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# FOREWORD

## Addressing the challenges of non-communicable diseases and injuries in Latin America and Asia-Pacific countries

The disease burden related to non-communicable diseases and injuries (NCDIs) is strongly correlated with a country's income status and within each country there are similarly strong socioeconomic gradients, with those experiencing the highest levels of socioeconomic hardship being the most affected.<sup>1-8</sup> At the individual and household level, agency and capabilities to confront these challenges not only depend on education and financial means to deal with NCDIs but also on the physical and social environments where people live.<sup>9</sup> The political economy and policies enacted both within and outside the health system influence the extent to which different populations are reached and frequently there is a large equity variation in who benefits from these policies. For example, dealing with obesity in more affluent communities requires different policy responses to those needed when prevalence rises in poorer communities.<sup>5,6,10-15</sup> All this to say that politics and context heavily influence health system responses to NCDIs. In this regard, it is essential that innovations reflect a diversity of contexts and multi-country partnerships are key to supporting this.

Countries in the Asia Pacific and Latin American regions have well established bilateral and multilateral partnerships in diplomatic, trade, and economic circles. Embedded in these agreements is a focus on knowledge exchange and shared research agendas.<sup>16</sup> However, in public health, there have been far fewer opportunities for knowledge exchange, and much work is needed to foster greater regional collaboration for the mutually

beneficial goal of establishing a mature evidence base for health system strengthening policies. Considering the robust academic environments of higher education institutions and research centers in both regions, the opportunities for collaboration are greater than ever.

Reflecting the dynamic public health research environment, this supplement was convened by three institutions, the *Instituto Nacional de Salud Pública* (INSP) in Mexico, the *Centro de Excelencia en Enfermedades Crónicas* (Cronicas) at *Universidad Peruana Cayetano Heredia* (UPCH) in Peru, and The George Institute for Global Health with offices in Australia, China, India and the UK. Our motivation is to establish equitable research collaborations and provide a platform for knowledge exchange amongst health research institutions in the Asia-Pacific and Latin American regions. It forms part of the commemoration of INSP's 35th anniversary, the 65 years of the journal *Salud Pública de México* and the Centennial of the Mexican School of Public Health.

Our intention was to provide ample room for knowledge exchange amongst partners working in NCDIs with a particular focus on equity and underserved populations including indigenous groups. We commissioned research that spans all areas of service delivery from primary care to health policy. The common challenges faced by diverse health systems reported in this supplement are being addressed by innovative approaches that reflect the specific contexts in which the authors reside. The result is a breadth of topics examining population health interventions (salt substitutes to

prevent and tackle hypertension and road safety), health system strengthening (digital health research, physical rehabilitation), research partnerships to improve care delivery (stroke), and the impact of care delivery on the environment (kidney health), as well as methodological innovations (use of process evaluation to understand the contextual influence of innovations).

We hope that this initial knowledge exchange activity will stimulate further exchange both in this journal and in other fora. Partnerships are essential for sustainable development, as indicated in Goal 17 of the Sustainable Development Goals.<sup>17-20</sup> Indeed, the global target 17.16 calls to “enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of sustainable development goals in all countries, in particular developing countries”.<sup>17</sup> Partnerships require several forms of interaction, communication, and mutuality.<sup>21,22</sup> The Swiss Commission for Research Partnerships with Developing Countries (KFPE) describes eleven principles for partnerships: 1) set the agenda together, 2) interact with stakeholders, 3) clarify responsibilities, 4) account to beneficiaries, 5) promote mutual learning, 6) enhance capacity, 7) share data and networks, 8) disseminate results, 9) pool profits and merits, 10) apply results, and 11) secure outcomes.<sup>23</sup>

The Covid-19 pandemic has challenged the previous view that in-person activities are the only way to establish partnerships by accelerating hybrid and online venues for scientific communication. In this vein, and building on the KFPE partnership principles, many of the teams and authors who have published in this supplement are taking advantage of these new ways of working.<sup>24</sup> We hope to contribute to familiarizing the Asia-Pacific and Latin American research communities with the wealth of expertise and experience available in our countries and provide alternative ways to enhance and drive South-to-South mutual learning and cooperation.

*Declaration of conflict of interests.* The editors declare that they have no conflict of interests.

J. Jaime Miranda,<sup>(1,2)</sup>

Eduardo Lazcano,<sup>(3)</sup>

David Peiris.<sup>(2)</sup>

<https://doi.org/10.21149/13825>

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