



AWI PUBLIC HEALTH PROJECT

Notes of the Inaugural AWI Public Health Project Steering Committee Meeting November 9 - 11, 2008 National University of Singapore

INTRODUCTION

The inaugural meeting of the APRU World Institute (AWI) Public Health Project Steering Committee convened in Singapore 9-11 November 2008 at the University Hall, National University of Singapore. The following founding Charter Members were represented: Claremont Graduate University, Hanoi School of Public Health, Nanjing University, Peking University, National Taiwan University, National University of Singapore, Stanford University, The Chinese University of Hong Kong, United Nations University, University of Sydney, University of Tokyo, University of Indonesia, and Zhejiang University.

AWI Public Health Director, Prof Meng-Kin Lim welcomed the representatives (see **ANNEX A** for list of participants) in his capacity as convener and chair of the meeting.

OPENING REMARKS

AWI Managing Director Prof Richard Drobnick expressed his delight at the high level of representation, reflecting the high level of commitment to the Project. He gave a brief on the Association of Pacific Rim Universities (APRU) and the APRU World Institute (AWI), mentioning the Project as an outgrowth of both the 2007 AWI Public Health Workshop at Peking University (http://www.apru.org/awi/workshops/public_health/index.html) and the 2008 AWI Public Health Workshop at University of Tokyo (http://www.apru.org/awi/workshops/public_health2008/index.html).

BACKGROUND AND OBJECTIVES

Prof Lim explained that the aim of the research consortium was to foster research collaboration among the leading research universities around the Asia Pacific Rim so as to bring their collective expertise and capabilities to bear on a significant Public Health problem facing the Asia Pacific region. The research topic - chronic, non-communicable disease (NCD) – was unanimously chosen by the founding Charter Members who had met on the sidelines of AWI's June 2008 Public Health Workshop in Tokyo. Represented at that meeting were Claremont Graduate University, Johns Hopkins University, Peking University, National University of Singapore, Stanford University, The Chinese University of Hong Kong, University of Sydney and University of Tokyo. An open invitation for more institutions to join as Charter Members was issued at the close of the Tokyo Workshop. Since then, Hanoi School of Public Health, Nanjing University, National Taiwan University, United Nations University, University of Indonesia and Zhejiang University have come on board as founding Charter Members.

The aim of this inaugural Steering Committee meeting was to establish the working principles governing the functioning of the Research Consortium, as well as to discuss the Consortium's research directions going forward.

The ultimate aim was to collectively contribute towards a healthier Asia Pacific Region.

OPERATING PRINCIPLES

Noting that effecting collaborative project management across different continents and time-zones, and among extremely busy people would be a major challenge, the Meeting agreed on the following broad operating principles:

- Meetings will be sparingly but strategically held, both coinciding and in-between the annual AWI Public Health Workshop, which is usually in June. All parties will endeavor to attend person or send an "alternate".
- Communication will be mainly through electronic means. All parties will commit to responding promptly, to avoid "email silence".
- Decisions will be arrived at through consultation and consensus, coordinated by AWI.
- Projects will be driven by designated "champions".

STRUCTURE

The Meeting agreed that:

- "Charter Membership" of the Research Consortium will be at the institutional level. Charter Members will self-fund their representatives and researchers to attend planning meetings.
- Decisions will be made by a Steering Committee (SC) comprising representatives (or their alternates) of Charter Members
- Research Projects will be driven by project teams comprising researchers nominated by SC Members
- Each Research Project will be led by a Project Team Director ("the champion")
- Each Project Team Director will be assisted by a Project Team Co-director. Unless otherwise specified, AWI's Public Health Director will assume this role which will be coordinating in nature.
- AWI Secretariat will serve as a central repository for all Project-related communications.

(See Day 1 Slides attachment in **ANNEX B**)

QUESTION ON FUNDING FOR LOW INCOME COUNTRIES

Prof Jimba enquired if low-income countries who may wish to be partners in the project could look to AWI or APRU to fund their participation. Prof Drobnick replied that APRU has no funds to finance researchers to meetings but there might be the possibility of applying for external grants at a later stage to make it possible for low income countries to participate. The meeting agreed that the priority now was to first come up with concrete research proposals before thinking about attracting more research partners, including from low-income countries.

PRESENTATIONS OF PROPOSALS AND DISCUSSION HIGHLIGHTS

Six project proposals (see respective slides attachments in **ANNEX C**) were presented and discussed:

1. ***“The Challenge of Escalating Chronic, Non-Communicable Diseases in the Asia Pacific Region”*** by C. Anderson Johnson, Claremont School of Community and Global Health

The China Seven-City Study could serve as a model and framework for an AWI community based research program, focusing on risk modification as the key to NCD control and prevention. The challenge was how to make community based health promotion and disease prevention programs more consistently and universally effective.

Points raised during discussion:

- cohorts would be attractive to other interested parties who may wish to latch on with their own studies
- although cohorts are difficult to start and maintain, the Seven-City Study did not face much problems as they were set up with the support of the City Health Bureaus. In fact, new cohorts were still being added.

2. ***“Diabetes as a case study”*** by Karen Eggleston, Stanford University
(Note: Slides not available)

The proposal is to assess the “productivity” (value for money) of Diabetes Treatment in Asia Pacific countries – looking at whether science is being translated into policy, as well as looking at the efficiency of service delivery systems.

Points raised during discussion:

- Such a “micro” case study approach on cost-effectiveness would be an important contribution to diabetes treatment.
- It would be interesting to compare what different countries are currently doing with regard to diabetes.

3. ***“A Breakthrough Collaborative to Develop Sustainable Primary and Secondary Prevention for Diabetes and Cardiovascular Disease”*** by Stephen R. Leeder, University of Sydney

The proposal is to initiate a “Breakthrough Collaborative” patterned after that of the US Institute for Healthcare Improvement, aimed at improving prevention and management of cardiovascular risk in hospitals and primary care sites in participating countries. Collaborators set country targets and meet regularly to review achievements, difficulties faced and share learning experiences.

Points raised during discussion:

- Chronic disease is indeed an under-funded and under-researched area even though it is the number 1 killer globally.
- Should such a “breakthrough collaborative” be the main activity, or just one of several initiatives undertaken by the research consortium?

4. **“Health workforce shortage against NCD threats in developing countries: identifying challenges and opportunities** by Masamine Jimba, University of Tokyo

A current challenge is the inefficient use of existing health workforce, lack of country capacity, international migration of human resource and the lack of donor coordination. The proposal is to examine health workforce policies for NCDs across Pacific Rim countries and identify opportunities for strengthening the health workforces for more effective targeting of NCDs, particularly in low- and middle-income countries.

Points raised during discussion:

- More optimal ways of combining trained and less qualified staff to tackle NCDs might be explored, as a way of overcoming acute staff shortages.
- Migration from the public to the private sector, and not just to other countries, should also be studied.

5. **“Relationship between life style, gene polymorphism and susceptibility to Non-Communicable Diseases in the Asia-Pacific Region’s Countries”** by Bambang Wispriyono, University of Indonesia

Indonesia has a double disease burden, i.e. NCDs and infectious diseases. The proposal was to draw attention to researches related to gene polymorphism showing that certain genotypes might be associated with susceptibility to certain NCDs. The proposal suggested considering both risk factors and gene polymorphisms leading to Cancer.

Points raised during discussion:

- The Malaysian experience has shown different disease patterns for different ethnic groups.
- It would be interesting to compare urban and rural populations as well as across countries with similar ethnic groups

6. **“Chronic non-communicable disease in the Asia-Pacific Region: Baseline Assessment of Research, Policies and Programs and their Interactions”** By Meng-Kin Lim, National University of Singapore

The proposal is to conduct a baseline assessment of current research, policy and programs across Asia Pacific countries, which will reveal gaps and point to future research directions. A secondary objective is to explore the interface between research and policy/programming: how much of current policy making is driven by research, and how relevant is current research being generated, to policy makers?

Points raised during discussion:

- The factors influencing evidence-based policy making have not been well-studied.
- Health systems should be included as a variable in the study.

PRIORITIZATION

The meeting reviewed all the presentations made (See Day 2 Slides attachment in **ANNEX D**) and concluded that while all were excellent proposals and potentially worth doing, the proposal on *Baseline Assessment of Research, Policies and Programs*, appeared to be the most immediately doable. The Chronic NCD Project should therefore be approached in two phases, i.e.

- **Phase I:** Do the baseline study, leading to a position paper on the current situation in the Asia Pacific region with regard to NCD research, policy and programs. Stating the problems and identifying the gaps would be a necessary first step to get funders and policy makers interested. The position paper should also highlight innovations that could potentially be shared and replicated. This baseline study would also help clarify the objectives of the other projects in Phase II. But as the exploration of the Research-Policy interface would require more time and effort, it was deferred to Phase II.
- **Phase II:** Consider exploring all or some of the other aspects, i.e. research-to-policy interface, gene-environment interactions, workforce challenges, cost-effectiveness of vertical programs, building cohorts/data bases in selected cities, influence of health systems, etc. More details will need to be fleshed out as the presentations were currently rather sketchy. The level of country interest in these proposals should also become clearer as Phase I proceeds.

PHASE I STUDY: COMPARATIVE STUDY OF RESEARCH, POLICIES AND PROGRAMS IN NCD IN ASIA-PACIFIC CITIES

The Meeting felt that cities offered a better level of comparison than countries since that would eliminate the rural effects – although the cities themselves may be at different developmental stages too. There was also a suggestion that both country and city data be captured. Members also suggested additional variables for comparison, e.g. health systems and manpower strategies. A list of candidate cities for study was drawn up:

- Beijing (Peking University)
- Danang (Hanoi School of Public Health)
- Hangzhou (Zhejiang University)
- Hong Kong (The Chinese University of Hong Kong)
- Jakarta (University of Indonesia)
- Kuala Lumpur (United Nations University)
- Makassar (University of Indonesia)
- Nanjing (Nanjing University)
- New York (?Claremont University)
- Tokyo (University of Tokyo)

- Vientiane (University of Tokyo)
- Singapore (National University of Singapore)
- Taipei (National Taiwan University)
- San Diego (Stanford)
- Sydney (University of Sydney)

The following actions were agreed upon:

- Prof Lim to work on draft template and send to SC Members for comments.
- SC Members to comment on draft template within a week of receipt.
- Prof Lim to send revised, final template to SC Members within another week.
- SC Members (or Country Informants, if delegated) to send in reports according to template within a month of receipt.
- Karen Eggleston will assist Prof Lim in analyzing the findings. They will present the preliminary findings at the 25 February SC Meeting at Stanford.
- Karen Eggleston and Prof Lim will draft the position paper, targeted to be ready by June 2009.

PHASE II PROJECTS

The Meeting considered it premature to take a decision on Phase II projects at this stage as the proposals still lacked the details necessary for “buy-in”. The potential “champions” of each project will further develop their proposals between now and the next meeting in February 2009, at which time the SC should be ready to vote on the projects. Ample time should be allowed for circulation of papers prior to the meeting.

Prof Lim said that it was important that the projects undertaken in Phase II should potentially have a big impact on improving the health of the population in the Asia Pacific Region. Unlike the Phase I baseline study, the Phase II project(s) study should require substantial external funding.

Prof Stephen Leeder opined that from the strategic viewpoint, a focus on effective interventions, rather than on the “science” of chronic, non-communicable disease, might be more appealing to potential funders.

NEXT MEETING AT STANFORD

The next SC meeting will be on 25 February 2009, ahead of the Aging Asia Conference on 26-28 February, hosted by Stanford University. It was suggested that in addition to discussing the progress of the Phase I project, some time should be set aside to brainstorm a succinct mission and vision statement, in addition to formulating the strategic options that will lead to eventual, “big-time” project funding.

Karen Eggleston will send out the Aging Asia Conference brochures in due course. There is no registration fee for this conference. AWI Secretariat will provide the coordination for attendance of the SC Meeting by members.

2000 AWI WORKSHOP

The next SC meeting after the Stanford meeting will coincide with the 2009 AWI Public Health Workshop hosted by Johns Hopkins University, 24 June - 26 June 2009. The SC meeting could be held on 23 June, possibly spilling over to the morning of 24 June. The Workshop would also be an excellent opportunity to present papers relating to the Public Health Project.

CONCLUSION

In a final “reflections” round, many SC members said they gauged the overall value of the meeting to be high. They mentioned the personal relationships forged and the quality of the discussions as being particularly satisfying. Everyone said they were committed to the research partnership and would work towards the shared objective of a healthier Asia Pacific Region.

The group expressed its appreciation to Prof Meng-Kin Lim and his colleagues at AWI for the excellent organization and hospitality.

Recorded by: Britta Zander
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Approved by: Meng Kin LIM
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AWI PUBLIC HEALTH RESEARCH PROJECT MEETING HOSTED BY NATIONAL UNIVERSITY OF SINGAPORE ON 9 – 11 NOVEMBER 2008

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