



SUMMARY NOTES

4TH AWI PUBLIC HEALTH RESEARCH PROGRAM MEETING ON CHRONIC, NON-COMMUNICABLE DISEASES

**HOSTED BY THE CHINESE UNIVERSITY OF HONG KONG,
HONG KONG ON 1 DEC 2009**

INTRODUCTION

1. AWI MD Prof Richard Drobnick and AWI Public Health Director Prof Lim Meng Kin welcomed the participants and thanked Prof Sian Griffiths for hosting both the Planning Meeting of the 2010 Public Health Workshop and the 4th Public Health Program Meeting.
2. The meeting agenda is in **Annex B**.

BACKGROUND

Following the inaugural research meeting in Singapore in November 2008, a second meeting was held at Palo Alto in February 2009 and a third at Baltimore in June 2009. Apart from reviewing the progress made thus far, this fourth meeting would also focus on the strategic directions of the AWI research consortium, going forward.

PHASE 1 – BASELINE COMPARISON STUDY - PROGRESS REPORT

3. Prof Lim and Karen Egelston updated members on the status of the Phase 1 report, a draft copy of which had been circulated (see **Annex D & E**). They requested that group members send in their comments and final amendments to the AWI Secretariat by 20 Dec 2009.
4. The following points were raised:
 - a. Responding to comments that it was too long, Prof Egelston explained that it was ultimately aimed at a journal like *Health Policy* or *Health Affairs*. It would be considerably shortened once much of the data was reduced to table form instead of being embedded throughout the paper.
 - b. Prof Jimba suggested that some parts could be published as a web based data, while the main article would be a focused discussion. Those interested in the data may refer to the website.
 - c. Prof Lim pointed out that a major challenge faced was the comparability of the data when reduced to journal-quality table format. Many co-authors had submitted national data instead of city level data as requested. Noting that more than 50% of the world's population now live in cities, Prof Lim said that the urbanization theme and city as the unit of analysis and comparison make for a compelling approach that would differentiate the AWI research consortium from the rest.

- d. Prof Chiang suggested that the national data should be separated from the city data in the paper.
- e. Prof EK Yeoh highlighted that the objectives had to be clarified, adding that a framework for comparison would be important. He suggested identifying how the group can learn and structure the paper so others would be interested in “governance” as a major thrust. The structure of the study was also important as compiling the data on hand in a cohesive format would allow these countries and cities to benefit from the findings.
- f. The meeting agreed that the paper should highlight the gaps in comparative research, including the lack of available and comparable data in cities, and calling for collaboration and better data bases, emphasizing the city, instead of country, as a unit of comparison.
- g. Prof Leeder suggested that the lead authors look at the 30-40 year history of WHO and to deduce the lessons learnt.

NCD PHASE II PROJECTS

5. The Phase 2 projects were presented by the respective project leaders. 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

- At present, the research is looking at the mental health component in relation to the study, especially with concerns of the economic crisis.
- Prof Johnson mentioned that Taipei and Hanoi have expressed interest in participating, and similarly with USC and Detroit. Prof Hashim had also expressed interest for Kuala Lumpur, and Prof Jimba for Laos, Cambodia and Nepal.
- Prof Johnson had explained to the group to fill up the relevant information and that the expected date of the pilot launch would be in April or May 2010.
- The training of data collection would be conducted by tele-video.
- Other concerns included the reliability and validity of the information submitted.
- It was suggested that classroom discussion style would be best for the collection of data. This might include statistics from the two middle schools and two high schools (one academic and one vocational for both middle and high school) and to have parents fill up the 20-30 minutes questionnaire.
- Biological data would be added to the longitudinal study
- The outcome of this pilot study would provide a platform for a larger Asia study and a common data base for climate change studies. One of it would be the China Seven Cities Study, in which Prof Chiang (NTU) expressed interest.

- A major proposal could be put together by December 2010.

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%.
- The goal would be to have a collaborative project and a model of research looking at the next four to five years, in which the group collaborates across a number of different sites, having a goal of, say, reducing cardiovascular disease by 5%. Each group signs on to that and determines how they would proceed.
- An example of this would be a short-term learning system used across the US to tackle hospital safety requiring local solutions.
- At present, the universities that have signed on include CUHK, Nanjing U, U Sydney and Peking U.
- Each research team would have a cardiologist and an executive sponsor on their team. They would have a group email account, regular Skype conference calls and establish a central budget including determining their own goals and outcomes.

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

- A preliminary study in diabetes is currently being conducted with contributing members from Malaysia and the medical school of Zhejiang University. The project is starting Phase 2 of the diabetes study which includes combined in-patient and out-patient data.
- In the near future, there will be a paper on diabetic medicine and a chapter in a book in the pipeline looking at interaction of health systems in each country. The project would also no longer be known as a Diabetes project but a Primary Care project.

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

- Next to heart disease, HIV is becoming chronic as mortality among the HIV positive is increasing
- In some developing countries, Malaria has been decreasing and therefore some of the workers who work only on Malaria cases were afraid of losing jobs. Prof Jimba expressed interest to research these workers, e.g. on their views on the possibility of losing their jobs, if they would be interested to work on NCD cases, their motivation and to explore if they could contribute to NCD programs. Such countries include Cambodia, Philippines and Laos.
- Prof Jimba has already received some small funds to start a study in Phnom Penh, Palawan (island in Philippines) and Vientiane. He can immediately start a study in

these three areas and if the group would like to conduct a similar study in their respective cities, he would be pleased to co-ordinate.

REPORT OF THE DRAFTING COMMITTEE & DISCUSSION

AWI Public Health NCD Publication

(For this subsection, please refer to Annex F)

6. The meeting proceeded to brainstorm ideas for the drafting committee to consider the following:
 - a. Purpose
 - b. Articulation of CNCD problem in the Pacific-Asia region
 - c. Who are we
 - d. Why are we addressing the problems
 - e. Goals and Objectives
 - f. Plans to address the goals and objectives
 - g. Call to action

7. The following points were noted:
 - Prof Johnson informed the group that 30 Jan 2010 would be the extended deadline for submitting documents for the first draft. He is targeting to complete the full draft by 15 February 2010 for submission in March 2010.
 - It was agreed that the group shall be known as: 'AWI Public Health Consortium' (AWIPHC).
 - On the definition of the AP region, it was decided that the word "Asia" to be dropped as 'Pacific Rim' already suggests the countries in the Pacific Rim. "Economies" (following the APEC naming convention) should replace "countries" and single country or states should also be avoided in the paper.
 - On the discussion of major PH issues and various systems, the word "commonalities" would be adopted over "core values", as the former would suggest a more diversified connotation.
 - Regarding income inequality, it was highlighted that only in six Asian countries studied by the Asian Development Bank, had equity improved. Prof Lim said he will circulate the Economist Magazine article to members for information.
 - Prof Johnson shared on the environmental, risk and individual factors that affect behaviors, especially risk behaviors that he is considering including in the paper. Prof Chiang suggested adding how rapid globalization had also impacted these risk behaviors.
 - Prof Leeder reminded the group that they should determine the research significance of the environmental and behavioral changes, e.g. the impact, the responses to such changes. He suggested that the publication needed a more active title to capture the audience. He also highlighted the variations in perspectives on the values of tobacco control in China from three different levels of

the government: country, provincial and city levels. Prof Leeder also suggested that the research can be on the comparison of the strategies being utilized in different cities in the same country, and among other countries, and their resulting impacts.

- Prof Jimba suggested that it was better to link NCD with universal coverage through Primary Healthcare-oriented health systems, in support of WHO's message of universal coverage for the Asia Pacific region. He opined that it would be impossible to achieve universal coverage without tackling NCD problems. Prof Jimba added that in the Pacific Rim region, some countries have already achieved universal coverage, unlike those in the African region.
- With reference to paragraph E1, the group agreed with the mission statement that includes “ .. developing a collaborative trans-disciplinary research agenda ..”.
- Also on paragraph E1, it was discussed that the purpose of the consortium is to embark on research “to improve public policy”.
- With reference to paragraph F1 of the AWI PH paper, AWI would be the platform and the call for action would be an invitation extended to like-minded people to join.

REPORT OF THE FUNDING COMMITTEE & DISCUSSION

Funding Issues

8. Prof Drobnick gave an update of AWI's future outlook as discussed with the Governing Board members. He explained that the initial seed funding of USD 2 million obtained by the former NUS President Choon Fong Shih is expected to run out by July 2010. He also shared that the Governing Board had agreed that a senior level managing director would be necessary.
9. The options considered were that the APRU Secretariat could be funded either by a APRU member donating an amount to fund the secretariat; an APRU member donating an MD, to devote half of his time to the work; an APRU member underwrites the secretariat; or a non-APRU member buys the secretariat.
10. The AWI Governing Board and the APRU Steering Committee will review the capital investment options presented by the Managing Director in mid-December and January.
11. Prof Griffiths felt that AWI would need more infrastructure funding to structure the workshop and less so to pay AWI staff. Prof Yeoh pointed out that these could include some researchers and some PH experts to do the ground work of the conference to build on. However, no sources of funds were suggested.
12. Prof Drobnick also pointed out that the APRU board members would not impose a larger annual fee on the APRU members to support AWI.
13. On the question raised by Prof Griffiths regarding potential support from Zhejiang U for AWI for the next three years, Prof Drobnick replied that **he thought that** would be unlikely.

POTENTIAL AWI PHC PHASE 3 PROJECT

Pilot Project on Air Pollution in Port Cities

14. Prof Wipfli shared that USC would soon receive funding to carry out a pilot project to measure personal exposure to air pollution in port cities in the Pacific Rim. The pilot project could be a potential Phase 3 of the AWI PHC NCD project. It will be conducted in Spring/Summer 2010, followed by an application for larger funding in Fall 2010. The cities are: Los Angeles, Port Klang, plus one other. Measurements of the project may include: active monitoring of black carbon, passive and active monitoring of individuals in the community, etc. All members of the AWI PHC are welcomed to participate in this project. Prof Wipfli will soon send out more information, disseminated through the AWI Secretariat.

ACTION ITEMS

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

ITEMS	DESCRIPTION	ACTION BY
Phase 1 – Baseline Comparison study progress report	<ul style="list-style-type: none"> • To review and update previous submission by 20 Dec 2009 <ol style="list-style-type: none"> i. Check contents and suggest amendments for both documents. (see Annex D & E) For respective cities, look at the N.A. columns and check with the Department of Health in each respective country to see if the data is available. ii. Provide a list of references for citation. iii. Confirm the name and title of the contributing author from your institution. 	Consortium Members
AWI Public Health NCD Publication	<ul style="list-style-type: none"> • To submit draft by 30 Jan 2010 	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

CLOSING REMARKS

16. Prof Drobnick thanked all present for their enthusiastic participation and investment of their time and resources on the project. Their participation had strengthened the AWI PH Network.

NEXT MEETING

17. The next AWI PH Research Meeting will be held on 16 -17 June 2010 at Nanjing University in conjunction with the AWI PH Workshop scheduled on 18 – 19 June 2010.

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Edited by: David Chan
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Date: 27 January 2010

ANNEX A**4TH AWI PUBLIC HEALTH PROGRAM MEETING, HOSTED BY THE CHINESE UNIVERSITY OF HONG KONG, 30 NOV – 1 DEC 2009****PARTICIPANTS**

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ANNEX B**4TH AWI PUBLIC HEALTH PROGRAM MEETING, HOSTED BY THE CHINESE UNIVERSITY OF HONG KONG, 30 NOV – 1 DEC 2009****AGENDA****Meeting Venue :**

KCT Communications and Resource Centre (KCTCRC)
 1/F School of Public Health & Primary Care
 Prince of Wales Hospital, Shatin

Mon 30 Nov AWI PH Workshop Planning Meeting		
1.30 pm	Shuttle from hotel to CUHK	
2.00 pm - 6.00 pm	2010 AWI Workshop Planning Meeting	Meng-Kin Lim
7.00 pm	Asia Conference Welcome Dinner	Sian Griffiths & EK Yeoh
Tue 1 Dec AWI PH Research Program Meeting		
8.00 am	Shuttle from hotel to CUHK	
8.30 – 9.00 am	Minutes of previous meeting and matters arising	Meng-Kin Lim
9.00 -10.30 am	Progress Reports of Phase 1 and Phase 2 studies (5 reports, about 15 mins each)	Phase 1 : Meng-Kin Lim & Karen Eggleston
		Phase 2 : Andy Johnson, Stephen Leeder, Karen Eggleston, Masamine Jimba
10.30 -11.00 am	Coffee Break	
11.30am -1.00 pm	Report of the drafting committee and discussion	Andy Johnson
1.00 - 2.00 pm	Lunch	
2.00 - 3.30 pm	Report of the funding committee and discussion	Sian Griffiths
3.30 - 4.00 pm	Coffee break	
4.00 - 5.30 pm	Presentations of AWI NCD Phase 2 Projects at the Asia Conference	Meng-Kin Lim, Andy Johnson, Stephen Leeder, Karen Eggleston, Masamine Jimba
5.30 - 6.20 pm	Reconvene for wrap up discussion on next steps	Meng-Kin Lim
6:30 PM	Shuttle - Depart for Kowloon Pier (45min – 1hr journey)	
7:30 PM	Sail to Lamma Island for AWI Networking Dinner	
8.15 pm	Dinner at Rainbow Restaurant	AWI

ANNEX C**5TH AWI PUBLIC HEALTH WORKSHOP AGENDA
HOSTED BY NANJING UNIVERSITY, 18-19 JUNE 2010**

The content of this ANNEX comprises 7 pages.

Please refer to separate file attachment accompanying this report.

ANNEX D**PHASE 1 REPORT : BASELINE ASSESSMENT OF RESEARCH, POLICIES AND PROGRAMS**

The content of this ANNEX comprises 65 pages.

Please refer to separate file attachment accompanying this report.

ANNEX E**PHASE 1 : PREVENTION AND CONTROL OF CHRONIC NON-COMMUNICABLE DISEASE
IN TWELVE PACIFIC RIM CITIES**

The content of this ANNEX comprises 29 pages.

Please refer to separate file attachment accompanying this report.

(Please refer to separate file attachment for the Pacific Rim Table.)

ANNEX F**A Call to Action for Research to Prevent & Control CNCD in the Asia-Pacific Rim Region***Working draft November 28, 2009***A. (Purpose of paper)**

The cultures of the nations of the Asia-Pacific Rim Region are increasingly influenced by one another through commerce, migration, and mass media. So it is with the health of the peoples of the region. The potential for contagion, both biological and social is profound and expressed in the determinants of chronic disease, including dietary preferences and practices, patterns of work and leisure activity, and tobacco alcohol and other substance use, as well as the transmission of infectious disease. Related to the increasingly interdependence of the economies and cultures of the region are the striking changes occurring in longevity, morbidity and mortality, trends in the causes of premature death and illness, and their determinants. Most notable is the rapid shift from acute infectious disease to chronic non-communicable diseases as the leading causes of premature death and human suffering in the region. The rate of acceleration in chronic diseases in the API region is the fastest in the world and varies within the region based largely on stage of economic development. These trends and their common and interdependent causes will be reviewed in the following pages, and an outline for a region-wide approach to prevention of chronic diseases in the region will be suggested.

B.1. (Definition of the API region)

For the purposes of this paper, the Asia-Pacific Rim region is defined as the countries of central, east, and south Asia, the Pacific Islands, and the Pacific bordering continental areas of North, Central, and South America, including but not necessarily limited to the following countries: Australia, Bangladesh, Cambodia, Canada, China, India, Indonesia, Japan, Korea, Laos, Malaysia, Mexico and the countries of Latin America, Miramar, New Zealand, Singapore, Sri Lanka, Taiwan, Thailand, United States, and Viet Nam. These countries share geographic proximity and growing political inter-connectedness, common environmental concerns, and economic interdependence. The greatest wave of migration in so short a time span is occurring within and across these countries of the Asia-Pacific Region. The rapid growth of chronic diseases in each of these countries is profoundly related to the interconnectedness of countries of the region as we will spell out in the pages to follow.

B.2. (Major PH problems)

In the middle of the 20th century, the leading cause of mortality and morbidity was acute infectious disease, the exceptions being in the Americas, Japan, Australia, and New Zealand (check this). Today chronic diseases, notably cardiovascular disease, chronic lung disease, cancer, and diabetes accounts for 70% (check this) of all mortality in the region. China is an illustrative example. In the mid 1990's xx percent... By 1992,

The growth in chronic disease as cause of mortality results from two major classes of development 1) control of acute infectious disease, 2) increased risk factors associated with lifestyle and circumstance.

B.3-B4 (Heterogeneity of the region)

The Asia-Pacific is arguably the most diverse region in the world. It spans both tropical and temperate zones, from sea-level atolls to the highest mountain ranges. Home to the world's major religions, ancient civilizations and proud cultures, it includes both the most populous and tiniest nations, both the wealthiest and the least developed economies. Noteworthy for the

“economic miracles” of the “Asian tigers,” it continues to enjoy the world's fastest growth despite the latest global financial crisis and looks likely to lead its recovery. But the rich are growing richer much faster than the poor, with income inequality widening over the past decade in 15 of the 21 countries that the Asian Development Bank has recently studied (1). The most vulnerable populations have health indicators comparable to the poorest countries of the world, while the “haves” of the region include those with the longest lifespan the world has ever seen. Moreover, the heterogeneity within countries is in many cases as marked as that between nation states, and not all have been as resilient in the face of the economic recession.

B5. (Behavioral risk factors)

Culture can be a powerful protective agent from disease. Cultural mores in China have until now kept women largely free of diseases such as lung cancer that are driven by cigarette smoking. Religious prohibitions against consumption of alcoholic beverages or promotion of moderation have kept some groups relatively free of alcohol induced liver disease, cancers, etc., and related mental disorders and social disruption. Things are changing fast in the region, however; cigarette smoking is rising rapidly among educated and working Chinese women with onset occurring at earlier ages in childhood and adolescence for males and females alike, and numbers of cigarettes smoked increasing for those who smoke. Alcohol consumption is increasing steadily as well among ethnic and religious groups for which it was previously rare, and among women in cultures where drinking has been traditionally frowned upon. Economic prosperity has made high fat, high salt, and low fiber foods, those that stimulate reward centers in the brain and create craving, more accessible to larger numbers of people.

The market has responded and more processed high calorie and fat dense foods are readily available in markets and restaurants, squeezing out the often less efficiently prepared and increasingly more expensive healthy options. Labor for most, once largely manual and rigorous, has been replaced by sit down or “stand around” jobs that exert far less energy. The motor vehicle has replaced walking and cycling to and from work and school, and children spend far more time in passive amusements – television, computers, electronic games – and less in physically active play. The effects of economic development while liberating people from the drudgery of hard manual labor, produce long term consequences in terms of obesity, tobacco and alcohol consumption and low energy expenditure. The result is an epidemic of cardiovascular, cancer, chronic lung, and diabetes disease that threatens to overwhelm public health gains in acute disease mortality with severe economic consequences as populations get older and people experience far greater numbers of years in debilitating illness.

The economic development of the API region is threatened as health care costs from chronic disease and mental illness rapidly accelerate. The health and well being of not only individuals, but also their communities and whole societies hangs on reversing the negative impact of economic development on health risk behavior. [need a little more about mental health declines and the impact of increasing economic disparities]

B6. The biological push to high risk behavior

B.7. Structural and environmental differences in the region that lead to a specific increased risks in the future

B.8. Current health systems and policy seem inadequate to address the problem

B.9. The surges and lags inherent to a free economy should be considered for their impact on public health and policy directed accordingly

C.1. Who are we? (What is the name of our group and who do we represent?)

D.1 Why do we think it is our place to right this paper?

E. 1. What are our goals and objectives?

The mission of the AWI Public Health Consortium (APHC) (working name) is to carry out collaborative research to identify and address the major public health problems of the region. Chronic diseases, including cardiovascular disease, cancer, chronic obstructive lung disease, diabetes and mental illness and neurocognitive disorders, are APHC's focus because these are the conditions affecting the greatest numbers of people in the Asia-Pacific Region, and increasingly so. The objectives of APHC are to identify remediable causes at the societal, community, family and individual levels and carry out sound research to address the causes, prevent those conditions, and reduce the chronic disease burden for people of the region. APHC provides a platform upon which research in cause and prevention can be carried out among participating institutions and researchers. The emphasis on the research is to produce findings that can readily be translated into improved health practice and policy at all relevant levels of society, and to translate that research into scalable chronic disease prevention programs culturally attuned to the variety of cultures and circumstances found in countries of the region.

F.1. How do we plan to address the goals and objectives?

1. A proposed platform
2. Planned initiatives and how they contribute to solutions: Jimba with support of project champions
 - a. Baseline assessment
 - b. A collaborative research network
 - c. A health behavior and social/economic environment surveillance system
 - d. The diabetes project
 - e. New health professions to meet the region's needs

G. Call to action – to join the efforts of AWI-PHP with those of likeminded groups operating both in the region and elsewhere.