WELCOME MESSAGE FROM NCD CHILD

Welcome!

On behalf of the Secretariat of NCD Child and members of our Conference Organising Committee, it gives me great pleasure to welcome each and every one of you to the Second International NCD Child Conference here in Port-of-Spain, in the magnificent Republic of Trinidad and Tobago. It is enormously encouraging that so many varied organizations, sectors and stakeholders have come together as one community, through a shared passion for the meaningful integration of children, adolescents and a life-course approach within the international Non-Communicable Disease (NCD), health and development discourse.

This event would not have been possible without the vision and generosity of spirit demonstrated by the Honorable Minister of Health, Dr Fuad Khan. The Caribbean region is highly regarded internationally for its leadership in the NCD space, and indeed Trinidad and Tobago is the birthplace of the historic *Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs (September 2007)*. There is much to celebrate in terms of historic achievements since that time – most notably with the United Nations High Level Meeting on NCDs held four years later in September 2011 – and yet, the passion and commitment you all continue to share for the movement of NCD Child speaks to a collective dissatisfaction with the *status quo* for children and adolescents.

So what needs to be done? There is no doubt the 2007 Declaration of Port-of-Spain title holds a vital key to success… we must all **unite** as one if we are going to **do what needs to be done** to protect and promote the rights of children and adolescents who are living with and at risk of NCDs and ensure a life-course approach to NCDs is firmly established as a foundational component of the post-2015 development agenda. We sincerely hope this Conference provides every opportunity for delegates to unite as a passionate community, share expertise and experiences amongst ourselves – and our online community members - so that we might all leave richer for our time together and empowered to continue our collective efforts as a cohesive, collaborative global community to advance the health and well being of young people now and into the future.

To this end our sincerest thanks to all who have united with NCD Child to make this conference possible. Thank-you to the founding members, partners and friends of NCD Child who continue to journey with us and contribute talents, skills and expertise so generously. Thank you to our wonderful sponsors and supporters – without your belief in and passion for the work of NCD Child we would not have the strength to continue. Thank-you to the fantastic young people who educate, encourage and inspire us all. And thank-you to our grassroots community members - your voices motivate us to **do what needs to be done** most of all. This conference is for all of you – for all of us. Enjoy!

Yours Sincerely,
Kate Armstrong
Executive Secretary, NCD Child
President & Founder, CLAN (Caring & Living As Neighbours)

WELCOME MESSAGE FROM MINISTRY OF HEALTH TRINIDAD AND TOBAGO

Dear Participants,

On behalf of the Ministry of Health of the Government of the Republic of Trinidad and Tobago, I am pleased to welcome you to NCD Child's 2nd International Conference on Non-Communicable Diseases (NCDs) of Children and Adolescents being held from the 20 – 21 March 2014, in Port-of-Spain.

Themed "Doing What Needs to be Done", the conference has attracted researchers, academia, policy makers, health care providers, and advocates regionally and internationally to converge and present the latest developments on programmatic research, policy, and promising practices of adopting a life-course approach to addressing non-communicable diseases (NCDs).

With a growing momentum since the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2011 and the implications of a growing burden of NCDs globally, there is a growing impetus to focus on a life-course approach to address the burden of NCDs. We are hopeful that this conference will aid decision makers in the development of priorities for children and adolescents who are at risk of or living with NCDs, in both developed and developing countries.

We hope you find this conference both interesting and stimulating and enjoy the opportunity to collaborate, network and share experiences. In addition to an exciting programme line-up, you will have the chance to explore Trinidad and Tobago; beautiful islands brimming with diversity, as well as a wealth of culture, arts and natural beauty. The islands will offer countless unique experiences that will make this conference truly memorable.

Sincerely,

Dr. Fuad Khan
MINISTER OF HEALTH

NCD CHILD

Putting Children and Adolescents on the Global Non-Communicable Disease Agenda

WELCOME MESSAGE FROM ASTRA ZENECA YOUNG HEALTH PROGRAMME (YHP)

Dear participants of the NCD Child Conference 2014,

Non-communicable diseases (NCD) are spreading rapidly; their risks are often onset in adolescence and accumulate through the life course. Preventative efforts addressing NCD risk behaviours and their determinants in adolescents will result not only in significant gains in health outcomes but also in global productivity and health care savings. However, an underexplored aspect of preventing the NCD burden is that of adolescent health. In particular there is a need to better understand the risk and protective factors which affect adolescent health and how to create an enabling environment that can help to prevent the development of NCDs later in life. Moreover the perspective of adolescents themselves has often been overlooked in coming to terms with the pre-conditions of chronic diseases and ultimately preventing them. Through research, advocacy and on-the-ground activities, AstraZeneca Young Health Programme (YHP) seeks to fill the gaps in this important area of public health.

YHP is delighted to participate in the NCD Child Conference 2014. This is a wonderful opportunity to exchange information and learn from others who are also committed to putting children and adolescents living with or at risk of developing NCDs on the global and local policy agenda. The conference will also allow us to take stock of the progress made in addressing the prevention and control of NCDs in children and adolescents since the Political Declaration in NCDS and the Global Action Plan, bringing the voices of children, adolescents, and young people into the discussion. This conference will also provide critical outcomes to inform decisions on "doing what needs to be done" to make sure that children and adolescents are a priority target group in the fight against the avoidable burden of NCDs; and in doing so contribute to the ultimate goal of ensuring the right of children and adolescents to enjoy a healthy life.

Our sincere congratulations to NCD Child and its secretariat for the excellent job they have done in both organizing and coordinating this conference. Many thanks to the honourable Ministry of Health of Trinidad & Tobago for hosting and supporting the event. The NCD Child Conference is an opportunity to reinforce the YHP commitment to working with governments, civil society organizations, and the private sector to address the needs of adolescents for the prevention of NCDs and mitigation of their impacts.

Kind Regards

Caroline Hempstead, EVP HR & Corporate Affairs, AstraZeneca

On behalf of Young Health Programme

AstraZeneca
Young Health Programme
A global community investment initiative

in partnership with

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Plan

NCD CHILD

Putting Children and Adolescents on the Global Non-Communicable Disease Agenda

NCD CHILD IS PROUD TO SUPPORT EVERY WOMAN EVERY CHILD

Every Woman Every Child is an unprecedented global movement, spearheaded by UN Secretary-General Ban Ki-moon, to mobilize and intensify global action to improve the health of women and children around the world and advance the health-related Millennium Development Goals (MDGs).

Non-Communicable Diseases (NCDs) are a threat to global health and development. The 2014 NCD Child Conference will provide an important opportunity to promote existing NCD-related commitments to the *Every Woman Every Child* movement and also to announce new NCD-related commitments that will help protect and promote the health of future generations.

Why Commit to Women's and Children's Health and Non-communicable Diseases (NCDs)?

The *Global Strategy for Women's and Children's Health* recognizes that women's and children's health is inextricably linked to the prevention and treatment of non-communicable diseases (NCDs) such as diabetes, cancer, cardiovascular disease and respiratory disease.

NCDs affect women and children differently, and can thwart household income and national economic growth due to the high rates of illness, disability and death that these diseases cause. For example, in low income countries, 1 in 10 children die before the age of five, partly due to a diversion of household income away from children and towards NCD risk factors such as smoke inhalation and unhealthy eating habits. Cervical cancer, the most common cancer affecting women in low and middle income countries, kills hundreds of thousands of women a year, yet is preventable by vaccination, screening and early treatment.

Nearly 40 *Every Woman Every Child* partners have focused their commitments on NCDs, pledging to make crucial interventions in the areas of disease prevention, treatment, and care; policy development; and health system strengthening.

Please consider if YOUR organization would like to announce a new NCD-related commitment to the *Every Woman Every Child* movement in the future - it's an exciting platform for uniting around women and children! For more information, please visit www.everywomaneverychild.org.

Governments	Philanthropic Institutions & Foundations	UN, Multilateral Organizations & Partnerships	Civil Society/ Non-Governmental Organizations	Business Community	Academic & Research Institutions
• Afghanistan • Australia • Cameroon • Central African Republic • China • Djibouti • France • Liberia • Mauritania • Sudan • Sweden • Tanzania • Uganda • Yemen • Zambia	• A.K. Khan Healthcare Trust • UN Foundation • Centre for Infectious Disease Research in Zambia (CIDRZ) • Medtronic Foundation	• GAVI Alliance	• Africa Coalition on Maternal, Newborn and Child Health • Caring and Living as Neighbours • International Diabetes Federation • Pathfinder International • Sesame Workshop • Susan G. Komen for the Cure Global Health Alliance • The Bangladesh Women Chamber of Commerce and Industry	• (Red) • Bristol-Myers Squibb Foundation • Dow Corning • LifeSpring Hospitals of India • Mercado Global • Merck • Nestle • Novo Nordisk • Viyellatex Group	• Institute for Global Health of Barcelona

WE SUPPORT EVERY WOMAN EVERY CHILD

NOUS SOUTENONS CHAQUE FEMME CHAQUE ENFANT

APOYAMOS TODAS LAS MUJERES TODOS LOS NIÑOS

GENERAL INFORMATION

BACKGROUND

NCD Child is committed to engage with all regions of the world through advocacy, capacity building and collaborative action to promote a life-course approach to the prevention and management of NCDs. In the future, NCD Child aims to have partners in all regions of the world. In each region, NCD Child will aspire to collaborate with member states (countries), international organisations, non-governmental organisations, academic and research institutions, professional associations and the private sector to advocate for the rights and needs of children, adolescents and youth living with or at risk of developing NCDs and where possible promote the integration of NCD Child recommendations within national and global NCD plans.

CROSS -CUTTING THEMES

While the conference will explore 5 key themes, the following cross-cutting issues will inform all discussions and outcomes:

- Maintain focus on four risk factors and prevention and four sets of NCDs as per UN HLM
- Add a focus on mental health and injuries/accidents – preliminary ideas to see what kind of currency they gain, how receptive NCD Child's constituents are to these issues
- Fully integrate the perspective of adolescents and youth throughout – participating equally/in parallel
- Health system strengthening
- Linking with existing platforms
- Sustainability and scalability
- Multi-sectoral engagement
- Addressing the social determinants of health

AIM

The 2014 NCD Child conference aims to create a platform for interaction, knowledge exchange, and a priority focus on the needs of children and adolescents within the context NCD action and the post 2015 agenda and MDG review. It will also provide an opportunity to establish and strengthen regional partnerships within the Caribbean – an important first step towards building NCD Child's capacity as an independent global coalition to strengthen regional engagement more effectively in future.

RATIONALE

A regional conference can serve to create a platform for members to communicate and partner with a wide range of stakeholders on initiatives to advance the NCD health agenda, including UN agencies and other multilaterals, civil society, private sector and other NCD Child partners. By building a platform for technical expertise and networking opportunities, this conference will build the capacity of NCD Child to connect more effectively with international communities and learn from their successes. In addition, it will help NCD Child identify and understand innovative, lateral ways of communicating and disseminating key messages, especially in LMICs.

The Caribbean has been chosen as an initial regional area of partnership given the overt priority the region has placed on addressing NCDs, their focus on young people and the strong partnership that NCD Child has already enjoyed with PAHO and Healthy Caribbean Coalition (HCC). In 2007, CARICOM made an official declaration to "Unite to Stop the Epidemic of Chronic Diseases" (Declaration of Port of Spain, 2007). The declaration states a commitment to "implement strategies to prevent and control heart disease, stroke, diabetes, hypertension, obesity and cancer in the Region by addressing their causal risk factors of unhealthy diets, physical inactivity, tobacco use and alcohol abuse and strengthening our health services". NCD Child

finds that the CARICOM declaration and the actions within the region, since then, have multiple synergies with the work of NCD Child. CARICOM recognizes that "the burdens of NCDs can be reduced by comprehensive and integrated preventive and control strategies at the individual, family, community, national and regional levels and through collaborative programmes, partnerships and policies supported by governments, private sectors, NGOs and our other social, regional and international partners". To this end, NCD Child believes that the Caribbean is a strategic region to collaborate with, in the first instance.

OVERVIEW OF OBJECTIVES

1. Stock take: Analysis of priority issues and progress made since the 2007 Port of Spain Declaratio on NCDs and the 2011 UNHLM Political Declaration on NCDs. Focus on multi-sectoral stakeholder mapping to establish key child and adolescent groups working in the Caribbean region, with specific reference to the proposed global NCD targets and indicators.
2. Showcase: Examine best practices in NCD prevention and management for replication
3. Strategize: Review and chart the roadmap for governments and organizations to prioritize children and adolescents within the NCD agenda with a life-course and multi-sector approach. Also consider organizational development aspects of NCD Child Coalition and most cost-effective strategies for ongoing efforts.
4. Develop Resource Tool: Review and make recommendations on the draft NCD chapter and existing chapters of the UN "Facts for Life" publication

CONFERENCE COMMITTEE

Kate Armstrong (Convenor)	Caring and Living as Neighbours (CLAN)
Wendy Baldwin	Population Reference Bureau
Robert Blum	John Hopkins University
Bruce Dick	International Association for Adolescent Health (IAAH)
Mychelle Farmer	JHPIEGO
Abigail Harrison	International Association for Adolescent Health (IAAH)
Sue Henshall	Three Stories Consulting
Prasanga Hiniduma-Lokuge	Medtronic Philanthropy
Maisha Hutton	Healthy Caribbean Coalition
Molly Lepeska	AYUDA
Jeff Meer	Public Health Institute
Barbara Reynolds	Save the Children
Rose Rodas	NCD Child

VENUE DETAILS

Hyatt Regency Trinidad

1 Wrightson Road
Port of Spain, Trinidad

Tel:	868 623 2222
Fax:	868 821 6401
Website:	Trinidad.hyatt.com

WELCOME RECEPTION

Date:	Thursday 20 March
Time:	6.00 – 7.30
Venue:	Lime Lounge Hyatt Regency Trinidad 1 Wrightson Road, Port of Spain, Trinidad
Dress Code:	Business Casual

Join other participants for some drinks and light cocktail food at the Lime Lounge in the Hyatt Regency hotel generously hosted by the Ministry of Health, Trinidad and Tobago.

Tonight will be a chance to discuss the presentations and conversations from the day and to relax and chat with attendees from other organisations and countries.

CONFERENCE PROGRAM

WEDNESDAY 19 MARCH

From 3.00pm	Registration Open in foyer of Hyatt Regency Trinidad, Conference floor

THURSDAY 20 MARCH 2014

7.30	Registration in foyer of Hyatt Regency Trinidad, Conference floor

8.30 Opening video - #Youthvoices from the NCD Child Community

Moderator: Ms Catherine Cole, CLAN

8:30	Messages from young people in LMIC and key NCD Child community members *Jeremy Wellard, Youth Engagement Co-ordinator, CLAN (Caring & Living as Neighbours)*

9.00 OPENING SESSION

Moderator: Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health

9.00	Keynote Address: Love Yourself *The Hon Minister Dr Fuad Khan, Minster for Health, Ministry of Health Trinidad and Tobago*
9.20	NCD Child - Quo Vadis? *Sir George Alleyne, University of the West Indies*
9.35	Stepping Up to the Multi-Sectoral Challenge of Non-Communicable Diseases and their Impact on Children *Dr Nicholas Alipui, UNICEF*
9.50	NCD Coalition Building in the Caribbean *Sir Trevor Hassell, Healthy Caribbean Coalition*
10.00	Panel Question and Answer

10.30	MORNING TEA

11.00 LEARNING FROM THE FIELD

Moderator: Dr Abigail Harrison, International Association for Adolescent Health (IAAH)

11.00	Chronic Non-Communicable Diseases in a Group of Primary School Children in Barbados *Dr Anne St.John, Heart and Stroke Foundation of Barbados, University of the West Indies*
11.10	Snapshot of Key Lessons From The NCD Response - Grantee Perspectives *Ms Paurvi Bhatt, Medtronic Philanthropy*
11.20	The slum as a breeding ground for NCDs. Findings from the WAVE study *Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health*
11.30	Insights from NCD Community Consultations – Hearing what needs to be done *Dr Kate Armstrong, CLAN*
11.40	Obesity in a select population of Trinidadian school children *Dr. Beni Balkaran, University of the West Indies*

12.30	LUNCH	
1.30	**HUMAN RIGHTS, LEGISLATION AND POST 2015** **Co-Moderators:** **Ms Paurvi Bhatt, Medtronic Philanthropy** **Dr Lynn Silver, Public Health Institute**	
	1.30	Australia's commitment to legislation and action to protect young people from NCDs - national and international effort *Mr Ross Tysoe, High Commissioner, Australian High Commission, DFAT, Trinidad & Tobago*
	1.50	See No Evil, Hear No Evil, Speak No Evil.....The 21st Century Movement Towards Caribbean Youth Empowerment *Ms Sharryl Spence, University Student and Tobacco Advocate*
	2.00	A Life-Course Approach to NCDs in the Post-2015 Development Agenda *Ms Katie Dain, NCD Alliance*
	2.10	Launch of the NCDA/HCC Regional NCD Status Report and Call to Action *Prof Nigel Unwin, Healthy Caribbean Coalition*
	2.40	Panel Question and Answer
3.00	AFTERNOON TEA	
3.30	**INFORMATION IS POWER** **What Data do we have? What data do we need?** **Moderator: Dr Avery Hinds, National Surveillance Unit, Ministry of Health Trinidad and Tobago**	
	3:30	NCD risks for individuals and countries… what do we know? *Dr Wendy Baldwin, Private Consultant*
	3.45	Towards a Tobacco Free Environment *Edouard Tursan D'Espaignet, Tobacco Free Initiative (TFI), WHO)*
	4.00	Using Photovoice as a way of hearing from youth *Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health*
	4.15	Burden of diseases, injuries and risk factors for Children and Adolescents in Latina America and the Caribbean *Dr Rafael Lozano, Institute for Health Metrics and Evaluation (IHME)*
	4.30	Panel Question and Answers
5.00	CLOSE OF DAY Ms Rose Rodas, NCD Child	
6pm	Welcome Reception, Generously hosted by the Ministry of Health, Trinidad & Tobago Hyatt Regency, Trinidad (Lime Lounge, Hyatt)	
7.30	Close of evening.	

FRIDAY 21 MARCH 2014

8.00 COMBATING CHILDHOOD OBESITY IN THE CARIBBEAN

	8:00	We all have a Role in Obesity prevention - Why and How *Dr Godfrey Xuereb, Prevention of NCDs Department, WHO*
	8:10	Combating Childhood Obesity: A Perspective from the Interface of Public Health & Politics *Dr. Patrick Martin, Chairman, Public Health Nutrition Advisory Committee, CARPHA*
	8:20	Addressing Behavioral Barriers and Motivational Triggers for Obesity Prevention in Young People....A Caribbean Experience *Ms Kamila McDonald (Miss Jamaica contestant, Jamaican TV personality, fitness enthusiast)*
	8:30	CARPHA's Call to Action for Achieving Healthy Weights among Caribbean Children and Adolescents *Dr. James Hospedales, Executive Director, CARPHA*
	8:40	Panel Question and Answers

9:00 FROM RESEARCH TO PRACTICE: PREVENTION AND MITIGATION OF NCDs IN CHILDHOOD AND ADOLESCENTS

Moderator: Dr Barbara Reynolds, Save the Children

	9.00	Policy Implementation in Trindad & Tobago: Lessons Learned *Ms. Yvonne Lewis, Health Education Division, Ministry of Health, Trinidad & Tobago*
	9.15	Behavioral Approaches to Preventing and Mitigating NCDs *Mr Christopher Eldridge, Yunus Center, Asian Institute Of Technology, Thailand*
	9.30	Empowering Families: Training Health Educators and Patients *Dr. Mapoko M. Ilondo, Novo Nordisk A/S*
	9:45	Jom Mama: Socio-ecological approach to developing public health interventions and prevent diabetes. *Ms Haniza Anuar, Ministry of Health, Malaysia*
	10:00	Panel Question and Answers
10.30	MORNING TEA	

11.00 LEARNING FROM THE FIELD
Learning from Regional and International Champions

Moderator: Dr James Hospedales, CARPHA

	11.00	Tobacco use among Caribbean youth: Implications and solutions *Ms Barbara McGaw The Heart Foundation Of Jamaica/Jamaica Coalition For Tobacco Control*
	11.10	Type 1 Diabetes- My Past, My Present and My Hope for the Future *Ms Krystal Boyea, young person living with T1D, Barbados*
	11.20	More Than Just Condoms! A Look At PSI Caribbean's Work In Non-Communicable Disease Prevention *Ms Marina Hilaire-Bartlett, Population Services International/ Caribbean*
	11.30	The Global Burden Of Asthma In Children *Prof Luis Garcia-Marcos, Global Asthma Network Steering Group*

	11.40	YHP Brazil: Making a meaningful difference to the health of the young people in Maranhão. Youth engagement on the prevention of common risk factors for sexual and reproductive health and NCDs *Ms Nicole Campos, Young Health Programme - Plan Brazil*
	11.50	Panel Questions and Answers
12.30	LUNCH	
1.30	**STRENGTHENING COMMUNITY BASED SERVICES** **Moderator: Dr Mychelle Farmer, JHPIEGO**	
	1.30	Youth Friendly Clinics, Guyana *Dr Malika Mootoo, St. Joseph's Mercy Hospital; University of Guyana, Faculty of Health Sciences*
	1.45	Triumphs and challenges with perinatal HIV-infected adolescents – lessons from the field *Dr Russel Pierre, the Department of Child and Adolescent Health, University of the West Indies, Jamaica*
	2.00	Children and NCDs, Haiti *Dr Dianne Francois, Catholic Medical Mission Board's (CMMB) - Haiti and the Dominican Republic*
	2.15	Panel Question and Answers
3.00	AFTERNOON TEA	
3.30	**YOUNG CHAMPIONS** **Moderator: Mr Francisco Sierra, Astra Zeneca – Young Health Programme**	
	3.30	A Mobile Phone Based Survey on Knowledge of Cervical Cancer and HPV Vaccination in Kenya *Miss Mellany Murgor, Young Professionals Chronic Disease Network*
	3.40	Role Of Technology In Creating Rheumatic Heart Disease Awareness Among School-Going Children In Kenya *Dr Duncan Matheka, Young Professionals Chronic Disease Network*
	3.50	Living with type 1 – How I've made a difference *George Dove , Medtronic Philanthropy, Bakken Invitation Award Recipient and Youth Advocate*
	4.00	NCD Communities Driving Change for Children and Adolescents in Low- and Middle-Income Countries: Insights from Indonesia *Dr. Dwi Lestari Pramesti, Faculty of Medicine, University of Indonesia*
	4.10	Open Discussion
4.30	**THE NEXT STEPS – SO WHAT NEEDS TO BE DONE?** **Moderator: Dr Barbara Reynolds, Save the Children UK**	
	4.30	NCD Child as a Platform for Promoting NCD-Related Commitments to Every Woman Every Child *Dr Kate Armstrong, NCD Child*
	4.40	NCD Child Declaration approval by acclamation *Prof Robert Blum and Hon Minister for Health, Republic of Trinidad & Tobago*
	4.50	Integrating NCDs into Facts for Life *Dr Kerida McDonald, UNICEF*
	5.00	The Next Steps – What needs to be done? *Sir George Alleyne, University of the West Indies*
	5.20	Closing Remarks

SPEAKER DETAILS

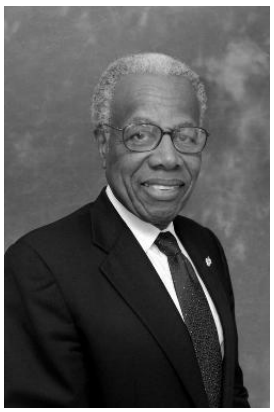
NICHOLAS ALIPUI

Dr. Nicholas Alipui was appointed Director of UNICEF Programmes on March 18, 2008. In this capacity, he overseas the centrepiece of UNICEF's work in all sectoral and cross-sectoral areas and is at the forefront of programme policy, guidance and management intended to support UNICEF country programmes of cooperation, a re-focus on equity and the achievement of the Millennium Development Goals.

Prior to this, Dr. Alipui served as UNICEF Country Representative in the Philippines and also in Kenya. In both assignments, he was responsible for all country activities which included the planning, co-ordination with government, donors and civil society in the implementation of programmes, advocacy and resource mobilization to improve the lives of women and children. In both Kenya and the Philippines he orchestrated a multi-disciplinary approach to Early Childhood Development programmes focusing especially on community based approaches and empowerment strategies as well as ECD in the child - friendly cities initiative and in urban areas in the Philippines.

From 1996 to 2000, Dr. Alipui served in and subsequently headed in 1998 the Africa Section in Programme Division in New York Headquarters. In this capacity, he was responsible for supervising the overall activities of the Section focusing on UNICEF programmes of co-operation in the Sub-Saharan Africa region. Dr. Alipui joined UNICEF in July 1988 and worked in Somalia and Angola. Prior to joining UNICEF, Dr. Alipui served in Mozambique in public health and nutrition.

Dr. Alipui is a national of Ghana. He obtained his Bachelor's degree in Science in 1978 and his Doctor of Medicine degree with a major in Obstetrics and Gynecology in 1979, both from University of Cluj-Napoca, Romania.



SIR GEORGE ALLEYNE

Sir George Alleyne, a native of Barbados, became Director of the Pan American Sanitary Bureau (PASB), Regional Office of the World Health Organization (WHO) on 1 February 1995 and completed a second four-year term on 31 January 2003. In 2003 he was elected Director Emeritus of the PASB. From February 2003 until December 2010 he was the UN Secretary General's Special Envoy for HIV/AIDS in the Caribbean. In October 2003 he was appointed Chancellor of the University of the West Indies. He currently holds an Adjunct professorship on the Bloomberg School of Public Health, Johns Hopkins University.

Dr. Alleyne has received numerous awards in recognition of his work, including prestigious decorations and national honors from many countries of the Americas. In 1990, he was made Knight Bachelor by Her Majesty Queen Elizabeth II for his services to Medicine. In 2001, he was awarded the Order of the Caribbean Community, the highest honor that can be conferred on a Caribbean national.

HANIZA ANUAR

Ms Anuar had been a Research Officer with the Ministry of Health Malaysia for more than 30 years. She began her career as a Microbiologist in the Institute for Medical Research; then moved on to be a Research Officer in the Institute for Public Health before taking up the current position as Head of Healthcare Services Research in the Institute for Health Systems Research.

Having been involved in a variety of research areas throughout her career, such as studies on schistosomiasis, dengue, traditional medicine, blood transfusion error, healthcare demand analysis and responsiveness in healthcare, Ms Anuar's current research commitment is in the area of programme evaluation and evidence-based decision-making within the Ministry. A fair number of research reports had been submitted to the Ministry following the work that she and her team had successfully completed.

Apart from her research activities, Ms Anuar provides training and consultation in the whole spectrum of research, including proposal development and manuscript development, besides sitting on several research and management committees within the Ministry.

Ms Anuar received her early tertiary education in the University of Westminster, London and M.Sc. in Management from the Northern University Malaysia.

She had also undergone a number of attachment programmes abroad such as Quality Improvement in the Health Sector in Manchester, United Kingdom, Systematic Review in MacMaster's University, Hamilton, Canada and Advanced Qualitative Research in Ottawa, Canada.

DR KATE ARMSTRONG

Kate Armstrong (B Med, DCH, MPH) is the Founder & President of CLAN (Caring & Living As Neighbours), an Australian-based NGO formally associated with the UNDPI/NGO. CLAN is committed to a rights-based, community development approach to improving health outcomes for children who are living with chronic health conditions in resource-poor countries. CLAN has been involved in supporting Clubs for children living with a range of conditions, including Congenital Adrenal Hyperplasia, Diabetes, Autism, Osteogenesis Imperfecta, Duchenne Muscular Dystrophy, Nephrotic Syndrome and Rheumatic Heart Disease.

With a background in clinical and public health medicine, Kate has been involved in the work of CLAN since 2004, and is currently undertaking her DrPH on the challenges facing children who are living with Nephrotic Syndrome (a chronic kidney condition that affects children) in Vietnam. Since late 2010 Kate has been a part of international advocacy efforts to promote children and adolescents within the global Non-Communicable Disease (NCD) discourse. CLAN is the inaugural Secretariat for NCD Child - an independent global coalition of individuals and organizations committed to promoting a life-course approach to NCDs, health and development

WENDY BALDWIN

Past President, Population Reference Bureau

Trained as a social demographer, her career has focused on issues of reproductive health, AIDS risk behaviors and youth in both the US and the global context. After a long career at the National Institutes of Health in Washington, DC, she has had experience at the University of Kentucky, as the executive vice president for research and at the Population Council as a vice president and head of the Poverty, Gender, and Youth program. The PGY program conducted research in developing countries. Most recently she was the president of the Population Reference Bureau which is dedicated to making data available to broad audiences, including policymakers, the media and the public. She published a policy brief and data sheet on Youth Risks for NCDs in LAC which are available at www.prb.org, titled, Non-Communicable Diseases and Youth: a Critical Window of Opportunity for LAC.

BENI BALKARAN

Information not available at time of print

MS PAURVI BHATT

Paurvi Bhatt is the Senior Director for Global Access at Medtronic Philanthropy where she leads a multi-million dollar global strategic grants portfolio that focuses on empowering people impacted by NDCs, enabling frontline health workers, and advancing the policy dialogue to increase access to care for the underserved.

She is a seasoned global health leader with deep multi-sectoral experience in business, nonprofit, and government sectors. She spearheaded global programs in several private companies including at Levi Strauss and Co. and Abbott. Ms. Bhatt has also managed global health technical portfolios at USAID and CARE USA. She has also served as an international evaluator at the U.S. General Accountability Office. Her technical expertise is in HIV/AIDS, women's health and health systems and economics.

She serves on several human resources, international health and HIV/AIDS working groups, technical advisory committees, and is on several Boards including the Global Business Group on Health, AIDSUnited, and GlobeMed.

She holds an Masters of Public Health in health systems and economics from Yale University, and Bachelor Degree in neuroscience from Northwestern University

ROBERT BLUM

Robert Wm. Blum, MD, MPH, PhD, is the William H. Gates, Sr. Professor and Chair of the Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. He has edited two books, and has written nearly 300 journal articles, book chapters and special reports.

In July 2007, Dr. Blum was named the Director of the Johns Hopkins Urban Health Institute. He is a Past-President of the Society for Adolescent Medicine; has served on the American Board of Pediatrics; was a charter member of the Sub-Board of Adolescent Medicine is a past chair of the Guttmacher Institute Board of Directors and served as chair of the National Academy of Sciences Committee on Adolescent Health and Development. In 2006, The National Academy of Sciences' Institute of Medicine elected Dr. Blum into membership. He is a consultant to The World Bank, UNICEF, the United Nations Population Fund (UNFPA) where recently he authored the guidance on adolescent pregnancy, as well as the World Health Organization where he has served on the Technical Advisory Group of the Child and Adolescent Health Department as well as the Scientific and Technical Advisory Group of the Human Reproductive Program. He has been awarded the Society for Adolescent Medicine's Outstanding Achievement Award (1993); and has been the recipient of the American Public Health Association's Herbert Needleman Award "for scientific achievement and courageous advocacy" on behalf of children and youth. In 2010 he was awarded the Maternal and Child Health Bureau's Vince Hutchins Award "…to a lifetime of distinguished service to improve the health of MCH populations."

MS KRYSTAL BOYEA

Krystal Boyea is a young person from Barbados living with Type 1 Diabetes. In 2011, Krystal made a commitment to use her experience with diabetes to educate people and create awareness. Through her work locally and internationally, Krystal has become the recognized Spokesperson and Ambassador for diabetes in Barbados, was the past Youth Regional Representative for the North American and Caribbean Region for the Young Leaders Programme of the International Diabetes Federation, and is now the current Vice President. Some of her accomplishments include speaking at the United Nations in New York City, The World Diabetes Congress in Melbourne, Australia and at TEDx, and in August of 2013 she climbed Mount Kilimanjaro with a team of 12 others with type 1 diabetes to raise awareness. Krystal is also completing her Masters in Public Health at UWI, is the 2013 recipient of the Arnott Cato Public Health Scholarship and the recent recipient of the Political Leaders Youth Award from the Barbados Labour Party.

NICOLE CAMPOS

Nicole has been working with Plan International Brazil for 2 years as the Youth Health Programme Coordinator. She is a graduate sociologist with master's degree in Social Sciences. She has focused her studies and interests in gender issues and sexuality, which involved 5 years of academic research about women's prostitution in São Luís, Maranhão (Brazil). Before joining Plan, she worked in the social responsibility area with multinational enterprises and has also taught in university.

KATIE DAIN

Katie Dain is Executive Director of the NCD Alliance, a global network of civil society organisations working collectively to transform the fight against non-communicable diseases (NCDs). She joined the NCD Alliance after four years at the International Diabetes Federation (IDF), a not-for-profit global federation of 220 member associations in 160 countries. Before joining IDF, Katie was a Gender Policy Adviser in the UK Government Equalities Office (GEO), where she was responsible for strategy, policy, and initiatives on violence against women and girls. Prior to that she held a series of policy posts in UK-based health and development NGOs, including Womankind Worldwide and Terrence Higgins Trust, a HIV and sexual health charity. Katie has a Master's degree in Violence, Conflict and International Development from the School of Oriental and African Studies (SOAS).

GEORGE DOVE

My name is George Dove, I'm 15 years old and on 1 August 2006, aged 8, I was diagnosed with type 1 diabetes. It's a date I shall never forget, as it's the day my life changed forever.

I started on multiple injections, first 2 a day and then 4, I hated them. It took me 4 years to get an insulin pump, 3 August 2010, another date I don't forget as my life changed again – for the better!

I have never let having type 1 hold me back, in fact I think it has opened many doors for me. I have spoken at many events both large and small. I don't mind if its 1 person or 600 if I can get my message out I am achieving my aim. I have been on the cover of business week in America, met the Jonas Brothers, had a photo shoot in Geneva, spoken in Brussels, represented JDRF in Parliament, met HRH The Duchess of Cornwall, campaigned at Capitol Hill, spoken in LA and Minneapolis and won the Bakken Invitation which I received in Hawaii, not bad for a 15 year old.

My aim in life is to raise awareness of type 1 and my chosen charity JDRF as without them a cure won't be found and I shall have this all my life. My second aim is to raise awareness of pump therapy and to help children have access to insulin pumps and CGMs (Continuous Glucose Monitors).

I have played football for a local team since the age of 5. I also enjoy gaming, playing the drums and socialising with my friends.

I remember my mum saying to me "I wish I could take this from you" and I said "I wouldn't want you to have it. Maybe I was given this for a reason and if that reason was to make a difference, then that's what I'm going to do". And hopefully I'm achieving that!

CHRISTOPHER ELDRIDGE

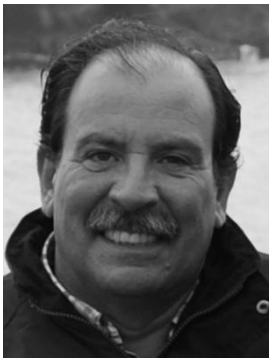
Chris Eldridge has been working and researching in the fields of development, health, climate change, environmental issues, emergencies and behavioral crises in Africa, Asia and the UK for over 30 years. He was previously Save the Children-UK's country representative in Sudan and then Zimbabwe, Save the Children-UK's regional representative for Southern Africa and then for South-East and East Asia, and HelpAge International's regional representative for Asia. His research focused firstly on developing and using participatory methods. Secondly, it has more recently focused on linking behavior-influence methods developed by NGOs in low and middle income countries with commercial marketing and with studies in the behavioral and related sciences; these studies have nearly all been carried out in a few high-income countries. He is currently adviser on behavior-influence for the Yunus Center at the Asian Institute of Technology in Thailand, where he is developing an initiative entitled 'ThinkFluence' - thinking about, leveraging and linking influences on behavior.

DIANNE FRANCOIS

Dr. Dianne Jean-Francois is Catholic Medical Mission Board's (CMMB) Country Director - Haiti and the Dominican Republic. Dr. Jean-Francois is a pediatrician, she received her medical degree from Faculte de Medecine et de Pharmacie in Haiti, and her Masters in Public Health from the Johns Hopkins Bloomberg School of Public health. Dr. Jean-Francois brought more than 20 years of progressive clinical and preventive health care responsibility to CMMB.

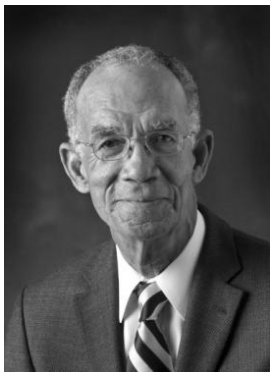
Dr Jean-Francois joined CMMB in 2003 and moved quickly to initiate major programmatic activities in Haiti. Since then, these programs have focused on the provision of maternal and child health, HIV/AIDS, Tuberculosis, malaria, school health and leprosy. In addition she has directed the placement of donated medicines and medical supplies and CMMB volunteers through the two countries.

Throughout her tenure, Dr. Jean-Francois has developed partnerships for collaborative work not only with Catholic health care networks in Haiti and the Dominican Republic but also with other NGOs and bilateral institution. CMMB has received its first grant from the Global Fund. Dr Jean-Francois is a member of HIV/AIDS and MCH TWG in Haiti



LUIS GARCIA-MARCOS

Prof. Luis Garcia-Marcos is professor of Paediatrics and Chair at the University of Murcia, and leads the Pulmonology and Allergy Units at the "Arrixaca" Children's University Hospital in Murcia (Spain). He obtained his degree in Medicine at the University of Valencia (Spain) and was trained as a paediatrician in his current hospital and in the London Hospital for Sick Children at Great Ormond st (UK). His PhD was issued by the University of Murcia. He has been research scholar at the Arizona Respiratory Center and the BIO5 Institute, University of Arizona, Tucson, (AZ, USA). He is also Associated Professor of Paediatrics at the University of Santiago (Chile). His main research interests are the epidemiology of allergic diseases, including asthma; and the lung function in infants. He served as a member of the steering and executive committees of the International Study of Asthma and Allergies in Childhood (ISAAC) for the last 7 years and is currently a member of the steering committee of the Global Asthma Network (GAN). He is the editor of "Allergologia et Immunopathologia" since 2008; and has served in different Task Forces and Committees of the European Respiratory Society.



SIR TREVOR A. HASSELL

Sir Hassell is Adjunct Professor of Medicine, University of the West Indies, Barbados, and Honorary Consultant Physician and Cardiologist, Queen Elizabeth Hospital, Barbados. He is Chairman of the National Commission for Chronic Non Communicable Diseases. He is also President of the Healthy Caribbean Coalition: a civil society network for combating chronic diseases, and Chairman of the Advisory Committee of the Chronic Disease Research Centre, UWI.

Sir Hassell has held posts that include Vice President of the World Heart Federation, President of the InterAmerican Heart Foundation, and President, Caribbean Cardiac Society; and recently Barbados Special Envoy for Chronic Diseases.

Sir Hassell has been involved over the past several years in community detection and control of hypertension, and rheumatic fever prophylaxis programes, and has developed national programes for the provision of comprehensive cardiovascular care, including the development of community based primary prevention cardiovascular, healthy lifestyle and wellness programes. He has played, and continues to play, a leading role locally, regionally and internationally in efforts aimed at slowing the pandemic of chronic non communicable diseases.

Sir Hassell has received many awards including most recently appointment to the Order of Barbados as a Knight of St. Andrew in recognition of his outstanding contribution to the medical profession.

MARINA HILAIRE-BARTLETT

Marina Hilaire-Bartlett is currently the Executive Director of PSI/Caribbean, the Population Services International Caribbean Regional Platform.

She holds a Bachelor of Science degree in Biology and a Graduate Diploma in Health Management, both from McGill University, and a Masters of Public Health from St. George's University, Grenada.

She has worked in urban communities in Toronto and South Africa, exploring the social determinants that affect the health of women, children, and vulnerable populations. She has also coordinated efforts to combat the spread of HIV in various Caribbean territories, focusing on preventive approaches.

JAMES HOSPEDALES

Dr. C. James Hospedales, a citizen of Trinidad & Tobago, is the Executive Director of the Caribbean Public Health Agency since February 2013. From 2006-2012, Dr Hospedales was responsible for the PAHO program for prevention and control of chronic noncommunicable diseases (NCDs). He played a key role in increasing priority and resources for NCDs, including helping organize the CARICOM and UN Summits on NCDs. He pioneered the Pan American Forum for Action on NCDs, which brings together governments, civil society, academia & business. He has also been a champion for civil society involvement in efforts to improve health, and helped catalyze the formation of the Healthy Caribbean Coalition.

From 1998–2006, Dr. Hospedales was Director of the Caribbean Epidemiology Centre. He was instrumental in developing donor partnerships for HIV/AIDS prevention, and a partnership with the Caribbean tourism industry to improve health, safety and environment conditions.

Dr. Hospedales was a member of the Caribbean Commission on Health and Development, which made policy recommendations in 2005 to the Heads of Government and named chronic diseases as a super-priority for the Region.

Dr. Hospedales' career has included service as an Epidemic Intelligence Service Officer with the US Centers for Disease Control, as an epidemiologist at CAREC, and several years working in public health for the UK National Health Service.

Dr. Hospedales graduated with honors in medicine from the University of the West Indies. He has a Masters of Science degree in community medicine from the London School of Hygiene and Tropical Medicine, is a Fellow of UK Faculty of Public Health, and an accredited partnership broker with the Partnering Institute of the UK.

He has published more than 60 papers and reports.

MAPOKO ILONDO

Mapoko M. ILONDO is a paediatric endocrinologist born in the Dem. Rep. Congo currently with Novo Nordisk A/S in Denmark, where he is responsible for some of the company's programmes to improve diabetes care in Sub Saharan Africa and South East Asia. He is a member of scientific societies including the Endocrine Society (USA), the American Diabetes Association, the European Society for Paediatric Endocrinology and the International Society for Paediatric and Adolescent Endocrinology.

DR FUAD KHAN

Currently serving as the Minister of Health of the Republic Trinidad and Tobago, Dr. Fuad Khan has been a medical doctor for the past 30 years. Specializing in the field of urology, Dr. Khan received his medical degree from the University of the West Indies after obtaining his bachelor's degree from Dalhousie University in Nova Scotia, Canada.

He is a member of The Royal College of Surgeons of Edinburgh and served as the Acting Urological Consultant and Acting Specialised Medical Officer of the Ministry of Health, before becoming a Minister in the Ministry of Health in the 6th Republican Parliament (2000 – 2001). He served as the Deputy Speaker of Parliament from 1995 to 2000 when he first contested the Barataria/San Juan constituency for the United National Congress and remained a member of government until 2001. Dr. Khan was a member of the Opposition from 2001 to 2007 upon which he retired from politics.

In 2010, Dr. Khan once again entered the political arena and contested his old seat under the United National Congress. In May 2010, Dr. Khan was once again appointed Deputy Speaker and in June 2011, he was appointed Minister of Health, a position he currently holds.

As the Minister of Health, Dr. Khan initiated the Fight the Fat national campaign against obesity in Trinidad and Tobago in 2011. This wellness revolution seeks to promote a healthy lifestyle through fitness initiatives and food and nutrition education, in order to combat the spread of chronic non-communicable diseases within the local community.

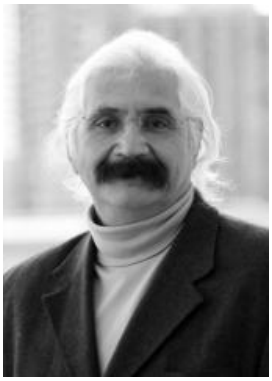
He has also overseen the commissioning of the Scarborough General Hospital in Tobago and a new state of the art Medical Laboratory at the Couva District Health Facility. Furthermore, EBSCO Host, a medical e-library was introduced and can be accessed though the Ministry of Health's website. This virtual medical library provides users with in-depth, relevant medical research information that not only aids medical professionals to keep abreast of current trends, but also enables patients to get more information on drugs, diseases and home care.

Dr. Khan also holds a master's degree in Marketing and is a certified 3rd degree black belt in Karate. In his spare time, he enjoys cooking and cycling.

YVONNE LEWIS

Yvonne Lewis is the Director, Health Education Division of the Ministry of Health, Trinidad and Tobago. She is responsible for developing and guiding the implementation of Ministry's Health Education and Health Promotion strategies and programs addressing national priority health issues. She is a Health Education/Health Promotion Specialist with over twenty years experience in the field. She holds a Bachelor of Science in Physics/Medical Physics, a Post Graduate Diploma in Health Education/Health Promotion, a Masters in Education (Community Health Education) and completed two years toward a PhD in Education (with emphasis on Health Education, University of Sheffield).

Ms. Lewis' professional experiences include Secondary School Teacher of Math, Physics and Biology; Tutor, University of the West Indies MPH program, University of Sheffield Masters in Education (Trinidad and Tobago); Supervisor, Masters in Health Administration, UTT; Lecturer in Health Promotion, the Masters in Education/Health Promotion, University of the West Indies. In the past Ms. Lewis served as a Research Consultant, PAHO and a Temporary Advisor PAHO (CPC) in the area of Healthy Communities. She was the Project Manager for School Health Program Project and co-ordinated the introduction of the School Health Hearing and Vision Screening project. She served as a Director of the Board of the Eastern Regional Health Authority Board (2008-2010), and was appointed to several Cabinet appointed committees including the Technical Advisory Committee on Chronic Non Communicable Diseases (Trinidad and Tobago), the National Council on Early Childhood Care and Education and the Partners Forum Working Committee for action on Chronic Diseases. Ms. Lewis was also appointed by the Director General of the World Health Organisation, to the WHO Expert Committee on Health Promotion.



RAFAEL LOZANO

Rafael Lozano, MSc, MD, is Director of Latin American and Caribbean Initiatives and Professor of Global Health at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. Based in Cuernavaca, Mexico, at the National Institute of Public Health (INSP) where is working as Director of the Centre for Health System Research.

Prior to joining IHME, Dr. Lozano worked from 2001 to 2007 at the Ministry of Health in Mexico as the General Director of Health Information, where he coordinated the Health Information System for the Ministry of Health and the production of national health statistics, coordinating information from a number of health sector institutions in Mexico. Overseeing the health information system, Dr. Lozano played a critical role in the construction of Mexico's health reform through a systematic approach to evidence building.

Dr. Lozano worked at the World Health Organization (WHO) in Geneva as Senior Epidemiologist for the Global Program on Evidence for Health Policy for three years. He has been instrumental in educating a new generation of epidemiological and health system assessment experts after more than two decades of teaching both undergraduate and graduate courses. Dr. Lozano has also brought his wealth of experience to numerous expert and advisory groups, including the Core Group of the Global Burden of Disease 2010 Study, the Technical Advisory Group for the WHO's Health Metrics Network, and the Pan American Health Organization's Health Statistics Advisory Committee. He has advised numerous countries on health sector strengthening and burden of disease studies, including Chile, Uruguay, Spain, and Colombia. Dr. Lozano has published more than 100 peer-reviewed articles on his research.

PATRICK MARTIN

Information not available at time of print

DUNCAN MATHEKA

Dr. Duncan Matheka, is a young Kenyan medical doctor and public health researcher with over 20 publications in peer-reviewed journals. He also serves in the Global Steering Committee of Young Professionals Chronic Disease Network (YPCDN) as the African representative. Duncan coordinates the Kenyan chapters of YPCDN and has led medical students and young professionals in community health promotion projects towards preventing and mitigating NCDs.

Duncan currently runs a project to train primary school children on rheumatic heart disease (RHD). He also launched and coordinates a RHD patient support club in Nairobi, Kenya. This club aims at bringing together families and children who are living with RHD for education and support, with a view to a patient-centred approach to strengthening existing health systems and maximising collaborative links between the health system and other sectors.

Duncan first started his association with NCD Child in 2012 as the Youth Ambassador at the ECOSOC meeting in New York City [where an issues paper in partnership with UNICEF and PAHO on 'NCDs, Young People and Decent Work' was launched], and then personally launched an NCD Child Issues Paper at ECOSOC 2013 in Geneva, speaking to member states and civil society about 'NCDs, Young People and harnessing the culture of technology'.

KAMILA MCDONALD

Kamila McDonald-Alcock — Energetic, motivated and passionate certified personal trainer, sports nutritionist, TV reporter and producer from Kingston, Jamaica who once struggled with her own weight and is now committed to motivating and inspiring others to experience the highest quality of life through healthy living.

She was crowned Miss Jamaica World Beach Beauty 2009 after which she established her health and fitness company 'JamRock Fitness' where she currently runs various fitness initiatives, classes, personal training and nutritional counseling sessions.

Kamila holds a Bachelor of Arts degree (with honors) in Communication and Media Studies from Stanford University and a Master's in Journalism from UC Berkeley where she was a recipient of the prestigious Kaiser Permanente Health Journalism scholarship and conducted research on obesity prevention in marginalized communities.

Kamila is also the host and producer for Jamaica's first Real Estate show 'Home Sweet Home' which airs on national television in Jamaica as well as the host for popular Jamaican TV show The Wray and Nephew "Contender." She has also recently Executive Produced two health and fitness Television show pilots which she hopes to launch in late 2014.

Kamila was crowned Miss Jamaica Bikini 2013 and has used her experiences to build up a strong and engaging social media audience where she continues to send positive, health media messages in an effort to be an inspiration and catalyst for healthy lifestyle change.

KERIDA MCDONALD

Information not available at time of print

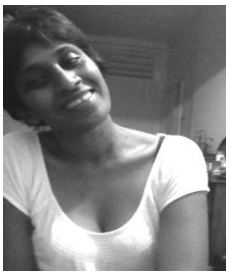
BARBARA MCGAW

Barbara McGaw is the Project Manager Tobacco Control for the Jamaica Coalition for Tobacco Control (JCTC) since April 2008. She has worked on two projects funded by the Bloomberg Philanthropies.

The latest project was titled: "Developing and implementing comprehensive tobacco control legislation in Jamaica". The project supported government and civil society actions to ensure the speedy passage, enactment and monitoring of comprehensive tobacco control legislation in Jamaica. This project ended in June 2013. On June 25, 2013, Jamaica enacted the Public Health (Tobacco Control) Regulations which came into effect on July 15, 2013.

Mrs McGaw is now a consultant with the Campaign for Tobacco Free Kids, working closely with the Heart Foundation of Jamaica (HFJ) and the JCTC with the mandate of technical support to the Ministry of Health in Jamaica, advocating for the speedy implementation and monitoring of the recently promulgated tobacco control regulations.

Mrs McGaw's background is primarily science based. She has worked on several regional projects over the years. Her academic background includes a Bachelor's and Master's Degree in Science from the University of the West Indies (UWI) and further studies with a postgraduate Management Diploma from a Leicester University (UK). Mrs McGaw also attained leadership and certificate courses in tobacco control at the John Hopkins School of Public Health in 2010 and 2012.



MALIKA MOOTOO

Malika graduated from Semmelweis Medical School, Budapest in 1988, and went onto complete Pediatric Residency training in 1994. She then completed a Bachelor's in Theological studies in 1998. She then started working in Guyana in 2000 at a Catholic Hospital, St. Joseph Mercy Hospital as a general pediatrician and neonatologist.

In 2002 Malika started working with HIV+ patients in 2002 at St. Joseph mercy Hospital, Georgetown, Guyana. Together with Sister Sheila Walsh, the then CEO and a volunteer they started a clinic for HIV infected mothers and children. The clinic was funded by Catholic Relief Services.

From 2004 - 2011 she worked with Pepfar/AidsRelief and the University of Maryland (IHV) as the Clinical Team Lead/Senior Technical Advisor for the Clinical care and treatment of HIV infected Adults, Adolescents and Children.

In 2009/2010 they started a clinic for HIV infected Adolescents.

In 2009 they started training RNs to help run the clinics and to help monitor and counsel the stable patients. Today there are 9 nurses who run a clinic for stable patients at the two sites.

Malika is a part-time lecturer at the University of Guyana's Medical School and also lectures/trains/mentors nurses, medexes and physicians in the care and treatment of HIV infected infants, children and adolescents.

Her special Interests are working with adolescents, including the high-risk population.

MELLANY MURGOR

Mellany Murgor is a final year medical student at the University of Nairobi . She is also the Kenyan Delegate for Young Professionals Chronic Disease Network

RUSSEL PIERRE

Dr. Russell B. Pierre is Professor of Paediatrics and Consultant Paediatrician at the Department of Child and Adolescent Health, University of the West Indies, Jamaica. He has worked professionally in pediatric HIV medicine for the past twelve years, and been involved in international and regional observational cohort studies in paediatric and perinatal HIV. His current research interests include the Elimination of MTCT Initiative and outcomes-based research on impact of interventions for treatment and care of infected children and adolescents in Jamaica.

DWI LESTARI PRAMESTI

Pramesti is a medical doctor, graduated from Faculty of Medicine, University of Indonesia. She currently works under dr. Aman Pulungan as a research associate in Endocrinology Divison, Pediatric Department, University of Indonesia, focusing on genetic studies of Flores Pygmies. She organizes 4 NCD Children Family Communities in Indonesia including FOSTEO (Osteogenesis Imperfecta), KAHAKI (Congenital Adrenal Hyperplasia), IKADAR (Type-1 Diabetes), and YTI (Turner Syndrome). She is the spokesperson of Indonesia Heart Foundation since 2009. She is the youngest member of The World Economic Forum 2014 from Indonesia. Pramesti has experienced working in a remote area in Flores Island, East Nusa Tenggara, the province in Indonesia that has the highest infant and maternal mortality rates. She worked in a third grade hospital, Ruteng Public Hospital, the only hospital in three regencies in Flores Island for a year. During her stay in Flores, she did a research on nutritional status of children in elementary school in Manggarai, East Nusa Tenggara. She has written several health articles in national newspaper, Kompas, (together with her mentor, Aman Pulungan) and Intisari Magazine. Her research interests including bone health in OI patients, CAH therapy, and public health aspect of NCD Children.

ANNE ST JOHN

Hon Professor, Child Health, FMS UWI Cave-Hill Campus, Consultant , Dept of Paediatrics, QEH**.**

After graduation from Queen's College, Prof St John was awarded a UWI Princess Alice scholarship in 1969, and enrolled at the University of the West Indies Mona Campus, in the Faculty of Medicine at the from 1969-74. She represented the University for several years in athletics at Intercampus Games and was awarded Full Colours in 1970/71 for Track and Field.

After completing her training she worked both in Barbados and abroad to gain further postgraduate qualifications.

In 1980, she resettled in Barbados and held the posts of Senior Registrar, Department of Paediatrics QEH, and Consultant from 1981 until the present time, She served as Head, Department of Paediatrics, from 1993 to 2000, and was also appointed Associate Lecturer in Paediatrics, Faculty of Medical Sciences (Cave Hill Campus, UWI) from 1980 playing an integral role in the training of medical students and post graduate students of the UWI's Faculty of Medical Sciences.

She is a longstanding Chairperson of the Infection Control Committee, the Chairperson of the Drug and Therapeutics Committee and is a longstanding Member of the AIDS Management Team, at the QEH. She formerly served on the Barbados Drug Formulary Committee for a decade.

She had served as resource person and trainer for Caribbean HIV/AIDS Research Training programme (CHART) and ITECH organizations.

She was the initiator of the very successful mother-to child HIV/AIDS transmission programme in Barbados and served as consultant for the Paediatric HIV/AIDS surveillance programme in Barbados since 1985, with Barbados achieving a mother to child transmission of 0 2% in the past 7 years..

With an escalating concern re the perceived epidemic of overweightness, obesity and hypertension in school children on the island, she more recently embarked into opening a clinic at the QEH to focus on the area of chronic non Communicable Diseases in children on the island of Barbados.

She is also the medical advisor to a number of organizations and a member of the Crew of the Variety Children's Charity Barbados tent 73, assists the Barbados Children's Trust, The Sandy Lane Charitable Children's Trust.

In 2010, she was promoted to being an Hon Professor in Child Health at the UWI Faculty of Medical Sciences, Cave Hill Campus.

Professor St John's additional interests include travelling, gardening and rendering assistance to charitable and other organizations in efforts towards improving the health and quality of life for children in need.

SHARRYL SPENCE

Sharryl Spence is a final year student currently concluding her reading for a Bachelor of Science in Experimental Biology at the region's tertiary institution, The University of the West Indies. Through the efforts of the Jamaica Cancer Society's Kick Butts programme, Sharryl became an active youth advocate against tobacco smoking and the industry, during her enrolment as a student at the prestigious Campion College located in Kingston, Jamaica. It was under the supervision of her sixth form supervisor, Ms Kathryn Stewart, a team of Campion students, and members of the Jamaica Cancer Society, that led to Jamaica's first observance of Kick Butts Day (KBD) in March 2010. As a recognized day of activism, KBD is dedicated to empowering youth to stand out, speak up and seize control against tobacco smoking. The success of the event was remarkable and led to the student body petitioning the Jamaican government to enact laws against tobacco smoking in public areas and to increase distribution of graphic warnings highlighting the dire consequences of smoking. This afforded Miss Spence the opportunity to sit in at a Parliamentary hearing and address leaders of the country, pleading for legislative framework that would protect Jamaicans from the harsh effects of smoking. It is a pleasure to announce that on July 15, 2013, the Minister of Health, Dr. Fenton Ferguson, announced the ban on smoking in public spaces. Miss Spence is sincerely passionate about educating individuals about the crafty tactics of the tobacco industry and strives to live her mantra- *"You must be the change you wish to see in the world"*

EDOUARD TURSAN

Edouard Tursan d'Espaignet joined the WHO Tobacco Free Initiative in December 2008 as Coordinator of Comprehensive Information Systems for Tobacco Control (CIC) with responsibility for surveillance and monitoring of the magnitude, as well as health and other social impacts of the global tobacco epidemic. He currently is responsible for managing the WHO research agenda for tobacco control.

Prior to joining WHO, he was the Service Director for Surveillance and Monitoring with the Hunter New England Population Health Unit in Newcastle, Australia (2004-2008); Senior Research Fellow at the Institute for Child Health Research, Perth, Australia (2001-2004); and Director of the Epidemiology Branch of Northern Territory Health Services, Darwin, Australia (1996-2001), where much of his work focused on health needs of Aboriginal and Torres Strait Islanders.

From 1986 to 1995, he was an epidemiologist in, and later Head of, the Population Health Unit at the Australian Institute of Health and Welfare, Canberra. From 1985 to 1986, he was a researcher at the University of Tasmania. He started his career as a United Nations Volunteer, spending 1981-1983 as a demographer with the Statistics Office of the Republic of Seychelles.

He holds a doctorate from the National Centre for Population Health, Australian National University, a master's degree in "Population and Economic Development" from Macquarie University, Australia, and also did a Masters of Science in epidemiology and biostatistics from the School of Biomedical Sciences at the University of Hawaii.

ROSS TYSOE

Australia's High Commissioner to the Caribbean, Mr Ross Tysoe is a senior career officer with the Department of Foreign Affairs and Trade and has previously served in Singapore, Bali, Indonesia and Malaysia.

GODFREY XUEREB

Dr Godfrey Xuereb is the Team Leader for Population-based Prevention in the Prevention of Noncommunicable Diseases Department within the World Health Organization, Geneva. His team is responsible for the work relating to the attainment of the NCD targets for salt reduction, childhood obesity, including the regulations on marketing of foods to children, and decreasing physical inactivity. Dr Xuereb has a PhD in Public Health and is specialized in nutrition and dietetics, continuing professional development and patient education with an emphasis on diabetes, obesity and hypertension. Dr Xuereb joined WHO in 2001 as Public Health Nutritionist for the Caribbean within PAHO (2001-2007) after which he moved to his current post in Geneva. Prior to joining WHO, he was in-charge of Health Promotion and International Health at the Ministry of Health in Malta where he was also responsible for setting up the public health nutrition and clinical dietetic services. He currently sits on the executive committee of the Diabetes Education Study Group and is a Fellow of the Royal Society for Public Health (UK). Dr Xuereb is the author of a number of patient education documents, training documents for health care professionals and publications in peer reviewed journals. He has lectured at the University of Malta, the UN Institute for Aging, the University of the West Indies and the University of Technology (Jamaica).

NIGEL UNWIN

Nigel Unwin has been Professor of Public Health and Epidemiology at the University of the West Indies, Cave Hill, since August 2010. Prior to Cave Hill his positions included Professor of Epidemiology at Newcastle University in the UK, and Medical Officer in the Diabetes Group at the World Health Organization in Geneva. He has longstanding research interests in the epidemiology of, and public health response to, NCDs. He is now particularly interested in undertaking research to help guide and evaluate the impact of policy measures aimed at the prevention and control of NCDs.

SPEAKER PRESENTATIONS (in program order)

THURSDAY PRESENTATIONS

CHRONIC NON-COMMUNICABLE DISEASES IN A GROUP OF PRIMARY SCHOOL CHILDREN IN BARBADOS

Dr Anne St.John, Heart and Stroke Foundation of Barbados, University of the West Indies

M Anne St John[1], Ryan Hall[2], JaDon Knight[3], Marcia Hinds[1], Melissa Fernandez [4], Pamela S. Gaskin[2]
[1]Department of Paediatrics, Queen Elizabeth Hospital, Barbados.
[2]Faculty of Medical Sciences, UWI, Cave Hill Campus, Barbados.
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[4]School of Dietetics and Human Nutrition, McGill University, Canada.

Objectives: To determine the occurrence of chronic non-communicable diseases and their relationship to weight status, in government primary school students.

Design and Methods:

Occurrence of chronic non-communicable diseases (CNCD's) among 355, 9-10 year old Barbadian children was assessed from interviews among parents and elevated blood pressure and overweight on 609 of the children from measurements using JNC and WHO criteria respectively. Differences were examined by ANOVAs and Chi squared analyses and associations by correlation and regression modeling.

Results: Prevalence of elevated blood pressure was 17%, and overweight 31%. The more predominant of the other conditions were a stuffy, itchy or runny nose nose (67%), watery itchy eyes (25%), allergies (37%), asthma (24%), sinus problems (21%) and eczema (17%). There were few significant differences in the distribution of disease by sex but significantly more sinus problems, itchy watery eyes and anemia were reported for girls.

Conclusion: Our findings illustrate a strong relationship between elevated blood pressures and increased body-mass index, a significant relationship with atopic diseases, and a few positive relationships with other CNCDs.

SNAPSHOT OF KEY LESSONS FROM THE NCD RESPONSE - GRANTEE PERSPECTIVES

Ms Paurvi Bhatt, Medtronic Philanthropy

A summary of results of early phase programs and recommendations based on results and interviews from grantees and partners of Medtronic Philanthropy. In early 2014, Medtronic Philanthropy captured results from more than 20 grantees from around the world to describe early successes and learnings from their non-communicable disease (NCD) efforts and recommendations on how to accelerate progress. Perspectives were captured from a mix of NGOs and academic institutions working across the spectrum of chronic to acute care, targeting diabetes, hypertension, cardiovascular disease and NCDs on a broad scale. Programs assessed range from coalition building to health provider training, and include technologies relatively new to the NCD field such as mobile health tools. The diverse spectrum of these early stage responses were critical in the first phase of the NCD response, and necessary to inform future interventions aiming to tackle the complexities of NCDs.

THE SLUM AS A BREEDING GROUND FOR NCDS. FINDINGS FROM THE WAVE STUDY

Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health

This presentation will report the findings of a 5 city study of over 2300 15-19 year olds who live in the most disadvantaged sections of urban communities. Through both qualitative and quantitative methodologies, their perspectives on health and wellbeing are explored and commonalities are highlighted. Specifically, issues such a persistent fear and vulnerability, interpersonal violence, unsanitary living conditions, lack of social supports characterize many of the daily experiences of these young people which lead to high rates of tobacco alcohol and other substance use, physical and psychological trauma and unprotected sexual intercourse with its attendant risks.

INSIGHTS FROM NCD COMMUNITY CONSULTATIONS – HEARING WHAT NEEDS TO BE DONE

Dr Kate Armstrong, CLAN

The impact of non-communicable diseases (NCDs) on children, adolescents and their families in low- and middle-income countries remains unclear. Consultation with NCD Communities in the Asia Pacific region over the last ten years has helped CLAN (Caring & Living As Neighbours) gain a greater understanding of the medical and social impact of chronic health conditions of childhood in resource poor settings. Similarities in responses from families across a range of NCDs highlight practical, systematic and population-wide opportunities to redress inequities faced by children living with chronic health conditions and disability. A community development approach that actively engages NCD Community members and brings together a range of stakeholders around future efforts to determine priorities and drive sustainable change is endorsed by these findings. The implications for the broader NCD Child Community are explored.

OBESITY IN CHILDREN IN TRINIDAD AND TOBAGO

Dr. Beni Balkaran, University of the West Indies

Information not available at time of print

AUSTRALIA'S COMMITMENT TO LEGISLATION AND ACTION TO PROTECT YOUNG PEOPLE FROM NCDS - NATIONAL AND INTERNATIONAL EFFORT

Mr Ross Tysoe, High Commissioner, Australian High Commission, DFAT, Trinidad & Tobago

Over the past 20 years, the world has experienced a public health transition that has profound ramifications for governments, non-government organisations (NGOs) and other stakeholders working in health and international development. For most countries, in the period 1990–2010, NCDs overtook other diseases as the leading causes of death and disabilities. Around 80% of all people killed by NCDs are in the developing world, and NCDs are a major cause of poverty and a substantial economic drain on health systems. In all regions except Africa, NCD-related mortality now exceeds that of communicable, maternal, perinatal, and nutritional conditions combined. In Australia, non-communicable diseases (NCDs) accounted for an estimated 90% of all mortality in 2008.

Between 1950 – when clear evidence on the dangers of tobacco became available – and 2008, almost 60 years later, more than 900,000 Australians died prematurely because they smoked. The Australian death toll caused by smoking will pass the million mark within the next decade. Projections based on current patterns of uptake and quitting suggest that on its current course, prevalence of daily smoking will still be over 14% in 2020 and will remain close to 10% well past the year 2070.

On 29 April 2010, the Australian Government announced that it would introduce mandatory plain packaging of tobacco products as part of a comprehensive strategy to reduce smoking rates in Australia.

Today's discussion will focus on this decision and the steps we have taken as a society to protect, not only our country's future generations and its ability to maintain a steady course of growth and stability, but other young people around the world.

SEE NO EVIL, HEAR NO EVIL, SPEAK NO EVIL.....THE 21ST CENTURY MOVEMENT TOWARDS CARIBBEAN YOUTH EMPOWERMENT

Ms, Sharryl Spence, University Student and Tobacco Advocate

Information not available at time of print

A LIFE-COURSE APPROACH TO NCDS IN THE POST-2015 DEVELOPMENT AGENDA

Ms Katie Dain, NCD Alliance

Noncommunicable diseases (NCDs) - namely cancer, cardiovascular disease, chronic respiratory disease and diabetes - are the leading cause of death and disability globally, exacting a heavy and growing toll on the physical health and economic security of all countries. It is estimated that 36 million people die from NCDs each year, and 80% of these deaths occur in LMICs with numbers expected to rise.

Until recently, the global NCD epidemic was a neglected health and development challenge. However over the last five years, political recognition and commitment for NCDs has increased, and the global response has consequently accelerated. This presentation will provide an overview of progress and challenges in the global NCD response - including the 2011 UN High-Level Summit on NCDs and the subsequent establishment of a global NCD architecture; and the current opportunity to ensure NCDs are included in the successor goals to the Millennium Development Goals (MDGs) - known as the "post-2015 development agenda".

LAUNCH OF THE NCDA/HCC REGIONAL NCD STATUS REPORT AND CALL TO ACTION

Prof Nigel Unwin, Healthy Caribbean Coalition

Background The Caribbean has some of the highest rates of Chronic Non-communicable Diseases (NCDs) in the Americas. For example, death rates from NCDs are higher in *every* Caribbean Community (CARICOM) country than in the USA and tragically around a fifth or more of all NCD deaths occur before the age of 60. The project described here was undertaken as part of the NCD Alliance's programme, 'Strengthening Health Systems, Supporting NCD Action'. The project was led by the Healthy Caribbean Coalition (HCC).

Aim The overall aim was **t**o assess the response to NCDs within CARICOM in order to inform 'a call to action'.

Methods HCC engaged the Public Health Group at Cave Hill, University of the West Indies, to assist with this work. Within the time and resources available it was necessary to limit the study to 10 CARICOM countries/territories, which were chosen to be broadly representative. Data were collected by questionnaire, largely based on the NCD Alliance's benchmarking tool, from five regional organizations, 8 National Ministries of Health, 11 National Civil Society Organizations in 8 countries, and Chairpersons of 5 National NCD Commissions.

Findings Overall the response across CARICOM has been strong on statements of support, agreements, and policy positions, however, there remains much more to do with respect to implementation. In most small countries (e.g. populations <250,000) the National NCD Commissions, one of the main vehicles for multi-sectoral action, are not functioning. An especially relevant shortcoming to highlight at this conference is that there are no national policies against advertising of unhealthy foods to children. In addition there are none against the harmful use of alcohol. National population salt reduction initiatives exist in only one country. Community based physical activity is encouraged and supported, but only 2 out of 8 responding countries have fully developed national physical activity strategies. It is noteworthy that Civil Society, especially through health NGOs, plays a major role in the provision of services, fund raising, outreach and education. Civil Society is currently less engaged in advocacy efforts aimed at promoting effective national policies and legislation.

Conclusions This study has identified strengths in the NCD response, but also major gaps. These findings are forming the basis of a 'call to action' that will help to empower Civil Society as an advocate and partner in strengthening the responses to NCDs across the Caribbean.

NCD RISKS FOR INDIVIDUALS AND COUNTRIES… WHAT DO WE KNOW?

Dr Wendy Baldwin, Private Consultant

In addition to experiencing non-communicable diseases, youth have health behaviors that influence their later likelihood of NCDs. Information on tobacco use, alcohol, diet/obesity and activity level can be obtained from a number of sources. Data about individuals can be used to assess the overall level of NCD risks for countries. These data can help policymakers understand the likely future burden of disease and shape interventions that can support youth in establishing positive lifestyles. How can we present such data in ways that help in their understanding and use?

TOWARDS A TOBACCO FREE ENVIRONMENT

Edouard Tursan D'Espaignet, Tobacco Free Initiative (TFI), WHO

E Tursan d'Espaignet (WHO), Y Liu, S Pujari, T Novotnu, C Curtis, S Bialous

In addition to the death and disability trail left in the wake of global tobacco industry activities, the industry is also contributing to the decimation of the environment – leaving to the young and to generations to come a legacy of personal, social and environmental havoc.

The industry produces each year some 6 trillion single-stick cigarettes, as well as other smoking tobacco products including cigars, cigarillos, pipe tobacco, and smokeless tobacco. The agricultural inputs towards growing tobacco, leaf processing, manufacturing the cigarettes, packaging, transportation to distribution points, marketing, consumption (itself requiring a staggering amount of wood in the form of lighting matches), and disposal of the cigarette butts (with the filters being non-biodegradable) all damage the environment. The environmental impact of tobacco has resonance in almost all broad environmental issues facing the world today – global warming, deforestation, water pollution, air quality, loss of biodiversity and many others. The tobacco industry is certainly aware of these negative impacts. To ward off possible future action against them, the industry increasingly refers to using green technology in an effort to ward off current and future criticisms of its environmentally destructive activities.

WHO with other UN agencies and selected civil society organisations is working to set in place a network of researchers to document the total environmental impact of the tobacco industry, and to provide a monetary assessment of these impacts. Under the extended producer responsibility principle, consideration should be given to exploring the recouping of these costs from the industry to address both the health and environmental damage already being legated to young people and future generations.

USING PHOTOVOICE AS A WAY OF HEARING FROM YOUTH

Prof Robert Blum, Johns Hopkins Bloomberg School of Public Health

This presentation will explore the application of a qualitative data collection methodology to explore how young people health and illness in their community. Specifically, the presentation will describe the method, training process, data collection using photos and data analysis baed on the WAVE (or Wellbeing of Adolescents in Vulnerable Environments) study that was conducted in 5 cities around the world. Implications and applications for youth with chronic and disabling conditions will be discussed.

BURDEN OF DISEASES, INJURIES AND RISK FACTORS FOR CHILDREN AND ADOLESCENTS IN LATINA AMERICA AND THE CARIBBEAN

Dr Rafael Lozano, Institute for Health Metrics and Evaluation (IHME)

Information not available at time of print

FRIDAY PRESENTATIONS

WE ALL HAVE A ROLE IN OBESITY PREVENTION – WHY AND HOW

Dr Godfrey Xuereb, Prevention of NCDs Department, WHO

Information not available at time of print

COMBATING CHILDHOOD OBESITY: A PERSPECTIVE FROM THE INTERFACE OF PUBLIC HEALTH AND POLITICS

Dr Patrick Martin, Public Health Nutrition Advisory Committee, CARPHA

Information not available at time of print

ADDRESSING BEHAVIORAL BARRIERS AND MOTIVATIONAL TRIGGERS FOR OBESITY PREVENTION IN YOUNG PEOPLE....A CARIBBEAN EXPERIENCE.

Ms Kamila McDonald (Miss Jamaica contestant, Jamaican TV personality, fitness enthusiast

It is indisputable that chronic non-communicable diseases are currently the leading cause of death in the Caribbean, costing governments billions of dollars annually. The silent, escalating obesity epidemic is linked to most of these diseases with many nations reporting more than half of their population being overweight/obese. Obesity is killing our people, yet as CARICOM nations we have been relatively slow in our response to the dramatic epidemiological shift from infectious to chronic diseases.

This presentation will first identify the specific historical, cultural and societal issues we are battling with in the Caribbean as the basis to effectively tackle and respond to these urgent, chronic health challenges.

With this context, the presentation will provide insight into specific approaches and platforms used by young people to receive and process information today. The objective is to highlight ways in which youth leaders along with policy makers can inspire and motivate drastic, sustainable behavior change through the effective communication of obesity's risks and prevention strategies.

CARPHA'S CALL TO ACTION FOR ACHIEVING HEALTHY WEIGHTS AMONG CARIBBEAN CHILDREN AND ADOLESCENTS

Dr. James Hospedales, Executive Director, CARPHA

Information not available at time of print

OPERATIONALISING THE CARIBBEAN CHARTER ON HEALTH PROMOTION TO PROTECT CHILDHOOD FUTURES FROM THE THREAT OF NCDS IN TRINIDAD AND TOBAGO

Ms. Yvonne Lewis, Health Education Division, Ministry of Health, Trinidad & Tobago

Over the past fifty years Trinidad and Tobago has made great progress in health, with increasing life expectancy and elimination of childhood diseases such as polio and measles that greatly impaired the ability of children to achieve their full developmental potential. Today, chronic diseases and their risk factors including heart disease, cancer, diabetes, hypertension and obesity have become the main health problems facing us, emerging even in children and adolescents.

Chronic Non-Communicable Diseases (CNCDs) are the top four leading cause of death in Trinidad and Tobago accounting for over 60% of all deaths annually. Data collected on school aged children over a four year period between 2009 and 2012 has revealed a trend of increasing levels of obesity in children in Trinidad and Tobago, with a national average of 24% children 5-18 being overweight or obese, along with early onset of some chronic diseases like

Type II Diabetes in children. Modifiable behavioral risk factors such as unhealthy eating habits, physical inactivity, tobacco use overweight and obesity are some of the key drivers of the chronic disease epidemic. These risk factors are inter-connected with other social and environmental factors such as poverty, education, physical infrastructure and policies that influence the ability of people to access and engage in healthy choices.

Trinidad and Tobago has provided leadership among CARICOM member countries, and internationally in promoting the critical importance of NCDs prevention, control, and the need for a strong, co-ordinated response from the highest levels of government and at the level of the United Nations. The Ministry of Health has identified several strategies to protect children from the threat of NCDs. One of these approaches is the operationalisation of the strategies of the Caribbean Charter on Health Promotion to promote healthy childhood. This presentation will It will include sharing of local and country experience of:

- Conducting research and collecting baseline data to inform program development
- Developing Healthy Public Policy that reduce NCDs risk factors in children
- Creating supportive environments that makes the health promoting choice and behavior easier to adopt and sustain
- Developing personal health skills for NCD prevention and control in children.

Results of the Evaluation of School Meals Options which identified and described the existing school meal options (including breakfast) that were available to students in schools in Trinidad and assessed the nutritional status of the students using Body Mass Index, will be shared. The framework for developing child health promotion initiatives guided by the findings of the Evaluation of School Meals Options and using a health promotion approach will be described, as well as and the experience of operationalising this framework in schools over the period 2012-2014.

BEHAVIORAL APPROACHES TO PREVENTING AND MITIGATING NCDS

Mr Christopher Eldridge, Yunus Center, Asian Institute Of Technology, Thailand

Noncommunicable diseases are sometimes referred to as lifestyle diseases. A third term may also be useful: behavioral diseases. This draws attention to the fact that behavioral factors play significant roles in these diseases. In the UK today, for example, behavioral and lifestyle factors are thought to be major contributors in around half of all deaths. Over the past 50 or so years researchers in the behavioral and related sciences have developed a wide range of methods for addressing these behavioral factors. Many of these methods are relatively low-cost.

This presentation has three parts. The first part provides an outline of a framework for thinking about these behavioral factors. The second part provides a few examples of behavioral approaches to specific NCDs. In the third part the need to link different approaches will be briefly discussed.

1/ A framework for thinking about the influences on the behaviors involved in NCDs – 'ThinkFluence'

'ThinkFluence' stands for thinking about, leveraging and linking influences on behavior. It is important to start by thinking about the factors which influence the behaviors involved in NCDs, because most people are unaware of many of them, or don't think they have any effect on their behaviors. However, even small things can have significant influences. For example, the amounts people eat are influenced by whether they eat alone or with others, and by the size of the plates or fast-food containers they eat from. Similarly, smoking is influenced by other people. The influences of peers are particularly important among adolescents.

2/ Examples of behavioral approaches to specific NCDs.

If individuals and organizations in the public, private and third sectors are aware of the factors which influence the behaviors involved in NCDs, they can begin to 'leverage' them – they can use these factors to influence the behaviors which contribute to NCDs. Examples will be provided of how specific behaviors - for instance, in the cases of smoking and eating - can be influenced to help reduce the impacts of NCDs.

3/ Linking approaches to NCDs

There are various approaches to NCDs; behavioral approaches are not magic bullets. However, if behavioral approaches are linked appropriately with other approaches - for example, with legislation - they can strengthen these other approaches.

EMPOWERING FAMILIES: TRAINING HEALTH EDUCATORS AND PATIENTS

Mapoko M. Ilondo[1], Ulrik U. Nielsen[1], Bedowra Zabeen[2] and Naby M. Baldé[3]

[1] Corporate Relations, Novo Nordisk A/S, Copenhagen, Denmark
[2] Diabetes Association of Bangladesh, Dhaka, Bangladesh
[3] Donka University Hospital, Conakry, Guinea

Background: The International Diabetes Federation estimates that there are a total of 480,000 children living with type 1 diabetes worldwide, including 250,000 in developing countries. Childhood and adolescent diabetes has a high mortality and morbidity in poor countries and there is significant variability in prognosis between countries depending on the availability of insulin and other supplies, and the training of healthcare professionals.

Changing Diabetes® in Children (CDiC): CDiC is a public-private partnership initiated by Novo Nordisk A/S (Copenhagen, Denmark) in collaboration with Roche Diagnostics, the World Diabetes Foundation and the International Society for Paediatric and Adolescent Diabetes. The programme was launched in 2009 and is on-going in nine countries: Bangladesh, Cameroon, Dem. Rep. Congo, Ethiopia, Guinea, India, Kenya, Tanzania and Uganda. Initially planned for a 5-year period, the programme has since been extended to run until the end of 2017. In the various countries involved, activities are implemented within the framework of the national health system by local institutions in partnership with Ministries of Health, national diabetes associations and other local partners.

Process indicators: By the end of 2013, CDiC had established 93 dedicated clinics for children, trained over 4,150 healthcare professionals and enrolled 11,710 children and adolescents in the nine countries. All patients in the programme receive human insulin free of charge as well as glucometers and strips for home blood glucose measurements. All clinics were provided with medical equipment and supplies needed for proper monitoring and follow-up of diabetes (e.g. equipment and reagents for HbA1c measurements), and received support for establishing a national diabetes registry for proper surveillance and follow-up. Education materials adapted to resource poor settings have been developed. Formal education of children and their families is organised both in the clinics and in regular diabetes camps.

Clinical outcome: Preliminary data from Bangladesh and Guinea showed improved blood glucose control (measured by a decrease in HbA1c levels), as well as reduced frequency of acute complications (ketoacidosis, severe hypoglycaemia), number of sick days and mortality, i.e. both overall mortality and mortality secondary to ketoacidosis.

Conclusion: CDiC has proven a good model for the treatment and care of children with type 1 diabetes in resource poor settings. Given the lack of specialist doctors and nurses in these countries, intensive training of the healthcare professionals at hand and properly designed education of patients and caregivers, combined with empowerment of children and their families has resulted in improved control, survival and quality of life of diabetic children and adolescents.

It appeared that food insecurity and costs of transportation to the clinics constitute two major socioeconomic barriers to access to care, together with other systemic barriers such as weak health systems and lack of qualified doctors and nurses. Ultimately and due to the lack of systems for funding of healthcare in these countries, poverty is the single most important barrier to proper diabetes care.

JOM MAMA: SOCIO-ECOLOGICAL APPROACH TO DEVELOPING PUBLIC HEALTH INTERVENTIONS AND PREVENT DIABETES

Haniza Anuar, Ministry of Health Malaysia

Background

The world is facing near epidemic levels of diabetes and according to the International Diabetes Federation (IDF) the prevalence of gestational diabetes among women aged 20-49 years is 16%. Research shows that woman's health prior to and during pregnancy influences her child's risk of developing chronic disease such as diabetes later in life. Therefore, pre-pregnancy care needs to be strengthened to tackle NCD and diabetes prevention.

Changing Future Health®

The Changing Future Health® (CFH) programme is part of Novo Nordisk commitment to Changing Diabetes® aiming to improving health of the next generation. CFH programme is a partnership between the Steno Diabetes Center, the University of Southampton, the University of Witwatersrand and Novo Nordisk. The project was launched in 2012 in Malaysia under the name Jom Mama. The objective of the project is to explore opportunities to develop and assess pre-pregnancy interventions to optimise women's health prior to and during pregnancy and is designed to be integrated into the existing health system in Malaysia.

Methods

To gain an understanding of the lifestyle, factors, and levers in relation to the health of young couples in Malaysia, a qualitative research design involving observation, document review and face-to-face semi-structured interviews were applied to gain in-depth understanding of the factors and levers that affect the lifestyle of young couples. The socio-ecological framework was used to understand the social, economic and cultural context of the target population, and the study collected perspectives from the young couples, the community, and healthcare providers. Observation, document review and interviews were carried out in the healthcare settings while qualitative interviews were conducted with the young couples and community representatives.

Results

Healthcare providers informed that current healthcare system provide opportunities as a potential access point to introduce a pre-pregnancy intervention. Several barriers were also raised including the sufficiency of human resource and training, adequacy of infrastructure space, and maintaining program sustainability. Interviews with community informants revealed low health literacy as one of the major health issues among young couples, and the main barriers influencing health included life issues (financial problems, unplanned pregnancy), social cultural (unhealthy food tradition/recipes), physical environment (lack of access to exercise facilities) and lack of knowledge and awareness on health. Facilitators towards healthy lifestyles included the availability of social support groups, extensive access to online information, and providing incentives such as adequate facilities support. Views from young couples informed that work pattern or routine has a high influence on eating habits and level of physical activity. Decisive factors for eating habit depended on the availability and accessibility of food and the influence of their spouse and extended family. Lack of support from spouse, poor physical condition and personal attitude are some of the challenges identified in performing physical activities. It was also found that young couples generally get health information from both electronic and printed media, and from healthcare personnel, and the types of information sought were on pregnancy, sexual health, healthy lifestyle and diseases.

Conclusion

The findings in the study highlighted the need and opportunity to introduce pre-conception interventions to improve young women's health status prior to and during pregnancy to reduce diabetes transmission in the next generation.

TOBACCO USE AMONG CARIBBEAN YOUTH: IMPLICATIONS AND SOLUTIONS

Ms Barbara McGaw, The Heart Foundation Of Jamaica/Jamaica Coalition For Tobacco Control

Background/Objectives

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing nearly six million people a year, which includes 600,000 as a result of non-smokers being exposed to second-hand smoke. Tobacco use accounts for one in 10 adult deaths (1).

Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries (2). Tobacco companies continue to increase their marketing efforts in these countries, especially to vulnerable target groups such as children.

Worldwide almost half of children regularly breathe air polluted by tobacco smoke in public places and over 40% of children have at least one smoking parent (1). Some studies show that approximately 90% of adult smokers who smoke daily report that they started smoking by the age of 18 years, many as young as 10 years old (2).

Description

The data in the Caribbean is no different; we will review data from the findings of two surveys, the Global Youth Tobacco Survey (GYTS) (3), and the Comparative Analysis of Student Drug use in Caribbean Countries (4). These reports show that youth smoking is on the rise and that although compared to girls, boys are more likely to smoke tobacco products, girls are starting to catch up in some countries,

The reports show some disturbing trends in terms of:

- The early initiation of cigarette smoking
- Current and Lifetime smoking prevalence
- Exposure to tobacco smoke in public places and at home
- Ability to youth to purchase cigarettes
- Having promotional items from a tobacco company in their possession
- Being offered free cigarettes by a tobacco company representative

Conclusions

The obvious solution to the challenges of youth smoking it to have all Caribbean states fully implement the Framework Convention on Tobacco Control (FCTC) which has several measures geared to protecting children from the scourge of tobacco use. All CARICOM countries have signed and ratified the FCTC and several countries have enacted tobacco legislation.

Several countries also have a Child Care Act which speaks to protection of children from tobacco. Unfortunately these laws may not be fully enforced. We need strong and enforceable laws to prevent the increasing prevalence of youth tobacco smoking.

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TYPE 1 DIABETES - MY PAST, MY PRESENT AND MY HOPE FOR THE FUTURE

Ms Krystal Boyea, young person living with T1D, Barbados

Type 1 diabetes is usually diagnosed in children and young adults. Krystal will briefly describe the status of type 1 diabetes in the Caribbean. She will then share her honest story of growing up with type 1 diabetes in a region overwhelmed with type 2. Krystal will share her past struggles and her journey towards acceptance of this disease. In 2011, Krystal's life changed as she decided to make diabetes more than just the disease she had, it became her passion. She will share her work locally with the Diabetes Association of Barbados, worldwide with the International Diabetes Federation, and as a public figure aiming to bring hope and raise awareness worldwide. As a young person aiming to make change, Krystal brings a unique perspective to the world of Chronic Non-Communicable Diseases. She describes how her views, her role in the social media and online community and her age, sitting right in the middle of the old and young help to make positive change. At the end of her presentation Krystal aims to share the challenges, successes and her hopes for the Caribbean in reaching young people affected by Chronic Non-Communicable Diseases.

MORE THAN JUST CONDOMS! A LOOK AT PSI CARIBBEAN'S WORK IN NON-COMMUNICABLE DISEASE PREVENTION

Ms Marina Hilaire-Bartlett, Population Services International/ Caribbean

PSI Caribbean- Background

Since 2005, PSI Caribbean (PSI/C), a non-governmental social marketing organization, has been working to measurably contribute to the advancement of healthy lives in the Caribbean. Through its innovative *"Got It? Get It."* campaign, PSI/C traditionally focused on HIV prevention, condom access and availability, primarily reaching Youth most at risk. In 2010, PSI/C extended its targets to include Males-at Risk, Females-at-Risk and select military populations and further expanded its program to broadly address Sexual and Reproductive Health (SRH). PSI/C continually aims to increase its relevance by addressing Non-Communicable Diseases (NCDs) which accounts for a significant portion of the region's burden of disease.

Integrating Sexual Reproductive Health and NCD Prevention

In 2010, PSI/C identified a gap in NCD prevention programming and took the opportunity to integrate NCD prevention into its SRH service delivery program.

With the support of International Planned Parenthood Federation (IFFP) Affiliates in the Caribbean, PSI/C launched a referral card system at IPPF clinics to support the uptake of services by specific target populations. The program includes partners in Antigua & Barbuda, Belize, Dominica, Grenada, Jamaica, St. Lucia, St. Vincent & The Grenadines, Suriname and Trinidad & Tobago.

The referral process begins with an interactive engagement between a Peer Educator and a member(s) of the target populations. The educator determines whether an individual is at high risk and unable/unlikely to access a health service, and so presents the referral card which has a set value attached and is subsidized by PSI/C. The referral card is redeemed at any of the partner affiliate site, which allows the client to receive both SRH and other services, including HIV and STI screening, Pap Smears, Breast Exams, VIA (Visual Inspection by Acetic Acid) Screening, Prostate Exams, Cholesterol, Blood Glucose and Blood Pressure tests.

PSI/C also supports select IPPF Affiliates in their mobile health clinics, thus taking the health services into the communities. The mobile clinics are supported in Belize, St. Lucia, Suriname and Trinidad. Expansion to Antigua, Jamaica, Dominica and St. Vincent will take place in 2014.

Engaging Youth

Social media is another key strategy used to engage youth. In the Caribbean, there are 12.4 million internet users, and 6.3 million Facebook users, with youth accounting for a significant percentage. With daily engagement, PSI/C has tapped into this youth audience by managing a very active Facebook page. According to Facebook analytics, the **PSI/C's "Got it? Get it." page ranks in the top 10 pages** in Trinidad & Tobago. Posts are always youth centered and include a mixture of greetings, aspirational messages and health facts.

PSI/C also produces a monthly **Healthy Lives Blog** on the company's website focusing on topics related to HIV, SRH, behaviour change, cervical and breast cancer and many other related health issues.

The figure below represents the NCD prevention services that were provided via the partnering IPPF clinics and the mobile outreach clinics in the region:

2010-2013	Antigua	Belize	Dominica	St Lucia	St Vincent	Suriname	Trinidad	Total
Pap Smears	94	427	33	385	98	337	154	1,528
VIA Screenings	0	0	0	0	0	1,639	0	1,639
Prostate Exams	0	1	0	33	27	0	8	69
Breast Exams	15	510	0	170	47	858	160	1760
Blood Pressure Tests	32	147	2	554	102	0	151	988
Blood Sugar Tests	10	0	0	9	13	0	220	252

THE GLOBAL BURDEN OF ASTHMA IN CHILDREN

Prof Luis Garcia-Marcos, Global Asthma Network Steering Group

Asthma is one of the most important NCDs in the world and is the most common chronic disease in children. Asthma less commonly causes death than other NCDs, and more commonly causes disability. The 2012 Global Burden of Disease report estimated that asthma was the 14th most important disorder in terms of global years lived with a disability (YLD). In 2010, in children aged 10-14 years, asthma was the third highest ranked cause of Disability Adjusted Life Years (DALYs) in the world. Children with symptomatic asthma lose time off pre-school or school, and when they are sick their parents take time off work to care for them. The economic burden is high due to health care costs and productivity losses.

Safe, efficacious and relatively cheap medicines are available to relieve and prevent asthma symptoms, prevent severe attacks requiring hospital admission, and reduce the risk of death. However, many people with asthma who would benefit from these medicines do not have access to them. If they do, they may not use them regularly or take them correctly. We need better and more extensive training of clinicians, nurses, other health-care workers, and patients in management and self-management of asthma, and improvements in access to inexpensive, efficacious formulations of asthma medicines.

Our previous work in ISAAC – the International Study of Asthma and Allergies in Childhood (http://isaac.auckland.ac.nz/) showed that asthma prevalence and severity in children are increasing in the world, and particularly in low and middle income countries. Following completion of ISAAC, the Global Asthma Network (GAN) was established in 2012 (http://www.globalasthmanetwork.org/). GAN has set ambitious global targets to decrease severe asthma by 50% by 2025 and currently has 234 centres from 105 countries; participation of all countries in the world is sought. GAN will extend surveillance and monitoring using ISAAC methodology, including further investigation of asthma risk and protective factors, and undertake research on management strategies aimed at developing interventions to reduce the severity of asthma.

YHP BRAZIL: MAKING A MEANINGFUL DIFFERENCE TO THE HEALTH OF THE YOUNG PEOPLE IN MARANHÃO. YOUTH ENGAGEMENT ON THE PREVENTION OF COMMON RISK FACTORS FOR SEXUAL AND REPRODUCTIVE HEALTH AND NCDS

Mrs Nicole Campos [2], Mrs Louise Hart [3], Mr Francisco Sierra [1]

[1] *AstraZeneca Young Health Programme*
[2] *Young Health Programme Plan Brazil*
[3] *Plan-UK*

Young Health Programme (YHP) Brazil: "Making a meaningful difference to the health of the young people in Maranhão". Youth engagement on the prevention of common risk factors for sexual and reproductive health and NCDs.

YHP Brazil is an example of youth engagement and local multisectoral (health and education) action to address key health issues for adolescent boys and girls with a focus in sexual and reproductive health and the prevention of common risk behaviours associated with the development of NCDs in later life.

The programme commenced in November 2010, aiming to improve the health and gender equality of adolescents from five municipalities in the State of Maranhão. In collaboration with local schools, government stakeholders, and NGO partners, over three years the programme has to date benefited over 57,082 young people and reached over 75,625 wider community members including parents, community members, teachers and health professionals.

In the next two years, the programme will incorporate topics that have increasingly emerged as important adolescent health and gender issues such as tobacco use, harmful use of alcohol and other drugs, gender-based violence and emotional health. Moreover, there will be an increasing focus on providing training to young people on leadership and advocacy, supporting them to research key health issues in their own communities and take action on identified needs in collaboration with local government.

Likewise, the programme will also work towards increased sustainability of interventions on a number of levels. The programme will support the direct training and sensitisation of health workers (nurses, Community Health Agents (CHAs), doctors, nutritionists, health authority staff etc) and educators on identified key adolescent health issues, and will collaborate with the two technical health workers training schools in the region to integrate these topics into their curriculum. In addition, the programme will be training teachers and other education staff on adolescent friendly services, and working with education authorities and institutions to see how this can be utilised more widely across the sector.

YOUTH FRIENDLY CLINICS, GUYANA

Dr Malika Mootoo St. Joseph's Mercy Hospital; University of Guyana, Faculty of Health Sciences

This presentation will briefly look at the work we have done in creating youth friendly clinics in both the private and public sector in Guyana. It will include our work with communicable and non-communicable diseases, our goals and challenges.

TRIUMPHS AND CHALLENGES WITH PERINATAL HIV-INFECTED ADOLESCENTS – LESSONS FROM THE FIELD

Dr Russel Pierre, the Department of Child and Adolescent Health, University of the West Indies, Jamaica

The AIDS epidemic has reached the 3rd decade and in Jamaica, infected children are maturing through adolescence to adulthood as a result of the effectiveness of antiretroviral therapy. The dramatic advances in treatment have also added to the complexity in management of what is now a chronic, though still life-limiting, illness. The optimum management of adolescents with HIV infection now requires attention to areas beyond antiretroviral therapy.

CHILDREN AND NCDS, HAITI

Dr Dianne Francois, Catholic Medical Mission Board's (CMMB) - Haiti and the Dominican Republic

NCDs already disproportionately affect low- and middle-income countries where nearly 80% of NCD deaths – 29 million – occur. NCDs are projected to exceed the combined deaths of communicable and nutritional diseases and maternal and perinatal deaths as the most common causes of death by 2030.

Haiti in the western hemisphere carries the burden of the highest rate in maternal and child death. Haiti still fighting with high level of infectious disease is now being overwhelmed by the epidemiologic transition with a excess of preventable NCDs such as hypertension and diabetes. Community awareness, education for expectant mothers, about prevention of NCDs in pregnancy is an important component in Haiti to help reduce morbidity and mortality related to NCDs and reduces threats to the health of newborns. What's happening in Haiti to prevent or to screen for these problems? Is screening available to all women? What has been the response from health providers, ministry of health for maternal screening?

We will also discuss role of faith-based institutions as supportive factors for children and adolescents with NCDs.

A MOBILE PHONE-BASED SURVEY ON KNOWLEDGE OF CERVICAL CANCER AND HPV VACCINATION IN KENYA

Ms Mellany Murgor, School of Medicine, University of Nairobi

Introduction: Cervical cancer is a major global health problem, with nearly 500,000 new cases occurring each year worldwide, and 270,000 women dying from the disease. Eighty percent of these deaths occur in developing countries. This high incidence is attributed to inadequacy of screening programs as well as the unawareness of the disease in these developing countries. I therefore sort to carry out a survey to find out the awareness and knowledge on cervical cancer, its risk factors and HPV vaccination in Kenya.

Method: A random cross-sectional, mobile phone-based survey was employed. The participants were required to participate in the survey by activation of a short message service. They were required to send the code "ccv" to the number 0700040030, After which they received the instructions for the questions to be answered. They received 8 closed-ended and 2 open-ended questions. The questions were answered sequentially, after which they received a message thanking them for their participation. Analysis of Variance (ANOVA) was performed using SPSS version 16.0 and the DIY platform.

Results: The study comprised 70% women of the age group of 17-30 years). Among them only 28% correctly knew that HPV was the virus associated with cervical cancer, as well as associated with poor hygiene, diet, alcohol intake and genetics. Although 55% were aware of the HPV vaccine, only a 8% could identify the correct target group. 38% of the participants obtained information from friends and relatives, while 22% obtained from medical personnel. Despite only 20% having been vaccinated or knowing anyone who had been, a majority were willing to be vaccinated or would recommend the vaccination to others.

Conclusion: There is gross unawareness of cervical cancer among those interviewed; with most respondents obtaining cervical cancer information from friends and relatives. If substantial impact is to be made, it is important to establish a form of disseminating correct and accurate information for the public to take charge of their health.

ROLE OF TECHNOLOGY IN CREATING RHEUMATIC HEART DISEASE AWARENESS AMONG SCHOOL-GOING CHILDREN IN KENYA

Duncan M. Matheka[1,2], Mellany Murgor[1,2], Gary Selnow[3]
[1]Department of Medical Physiology, University of Nairobi, Nairobi, Kenya, [2]Young Professionals Chronic Disease Network [3]WiRED International, New York City, United States

Introduction: Rheumatic heart disease (RHD) is a common cardiovascular disease in Kenya and mainly affects school-going children. As a preventable disease, its incidence may be significantly reduced by educating the community on preventive measures. Educating children is crucial in combating the disease since they are especially vulnerable to streptococcal infection. The role of innovative training approaches (technology-based) among school-going children remains unverified. The current project therefore sought to train school-going children on RHD using an interactive digital module from WiRED international, a US based non-profit organization working in Kenya.

Methods: The module offered simplified animated presentations linking sore throat, rheumatic fever and RHD, as well as ways of their prevention. The module also introduced questions throughout the presentation and provided instant feedback to reinforce key concepts. Upper primary pupils from two schools were randomly assigned into control (n=100) and experimental (n=100) groups. The experimental group was trained using the module, while the control group did not have any teaching. Both groups then answered 23 multiple choice questions (MCQs). During a follow-up visit one week later, the students were re-administered with the same final exam. The results were analyzed using SPSS version 16.0.

Results: The mean age of the pupils was 12.71 years. On the first visit test, the experimental group had higher average scores compared to the control group (16.3±2.5 vs. 10.5±2.3 marks; $p<0.001$). The follow-up test results were 15.7±2.7 for experimental and 10.4±2.4 marks for the control, $p<0.001$. Age, class level or gender did not affect performance.

Conclusion: The use of interactive digital modules to train school-going children on RHD increases knowledge, awareness and is feasible, efficacious and sustainable. This approach is beneficial, and could potentially reduce the toll of RHD if tailored to the specific learning needs of the children and applied more widely.

LIVING WITH TYPE 1 – HOW I'VE MADE A DIFFERENCE

Mr George Dove , Medtronic Philanthropy, Bakken Invitation Award Recipient and Youth Advocate

This presentation will present the ideas and vision of George, a young person living with T1 Diabetes, looking at what needs to be done. How can one person make a difference? This presentation will look at how one young person, with a strong belief, energy and commitment can raise international awareness and funds to help those with diabetes . It will look at what challenges he has faced, what keeps him motivated and how he hopes to inspire and support more youth advocates.

George will look at what needs to be done to move forward.

NCD COMMUNITIES DRIVING CHANGE FOR CHILDREN AND ADOLESCENTS IN LOW- AND MIDDLE-INCOME COUNTRIES: INSIGHTS FROM INDONESIA

Dwi Lestari Pramesti[1,3] , Aman Pulungan[1,3], Kate Armstrong[2],
Borneica Sharry Cahya Putri[3], Kusuma Adiwijaya[3],

[1]Indonesian Pediatric Society (IPS)
[2]Caring and Living as Neighbours (CLAN)
[3]CAH Support Group of Indonesia (KAHAKI)

Congenital Adrenal Hyperplasia (CAH) is a group of autosomal recessive disorders caused by the deficiency of 21-hydroxylase (21-OH) enzyme, usually diagnosed in early childhood and requiring life-long treatment with oral cortisol and fludrocortisone for survival (both drugs on WHO Essential Medicines List for Children). Whilst the incidence of CAH in Indonesia is not yet known (versus 1:18,000 in USA; 1:5,000 in the Philippines), the current prevalence suggests high mortality (only 293 persons living with CAH in 2013 according to Indonesian Pediatric Society (IPS) and Indonesian CAH Community (KAHAKI)) in a population of almost 237 million people.

High mortality rates for children with CAH in Indonesia are mostly due to missed diagnosis and unaffordable access to essential medicines. The diagnostic test for CAH is not currently available in country, and the cost and delay in sending samples to Singapore (USD$87) increase the risk of complications, adrenal crisis and infant mortality. Once a diagnosis is made, affordable access to hydrocortisone and fludrocortisones tablets is limited, as neither drug is registered for legal sale locally. Humanitarian donations help minimise mortality, but restricted quantities, disruptions to supply and subsequent under-dosing increase morbidity and impact negatively on child health and development.

KAHAKI was established in 2008 as the national CAH Support Group of Indonesia and a visual hub for ongoing collaborative action. Surveys of surviving children and families living with CAH in Indonesia clearly demonstrated inequitable outcomes, with children from low income and poorly educated families grossly under-represented in the survival cohort.

Overcoming such inequity requires collaborative efforts between families, health professionals, policy makers, government, national and international stakeholders. The KAHAKI community works in partnership with a range of national and international stakeholders (including IPS, CLAN, the Indonesian FDA, local laboratories, ministry of health officials and others) to achieve life-saving and sustainable change for all children living with CAH in Indonesia. KAHAKI particularly focuses on affordable access to medicine and equipment; research, education and advocacy; optimal medical management; community development; and initiatives to reduce financial burdens on families.

The experiences of KAHAKI in Indonesia offer insights into the plight of young people living with NCDs in other low and middle income countries and the potential of communities to help drive sustainable change.

NCD CHILD AS A PLATFORM FOR PROMOTING NCD-RELATED COMMITMENTS TO EVERY WOMAN EVERY CHILD

Dr Kate Armstrong, NCD Child

Every Woman Every Child is an unprecedented global movement, spearheaded by UN Secretary-General Ban Ki-moon, to mobilise and intensify global action to improve the health of women and children around the world and advance the health-related Millennium Development Goals (MDGs).
Nearly 40 Every Woman Every Child partners have focused their commitments on Non-Communicable Diseases (NCDs) to date, pledging to make crucial interventions in the areas of disease prevention, treatment, and care; policy development; and health system strengthening.

This session will celebrate new NCD-related commitments to Every Woman Every Child as well as future opportunities for NCD Child to support integration of NCDs within this important global movement for unity, action and engagement.

INTEGRATING NCDS INTO FACTS FOR LIFE

Dr Kerida McDonald, UNICEF

Information not available at time of print

ABSTRACTS

Please visit the foyer for those abstracts displayed as posters

OVERWEIGHT AND OBESITY IN YOUNG PERSONS IN THE CARIBBEAN

Andall-Brereton, G., Bocage, C., Quesnel-Crooks, S.
Caribbean Public Health Agency (CARPHA), 16-18 Jamaica Blvd, Port of Spain, Trinidad & Tobago

Leadership from the Caribbean resulted in commitment for the prevention and control of Non-Communicable Diseases (NCDs) receiving global endorsement at the UN High Level Meeting in September 2011. This led to the signing of a political declaration and the development of a Global Monitoring Framework for NCDs, with indicators and targets for evaluating country progress in the prevention and control of NCDs including surveillance of risk factors. Population-based risk-factor surveys are being implemented in countries using the WHO STEPS methodology which includes random selection of individuals at the household level. To date, 12 countries in the Caribbean have collected risk factor data using this methodology with some countries expanding the sample to include younger segments of the population. The main objective of this analysis was to investigate the prevalence of overweight and obesity in young persons 15 to 21 years old and the possible contribution of diet and physical activity to this outcome. This was examined in two countries: a middle-income (MIC) and a high-income country (HIC). Survey data were analysed using the WHO AnthroPlus software and EPI Info version 3.5.4. Twenty-nine percent (29.4%) of adolescents 15-19 years in the MIC and 30.2% in HIC were found to be overweight. In this age range, the levels of obesity were 12.6% and 16.8% in the MIC and HIC, respectively (WHO AnthroPlus). In the 20-21 year olds, levels of overweight were 26.2% (CI 9.2-43.1), with 15.8% (CI 2.0-29.5) being obese, in the MIC. In the HIC, 45.5% (CI 35.4-39.6) of 20-21 year olds were overweight with 11.8% (CI 5.9-17.7) being obese. On average approximately 2 servings of fruit and vegetables were consumed daily. An extremely high number (93%) of young persons consumed less than 5 servings of fruits and vegetables per day, in both countries. There was a significant difference in levels of low physical[1] activity between the two countries, but no significant difference was identified between the age groupings in each country. In the HIC, low levels of physical activity were reported by 45.0% (CI 38.7-51.2) of young persons, while in the MIC 28.0% (CI 21.4-34.7) reported low levels of physical activity. Overweight and obese adolescents who are physically inactive seem more prevalent in the HIC as compared to the MIC. Levels of fruit and vegetable consumption remain low in both countries.

[1] Low levels of physical activity is defined as less than 5 days of moderate-intensity activity or 30 minutes walking

LIVING WITH OSTEOGENESIS IMPERFECTA AND DUCHENNE MUSCULAR DYSTROPHY IN VIETNAM: A SURVEY OF FAMILIES

Ly QL[1,2], Phan K[1], Biggin A[1,3], Mac YT[4], Ditchfield S[4], Armstrong KL[4,5], Bui TP[6], Nguyen KN[6], Can NBT[6], Vu DC[6], Young H[7], Jones KJ[1,8], Munns CF[1,3]

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[5]. Discipline of Public Health, Flinders University
[6]. National Hospital of Pediatrics, La Thanh, Dong Da, Hanoi, Vietnam.
[7]. Department of Occupational Therapy, The Children's Hospital at Westmead, Sydney, Australia.
[8]. Institute for Neuroscience and Muscle Research & Western Sydney Genetics Program, The Children's Hospital at Westmead, Sydney, Australia.

Objective

The impact of non-communicable diseases (NCDs) and other chronic health conditions on children and their families in developing countries remains unclear. Osteogenesis Imperfecta (OI) is a congenital bone fragility disorder resulting in recurrent fractures, deformity and reduced mobility. The muscular dystrophies, of which Duchenne Muscular Dystrophy (DMD) is the most common, are neuromuscular disorders characterized by muscle and functional deterioration. The aim of this survey was to gain an understanding of the medical and social impact of OI and DMD on children and their families in Vietnam.

Design and methods

Health needs assessment questionnaires were completed by families who attended a parent information meeting at National Hospital of Pediatrics (NHP) in Ha Noi, Vietnam in 2011 (for OI) and 2013 (for DMD). The questionnaires were prepared by health care professionals from the National Hospital of Pediatrics in Hanoi, Vietnam; The Children's Hospital Westmead in Sydney, Australia and CLAN. The data were translated from Vietnamese to English (cross-referenced by QLL and KP) and the descriptive data were coded for thematic analysis.

Results

A total of 59 OI and 99 DMD questionnaires were collected from the club meetings. Data below are presented as either percentage of responses for that particular question or median result from a nominal scale where 1 was lowest impact and 10 was highest impact:

	OI	**DMD**
Living in Rural / Urban areas	73% / 19%	62%/ 21%
Age in years (median, range)	6 (0.25-18)	12 (6-30)
Internet access available to the family	63%	42%
Non-English speaking parents	83%	80%
Affected (school-age) child attending school	49%	42%
Parents as primary household income	66%	40%
Median financial strain score (1 to 10)	8	8
Up to date with vaccination program	88%	63%
Affected child covered by medical insurance	86%	68%
Ever received bisphosphonates infusion (OI)	19%	n/a
Ever received glucocorticoid treatment (DMD)	n/a	20%
Access to wheelchair	19%	25%
Median parental mental health score (1 to 10)		
Depressed	7	10
Anxious	9	10
Sad	8	10
Worried	9	10
Hopeful	8	6
Optimistic for future	6	5
Parental request for more information	93%	77%
Median club meeting usefulness (1 to 10)	10	10

Conclusions

Similarities in responses between families living with OI and DMD highlight opportunities to redress inequities faced by children living with chronic health conditions and disability in Vietnam. Areas of need include: comprehensive health insurance and other strategies to reduce financial burdens; access to optimal medical therapies, equipment and educational resources for families on OI and DMD (in Vietnamese language); access to disability inclusive education in schools; and support for parental mental health. To address these issues, diverse and multisectoral approaches to health systems strengthening are required. A community development approach that actively engages OI and DMD Club members in future efforts to determine priorities and drive sustainable change is endorsed by these findings.

THE INCREASING PROBLEM OF ASTHMA IN THE WORLD – WHAT CAN BE DONE?

Professor Innes Asher, Professor Luis Garcia-Marcos, on behalf of the Global Asthma Network

[1] *Department of Paediatrics: Child and Youth Health, The University of Auckland*
[2] *'Virgen de la Arrixaca' University Children's Hospital, University of Murcia*

Asthma is one of the most important NCDs in the world, affecting at least 334 million people of all ages, and is the most common chronic disease in children. Asthma less commonly causes death than other NCDs, and more commonly causes disability. The 2012 Global Burden of Disease report estimated that asthma was the 14th most important disorder in terms of global years lived with a disability (YLD). In 2010, in children aged 10-14 years, asthma was the third highest ranked cause of Disability Adjusted Life Years (DALYs) in the world, having increased from 6th rank in 1990, and for 5-9 year olds the rank was 6, an increase from 8 in 1990. Children with symptomatic asthma lose time off pre-school or school, and when they are sick their parents take time off work to care for them. The economic burden is high due to health care costs and productivity losses.
Safe, efficacious and relatively cheap medicines are available to relieve and prevent asthma symptoms, prevent severe attacks requiring hospital admission, and reduce the risk of death. However, many people with asthma who would benefit from these medicines do not have access to them. If they do, they may not use them regularly or take them correctly. We need better and more extensive training of clinicians, nurses, other health-care workers, and patients in management and self-management of asthma, and improvements in access to inexpensive, efficacious formulations of asthma medicines. We also need research to identify feasible approaches to optimise the cost-effective use of efficacious drugs for asthma.

Our previous work in ISAAC – the International Study of Asthma and Allergies in Childhood (http://isaac.auckland.ac.nz/) showed that asthma prevalence and severity in children are increasing in the world, and particularly in low and middle income countries. Following completion of ISAAC, the Global Asthma Network (GAN) was established in 2012 (http://www.globalasthmanetwork.org/). GAN has set ambitious global targets to decrease severe asthma by 50% by 2025 and currently has 234 centres from 105 countries; participation of all countries in the world is sought. GAN will extend surveillance and monitoring using ISAAC methodology, including further investigation of asthma risk and protective factors, and undertake research on management strategies aimed at developing interventions to reduce the severity of asthma.

CHILDHOOD CANCER A GLOBAL EPIDEMIC

Mr James Auste, Philippines

[1] *Cancer Warriors Foundation 09178485258*
[2] *International Conferation Of Childhood Cancer Parent Organization 0917,*
[3] *International Union Cancer Control 41 22 809 1811*

There is a need in developing countries, like the Philippines, that is not being addressed by any institution! This is the dying pleas, desperate call of kids with cancer who are dying needlessly, painfully, and hopelessly just because they are POOR!
Each year more than 160,000 children are diagnosed with cancer worldwide! 90,000 DIE!

8 out of 10 kids with cancer from developing countries DIE! 80 percent DIE just because they could not access immediate, up-to-date, life saving cancer care treatment in their country!

In developed countries, like the USA, UK, JAPAN etc, where the latest technology strategies and programs protocols are available 80 percent SURIVE and live and enjoy their lives! Contributing to the community and making change in their nation!

Childhood cancer is CURABLE as long as it is diagnosed early, treated properly, and managed correctly!

Childhood cancers represent an important global public health problem that needs to be recognized by the global health community!

CASTING A VISION BEYOND 2015: TURNING NCD EDUCATION INTO CHILDREN'S PLAY

Professor Larry Burton, Andrews University, USA

This presentation will share a proposed model for developing high-quality, interactive NCD educational tools. Outcomes from traditional health education approaches are often inconsistent in contributing to behavioral changes in children to would impact the incidence of NCDs. However, models exist that have the potential to create life-changing NCD educational opportunities for children. These models can contribute to both the development of learning content and the development of engaging learning platforms. It is possible for us to make NCD education for the young seem like play.

Understanding key principles from three different areas can help us develop this new approach to health education for children. First, some of the best online learning content is developed by teams consisting of content specialists, curriculum/learning specialists, and technology specialist. The curriculum specialist serves as the vital link helping transform key content knowledge into effective online learning experiences. Secondly, we know that incentives and goal setting have the power to motivate and empower behavioral change. By incentivizing NCD education, we can improve its efficacy. Finally, the power of gaming to engage children (and adults) in focused and repetitive activity is well established. By combining principles from these three areas we can turn health education into child's play.

For example, a team of experts could collaborate to develop an NCD education app that would run on inexpensive computers, smart phones, and tablets. An excellent first app would allow children play a "game" with an avatar. As the child moved through the game they would be required to make health-related choices. Good choices would help the child's avatar retain their virtual "health" while bad health choices cause the avatar's "health" to suffer. This type of app would provide the child with instant feedback on the impact of their health choices. An additional component of the app would then allow the child to set personal, health-related goals and track their progress in their daily life through the app's interface. Thus the app can deliver educational content, virtual practice in making healthy decisions, support for personal goal-setting, and provide incentives for implementing positive lifestyle choices.

The implementation of this new vision for NCD education will require collaborative partnerships between corporations, universities, NGOs, and governmental ministries/departments. Development of this new generation of NCD apps will require collaborative teams of NCD content specialists, curriculum/learning specialists, software application developers, and funding agencies.

NOVEL NON-INVASIVE PROCEDURES FOR EARLY DETECTION OF DIABETES MELLITUS IN COMMUNITY-BASED SAMPLES

Andrew S Dhanoo, Felicia Hill-Briggs, Mariana Lazo, Shivananda Nayak, Brian N Cockburn
The University of the West Indies, St. Augustine, Faculty of Science and Technology, Department of Life Sciences; Trinidad and Tobago Health Sciences Initiative (TTHSI), Diabetes Research Program; Johns Hopkins School of Medicine, Baltimore, MD USA

Objective: To standardize non-invasive methods for detection of diabetes mellitus, and to test them for feasibility, acceptability and concordance with traditional laboratory measures, with the ultimate goal of validating these non-invasive methods as robust markers of health status for widespread, community use.

Design and Methods: Adult patients with diagnosed type 2 diabetes (DM) from the Penal Health Centre and family members without previously diagnosed diabetes (NDM) completed a study visit at a centralized community location in Penal, Trinidad. Data collection included: interview-administered questionnaire, blood pressure, weight, height, waist circumference, urine and blood samples. Non-invasive markers: photos of skin pigmentation for Acanthosis nigricans and finger joint angles for Limited Joint Mobility.

Results: Participants were 56±14 years of age, 65.5% female, and 74.7% East Indian. BMI was 29.7±6.7 for the DM group and 31.1±9.1 for the NDM group. Urinary glucose correlated with elevated HbA1c for the DM group. Skin hyperpigmentation increased 9.97%-23.6% and 17.5-29.4% for NDM and DM groups respectively with rising HbA1c values from <6.5% to >9% . Limited joint mobility was found in 22.9% of the sample. Compared with the DM group, the NDM group was less comfortable with the traditional invasive procedures, blood draws rated least comfortable. Overall, 75% of DM and NDM were very comfortable with non-invasive methods.

Conclusion: These non-invasive methods hold the promise of being more acceptable than blood draws to persons with DM and those at risk across the lifespan. Preliminary results show promising correlations between the non-invasive markers and established blood markers.

"VIDA NUEVA": MANAGING GESTATIONAL DIABETES – A CASE-STUDY FROM BARRANQUILLA, COLOMBIA

Humberto Rafael Mendoza Charri[1], Rikke Fabienke[2], Lígia Torres[3], Ane Høstgaard Bonde[4], Carlos Ricaurte Rojas[5], Rodrigo Restrepo González[6], Alejandro Diaz Bernier[7], Joaquín Armenta[8]

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[2] *Changing Diabetes® in Pregnancy, Novo Nordisk A/S*
[3] *IPS Universitaria, Barranquilla*
[4] *Steno Diabetes Center A/S, Steno Health Promotion Center*
[5] *Centro de Investigación Sanitária, CIIS*
[6] *NCD Department, Ministry of Health and Social Protection, Colombia*
[7] *Federación Diabetológica Colombiana*
[8] *Asociación Colombiana de Endocrinología.*

Background

The International Diabetes Federation estimates that 21.4 million or 16.8% of live births to women in 2013 had some form of hyperglycaemia in pregnancy. Of those, an estimated 18 million (84%) were due to gestational diabetes (GDM). Besides being associated with a series of risks for the mother and child during pregnancy and birth, undiagnosed or poorly managed GDM also has more long-term consequences. Children of mothers with GDM are 4-8 times more likely to develop pre-diabetes and type 2 diabetes, respectively. Pregnancy, thus, offers an important window of opportunity for intergenerational prevention of chronic diseases.

The "Vida Nueva" Project

The "Vida Nueva" project is part of Novo Nordisk commitment to Changing Diabetes® aiming to improve health for the next generation. The project is a public-private partnership with the District Government of Barranquilla in collaboration with the local health authorities, World Diabetes Foundation and Novo Nordisk. The project was launched in 2011 and is planned for a 3-year period. The objective of the project is on one hand, to improve access to diabetes care through screening, treatment and education of women with gestational diabetes and, on the other hand, to prevent chronic diseases – in particular type 2 diabetes - in unborn children of women with gestational diabetes through awareness and education.

Partnership Strategy / Approach

A key feature of the "Vida Nueva" project is its active involvement of a wide range of partners. These include the Ministry of Health and Social Protection, the administrator of the public health centres in Barranquilla, five local universities, the local clinical laboratory, and a range of national and international scientific specialists, including representatives from the Colombian Association of Endocrinology, the Colombian Federation of Diabetology and Steno Diabetes Center A/S. The project has ambitiously introduced universal screening for GDM with a one-step oral glucose tolerance test (OGTT) in 42 clinics in Barranquilla.

Achievements to Date

To this date, 587 healthcare professionals have been trained, and 11,993 pregnant women have been screened for GDM - of which 831 were diagnosed, treated and educated. Around 22,000 pregnant women have been reached with information on GDM through awareness campaigns. The local GDM detection and management guideline developed by the project – the first of its kind in the country – has furthermore inspired the new national guideline for antenatal control launched by the Ministry of Health in July 2013.

Conclusion

It is still too early to assess the full impact of the project, but an example of it recognition is the selection by the Ministry of Health of the district of Barranquilla as the national "Demonstration Area for Type 2 Diabetes" in April 2013. It is the hope that the Barranquilla-model can serve as a national model, and given the fact that the project facilitates research allowing for a better understanding of GDM in a Caribbean context it may even provide a basis for design of new interventions in the region.

PROMOTING GOVERNMENT ACCOUNTABILITY FOR NCDS BY THE COMMITTEE ON THE RIGHTS OF THE CHILD

Dr. Laura Ferguson [1, 2], Dr. Shari Dworkin [3], Prof. Daniel Tarantola [4], Dr. Sheri Weiser [5], Prof. Sofia Gruskin [1, 2]

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A variety of international, regional and national human rights mechanisms exist to encourage governments to fulfil their human rights obligations and to hold them accountable. Human rights treaty bodies are committees of independent experts that monitor implementation of international human rights treaties by the governments of the world. The Committee on the Rights of the Child ("the Committee"), mandated to oversee implementation of the Convention on the Rights of the Child (CRC), is taking the lead among human rights committees in drawing attention to non-communicable diseases (NCDs) as a key issue under the child's right to health.
The CRC itself does not explicitly mention NCDs but the Committee recently issued a General Comment on the child's right to health, an authoritative interpretation of this right designed to clarify related obligations and responsibilities, which encompasses significant attention to NCDs. Noting that NCDs usually manifest in adulthood but are shaped by behaviours that can take root in childhood, interventions to promote physical activity and education on healthy lifestyles and to regulate the advertising and sale of tobacco, alcohol and unhealthy foods and drinks are recommended.

In 2013, the Committee also issued a General Comment on state obligations regarding the impact of the business sector on children's rights, which underscores the possible long-term negative impacts on health of marketing to children potentially harmful products and highlights governments' responsibilities for implementing internationally agreed standards concerning children's rights, health and business.

All 193 countries that have ratified the CRC are required to report periodically to the Committee on their progress with its implementation. In recent years, the Committee has expressed concerns to various States regarding insufficient attention to issues such as alcohol and drug use, chronic malnutrition and increasing child obesity. Current reporting guidelines explicitly require States to report on their efforts to address NCDs in line with both recent General Comments. The extent to which the Committee's responses will result in concrete change at country level is an area to be monitored, and will be made clear in future reporting rounds.

Treaty monitoring bodies such as the Committee provide an important and underexplored avenue for accountability through which government efforts to address NCDs among children can be tracked. There is great potential to use the formal human rights system to improve children's health and move forward the NCD agenda, ensuring attention to key populations within a framework of legal accountability.

BUILDING SUSTAINABLE LINKAGES BETWEEN AGRICULTURE AND HEALTH

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Childhood obesity and diabetes are two major challenges facing CARICOM countries. Although the agriculture and health sectors seek to improve human well-being; agriculture has rarely been explicitly deployed to address nutrition and health challenges. Due to high dependency of imported foods, and low consumption of fruits and vegetables, high intakes of fats, oils and sugar there is growing recognition for the aforementioned sectors to harness the full potential of agriculture —through a "farm to fork approach." In north east Trinidad an intervention was initiated to develop agricultural and nutritional solutions to improve nutrition and health through the school meals programme. Throughout 2012 to 2013, nutrition education and modified meals were introduced to increase the consumption of fruits and vegetables among 246 children between the ages of 5 - 9 years, from 4 primary schools; and the performance of tomatoes and sweet peppers via protected agriculture using local media; pumpkin with 3 production systems were tested. Significant increases in yield were observed with the local media, and the local production system outperformed other systems. Over two school terms, younger children consumed more vegetables with a mean of ($F=13.461$; $p< 0.001$); schools receiving nutrition education reflected a significantly higher vegetable consumption ($t= -4.220$; $p < 0.001$). Research outputs indicate increased knowledge and technology will enhance the agriculture-nutrition-health sectors.

This work was funded by the Canadian International Food Security Research Fund (CIFSRF), a program of Canada's International Development Research Centre (IDRC) undertaken with the financial support of the Government of Canada provided through Foreign Affairs, Trade and Development Canada (DFATD).

NUTRITIONAL STATUS, LOW BIRTH WEIGHT AND HYPERTENSION IN WEST BENGAL, INDIA.

Valeria Sala[1], Maurizio Gallieni[2], Alessandra De Servi[3], Silvia Capelli[3], Benedetta Tucci[1], Sujit K. Brahmochary Mandal[4], Anna Doneda[3], Andrea Stella[1], Marco Giussani[5], and Simonetta Genovesi[1].

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[4] Institute for Indian Mother and Child, Kolkata, India
[5] Family paediatrician, Milan, Italy

Background and aims: Starting from 2006 our group performed several studies on chronic non-communicable diseases (NCDs), particularly hypertension (HTN) and chronic kidney disease (CKD), in the rural-suburban area south of Kolkata, in West Bengal, India, with the help of the non-governmental organization "Indian Institute of Mother and Child" (IIMC, http://www.Iimcmissioncal.org). We found a high prevalence of HTN (45.7%) in the adult population. We also found a high prevalence of HTN (5.2%) in school-aged children, even in normal (4.3%) and in underweight subjects (6.9%). Therefore, we postulated that, in South Asian population, factors different from overweight and obesity (i.e. environmental or genetic factors) may play a role in the development of HTN. Low body weight at birth is a possible cause of HTN in children and in adulthood. In a population with many underweight individuals, some children with HTN may have had a low body weight at birth, due both to underweight and poor nutritional status of mothers. The aim of the study was to investigate the prevalence of underweight and the nutrition patterns in a sample of children aged from zero to 12 months.

Subjects and Methods: We studied a sample of 519 children (266 males, 253 females). We measured weight (kg), length (cm), head circumference (cm) and we collected data about breastfeeding and weaning. We used the WHO table of percentiles for the classification of anthropometric indexes.

Results: The mean (±SD) age was 6.2±3.6 months; weight 6.3±1.7 kg; and length 63.0±6.9 cm. Mean head circumference was 40.6±3.1 cm, BMI 15.5±1.9 kg/m2 and mean BMI percentile was 28.4±27.5. The rate of children

under the tenth percentile was 33.9%, 46.2%, 43.5% and 34.3% for weight, length, head circumference and BMI, respectively. The rate of the population under the fifth percentile was 26%, 36%, 31.8% and 23.5% for weight, length, head circumference and BMI, respectively. Breastfeeding was very common and it was carried on until the 3rd month of life for 94.8% and until the 6th month in 93.3% of cases. Most children (87.2%) were weaned starting from 6 months of age.

Conclusion: In our sample population, the rate of underweight children was very high; almost 1/3 of children was under the fifth BMI percentile, pointing to a low birth weight. These findings suggest that low birth weight can have a role in the high prevalence of HTN. The adherence to breastfeeding and the time of weaning agree with WHO recommendations.

RHEUMATIC HEART DISEASE PATIENT SUPPORT CLUBS: THE KENYAN EXPERIENCE

Duncan Matheka [1,2], Laura Musambayi[1], Mellany Murgor [1, 2], Kate Armstrong [3,4], Christine Jowi[1]

[1]School of Medicine, University of Nairobi, Kenya
[2]Young Professionals Chronic Disease Network - Kenya Chapter
[3]Caring and Living as Neighbours (CLAN), Australia
[4]NCD Child

Background: Rheumatic heart disease (RHD) is the most common heart disease among children in Kenya. It is a chronic disease that primarily affects poor populations that cannot afford healthcare services. These patients often despair and are lost from follow-up until advanced stages of the disease, usually resulting in high mortality. There is thus an urgent need to promote holistic healthcare in Kenya to alleviate this burden. We hereby share our experience adapting a person-centred support club model that has been effectively used by CLAN (Caring and Living as Neighbours - an Australian NGO) to improve quality of life for children and adolescents living with a range of chronic health conditions in low-income settings in the Asia Pacific region.

Methods: Planning for the Kenyan RHD family support club utilised CLAN's rights-based, community development framework for action, and focused multisectoral, internationally collaborative action on five key pillars:

(1) Affordable access to medicine (monthly penicillin) and equipment (echocardiography)
(2) Education (of children with RHD and their families, Health care professionals, policy makers and the national and international community), Research and Advocacy
(3) Optimal Medical Management (through primary, secondary and tertiary prevention)
(4) Establishment and development of Kenyan RHD family support clubs
(5) Reducing financial burdens on and promoting financial independence of families living with RHD.

Results: Successful engagement of a broad network of national and international multi-sectoral organizations around the Kenyan RHD support club launch of 8th March 2014 establishes the Kenyan RHD Community as a visual hub for ongoing person-centred health care in the country. Support clubs offer material, moral, and psychological support within a cost-effective, strategic, sustainable, health system strengthening, multi-disciplinary approach.

Conclusion: Early indications suggest support clubs as modeled in the Asia Pacific region have potential for empowering families and communities in Kenya to engage with a broad range of partners around a united vision of improved quality of life for children who are living with RHD in Kenya.

THE MAGIC ROPE!

Mark Mungal, Director, Caribbean Sport and Development Agency

After many years of research, scientists have finally found the missing link to prevent the global scourge of chronic non-communicable diseases presently affecting the lives of millions of people world wide – a magic rope!

Although the length of rope varies based on your height, a six to nine foot skipping rope would serve the general purpose of initiating a lifetime habit of regular participation in moderate to vigorous physical activity, addressing one of the modifiable behavioural risk factors in the prevention of chronic non-communicable diseases.

The Caribbean Sport and Development Agency (formerly known as TTASPE) has been promoting the Jump Rope for Health program for over ten years in the Caribbean, using a mass participation, child-centered approach that focuses on the development of single rope, long rope and double-dutch skills and at the same time infusing knowledge about healthy eating habits and encouraging creativity and positive social interactions among children.

It is well established that developing habits of regular participation in physical activity starts at the elementary school level, but unfortunately, despite the overwhelming evidence, there still remains a major deficit in the provision of regular physical education for many children in the Caribbean. The Caribbean Sport and Development Agency (CSDA) has been working with CARICOM and governments in the Caribbean to address this gap and with support from agencies like the Australian Sports Commission, UK Sport and UNICEF some progress has been made.

This presentation provides an outline of elementary school interventions that address the NCDs within existing school curricula and highlights key guidelines for governments regarding a simple, low-cost approach for addressing the NCDs. The presentation also invites governments from throughout CARICOM member states to renew their commitments to the 2007 Declaration of Port of Spain (Uniting to Stop the Epidemic of Chronic NCDs) and to take meaningful action toward ensuring that we provide our children with opportunities to live longer and healthier lives.

CHANGING THE FACE OF MULTIPLE SCLEROSIS IN KENYA

Dr. Laura Musambayi, University of Nairobi

I was 15 years old and in high school when I woke up completely paralyzed from the waist down. In 2006, three years later and two relapses in between, I was officially diagnosed with Multiple Sclerosis (MS).

Multiple Sclerosis is a chronic auto-immune condition in which the body's immune system attacks and destroys the protein that covers the nerves in the brain and spinal cord. This results in muscle weakness, visual disturbances and trouble with balance and co-ordination.

With my diagnosis, came the admission that the disease was so rare in Kenya, I was only the thirteenth patient my doctor had met. If the developed nations knew very little about MS a decade ago, then low and middle income countries understood even less. My only source of information then was the internet.

Two years ago, I began a support group for People Living with MS in Kenya (PLWMS)_ MS-Kenya. The support group consists of about 25 PLWMS and Neuromyelitis Optica. 16 live within the capital city, 9 are from the rest of the country. There are no age or gender restrictions.

The main objectives of the support group are to bring together PLWMS in Kenya and their families and enable them to live their lives optimally through encouragement, education, optimization of all treatment options available and ultimately advocacy and research.

Although the group meets once every quarter, members are able to keep in touch or have discussions on the group's public Facebook page or members-only Google group. During the meetings, we share information we may have acquired in the interim regarding MS. We also have volunteers who are currently translating educational resources outlining the basics of MS_ definition, symptoms and treatment options_ into Swahili.

MS-Kenya has also partnered with neurologists, physiotherapists and nutritionists who not only refer members to the support group but also see some members at subsidized costs. While the mainstream disease-modifying medications like interferons are unavailable in Kenya, the group members, under their doctors' supervision, are taught how to optimize other alternative management options such as diet, exercise, hydrotherapy and acupuncture.

This year we hope to expand the research, advocacy and education platforms through electronic, print and social media. It is our hope that in due time, we will be able to foster the necessary multi-sectoral collaboration and influence placement of appropriate policies to enable patients obtain appropriate, timely healthcare and further research into MS in Kenya.

PALLIATIVE CARE FOR CHILDREN WITH CHRONIC ILLNESSES

Mrs Busi Nkosi

[1] *Worldwide Palliative Care Alliance*
[2] *European Association of Palliative Care*
[3] *African Palliative Care Association*
[4]*International Association of Palliative and Hospice Care, 5 Hospice Palliative Care of South Africa, 6 Palliative Care Treatment for Children in South Africa*

Definition of Children's Palliative Care: Palliative care for children is a response to suffering and unique needs of each child with a life-limiting or life-threatening condition. It is a holistic, professional and active approach to caring that includes pain and symptom management. It is applicable from the peri-natal period and neonatal period until the child dies or becomes a young adult. The WHO definition of palliative care states that it should be provided to children with chronic and life-limiting illnesses, not only those who are dying.
Why palliative care: An estimated 1 million babies die annually from preterm birth complications. Many survivors face a lifetime of disability, including learning disabilities and visual and hearing impairments.

- Each year an estimated 8 million children are born with serious birth defects. Heart defects constitute about a third of birth defects.
- Each year, more than 160 000 children are diagnosed with cancer worldwide and about 90 000 of these children succumb to the disease.

Palliative care a human right – declared by many international statements

1. UN Committee on Economic, Social and Cultural Rights stated

"States are under the obligation to respect the right to health by ...refraining from denying or limiting equal access for all persons . . . to preventive, curative and *palliative* health services."

CESCR General Comment 14, para. 34. 2002

2. The international Human Right to Health from the International Covenant on Economic, Social and Cultural Rights Article 12.1 1966

Calling for the "right to everyone to the enjoyment of the highest attainable standard of physical and mental health"

3. UN Committee on the Rights of the Child

The Committee welcomes the States party's commitment to palliative care for children with life-limiting or life-threatening illnesses and the adoption of the recent Order on Child Palliative Care. However, the Committee is concerned that the majority of palliative care is provided by non-government organisations without sufficient financial support.

4. UN Convention on the Rights of the Child

Ratified by all but 3 of the world's countries

- In every situation regarding a child , the best interests of the child shall be the primary consideration
- Right to Life
- Right to best attainable state of health
- Health includes physical, mental and spiritual heal

5. World Health Assembly in 2002
Ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and special needs.

Ensure the recognition of their dignity, promote their self-reliance, and facilitate their active participation in the community

Conclusion: Should children with chronic conditions suffer when palliative care can relieve the suffering?

Biography: Busi Nkosi is the International Advocacy Officer for the International Children's Palliative Care Network (ICPCN). She is a nurse and midwife and spent 13 years working as a Primary Health Care Nurse Clinician in the South African public health care service. She joined the field of children's palliative care 15 years ago and worked with children with HIV & AIDS and their families. She has qualifications in Nursing Education, Nursing Management and Community Nursing Science.

INTERNATIONAL DIABETES FEDERATION LIFE FOR A CHILD INDEX OF DIABETES CARE FOR CHILDREN AND YOUTH

Dr Graham Ogle [1], Mrs Angela Middlehurst [2], Professor Martin Silink [3]

[1] General Manager IDF Life for a Child Program
[2] Eduction Manager IDF Life for a Child Program
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Aim: The International Diabetes Federation *Life for a Child* (*LFAC*) Index of Diabetes Care for Children and Youth aims to provide a standardised, reproducible measure that can be used globally to document and compare critical factors influencing outcomes.

Methods: The Index consists of 36 multiple choice questions and is completed by a key person aware of the standard of care in that country. The minimum score is 0 and maximum 130. The Index was sent to the 43 countries in which *LFAC* operates, as well as 32 other countries (mainly developed nations).

Results: Responses were received from 43 *LFAC* countries and 28 non-*LFAC* countries (19 low income countries / 18 lower-middle income / 14 upper-middle income / 20 high income).

Total raw scores for countries with low income ranged from 17 – 66; lower-middle income: 16 – 77; upper-middle: 38 – 103; high income: 80 – 127.

Key findings: For the 37 low and lower-middle income countries, insulin provision varied widely with only 4 (10.8%) having full government provision of human insulin and none (0%) of blood glucose test strips. In the remainder, supplies could only be accessed through non-government sources, or if not possible, from the private sector at premium prices.

For all 71 countries surveyed, 34 countries (47.9%) had <10% usage of insulin pens; the percentage of families with access to glucagon at home was <5% in 48 countries (67.6%) and in 41 (57.7 %) <5% urine ketone strips. In 22 countries (31%) < 33% had home refrigerator access. Clinics in 4 countries (5.6%) had no access to HbA1c testing. Twice daily pre-mixed insulin was the most commonly used regimen in key centres in 16 countries (22.5%), and country-wide in 20 (28.2%) Access to trained diabetes educators and dietitians, appropriate diabetes education resources, 24-hour telephone service, school contacts, and complications screening was, if present at all, almost always limited to major centres. Long travel times to clinics were common. Deaths from diabetic ketoacidosis resulting from misdiagnosis were thought to be highly likely in 15 countries (21.1%) and quite possible in a further 32 (45.1%).

In comparison, governments in higher-income countries provide insulin and other supplies, patients are managed with either multiple daily injections or pumps, and generally have access to all components of comprehensive care.

Conclusion: The Index demonstrates stark differences between low- and high-income countries in many components of care needed to achieve good outcomes for children and youth with diabetes.

NEXT GENERATION HEALTH – A CORPORATE SOCIAL RESPONSIBILITY TO ADDRESS ACCESS TO DIABETES CARE

T. Pilgaard, M. Ilondo, Novo Nordisk, Denmark

Background/intro

Non-communicable diseases are the leading cause of death in the world today. Many of these deaths are preventable. Diabetes is one of the major non-communicable diseases, according to International Diabetes Federation, more than 382 million people are living with diabetes worldwide and unless we act, the number of people living with diabetes is set to rise to 592 million in less than 25 years. New science has shown that our lifelong health and risk of developing diabetes, cardiovascular diseases and other chronic conditions are founded even before we are born and the health of the mother plays a central role in the health of future generations. Through focused, early intervention targeting maternal, new-born and child health, we can benefit the short term health of mother and child, while at the same time creating a good environment for the health of the future generation.

Next Generation Health

Next generation health is one of the focus areas of the Novo Nordisk strategy for global access to diabetes care. Through partnerships, three global initiatives have been initiated, addressing mother and child health, more specifically the Changing Future Health programme, Changing Diabetes® in Children (CDiC) and Changing Diabetes® in Pregnancy (CDiP). The three programmes address a continuum of health issues relating to the pregnancy (pre & post) and childhood, addressing the need to give the next generation a head-start on health.

Approach

There are three aspects that make the Next Generation Health programmes innovative: First, all three programmes are based on a multi-sector approach, partnering with both local, national, international and private partners, to ensure sustainable change. In addition, all programmes take a comprehensive care approach and include importance access to care issues such as affordability and accessibility. Last but not least, all three programmes aim to improve next generation health, through primary prevention (CFH), secondary prevention (CDiP) and health promotion (CDiC) and thereby contribute to stop the global diabetes pandemic and improve access to diabetes care.

Next steps

In the years to come, the results of the programmes will be presented at international congresses and opportunities to expand geographical scope will be explored in partnership with relevant stakeholders.

ACANTHOSIS NIGRICANS IS ASSOCIATED WITH HIGHER WAIST CIRCUMFERENCE AND BODY MASS INDEX IN ADOLESCENT CHILDREN IN TRINIDAD

S Pooransingh, F Lutchmansingh, L Pinto Pereria, T Seemungal, S Nayak, S Teelucksingh

Department of Para-clinical Sciences, University of the West Indies, St. Augustine, Trinidad; Department of Pre-clinical Sciences, University of the West Indies, St. Augustine, Trinidad; School of Medicine, University of the West Indies, St. Augustine, Trinidad.

Objective: To examine the association between acanthosis nigricans, body mass index and waist circumference in adolescent children in Trinidad.

Design and Method: In a cross-sectional study adolescent children (n = 296) aged 11-16 years, from five secondary schools in North-east Trinidad were examined for the presence of acanthosis nigricans (AN) on the neck. Waist circumference, body mass index (BMI) as indices of obesity were measured. Adolescents were classified by sex for BMI for age according to the WHO, 2007 criteria. Waist circumference was categorized into tertiles defined by the following thresholds: low $\leq$ 66.2 cm, middle $\geq$ 66.3 cm and $\leq$ 75.1 cm and high $\geq$ 75.4 cm.

Results: Acanthosis nigricans was present in 24.2% of adolescent children and 41.6% were either overweight or obese. BMI for age and waist circumference in tertiles were both significantly associated with AN ($p < 0.001$). Acanthosis nigricans significantly correlated with BMI for age ($p < 0.001$) and waist circumference in tertiles ($p < 0.001$). The

majority of adolescents with AN were also overweight or obese for age (88.9%) and this finding occurred in the highest tertile for waist circumference (72.9%).

Conclusion: Acanthosis nigricans is associated with increased waist circumference, being overweight and/or obese and age in adolescents in Trinidad. With early detection of these indicators, focused weight management can lower the risk of obesity and pre-diabetes.

COMPARISONS OF BODY SHAPE PERCEPTIONS WITH MEASURES OF BODY MASS AMONG ADOLESCENTS IN TRINIDAD.

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Department of Pre-clinical Sciences, University of the West Indies, St. Augustine, Trinidad; Department of Para-clinical Sciences, University of the West Indies, St. Augustine, Trinidad; School of Medicine, University of the West Indies, St. Augustine, Trinidad.

Objective: To compare body shape perceptions with body mass indices in adolescents in Trinidad.

Design and Method: Cross-sectional study among 293 adolescents (167 males and 126 females) from five selected secondary schools in form one, 11 to 16 years, in Trinidad. Measured weight and height were used to calculate body mass index (BMI). Classifications were done using BMI for age according to WHO 2007 criteria as: underweight, normal and overweight and obese subjects. Adolescents reported self-perceived body shape and perception of healthy male and female body morphology using standard silhouettes. Comparisons of BMI for age and body shape perceptions were done using Chi-squared tests.

Results: BMI for age indicated that 5.4% were underweight, 53.0% were normal, 22% were overweight and 19.4% were obese. Self-perceived body shape and BMI for age were significantly associated, $p < 0.001$. More boys (65.9%) accurately self-perceived body shape comparative to their actual BMI than girls (46.8%). Girls overestimated their body shape (47.6%) by selecting silouettes categorized as bigger than their actual BMI. The majority of adolescents identified healthy morphology in the same and opposite sex as BMI; > 20 kg/m^2 and < 25kg/m^2. Boys showed a bias towards thinness in girls.

Conclusion: The prevelance of adolescent overweight and obesity is high. Self-perception of body shape in boys was more accurate than in girls. Adolescents are knowledgable of healthy normal body morphology for the same sex and opposite sex. Body shape perceptions may have important implications in healthy weight management and associated risk of obesity comorbidities.

FAMILY HISTORY ASSOCIATED WITH METABOLIC SYNDROME OF ADOLESCENTS OF NEPAL

Ms Manita Pyakurel(Bhatta)[1], Dr Anup Ghimire[2], Prof Paras Pokharel[2], Dr Samyog Uprety[2]

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[2] *School of public health,B.P.Koirala Institute of health sciences,Dharan*

Background: CVD risk is increasing in early age in European population. Prevalence of cardiovascular risk factors in adolescents is not estimated yet in Nepal.

Objective: The aim of this study was to find out the prevalent risk factors of CVD and the association of Metabolic Syndrome (MS) with behavioral risk factors (BRF) in adolescent age group.

Methodology: A cross sectional study was done among the 736 school going adolescents of Nepalgunj municipality. CVD risk factors were assessed by chronic disease surveillance questionnaire of World Health Organization (WHO). MS was defined based on National Cholesterol Education Programme (NCEP, 2003) criteria. Chi square test of association and multivariate logistic regression were applied using SPSS 11.5 version.

Results: Prevalence of MS was 23(3.1%). Unprotective HDL and increased TG were the commonest metabolic risk factors. Most prevalent behavioral risk factor was unhealthy dietary habit 726(98.6%). Male adolescents with positive family history were 10.8(95% CI, 2.4-48.6) times more likely to have MS .Non refined oil consumer female was

8.2 times (95% CI, 1-64.7) more likely to have MS. Stressful female were 0.2 times (95% CI, 0.06-0.9**)** less likely to have MS.

Conclusion: Decreased HDL is the most common dyslipidemia in adolescents. Unhealthy dietary habit is common modifiable behavioral risk factors of CVD in adolescents of Nepalgunj. Family history of chronic diseases is significant factor for developing MS among male adolescents.

TEACHING CHILDREN ABOUT TYPE 2 DIABETES PREVENTION THROUGH HEALTHY LIVING – A SCHOOLS BASED APPROACH IN INDIA

Nalini Saligram[12], Shalini Bassi[3], Uday Kumar[4], Nandini Ganesh[2]
[1] *Arogya World (www.arogyaworld.org)*
[2] *Arogya World India Trust*
[3] *HRIDAY (www.hriday-shan.org)*
[4] *Agastya International Foundation*

Background

Type 2 Diabetes is known to be preventable though moderate exercise and eating healthy foods. Teaching young children in the school setting about healthy living before their lifestyle habits are set, is a smart way to prevent Type 2 Diabetes.

Approach

Diabetes is a huge and growing problem in India. According to the International Diabetes Federation, some 60 million people live with the disease, and 1 million die from diabetes each year. Arogya World is using a multi-pronged approach to fight Type 2 Diabetes in India, and is implementing large and scalable Type 2 Diabetes prevention programs.

During 2011-2013, in a two-year program supported by Merck and in partnership with HRIDAY, Arogya World reached 2,000 middle school children (11-13 year olds, 6-8th grades), in 6 schools in Delhi (3 private schools, 3 government schools), and taught them about Type 2 Diabetes prevention through healthy living. Five age-appropriate compelling educational classroom activities were developed each year, and the program was implemented using teachers and trained peer leaders. This peer-led health activism model was based on HRIDAY's prior experience with school-based tobacco control in India (Perry et al Am J Public Health, May 2009). Pre- versus post-intervention analysis of student perceptions measured knowledge and behavior change trends.

Pilot Results

In our two-year program, the behavior change, though self-reported, was found to be encouraging (manuscripts under review).

Current Program Expansion Plans

Arogya World is now working with Agastya International Foundation to adapt the program to rural India, integrating it with their Young Instructors Leader training infrastructure. Currently, the program is being implemented in 500 students from 7 government schools in rural South India.

Next Steps

Once program replicability and effectiveness of the schools-based approach have been established in different parts of India, Arogya World will approach governments, companies and foundations to ask for support in scaling up.

Arogya World is also eager to partner with other organizations in different parts of the world to share our approach and materials to make greater public health impact. Interested organizations may reach us at info@arogyaworld.org.

FAMILY MEALS AND CHILDHOOD OBESITY IN HIGH INCOME COUNTRIES: A SYSTEMATIC REVIEW

Miss Amy Yau

Background: Childhood obesity increases the risk of obesity in later life, and is associated with elevated risk of non-communicable diseases, a major public health issue in much of the world. For this reason, there has been interest in early obesity prevention strategies, especially family-oriented interventions that will target the whole population.

Objectives: To systematically review evidence on the association between family meals (measured by family meal frequency, child feeding practices and mealtime social interaction) and childhood obesity, taking into consideration basic child characteristics: age, sex and ethnicity.

Methods: 4 electronic databases: Pubmed, EMBASE, Scopus and the Cochrane Library were searched for published articles where the association between family meals and childhood obesity was assessed. Reference lists of key articles were searched for further relevant articles.

Results: 26 articles were included in this review. The evidence suggests that lack of regular family meals is associated with overweight in young children (with effect sizes up to OR: 1.74, p=0.145), but is less conclusive for adolescents. The literature on child feeding practices is also uncertain. Only one included study investigated mealtime social interaction. This found that interpersonal involvement was higher in families with normal weight children, compared to those with overweight children, in observations but no difference between the groups was found when using self-reported data.

Conclusion: The effect of family meals differs by age. There may also be effect modification by gender and ethnicity. These are factors to consider in future childhood obesity prevention programmes. Overall, there is strong evidence from cross-sectional and longitudinal studies to suggest that frequent family meals are protective against overweight/obesity in at least some groups of children below 12. The evidence for older children remains inconclusive, and more work is needed to investigate the effect of child feeding practices and mealtime social interaction.

NOTES

NOTES

DELEGATE LIST

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Name	Organization
AUSTRALIA	
Armstrong, Dr Kate	NCD Child
Cole, Ms Catherine	CLAN (Caring & Living As Neighbours)
Henshall, Dr Sue	Three Stories Consulting
Wills, Ms Lyndell	Will Organise
BANGLADESH	
Sheikh, Mr. Abul Kashem	Kathak Academy Bangladesh (KAB) UNCSOs
BARBADOS	
Balkaran, Dr Beni	University Of The West Indies
Boyea, Ms. Krystal	International Diabetes Federation
Coward, Dr. Antonia	Caribbean Association of Home Economists
Hassell, Sir Trevor	Healthy Caribbean Coalition
Hutton, Mrs. Maisha	Healthy Caribbean Coalition
St. John, Professor M Anne	University Of The West Indies
Unwin, Professor Nigel	University Of The West Indies
BRAZIL	
Campos, Ms Nicole	Plan International Brazil
CANADA	
Kirkaldy, Miss Nastassja	NDC Child
Rodas, Ms. Rose	NCD Child
DENMARK	
Ilondo, Dr Mapoko M.	Novo Nordisk A/S
GHANA	
Bawa, Mr Abdul Rahman	Africa Health Research Organization
GUYANA	
Hinds, Mrs. Brigette	Charlotte's Education Services Consortium
Mootoo, Dr Mallika	Positively United to Support Humanity
HAITI	
Jean-Francois, Dr Dianne	Catholic Medical Mission Board (CMMB)
INDONESIA	
Pramesti, dr. Dwi Lestari	Faculty of Medicine, University of Indonesia
JAMAICA	
Harrison, Dr Abigail	University of the West Indies
McDonald-Alcock, Mrs Kamila	NCD Child
McGaw, Ms Barbara	The Heart Foundation Of Jamaica/Jamaica Coalition For Tobacco Control
Pierre, Professor Russell	University of the West Indies
Spence, Miss Sharryl Shervaylle	Jamaica Cancer Society

Please note, those delegates requesting privacy have not been included in this list

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Name	Organization
KENYA	
Matheka, Dr Duncan	Young Professionals Chronic Disease Network
Murgor, Miss Mellany	Young Professionals Chronic Disease Network
MALAYSIA	
Anuar, Ms Haniza	Institute for Health System Research, MoH
MEXICO	
Lozano, Dr Rafael	Institute for Health Metrics and Evaluation (IHME)
PANAMA	
Brumana, Dr Luisa	UNICEF
SPAIN	
Garcia-Marcos, Professor Luis	Arrixaca Children's Hospital. University Of Murcia
ST. KITTS AND NEVIS	
Martin, Dr Patrick	Ministry of Health
SWITZERLAND	
Johnson, Dr Sonali	Union for International Cancer Control
Tursan D'Espaignet, Dr Edouard	World Health Organisation
Xuereb, Dr Godfrey	World Health Organization
THAILAND	
Eldridge, Mr Christopher	Yunus Center, Asian Institute Of Technology, Thailand
TRINIDAD AND TOBAGO	
Alexander, Ms Kelda	San Fernando General Hospital
Baptiste, Mr. Cheyenne	PSI Caribbean
Batson, Ms Yvonne	CANDi
Bocage, Ms Christine	Caribbean Public Health Agency (CARPHA)
Celestine, Ms. Renee	Self Employed
Charles, Ms. Dianne	Caribbean Association of Nutritionists & Dietitians
Clarke, Prof Edward	University Of The Southern Caribbean
Constant, Mr David	Ministry of Health
DeFreitas-Johnson, R.D. Charlene	Eastern Regional Health Authority: Sangre Grande Hospital
Dhanoo, Mr Andrew	University of the West Indies
Foderingham, Mr. Kevon	Population Services International Caribbean
Gibson, Ms Sydelle	Tobago Regional Health Authority
Haqq, Dr. Edison	North West Regional Health Authority
Hilaire-Bartlett, Ms. Marina	PSI-Caribbean (Population Services International - Caribbean)
Hodge, Ms. Selma	Trinidad and Tobago Association Of Nut.& Dietetics
Holdip, Mrs June	Caribbean Association Nutritionists and Dietitians
Hospedales, Dr James	CARPHA
Joseph, Ms. Susan	South West Regional Health Authority
Joseph-Mayers, Mrs Lisa	Sangre Grande Hospital
Kerr, Miss Katrina	South West Regional Health Authority
Kerr-Lambert, Mrs Natesha	Petrotrin

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Name	Organization
TRINIDAD AND TOBAGO	
Khan, Hon Minister Fuad	Ministry of Health
Landers, Ms Leona	Australian High Commission
Lewis, Ms Yvonne	Ministry of Health
Lindsay, Mrs Moira	Population Services International- Caribbean
Lutchmansingh, Miss Fallon	Diabetes Education Research and Prevention Institute (DERPi)
Maraj, Ms Meera	Trinidad and Tobago Association of Nutritionists and Dietitians (TTANDi)
Martina, Ms. Vanesa	National Schools Dietary Services Limited
Medina, Ms. Alyssa	Nutrition and Metabolism Division- Ministry of Health
Mungal, Mr. Mark	Caribbean Sport and Development Agency
Nicholas, Miss Jael	Ministry of Health
Onfry, Miss Shaneisha	N/A
Oyesanya, Mrs Adepeju	Best Start
Pattoo, Ms Charlene	Sangre Grande Hospital
Pereira-Sabga, Dr Jacqueline	Regents Medical Clinic
Providence-Williams, Ms. Joy	South West Regional Health Authority
Ragbirsingh, Mrs Zobida	Diabetes Association of Trinidad and Tobago
Rajpaulsingh-Bharath, Mrs Vidya	National Schools Dietary Services Limited
Ramai, Miss Cherisse	San Fernando General Hospital
Ramlakhan, Ms. Varsha	National Schools Dietary Services Limited
Rampersad, Ms Ava	PSI Caribbean
Rampersad, Indrani	South West Regional Health Authority
Rampersad-Debideen, Seromanie	South-West Regional Health Authority (SWRHA)
Roberts, Dr Keisha	UWI St. Augustine
Sharma, Mr Karmesh L.D.	Ministry of Health
Simeon, Dr Donald	Caribbean Public Health Agency
Tamai, Mr Raj	University of the West Indies
Thomas, Mrs Debra	DOTS
Thomas, Ms. Kernelia	San Fernando General Hospital
Tysoe, His Excellency Ross	Australian High Commission
Watts, Mrs Audrey	South West Regional Health Authority
Winner Devers, Ms Carole	Consultant - Various Organizations
UNITED KINGDOM	
Dain, Ms Katie	NCD Alliance
Dove, Mrs Emma	Community Member
Dove, Mr George	Medtronic Philanthropy
Reynolds, Ms Barbara G	Save The Children UK
Shillito, Mrs Sarah	AstraZeneca
Sierra, Mr Francisco	AstraZeneca-Young Health Programme
USA	
Alipui, Dr. Nicholas	UNICEF
Alleyne, Sir George	Pan American Health Organization
Baldwin, Dr Wendy	Independent Consultant
Beharry, Dr Meera	International Association of Adolescent Health and McLane Childrens Hospita/Bayl

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Name	Organization
USA	
Bhatt, Ms. Paurvi	Medtronic Philanthropy
Blum, Professor Robert	Johns Hopkins Bloomberg School of Public Health
Burton, Dr. Larry	Andrews University
Cowal, Ambassador Sally	American Cancer Society
Farmer, Dr. Mychelle	Jhpiego
Gavitt, Ms. Christy	Independent
Habashy, Dr Catherine	Global Institute Of Public Health, New York University
Lokuge, Ms Prasanga	Medtronic Philanthropy
McDonald, Dr Kerida	UNICEF
Silver, MD, MPH Lynn	Public Health Institute
Staton, Dr. Donna	American Academy of Pediatrics
VIETNAM	
Wellard, Mr Jeremy	Caring and Living as Neighbours/NCD Child

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