Minutes
Coordinators Meeting

Royal Plaza Montreux & Spa
Montreux, Switzerland
17-18 May 2016

Attendees:

No.	Name	Position / Organization
1	Dr. Panich, Vicharn	Chairman, Mahidol University Council, Thailand
2	Dr. Bump, Jesse	Lecturer on Global Health Policy, Harvard University, USA
3	Dr. Das, Maitreyi Bordia	Lead Social Development Specialist, World Bank, USA
4	Mr. Dhillon, Ibadat	Health Workforce Department, World Health Organization
5	Mr. Greenall, Matthew	Senior Advisor, Community Systems Strengthening, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
6	Prof. Harper, David	Senior Consulting Fellow and Deputy Head of the Centre on Global Health Security, Chatham House, UK
7	Dr. Inkochasan, Montira	Regional Migration Health Programme Support Officer, International Organization for Migration, Regional Office for Asia and the Pacific, Thailand
8	Dr. Kanchanachitra, Churnrurtai	Director, Mahidol University Global Health, Thailand
9	Dr. Kayasith, Prakasit	Director, Thai Health Promotion Foundation, Thailand
10	Dr. Kunii, Osamu	Head, Strategy, Investment and Impact Division (SIID), The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland
11	Dr. Ooms, Gorik	Researcher, Institute of Tropical Medicine in Antwerp, Executive Director, Protection International, Belgium
12	Dr. Palu, Toomas	Sector Manager for Health, Nutrition and Population, East Asia and Pacific Region, The World Bank, Thailand
13	Dr. Patcharanarumol, Walaiporn	Senior Researcher, International Health Policy Program, Thailand
14	Mr. Pfitzer, James	Technical Officer, Health Systems and Innovation, Office of the Assistant Director-General, World Health Organization, Switzerland
15	Dr. Prakongsai, Phusit	Director, International Health Bureau, Ministry of Public Health, Thailand

No.	Name	Position / Organization
16	Prof. Sanders, David	Founding Director of the School of Public Health, University of the Western Cape and People's Health Movement, South Africa
17	Ms. Shoumilina, Tatiana	Country Director, Joint United Nations Programme on HIV/AIDS, Thailand
18	Mr. Stanciole, Anderson	Technical Adviser, Health Economist, Asia and the Pacific Regional Office, United Nations Population Fund , Thailand
19	Mr. Takizawa, Ikuo	Deputy Director General, Japan International Cooperation Agency, Japan
20	Dr. Talungchit, Pattarawalai	Director of Siriraj Health Policy Unit, Faculty of Medicine, Siriraj Hospital, Thailand
21	Dr. Tangcharoensathien, Viroj	Senior Advisor, International Health Policy Program, Thailand
22	Dr. Thaiprayoon, Suriwan	Bureau of International Health, Ministry of Public Health, Thailand
23	Dr. Thwin, Aye Aye	Special Advisor, Office of the Assistant Administrator, Bureau for Global Health, US Agency for International Development, USA
24	Dr. Vathesatogkit, Prin	Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand
25	Dr. Webb, Douglas	Cluster Leader, Mainstreaming, Gender and MDGs, HIV, Health and Development Group, United Nation Development Programme, USA
26	Dr. Wibulpolprasert, Suwit	Vice Chair, International Health Policy Program Foundation and Health Intervention and Technology Assessment Foundation, Thailand
27	Dr. Wilson, David	Global AIDS Program Director, The World Bank, USA
28	Mr. Yates, Robert	Senior Fellow, Chatham House, United Kingdom
29	Ms. Chuenglertsiri, Pattraporn	Research Operator, MUGH, Mahidol University, Thailand
30	Mrs. Larprojpaiboon, Suvicha	Assistant Coordinator, Mahidol University, Thailand
31	Ms. Liangruenrom, Nucharapon	Research Operator, Mahidol University Global Health, Thailand

1. Introduction of the meeting

Dr. Viroj Tangcharoensathien, the chair person of the Coordinator Meeting, welcomed all participants. Each participant introduced him/herself.

Dr. Churnrurtai Kanchanachitra briefly explained the objectives and the program of the meeting.

Objectives

- To fine tune plenary and parallel sessions of the three sub-themes, including key issues that should be addressed under the sub-theme
- To avoid duplication or overlapping content among the sessions
- To ensure all sessions are in line with the objectives of the Conference. Putting the Conference objectives here again for reminding.
    1. To understand the situation, causes and consequences of exclusion on health of vulnerable populations in different contexts
    2. To discuss indicators and how to measure and monitor progress on social inclusion that has yielded better health in the most vulnerable populations
    3. To share experience in implementation of policy/programs to enhance social inclusion of vulnerable populations in different settings and groups
    4. To advance policy opportunities to make UHC inclusive and accessible for the marginalized through multisectoral engagement, policy coherence and engagement of the marginalized
    5. To draw recommendations to move toward social inclusion to achieve UHC and SDGs

Program

- Day 1 Tuesday 17 May 2016: there were (a) 10-minute presentation of sub-theme 1, 2 and 3 and Q&A and (b) group work by each sub-theme. By the end of the day, each sub-theme was required to submit recommendations to shape up the session and a ppt file to be presented on 18 May 2016 to the PMAC Secretariat.
- Day 2 Wednesday 18 May 2016: the meeting started with a presentation of the group work from Day 1 by each sub-theme. Each sub-theme had 1 hour; 25 minutes for presentation and 35 minutes for discussion. Then all sessions were put into a tentative program of PMAC 2017 for consideration and discussion at the end of the day. In addition, the timeline for next steps of coordinators and co-coordinators were proposed.

2. Summary of general comments

- We will look at the approach-wise rather than the specific groups and better avoid specific groups on the title.
- The IOC, during the last meeting in Bangkok, endorsed gender equality within a couple years. Then this coordinator meeting would like to follow the agreement by IOC; we at PMAC2017 aims at 50-50 of female-male speakers/panelists/moderators. Note: it also depends on merit of speaker/panelist/moderator too.
- Definition of terms used in the Conference (e.g. vulnerability, social exclusion, political economy, discrimination) should be clearly defined in order to put everyone on the same page.
- Everyone agreed that Plenary 0 is an important session to set the scene of the Conference. It is suggested to cover the following three areas
    - Introduction of the subject matter of the Conference, hard facts of who, where and why.
    - The political economy of social exclusion
    - Why social inclusion matters
- Short video show (TED Talk style) can be helpful to show human faces from different vulnerable groups.

3. Summary of session specific comments

Session	Session Title	Short content of the session and comments

PL1	**"Why social inclusion is essential to achieve universal health coverage?"**	Content
		• Changed title to Vulnerable Populations: Who, Where and Why?
		• Focus on Giving voice to vulnerability
		• 4 specific groups on focus having representatives from
		  ○ Gender Discrimination (ladies talk about this, or have someone with the perspectives on this.) 1 billion break the chain
		  ○ Mental Illness (initially proposed ebola survival but mental illness are broader and cover bigger group)
		  ○ Stateless
		  ○ Transgender from transgender organization
		• Powerful TED Talks by the 4 groups give the speakers structure to perform, frame the issue and move forward
		Observation
		• Beware of English capability of the speakers, prepare ppt along with the talk. PL1 coordinator should confirm the texts and translations in advance.
		• Different approach: Moderated discussion to expose their experience.

PS1	**Who is vulnerable and how do we find them?**	Content
		• Political economy of visibility
		• State vision and service delivery
		  ○ Midwives
		  ○ Vaccines and health inequalities
		  ○ UHC, uneven inclusion
		  ○ Disaster induced vulnerability
		  ○ Exclusion by international law [Turkey]
		• The new title: The truth is hard to see (by Jesse)
		Observation: no substantial comment

PS2	**What creates vulnerability and social exclusion?**	Content • Discrimination in Health Care – Sources and Consequences • Findings from a systematic review ○ S&D; Rights and responsibilities of HWs • Moderated discussion (Davos Style) engage with audience • The session might not be comparable in general. Observation • It might be too narrow. It should be expanded than health workforce. It should focus on responsiveness of healthcare provider to respond to dignity services to patients (migrant, disable). • James needs to covey this msg to the WHO coordinator who was not in the meeting.

Session	Session Title	Short content of the session and comments
PS3	**What are the consequences of social exclusion as related to health?**	Content • Health consequences of social exclusion • Start the session with personal stories of child disability in rural Uganda • Stigma for parents and children of disability • Followed by findings from a systematic review, USAID of women and children in 24 countries present her findings • Capacity building twinning project, head from Boston University to provide support in Uganda • Moderated Discussion to compare and contrast Observation • PS3 (displaced persons) should cover migrants, more long-term changing the state dilemma, integrating migrants' health into UHC
PS4	**What metrics and measures of inclusion and exclusion have been developed?**	Content • Mechanisms and Systems, M & E • Change the scope of the content • 2 representatives from civil society, innovative approaches applicable to their community • Community monitoring for accountability • Compare with what UN is doing • How is the international community providing support ○ Lived experience into quantitative framework • Best practices and challenges Observation • It is suggested to move from simple measurement to concrete diagnostic to identify who, where and why • The title may be modified to be "Information for focused action and monitoring progress".
PS5	**How can the special needs of vulnerable populations be considered in the context of special situation and preparedness for public health emergencies?**	Content • Vulnerability from discrimination and marginalization • Occupation, war and conflict • Cross-border migration and refugees • PHEs (Ebola) - ebola survivors • Health services for refugees and asylum seekers in the Middle East Particularly from Syria • Actions for resilience proposed someone in Australia develop comprehensive healthcare, she can describe some mechanisms • Moderated discussion. Observation • Case study of cross border in Australia policy preventing landing offshore can be used

Session	Session Title	Short content of the session and comments
PS6	**Health vulnerabilities of migrant and mobile populations**	PS6 was dropped and content will be included in PS 5 and PS16. The title of the session should not use the specific group title, but better higher level of the problem as title. The issue of migrants has been addressed in other sessions, thus many issues proposed in PS6 have already addressed. .
PL2	**Interventions to reach the vulnerable**	Observation • No representative from demand side. Propose Pat Anderson, women Australia campaign on children • Think about PL2 to set the theme that social inclusion requires spaces and dignity
PS7 (2.1)	**Mobilization and voice: from HIV to UHC**	Observation • To look forward e.g. in the next 15 yrs of NCD, more disability, elderly • Focus on concrete evidence, lessons and their practical application
PS8 (2.2)	**Maximizing universal coverage: interventions to ensure universal inclusion**	Content • This is the core objective of the sub-theme 2. This panel will examine how UHC interventions can be refined, sharpened and targeted to become an active tool to promote social inclusion. • It will examine the barriers, opportunities and transformative potential of UHC as a tool to promote social inclusion – as the first mile not the last mile. • UHC is focusing on financing, service delivery and accountability Observation • The definition of UHC in the core objectives of the sub-theme is limited to health services and financial risk protection. It is suggested to expand the scope beyond health services to include other dimensions e.g. cultural barrier. • The coordinator and co-coordinators agreed with the comments and will revised the concept note to address the broader perspective of UHC, health system, social determinant of health as well as other barriers to prevent people to get proper and equitable access to health services.

Session	Session Title	Short content of the session and comments
PS9 (2.3)	**From health systems to systems for health: Enabling the critical role of communities in building socially inclusion & UHC**	Objectives of the session • The key commonalities and differences between different examples of community response (AIDS, Ebola, RMNCH – as tracers) will be identified • The role of external intermediaries, facilitators and funders in achieving these responses will be discussed • Participants will identify principles that will enable and strengthen community responses for social inclusion and UHC Observation • There are many tentative speakers/panelist. The meeting created an awareness of selecting key speakers in order to make the session effective • Similar comment on UHC above
PS10 (2.4)	**The role of demand side interventions to promote social inclusion**	Content • This session will focus particularly on the role of demand side interventions to address wider definitions of social inclusion and will focus on the nexus between demand and supply side interventions for social inclusion Observation • This session is on demand side but the proposed speaker(s) are not from demand side. It is suggested to include demand side into this session.
PS11 (2.5)	**Integrated, interdisciplinary interventions**	Content • Focus on practical experiences, examples and steps we can take to strengthen integrated, interdisciplinary delivery, tackling social exclusion through integrated health and wider development solutions • Format: Doha style debate Observation: No substantial comment
PS12 (2.6)	**Overcoming Stigma and Discrimination as barriers to social inclusion**	Observation • To cover more vulnerable groups e.g. transgender, disability
PSxx	**Persons with vulnerability as agents of change: empowerment approach to make health systems inclusive**	Content • It is a new session proposed by JICA • Emphasize on empowerment of persons concerned • Highlights personal experiences of such leaders of persons with vulnerability and how they influenced the national/global decision making toward UHC as agents of change Observation • It can be in PL0 or a stand alone PS or include voice of people in to many PSs, as appropriate.

Session	Session Title	Short content of the session and comments
PL 3	**Political economy of social exclusion**	Content • Keynote speaker to address the political economy of social exclusion the consequences for health and political strategies to overcome exclusion and build a more inclusive society • Amartya Sen would be ideal but is unlikely to accept – need a replacement. Maybe one of the Elders – preferably female • Respondents will be representatives from groups often facing social exclusion Observation • Subtheme title should be changed from political economy of social exclusion to political economy of social inclusion • Scope of social inclusion focused on UHC might be slightly narrow condition. The meeting discussed at length and finally agreed that the conference will focus on UHC with specific perspectives on access to health service and space (political space, cultural space). However, it might be too broad to touch the third jigsaw of market.
PS13 (3.1)	**Political Strategies to Tackle Social Exclusion and Improve Health**	Content • First speaker to address political strategies to overcome social exclusion and the role of health reforms – suggestions? • 2 or 3 political leaders will recount how their health reforms are tackling exclusion – Dr Tedros*, Indonesia and India • 2 Representatives from groups who are often excluded Observation • There is an observation on the proposed name, Dr Tedros.
PS14 (3.2)	**Right to Health**	Content • Has Right to Health approach been effective at tackling the health consequences of social exclusion? • Focus on legal mechanisms • Will specifically address key vulnerable and often excluded groups including the poor, the elderly and disabled people • Possible option to address latter 2 in a separate parallel session Observation • Too many speakers (up to 9) • Whether or not it can be a homogeneous of the whole session. Be careful, of piece by piece
PS15 (3.3)	**Women, Children and Adolescents First?**	Content • Many countries and agencies are specifically prioritising women and children first for extending health coverage – is this an appropriate political strategy? • Pros and cons of this approach and lessons for other vulnerable and excluded groups Observation • Include gender dimension in the session • Not all women and children are vulnerable. We should focus specific circumstances to make women, children and adolescent vulnerable.

Session	Session Title	Short content of the session and comments
PS16 (3.4)	**Integrating Migration and Community Health Within UHC**	Content • Merge two previous parallel sessions dealing with migration and health in ST 1 and 3 • Broaden debate beyond large scale, mass acute migration • Unified agenda looking at the long term, economy and disparity driven by migration through the lens of disease burden reduction, vulnerability and development Comment • It needs to be re-written to make the session clearly.
PS17 (3.5)	**Access to Medicines**	Content • Hugely political topic in all countries – who gets access to medicines and who is excluded • Session will have a strong CSO representation • Need to broaden out beyond TRIPs issues • Involve someone from Pharma to put forward an alternative viewpoint Comment • It is unclear how this session link to the objective of the PMAC 2017 • The vulnerability does not only lack of access to medicines but also other assistive devices • It should be unpacked to cover 'access to medical products by vulnerabilities' • Need to talk about transparency too
PS18 (3.6)	**From Exclusion to Leadership - Learning from the HIV Experience**	Content • Explore the "know-how" of the AIDS response in addressing vulnerability, marginalization and social exclusion at the global/ regional / national/ policy levels • Lessons and approaches that are transferable to broader health • Reflect on those areas where exclusion persists, and posit emerging and potential solutions • Involve a speaker who may have reservations about HIV's successes "crowding out" other vulnerable groups Comment • There should be a speaker who tells the whole story of evolution of AIDS, success and remaining challenges

4. Conference program at a glance

Plenary 0 Set the scene for the PMAC Conference by whom [to be discussed in JS meeting]		
Sub-theme 1	**Sub-theme 2**	**Sub-theme 3**
Plenary 1: Vulnerable Populations: Who, Where and Why?	Plenary 2: Interventions to reach the vulnerable	Plenary 3: The Political Economy of Social Exclusion
PS 1: The truth is hard to see	PS7: Keep this slot opened for Mobilizing for vulnerability: for many groups [e.g. ethic group, minority, sub-religious minority, elderly] – WB will craft text.	PS13: Political Strategies to Tackle Social Exclusion and Improve Health
PS 2: Discrimination in Health Care – Sources and Consequences	PS8: Maximizing universal coverage: interventions to ensure universal inclusion	PS14: Right to Health
PS 3: Health consequences of social exclusion	PS9: From health systems to systems for health: enabling the critical role of communities in building socially inclusion & UHC	PS15: Women, Children and Adolescents First? [mainly focus on UHC and health services]
PS 4: Mechanisms and Systems, M & E	PS10: The role of demand side interventions to promote social inclusion	PS16: Integrating Migration and Community Health Within UHC
PS 5: Vulnerability from discrimination and marginalization	PS11: Integrated, interdisciplinary interventions	PS17: Access to Medicines
	PS12: Overcoming Stigma and Discrimination as Barriers to Social Inclusion	PS18: From Exclusion to leadership - Learning from the HIV Response/ Experience [Include previous PS7 mobilization and voice: from HIV to UHC - Matt GF + Tatiana UNAIDS will work together]
	PSxx: Persons with vulnerability as agents of change [TBD either merge in PL0, PL1, PS18] **or** **PL0:** empowerment approach to make health systems inclusive	PS19: Can international and national instrument supports social inclusion: lessons learned from UNCRPD

Note:
Name and content of each session will be revised later according to the discussion of today
Elderly should be included in many sessions e.g. human right, with disability, mobilization too
Mobilization can include elderly too

5. Suggested number of speaker vs time slots

5.1 Plenary session (1 hour)

- One moderator
- Max 3 speakers with PPT/verbal presentation
- 10-15 min * 3 = 30-45 min, 15 min for discussion
- All needs clear guideline of presentation - objective, content, story telling and concluding remarks

5.2 Parallel Session (2 hours): two scenarios

PS with ppt presentation	Verbal session only, no PPT
1 moderator 5 speakers * 10-12 min =50-60 min leaving 60 min for discussion	1 moderator Speaker: 3 min X 2-3 rounds = 6-9 min/speaker Can accommodate 7 speakers = 7 * 6-9 = 42-63 min leaving one hr for discussion

6. Calendar of Activities and Important Deadlines

The meeting took note of the calendar of activities and agreed to the proposed deadlines.

Date	Activity	Responsible Person
30 Jun 2016	Revised session proposal and proposed names of speakers	Lead coordinators
30 Jun 2016	List of speakers and funding	Lead coordinators
31 Jul 2016	List of participants and funding	Co-hosts, partners, coordinators
Jul onwards	Invitation sent to speakers	PMAC Secretariat
Aug onwards	Invitation sent to participants	PMAC Secretariat
1 Oct 2016	Deadline to request for side meeting	Side Meeting Organizer
1 Dec 2016	Biosketch & paper for conference program book	Speakers/Panelists/Moderators
1 Dec 2016	List of international rapporteurs	Lead coordinators, Rapporteur Focal person
29 - 30 Jan 2017	Side Meetings	PMAC Secretariat
31 Jan 2017	Field Trip	PMAC Secretariat
1 – 3 Feb 2017	Main Conference	PMAC Secretariat

7. Requested actions

1. Lead coordinators are requested to send in the **revised session proposal** taking into account comments received from the Coordinators Meeting **by 30 June 2016**
2. Lead coordinators are requested to send in the **list of speakers by 30 June 2016**
3. All co-hosts are invited to send the **list of participants** to PMAC secretariat for invitation by **31 July 2016**.
4. Everyone agreed on the timeline above and the requested actions