

PARALLEL SESSION 2.5

BEST BUYS, WASTED BUYS AND CONTROVERSIES IN NCD PREVENTION

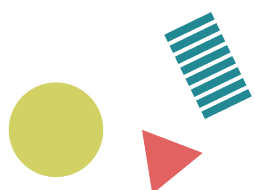


| BACKGROUND

The world is facing a spectre of non-communicable diseases (NCDs), which will diminish the length and quality of life, interact with existing health conditions, raise household and public health expenditures, and increase the burden of care on family members. A number of policies have been implemented to fight NCDs and studies have shown some interventions to be 'best buys' whereas others are 'wasted buys'. Most NCDs can be preventable and, given the generally lower cost and simpler delivery of preventive interventions, a move towards preventive rather than curative interventions could be attractive. Another approach that is gaining prominence in discussions of NCDs is 'do-it-yourself' or DIY interventions. NCDs are by definition not contagious or infectious and people develop them over the course of their lives for many reasons including those to do with lifestyle. As such, they can be prevented if people modify their lifestyles (i.e., in DIY interventions). At present, there is no definitive collection of evidence on 'best buys', 'wasted buys', and DIY interventions for the prevention of the NCD burden that governments, health professionals, NCD program managers, and healthy lifestyle promotion personnel can use.

| OBJECTIVES

This session will introduce an upcoming information package which aims to provide details on Best Buys, Wasted Buys, and DIYs in NCD prevention focusing on cardiovascular diseases (heart disease and stroke), diabetes, chronic lung disease and cancers. This work is not intended to offer a one-size-fits-all approach for making recommendations on NCD prevention. It seeks instead to identify how different systems can create and utilize information for identifying interventions offering best value for their populations.





Panelist

Bundit Sornpaisarn

Project Scientist

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Bundit Sornpaisarn, M.D., Ph.D., had been for years the deputy CEO, ThaiHealth Promotion Foundation, Thailand, with a responsibility to work on a topic of NCDs and NCD-risk factors controls including control of tobacco, alcohol, unhealthy diet and physical inactivity. He currently is a project scientist at Centre for Addiction and Mental Health (CAMH), Canada. Bundit has been working for years with several research centers, funded by ThaiHealth Promotion Foundation (ThaiHealth), that focus on topics of alcohol, tobacco, unhealthy diet, physical inactivity controls. His works, collaboratively with the mentioned research centers, cover knowledge generation and translation for policy advocacy, diseases and risk behaviors surveillance, as well as working progress monitoring and outcome evaluation. He had closely involved in evidence-based policy advocacy for the enactment of the Alcohol Control Act 2008 and the Tobacco Control Act 2017 in Thailand. He did research studies to evaluate the impacts of alcohol taxation in Thailand. Focusing on achieving the challenged Nine Voluntary Global Target on NCDs Prevention and Controls by 2025 in Thailand, He has invented a conceptual framework for working with multisectoral agencies namely 'A Four-Quadrant Model of Multisectoral Collaborations'. Using the funder role of ThaiHealth, Bundit has built an effective collaboration between four main sectors of key stakeholders that contain agencies under the government sector (including Ministry of Public Health and other ministries under the concept of total of government), the civic sector, the academic sector, and the funders that includes World Health Organization - Thailand office also.