

Swiss TPH



**Non-communicable, infectious,
and environmental disease interfaces:**

CHALLENGES AND OPPORTUNITIES FOR RESEARCH AND INTERVENTION IN VIETNAM

**Dialogue event
Hanoi, Vietnam 24th – 25th March, 2015**

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PLANNING COMMITTEE

The dialogue event wishes to thank the following individuals for their commitment and collaboration in this event.

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DIALOGUE EVENT OVERVIEW

Like many former low income countries, Vietnam has seen a rapid epidemiologic transition. While infectious diseases remain a public health challenge, non-communicable diseases have also emerged. The transition is also characterized by increasing urbanization and a change in lifestyle due to additional pressures on environmental quality. The Vietnam report of the Global Burden of Diseases (GBD) ranks stroke, ischemic heart disease, liver cancer, and Chronic Obstructive Pulmonary Diseases (COPD) as the four leading causes of death, responsible for, in total, >150'000 death per year. After dietary risks and smoking, household and ambient air pollution (taken together) has become the third-ranking risk factor of the Vietnam disease burden. In Vietnam, with 78 cases per 100'000 population (2011), dengue incidence has steadily increased to become an important vector born infectious disease, resulting in some 70'000 cases every year not further specified in the GBD. Other emerging and re-emerging infectious diseases such as avian influenza H5N1, pandemic influenza, cholera, hand-foot-mouth disease, measles, and rabies are of public health importance in Vietnam.

When considering all these challenges in a systems approach, one has to emphasize that the interaction of non-communicable, infectious, and environmental stressors in the etiology and course of diseases are poorly understood in Vietnam. The common knowledge, however, is that the poor are the most disadvantaged in suffering from “diseases of poverty” which today should also include a range of chronic diseases with disastrous economic consequences on patients and their families. It is clear that further assessments and research are needed to foster evidence- and needs-based operational decisions in health promotion and the planning of prevention strategies and health systems.

To plan and prioritize further steps related to interventions, prevention, and research, the project partners Hanoi School of Public Health (HSPH), Swiss Tropical and Public Health Institute (Swiss TPH) and the Novartis Foundation (NF) conduct this Dialogue Event in Hanoi. The Dialogue Event aims at bringing different stakeholders together to discuss, identify and prioritize key issues of public health at the interface of infectious, non-communicable and environmental diseases in Vietnam. The program includes expert input, current best practices, and discussion platforms in the plenary as well as in parallel workshops.

Date & Venue

Date: 24th – 25th March, 2015

Venue: Pullman hotel, 40 CAT LINH STREET, DONG DA DISTRICT, HANOI – VIETNAM

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PROGRAM

Day 1: Tuesday, 24th March, 2015

Time	Description	Speakers and Chairs
8:00 – 8:30	Registration	Ms. Lam Thi Binh
8:30 – 8:50	Welcome notes <ul style="list-style-type: none"> • Prof. Nguyen Thi Xuyen, Vice Minister of Health • HE Mr. Andrej Motyl, Swiss Ambassador to Vietnam • Prof. Tran Huu Bich, Vice Dean HSPH • Prof. Nino Künzli, Deputy Director of Swiss TPH • Dr. Ann Aerts, Head Novartis Foundation 	Dr. Nguyen Viet Hung, HSPH
8:50 – 9:00	Objectives of the event	Dr. Pham Duc Phuc, HSPH
9:00 – 12:30	Setting the scene: Non-communicable, infectious and environmental disease interface in Vietnam Moderators: Prof. Tran Huu Bich, HSPH and Prof. Peter Odermatt, Swiss TPH	
9:00 – 9:20	Burden of diseases in Vietnam: current situation and future trends	Dr. Nguyen Viet Hung, HSPH
9:20 – 9:40	Dual Burden of Communicable and Non-Communicable Diseases – Public Health Challenges	Prof. Nicole Probst-Hensch, Swiss TPH
9:40 – 10:00	Infectious disease challenges of today: dengue in Vietnam	Prof. Vu Sinh Nam, NIHE
10:00 – 10:20	The role of urban air pollution for non-communicable and infectious diseases.	Prof. Nino Künzli, Swiss TPH
10:20 – 10:40	Coffee break	
10:40 – 11:00	Role of the private sector in addressing the dual disease burden	Dr. Ann Aerts, NF
11:00 – 11:20	Informing health policy through research and Advocacy: an academic perspective	Prof. Pham Viet Cuong, HSPH
11:20 – 12:20	Q&A, discussion, panel	Moderators: Prof. Tran Huu Bich, HSPH & Prof. Peter Odermatt, Swiss TPH
12:20 – 13:30	Lunch	
13:30 – 17:00	Current opportunities and challenges of Non-communicable, infectious and environmental disease interface in Vietnam Moderators: Prof. Vu Thi Hoang Lan, HSPH and Prof. Jakob Zinsstag, Swiss TPH	
13:30 – 15:30	Day 1 Breakout Session: Defining each area within the larger context of the disease interface in Vietnam Group 1: NCDs and infectious diseases Group 2: Dengue research and intervention Group 3: Urbanization and air pollution Details of breakout session organization and content in Annex Including 15mn coffee break	Prof. Pham Viet Cuong, HSPH & Prof. Nicole Probst-Hensch, Swiss TPH Prof. Vu Sinh Nam, NIHE & Dr. Ann Aerts, NF Dr. Le Thi Thanh Huong, HSPH & Dr. Laura Perez, Swiss TPH
15:30 – 16:30	Report to the plenary	Moderators:
16:30 – 17:00	Dialogue, discussion, panel	Prof. Vu Thi Hoang Lan, HSPH & Prof. Jakob Zinsstag, Swiss TPH
19:00	Group dinner	Ms. Lam Thi Binh

Day 2: Wednesday, 25th March, 2015

Time	Description	Responsible persons
9:00 – 12:30	Landscape of NCD-infectious and environmental diseases and policy making: Experiences and lessons learnt from Vietnam and other models Moderators: Dr. Nguyen Viet Hung, HSPH and Dr. Julie Morrow, NF	
9:00 – 9:20	An Introduction to One Health and Ecohealth	Prof. Jakob Zinsstag, Swiss TPH
9:20 – 9:40	Using mHealth to address the dual burden of disease – a teleconsultation approach	Ms. Christina Wadhvani, NF
9:40 – 10:00	Know Your Numbers Campaign - hypertension screening and treatment program from PSI	Dr. Josselyn Neukom, PSI Vietnam CPO
10:00 – 10:20	Eliminate Dengue project – BMGF/FHI 360	Prof. Vu Sinh Nam, NIHE
10:20 – 10:40	Coffee break	
10:40 – 11:10	Policy success example from private sector and Civil Social Organisation: health insurance	Dr. Tran Tuan, RTCCD
11:10 – 11:30	Health in all policies in a changing environment: using health impact assessment to support policies	Dr. Laura Perez, Swiss TPH
11:30 – 12:30	Q&A Discussion	
12:30 – 13:30	Lunch	
13:30 – 17:00	The way forward for research in Vietnam Moderators: Prof. Tran Huu Bich, HSPH and Prof. Nino Künzli, Swiss TPH	
13:30 – 15:30	Day 2 Breakout Session: (mixed groups): Define a road map for operational research and interventions in Vietnam Group 1: NCDs and infectious diseases Group 2: Dengue research and intervention Group 3: Air pollution Including 15mn coffee break	Prof. Pham Viet Cuong, HSPH & Prof. Nicole Probst-Hensch, Swiss TPH Prof. Vu Sinh Nam, NIHE & Prof. Peter Odermatt, Swiss TPH Dr. Le Thi Thanh Huong, HSPH & Prof. Nino Künzli, Swiss TPH
15:30 – 16:30	Report back to plenary Next steps for potential areas for operational research and activities	Chairman Prof. Nino Künzli, Swiss TPH
16:30 – 17:00	Wrap-up and closing	Prof. Tran Huu Bich, HSPH

ANNEX: Organization and content of the breakout sessions

During the breakout sessions questions related to the workshop themes will be discussed in small groups. Each workshop will have a Chair to moderate the discussions and a Rapporteur in charge of taking notes, summarizing it in succinct minutes, and presenting the work in the plenary. At the end of the workshop period of Day 1, workshop participants will also discuss the objectives and preparatory work needed, if any, of the workshop on Day 2. At the end of Day 1, the Planning Team will decide about the final organization, themes, and format of the Day 2 workshops. The leaders of each workshop will provide a first set of questions and tasks at the beginning of the workshop. While participants may choose their workshop, the Planning Team may propose the assignment of some experts to specific workshops.

It is expected that participants will contribute to the detailed agenda and direction of the discussion. The application of the concept and the needs and gaps will be discussed in the Vietnamese context using the provided Input Report and the expertise of the workshop participants. Next steps and open questions will be outlined based on identified gaps and priorities. The upcoming ideas and proposals will be prioritized based on local needs, interests, and public health relevance.

SPEAKER BIOGRAPHY

Dr. Nguyen Viet Hung



Dr. Nguyen Viet Hung holds an MSc and a PhD in Life and Environmental Sciences from France and his BSc in Biology from Hanoi. He is working on the interface between environment and health, focusing on environmental health and food safety with an integrative approach (One Health and Ecohealth). He is the co-founder of the Center for Public Health and Ecosystem Research (CENPHER) at Hanoi School of Public Health where he is the regional coordinator of the Ecohealth Field Building Leadership Initiative in Southeast Asia. He is a joint appointee of the International Livestock Research Institute (ILRI) and the Swiss Tropical and Public Health Institute (Swiss TPH). His ultimate research goal is to promote understanding of health issues related to ecosystems and to use research outputs to inform policy to change and improve the health of the most vulnerable populations. His research focuses on the link between health and agriculture, food safety, infectious and zoonotic diseases with an emphasis on the use of risk assessment for food safety management in Southeast Asia.

Prof. Nicole Probst-Hensch



Prof. Nicole Probst-Hensch holds doctorates in Pharmaceutical Sciences (ETH Zürich/University of Basel) and in Epidemiology (UCLA, Los Angeles, California). She was appointed Assistant Professor at USC/Norris Comprehensive Cancer Center in Los Angeles. In Switzerland, she established the National Institute of Cancer Epidemiology and Registration as its first director and in the position of an Associated Professor at the Medical Faculty, University of Zürich. Since 2009 she is Professor in Epidemiology and Public Health at the Medical Faculty of the University of Basel. She leads the Unit of Chronic Disease Epidemiology at SwissTPH and integrates research on non-communicable diseases into different economic, cultural, genetic and geographic contexts. She is Deputy Head of the SwissTPH Department of Epidemiology and Public Health. The research of N.Probst-Hensch focuses on cancer, respiratory and cardio-metabolic diseases as well as their interrelation. She and her team integrate genetic and genomic markers obtained in the context of biobanks into their research and apply these biomarkers as research instruments to improve mechanistic and causal understanding of modifiable lifestyle and environmental risks. N. Probst-Hensch is principle investigator of the SAPALDIA Cohort and Biobank, the only Swiss-wide biobank funded for more than 20 years by the Swiss National Science Foundation.

Prof. Vu Sinh Nam



Prof. Dr. Vu Sinh Nam is former Deputy Director General, The General Department of Preventive Medicine, Ministry of Health. He is Senior Scientific Advisor of the Laboratory of Medical Entomology, National Institute of Hygiene and Epidemiology, member of the Steering Committee of National Dengue Control Program, as well as member of the National Advisory Committee on Vector Borne Diseases Control, Ministry of Health of Vietnam. He is also member of the Advisory Committee on Health Research, WHO-WPRO, 2001-2004 and taking part in several well-known scientific societies in Vietnam such as Vietnamese Society for Entomology, Vietnamese Society for Preventive Medicine, American Mosquito Control Association (1991-1992, 2002), American Society of Tropical Medicine and Hygiene (2002), The World Association of Copepodologists.

Prior to being Senior Public Health specialist working at the highest level of Preventive Medicine system, Prof. Dr. Vu Sinh Nam has worked as Chief of Medical Entomology Laboratory at the National Institute of Hygiene and Epidemiology, playing a key role in many formative as well as operational researches in the fields of vector-borne diseases (mainly in Dengue and Japanese Encephalitis vectors). He has experienced also as Program Coordinator for National Dengue Control Program in Vietnam from 1999 up to 2009.

Over 30 years of research experiences on vector borne diseases, he has focused on exploring the new epidemiological factors and effective interventions in prevention and control of vectors. Main contributions from his researches are the Dengue vector bio-ecology, vector surveillance and control, the community based dengue surveillance and control, and the use successfully of new biological agent (*Mesocyclops*) through community participation in dengue prevention and control in Vietnam.

Prof. Vu has been working with many International Agencies such as the World Health Organization (WHO-WPRO, TDR); Queensland Institute for Medical Research (QIMR) Australia; Queensland University of Technology (QUT) Australia; the University of Queensland (UQ) Australia; The Bill & Melinda Gates Foundation; The Institute of Tropical Medicine, Nagasaki University, Japan; The Medical Committee Netherlands-Vietnam (MCNV); the CDC, Fort-Collins, USA; the Pasteur Institute of Paris, France in areas of vector-borne diseases and public health.

He holds a Bachelor of Science degree in biology at Hanoi University (1975), and Diploma in Medical Entomology at Pasteur Institute of Paris (1992), PhD in Epidemiology at the National Institute of Hygiene and Epidemiology of Vietnam (1995). Prof. Vu also is supervisor, Mentor for Medical doctors, Master's students both National and International undertaking dengue vector researches.

Prof. Nino Künzli



Prof. Nino Künzli with an MD from Uni Basel and a PhD from UC Berkeley, he became Deputy Director of the Swiss Tropical and Public Health Institute Basel, Switzerland (www.swisstph.ch) where he heads the Department of Epidemiology and Public Health assembling >190 scientists from various disciplines, including ~100 PhD students. He is Professor of Public Health at the University Basel Medical School. As of 1.1.2015 he got appointed as Dean of Study of the Swiss School of Public Health (SSPH+) (50%; affiliated at SwissTPH).

With >300 peer reviewed articles Künzli's research focus is on environmental epidemiology with a primary emphasis on understanding the effects of air pollution on health through exposure science and epidemiologic research. He also made key contributions to method development and applications to integrate scientific evidence of health effects of air pollution into policy-relevant risk assessment frameworks. He is in the board of directors of the Swiss SAPALDIA study on air pollution and chronic diseases and chairs Working Groups on air pollution in various European projects. He was tenured Associate Professor at University of Southern California in the group of the Children's Health Study (2002-2005). As the first epidemiologist to receive an ICREA Research Professor, he had the opportunity to work at the Centre for Research in Environmental Epidemiology (CREAL) in Barcelona (2006-2009).

Künzli regularly serves on national and international advisory committees and was member of two U.S. National Academy of Science committees on air pollution and health impact. Since 2012, he is the President of the Swiss Federal Commission on Air Hygiene – the clean air advisory board of the Swiss Government.

Dr. Laura Perez



Dr. Laura Perez, PhD is project leader in the Chronic Disease Epidemiology Unit, Department of Epidemiology and Public Health at Swiss Tropical and Public Health Institute. Her work focuses on two main areas, the investigation of health effects of environmental risk in populations (e.g air pollution) and the development and application of health impact assessment methods to evaluate or compare preventive policy strategies to help reduce and eliminate these and other health risks.

Dr. Ann Aerts



Dr. Ann Aerts has been Head of the Novartis Foundation since January 2013, where she has played a key role in devising new policy recommendations. She has the exciting responsibility of heading an organization committed to exploring innovative solutions to public health problems. The Novartis Foundation has the challenging goals of expanding access to quality healthcare and eliminating diseases such as leprosy and malaria.

Before her current role, Ann was Franchise Medical Director Critical Care for Novartis Pharma in Basel and Therapeutic Area Head Cardiovascular and Metabolism in Novartis Pharma Belgium.

Prior to joining Novartis, she served as Director of the Lung and Tuberculosis Association in Belgium, as Head of the Health Services Department of the International Committee of the Red Cross (ICRC) in Geneva and was Health Coordinator for the ICRC in several countries.

Ann holds a Degree in Medicine and a Masters in Public Health from the University of Leuven, Belgium, as well as a Degree in Tropical Medicine from the Institute of Tropical Medicine in Antwerp, Belgium. In July 2014, Ann was nominated by PharmaVOICE as one of the 100 Most Inspiring People in the life science industry. Ann has authored numerous publications and is a member of the Advisory Boards of the Global Health Group of University of California, San Francisco (UCSF), the Center for Corporate Responsibility and Sustainability of the University of Zürich, the OECD Network of Foundations Working in Development (NetFWD), and is member of the Steering Board of the World Economic Forum Health Systems Leapfrogging project in Emerging Economies.

Prof. Pham Viet Cuong



Prof. Pham Viet Cuong is a senior lecturer and researcher of the Hanoi School of Public Health. In last 15 years working at the school he has been involved in the development of public health training programs in Vietnam including Bachelor, Master and Doctor program in Public Health.

Beside of teaching, Dr. Cuong is a strong researcher especially in the area of drowning, road traffic injury, violence and alcohol harmful use prevention. He has provide leadership and technical guidance for number of health research, prevention activities including the National Injury survey 2001 and 2010, International road safety project, Internation Alcohol Study and number of study in injuries. Dr. Cuong is appointed as a secretariat of Road Traffic Injury Research Network, a worldwide injury research network with member from 115 countries, for the term of 2014-2016. He is also a core member of MENTOR-VIP group, a online capacity building network in the area of injury and violence prevention managed by WHO.

Dr. Cuong got his PhD in Tulane University with combined major in Biostatistic and International development and has a strong quantitative research background.

Prof. Jakob Zinsstag-Klopfenstein



Prof. Jakob Zinsstag-Klopfenstein is the Deputy Head, Department of Epidemiology and Public Health, and the Head of the unit Human and Animal Health at the Swiss Tropical and Public Health Institute (Swiss TPH), Switzerland. He is a Professor in Epidemiology, University of Basel and the President of the International Association for Ecology & Health (IAEH). Jakob Zinsstag graduated with a doctorate in veterinary medicine (Dr. med. vet.) at the Veterinary Faculty of the University of Berne in 1986 and a PhD in Tropical Animal Production from the Prince Leopold Institute of Tropical Medicine of Antwerp, Belgium. He has extensive experiences in research partnership with developing countries where he has developed research capacity for many groups in Africa and Asia. From 1990 to end of 1993 he led a livestock helminthosis project for the University of Berne at the International Trypanotolerance Centre in The Gambia. From 1994 to 1998 he directed the Centre Suisse de Recherches Scientifiques in Abidjan, Côte d'Ivoire. Since 1998 he leads a research group at the Swiss Tropical and Public Health Institute (Swiss TPH) in Basel on the interface of human and animal health with a focus on health of nomadic people and control of zoonoses in developing countries under the paradigm of "one medicine". Building on the "one medicine" concept developed by Calvin Schwabe, the research group focused on the health care of pastoral nomads and the eradication of zoonoses in developing countries. Jakob has been supporting the creation and development of the Center for Public Health and Ecosystem Research (CENPHER) at Hanoi School of Public Health within the NCCR North-South program.

Ms. Christina Wadhvani



Ms. Christina Wadhvani is the Project Manager at the Novartis Foundation, coordinating healthcare projects on access and affordability, specifically around increasing access to medicines and improving health services through telecommunication.

Prior to joining the Novartis Foundation, Christina spent two years at the World Bank headquarters in Washington, DC, exploring cost-effective interventions in low- and middle-income countries to address both the health-related Millennium Development Goals (MDGs) as well as responding to the rising burden of noncommunicable diseases (NCDs).

Christina received her MPH from the Johns Hopkins Bloomberg School of Public Health with a concentration in Health in Crisis and Humanitarian Assistance. She subsequently served as a Research Scholar for the Johns Hopkins National Center for the Study of Preparedness and Catastrophic Event Response (PACER) and worked in Hanoi with the Harvard Medical School AIDS Initiative in Vietnam (HAIVN) analyzing the impact of HIV/AIDS health worker training and stigma reduction programs. She also spent two years in New Orleans supporting community members affected by Hurricane Katrina

Christina received her Bachelor's in Public Health at the George Washington University

Ms. Josselyn Neukom



Ms. Josselyn Neukom has 18 years of experience engaging the private sector to improve health and address social issues in developing countries. She has held long-term positions based in several developing countries including Zambia, Tanzania and Vietnam. Ms. Neukom also conducted substantial in-country assignments to build successful private-public mix programs in India, Nepal, Togo, Madagascar, Zimbabwe, Pakistan, and India among others. She has been closely involved in the design, management and evaluation of several of the most successful clinic social franchises in the world, including New Start franchises in Zambia and Zimbabwe, SUN in Myanmar and Green Star in Pakistan. Since 2011, Ms. Neukom has served as Country Director for Population Services International (PSI) in Vietnam, where she has led the evolution of PSI's behavioral and market results, partnerships and senior management team. Under her leadership, PSI/Vietnam has demonstrated the viability of leveraging existing private clinics and pharmacies - together with behavior change communication campaigns - to address multiple health priorities in Vietnam including hypertension, tuberculosis, viral hepatitis, nutrition and hygiene. She holds a Masters degree in Public Affairs from Princeton University and a Bachelor of Arts in Anthropology from Dartmouth College.

Dr. Tran Tuan



Dr. Tuan, a co-founder of the Research and Training Center for Community Development (RTCCD) in 1996, is currently the RTCCD director (since 2003). After graduating from Hanoi Medical University (HMU) with MD and specialization degrees in preventative medicine (1977-86), Dr. Tuan maintained his career as a lecturer on Epidemiology (1987-2001) and Head of the Community Health Research Unit (CHRU) at HMU (1992-96), and Health Program Coordinator at the Save Children Fund UK Hanoi office (1991-1994). He got summer courses graduate training in Epidemiology and Field Research Methodology at Umea University, Sweden (1989; 1993) and three-month course of health sector reform for primary health care in developing countries at IDS of Sussex University UK (1993), before undertaken a Takemi Fellowship in International Health at Harvard School of Public Health (1994-95). He pursued PhD program in Epidemiology and Population Health at the University of Newcastle, Australia (1997-2003) while keeping a role of principal investigator for the Young Lives international study on childhood poverty in Vietnam (2001-2005). In 2007, he took the post-doc program on Mental Health in Public Health at Melbourne University. His main interests include: primary health care and child development; holistic approaches to mental health and NCDs; organic foods, ecohealth and informal health care system; health insurance and health system reform; Civil Society Organizations capacity building and health policy advocacy in Vietnam. He is a founder and co-founder of the Evidence Based Health Policy Advocacy Alliance (EBHPD), the Vietnam Ban Asbestos Network (Vn-BAN), the TuNa and Green Pie Clinics attached to RTCCD. In his career development, he has been awarded more than 50 research grants from various international development organizations, and was also the author and co-author of 40 peer-review scientific publications and more than 100 local articles, essays, opinion pieces and feature interviews in both local and international media.

CHAIR BIOGRAPHY

Prof. Tran Huu Bich



Prof. Tran Huu Bich holds an MSc and a PhD in International Health and Development from the United States, as well as a MD (general physician) from USSR. He has over 20 years of professional experience in teaching, research and program management in medicine and public health areas in Vietnam. Further, he has experience in child nutrition and development, adolescent health, health service delivery, infectious diseases (Avian Flu, HIV/AIDS, Hepatitis), non-communicable diseases, health research system analysis and disaster planning and management. He has worked with different UN agencies, international and national NGOs, training/research institutions, government authorities and stakeholders at different levels of the health care system including: development of training curricula/programs, research and analysis, strategic management and planning, and monitoring and evaluation. At present, he is the Vice Dean for Research as well as Vice Head of Faculty of Basic Medicine at Hanoi School of Public Health.

Prof. Peter Odermatt



Prof. Peter Odermatt holds an M.Sc. in Medical Parasitology, a Ph.D. in Epidemiology from the University of Basel, and an MPH from the Johns Hopkins Bloomberg School of Public Health in Baltimore, USA. Peter is Associate Professor for Parasitology and Epidemiology at the University of Basel and leader of the research group “Helminth and Health” in the Ecosystem Health Sciences Unit, EPH of Swiss TPH (since 2005). Peter’s research interest include the epidemiology and control of neglected tropical disease with focus on Southeast Asia, including food-borne trematodiasis, nematodiasis, schistosomiasis and other parasitic infections. He is involved in the development and evaluation of public health interventions (e.g., against parasitic infections and diseases in neglected populations), and teaching medical parasitology and epidemiology. He has published more than 80 scientific articles in peer-reviewed journals.

Prof. Vu Thi Hoang Lan



Prof. Lan Vu is a trained medical doctor and epidemiologist. She has 15 years of experience working in the field of Public health. Currently she is head of the Department of Epidemiology and Biostatistics as well as chair of the Faculty of Fundamental Sciences at the Hanoi School of Public Health. Lan has collaborated with both national and international public health organizations on multiple projects and consultancy work. Her main research interests are children health, reproductive health, migration and multilevel analysis. Her work was presented in technical reports and peer-reviewed publications. In total she has more than 50 peer-reviewed publications, of which 20 were published in international journals.

Dr. Le Thi Thanh Huong



Dr. Le Thi Thanh Huong graduated her PhD in Environmental Health at the University of Queensland, Australia in 2014. She graduated Bachelor of Biology at the Hanoi University in 1995, Master of Sciences (majoring: Ecology) in 1998 at the Hanoi University of Sciences. Ms Huong's PhD thesis was on secondhand smoke and its harmful effects on children's health. Ms Huong has been a lecturer in Environmental Health at the Hanoi School of Public Health since 1998, and she is a member of the Vietnam Public Health Association since 2002 up to now. In addition to teaching, Huong is also a researcher in environmental health and public health. She has been a principle investigator for a certain numbers of environmental health such as water, sanitation and health of people in the resettlement project of Son La Hydro-Power Plant, water hygiene and community's health in environmental hot spots in Vietnam, pesticides and human's health, dengue fever, monitoring of PM2.5 in restaurants, and hospital waste management.

Dr. Julie Morrow



Dr. Julie Morrow is Head of Communications and Reporting and is responsible for all internal communications and external relations for the Novartis Foundation.

Previously, Julie worked for the Pharmaceuticals Division of Novartis in various roles, including Global responsibilities for external communications and patient relations in Neuroscience and Ophthalmology, and Head of Communications for the UK affiliate. She has also worked as a communications consultant in the United States, focusing on biotech and life-science start-up companies.

Julie earned a doctorate in Human Nutrition and Nutritional Biology from The University of Chicago, and spent several years researching certain biochemical aspects of heart disease and Alzheimer's disease before transitioning into communications.

ORAL PRESENTATION – ABSTRACTS

Setting the scene:

Non-communicable, infectious and environmental disease interface in Vietnam

BURDEN OF DISEASES IN VIETNAM: CURRENT SITUATION AND FUTURE TRENDS

Dr. Nguyen Viet Hung

Center for Public Health and Ecosystem Research, Hanoi School of Public Health, Hanoi, Vietnam

Most countries in the world are facing significant health concerns including the emergence and re-emergence of infectious diseases and non-communicable diseases (NCD). Vietnam, in particular is considered a hotspot for infectious diseases. Re-emerging infectious diseases of public health importance in Vietnam include avian influenza H5N1, dengue, rabies, and hand-foot-mouth disease. At the same time NCDs have rapidly emerged, contributing to the growing burden of disease. This presents serious socio-economic, environmental and developmental consequences. Responding to both communicable and non-communicable diseases is challenging in an epidemiological transition context. We will give an overview of the current situation of the burden of diseases and risk factors in Vietnam from the study in 2013. Cardiovascular diseases, diabetes, cancers, and mental illness are becoming increasingly prevalent and are now the major cause of morbidity and mortality in Vietnam. Stroke, ischemic heart disease, liver cancer, Chronic Obstructive Pulmonary Diseases (COPD), lower respiratory infections, and diabetes are the six leading causes of death, responsible for 43% of death. The main risk factors include dietary risks, blood pressure, smoking, household air pollution, and alcohol use. NCDs, communicable diseases and injuries account for 66%, 20% and 14% of DALYs, respectively.

DUAL BURDEN OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES – PUBLIC HEALTH CHALLENGES

Prof. Nicole Probst-Hensch

Swiss Tropical and Public Health Institute, Basel, Switzerland

The global burden of disease and risk factor estimates provide important data to guide evidence-based policy. Limitations in the accuracy of the GBD estimates arise in the absence of population- and setting-specific relative risk data. Local individual-level and longitudinally collected data and biospecimens obtained in the context of sufficiently sized population-based cohorts allow analyzing the interactome of complex disease risk factors (exposome) and health outcomes (phenome). The integration of biomarkers supports mechanistic understanding and causal inference. This is of relevance to both, policy and the development of novel health interventions.

These points are of particular relevance in low and middle income countries facing fast epidemiological transitions of risk factors and diseases. The prevalence of non-communicable diseases is rising rapidly due to improved life expectancy as well as urbanization of lifestyle and environment. Little is known about how new risk factors and diseases affect populations that grew up with and are still facing high rates of infections. Research into the interaction of infections with non-communicable disease risks will support locally adapted primary prevention strategies and will advance understanding of disease etiologies. Population- and patient-based cohorts will not only allow addressing these pressing research needs, but at the same time preparing the health system for dealing with the dual burden of disease related challenges. In the end the same cohorts will also facilitate evaluation of patterns and quality of care provided by the system.

INFECTIOUS DISEASE CHALLENGES OF TODAY: DENGUE IN VIETNAM

Prof. Vu Sinh Nam

National Institute of Hygiene and Epidemiology - Ministry of Health, Hanoi, Vietnam

Dengue hemorrhagic fever (DHF) is an acute viral infectious disease transmitted by mosquito vectors. The disease first took place in the Northern Vietnam in 1959. It became then a local endemic disease and important public health throughout the country; and one of the top ten communicable diseases with the highest mortality and morbidity. Annual average number of cases and death was reported as of about 70,000 and 100. Severe outbreaks were recorded in 1983, 1987, 1991, 1998 and 2010. During the recent years, together with the social development and living environmental changes, Dengue cases had a tendency to increase in many provinces, particularly in the Red river delta (North), Mekong river delta (South) and along the central coastal areas. The disease occurred not only in the cities/towns, but also in rural areas, where mosquito vectors were present.

Dengue hemorrhagic fever has a clear seasonal fluctuation which varies from region to region. In the North, it occurs from April to November with its peak in July, August, September and October; very few cases reported in other months due to cold weather and lack of rain that is not suitable for the development of vector. In the South and Southern Center, dengue cases are reported year round, with high incidences from April to November; however, their peaks are also in July, August, September and October.

Every one without dengue antibody could be infected with dengue; however there is a difference in age groups of dengue patients by region. In the North, where Dengue prevalence is low, all age groups could be infected. In the South, where dengue prevalence is high, most of dengue cases are among children. Dengue cases of children under 15 years during the years of 2006-2010 in the North were about 15%, in the Center about 40%, Tay Nguyen 19% and in the South 65%. However, it was observed that dengue cases in children older than 15 years were increased together with recent dominant alternation of different dengue virus serotypes.

All four serotypes of Dengue virus were present in Vietnam. Dengue serotype II and serotype I were dominant during the years of 1991-1996. Dengue serotype III was dominant during the outbreak of 1997-1998; and Dengue serotype I was the main cause of the dengue outbreak during 2009-2010.

Two mosquito species of *Aedes aegypti* and *Aedes albopictus* were reported as dengue vector in Vietnam. The main vector transmitting dengue virus in Vietnam was *Aedes aegypti* (representative of 96% of all *Aedes* mosquitoes collected from dengue outbreaks).

So far, there have been a lot of efforts to develop effective vaccine and specific treatment, but these are not available for community at risk. The most effective measures therefore are based on the vector control. The national program for dengue control in Vietnam focuses on active prevention with four objectives: reduction of dengue mortality; reduction of morbidity; early dengue case detection and control; and socialization for dengue control. The long-term plan includes health education, community based vector control and environmental improvement with deployment of pilot models for dengue vector control using collaborator networks at household level; and short-term plan includes emergency response with insecticide ULV spraying when outbreak occur.

Lessons learned from Vietnam in applying the community-based dengue control program comprise how to select right persons for collaborator networks; how to involve various sectors including local authority commitment; and how to make dengue vector control efforts really happen at the household level. New researches that have recently been conducted for dengue vector control in Vietnam include the use of biological agent *Wolbachia* mosquitoes to replace the massive mosquito vector population in an island of Khanh Hoa province; and the Eco-Health model at hotspots in Cat Ba island of Hai Phong city. Vietnam is also taking part as a field trial for vaccine evaluation in some Southern provinces. With all efforts of health workers, active participation of communities and supports of the government, Vietnam is looking for a better situation of dengue hemorrhagic fever in the coming years.

THE ROLE OF URBAN AIR POLLUTION FOR NON-COMMUNICABLE AND INFECTIOUS DISEASES

Prof. Nino Künzli

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Ambient air pollution is an established cause of morbidity and mortality, ranking very high among the environmental drivers of the burden of diseases. Indeed, air pollution contributes to most prevalent cardio-respiratory diseases such as atherosclerosis and related morbidities and death, pneumonia, asthma, chronic obstructive lung disease, and lung cancer. The presentation summarizes the key acute and long-term effects of this threat and the currently open questions addressed in ongoing research projects such as the possible impact on neurodevelopment. As scientific progress was by and large based on research conducted in the global North and West - where pollution is much lower than in the South and East – the current evidence will be put into the local context of South-East Asia, where some emissions originate from sources not considered in Western research agendas. The role of research and its contribution to improving policy to protect public health will be discussed from a perspective of the North and how this may be modified and applied in the South-East. Ambient air pollution is largely preventable, thus, it provides a prime example for the success story on how to translate research into policy to improve public health in sustainable ways.

ROLE OF THE PRIVATE SECTOR IN ADDRESSING THE DUAL DISEASE BURDEN

Dr. Ann Aerts

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Disease burden in LMIC has shifted from being dominated by infectious diseases and MCH to a double burden with the addition of rising NCDs. Attention and focus from global health actors on this shift, although present, has been delayed and remains minimal, despite the enormous challenge. 80 % of global NCD burden, specifically mortality, occurs in LMICs and by 2030, NCDs are projected to exceed the cause of death from communicable, maternal, perinatal, and nutritional diseases. NCDs are not only a technical health problem, but a challenge to development and economic growth.

The Novartis Foundation supports the development of new models of care and catalyzes their impact through validations for scaling either by duplication, integration, or replication. Based on the HIV model of chronic care, NF supports Ghana MoH in researching best modalities to cope with CVD in peri-urban areas. NF also researches, and brings to scale innovative solutions to access constraints. Examples are more efficient use of HR and referral transport through telemedicine in Ghana, improved planning, budgeting and clinical care through the use of an electronic tool in supportive supervision in Tanzania, improved provider compliance through SMS messaging in Tanzania, and improved treatment guidelines and availability of affordable drugs in the Philippines. A new CVD project is in its planning phase, focusing on social entrepreneurs in health and their potential for social impact at scale.

INFORMING HEALTH POLICY THROUGH RESEARCH AND ADVOCACY: AN ACADEMIC PERSPECTIVE

Prof. Pham Viet Cuong

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Evidence informed decision-making is an important component of all aspects of the health sector. However in many countries including Vietnam, the information is not always available and ready to use by leaders, researchers and health professional in an appropriate way.

We present experience and approach with different stages to generating health evidences, using them in formulating health policy and plans at different level of system. The approach involves: establishing coalition/working group; collecting data; synthesizing and summarizing data; and advocate for the use of information. Our approach, which follows public health research approach, has been used by CIPPR/HSPH to inform a variety of initiatives, policies and decisions in injury prevention in Vietnam. Results of these activities are the creation of National policies to prevent injuries in 2001 and 2010; National Helmet Law; many government decisions at different levels various injury intervention programs and currently we're supporting the development of the National Law to prevent the harmful effects of alcohol which plan to submit for approval in early 2016.

In last more than 10 years, this approach has proven to be practical and realistic in developing, implementing and evaluating health policy and intervention in Vietnam.

Landscape of NCD-infectious and environmental diseases and policy making: Experiences and lessons learnt from Vietnam and other models

AN INTRODUCTION TO ONE HEALTH AND ECOHEALTH

Prof. Jakob Zinsstag

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Human and veterinary medicine are commonly perceived as two distinct academic disciplines with their own schools although they are strongly interconnected i.e. by the testing of human drugs in animals and the uptake of therapies from human health for animals. However, there arise issues where both medicines do not communicate and collaborate sufficiently which leads to unnecessary morbidity and mortality. “One Health” postulates that an added value in terms of human and animal health and financial savings can be generated by a closer cooperation of human and animal health. Examples are provided from health services for pastoralists and the control of zoonotic diseases. The linkage of humans and animals involves also their environment and ecosystems. Changes in ecosystems and human and animal populations influence each other mutually and often show that ecosystems are affected by human activity. Evidence is growing that long term planning of public health must consider sustained provision ecosystem services inclusively. In the last 15 years scientists have more and more combined approaches to human and animal health with ecosystem assessments under the term “Ecosystem Health”. Such systemic approaches to health and ecosystems have also important social components, bringing together actors in participatory transdisciplinary stakeholder processes to identify locally adapted solutions to complex problems. The origin of antimicrobial resistance, or mercury contamination in Amazon fish, or the origins of emerging diseases like Ebola are just a few examples warranting approaches to health as outcomes of social-ecological systems. There remains an unfinished agenda for “One Health” in many areas. But “One Health” is clearly embedded in the much broader concept of “EcoHealth” (www.ecohealth.net). Both integrated approaches to health should work together as closely as possible to secure sufficient translational impact on new policies to protect the health of humans, animals and the ecosystems in which they live.

USING MHEALTH TO ADDRESS THE DUAL BURDEN OF DISEASE – A TELECONSULTATION APPROACH

Ms. Christina Wadhvani

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As LMICs face the unfinished MDGs agenda coupled with the rising tide of NCDs, countries are tasked with exploring solutions which address the dual burden of disease to maximize health outcomes while minimizing costs. Similar to Vietnam, Ghana was recently reclassified as a lower-middle income country and is also currently experiencing this epidemiological transition. The under-five and maternal mortality ratio target may not be met by the end of 2015, and NCDs like stroke and ischemic heart diseases contribute to the leading 12 causes of years of life lost (YLL).

The Novartis Foundation supports the telemedicine project in rural Ghana, using information and communication technologies (ICTs) to connect rural CHWs to medical specialists at the district referral hospital. The project aims to reduce unnecessary referrals and improve access to and availability of health services. Healthcare personnel are trained in the use of mobile technologies to perform 24-hour health consultations from a distance, while CHWs conduct home visits and follow-up appointments. Since 2012, the teleconsultation center (TCC) has received both infectious and chronic disease related calls from point-of-care health staff. These calls range from Malaria, HIV/AIDs, maternal health complications, diarrheal diseases, ischemic heart disease, hypertension, and diabetes in addition to other conditions.

By enhancing the point-of-care referral system in rural areas, telemedicine has reduced 37% of unnecessary referrals, saving an average of 110 Ghana cedis (31 USD) per avoided referral. For all calls referred to the district hospital, TCC offers support in stabilizing emergency and delivery related cases. Results have shown the project connected CHWs and practitioners to physicians to provide immediate support during medical emergencies. Telemedicine has been included in Ghana’s National e-health strategy, with the vision of national scale-up by 2017.

KNOW YOUR NUMBERS CAMPAIGN - HYPERTENSION SCREENING AND TREATMENT PROGRAM FROM PSI

Dr. Josselyn Neukom

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Since 2005, PSI Vietnam has used private sector techniques to contribute to Vietnam's priority health issues including HIV/AIDS, Safe Water & Hygiene, Tuberculosis, Hypertension, Nutrition and Hepatitis. Since 2012, PSI has used social franchising techniques to generate more than 16,000 annual cases of hypertension treated through private clinics associated with the Good Health, Great Life franchise network in 2 provinces. Recognizing the potential for private clinics to alleviate the burden on the public health system and the need to ensure improved compliance with national service delivery protocols, PSI uses a public-private mix approach to strengthen private clinic capacity and commitment to adhere to national standards for hypertension care and other services including tuberculosis. Good Health, Great Life franchisees are selected based on their existing accessibility to underserved communities. Training and post-training supportive supervision - designed and implemented in partnership with provincial Departments of Health and national agencies - is designed to improve private clinic compliance with key service delivery and reporting protocols. Rigorous monitoring and evaluation - including onsite quality improvement assessments - ensure that inputs and related results are carefully assessed continuously, and result in long-lasting improvements in client - centered care. To address non-supply side barriers to timely and complete hypertension care among individuals at risk, PSI designs evidence-based behavior change communication campaigns based on insights from the target audience. Based on research among low-income urban men at risk of hypertension in Vietnam, PSI developed the "Know Your Number" campaign which leverages cultural beliefs regarding the importance of lucky numbers as well as insights from the target audience. This presentation describes an innovative and sustainable approach to increasing hypertension treatment using private sector techniques.

ELIMINATE DENGUE PROJECT – BMGF/FHI 360

Prof. Vu Sinh Nam

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Eliminate Dengue Vietnam was established in 2006. In April 2014 the Ministry of Health in Vietnam officially approved a release of *Wolbachia Aedes aegypti* on Tri Nguyen Island, 2 kms from the port of Nha Trang in Khanh Hoa province on the south central coast of Vietnam. Tri Nguyen Island is home to over 3,250 residents and community engagement was carried out over a number of years culminating in over 95% of householders showing their support for the release.

Following the previously unsuccessful attempts to establish the wMelPop strain of *Wolbachia* infected *Ae. aegypti* in both Vietnam and Australia, the purpose of this research trial was to focus on deployment of the wMel strain which had subsequently proven successful in establishing in wild *Ae. aegypti* populations in Australia and Indonesia.

In May 2014, wMel infected *Aedes aegypti* adults were released in household yards within Tri Nguyen Village where they would mate with the wild mosquito population. After 27 weeks of releasing mosquitoes with the wMel strain of *Wolbachia*, our monitoring indicated that 87% of mosquitoes on Tri Nguyen Island carried *Wolbachia*. Thirteen weeks after our final release, over 95% of *Aedes aegypti* mosquitoes on the island carry wMel demonstrating this strain is capable of establishing across a number of ecological settings. Over the coming months we will continue to collect adult mosquitoes to confirm that the wMel strain stays in the local *Aedes aegypti* population and perform vector competence experiments to confirm that dengue blockage is still occurring within the established field population. We will also conduct planning activities in Nha Trang city to prepare for a potential city-wide deployment of *Wolbachia* infected *Aedes aegypti*.

Eliminate Dengue Vietnam is part of the Eliminate Dengue research program (www.eliminatedengue.com) and involves leading scientists and experts from research institutes, organisations and government agencies in Australia, Indonesia, Vietnam, Thailand, the USA, Brazil and Colombia. The research program is led by Professor Scott O'Neill, Monash University, Australia.

POLICY SUCCESS EXAMPLE FROM PRIVATE SECTOR AND CIVIL SOCIAL ORGANISATION: HEALTH INSURANCE

Dr. Tran Tuan

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In Vietnam, Health Insurance Law was in effective in 2008 and was revised in 2014. RTCCD and EBHPD members advocated for 17 issues needed to be revised in the Bill. Some of them were accepted. The most successful one is “Essential Health Packages” concept first time being appeared in the revised Health Insurance Law June 2014. Right after the 2014 Health Insurance Law released by the National Assembly, RTCCD and EBHPD members have been working with MOH to express this concept into other legislative documents needed for fully running by the health care and health insurance systems by 2018. The author described critically the process that RTCCD and EBHPD members did in order to provide lessons for civil society organizations (CSOs) engaged in policy advocacy in Vietnam. The key lessons include: Keeping independent voice for community benefits, using research-based evidence, networking approach to bring CSOs together, attached to the National Assembly Committee for Social Affairs, and actively work together with mass media right from beginning and throughout the process of policy advocacy. A must condition for CSOs do policy advocacy successfully is that they own technical/scientific human resources nationally recognized through written documents including essays, opinion pieces and feature interviews.

HEALTH IN ALL POLICIES IN A CHANGING ENVIRONMENT: USING HEALTH IMPACT ASSESSMENT TO SUPPORT POLICIES

Dr. Laura Perez

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What are the impact of future policies on health and well-being of the population? How can these policies best be combined to optimize health and well-being benefits? or what future policies should be avoided because they could cause more harm than good to vulnerable populations? These are some of the questions that policy-makers should answer when designing environmental and health policies. Health Impact Assessments (HIA) refer to a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. I will present case studies of HIA in Europe that have been used to optimize policies by putting health at the center of the discussion and will propose potential applications for Vietnam given the changing environment.

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HANOI SCHOOL OF PUBLIC HEALTH

The Hanoi School of Public Health: with over 150 staff - is a leading public health training and research institution in Vietnam, where undergraduate, master, and PhD students are trained and large research projects with nation-wide coverage are carried out, some of them considered the largest in the world at their time. HSPH also has very strong international linkages and collaboration profiles. As a leading public health institution, HSPH also provides technical support and policy advocacy to the Ministry of Health and other government bodies in Vietnam. (www.hsph.edu.vn)



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