

2ND INTERNATIONAL PATIENT SUMMIT

7-8 MARCH
THE PARK HOTEL, NEW DELHI



SUPPORTED BY





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EXECUTIVE SUMMARY

THE 2ND INTERNATIONAL PATIENT SUMMIT (IPS 2)

held on **March 7–8, 2025** in **New Delhi**, served as a landmark platform for advancing the conversation on health, climate change, and patient-centered action in the Asia-Pacific region. Organized under the theme “*Health, Climate, Community: Uniting Stakeholders for Action*,” the summit brought together over **600 registrants**, including more than **130 in-person participants** from **33 countries**. The diverse audience featured patient advocates, policymakers, public health professionals, academics, and industry leaders—each committed to shaping resilient and inclusive health systems in the face of growing environmental challenges.

Jointly hosted by **PAIR Academy** and **DakshamA Health**, the summit built on the foundation laid by the inaugural 2023 event. IPS 2 emphasized not just the urgency of climate-linked health risks, but also the central role of patient leadership in shaping meaningful solutions. More than 100 patient advocates participated actively in discussions, demonstrating that lived experience is a form of expertise critical to transforming systems and policies.



Over the two days, the summit featured a *series of high-level panel discussions* addressing a range of pressing topics—from universal health coverage and chronic disease management to mental health, digital health equity, and climate-responsive infrastructure. Conversations underscored how community data, local leadership, and technological innovation are essential to both preparedness and accountability. The active participation of speakers from the **Ministry of Health and Family Welfare, Government of India**, and the **World Health Organization** further validated the summit’s relevance on the global health agenda.



IPS 2 also marked an important milestone in regional coalition-building, providing a space for academics, civil society actors, and policy influencers to align ahead of key global moments such as UNHLM 2025. Perhaps most significantly, the summit centered the voices of those too often excluded from formal policymaking—affirming that health systems of the future must be shaped not just for patients, but with them.

As the climate crisis accelerates, IPS 2 stands out for its commitment to turning dialogue into action, and community engagement into collective strength. It reaffirmed that **patient-led, climate-smart solutions are not just possible, but urgently needed**.

**All quotes are paraphrased or synthesized from audience contributions to reflect the themes raised during the event.*

ACKNOWLEDGEMENT

The organizing team of the 2nd International Patient Summit (IPS 2) expresses heartfelt gratitude to all the individuals and organizations who made this event a success.

We extend our sincere thanks to our industry partners—MSD, Novartis, Roche, and Sanofi—for their steadfast support and commitment to patient-centered innovation. We also deeply value our knowledge partners, including Vital Signs Asia, IIHMR Delhi, IIPH Delhi, and Amity University Noida, for their academic contributions and thought leadership.



DR. RATNA DEVI
DIRECTOR, PAIR ACADEMY

A special word of appreciation goes to the volunteers and university representatives, whose enthusiasm and dedication powered the seamless execution of the event.

We are grateful to our co-organizers, PAIR Academy and DakshamA Health, for their tireless efforts in ideation, planning, and implementation.

We would also like to recognize the esteemed presence and contributions of Dr. Fauzia Khan, Hon'ble Member of Parliament (Rajya Sabha), and Dr. Thahirahtul Asma Zakaria, Ministry of Health, Malaysia, for their inspiring addresses.

Our sincere thanks to the Ministry of Health and Family Welfare, Government of India, and the World Health Organization for deputing expert speakers whose insights were invaluable.

Lastly, we thank Syncline for their dependable audio-visual services, which enabled high-quality, hybrid participation and engagement.

OVERVIEW OF THE EVENT

The 2nd International Patient Summit, held in New Delhi on March 7-8, 2025, gathered over 600 registrants and more than 130 in-person attendees from 33 countries. Over 100 patient advocates participated alongside health professionals, academics, policymakers, and industry representatives.



SHRENIK SHAH
CANCER SURVIVOR & ADVOCATE

OBJECTIVES:

- Bring attention to the health impacts of climate change across the Asia-Pacific.
- Showcase regional best practices and patient-led advocacy.
- Facilitate multi-sector collaboration and capacity building.
- Promote community-level preparedness and digital health solutions.

The event focused on a cohesive **One Health** approach, amplifying patient voices and addressing the intersecting impacts of climate change on health, especially in the Asia-Pacific region.

The summit emphasized meaningful engagement, multi-sector collaboration, and innovative health responses rooted in patient-led advocacy.



OUR ESTEEMED GUESTS

- Dr. Thahirahtul Asma Zakaria, Ministry of Health, Malaysia
- Dr. Fauzia Khan, Member of Parliament (Rajya Sabha), India
- Rehan A Khan, Managing Director, MSD India Region

HIGHLIGHTS

The 2nd International Patient Summit commenced with a welcome address and lamp lighting ceremony, setting the tone for a collaborative and patient-centric event.

OPENING KEYNOTE – DAY 1

Dr. Asma opened the summit by drawing attention to the inseparable link between climate change and health outcomes, especially in vulnerable populations. She presented Malaysia's policy approach to integrating climate resilience into disease control and urged countries to adopt One Health frameworks that cut across sectors. Emphasizing the need for early warning systems, localized data, and mental health preparedness, she advocated for national health systems that are proactive, not reactive.



Dr. Thahirahtul Asma Zakaria

Public Health Physician, Disease
Control Division, Ministry of Health,
Malaysia

"We must ensure that climate resilience is embedded not only in policies, but also in our people and our primary healthcare systems."



Dr. Fauzia Khan

Hon'ble Member of Parliament
(Rajya Sabha), India

SPECIAL ADDRESS – DAY 1

In her special address, Dr. Khan emphasized the disproportionate climate-health burden borne by developing nations and underserved communities. She highlighted the importance of regional solidarity, patient-led advocacy, and inclusive policy design. Calling for a shift from consultation to co-creation, Dr. Khan urged government bodies to recognize patients as partners, not beneficiaries. She also underscored India's role in catalyzing global health discussions ahead of platforms like UNHLM 2025.

"Patients should not have to fight to be heard—they must be centered at the table, from policy to practice."

KEYNOTE – DAY 2

Mr. Khan's keynote focused on the role of public-private partnerships and innovation in enabling equitable access to healthcare. He highlighted examples where industry has worked collaboratively with government and civil society to accelerate solutions—particularly around digital health and rare disease access. He stressed the importance of long-term trust-building with patient groups and shared the experience in working alongside communities rather than above them.



Mr. Rehan A. Khan

Managing Director, MSD India
Region

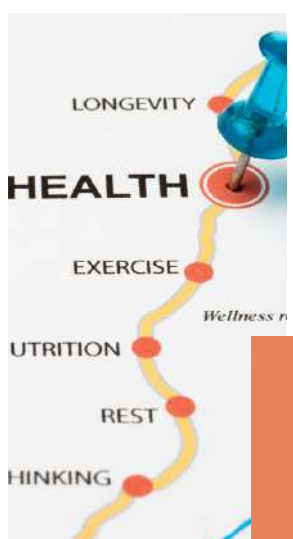
"True impact comes when we stop seeing patients as end-users and start seeing them as co-designers of health systems."

DAY 1 IN REVIEW: CONFRONTING THE REALITIES, REIMAGINING THE RESPONSE

The first day of IPS 2 laid bare the escalating burden of climate-exacerbated illnesses—ranging from respiratory and cardiovascular conditions to rising cancer risks. Experts and advocates across four panels offered a sobering yet solution-oriented view of the current health landscape, highlighting both systemic gaps and areas of opportunity.

In the opening session, panelists unpacked the increasing disconnect between health infrastructure and the climate reality, particularly in under-resourced regions. Dr. Pushp Bajaj pointed to the compounding effect of air pollution and heatwaves on fragile populations, while Smitha Sadhasivan emphasized the exclusion of persons with disabilities from emergency preparedness plans. The call for inter-departmental collaboration and integration of psychosocial support into disaster response was echoed across the session.

Panel 2 focused on chronic lung diseases, with speakers like Dr. Harshal Salve and Prachi Kathuria stressing that COPD remains heavily stigmatized and mismanaged despite being India's second leading cause of death. Panelists proposed pathways involving digital tools, improved patient education, and recognition of the role of civil society in bridging awareness gaps.



Cardiovascular diseases, the focus of Panel 3, were discussed not just as a medical crisis but a policy failure. Dr. Monica Arora noted that preventive services remain underfunded, while Ram Khandelwal advocated for mass community screenings. Anu Gomanju, speaking from personal experience, emphasized that patients are often strongest as advocates but are rarely invited to policy tables.

In Panel 4, the conversation shifted to cancer disparities. From delays in diagnosis to unequal access to clinical trials, the panel laid bare the inequities that persist despite advancements in cancer care. Dr. Urvashi Prasad spoke candidly about being misdiagnosed despite her awareness and access—highlighting that even privileged patients fall through the cracks when systems lack sensitivity.

REFLECTIONS FROM THE FLOOR

Several audience members engaged actively during Q&A segments, offering powerful insights and questions:

- One participant asked, “Why is mental health still treated as a postscript in healthcare responses? Isn’t trauma part of health too?”—prompting a discussion on embedding mental health into primary care.
- A young caregiver from Nepal shared her frustration with the invisibility holistic rehabilitative services for people living with chronic non-communicable diseases.
- A physician from Jharkhand posed a tough question to the cancer panel: “If we know the rural cancer burden is rising, why are all clinical trials still urban-centered?”—drawing applause and a call for decentralization.
- Multiple patient advocates requested the creation of a central multi-lingual resource bank where credible health data can be accessed by communities and care providers alike.

The room carried an undeniable energy—one of urgency, but also of possibility.





TOPICS DISCUSSED:

The panelists discussed the following topics:

- Universal Health Care in a complex world with changing climate and lifestyles- Is there a place for all?
- Health System Resilience in Climate Change- WHO guidance to countries
- Climate induced rise in diseases. Innovations and technologies to address climate-related health challenges
- Co-Benefits of Air Pollution Control and Climate Adaptation in Advancing Universal Health Coverage

PANEL 1:

Chair: **Dr. D. Praveen**, Director, Primary Healthcare Program, The George Institute for Global Health, India

Co-Chair: **Dr. Rajiv Kumar Jain**, Chair, Scientific Committee on Education and Training in Occupational Health

Panelists:

- **Smitha Sadhasivan**, Senior Advisor on Inclusive Health Policy, Disability Rights India Foundation
- **Faustina Gomez**, Technical Officer Climate Change and Health, WHO SEARO
- **Dr. Pushp Bajaj**, Program lead, Climate Resilience, CEEW
- **Dr. Pallavi Joshi Lahari**, Assistant Professor (II), Amity Institute of Public Health and Hospital Administration, Amity University, Noida

KEY TAKEAWAYS:

- Meaningful engagement with patients to ensure community preparedness at the grassroots level.
- Need for digital interventions and research for evidence generation to assist with the discovery of intervention points.
- Cross-sectoral Collaboration and Co-benefit approach for mitigation of climate-induced health issues into public health policy to promote "One-Health".
- Inclusion of influence of malnutrition, safe drinking water, and mental health when discussing impacts of environment on health.

Climate and Health — Crafting a Unified Response to Universal Health Coverage



Smitha Sadasivan

Senior Advisor on Inclusive
Health Policy, Disability Rights
India Foundation

"For people with disabilities or those living with NCDs, health inaccessibility is not the only barrier. Lack of proper healthcare infrastructure, need for sensitization of HCPs toward the patients' needs, as well as availability of holistic services, are some of the priority areas to be tackled".

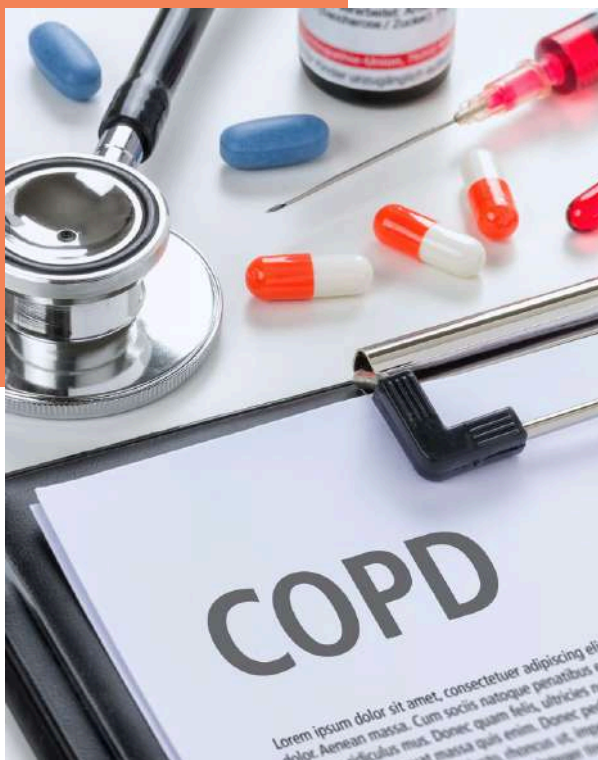


*"Major challenges that policy makers & implementers face in the region are limited **field level evidence-based data**, making it difficult for the governments to adapt to the needs of the population. There is an urgent need for multi-stakeholder collaboration, and the integration of digital tools, to ensure system preparedness."*

-Faustina Gomez, Technical Officer
Climate Change and Health, WHO
SEARO



-Dr. Pushp Bajaj, Program lead,
Climate Resilience, CEEW



TOPICS DISCUSSED:

The panelists discussed the following topics:

- Impact of climate change on Chronic Lung diseases – India's roadmap to mitigate COPD
- Empowering Voices – The Role of Patient Advocacy and Community Support in COPD Care
- Care continuum pathway for COPD patients
- Innovative Health Solutions – Enhancing Access to COPD Care in a Climate-Challenged World

PANEL 2:

Chair: Dr. Abhinav Vaidya, Chair SEAR, NCD Alliance

Co-Chair: Dr. Manas Pratim Roy, ADG, (MPR/NCD) Directorate General Health Services, GOI

Panelists:

- **Dr. Harshal Ramesh Salve**, Additional Professor, Centre for Community Medicine, AIIMS, New Delhi
- **Prachi Kathuria**, Lived Experience Advocate, NCD Alliance
- **Dr. Sabarinath Ravichandar**, Associate Professor, SRM Medical College, Chennai
- **Dr. Ashok Behera**, School of Pharmaceutical & Populations Health Informatics, DIT University, Uttarakhand, India

KEY TAKEAWAYS:

- Focus on COPDs when creating awareness of the harm of smoking.
- Translation of research into communication: Availability of technical information in a format understandable and actionable by the community and common man.
- Acceptance of Integrative medicine: yoga, dietary changes, etc. for sustainable management of illnesses.
- Change should start from within: making small changes in daily habits.
- Ensuring care continuum pathways for patients who are already suffering from COPD.
- Integrating **One Health** into all departments and policies.

The Toxic Link: Climate Change and the Catalysis of Chronic lung diseases



"In today's world, when COPDs are responsible for the 2nd highest death toll in India, it is imperative to integrate Health into all conversations, be it air pollution, climate change, substance abuse, or lifestyle choices.

*Inter-department collaborations and multi-stakeholder partnerships are the way to go to implement **ONE HEALTH**".*

-Dr. Manas Pratim Roy, ADG, (MPR/NCD) Directorate General Health Services, Ministry of Health, Govt. of India

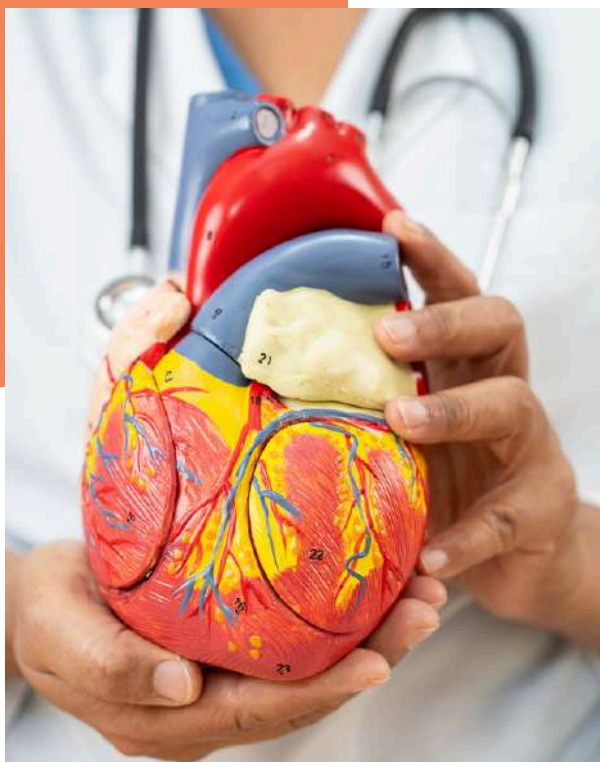
"For people in developing nations, along with progress, comes the reality of compromised living situations due to severe environmental pollution".

"At times like this, it is essential to build civilian capacity to make small changes in lifestyle, increase health literacy, and advocate for their body".



- Dr. Sabarinath Ravichandar, Associate Professor, SRM Medical College, Chennai

- Dr. Harshal Ramesh Salve, Additional Professor, Centre for Community Medicine, AIIMS, New Delhi



TOPICS DISCUSSED:

The panelists discussed the following topics:

- The impact of climate change on CVDs including heat stress and air pollution: Policy implications for integrated response to reducing burden of CVDs
- Solutions for early screening and post-treatment management – opportunities and challenges
- The 2025 UN High-Level Meetings on NCDs – Is Asia-Pacific ready?
- Exploring the power of Lived Experiences in CVD care

PANEL 3:

Chair: Dr. Krishna Reddy, CEO, Access Health International

Co-Chair: Manvir Victor, Founder, Vital Signs Asia

Panelists:

- **Dr. Ahmar Tarique**, Senior Consultant Cardiology, Medanta Hospitals
- **Ram Khandelwal**, CEO, Heart Health India Foundation
- **Dr. Monica Arora**, Executive Director HRIDAY, President NCDA
- **Anu Gomanju**, Vice-Chair, Global Alliance for Rheumatic and Congenital Hearts (Global ARCH)

KEY TAKEAWAYS:

- Integration of experts and people with lived experience into policy making to ensure credible and holistic approach to advocacy and resource generation.
- Leveraging stories of Lived Experiences for awareness generation.
- Need for uptake of preventive lifestyle habits to combat risk factors of CVD.
- Awareness generation amongst civilians on importance of regular check-ups and early diagnosis for timely interventions.
- Need for an online repository of information to act as an all-inclusive credible source of information: multi-lingual and cross-regional.

The Hidden Health Crisis: Living with Cardiovascular Diseases



"When analysing the current healthcare landscape, one can see that the system is equipped to take care of people once they have fallen ill, as opposed to promoting preventive therapies and ensuring people practice healthy living-to not fall ill in the first place.

Beyond the healthcare system, every individual also has the responsibility to educate themselves regarding healthy practices, be aware of the healthcare services and resources available to them, and learn to advocate for themselves when navigating the system".

-Manvir Victor, Founder, Vital Signs Asia



PANEL 4:

Chair: Dr. Pragya Shukla, HOD, Clinical Oncology, Delhi State Cancer Institute

Co-Chair: Ranjit Pritam Kaur, Board of Directors, Reach to Recovery International

Panelists:

- **Dr. Suman Karanth**, Senior Consultant Oncology, Fortis Gurgaon
- **Dr Seema Pai**, Director Clinical Site Operations – India Cluster (India, South Africa & SubSaharan Africa, Pfizer Limited
- **Dr. Urvashi Prasad**, Lung Cancer survivor, Ex Director Niti Ayog

TOPICS DISCUSSED:

The panelists discussed the following topics:

- Personalised and Advanced Therapies – The Future of Cancer Care
- Access to clinical trials- Are patients a part of the process?
- Ensuring Equitable Access – Strategies for Cancer Prevention and Treatment in Vulnerable Populations

KEY TAKEAWAYS:

- Inclusion of and access to early diagnostic tools for timely interventions.
- Inclusion of preventive vaccination policies in the public health system.
- Education and capacity building of HCPs regarding the latest research, diagnostic tools, and treatments.
- Inclusion of ground-level research and statistics by PAGs and civil society to support evidence-based policy making.
- Sustainable financing for a wider range of cancer treatment therapies.
- Inclusion of holistic treatment (psychological, nutritional, yoga, etc.) and personalized treatment plans.
- Multistakeholder collaboration between patients, HCPs, researchers, policy makers, and industry.

Equitable Cancer Prevention and Management. Addressing disparities through multistakeholder interventions



"Resources should be put into building capacity of not only the patients, but also of the HCPs to encourage empathetic and meaningful engagement between a patient and the healthcare system.

When a person gets diagnosed with cancer, the mental toll can often leave them in shock. At times like this, a healthcare professional should be aware of the patients' needs and basic questions they may want addressed".

-Ranjit Pritam Kaur, Board of Directors, Reach to Recovery International

"We are living in a world where cancer is a very well known and researched disease. Even so, someone like me who is a non-smoker, has no family history of the disease, struggled with a diagnosis. Even with all my education and access to resources, I was initially misdiagnosed. One can only imagine in a vast population like ours, how many people don't even find out what they are suffering from. At times like this, we realise how important health literacy is".

-Dr. Urvashi Prasad, Lung Cancer survivor, Ex Director Niti Ayog



DAY 2 IN REVIEW: VOICES, VULNERABILITIES, AND THE VISION AHEAD

Day 2 of the 2nd International Patient Summit delved into the human face of climate-induced health disruptions—mental health crises, rare diseases, communicable threats, and the evolving relationship between patient groups and industry. The panels illuminated how vulnerability is not a fixed category, but a condition shaped by access, inclusion, and empathy.

The first panel of the day, the mental health panel, spotlighted a long-neglected dimension of climate impact. Prof. Nand Kumar called for embedding counselors within healthcare setups, while Deepika Dahima cautioned against tokenism: “Mental health should not be a checklist that gets ticked off.” Mugdha Barik urged for greater attention to the needs of young people, reinforcing that mental health must be integrated across care continuums, not treated as an isolated domain.

In the next panel, rare diseases’ session, Dr. Ratna Dua Puri stressed the importance of fast-tracking access to diagnostics and therapies, especially in states like Rajasthan and Kerala which have taken policy-level steps. Ritu Jain and Manjit Singh highlighted how community-driven support networks often compensate for systemic neglect. The discussion made it clear: without strong patient registries, research cannot be equitable or effective.



The panel on communicable diseases linked climate variability to emerging threats, particularly antimicrobial resistance. Dr. Ranga Reddy Burri warned that climate-fueled sanitation failures could exacerbate AMR trends. Sonal Mehta and Manoj Pardeshi demanded a seat at the table for people living with HIV, arguing that they are not passive recipients of care, but frontline defenders in health resilience.



TOPICS DISCUSSED:

The panelists discussed the following topics:

- The Forgotten Epidemic – Bringing Mental Health to the Forefront in Climate-Related Health Discussions
- Improve reach and access for vulnerable populations
- Mental Health Act- How can governments ensure health policies that include wellness and happiness.
- Fostering Mental Health and Empathy in the youth: Building Resilience for a Better Future
- Addressing Rising Depression and Anxiety Among Young People

PANEL 5:

Chair: Prof. Nand Kumar, Prof. In charge ICMR CARE in Neuromodulation for Mental Health, Department of Psychiatry, AIIMS ND

Co-Chair: Priti Shridhar, CEO, Mariwala Health Initiative

Panelists:

- **Dr. Yutaro Setoya**, Team Lead, NCDs and Comorbidities, WHO India
- **Narendhar R**, Executive Director ARDSI
- **Dr. Nimesh G Desai**, Independent Consultant in Psychiatry and Public Mental Health, Former Director, IHBAS Delhi
- **Deepika Dahima**, Counselling Psychologist, Mental Health Foundation India
- **Mugdha Barik**, Youth Mental Health Advocate, Founder "Let's Talk"

KEY TAKEAWAYS:

- Leveraging teleconsultation and digital health tools to improve accessibility of mental health services to people.
- Destigmatisation of mental health ailments via gender neutral awareness campaigns.
- Inclusion of mental wellness in schools/ universities curriculum.
- Capacity building of Counselors for engagement with people living with NCDs and other chronic illnesses.
- Need for embedding counselors in healthcare set-ups for holistic care and post treatment rehabilitation.
- Inclusion of youth in mental health discussion.

Mental Health and Climate Change Double Jeopardy

"When we talk about health, it is important to note that mental health is at the core".

-Prof. Nand Kumar, Prof. In charge ICMR CARE in Neuromodulation for Mental Health,
Department of Psychiatry, AIIMS ND

"The mind is often forgotten when talking about climate change, NCDs, etc., however psychosocial disabilities are one of the biggest emerging risks in the contemporary world".

- Priti Shridhar, CEO, Mariwala Health Initiative



"We need more meaning-driven conversations than motive-driven conversations. Mental health should not be a checklist that gets ticked off".

-Deepika Dahima, Counselling Psychologist, Mental Health Foundation India

"When we talk about advocating for mental health, we often overlook the needs of those whom we do not understand. It is important to give a voice to the youth, to those living with chronic illness and to every such person who may not be critically ill, but is still struggling".

-Mugdha Barik, Youth Mental Health Advocate, Founder "Let's Talk"





TOPICS DISCUSSED:

The panelists discussed the following topics:

- Access to medicine and diagnostics, challenges and innovative solutions for accessing advanced treatments
- Role of robust health systems in navigating rare diseases
- Role of community in creating support networks that connect rare disease

KEY TAKEAWAYS:

- Need for the development of a comprehensive patient registry to fast-track access to therapy.
- Improving education and awareness of Rare Diseases.
- Building infrastructural capacity to amplify screening and research capacities.
- Multi-stakeholder dialogue to ensure real-life ground-level representation of data and patient stories when making policies and exploring sustainable financing methods.
- Leveraging the experiences and reach of PAGs and Civil Society Organizations to spearhead public health interventions.
- Utilization of digital tools to ensure accessibility and equity.

PANEL 6:

Chair: **Ritu Jain**, Secretary, RDI Council, Rare Disease International

Co-Chair: **Dr. Ratna Devi**, CEO, Dakshama Health; Founder, Indian Alliance of Patient Groups

Panelists:

- **Dr. Ratna Dua Puri**, Senior Consultant and Chairperson, Medical Genetics and Genomics, Sir Ganga Ram Hospital
- **Shalaka Parab**, Co-Founder, Pulmonary Hypertension India
- **Manjit Singh**, Hon President, Lysosomal Storage Disorders Support Society, India
- **Dr. Lokesh Kumar Agrawal**, Senior Medical Officer, Medical & Health Department, Government of Rajasthan, Jaipur

Rare Diseases: Navigating New Challenges in Healthcare



"The Rare Disease Landscape is very complex due its nature and prevalence. That being said, the last 5 years have been monumental in bringing rare diseases to the limelight in terms of funding, prioritization, research and innovation. All these have been possible, not only because the government think-tanks, hospitals, research institutes, and industries came together to create patient registries and fast-track research, but the Patient Advocacy Groups and people living with Rare Diseases verociously advocated for the cause and brought the voice to the table"

-Ritu Jain, Secretary, RDI Council, Rare Disease International

-Dr Ratna Devi, CEO, DakshamA Health

-Dr. Ratna Dua Puri, Senior Consultant and Chairperson, Medical Genetics and Genomics, Sir Ganga Ram Hospital





PANEL 7:

Chair: **Sonal Mehta**, Vice President gender and diversity, ECHO

Co-Chair: **Manoj Pardeshi**, General Secretary, National Coalition of PLHIV in India (NCPI+)

Panelists:

- **Dr. Ranga Reddy Burri**, President - Infection Control Academy of India
- **Dr. Bhuvnesh Shrivastava**, Director Healthcare, US India Strategic Partnership Forum
- **Dr. Nimesh G Desai**, Independent Consultant in Psychiatry and Public Mental Health, Former Director, IHBAS Delhi
- **Anupama Srinivasan**, Assistant Director, REACH India

TOPICS DISCUSSED:

The panelists discussed the following topics:

- Climate Change and Antimicrobial Resistance (AMR) – A Growing Threat in Low-Income Communities
- Role of Vaccines as a prevention strategy for new and emerging infections
- Combating climate change and new infections- Empowering Communities for lasting change

KEY TAKEAWAYS:

- Destigmatization and Awareness generation of symptoms, transmission, and preventive means of communicable diseases.
- Adaptation of all-inclusive vaccination programs in public healthcare systems.
- Research and Awareness of impacts of community level adverse health trends such as AMR on vulnerable population.
- Need for inclusion of mental health services for people living with STDs, STIs and similar stigmatized conditions.
- Capacity Building of people with lived conditions to represent themselves in multi-stakeholder discussions and communitylevel interventions.

Climate Change and Communicable Diseases: A MultiStakeholder Perspective

"When we were discussing the nitty-gritties of policies around communicable diseases in India, we had bureaucrats, policy makers, civil societies, etc. participating and advocating for their priority. In all those discussions, one thing was missing. The voice of the person with lived experience. When we talk about communicable diseases, the cycle always starts with someone living with the disease. So this is a very important education for all the stakeholders – when we talk about people living with communicable diseases such as HIV, they are not part of the problem, they are the solution. They are the front line of defense, which is why health literacy, destigmatization, and capacity building of patients and their advocates is so important".

-Sonal Mehta, Vice President, gender and diversity, ECHO

-Manoj Pardeshi, General Secretary, National Coalition of PLHIV in India (NCPI+)

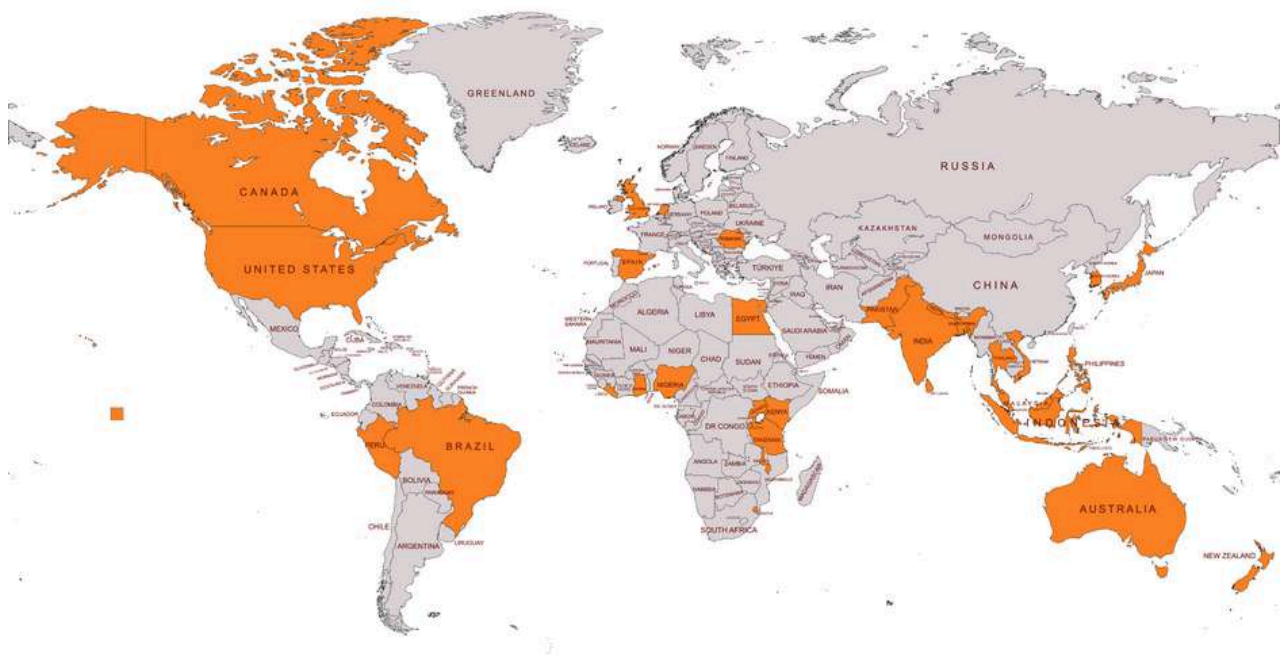


THE WAY FORWARD:

As the climate-health crisis deepens, the 2nd International Patient Summit has shown that meaningful change is possible when patient voices lead and stakeholders unite. The conversations and collaborations initiated at IPS 2 do not end here—they form the groundwork for long-term partnerships, region-specific advocacy, and a shared vision for equitable health systems across the Asia-Pacific. With global milestones like UNHLM 2025 on the horizon, IPS 2 participants are now better equipped to shape health narratives that are inclusive, sustainable, and future-ready. We thank every attendee, partner, and supporter for joining us from across the globe and being part of this collective journey. Together, we move forward.

PAIR Academy and Dakshama Health remain committed to building this momentum into actionable outcomes—through policy dialogues, community engagement, and a growing network of patient leaders.

*The final reflection was poignant: “This summit has reminded us that **inclusion** is not about inviting someone to the room—it’s about letting them **lead** the conversation.”*



33 countries | 100+ patient advocates



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