



SUMMARY NOTES

3RD AWI PUBLIC RESEARCH PROGRAM ON CHRONIC, NON-COMMUNICABLE DISEASES

HOSTED BY JOHNS HOPKINS UNIVERSITY ON 23 – 24 JUNE 2009

INTRODUCTION

1. Prof Richard Drobnick welcomed and thanked the consortium members for investing their time and resources in the AWI public health research program. (Please refer to **ANNEX A** for participants list).
2. Prof Drobnick explained the genesis of AWI and the interest of the AWI Governing Board in the research themes of Public Health and Climate Change.
3. AWI's activities are relatively unique to the Asia Pacific Rim region where the process involves academics interfacing with policy makers and the business community, and where the outcome is to interface fact-based knowledge with the public policy circle to improve decision making for municipal or city government officials.
4. AWI's activities and progress are reported at the annual APRU Presidents Meeting (APM) in June each year, and he will do so for the outcome of this meeting at the 13th APM, hosted by California Institute of Technology, June 28 – 30, 2009.

BACKGROUND

5. Prof Meng-Kin Lim recalled that the idea of research collaboration, on top of the annual AWI Public Health workshop, was first floated to workshop organizing committee members in the run-up to the second AWI Public Health Workshop hosted by University of Tokyo in June 2008. At the Tokyo meeting, a core group comprising interested members of the workshop organizing committee met on the sidelines, enthusiastically endorsed the idea, and unanimously decided on chronic, non-communicable diseases (NCD) as the topic of interest. They had felt that research on NCD would have great impact in the Asia Pacific Rim since it is the #1 cause of death globally, and it was also a relatively under-funded and under-researched area compared to communicable diseases.
6. Following the Tokyo meeting, an inaugural research meeting took place in Singapore in November 2008. This was followed by a second meeting at Palo Alto in February 2009. Apart from reviewing the progress made thus far, this meeting would also spend some time brainstorming the strategic directions of the consortium, going forward. (see Agenda in **ANNEX B**).

PHASE 1 – BASELINE COMPARISON STUDY

7. Prof Lim updated members on the status of the Phase 1 study. Using a set of Powerpoint slides (see **Annex C**), he showed some cross-city and cross-country comparisons of the prevalence of diabetes, cancer, cardiovascular diseases, hypertension, cholesterol, binge drinking, etc. Members found some of the inter-city differences striking – e.g. the marked differences in prevalence of hypertension in some

cities. A first draft produced by Karen Eggleston (see **Annex D**), based on the submissions received, was also circulated for comments and discussion.

8. The following points surfaced during discussion:

Challenges

- a. Some submissions were exclusively made at city level while others were exclusively at the country level, even though it had been agreed that the main focus would be on inter-city comparisons.
- b. Most of the submissions did not meet the deadlines, hence the rushed job at collating the material before the meeting.
- c. Some missing data may in fact be available but not readily accessible, e.g. they could be residing with a particular agency or statistics bureau in some province or city in the case of a large country.
- d. Some data, although collected at country level, were presented as city data. It was observed that national policies are often based on such data, and consequently adopted as either country or city policies or both. Similarly, some cities may not have the power to implement policies, but take their cue from the national level.
- e. Identifying comparable indicators may therefore be challenging given the diverse backgrounds of the cities being studied and the patchy nature of the data submissions.

What to Compare

- f. The meeting agreed that Prof Lim and Prof Eggleston, in their capacity as lead authors, would have a free hand and final say as to what to include or exclude, given they can only work with what they have in hand, and given the limitations of the data submissions as noted above. Members who did not submit usable data may therefore find their cities or countries excluded from the final comparisons.

Publication of Baseline Comparison Study

- g. All agreed that publication of the baseline study would enhance the funding prospects of phase two studies.
9. Prof Lim and Prof Eggleston will refine the draft and aim for completion by end-November 2009. They will follow up with individual members to request for more specific data as necessary.

NCD PHASE 2 PROJECTS

10. The Phase 2 projects were presented by the respective project leads. The following points were noted:

The Challenge of Escalating Chronic, Non-Communicable Diseases in the Asia Pacific Region – led by Andy Johnson, Claremont Graduate University

- The outcome is a paper which would acknowledge AWI's support.
- Cross-sectional data would be linked to the longitudinal study
- Funding proposal to be ready by November 2009
- Completion of project is aimed at demonstrating the success of this collaborative study
- Members felt the pilot sample size of 4800 was too daunting. There would be practical difficulties in accessing the sampling frame needed for the target sample size.
- The proposal for each site to be responsible for its own funding may prove too onerous on participating universities.

A Multi-Centre Collaborative Program to Reduce Morbidity from Cardiovascular Disease – led by Stephen Leeder, University of Sydney

- The collaborative study is aimed at reducing costs in the long run, e.g. cutting hospital re-admission by 20% by implementing this program
- The project will involve public health and/or hospital interventions
- To have a cardiologist as a member of this research team

Comparative Study of Medical Management of Diabetes in Pacific Rim Cities – led by Karen Eggleston, Stanford University

- The possibility of including less developed countries like Laos, Cambodia, and Papua New Guinea in this research project was raised.
- The answer was it would depend on the amount funding available. The vision was to eventually expand to a broad range of settings.
- Other difficulties in including those cities would be that the data collection in these countries is not advanced, and the also the location and hospital sizes would vary greatly.
- It was suggested that the project could also include exploration of health systems factors and other influences such as health education and cultural differences in health-seeking behavior.

Challenges and Opportunities for Overcoming Health Workforce Shortage against NCD Threats in the Asia-Pacific Region – led by Massamine Jimba, University of Tokyo

- In Japan, chronic diseases are known as “lifestyle diseases”
- Engagement of patients is important, and the developed countries may not be doing it efficiently
- Healthcare workforce needs differ between developed & developing countries
- USC gave the example of redefining of conventional roles in countries with poor resources; working with local universities and students in Zambia and Cameroon, they were involved in re-designing the healthcare at the community level, where they had to rethink the roles of a nurse, healthcare worker and physician
- Another example was to evaluate university curriculum, over a five-year period, to deliver 30 – 40 qualified workers per year or 100 – 150 qualified workers per community
- How health workforce should be organized depends on roles and responsibilities of the workforce

CONSORTIUM OPERATING PRINCIPLES

Funding Issues

11. The meeting affirmed that all four projects were technically feasible and could be simultaneously pursued, subject to successful funding. Prof Lim reminded the meeting that the AWI was not a funding agency – it merely provides a platform for research collaboration. The collaborators will have to actively seek major funding on the strength of their research proposals while riding on the prestige of the partner institutions and the availability of credible collaborators from across the Pacific Rim universities. This was the case with the AWI's parallel Climate Change Program as well.
12. Prof Drobnick explained that the initial seed funding of 2 million US dollars obtained by former NUS President Choon Fong Shih is expected to run out by July 2010. The seed fund, set up in July 2006, was in fact originally anticipated to run out by June 2008; that it has not run out yet is in fact testimony to the commitment of AWI research program sponsors to self fund their participation in AWI activities, as well as AWI's prudence in the management of its funds.
13. Funds would be required for the individual (phase 2) projects. If funds were not available for a particular Phase 2 project, then that project would have to be dropped.
14. The meeting agreed that the Phase 2 projects would be driven by the project lead champions with AWI serving as the platform for co-ordination of the collaborative network.
15. The meeting agreed that the consortium's first concrete step towards obtaining new funding would be the drafting of a paper that describes the aims and objectives of the consortium including its focus on chronic, non-communicable disease.

Communications

16. In view of the high costs of face-to-face meetings, conference calls and online exchange of information will continue to be the main communication channels. Effective communications would depend a great deal on members' responsiveness to requests.
17. The AWI secretariat will continue to serve as a central repository of all documents and consortium members should contact the secretariat should they need help in tracing a particular file, or if they would like to have any information disseminated.
18. CGU suggested, and offered to host, regular conference calls via WebEx.

Decisions – Consultation and Consensus

19. Prof Lim reiterated that the decision-making process is one of continuous consultation and consensus involving all parties.

Projects Driven by Lead Champions

20. The meeting affirmed the principle of the phase 2 and other projects being driven by the respective lead "champions". It was also agreed that there should be funding proposal to be drafted. A drafting committee and a funding committee would be formed.

FRAMEWORK FOR FUNDING PROPOSAL

21. Prof EK Yeoh led the discussion on a funding proposal for the public health research program. The main points were:

Strengths of the Consortium

22. The consortium comprises experts with a high level of credibility and from many different fields of public health: health economics, health policies, epidemiology, etc. The consortium also has much potential for collaboration, offering multi-dimensional perspectives to any project.
23. Other strengths include expertise on demography, behavioural change, bio-statistics, access to policy makers, a network of skills that covers the Asia Pacific Rim region.

Weaknesses of the Consortium

24. The momentum of progress may be lost due to lack of funds.
25. The projects may need the expertise of experts in other disciplines who may hesitate to participate due to budget constraints, or because they are unable to see the substantive advantages of the projects.
26. Due to the international, collaborative nature of the project, the project lead could, at best, be only a facilitator.

Strategies for Funding

27. All agreed that the consortium should establish a track record to show that it can work together to produce results. A written document or publication would show that the consortium has a tangible product. The publication of the Phase 1 Baseline Study could be a significant first step in this direction.
28. Another useful step would be to estimate the numbers potentially impacted by the outcome of the projects: e.g. the number of students impacted by efforts in development and training of the healthcare workforce..
29. The AWI platform, with the strong support of the APRU Presidents, should be leveraged in seeking funding.

DRAFTING COMMITTEE AND FUNDRAISING COMMITTEE

30. The meeting agreed to form two standing committees, with members volunteering to serve as follows:
 - a. **Drafting Committee** to produce a paper clearly stating who we are and what we are about. The aim is to create awareness within the public health research community and also generate interest among potential funders.

Members of Drafting Committee

CGU	-	Andy Johnson (lead)
CUHK	-	Sian Griffiths
CUHK	-	Yeoh Eng Kiong
Nanjing U	-	Qian Gao
NUS	-	Meng-Kin Lim
Stanford U	-	Karen Eggleston
USC	-	Heather Wipfli
U Sydney	-	Stephen Leeder
U Tokyo	-	Masamine Jimba
AWI	-	Richard Drobnick

- b. **Fundraising Committee** to look into the potential funding sources and work out a strategy to obtain funding. Members present volunteered to serve as follows: :

Members of Fundraising Committee

CUHK	-	Sian Griffiths (lead)
Nanjing U	-	Qian Gao
NUS	-	Meng-Kin Lim
Stanford U	-	Karen Eggleston
U Indonesia	-	Hasbullah Thrabany
USC	-	Heather Wipfli
U Sydney	-	Stephen Leeder
AWI	-	Richard Drobnick

STRUCTURE OF AWI PH NCD PUBLICATION

31. The meeting proceeded to brainstorm ideas for the drafting committee to consider and arrived at the following:

Mission Statement

- Rationale for NCD focus
- PH trends in the Asia Pacific region
- PH problems in the Asia Pacific region
- Asia Pacific region health governance

Goals

- A broad statement
- Role of AWI in providing a platform that forges international research partnerships, engagement with policy makers and business community and in so doing:
 - a. promote training
 - b. offer guidance
 - c. conduct research
 - d. provide knowledge transfer
 - e. may even lead to exchange programs
- The impact of the rapid pace of change on health outcomes due to the changes in socio-economic factors in the Asia Pacific region requires the collaboration of local partners (consortium members) derived through a comprehensive network of PH experts
- The access of data of a particular city is made easier via the presence of the consortium member of that city

- Health stretch goal: to consider mentioning specific targets over a period time, e.g. reducing or stabilizing CVD trends in the next 10 years

Appendix A

- Composition of Members
- One-page cv of each member, describing their areas of interest and strengths

Appendix B

- One-page description of each member institution, providing their perception of PH problems in their country and the region, on geography, multi-culture, socio-economic factors, etc.

Appendix C

- Structure and guidelines on governance of the consortium
- Roles and responsibility of AWI Management
- Activities of the consortium: program meetings, workshops, exchange programs, training, engagement with policy makers, funding institutions, business community

Appendix D

- A description on the number of students being trained (Masters, PhD, non-degree)
- International composition of student body in members
- How are PH issues being incorporated in PH and medical training
- PH in medical training and PH associated with activities in universities, e.g. climate change is a PH issue

ACTION ITEMS

32. The following table summarizes the action items arising from the meeting:

ITEMS	DESCRIPTION	ACTION BY
City Data for Phase 1 Baseline Study	<ul style="list-style-type: none"> • To review and update previous submission 	Consortium Members
AWI PH NCD Publication	<ul style="list-style-type: none"> • Draft using above outline and making a compelling case for NCD research 	Drafting committee led by Andy Johnson
Potential funding sources and strategy	<ul style="list-style-type: none"> • Funding Sources • Funding strategy 	Fundraising committee led by Sian Griffiths
Appendix A*: One-page Description - Strengths	One page description of member describing their areas of interest and respective strengths	Consortium Members
Appendix B*: One-page Description - Views	One page description of member's institution offering their perception of the public health issues in their country and the region	Consortium Members
Appendix C*	Description of the Consortium's governance and management	Drafting Committee

Appendix D*	<ul style="list-style-type: none"> • PH training issues • International composition of students in consortium 	Heather Wipfli AWI to provide format
WebEx	CGU offered to host WebEx, a cost-effective means of communication similar to conference calls	CGU
Research Training Networks	CGU suggested including research training networks that encourage the professional development of future Public Health researchers as part of AWI's activities,	CGU

*Note: These appendices are suggestions only, and as such are subject to the drafting committee making more definitive and detailed requests from members as it deems fit.

2010 AWI PUBLIC HEALTH WORKSHOP

33. Prof Qian Gao, Dean of Nanjing University's School of Medicine graciously offered to host next year's AWI Public Health Workshop. Tentatively, the workshop will be scheduled for June 2010 in Nanjing.

CLOSING REMARKS

34. In closing, Prof Drobnick thanked all present for their enthusiastic participation and valuable inputs, and acknowledged in particular the seven new participants to the meeting, namely: Sung Il Cho (SNU), Sriram Dasu (USC), Qian Gao (Nanjing U), Liu Bao (Fudan U), Hasbullah Thrabany (U Indonesia) and Heather Wipfli (USC). He noted that three of them were representing new member universities to the AWI PH Program, i.e. Fudan U, SNU and USC. He commented that it was a good sign that APRU members wanted to get involved in APRU projects. Their participation had strengthened the AWI PH network.
35. Prof Drobnick added that he would email the research consortium members his preliminary AWI report which he would be presenting at the 13th APRU Presidents Meeting at California Institute of Technology on June 30th and he would welcome their comments and suggestions. He also informed them that all the AWI research program updates, for both Climate Change and Public Health, have been already been included in a CD which would be given to APRU presidents and their senior staff at Caltech.

NEXT MEETING

36. The next AWI PH Research Program meeting is tentatively scheduled for 30 November – 1 December 2009 in Hong Kong, hosted by CUHK (**Afternote:** These dates were confirmed following recent discussions with CUHK). The meeting will precede the 41st APACPH Conference held in Taipei on 3– 6 December.

Recorded by: David Chan
AWI Secretariat

With Inputs by: Richard Drobnick
Managing Director, AWI

Reviewed by: Meng Kin LIM
Public Health Director, AWI

Date: 28 August 2009

3RD AWI PUBLIC HEALTH PROGRAM MEETING, HOSTED BY JOHNS HOPKINS UNIVERSITY, 23 – 24 JUNE 2009

PARTICIPANTS

1. **Kun CHEN**
Dean & Professor
School of Public Health
Zhejiang University
ck@zju.edu.cn

2. **Tung- Liang CHIANG**
Dean & Professor
College of Public Health
National Taiwan University
tlchiang@ntu.edu.tw

3. **Sung-II CHO**
Associate Professor, Epidemiology
School of Public Health
Associate Dean
Office of International Affairs
Seoul National University
scho@snu.ac.kr

4. **Sriram DASU**
Associate Professor
Information and Operations Management
Marshall School of Business
University of Southern California
dasu@marshall.usc.edu

5. **Richard DROBNICK**
Managing Director, Association of Pacific Rim Universities World Institute &
Director, Center for International Business Education & Research
Marshall School of Business
University of Southern California
drobnick@usc.edu

6. **Karen EGGLESTON**
Professor & Center Fellow
Walter H. Shorenstein Asia-Pacific Research Center
Stanford University
karene@stanford.edu

7. **Qian GAO**
Dean & Professor, School of Medicine
Nanjing University
qian_gao@nju.edu.cn, qiango2001@yahoo.com

8. **Lynn GOLDMAN** - Co-Chair
Professor, Department of Environmental Health Sciences
Bloomberg School of Public Health
John Hopkins University
lgoldman@jhsph.edu
9. **Sian GRIFFITHS**
Director & Professor
School of Public Health
Chinese University of Hong Kong
siangriffiths@cuhk.edu.hk
10. **Jamal Hishan HASHIM**
Professor of Environmental Health & Research Fellow
International Institute for Global Health (UNU-IIGH)
United Nations University
jamalhas@hotmail.com
11. **Yonghua HU**
Dean & Professor
School of Public Health
Peking University
yhhu@bjmu.edu.cn
12. **Masamine JIMBA**
Professor
International Community Health
Graduate School of Medicine
University of Tokyo
mjimba@m.u-tokyo.ac.jp
13. **Carl Anderson JOHNSON**
Dean & Professor
School of Community & Global Health
Claremont Graduate University
andy.johnson@cgu.edu
14. **LE Cu Linh**
Professor
Chair, Dept. of Demography
Head, Dept. of Graduate Education
Hanoi School of Public Health
lcl@hsph.edu.vn
15. **Stephen LEEDER**
Professor, Public Health and Community Medicine
Director, Australian Health Policy Institute
Co-Director, Menzies Centre for Health Policy
University of Sydney
steve@med.usyd.edu.au

- 16. Meng Kin LIM** - Co-Chair
AWI Public Health Director & Associate Professor
Department of Epidemiology & Public Health
Yong Loo Lin School of Medicine
National University of Singapore
ephlmk@nus.edu.sg
- 17. Bao LIU**
Associate Professor
Health Economics
School of Public Health
Fudan University
liub@fudan.edu.cn
- 18. Paula Healani PALMER**
Associate Professor
Director, Global Programs
School of Community and Global Health
Claremont Graduate University
paula.palmer@cgu.edu
- 19. Kai Hong PHUA**
Associate Professor
Health Policy & Management
Lee Kuan Yew School of Public Policy
National University of Singapore
spppkh@nus.edu.sg
- 20. Leiyu SHI**
Professor & Co-Director
Johns Hopkins Primary Care Policy Center for the Underserved
John Hopkins University
lshi@jhsph.edu
- 21. Hasbullah TRABRANY**
Professor
Center for Health Economics and Policy
School of Public Health, University of Indonesia
hasbullah.thabrany@yahoo.com
- 22. WANG Peiyu**
Professor and Chair
Department of Social Medicine and Health Education
School of Public Health
Peking University
wpeiyupku@gmail.com
- 23. Heather WIPFLI**
Associate Director
Public Health & Medical Center
Keck School of Medicine
University of Southern California
wipfli_h@ccnt.usc.edu

- 24. Eng Kiong YEOH**
Director & Professor
Centre for Systems for Health
School of Public Health/ Faculty of Medicine
Chinese University of Hong Kong
yeoh_ek@cuhk.hk

SECRETARIAT - APRU WORLD INSTITUTE (AWI)

- 25. David CHAN**
Associate Director
awichand@nus.edu.sg

- 26. Davina THAM**
Assistant Manager
awidtn@nus.edu.sg

3RD AWI PUBLIC HEALTH PROGRAM MEETING, HOSTED BY JOHNS HOPKINS UNIVERSITY, 23 – 24 JUNE 2009**AGENDA**

23 June	AGENDA ITEM	Room E6519
0800	Meet at Hotel Lobby & Depart for Bloomberg School of Public Health	
0815	Registration & Light Refreshments	
0900-0905	Opening remarks by MD AWI	Richard Drobnick
0905-0930	Notes of Stanford meeting and matters arising	Meng-Kin Lim
0930-1030	Update on Phase 1 study: Baseline study comparing policies and programs on the prevention and control of chronic, non-communicable diseases in Asia-Pacific cities	Meng-Kin Lim & Karen Eggleston
1030-1100	Coffee Break	
1100-1130	Update on Phase 2 project: The Challenge of Escalating Chronic, Non-Communicable Diseases in the Asia Pacific Region	Andy Johnson & Paula Palmer
1130-1200	Update on Phase 2 project: A multi-centre collaborative program to reduce morbidity from cardiovascular disease	Steven Leeder & George Rubin
1200-1230	Update on Phase 2 project: Comparative study of medical management of diabetes in Pacific Rim cities	Karen Eggleston
1230-1300	Update on Phase 2 project: Challenges and opportunities for overcoming health workforce shortage against NCD threats in the Asia-Pacific Region	Masamine Jimba
1300-1400	Lunch	Room E6519
1400-1500	Brainstorming: Framework for grant proposal	
1500-1530	Coffee Break	
1530-1700	Brainstorming: Funding strategy	
1830-2030	Informal Welcome Dinner for PH Project participants Hosted by AWI Venue: The Oceannaire 801 Aliceanna Street Tel: (443) 872 0000	

24 June		Room W3011
0800	Meet at Hotel Lobby & Depart for Bloomberg School of Public Health	
0815	Registration & Light Refreshments	
0900-1030	Distillation of brainstorming sessions and discussion	
1030-1100	Coffee Break	
1100-1230	Decisions, deliverables and deadlines	
1230-1330	Lunch	Room W3011
1330	End of Public Health Project Meeting	
1330-1500	Discussion – AWI PH NCD Research Program publication	
1800-2000	Welcome Dinner for Workshop Participants Hosted by Dean, Bloomberg School of Public Health Venue: 9 th Floor, Bloomberg School of Public Health 615 N. Wolfe Street	

PHASE 1 COMPARISON STUDY – A SUMMARY UPDATE IN PRESENTATION SLIDES

The content for this ANNEX is in Microsoft Powerpoint format.
Please refer to separate file attachment accompanying this report.

**COMPILED SUMMARY OF INPUTS FOR THE AWI CHRONIC, NON COMMUNICABLE
DISEASE PHASE 1**

The content for this ANNEX comprises 52 pages.

Please refer to separate file attachment accompanying this report.