevention and control should be strengthened in line with country priority and context.

Fourth,

there is a need for a whole society approach that emphasizes collaboration and partnership among government, private sectors, and civil society to transform the physical, economic, social and digital environment.

EXAMPLE OF NATIONAL POLICY - NCD GOVERNANCE MECHANISM IN BANGLADESH

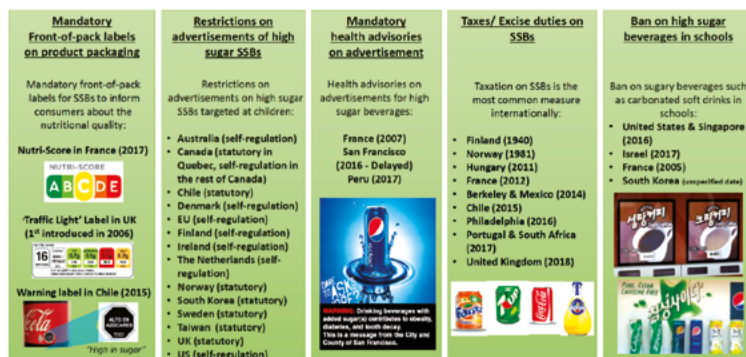


Source: Hussain E. Governance for NCDs in Bangladesh. Prince Mahidol Award Conference (Parallel session 2.3); 1-3 Feb 2019; Bangkok, Thailand: 2019.

Fifth,

it is critical to address the gaps in the evidence and information system, especially misinformation and de-normalization by industries through supporting evidence-based social movement and policy advocacy and investing in implementation research and the use of information for policy monitoring.

EXAMPLE OF NATIONAL POLICY - SINGAPORE NATIONAL POLICIES ON NCD PREVENTION GUIDED BY GLOBAL INTELLIGENCE



Source: Teo YY. Singapore's War on Diabetes: A model of using intelligence systems to prioritise NCD action. Prince Mahidol Award Conference (Parallel session 2.2); 1-3 Feb 2019; Bangkok, Thailand: 2019.

5.3

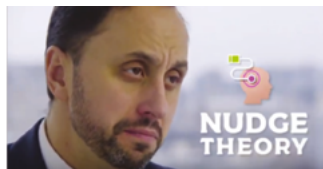
ACTIONS BY COMMUNITY

What community can do, civil society engagement and social mobilization is really important to influence political actions and hold politicians accountable. Engaging people living with NCDs is really important, building alliances for NCDs at the community level, for example, Healthy city movement. It is very promising and excellent result in terms of health outcomes and NCD prevention. There was an example from Sri Lanka, there were many other examples, a few are highlighted, establish community infrastructures for management and control of NCDs, establishing Healthy Lifestyle Centers in 2011.

5.3

ACTIONS BY INDIVIDUAL

An action by the individual focuses on behavioral determinants. The video about the UK's experiences on how to change for life, how to empower and inform consumers to have healthy decision is interesting. Application of NUDGE theory in combination with CHOICE architecture to influence individual behaviour in favour of healthy choices can be seen in the video, available on <https://www.youtube.com/watch?v=c2gjm6vEls8>



HEALTHY
MEETING

PMAC 2019 was really a healthy meeting with the massage corner, healthy foods, water as default, alcohol and tobacco free, physical activity every morning, standing zone in the meeting room and sedentary break during the sessions. It is important to set global and national norm and standard of healthy and active meeting.



MENTAL PLEASANT ENVIRONMENT

Massage
Meditation



HEALTHIER FOOD AND NUTRITION

Variety of grains
fruits, vegetables
Water as default
Alcohol & tobacco free



PHYSICALLY ACTIVE

Standing zone during meeting
Active breaks
Active zone

BANGKOK STATEMENT

THE POLITICAL ECONOMY
OF NON-COMMUNICABLE DISEASES:
A WHOLE OF SOCIETY APPROACH



We, Ministers of Health, representatives of government institutions, civil society organizations, communities, academia, the private sector and development partners, participants in the Prince Mahidol Award Conference 2019, gathered in Bangkok on 1-3 February 2019 to learn, share experiences and commit to act;

1. Reaffirming the right to health enshrined in the Universal Declaration of Human Rights, the World Health Organization Constitution, and the 1978 Declaration of Alma-Ata and 2018 Astana Declaration on Primary Health Care, defined as the enjoyment of the highest attainable standard of health as a fundamental right of every human being;
2. Welcoming the vision of the 2030 Agenda for Sustainable Development for a society that is just, equitable and inclusive, leaving no one behind, its call for countries to take urgent action to combat climate change and its impacts, and ensure healthy lives and promote well-being for all at all ages, including by reducing premature mortality from non-communicable diseases (NCDs) by one third by 2030 through prevention and treatment, ending malnutrition in all its forms, and promoting mental health and well-being;

3. Reaffirming the Rio Political Declaration on the Social Determinants of Health 2011 which recognised that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable;
4. Deeply concerned by the growing burden of non-communicable diseases (NCDs) including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, as well as mental health conditions, and their shared risk factors (tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol, and the environmental determinants) globally and especially in low and middle income countries, that experience the vast majority of premature deaths from NCDs (86%) and the disproportionate impact on poorer people and communities;
5. Aware of the detrimental impacts of NCDs including mental health conditions on sustainable development and the projected economic cost to developing countries of over US \$21 trillion between 2011 and 2030;
6. Aware of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, adopted in 2010 by the World Health Assembly, and cognizant that inappropriate food marketing has a harmful impact on children's eating behaviours and body weight;
7. Recognizing the UN Decade of Action on Nutrition (2016-2025), through which Member States can commit to increase investments for better nutrition and healthy diets, the availability and affordability of healthy, safe nutritious food, including fruits and vegetables, and ensure implementation of coherent policies and effective programmes, following the recommendations of the ICN2 Framework for Action in support of the goals of the 2030 Agenda for Sustainable Development;

8. Recalling the commitments in Political Declarations of 2011, 2014 and 2018, in which Heads of State and Government and their representatives, recognized that effective NCD prevention and control requires whole-of-government approaches, acknowledged the important role played by all relevant stakeholders, recalled the need to protect public health policies for NCDs from undue influence by any form of real, perceived or potential conflict of interest, active industry interference to governments' NCD prevention and control policies, and reaffirmed that whole-of-society action must be bold and equity-based in order to achieve the NCD targets;
9. Noting the insufficient and uneven progress to date, and the 2018 Political Declaration's commitments to accelerate NCD responses and increase global awareness, action and international cooperation on environmental risk factors; while acknowledging the progress achieved by some countries on honouring previous political commitments;
10. Emphasizing the importance of universal health coverage, the principle of leaving no-one behind and recognising the concept of human security, for reducing premature NCD-related illness and mortality, especially inequities thereof;
11. Concerned by the persistent lack of adequate, predictable and sustained resources and institutional capacities required to address NCDs in primary prevention and health systems responses and fulfill national and global commitments;
12. Recalling the Addis Ababa Action Agenda on Financing for Development, which recognized price and tax measures on tobacco as an effective and important means to reduce tobacco consumption and associated health-care costs, while representing a potential revenue stream for financing for development in many countries;

13. Recognizing that every US\$ 1 invested in the WHO 'Best Buys' will yield a projected return of at least US\$ 7 by 2030. Implementing these cost-effective interventions will contribute to a 15% reduction in premature mortality by 2030, prevent more than 17 million episodes of ischemic heart disease and stroke cases and save 8.2 million lives in low- and lower-middle-income countries (LMICs) by 2030;
14. Recognizing that alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks; that although evidence is available on the most cost-effective 'best buy' actions which include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across all types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol; these are yet to be fully implemented;
15. Aware of the economic, commercial and market factors which contribute to NCD burdens and inequities and require specific attention, including through strengthened regulatory systems and governance structures which identify and address conflicts of interest;
16. Recalling the significant impact of the AIDS response on global health and recognising how its key structural elements as well as service platforms could guide the response to NCDs, particularly the contribution from partnership between national authorities, civil society, private sector, and development partners.

Agree to work together and across sectors and levels to accelerate action to prevent and control of NCDs, in particular;

National governments, in partnership with civil society organisations and communities, and with support from development partners as appropriate, to:

- a. Commit to three to five years of politically driven, intensive efforts to scale up national responses to attain SDG target 3.4 based on affordability, promoting quality and innovation;
- b. Expand affordable and sustainable access to healthy diets that are sustainably produced, quality NCD prevention and care services and develop and enforce measures to prohibit any form of discrimination in their access;
- c. Establish and regularly convene multi-sectoral coordination structures that enable effective cross-sectoral actions including by safeguarding and managing conflicts of interests which unduly influence NCD prevention and control policies, adhering in particular to article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC) that calls on Parties to protect policies from commercial and other vested interests of the tobacco industry in accordance with national law;
- d. Increase domestic financing and accelerate investments in NCD prevention and control, in particular 'Best Buy' interventions, including those based on investment case derived priorities, and those which would increase the availability and accessibility of technical assistance.
- e. Ensure that families, communities, civil society, historically vulnerable and excluded groups, including women and girls, young people, people living with NCDs and the general public can engage in and inform the design, delivery and accountability of policies, services, programmes and initiatives and effectively claim their rights and in particular develop gender-sensitive approaches to delivering population and individual services taking into account the needs of women and girls.

- f. Ensure the inclusion of children and young people in all aspects of NCD prevention and control policies and strategies, recognizing that many major risk factors are shaped early in life, that addressing them requires the involvement of families, and that NCDs are increasingly affecting younger people.
- g. Minimize policy incoherence across government agencies which weakens NCD prevention and control policies and programmatic actions;
- h. Ensure that trade and investment agreements consider and prevent any adverse consequences for NCD prevention and control, and do not restrict governments from introducing policies and laws, including in relation to the regulation of health-harming products and polluting processes and ensuring access to healthy diets and life-saving medicines.
- i. Encourage the development of evidence-based global framework treaties, standards and norms that address health-harming products, including but not limited to alcohol and products high in saturated fats, simple sugars and salts, and stimulate and reinforce the development of framework legislation at national level as well as global and regional policy coherence.
- j. Ensure population-wide coverage of effective regulatory measures to reduce demand for and supply of health-harming products, including but not limited to raised excise taxes and bans or restrictions on marketing, promotion and sponsorship and restriction of availability.
- k. Raise public and political awareness on NCDs and their economic burdens through the life-course, their risk factors, and health service access, development of health workforce, strengthen NCD health literacy in the population, noting how dimensions of inequities are shaped by these, and underscoring the need for all stakeholders to accelerate effective and equity-based responses;
- l. Invest in priority NCD-related policy and implementation research to evaluate health impacts of public policies on food security, trade, agriculture, and rural/urban development, as well as the analysis of enablers and barriers to establishing cross-sectoral coordination mechanisms.
- m. Strengthen the health system response to NCDs by (i) prioritizing sectoral and intersectoral public health action delivering effective health promotion disease prevention and equitable access to health care throughout the life course, (ii) moving towards multi-profile primary health care proactively managing population health and integrated with other levels of health and social care, and (iii) investing in the health workforce to ensure a skill mix and competencies fit for the future integrated service delivery models centered around people and their needs and (iv) Emphasize the importance of integrating the responses at all levels, including community systems, to address the interface between NCDs and communicable diseases like HIV/AIDS and TB;
- n. Strengthen the national monitoring and evaluation systems which contribute to increased accountability for commitments made on NCD prevention and control, including by reporting progress through the annual High-level Political Forum national review processes and the SDG reporting requirements.

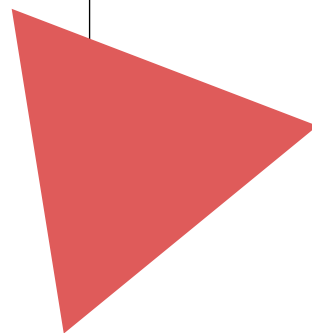
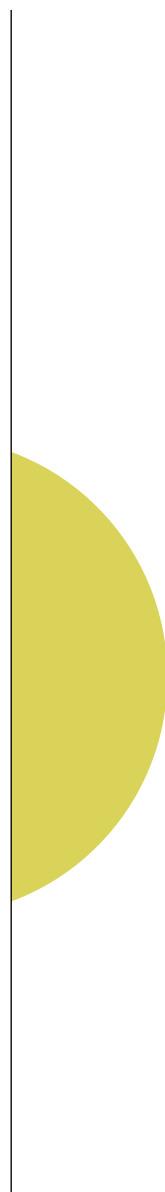
Development partners, including United Nations agencies, international organizations, development banks, foundations and others, to:

- o. Support efforts to build and strengthen the institutional, administrative and scientific capacity of governments and civil society for integrated, multisectoral and participatory approaches to the prevention and control of NCDs, within and beyond the imperative of universal health coverage;
- p. Facilitate south-south and triangular collaborations and exchanges of knowledge and experiences across countries and regions, especially with regards to the implementation of Sustainable Development Goal targets 3.4, 3.5, 3.8, 3.9, 3.a, and 3.b as well as related targets across Agenda 2030 including but not limited to those on poverty, hunger, malnutrition, energy, economic growth, climate change and environment, inequalities, consumption, governance and policy coherence.
- q. Leverage existing partnership structures including the Global Coordination Mechanism on NCDs, the UN Inter-Agency Task Force on the Prevention and Control of NCDs and the UN Sustainable Development Frameworks to support state and non-state actors, including the private sector and private foundations as appropriate, as well as research institutions, to scale-up their responses, while increasing their accountability towards the prevention and control of NCDs.
- r. Encourage the development of an evidence-based comprehensive normative and technical support framework that expands the coverage and depth of taxes on sugar sweetened beverages, tobacco and alcohol products; fiscal reforms on polluting fuels and technologies (e.g. fossil fuel subsidies) and establishes/enforces bans on marketing of health-harming products;

- s. Protect, promote and support breastfeeding for every breastfeeding (lactating) woman, everywhere, at all times;
- t. Develop, in line with the relevant resolutions of the ECOSOC, the Political Declaration of the Third high level meeting of the General Assembly, the recommendation of the WHO Independent High-Level Commission on Noncommunicable Disease, a mechanism for providing catalytic financing to support countries in developing targeted, prioritised and fiscally sustainable national NCD response plans and structures.

All stakeholders including development partners, industry, academia, professional organizations, health workers, civil society organizations, environmental and climate change actors and others;

- u. Raise public and political attention to addressing environmental determinants and risks for NCDs, at local, national, regional and global levels, and support the scale up of integrated approaches with a focus on addressing the relationship between air pollution and premature deaths from NCDs, as well as other key environmental and climate-related risk factors of NCDs, including with a particular focus on women and children.
- v. Invest in building and strengthening the evidence-base interventions which address the commercial determinants of NCDs, make visible the adverse effects of industry interference in policy, and working within and across our respective institutions to accelerate bold and equity-based approaches to NCDs.
- w. Support the development and strengthening of public-private partnerships, while ensuring that such partnerships effectively address any conflicts of interest between economic interests or incentives and public health, giving priority to the right to health, the commitments made for NCD prevention and control, and the pledge to leave no one behind.



ANNEXES

ANNEX I

PRINCE MAHIDOL AWARD CONFERENCE 2019

INTERNATIONAL ORGANIZING COMMITTEE

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Vicharn Panich	Chair, International Award Committee	Prince Mahidol Award Foundation, Thailand	Chair
Dr. Naoko Yamamoto	Assistant Director-General for Universal Health Coverage and Health Systems Cluster	World Health Organization, Switzerland	Co-Chair
Dr. Timothy Evans	Senior Director for Health, Nutrition and Population	The World Bank, USA	Co-Chair
Mr. Abdoulaye Mar Dieye	Assistant Secretary General, Assistant Administrator, and Director, Bureau for Policy and Programme Support	United Nations Development Programme, USA	Co-Chair
Dr. Michel Sidibé	Executive Director	Joint United Nations Programme on HIV/AIDS, Switzerland	Co-Chair
Mr. Peter Sands	Executive Director	The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland	Co-Chair
Dr. Alma Golden	Deputy Assistant Administrator, Bureau for Global Health	United States Agency for International Development, USA	Co-Chair
Dr. Roger Glass	Director, Fogarty International Center Associate Director for International Research	National Institutes of Health, USA	Co-Chair

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Takao Toda	Vice President for Human Security and Global Health	Japan International Cooperation Agency, Japan	Co-Chair
Dr. Lincoln C. Chen	President	China Medical Board, USA	Co-Chair
Dr. Naveen Rao	Managing Director	The Rockefeller Foundation, USA	Co-Chair
Dr. David Heymann	Head of the Centre on Global Health Security	Chatham House, United Kingdom	Co-Chair
Dr. Jennifer Butler	Deputy Regional Director for UNFPA APRO	United Nations Population Fund, Thailand	Member
Ms. Karin Hulshof	Regional Director, East Asia and the Pacific Regional Office	UNICEF, Thailand	Member
Mr. Anders Nordström	Ambassador for Global Health, UN Policy Department	Ministry for Foreign Affairs, Sweden	Member
Ms. Katie Dain	Chief Executive Officer	NCD Alliance, United Kingdom	Member
Mr. James Pfitzer	Director	Access Accelerated, Switzerland	Member
Dr. Damian Walker	Deputy Director, Data & Analytics, Global Development	Bill & Melinda Gates Foundation, USA	Member

ANNEX I

INTERNATIONAL ORGANIZING COMMITTEE MEMBERS

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. David Sanders	Chair	People's Health Movement, South Africa	Member
Mrs. Busaya Mathelin	Permanent Secretary	Ministry of Foreign Affairs, Thailand	Member
Dr. Jedsada Chokdamrongsuk	Permanent Secretary	Ministry of Public Health, Thailand	Member
Dr. Supat Vanichakarn	Secretary General	Prince Mahidol Award Foundation, Thailand	Member
Dr. Sakchai Kanjanawatana	Secretary General	National Health Security Office, Thailand	Member
	Director	Health Systems Research Institute, Thailand	Member
Dr. Banchong Mahaisavariya	Acting President	Mahidol University, Thailand	Member
Dr. Prasit Watanapa	Dean, Faculty of Medicine Siriraj Hospital	Mahidol University, Thailand	Member
Dr. Piyamitr Sritara	Dean, Faculty of Medicine Ramathibodi Hospital	Mahidol University, Thailand	Member

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Suwit Wibulpolprasert	Vice Chair	International Health Policy Program Foundation, Thailand	Member
Dr. Viroj Tangcharoensathien	Senior Advisor	International Health Policy Program, Thailand	Member
Dr. Attaya Limwattanayingyong	Director, Global Health Division	Ministry of Public Health, Thailand	Member
Dr. Bente Mikkelsen	Head of Secretariat, Global Coordination Mechanism Secretariat for NCDs, Cluster of Noncommunicable Diseases and Mental Health	World Health Organization, Switzerland	Member & Joint Secretary
Dr. Toomas Palu	Sector Manager for Health, Nutrition and Population East Asia and Pacific Region	The World Bank, Thailand	Member & Joint Secretary
Dr. Douglas Webb	Team Leader Health and Innovative Financing	United Nations Development Programme, USA	Member & Joint Secretary
Dr. Eamonn Murphy	Director, UNAIDS Asia Pacific Regional Support Team	Joint United Nations Programme on HIV/AIDS, Thailand	Member & Joint Secretary
Dr. Osamu Kunii	Head, Strategy, Investment and Impact Division (SIID)	The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland	Member & Joint Secretary

ANNEX I

INTERNATIONAL ORGANIZING COMMITTEE MEMBERS

NAME - SURNAME	POSITION	ORGANIZATION	ROLE
Dr. Aye Aye Thwin	Special Advisor, Office of the Assistant Administrator, Bureau for Global Health	United States Agency for International Development, USA	Member & Joint Secretary
Mr. Tatsuya Ashida	Senior Deputy Director	Japan International Cooperation Agency, Japan	Member & Joint Secretary
Dr. Piya Hanvoravongchai	Southeast Asian Regional Coordinator	China Medical Board, Thailand	Member & Joint Secretary
Ms. Natalie Phaholyothin	Associate Director	The Rockefeller Foundation, Thailand	Member & Joint Secretary
Dr. David Harper	Deputy Head of the Centre on Global Health Security	Chatham House, United Kingdom	Member & Joint Secretary
Dr. Jadej Thammatach-aree	Deputy Secretary General	National Health Security Office, Thailand	Member & Joint Secretary
Dr. Manee Rattanachaiyanont	Deputy Dean for Academic Affairs	Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand	Member & Joint Secretary
Dr. Churnrurtai Kanchanachitra	Professor	Institute for Population and Social Research, Mahidol University, Thailand	Member & Joint Secretary

ANNEX II

PRINCE MAHIDOL AWARD CONFERENCE 2019

SCIENTIFIC COMMITTEE
MEMBERS

NAME - SURNAME	POSITION & ORGANIZATION	ROLE
Dr. Douglas Webb	United Nations Development Programme, USA	Chair
Dr. Tea Collins	World Health Organization, Switzerland	SC Member
Ms. Christiane Rudert	UNICEF, Thailand	SC Member
Dr. David Sanders	University of the Western Cape and People's Health Movement, South Africa	SC Member
Dr. Aye Aye Thwin	United States Agency for International Development, USA	SC Member
Dr. Matthew Barnhart	United States Agency for International Development, USA	SC Member
Dr. Viji Kasemsup	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand	SC Member

ANNEX II

LIST OF SCIENTIFIC COMMITTEE MEMBERS

NAME – SURNAME	POSITION & ORGANIZATION	ROLE
Prof. Teo Yik Ying	National University of Singapore, Singapore	SC Member
Ms. Reeta Bhatia	UNAIDS Regional Support Team, Asia and the Pacific, Thailand	SC Member
Mr. Tatsuya Ashida	Japan International Cooperation Agency, Japan	SC Member
Dr. Nicholas Banatvala	World Health Organization, Switzerland	SC Member
Ms. Priya Kanayson	NCD Alliance, USA	SC Member
Dr. Rachel Nugent	RTI International, USA	SC Member
Ms. Rachel Thompson	Chatham House, United Kingdom	SC Member

NAME – SURNAME	POSITION & ORGANIZATION	ROLE
Prof. Peter Friberg	SIGHT, Sweden	SC Member
Dr. Churnrurtai Kanchanachitra	Institute for Population and Social Research, Mahidol University, Thailand	SC Member
Dr. Wanrudee Isaranuwachai	Health Intervention and Technology Assessment Program (HITAP), Thailand	SC Member
Dr. Korapat Mayurasakorn	Division of Molecular Medicine, Department of Research and Development, Siriraj Medical Research Center, Mahidol University, Thailand	SC Member
Dr. Rapeepong Suphanchaimat	Ministry of Public Health, Thailand	SC Member
Dr. Walaiporn Patcharanarumol	Director, International Health Policy Program, Thailand	SC Member

ANNEX III

LIST OF SPEAKERS, PANELISTS, CHAIRS, MODERATORS, AND RAPORTEURS

SPEAKER/PANELIST	CHAIR/MODERATOR	RAPORTEUR
OPENING SESSION		

Leah Dodds		Sarayuth Khuntha
Brian Druker		Rachaneekorn Maneesiri
Thomas R. Frieden		Jurairat Phromjai
		Ong Suan
		Suphanat Wongsanuphat

PLENARY SESSION 0 : Political Economy of NCD: Players, Powers and Policy Processes

Margaret Chan	Timothy Evans	Sopit Nasueb
Sicily K. Kariuki		Milin Sakornsin
Naveen Rao		Jaruayporn Srisasalux
Michael R. Reich		Wakako Takeda
Rocco Renaldi		
Takao Toda		

PLENARY SESSION 1 : The Political Economy of the Determinants of NCDs: Accelerating Actions for Prevention

Timothy Evans	Tea Collins	Jintana Jankhotkaew
Michael Marmot		Sumithra Krishnamurthy Reddiar
Theresa Marteau		Quinten Lataire
Sania Nishtar		Tharani Loganathan
		Noppakun Thammatacharee

SPEAKER/PANELIST	CHAIR/MODERATOR	RAPORTEUR
Parallel Session 1.1 : Addressing the Behavioural Determinants of NCDs: Empowering or Victim-Blaming?		

Supreda Adulyanon	Jane Badham	Nutkamon Luesomboon
Elin Bergstrom		Pawena Narasri
Carolina Casas		Nattanicha Pangkariya
Lori Foster		Shiqi Wang
Karen Glanz		Khanuengnij Yueayai
Theresa Marteau		
Roy Mayega		
Nithya Solomon		

PARALLEL SESSION 1.2 : Action Beyond the Health Sector - Addressing the Social Determinants of NCDs

Monika Arora	Michael Marmot	Ratchaporn Congprasert
Mary Bassett		Chen Cynthia
Carrie Brooke-Sumner		Piyawan Kanan
Johan Carlson		Krittiya Sasipuminrit
Anselm Hennis		Nyi Nyi Zayar
Dina Tadros		

PARALLEL SESSION 1.3 : The Commercial Determinants of Non-Communicable Diseases

Fran Baum	David Sanders	Voramon Agrasuta
Tea Collins		Pensom Jumriangrit
Nicholas Freudenberg		Patinya Srisai
Aadielah Maker		Yun Wang
Carlos Monteiro		

ANNEX III

LIST OF SPEAKERS/PANELISTS,
CHAIRS/MODERATORS

SPEAKER/PANELIST			CHAIR/MODERATOR			RAPPORTEUR		
PARALLEL SESSION 1.4 : Interrogating [fiscal/public] Policies and Politics								
Abdillah Ahsan			Patricio V. Marquez			Akiko Fukui		
Seng-Eun Choi						Niyadar Impetch		
Alan Fuchs						Anond Kulthanmanusorn		
Blanca Llorente						Rui Liu		
Sutayut Osornprasop						Jin Xu		
Lynn Silver								
Karl Theodore								
Rong Zheng								
PARALLEL SESSION 1.5 : Win-Win Strategy for the Control and Prevention of NCDs and Tackling Environment and Climate Challenges								
Tony Capon			Thaksaphon			Suphanna Krongthaeo		
Yevgeniy Goryakin			Thamarangsi			Wattana Masunglong		
Thar Tun Kyaw						Thitiporn Sukeaw		
Montira Pongsiri						Naoki Yanagisawa		
Wiliam A Suk								
Johannah Wegerdt								
PLENARY SESSION 2 : Address Determinants of NCD: the Whole of Government and Systems Response								
Sally Casswell			Douglas Bettcher			Ayodele Akinawo		
Susan Mercado						Sigit Arifwidodo		
Boyd Swinburn						Nootchawon		
Prakit Vathesatogkit						Boonruangkitinandha		

SPEAKER/PANELIST CHAIR/MODERATOR RAPPORTEUR		
PARALLEL SESSION 2.1 : Building Ethical Systems for Public Interest in the National Response to NCDs		
Sally Casswell	Boyd Swinburn	Kamolthip Chanvised
Carlos Monteiro		Hathairat Kosiyaporn
Christoph Stuckelberger		Thuyen Hoang My Nguyen
		Sirinard Nipaphorn
PARALLEL SESSION 2.2 : Intelligence Systems and Institutional Capacities in Response to NCDs		
Julian Flowers	Yik Ying Teo	Abila Derrick Bary
Alan Lopez		Nur Khaulah Fadzil
Pairoj Saonuam		Yuki Inoue
		Nichakul Pisitpayat
		Shaheda Viriyathorn
PARALLEL SESSION 2.3 : Imperative Need for Paradigm Shift of Health Systems: A Holistic Response to NCD		
Melisa Mei Jin Tan	Eamonn Murphy	Chhorvann Chhea
Ieng Mouly		Biniam Getachew
Anders Nordström		Phatthanawilai Inmai
Tomás Reinoso		Silvana Perez Leon Quinosa
A. H. M. Enayet Hussain		Noppawan Piaseu

ANNEX III

LIST OF SPEAKERS/PANELISTS,
CHAIRS/MODERATORS

SPEAKER/PANELIST	CHAIR/MODERATOR	RAPPORTEUR
PARALLEL SESSION 2.4 : Implementing the 'Best Buys' and Effective Interventions at City and Local Level: Showcasing Multisectoral Action		

Yasar Faisal Al Khitan	Nicholas Banatvala	Suchunya Aungkulanon
Mary Bassett	Jo Birckmayer	Jessica Beagley
Analice Beron	Fiona Bull	Korapat Mayurasakorn
Francis Anthony Garcia	Judith Mackay	Jiraluck Nontarak
Liz Prosser		Wilailak Saengsi
Wittaya Chatbunchachai		

PARALLEL SESSION 2.5 : Best Buys, Wasted Buys and Controversies in NCD Prevention

Tazeem Bhatia	Anthony Culyer	Elisabeth Listyani
Thunyarat Anothaisintawee		Rungsun Munkong
Jesse Bump		Takuya Nakashima
Tea Collins		Nicolas Rosemberg
Adam Elshaug		Fonthip Watcharaporn
Karen Hofman		
Ryota Nakamura		
Peter Neumann		
Bundit Sornpaisarn		
Yot Teerawattananon		

SPEAKER/PANELIST	CHAIR/MODERATOR	RAPPORTEUR
PLENARY SESSION 3 : Governance of the NCD Response - Who Is in Control?		

Kwanele Asante	Douglas Webb	Alia Luz
Andrew Black		Kaori Oohara
Tamu Davidson		Waraporn Suwanwela
James Hospedales		Thitirat Wongkeaw
Geoff Parker		

PARALLEL SESSION 3.1 : The Prisoner's Dilemma or the Dilemma's Prisoners? Challenges at the Frontier of NCD Control

Tamu Davidson	Jesse Bump	Bawi Mang Lian
Karen Hofman		Nucharapon Liangruenrom
Paula Johns		Nanoot Mathurapote
Kelley Lee		Napat Pattawattananon
Scott Ratzan		Panupong Tantirat

PARALLEL SESSION 3.2 : Financing of NCD Response: Reality-Testing Domestic, Blended and ODA Finance Options

Jo Birckmayer	Rachel Nugent	Chayanis Kositamongkol
Michael Borowitz		Yumiko Miyashita
Andrea Feigl		Patiphak Namahoot
Belinda Ngongo		Pitikhun Setapura
Patrick Osewe		Khunjira Udomaksorn
Agnes Soucat		
Hasbullah Thabrany		

ANNEX III

LIST OF SPEAKERS/PANELISTS,
CHAIRS/MODERATORS

SPEAKER/PANELIST CHAIR/MODERATOR RAPPORTEUR

PARALLEL SESSION 3.3 : What's Law Got to Do with It ?

Fiona Bull	Tenu Avafia	Abdel Jamal Disangcopan
Janet Byaruhanga		Orratai Waleewong
Patricia Lambert		Sininard Wangdee
Marcus Otto Low		
Manon Ress		

PARALLEL SESSION 3.4 : No Progress Without Action: A New Era of Accountability to End Empty Promises for NCD Prevention and Control

Kwanele Asante	Robert Beaglehole	Charuttaporn Jitpeera
Taoufik Bakkali		Taishi Matsumoto
Katie Dain		Nattadhanai Rajatanavin
Majid Ezzati		Carmeneza Dos Santos Monteiro
Kul Chandra Gautam		
Anna Gilmore		
Leanne Riley		
Alafia Samuels		
Nick Watts		

PARALLEL SESSION 3.5 : Framing NCDs to Accelerate Political Action

Gene Bukhman	David Harper	Rachel Archer
Jordan Jarvis		Watinee Kunpuek
Johanna Ralston		Bhurinud Salakij
Rhea Saksena		Nimali Widanapathirana
Rachel Thompson		
Belinda Townsend		

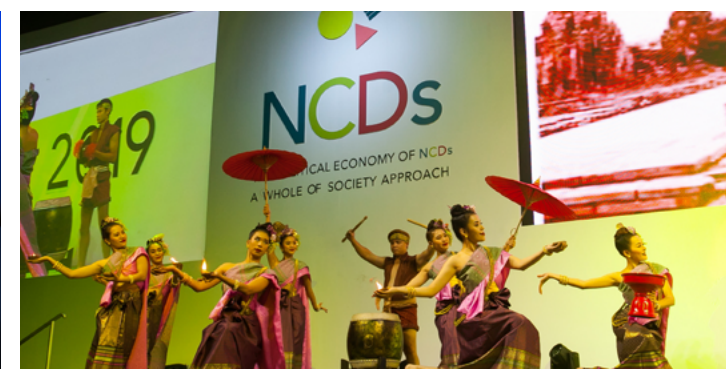
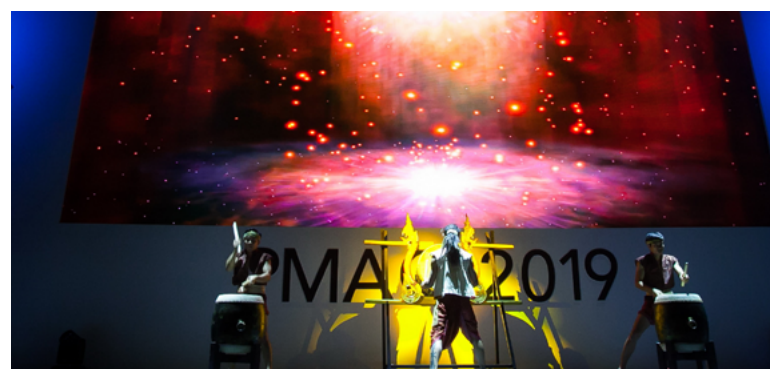


LEAD RAPPORTEUR TEAM

Tea Collins
Katie Dain
Viroj Tangcharoensathien
Yik Ying Teo

RAPPORTEUR COORDINATOR

Orana Chandrasiri
Warisa Panichkriangkrai
Walaiporn Patcharanarumol
Payao Phonsuk



WELCOME DINNER

Welcome Speech by

Prof. Emeritus Piyasakol SAKOLSATAYADORN
Minister, Ministry of Public Health, Thailand

Prof. Banchong MAHAISAVARIYA
Acting President, Mahidol University, Thailand

DINNER DIALOGUE

By

Dr. Margaret CHAN

Dr. Suwit WIBULPOLPRASERT

ABSTRACT SESSION COMPLEMENT TO SUB-THEME 1

CHAired BY TEA COLLINS

The Political Battles of Tobacco Control
and NCDs in Indonesia

Ahmad Ansyori

Health Literacy and Co-Design: A Key
Strategy to Overcoming Victim-Blaming
Approaches to Behavior Change

Roy Batterham

Interventions on the Urban Environment
Yield Significant Public Health Gains

Michele Cecchini

Exporting Epidemics? The impact of
liberalisation on alcohol trade in the
Asia-Pacific region

Ashley Schram

An International Comparative policy
analysis to Accelerate Actions Against
Determinants of NCDs: The Experience
from Eight Countries

Amirhossein Takian



ABSTRACT SESSION COMPLEMENT TO SUB-THEME 2

CHAired BY YIK YING TEO

Urban Planning as A Means to
Create Low Risk Environments for
Non-Communicable Disease

Fran Baum

Developing Health Systems for Coherent
Response to the NCD Challenge
Limitations of Financing through
Health Insurance in India

Samir Garg

Challenges in Prevention and Control
of NCDs at Local Health Systems:
Implications for Policy

Dorothy Lall

Increasing Institutional Capabilities
through an Inovative Approach
to NCD Surveillance

Veronica Lea

Strengthening Patient-Centered Care for
Control of Hypertension in Public Health
Facilities in Kannur District, Kerala, India

Gopinath T. Sambandam



ABSTRACT SESSION COMPLEMENT TO SUB-THEME 3

CHAired BY RACHEL THOMPSON

International Trade Agreements: Opportunities or Threats Towards Noncommunicable Diseases
Sharon Friel

Boosting Subnational Governance of NCDs through the Use of A Laboratory for Simulation of Health Policies in Colombia
Norman Maldonado

Balancing Science and Political Economy: Tobacco Control and Global Health
Mitsuru Mukaigawara

The Role of Civil Society Groups in Ensuring Effective Legal Strategies for Tobacco Control in A Low Income Country: Lessons from Uganda
Moses Mulumba

Taking Control Over the Commercial Determinants of NCDs. Strengthening the Persuading Power of Health in Multi-Sectoral Governance
Dori Patay

Decentralization to Create Health-Promoting Environment: Challenges in Implementation of Community Health Fund in Thailand
Udomsak Saengow



ABSTRACT SESSION FOR YOUNG RESEARCHERS

CHAired BY KATIE DAIN

Use of a Population Based Cancer Registry to Monitor Trends of Incidence of Childhood and Adolescent Cancers in Kampala, Uganda
Derrick Bary Abila

The Political Economy of Sugar-Sweetened Beverage Taxation in South Africa: Lessons for Policy Making
Agnes Erzse

Food Perceptions and Dietary Changes for Chronic Condition Management in Rural Peru: Insights for Health Promotion
Silvana Perez Leon Quinosa

Effect of Comprehensive Intervention on Hypertension Control Among Employees in the Chinese Stated-Owned Enterprise: A Cluster Controlled Trial
Yang Shen

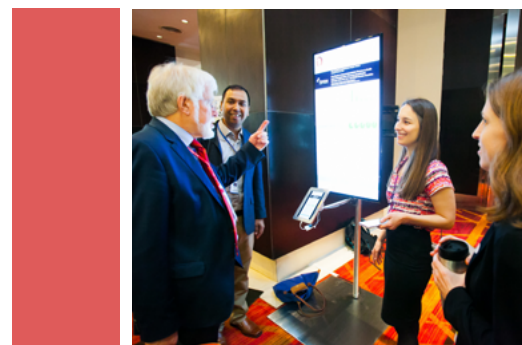
Are Egyptian Women to be Blamed for Their Obesity? Exploring the Gender Dimension to Understand the World's Biggest Obesity Crisis
Dina Tadros

NCD Prevention through Community Based Participatory Approach
Pradeep Tharanga



POSTER PRESENTATIONS

ID	POSTER TITLE	AUTHOR
A01	How much NCD policy space is eaten by trade? Navigating trade and investment barriers to regulating food and beverages	Kelly Garton
A02	How can health actors' better advance coherence between trade and health sectors for NCDs? Lessons from a network, framing and power analysis	Belinda Townsend
A03	Nudge in Action: Case Studies from Thai Health Promotion Foundation	Nutkamon Luesomboon
A04	Power asymmetries, policy incoherence and noncommunicable disease control - a qualitative study of policy actor views	Belinda Townsend
A05	"Corporate Health Impact Assessment of a fast food company"" implications for NCDs."	Fran Baum
B01	India Management Hypertension Management Initiative" to control hypertension in India at primary care level	Abhishek Kunwar
B02	Socioeconomic effect of alcohol production and use in India	Abhishek Kunwar
B03	Physical activity promotion: the best buy policy for NCD prevention among Thai population	Dyah Anantalia Widyastari



B04	Prevalence and Political Economy of Overweight and Obesity in Bangladesh	Ipsita Sutradhar
B05	A Systematic Review of Physical Activity and Sedentary Behaviour Correlates in the Thai Population	Nucharapon Liangruenrom
B06	Tackling overweight and obesity produces positive impacts on GDP and fiscal pressure	Michele Cecchini
C01	Treatment seeking behavior of diabetic patients with special emphasis on follow-up in the public health facilities in Pudukottai District, Tamilnadu, India	Gopinath T. Sambandam
C02	Challenges facing hypertension control goes beyond primary care services: implications from a pooled cross-sectional study	Jin Xu
C03	"Multi-criteria decision analysis for setting priorities and integrating ""best buys"" and other recommended interventions into the NCDs national action plan in Iran"	Amirhossein Takian

ID	POSTER TITLE	AUTHOR
C04	Service coverage for diabetes mellitus in a pluralistic health system: experience from Sri Lanka	<i>Nimali Widanapathirana</i>
C05	Designing a Community Health Worker based Strategy to Promote Community Action Against Use of Smokeless Tobacco	<i>Samir Garg</i>
D01	The Political Economy of Healthcare Data: A Systems Approach to Data Governance	<i>Steven Harsono</i>
D02	Philippine IYCF 2030 Strategic Planning: an Innovation for Participation	<i>Romelei Camiling</i>
D04	Resolve to Save Lives – A Global Initiative to Partner with Communities and Prevent 100 Million Deaths from Cardiovascular Disease	<i>Laura Cobb</i>
D05	System Approaches to Address the Political Economy of NCDs	<i>Lonim Prasai Dixit</i>
D06	Improving Access to High-Cost Medicines in China: Much to Be Done	<i>Xiaoyan Nie</i>
E01	Framing NCDs to accelerate politica actions	<i>Md Khurshid Alam Hyder</i>
E02	Using of ncd disease medicines : hypertension, stroke, heart, diabetes melitus (ncd) at referral pharmacy program (prb) in bekasi city	<i>Raharni Raharni</i>

ID	POSTER TITLE	AUTHOR
E03	Self-monitoring of Blood Glucose among Patients with Poor Control of Type 2 Diabetes Mellitus in the 7 Southern most Provinces (Health Network Region 12)	<i>Wilawan Jingjit</i>
E05	Access to medicines for cardiovascular disease and hypertension control: A cross-country analysis of prices, availability, and affordability	<i>Muhammad Jami Husain</i>
E06	Mapping Nutrition Labelling Policies in Malaysia	<i>SeeHoe Ng</i>
F01	The politics of food in the Pacific: coherence and tension in regional policies on the food environment and non-communicable diseases	<i>Emalie Sparks</i>
F02	Conceptualizing governance of non-communicable diseases	<i>Shishi WU</i>
F03	The role of disease-specific and health-sector foreign aid in hypertension and diabetes prevalence – a panel data analysis of 114 low- and middle-income countries	<i>Deliana Kostova</i>
F04	A rational basis for the provision of global functions for NCDs	<i>Arian Hatefi</i>
F05	Investment law is 'chilling' health policy: fact or fiction?	<i>Ashley Schram</i>

FIELD TRIP PROGRAM

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. 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.

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.



The Prince Mahidol Award Conference in 2019 (PMAC 2019) will be organized under the topic of “The Political Economy of NCDs: A Whole of Society Approach.” The PMAC 2019 field trip will be arranged to share experience in implementing health care initiatives to identify major bottlenecks, root causes and propose solutions at national and local level in Thailand to accelerate implementation of NCD prevention and control in different settings and groups in UHC implementation. The concept notes of six site visits proposed for PMAC 2019 are described below:



1 Multi-disciplinary-based Approaches for Personalizing Holistic Care in Diabetes and Stroke

Siriraj Hospital, Bangkok

Prevalence of obesity and diabetes has exponentially increased in the past decade, while cardiovascular diseases (CVD) including stroke and heart diseases are currently the leading cause of death. The “epidemiologic transition” changes in the burden diseases from infectious

diseases, major causes of mortality to degenerative and chronic diseases in most countries. The catastrophic rise in CVD risks has unevenly burdened certain populations with different backgrounds worldwide, suggesting different genomic, lifestyle, aging demographic and cultural groups



pay a vital role in affecting outcomes of developing chronic diseases. Thailand’s current care system and policy is well recognized as one of the main achievements of universal health coverage. All Thais were innately covered by health insurance to not only guarantee access to essential health services, but also to improve equity of service and to prevent medical disparity. Meanwhile, lack of appropriate multidisciplinary collaboration as well as coordination

and implementation of solution is still problematic. For instance, collaboration from healthcare team network help tremendously provide efficient mechanism to handle NCD burden. Therefore, in the past several years, Siriraj Hospital has advocated a strong multi-disciplinary team to address acute, intermediate and long-term phases of stroke and diabetes care through collaboration, technological advance, personalized medicine and research, consequently applying all of them into medical care at clinics, primary care units and communities where most of NCD epidemics start taking place. Using a team approach as the coordinating mechanism, we ensure to advocate and promote prevention and find the best solution to fight against NCDs not only at the hospital but also home and community levels.



2 Managing NCDs at the District Health System

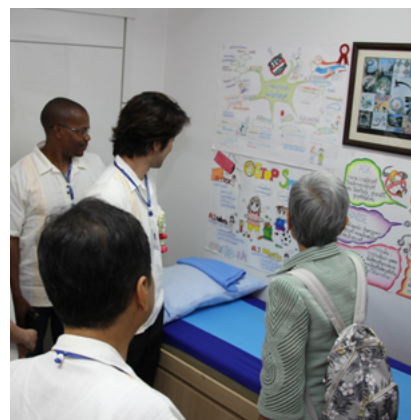
Kaeng Khoi District, Saraburi Province



In 2013, the Ministry of Public Health (MoPH) launched the district health system (DHS) policy to encourage integrated management of health care at the district level in order to have more unity of the health care team, share resources and promote community participation. The aim of the DHS policy is to decentralize health decision and management from central to district level which is close to the community at large and has more economy of scale in



delivery of comprehensive health services especially primary health care to people. The DHS policy also aims to reinforce and strengthen the UHC policy and to encourage local governments, other local organizations and communities to engage in local health management to better advocate and promote prevention and find the best solution against NCDs at the District Health System. In this study visit, participants will learn about the platform for learning and sharing experiences together between district health managers, teams, for better collaboration between district health teams and other sectors both inside and outside their districts in managing NCDs.



3 Tobacco Cessation for Patients with NCDs by Physician Network

Paolo Private Hospital, Bangkok

Smoking is a major public health problem worldwide and a leading cause of preventable death. Smoking can cause lung cancer, chronic obstructive pulmonary disease, cardio-cerebrovascular diseases, social and economic problems and premature death.

However, smoking cessation is difficult as evidenced by low smoking cessation success rates of 2-3%, without any intervention or aid. A tobacco survey in Thailand during 2008 - 2011 found 23% of the Thai population to be current smokers but only one-third of those smokers visited a health care provider regularly (Bureau of Tobacco Control, 2011). The smoking cessation program was attended by more patients, although the smoking cessation success rate was still low. This study visit will see how the Physician Network uses mechanisms to improve cessation rates and to determine other factors associated with successful smoking cessation in the patients to quit smoking.



4 Community Health Fund Promotes Health Promotion and Prevention Activities to Accelerate Implementation of NCD Prevention and Control

*A Community Health Fund in Yai Cha Sub-District,
Sam Phran District, Nakhon Pathom Province*

The “Community Health Fund (CHF)” was launched under the Universal Coverage Scheme (UCS) in 2006. The community fund is made up of matching contributions from the National Health Security Office (NHSO) and local government aiming to improve community health promotion and prevention activities including empowering local

administrative officers and community groups. In 2018, nearly all local governments (99.6%) had already set up Community Health Funds. Preliminary assessments of the CHF showed that the key success factor of the successful implementation of the CHF is the degree of coordination and cooperation between the local government and health personnel. Moreover, studies have shown that the fund is a crucial mechanism for empowering local administrative officers and community groups in health promotion activities, i.e., physical activity program, metabolic disease screening, child development program, etc. The study visit will present one example of CHF which supports prevention and promotion activities and its output.





5 Multi-sector Network Participation for NCD Management

Bansuan Municipality, Chonburi Province

There was an initiative of provincial networks in Chonburi Province to promote "Safety-healthy" by organizing meetings of various groups of people, getting consensus and taking actions. The concerned issues included health, safety, environment, NCD management, etc. Many activities had been done to solve the problems. The study visit will present how they educate, empower and support the network of communities as well as the activities of the network. In addition, participants will learn about how the network was formed and how they work together and put health in all policies.



6 Health Promotion for NCD Prevention through Political Economy Lens

Thai Health Promotion Foundation (ThaiHealth), Bangkok

The Thai Health Promotion Foundation (ThaiHealth) works on addressing NCD major risk factors, including tobacco consumption, harmful use of alcohol, unhealthy diet and physical inactivity. Our NCD work is consistent with the Ottawa Charter's 5 Health Promotion Action Strategies. "Tri-Power Strategy" is employed by ThaiHealth, where strengthening three interconnected angles of the triangle or sectors is necessary to address the multi-pronged public



health issues including NCDs. The three angles are 1) Policy Power 2) Knowledge Power and 3) Social Power.

In conclusion, with its catalytic and strategic support of multi-sectoral partners, ThaiHealth has contributed to a significant achievement of NCD prevention in Thailand utilizing an innovative financial mechanism (sin-tax from tobacco and alcohol). The ThaiHealth model has been

widely recognized by countries in South-East Asia and other regions, particularly its success in supporting movement on health promotion and NCD population-based interventions, such as social marketing campaigns, filling the gap of knowledge-to-policy, coordination for the engagement of multi-sectoral partners and networks. ThaiHealth has also become a learning hub for health promotion and NCD prevention at the international level.

LIST OF SIDE MEETINGS
AND WORKSHOPS

TITLE	ORGANIZATION
Research & development of NCD medicines: how can affordability be built into the business model?	International Health Policy Program (IHPP), Thailand, Global Health Centre, Graduate Institute of Geneva, Switzerland
Accelerating UHC Through Health Tech – Meet the Disruptors	China Medical Board (CMB)
Prince Mahidol Award Youth Program Conference 2019	Prince Mahidol Award Youth Program, Faculty of Medicine, Chulalongkorn University, Faculty of Medicine, Chiangmai University, Thai Resuscitation Council
The Convergence of Emerging Infectious Diseases and Non-Communicable Diseases: The Future is Now. Bridging PMAC 2018 and 2019	World Health Organization (WHO), U.S. National Academy of Medicine
Leaving no one behind: Noncommunicable diseases and mental health during humanitarian emergencies	World Health Organization (WHO), Chatham House, The Royal Institute of International Affairs
Accountability mechanisms to drive NCDs control program	Ministry of Public Health, Thailand, Country Cooperation Strategy on Noncommunicable Diseases, Thailand, Thai NCD Alliance, World Health Organization, Thai Health Promotion Foundation
Working Together to Translate Words into Action: NCD Prevention, Treatment and Care	Access Accelerated

TITLE	ORGANIZATION
Knowledge Management on NCD Research in Thailand	Health Systems Research Institute (HSRI), Thailand
Best buys, wasted buys, and controversies in NCD prevention: Discussion with knowledge users in the community	Health Intervention and Technology Assessment Program (HITAP), Thailand
Best buys, wasted buys, and controversies in NCD prevention: Planning for next steps based on feedback from knowledge users in the community	Health Intervention and Technology Assessment Program (HITAP), Thailand
Surveillance and monitoring for NCDs: “Measuring for a Change and for Action and Accountability”	World Health Organization (WHO), International Health Policy Program (IHPP)
NCDs and UHC: Learning from AIDS; planning for success and avoiding mistakes	Joint United Nations Programme on HIV/AIDS (UNAIDS), MoPH Thailand, NHSO Thailand, JICA, WHO
Improving global cardiovascular health with three simple and inexpensive, yet underutilized interventions: hypertension control, salt reduction and elimination of artificial trans fat	Resolve to Save Lives
Examining SDG interlinkages: How to reduce the growing diabetes burden?	National Institutes of Health, SIGHT

ANNEX VII

LIST OF SIDE MEETINGS AND SPECIAL EVENTS

TITLE	ORGANIZATION
Applying Value-Based Health Care Delivery in NCDs Control: The Operational and Structural Integrations of Primary Care and Hospital Care	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Ministry of Public Health, Thailand
Tackling Child Overweight: Head Start on NCD Prevention	The United Nations Children's Fund (UNICEF), WHO SEARO
Implementation Research to Accelerate National NCD Responses	World Health Organization (WHO), WHO Global Coordination Mechanism on NCDs, International Development Research Centre (IDRC), Global Alliance for Chronic Diseases (GACD)
Framework Convention on Alcohol Control (FCAC): why and how?	Thai Health Promotion Foundation, Thailand, Global Alcohol Policy Alliance (GAPA), Third World Network, IOGT International, International Health Policy Program (IHPP), National Authority on Tobacco and Alcohol (NATA), Sri Lanka
The Electricity Generating Authority of Thailand Study: Thrusting Toward Ageing Research 2020	Faculty of Medicine Ramathibodi Hospital, Mahidol University
Big Data for NCD risk factor surveillance: how can we use existing data sources to better inform our decision making and to monitor and evaluate NCD policy actions?	World Health Organization (WHO)
The Ramathibodi's Model: Using Media to Impact Thai Health Literacy	Faculty of Medicine Ramathibodi Hospital, Mahidol University
PMAC 2019 World Art Contest Award Ceremony	Prince Mahidol Award Conference

TITLE	ORGANIZATION
What does it take to design and implement an essential PHC package: The Case of Sri Lanka	World Health Organization (WHO)
Addressing Commercial Determinants of Health: Friends and Foes for NCD Prevention and Control	World Health Organization (WHO), Thai Health Promotion Foundation, Global Center for Good Governance in Tobacco Control, International Health Policy Program (IHPP), Global Alcohol Policy Alliance
When Two Transitions Converge: Integrating Externally-Financed Health Programs While Gearing-Up for Non-Communicable Diseases	UHC2030, The World Bank
Planetary Health and the adaptive governance of disease: theory and practice of the social-ecological systems approach	Mahidol University, Global Health Asia Institute
Governing multisectoral action for health in low-income and middle-income countries	International Health Policy Program (IHPP), Thailand, Johns Hopkins Bloomberg School of Public Health
Advancing SAFER – the new WHO-led initiative to reduce alcohol related harm globally	World Health Organization (WHO), UNITAF, UNDP, IOGT International, Global Alcohol Policy Alliance, NCD Alliance, Vital strategies
Design for Healthy Cities	The Lancet, Tsinghua University
The Economics of Alcohol Prevention: Beating NCDs and Promoting Socio-Economic Development	Thai Health Promotion Foundation, Thailand, IOGT International, Stop Drink Network, Alcohol and Drug Information Center, IOGT-NTD Movement Sweden



SIDE MEETINGS

29-30 JAN 2019

ANNEX VII

LIST OF SIDE MEETINGS AND SPECIAL EVENTS

TITLE	ORGANIZATION
Health initiative on Prevention and Promotion by Patient Network/Local Government	National Health Security Office (NHSO), Thailand, Heart to Heart Foundation
Integration Science for universal health coverage and the noncommunicable diseases and injuries (NCDIs) of the poorest billion"	Partners In Health, Harvard Medical School
Addressing NCDs within the framework of PHC	People's Health Movement (PHM)
People's Health Movement Steering Council – renewing the movement for health for all, 40 years post Alma Ata: planning way forward post People's Health Assembly	People's Health Movement (PHM)
Health System Approach for Better NCD Outcomes: Opportunities and Challenges of Leapfrogging	World Health Organization (WHO)
Digital innovation and applications for NCD prevention and control	World Health Organization (WHO)
Improving the Burden of NCDs on Maternal and Newborn Health	United States Agency for International Development (USAID), Health Policy Plus Project
Development and scaling WHO National Health Literacy Demonstration Project (NHLDP): a supplement to Best Buys to "leave no one behind"	World Health Organization (WHO), WHO Collaborating Centre for Health Literacy, Deakin University
APO Board and STAC meeting	World Health Organization (WHO), Asia Pacific Observatory on Health Systems and Policies (APO)

TITLE	ORGANIZATION
Lancet Commission on Obesity launch: The Global Syndemic of obesity, undernutrition and climate change	Chatham House, World Obesity Federation, The Lancet
Resilient health system and NCD : A case of Thailand	National Health Security Office (NHSO), Thailand, International Health Policy Program, National Health Foundation
Celebrating 50 Years of ORT (Oral Rehydration Therapy): Millions of Lives Saved and Possible Model for NCDs	ORT (Oral Rehydration Therapy)
Shaping the Future Agenda on Antimicrobial Resistance – discussion on the draft IACG recommendations	World Health Organization (WHO), United Nations Inter-Agency Coordination Group on Antimicrobial Resistance (IACG), Ministry of Public Health, Thailand, Ministry of Foreign Affairs, Sweden, Food and Agriculture Organization of the United Nations (FAO)
WHO Integrated Care for Older People (ICOPE): an approach to healthy ageing	World Health Organization (WHO), Chulalongkorn University
Multisector Engagement for Sustainable Health (MESH) – Galvanizing the global NCD response through multisector engagement and innovative financing approaches	Mossavar-Rahmani Center for Business & Government Harvard Kennedy School, Harvard School of Public Health
UN High-level Meeting on UHC: draft UHC2030 Asks for multi-stakeholder consultation	Japan International Cooperation Agency (JICA), International Health Partnership for UHC 2030 (UHC2030), International Federation of Red Cross and Red Crescent Societies (IFRC)

ANNEX VII

LIST OF SIDE MEETINGS AND SPECIAL EVENTS

TITLE	ORGANIZATION
MoPH & NHSO Thailand and GLO + UHC project Collaboration Meeting	Ministry of Public Health, Thailand, NHSO,GLO & UHC project
Partner's Meeting to Accelerate Sodium Reduction in Thailand	World Health Organization (WHO), WHO Thailand
Kenya-Thailand MoU Signing Ceremoney	Health Intervention and Technology Assessment Program (HITAP), Thailand, Global Health Division, Ministry of Public Health, Thailand
Planning for collaboration between Kenya and Thailand	Health Intervention and Technology Assessment Program (HITAP), Thailand
Developing Collective Action to Finance NCDs	NCD Alliance, RTI International



LIST OF SPECIAL EVENTS

Launch of Book: Governing for Health: Advancing health and equity through policy and advocacy
People's Health Movement

Launch of PLoS Special Collection on NCDs and Economics
The US Centers for Disease Control and Prevention (CDC)

Launch of Surveillance of antimicrobial consumption report in Thailand: annual report for 2017
International Health Policy Program, Ministry of Public Health, Thailand Food and Drug Administration, Ministry of Public Health, Thailand Department of Livestock Development, Ministry of Agriculture and Cooperatives, Thailand

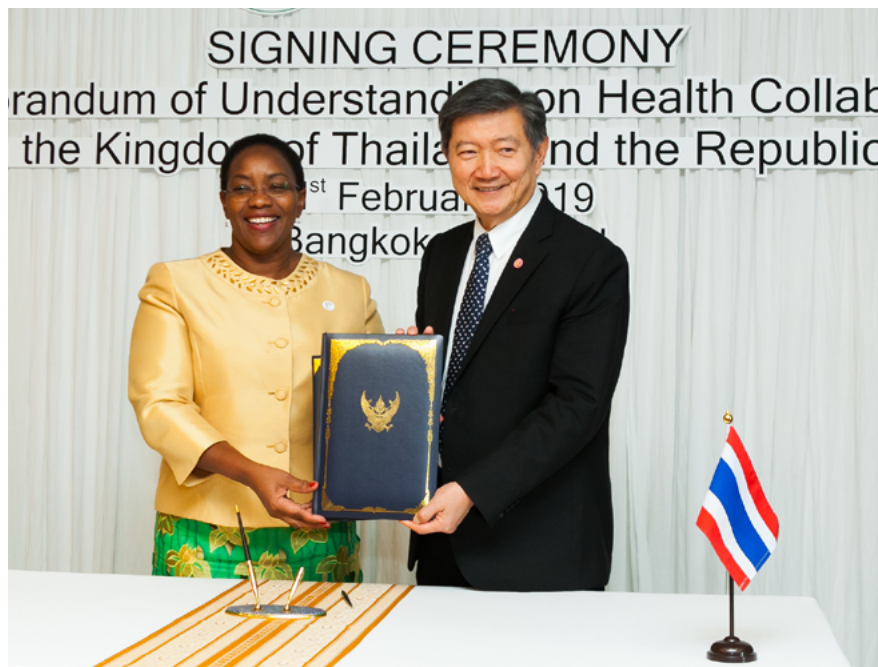
2018 Access to Medicine Index: What are pharmaceutical companies doing to prevent and control NCDs?
Japan International Cooperation Agency (JICA), Access to Medicine Foundation

Launch: Bulletin of the WHO, Editorial NCDs
Prince Mahidol Award Conference World Health Organization

Guiding Principles for Multisectoral Engagement for NCDs and global health- Initial Release
Mossavar-Rahmani Center for Business & Government, Harvard Kennedy School

MOU SIGNING

BETWEEN THE MINISTER OF PUBLIC HEALTH,
THAILAND AND THE CABINET SECRETARY
OF HEALTH, KENYA



In addition, PMAC provided the opportunity for the official MOU signing between the Minister of Public Health, Thailand and the Cabinet Secretary of Health, Kenya. The MOU indicates areas of collaboration between the two countries on Universal Health Coverage, health system strengthening, human resources development and health technology assessment. More detail of UHC in Thailand was discussed and the Cabinet Secretary of Health, Kenya also led her team to visit the UC Scheme of Thailand and a Health Promoting Hospital (or a health center).

PMAC 2019 WORLD ART CONTEST

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

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

This year, the Prince Mahidol Award Conference invited students and all people to take part in the PMAC 2019 World Art Contest under the topic “*Building Blocks of Healthy Lifestyle*” through Drawings & Paintings and Photos.

The project has received positive response nationally and internationally from young people, parents and schools. Out of 14 countries that participated, 421 entries were sent in, 205 young artists won the prizes (107 prizes worth over 460,500 THB). The winners were invited to receive the award during PMAC 2019 on 31 January 2019, at the Centara Grand at CentralWorld. The award



ceremony event was a fulfilling and enjoyable experience for the winners and participants, as most of the winners came from very difficult and remote areas of Thailand for example, schools located in the mountainous Northern provinces, schools from the Southern border provinces, schools from disadvantaged North-Eastern provinces.

All the winning artworks were displayed during the conference. The display art pieces amazed most PMAC participants by their high quality artistic skill and creativity. We recognized the difficulties of many schools which support our

program as well. Consequently, we introduced the “art contribution”. The purpose was to provide financial contribution from our prestigious PMAC participants to schools which supported the art program for their students. The “art contribution” of winning art pieces from PMAC 2018 had raised 107,453.09 THB and 23 schools were invited to receive 4,600 THB each from the PMAC 2018 Art Contribution. The PMAC 2019 art contribution raised 46,841.20 THB.

DRAWINGS & PAINTINGS CATEGORY

UNDER 9 YEARS OLD

WORLD FIRST PRIZE

Suphavit PASANPOT

WORLD SECOND PRIZE

Yotsakorn SUTTHIKHETKOSON, Pumipat TITTIWORASEREE,
Kanpitcha BOONTOM, Aliases HAMA, Krittaya MAHAPANIT,
Napat KAEWPRASERT

WORLD THIRD PRIZE

Jirayu NOO, Pacharaphon SUTANA, Phassakorn
KAEOKAMKONG, Pawarisa KLAITHIN, Pitayaporn
SEANGPENON, Gunyanut GOGWONGNAI

WORLD HONORABLE MENTION PRIZE

Panchalika BANDASAK, Atsadawut THONG-AR-SA, Jirayuth
NOO, Sawitree SANGKLA, Teerada MUEANGCHAN THEK,
Onpreya BOUNGKAEW, Mayurin SRILAILAPHET, Phattaranan
SUWANNO, Thanomkwan CHOTEPRAPAS

WORLD YOUNG ARTIST RECOGNITION

Sainatee PATTANASING, Phitchaya PHONSRI,
Wichayada CHUMEUNG, Rungrudee NOOTONGRAK, Suriya
PRATHOOMWAN, Jetsada WICHACHAI, Setthawut SANTHAO,
Rachawin PROMCHAMPA, Nannalin NANDOON, Ketsuda
KIANGSRI, Chonpansa NGUEMNANJAI, Chonpatcharapan
NGUEMNANJAI, Aranyika PANGMA, Anuradee DONCHAIRAT,
Nuttanit JITAREE, Chanyamon MEESUMRAN, Pornprathep
CHUAJEDONG, Nititorn POLSIMMA, Thanakrit SAENGWUT,
Primrata TAITIPVORACHAIKUL, Phurichaya LERTSUBIN,
Wiranpat SETATHANEE, Thanyarat KANGSAMAKSIN,
Amornrat PHAKDEERACH, Supitta THAMDEE, Naruemon
PHOKPHAN, Nitchapisa CHAWALA, Warisrada ONGBANGNOI,
Napassarun ONGBANGNOI, Cholnipa THONGKHAO, Pittinun
RAKNGAM, Sirapat SUWUNPONG, Sirawit SUWUNPONG,
Iyawarit VISITWUTIPONG, Paron PRASERTTHAI, Thanankorn
SEAUKAEWNO, Kawinphop BUNWISET, Vipada
SEACHEN, Sirapatsorn THONGNUY, Chidchanok INTHARAT,
Wipada SEAWHO, Tanyaporn WANNAPECT, Pichaporn
PITUKWONG, Tanyakarn WANNAPECT, Supapich BOONCHO



9-13 YEARS OLD

WORLD FIRST PRIZE

Intouch SANGJADA, Sirirach RATTAMANEE,
Rayaporn THONGCHAWEE

WORLD SECOND PRIZE

Supidsara Pasanpot

WORLD THIRD PRIZE

Kannika RATTANAVIPASCHAI, Kankanit JARUCHAIKUL,
Melanie Rosalia VAN DER HAM, Sirayakorn SONGPHASUK,
Sareemon PHAKDEEKAJITPHAN, Thapana
SAPPHAKITKAMCHORN, Sunisa DOKMAI, Manatsawan
THABORAN, Sutamas PHUSATHUEAN, Arachaporn JONGSUK

WORLD HONORABLE MENTION PRIZE

Nattanan JITAREE, Janyamon TUIWONG,
Chonnarith CHAISUTTHANON, Thanadon JANGKASET,
Wacharakorn KAWINRAM, Thiti KRIRACH, Atchathat
TATKAEW, Rugiphas BUSSARAKHAM, Ganyawee JITPRAWAT,
Manascha KLINHOM, Khunnapat CHUAYGERT, Tiphatta
SUWANNARATTAPOOM,
Daradai JONGJIRA, Kaisron SINKASAME

WORLD YOUNG ARTIST RECOGNITION

Autsadawut YAINGAM, Karantharat PHONSRI, Paphanin
PROMCHAT, Watchareewan SANGUANSIN, Nurulfaradia
MAHMAING, Tul TULYAPITAK, Tanapat TEPJAN, Nawarat
CHANAPAI, Thanakorn SANTHAWEESUK, Pichayut SUTTANA,
Thankun PONGSAKUL, Theppanom HONTHUMMA, Achita
KAEOKAMKONG, Prachya SANUANRAM, Kemisara PIKARUN,
Thanawin SOMSRI, Thanva LUEAKLANG, Chanida BUREMADUN,
Thanapoom JAPKRATOK, Krittiya KANASUK NAMTAL, Sasikan
LIWKAWE, Sirinya CHONGJAREUN, Kanokwun MOOLSARN,
Nutch PETRASATAIN, Wichaya SEANGNON, Phummiphat
JITPRAWAT, Chonticha SRIIN, Mekkapat KAEWSRINUAL,
Susanna GOHHING, Sofeeyuddeen BINHAWAEMA,
Solahuddeen BINHAWAEMA, Nifison JEHDOR, Worachet
PHANTHURA, Tuchchapun AIKAEW, Maythaporn TASHATHITI,
Korawit PADLOM, Kittiya PADLOM



14-17 YEARS OLD

WORLD FIRST PRIZE

Pawich CHAISIRAWATCH

WORLD SECOND PRIZE

Chanitnan UNGCHAROENPAISALN, Jukgraput RUKYARD,
Greenrat WATCHARAPHONGCHARAT

WORLD THIRD PRIZE

Wigavee RATTAMANEE

WORLD HONORABLE MENTION PRIZE

Piyada RATTANAMONGKOL, Piyaporn SORNJAN, Anchana
THAMMAKHANTHA, Papitchaya SANGNAK, Kittiya CHUPANT,
Kittiporn CHUPANT, Kaninnutch CHANCHANAYOTHIN,
Papitchaya PAKAWAN, Jutamas RATTANAPHIBUNKUN,
Chanthakan CHANTARAKOMOL, Anant WONGSIN

WORLD YOUNG ARTIST RECOGNITION

Kotawan MALITIP, Watcharaporn RAJCHAMONTREE,
Thanet KONPIAN, Varin SURAKRIANGSAK, Intira,
Watcharapong JAIREW, Pirapob LABKHAM,
Aranyot RATTANAKUL, Chalisa PANYAYING,
Kantaphit SOMNUEKNAITHAM, Thitsawan SUWAN,
Sirapath NUANKAEW, Chotika WONGKIATKAJORN,
Arreeya PANGTHUM, Supatsara KHAENGKHAN,
Krittin MAHANITHIPERMSUK, Thatchaphon KAEOKUMKONG,
Nopprarat CHUEKLANGYAI, Tharinee PORNMING,
Wanlapa HEMAMIN, Tharadon NORAPHANLOP,
Kanabordee MEEPHONIN, Rujravee SARABAN,
Patcharanan TANGSURAWUTTISAKUL, Yuwarat SRISONG,
Kittipat KANTHONG, Samatchanan RODKOED, Phonnapa
KANJAROEN, Jakkarin PIMSIRI, Alhadis SAEHDENG, Anusa
CHUJAI, Nurainee MUNEEMUSEE, Thanawat KONGSAWANG,
Kanit PAISUE, Apilak PRASONGSIRISAKUL,
Autsadawut KLOMKLIAO, Puwarit TANOMWARAGOON,
Tanathorn TANOMROONGRUANG,
Pornping SIWAPATTARAPONG



18-25 YEARS OLD

WORLD FIRST PRIZE

Pongsatorn TIPASATIEN

WORLD SECOND PRIZE

Nattayaporn YODKONG

WORLD THIRD PRIZE

Chanavee DOUNGMANEE, Tiwtus KANAMA

WORLD HONORABLE MENTION PRIZE

Jamille AGUILAR, Unchalika KEAWJAN,
Kanyapak LAOHASRISAKUL, Jantarakan
SAKKARTHOK, Arphaphon LODPHUKHIAO,
Panisara DECHA, Jongruk SOMBOON

PHOTO CATEGORY

WORLD FIRST PRIZE

Manoon PONGPANPATH

WORLD SECOND PRIZE

Nicharat KASEMHIRUNPHONG

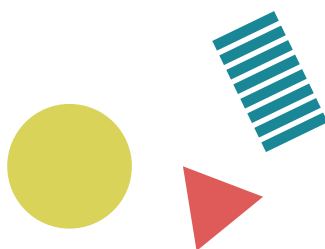
WORLD THIRD PRIZE

Teeraphong PINNARAK, Keereekhan CHAIYAPORN,
Thammarong EADROD

WORLD HONORABLE MENTION PRIZE

Pitchayawat PROONGSAK, Thanawin KONGMAHAPHUK





THE POLITICAL ECONOMY OF NCDs
A WHOLE OF SOCIETY APPROACH



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