

# PRINCE MAHIDOL AWARD CONFERENCE 2015

## Global Health Post 2015 – Accelerating Equity

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### 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, 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.

## Venue and Dates of the Conference

Centara Grand at Central World Hotel, Bangkok, at the end of January 2014

Monday 26 – Tuesday 27 January 2015	Side Meetings
Wednesday 28 January 2015	Field Trip
Thursday 29 – Saturday 31 January 2015	Main Conference

## Structure of the Conference

This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. **Pre-conference**
  - a. Side meetings
  - b. Field trip
2. **Main conference**
  - a. Keynote speeches
  - b. Plenaries
  - c. Interactive parallel sessions
  - d. Conclusion and recommendations
  - e. Poster or VDO presentation about case success stories

## Sub-themes and Issues

Issues to be discussed will be under three main sub-themes below: (1) Priority global health issues and health related Post-2015 development goals/targets/indicators; (2) Moving towards new global health governance; and (3) Global Health Systems and Financing Priorities for the Post-2015 Agenda.

### Sub-theme 1:

#### Priority global health issues and health related Post-2015 development goals/targets/indicators

Global Health deals with issues affecting health that cannot be resolved by one country or agency working alone. It demands the creative engagement and commitment of many different bodies including governments, international agencies, civil society and the private sector. Global public health is impacted upon by a variety of strategies and policies, at the local, the national and the international levels, and is concerned with the biological, economic, environmental and social determinants of health that affect us all as global citizens, whether in high-, middle- or low income countries.

The full enjoyment of the right to health is critical for the enjoyment of other human rights. Good health is thus an end in itself and it plays an integral role in human capabilities and well-being. Health is central to sustainable development and to economic development and health is both a beneficiary of and a contributor to development. Health is also a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve.

Today, health is on the radar of Heads of State because it has become integral to at least three global agendas:

**Security**—driven by the fear of global pandemics or the intentional spread of pathogens and an increase in humanitarian conflicts, natural disasters, and emergencies;

**Economic**—concerned not only with the economic effect of poor health on development or for example of infectious disease outbreaks on the global market place but also the gain from the growing global market in health goods and services;

**Social justice**—reinforcing health as a social value, human right and essential component of human security, supporting the United Nations Millennium Development Goals and the Post-2015 development agenda, advocating for access to medicines and primary health care at an affordable cost, and calling for high income countries to invest in a broad range of global health initiatives.

Thus, it is no longer Ministries of Health alone who design policies for health, but increasingly, Ministries of Foreign Affairs, of Finance, Home Affairs and Defence are taking an active role. In order to increase strategy and policy coherence, it is important to understand the range of interests that governments have in global health: this will help to identify the policy space for public health.

This sub-theme will consider how health is prioritized or de-prioritized and address the underlying challenges for policy coherence at the various levels of governance (local, national and global) as well as to identify the policy space to address key equity issues.

## Sub-theme 2: Moving towards new global health governance

There are several reasons why the issue of global health governance needs to be reviewed.

The health sector has no longer the sole control “over health” as health is influenced by a multitude of factors. The social determinants of health are the conditions in which people are born, grow, live, work, age and die. Such conditions have a much bigger impact on population health than the health sector itself. In the last 20 years, economic transformation in the global economy has vastly increased the resources available for investment in health but has also resulted in massively increased social and economic inequalities, including in health status. There is an urgent need to understand how public health can be better protected and promoted in the realm of global governance.

Actions taken by governments and actors outside the health sector – in relation for instance to trade, economics, migration, conflict and the environment – increasingly have an impact on people’s health in ways that are not properly identified or monitored. There are political determinants of health where global accountability is deficient.

The private sector plays an increasing role in governing health. The intensified inter-relations, connections and mutual dependencies between States, societies and corporate businesses can be described as the commercial determinants of health. The way in which global food, soda and tobacco do their business, and how they interact with each other and with national, regional and international organizations needs to be much better understood by public health actors.

Health has become one of the most important of the world's industries. The last decade alone has seen a doubling of global health spending from 3 to 6.5 trillion USD.

Health has increased in importance on the national and global policy agendas. More and more national elections are won or lost on population health matters. Increasingly, public health issues and policy are discussed by heads of state. Finally, there are an increasing number of actors – new global health institutions, increasing interest by non-state actors active in global health.

In broad terms, global health governance concerns the actions and means adopted by a society to organize itself in the promotion and protection of the health of its population.<sup>1</sup> The organization and function can be formal or informal to prescribe and proscribe behaviour. The governance mechanism can be situated at the local/subnational, national, international and global levels. Health governance can also be public, private or a combination of both.

Core functions of the global health system include the production of global public goods, management of externalities across countries, mobilization of global solidarity, and stewardship.<sup>2</sup> This means architecture is also needed to support technical work, monitoring, multilateral negotiations, etc.

Global health governance is often used to refer to the governance of the global health system and focuses on the actors and institutions with the primary purpose of health. Global governance for health refers to all other governance areas that can affect health and implicitly, it makes the normative claim that health equity should be an objective for all sectors.

This sub-theme will consider that there currently exists no global mechanism that follows all parallel and ongoing discussions related to global public health, particularly given the broad spectrum of fora addressing issues that impact public health including the World Trade Organization, ILO, WIPO, NGOs, civil society and others. The broad spectrum of subject-matter with direct impact on public health (trade, climate change, development, governance, water sanitation, etc.) further heightens inherent complexities and challenges.

Today there is increasing recognition that the existing rules, institutional mechanisms and forms of organization need to evolve to better respond to the emerging challenges of globalization and ensure that globalization benefits those currently left behind in the development process.

This sub-theme will address both the issues of “global health governance” as well “global governance for health”:

**On global health governance**, discussions will be held around the following issues:

- The role of state actors – UNAIDS, WHO, UNICEF, GAVI, World Bank, G8, G20, regional health collaborations and others;

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<sup>1</sup> The Lancet, [Volume 382, Issue 9897](#), Page 1018, 21 September 2013

<sup>2</sup> New England Journal of Medicine, March 7, 2013, Governance Challenges in Global Health, <http://www.nejm.org/doi/full/10.1056/NEJMra1109339>

- The role of the non-state actors – private sector, social enterprise and civil society organizations, especially in terms of health in critical underprivileged groups;
- Appropriate and effective monitoring and evaluation mechanisms as well as global health information systems to ensure transparency, accountability and fit for purpose.

**On global governance for health**, discussions will be held around:

- Social, political and commercial determinants of health and “health in all policies;”
- Appropriate coordination mechanisms to ensure that health is being considered in broader policy development (joined-up government at all levels);
- Appropriate instruments to assess the potential health and social impact of policies during the policy development process.

### Sub-theme 3:

#### Global Health Systems and Financing Priorities for the Post-2015 Agenda

This sub-theme focuses on how management and financing of health systems can improve quality, equity and raise health outcomes. The discussions will foster wider agreement of collective actions for providing financial protection, ensuring programs are responsive to people’s expectations and services address the needs of poor and vulnerable populations. A number of tenets will guide the discussions:

- The dynamic nature of health priorities require flexible and adaptable financing, management and delivery systems;
- Achieving quality and financial sufficiency are not the end but the means to achieve better health;
- External financing should not crowd out but promote domestic resource mobilization;
- As countries go through economic transition, stewardship of the health sector should prevent disproportionate increases in out-of-pocket expenditures and further disparity in access;
- Health financing strategies should work with the contribution from non-health sectors, such as education, defense, labor and social security sectors, and the influence of trade and foreign policies;
- Universal Health Coverage requires political commitment and calls for expanding services to the underserved, with financial protection and resilient health systems that meet quality standards.

At PMAC 2015, the international community will take pulse on the status of health financing globally and discuss trends and new ideas in resource mobilization. The growing trend of disparities among countries and strong upward pressures increasing costs and financing requirements will be reviewed with an analysis of the drivers. Weighing costs escalation against the returns on investing in health, the meeting will provide a venue to develop a good value proposition on increased financing on health for wider acceptance at global and country levels. This is critical for the debate on universal health coverage and has implications on both international financing and domestic resource mobilization. The discussions will highlight advocacy for poor countries to spend more, and for rich countries to get more value for the money spent. And overall, to re-affirm the notion of good health for low cost and review lessons learned amongst all countries.

The key pathways to achieving equity and improved health outcomes are adequacy/sufficiency, allocative and technical efficiency (including sub-sectoral priorities and incentives) and the level of financial protection provided. The sessions will review financial investments and with emphasis on the need to demonstrate measurable results. The discussions will take stock of accountability by the international development community as well as Ministers of Finance asked to increase outlays and Ministers of Health who have to decide among competing priorities.

Worldwide, countries are weighing the unfinished agenda in health, emerging priorities such as non-communicable diseases, pandemic threats and global climate change. Common threats to health security call for shared solutions including cross-border and regional collaboration, and the need for strategies to finance regional public health goods. In addition, the sub-theme will provide opportunities for an exchange with emerging donor countries, and learn about their shared interests, strategic priorities and explore partnerships with long-standing donors. Special sessions may be arranged with BRICS countries, and other transitional economies that are moving into upper middle income status, their experiences with moving towards donor status, reaching self-reliance, including the assurance to procure and supply sufficient drugs, vaccines and other health commodities.

Collectively, the sessions under this sub-theme will address the following issues:

- What is the current situation with health financing globally? What progress has been made with mobilizing domestic resources and establishing sustainable sources of financing?
- What are the lessons learned from vertical global financing mechanisms, sectoral programs and what is needed to address neglected health threats and broader health goals?
- What are the emerging challenges for the next two decades that will define plans for reaching universal health coverage and what adaptations are needed within service delivery and financing systems to address them?
- What systems changes are needed to enable providers and managers to manage for results, including practical, manageable and measurable improvements in quality?
- What are the lessons learned with innovative strategies such as using incentives to promote quality of care? How can results-based financing systems extend coverage and improve quality? How can demand-side subsidies reduce out of pocket expenditures?
- How can clients and civil society effectively participate in decisions on service delivery, quality and financing of health care?

## Pre-Conference activities

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### Monday 26 January 2015

09:00-17:30	Side Meetings
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### Tuesday 27 January 2015

09:00-17:30	Side Meetings
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### Wednesday 28 January 2015

06:30-18:00	Field Trip
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## Main Conference

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### Thursday 29 January 2015

09:00-10:30	<b>Opening Session &amp; Keynote Address</b> Opening Session by <b>Her Royal Highness Princess Maha Chakri Sirindhorn</b> Keynote Address <ul style="list-style-type: none"> <li>• <b>Donald Ainslie Henderson</b>, Prince Mahidol Award Laureate 2014, Distinguished Scholar, Center for Health Security, University of Pittsburgh Medical Center, Dean Emeritus, Bloomberg School of Public Health, Johns Hopkins University, USA</li> <li>• <b>Nafsiah Mboi (Ibu Naf)</b>, Former Minister of Health, Indonesia and Chair of the Global Fund Board</li> <li>• <b>Laurie Garrett</b>, Senior Fellow for Global Health, Council on Foreign Relations, USA</li> <li>• <b>Tania Akhter</b>, Bangladesh</li> </ul>
10:30-11:00	Break
11:00-12:00	Overarching Plenary: "Global Health Post 2015 – Accelerating Equity"
12:00-12:30	Plenary 1.1: Priority Global Health Issues and Health Related Post-2015 Development Goals/Targets/Indicators
12:30-14:00	Lunch
14:00-16:00	<b>PS1.1: Security Interests in Global and Public Health</b> <b>PS1.2: A Fine Balance: Seeking a "Win-Win Solutions" for Achieving Health Equity and Promoting Economic Opportunities</b> <b>PS1.3: Foreign Policy Interests in Global Health</b> <b>PS1.4: Philanthropic Interests in Global and Public Health</b> <b>PS1.5: Maximizing Synergies between Health and Inclusive Development</b> <b>PS1.6: Health-related Post-2015 Development Goals and Targets</b> <b>PS1.7: Ensuring Equitable and Sustainable Access to Health Commodities and Services in MICs in the Post-2015 Development Agenda</b>
16:00-16:30	Break

16:30-17:30	<b>Plenary 1.2 : Presentation of Priority Issues from PS1.1-PS1.6</b>
18:00-20:30	Reception and Welcome Dinner hosted by Royal Thai Government

### Friday 30 January 2015

09:00-10:00	Plenary 2: Moving towards New Global Health Governance
10:00-10:30	Break
10:30-12:30	<b>PS2.1: Global Health Governance: Who and How?</b> <b>PS2.2: Role of Non-State Actors in Global Health Governance</b> <b>PS2.3: Governance by Market Forces – How to Get the Best While Avoiding the Worst</b> <b>PS2.4: Global Governance for Health in the Post-2015 Era</b> <b>PS2.5: Accountability for Health in the Post-2015 Development Agenda</b> <b>PS2.6: Global Health Treaties - Do We Need More?</b> <b>PS2.7: Governance by Partnership – an Answer for Post 2015?</b>
12:30-14:00	Lunch
14:00-15:00	Plenary 3: Global Health Financing – What Lies Ahead?
15:00-15:30	Break
15:30-17:30	<b>PS3.1: Fiscal Space for Health: Mobilizing and Efficiently using Domestic Funds</b> <b>PS3.2: Results-Based Financing in the Health Sector and Equity in Access to Quality Care</b> <b>PS3.3: Health Systems Responsiveness: Health Service Delivery Ensures the Dignity, Confidentiality, Autonomy and Promptness in Empowering the Poor and Marginalized</b> <b>PS3.4: New Trends and Innovative Strategies for Global Health Financing</b> <b>PS3.5: Universal Health Coverage: Political Commitment and Financing for Complex Public Health Needs in the Next Two Decades</b> <b>PS3.6: The Role of Emerging Economies and Private Sector in Global Health Financing</b>

### Saturday 31 January 2015

09.00-10.00	<b>Synthesis: Summary, Conclusion &amp; Recommendations</b>
10.00-10.30	Break
10.30-11:30	Political Commitment/ Statement / Call to Action
11:30-12.30	Closing Session
12.30-13.30	Lunch
14:00-16:30	International Organizing Committee (IOC) Meeting for PMAC 2015/2016

# OPENING SESSION AND KEYNOTE ADDRESS

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## Opening Session

by Her Royal Highness Princess Maha Chakri Sirindhorn

## Keynote Address

- **Donald Ainslie Henderson**, Prince Mahidol Award Laureate 2014, Distinguished Scholar, Center for Health Security, University of Pittsburgh Medical Center, Dean Emeritus, Bloomberg School of Public Health, Johns Hopkins University, USA
- **Nafsiah Mboi (Ibu Naf)**, Former Minister of Health, Indonesia and Chair of the Global Fund Board
- **Laurie Garrett**, Senior Fellow for Global Health, Council on Foreign Relations, USA
- **Tania Akhter**, Bangladesh

Note: All speakers to be confirmed

# OVERARCHING PLENARY

## Global Health Post 2015 – Accelerating Equity

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### Background

The Plenary Session will provide an overview of the evolution of Global Health, and the important and evolution of improving equity globally. It would also assess the impact of social inequity on health. It is aimed to set the scene of the Conference. There is a consensus from every major forum that social inequity has serious impact on health and that inequity in health outcomes between the rich and the poor is unjust and unfair and should be reduced. This session should stimulate the global commitment to improve not only overall health indicators but also their discrepancy among different socio-economic status. It is expected that the post 2015 targets and indicators will include the reduction of inequity gap.

### Objectives

- To provide an overview of the evolution of Global Health, its scope, issues, mechanism and processes.
- To discuss the evolution and the important of social inequity and its impact on health outcome
- To provide the current situation of Post 2015 development agenda process and the potential link between PMAC2015 and the negotiation process

### Moderator

- **Richard Horton**, Editor-in-Chief, The Lancet, United Kingdom

### Speakers

- **Agnes Binagwaho**, Minister, Ministry of Health, Rwanda
- **Paul Farmer**, Kolokotronis University Professor, Harvard University, USA
- **Michel Sidibé**, Executive Director, The Joint United Nations Programme on HIV/AIDS, Switzerland

Note: All speakers to be confirmed

## PLENARY 1.1 and 1.2 (PL1.1 and PL1.2)

### Priority Global Health Issues and Health Related Post-2015 Development Goals/Targets/Indicators

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#### Background

This sub-theme will consider how health is prioritized or de-prioritized and address the underlying challenges for policy coherence at the various levels of governance (local, national and global) as well as to identify the policy space to address key equity issues. The keynote speaker will set the scene, and parallel sessions will follow up in more specific terms to provide guidance on public health prioritization and the presentation of health in the Post-2015 process.

#### Objectives

- To look at perspectives from different stakeholders on priority global health issues and health related Post-2015 development goals/targets/indicators
- Each session should strive to provide the following:
  - Recommendations on health related Post-2015 development goals/targets/indicators
  - A list of 5 priority global health issues according to the interests of each session
  - A mechanism and criteria to prioritize the issues identified by each session

#### Keynote Speaker

- **Keizo Takemi**, Senior Fellow, Japan Center for International Exchange, Japan
- **Robert Yates**, Consultant, United Kingdom

#### Moderator

- **Alex Ross**, Director, World Health Organization's Centre for Health Development in Kobe, Japan

#### Panelists

- **David Harper**, Senior Consulting Fellow, Chatham House, United Kingdom
- **Toomas Palu**, Sector Manager for Health, Nutrition and Population, East Asia and Pacific Region, IntraHealth International, The World Bank, Thailand
- **Sihesak Phuangketkeow**, Permanent Secretary, Ministry of Foreign Affairs, Thailand
- **Stefan Nachuk**, Associate Director, The Rockefeller Foundation, Thailand
- **Clifton Cortez**, Cluster Leader, Governance and Human Rights, HIV, Health and Development Group, United Nations Development Programme, USA
- **Naoyuki Kobayashi**, Deputy Director-General, Human Development Department, Japan International Cooperation Agency, Japan

Note: All speakers to be confirmed

## PLENARY 2 (PL2)

### Moving towards New Global Health Governance

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#### Background

This sub-theme will address both the issues of “global health governance” as well “global governance for health”:

On global health governance, discussions will be held around the following issues:

- The role of state actors – UNAIDS, WHO, UNICEF, GAVI, World Bank, G8, G20, regional health collaborations and others;
- The role of the non-state actors – private sector, social enterprise and civil society organizations, especially in terms of health in critical underprivileged groups;
- Appropriate and effective monitoring and evaluation mechanisms as well as global health information systems to ensure transparency, accountability and fit for purpose.

On global governance for health, discussions will be held around:

- Social, political and commercial determinants of health and “health in all policies;”
- Appropriate coordination mechanisms to ensure that health is being considered in broader policy development (joined-up government at all levels);
- Appropriate instruments to assess the potential health and social impact of policies during the policy development process.

#### Objectives

- Discuss how global health governance and global governance for health can be moved from governance by states and by market forces towards governance by partnership in the Post-2015 process.
- Each parallel session should address the following:
- Diagnosis – What is the current situation, successful cases and challenges (inefficiencies, non-inclusiveness, lack of transparency, inequities, etc.)?
- Possible treatments – How to move from this situation towards more efficiency, equity, better partnerships, increased inclusiveness and engagement by all stakeholders in the Post-2015 era?
- Development of a new feasible governance mechanism for improving the situation – a call for change.

#### Keynote Speaker / Moderator

- **Jan Beagle**, Deputy Executive Director, Management and Governance, The Joint United Nations Programme on HIV/AIDS, Switzerland

#### Panelists

- **Ole Petter Ottersen**, Rector, University of Oslo, Norway
- **Alex Ross**, Director, World Health Organization's Centre for Health Development in Kobe, Japan
- **Representative from developing country government (TBD)**
- **Representative from civil society (TBD)**

Note: All speakers to be confirmed

## PLENARY 3 (PL3)

### Global Health Financing – What Lies Ahead?

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#### Background

The session will provide an overview of current and future scenario in health care management, service delivery and financing summarized from the preceding sessions in the sub-theme. These sessions will highlight analytical trends discussed by the keynote speaker as well as the seven parallel sessions that jointly covered universal health coverage, resource mobilization, innovative approaches and related challenges. The focus will be on sufficiency, equity and sustainability with a call for collective action from national governments and the international community including the private sector.

#### Objectives

The session will address the following objectives:

- Take stock of the increase in health care costs, the capacity and efforts made to strengthen systems and mobilize funds externally and by countries;
- Discuss innovative approaches, their outcomes on equity and health outcomes, and review how countries are addressing the move towards universal health coverage;
- Promote wider understanding of the required steps to improve access, reduce inequities and assure sustainable financing.

#### Moderator

- **Ariel Pabloz-Mendez**, Assistant Administrator, Global Health, U.S. Agency for International Development, USA

#### Panelists

- **Nguyen Thi Kim Tien**, Minister of Health, Vietnam  
To describe challenges and strategy to ensure equitable access to health services, discuss approaches to reduce dependence on external assistance, promote sustainability and steps taken towards achieving universal health coverage.
- **Shri Arun Jaitley**, Minister of Finance, India  
To discuss prioritization, political commitment and strategies to promote health sector needs in national budgetary decisions,
- **Larry Summers**, University Professor, Harvard University, USA  
To discuss global trends in equity, health systems and financing and their impact on health systems and sector performance;
- **Kiyoshi Kurokawa**, Professor, National Graduate Institute of Policy Studies, Japan  
To discuss the political economy of the health sector, global health financing architecture, creative partnerships, and the need for adaptability and flexibility among policy makers.

Note: All speakers to be confirmed

## PARALLEL SESSION 1.1 (PS1.1)

### Security Interests in Global and Public Health

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#### Background

Global health security issues feature prominently in national risk registers across the world. They are high on the agendas of Heads of State, driven by fear of pandemics, terrorism, natural disasters and conflicts. Preventing the risks from arising where this can be achieved, preparing for them, and being able to respond and recover from them when necessary are all essential to be able to create a sustainable future the global community.

This session will consider current and emerging health security risks and will provide a platform for discussion of key areas, including for example the vital need for a multi-sectoral approach and for close working between relevant international organizations. Opportunities to increase the prominence of health in the post-2015 agenda will be explored, together with any new approaches that may be required to build a system that is fit for purpose, sustainable and equitable.

#### Objectives

- To consider current and emerging global health security issues
- To identify priority areas
- To produce recommendations on post 2015 goals/targets/indicators

#### Moderator

- **David Harper**, Senior Consulting Fellow, Chatham House, United Kingdom

#### Speakers

- **TBC**
- **Virginia Murray**, Consultant in Global Disaster Risk Reduction, United Nations International Strategy for Disaster Reduction, Switzerland
- **Dennis Carroll**, Special Representative for Global Health Security, U.S. Agency for International Development, USA
- **Nigel Lightfoot**, Director, Connecting Organizations for Regional Disease Surveillance , France
- **Didier Houssin**, President, French Evaluation Agency for Research and Higher Education, France

Note: All speakers to be confirmed

## PARALLEL SESSION 1.2 (PS1.2)

### A Fine Balance: Seeking A “Win-Win Solutions” for Achieving Health Equity and Promoting Economic Opportunities

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#### Background

Global efforts to support Universal Health Coverage (UHC) efforts in low and middle income countries are creating investment opportunities that would not only improve access to health care, but also promote greater economic participation and empowerment especially among vulnerable and marginalized communities. These strategies will need to be addressed in the context of globalization of health care industry and increasing mobility of health workforce and patients. While globalization are creating substantive opportunities for entrepreneurial expansion in some segments of the health system, it may also be increasing the risk of segmentation and leaving many in the marginalized communities excluded from these economic opportunities.

What can be done to harness these opportunities and develop a “win-win” strategy that achieves both health equity and economic growth? Innovative investment in the education and business enterprises of community-based health workers, particularly among those otherwise too poor to access these opportunities --is one way of breaking the cycle of poverty and creating employment. These issues deserve further in-depth examination and active debates across national borders and professional boundaries.

#### Objectives

This session will examine the impact of the globalization of the health market on health equity and economic opportunities for LMICs from different perspectives: from the for-profit sector and government sector responding to opportunities created by globalization of the health market and their efforts to mitigate the downside risks; to those working with under-served communities who could benefit from greater engagement with the private sector and entrepreneurship, but face challenges in accessing these opportunities. The session will discuss different approaches to how countries are managing the tensions between health equity and economic opportunity, and whether they have succeeded in finding a “win-win solution”.

#### Moderator

- **Akiko Maeda**, Lead Health Specialist, World Bank, USA  
Akiko Maeda leads the World Bank’s strategy on Human Resources for Health as an integral component of the global support to low and middle income countries aspiring to achieve Universal Health Coverage. She will encourage a constructive debate among the panelists on the risks and opportunities presented by globalization of the health market and their impact on health equity in low and middle income countries.

#### Panelists

- **Tarun Khanna**, Jorge Paulo Lemann Professor, Harvard Business School, USA  
Tarun Khanna is the Jorge Paulo Lemann Professor at Harvard Business School, where he has studied and worked with multinational and indigenous companies and investors in emerging markets worldwide. Professor Khanna will bring the perspective of the impact of

globalization, including the expansion of medical tourism and health workforce migration, on health equity and private sector development in low and middle income countries.

- **Sangita Reddy**, Executive Director, Apollo Healthcare, India  
Ms. Sangita leads the Human Resources and IT functions across all divisions of the Group and her primary responsibilities include policy development & growth strategies. She has been instrumental in extending community-based hospital projects, with a special focus on rural areas. One of her initiatives has been Apollo Reach, which aims to build a string of secondary care hospitals in rural areas across India. She also leads the Apollo Clinics division of the Group, aimed to enhance access. She will bring the perspective of a for-profit firm that has successfully expanded medical tourism in India, and will discuss their roles and responsibilities in improving equitable access to health care in their own country.
- **Roland Dimaya**, Professor, The Child Study Center, Yale School of Medicine, USA  
Dr. Dimaya will bring the perspectives from the Philippines that has a long-standing policy for actively promoting export of health workers as an important source of foreign exchange revenues and to address unemployment in the country. Dr. Dimaya will discuss evidence from a recent study on the impact of this national policy on the local health systems, notably on the motivation of the health workers who may be losing connections with and interest in the local communities as a result of globalization of the health market.
- **Marla Salmon**, Senior Visiting Fellow, University of Washington, USA  
Professor Salmon will discuss investment in women's enterprise in health care services as a means for empowerment of marginalized groups. Recent reports of the emergence of investment in innovative forms of nursing and midwifery practice enterprise in low income countries hold promise for creating new employment opportunities in under-served communities. Growing engagement of private investors and the creation of innovative public-private partnerships are opening doors for expansion for engagement of nurses and midwives in the delivery of services, including ownership and/or operation of their own practices. Dr. Salmon will discuss how these innovative models supporting women's engagement in nursing and midwifery education and practices in lower income countries could contribute to both empowerment of women and improving access to health care for the vulnerable population, and the many challenges they face in achieving these objectives.

Note: All speakers to be confirmed

## PARALLEL SESSION 1.3 (PS1.3)

### Foreign Policy Interests in Global Health

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#### Background

Countries around the world have increasingly recognized the innate cross-border nature of health issues and, hence, the importance of international cooperation in the field of public and global health. The success in curbing the epidemic of several diseases such as SARs, avian influenza and HIV/AIDS, to name but a few, has been possible thanks to international collaborations in the field of health and beyond. Besides, improvements in health and livelihood of the global population as seen in the progress in some of the United Nations Millennium Development Goals (MDGs) are the result of international cooperation.

In this light, it is becoming more common to see foreign policy being formulated to facilitate and enhance the cooperation in global health. The benefits of inter-linking the two do not only end in the realm of global health, but also provide significant opportunities for foreign policy interests. To begin with, countries, individually and as a group, with carefully designed health-oriented foreign policy stand to generate “soft power” that will bring them greater visibility in the international arena, while providing for other countries in need.

As the Post-2015 development agenda is now being formulated under the United Nations framework, it is apparent that public health issue remains at the forefront, be it the improvement of health of world population through the expansion of healthcare access and services, the prevention and combat of diseases and the advancement of medical research and technology. This highlights opportunities for countries to collaborate for the betterment of global health through their foreign policy.

#### Objectives

- To look into the correlation of global health and foreign policy - their merits, short comings and the way forward in the post-2015 development agenda, through the perspectives of key developed and developing countries as well as inter-governmental regional organisations. This may include analysis of prominent diplomacy tools such as trade schemes, aid schemes, international cooperation schemes – from the angles of donors and recipients.
- To identify the best approaches for public health and foreign policy makers to work closely together to advance the global health agenda while serving the interests of the nation and the international community.

#### Moderator

- **Sihesak Phuangketkeow**, Permanent Secretary, Ministry of Foreign Affairs, Thailand

## Panelists

- **Senior Official, Ministry of Foreign Affairs, Japan**
- **Representative of South Africa**
- **Representative of the European Commission**
- **Sigrun Mogedal**, Former Ambassador of Norway on Global Health, Founder of Foreign Policy and Global Health Initiative, Norway

Note: All speakers to be confirmed

## PARALLEL SESSION 1.4 (PS1.4)

### Philanthropic Interests in Global and Public Health

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#### Objectives

To identify how philanthropic organizations' strategic objectives relate to post-2015 objectives for global health, and what synergies might be obtained from coordinated efforts in this space, both among philanthropic organizations and between philanthropic organizations and other donors.

#### Key Issues

- What issues do philanthropic organizations identify as priority post-2015 objectives? Why, and what criteria are being applied to this prioritization? How do equity considerations impact upon these internal debates?
- Do foundations coordinate their efforts? In what ways might organizations work more effectively together to achieve common post-2015 objectives?
- How do philanthropies work to achieve their goals? How does philanthropy legitimize its efforts within global health?
- How do foundations cooperate with other types of donor agencies and/or governments to achieve these priority objectives? What barriers exist?

#### Outputs

- A set of issues that philanthropic organizations feel are priorities for the post-2015 period.
- A set of associated criteria used to identify these priorities.
- A summary of key strategies that philanthropies use to achieve their objectives.
- A summary of factors that impact upon effective cooperation between philanthropies and other donors and/or governments.

#### Moderator

- **Stefan Nachuk**, Associate Director, The Rockefeller Foundation, Thailand

#### Speakers

- **Dan Kress**, Deputy Director, Integrated Delivery, Bill and Melinda Gates Foundation, USA
- **Piya Hanvoravongchai**, Southeast Asian Regional Coordinator, China Medical Board, Thailand
- **Leizel Lagrada**, Secretary to Director, Philhealth, Philippines

#### Panelists

- **Toomas Palu**, Sector Manager for Health, Nutrition and Population, East Asia and Pacific Region, IntraHealth International, The World Bank, Thailand
- **Natalie Phaholyothin**, Associate Director, The Rockefeller Foundation, Thailand
- **Lara Brearley**, Senior Health Policy & Research Adviser, Save the Children UK, United Kingdom
- **Jesse Bump**, Associate Professor, Georgetown University, USA

Note: All speakers to be confirmed

# PARALLEL SESSION 1.5 (PS1.5)

## Maximizing Synergies between Health and Inclusive Development

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### Background

This session will explore health in the context of sustainable, inclusive and equitable development in the post-2015 development agenda. It will examine the development dimensions of health from various perspectives and explore approaches on how to achieve more synergies between health and inclusive development and poverty reduction efforts. The session will give specific focus on marginalized populations such as LGBT, persons with disabilities, rural poor, migrants and indigenous people.

Health is integral to national and human development. Helen Clark, the Administrator of UNDP and the former Prime and Health Minister of New Zealand, stresses that “just as health shapes development, development shapes health.” Millions are impoverished every year due to lack of financial protection for health expenditures. On the other hand, the Lancet Commission on Investing in Health recently estimated that up to 24% of growth in full income in low- and middle-income countries was due to better health outcomes. While health-development linkages have long been established, there is a need to explore innovative approaches for greater convergence of health and inclusive development. Special attention and dedicated investments are needed to ensure the most vulnerable and marginalized will benefit from such greater health-development convergence.

### Objectives

- To examine how health of the population, particularly of marginalized groups, can be impacted by poverty and development measures, and vice versa;
- To examine how health considerations can be strategically integrated into global, regional and national efforts towards inclusive development;
- To explore key gaps, challenges and opportunities for innovations to maximize the development-health convergence in the context of the post-2015 development agenda.

### Moderator

- **Mandeep Dhaliwal**, Director, HIV, Health & Development Practice, United Nations Development Programme, USA

### Speakers

- **Ammar Siamwala**, Distinguished Scholar, Thailand Development Research Institute, Thailand
- **Colin Tukuitonga**, Director General, Secretariat of the Pacific Community, Niue
- **Irwanto-Irwanto**, Professor and Director, Centre for Disability Studies, University of Indonesia, Indonesia
- **Chris Beyrer**, Professor and Director, Johns Hopkins Center for Public Health & Human Rights, USA
- **Jannie Lasimbang**, Secretariat Director, Indigenous Network of Malaysia, Malaysia
- **Khama Rogo**, Head, Health in Africa Initiative, the World Bank, Kenya

Note: All speakers to be confirmed

## PARALLEL SESSION 1.6 (PS1.6)

### Health-related Post-2015 Development Goals and Targets

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#### Background

With the health-related MDGs and targets held up high as a global aspiration, the international community has worked in a concerted effort to reduce under-5 and maternal mortality rates as well as infectious diseases over the past years. As a result, improvement in health-related indicators has been observed.

Although there have been trends of reductions of mortality rates in every region, the degree of reduction varies. There are prospects that in many countries, especially in Africa, the health-related MDGs may not be fully achieved by the end of 2015. A criticism of the current MDGs is that the concept of equities in the provision of health services among different segments of the population is not well embedded. This is closely linked to the fact that health-related MDG indicators are “typically worst among the poorest, in rural areas, among children of less educated mothers, and for boys (under-5 mortality)” (UNICEF 2010).

Another aspect that needs attention is the fact that public health must consider the total health system including prevention, promotion and surveillance, and not only the eradication of a particular disease.

To further reduce mortality rates and to fully achieve the MDGs, it will be necessary for the international community to not only pursue the current path but also seek to address the standing issues that prevent us from protecting the lives of people and from fully achieving the MDGs. Building on the success and the lessons learned for the past 14 years will also be very important.

This session aims to review the achievements of and the lessons learned from the implementation of the current MDGs and explore ways of solving global health issues as possible Post-2015 development goals and targets, taking into account the acceleration of health equity as the central factor.

#### Objectives

The objective of this session is to review the current status of the MDGs, successes as well as challenges, and to discuss what is needed to be done to accelerate equity and further reduce mortality rates in the Post-2015 agenda.

#### Moderator

- **Naoyuki Kobayashi**, Deputy Director-General, Human Development Department, Japan International Cooperation Agency, Japan

#### Speakers

- **Gloria Joyce Quansah Asare**, Deputy Director-General, Ghana Health Service, Ghana  
*“Achievement and challenges in health-related MDGs in Ghana and health agendas for Post-2015”*
- **Senior official, Ministry of Health, Fiji (TBD)**  
*“Achievement and challenges of Non-Communicable Diseases in Fiji and health agendas for Post-2015”*

- **Jim Campbell**, Executive Director/Director, Global Health Workforce Alliance/Health Workforce Department, World Health Organization, United Kingdom  
*“Equity and effective coverage in post 2015: what are the workforce implications?”*
- **Senior official, The World Bank (TBD)**  
*“Acceleration of equity and post-2015 agendas: the World Bank’s perspectives”*
- **James Headen Pfitzer**, Technical Officer (Legal), Office of the Assistant Director General, Health Systems and Innovation, WHO  
*“The progress of the health-related MDGs and acceleration of equity and post-2015 agendas: the WHO’s perspectives”*
- **Amos Channon**, Senior Lecturer in Demography, University of Southampton, United Kingdom  
*“Is equitable coverage of maternal health services for the poorest a feasible policy goal in post 2015?”*

### Panelist

- **Kenji Shibuya**, Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo, Japan

Note: All speakers to be confirmed

## PARALLEL SESSION 1.7 (PS1.7)

### Ensuring Equitable and Sustainable Access to Health Commodities and Services in MICs in the Post-2015 Development Agenda

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#### Background

There are over 100 middle-income countries (MICs) accounting for 70% of the world's population, 75% of the world's poor, and the greatest proportion of the world's disease burden. Despite increased Gross Domestic Product (GDP) and Gross National Income (GNI), many MICs are still unable to provide key elements that contribute to improved access to essential health commodities for their citizens. This is partly because as many low-income countries (LICs) move to achieve middle-income status, they generally lose eligibility for certain global health resources (e.g. finance and access to low prices) reserved for LICs. In summary, while LICs continue to experience problems in access, it is difficult for middle-income countries to transition to self-sufficiency, if they cannot provide essential health commodities.

#### Objectives

- To understand strategies that major actors are exploring towards increasing equitable access in MICs.
- To identify challenges/bottlenecks in ensuring equitable and sustainable access to essential health commodities in MICs.
- To discuss the ways forward to promote equity and sustainability around key dimensions of access in MICs.

#### Moderator

- TBC

#### Speakers

- **Mark Dybul**, Executive Director, The Global Fund to fight AIDS, Tuberculosis and Malaria, Switzerland
- **John Mac Arthur**, Director, Thailand MOPH - US CDC Collaboration, Centers for Disease Control and Prevention, Thailand
- **Robert Newman**, Managing Director, Policy & Performance, Global Alliance for Vaccines and Immunization, Switzerland
- **Julia Watson**, Senior Health Economist, UK Department for International Development, United Kingdom
- **Steven Kraus**, Director, UNAIDS Regional Support Team for the Asia and Pacific, Joint United Nations Programme on HIV/AIDS, Thailand
- **Manica Balasegaram**, Director, Médecins Sans Frontières, Switzerland
- **Shanelle Hall**, Director, United Nations Children's Fund, Denmark
- **Adetokunbo Lucas**, Adjunct Professor, Harvard School of Public Health, USA

Note: All speakers to be confirmed

## PARALLEL SESSION 2.1 (PS2.1)

### Global Health Governance: Who and How?

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#### Background

The governance of global health has become a topical issue because of the proliferation of global health institutions over the last two decades. The list includes UNAIDS, the International AIDS Vaccine Initiative and many other partnerships for new product development, the GAVI Alliance, the Global Fund, UNITAID as well as bilateral initiatives such as PEPFAR and new funders, notably the Bill & Melinda Gates Foundation. The role of WHO was reviewed in a recent report from Chatham House.<sup>3</sup> WHO is constitutionally the 'directing and coordinating authority' in global health but many feel it should not direct, that it does not coordinate, and nor does it provide adequate leadership in global health. This session will explore different perspectives on the role of WHO and other organizations in the field of global health and how the issues of leadership and coordination in global health can best be addressed.

#### Objectives

The session will seek to elucidate how global health governance can be improved including consideration of how the various institutions can coordinate their activities better and what role WHO should play in exercising leadership and improving coordination.

#### Moderator

- **Charles Clift**, Senior Consulting Fellow, Chatham House, United Kingdom

#### Speakers

- **David Legge**, Scholar Emeritus, La Trobe University, Australia  
*WHO Reform for what purpose? Exploring the capabilities WHO would need to drive global health equity.*
- **Srinath Reddy**, President, Public Health Foundation of India, India  
*WHO: A view from the outside*
- **Andrew Cassels**, Senior Fellow, Graduate Institute, Geneva, United Kingdom  
*WHO: A view from the inside*
- **Lelio Marmora**, Executive Director, UNITAID  
*Governing global health: A view from other players*
- **Ariel Pablos-Mendez**, Assistant Administrator, Global Health, U.S. Agency for International Development, USA  
*Governing global health: A donor view*
- **TBC**  
*Governing global health: A country view*

#### Panelists

- **TBC**
- **TBC**
- **TBC**

Note: All speakers to be confirmed

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<sup>3</sup> *What's the World Health Organization For?* Chatham House Report. Charles Clift. May 2014

## PARALLEL SESSION 2.2 (PS2.2)

### Role of Non-State Actors in Global Health Governance

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#### Background

The formal health sector no longer has sole control over health policies and practices. Increasingly, health is influenced by a multitude of people, institutions and political factors. One of the "revolutions" during the last three decades in global, country and community health is the growing role and impact of non-state actors, including people most affected by ill-health and their representatives, in health governance at all levels.

Community networks, private sector (including the pharmaceutical industry, technology and telecommunications), trade institutions, universities and research centers, increasingly impact health policies, priorities and financing rules, including the imperative for greater social justice and ensuring no one is left behind.

The global HIV/AIDS movement is a powerful example of how non-state actors have joined forces to stop and reverse the HIV epidemic. That experience has influenced the way in which the world and communities address other public health issues. For example, Board constituencies in organizations such as UNAIDS, UNITAID, GAVI, the Global Fund and others.

#### Objectives

- Review and discuss lessons learnt from the role of non-state actors in the HIV response and health, including research, governance and financing for health
- Discuss guiding principles and recommend concrete actions to ensure systematic involvement of non-state organizations in global health governance and accountability

#### Moderator

- **James Gilling**, Australian Ambassador for HIV/AIDS, Tuberculosis and Malaria, Department of Foreign Affairs and Trade, Australian Government, Australia

#### Speakers

- **Jan Beagle**, Deputy Executive Director, Management and Governance, The Joint United Nations Programme on HIV/AIDS, Switzerland
- **TBC**
- **Salim Abdool Karim**, Director, Centre for the AIDS Programme of Research, South Africa
- **Subhanu Saxena**, Global Chief Executive Officer, CIPLA, India

Note: All speakers to be confirmed

## PARALLEL SESSION 2.3 (PS2.3)

### Governance by Market Forces – How to Get the Best While Avoiding the Worst

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#### Background

Health has become one of the most important of the world's industries. The last decade alone has seen a doubling of global health spending from 3 to 6.5 trillion USD. Market forces play an increasing role in governing the health sector and behavior of its stakeholders. The intensified inter-relations, connections and mutual dependencies between States, societies and large and small businesses can be viewed as the “commercial determinants of health”. The way in which global food, soda and tobacco do their business, and how they interact with national, regional and international bodies can potentially have lasting negative impact on public health. At the other end of the spectrum, business interests of health workers at village level are a potential cause for intractable “last-mile” failure of supply chains (when stock-outs at the public facility drive business to the private chemist shop owned by the health worker's spouse) or market-driven providers may offer low quality or harmful services to non-discriminating health consumers.

On the positive side, the private sector has long solved some of the problems that are cause for chronic concern in the public sector, such as results orientation and accountability, efficient use of resources and fostering ongoing innovation. Here the global public health community should learn from the governance model that has made such success possible in the private sector and use them to re-think public sector governance.

Diagnostic questions to be addressed in the session are

- What role can private corporations and small businesses play in improving global health outcomes?
- How are they held accountable for health outcomes?
- Where does responsibility lie between individuals, states and corporations regarding healthy behaviors?
- How can the private sector contribute to a global vision of better health? To health equity?
- How can market actors be incentivized/cajoled/coerced into better recognition of their responsibilities and roles, and potential contributions to inclusiveness and engagement?
- How best to conform markets to a better vision of health, inclusion and sustainability?

#### Objectives

The objective of the session will be to shed light on examples of

- market mechanisms having been used successfully to address health sector challenges, e.g. shared value activities
- market failures with negative health impact having been successfully addressed by “smart regulation” (meaning regulation that allows compliant businesses to remain profitable and economically sustainable, while protecting or furthering public health objectives)
- market failures with negative consequences for health outcomes that have not yet been addressed successfully, trying to come up with ideas how “smart regulation” or other tools for these cases could look like, e.g., consumer m-ratings or m-complaint mechanisms, credible self-regulation to maintain quality standards

#### Moderator

- **Andreas Seiter**, Senior Health Specialist, World Bank, USA
- **Patricia Moser**, Lead Health Specialist, Asian Development Bank, Philippines

## Speakers

- **Olivier Basenya**, Cellule Technique Nationale FBP, Ministry of Health, Burundi  
*Brief presentation on influencing behavior of public and private service providers in low income environments through a “Performance-Based Financing” model*
- **Clinton de Souza**, Director, Public Health, Imperial Logistics  
*To challenge the public sector on supply chain efficiency and demonstrate how private pharmacies in rural areas can get drug deliveries every single working day while the nearby health center may have to send a driver to the district warehouse 300 km away once a quarter to pick up supplies, and then only get 60% of their order*
- **Thulani Mbatha**, Technical Advisor, University Research South Africa, South Africa  
*To present example from mining or other large company working with local community to provide health services to the population – discuss role of civil society to hold corporations to account*
- **Richard Bergstrom**, European Federation of Pharmaceutical Industries and Associations  
*On the struggles “Big Pharma” is facing in trying to find ways for making profits on one side and improving access to critical innovative medicines on the other*
- **Julian Fisher**, Professor, Hannover Medical School, Germany  
*ICT for Health Equity; the role of social media in supporting governance to achieve change in global health*
- **Nathan Sigworth**, Chief Executive Officer, PharmaSecure  
*On how mobile technologies could disrupt traditional service delivery and power structures in the health sector and how this could challenge all of us in defining new governance models*
- **Andreas Seiter**, Senior Health Specialist, The World Bank, USA  
*“The value of smart regulation and how to turn it into income for regulators” (this is about work we are doing in East Africa in the context of regulatory harmonization; can be dropped if we get too many contributors)*

Note: All speakers to be confirmed

## PARALLEL SESSION 2.4 (PS2.4)

### Global Governance for Health in the Post-2015 Era

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#### Background

This session will focus on global governance for health, addressing the impact of global governance frameworks outside health on policy space for health. It will provide evidence, present analyses with key governance principles including rights-based approach and participation of non-state actors, and explore innovative approaches to advance global governance for health.

Growing transnational transactions and interactions through globalization provide both threats and opportunities to pursue health equity. They are shaped by global governance standards and systems, or 'global political determinants of health,' which include trade/investment agreements and international laws and institutions including the UN. The Lancet-University of Oslo Commission on Global Governance for Health stresses the need to shift existing global power asymmetry in order to reduce 'unacceptable health inequities'. As the world debates aspirations and priorities for the post-2015 era, new global political solutions and governance systems are required that can better respond to new health challenges posed by the rapidly globalized world.

#### Objectives

To examine how policy space, practices, norms and standards that impact health equity are shaped by global governance frameworks outside the health sector such as trade agreements;  
To discuss the roles of States, civil society, UN institutions, transnational businesses, human rights instruments in global governance for health; and  
To explore key gaps, challenges, opportunities and recommendations for innovations to advance global governance for health in the context of the post-2015 period.

#### Moderator

- **Ole Petter Ottersen**, Rector, University of Oslo, Norway

#### Speakers

- **Cecilia Oh**, Programme Manager, Access and Delivery Partnership, United Nations Development Programme, Malaysia
- **John-Arne Rottingen**, Professor / Adjunct Professor, University of Oslo / Harvard University, Norway
- **Sihesak Phuangketkeow**, Permanent Secretary, Ministry of Foreign Affairs, Thailand
- **Amit Sengupta**, Global Co-Coordinator, People's Health Movement, India
- **Sigrun Mogedal**, Former Ambassador of Norway on Global Health, Founder of Foreign Policy and Global Health Initiative, Norway

Note: All speakers to be confirmed

# PARALLEL SESSION 2.5 (PS2.5)

## Accountability for Health in the Post-2015 Development Agenda

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### Background

The MDGs have contributed to much greater emphasis on tracking progress towards targets and international and national accountability. Poor performance was highlighted with annual monitoring data and UN agencies and governing bodies played a major role.

The commission on accountability for women's and children's health developed a framework for accountability which is used by many countries. In addition, an independent expert review group was established, assessing general progress and advocating for specific issues.

Accountability for health is one of the critical dimensions of the post-2015 development agenda. The health sector needs to review the experiences to-date, take into consideration the experiences of countries, and learn from experiences with accountability in other sectors in order to effectively move into the post-2015 era.

### Objectives

- Discuss the importance of accountability for health in the post-2015 development agenda and consider potential mechanisms to facilitate effective accountability in the future implementation of the development agenda.

### Moderator

- **Daniel Miller**, Associate Director, PATH, Switzerland

### Panelists

- Global Strategy for MNCH commitments and the independent review group – **Tarek Meguid**, Professor, State University of Zanzibar, Tanzania
- Every Woman Every Child: results from a review of accountability – **Taona Kuo**, Senior Manager, United Nation, USA
- The human rights dimension and accountability - **Gorik Ooms**, Professor, University of Antwerp, Belgium
- Role of civil society in accountability – **Carmen Barroso**, Regional Director of International Planned Parenthood Federation, International Planned Parenthood Federation, USA
- **Representative from civil society / human rights community (TBD)**

Note: All speakers to be confirmed

## PARALLEL SESSION 2.6 (PS2.6)

### Global Health Treaties - Do We Need More?

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#### Background

There are many international legal instruments, both hard laws and soft laws, that have direct and indirect implications on Global Health, including WHO constitution, FCTC, IHR, environment related conventions/protocols, WTO agreements and FTAs, UNGA and WHO resolutions, global goals/declarations/statements/calls for actions. In the midst of global health governance dialogues, it would be important to learn how much these international legal instruments, especially treaties, really affect the changes in health systems and even health at the country, region and global level, and the factors that govern their effectiveness. In the past decade, there have also been new proposals for global legal instruments on health, e.g., Framework Convention on GH, R&D treaty, alcohol, diet, AMR, etc. It would be necessary to revisit the issue of how we can have a better concept and principle re the role of the global legal instruments to really improve health and what would be the criteria for successful global health treaties.

#### Objectives

- Review and discuss the lessons learnt from the current legal instruments including the factors for successful implementation, especially treaties, related to Global health, both direct and indirect.
- Discuss and recommends concrete principle and criteria to ensure the effective use of global legal instruments, especially treaties, to improve health systems and health.

#### Moderator

- **James Love**, Director, Keionline, USA

#### Speakers

- Assessment of the impact of existing treaties and factors for successes – **Steven Hoffman**, Assistant Professor, McMaster University, Canada
- Trade agreement and Health – WTO, FTAs, TPP, etc – **Martin Khor**, Executive Director, The South Centre, Malaysia
- The criteria to consider new GH treaties – **Steven Hoffman**, Assistant Professor, McMaster University, Canada

#### Panelists

- Country representations, and sector representations – IHR, FCTC  
**Armanda Peruga**, Tobacco Free Initiative Programme Manager, World Health Organization, Switzerland  
**Jakkrit Kwanpoj**, Associate Professor, University of Wollongong, Australia

Note: All speakers to be confirmed

## PARALLEL SESSION 2.7 (PS2.7)

### Governance by Partnership – an Answer for Post 2015?

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#### Background

Global Health Governance was in transition from states and multilateral organizations such as World Health Organization to the involvement of non-states and global health initiative organizations. With the rising of new actors in global health has diminished the important role of WHO and other health related UN organizations. Global Health initiatives such as Global Fund and GAVI have different model of partnership with participation of private sector, civil society and non-health sectors. Partnership is a main strategy of Global Fund since its inception in 2002 and was in every level of Global Fund model. Civil society and non-health sectors are also important parts of global health successful program such as Gates Foundation; Task Force for Child Survival; Bangladesh Rural Advancement Committee; Carter Center; Clark etc. Participation by NGOs and CSOs give voice from people and also make the health issues relevant to people on the ground. At the country level, participation in public policy development through National Health Assembly is implemented in some countries to provide public forum for policy dialogue. This In this respect, partnership can be an answer to the global health governance in these complex health problems.

#### Objectives

- To discuss on different model of partnership for participation from different sector both public and non-public sector
- To discuss on benefits and limitations of partnership models
- To provide recommendations on partnership models that are relevant to changing global health landscape

#### Moderator

- TBD

#### Panelists

- **Seth Berkley**, Executive Director, GAVI Alliance, Switzerland
- **Mushtaque Chowdhury**, Vice Chair, BRAC, Bangladesh
- **Amphon Jindawattana**, Secretary General, National Health Commission Office, Thailand
- **Pasakorn Akarasewi**, Senior Advisor, Bureau of Epidemiology, Department of Disease Control, Ministry Of Public Health, Thailand
- **Lucica Ditiu**, Executive Secretary, Stop TB Partnership, Switzerland

Note: All speakers to be confirmed

## PARALLEL SESSION 3.1 (PS3.1)

### Fiscal Space for Health: Mobilizing and Efficiently Using Domestic Funds

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#### Background

Adequacy of domestic health resources and the issue of fiscal space for health is a key health financing challenge in many low and middle-income countries. Improved fiscal space through domestic action can be realized only if there is an increase in government revenues or more public borrowing. However, even if fiscal space increases and overall government expenditure rises, without re-prioritization there is no guarantee that this will lead to an increase in government spending specifically for health. Fiscal space for health spending can be constrained if the health sector does not demonstrate efficiency in use of public funds.

#### Objectives

The objectives of this session will be to: review recent experience with mobilizing domestic public resources for health, including increasing overall fiscal space and re-prioritization; debate the pros and cons of earmarking revenue for health; and explore the importance of the purchasing function of health financing in promoting efficiency as a source of fiscal space for health.

#### Moderator

- **Diane McIntyre**, Professor of Health Economics, University of Cape Town & Chatham House Working Group, South Africa
- **Ajay Tandon**, Senior Economist, World Bank, USA

#### Speakers

- **Jane Doherty**, Senior researcher, School of Public Health, University of the Witwatersrand, South Africa  
*Brief presentation on "Lessons on building tax collection capacity from three African countries"*
- **Ajay Tandon**, Senior Economist, World Bank, USA  
*Brief presentation on "Translating improved fiscal space into increased domestic public spending on health"*
- **Jeremias Paul Jr.**, Undersecretary, Philippines Department of Finance, Philippines  
*Presentation on "Experiences from the Philippines' earmarking of sin taxes reform"*
- **Lara Brearley**, Senior Health Policy & Research Adviser, Save the Children UK, United Kingdom  
*Raising issues related to the relative progressivity of taxes that are generally considered for earmarking relative to general revenues*
- **Representative from a public finance perspective (TBD)**  
*Including commenting on how earmarked revenue may be offset by reductions in allocations to the health sector from general revenues (a government representative either from Ghana – where a portion of VAT is earmarked for the health sector; or Gabon – where a 10% levy on mobile phone companies is earmarked for the health sector).*
- **Kara Hanson**, Reader in Health System Economics, London School of Hygiene and Tropical Medicine, United Kingdom  
*Involved in a ten country study on strategic purchasing (including countries in Africa and Asia)*

- **Samrit Srithamrongsawat**, Deputy Secretary General, National Health Security Office, Thailand  
*How NHSO has achieved efficiency gains through strategic purchasing.*

Note: All speakers to be confirmed

## PARALLEL SESSION 3.2 (PS3.2)

### Results-Based Financing in the Health Sector and Equity in Access to Quality Care

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#### Background

Provide a brief background or overview of the session, including a statement specifying the exact nature of the issues under discussion and current situation of the topic, including trends, scope of discussion, key issues, stakeholders, etc. (approximately 100 words).

Results Based Financing (RBF) by linking financing to results in terms of quantity and quality of health care provides the ability to intervene on a number of fronts including provider motivation, strengthened supervision, facility autonomy and robust monitoring. This session will focus on the impact of RBF on health provider's motivation, quality of care and equity in access to care. It will compare RBF with other interventions including demand-based subsidies such as equity funds in terms of whether a) they have reduced out of pocket expenditures and b) had any long-term sustained impact on equity. It will also cover demand side approaches to improve health care usage.

#### Objectives

The session will provide an overview of current initiatives and recent results from rigorous evaluations aimed at increasing access to quality health care by using incentives such as results-based financing, demand incentives or equity funds.

#### Moderator

- **Allyala Nandakumar**, Chief Economist for Global Health in the Office of Health Systems, U.S. Agency for International Development, USA

#### Speakers

- **Damien de Walque**, Senior Economist, World Bank, USA  
*Equity in access to care and results-based financing: results from recent impact evaluations.*  
This presentation will highlight the equity angle in the World Bank RBF portfolio including: a) investigating the distribution by socio-economic status of the impacts of RBF on health access and utilization using results from recent impact evaluations and experiments in Argentina, Burkina Faso, Rwanda, Zambia and Zimbabwe; and b) presenting recent RBF designs which explicitly focus on improving equity, for example the additional bonus paid to health facilities in Burkina Faso for serving the poor and the reinforced equity fund designed to exempt poor and vulnerable population from user fees in Haiti. It will also compare supply-side and demand side incentives and their efficiency at enhancing equity in access to care.
- **Reena Eichler**, President, Broadband Associates, USA  
*Family Planning in Performance Based Incentive Initiatives: Supporting Voluntary Choice and Avoiding Pitfalls*  
When carefully designed and implemented, Performance Based Incentive (PBI) initiatives can overcome barriers to access, increase method choice, enhance the quality of FP counseling and services, and improve equity. Potential pitfalls arise when voluntary choice is impeded. Concern about the pitfalls is preventing countries and the donors that support them from moving forward with PBI initiatives that include FP in some settings. Reluctance to incorporate FP is a missed opportunity for strengthening FP results that is mounting as more and more countries implement PBI. Drawing on a global review of performance

incentive programs, as well as key informant interviews conducted in three countries with robust PBI programs—Kenya, Liberia, and Burundi—discuss the tensions inherent in providing incentives for family planning; discuss the many ways PBI programs are rewarding FP results; and offer recommendations for the best ways to ensure that PBI programs support voluntary choice and quality FP counseling and service provision.

- **Olivier Basenya**, Cellule Technique Nationale FBP, Ministry of Health, Burundi  
Basenya will present the results from the RBF system in Burundi. He will highlight how scaling-up the RBF approach nation-wide has affected equity and access to health care for the poor.
- **Hossain Ishrath Adib**, Programme Head, Healthcare Financing, Health Nutrition and Population Programme, BRAC, Bangladesh  
*Medical Treatment Loan - an intersectoral approach for improving access to healthcare for the poor as an innovative financing mechanism in Bangladesh.*

Note: All speakers to be confirmed

## PARALLEL SESSION 3.3 (PS3.3)

### Health Systems Responsiveness: Health Service Delivery Ensures the Dignity, Confidentiality, Autonomy and Promptness in Empowering the Poor and Marginalized

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#### Background

One of the health systems' goals is "responsiveness", in which how the health systems can respond to the expectations of the population. Regardless of the types of health systems, people have medical and non-medical expectations and satisfactions in terms of how the institution responds to their real needs in their health seeking behaviors. However in many countries, health systems fail to perform effectively and efficiently, especially in needs of vulnerable and marginalized people including the indigents, women and children, elderlies, disabilities and ethnic minorities.

In the era of Post 2015 Development Agenda, health systems responsiveness becomes more and more significant. It aims to assess and raise awareness of how people are treated and the environment in which they are treated when seeking health care under all social systems. The analytical process of the legitimate expectations of populations regarding how they are treated is recognized as an important part of health systems performance. To explore this concept, we have to pay serious attention to dignity, equity, autonomy, confidentiality, clear communication, prompt attention, access to social support networks, quality of basic amenity, choice of healthcare provider and other determinants.

In the session, we explore the cases and overview of health systems' response to the people's needs to ensure the quality and other determinants in the health systems. And then, we prospect with the panel and floor to enhance equity and performance in health service provision towards achieving Universal Health Coverage from the perspectives of consumers as well as providers of health services.

#### Objectives

- The session objective is to revisit practices and challenges in ensuring equity and performance in health systems from the perspectives of vulnerable and marginalized people.

#### Moderator

- **Miriam Were**, Chancellor, Moi University, Kenya
- **Tomohiko Sugishita**, Senior Advisor, Japan International Cooperation Agency, Japan

#### Speakers

- **Miriam Were**, Chancellor, Moi University, Kenya  
*"Realizing the people's voices: health systems' response in the community perspective"*
- **Davidson Gwatkin**, Senior Fellow, Results for Development Institute, USA  
*"Socio-economic Inequalities among the Direct Financial Beneficiaries of Health Insurance Programs"*
- **Rashad Massoud**, Senior Vice President, University Research Company, USA  
*Quality response to the people's expectation in the health care provision:*
- **Jetsada Mingsamorn**, President of National Health Assembly Organizing Committee, Thailand  
*"Health systems response to the consumer's perspectives"*

- **Jinpeng Xu**, Senior Health Officer, Office of Deepening the Health Care System Reform, China  
*“Improving Health Equity in China through Deepening the Health Care System Reform Based on PHC Values”*
- **Hitoshi Murakami**, Senior Expert, Bureau of International Medical Cooperation, National Center for Global Health and Medicine, Japan  
*“Effects of health insurance on care-seeking/expense at a rural area in Viet Nam”*

Note: All speakers to be confirmed

# PARALLEL SESSION 3.4 (PS3.4)

## New Trends and Innovative Strategies for Global Health Financing

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### Background

Traditionally, “global health financing” has been understood as the almost \$30 billion that donors provide to health programs in low- and middle income countries. This has been channeled through the traditional bilateral aid-agencies, multilateral institutions or increasingly through public-private partnerships such as the Global Fund to Fight AIDs, TB an Malaria or the GAVI Alliance. However, if we broaden the way we think about “global health” to refer to the health of the world population at large, then the concept of global health financing can be expanded to take into account all actors’ contributions to financing improved public health.

A high-level working group at Chatham House has taken this holistic approach to global health financing and has recently launched (May 2014) their final report, “Shared responsibilities for health. A coherent global framework for health financing”. The session will focus on how the current development aid paradigm will need to change and what new approaches and policies may be needed to build a sustainable, fair and adequate system for financing health for all.

Speakers and discussants are selected from the abstracts, from members of the Chatham House Working group, representatives of major institutions and opinion leaders.

### Objectives

The session will:

- Describe critiques towards the current models of development aid for health
- Discuss how the challenges of middle income countries illustrate the general problems of the current system
- Explain how the Chatham House global health financing framework can address some of these concerns
- Discuss how taxation policies, the financing system and macroeconomic system may be leveraged to promote health and development
- Discuss novel approaches for implementing a new global financing framework, including reforming or creating new institutions and applying a human rights framework.

### Moderator

- **John-Arne Rottingen**, Professor / Adjunct Professor, University of Oslo /Harvard University, Norway  
*A Coherent Global Framework for Health Financing - Brief introduction*

### Speakers

- **Trygve Ottersen**, Researcher, Department of Global Public Health and Primary Care, University of Bergen, Norway  
*Country capacity versus people's needs: The challenge of middle-income countries to development cooperation for health*
- **Sujatha Rao**, Former Principal Secretary of Health and Welfare, Ministry of Health, India  
*The role and responsibilities of emerging economies, the case of India*

- **David McCoy**, Senior Clinical Associate, Centre for International Health and Development, University College London, United Kingdom  
*Changes in domestic and global taxation policies as a means to improve global health financing*
- **Rachael Le Mesurier**, Executive Director, Oxfam International, New Zealand  
*How can international taxation mobilize resources for health?*
- **Lisa Forman**, Assistant Professor, Director of Comparative Program on Health and Society, University of Toronto, Canada  
*What contribution can the right to health make to advancing a post-2015 health goal based on universal health coverage?*
- **Gorik Ooms**, Professor, University of Antwerp, Belgium  
*How can a new global health financing system be structured and implemented?*

### Panelists

- **TBC**
- **Timothy Evans**, Director, Health Nutrition and Population, World Bank, USA
- **Diarmaid McDonald**, Advocacy Manager, Stop AIDS Campaign, United Kingdom
- **Charles Abugre**, Africa Regional Director, United Nations Millennium Campaign, Kenya

Note: All speakers to be confirmed

## PARALLEL SESSION 3.5 (PS3.5)

# Universal Health Coverage: Political Commitment and Financing for Complex Public Health Needs in the Next Two Decades

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### Background

The concept of Universal Health Coverage (UHC) has been recognized regionally and globally as a way forward to accelerating health equity for all the people. The ASEAN-plus-Three have put out a statement that the ASEAN countries will strive to attain UHC in the future. In Africa, Ministers of Health have acknowledged the critical role of UHC in the Luanda Declaration. Over the past years, there has been an increasing momentum to prepare and expand the coverage of essential health packages to their citizens, crossing over social, physical, and financial barriers, in countries that have not yet attained UHC. Some countries have made further strides by creating public health insurance mechanisms, which require high political commitments as well as financial sustainability.

UHC can provide a powerful solution that could work as a global goal to further decrease mortality and morbidity by extending health services holistically to all the people, disregard of where they live or where they are from, at an affordable cost.

This session will focus on how to finance emerging and challenging public health needs as the world undergoes economic growth as well as changes in demography and diseases structure, and faces political instability and migration issues. It firstly provides an overview of the latest status and efforts made by some Low- and Middle-Income Countries regarding UHC, highlighting the role of institutions, including the Ministry of Health, and health financing options that they have sought. With that overview, it secondly looks into concrete examples in the cases of the Philippines, Kenya and Japan, to learn from those countries both validity and new challenges in realizing health equity. The presentations cover the political economy, legal framework, effectiveness of measures to achieve UHC, financial struggles and possible solutions. Thirdly, it focuses on who is left out and how to reach them: the case for migrant health care provision and coverage for other hard-to-reach populations. It deals with strategies for social protection, working with non-health sectors and coverage for those who fall through the cracks.

### Objectives

The objective of the session is to (1) learn from country experiences ways to secure financing toward the achievement of UHC; and (2) discuss what sort of political commitments and effective financing are required to achieve and sustain UHC as the world faces emerging public health needs in the next two decades.

### Moderator

- **Naoyuki Kobayashi**, Deputy Director-General, Human Development Department, Japan International Cooperation Agency, Japan

## Speakers

- **Inke Mathauer**, Health Systems Development Specialist, Health Financing Policy, Department of Health Systems Governance and Financing, World Health Organization, Switzerland  
*"A Global Overview of Government Subsidization Schemes for the Poor and Informal Sector for Health Insurance Coverage in Low- and Middle-Income Countries: What are Critical Institutional Design Features to Progress Towards Universal Health Coverage?"*
- **Francisco Soria, Jr**, Senior Vice President, Health Finance Policy Sector, PhilHealth, Philippines  
*"Financial commitment and implementation for the effective coverage of health care"*
- **John Masasabi**, Head, Policy, Planning and Health Care Financing, Ministry of Health, Kenya  
*"Health financing reform: government will for achieving equity"*
- **Takashi Fukuda**, Chief Senior Researcher, National Institute of Public Health, Japan  
*"Use of cost effectiveness analyses for decision making in Japan"*
- **Bounfeng Phoummalaysith**, Deputy Chief of Cabinet, Ministry of Health, Lao PDR (TBC)  
*"USAID-Thai Program for insurance scheme to the migrant workers in Thailand"*

Note: All speakers to be confirmed

## PARALLEL SESSION 3.6 (PS3.6)

### The Role of Emerging Economies and Private Sector in Global Health Financing

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#### Background

The session will review how some of the BRICS countries and their counterparts in the private sector have been contributing to global health financing. This will also be an opportunity to have an exchange on the challenges and opportunities to build partnerships on global health issues in the post-2015 agenda.

#### Objectives

The session will address the following objectives:

- Review current efforts made by countries who have recently reached upper middle income status to contribute as emerging donors to global and regional health concerns;
- Describe the growing trend of large scale private sector and philanthropic organizations in these countries who are now providing assistance to health development, their preferred areas for support, and modalities in financing;
- Discuss opportunities for creative partnerships and the range of issues that influence equity and sustainability.

#### Moderator

- **Aye Aye Thwin**, Senior Health Technical Advisor to the office of Health System, Global Health Bureau, U.S. Agency for International Development, USA

#### Panelists

- **Liu Peilong**, Senior Adviser, Ministry of Health, China  
China's official health development finance flows to Africa: a systematic analysis of areas of interest, funding modalities and engagement strategies. The investments in health infrastructure, human resources have contributed substantively to health outcomes.
- **Kiran Mazumdar Shaw**, Chairperson and Managing Director, Biocon, India  
To discuss trends in contribution through public institutions, private corporate sector, partnerships with civil society and reaching the poorest and marginalized populations.
- **Alberto Kleinman**, Secretary, Ministry of Health-International Affairs, Brazil  
To discuss Brazil's experiences with ventures in international cooperation, determining effective channels for assistance, managing for results and mutual accountability.
- **Suchada Thaibunthao**, Director General, Thailand International Cooperation Agency, Thailand  
Thailand's role as an emerging donor is described with a future outlook on plans for further engagement and priority areas of investment. The presentation covers the evolution and restructuring of institutional structures and processes as the country graduates from an aid recipient to a donor status.
- **Tamara Abed**, Senior Director, BRAC Enterprises, Bangladesh  
A leading philanthropic organization that has made its mark as a leader in poverty alleviation, social enterprise and an emerging donor. The presentation will review the

growth and evolution of assistance and engagement in various health areas in different regions.

Note: All speakers to be confirmed