16th ASEF University:
“Public Health and Vulnerable Groups: Access to Quality Health Care Services”
28 June – 10 July 2010, Łódź, Poland
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From 28 June to 10 July 2010, the Asia-Europe Foundation (ASEF) organised the 16th edition of the ASEF University (AU16) in partnership with the Medical University of Łódź. As a component of the overall activities of the ASEF Public Health Network on “Health and Vulnerable Groups” (2010-2011), AU16 was themed “Public Health and Vulnerable Groups: Access to Healthcare Services”.

With Poland as one of the 9 co-sponsors of the Asia-Europe Meeting (ASEM) Initiative for the Rapid Containment of Pandemic Influenza, the city of Łódź was a very fitting venue for the project. AU16 engaged 28 participants from 26 ASEM countries in experts’ lectures and interactive workshops.

The final output of AU16 was a set of policy recommendations drafted by the participants. These recommendations served as a primary basis for one of the workshops of the 4th Connecting Civil Societies (CCS4) of Asia and Europe. CCS4 provided a platform for representatives from various civil society organisations to convey recommendations to the leaders of ASEM countries, who met during the 8th ASEM Summit (ASEM8) on 4–5 October 2010 in Brussels, Belgium.

All AU16 participants became members of the ASEF University Alumni Network (ASEFUAN), which comprises more than 600 alumni from 44 ASEM countries who hold positions in their respective governments, business sectors, academia, civil societies, etc. In line with ASEF’s mission, ASEFUAN organises projects that promote intercultural dialogue between Asia and Europe, particularly among the younger generations.

This publication contains background information on AU16, its programme, summaries of sessions by the experts, as well as the policy recommendations developed by the participants.

Asia-Europe Foundation (ASEF)

1. More information can be found on www.asefuan.org.
ASEF University (AU) is a 2-week programme that aims to promote cross-cultural exchanges among youth from countries of the Asia-Europe Meeting (ASEM). It offers opportunities for promising students and young professionals, to explore socio-economic issues through a programme of lectures, workshops, field visits and other highly interactive activities. Organised annually at locations alternating between Asia and Europe, AU generally aims to have at least one representative from each ASEM country.

ASEF’s partner for the 16th ASEF University (AU16) was the Medical University of Łódź. As the biggest state medical university in Poland, it comprises nine faculties dealing with medical and medicine-allied disciplines, and employs 1,300 research and didactic staff, including over 300 independent researchers.

Programme Concept and Objectives

As part of the overall activities of the ASEF Public Health Network, AU16 was organised to empower young people and encourage their involvement in promoting access to quality healthcare services for vulnerable groups. Youth was deemed a key player in policy development and behavioural changes towards health by taking innovative approaches.

AU16 gathered 28 participants from 26 ASEM countries to:

Understand public health issues and challenges through perspectives from Asia and Europe
Public health issues should be understood not only in relation to diseases or medicine, but also in correlation with a wide range of factors that affect health. A broadened perspective on the public health issues would be achieved by examining:

- **Public health and global governance**
- **Regional approaches** towards health through policies, frameworks and practices, and their contributions to concerted action on global health issues

Promote discussion on how barriers to quality healthcare services can be reduced
There are a number of socio-economic factors that impact health. For those belonging to vulnerable groups, these factors easily become obstacles towards achieving equal access to quality healthcare services. By engaging in lively debates and interaction with speakers and fellow participants, the AU16 participants explored issues of health inequalities addressed by:

- **Vulnerable groups** such as migrants, ethnic minorities, different gender and age groups, people with disabilities, people with lower education and income, populations in rural areas, etc.
- **Stakeholders providing and/or organising healthcare services**, e.g., international organisations, national governments, local authorities, healthcare service providers, academic institutes, social welfare systems, business sector, non-governmental/civil society organisations (NGOs/CSOs), etc.

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2 The Asia-Europe Meeting (ASEM) now brings together 49 member states (Austria, Australia, Bangladesh, Belgium, Brunei, Bulgaria, Cambodia, China, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, India, Indonesia, Ireland, Italy, Japan, Korea, Laos, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Mongolia, Myanmar, the Netherlands, New Zealand, Norway, Pakistan, the Philippines, Poland, Portugal, Russia, Romania, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, the United Kingdom, Viet Nam) plus the ASEAN Secretariat and the European Commission. http://aseminfoboard.org.

3 www.umed.lodz.pl/eng/
Encourage young people's active role in promoting better health
As future leaders of societies, it is important for young people to play an active role in promoting health by acquiring proper education, practising what they will have learnt, and sharing best practices with others. These could be done by:

- Raising awareness of health issues and prevention of avoidable health risks through formal and non-formal health education
- Engaging young people in social discourses and activities
- Promoting health communication through creative means, e.g., multimedia, theatre, etc.

Outcomes
Through a series of lectures followed by discussions and workshops, AU16 participants addressed the issues they found most crucial and relevant for improving the access to quality healthcare services. The programme and the summary of sessions can be found in Chapters 3 and 4 (see pages 6 and 10). The participants also developed policy recommendations (see Chapter 5) as their final output.

AU16 was held shortly before the 8th Asia-Europe Meeting Summit (ASEM8) in October 2010 in Brussels, Belgium, and was linked to the Summit’s theme: “Achieving Greater Wellbeing and More Dignity for All Citizens”. The outcomes of AU16 served as a primary basis for the workshop themed “The Role of Youth in Public Health Promotion: New Ideas, Young Ideas” during ASEF’s 4th Connecting Civil Societies Conference (CCS4), also held in October 2010 in Brussels.
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<td>Statement from Medical University of Łódź (UMED):</td>
<td>Prof. Pawel GORSKI, Rector, UMED</td>
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<td>Statement from Asia-Europe Foundation (ASEF):</td>
<td>Ambassador Dominique GIRARD, Executive Director, ASEF</td>
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<td>Special Statements:</td>
<td>Mr Krzysztof DOBROWOLSKI, Deputy Director, Asia-Pacific Department, Ministry of Foreign Affairs (MFA) Poland</td>
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<td>Mr Włodzimierz FISIAK, Marshall, Łódzkie Voivodeship</td>
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<td>Mr Tomasz SADZYNSKI, President, City of Łódź</td>
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<td></td>
<td>Prof. Włodzimierz NYKIEL, Rector, University of Łódź</td>
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<td>17.00 – 20.00</td>
<td>Opening Ceremony</td>
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<td>Venue: Museum of Cinematography</td>
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<td>Welcome Remarks:</td>
<td>Prof. Pawel GORSKI, Rector, UMED</td>
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<td>Opening Remarks:</td>
<td>Amb Dominique GIRARD, Executive Director, ASEF</td>
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<td>Mr Krzysztof DOBROWOLSKI Deputy Director, Asia-Pacific Department, MFA Poland</td>
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<td>Ms Sunkyoung LEE Project Executive, ASEF Public Health Network</td>
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| DAY 2: Tue 29 June | |
|-------------------||
| 08.00 - 10.00 | |
| 16.30 - 17.00 | |
| 17.00 – 20.00 | |
| DAY 3: Wed 30 June | 09.00 – 09.30 | **Presentation on ASEF/ASEM**  
Ambassador Dominique GIRARD  
Executive Director, ASEF |
| | 09.30 – 13.00 | **General Overview on Public Health Issues and Challenges — Europe and Asia Perspectives**  
Prof. Chang-yup KIM, Professor, Korea School of Public Health, Seoul National University  
Discussion: How is Public Health?, facilitated by Ms Clara FENG and Ms Ana AZEVEDO |
| | 14.30 – 18.00 | **Patients’ Voices in Public Health Policy Debate**  
Ms Magdalena MACHALSKA  
Policy Assistant, European Patients’ Forum  
Mr Tomasz SZELAGOWSKI  
Executive Director, Federation of Polish Patients |
| | 19.00 – 21.00 | **Guided Tour Around the City of Łódź** |
| DAY 4: Thu 1 July | 09.00 – 12.30 | **Commitment of Various Stakeholders - Rural Development**  
Dr Arnaud DE LA SEIGLIÈRE  
Medical Advisor, Mutualité Sociale Agricole  
Discussion: How to Provide Sufficient Medical Healthcare in the Underprovided Zones?  
Facilitated by Ms Clara FENG and Ms Ana AZEVEDO |
| | 14.30 – 18.00 | **Challenges to Healthcare Policy — Observations from Germany and Vietnam**  
Prof. Johann W. VON KRAUSE,  
Counsellor in Hospital Management,  
Hanoi School of Public Health/German Development Cooperation |
| DAY 5: Fri 2 July | 09.00 – 10.00 | **Commercialisation of Medical Science**  
Prof. Piotr RIESKE, UMED |
| | 10.00 – 13.00 | **Population at Risk-Crisis and Disaster Management**  
Dr Rosilawati ANGGRAINI, Humanitarian Officer, United Nations Population Fund  
Case study: Alphaland – Betaland  
Facilitated by Dr Rosilawati ANGGRAINI, Ms Clara FENG and Ms Ana AZEVEDO |
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<td>Training on Drafting Policy Recommendations</td>
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<td>Sat 3 July</td>
<td>Mr Marcin NOWACKI, President of the Board, The Project Łódź Foundation</td>
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<td>14.30 – 19.30</td>
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<td>DAY 8:</td>
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<td>Inequality and Vulnerability in Healthcare</td>
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<td>Mon 5 July</td>
<td>Prof. Wojciech DRYGAS, Director, World Health Organization</td>
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<td>CINDI Programme, UMED</td>
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<td>Non-Governmental Initiatives towards Public Health</td>
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<td>Mr R. Meenakshi SUNDARAM, Senior Outreach Manager, Aravind Eye Care System</td>
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<td>Discussion: How to Identify Vulnerable Groups in the Society?</td>
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<td>Facilitated by Ms Ana AZEVEDO and Ms Krizna GOMEZ</td>
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<td>14.30 – 18.00</td>
<td>Preparation for Cultural Night</td>
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<td>DAY 9:</td>
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<td>Population as Risk — Migration</td>
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<td>Tue 6 July</td>
<td>Dr Anita A. DAVIES, Public Health Specialist, Migration Health Department, International Organization for Migration</td>
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<td>Debate: Migrant Workers to Obtain the Citizenship after Three Years of Uninterrupted Work</td>
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<td>Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES</td>
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<td>Population as Risk — Migration (cont.)</td>
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<td>Group Dynamics: Theatre Scene on Migrants and Healthcare</td>
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<td>Guided Tour around the City of Łódź</td>
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<td><strong>Health Communication through Arts</strong>&lt;br&gt;Mr Clive PARKINSON, Director, Arts for Health, Manchester Metropolitan University&lt;br&gt;Discussion: Łódź, the European Capital in 2016&lt;br&gt;Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES</td>
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<td>14.30 - 18.00</td>
<td><strong>Young People and Public Health Promotion</strong>&lt;br&gt;Ms Nida MUSHTAQ, Member, Board of Directors, Youth Coalition for Sexual and Reproductive Rights&lt;br&gt;Group Dynamics: Newspaper on Local Youth Organisations Working with Vulnerable Groups&lt;br&gt;Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES</td>
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## DAY 11: Thu 8 July

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<td><strong>Drafting of Policy Recommendations and Preparing Presentations by Working Groups</strong></td>
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<td>14.30 - 16.30</td>
<td><strong>Presentation of Outputs</strong></td>
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<td>16.30 - 19.00</td>
<td><strong>Presentation of ASEF University Alumni Network (ASEFUAN)</strong>&lt;br&gt;Mr Daniel MADRID MORALES, President, ASEFUAN&lt;br&gt;Ms Gwendolyn THONG, Internal Affairs Programme Manager, ASEFUAN</td>
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## DAY 12: Fri 9 July

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<td><strong>Evaluation</strong></td>
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<td>14.00 - 16.00</td>
<td><strong>Closing Ceremony</strong>&lt;br&gt;Prof. Radzislaw KORDEK, Vice-Rector, UMED&lt;br&gt;Mr ZHANG Hongtie, Director, Education Department, ASEF</td>
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<td>16.00 - 18.30</td>
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30 June 2010 (Wednesday)

**Presentation on Asia-Europe Foundation (ASEF)/Asia-Europe Meeting (ASEM)**
By Ambassador Dominique GIRARD, Executive Director, Asia-Europe Foundation (ASEF)

Ambassador Dominique GIRARD, then ASEF Executive Director, made a presentation about ASEF/ASEM, elaborating on its history, mission, themes and programmes. Ambassador GIRARD highlighted that the enlargement of the Asia-Europe Meeting (ASEM) is both a challenge and an opportunity for ASEF to revisit the existing methods of operations and functioning, both internally and externally.

**General Overview on Public Health Issues and Challenges — Europe and Asia Perspectives**
By Prof. Chang-yup KIM, Professor, Korea School of Public Health, Seoul National University

Perspectives on health are based on social and personal experiences. Everyone has their own paradigms, differing opinions and thoughts. There are also different government attitudes, policies and views on health. Health can also be perceived in a holistic manner and can also be divided into spheres such as physical, psychological, social, spiritual, well-being, etc. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Healthcare, therefore, is only one method to improve health. Its goals may be grouped in the following domains: promotion, prevention, treatment, management, rehabilitation, restoration, etc.

To quote Amartya Sen, health is a human capability. Likewise, according to Norman Daniels, it can be perceived as a fair equality of opportunity. Health is a social investment — if one is sick, one cannot perform well all the other daily duties, such as working and attending school. Conversely, economic development is also critical to health: income level and economic performance often determine life expectancy. In addition, education, including mothers’ education, is very important for the health of children. Health inequity is defined by Margaret Whitehead as “avoidable, unnecessary, unfair inequality”; by Braveman and Gruskin as “the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage — that is, wealth, power, or prestige.”

Modern public health means epidemiological enquiries into the social determinants of health: focusing on interactions between people and the environment; re-emphasising social, economic and community factors; and advocating health equity for the population. A healthy population, to quote Kingdig and Stoddart, must mean the collective health outcome of a group of individuals and also the distribution of such outcomes within the group.
Discussion: What is Public Health?
Facilitated by Ms Clara FENG and Ms Ana AZEVEDO
The participants discussed “What is public health?” and “What is involved in public health?”. They shared the following elements: complete well-being, involving a social, physical, mental and economical productive life; the general population’s attitude towards living style; the presence of disease, disability or unbalanced mental state are just the part of the problem; something that should be provided for everyone, regardless the social background, by the country; human security, equity; a multidisciplinary science; international factors that are involved in public health, e.g., UNICEF. The participants indicated the challenges for public health as particular and common ones as it relates to the different regions. Particular challenges were: not well prepared for pandemics, different cultures and different religions have different access to healthcare, obesity and food patterns, life style issues, life expectancy, lack of the political vision in the management the health policy, not taking care of themselves, promotion campaigns for drugs, negative effects of the national health system, unemployment, political difficulties, financial difficulties, quality, access problems, lack of staff, low government budget, corruption, ageing population, high costs of modern medical technology. Common challenges included the accessibility and equality, insurance coverage, differences in infrastructure.

The following factors are involved in public health: health indicators and health outcomes, what and how we achieve; invention of vaccines; health promotion; disease prevention and awareness; scientists’ and politicians’ involvement; lifestyle, stress, education, culture, healthcare system (traditional vs. scientific); proper infrastructure; the present state of public health and the measures to be undertaken to improve it; people count on our state to take responsibility of the assurance and protection of public health; media, family and civil society are responsible for public health status.

Patients’ Voices in Public Health Policy Debate
By Ms Magdalena MACHALSKA, Policy Assistant, European Patients’ Forum
And Mr Tomasz SZELAGOWSKI, Executive Director, Federation of Polish Patients
The European Patients’ Forum (EPF) was set up in 2003. The EPF is an umbrella organisation with forty-four members that covers the area of the chronic diseases. The forum aims for a high quality, patient-centred, equitable healthcare in Europe for all patients through a variety of activities: building capacity, strengthening policy impact, developing patients’ evidence, extending EPF’s membership, communication and partnerships. The EPF takes part in the EU law-making process.

The Federation of Polish Patients (FPP) was established to integrate the Polish patients’ organisations. FPP provides a platform for discussion, to strengthen advocacy. The federation collaborates with EPF, e.g., through the implementation in Poland of what is good and working abroad, to contribute to the situation in other countries and to receive feedback from Polish patients.

The biggest challenge for FPP was the struggle to widen the perspective of the organisations that belong to FPP and of the patients themselves. Before, patients had to trust doctors and relied only on them. Now, patients can educate themselves.
SUMMARY OF SESSIONS

Discussion: Patients’ Involvement, Empowerment and Perspective
Facilitated by Ms Clara FENG and Ms Ana AZEVEDO
Divided in groups, the participants discussed the following subjects and related questions:
- Patients’ involvement: is the patients’ perspective necessary to achieve patient-centered healthcare?
- Patients’ empowerment: would providing training to patients encourage them to take an active part in shaping policies?

Patients’ perspective: in the long term, would patients’ involvement in health-related policies and projects ensure sustainability of healthcare systems? How would patients’ perspective change with regard to healthcare system management?

01 July 2010 (Thursday)
Commitment of Various Stakeholders - Rural Development
By Dr Arnaud DE LA SEIGLIERE, Medical Advisor, Mutalité Sociale Agricole
Shrinking and unequal medical demography is an urgent problem in France. On top of that, the French experience a double crisis: underprovided areas treated by soon-to-retire physicians. A liberal care offer is characterised by doctors’ freedom in setting up their own clinics and the consultation payment by the patient.

In France, most physicians exercise their practice in private cabinets. To address this situation, pluridisciplinary care houses have been set up. Care is provided to a population rather than clients and the co-operation between physicians and nurses is enhanced. Moreover, care houses enable a balance between professional life and personal time for the physicians.

Several incentives have been provided to set up care houses in underprovided zones, such as:
- Allowances for students coming from underprovided zones;
- Individual support for filling in administrative forms;
- Grants for medical students to set up care houses in the underprovided zones or in the mountains;
- Many forms of fiscal exemptions for physicians who choose to serve at these care houses.

However, not enough physicians have taken advantage of these incentives. In view of the failure of the incentive system, the French Parliament has introduced coercive measures, such as having physicians from overprovided zones sign a health solidarity contract, where they agree to provide care also in underprovided zones or in humanitarian centres.
Discussion: How to Provide Sufficient Medical Healthcare in the Underprovided Zones?
Facilitated by Ms Clara FENG and Ms Ana AZEVEDO
The participants shared the following challenges in ensuring sufficient medical professional (primary) healthcare in underprovided zones: poor infrastructure (e.g., roads, electricity); long distances to the nearest medical centres; time-consuming bureaucracy; insufficient resources for proper medical insurances; no trust for physicians or gaps in generational attitudes to the physicians; differences in the mentalities and ethics of students and physician; high primary costs; lack of the easy access to and awareness of education, information, training and seminars conducted by the professionals; doctors without the necessary skills; demographic problems; violence, alcoholism and other addictions and unemployment; bribery or corruption; lack of technological tools; cultural differences or communication barriers in the society; identification of “medical professionals”, “primary healthcare” and “underprovided zones”; task conflicts between healthcare professions.

They also suggested to address the challenges, such as various schemes to bring more doctors to the rural areas; promotion of the deprived zones; alternative medicine therapies; e-services, education, training for physicians but also for caregivers of disabled patients; mobile medical services; voluntary services; empowerment of youth in healthcare; instil sense of responsibility among young doctors; location of the medical campuses in the rural areas, short-term rotation in the rural areas among doctors, improvement of the infrastructure; community support; identifying the needs of hospitals and medical centres and allocation of resources needed.

Challenges to Health Care Policy — Observations from Germany and Vietnam
By Prof. Johann W. VON KRAUSE, Counsellor in Hospital Management, Hanoi School of Public Health/German Development Cooperation
There are three main challenges for the healthcare system: prevention, funding and equal access. All the challenges consist of special features that also influence policy-making processes. Decisions taken in different countries will differ. Taking into account the current situation of the diseases trends, there is a decreasing load of infectious diseases and an increase in “civilisation diseases” (e.g., cancers, endocrinology, and osteopathy). Prevention and preventive medicine include many different activities, such as vaccination programmes, improving hygiene, improving water and food situation, screening programmes, behaviour influence programmes, etc. The governments should examine the approach they want to take and which programmes they should implement. As far as equal access for all is concerned, there are Millennium Development Goals, which include crosscutting issues worldwide. These try to overcome many constraints: geographical availability of quality services, geographic availability of qualified staff, educational deficits, gender inequalities, especially vulnerable groups, poverty, corruption, etc.
SUMMARY OF SESSIONS

Germany:
- Funding: government covers 90% of social security. Employers and employees share the financial burden. Costs of inpatient hospital treatment are increasing;
- Prevention: Health is one of the three major social security insurances. All major vaccination programmes and screening programmes are present;
- Equal access: The private social security patients are treated better than the public social security ones. Moreover, patients with the chronic diseases have to pay a lot of money.

Viet Nam:
- Funding: government shares only 30% of the financial burden. Most of the financing comes from the patient. The private sector should provide the patients more effective treatments;
- Prevention: Vietnam is following the WHO’s Expanded Program of Immunization. They promote policies against the abuses of tobacco and alcohol. The government spends 30% of the “medical budget” on preventive medicine;
- Equal access: Many ethnic minorities, groups from rural population and poor people spend a great part of their living on healthcare (out-of-pocket system).

General summaries:
- Funding: Global trends in population and medical development call for new approaches to healthcare delivery funding. The global trend towards increased economisation and market orientation requires re-evaluation;
- Preventive medicine: A less economy-driven system is more suitable to establish a good infrastructure for preventive medicine;
- Equal access: In Germany, existing inequalities can, to a large extent, be reduced by fine-tuning the system and its incentives. In Vietnam (and similar countries), the three major obstacles are: availability of funds, poverty and corruption.

02 July 2010 (Friday)

Commercialisation of Medical Science
By Prof. Piotr RIESKE, UMED
The modern picture of the university and medical science is changing. A big effort is put in the field of commercialisation of science, i.e., research must produce some products, universities must co-operate with the business sector. Such bonds seem to be indispensable. In fact, the university should also provide the society with products. However, the crucial objective still remains the delivery of knowledge and science. Commercialisation may also appear as an obstacle for the development of science. For instance, some companies hide their know-how.

Lessons learned:
- A broad product portfolio is necessary to attract investors but this is expensive to maintain;
- Costs increase massively through the development process;
- Phase III clinical trials are expensive and are a single roll of the dice;
- Timing is everything;
- Equity investment is very fickle and everyone has their own “exits”.

Population at Risk-Crisis and Disaster Management
By Dr Rosilawati ANGGRAINI, Humanitarian Officer, United Nations Population Fund (UNFPA)
Women are facing many serious problems such as rapes, HIV, pregnancy complications, violence and at the same time, they have to live their lives, have children and perform housework. Therefore, it is very important to help women affected by an emergency situation. Citing the United Nations Disaster Relief Organization, an emergency may be defined as “a serious disruption of the functioning of a society, causing widespread human, material or environmental losses which exceed the ability of the affected society to cope using its own resources”.

Reproductive health (RH) is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. RH needs to increase during a crisis situation as there may be more social instability and a shortage of medical equipment. A lack of family planning increases risks associated with unwanted pregnancy that may end with unsafe abortion.

There are special institutions, programmes and guidelines that aim to improve the reproductive health, such as the Sphere Project and the Minimum Initial Service Package (MISP): Minimum, (basic, limited reproductive health) Initial, (for use in emergency, without site-specific needs assessment) Service, (to be delivered to the population) Package (supplies and activities, e.g., RH kit; co-ordination and planning).

The co-ordination and implementation of the MISP depend on several elements, such as the characteristics of the RH co-ordinator, major causes of maternal death, reduction of delay and prevention of death caused by restricted access to clinics, external decision-making and lack of female healthcare providers, understanding of important publications, availability of RH kits for emergency situations, logistic issues, and transparent co-operation and fast delivery.

**Case Study: Alphaland - Betaland**

Facilitated by Dr Rosilawati ANGGRAINI, Ms Clara FENG, and Ms Ana AZEVEDO

The participants were introduced to the case study “Alphaland – Betaland” where they are asked to take on the RH co-ordination. They presented the most essential sexual and reproductive health interventions to be put in place for refugees.
03 July 2010 (Saturday)

Training on Drafting Policy Recommendations
By Mr Marcin NOWACKI, President of the Board,
The Project Łódź Foundation
For the first time in the history of AU, a training component on drafting policy recommendations, which was the participants’ final output, was incorporated. The participants learned the rigors and fundamentals of conducting research, as well as structuring a set of policy recommendations. Please refer to the policy recommendations section on page 20.

05 July 2010 (Monday)

Inequality and Vulnerability in Healthcare
By Prof. Wojciech DRYGAS, Director, World Health Organization CINDI Programme, UMED
Prof. DRYGAS first provided definitions of health inequality and health inequity. He then examined the different kinds of equalities and gave an overview about health, healthcare, vulnerability and equity. He also elaborated on socio-economic inequalities in healthcare in Europe, specifically in Poland and Łódź, and also referred to the situation in Asia. In conclusion, he outlined the importance of alternative channels for healthcare promotion — interesting advertisements, eye-catching posters, media involvement, etc.

The following four case studies were then presented:
(1) Sixteen-year-old girl in London smokes, experiences with drugs and alcohol, has history of criminality in family; (2) Polish man, 55 years old, unemployed shipyard worker, smokes, obese, past hero fighting against communism, negative outlook in life; (3) South Asian city with two million inhabitants, main mortality causes are infections (in children) and cardiovascular mortality; (4) Polish town with 10,000 inhabitants, worst health situation in the country, high unemployment rate, strong influence of the local church.

Non-Governmental Initiatives towards Public Health
By Mr R. Meenakshi SUNDARAM, Senior Outreach Manager, Aravind Eye Care System
Mr SUNDARAM introduced the magnitude of challenges facing access to eye healthcare, citing statistical data and the background information. He then provided the participants with some basic information about the Aravind Eye Care Centre in India, its system of values, operational model, work culture and service delivery system. He underlined the importance of ameliorating the treatment’s efficiency by using the modern and innovative equipment. He outlined that the Aravind Centre is one of the biggest providers of the eye-related treatment in India. The key to the success centre is its comprehensive eye care, which also lowers costs and extends access to vulnerable groups. Finally, the presenter drew attention to the enhanced efforts to build a responsible and participatory community. In conclusion, he shared his best practices concerning the problem of the access to eye care.
Discussion: How to Identify Vulnerable Groups in the Society?
Facilitated by Ms Ana AZEVEDO and Ms Krizna GOMEZ
The participants summarised a list of vulnerable groups that included the unemployed, physically disabled people, the mentally challenged, migrants, pregnant women, children, elderly, widows, single mothers, transsexuals, homosexuals, rape victims, ethnic minorities, uneducated, the poor, the politically marginalised, those addicted to alcohol/cigarette/drugs, the obese, transient visitors, nomads, sub-cultures (e.g., hippies) and ex-convicts. The criteria for vulnerability were exposure to unequal healthcare access/treatment and health problems. It was highlighted that one needs to be careful when defining vulnerability as the term can be ambiguous and there are varying groups to consider.

06 July 2010 (Tuesday)

Population as Risk – Migration
By Dr Anita A. DAVIES, Public Health Specialist, Migration Health Department, International Organization for Migration
Dr DAVIES began by giving a short overview of International Organization for Migration (IOM), a global inter-governmental organisation dealing with the entire range of migration issues. She stressed the issue of unequal global distribution of health workers. The conclusion drawn is that Asia and Africa are disadvantaged in this aspect. Migration is a process, either across an international border or within a state, and there are factors pushing health professionals to migrate. The most popular destination is the United States. Ethical issues often arise. The question of brain waste was also stressed, i.e., working below one’s qualifications, while in one’s country of origin, for instance, one could still work as a doctor.

Debate: Migrant Workers to Obtain the Citizenship after Three Years of Uninterrupted Work
Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES
Participants chose sides against or in favour of the aforementioned statement. Those against shared reasons, such as three years being too short, possible brain drain, possible burdens for the receiving society (e.g., social assistance), unclear definitions of migrant worker and uninterrupted work and possible deterioration of the national health situation. The group that was in favour mentioned that migrant workers have a significant role in the development of a country, and deserve equal treatment. Migration of workers is a natural consequence of globalisation and knowledge and technology need to be shared. Money sent back to the migrant workers’ countries of origin can help the underdeveloped countries. Citizenship will encourage migrant workers to invest in their further education and training.

4 A transient visitor who encounters health problems (injury caused by an accident, suffering from diseases) in a foreign or relatively less familiar location, can become vulnerable.
Population as Risk – Migration (cont.)
By Dr Anita A. Davies, Public Health Specialist, Migration Health Department, International Organization for Migration
Before continuing her lecture, Dr Davies asked the participants with what they associate health of migrants. They mentioned the following words: inequity, unfairness, better, popular, polemic, policy, implementation, strategy, ethics and exclusion. She then gave an introduction to the health situation of migrant populations:

- Definition of migration health (this was similar to the definition of health by WHO);
- The number of migrants worldwide reaches one billion: 214 million internationally (across national borders); 740 million internally (across states and provinces but within a country);
- Life expectancy, even in developed countries, may differ significantly within a really small area;
- Most migrants tend to be young and healthy when they leave their countries of origin;
- They often become ill in the destination country because of unequal access to healthcare services;
- The manner in which they migrate may have a negative influence on their health;
- The diet in the destination country has an influence on their health;
- Fundamental human right: every human being has a right to good health;
- Healthy migrants make healthy communities.

Group Dynamics: Theatre Scene on Migrants and Healthcare
Divided in four groups, the participants presented a theatre scene reflecting an example of (1) Healthcare for migrant women and children, (2) Migration, social determinants of health and non-communicable diseases, (3) Maternal and child healthcare for migrant population and (4) Healthcare for undocumented migrants (UDMs) in the EU.

07 July 2010 (Wednesday)

Health Communication through Arts
By Mr Clive Parkinson, Director, Arts for Health, Manchester Metropolitan University
Mr Parkinson shared how art can influence the health condition of patients: (1) creative activities can be taken regularly in order to prevent depression; and (2) creativity breaks barriers and broadens our minds that can be closed because of an illness. He added that 67% of British people believe the press influences their eating habits for a healthier lifestyle. The soap opera “Soul City” succeeded in raising awareness of adult education classes and in shifting personal and gender issues about learning. He presented the concept of depression as an illness and improved attitudes and subjective norms, which influences stigma towards depression. Mr Parkinson ended his presentation by introducing some of his projects, such as Arthur&Martha, Wear Purple (designed for older people), Start in Salford, Pendle Leisure Trust (designed to promote mental health), The Blue Sky Project, Alder Hey (job satisfaction of healthy workers).
Discussion: Łódź, the European Capital of Culture in 2016
Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES

Divided in groups of three, the participants prepared a pecha-kucha: a presentation made of 15 slides, each for max. 20 seconds. The topic of the presentation: Łódź bid for European capital of culture in 2016; what events that link arts, public health and vulnerable groups could be organised? The participants shared the following proposals: (1) cultural co-operations between young people, (2) campaign on healthy lifestyles, (3) cultural city tours, including bars, shops and monuments, (4) campaign on the city’s cultural advantages and diversity, (5) graffiti paintings on unused factory buildings, (6) art therapy, (7) dental treatment and culture and (8) introduction of Łódź’ people, enthusiasm, films, cartoons, clips, cinematography, architecture, culture, relaxation.

Group Dynamics: Newspaper on Local Youth Organisations Working with Vulnerable Groups
Facilitated by Ms Krizna GOMEZ and Mr Daniel MADRID MORALES

In four groups, the participants prepared the front page of a newspaper. Its content was on youth organisations working with vulnerable groups. The following topics were addressed: homosexuality, first sexual experiences, HIV, sex workers’ rights, vulnerable groups, impact of neurosciences on public health, drugs, food consumption and obesity among young people, teenage pregnancy, healthy life and the 17th ASEF University. The participants agreed on the relevance of these issues, which became part of their input when drafting their recommendations.

Young People and Public Health Promotion
By Ms Nida MUSHTAQ, Member, Board of Directors, Youth Coalition for Sexual and Reproductive Rights
Ms MUSHTAQ highlighted that we have the largest generation of young people that the world has ever known — and this makes meaningful youth participation important. These young people understand better needs and realities. She also stated that self-advocacy is the best advocacy. There are several international commitments to young people, e.g., International Conference for Population Development that was signed by 197 states in 1994 and the UN Convention on the Rights of the Child. Ms MUSHTAQ also focused on (1) The notions of tokenism and exclusivity, (2) Youth perspective vs. youth representation, (3) Youth-adult partnerships, (4) The youth participation ladder, and (5) Best practice model: Youth Coalition (a consensus-based organisation).
The final output of AU16 was the development of policy recommendations drafted by the participants, based on the lectures and interactive workshops part of the programme. These recommendations were channelled to civil societies in the Asia-Europe Meeting (ASEM) region.

**Public Health and Vulnerable Groups: Access to Quality Healthcare Services**  
Policy recommendations by the participants of the 16th ASEF University

### Introduction

We, the participants of the 16th Asia-Europe Foundation University representing the Asia-Europe Meeting member countries gathered in Łódź, Poland, from 29 June to 10 July 2010, advance the following policy recommendations with regard to Public Health and Vulnerable Groups.

### Background

The art and science of public health aims at providing physical, mental and social well-being for a population and not merely the absence of disease or infirmity. It requires organised efforts and informed choices of the society, organisations, the public and private sector, communities and individuals — with a particular emphasis on enhancing access for vulnerable groups to quality healthcare services. These groups include women and children from poorer class of a society, young people, migrants, refugees, people with disabilities and disorders, people living in conflict zones, etc. Among the many barriers for these groups are social exclusion, lack of understanding in socio-cultural norms, stigmatisation in the perception of certain health problems, discrimination by the majority population and health actors, lack of information, low awareness regarding rights and duties as a patient, language and cultural differences as well as financial, logistical, legal and administrative hurdles.

The need for taking extensive and context-sensitive actions is stressed by the following statistics:

- Currently, more than 1.2 billion people still live under conditions of extreme poverty (with income below US$1 per day)\(^5\);
- A high percentage of the one billion migrants worldwide lack access to healthcare, while their poverty and exploitative work conditions have worsened\(^6\);
- Fewer than 40% of young people around the world have basic information about HIV and less than 40% of people living with HIV know their status\(^7\);
- In 2009, 335 natural disasters were reported worldwide killing 10,655 persons, affecting more than 119 million others and causing over US$41 billion in economic damage\(^8\).

In tackling the complexity of such problems, young people constitute an under-served and under-utilised but potentially powerful segment of society to the end of facilitating and resolving the challenges above. Policy-makers should value the valid contribution that the younger generation can make in this respect. For the purpose of improving access to and the quality of healthcare services for vulnerable groups, their active and meaningful participation and representation in connecting with vulnerable groups as well as multi-sectoral involvement can have a significant impact on public health policies and social well-being.

That being said, implementing healthcare initiatives that empower both vulnerable groups and civil society while reemphasising the need for cooperation between relevant stakeholders, are key elements in addressing these issues.

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Policy recommendations

A. Public Healthcare System that Empowers Vulnerable Groups

1. Access to Healthcare

• The Universal Declaration of Human Rights (Art. 25) of access to healthcare, regardless of social, economic, immigration and/or legal residence status, should be enforced. It should be ensured that vulnerable and hard to reach groups have equitable access to healthcare. Measures should be taken to ensure the availability of affordable and quality drugs to all patients in need of them. This includes guaranteeing sexual and reproductive health and rights (SRHR) in normal and during the crisis situations by promoting equal access to comprehensive, youth-friendly and gender- and culture sensitive sexual and health education, services and commodities for prevention and treatment.

• While poverty reduction programmes around worldwide could improve healthcare access, there also seems to be a worldwide tendency to replace free healthcare providing systems by the establishment of a healthcare business sector. This is a tendency that reduces equal access to healthcare. Governments must introduce social security systems for the poor and control illegal payments to counterbalance any policies to economise healthcare.

2. Development of Rural Areas

• Primary healthcare in rural and remote areas is the most important way to improve equal access to healthcare. Few countries, like Thailand, show that it is possible to establish good primary healthcare, while many other countries are still struggling with the problem. A functional referral system — one that ensures medical treatment at a service level that is appropriate in relation to the severity and complication of the medical problem — requires health workers with the right qualification for each level. Nurses, primary care practitioners, midwives, etc., can improve the quality of treatment at the primary level and alleviate the burden of patients at more advanced levels. Referral to a higher level should be the exception and not the rule. This method maximises manpower and efficiency of healthcare workers.

• Incentives should be included in strategies to attract and retain health workers needed for medical care in rural areas. To this end, governments should:

1) Subsidise an appropriate percentage of medical students’ school fees in exchange for compulsory commitment to work in rural areas at the beginning of their professional careers and involve more students from rural areas in healthcare studies to ensure a continuous flow of healthcare workers to rural areas,

2) Provide incentives to encourage healthcare providers to go to rural or isolated areas (e.g., higher salaries, social benefits, reduction of public taxes, etc.),

3) Create and promote rural patient associations which can convey their needs to stakeholders, thereby involving them in policy-making processes that can better address and meet their needs, and

4) Provide incentives for social entrepreneurs, the private sector, and research and development organisations for the industrial development of medical facilities that focus on rural areas.
3. Educational Efforts

- More specialised joint Asia-Europe Public Health graduate programmes should be created and improved. There is also a need to educate the community on the existence of such programmes and to emphasise the recruitment of dedicated individuals in such programmes. These programmes, comprising internships in both continents in order to train well-qualified professionals, will bring benefits to the communities and enable an exchange of experiences, hence contributing to stronger partnerships and working mechanisms between Asia and Europe. Such programmes should address public health issues through innovative and traditional arts-based methodologies as part of a holistic approach to healthcare delivery. Such programmes should furthermore include up-and-coming methods of healthcare such as art therapy programmes as part of a holistic healthcare service.

- Various forms of incentives such as monetary incentives should be offered to young professionals and relevant healthcare workers to engage them in social entrepreneurial activities in the sector of public health, including training and expertise, with a focus on vulnerable groups. This will enhance access to and affordability of healthcare services for these groups.

B. Public Healthcare System That Empowers Civil Society

1. Raising Awareness

- Health education is one of the main segments that needs to be improved and provided especially to vulnerable groups such as youth, particularly in the area of preventive medicine. The impact area of such a measure can be reflected in the significant reduction of health problems such as infectious and non-communicable diseases.

- Social entrepreneurship and voluntary work in the field of public health are two other focal points that require enhanced promotion. Engaging with the arts and popular culture will offer diverse communication tools to reach larger populations, both humanising health messages and making them relevant to diverse communities. Moreover, partnerships and joint efforts between actors relevant to this domain, such as governments, private companies, universities, NGOs, media, hospitals, health professionals and civil society can contribute to greater awareness and responsibility towards public health issues.

- Informative campaigns for the public could be prepared together with administrative authorities, health professionals as well as representatives from patients’ organisations.

2. Meaningful Involvement of Young People

- Governments should provide more opportunities and support for youths to contribute their perspectives on decision-making processes that affect young people’s lives. This includes training on advocacy and communication skills.

- Additionally, educational and leadership platforms for young individuals should be established on local, national and regional levels in order to maximise participation of this large segment in key population issues.

- A specific line of culturally relevant youth-focused actions should be taken by the promotion of a comprehensive sexual health education and access to youth-friendly services in a variety of settings and youth activities, such as exchanges and local initiatives, that take place in ASEM countries. These actions should be gender- and culture-sensitive, to reach male and female youth of diverse backgrounds.
3. Co-ordination between Actors

- In any case of human and natural disasters caused by multiple hazards, governments and health professionals platforms should work towards a patient-centred healthcare system. This is to ensure that fundamental rights of healthcare are respected and protected, the quality of healthcare is improved and the access-related inequalities affecting vulnerable groups decline.

- Comprehensive and unimpeded co-ordination of available resources among all stakeholders is necessary for democratic and indiscriminate response to emergencies and disasters. Any international approach must be co-ordinated in advance and the aid and funding required must be well defined and distributed according to fair principles.

- Multi-sectoral co-operation should be improved among individuals, families, communities, private and public organisations at a local, national and international level by raising awareness of the arts as a vehicle for decreasing prejudices among society and through organising different campaigns. This will increase self and public awareness, provide holistic co-operation development, and enhance social connectedness and quality of life.

• Launching a joint ASEM healthcare declaration with regard to the phenomenon of privatisation and “commercialisation of healthcare services”. A joint ASEM declaration would send a strong message that quality healthcare should be assured by governments according to international agreements on minimum standards. This would help to improve the quality of and enhance the equal access to healthcare services within Asia and Europe.

• Migration, including those of displaced people and refugees, is a global phenomenon that demands concerted global responses. International co-operation on migration issues should be the standard in order to ensure orderly and humane management of migration; to assist in the development and implementation of practical measures in response to migration challenges; and to provide access to health and social services to migrants regardless of their legal status. This requires governments to tailor their policies accordingly and civil society to voice issues centred on migration and health.

C. Public Healthcare System Based on International Co-operation

Promoting Sustainable Healthcare for All

- International co-operation among governments is fundamental in order to ensure access to high quality care, including sexual and reproductive health and rights (SRHR) in normal and crisis situations. SRHR are universal rights and the international co-operation should promote and ensure that vulnerable groups, such as young people, single mothers and ethnic and sexual minorities, are included under these rights on equal terms.
"Through the constructive and facilitative environment of ASEF, we can understand that all bridges are already built, we just need to cross them."

"[These] unique 2 weeks allowed me to gain an overview over some of the most relevant public health issues in Europe and Asia."

"By working in small groups — everyone was fully engaged in discussions."

"To share"

"It was enlightening to see such a diversity of people to create something that is so beautiful"
“[This] has really built some bridges, internal and external ones.”

“The opportunity to hear a lot of different opinions based on a lot of different background is constructive!”

“An amazing experience, unique to ASEF University... could not be replicated anywhere by anyone!”

is to grow.”

“It was my first experience with such a programme and I know how and what I need to do to improve. I’m glad that to be here to participate in the programme.”

“In 10 days, I was in 26 countries and I met 27 great, unique, talented, smart people. I think we could see that we were so different but at the same time, so similar.”

“It was really an eye-opener for me, and I now truly believe that Asia and Europe can actually squeeze into a classroom!”
The Asia-Europe Foundation (ASEF) promotes understanding, strengthens relationships and facilitates cooperation among the people, institutions and organisations of Asia and Europe. ASEF enhances dialogue, enables exchanges and encourages collaboration across the thematic areas of culture, education, sustainable development, economy, governance and public health.

ASEF is an intergovernmental not-for-profit organisation located in Singapore. Founded in 1997, it is the only institution of the Asia-Europe Meeting (ASEM). Together with about 700 partner organisations ASEF has run more than 600 projects, mainly conferences, seminars and workshops. Over 17,000 Asians and Europeans have actively participated in its activities and it has reached much wider audiences through its networks, web-portals, publications, exhibitions and lectures.

www.asef.org

The Medical University of Łódź is one of the largest medical schools in Central Europe and of established reputation, both in Poland and abroad. It was established on October 2002, as a merger of the Medical Academy and the Military Medical Academy and now proudly continues the scientific, didactic and medical heritage of the prior medical schools.

The observed rapid progress in medical sciences and technology, together with our continuous efforts to achieve scientific success and didactic efficacy, are the factors, which ensure constant, quality-managed transformation of the University. The University’s superior goal is to transfer medical knowledge at state-of-the-art level with improved responsiveness to objective needs of our students, teaching the skill of providing effective patient care under economical constraints of market-oriented hospitals and outpatient clinics.

Currently, over 8000 Polish students are getting their education within medical and medicine-related areas at various faculties. What is more, over 300 foreign students from various countries (USA, Canada, Taiwan, Sweden, Norway, Great Britain, Spain, Kenya, Nigeria, Zambia) attend medical and dental courses.

www.umed.lodz.pl/en

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9 ASEM brings together 49 member states (Australia, Austria, Bangladesh, Belgium, Brunei Darussalam, Bulgaria, Cambodia, China, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, India, Indonesia, Ireland, Italy, Japan, Korea, Laos, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Mongolia, Myanmar, the Netherlands, New Zealand, Norway, Pakistan, the Philippines, Poland, Portugal, Romania, Russia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, the United Kingdom, Viet Nam) plus the European Commission and the ASEAN Secretariat.
ZHANG Hongtie  
Director, Education Department, ASEF (from 2009 to 2012)

ZHANG Hongtie was the Director of the Education Department at the Asia-Europe Foundation (ASEF) from 2009 to 2012, seconded by the Chinese Ministry of Foreign Affairs. Mr ZHANG attained his BA in English literature at the Tianjin Foreign Languages Institute (China). He joined the Chinese Ministry of Foreign Affairs upon graduation and held several positions in the Ministry of Foreign Affairs and Chinese embassies in various countries over the past twenty years. Prior to his secondment to ASEF, he was Counsellor of the Information Department at the Ministry, where his responsibilities included the co-ordination of and consultation with governmental offices as well as academic and other sectors on issues of publicity and promotion, including the provision of media access for international press based in China as well as the arrangement of interviews with governmental officials. Mr ZHANG is fluent in Mandarin and English and speaks basic French. His interests include history, ancient Chinese philosophy, music, literature, jogging and taiji.

Edwige ROZIER  
Deputy Director, Education Department, ASEF

Edwige ROZIER joined ASEF in January 2008. She is Deputy Director for the Education Department, supervising both formal and non-formal education projects. She used to be directly in charge of the ASEF Higher Education Programme, the platform for co-operation and exchanges among higher education stakeholders, as well as the Database on Education Exchange programmes (DEEP). Prior to joining ASEF, her professional experiences feature a diverse international portfolio, which included finance, sales, marketing and public relations, as well as an early stint in Brussels at the Academic Cooperation Association.

Sunkyoung LEE  
Project Manager, Public Health Network, ASEF

Sunkyoung LEE joined ASEF in April 2009 as Project Executive for the ASEF Public Health Network. The Network promotes public health dialogue in Asia and Europe through a multi-level and multi-sector approach. Her involvement in this programme centres on overseeing the management of the Network as well as facilitating the establishment of interactive and sustainable networks across regions, organisations and individuals to tackle public health issues. Sunkyoung has worked in Korea and Europe (Netherlands, Ireland, Belgium), and prior to joining ASEF, she interned at the Information Society and Media Directorate General of the European Commission. She obtained her BA degree in English Language and Literature at Ajou University and her MA degree in European Public Affairs from Universiteit Maastricht.

Joel BASSIG  
Project Executive, Education Department, ASEF

Joel BASSIG joined ASEF in January 2010 and is primarily in charge of the Non-Formal Education activities of ASEF. He is a certified mediator and has previously worked with the Philippine Chamber of Commerce and Industry and the Confederation of Asia-Pacific Chambers of Commerce and Industry in Taipei. He has also been involved in youth work in the Philippines, through the Office of the President and the National Youth Commission. Mr Bassig holds an undergraduate degree in Development Studies from the University of the Philippines in Manila and a Master’s degree in International Affairs from Ming Chuan University in Taiwan. His areas of interest are Education, Global Governance, Urban Development, Human Rights, International Political Economy, Conflict Transformation, Foreign Relations and Project Management.
Przemysław ANDRZEJAK
Director and Spokesperson, Rector’s Office, UMED

Przemysław ANDRZEJAK is the Representative of the Rector for University Development and Promotion and Director of Rector’s Office at the Medical University of Łódź. Currently, Mr ANDRZEJAK is responsible for implementing IP Management and Transfer Technology Policy at the University. He is also president of the supervisory board of the Łódź Regional Development Agency. Before joining the University Mr ANDRZEJAK served as the director of Department of Promotion and International Cooperation in the Marshal’s Office in Łódź, Representative of the Board of the Łódź Region for Euro 2012 and Vice Chairman of Holding Company G-8 Inwestycje. He graduated from Faculty of Chemistry (1995–2005) and Faculty of Economics and Sociology (2003–2005) at the University of Łódź.

Michał SKRZEK
Project Co-ordinator, Rector’s Office, UMED

Michał SKRZEK is a graduate from the Faculty of International and Political Studies, University of Łódź, with a major in Euromarketing. Mr SKRZEK has been the President of the Board of the Polish Forum of Young Diplomats since 2009, a nationwide NGO, a member of the Senate University of Łódź (2005–2007), Vice-President of the Student Council at University of Łódź, responsible for international relations (2005–2006), Vice-President of the Student Council CampusEuropae in Luxembourg (2005–2006). In 2008, Mr SKRZEK served as an intern at the Brussels Office of Prof. Bronislaw Geremek, MEP, at the Embassy of the Republic of Poland in Bangkok, and the Education Department at the Asia-Europe Foundation.

Krizna GOMEZ

Krizna GOMEZ obtained her BA in Political Science and Juris Doctor Degree from the Ateneo de Manila University in the Philippines. She has also been active in, and pioneered the nationwide expansion of the Legal Network for Truthful Elections. She served as a Program Coordinator of the Ateneo Human Rights Center, one of the first and leading university-based human rights NGOs in her country, focused on establishing multi-sectoral quick reaction teams to address extra-legal killings and enforced disappearances. Krizna attended the 11th ASEF University and was a previous President of the ASEF University Alumni Network (ASEFUAN).

Ana Botelho DE AZEVEDO

Ana Botelho DE AZEVEDO holds an advanced studies degree in Globalisation, Multiculturalism and Social Exclusion. For the last 10 years she has been involved in projects embracing formal and non-formal education, research, youth and migration at national and international levels. Anna gained extensive experience through working for the Portuguese High Commission for Immigration and Intercultural Dialogue, the Council of Europe, SALTO (Support, Advanced Learning and Training Opportunities) and Asia-Europe Foundation.
Clara FENG

Clara FENG is currently an academic facilitator at Republic Polytechnic, Singapore, where she applies the problem-based learning pedagogy in her classes. She is also a founding member of MARUAH (Working Group for an ASEAN Human Rights Mechanism, Singapore), and works on human rights advocacy and public education. Clara graduated from the National University of Singapore with a Bachelor of Laws (Honours). She has volunteered as a pro bono lawyer at legal clinics and has advised local charities on corporate governance. Her past professional experiences also include researching on human geography, working on child workers issues at an Indian rural development NGO, and assisting in corporate communications for a European airline. She is a past participant of the 12th ASEF University and the Asia-Europe Training for Youth Leaders in 2009.

Dani MADRID

Dani MADRID was born and raised in Barcelona, despite “Madrid” being his last name. He currently works as a TV journalist. He has written articles for several Spanish newspapers and magazines and reported from different Asian countries, from East Timor to Japan. He holds undergraduate degrees in East Asian Studies and in Journalism and has been an exchange student at University of California San Diego and Ryukoku Daigaku, in Kyoto. Besides his work as a journalist, Dani teaches at University and was the president of ASEFUAN.

Mateusz Wit JEŻOWSKI

Mateusz Wit JEŻOWSKI graduated from the University of Warsaw in 2007 and obtained an MA degree in Applied Linguistics. In 2010 he graduated from the College of Europe and obtained an MA degree in European Interdisciplinary Studies. For 3 years he has been working in the Cultural Section of the French Embassy in Warsaw and later on, for ITI Cinema – the leader on theatrical distribution market in Poland. Mateusz speaks Polish, French and English fluently and has an intermediate level in Spanish.

Mateusz PAWLAK

Mateusz PAWLAK is a postgraduate student of MA programmes in European Interdisciplinary Studies at the College of Europe (Campus Natolin) and in International Relations (specialization: International Trade) at the University of Łódź. He has been working with the Youth Organising Institute (seminar in Serbia, working group on Kosovo), Campus Europae (students’ exchange programmes), Generation Europe (European communication platform for young experts) and AIESEC. He studied in France on the Erasmus programme, did a traineeship at the European Parliament and gained some professional experience at the Polish Consulate in Paris.
Prof. Chang-yup KIM
Professor, Korea School of Public Health, Seoul National University

Prof. Chang-yup KIM, MD, PhD, MPH, is a professor of Health Policy at the School of Public Health, Seoul National University, Seoul. Having worked for ten years at the Seoul National University College of Medicine, Prof. KIM joined the School of Public Health in 2002. Prior to these positions, he obtained specialist certification in Family Medicine and Preventive Medicine upon completion of his training at the Seoul National University Hospital. Prof. KIM has also been the founding president of the Korean Society for Equity in Health since October 2003 and has served as a special consultant to the Korean government, the Minister of Health and Welfare. As a special advisor, he has also been involved in the consultation to the World Bank, World Health Organization, and others.

Magdalena MACHALSKA
Policy Assistant, European Patients’ Forum

Magdalena MACHALSKA holds an MA from the Free University of Brussels and the College of Europe. Her studies focused on European Public Affairs from the social and healthcare perspective. She is keenly interested in the process of Europeanization of Member States’ welfare systems, and its impact on patients’ rights. She has also been actively involved in the debate on new tendencies in health within the EU Member States. Her responsibilities at the European Patients’ Forum focus on EU health policies such as eHealth, pharmaceutical package or cross-border patient mobility and include monitoring of health policy developments and research relevant to the European Patients’ Forum, as well as preparing draft policy documents.

Tomasz SZELAGOWSKI
Executive Director, Federation of Polish Patients

Tomasz SZELAGOWSKI obtained his degree in Pedagogy and now works as a consultant and trainer focusing on human relations and leadership skills. In addition, he conducts research in Cultural Anthropology at the University of Łódź in Poland. As the General Director of the Federation of Polish Patients (FPP), he has been managing and implementing the overall organisational strategy. His primary scope of interest is on raising public awareness of health education and engineering large-scale patient-focused organisational changes. In 2008 he was a member of “White Summit” (State Commission on Strategies for National Health System reforms in Poland — Chairman of Patients Rights Table). Since May 2010, he has served as a board member of European Patients’ Forum.

Dr Arnaud DE LA SEIGLIERE
Medical Advisor, Mutualité Sociale Agricole

Dr Arnaud DE LA SEIGLIERE has a PhD in Medicine, a degree in Public Health and serves as a national Medical Technical Adviser at the Agricultural Social Insurance System (MSA), the organisation that manages social welfare system within the French agricultural sector. He conducts experimental health-related projects and leads a national network of 200 local Medical Technical Advisers. He conducted several studies and undertook extensive research focused on health. He has wide international experience including the Balkan Region, the Middle East, Asia and sub-Saharan Africa where he participated in cooperative actions carried out by the French Ministry of Defense, the MSA and several French NGOs.
Dr Rosilawati ANGGRAINI
Humanitarian Officer, United Nations Population Fund

Dr Rosilawati ANGGRAINI graduated from Airlangga University’s medical school, Surabaya, Indonesia and worked at a health centre in Madura, East Java. Having completed her post with the Government of Indonesia in 2002, she began working in humanitarian settings. She also worked with The World Bank as a health consultant for community development programme prior to her assignment with World Health Organization (WHO) Indonesia as National Programme Officer for child and adolescent health under Tsunami Emergency Programme. She joined UNFPA in September 2005 where she assumed the role of humanitarian officer responsible for managing UNFPA emergency preparedness and response programme focusing on Reproductive Health. She is an active member of Inter Agency Working Group (IAWG) for Reproductive Health in emergency situation.

Marcin NOWACKI
President of the Board, The Project Łódź Foundation

Marcin NOWACKI’s public involvement started when he was chosen the president of the student government at the University of Łódź. In this period he was also appointed as a member of the board of the Institute of New Technologies. Currently, among other organisations, he is a member of the ASEF University Alumni Network (ASEFUAN). He is a graduate in International Relations at the Faculty of International Relations and Political Science, the University of Łódź. Mr NOWACKI has been the chairman of the Faculty of International Relations and Political Science Alumni Network. Mr NOWACKI also held the position of the director of the Enterprise Department at the Łódź Regional Government. Now he is professionally involved in the business of direct investments.

Prof. Wojciech DRYGAS
Director, World Health Organization CINDI Programme, UMED

Prof. Wojciech DRYGAS, MD, PhD, is Head of the Department of Epidemiology, CVD Prevention and Health Promotion, National Institute of Cardiology, Warsaw and Head of the Department of Preventive and Social Medicine, Medical University, Łódź, Poland. Since the beginning of his career, he has been engaged in research and public health activities related to chronic disease prevention and health promotion. He is the (co-)author and of around 250 peer-reviewed scientific papers, which were published in the highest ranking journals. In 1989 he received the prestigious award of the International Olympic Committee for the best paper in sports medicine presented at the Olympic Congress on Sports Science in Barcelona. Prof. DRYGAS is also a laureate of many others awards including Koźlowski Prize for the best paper in sports medicine published in Poland and the 3rd Prize at Masters Games Congress in Toronto (1985).
Dr Anita A. DAVIES
Public Health Specialist, Migration Health Department, International Organization for Migration

Dr Anita A. DAVIES is a Public Health Physician who earned her medical degree at College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria. She has an MSc in Community Health from Trinity College, University of Dublin and an MA in Public Health from University of London. She is a Fellow of the West African College of Physicians and has a Diploma in Public Health from the Faculty of Public Health, Royal College of Physicians, United Kingdom. Dr DAVIES has worked in public health at community, district, national, regional and international levels. She has worked as the capacity development coordinator for the Gates Malaria Partnership based at the London School of Hygiene and Tropical Medicine. She currently works with colleagues to develop strategies to address migration and emerging and re-emerging diseases of public health importance.

Clive PARKINSON
Director, Arts for Health, Manchester Metropolitan University

Clive PARKINSON led on the HM Treasury funded Invest to Save: Arts in Health project, providing evidence as to the impact of creativity, culture and the arts on public health. During his time at Manchester Metropolitan University he has developed strategic relationships with Arts Council England and the Department of Health and he represents the North West Region on the National Forum for Arts in Health. He sees the importance of popular culture in this agenda, in widening the participation of those who wouldn’t normally want to get involved in the arts. As a visual artist he worked in a hospital for people with learning disabilities for twelve years. He has managed a drop-in centre for people affected by schizophrenia. He was Senior Public Health Promotion Specialist for Morecambe Bay Primary Care Trust, specialising in Mental Health.

Nida MUSHTAQ
Member, Board of Directors, Youth Coalition for Sexual and Reproductive Rights

Nida MUSHTAQ has been advocating young people’s sexual and reproductive rights (SRHR) for last four years. Initially working with organisations such as World Population Foundation, Save the Children and Pakistan AIDS Control Federation, Ms MUSHTAQ is now involved in international advocacy for global as well as local youth groups and networks. Ms MUSHTAQ’s key areas of interest and experience in the SRHR field include: comprehensive sex education, youth empowerment and youth participation in health policy development. She is currently enrolled into a postgraduate programme at the University of Melbourne, Australia. Upon completion of her degree, she is planning to return to Pakistan and work on youth development through training and innovative approaches such as social enterprise.

R. Meenakshi SUNDARAM
Senior Outreach Manager, Aravind Eye Care System

R. Meenakshi SUNDARAM started his career at Aravind Eye Care Hospital in 1983 as an Outreach Administrative Assistant. Designated as a Senior Manager in 1988, Mr SUNDARAM is now responsible for situational analysis, planning, target setting, execution, monitoring and evaluation of community outreach programmes at Aravind. Mr SUNDARAM serves as one of the Faculty members of LAICO (Lions Aravind Institute of Community Ophthalmology) which provides training opportunities for eye care professionals. He is also a consultant to more than twenty eye hospitals in ten states of India and seven other countries (Nepal, Bangladesh, Malawi, Kenya, Cameroon, Egypt and China). In August 2008 Mr SUNDARAM was one of the presenters at the 8th General Assembly of IAPB (International Agency for the Prevention of Blindness), which took place in Argentina.
Videlin Penchev PISKOV, Bulgaria
Videlin is full of energy and is always ready to learn and experience new things (i.e., food, sports etc.). His favourite pet is the dog, and philosophy is part of his lifelong passions. He constantly tries to improve himself, in all instances possible.

Tep SOKUNVANNARY, Cambodia
Tep has a Bachelor’s Degree in Economic Development from the Royal University of Law and Economics, and is in her final year of Bachelor’s in Law. She is currently working as a Legal Officer at the Cambodian Federation of Employers and Business Association (CAMFEBA). Tep’s areas of interest include legal dimensions of health protection schemes and public health in the context of social protection.

Lenka MARINCOVA, the Czech Republic
Lenka lives in the South Bohemia but she is studying for a Master’s in International Development Studies in Olomouc, the North Moravia. Lenka’s main focus of interest is on public health perspectives in developing countries; environment and climate change and its impact on people, access to health services and stigmatising diseases. She quotes Antoine de Saint Exupéry’s The Little Prince: “Grown-ups never understand anything by themselves, and it is tiresome for children to be always and forever explaining things to them.”

Katrine PAYSEN, Denmark
Katrine is a 21-year-old political science and economics student from Denmark, currently residing in Stockholm, Sweden. She specialises in EU studies and is planning to finish her undergraduate programme in 2010. Katrine has broad international experience, having worked with a number of international NGOs focused on sexual and reproductive health, women empowerment and youth participation. She is a former board member of a political youth party from Denmark, which she has represented at several international conferences on health-related issues. Katrine enjoys good food, wine and dancing, and she is always interested in exchanging ideas and gaining new experiences with new people.

Timo UUSTAL, Estonia
Timo is a globetrotter who is allergic to tourists and does not mind roughing it, living on the edge while fitting in with the locals. Among friends he is known as the man “like an accordion” due to his wide range of talents, from photography to wood-carving, as well as his profound knowledge on various aspects of life.

Isabel Guasch PEYRON, France
Isabel is a very enthusiastic and original person. She’s a hard worker, loves sharing with people as much as being on her own. She has lots of different friends since she is an open-minded person who has travelled quite much and has had many different experiences along her trips. She loves reading and writing and her great passion in life is nature.

Andreas WIESE, Germany
Andreas studies at the European-Asian campus of the French university college Sciences Po Paris, having spent his childhood and youth in Germany. His daily activities at the campus aimed to deepen exchange between Europe and Asia are consistent with the mission of the Asia-Europe Foundation. Next year, he will pursue his studies at Peking University in Beijing. He organised the first Model Asia-Europe Meeting in the autumn of 2009. Andreas is also a British Council Global Changemaker.

Michail Dim. DRAKOMATHIOULAKIS, Greece
Michail came to this world in 1982, in Heraklion, Crete, Greece. He currently lives in Nicosia, Cyprus, where he works as a registered nurse in a big, private hospital. He has been involved in international youth work since his childhood (World Scout Movement, European Voluntary Service, Youth in Action Programme and many others). His main interests include non-formal education, health education, intercultural learning, human rights, peace education and conflict management.
Anna BARÁTH, Hungary
“When we least expect it, life sets us a challenge to test our courage and willingness to change; at such a moment, there is no point in pretending that nothing has happened or in saying that we are not ready. The challenge will not wait. Life does not look back. A week is more than enough time for us to decide whether or not to accept our destiny”. “When you want something, the entire universe conspires in helping you to achieve it”. “Be brave. Take risks. Nothing can substitute experience”. (Paulo Coelho)

Sumedh BELE, India
Sumedh earned his degree in Medical Studies from Nanjing Medical University, China. Originally from India, Sumedh was awarded a special scholarship from Maharashtra State Government, India to study in China. He has been living in China since 2004. Sumedh is interested in doing his masters in the field of public health. Apart from Medicine, his areas of interest include: international politics and Sino-Indian relations. Sumedh was selected as ‘Foreign Cultural Exchange Ambassador’ for the city of Nanjing, China. He likes to keep himself updated with the latest news from around the globe.

Yudi SISWANTO, Indonesia
Yudi is a very easy-going person. He likes meeting new people and exploring new worlds. Even though he is a doctor by profession, he is far from being stiff. Jeans and t-shirts are his favourite clothes. Ice-cream (especially chocolate-flavoured) is something he says he would die for! Still, rice is his favourite dish since he comes from the country where people eat rice for breakfast, lunch and dinner. Yudi enjoys photography and is fascinated by many interesting objects he sees around

Sarah Ann MURPHY, Ireland
Sarah is from Ireland and has been trying to think what she should bring for cultural night. She thinks whiskey is the most authentically Irish thing she can bring! And she is excited to participate in the programme and to come to Łódź.

Sanita KUKLIČA, Latvia
Sanita holds a bachelor’s degree in Political Sciences from Vidzeme University College and is studying for a master’s degree in Public Health at Riga Stradins University in Latvia. Her main areas of interest are medicine, healthcare and public health policy making and development, patients’ rights and history and culture, especially history and culture of Latvia. In her spare time she loves reading books or watching films. She is friendly and always happy to meet new and interesting people.

Simona KARPAVIČIŪTĖ, Lithuania
Simona holds a Bachelor’s degree in Rehabilitation from the Lithuanian Academy of Physical Education (LAPE). At present she is doing her master’s in Public Health at Kaunas University of Medicine in Lithuania and working at the LAPE at the department of Sports Management and Tourism. Her main interests include: mental health, holistic medicine, human rights, people with special rehabilitation needs, health globalization, foreign relations and sustainable tourism. She likes arts, travelling, listening to music, reading philosophy, meeting new people and experimenting with cooking.

Liew Yen YEE, Malaysia
Liew says he “may not make a good first impression, but will certainly leave a lasting final impression.”
ANNEX 3 PARTICIPANTS’ PROFILES

Zun Zar Chi NAINING, Myanmar

Zun Zar Chi says that she is a type of girl who is really quick and spontaneous in making decisions. She does not know how to pretend very well, so one can easily guess her emotions just by looking at her face. Unless, she is upset, most of the time Zun Zar Chi is smiling. And yes, she’s really funny and friendly. Even though she might seem a little bit cold or reserved when one first meets her but she is really a kind of person who is fun to be around!

Tim Jarno GOUDRIAAN, the Netherlands

Tim grew up amid loving family, cool friends and the Teenage Mutant Ninja Turtles. While obtaining his degree in Journalism, Political History and International Relations at the Utrecht University, Tim travelled, worked and studied in Asia, Europe, the Middle East and Africa. His main areas of interest are international law and politics, political philosophy, contemporary history, conflict studies, development cooperation, mass media, minority rights and travelling. He loves to boldly go where others have not gone before, enjoys a nuanced debate and Japanese pop music on Wednesday and Sundays.

Bilal MASOOD, Pakistan

Bilal has been an outstanding student of Master’s in Public Administration at the University of Karachi, Pakistan. He is working voluntarily as National Focal Point Pakistan for UNICEF Rural Voices of Youth. He has also been playing a vital role in Pakistani Youth Organization. Bilal proved his leadership qualities when he was elected as the Chief of Perfects at his school when he was only fourteen. Recently, The Nation Newspaper of Pakistan quoted Bilal as the “Young Voice of Pakistan”. He is an adventure lover, and passionate about travelling, and meeting people from diverse backgrounds.

Patryk KORPUS, Poland

Patryk is young, frank, and joyful. He studies International Relations, wakes up every day with his mind full of new ideas and concepts. It has been almost five years since he started his studies at the University of Łódź and although he has a wide range of interests, his main focus is on diplomacy in East Asia and security matters in the region. He foresees moving to Beijing to study for approximately half a year. In his free time, Patryk reads a lot and enjoys good music and meeting with his friends.

Małgorzata ŻOCHOWSKA, Poland

Małgorzata is a third-year student at the Faculty of Medicine, Medical University in Łódź. As a member of the International Federation of Medical Students’ Association (IFMSA), Małgorzata designed a project entitled: “Summer training for Disabled” and presented it at the 58th IFMSA General Assembly Meeting 2009 in Macedonia. In October 2009, she was elected President of the IFMSA-Poland local committee in Łódź. She has been a member of IFMSA-Poland Trainers’ Team since November 2009.

Kyungsun LEE, Republic of Korea

Kyungsun is a graduate student at Seoul National University (SNU). She holds a Bachelor’s degree in Chemical and Biological Engineering from SNU. At present, she is studying History of Science and is especially interested in science communication and public understanding of science. Kyungsun has been one of the British Council’s Climate Change Leaders since February 2009. Her current focus of interest is on global challenges in science and medicine that have a direct impact on society such as public health, climate change, biodiversity and sustainable energy.

Rodica IANOLA, Romania

Rodica is a graduate student in Quantitative Economics with a background in Business Administration and a profound fascination for human behaviour. She is a strong believer in an interdisciplinary approach to most subject matters, having a vivid interest in health economics, economic psychology and neuroscience. Going to theatre and reading good books over a comforting cup of tea are amongst Rodica’s favourite relaxation activities.

Jing Jing KOH, Singapore

Jing Jing loves to explore places and gather new experiences, being wanderlust at heart, as she believes that these will broaden her horizons and give her a better understanding of the world. Writing and designing also forms a big part of her life, and photography intrigues her too. She cherishes the support from her loved ones and they make her days’ worth living. Her personal mantra is “love life, and life will love you”.

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Marek PSOTA, Slovakia
Marek is a 22–year-old student of Public Health. Having studied for the past four years, he is now approaching the final year of his master’s degree. Marek would like to become a PhD student at the Faculty of Health Care and Social Work at the University of Trnava. In his future career he wants to focus on the issue of vulnerable groups and pursue in the field of epidemiology. In his spare time Marek likes reading, meeting new people, going out with his friends and travelling. Apart from being very enthusiastic about public health and medical science, Marek does not differ from an ordinary young man.

Maria José FERNÁNDEZ PENA, Spain
Maria is from A Coruña but she has been living in her beloved Madrid for five years now, since the beginning of her studies. She is doing a degree in Law at San Pablo CEU University and is also in her final year of studies in Political Science, with specialization in International Affairs, at Complutense University of Madrid. In addition, this year Maria began to learn Arabic. She enjoys meeting people from different cultures, travelling, watching films, and she loves summer days.

DO Viet Cuong, Viet Nam
Cuong was born and grew up in the ancestral land of Vietnam. He has just graduated from Foreign Trade University Vietnam (FTU), majoring in International Business Law and will launch his professional career as a Consultant of Legal Services at PricewaterhouseCoopers Legal Vietnam (PwC Legal) from the beginning of August, 2010. As a young person, he likes to take part in social and community activities which empower youths to develop their potential and allow them to play an active role in decision-making on matters that concern them.

THUY Linh Nguyen, Viet Nam
Linh is a student of Hanoi School of Public Health (HSPH). She will have graduated by 2011. Amongst her main fields of interest are Epidemiology, Demography, the risk factors among vulnerable groups, and Environmental Health. She loves reading comics, studying ancient history, travelling and learning about customs in different cultures. She believes that through participation in the 16th ASEF University she can broaden her horizons and deepen her knowledge on public health issues and challenges in the Asian and European perspective.

Patthrarawalai PHICHALAI, Thailand
Patthrarawalai is a sixth-year medical student at Chulalongkorn Medical School, in her hometown, Bangkok. Her upcoming graduation will be in March 2011. In 2008, she won first prize in the Stanford University Business Plan Competition, designing the project entitled “Corporate Social Responsibility for Poor Farmers Tomorrow: Alzheimer’s-Preventing Jasmine Rice”. She participated in the 4th Congress of the Asian Medical Education Association and the 5th Asia Pacific Medical Education Conference. Her current interest focuses on the public policy strategies to reduce health inequalities among underserved populations.
Useful Links

Asia-Europe Foundation (ASEF)  www.asef.org
ASEF University Alumni Network (ASEFUAN)  www.asefuan.org
Asia-Europe Meeting (ASEM)  www.aseminfoboard.org
16th ASEF University:
“Public Health and Vulnerable Groups: Access to Quality Health Care Services”
28 June – 10 July 2010, Łódź, Poland

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