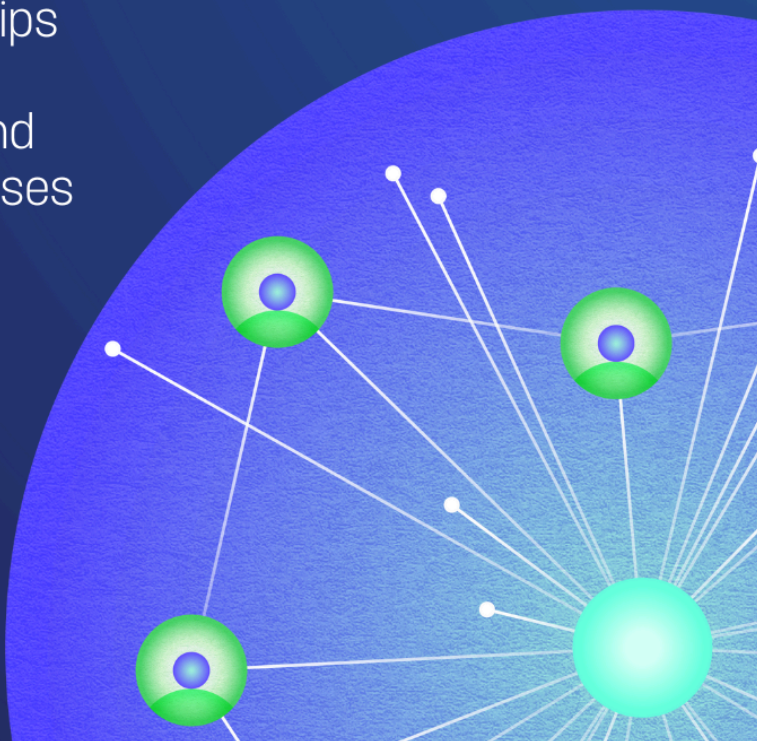
GLOBAL HEALTH CONNECTOR
FORMERLY ECHALLIANCE

Global Health Connector @ UNGA80 Event

OUTCOMES REPORT

Transforming Women's Health through Science & Sustainable Partnerships

Enabling Prevention of Obesity and Related NonCommunicable Diseases (NCDs) through Convergence



22-24 September 2025
New York, United States & Virtual

Introduction

Our world faces overlapping crises — from pandemics, conflicts and climate change to digital disruption and economic instability.

While remarkable progress continues across sectors, efforts too often remain fragmented. The health sector, though essential, frequently operates in isolation; science drives innovation but is undervalued in decision-making; finance is critical yet often detached from social and health priorities; and economic considerations are rarely central to policy design.

At Global Health Connector, we recognise that we can no longer work in silos. CollaborAction is a new term we coined, combining 'collaboration' and 'action' to emphasise improving global health through concrete action, not just talk.

Now more than ever, CollaborAction is essential to address today's complex global health challenges.

Conference attendees. Credits: Unsplash

What is Convergence?

Convergence represents a bold, systemic shift that unites health, science, finance, and the economy under a shared mission: global wellbeing and sustainable development.

We believe deeply in the power of convergence. That's why we hosted "Convergence: A Global Health Connector Session," a side event at the UN Financing for Development Conference (FfD4), in July 2025 in Seville, Spain, held as part of the conference's broader programme.

This session gathered experts and leaders across health, digital infrastructure, finance, and global science governance to explore the meaning, urgency, and implementation of practical pathways of convergence—bridging sectors that too often operate in silos and building a truly collaborative ecosystem.

Participants reached a clear consensus: convergence is essential, and it must happen across multiple levels. The discussion generated both a collective sense of urgency and a shared commitment to action.

The event aimed to spark a sustained dialogue around the institutional, financial, and scientific frameworks required to make convergence operational. It fostered strategic relationships, showcased innovative practices, and laid the groundwork for follow-up actions at the **United Nations General Assembly (UNGA)** in September 2025 and the **World Bank Spring Meetings** in April 2026.

Serving as both a catalyst and a connector, the session advanced a new paradigm where health, science, finance, and the economy are viewed not as separate pillars, but as interdependent engines of sustainable development.

Aims & Objectives: Implementing Convergence at UNGA80 Science Summit

Building on the momentum from the Seville event, we reached a major milestone with the Global Health Connector Convergence Event at the UNGA80 Science Summit, which took place between 22–24 September 2025 in New York.

This marked the start of a global movement to build a cohesive, collaborative ecosystem.
In partnership with ISC Global, the Society for Women's Health Research (SWHR), and our global community, we aimed to define concrete actions to make convergence a

reality and identify practical examples that demonstrate the power of CollaborAction to solve complex global health challenges.

This event was sponsored, including by Novo Nordisk. Novo Nordisk has provided sponsorship to Global Health Connector to help cover in part the cost of this summit. Novo Nordisk had no influence over the meeting agenda or arrangements.

At the UNGA80 Science Summit, we spotlighted two pressing global health challenges where convergence is urgently needed: **women's health** and **obesity**, respectively:

- **Day 1: Transforming Women's Health through Science & Sustainable Partnerships**
  In partnership with the SWHR, this session addressed the persistent gap between women's life expectancy and health expectancy – years lived with reduced quality of life due to disease or injury. We explored cross-sector strategies, from grassroots initiatives to international policy, to advance women's health research, education, and leadership.

- **Day 2: Enabling Prevention of Obesity and Related NonCommunicable Diseases (NCDs) through Convergence**
  Obesity is a major driver of other noncommunicable diseases and a critical global health challenge. This session dived into how convergence – across science, finance, health, and policy – can shift systems from reactive illness care to proactive wellness. We explored how multi-sector partnerships can unlock new funding, align with the SDGs, and deliver person-centred solutions.

Day 1 Overview—

Transforming Women's Health through Science & Sustainable Partnerships

Led by: Global Health Connector & Society for Women's Health Research

Speakers and participants at the event. Credits: SWHR

Introduction

Speakers: Bleddyn Rees (Deputy Chair, Global Health Connector) and Kathryn Schubert (President and CEO, Society for Women's Health Research; SWHR)

Global Health Connector (formerly ECHAlliance) officially launched under its new identity at this event, with Bleddyn Rees emphasising that "we are open for business, partnerships, and impact."

Kathryn highlighted that investing in women's health is not just about equity; it's a global imperative — it's about greater prosperity, productivity, and economic value around the world:

> *"Women spend 25% more of their lives in poorer health than men — a gap we must address. Closing this gap could add 75 million healthy life years annually (equivalent to 7 extra healthy days per woman each year) and unlock $1 trillion in global GDP by 2040."*

Key themes explored:

1. Establishing National Priorities to Advance Women's Health
2. Translating Innovation Across Borders
3. Data, AI, and Women's Health Insights — Special topics
4. Elevating Women in the Workforce
5. Leveraging Public–Private Partnerships for the Goals
6. Empowering Women at the Forefront of Community Care
7. Transforming Women's Health: Conclusions & Next Steps

1. Establishing National Priorities to Advance Women's Health

Moderator: Dr Irene Aninye (Chief Science Officer, SWHR)

Speakers: Ayodola Anise (Senior Director, Operations, Milken Institute Health), Angela Kaida, PhD (Scientific Director, Institute of Gender and Health, The Canadian Institutes of Health Research; CIHR) Deborah Loxton, PhD (Director, Centre for Women's Health Research, University of Newcastle Australia)

Ayodola Anise. Credits: SWHR

Global leaders shared their models for setting national priorities and building infrastructure for women's health, offering insights on how we can continue to prioritise women's health at a national level in our own context.

- **Ayodola** highlighted the urgent need to address the chronic underfunding of women's health, which receives only **4% of R&D investment**. She introduced the Milken Institute Women's Health Network, designed to unite health, finance, and philanthropy globally to drive innovation and equity. Ayodola outlined key

barriers — from fragmented care and lack of data to regulatory delays and limited awareness — and presented the network's goals to build a shared digital platform, launch investment funds, and develop targeted workgroups on regulation and reimbursement. Upcoming initiatives include a report on mammography access and global events in Asia and Mexico City. She concluded with a call for CollaborAction: *"If you want to go far, go together."*

- **Angela** described Canada's mandatory sex and gender analysis policy at CIHR as a key factor in improving research quality and equity. Since 2009, the policy has led to significant improvements in sex and gender integration which correlates with higher funding success. However, persistent gaps remain: published women's health research has declined, only **7% of funding targets female-specific health**, and most focuses narrowly on cancer and pregnancy. To address this, the new National Women's Health Research Initiative aims to broaden research scope, foster strategic partnerships, and build capacity among emerging researchers. Angela concluded, *"Better sex and gender integration is better science."*

- **Deborah** showcased Australia's 30-year longitudinal study as a model for shaping national policy, demonstrating its influence on national health strategies and policies covering reproductive health, mental health, chronic disease, and violence against women. With over 1,100 projects, 1,200 publications, and 215 government reports, the study provides high-quality, representative data accessible to researchers, underpinning policy evaluation and advancing women's health across Australia.

Calls to Action

- **Integrate sex and gender into all research** → Encourage researchers, funders, and institutions to embed sex and gender analysis across disciplines and research approaches (implementation, translational, AI).

- **Build sustainable cross-sector alliances** → Collaborate across health, finance, and philanthropy to sustain progress in women's health beyond political or funding cycles.

- **Ensure inclusion and equity** → Prioritise underserved populations (Indigenous, Black, newcomer/refugee, rural, LGBTQI+ women). Design accessible, compensated research participation and oversample underrepresented groups.

- **Close industry and funding gaps** → Increase venture capital and private investment in women's health innovations. Strengthen CollaborAction with Femtech to ensure products reflect women's health evidence.
- **Foster a cultural shift in research** → Promote awareness that integrating sex and gender enhances scientific quality and credibility. Empower "converted" researchers as champions of change.
- **Focus policy and funding on impact** → Align national priorities on unmet health needs, economic benefits, and partnerships that amplify women's voices in decision-making. Establish national women's health strategies.

Panelists concluded: investing in women's health is not just a **humanitarian imperative or a nice-to-have—it's also a business case and a huge economic opportunity.** It will save lives, reduce poor health and healthcare costs, and strengthen our societies, communities, and next generation.

2. Translating Innovation Across Borders

Moderator: Nicole Althaus (US Ambassador, Global Health Connector)

Speakers: Delali Attiogbe Attipoe, MB, MBA (North America Director, Drugs for Neglected Diseases initiative; DNDi), Dr Antonella Santuccione-Chadha, MD (Founder & CEO, Women's Brain Foundation), Zainab Shinkafi-Bagudu, MBBS (Founder & CEO; Former First Lady, Medicaid Cancer Foundation; Kebbi State), Zina Manji, MS, PharmD (Founder & Principal, Regulatory Strategist, Innopathwayz, LLC)

From left to right: Nicole Althaus, Delali Attiogbe Attipoe, Zainab Shinkafi-Bagudu. Credits: SWHR

- **Delali** highlighted the need for gender-inclusive research and equitable access to treatments for **neglected diseases**, which affect one in five people worldwide. Through DNDi's partnerships in Brazil, Colombia, and Kenya, she promotes safe trial participation for women (with Chagas disease, Leishmaniasis) without compromising reproductive rights. Delali called for **community-driven solutions** and cultural change to ensure that no woman is left

behind in health research. Her core message: *"No woman should have to choose between treatment and her reproductive rights."*

- **Antonella** urged prioritising women's brain health through research, policy, and education. She noted that women live about **nine more years in poor health** than men, with major global economic costs — closing the women's health gap could add **$250 billion from brain health**. Highlighting that conditions like Alzheimer's and depression disproportionately affect women, she called for expanding women's health beyond reproduction and for collaborative, sex- and gender-informed action. Her message: build evidence, raise awareness, and unite sectors to drive lasting change."The majority of patients with Alzheimer's, depression, anxiety, MS, and migraine are women."
- **Zainab** highlighted the urgent need to close gaps in women's healthcare, especially in **cancer prevention and treatment**. A pediatrician by training, she established a diagnostic centre and one-stop women's clinic to improve screening and follow-up care for breast and cervical cancers, which are prevalent in Nigeria. As a national and global health advocate, she emphasised that progress in women's health depends on coordinated action across awareness, access, treatment, and policy, with shared responsibility between government and civil society.
- With over two decades in global regulatory affairs, **Zina** now drives innovation through her consultancy and Ipso Facto podcast. She emphasised that true innovation in health must address real **patient needs, not just profit**, and that regulatory strategies must account for local standards, supply chains, and credibility across markets. Her core message: impactful global health innovation requires integrating science, patient experience, regulation, and policy — always keeping patients at the center.

Calls to Action

- **Empower local voices** → Support scientists, patients, and communities, especially in LMICs, to drive solutions that fit their contexts.
- **Embed inclusivity** → Integrate sex, gender, geography, and ethnicity into all research and innovation.
- **Center patient needs** → Ensure products are usable, accessible, and impactful across diverse populations.

- **Enable women's full participation** → Remove barriers to clinical trials while safeguarding reproductive rights.
- **Integrate science, policy, and community experience** → Connect discovery, regulation, and delivery for equitable access.
- **Invest in education and awareness** → Strengthen local capacity and health literacy alongside innovation.
- **Reform systems** → Accelerate regulatory pathways and include women's health expertise in decision-making.
- **Build cross-sector alliances** → Unite government, civil society, and industry for coordinated global action.
- **Expand the agenda** → Move beyond reproduction to address chronic and neglected diseases.

3. Data, AI, and Women's Health Insights — Special topics

Speakers: Siobhan Kelleher (Founder & CEO, OnaWave Medical), Roxanne Pero, MD, FACOG, FACLM, IFMCP (Medical Advisory Board Member, O Positiv Health), Ashley Szofer (Director, Alliance Development, Johnson & Johnson), Laura Sugam (Cencora), Professor Mark Lawler (Queen's University Belfast), Mary Lynne Van Poelgeest-Pomfret (President, World Federation of Incontinence and Pelvic Problems; WFIPP)

Siobhan Kelleher. Credits: SWHR

Experts pinpointed key gaps in women's health research and care, as well as the growing power of AI and machine learning as tools within the healthcare and research ecosystem:

- **Siobhan** emphasised that **AI can close health gaps** only if trained on **inclusive data**. Current datasets are biased and male-dominated, limiting progress in women's health. She showcased OnaWave Medical's non-invasive technologies capturing signals from sex-specific organs, with potential in fertility, endometriosis, prostatitis, and hormonal conditions. *"If we act, we can make precision health truly inclusive — built on data that serves everyone."*

- **Roxanne** revealed that two in three women no longer see an OBGYN regularly, leading to missed **prevention and education** opportunities. Many now rely on social media for health information, fueling **misinformation about menstrual health and menopause**—despite a booming $17B (peri)menopause supplement market. Through O Positiv Health, she works to bridge this gap by pairing credible science with accessible education.
- **Ashley** highlighted that women make up **70% of the global health workforce.** They face burnout, unsafe conditions, and limited leadership opportunities. With a **4.5M nurse shortfall by 2030**, urgent investment is needed. Through J&J's Care Community, up to 1M health workers receive mentorship and resilience training, alongside policy initiatives expanding mental health support. *"Women are at the heart of the global health workforce. Investing in women health workers strengthens global health for all."*
- **Laura** showcased CURE, an innovation campus uniting 25 companies to advance breakthroughs in women's health, AI, and gene therapy. With a focus on **equity, access, and speed to translation**, CURE drives CollaborAction to close funding gaps and move ideas faster from lab to life.

Professor Mark Lawler. Credits: SWHR

- **Mark** exposed major gender gaps in cancer research leadership: women hold only **10–35%** of senior roles in top research countries (despite equal numbers at early career levels), versus **45–50%** in parts of Eastern and Northern Europe with better support systems. This imbalance limits research quality and impact. The goal: **achieve 45–50% female leadership by 2028**: *"There are fewer female cancer researchers in leadership positions — and that's just not acceptable."*

- **Mary Lynne** advocates for patient rights and destigmatising conditions like incontinence and menopause. Despite 1 in 3 women experiencing leakage, shame and silence persist across cultures. WFIPP promotes holistic, cross-disciplinary care and leads global awareness efforts such as World Continence Week.*"We must break the silence around women's health and integrate it fully into healthcare systems."*

Calls to Action

- **Build inclusive data ecosystems for women's health** → Clean and diversify data to prevent AI bias, engage patient voices early.
- **Reinvest in preventive education for menstrual health and menopause** → Grassroots clinicians can drive change via community education outside traditional settings.
- **Prioritise women's safety, equity, and leadership in health systems** → Stronger advocacy and CollaborAction across pharma, nonprofits, providers, and policymakers is essential to advance global health access for all.
- **Boost women representation in senior research leadership roles** → Set national equity targets in research institutions, track transparent metrics for gender parity.

4. Elevating Women in the Workforce

Moderator: Dr Irene Aninye (Chief Science Officer, SWHR)

Speakers: Shirley Malcom, PhD (Senior Advisor and Director, SEA Change, AAAS), Roopa Dhatt, MD, MPA (Assistant Professor, Georgetown University Medical Center), Gabriela Rojas (Founder & CEO, Sin Reglas), Sarah Hendriks (Director of the Policy, Programme and Intergovernmental Support Division; PPID; UN Women)

From left to right: Roopa Dhatt, Shirley Malcom, Sarah Hendriks. Credits: SWHR

- **Shirley** highlighted that while women now outnumber men in medical schools, they remain underrepresented in leadership — which also affects workplace retention. She called for systemic, data-driven reforms to address bias and inequity, emphasising that **institutions — not individuals — must change**. Her SEA Change program adapts the Athena Swan model to drive structural progress in biomedical fields.
- **Roopa** introduced the **"four Ps" framework** — Power (leadership), Pay (address gender pay gaps), Protection (combat violence and harassment, including online), and Psychosocial Support (mental health for health workers, recognising multiple caregiving roles) — to guide systemic reform.

- **Gabriela Rojas** discussed the importance of improving **workplace policies**, providing caregiving support and destigmatising conversations about topics like menopause.
- **Sarah Hendriks** underscored that **equity is an economic accelerator, not a cos**t — noting that women's leadership improves health outcomes. She highlighted a leadership crisis in global health, with only **30% of health ministers** being women: *"The absence of women in decision-making, including in the health sector, is a **human rights** violation."*

Calls to Action

- **Fix systems, not individuals** → Align policy, funding, and accountability to address systemic bias and unpaid work.
- **Address the four Ps** → Address pay gaps, discrimination and microaggressions, promote women's leadership.
- **Address health and caregiving needs throughout all stages of women's lives** → Introduce caregiving systems and menopause policies to reduce the disproportionate burden on women.
- **Sustain and scale women's leadership and workplace equity** → focus on structural change, accountability, data, stories, collective action, human rights and business rationale to drive change

5. Leveraging Public–Private Partnerships for the Goals

Moderator: Nicole Althaus

Speakers: Julie Gerberding (President and Chief Executive Officer, Foundation for the National Institutes of Health; FNIH), Esther Ruiter (Head of Growth and Strategy, Africa Health Business)

Attendees networking. Credits: SWHR

Speakers discussed how to solve women's health with partnerships and CollaborAction:

- **Julie** described women's health as a "wicked problem" that requires a **quadruple-P model** — Public, Private, Philanthropic, and Patient CollaborAction. She shared evidence that every $1 invested in women's health yields a $3 social return, urging long-term integration of such programmes into national systems.
- **Esther** stressed that investing in women's health delivers high social and economic returns. She highlighted **public-private partnerships** (PPPs) as key for sustainable, locally embedded solutions, requiring cross-sector CollaborAction and placing women's health at the centre: *"**No "one-size-fits-all"**: PPPs must adapt to different country needs and priorities."*

Calls to Action

- **Build Relationships Early** → Engage all stakeholders from the start and identify mutual wins, build **trust** and make women's health **personal** when advocating to policymakers.
- **Embed Locally** → Ensure PPPs are integrated into national health systems for long-term resilience.
- **Use data and storytelling to drive change** → Combine statistics with personal narratives to influence policy and investment, use strong data systems to turn pilot programmes into national strategies, invest in global longitudinal studies.
- **Leverage Technology** → Encourage women students to learn AI, data science and partnership models as tools to enhance care.
- **Align with National Strategies** → Adapt projects to government priorities, especially amid donor pullbacks.

6. Empowering Women at the Forefront of Community Care

Moderator: Dr Irene Aninye

Speaker: Dr Toyin Ojora Saraki (Founder and President, Wellbeing Foundation Africa)

From left to right: Dr Irene Aninye, Dr Toyin Ojora Saraki, Brian O'Connor. Credits: SWHR

Toyin emphasised that midwives and community health workers are the foundation of maternal and newborn health. Key initiatives include investing in midwives, home-based health records, and community programmes on hygiene and digital midwifery. Innovative pilots like neonatal jaundice screening in Nigeria empower mothers and improve outcomes.

Universal, dignified care that respects all women is deemed essential. Empowering girls early builds demand for quality care.

"Investing in a midwife is a triple investment: in the midwife, the mother, and the newborn."

Calls to Action

- **Invest in midwives and community health workers** → Build professional, community-based healthcare and training. Strengthen primary healthcare into comprehensive clinics with skilled workers to reduce maternal mortality and let hospitals focus on specialised care.
- **Embed respectful maternity care in national standards** → Ensure high-quality, dignified care in all programmes for long-term impact.
- **Amplify women's voices through local–global CollaborActions** → Engage communities and stakeholders to shape solutions.
- **Support integrated public-private partnerships** → Develop sustainable, community-tailored programmes that strengthen supply chains and health systems.

7. Transforming Women's Health: Conclusions & Next Steps

Day 1 concluded with a shared commitment to turn insight into measurable change — advancing women's health equity through CollaborAction, investment, and innovation worldwide.

"We've moved beyond awareness. Now is the time for implementation, accountability, and impact." — Dr Irene Aninye

Attendees networking. Credits: SWHR

Shared Priorities

- ➔ Share new knowledge and insights with colleagues and potential partners to advance women's health
- ➔ Invest in efforts by funding and prioritising resources to address gender health gaps
- ➔ Commit to research sex and gender differences in disease and public health challenges unique to women
- ➔ Design policies that provoke transformative impacts across global, national, and local communities of women

Day 2 Overview —

The Power of Convergence: Enabling Prevention and Management of Obesity and Related NCDs

Led by: Global Health Connector

From left to right: Richard Eagleton and Bleddyn Rees

Introduction

Speakers: Bleddyn Rees (Deputy Chair, Global Health Connector) and Richard Eagleton (Business Impact and Growth Director, Global Health Connector)

The session explored **the role of convergence in preventing and managing obesity and related NCDs**. Bleddyn framed the discussion by highlighting the need for integrated approaches across sectors. Richard expanded on this by introducing our mission and the concept of CollaborAction, as collaboration translated into practical action.

> *"Convergence is about connecting the economy, finance, health, and science — areas too often kept in silos. We need to foster greater **C**ollabor**A**ction at regional, national, and international levels to drive integrated solutions."*— Bleddyn Rees

Key themes explored:

1. What is Convergence? The Integration of Health, Finance, Science & Economy
2. The Integration of Science: The Science of the Interconnection of NCDS.
3. The Integration of Health Systems and Primary Healthcare
4. The Integration of Policies: The Interconnection Between Obesity and other NCDs
5. Tackling Obesity and NCDs: Conclusions & Next Steps

1. What is Convergence? The Integration of Health, Finance, Science & Economy

Moderator: Brian O'Connor (Chair, Global Health Connector)

Speakers: Dr Rajendra Pratap Gupta (Founder, Health Parliament, India), Jean Philbert Nsengimana (Chief Digital Advisor, Africa Centres for Disease Control and Prevention), David Hawkins (Founder/Co-Founder, AIM4ALL), Adrian Johnston (Innovation Commissioner, Innovation City Belfast), Caroline Mbugua (Senior Director of Public Policy and Communications, GSMA), Dr Mariam Jashi (Global Board Member, UNITE)

Brian O'Connor

Day 2 opened with Brian introducing the concept of **convergence** — central to Global Health Connector's work. He emphasised its urgency and real human impact, inviting panelists to share examples where convergence is already driving change:

> *"I saw people working in silos, not speaking the same language. The world has changed—and that's why, through Global Health Connector, we chose to act to foster real **C**ollabor**A**ction across sectors."*

- **Jean-Philbert** stressed that **convergence begins with dialogue** between — each holding a "piece of the puzzle." He showcased Rwanda's National Health Intelligence Center and Kenya's Digital Health Superhighway as leading examples of this CollaborAction, noting that 18 more countries are now following suit: *"Convergence is no longer just a vision, it's the way to go — and it's happening."*

- **David** highlighted **outcomes-based financing models** to make innovative medicines more accessible. Through AIM4ALL, developed with the Scottish Government and UK ATTC Network, real-time data supports contracts linking payment to patient outcomes.

- **Caroline** underscored that **digitalisation is vital** for convergence and health equity **in Africa**, where 615M people lack healthcare access. With only 30% actively connected, she called for stronger infrastructure, interoperability, and national digital strategies to drive impact. *"Without digitalisation of economies, we cannot achieve true convergence."*

- **Adrian** outlined **Belfast's vision** to align academia, government, communities, and industry — the quadruple helix — to drive convergence through data, technology, and policy. With major recent funding for research centres and digital infrastructure, Belfast is becoming a **living lab for data-driven health innovation**, from clinical trials to healthy ageing.

- **Rajendra** reframed the discussion: **"Convergence for what?"** — the answer must be productivity, which depends on health. He called **obesity a "master disorder" and a symptom of systemic failure**, urging a shift from treating sickness to building systems that measure and promote wellness. *"If we build on a broken system, we'll just make a bigger one — it's time for a full reset."*

- **Mariam** noted that health systems make up 10% of global GDP and every $1 invested yields $4 in return. She warned that **current health planning is fragmented** and lacks the tools to link sectors effectively, despite lessons from COVID-19.

Calls to action

- **Innovate financing** → Develop data-driven, context-specific financing models to expand access and sustainability in healthcare, **prioritising outcomes over chasing funds**.
- **Invest in digital infrastructure** → Strengthen connectivity, digital literacy, and unified data systems to enable cross-sector convergence, reduce inequalities and improve health outcomes globally
- **Ensure ethical governance** → Implement strong data governance and public trust frameworks for population-level health solutions, ensuring ethical use of health data.
- **Reset health systems and collaborate strategically** → Shift from fragmented, reactive care to preventive, convergent approaches that address root causes of poor health. Foster multi-sector CollaborAction.
- **Leverage technology and AI** → Use AI and evidence-based tools to enhance policy efficiency, and support integrated health, economy, and policy planning.

2. The Integration of Science: The Science of the Interconnection of NCDS.

Moderator: Lars Hartenstein (Director of Healthy Longevity, McKinsey Health Institute, McKinsey & Company)

Speakers: Adam Wootton (Chief Technology Officer, Daiser), Professor Jeffrey Lazarus (Professor, CUNY SPH & ISGlobal), Professor Mark Lawler (Professor of Digital Health, Queen's University Belfast and Chair of the International Cancer Benchmarking Partnership), Joe Nadglowski (President/CEO, Obesity Action Coalition), Professor Ntobeko Ntusi (President and CEO, South African Medical Research Council), Charline Coquerel Couniot (Vice President, Communication & Advocacy, Novo Nordisk)

From left to right: Adam Wootton, Professor Jeffrey Lazarus, Joe Nadglowski

The panel delved into noncommunicable diseases and how they have a ripple effect on an individual's health:

- **Shifting Obesity: Intractable Issue to Treatable Condition**
  Lars first highlighted the global impact of obesity, noting **132 million healthy life years lost** annually and a potential **$3 trillion GDP impact by 2050**, with the fastest growth in low- and middle-income countries. He emphasised that while transformative drugs like GLP-1 offer benefits, the majority of people remain

metabolically unhealthy, so population-level prevention combined with treatment is essential. *"Most of us don't know our own metabolic health. Measuring and tracking it would help us deliver personalised solutions."*

- **Science's Role in Advancing Metabolic Health**
  Ntobeko highlighted five key determinants of obesity: biological, behavioural, environmental, socioeconomic, and cultural. **Cheryl** emphasised personalised treatment and intergenerational impacts. **Mark and Joseph** stressed following data over opinion and using science to combat misinformation. Implementation science was identified as underutilised, with **Jeffrey** noting the need to understand why patients don't adhere to therapy. **Adam** recommended leveraging digital tools and social media to empower communities and communicate science effectively. *"The issue is implementation— putting recommendations into practice. The entire area of knowledge translation is under-addressed in the scientific picture."* - Jeffrey

- **Translating Science into Policy**
  Mark observed that policy often prioritises economic data over clinical evidence. **Ntobeko** highlighted the importance of trust in science and partnerships to translate evidence into practice. **Jeffrey** noted policy lags behind disease prevalence, but availability of new medications can accelerate change.

- **Health Systems and New Treatments**
  Joseph underlined that innovation outpaces system capacity and emphasised wraparound care including nutrition, activity, and mental health. **Charlene** urged focus on transformative therapies and personal goals beyond weight loss. **Ntobeko and Mark** advocated integrated, holistic approaches addressing diet, mental health, environment, and inequalities, with universal access to obesity care.

- **Digital Health and Data**
  Adam stressed that data from wearables, EHRs, and consumer tech are fragmented; convergence is essential for patient-centered care. **Mars** recommended local government engagement, smart city approaches and local testbeds. **Jeffrey and Joseph** noted that digital data can correct provider assumptions and help reduce inequities. *"Innovations exist in many silos, but true value comes from convergence with the patient at the heart."*- Adam

- **Science Communication**
  Panelists agreed traditional communication targets peers, not the public, leaving space for misinformation. **Charlene and Joseph** suggested engaging influencers and science educators, while **Adam and Mar**k emphasised involving social scientists and community organisations. **Ntobeko** highlighted communicating lifelong cost-benefits of interventions.

Calls to Action

- **Turn science into action** → Use data, real-world evidence, and implementation science to translate research into practice and drive measurable impact.
- **Build evidence-based policy** → Ground decisions in data, not opinion, addressing commercial and environmental determinants of health.
- **Ensure equitable, holistic care** → Move beyond treatment to prevention and systemic, population-level strategies. Combine innovation with prevention, nutrition education, mental health, and universal access to treatment.
- **Unify digital health** → Connect fragmented data systems, promote data sharing, and use AI responsibly to support patient-centred, personalised, inclusive care.
- **Combat misinformation** → Strengthen trusted communication channels and country-specific strategies to counter false health narratives.
- **Communicate with care** → Use people-first language and collaborate with influencers and advocates to make science relatable and stigma-free.
- **Empower the next generation** → Integrate cooking, nutrition, and anti-bullying education in schools to build lifelong healthy habits.
- **Foster convergence** → Unite health, policy, education, and technology sectors to create resilient systems that prioritise prevention and wellbeing.

3. The Integration of Health Systems and Primary Healthcare

Moderator: Dr Irene Aninye (Chief Science Officer, SWHR)

Speakers: Amit Thakker (Executive Chairman, and Chairperson of Kenya Health Professions Oversight Authority, African Health Business), Dr Marius Geanta (President, Centre for Innovation in Medicine, Romania), Lisa Schaffer (Executive Director, Obesity Canada), Dr Bruno Halpern (President Elect, World Obesity Federation), Greg Perry (Director General, Global Self Care Federation), Sarah Le Brocq (Director, All About Obesity), Dr Michael Makunga (Executive Director of the European and Developing Countries Clinical Trials Partnership Association)

From left to right: Bruno Halpern and Lisa Schaffer

The panel examined how health systems and primary care can better integrate chronic care, highlighting best practices, key considerations, and areas for improvement:

- **Bruno** urged **global recognition of obesity as a disease**, noting that effective treatment could prevent up to 99% of type 2 diabetes cases. He called for respectful, accessible care, better professional training, clearer food labelling, and policies that make healthy food affordable rather than punitive. *"If obesity is not recognised as a disease, we cannot have real solutions. Proper treatment could prevent nearly all cases of type 2 diabetes."*

- **Lisa** highlighted Obesity Canada's leadership in recognising obesity as a chronic, complex disease and driving global change. She noted that despite universal healthcare, care remains fragmented, stressing the need for **system-level reform and CollaborAction.**

- **Marius** highlighted the limitations of top-down public health approaches and the need for **locally driven**, socially informed solutions. Through the 4PCAN project and Lărești Living Lab, his team engages over 130 stakeholders to study how obesity spreads through social networks and is often underestimated by families.

- **Sarah** presented All About Obesity, a UK non-profit dedicated to **changing the conversation** around obesity and improving support. She emphasised that obesity is a complex chronic disease shaped by biological, environmental, and social factors—not just individual choice. Her focus is on reducing stigma, promoting compassionate, patient-centred care, and facilitating equitable access.*"The biggest hurdle in addressing obesity is reducing stigma and raising awareness. "Eat less, move more" narratives discourage engagement with health services."*

- **Greg** highlighted **self-care** as a vital strategy to ease pressure on health systems by empowering individuals to manage their own health through non-prescription medicines, diagnostics, and digital tools. He called for wider pharmacy access and supportive AI solutions, emphasising the need to enable people — not shift full responsibility onto them.

- **Amit** warned that obesity is rapidly rising across **middle- and low-income African countries** and must be addressed early to prevent future crises. Leading efforts in over 30 countries, he advocates CollaborAction as key to building resilient, effective health systems across Africa.*"Middle-income and low-income countries are facing the brunt of these complex and chronic conditions, and obesity needs to be addressed now."*

- **Michael** highlighted Africa's dual burden of infectious and non-communicable diseases, including obesity, calling it a system—not lifestyle—issue. He advocated for integrated, people-centred primary healthcare, stronger workforce training, and context-specific research to build resilient, equitable health systems across Africa.

Calls to action

- **Formally recognise and treat obesity as a chronic disease** → Shift from blame to effective care by embedding obesity into health systems and policies.
- **Strengthen primary care and professional training** → Equip providers with the skills and empathy to deliver respectful, evidence-based care, focusing on health gains (and small personal wins) over weight alone.
- **Integrate prevention, treatment, and community action** → Adopt locally grounded, people-centred approaches that connect health, education, and social systems.
- **Empower individuals through access, self-care, and digital tools** → Support informed and affordable healthy choices, harness AI and digital health solutions, simplify food labeling, to promote personal health while easing pressure on healthcare systems.
- **Build CollaborAction and resilience across sectors** → Unite governments, academia, industry, and communities to deliver sustainable, convergent health solutions. Support implementation science, locally grounded interventions, and integrated management of NCDs and infectious diseases.
- **Reduce stigma and change the narrative** → Use people-first language, elevate lived experience, and replace blame with understanding.

4. The Integration of Policies: The Interconnection Between Obesity and other NCDs

Moderator: Brad Herbig (Senior Fellow and Director Health Data and Analytics, McKinsey Health Institute)

Speakers: Guilherme Duarte (Executive Director MD, UNITe), Mike Farrar - Interim Permanent Secretary, Department of Health Northern Ireland), Daniel Mora-Brito (Engagement Manager/Associate Director, Global Health, EMEA Thought Leadership, IQVIA), Amira Saber Qandil (Member of Parliament, Egyptian House of Representatives), Dr Jackie Kassouf Maalouf, Ph.D. (Vice President at the International Diabetes Federation IDF)

From left to right: Amira Saber Qandil, Dr Jackie Kassouf Maalouf, Daniel Mora-Brito, Guilherme Duarte

Brad highlighted the immense **global burden of NCDs**, with **46 million deaths annually and 750 million years lived in poor health**, noting obesity as a rapidly growing driver. Proven interventions could prevent 28 million deaths per year, add 400 million healthy life years by 2050, and boost global GDP by **$11 trillion**. He emphasised that 25% of the impact comes from outside healthcare—food systems, infrastructure, education, labour, and policy—underlining the **need for cross-sector CollaborAction**: *"Treat*

*health as an **investment, not a cost,** and move from commitment to coordination with governments, civil society, and public health leaders."*

The panel explored multi-sectoral policy plans for obesity and NCDs, focusing on the challenges and opportunities in aligning health with other sectors to mobilise funding and enable large-scale implementation:

- **Cross-Sector CollaborAction Around Obesity and NCDs**

  Mike noted that **vertically siloed governance** in Northern Ireland, common in many countries, hampers coordination of health spending across sectors. Despite some efforts to use health budgets for broader societal benefits, misalignment and divides between mental, physical, and social health persist. Strong leadership and mindset are essential to overcome these barriers.*"Our governance structures are designed vertically, but health spending is horizontal. That misalignment makes **C**ollabor**A**ction incredibly difficult."*

  Guilherme described **global health policy as often confused and inert**, with short political cycles and competing priorities slowing progress. He stressed that systemic inertia requires strong individual leadership and alignment of incentives across sectors.

  Jackie stressed leveraging **urgency and persistent advocacy**, combining top-down and **bottom-up approaches**. She highlighted successful policies including the UAE's National Nutrition Strategy, sugary drink taxes in Saudi Arabia and Bahrain, and Finland's integrated health policies, and noted local initiatives in Lebanon showing the importance of community action. She called for **moving from declarations to implementation**.

  Daniel highlighted the need for integrated, high-quality, and interoperable data, including lived experiences, to guide policy, research, and action. **Brad and Guilherme** called for **cross-sector integration and addressing social determinants** of health. **Mike** noted that joined-up data provides "a single version of the truth".

- **Allocation and Financing of Health Resources**
  Speakers stressed that government resources should support health broadly, guided by evidence, political will, and clear priorities. **Guillherme** highlighted parliamentarians' roles in budget allocation and lawmaking, stressing the need for **education on global health systems** and evidence-based decisions. **Daniel** called for understanding unmet needs through data, increasing domestic

investment, using innovative financing tools, and fostering cross-sector partnerships. *"Only 1–2% of global health aid goes to NCDs, despite their growing burden."*

Jackie emphasised shared responsibility, equitable investment that empowers community-level organisations, and the role of digital innovation. **Mike** warned that unsustainable health spending could overwhelm public budgets and highlighted **prevention, early intervention, and behavioural change** as cost-effective strategies, alongside innovative funding models.

Dr Jackie Kassouf Maalouf

On implementation, **Guillherme** recommended linking NCDs and obesity to prioritise cost-effective interventions, creating **tailored investment "menus,"** and adopting only innovations that deliver real value. *"We need to link NCDs and obesity and identify the most cost-effective interventions, as no single model fits every country."*

The session concluded that inclusive, evidence-based, prevention-focused investment across sectors, combined with accountability and strategic prioritisation, is essential for sustainable health impact.

- **Recognising Broader Economic and Social Returns of Health**
  Speakers highlighted that health improvements bring wide-ranging economic and social benefits often overlooked in budget decisions. **Mike** called for **aligning**

policy and practice with shared incentives that reward gains in education, mental health, and economic productivity, not just healthcare efficiency.

Jackie emphasised **co-designed, human-centered policies** connecting policymakers, professionals, and people living with diseases. **Amira** stressed **breaking silos** across health, education, city planning, and research, with political will and civil society engagement essential for holistic solutions.

CollaborAction between government, civil society, and industry, alongside equitable infrastructure, is key. **Daniel** highlighted including community voices in research to ensure relevance and equity, while **Jackie** noted policies must safeguard **continuity of care during crises** to protect vulnerable populations.

"We don't need more resources — we need smarter distribution."

Calls to action

- **Treat health as an investment, not a cost** → Move from commitment to coordinated action across governments, civil society, and public health.
- **Promote cross-sector CollaborAction** → Break silos and align incentives through "health in all policies" approaches.
- **Use data to drive decisions** → Develop obesity and NCD registries, integrate real-world and lived-experience data to guide policy and funding.
- **Implement cost-effective, context-specific interventions** → Identify "best buys" through economic and opportunity-cost analysis, focusing on prevention, early intervention, and behavioural change as proven, cost-effective strategies tailored to each country's needs.
- **Enhance resource allocation & financing** → Boost domestic and cross-sector investment using innovative, transparent, and equitable financing models that empower communities.
- **Integrate patient and local, community voices** → Co-design policies and research with communities. In addition to top-down policies, scale local successes through national CollaborAction for real-world impact.
- **Strengthen system resilience & preparedness** → Embed NCD and obesity care in primary care, plan for crises, and invest in workforce training and digital tools.

- **Foster long-term political will** → Build bipartisan, evidence-based policies with sustained, multi-year perspectives.

5. Tackling Obesity and NCDs: Conclusions & Next Steps

In conclusion, achieving sustainable progress against obesity and NCDs requires treating health as a shared societal investment — driven by cross-sector CollaborAction, data-informed action, and empowered communities. As Day 2 ended, speakers agreed that turning commitments into coordinated, measurable implementation is key to real-world impact.

Shared Priorities

➔ Treat health as an economic investment; prioritise prevention, early intervention, and workforce well-being to reduce long-term costs.

➔ Break silos between health, education, urban planning, and finance through aligned incentives and health in all policies approaches.

➔ Move from declarations to measurable implementation with data-driven task forces and accountability at all levels.

➔ Build interoperable, person-centred data systems combining evidence with lived experiences to guide equitable decisions.

➔ Scale local solutions, strengthen crisis preparedness, and use digital and innovative financing tools for sustainable, inclusive health systems.

Watch the full recording from our 2-day event:

Speakers' Remarks after UNGA80

Women's Health Crisis Demands Change

by **Dr Irene Aninye** (*Chief Science Officer, SWHR*)

"The health of women has been under-funded, under-valued, and under-appreciated far too long, perpetuating a gender health gap that requires global attention, CollaborAction, and investment. Women living with Alzheimer's disease, migraine, obesity, thyroid disease, lupus, sleep apnea, endometriosis, uterine fibroids, and much more — all face unique challenges that are frequently under-recognized by research communities, health care systems, government policies, and workplace leaders.

We, at the Society for Women's Health Research, have been working for more than 35 years to address this — to advance women's health through science, policy, and education while promoting research on sex differences to optimise women's health. We are grateful to participate alongside Global Health Connector and partners at the United Nations UNGA80 Science Summit and spotlight cross-sector opportunities to transform women's health, not only on a national stage, but a global one. It is only by working together — through intentional and sustainable partnerships — that we can close the gender health gap permanently. The Society looks forward to serving as a partner and resource in future conversations on these topics, to elevate and improve women's health outcomes across the world.**"**

Putting Liver Health on the NCD Map

by **Professor Jeffrey Lazarus** (*Research Professor at ISGlobal Public Health Liver Group, on behalf of the Global Think-tank on Steatotic Liver Disease*)

At a time when the burden of NCDs is climbing relentlessly, overlooking a condition that strikes more than one in three people — despite available solutions — is no longer viable. Chronic liver disease (CLD), especially due to metabolic dysfunction-associated steatotic liver disease (MASLD) and its more advanced form, metabolic dysfunction-associated steatohepatitis (MASH), is a public health threat at the very core of the NCD crisis. Yet liver health remains a blind spot in the global response.

The Public Health Liver Group of the Barcelona Institute for Global Health (ISGlobal), which hosts the Global Think-tank on Steatotic Liver Disease, is working to change this by promoting an integrated, preventative, and equitable approach to liver health — one that recognises MASLD/MASH as central to the metabolic health agenda. Our aim is to find the missing millions living with undiagnosed chronic liver disease, especially due to MASLD/MASH, and to help make sure that MASLD/MASH is recognised and included as a priority NCD following the United Nations Political Declaration on NCDs, which referred to the outdated name of non-alcoholic fatty liver disease.

To help drive this shift, the Global Metabolic Health Roundtable (GMHR) Series was launched to

expand a diverse, global community of practice connecting science, policy, and lived experience. Through regional dialogues and continued engagement with high-level policy events including the upcoming World Health Summit, the series aims to keep liver health firmly on the agenda as part of the collective effort to strengthen metabolic health and improve overall health outcomes.

Because making liver health visible is not just about one organ — it's about building healthier, more resilient societies.

Addressing Obesity through Primary Health

By **Dr Bruno Halpern**, *President Elect, World Obesity Federation*

When discussing global strategies for the prevention and control of noncommunicable diseases, we must not overlook obesity as a chronic disease in itself. This isn't just a matter of language — it's an imperative. Obesity should not be treated only as a risk factor, but as a disease that calls for a whole-of-society and lifecourse approach, with policies for prevention, diagnosis, treatment, and long-term care.

Obesity is linked to more than 200 health conditions, including leading causes of death like cardiovascular disease and cancer. Without decisive action, half the world's population will soon live overweight or with obesity. Yet, despite what science tells us, outdated ideas about willpower and personal responsibility still shape how society and even policy respond.

That is why integration matters. Addressing obesity through primary health care offers one of the most effective routes to prevent and manage NCDs. Primary care teams must be equipped to recognise, treat, and refer to people living with obesity using evidence-based care — delivered with dignity and without stigma. When someone seeks help, they should leave with a care plan, not just advice.

Educating healthcare professionals is key — not only about science and therapies, but also about communication. If we want integrated, effective responses, we must bring together all voices — especially those of people living with obesity—and ensure they are met with care, not bias.

Integration is how we move from individual willpower to collective political will—and deliver health for all.

CollaborAction at the Core of Tackling NCDs

By **Brad Herbig** (*Senior Fellow and Director Health Data and Analytics, McKinsey Health Institute*)

Noncommunicable diseases now account for more than 46 million deaths globally each year. But mortality alone doesn't tell the full story. These conditions account for nearly 750 million years lived in poor health every year, affecting individuals, families, and entire societies. And obesity, increasingly prevalent in both high- and low-income countries, is one of the fastest-growing drivers of this burden.

But here's the critical point: this is not inevitable. In our research at McKinsey Health Institute, we have found that if countries scale up access to proven, cost-effective interventions, we could prevent up to 28 million deaths every year and add nearly 400 million healthy life years globally by 2050.

The economic return is equally compelling. A healthier population is both more able to work and is more productive, which could add an estimated $11 trillion to global GDP by 2050.

And yet… action continues to lag. Why?

Because obesity and NCDs aren't just health issues — they're systemic challenges shaped by the environments we live in: our food systems, urban infrastructure, education and labor markets, and the policies that govern them. In our research, more than a quarter of the total health impact on NCDs comes from interventions centered outside the health sector.

The reality is clear: no single ministry, sector, or stakeholder can solve this alone. We need CollaborAction and financing across sectors and a commitment to seeing health not as a cost, but as an investment — one that improves lives and strengthens economies.

The Thomas Edison moment: Embracing the Power of Digital

By **Professor Mark Lawler** (*Professor of Digital Health at Queen's University Belfast and Cancer Lead of the Global Health Connector Ecosystem)*

The global healthcare workforce is at breaking point. Unless we address this urgent challenge, we risk a healthcare catastrophe. Previous work indicated that 4 of 10 European cancer healthcare staff were burnt-out, while 3 of 10 had symptoms of clinical depression. Unprecedented numbers of health professionals are leaving the sector. Recruiting ourselves out of this crisis will not work.

The solution? Embrace the power of digital. Whether it be the Thomas Edison moment in May of this year, when every person in Northern Ireland could access their healthcare record, catapulting ourselves up to rival Estonia at the top of the Digital Premier League table. Or the results of our evaluation of the London Care Record (LCR), a digital shared care record, which links patient information from 10 million people across London.

Our results are impressive. Since its introduction, the LCR has achieved £4.6M savings per month, £137M overall. More critically, in the context of the health workforce, this "go-to" digital tool also saved significant health professional's time - up to 109,166 hours per month, equivalent to 57.3 fixed term staff. This equates to a saving of up to 1,668 full-time equivalent staff since the LCR was introduced, emphasising its potential to help solve the workforce challenge.

Our data unequivocally show that digital not only saves money, crucially it saves time, the precious time of health professionals, empowering them to work directly with the patients, while digital takes over the tasks that distract healthcare professionals from their vital interactions with their patients. The study also highlights how the LCR enabled safer, faster and more joined-up care, including supporting safer prescribing of medications and quicker hospital discharges. Make no mistake –the future of healthcare is decidedly digital!

Conclusions & Next Steps

Firstly, we extend our sincere thanks to all our speakers, attendees, and sponsors.

Many of us attend events regularly and often encounter similar messages. While this report contains numerous valuable **Calls to Action**, these will have limited impact unless acted upon. Without implementation, the same calls risk being repeated at future events. Therefore, Global Health Connector is committed to translating these calls into concrete, actionable steps.

Our next steps for **CollaborAction implementation** are:

1. **March 2026 – Barcelona:** At the Digital Health Summit within GSMA's Mobile World Congress, we will launch a **Global Cancer Ecosystem** with a clearly defined Vision, Mission, Guiding Principles, and Action Plan. This initiative will also advance our ongoing **Convergence** efforts.
2. **Later in 2026:** We will launch a **Global Women's Health Ecosystem**, following the same approach as the Cancer Ecosystem.
3. **Global Flagship Events:** We will actively promote the Calls to Action across our Global Health Connector Flagship Events worldwide.
4. **Ecosystem Engagement:** We will share our Calls to Action with our 90+ Ecosystems, encouraging discussion and CollaborAction on implementation, with progress updates to be presented at **UNGA81** later in 2026.

If you would like to support our implementation efforts, please contact Laura-Maria Horga at laura@globalhealthconnector.com.