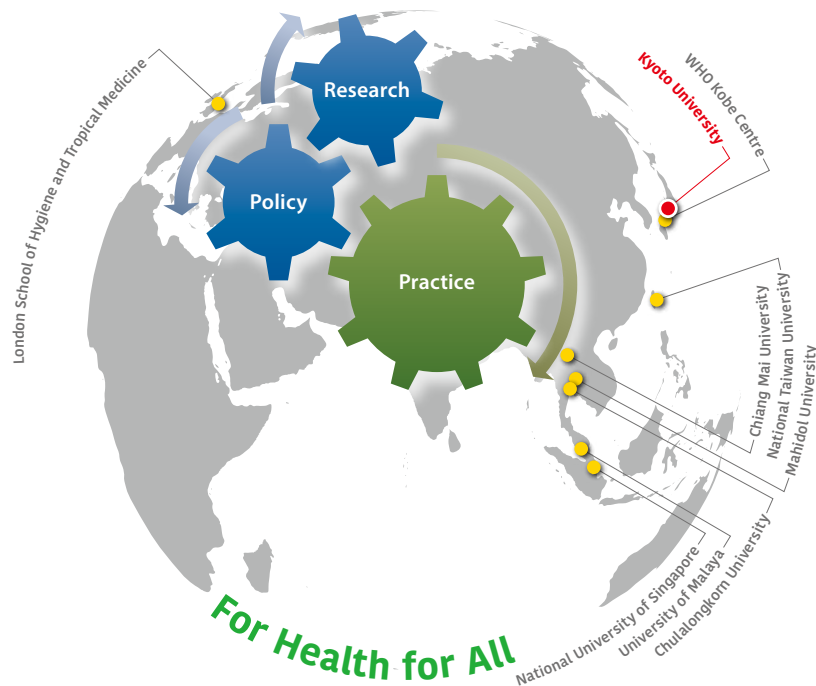


# 2018 Kyoto Global Conference for Rising Public Health Researchers

## “Implementation Research and Science for Health for All”

**December 3-4, 2018**

Symposium Hall, 5th floor, International Science Innovation Building,  
Kyoto University



Kyoto University School of Public Health

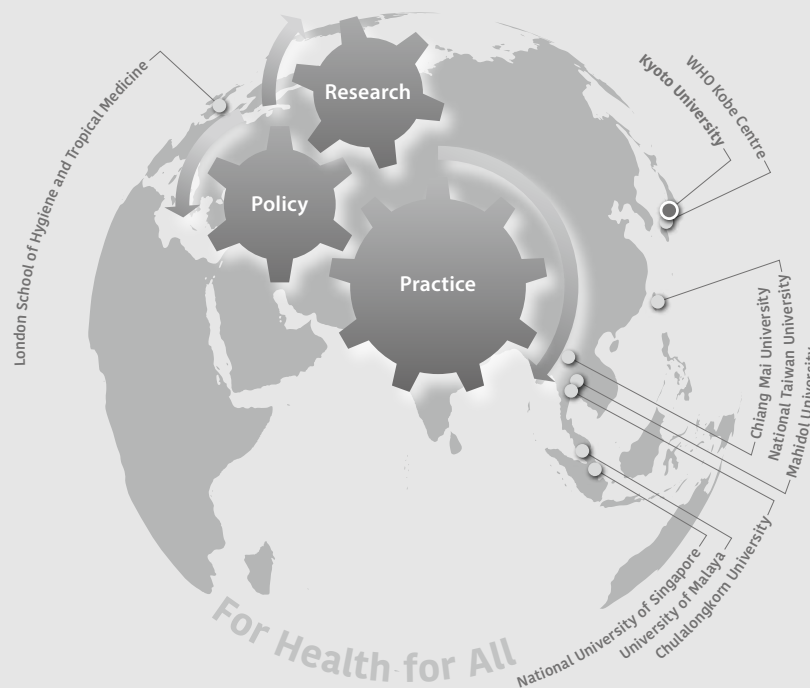


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Kyoto University School of Public Health

# Message from the Vice-President of Kyoto University

**Masao Kitano, PhD**

**Executive Vice-President for Education,  
Information Infrastructure, and Evaluation**



It is my great pleasure to be able to welcome you all, distinguished guests, faculty and young researchers who have travelled miles and miles to be here with us today. We are grateful to have you. I also thank the Graduate School of Medicine and School of Public Health for the honour of opening this international conference that brings us together in this opportunity.

It is my fifth year in the position as a Vice-President of Kyoto University and I must admit that I have seen such an impressive growth of the School of Public Health throughout these years. I especially appreciate their vision in fostering young professionals with academic excellence and international mindset, as reflected by their continuous effort in their fourth Kyoto Global Conference for Rising Public Health Researchers (KGC) this year.

The Top Global University Project was launched in 2014, based on the Ministry of Education, Culture, Sports, Science and Technology's November 2013 National University Reform Plan. This project aims to strengthen the international competitiveness of higher education in Japan by prioritizing support, for a period of 10 years, of universities conducting top level research and education, and those promoting internationalization and university reform through challenging, pioneering attempts.

Under this scheme, Kyoto University presented the "Japan Gateway: Kyoto University Top Global Program (JGP)". Through internationalization of undergraduate education, starting with the employment of 100 international faculty members at the Institute of Liberal Arts and Sciences, and taking advantage of Kyoto University's strengths in basic and applied research, with a number of world-class researchers including awardees of the Nobel Prize and Fields Medal, JGP aims to establish agreements with leading universities and implement international joint-education and joint-degree programs to produce a new generation of world-class researchers and further strengthen the international competitiveness of research and graduate education.

Aiming to be among the top 10 universities in the world, Kyoto University strives to increase the proportion of international co-authored papers and the promotion of joint research. In order to

do so we are encouraging the exchange of students, faculty and researchers by implementing, through the Super Global Courses, more international education programs, such as Joint/Double Degree Programs and international conferences and workshops.

In 2014, Kyoto University launched four project units: Mathematics, Human Biosciences, Chemistry and Chemical Engineering, and Social Sciences and Humanities. In 2015, Environmental Studies and Public Health also participated. As we can see, from among the whole university, two units out of six belong to the Graduate School of Medicine. I must congratulate the Graduate School of Medicine and thank them for their efforts and devotion in the advancement of the university as well.

To fulfil the mission, the School of Public Health introduced the double degree program in 2014 and joined the JGP in 2015. Apart from joint degree programs, joint research and exchange of researchers, this international conference is part of such efforts, inviting rising public health researchers from worldwide to exchange the know-how on the very important topic of "Implementation Research and Science for Health for All". This topic is virtually important in all fields, even for us engineers, we also emphasize the importance of application and translation of theories into practice.

I hope this conference not only serves as a platform to connect and foster leading researchers in public health field, but also I hope that this opportunity would lead to a meaningful contribution to the improvement of human health through the long-term and concrete joint research cooperation. I am confident that this international conference, which is the effort of Kyoto University's JGP, is another big step for research and education of each and every one of the institutions joining us here today.

In closing, I would like to thank you all for your presence and attention, and I wish our guests from abroad will have a wonderful time in our university as well as in the city of Kyoto.

Thank you

# Message from the Dean of Graduate School of Medicine Kyoto University

**Kazuhiro Iwai, MD, PhD**

**Dean, Graduate School of Medicine  
Professor, Department of Molecular and  
Cellular Physiology**



As we have always been, Kyoto University Graduate School of Medicine takes great pride in its ability to nurture a number of international prize winners, such as the Nobel Prize in Physiology or Medicine, and the Albert Lasker Award. I also would like to take this opportunity, on behalf of Graduate School of Medicine, to congratulate the recent 2018 Nobel Prize in Physiology or Medicine winner, Professor Tasuku Honjo, in his discovery leading to therapies proven to be strikingly effective in the fight against cancer. This demonstrates a very good example of “theory to application”, in which we are constantly striving to encourage, whether from basic science, advanced medical care and treatment, to disease prevention and health promotion at the public health level.

While pursuing to expand top-level research, Kyoto University Graduate School of Medicine also emphasizes the importance of developing human resource with high ethical standards, a well-rounded transdisciplinary knowledge, and a rich cross-cultural mindset. To further strengthen the aforementioned social mission, the Graduate School of Medicine participates in the “Kyoto University Japan Gateway Initiative (JGP)” since 2014, having the Human Bioscience Subunit pioneering the development of international joint education and degree programs with world-class research institutions such as McGill University, Imperial College London, Pasteur Institute, Bordeaux University, and others. The School of Public Health, having been recognized by Kyoto University in their efforts and success in launching the double degree program with Chulalongkorn University and University of Malaya, also joined the JGP in 2015.

Through these efforts, by encouraging active exchanges through joint research and education with overseas researchers and students, and fostering a friendly but competitive environment with the world’s top researchers, we aim to cultivate talented

researchers with international competitiveness, who can contribute to medicine, and so aiming to further enhance the international reputation of the university.

The host of this conference, the Kyoto University School of Public Health, as the first and to date the largest School of Public Health in Japan since its founding in 2000, has been boasting remarkable achievements representing the New Public Health mindset in Japan, such as over 2000 peer-reviewed papers and the acquisition of over 20 billion yen in competitive funds. Their efforts in making their education and degree programs international as well as interdisciplinary, with enthusiastic participation in university-wide cross-disciplinary education programs, i.e. the introduction of international double degree programs with multiple overseas universities, are highly appreciated by the university.

This “Kyoto Global Conference for Rising Public Health Researchers” is part of such efforts, bringing together young public health researchers from world class universities overseas. This is the fourth KGC, reflecting their continuous efforts, commitment, and grit in nurturing young public health researchers. The theme of this year is “Implementation Research and Science for Health for All”. It is unfortunate that much of the knowledge of proven effective innovations to save and improve lives is lying dormant in the literature, having never been systematically translated into routine, common practices or even policy at a national or global level. I very much appreciate that the School of Public Health sees the importance of this and making it a topic of discussion this year.

Finally, I am confident that this event will not only create a global network for public health researchers, but also develop a platform for long-term research cooperation and development of joint research projects.

# Message from the Dean of Kyoto University School of Public Health

**Takeo Nakayama, MD, PhD**

**Dean, Kyoto University School of Public Health  
Professor, Department of Health Informatics**



Welcome to the 2018 Kyoto Global Conference for Rising Public Health Researchers (KGC). I am delighted that this conference already counts the 4th KGC. The KGC is supported by the Japan Gateway Kyoto University Top Global Program (JGP) sponsored by the Ministry of Education, Culture, Sports, Science and Technology (MEXT), Japan. This program aims to reinforce international competitiveness of Kyoto University by promoting collaborative research projects and globalization of educational programs.

Through the support of JGP, we have several programs in place.

First is the double degree program (DDP). In 2014, we are among the first graduate schools of Kyoto University to successfully pioneer the master's double degree program (DDP) with overseas universities, starting with Chulalongkorn University and University of Malaya, expanding to National Taiwan University in 2017. Until date, we have produced 7 DDP students, authoring 11 publications. Currently, there are 8 students in the DDP. We are presently working to extend the DDP to Mahidol University. The journey has been quite challenging for us all, from planning, to implementation, to unravelling the program's sustainability, but it has been a worthy learning process.

Second is the Super Global Course (SGC), which provides the students with opportunities to be jointly supervised by leading international researchers. Sixteen students participated in 2016-2017 and have authored, until date, already 7 publications.

Although publications are not a requirement for degree completion in the DDP or the SGC, but as you can see, these programs proved that, if the opportunity is provided to these young passionate minds, they will realize and reach their full potential.

Third is the KGC, this conference. For the KGC, we had a major reform on the planning and organization this year. Valuing the cooperation from all participating institutions, we formed the "KGC steering committee" having young researchers

of all institutions taking the lead in the discussions from theme voting to abstracts selection. Over 170 abstracts were submitted this year as compared to roughly 60 abstracts we received last year. The evaluation process was much more systematic with clear criterion and scoring. Apart from the 9 participating institutions, Asian Development Bank, specifically the Health Sector Group, has also participated in the evaluation as a reviewer, in which we are very grateful for. In total, there were over 30 reviewers from 10 institutions.

The topic of discussion this year is "Implementation Research and Science for Health for All". A key challenge faced by the Public/Global health community is how to get proven effective interventions off the shelves and implement them in the real world to improve health and save lives. The 2018 KGC is devoted to raising awareness and understanding of implementation research and science for health for all. I very much look forward to learn the different approaches from leading institutions from both developed and developing countries, which is the strength of this interesting mix of KGC participants.

We, Kyoto University School of Public Health, would like to be among the actors contributing to the improvement of the health and well-being for all and we hope to be able to promote the exchanges of research, experience and challenges through this KGC platform.

Kyoto is a city which features both classic and innovative components of Japanese society. It will surely be a very good place for you to stay and to be inspired.

I believe this conference will create lively discussion on these key global issues among current and future leaders of public/global health, as well as build new networks for innovative research, education and practical initiatives. I thank MEXT, Kyoto University, Graduate School of Medicine, our School of Public Health team, and our partners who gather here today for all of the great efforts and cooperation.

Thank you

# 2018 KGC Steering Committee

This year, we created a KGC Steering Committee consisting of members from participating institutions to encourage active engagement in the scientific discussions among all partners, track progress, and oversee all aspects the planning and organization of the KGC from conference theme setting, peer-reviewing the abstracts, to moderating the sessions. The KGC Steering Committee will also help redefine and strengthen the mission of KGC in empowering young and early career “Rising Public Health Researchers”, taking the leadership on the decisions governance, strategy, as well as seeking opportunities to improve and expand.

## Chiang Mai University Faculty of Public Health



**Aksara Thongprachum**  
Main Committee



**Suwat Chariyalertsak**  
Senior Advisory Group

## Chulalongkorn University College of Public Health Science



**Wattasit Siriwong**  
Main Committee

**CUCPHS team**  
Senior Advisory Group

## Kyoto University School of Public Health



**Teeranee Techasrivichien**  
Main Committee



**Masahiro Kihara**  
Senior Advisory Group

## London School of Hygiene and Tropical Medicine



**Esther Kwong**  
Main Committee



**John Cairns**  
Senior Advisory Group

## Mahidol University Faculty of Public Health



**Mathuros Tipayamongkhogul**  
Main Committee



**Chanuantong Tanasugarn**  
Senior Advisory Group

## National Taiwan University College of Public Health



**Hsien-Ho Lin**  
Main Committee



**Chang-Fu Wu**  
Main Committee



**Shou-Hsia Cheng**  
Senior Advisory Group

## National University of Singapore Saw Swee Hock School of Public Health



**Tan Mei Jin Melisa**  
Main Committee



**Teo Yik Ying**  
Senior Advisory Group



**Helena Legido-Quigley**  
Senior Advisory Group

## University of Malaya Faculty of Medicine, Department of Social & Preventive Medicine



**Nik Daliana Nik Farid**  
Main Committee



**Sanjay Rampal**  
Senior Advisory Group

## WHO Kobe Centre



**Megumi Rosenberg**  
Main Committee



# Schedule

## December 3 (Monday)

Opening session – Welcome addresses	
9:00-9:10	<b>Vice President</b> <b>Masao Kitano</b>
9:10-9:20	<b>Dean, Graduate School of Medicine</b> <b>Kazuhiro Iwai</b>
9:20-9:30	<b>Dean, Kyoto University School of Public Health</b> <b>Takeo Nakayama</b>
Keynote speeches	
9:30-10:15	<b>Implementation Science: Scaling Up of Proven Interventions to Real World Settings</b> <b>Sarah Louise Barber</b> Director, WHO Kobe Centre
10:15-11:00	<b>Mission of AMED: Global Data Sharing</b> <b>Makoto Suematsu</b> Director, Japan Agency for Medical Research and Development (AMED)
Break 15 minutes	
Session 1 – Health Economics and Policy	
Moderators: Shou-Hsia Cheng (National Taiwan University) and Susumu Kunisawa (Kyoto University)	
11:15-11:45	<b>Budget Impact Analysis of a Stratified Treatment Cascade for Hepatitis C Direct Acting Antiviral treatment in an Asian Middle-income Country Through the Use of Compulsory and Voluntary Licensing Options</b> <b>Amirah Azzeri: University of Malaya</b>
11:45-12:15	<b>A Dual Process Approach for National Personal Health Records System Implementation: New Perspective on Patient-Centered Care to Universal Health Coverage</b> <b>Fu-Chung Wang: National Taiwan University</b>
Lunch break 1.5 hours	

# **“Implementation Research and Science for Health for All”**

**December 3-4, 2018**

Symposium Hall, 5th floor, International Science Innovation Building,

By Kyoto University School of Public health

## **Session 2 – Health Program Implementation**

Moderators: Chanuantong Tanasugarn (Mahidol University) and Melisa Mei Jin Tan (National University of Singapore)

<b>13:45-14:15</b>	<b>Lessons Learnt: The Journey of Translating the Global Agenda on Non-Communicable Diseases into a National Strategic Plan in Malaysia</b> <b>Arunah Chandran: University of Malaya</b>
<b>14:15-14:45</b>	<b>Lessons from the Implementation of a Mental Health Programme in Primary Health Clinics in Rural Mexico</b> <b>Georgina Miguel Esponda: London School of Hygiene and Tropical Medicine</b>

## **Session 3 – Poster Presentation**

<b>14:45-16:00</b>	<b>Poster Presentation</b>
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## **Session 4 – Effectiveness of Educational Programs**

Moderators: Maznah Dahlui (University of Malaya) and Wattasit Siriwong (Chulalongkorn University)

<b>16:00-16:30</b>	<b>Empowering Community Health Volunteers by Implementing Prevention of Health Impact from Smoke Haze Pollution in Rural District of Chiang Mai Province, Thailand</b> <b>Warangkana Naksen: Chiang Mai University</b>
<b>16:30-17:00</b>	<b>Effects of Supportive Educative Nursing Program On Self-care Behaviors Among Monks With Metabolic Syndrome in Bangkok Metropolitan Area</b> <b>Sasawan Attaworakun: Mahidol University</b>
<b>17:00-17:30</b>	<b>Comprehensive Sexuality Education as a Strategy to Prevent Intimate Partner Violence among Adolescents in Mexico City</b> <b>Shelly Makleff: London School of Hygiene and Tropical Medicine</b>
<b>17:30-17:45</b>	<b>Special Presentation from High School Students of Takatsuki Jr. and Sr. High School, Osaka</b>

**18:00~ Dinner reception at “La Tour”, Clock Tower, Kyoto University**

# Schedule

## December 4 (Tuesday)

### Session 5 – Effectiveness of Interventions

Moderators: Patou Musumari (Kyoto University) and Sanjay Rampal (University of Malaya)

9:30-10:00	<b>Characteristics and Publication Status of Clinical Trials Supporting Immune Check-point Inhibitors and Other Newest Anticancer Drugs Recently Approved by the United States Food and Drug Administration: A Meta-Epidemiological Investigation</b> <b>Kenji Omae: Kyoto University</b>
10:00-10:30	<b>Socioeconomic Status, Health and Health Services in an Asian Urban Low-Income Setting, at Baseline and Post-Intervention</b> <b>Liang En Ian Wee: National University of Singapore</b>
10:30-11:00	<b>The Promoting Physical Activity and Healthy Eating Behavior through LINE Application for Improve Health Outcomes among Overweight Women in Community: A Randomized Controlled Trial</b> <b>Yuphaporn Hongchuvech: Chulalongkorn University</b>
11:00-11:30	<b>Effects of a Capacity Building Program on Health Literacy in Smoking Cessation for Village Health Volunteers</b> <b>Nichamon Lumrod: Mahidol University</b>
Lunch break 1.5 hour	
Session 6 – Poster Presentation	
13:00-14:00	<b>Poster Presentation</b> <b>Voting for “Best Poster Presentation” award closes at 15:00</b>

# **“Implementation Research and Science for Health for All”**

**December 3-4, 2018**

Symposium Hall, 5th floor, International Science Innovation Building,  
By Kyoto University School of Public health

## **Session 7 – Towards Better Screening and Care**

Moderators: Esther Kwong (London School of Hygiene and Tropical Medicine) and Aksara Thongprachum (Chiang Mai University)

<b>14:00-14:30</b>	<b>Practice Test on the Applicability of Quality Indicators for Low-risk Labor Care: A Cross Sectional Observational Study</b> <b>Kayo Ueda: Kyoto University</b>
<b>14:30-15:00</b>	<b>Feasibility and Effectiveness of Electronic Partograph on Improving Birth Outcome: a Prospective Crossover Design Study</b> <b>Aminur Shaheen: Chulalongkorn University</b>
<b>15:00-15:30</b>	<b>Identifying Barriers and Facilitators/enablers of Private Sector Referral of Suspected MDR-TB cases for Gene Xpert diagnostic testing in Hlaingtharya and Dagon (South) Townships in Yangon</b> <b>Phyo Thet Naing Win: National University of Singapore</b>
<b>15:30-16:00</b>	<b>Intervention Evaluation of TB Patient Counseling and Phone Reminders in Cameroon: a Before-and-After Study</b> <b>Elias F. Onyoh: National Taiwan University</b>
<b>Break 15 minutes</b>	
<b>Session 8 – Closing</b>	
<b>16:15-17:00</b>	<b>Panel Discussion with the 2018 KGC Steering Committee</b>
<b>17:00-17:30</b>	<b>Best Poster Presentation Award Ceremony and Closing</b> <b>KUSPH Dean Takeo Nakayama</b>

# Implementation Science: Scaling up of Proven Interventions to Real World Settings



**Sarah Louise Barber**

**Director**  
World Health Organization Centre for Health Development  
(WHO Kobe Centre) /Japan

Dr Sarah Louise Barber is a health economist and policy specialist, and holds doctorate and post-doctorate qualifications from the University of California, Berkeley, USA, focusing on economic evaluation. Before becoming Director of the WHO Kobe Centre, she worked on strategic policy issues with the World Health Organization, including as Senior Health Policy Advisor in the Office of the Regional Director for Africa, WHO Representative to South Africa, Team Leader for Health Systems Development in China, and Health Policy Advisor in Indonesia and Cambodia. Prior to working with WHO in China, she was managing evaluation research at the University of California Berkeley's Institute of Business and Economic Research, and the National Institute of Public Health in Mexico.

In South Africa, China, Indonesia and Mexico, she developed programs of technical cooperation and research to advance reforms to achieve universal health coverage. Over the past 25 years, she has published widely on diverse topics in health economics and policy analysis, including the role of the private health care sector, conditional cash transfers, human resources, insurance and provider payment reforms, quality of care assessments, policies for essential medicines, monitoring and evaluation, migration, and fiscal policies.

A native English speaker, she enjoys learning languages and has studied Spanish, Khmer, Thai, and Indonesian.

## ABSTRACT

The last few decades have seen great innovations in extending care and treatment for many conditions globally. However, while we have research on clinical interventions, medicines, and vaccines, we are failing to convert these scientific findings to population level differences. One of the greatest challenges that we are facing is implementing already proven and efficacious solutions. This challenge is the very heart of the concept of "sustainable development" and universal health coverage. In studying interventions, several analytical challenges remain. First, even among basic health interventions, the causal pathways from an activity, drug, or technology to a health outcome can be complex – and particularly for some of the health system interventions such as decentralization for example, causal pathways can be very complicated. It is important, therefore, to map out a logical sequence between

interventions and outcomes, to identify the most important structural constraints in the health system in addition to individual behavioural factors that modify these relationships. Secondly, most researchers are taught that objectivity and independence are a critical part of doing research, and sometimes take pride in not having contact with implementing agencies or governments. Implementation research, however, requires a different approach because good implementation research is designed to match the implementation plan for the intervention. This requires the involvement local decision makers, local government, health workers, and communities in the study design. Only by doing so can you fully understand the steps and decisions by which a program was implemented, and design a good study. Third, behaviours of people, patients, users of health services are critical in understanding impact.

# Mission of AMED : Global Data Sharing



## Makoto Suematsu, MD, PhD

**Founding President**  
**Japan Agency for Medical Research and**  
**Development (AMED)**

Makoto Suematsu, MD, PhD is the Founding President of the Japan Agency for Medical Research and Development (AMED) from April 2015. He graduated from Keio University School of Medicine in 1983. After serving research assistant in Department of Internal Medicine, Keio University School of Medicine, he went to Institute for Biomedical Engineering, University of California San Diego as a bioengineer from 1991. He became Professor and Chair, Department of Biochemistry, Keio University School of Medicine in 2001, and served as Dean of Keio University School of Medicine from October 2007 to March 2015. He was the leader of Japan Agency for Science & Technology (JST) Exploring Research for Advanced Technology (ERATO), Suematsu Gas Biology from 2010 to 2015. His research speciality is biochemistry and metabolomics.

## ABSTRACT

In April 2015, AMED was started to fast-track medical R&D and to improve a quality of life for people. Among a diversity of different medical researches, AMED has chosen a field of rare and undiagnosed diseases to tackle with a number of obstacles including rigid and inflexible funding systems and “Balkanization” of mindsets among academia and researchers. We launched “Initiative for Rare and Undiagnosed Diseases (IRUD)” as the first leading project. It aims to spread a concept of sharing clinical data, and “microattribution” that should be recognized by all project leaders. AMED has also joined in International Rare Disease Consortium (IRDIRC) to share many experiences in rare

disease researches which were accumulated over 40 years in Japan. Solving Balkanization among different sectors which participate in medical R&D gives a clue to fast-track implementation of outcomes among all other fields of medical researches. Furthermore, IRUD Exchange (Clinical data base providing pathogenic variant data linked with phenotype data) is now shared with Matchmaker Exchange database to facilitate global data sharing to save rare disease patients over the world. I would present an overview of our missions and introduce our novel projects including IRUD.

# Budget Impact Analysis of a Stratified Treatment Cascade for Hepatitis C Direct Acting Antiviral treatment in an Asian Middle-income Country Through the Use of Compulsory and Voluntary Licensing Options



**Amirah Azzeri**

PhD candidate  
University of Malaya / Malaysia

Amirah Azzeri is a PhD candidate at the University of Malaya. She obtained an MBBS from Universiti Sains Islam Malaysia and a Master of Public Health from the University of Sydney. She was awarded the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Student Travel Grant to attend the ISPOR Asia Pacific 2018 at Tokyo, Japan. She was also awarded the Young Investigator Travelers Award in the 50th Asia-Pacific Consortium for Public Health (APACPH) Conference at Kota Kinabalu, Malaysia. She is currently pursuing a PhD in Health Economics and her research focuses on the economic burden of Hepatitis C management in Malaysia. Her other areas of interest include health education disease prevention and disease modeling.

## ABSTRACT

**Objective:** A scaled-up treatment cascade with direct acting antiviral (DAA) therapy is necessary to achieve global WHO targets for hepatitis C virus (HCV) elimination in Malaysia. Recently, limited access to Sofosbuvir/Daclatasvir (SOF/DAC) is available through compulsory licensing, with future access to Sofosbuvir/Velpatasvir (SOF/VEL) expected through voluntary licensing due to recent agreements. Treatment with SOF/VEL is shorter and does not require additional ribavirin except in decompensated cirrhosis but has higher drug acquisition costs compared to SOF/DAC. It has been proposed that a stratified treatment cascade might be the most cost-efficient approach for Malaysia whereby all HCV patients are treated with SOF/DAC except for patients with cirrhosis who are treated with SOF/VEL. This study aimed to conduct a five-year budget impact analysis from the provider perspective of the proposed stratified treatment cascade for HCV treatment in Malaysia.

**Method:** A disease progression model that was developed based on model-predicted HCV epidemiology data in Malaysia was used for the analysis, where all HCV patients in scenario A were treated with SOF/DAC for all disease stages while in scenario B, SOF/DAC was used only for non-cirrhotic patients and SOF/VEL was used for the cirrhotic patients. The model projections estimated the annual numbers of patients in care and the numbers of patients to be initiated on DAA treatment nationally. Healthcare costs associated with DAA therapy and disease stage monitoring was included to estimate the downstream cost implications. For scenario B, the estimated treatment uptake

of SOF/VEL for cirrhotic patients were 25%, 50%, 75%, 100% and 100% for 2018, 2019, 2020, 2021 and 2022 respectively. Healthcare costs were estimated based on standard clinical pathways for DAA treatment described in recent guidelines. All costs were reported in US dollars [conversion rate US\$1=RM4.09, the price year 2018]. Scenario analysis was conducted for 5% and 10% reduction of SOF/VEL acquisition cost anticipated from competitive market pricing of generic DAA in Malaysia.

**Results:** The stratified treatment cascade with SOF/VEL in Scenario B was found to be cost-saving compared to Scenario A. A substantial portion of the cost reduction was due to the costs associated with DAA therapy which resulted in USD 40 thousand (year 1) to USD 443 thousand (year 5) savings annually, with cumulative savings of USD 1.1 million after 5 years. Cost reductions for disease stage monitoring were seen in year three onwards which resulted in cumulative savings of USD 1.1 thousand. Scenario analysis estimated cumulative savings of USD 1.24 to USD 1.35 million when the acquisition cost of SOF/VEL was reduced.

**Conclusion:** A stratified treatment cascade with SOF/VEL was expected to be cost saving and can results in a budget impact reduction on overall healthcare expenditure in Malaysia compared to treatment with SOF/DAC. The stratified treatment approach may reduce downstream costs of treating advanced disease stages. The findings of this analysis may be useful to inform healthcare policies for HCV treatment in Malaysia.



# A Dual Process Approach for National Personal Health Records System Implementation: New Perspective on Patient-Centered Care to Universal Health Coverage



**Fu Chung Wang**

Master student

College of Public Health, National Taiwan University / Taiwan

Fu-Chung Wang is the Deputy Director for Planning, Research and Marketing Affairs in National Health Insurance Administration (NHIA). He has over 20 years of experience as a civil servant in Taiwan. As Fu-Chung began his career with NHIA in 1995 and worked in several different departments, he played a pivotal role in essential emerging technologies applied into universal health coverage issues including founding the "My Health Bank" and taking forward the "Medicloud" system.

Fu-Chung completed his Ph.D. and Master's degree in Management Information System at National Chengchi University. During his time in NHIA he served as an analytical worker in multi-discipline management of technology. His research in the field of national health insurance is ongoing. Meanwhile, he is also working on the research area of e-health, e-government, data mining, big data and AI. Most recently, Fu-Chung decided to expand his field of concentration by linking the health policy and become a student of master's program of EMHA of National Taiwan University now.

Fu-Chung suppose his personality is optimistic and always likes to help anyone as possible as he can. Meanwhile, he really enjoys to learn ideas for extending imagination. To travel to Kyoto to participate in the KGC conference would be a great chance of knowing and being friends with people from different countries.

## ABSTRACT

Launched in 1995, the National Health Insurance (NHI) of Taiwan was established to provide a uniform package for all Taiwan residents. To date, 99.77% of the population is enrolled in the monopolistic system, which is globally renowned and has resulted in an affordable health care to its population with good quality and high satisfaction rate. As a single-payer, the National Health Insurance Administration (NHIA) developed powerful information technology, IT-driven administrative system to provide high administrative efficiency at low cost. However, the value of universal health coverage is to offer patient-centered care through health promotion strategies.

For the purpose of empowering people to have a better self-care, the NHIA implemented the National Personal Health Records (PHR) system "My Health Bank" at the end of 2014 that enabled citizens to manage their own health data collected from different care providers. Acting as a compass, PHR would empower and engage patients to make decisions on their own health. Compared to the experiences of developing National PHR platform in other countries such as Australia, France and Korea, Taiwan's NHIA proposed a dual process approach to achieve the goal of individual self-care and health management. Not only "My Health Bank" acted as a data-driven powerful tool for citizens, but also "MediCloud" as a cloud-based database accessible by healthcare providers released in 2013 and expanded in 2015. The new system incorporated information form query systems, including: prescriptions, examination and test records and results, records of surgeries, dental treatment and surgical records, drug allergy records, rehabilitation records, and hospital discharge

summaries. All of the information was brought together on the same single platform.

Different from other countries to develop the patient-centered PHR system, Taiwan's NHIA provides similar data contents with different presentation to patients and healthcare providers. An observational study by using the population based NHI database is conducted in this article. The dual process approach is evaluated mainly on the outcome to patients upon receiving health services and the effectiveness of utilization change after the implementation.

The overall inquiry rate since the launch of "MediCloud" had increased to 82.4% but only 3 percent of population opt-in "My Health Bank" at the same time. However, the percentage of re-examination rate within 30 days of CT-MRI and ultrasonography all have declined. The number of physician orders reduced 4.79 million (-3.8%), the expenses reduction was around 40 million US dollars (-3.5%) and the potential savings were estimated approximately 2-5% of the total examination expenditure of the Taiwan NHI.

Today, the adoption of PHR is very limited; many PHR systems are still in pilot phase. Taiwan's NHIA has developed two powerful components that include "My Health Bank" for universal health and "MediCloud" for targeted patients. By applying "Targeted Universalism" theory, the dual process approach proves its feasibility both on the strategies and intervention of general population as well as targeted interventions for priority populations. This nationwide system offered greater opportunity for patients and health care providers cooperating with each other to enhance health for all.



# Lessons Learnt: The Journey of Translating the Global Agenda on Non-Communicable Diseases into a National Strategic Plan in Malaysia



**Arunah Chandran**

PhD candidate  
University of Malaya / Malaysia

Dr.Arunah Chandran is a medical doctor with Ministry of Health Malaysia (MOH) who has experience in both clinical and public health setting. She was the Programme Manager for the National Healthcare Statistics Initiative at Clinical Research Centre Malaysia before leaving to pursue her post graduate training in public health. She is now pursuing a doctoral degree in Epidemiology in the University of Malaya. Her interests include Non-Communicable Diseases (NCD) and women's health and her research involves cardiovascular risks in women and their policy implications.

## ABSTRACT

**Introduction:**Non-Communicable Diseases (NCDs) are a major cause of premature mortality, mostly in low- and middle-income countries. Following the United Nations High-level Meeting on the Prevention and Control of NCDs in 2011, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was endorsed in 2013 to provide a roadmap for member countries. Malaysia is a multi-ethnic upper middle-income South East Asian country that is expected to experience an aging population by year 2020. The National Health and Morbidity Survey 2015 also found a heavy burden of NCD risk factors; 17.5% of adult Malaysians were living with diabetes, 30.3% with hypertension and 47.7% with hypercholesterolaemia.

**Objective:**The objective of this paper is to evaluate the development and implementation of the national strategic plan on NCDs based on the global mandates on prevention and control of NCDs.

**Methodology:**A situational analysis was carried out by triangulation of evidence from;

- 1.Relevant published research which was retrieved from PubMed searches using medical subject heading (MeSH) terms related to NCD policies in Malaysia;
- 2.Qualitative desk review on policy documents related to prevention and control of NCDs in Malaysia from 2013 to 2018. The term 'policy' used in the present review refers to key policy documents, strategic frameworks and written directives related to NCDs; and
- 3.In-depth interviews of key stakeholders within Ministry of Health (MOH) who were involved in the development and implementation of the national strategic plan for

NCDs in Malaysia.

**Results:**There were limited published research on NCD policy development and implementation in Malaysia. The commitment to tackle NCDs is reflected in the Eleventh Malaysia Plan and MOH Strategic Plan. The National Strategic Plan for NCD (NSP-NCD) 2010-2014 was the first national action plan that provided an integrated framework as a response to NCDs in Malaysia, followed by NSP-NCD 2016-2025. Within the NSP-NCD 2016-2025, there were seven specific NCD policies that broadly address the WHO voluntary global targets on NCDs and its risk factors. Implementation of NCD prevention and control policies and regulatory interventions was supported by a Cabinet-level Committee chaired by the Deputy Prime Minister. Officers who were interviewed discussed roles, processes, facilitating factors, challenges and solutions in development and implementation of the NSP-NCD. The key facilitating factors were strong political commitments, support from the Minister of Health and MOH higher management. However, despite the political commitment, implementation was challenged by lack of 'buy-in' from agencies outside of health.

**Conclusion:**Strong political commitment, national ownership and a strong multi-sectoral approach are necessary for the implementation of NSP-NCD. The United Nations Sustainable Development Goals provide a good basis to engage other ministries and agencies in addressing the social determinants of health. Lastly, a change in political climate can be utilised as an opportunity by policymakers to champion for the NCD cause.

# Lessons from the Implementation of a Mental Health Programme in Primary Health Clinics in Rural Mexico



**Georgina Miguel Esponda**

PhD Candidate  
London School of Hygiene and Tropical  
Medicine / UK

Georgina Miguel Esponda is a PhD Candidate at the London School of Hygiene and Tropical Medicine. Her research interests focus on the implementation, monitoring and evaluation of programmes for mental health at the facility and community levels, as well as the influence of social, cultural and contextual factors on mental health and mental health service delivery. Her PhD research is a collaboration with Partners in Health Mexico and is looking at the implementation of a mental health programme at primary health care clinics.

She has an MSc in Global Mental Health from the London School of Hygiene and Tropical Medicine and the Institute of Psychiatry, Psychology and Neuroscience at King's College London (2013) and a BA in Psychology from the Universidad Iberoamericana in Mexico City (2011).

Georgina has worked on the evaluation of development projects in an NGO in Mexico. She has also worked as a research assistant at the Mexican Institute of Psychiatry in a project looking at the impact of the deportation of parents on the mental health of their children. Whilst studying for her PhD, Georgina has collaborated on a multi-programme evaluation project for the Mental Health Innovation Network. She has taught undergraduate students, facilitated seminars for masters level students and written content for online modules. Recently she designed and conducted a public engagement project which tackled mental health related stigma in the rural communities of Chiapas.

## ABSTRACT

**Background:** The integration of mental health services into primary health platforms is considered a priority to adequately address the physical and mental health needs of people suffering from mental disorders. Various guidelines and packages of care have been developed and tested but most interventions fail to become part of routine care. There remain many unanswered questions around how to implement best practices in complex health systems and contexts in order to ensure their adoption and sustainability.

In Mexico, Compañeros en Salud/Partners in Health (CES/PIH), a non-governmental organisation, provides mental health services through ten primary care clinics in a remote area of the state of Chiapas through a partnership with the local health ministry of health. This programme has been successfully implemented since 2012 despite high levels of poverty, poor infrastructure and limited resources. The in-depth and comprehensive study of the factors that determine a successful implementation can help gain a full understanding of key aspects that need to be addressed in the planning and execution of a mental health care programme.

**Aim:** The current study aimed to assess two aspects of the CES/PIH mental health programme: (1) the implementation of the programme through process indicators, and (2) the factors that hindered and enabled its implementation through a qualitative analysis guided by the Consolidated Framework for Implementation Research (CFIR).

**Methods:** A mixed-methods case study methodology was used to assess the

implementation of the mental health programme. Quantitative data was collected and extracted through the organisation's health information systems between December, 2016 and December, 2017. All patients that received treatment for common mental disorders, mainly depression or anxiety, during this period of time were included in the analysis. Descriptive statistics were used to describe process indicators: dose and fidelity. Qualitative data, including observations, in-depth interviews and focus groups, was analysed through framework analyses guided by the CFIR.

**Results:** 486 patients visited the clinic for at least one mental health consultation. Only 28% attended more than 60% of follow-up consultations. Guidelines for diagnosis and treatment were followed in 63% of diagnoses but only in 28% of allocated treatments. During follow-ups an average of 76% of patients received a clinical assessment. An average of 56% of patients received pharmacological treatment and 24% received some form of talking-based treatment. Climate and process for implementation were the two constructs highlighted as key for the integration of mental health services in these primary care clinics. Resource and patient related factors emerged as remaining challenges.

**Implications:** The current study provides an understanding of the factors that enable and hinder the implementation of complex services within a resource constrained setting, providing lessons for the future development and delivery of services in similar settings.

# Empowering Community Health Volunteers by Implementing Prevention of Health Impact from Smoke Haze Pollution in Rural District of Chiang Mai Province, Thailand



**Warangkana Naksen**

Lecturer  
Faculty of Public Health  
Chiang Mai University / Thailand

Warangkana Naksen is a lecturer in the Faculty of Public Health at Chiang Mai University, Thailand. She graduated from Chiang Mai University in 2015 with a PhD in Environmental Sciences and held postdoctoral appointment at the Institute of Urban Environment, Chinese Academy of Sciences. Her current research interest is in the field of environment and human health focusing on pesticide and air pollution.

## ABSTRACT

**Background:** Smoke Haze is an annual air pollution occurred in Northern Thailand. The major cause is intensive open biomass burning in agricultural areas and forest fire in this region during dry season. Since most residential areas in this region are in basins surrounded with mountains, airborne particulate matters generated from burning settled in these basins. Average 24-hour PM<sub>10</sub> and PM<sub>2.5</sub> levels are higher than the standards set by National Ambient Air Quality and World Health organization and aroused to smoke haze episode. It is clear that air pollution is linked to increasing numbers of hospital visits and admissions because of certain respiratory conditions including chronic obstructive pulmonary disease (COPD). However, reducing these numbers especially in the low-resource setting is a very challenging task. Mae Chaem, one of the most rural district in Chiang Mai Province of Thailand, has the highest number of hotspots from burning in the open areas and a higher prevalence rate of COPD compared to the country's rate. This study aimed to empower community health volunteers in Mae Chaem District by building a knowledge and awareness of air pollution and its health effects using evidence-based intervention.

**Methods:** Health volunteers (n=156) from 7 sub-districts in Mae Chaem District were participated in this study during February 2017. The study's work was conducted in four steps. Step 1 was scoping the information from literature review and the previous study among 58 COPD patients who received medical care at Debaratana Vejjanukula Hospital in Mae Chaem

District during February-July 2015. Step 2 was designing intervention tools consisting of booklet, games and educational kits. Step 3 was performing intervention activity designed as a half-day camp with 3 bases according to the topics which were 1) facts, situations and solutions about smoke haze pollution in Northern Thailand, 2) particulate matters and air pollutants and 3) health effects and appropriate practices during smoke haze episode. In step 4, pre- and post-tests approach and focus group with key stakeholders were applied for evaluating learning outcomes and impacts of this study.

**Results:** The intervention successfully increased test scores among health volunteers. Mean of post-test scores (11 out of 15) was significantly higher than pre-test scores (10 out of 15). Participated health volunteers contributed to the health education of smoke haze pollution, one volunteers delivered the messages to other 3 residents (approximately) which assumed to have better knowledge and practices of reduction of exposure to smoke haze. The expected impacts from the study were reducing number of hospital visits and admissions of patients with respiratory diseases such as COPD and the costs occurred from those hospital visits and admissions. However, subsequent intervention and improvement of evaluation approach were recommended to achieve the sustainable and scale-up intervention in the larger population. Community health volunteer is a key person for preventing health impact from smoke haze pollution especially in rural district.

# Effects of Supportive Educative Nursing Program On Self-care Behaviors Among Monks With Metabolic Syndrome in Bangkok Metropolitan Area



**Sasawan Attaworakun**

Master student

Community Nurse Practitioner, Faculty of Public Health  
Mahidol University / Thailand

Miss Sasawan Attaworakun, a 2nd year master student from the Master Program of Nursing Science, major in Community Nurse Practitioner, Faculty of Public Health, Mahidol University, Bangkok, Thailand. She obtained a Bachelor degree in Nursing Science since 2014 from Kuakarun Faculty of Nursing, Navamindradhiraj University. From 2014 – 2016, She worked at the General Surgery Ward (Nurse Practitioner) at the Faculty of Medicine Vajira Hospital, Navamindradhiraj University. Then she received a full scholarship from Kuakarun Faculty of Nursing, Navamindradhiraj University to study a master's degree program. Currently, she is a lecturer in the Department of Public Health and Urbanology Nursing, Kuakarun Faculty of Nursing Navamindradhiraj University. Her areas of interest include health promotion program, aging, urban health, chronic disease management and sustainable development.

## ABSTRACT

**Background:** Similar to other parts of the world, the prevalence of cardiovascular disease (CVD) in Thailand has been increasing. Metabolic syndrome is considered a compilation of risk factors that predispose individuals to the development of CVD. In Thailand, Buddhist monks have played a significant role in Thai society. However, their 227 strict precepts or rules of conduct and their daily routine put them at higher risk for CVD than the general population. Although lifestyle modifications, including increased physical activities and dietary changes are considered effective efforts to reduce risks of CVD, the effective intervention for the monks was limited.

**Objective:** To examine the effects of a supportive educative nursing program on self-care behaviors among monks with metabolic syndrome in the Bangkok Metropolitan Area.

**Method:** This quasi-experimental research, 2 group pretest-posttest design was conducted to examine effects of the 6-week supportive educative nursing program among 60 monks, who were 30 years and over, had at least 3 of the 5 risk factors of metabolic syndrome (AHA/NHLBI, 2005) and lived in selected temples in the Bangkok Metropolitan Area. The experimental group (n=30) received a 6-week program, consisting of (1) health screening and risk assessment; health education and skill training in diet control, physical activity and risk factors regarding metabolic syndrome; (2) meditation training (SKT); (3) weekly follow up telephone, 3-day food record, and manual; (4) group support; and (5) evaluation of self-care. The comparison group (n=30)

received regular services from the primary health care center. Data were collected by the researcher using a questionnaire and blood chemistry test before and after the intervention.

**Results:** A final total of 54 subjects supplied data for analysis. According to the t-test analysis, after 6 weeks, the experimental group had significantly higher mean scores of self-care behavior than before and those of the comparison group (p-value <0.05). They also had significantly less mean scores of body weight, waist circumference, blood pressure, fasting blood sugar and LDL cholesterol than before the intervention (p-value <0.05). However, no significant differences were found of body weight, waist circumference, blood pressure, fasting blood sugar, LDL cholesterol, HDL cholesterol and triglyceride levels between the experimental and the comparison groups before and after the intervention (p-value >0.05).

**Conclusion:** The findings supported that the program could improve self-care behaviors among monks with metabolic syndrome. A community nurse practitioner should apply the supportive educative nursing program to promote and monitor self-care among monks with other chronic diseases in other communities. A further study should examine the retention of self-care behavior and the long term effects of the program on clinical outcomes. Health promotion services from the primary care center should be strengthened and specified for monks to maintain their health and well-being.

# Comprehensive Sexuality Education as a Strategy to Prevent Intimate Partner Violence among Adolescents in Mexico City



**Shelly Makleff**

PhD candidate  
Department of Public Health and Policy  
London School of Hygiene and Tropical Medicine / UK

Shelly Makleff focuses on collaborative evaluation and research addressing sexual and reproductive health programming, particularly in Latin America. She completed a Bachelor of Science from Stanford University (1998) and a Masters in Public Health from the Mailman School of Public Health at Columbia University (2005), and is currently a PhD candidate at the London School of Hygiene and Tropical Medicine (LSHTM) in the department of Public Health and Policy.

Shelly's research at the LSHTM explores methods and approaches suitable for the evaluation of social interventions in low- and middle-income countries. It builds on extensive fieldwork in a Mexico City school as part of an evaluation of a comprehensive sexuality education (CSE) program. The mixed methods study in Mexico aims to learn how the CSE intervention may contribute to intimate partner violence prevention and to more equitable relationships among 14- to 17-year-old students.

Outside of the LSHTM, Shelly has conducted qualitative research examining women's experiences of abortion-related stigma and their perspectives about abortion quality of care in Kenya and India. She has also collaborated on studies about abortion stigma in Mexico and Colombia and the effects of an mHealth intervention in Bolivia. Shelly has worked for nearly 15 years as an evaluator focused on sexual and reproductive health programming.

## ABSTRACT

**Background:** Intimate partner violence (IPV) prevention is a global priority, and some studies suggest that comprehensive sexuality education (CSE) has potential to contribute to IPV prevention efforts and related improvements in health outcomes. Many of the elements considered central to IPV prevention, such as a gender-transformative approach, are included in international standards for CSE and could either be incorporated or are already commonly found in CSE programs. There is evidence that CSE incorporating gender and power dynamics as topics is associated with lower rates of unintended pregnancy and sexually transmitted infections. While it is likely that CSE can also contribute to a broad range of health outcomes including IPV prevention, few CSE evaluations have measured violence-related outcomes.

**Methods:** The London School of Hygiene and Tropical Medicine (LSHTM), International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), and Fundación Mexicana para la Planeación Familiar (Mexfam) collaborated to evaluate Mexfam's school-based CSE intervention in Mexico City. The study, conducted from 2017-2018, examines how CSE may contribute to the prevention of IPV among 14- to 17-year-old students. We used a longitudinal quasi-experimental design to examine the hypotheses identified in the program theory of change. Data collection methods included a pre-post survey, observation of CSE, in-depth interviews and focus groups with intervention participants, and focus groups with teachers and health educators.

**Results:** The findings suggest that CSE contributes to IPV prevention through four mechanisms: (1) promoting communication about violence, relationships, and sexual and reproductive health; (2) encouraging preventative and protective behaviors within

relationships; (3) preparing participants to seek health information and services; and (4) contributing to shifts in the beliefs and behaviors of participants regarding gender and sexuality. CSE participants engaged in concrete actions supporting IPV prevention, for example sharing information learned in CSE about violence with peers, family and partners; recognizing subtle forms of violence in their own relationships and communicating with partners about these; intervening in cases of violence around them; leaving violent relationships; and seeking services and support to address violence in their own relationships.

Critical reflection was a key element of the CSE course that supported change among participants. Participatory activities encourage participants to question harmful gender norms, resulting for example in increased acceptance of sexual diversity and in young people reconceptualizing jealousy and possessive behaviors as unwanted, rather than as a sign of love or caring.

**Program and policy implications:** The findings of this applied research have been rapidly used to inform policy and practice. The election of a new Mexican government in July 2018 created a unique moment for Mexfam to use the research findings to advocate for CSE as a violence prevention strategy nationally. This presentation will also share programmatic recommendations currently being put into practice by Mexfam. We hope these will prove relevant for prevention programs in different contexts. This promising and relatively short-term intervention should be tested elsewhere to examine whether or not it can have an impact on beliefs and practices related to intimate partner violence in other settings.



# Characteristics and Publication Status of Clinical Trials Supporting Immune Checkpoint Inhibitors and Other Newest Anticancer Drugs Recently Approved by the United States Food and Drug Administration: A Meta-Epidemiological Investigation



**Kenji Omae**

PhD candidate

Department of Healthcare Epidemiology

School of Public Health, Graduate School of Medicine, Kyoto University / Japan

I am a visiting researcher and PhD candidate at Department of Healthcare Epidemiology, School of Public Health in the Graduate School of Medicine, Kyoto University, Japan. I am also a lecturer at Department of Innovative Research and Education for Clinicians and Trainees (DiRECT), Fukushima Medical University, Japan since 2016. After the completion of my surgical and urologic training at Nagoya Memorial Hospital (2003-2010), I joined the Tokyo Women's Medical University faculty as Assistant Professor in Department of Urology (2010-2015). During this period, I conducted various clinical research on the surgical and medical treatment for urologic cancer, especially in dialysis patients.

Currently, I devote seventy percent of my time to research/education and the remainder of my time is spent caring for patients. My areas of active research are on determining how best to quantify lower urinary tract symptoms in a community setting, evaluation of health related quality of life, evidence synthesis in oncology, and preventing postoperative renal dysfunction in kidney cancer patients. Previously, I worked on an official Japanese translation project of the TRIPOD Statement (statement for transparent reporting of multivariate predictive models on individual prognosis and diagnosis). I am also a member of the Advisory Committee for Healthy Longevity Project in Sukagawa city, Fukushima, Japan.

## ABSTRACT

**Background:** The low trial publication rate for drugs approved by the US Food and Drug Administration (FDA) and the discrepancies between data submitted to the FDA and data found in published trials remain concerning. We investigated the publication statuses of trials of recently approved anticancer drugs documented by the FDA, especially immune checkpoint inhibitors (ICPis), to determine the discrepancies between data submitted to the FDA and those published.

**Methods:** We identified all ICPis approved between 2011 (the year the first ICPi was approved by the FDA) and 2014 (selected to assure a follow-up of at least 3 years post-approval). We assessed the clinical trials for each drug indication and matched each trial with publications in the literature. The primary outcome was the publication status 2 years post-approval. We examined the association between time to publication and drug type using a multilevel Cox regression model, adjusted for clustering within drug indications and individual covariates.

**Results:** Between 2011 and 2014, 36 anticancer drugs including 3 ICPis were newly approved by the FDA. Of 19 trials investigating the 3 ICPis, 11 (58%) were published within 2 years post-approval. We randomly selected 10 of the 33 remaining anticancer drugs; 68 of 101 trials investigating these drugs (67%) were published. Overall, the publication rate was 66% at 2 years post-approval with a median time to publication of 2.3 years. There was no significant difference in time to trial publication between ICPis and other anticancer drugs (adjusted hazard ratio [HR], 1.1; 95% confidence interval [CI], 0.8–1.7;  $P = 0.55$ ); however, non-ICPis investigated specifically in randomized phase 2 or 3 trials were significantly more likely to be published earlier than ICPis (adjusted HR, 7.4; 95% CI, 1.8–29.5;  $P = 0.005$ ).

**Conclusions:** One in three trials of the newest anticancer drugs remained unpublished 2 years after FDA approval. The ICPi publication rate was similar to that of other anticancer drugs. Further efforts and continuous monitoring are necessary to enhance timely and full publication of clinical trial results.

# Socioeconomic Status, Health and Health Services in an Asian Urban Low-income Setting, at Baseline and Post-intervention



**Wee Liang En Ian**

Master student

Saw Swee Hock School of Public Health, National University of Singapore / Singapore

Wee Liang En is a final year Masters in Public Health student at the Saw Swee Hock School of Public Health, National University of Singapore, and a trainee infectious disease physician at the Singapore General Hospital, Singapore. His interests include health services research, access to care amongst disadvantaged populations, and hospital-to-home transitions.

## ABSTRACT

**Purpose:** The interplay between the socioeconomic status (SES) of individuals and the neighborhoods they live in affects individual health. Singapore, a highly-urbanised, multi-ethnic Asian society, can serve as a microcosm to study how health services can be better delivered to disadvantaged urban populations. In Singapore,  $\geq 85\%$  reside in owner-occupied public housing;  $< 3\%$  stay in public rental flats, which are reserved for the lower-income who cannot afford their own homes. We were interested in evaluating trends in health behaviours in a low-income rental-flat community, and how preventive health programs can be implemented in these low-income communities.

**Methods:** We observed trends in health screening adherence and health behaviors amongst residents (aged  $\geq 40$  years) ( $n=1081$ ) of a multi-ethnic public rental-flat community in Singapore from 2008-2013; comparing against residents staying in owner-occupied flats within the same precinct. At baseline, we evaluated the prevalence of chronic diseases (hypertension) and access to health services (screening for cardiovascular disease and cancer); and among those aged  $\geq 60$  years, mental health issues (i.e. cognitive impairment and depression). We then conducted access-enhanced, community-based interventions in these communities from 2015-2017, to see if any health disparities could be addressed.

**Results:** 478 rental-flat residents and 505 owner-occupied flat residents participated from 2008-2013. In the rental-flat community, hypertension screening rates improved from 18.3% (24/131) in 2008-2009, to 61.2% (52/85) in 2010-2011 and 44.2% (34/77) in 2012-2013 ( $p<0.001$ ). For diabetes, rates improved from 26.2% (43/164)  $\rightarrow$  47.0% (54/115)  $\rightarrow$  49.5% (45/91) ( $p<0.001$ ). For dyslipidemia screening, rates improved from 18.2% (31/170)  $\rightarrow$  39.6% (38/96)  $\rightarrow$  47.5% (38/80) ( $p<0.001$ ). For cervical cancer screening, rates improved from 2.6% (2/76)  $\rightarrow$  30.8% (16/52)  $\rightarrow$  20.5% (9/44) ( $p=0.002$ ). Colorectal cancer screening

rates also increased (4.4%  $\rightarrow$  8.5%  $\rightarrow$  11.6%,  $p=0.033$ ). Compared against the owner-occupied community ( $n=505$ ), screening rates largely remained stagnant (hypertension: 52.2%  $\rightarrow$  75.0%  $\rightarrow$  54.5%,  $p=0.059$ ; diabetes: 66.0%  $\rightarrow$  56.5%  $\rightarrow$  66.7%,  $p=0.434$ ; dyslipidemia: 53.1%  $\rightarrow$  50.0%  $\rightarrow$  57.1%,  $p=0.818$ ; colorectal cancer: 17.0%  $\rightarrow$  22.7%  $\rightarrow$  23.8%,  $p=0.315$ ; cervical cancer: 43.2%  $\rightarrow$  43.8%  $\rightarrow$  39.4%,  $p=0.914$ ). Only in breast cancer screening was there an increasing trend: 10.0%  $\rightarrow$  34.3%  $\rightarrow$  24.5% ( $p=0.008$ ). In the rental-flat community, unhealthy behaviours increased from 2008-2014, with higher proportions of overweight (30.4%  $\rightarrow$  24.8%  $\rightarrow$  52.1%,  $p=0.005$ ), higher smoking (11.7%  $\rightarrow$  36.9%  $\rightarrow$  32.5%,  $p<0.001$ ) and higher drinking rates (1.4%  $\rightarrow$  0.7%  $\rightarrow$  8.1%,  $p=0.001$ ). This shift was also reflected in the owner-occupied community, with higher percentages of overweight and higher drinking rates.

In the rental flat population, at baseline, having pre-existing comorbidities and better knowledge of cardiovascular health was associated with participation in cardiovascular disease screening. For participation in an access-enhanced, door-to-door screening intervention for cardiovascular disease, in the rental flat population, those who were socially isolated, of majority (Chinese) ethnicity, who had secondary education and above, and who were on financial support had greater odds of participation in the screening intervention; whereas in the owner-occupied population, having stayed in the neighborhood  $> 10$  years and being socially isolated were associated with participation in the screening intervention.

**Conclusions:** In the rental-flat community, baseline screening rates improved from 2008-2013, compared to owner-occupied flat residents, where screening rates stagnated. However, unhealthy behaviours increased in both communities. An access-enhanced, door-to-door screening intervention for cardiovascular disease was effective in reaching out to those who were socially isolated, in both rental and owner-occupied flat populations.

# The Promoting Physical Activity and Healthy Eating Behavior through LINE Application for Improve Health Outcomes among Overweight Women in Community: A Randomized Controlled Trial



**Yuphaporn Hongchuvech**

PhD candidate

Public Health program at College of Public Health Sciences (CPHS)  
Chulalongkorn University / Thailand

Yuphaporn Hongchuvech is a registered nurse, professional level. She worked as public health nurse since 1991. She graduated Bachelor of Nursing Science from Sukhothai Thammathirat Open University (STOU), Nonthaburi Province, Thailand, Master of Science (Public Health) Program in Health Education and Health Promotion, Faculty of Public Health from Mahidol University, Thailand. Now I am a Ph.D. candidate in Doctor of Philosophy in Public Health program at College of Public Health Sciences (CPHS), Chulalongkorn University, Thailand.

Current working as a public health nurse related to maintain the public's health by providing health services and information to the patients, family, and community. My work serves patients by visiting homes; determining patient and family; developing health care plan; providing nursing service and treatment; referring patient to hospital etc. My research focuses on overweight women and health outcomes.

## ABSTRACT

**Background:** One of the important problem issues in the global is overweight and obesity that affected more than a billion adults. Several studies revealed that overweight and obese boost the relative risk of many NCDs. The factors have contributed to the growing obesity epidemic, including excess caloric intake and inadequate amounts of physical activity. Smartphone and applications have been applied to behavioral change through delivering convenient tailored intervention.

**Objective:** to evaluate the effect of the promoting physical activity and healthy eating behavior by using LINE Application for improves health outcomes among overweight women in community.

**Methods:** A randomized controlled trial was designed to conduct 100 overweight women with mean BMI 27.78 kg/m<sup>2</sup> and a mean age of 53.02 years. Overweight women were recruited from community by posters and flyers. The participants were randomly assigned to the intervention group and control group (50 per group). The intervention group received the health promotion program to increase physical activity and healthy eating behavior. The interventions were included large group education, small group coaching and free call via LINE application that set up for chatting, sending-receiving, sharing text, photo, video, health information. Notes and Albums on LINE group were created to keep important information and all photos related physical activity and healthy eating behavior which participants can access anytime

and anywhere. Questionnaires and physical examination assessments were undertaken at baseline and 24 weeks. The control group received the weight loss advice and usual care from healthcare providers. Randomized controlled trial results were analyzed utilizing the Pearson's chi-squared test and independent t-test for group differences in baseline characteristics. Paired t-test used for compared differences within group. Intention-to-treat used to analyze the effectiveness of this program.

**Results:** After 6 months, the results showed the participants in the intervention group had a decreased of mean difference in systolic (mean -10.520), diastolic (mean -7.84) blood pressure, blood glucose (mean -11.62), body fat percentage (mean -5.54), sitting time (mean -109.20) and had an increase of mean difference in physical activity MET-min/week (mean 136.3). There were statistically significant differences between groups. On the other hand, there were no statistically significant differences in weight and BMI between groups.

**Conclusions:** LINE application intervention was effective innovative way to deliver the health promotion program to change health behaviors. Healthcare providers can use online app for communicating, sharing and providing health information. This app is a tool to motivate, encourage, and reminder the participants to increase the physical activity and healthy eating behavior due to improve health outcomes.



# Effects of a Capacity Building Program on Health Literacy in Smoking Cessation for Village Health Volunteers



**Nichamon Lumrod**

**Master student**

**Community Nurse Practitioner, Faculty of Public Health  
Mahidol University / Thailand**

Nichamon Lumrod is a student in the Master Program of Community Nurse Practitioner, Faculty of Public Health, Mahidol University. She graduated with a Bachelor of Science in Nursing from Boromarajonani College of Nursing Changwat Nonthaburi and started working at Boromarajonani College of Nursing Changwat Nonthaburi. She is a lecturer in the Department of Community Health Nursing, Boromarajonani College of Nursing Changwat Nonthaburi. Her current research is focused on development health literacy program, smoking cessation and a capacity building for village health volunteers.

## ABSTRACT

Smoking has adverse effects on health. During the shortage of health personnel, village health volunteers are important workforce in helping people to quit smoking. Therefore they are required to acquire knowledge, methods, and skills related to smoking cessation. This quasi-experimental study aimed to examine the effects of capacity building program on health literacy in smoking cessation for village health volunteers. Participants were the village health volunteers in a semi-urban area in Thailand. The experimental group (n=29) received 2 sessions of training and coaching in smoking cessation while the comparison group (n=30) received the education materials on how to help people to quit. Participants were then followed-up for their health literacy after the training and at 2 weeks after training. Data were collected by self-administered questionnaires. And

analyzed by using Repeated Measure ANOVA, Independent t-test

The results of this study indicated that the experimental group had a significantly higher mean score of health literacy in smoking cessation when compared to the comparison group (p-value < .001) after the experiment and at the 2 weeks follow-up. When compared with in the experimental group, health literacy in smoking cessation after the experiment and the follow-up period had a significantly higher mean score than that before the experiment (p-value < .001).

Finding suggested that the a capacity building program on health literacy in smoking cessation for village health volunteers could be applied to promote smoking cessation in community working.

# Practice Test on the Applicability of Quality Indicators for Low-risk Labor Care: a Cross Sectional Observational Study



**Kayo Ueda**

PhD candidate

Department of Health Informatics

School of Public Health, Graduate School of Medicine, Kyoto University / Japan

Kayo Ueda is a PhD candidate in the Department of Health Informatics, School of Public Health at Kyoto University, Japan. She obtained her dual bachelor degree in the Course of Nursing, Division of Health Science from Osaka University. She completed her master degree in Public Health at Kyoto University. She worked as a midwife at general hospitals.

Her current research interests include development of quality indicator and quality improvement. The research is focused on obstetrics and low-risk labor care.

## ABSTRACT

**Background:** Low-risk labor seldom results in adverse outcome such as death and complication of mothers or infants. For quality improvement, it is important to monitor the process itself. However, previous quality indicators (QIs) monitored childbirth without clear distinction between high and low risk, focusing on adverse outcomes and indicators, and hardly including patients' point of view. Using a modified Delphi method with the multidisciplinary panel comprising clinicians and non-clinician mothers, we developed a QI set for low-risk labor care based on selected clinical practice guidelines in 2012 and updated in 2015. The goal of quality improvement is to co-create quality of the care by both patients (mothers) and clinicians. These QIs for low-risk labor care need be tested in a real clinical setting.

**Objectives:** To examine applicability of QIs for low-risk labor and of data collection in a practical test in Japan.

**Design:** This study design was a cross sectional study by retrospective record review.

**Setting:** Two hospitals with a perinatal medical center in Japan.

**Participants:** Participants were recruited from mothers and infants that were diagnosed as low-risk labor with no special high-risk factors during the second trimester and who admitted for labor and delivery between 1 April

2015 and 31 March 2016.

**Main outcome measure:** Adherence to each 35 QIs in providing care for each participant. We assessed applicability according to the three criteria: improvement potential (percentage of an indicator score per an indicator was <90%), feasibility (percentage of participants with missing data per an indicator was  $\leq 25\%$ ) and reliability (kappa coefficient for intra-rater and inter-rater reliability).

**Results:** Among 388 eligible participants, 347 mothers and infants were recruited.

Two indicators were satisfied by more than 90% of all participants, showing limited potentials for improvement. Six indicators with more than 25% missing data were considered to have some problems of feasibility. In intra-rater reliability, 22 indicators had kappa scores ( $\kappa$ ) >0.6 (good). However, the scores had  $\kappa$  <0.4 (poor) for seven indicators. In inter-rater reliability, 19 indicators had  $\kappa$  >0.6 (good). However, five indicators had  $\kappa$  <0.4 (poor).

**Conclusions:** The practice test showed that the QI set for low-risk labor care could be, with some cautions, applicable for wider fields of low-risk labor care.

# Feasibility and Effectiveness of Electronic Partograph on Improving Birth Outcome: a Prospective Crossover Design Study



**Aminur Rahman**

PhD candidate  
College of Public Health Sciences (CPHS)  
Chulalongkorn University / Thailand

Dr. Aminur Rahman is a Medical graduate from Bangladesh and completed his master's in disease control from Institute of Tropical Medicine, Antwerp, Belgium. Currently he is undertaking his PhD on Adolescent pregnancy and exclusive breastfeeding from Chulalongkorn university. Dr. Aminur Rahman is working more than 10 years in the field of Maternal Child health, Reproductive Health, e-health and health system. He has also experienced in proposal development, fund raising and publish paper in international peer review journal.

## ABSTRACT

**Background and Methods:** The partograph, has been endorsed by World Health Organization (WHO) since 1994 and presents an algorithm for assessing maternal and foetal conditions and labor progression. Monitoring labour with a partograph can reduce adverse pregnancy outcomes such as prolonged labor, emergency C-sections birth asphyxia and stillbirths. However, partograph usage is still very low, particularly in developing country context. In Bangladesh the reported partograph user rate varies from 1.4%-33%. Recently, an electronic version of the partograph with the provision of online data entry and user aid for emergency clinical support has successfully been tested in different settings. With this proven evidence, this study tested the feasibility and effectiveness of implementing an e-partograph, for the first time, in Bangladesh

We followed a prospective crossover design. Two secondary level referral hospitals, Jessore and Kushtia District Hospital (DH) were the study sites. Both the hospitals were exposed to e-partograph in two different phases where Kushtia DH was randomly allocated to start e-partograph during phase one. Pregnant women attended for facility delivery were the study participants. Nurse midwives from study health facilities were trained on using both types of partograph and standard labour management guideline. In total 1,012 delivery cases were observed from each hospital, 506 in each phase. Data analysis was done using SPSS 23 statistical software. Discrete variables were expressed as percentages and presented as frequency tables and cross tabulations Chi square tests were employed to the test of

association between proportions of respondents. Potential confounding factors were adjusted using binary logistic regression. Ethical approval was taken from icddr.b.

**Finding:** In total 2918 deliveries were conducted at Jessore DH and 2312 at Kushtia DH during one-year study period. The trend of cesarean deliveries was downwards in both the study sites; 43% to 37% in Jessore and from 36% to 25% in Kushtia Hospital. There was a significant reduction of prolonged labour and Birth asphyxia with e-partograph use. In Kushtia DH, the prolonged labour rate was 42% during phase 1 with the paper version which came down to 29% during phase-2 with the e-partograph use. The similar result was observed in Jessore DH where the prolonged labour rate was reduced to 7% with e-partograph from the reported 30% prolonged labour with paper partograph. The incidence of birth asphyxia was <1% during both the phases. The e-partograph user rate was higher than the paper partograph during both phases (phase 1: 3.07, CI: 1.83-5.14,  $p < .001$  and in phase 2: 21.76 CI: 8.56-55.34,  $p < .001$ ) after adjusting for maternal age, parity, gestational age, religion, mother's education, husband's education, and fetal sex

**Conclusion:** The partograph user rate has significantly improved with the e-partograph and was associated with an overall reduction of cesarean births. e-partograph was found more effective to reduce prolonged labour and birth asphyxia while comparing to paper partograph. Whilst the positive impact of e-partograph has now been proven, the best way to implement it at scale in the health care system now has to be determined.

# Identifying Barriers and Facilitators/Enablers of Private Sector Referral of Suspected MDR-TB Cases for Gene Xpert Diagnostic Testing in Hlaingtharya and Dagon (South) Townships in Yangon



**Phyo Thet Naing Win**

Technical Officer  
USAID funded Challenge TB project in FHI 360  
National University of Singapore / Singapore

Phyo Thet Naing Win is a medical doctor by training and well-trained public health professional with 5 years of working experience in technical sectors of HIV/TB and reproductive health in Myanmar. He has just completed MPH degree from NUS and is currently working as a technical officer for the USAID funded Challenge TB project in FHI 360. His primary research interests include programmatic evaluations, health system interventions and infectious disease epidemiology.

## ABSTRACT

**Background:** Significant number of missing TB and multidrug resistant TB cases threaten the progress of TB control and public health safety in Myanmar. Primary care general practitioners serve as the first contact for suspected TB and MDR-TB cases in the community. Despite the collaborative efforts of NGOs and GPs with National tuberculosis program in enhancing case detection and referrals, significant gaps remain in tuberculosis patients taking Gene Xpert, a molecular test which can detect rifampicin resistance gene from the patients' sputum. Hence in this study, we explored the challenges and barriers of patients, GPs, NGO staff related to uptake of Gene Xpert diagnostic services and using the results to inform the program interventions.

**Methodology:** We used qualitative research tools, 17 In-depth interviews to patients and their family, primary care GPs, their clinic staff, and the staff from an NGO – triangulating the data from the perspectives of different stakeholders. Participants were purposively chosen from the registries of GPs allowing maximum variations in the sample. The interviews were audio-recorded, and later transcribed to Burmese and translated back into English. Qualitative data were managed with NVivo 12 and thematic analysis was applied using deductive-inductive approach.

**Finding:** We identified 5 major themes that governs the uptake of the services. Complex and complicated referral services, lack of one-stop

services and multiple referrals to distant locations fatigued the patients, and also put the extra financial burden to those with low earning. We also noted that self-stigmatization discourages them at personal level. Since GPs are primary contact point for the patients' MDR TB care journey, we found that relationship, trust of GPs are catalysts in successful referrals. From GPs' perspectives, there is no incentives, and only ethical and moral responsibilities of a medical doctor is the enabling factor for them to follow national TB program referral guidelines. Besides, frequent policy changes and lack of proper tracking system for referred patients were also noted as barriers for successful referral. Nevertheless, even when complicated diagnostic procedures exist, we identified certain facilitators – emotional support from the family, free services and some amount of financial support from NGO, and the roles of sputum transporters ease their burden in service uptake.

**Conclusion:** Despite the fact that patients were given proper emotional support and healthcare services, the Gene Xpert uptake will remain limited without a good coverage or decentralized gene Xpert machines.

**Recommendation:** A good tracking system of referred patient, targeted behavioral change messages to patients/family, creating incentives for GPs, leveraging the role of sputum transporters, and scaling up the Gene Xpert machines, will improve the case finding in the long run.

# Intervention Evaluation of TB Patient Counseling and Phone Reminders in Cameroon: a Before-and-after Study



**Elias F. Onyoh**

Postdoctoral Fellow

College of Public Health, National Taiwan University / Taiwan

Elias F. Onyoh is a global health physician and a TB/HIV specialist from Cameroon. Dr. Onyoh is currently a postdoctoral fellow at the National Taiwan University College of Public Health. He obtained his medical degree from the Ahmadu Bello University, Nigeria; and completed his master's degree in molecular medicine from the University of Khartoum, Sudan and a second master's in public health, majoring in global health from the Thammasat University, Thailand. He recently received his Ph.D. in Epidemiology from the National Taiwan University.

Elias was the medical director of the Tuberculosis and HIV/AIDS Care and Prevention Program in Cameroon. His research interests include tuberculosis, sexually transmitted infections (with a special interest in HIV/AIDS), palliative care, global health, geographic information system, and colorectal cancer screening. His current research looks at the predictors of patient's delay in initiating TB treatment after diagnosis, and the possible measures that could be implemented to mitigate pre-treatment loss to follow-up of smear-positive pulmonary tuberculosis patients.

## ABSTRACT

**SETTING:** Thirty-nine tuberculosis diagnosis and treatment units (DTUs) in the North West and South West Regions of Cameroon.

**OBJECTIVE:** To evaluate the impact of counselling patients and phone reminders on the incidence of TB pre-treatment loss to follow-up (PLTFU, which represents the situation whereby patients get diagnosed but are not treated promptly) using a before-and-after study design.

**METHODS:** A quasi-experimental study that included a total of 2160 bacteriologically confirmed pulmonary tuberculosis (PTB) cases from two different cohorts (retrospective and prospective). A post hoc analysis was conducted to evaluate whether patient counseling and phone reminders delivered in the prospective study would have had an impact on TB pre-treatment loss to follow-up using a before-and-after study design.

**RESULTS:** Among the 2160 bacteriologically confirmed PTB cases, 57.8% (1249 out of 2160) were males with a total population mean age of 39.2 years (SD  $\pm$ 12.0). Proportion of those diagnosed by Xpert® MTB/RIF (37.9%) was lower compared to those diagnosed by microscopy. The control group (retrospective cohort) had a PLTFU of 17.5% (95% CI: 15.3–19.8) while the

intervention group's PLTFU was 10.6% (95% CI: 8.9–12.6).

Logistic regression analyses conducted showed a statistically significant decrease in PLTFU in the intervention group (prospective cohort) in both univariable analysis (crude odds ratio: 0.56, 95% CI: 0.44–0.72) and multivariable analysis (adjusted odds ratio [aOR]: 0.61, 95% CI: 0.47–0.79); with a 79% increase in odds of PLTFU among those diagnosed by Xpert compared with those diagnosed by microscopy, (aOR: 1.79, 95% CI: 1.22–2.63). Equally significant were travel time and travel distance; with a travel time of >30 min versus  $\leq$ 30.0 min from home to DTU showed an increase in odds of PLTFU, aOR: 1.81, 95% CI: 1.38–2.38. Travel distance >30 km versus  $\leq$ 30 km from home to DTU showed an increased odds of PLTFU, aOR: 1.81, 95% CI: 1.37–2.38.

**CONCLUSION:** The implementation of counselling of TB patients and phone call reminders as interventions may have a positive effect on the incidence of PLTFU in TB patients from the North West and South West Regions of Cameroon.

# Poster Presentation

University	No.	Presenter Name	Poster Title
Chiang Mai University Faculty of Public Health	1	Warangkana Naksen	Empowering Community Health Volunteers by Implementing Prevention of Health Impact from Smoke Haze Pollution in Rural District of Chiang Mai Province, Thailand
Chulalongkorn University College of Public Health Science	2	Aminur Shaheen	Feasibility and Effectiveness of Electronic Partograph on Improving Birth Outcome: A Prospective Crossover Design Study
	3	Ekarat Sombatsawat	Pesticides Application, Acetylcholinesterase Monitoring and Health Effect of Farmers
	4	Monthalee Nooseisai	Stress, Mindfulness, Blood Sugar and Quality of Life among Older Female Patients with Uncontrolled Type 2 Diabetes Mellitus in Public Health Centers, Bangkok, Thailand
	6	Pongsaya Panicharoen	Long-Chain Polyunsaturated Fatty Acid (LC-PUFA) in Breast Milk of Central Thai Mothers
	7	Saowanee Sematong	Health Risk Assessment of DIETARY Exposure to Benzene from Human Milk in Central Region of Thailand
	8	Somchai Issaravanich	Factors Influencing the Change of Whey Protein in Breast Milk Due to the Transportation
	9	Suphasuta Doungraksa	Systematic Reviews on Smartphone Addiction and Mental Health in Adolescents
Kyoto University School of Public Health	10	Yuphaporn Hongchuvech	The Promoting Physical Activity and Healthy Eating Behavior through LINE Application for Improve Health Outcomes among Overweight Women in Community: A Randomized Controlled Trial
	11	Chih-Chi Yang	Prediabetic people knows well about "diabetes" but not "prediabetes"-A qualitative study in Taiwan
	12	Chu-Yun Peng	A Qualitative Study of Shift Work Related Dietary Intake, Physical Activity and Sleep Quality as Potential Risk Factors of Overweight/Obesity Shift Worker in Taiwan
	13	Jin Miyazawa	A Qualitative Research on Stigma among People Living with HIV in Japan: Interview Survey to the Parties
	14	Kayo Ueda	Practice Test on the Applicability of Quality Indicators for Low-risk Labor Care: A Cross Sectional Observational Study
	15	Kenji Omae	Characteristics and Publication Status of Clinical Trials Supporting Immune Checkpoint Inhibitors and Other Newest Anticancer Drugs Recently Approved by the United States Food and Drug Administration: A Meta-Epidemiological Investigation
	16	Manako Konda	Survey of Physical Activity in French and Japanese University Students
London School of Hygiene and Tropical Medicine	17	Mayumi Nishimura	Computerization of Good End of Life Experience with Dementia from Bereaved Families' Perspectives in Japan: A Qualitative Study
	18	Esther Kwong	The Use of Patient Reported Outcome Measures (PROMs) for Evaluating Emergency Admissions
	19	Georgina Miguel Esponda	Lessons from the Implementation of a Mental Health Programme in Primary Health Clinics in Rural Mexico
	20	Shelly Makleff	Preventing Intimate Partner Violence among Young People: The Role of Comprehensive Sexuality Education (CSE)



# “Interdisciplinary Approach and Collaboration for Health for All”

December 3-4, 2018

University	No.	Presenter Name	Poster Title
Mahidol University Faculty of Public Health	21	Mondha Kengganpanich	Effect of Brief Advice and foot reflexology for smoking cessation among daily smokers in Thailand
	22	Nichamon Lumrod	Effects of a Capacity Building Program on Health Literacy in Smoking Cessation for Village Health Volunteers
	23	Sasawan Attaworakun	Effects of Supportive Educative Nursing Program On Self-care Behaviors Among Monks With Metabolic Syndrome in Bangkok Metropolitan Area
	24	Siripan Naknoi	Effects of An Organophosphate/Carbamate Exposure Prevention Program on Pesticide Protective Behaviors, Serum Cholinesterase and SDPTG Aging Index Among Thai Rice Farmers in Kamphaeng-Phet Province
	25	Tharadol Kengganpanich	Community based intervention to Control Tobacco Applying Ecological Model and Ottawa Charter in the South of Thailand
	26	Vallerut Pobkeeree	Participatory Action Research of Public Health Students at Rural Health Community
National Taiwan University College of Public Health	27	Amy Jan, Vivian Lin, Peter Lian	Landscape on the Association between Lung Cancer Driver Mutations and Tumor Mutational Burden
	28	Elias F. Onyoh	Intervention Evaluation of TB Patient Counseling and Phone Reminders in Cameroon: a Before-and-After Study
	29	Fu-Chung Wang	A Dual Process Approach for National Personal Health Records System Implementation: New Perspective on Patient-Centered Care to Universal Health Coverage
	30	Yi-Ting Hsieh	Assessing the Impact of Polychlorinated Biphenyls Exposure on a Birth Cohort in the Vicinity of Industrial Areas in Central Taiwan
National University of Singapore Saw Swee Hock School of Public Health	31	Ke Xin EH	Hospital Utilization and Implementation Costs of Transitional Care Programs in Singapore
	32	Liang En Ian Wee	The Impact of Area Socioeconomic Status on Health and Health Services in an Asian Low-income Setting, at Baseline and Post-intervention
	33	Phyo Thet Naing Win	Identifying Barriers and Facilitators/Enablers of Private Sector Referral of Presumptive Multidrug-resistant Tuberculosis Cases for Gene Xpert Diagnostic Testing in Hlaingtarya and Dagon (South) Townships in Yangon
University of Malaya Faculty of Medicine, Department of Social & Preventive Medicine	34	Amirah Azzeri	Budget Impact Analysis of a Stratified Treatment Cascade for Hepatitis C Direct Acting Antiviral treatment in an Asian Middle-income Country Through the Use of Compulsory and Voluntary Licensing Options
	35	Arunah Chandran	Lessons Learnt: The Journey of Translating the Global Agenda on Non-Communicable Diseases into a National Strategic Plan in Malaysia
	36	Tengku Amatullah M T Mohd	Social Support and Depression among Rural Community-Dwelling Older Adults: Is there Room for Social Support Intervention?
National University Health System	37	Pami Shrestha	Coping with the Increasing Chronic Care Needs in Singapore: Evaluation of Implementation Fidelity of the Right-Site Care Program
University of Tokyo	38	Sabera Sultana	Inequalities in Access to Essential Maternal Health Services in Bangladesh

# Post-conference workshops

December 5 (Wednesday)

9:00-12:00	<p><b>“Introduction to Meta-Analysis and Network Meta-Analysis”</b> by Professor Toshi A. Furukawa Professor and Chair, Department of Health Promotion and Human Behavior Professor, Department of Clinical Epidemiology Kyoto University School of Public Health See page 31 for more details</p>
13:00-14:30	<p><b>“Improving People’s Lives with Innovation and Technology”</b> by Toshihiro Nakamura Co-founder &amp; CEO of Kopernik See page 32 for more details This course is co-sponsored by the Department of Global Health and Socio-epidemiology, Kyoto University School of Public Health</p>
15:00-17:00	<p><b>“Mentorship: How to Give It, How to Get It, and Why It Matters. Improve Your Mentoring Skills to Increase Career Success and Satisfaction.”</b> by Professor Mitchell Feldman Professor of Medicine Chief, Division of General Internal Medicine Associate Vice Provost, Faculty Mentoring University of California San Francisco See page 33 for more details</p>



## December 6 (Thursday)

9:00-12:00	<p><b>“Improving Your Presentation Skills – How to Tell Stories That Stick”</b>  <b>by Professor Ian Roberts</b>  <b>Professor of Epidemiology &amp; Public Health</b>  <b>Co-director of the Clinical Trials Unit</b>  <b>London School of Hygiene &amp; Tropical Medicine</b>  <b>Limitation: 8 participants per session</b>  <b>See page 34 for more details</b>  <b>This course is sponsored by the Kyoto University Clinical Biostatistics Course</b></p>		9:00-12:00
13.00-16.00	<p><b>“How to Write a Good Research Paper and Get Published. Tips from an Editor in Chief”</b>  <b>By Professor Mitchell Feldman</b>  <b>Professor of Medicine</b>  <b>Chief, Division of General Internal Medicine</b>  <b>Associate Vice Provost, Faculty Mentoring</b>  <b>University of California San Francisco</b>  <b>See page 35 for more details</b></p>		13.00
		<p><b>“Improving Your Presentation Skills – How to Tell Stories That Stick”</b>  <b>by Professor Ian Roberts</b>  <b>Professor of Epidemiology &amp; Public Health</b>  <b>Co-director of the Clinical Trials Unit</b>  <b>London School of Hygiene &amp; Tropical Medicine</b>  <b>Limitation: 8 participants per session</b>  <b>See page 34 for more details</b>  <b>This course is sponsored by the Kyoto University Clinical Biostatistics Course</b></p>	14:00-17:00
17.00			

# Introduction to Meta-Analysis and Network Meta-Analysis



**Professor Toshi A. Furukawa, MD, PhD**

**Kyoto University School of Public Health**

**Date:** December 5, 2018

**Time:** 09:00am – 12:00pm

**Venue:** Large Seminar Room, First floor, Science Frontier Building, Medical campus, Kyoto University  
(Building no. 16 on the map: <http://bit.ly/1h1bR2j>)

Professor Toshi A. Furukawa is Professor of Departments of Health Promotion and Human Behavior, and of Clinical Epidemiology at Kyoto University Graduate School of Medicine / School of Public Health, since 2010. Prof Furukawa's major areas of interest and expertise include clinical epidemiology, evidence synthesis, and clinical psycho-pharmacology and cognitive-behavior therapy. He is author and co-author of over 350 peer-reviewed articles, including:

- Cipriani A\*, Furukawa TA\*, Salanti G\*, et al (2018) Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. **Lancet**, 391, 1357-1366. (\*: co-first authors)
- Nikolakopoulou A, Mavridis D, Furukawa TA, et al (2018) Living network meta-analysis compared with pairwise meta-analysis in comparative effectiveness research: empirical study. **BMJ**, 360, k585.
- Furukawa TA, Efthimiou O, Weitz ES, et al (2018) Cognitive-Behavioral Analysis System of Psychotherapy,

drug, or their combination for persistent depressive disorder: Personalizing the treatment choice using individual participant data network metaregression.

**Psychotherapy and Psychosomatics**, 87, 140-153.

- Pompoli A, Furukawa TA†, Efthimiou O et al (2018) Dismantling cognitive-behaviour therapy for panic disorder: a systematic review and component network meta-analysis. **Psychological Medicine**, 48, 1945-1953. (†: corresponding author)

After this three-hour workshop, the participants will be able to:

1. Understand the basic principles of meta-analysis
2. Understand the basic principles of network meta-analysis
3. Understand how to frame the research question in network meta-analysis

This course is co-sponsored by the Department of Global Health and Socio-epidemiology, Kyoto University School of Public Health

# Improving People's Lives with Innovation and Technology



## Mr. Toshi Nakamura

Co-Founder & CEO, Kopernik

**Date:** December 5, 2018

**Time:** 13:00pm – 14:30pm

**Venue:** Seminar room A, Second floor, G-building, Medical campus, Kyoto University  
(Building no. 18 on the map: <http://bit.ly/1hlbR2j>)

Toshi Nakamura is co-founder and CEO of Kopernik, an Indonesia-based organization that finds what works to reduce poverty. Toshi, together with Ewa, co-founded Kopernik in 2010 with a vision to make international development more effective. Before starting Kopernik, Toshi dealt with governance reform, peace building processes, monitoring and evaluation, and post-disaster reconstruction at the United Nations (UN) in Timor-Leste, Indonesia, Sierra Leone, the United States and Switzerland. Prior to joining the UN, Toshi was a management consultant for McKinsey and Company in Tokyo. He is a graduate of Kyoto University's Law Faculty, holds MSc Comparative Politics from the London School of Economics and Political Science, and is a Guest Professor at Osaka University's Center for the Study of Co\*Design. Toshi was selected as a World Economic Forum (WEF) Young Global Leader in 2012, and was a member of the WEF Global Agenda Council on Sustainable Development 2014-2016.

After this 1.5 hour session, the participants will be able to:

1. Understand key challenges that people face in developing countries
2. Understand some examples of simple and innovative solutions to tackle those challenges

# Mentorship: How to give it, how to get it, and why it matters

Improve your mentoring skills to increase career success and satisfaction



**Prof. Mitchell D. Feldman, MD, MPhil, FACP**

**University of California, San Francisco**

**Date: December 5, 2018**

**Time: 15:00pm – 17:00pm**

**Venue: Seminar room A, Second floor, G-building, Medical campus, Kyoto University  
(Building no. 18 on the map: <http://bit.ly/1hlbR2j>)**

Dr. Feldman is Professor of Medicine, Chief of the Division of General Internal Medicine and the Associate Vice Provost and Director of the Clinical Translational Science Mentor Training Program at the University of California, San Francisco. He trained in medical anthropology at Johns Hopkins University and at Cambridge University and in Internal Medicine at UCSF. He has been a visiting professor and has lectured widely on mentoring at major universities across the US and in Japan and China. His research and others have shown that mentoring is key to a more productive and successful career in research, teaching and clinical care. In this workshop, Dr. Feldman will discuss what are the key competencies of outstanding mentorship that support career success and satisfaction. Participants will use case studies to learn the fundamentals of how to find and work more effectively with a mentor; how to promote alignment in mentoring; and how to respond to mentoring challenges.

At the end of this workshop, participants will learn the fundamental skills of outstanding mentors and mentees and how to apply them to their mentoring relationships. They will find that improving your mentoring skills, as a mentee and/or as a mentor, is both fun and rewarding.

This course is sponsored by the Kyoto University Clinical Biostatistics Course

## Improving Your Presentation Skills - How to Tell Stories that Stick



### Professor Ian Roberts, MB BCh FRCP FPH

London School of Hygiene and Tropical Medicine

**Date:** December 6, 2018

**Morning session:** 09:00am - 12.00pm (limit to 8 participants)

**Venue for morning session:** Large Seminar Room, First floor, Science Frontier Building, Medical campus, Kyoto University (Building no. 16 on the map: <http://bit.ly/1hlbR2j>)

**Afternoon session:** 14:00pm – 17:00pm (limit to 8 participants)

**Venue for afternoon session:** Seminar room 335, Third floor, G-building, Medical campus, Kyoto University

(Building no. 18 on the map: <http://bit.ly/1hlbR2j>)

**Both sessions are identical, register for one session only!**

Ian Roberts is Professor of Epidemiology at the London School of Hygiene & Tropical Medicine. He trained as a paediatrician in the UK and then in epidemiology at the University of Auckland, New Zealand and McGill University, Canada. He is a clinical academic who works collaboratively with health professionals world-wide to conduct large multi-centre clinical trials aimed at improving patient outcomes in life threatening emergencies. He works with others to build global research partnerships to answer questions together that could not be answered by anyone working alone. He has played lead roles in several large trials including the CRASH trials and the Woman trial. As a researcher and teacher he has a long standing interest in improving his and other's presentation skills which he believes should be a core competence of any researcher.

At the end of this workshop participants will have the potential to make their presentations more interesting, engaging and memorable.

# How to Write a Good Research Paper and Get Published

## Tips from an Editor in Chief



**Prof. Mitchell D. Feldman, MD, MPhil, FACP**

**University of California, San Francisco**

**Date:** December 6, 2018

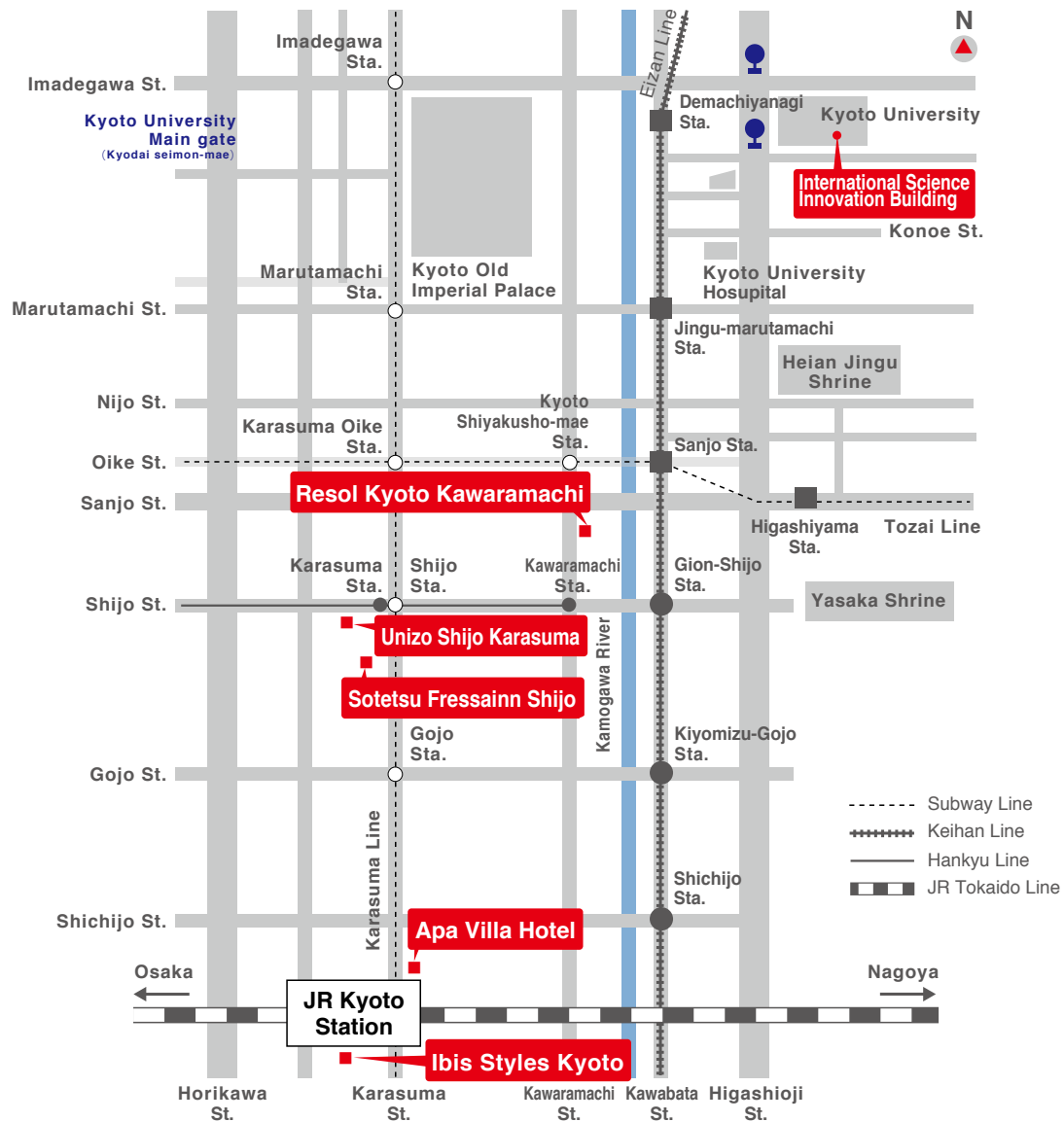
**Time:** 13:00pm – 16:00pm

**Venue:** Seminar room A, Second floor, G-building, Medical campus, Kyoto University  
(Building no. 18 on the map: <http://bit.ly/1hlbR2j>)

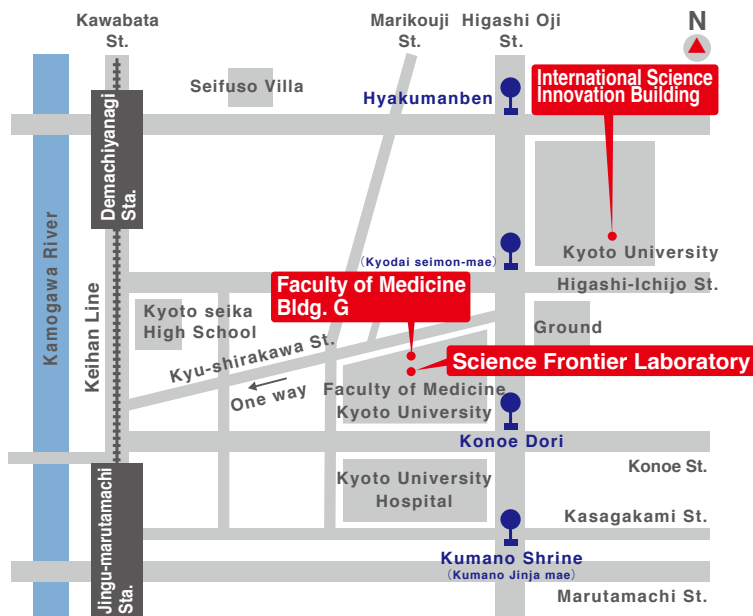
Dr. Feldman is Professor of Medicine, Chief of the Division of General Internal Medicine and the Associate Vice Provost at the University of California, San Francisco. He trained in medical anthropology at Johns Hopkins University and at Cambridge University and in Internal Medicine at the University of California, San Francisco. He is the immediate past Editor in Chief of the Journal of General Internal Medicine (JGIM), the #1 general medicine journal according to Google Scholar. Dr. Feldman has authored more than 100 research papers, numerous book chapters and is editor of a widely used text. In this interactive session, participants will have the opportunity to learn the essential components of a good research paper from the perspective of an editor in chief and learn how reviewers and editors assess the quality and importance of their work. Dr. Feldman will offer tips on how to construct and improve your research paper, how to choose a journal, and the common problems with papers that lead to rejection.

At the end of this workshop, participants will learn tips on how to write a successful research paper and get it published. They will have the opportunity to review abstracts from real papers submitted to JGIM and learn why some were successful and others rejected.

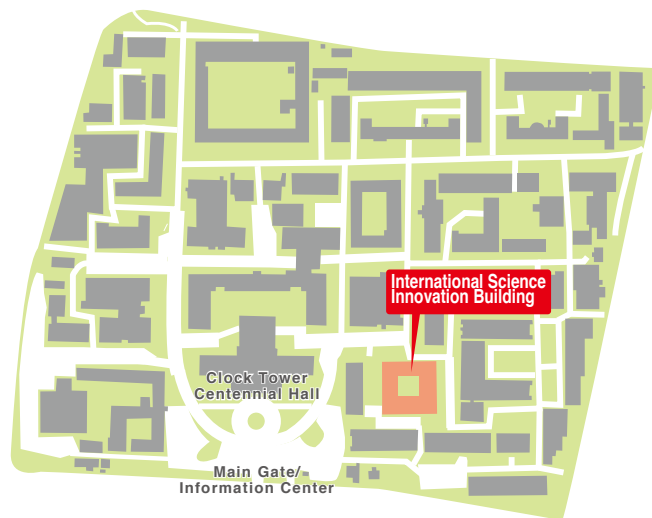
## Kyoto City Map



## Local Map



## Main Campus Map



## Access

Main Railway station	Route	Terminal
Kyoto Station -JR -Kintetsu -Subway	City Bus #206 bound for Kitaoji bus terminal via Higashiyama St.	Kyodai seimon-mae
	KYOTO UNIVERSITY hospital loop bus (Hachijo Gate)	Kyoto University
Hankyu Railway Kawaramachi Station	City Bus #201 bound for Gion, Hyakumanben City Bus #31 bound for Kumano, Iwakura	Kyodai seimon-mae
Karasuma Subway line Marutamachi Station	City Bus #202 bound for Kumano jinja, Gion City Bus #204 bound for Higashi Tenno-cho, Kinrin Shako-mae	Kumano jinja-mae (and change to above bus lines)
Keihan Railway Jingu-marutamachi Station	10 minutes walk north-east from No.5 exit	



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**Kyoto University School of Public Health - SGU Organizaing Committee  
(by academic title and alphabetical order)**

Professor Masahiro Kihara  
Professor Takeo Nakayama  
Professor Yuichi Imanaka  
Associate Professor Yoshimitsu Takahashi  
Assistant Professor Satoe Okabayashi  
Assistant Professor Teeranee Techasrivichien  
Assistant Professor Yusuke Ogawa  
Yukiko Tateyana, Chief Assistant, KUSPH International Office

**Reviewers (by academic title and alphabetical order)**

Asian Development Bank - Health Sector Group  
Dr. Eduardo Banzon  
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Chiang Mai University Faculty of Public Health  
Professor Suwat Chariyaletsak  
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Kyoto University School of Public Health  
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Professor Masahiro Kihara  
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NUS-SSHSPH Team  
University of Malaya Faculty of Medicine, Department of Social & Preventive Medicine  
Dr. Nik Daliana Nik Farid  
UMSPM team  
WHO Centre for Health Development (WHO Kobe Centre)  
Dr. Megumi Rosenberg  
WHO Kobe Centre Team

Policy

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Inquiry, ☎ 075-753-4350 📠 075-753-4359

Teeranee Techasrivichien✉ techasrivichien.teeranee.2a@kyoto-u.ac.jp