



PRINCE MAHIDOL
AWARD CONFERENCE

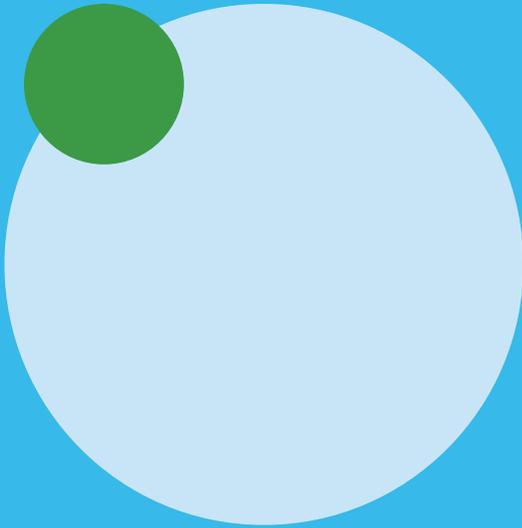
2017

Call for

ABSTRACTS / CASES

ADDRESSING THE HEALTH OF
**VULNERABLE POPULATIONS
FOR AN INCLUSIVE SOCIETY**

29 January - 3 February 2017, Bangkok, Thailand



ADDRESSING THE HEALTH OF
VULNERABLE POPULATIONS
FOR AN INCLUSIVE SOCIETY

Why Social Inclusion Matters?

The year 2015 marks the endpoint for achievement of the Millennium Development Goals (MDGs). In assessing the MDG response and outlining a plan for the next era of development, the United Nations Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda called for designing development goals that focus on reaching excluded groups. The vision of "Leave no one behind" focuses on eradicating extreme poverty by 2030 and putting justice and equity at the heart of development goals. Though the MDGs have made a big progress in solving pressing problems, in some cases they have resulted in a widening of inequalities between groups. National level success achieved from the MDGs did not translate to the same success across different groups of people. Reduction in child mortality in Burkina Faso and Cameroon, for example, are different between the richest



and poorest group, whereby the child death rate in the richest 20% reduced much faster than the death rate in the poorest 20%. Moreover, social exclusion has economic consequences in terms of loss of productivities and economic growth, and deprives human capital from the excluded. “Leave no one behind” is, thus, the right direction toward a sustainable development in bringing people left behind to the heart of attention. The SDGs have set an ambitious goal to have a society “that is just, equitable and inclusive, and committed to work together to promote sustained and inclusive economic growth, social development and environmental protection and thereby to benefit all, in particular the children of the world, youth and future generations of the world without distinction of any kind such as age, sex, disability, culture, race, ethnicity, origin, migratory status, religion, economic or other status.” Unlike the MDGs where targets are more relevant to a developing country context, SDGs are relevant to all countries, developed and developing countries alike.

For PMAC 2017, the theme will be in line with the SDGs on social inclusion but will focus on the health of vulnerable populations. Thus, the theme will be “Addressing the Health of Vulnerable Populations for an Inclusive Society”.



How to Measure Social Inclusion?

Converting principle into practice requires a clear understanding of the issues and having measurable targets and indicators. Social exclusion is viewed with different perspectives which will lead to different policy implications. Silver (1994) using solidarity paradigm defined social exclusion as “a disruption of the social ties between society and the individual due to the failure of institutions to integrate individuals into the society.” Amartya Sen (2000) has proposed to consider social exclusion not just related to poverty but to capability deprivation. Sen has distinguished between constitutive relevance of social exclusion and instrumental importance, where the former means that being excluded is the deprivation in itself while the latter refers to relational deprivations that in themselves are not bad but can lead to other deprivations.

The World Bank in their report looked at social inclusion as “The process of improving the terms for individuals and groups to take part in society.” Though different in perspective, there is consensus that social exclusion is multidimensional, dynamic and relational.

How to measure social inclusion is challenging. There are some efforts to measure social inclusion such as using well-being, better life indicators or Multidimensional Poverty Measure (MPM). A study by Ward et al. in 2013 analyzed four key inter-linking factors of SDH on social cohesion, social inclusion, social empowerment and socio-economic security in order to improve health of the most vulnerable groups of society. They developed a 50-question survey, divided into four categories according to the four factors above. The survey was conducted in 2009-2010 in six research participating countries, namely Australia, Hong Kong, Japan, South Korea, Taiwan, and Thailand.

Policy and Strategies to Tackle Social Inclusion

To develop an inclusive society needs interventions that are inter-sectoral and contextually relevant. The vulnerable population approach focuses on decreasing health inequalities between socially defined groups may be a better approach compared to population at risk or population approaches. Alleviation of fundamental causes that create vulnerabilities especially in social determinants of health is the key of this vulnerable population approach. The policies and actions included approaches to poverty reduction/eradication, the provision of new services, initiatives to improve access to existing services and/or to improving the co-ordination of policies and new strategies for policies and actions had been mentioned in the final report in 2008 of the Social Exclusion Knowledge Network (SEKN). Improving health equity is at the core of Health 2020 proposed by the EU which emphasized that the strategies for health equity and sustainable development should come together.

The Territorial Dimension of Poverty and Social Exclusion in Europe (TiPSE) project is the first comprehensive and systematic attempt to map regional patterns of poverty and social exclusion across Europe to inform the decisions of policymakers at EU and national levels. The World Bank proposed to enhance social inclusion by improving ability, opportunity and dignity, while at the same time, paying attention to attitude and perception.

Objectives of the Conference

- To understand the situation, causes and consequences of exclusion on health of vulnerable populations in different contexts
- To discuss indicators and how to measure and monitor progress on social inclusion that have yielded better health in the most vulnerable populations
- To share experiences in implementation of policy/ programs to enhance social inclusion of vulnerable populations in different settings and groups
- To advance policy opportunities to make UHC inclusive and accessible for the marginalized through multisectoral engagement, policy coherence and engagement of the marginalized
- To draw recommendations to move toward social inclusion to achieve UHC and SDGs

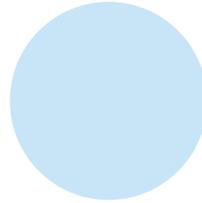
Call for Submission



The submission should fall under three main sub-themes, with a focus on the health of vulnerable populations.

The three sub-themes are interrelated and may somewhat overlap, thus, the issues in each sub-theme may be similar, but with different perspectives depending on the sub-theme.

Abstracts

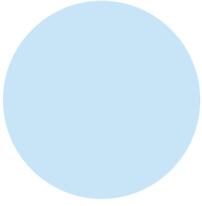


Abstracts should contain no more than 300 words that illustrate original research, or experience from the field on subjects which have never been presented at any international conference.

Cases



Cases of implementation to reduce social exclusion or to create social inclusion in any vulnerable group can be submitted. The case should describe the vulnerable population and context, explain how the project is implemented and what are the results, or describe the success story from real life practice and experiences. Cases should also contain no more than 300 words.



Sub-Theme 1

Health of vulnerable populations: causes and consequences

This sub-theme is to understand the situation of social exclusion of vulnerable populations and causes and consequences in different contexts. Vulnerable populations may include, but are not limited to:

- a. Displaced populations (migrant workers, stateless persons, refugees)
- b. Discriminated and Stigmatized groups (LGBT persons, gender, people with mental health problems, disabled persons, people living with/ affected by HIV, persons with certain NCDs/NCD risk factors, etc.)
- c. Dependent population (poverty, gender, ageing, disabled, ethnicity)

Sub-Theme 2

Metrics and measurement for social inclusion

This sub-theme focuses on the indicators and how to measure and monitor progress on social inclusion that have yielded better health in the most vulnerable populations.

Sub-Theme 3

Experience sharing: learning and sharing policy/program implementation in the field

This sub-theme covers sharing experiences in implementation of policy/programs to enhance social and policy inclusion of vulnerable populations in different settings and groups. It will also discuss on how to move forward to make SDGs inclusive and responsive to the needs of the marginalized groups.



Abstracts / Cases Guidelines

All submitted abstracts / cases will be reviewed by an independent International Scientific Committee. The authors of the accepted abstracts / cases will be invited to participate in the 2017 Conference during 29 January – 3 February 2017, either as presenters in sessions or poster display. If accepted to present in sessions, the author may be required to adjust the scope of the presentation to fit with the session objectives and format.

Successful abstracts / cases for presentation in the session are required to submit a 2,000-word short paper of the selected abstract / case to be published in the Conference Book. The deadline for the submission of the short paper is 1 December 2016.

Authors of abstracts / cases selected for poster display will be sent the guidelines for preparing the poster.

Submission Instructions

The closing date for submission is

28 March 2016 at 4:00 pm Thailand local time (GMT+7).

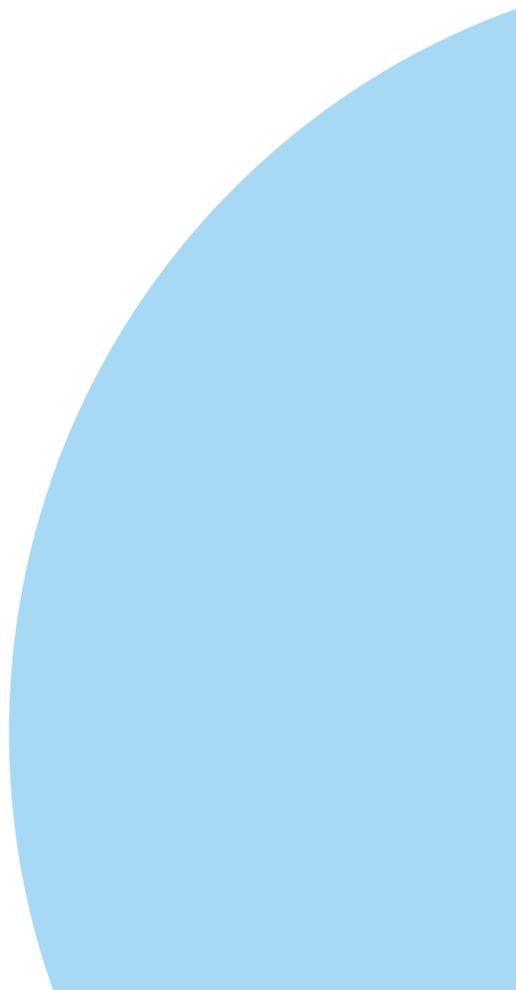
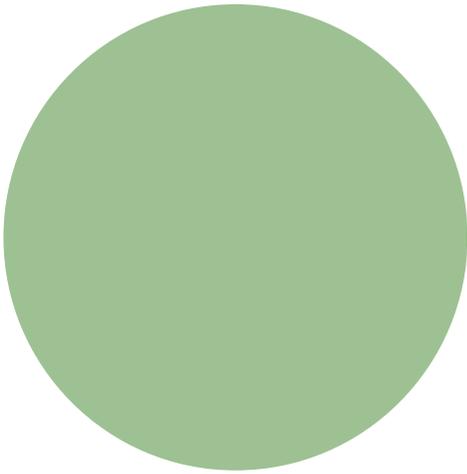
All abstracts / cases must be submitted electronically
at the Conference website

www.pmaconference.mahidol.ac.th.

Please follow the instructions indicated
in the online submission system.

Funding Opportunity

Funding support for travel and accommodation for presenters, whose abstract / case is accepted, is available in limited number based on criteria. Priority for funding is given to authors whose abstract / case has been selected for presentation in the sessions, especially those from government, academics and NGOs of developing countries. The authors who have been granted sponsorship must be able to stay for the whole period of the main conference, that is during during 29 January – 3 February 2017. Please indicate in your submission, if you would like to be considered for the available scholarships.



Contact

For further inquiries on abstract submission, please contact the Conference Secretariat at pmaconference@mahidol.ac.th.

www.pmaconference.mahidol.ac.th