



PRINCE MAHIDOL
AWARD CONFERENCE

2015

Call for ABSTRACTS

GLOBAL HEALTH POST 2015:
ACCELERATING EQUITY

26 - 31 JANUARY 2015 | BANGKOK, THAILAND

BACKGROUND

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues of global significance. The conference is hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and other global partners. It is an international policy forum that Global Health Institutes, both public and private, can co-own and use for advocacy and for seeking international perspectives on important global health issues.

The Conference in 2015 will be co-hosted by the Prince Mahidol Award Conference, the World Health Organization, the World Bank, Joint United Nations Programme on HIV/AIDS, U.S. Agency for International Development, UK Department for International Development, Japan International Cooperation Agency, the Rockefeller Foundation, China Medical Board, and Chatham House with the support from other key related partners. The Conference will be held in Bangkok, Thailand, from 26 -31 January 2015.

The year 2015 marks a significant year; it is the year set for the achievement of the Millennium Development Goals. The timing is appropriate to review the situation and determine forthcoming challenges. Several forums have been organized to brainstorm on a set of new targets for the post 2015 development agenda, which will be adopted at the Development Summit in September 2015.

There are serious concerns on which global health issues should be included in the post 2015 development indicators and targets. Some prefer targets on the progress with health systems, including Universal Health Coverage, human resources for health and access to essential medicines. Others prefer specific targets on unfinished agenda around maternal and child health and infectious diseases such as HIV, TB and malaria (MDGs 4, 5 and 6), and also non communicable diseases (NCDs). Finally, a few additional global health indicators and targets may be put to the post 2015 development goals.

There is a need to agree on a set of priority global health issues to be collectively tackled by the global community. This will enable commitments to addressing these priorities irrespective of their inclusion into the post 2015 development goals.

Furthermore, there is a consensus from every major forum that inequity in health outcomes between the rich and the poor is unjust and unfair and should be reduced. Changes are needed in health financing systems that put the economic burden inequitably on poor households with income losses and unreasonable health care payments associated with ill-health. The movement to address health inequities has started more than a decade since 1998 with the World Health Assembly resolution to reduce socioeconomic inequalities in health. The WHO Commission on Social Determinants of Health was established in 2005 and issued a report on “Closing the gap in a generation: health equity through action on the social determinants of health” in 2008 which called attention to the collective action needed globally.

The World Conference on Social Determinants of Health in Rio de Janeiro, Brazil in October 2011 stressed the importance and urgency of taking action on social determinants of health to reduce health inequities between and within countries. Likewise, the Report of the Global Thematic Consultation on Health in April 2013 proposed guiding principles for new development agenda to include human rights, equity, gender equality, accountability and sustainability.

The landscape of health governance has changed substantially in the past two decades. With many other global health initiatives established, the players now involve not only public entities but also non-state actors including private sectors and civil societies. Non-health sectors are also contributing much more. The World Trade Organization is one of the most important international institutions in public health policies especially related to trade policies that impact on health products and pharmaceuticals. There is serious concern that the trade and economic policy based on neoliberal approaches including global economic liberalization, privatization, market competition, and the pursuit of efficiency, may worsen health inequity. Likewise, economic and geopolitical transitions have influenced how local and national leaders promote and invest in health systems, legislation and service delivery.

International finance institutions have also put priority on global health issues. The World Bank’s first report on Investment in Health in 1993 and the more recent one in 2013 on “Global health 2035: a world converging within a generation” highlighted priority health issues and the gains from investing in health.

PMAC 2015 will focus on accelerating health equity by discussing important health issues; governance and health financing systems that will reduce gaps in social stratification, differential exposure, differential vulnerability, and differential consequences of ill health and improving the quality of health care services. The theme of ‘inequity’ cuts across all issues and will be the focus throughout all the consultations. Concerted efforts from multi-stakeholders are crucial for successful implementation of the policies. The conference will also discuss measurement and information systems that need to be strengthened for monitoring health inequities over time.

OBJECTIVES

1. To discuss and provide recommendations on priority global health issues in the next two decades, including priority global health indicators and targets that should be included in the post 2015 development goals;
2. To discuss and provide recommendations on global health governance structures and global health financing strategies;
3. To discuss, share experiences, and provide recommendations to develop measurements and information systems to assess inequities in health in relation to priority health issues, governance and financing.

ABSTRACTS

The abstract should contain no more than 300 words that illustrate original research, or experience from the field on the subjects which has never been presented at any international conference.

All submissions should fall under 3 main sub-themes and the issue of equity will be addressed throughout all three sub-themes.

SUB-THEME 1:

“Priority global health issues/solutions” – discuss and recommend the criteria/mechanism/processes to decide on priority global health issues, from different angles/interests and the possible post 2015 development goals on health as well as the actions necessary to reach them.

SUB-THEME 2:

“Global Health Governance (GHG)” - discusses and recommends the future global health governance structure/architecture

SUB-THEME 3:

“Global Health Systems and Financing” – discuss and agree on the health systems, amount of global health financing and sources of funds/innovative financing, roles of various sectors

“Priority global health issues/solutions”

discuss and recommend the criteria/mechanism/processes to decide on priority global health issues, from different angles/interests and the possible post 2015 development goals on health as well as the actions necessary to reach them.

Possible issues may be considered under three main streams:

STREAM ONE

–the post 2015 development goals on health

1. **Post 2015 development goals on health:** The discussion on the possible goals on health for the post-2015 agenda, its processes / mechanisms / progresses and its implementation. Equity should be considered in these goals and indicators. Consideration should focus also on the lessons learnt from the implementation of the Millennium Development Goals and also other global commitments on health and recommendations for future actions.

STREAM TWO

–the criteria/mechanism/processes to determine priority global health issues, which may be categorized from different angles, among actors, but always with reference to equity.

2. **Public Health interest** – focuses on issues that have the highest impact on health, as measured with burden of diseases, etc. This may include, for example, NCDs, HIV/TB/Malaria, MCH, UHC, HRH, R&D, access to medicines, pandemic/IHR, mental health, migration of HRH
3. **Security interest** – focus on ensuring a safe and peaceful environment. This may include, for example, biosecurity, climate change, EIDs, Emergencies preparedness, antimicrobial resistance, disaster risk reduction.

Sub-theme 1

4. **Foreign policy interest** – focus on diplomatic interests. This may include, for example, the right to health, UHC, trade and economic growth, intellectual property.
5. **Investment interest** – focus on economic interests of the issue vs. public interests. This may include, for example, medical tourism, intellectual property, infectious diseases, migration of human resources in health, migrants' health care, financing and coordination of research and development
6. **Philanthropic interest** – focus on helping those vulnerable or most at risk groups. This may include, for example, Millennium Development Goals, migrants' health and health of the vulnerable or most at risk population groups, health in crisis situations, maternal and child health, HIV/TB/Malaria, etc.

STREAM THREE

– to discuss a few very high priority specific global health issues

7. **Specific top priority global health issues** – Universal Health Coverage, health systems strengthening based on primary health care principles, coverage and equity, and the social determinants of health, a priority disease specific issue.

“Global Health Governance (GHG)”

discusses and recommends the future global health governance structure/architecture

1. The changing global health landscape/architecture including proposal for future global health governance
2. Participation in GHG (two separate issues)
 - 2.1 The role of the non state actors – private sector, social enterprise and civil society organizations, especially in terms of health in critical underprivileged groups, and also in the global health governing structures like the Global Fund, GAVI, other global health partnerships.
 - 2.2 The role of non health sector on health- HiAPs and SDH/ global governance on health (WTO, etc)
3. Global Health Agenda setting and policy formulation, implementation and assessment, e.g., the policy processes of the WHA/UNGA resolutions and other global commitments
4. Evidence-informed decision and knowledge translation – from knowledge generation to policy decision
5. Capacity building at national level to narrow the development gap between countries
6. Assessment of important global commitments related to the governance, e.g., the UNGA/WHA resolutions, Paris Declaration, IHP+, Abuja Declaration, Framework Convention on Tobacco Control (FCTC), International Health Regulations, etc
7. Information systems to support the assessment to ensure transparency and accountability, monitoring and evaluation systems and processes

“Global Health Systems and Financing”

discuss and agree on the health systems,
amount of global health financing and sources
of funds/innovative financing, roles of various sectors

1. Trend and new idea in global health system and financing
2. Fiscal space for health from domestic sources
3. Trend in equity in health financing
4. Universal Health Coverage – expansion of essential health services to the underserved population, financial protection and also equity in health financing as well as resilience of the health systems
5. Sources of and Innovative financing in health
6. Non-health sector roles on global health financing – Trade, Foreign Policy, Defense, Education etc.
7. Investment in the neglected areas of health, e.g., the neglected diseases.
8. Priority setting in health systems investment (how to spend the money, or more money for health) – the roles of Health Impact Technology Assessment (HITA) and transparent and participatory decision making mechanism

ABSTRACT GUIDELINES

All submitted abstracts will be reviewed by an independent International Scientific Committee. **The authors of the accepted abstracts will be invited to participate in the 2015 Conference during the week of 26-31 January 2015, either as presenters in sessions or poster display.** If accepted to present in sessions, the author may be required to adjust the scope of their presentation to fit with the session objectives and format.

Successful abstracts for presentation in the session are required to **submit a 2,000-word short paper** of the selected abstract to be printed in the Conference Book. The closing date for the submission of the short paper is **1 December 2014.**

Abstracts selected for poster display will be sent the guidelines for preparing the poster.

SUBMISSION INSTRUCTIONS

The closing date for submission of abstracts/organized sessions is 28 March 2014 at 4:00 pm Thailand local time (GMT+7).

All abstracts must be submitted electronically at the Conference website: **www.pmaconference.mahidol.ac.th**. Please follow the instructions indicated in the online submission system.

FUNDING OPPORTUNITY

Funding support for travel and accommodation for presenters, whose abstract is accepted, is available in limited number based on criteria. Priority for funding is given to authors whose abstract has been selected for presentation in the sessions, especially those from government, academics and NGOs of developing countries. The authors who have been granted sponsorship must be able to stay for the whole period of the main conference, that is during 29-31 January 2015. Please indicate in your submission, if you would like to be considered for the available scholarships.

CONTACT

For further inquiries on abstract submission, please contact the Conference Secretariat at **pmaconference@mahidol.ac.th**.