



Charité Berlin World Health Summit

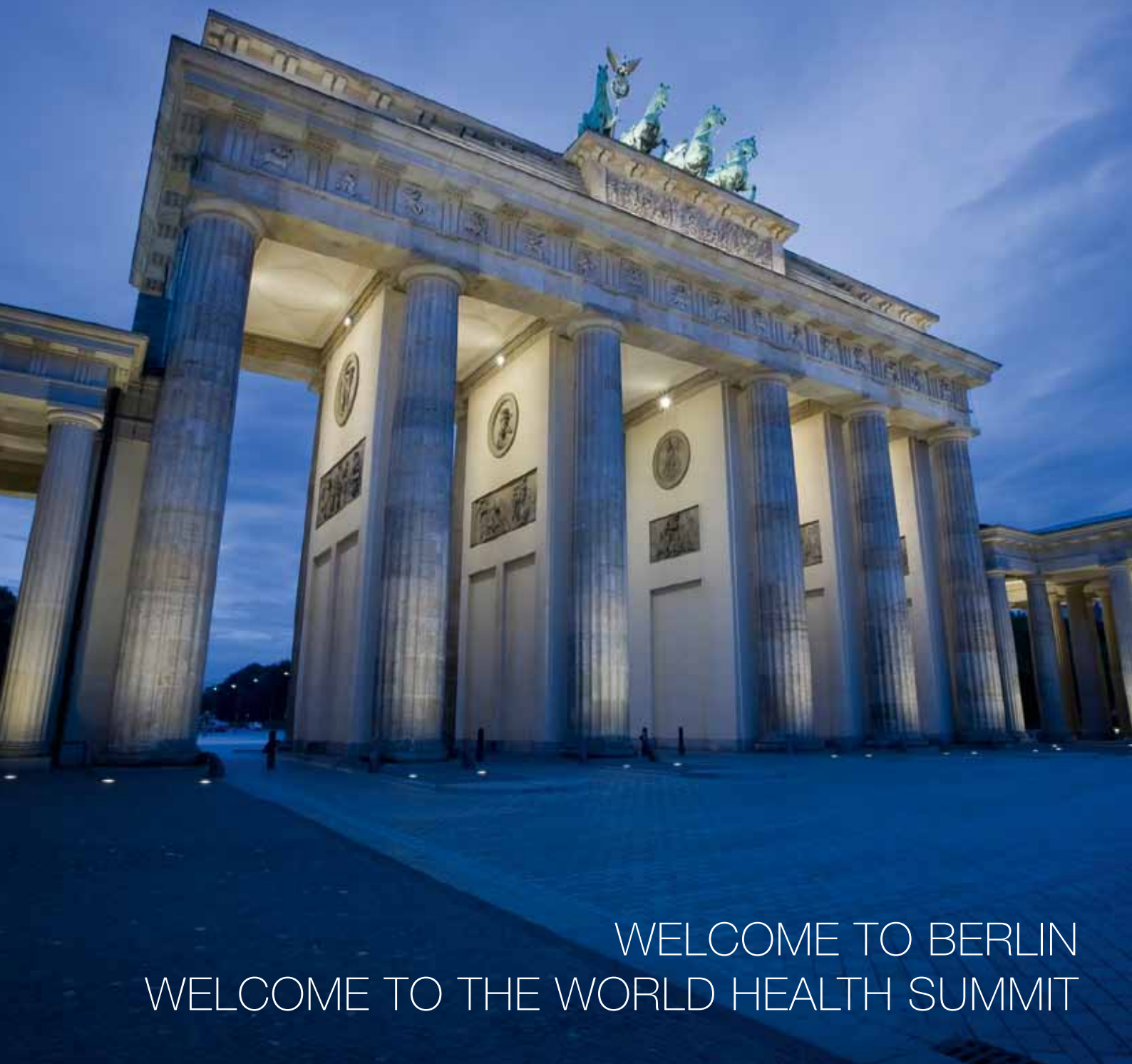
The Evolution of Medicine

Berlin, Germany

October 14th - 18th, 2009

www.worldhealthsummit.org

Summit Program



WELCOME TO BERLIN
WELCOME TO THE WORLD HEALTH SUMMIT

Table of Contents

Mission Statement10

Partners.....12

Leadership & Committees16

General Information18

Press & Media19

The M8 Alliance.....20

The World Health Summit & Pfizer Award21

Program Overview22

Satellite Symposium: Evolution and Diseases of Modern Environments25

Summit Program: Wednesday, October 14th.....31

Summit Program: Thursday, October 15th.....41

Summit Program: Friday, October 16th.....69

Summit Program: Saturday, October 17th103

Summit Program: Sunday, October 18th133

Venue Floorplan.....150

Berlin City Map & Local Transport Map.....154

Partner Profiles156

Index166

Organization170



Charité Berlin World Health Summit

The Evolution of Medicine | October 14th - 18th, 2009 | www.worldhealthsummit.org

Welcome Message | Dr. Angela Merkel



Dr. Angela Merkel
Chancellor of the Federal Republic of Germany

Everyone's wish is to become and stay healthy. While medical research has already made major advances in disease prevention, diagnosis and therapy, many questions remain unanswered, and constant changes in living and environmental conditions give rise to new issues. For example, along with the ageing of society, the increasing frequency of "lifestyle diseases" such as diabetes, heart problems, circulatory ailments and rheumatism pose new challenges to health care.

These changes lead to a number of questions: How can successful prevention be ensured from childhood onwards? What innovative therapies and strategies exist to combat epidemics and new health risks? How can we fund medical progress, and what forms should national health systems take? In a globalized world these issues no longer respect national borders. If we want to seek and find good and stable solutions, it is clear that we can only do so together rather than in isolation.

For this reason I am very pleased that this year, for the first time, the Charité – Universitätsmedizin Berlin, together with the Université Paris Descartes and other international partners, are holding the World Health Summit in Berlin. For five days numerous experts and guests from around the world will discuss current and future challenges facing medicine and health care. I wish everyone, including the organizers, an informative and successful conference.

Under the High Patronage of Nicolas Sarkozy, President of the French Republic, and Angela Merkel, Chancellor of the Federal Republic of Germany

Welcome Message | Nicolas Sarkozy

Europe is facing new geopolitical realities. The challenges in the fields of energy supply, climatic change, innovation and health care, if dealt with appropriately, will allow Europe to sustain its global competitiveness. In light of these trends and changes, it is necessary to create ideal conditions to facilitate joint discussions towards developing and offering aligned political, economic and scientific solutions for the well-being of the European citizens.

The World Health Summit organised by the Charité – Universitätsmedizin Berlin in cooperation with the Université Paris Descartes is a perfect example of what Europe needs. It offers necessary elements ensuring its appeal and influence in the medical world and beyond. The World Health Summit is part of the “M8-Alliance”, a group of internationally prestigious medical faculties. This initiative represents an opportunity to bring together politicians, public and private decision-makers dedicated to the health of our citizens.

For me personally it is a pleasure to support the Charité – Universitätsmedizin Berlin and the Université Paris Descartes in organising and coordinating such an event. I wish the World Health Summit global success. The World Health Summit confirms the commitment of France and Germany to Europe in accordance with the Lisbon Strategy.



Nicolas Sarkozy
President of the French Republic

Dear Friends Dear Colleagues



Detlev Ganten
Axel Kahn

It is our great pleasure to invite you to the first annual World Health Summit, which will take place October 14th-18th, 2009 in Berlin, Germany.

The World Health Summit will be the forum to bring together an international array of eminent researchers, physicians, and representatives of government, industry, and health care systems. What is common in other sectors today such as the economy and in the field of technology is lacking for medical practice, research, and health care systems. As a global forum, the World Health Summit will address those health related issues which challenge us as physicians, scientists, political leaders and those employed in the health care industry. We need cogent and timely responses to the urgent questions arising from world-wide demographic trends, the financing of medical progress and innovation, the understanding of the potentials of medical research and health economy, and to emerging medical issues. Among these are health-related consequences of climate change, international pandemic strategies, and the impact of the financial crisis on global health and health care.

The time is right to start this initiative now. We are in the midst of a severe financial crisis under conditions of global interdependency. The relatedness of economic stability and national and individual health is well known. We have to face the consequences that lie ahead. However, as the world's health sector we represent one of the most stable economic forces. We have to be aware of this potential and the responsibilities which go along with it. We face a rapid development of new technologies and at the same time a closer inter-relationship between medical research and economic forces and technology. We must confront many complex questions: how much medical progress can our health care systems cope with and what are the consequences and implications of that progress? Health is on the public agenda more than ever in the history of mankind but what can we afford? We draw upon and benefit from human and material resources from all over the world – but how can we best sustain and regenerate these valuable and necessary assets?

The World Health Summit has the full support of the French and German governments which initiated this forum. At this time, we invite governments and people from across the globe to join this venture and to establish a platform which will set the broad agenda for future medical research and for structures of health care for all.

The World Health Summit coincides with the 300th anniversary of the Charité – Universitätsmedizin Berlin, whose famous researchers such as Robert Koch and Rudolf Virchow have greatly contributed to the advent of modern medicine. To ensure the success of this meeting, we ask you to join us in this quest as we face the challenges, search for answers, and develop a vision of global proportions.



Prof. Dr. Detlev Ganten
Summit President
Charité – Universitätsmedizin Berlin



Prof. Dr. Axel Kahn
Summit President
Université Paris Descartes

Ladies And Gentlemen



Karl Max Einhäupl

I welcome you to the 1st World Health Summit and to the Charité – Universitätsmedizin Berlin.

Progress in medical care and medical research is developing with enormous speed. Pharmacotherapy and molecular medicine are moving towards a personalized approach opening new possibilities to tailor treatment to individual needs; modern neuroscience has opened the way to a completely novel understanding of diseases of the brain as new IT-based technology allows microsurgery and remote telemedical patient care systems.

Scientific progress is costly. New possibilities bring along new obligations to distribute the results of medical progress to every patient. The question remains urgent and open if and how we can afford an equal translation of progress to all parts of the population. Today health-care is the largest sector of Germany's gross domestic economy. At the same time, the financial crisis and macroeconomic factors such as an aging population and insufficient public funding emerge as growing challenges for health care providers and for society in general. Robust models of partnership between the private and the public sector will be the basis for the innovative power of medicine and scientific development. These will be crucial for the translation of new insights to the people in need of them. Otherwise, the huge potential of medical progress remains far from being sufficiently realized.

We need new models of promoting and insuring health, and for delivering care. This task can only be solved by joint effort of those who produce medical progress, those who pay for it, those who market health and those who develop political and economic strategies for health care and research.

We have established the World Health Summit as a global medical forum, together with many partners from governments, industry and non-governmental organizations worldwide. It is in our common interest to solve the questions which arise by medical progress in a globalized world. We need to clarify the prerequisites for continuing our scientific work and for delivering its fruits to society.

The M8 Alliance of Academies, Universities, and Health Centers, is a network of highly prestigious medical institutions which will be inaugurated at the 1st World Health Summit. The M8 is a strong international academic platform with the mission to deal with the scientific, political, and economic issues of the World Health Summit together with stakeholders from politics and industry at the national, European and international level.

With its integrative character, the World Health Summit is established to have an advisory role for governments, business, policy makers, and health-care professionals.

The World Health Summit will also mark the starting point for the celebrations of the Charité's 300th anniversary. For three centuries, this institution has been the breeding ground for many a milestone of modern medicine. With this proud tradition of innovation, the World Health Summit shows that the Charité retains its role at the forefront of medical progress.

Welcome to the 1st World Health Summit, welcome to the Charité, welcome to Berlin,



Prof. Dr. Karl Max Einhäupl
Chief Executive Officer
Charité – Universitätsmedizin Berlin

Vision

Improving medical research and individual health care worldwide.

Purpose

Health and wellbeing are not only of the highest importance to both the individual and societies, they are also a fundamental human right. Governments and international institutions should integrate health and health care into their societal and political agendas and policies to ensure that health is regarded as a public good that must be achieved equitably and to the highest attainable level. To reach this goal, all stakeholders need to cooperate closely to effectively address global health challenges.

Coinciding with its 300-year anniversary, the Charité – Universitätsmedizin Berlin, in partnership with the Université Paris Descartes, has stepped into this void and is organising a high-level international conference, the World Health Summit, to be held in Berlin on October 14 - 18, 2009. This event will bring together researchers, physicians, leading government officials and representatives from industry as well as from non-governmental organizations (NGOs) and health care systems. Its aim is to address the most pressing issues that medicine and health care systems will face over the next decade and beyond and to develop cogent and timely responses regarding the health of populations worldwide. The Summit's results and recommendations will serve political, economic, and health care decision-makers with their advice and function as a roadmap for the future. As a global medical forum, the World Health Summit aims at high visibility and sustainability.

Challenges

Medical progress and success in achieving equitable access to health care and preventive interventions are threatened by unsolved and newly emerging problems such as:

the demographic shift to an ageing society; climate change and its health consequences; new types of epidemics, such as obesity, mental ill-health, and violence and injury, in developed and developing countries, in addition to the still raging epidemics of HIV, TB, and malaria; the rising costs of health care; and the worldwide economic crisis and its serious threats to the health of populations across the globe.

There is an urgent need to start a global debate on how best to tackle these challenges.

At the same time, the rapid progress of medical science and technology opens up exciting possibilities for diagnosis, therapy, and prevention with the potential to improve health, security, and economic stability worldwide. In practice, though, the mechanisms to facilitate and evaluate the implementation of innovations in health care are largely absent from global governance structures. Consequently, the huge potential of medical progress is far from being sufficiently realized.

Towards New Solutions

The challenge of the 21st Century is to clearly define goals and responsibilities, and secure investments for the development and use of new technologies, medical advances, and health-care delivery. Stable public-private partnerships and renewed political engagement with the understanding of health as a public good will be the basis for harnessing innovative power and scientific development and will be crucial for translating new insights into advances for health. It is time to show leadership. The Berlin World Health Summit intends to take that step. Establishing the World Health

Summit as the foremost international gathering of its kind in health care, it is envisaged to inform and advise governments, policy makers, health-care professionals, and business leaders worldwide.

Partners

The World Health Summit has strong political support. The 2009 Summit will be held under the patronage of the French President Nicolas Sarkozy and the German Chancellor Angela Merkel.

To give the project a firm academic basis, an international alliance of prestigious medical faculties and academies of medical science, the “M8 Alliance”, has been invited to come together.

The Lancet as primary media partner will publish a theme issue coinciding with the Summit dedicated to the topics discussed in Berlin and will continue as a partner to the World Health Summit.

This Mission Statement has been published in The Lancet, Feb.14, 2009.

Adli M, Kleinert S, Lafont, A, Kahn A, Ganten D (2009). Shaping the future of health care: the Berlin 2009 Evolution of Medicine Summit. Lancet 373: 519-520

Government
Partners



Ministère de l'Enseignement Supérieur et de la Recherche
Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative

Media Partners



THE LANCET



M8 Alliance
Partners



Science Partners





| BertelsmannStiftung



Deutsches
Ärzteblatt

Program Co-Hosts



Fraunhofer



WR
WISSENSCHAFTSRAT



Leopoldina
Nationale Akademie
der Wissenschaften

DFG



Leibniz
Gemeinschaft



THE LANCET



HRK



Académie des Sciences
Agence Nationale de la Recherche
Bundesverband der Deutschen
Industrie
Centre National de la Recherche
Scientifique
Deutsches Krebsforschungszentrum
Deutsches Zentrum für Luft- und
Raumfahrt
École des Hautes Études en Santé
Publique
École Normale Supérieure
European Commission

European Federation of
Pharmaceutical
Industries and Associations
European Medical Research Council
European Students' Conference
French Embassy Berlin
The Global Fund To Fight AIDS,
Tuberculosis and Malaria
Institut National de la Santé et de la
Recherche Médicale (INSERM)
International Federation of
Pharmaceutical Manufacturers
London School of Hygiene and
Tropical Medicine

National Institutes of Health (NIH)
New York Academy of Sciences
Robert-Koch-Institut
Verband Forschender
Arzneimittelhersteller
World Health Organization

Supporting
Institutions

Note: The World Health Summit Executive
Committee would like to acknowledge
the valuable contributions of McKinsey &
Company in shaping the summit program.

Summit Day
Partners



General Summit
Partners



Service Partners



Contributing
Partners





ANALYSIS AND THERAPY OF COMMON DISEASES

Within the Research Field Health of the Helmholtz Association, we carry out targeted research to delineate the causes of the most common diseases, and develop new approaches to prevention, diagnosis and therapy. We work closely with clinical and industrial partners to ensure that patients benefit from research results as quickly as possible.

Our research centres work together and pool resources in the programmes for Cancer Research, Cardiovascular and Metabolic Disease Research, Function and Dysfunction of the Nervous System, Infection and Immunity, Environmental Health, and Systemic Analysis of Multifactorial Diseases.

The **Helmholtz Association** is Germany's largest scientific organisation with 28,000 employees in 16 research centres and an annual budget of approximately 2.8 billion euros. It conducts world-class scientific research in six fields: Energy, Earth and Environment, Health, Key Technologies, Structure of Matter, as well as Aeronautics, Space and Transport.

Leadership & Committees

Presidents

Detlev Ganten
Axel Kahn

CEO Charité

Karl M. Einhäupl

Executive Secretary

Mazda Adli

Assistant

Josephine Jackisch

French-German Liaison Group

Patrick Berche
Christian Hervé
Antoine Lafont
Joël Ménard
Philippe Meyer
Virginie Schubert
Eric Tartour

Steering Board

Guido Axmann
Christopher Baethge
Andreas Barner
Christian Bartz
Kai Uwe Bindseil
Manfred Dietel
Karl M. Einhäupl
Volker Grigutsch
Stephan Gutzeit
Jörg Hacker
Helmut Hahn
Martin Henze
Heinrich Höfer
Jan-Steffen Jürgensen
Joachim Kartte
Stefan Kaufmann
Till-Uwe Keil
Sabine Kleinert
Adelheid Kuhlmei
Bärbel-Maria Kurth
Peter Lange
Ulrich D. Maas
Fritz Melchers
Andreas Penk
Wolfgang Plischke
Karl-Heinz Rahn
Georg Ralle
Erich R. Reinhardt
Andreas Rickert
Heinz Riederer
Ulrich Roppel

Jürgen Schölmerich
Timo Ulrichs
Thomas Unger
Hans-Dieter Volk
Reinhard Wichels
Stefan N. Willich

Senate

Martine Aiach
Catherine Brechignac
Hans-Jörg Bullinger
Monique Canto-Sperber
Pierre Corvol
Guy de Thé
Antoine Flahault
Peter Gruss
Matthias Kleiner
Wilhelm Krull
Benoit Leclerc
Jacqueline Lecourtier
Jean-François Mattei
Anthony MBewu
Jürgen Mlynek
Ernst Th. Rietschel
Günter Stock
Peter Strohschneider
André Syrota
Volker ter Meulen
Steven A. Wartman
Otmar D. Wiestler
Ernst-Ludwig Winnacker
Margret Wintermantel
Johann-Dietrich Wörner

Advisory Board

Olivier Amedée-Manesme
 Robert Barouki
 Philippe Beaune
 Xavier Bertagna
 Gerd Burmester
 Pierre-Olivier Couraud
 Mikhail Davydov
 Marc Delpech
 Michel Desnos
 Rainer Dietz
 Jean Francois Dupuis
 Jacques Epelbaum
 Jean-Noël Fabiani
 Jean-Yves Fagon
 Aude Fernex
 Alain Fischer
 Wolf-Hervé Fridman
 Annette Grüters-Kieslich
 Yuanzhi Guan
 Nelly Guimier
 Hanns-Christian Gunga
 Norbert Haas
 Manuel Hallen
 Bernd Hamm
 Andreas Heinz
 Christian Hervé
 Roland Hetzer
 Isabella Heuser
 Edward Hillhouse
 Jianshi Huang
 Xavier Jeunemaitre

Zhang Jie
 Didier Journois
 Xavier Jouven
 Julia Kirchheiner
 Peter Kloetzel
 Rainer Kolloch
 Elisabeth de Larochelambert
 Klaus Lindpaintner
 Stanislas Lyonnais
 Arnold Munnich
 Xavier Nassif
 Peter Neuhaus
 Robert Nitsch
 Martin Paul
 Miroslav Radman
 Ivar Roots
 Frank Ruemmele
 Denis Safran
 Heinz-Peter Schultheiss
 Claudia Spies
 Wolfram Sterry
 Norbert Suttorp
 Eric Tartour
 Rudolf Tauber
 Alain Tedgui
 Eckhard Thiel
 Peter Van Endert
 Karsten Vilmar
 Matthias Wernicke
 Jean Claude Weil
 Bertram Wiedenmann
 Paul Wrede
 Martin Zeitz

M8 Coordination Group

Baltimore

Michael J. Klag
 David G. Nichols

Beijing

Depei Liu
 Xue Zhang
 Liping Zhao

Berlin

Karl M. Einhäupl
 Annette Grüters-Kieslich
 Detlev Ganten
 Mazda Adli

London

Stephen Smith
 Peter S. Sever

Melbourne

Steve Wesselingh
 Harald Schmidt

Moscow

Mikhail I. Davydov
 Dmitry Orlov

Kyoto

Masao Mitsuyama
 Makoto Mark Taketo

Paris

Axel Kahn
 Antoine Lafont

Availability

Please note that the capacity of the venue and of single session rooms is limited and that registrations are only accepted based on overall availability. If the maximum number of delegates is reached, the organizers reserve the right to refuse access.

Certificate of Attendance

A Certificate of Attendance for all registered participants will be available on request at the registration desk.

Language

The official summit language is English. Some sessions offer simultaneous translation; see the program section for details.

Locations

The organizers reserve the right to relocate sessions to nearby venues at any time

Continued Medical Education

No CME credits are available for the World Health Summit.

Cloakroom

A cloakroom is available at the ground floor, open during registration opening hours. Please note that luggage cannot be stored at the cloakroom.

Coffee Breaks

Coffee will be served free of charge to all registered participants during the coffee breaks indicated in the program.

Filming and Taking Pictures

Out of respect for authors' and speakers' copyrights, it is forbidden to take pictures and/or to film during any official congress sessions. In case of negligence, the organizers reserve the right to exclude the participant from the congress.

Insurance and Liability

The conference organizer can not accept liability for personal injury, loss of or damage to belongings of conference participants, either during or as a result of the conference. Please check the validity of your own insurance.

Internet Homepage

For up-to-date information regarding the summit please check www.worldhealthsummit.org.

Internet / Wireless LAN

Wireless LAN will be offered free of charge to all participants in the foyers on ground floor and first floor, as well as in selected additional areas.

Lost/ Forgotten Name Badge

In case you forget to bring your name badge/voucher letter to the conference, a credit card guarantee for the total amount of the registration fee will be required to get a replacement badge. In addition, a non-refundable handling fee of € 50 will be charged. Your old name badge will be de-activated and become invalid. To release the credit card guarantee and avoid double payment, the complete and undamaged original letter has to be sent to the conference secretariat within four weeks after the conference.

If a delegate loses or misplaces his name badge, a handling fee of € 50 will be charged for a new name badge. Your old name badge will be de-activated and become invalid. Kindly note that vouchers for social functions are not substitutable.

Lunches

Lunches will be available to all registered participants during the lunch breaks indicated in the program.

Mobile Phones

Mobile phones must be set to silent mode in all session rooms at all times.

Name Badge

A badge is required for admittance to all official conference sessions and events. Each participant is asked to present the badge in order to gain access to the summit. The name badge must be worn and clearly displayed at all times.

Program / Conference Materials

The Conference Materials including the final Summit Program will be available on-site for regularly registered delegates. Availability for onsite registrations may be limited.

Program Changes

The organizers cannot assume liability for any changes in the program due to external or unforeseen circumstances. Please check the website for regular updates. The organizers reserve the right to cancel, postpone, relocate or change any of the sessions.

Registration

Delegates who have received their badges in advance do not need to register on-site. They may directly proceed to the conference areas.

Those without pre-mailed badges need to check in at the appropriate registration desk. The registration desks are open during the following times:

Wednesday, October 14th 11.00 - 18.00
 Thursday, October 15th 08.00 - 18.00
 Friday, October 16th 08.00 - 20.00
 Saturday, October 17th 08.00 - 18.00
 Sunday, October 18th 08.00 - 16.00

Smoking Policy

It is forbidden to smoke in any part of the conference venue.

Slide Center

Invited speakers, chairmen and keynote lecturers must report to the Slide Center, located on Level 1, at least four hours prior to their presentation in order to check and deposit their presentation. Please provide the data on a USB Memory Stick or a CD-ROM. Please note that it is not allowed to run the presentation from your personal laptop in the session room. Video support is at the sole responsibility of the speaker. The opening hours of the slide center are the same as registration opening hours.

Transfers

For transfers please contact the VIP counter.

Press Office

World Health Summit Press Office
 c/o Ketchum GmbH
 Ulrike Gregor
 ulrike.gregor@ketchum.com
 Tel +49 30 726 139 790

Media Registrations

Media Registrations are available free of charge to journalists (pending proof of affiliation). Please contact the Press Office for details.

Press Conferences

Opening & Day 1

October 15th, 2009
 12.30 hrs
 Langenbeck-Virchow-Haus, Room Koch

Day 2

October 16th, 2009
 14.00 hrs
 Langenbeck-Virchow-Haus, Room Koch

Day 3

October 17th, 2009
 14.00 hrs
 Langenbeck-Virchow-Haus, Room Koch

Day 4

October 18th, 2009
 14.00 hrs
 Langenbeck-Virchow-Haus, Room Koch

All press conferences take place at the Langenbeck-Virchow-Haus, Luisenstraße 58/59, 10117 Berlin.

For further information on the World Health Summit and related media activities, please contact the press office.

The M8 Alliance

The “M8 Alliance of Academic Health Centers and Medical Universities” is established as a medical and scientific forum of excellence. It is composed as a network of prestigious medical institutions to deal with scientific, political, and economic issues related to medicine and public health together with stakeholders from politics and industry at the national, European, and international levels.

This international network gives the World Health Summit an outstanding academic background.

With these institutions, it is possible to establish a reference platform for medical development on a global scale.

The Alliance acts as a permanent platform for framing the future considerations of global medical development and health challenges.



Invited M8 Members

- Charité – Universitätsmedizin Berlin, Germany
- Université Paris Descartes, France
- Imperial College London, UK
- Kyoto University Graduate School of Medicine, Japan
- Peking Union Medical College and Chinese Academy of Medical Sciences, China
- Johns Hopkins University, Baltimore, USA
- Monash University of Melbourne, Australia
- Russian Academy of Medical Sciences, Moscow, Russia

The academies of science and medicine are represented by the Inter Academy Medical Panel (IAMP), a global network of sixty-five national academies.

The academic health centers worldwide are represented by the International Association of Academic Health Centers (AAHC International).

The World Health Summit & Pfizer Award for Innovation in Biomedical Research

In a joint initiative, the World Health Summit, the M8 Alliance and Pfizer have established a new scientific award: The World Health Summit & Pfizer Award for Innovation in Biomedical Research.

The first call for 2009 was on the topic of

Personalized Medicine in Treatment or Prevention of Diseases

The award is open to all research scientists who are considered to be at the outset of their careers and are currently working in the academic institutions in the countries of the M8 Alliance. This annual award is endowed with 75,000 € and is designed to promote innovation in biomedical research and encourage translation to health benefits. In its scope, the award will recognize highly innovative independent research in biomedical science which promises to make a positive impact on human health. Special attention will be paid to the potential of the research to build into a program of activities and drive this “translational agenda”.

The award ceremony including the announcement of the awardee will take place on October 16th, 2009, 15.45 hrs in the main hall.



Each day will start with **Policy Statements** by high-ranking members of governments.

Key Note Lectures with high-profile speakers will focus on outstanding topics related to each day's general theme.

The main discussion platform of the World Health Summit are the **Working Sessions**. They will start with kick-off presentations held by prominent experts. The following discussion involving all participants of the Working Session aims at developing key messages.

	Tuesday, 13 th	Wednesday, 14 th	Thursday, 15 th
Patrons	Angela Merkel Chancellor of the Federal Republic of Germany		Nicolas Sarkozy President of the French Republic
Satellites	Satellite Symposium: Evolution and Diseases of Modern Environments	Satellite Symposium: Evolution and Diseases of Modern Environments	
M8		Charité – Universitätsmedizin Berlin Université Paris Descartes Imperial College London Russian Academy of Medical Sciences	Kyoto University Graduate School of Medicine Peking Union Medical College and Chinese Academy of Medical Sciences Monash University Johns Hopkins University Bloom- berg School of Public Health, Baltimore
Partner Symposia		Symposia: Academia	Symposia: Academia Symposia: Politics & Society Ministerial Meeting of the German Federal Ministry of Health
Events	Dinner “Satellite Symposium: Evolution and Diseases of Modern Environments”	M8 Inauguration Dinner	Opening Ceremony Welcome Reception

The **Panel Discussion** will wrap up the results from the Working Sessions to prepare - on the basis of the key messages - recommendations and calls to action.

Partner Symposia are sessions which are organized by stakeholders as part of the summit. The organizers can

be research organizations, industry partners, NGOs, think tanks, etc.

Stakeholder Meetings are by-invitation-only meetings which will bring together representatives from various groups and foster discussions on selected topics.

	Friday, 16 th	Saturday, 17 th	Sunday, 18 th
Patrons	Angela Merkel Chancellor of the Federal Republic of Germany		Nicolas Sarkozy President of the French Republic
Policy Statements	Thomas de Maizière Head of the German Federal Chancellery Bernard Kouchner French Minister of Foreign and Euro- pean Affairs	Annette Schavan German Federal Minister of Education and Research Valérie Pécresse French Minister of Higher Education and Research	Ulla Schmidt German Federal Minister of Health Roselyne Bachelot French Minister of Health
Theme	Global Visions on Health and Medical Progress	Personalized Medicine: From Bench To Bedside To Populations	Emerging Medical Challenges
Working Session Topics	The Best of Two Worlds? Aligning Competition and Regulation in Health Care Reform Socio-Economic Transitions: Health Care Consequences Can We Cope With Medical Progress? Pandemic Preparedness: National and Worldwide Actions Innovation in Healthcare Delivery	Health Care Innovations: Structural and Financial Requirements Clinical Trials: Innovation, Regulation and Costs Patients' Needs and Health Research Personalized Medicine: Prevention and Treatment Improving Strategies for Global Health: Disease Control Priorities	Preventing Childhood Risk Factors for Adult Chronic Diseases Aging Populations: Preparing our Health Systems Infectious Diseases: Prevention and Intervention Climate Change: Emerging Health Challenges
Events	Partner and Network Events	Gala Dinner	The World Health Summit Public Key Note Lectures

SATELLITE SYMPOSIUM PROGRAM

Evolution and Diseases of Modern Environments

SS-001

Graduate School

09.30 - 18.00

Satellite Symposium

Evolution And Diseases Of Modern Environments



Hosts: Volkswagen Stiftung | Berlin Brandenburg Academy of Sciences and Humanities

Supporters: Berlin School of Mind and Brain | Berlin Museum of Natural History | Volkswagen Stiftung

Chair: Randolph Nesse | Director, Evolution and Human Adaptation Program | The University of Michigan



Declining rates of mortality from infectious disease in the past two centuries have dramatically changed the nature of disease in a transition Omran called the “epidemiological transition.” In his famous 1971 article, he quoted Kurt Mayer, who said that “any meaningful interpretation” of these changes, must “draw on the theoretical framework of several other disciplines for assistance.” The role of evolutionary biology in understanding this transition has long been recognized, but never considered systematically. Thanks to support from Volkswagen Stiftung, this conference brings together world leaders to work together on how Darwin’s theory, 150 years old this year, can advance our understanding of diseases of modern environments.



Some diseases of modern environments are revealed simply because more people are living to older ages. Others, however, are becoming more common even when age is adjusted. In particular, the metabolic syndrome of obesity, diabetes, hypertension and atherosclerosis has become an epidemic that is sweeping the globe. Changes in diet and exercise are important, and will be a core focus of these workshops, however, the full story turns out to be complex, with environmental influences on genetic mechanisms that must be understood in evolutionary as well as mechanistic terms. Environmental factors also interact with genotypes to influence the age of puberty, with subsequent substantial effects on child bearing, and rates of reproductive cancers. Mental disorders are often attributed to the stresses of modern environments, but the data to assess these hypotheses has not been easy to access or analyze. Perhaps most dramatic, enormous increases in inflammatory and autoimmune disorders such as asthma and multiple sclerosis may be related to deficits in exposures to worms and other organisms that have been our constant companions until recent years.



Research and public health approaches to diseases of the modern environment are just now taking advantage of an evolutionary analysis of how the mismatch between our bodies and modern environments can lead to disease. This meeting will assess what we know now, what we need to know, and new research strategies that take full advantage of our evolutionary knowledge.

This conference has been organized following the model of the Dahlem conferences, in which formal presentations are de-emphasized, and extensive time is allotted for small groups of scientists to delve into the details of specific questions. Each workshop collaborates to write summaries of their areas of agreement and disagreement and what next steps will move the field forward. These will be published in The Evolution and Medicine Review. Based on recommendations from scientists at a recent evolutionary medicine meeting at the Berlin Institute for Advanced Study, five overlapping workshops will meet as a part of the conference to facilitate connections among those working on otherwise diverse topics. This format is itself an experiment, whose results will be analyzed at the conclusion of our meeting, and presented at the WHS Thursday Symposium on Evolutionary Medicine.

Workshop Diet And Nutrition

William Leonard | Professor of Anthropology | Northwestern University

It is widely assumed that many chronic diseases in modern societies arise because our bodies are poorly suited to eat the foods we prefer. Actually gathering and analyzing data on this question turns out to be very difficult. Several transitions in human diet are relevant: the rise of agriculture, industrialization, and recent trends to processed foods.

Questions to be addressed include:

- *Is there a distinctive dietary regime that characterizes the genus Homo or Homo sapiens? If so, what are the key characteristics of the human dietary strategy, relative to other primates and other mammals?*
- *What are examples of (and the evidence for) genetic adaptations to distinctive dietary/nutritional regimes in humans?*
- *How do developmental and epigenetic factors influence human nutritional health? How does the interplay between biology (genes, development, physiology) and culture/behavior shape (a) variation in human nutritional physiology and (b) the influence of diet on health outcomes?*
- *What are the key sources of information from "Comparative Human Evolutionary Biology" relevant for (a) understanding the links between nutrition and health, and (b) developing recommendations to promote human nutritional health?*

Workshop Developmental Aspects Of Diseases Of Modern Environments

Peter Gluckman | Head | Centre for Human Evolution Development and Disease Liggins Institute, University of Auckland

Mark Hanson | Professor of Cardiovascular Science | University of Southampton

Recent evidence reveals that vulnerability to atherosclerosis, hypertension, obesity and diabetes is influenced by early life events. The mechanisms for transmitting this risk seem to involve epigenetic mechanisms, and it has been proposed that the mechanism may have been shaped by selection. The importance of this topic to the current epidemic of chronic disease is obvious.

Questions to be addressed by this workshop include:

- *What evidence is there for epigenetic mechanisms and epigenetic inheritance systems playing a role in human disease across more than one generation?*
- *Is there any evidence for polyphenisms in human development ?*
- *How can concepts such as predictive adaptation be tested ? In animals? In humans?*
- *Do developmental arguments provide the basis for some of the inter-relating changing patterns of obesity, chronic disease and reproductive maturation? What studies seem indicated?*
- *How do developmental perspectives interrelate to the other topics of the meeting (life history/puberty, diet etc)?*

Workshop Evolution And Mental Disorders

Martin Brüne | Professor of Psychiatry | University of Bochum, Germany

Alfonso Troisi | Professor of Psychopathology | University of Rome Tor Vergata

Evolutionary principles provide a missing foundation for understanding mental disorders. The contributions range from evolutionary perspectives on genetic contributions, to vulnerability, to evolutionary explanations of emotions and how selection has shaped the mechanisms that regulate them. This workshop will cover the role of modern environments, but it will also range more widely to assess several other contributions of evolution to psychiatry.

Questions to be addressed include:

- *Why is early environment so important in increasing vulnerability to mental disorders?*
- *What better explains the relevance of gene-environment interactions and correlations for the etiology of mental disorders? Vulnerability or plasticity?*
- *There are large age- and sex-related differences in the prevalence of psychiatric disorders. Are there evolutionary explanations for these epidemiological data?*
- *Is there a genuine increase in prevalence rates of mental disorders (in developed countries), and if so, why?*
- *As evolutionary psychiatrists, which directions does an evolutionary approach suggest for technological breakthroughs that could improve psychiatric therapy?*
- *Which methodological changes could an evolutionary perspective offer to the next generation of psychiatric research?*

Workshop Early Development And Reproductive Health In Later Life

Gillian Bentley | Professor of Anthropology | Durham University, UK

Grazyna Jasienska | Professor of Human Biology | Jagiellonian University, Poland

Early life events also influence reproductive physiology and subsequent reproductive strategies. Research in this area is developing fast, with implications especially for reproductive cancers. Some early life conditions, such as obesity, precocious puberty and the development of polycystic ovarian syndrome also interact with risks for metabolic disorders. The connection with other workshops is clear.

Questions to be addressed in this workshop include:

- *Which stages during development are important for when environmental effects might influence later reproduction and health.*
- *Why are these stages/periods of time important and how do they relate to overall physiological development?*
- *What mechanisms mediate between adult reproductive function and environmental/ecological factors?*

Workshop Helminths, Hygiene And Health: Autoimmune And Inflammatory Disorders Resulting From Deficient Exposures

Kathleen Barnes | Department of Medicine | Johns Hopkins University

Erika von Mutius | Professor of Pediatrics | University Children's Hospital, Munich

Certain diseases that have become more common in recent generations are mediated by immune abnormalities that are more common in people who lack early exposure to certain organisms, especially helminths. This is a topic of intensive study, with special relevance to asthma, allergic disease, and multiple sclerosis. This workshop will assess the state of evidence for such effects and recommend new research strategies.

Questions to be addressed include:

- *How strong is the evidence that lack of exposure to microbes and helminths increases disease risk? Which diseases? How do genetic variations influence risk?*
- *How far along are controlled trials of helminths for autoimmune disorders?*
- *What aspects of the immune system mediate these effects? Are there ways to influence them without administering helminth substances?*
- *Does exposure to other pathogens influence risk? What recommendations for parents of young children are justified by existing evidence?*
- *What epidemiological and genetic studies are needed to further specify the risks of living in an environment devoid of the organisms we have evolved with?*

SUMMIT PROGRAM

Wednesday, October 14th

Key & Notes

Session Key



Policy Statement

Partner Symposium

Key Note Lecture

Stakeholder Meeting

Working Session

Social Events

Panel Discussion

Venue Overview

SUMMIT VENUE
LANGENBECK-VIRCHOW-HAUS

5

- Room Koch
- Room Bier

- 5th Floor Foyer (Catering)
- Lounge

4

- Room von Behring
- Room Ehrlich (Press Office)

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Upper Foyer (Catering)
- Room Langenbeck

- Library
- Speakers' Center

0

- Entrance
- Main Foyer (Catering)
- Registration

- Cloakroom
- M8 Lounge
- Live Feeds

Wednesday, October 14th, 2009	
11.00	Registration
12.00	
	Partner Symp.
13.00	
14.00	Regenerative Medicine - M8 A New Field Of Development As A ... <i>Charité – Universitätsmedizin Berlin</i> PS-111 · Main Hall · 34
	Partner Symp.um
15.00	
16.00	Humanitary Medicine: M8 A Concern Of The University <i>Université Paris Descartes</i> PS-121 · Main Hall · 35
	Partner Symposium
17.00	
18.00	Diabetes - M8 The Global Problem: Challenges For Prevention And Intervention <i>Imperial College London</i> PS-131 · Main Hall · 37
	Partner Symposium
19.00	
20.00	New Technologies In M8 Diagnostics And Treatment Of Socially Significant Diseases In Children <i>Russian Academy of Medical Sciences</i> PS-141 · Main Hall · 38
	SE
	M8 Inauguration Dinner (by invitation only) SE-151 · French Embassy · 39

PS-111

Main Hall

13.00 - 14.15

M8 Symposium

Regenerative Medicine - A New Field Of Development As A Model For Modern Interdisciplinary Medicine And Medical Research



Host: Charité – Universitätsmedizin Berlin, Berlin-Brandenburg Center for Regenerative Therapies (BCRT)

Chairs: Hans Dieter Volk | Director BCRT | Charité – Universitätsmedizin Berlin
Georg Duda | Vice Director BCRT | Charité – Universitätsmedizin Berlin

Outline: *The fast translation of advanced knowledge of medical research on basic science and disease pathogenesis into new clinical diagnostic and therapeutic applications is of major interest for the research focus of medical faculties. To be successful, this aim does not need only sufficient budgets but also new structures and organisation of medical research. In our opinion, the key elements for successful translation are: interdisciplinarity, cross-fertilization between university and non-university research organisations, embedding of clinicians into the development projects at early stages, and closed collaboration with regional, national, and international biotech/pharma industry as well as health insurances and regulatory authorities. Regenerative Medicine is an interesting example for a new promising medical research field. The combination of cell biology, bio-engineering, and clinical science requires in particular new ways of research and education. In addition, the particular regulatory issues (including cell manufacturing) and the need for early health-economic studies to justify the high costs are further challenges. The Berlin-Brandenburg Center for Regenerative Therapies (BCRT) was founded 3 years ago in order to bundle the strong activities in this field in the Berlin/Brandenburg area and to build up a new model center focussing on translational activities. Here, we will present the concept of the BCRT and some selected topics.*

Introduction – BCRT As A Translational Center For The Major Research Fields Of The Charité

Hans Dieter Volk | Director BCRT | Charité – Universitätsmedizin Berlin

Interaction Between The Musculoskeletal Research Topic And The BCRT – From Biomarker Analysis To New Products And Their Target Usage

Georg Duda | Vice Director BCRT | Charité – Universitätsmedizin Berlin

Interaction Between The Immunological Research Topic And The BCRT – T-Cell Therapy For Regenerating Exhausted Immune Systems

Petra Reinke | Nephrologist | Leader BCRT Platform Immunology and Cell Therapy

Interaction Between The Neurological Research Topic (CBS, Neurocare) And The BCRT – Plasticity Of Injury And Regeneration In Central And Peripheral Neurological Diseases

Ulrich Dirnagl | Director CSB and PI BCRT | Charité – Universitätsmedizin Berlin

Materials In Regenerative Medicine

Andreas Lendlein | Director of Institute of Polymer Research, GKSS-Forschungszentrum Geesthacht GmbH in Teltow | Vice-Director | BCRT

Interaction Between The Cardiovascular Research Topic And The BCRT – Cell Based Therapies For Regenerating From Cardiac And Vascular Diseases

Carsten Tschöpe | Cardiologist, Leader BCRT Platform Cardiovascular System | Charité – Universitätsmedizin Berlin

M8 Symposium
Humanitarian Medicine: A Concern Of The University

PS-121
Main Hall
14.15 - 15.30

Host: *Université Paris Descartes*
Chair: Axel Kahn | President | Université Paris Descartes



Evolution Of The Concept Of Humanitarian Medicine In Underdeveloped Countries: Perspectives
Alain Deloche de Moyelle | President | La Chaîne de l'Espoir

Technology Transfer In Underdeveloped Countries: The Role Of Paris Descartes University
Antoine Lafont | Paris Decartes University



Humanitarian Medicine Is A Real Concern For The Medical Students
Caroline Claude | Medical Student, in charge of international affairs, AMPC | Université Paris Descartes

Networks For Access To Care Optimization In Humanitary Medicine
Christian Hervé | Collège de France

PS-122

Langenbeck

14.45 - 16.15

Partner Symposium

The Future Of Public Health



Host: Berlin School of Public Health (BSPH)

Chair: Ulrike Maschewsky-Schneider | Program Coordinator | Berlin School of Public Health at the Charité

Outline: *The future of medicine and health services is determined by demographic change and the resulting transitions in morbidity and mortality in the population, by technological innovations, organisational challenges, economic restrictions, and by social diversities in health between and within countries. Innovative approaches are needed to address these pressing issues. Medicine and public health need to work together to provide both effective prevention as well as sustainable healthcare services. Scientific evidence and interdisciplinary expertise, taking into account social, psychological, and cultural determinants of health, are needed to guarantee the health and wellbeing of future generations.*

Topics: How Will The Health Profile Of The Population Develop In The Next Decades, And What Are The Social And Environmental Determinants Of The Health Of The Population?

Which Preventive And Health Care Services Do Our Societies Need To Cope With These Conditions?

How Should Public Health And Medicine Work Together To Protect And To Improve The Health Of The Populations?

Discussants: Rudolf Tauber | Vice-Dean of Research | Charité – Universitätsmedizin Berlin
 Paul Elliott | Director | MRC-HPA Centre for Environment and Health
 Antoine Flahault | Dean | Ecole des hautes études en Santé Publique (EHESP)
 Peter Groenewegen | Director | NIVEL - Netherlands Institute for Health Services Research
 Jacqueline Müller-Nordhorn | Berlin School of Public Health, Fachgebiet Public Health / Epidemiologie | Charité – Universitätsmedizin Berlin

M8 Symposium
Diabetes - The Global Problem:
Challenges For Prevention And Intervention

PS-131
Main Hall
16.00 - 17.30

Host: Imperial College London
Chairs: Stephen Smith | Principal of the Faculty of Medicine | Imperial College London
Desmond Johnston | Clinical Professor | Division of Medicine, Imperial College London



Introduction
Stephen Smith | Principal of the Faculty of Medicine | Imperial College London



The Obesity Epidemic And Its Impact On Chronic Diseases And All-Causes Mortality
Elio Riboli | Chair in Cancer Epidemiology and Prevention | Division of Epidemiology, Public Health and Primary Care, Imperial College London

The Genetics Of Type 2 Diabetes And Obesity
Philippe Froguel | Chair in Genomic Medicine | Division of Medicine, Imperial College London

Clinical Diabetes Research In The Uk
Desmond Johnston | Professor | Imperial College London

A Global Strategy For Prevention Of Diabetes And Associated Cardiovascular Disease
Peter Sever | Professor of Clinical Pharmacology and Therapeutics | Imperial College London

Conclusions
Desmond Johnston | Professor | Imperial College London

PS-141

Main Hall

17.45 - 19.15

M8 Symposium

New Technologies In Diagnostics And Treatment
Of Socially Significant Children's Diseases

Host: Russian Academy of Medical Sciences, Moscow

Chair: Mikhail Ivanovich Davydov | President | Russian Academy of Medical Sciences

Outline: *The speakers will dwell upon most pressing problems of our days facing pediatrics: new methods in diagnostics and treatment of children's diseases, children oncology, development and application of new vaccines for children, prevention and treatment of low-vision in children*

New Technologies In Diagnostics And Treatment Of Socially Significant Children's Diseases

Leila S. Namazova-Baranova | Vice Director | Scientific Center of Children's Health

Alexander Baranov | Director | Scientific Center of Children's Health

Leonid M. Roshal | Director | Emergency Children's Surgery Institute and Trauma

Children Oncology In The 21st Century

Mikhail Ivanovich Davydov | President | Russian Academy of Medical Sciences

Mamed Dz. Aliev | Director Pediatric Oncology Institute | Russian Cancer Research Center

Vladimir G. Polyakov | Russian Academy of Medical Sciences

Georgiy Mentkevich | Deputy Director | Russian Cancer Research Center, Russian Academy of Medical Science

New Vaccines For Children

Vitaly Zverev | Academician-Secretary | Russian Academy of Medical Sciences

Prevention Of Low-Vision In Children In Russia

Evgeny Sidorenko | Russian State Medical University

Note: For this session, simultaneous translation into Russian is offered.

Social Event
M8 Inauguration Dinner

Host: French Embassy Berlin
By Invitation Only

Address:
French Embassy Berlin
Pariser Platz 5
10117 Berlin

SE-151
French Embassy
19.30 - 24.00



SUMMIT PROGRAM

Thursday, October 15th

Key & Notes

Session Key



Policy Statement

Partner Symposium

Key Note Lecture

Stakeholder Meeting

Working Session

Social Events

Panel Discussion

Venue Overview

SUMMIT VENUE
LANGENBECK-VIRCHOW-HAUS

5

- Room Koch
- Room Bier

- 5th Floor Foyer (Catering)
- Lounge

4

- Room von Behring
- Room Ehrlich (Press Office)

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Upper Foyer (Catering)
- Room Langenbeck

- Library
- Speakers' Center

0

- Entrance
- Main Foyer (Catering)
- Registration

- Cloakroom
- M8 Lounge
- Live Feeds

M8 & Partner Symposia

09.00	Partner Symposium	From Animal Models To Clinical Application <i>Kyoto University Graduate School of Medicine</i>	M8	Improving Research Conditions For Young Scientists <i>World Health Summit Young Scientists</i>	E-Health, Telemedicine And The Epatient: How It, Telemedicine And The ... <i>Charite - Universitätsmedizin Berlin and Humboldt University</i>	Personalized Tissue Regeneration: New Trends <i>Fraunhofer Institute for Cell Therapy and Immunology</i>	The Academic Health Center Model And Its Potential For The Future Of Academic Medicine <i>Ass. of Academic Health Centers</i>	M8
10.00		PS-211 · Langenbeck · 44		PS-212 · Koch · 45	PS-213 · Virchow · 46	PS-214 · Bier · 47	PS-215 · Main Hall · 49	
		Coffee Break						
11.00		Bridging The Gap Between Eastern And Western Medicine: The Future Development Of Medicine And Health Care... <i>Peking Union Medical College Hospital</i>	M8	RMIG Workshop: How To Reimburse Innovations In Regenerative Medicine? <i>German Centers of Regenerative Medicine</i>	Transferring Knowledge: Innovating Medical Education <i>German Rectors' Conference</i>			
12.00	Partner Symposium	PS-221 · Langenbeck · 50		PS-222 · Koch · 51	PS-223 · Virchow · 53			
13.00	Lunch Break							Berlin Declaration On Tuberculosis: High Level Follow-Up Of High Priority Countries For Tb Control In The WHO-EURO Region <i>German Federal Ministry of Health</i>
14.00	Partner Symposium	From Bench To Bedside To Community: Patient-Centric Research <i>Monash University</i>	M8	Life-Style Associated Health Consequences: Obesity And Diabetes As Major Medical And Societal Challenges <i>Leibniz Association</i>	Life In Space For Life On Earth <i>European Space Agency</i>	Theragnostics: A New Approach To Personalized Medicine <i>BioTOP Berlin-Brandenburg</i>		
15.00		PS-231 · Langenbeck · 56		PS-232 · Koch · 57	PS-233 · Virchow · 59	PS-234 · Bier · 60		
16.00		Reforming Health Care: The Basic Ingredients <i>Johns Hopkins Bloomberg School of Public Health</i>	M8	Space Medicine: Results For Terrestrial Applications, Challenges For Long-Term Stays On Moon And Mars <i>German Aerospace Center</i>	Healthcare Challenges In The Developed World <i>World Health Summit Student's Forum</i>	Evolutionary Medicine <i>Berlin Brandenburg Academy of Sciences and Humanities Volkswagen Stiftung</i>		
17.00	Partner Symposium	PS-241 · Langenbeck · 61		PS-242 · Koch · 62	PS-243 · Virchow · 63	PS-244 · Bier · 65	PS-235 · Main Hall · 54	
	Coffee Break							
18.00	Opening Ceremony	Opening Ceremony World Health Summit & 300th Anniversary Charité - Universitätsmedizin Berlin300 Year Anniversary Charité						
		High-rank Welcome Addresses from Governments, Industry and Academia						
19.00		Infight Call International Space Station (ISS)						
20.00	SE	Welcome Reception						
							SE-251 · Main Hall · 66	
							SE-261 · Main Foyer · 66	

PS-211

Langenbeck

09.00 - 10.30

M8 Symposium

From Animal Models To Clinical Application



Host: Kyoto University Graduate School of Medicine

Chairs: Makoto Mark Taketo | Vice Dean | Kyoto University Graduate School of Medicine
Masao Mitsuyama | Dean | Kyoto University Graduate School of Medicine

Introduction: Kyoto University Graduate School Of Medicine-Tradition And Modernity Harmonized
Masao Mitsuyama | Dean | Kyoto University Graduate School of Medicine

Prostanoid Receptors; Physiology, Pathophysiology And Therapeutic Implications
Shuh Narumiya | Professor of Pharmacology | Kyoto University Graduate School of Medicine

“Cellular Target Therapy” For Colon Cancer Metastasis: A New Strategy Based On Tumor Microenvironment
Makoto Mark Taketo | Vice Dean | Kyoto University Graduate School of Medicine

Translational Research - Lessons From Animal Models And Rare Human Diseases
Kazuwa Nakao | Director | Translational Research Center and EBM Research Center, Kyoto Graduate School of Medicine

Partner Symposium

Improving Research Conditions For Young Scientists

PS-212
Koch
09.00 - 10.30

Host: Young Scientists

Chairs: Martin Ebinger | Neurologist | Center for Stroke Research Berlin (CSB) - Charité – Universitätsmedizin Berlin
Philipp Sterzer | Junior Research Group Leader | Charité – Universitätsmedizin Berlin

Outline: *Today's young medically oriented research scientists are confronted with a wide variety of problems ranging anywhere from trivial administrative difficulties to appropriate career planning. Though the exact nature of these problems varies with location and specific research fields, a lot of overlap exists. In this session, we are going to discuss major problems common to most young scientists world-wide. Topics include finance and funding, competition and collaboration, training and career planing, long term projects and publication pressure, early independence and mentorship. We will try to identify the advantages of different research institutions. Our discussion will result in a manifest, to be published in an international scientific journal. We will also form a group of ambassadors to pursue our goals in the future. The purpose of this endeavor is an appeal to governments, policy makers, healthcare professionals, and business leaders worldwide to pave the road for young scientists. We are looking forward to hear reports by young international participants from a diverse background. We are especially thankful for the participation of Dean Michael Klag (Johns Hopkins School of Public Health) providing the perspective of a senior representative.*

Introduction
Martin Ebinger | Charité – Universitätsmedizin Berlin
Philipp Sterzer | Junior Research Group Leader | Charité – Universitätsmedizin Berlin

4 Short Statements To Set The Stage
Motoko Yanagita | Kyoto University Graduate School of Medicine
Samer Kayal | Université Paris Descartes
Denis Yu Logunov | Russian Academy of Medical Sciences
Michelle Dunstone | Monash University

First Discussion Phase
Independence As A Career Criterium Versus The Reality Of Teams To Achieve Significant Outcomes
Mylinh La | Monash University

Second Discussion Phase
Karin Leder | Nicole Rinehart | Bradley Herring | Sara Bleich | Xu Qi | Zhao Zhendong | Liu Zhihua

Summary
Michael Klag | Dean | Johns Hopkins Bloomberg School of Public Health

Closing Remarks
Martin Ebinger | Neurologist | Center for Stroke Research Berlin (CSB) - Charité – Universitätsmedizin Berlin
Philipp Sterzer | Junior Research Group Leader | Charité – Universitätsmedizin Berlin

Partner Symposium

PS-213
Virchow
09.00 - 10.30

E-Health, Telemedicine And The ePatient:
How IT, Telemedicine And The Online Connected Patient Improve
Medicare Towards A Participatory Healthcare System

Host:	Charité - Universitätsmedizin Berlin and Humboldt University
Chairs:	Pamela Briggs Dean and Director of the Psychology and Communications Technology (PACT) Lab School of Psychology and Sport Sciences Peter Hufnagl Charité - Universitätsmedizin Berlin
09.00	The Wisdom Of Patients Alexander Schachinger Postgrad Future of Digital Healthcare Communication Humboldt University Berlin
09.15	Efficient Healthcare Communication And Trustfactors Online Pamela Briggs Dean and Director of the Psychology and Communications Technology (PACT) Lab School of Psychology and Sport Sciences
09.35	Smart Senior: A Nation-Wide Initiative Hans A. Aukes Senior Executive Vice President Innovations Deutsche Telekom AG
09.55	Medical Decision Support As Third Column In Health Care Stefan Winter Chief Technical Officer CompuGROUP Holding AG
10.15	Conclusion And General Discussion Manfred Dietel Director Institute of Pathology Charité - Universitätsmedizin Berlin

Partner Symposium
Personalized Tissue Regeneration: New Trends

PS-214
Bier
09.00 - 10.30

Host: *Fraunhofer Institute for Cell Therapy and Immunology*



09.00 **Welcome To The IZI Session**
Frank Emmrich | Director | Fraunhofer Institute for Cell Therapy and Immunology

09.05 **Aims And Needs For Individualized Tissue Repair**
Frank Emmrich | Director | Fraunhofer Institute for Cell Therapy and Immunology

09.20 **Presentation**
Beat Walpoth | Director, Cardiovascular Research | Clinic and Experimental President, European Society for Artificial Organs (ESAO)

09.55 **Presentation**
tba



Research. For better health.

New drugs mean medical advances and better health. For over 150 years, the people at Pfizer have developed drugs to cure diseases and improve the quality of life. And our research teams will continue putting forth every effort to improve existing therapies and provide to doctors and patients new preparations to treat to date incurable diseases – for example, cancer, Alzheimer's, and Aids. For better health.



M8 Symposium

The Academic Health Center Model
And Its Potential For The Future Of Academic Medicine

PS-215
Main Hall
09.00 - 10.30

Host: Association of Academic Health Centers
Chair: Steven A. Wartman | President/CEO | Association of Academic Health Centers

Outline: Universities and medical centers around the globe are considering the development of new organizational models to enhance the synergies between the academic and clinical sides of the enterprise. While this movement is driven in part by the economy, with its pressures to improve efficiencies and economies of scale, it is perhaps driven more powerfully by the realization that the gap between what we know and what we practice in health care is increasingly intolerable. It is also a reflection of the compelling need to develop programs that span traditional institutional silos in order to better compete in scientific research, patient care, and health professions education. This need to achieve this alignment is palpable: research, in fact, demands it; patient care requires it; and health professions education needs it. These new models function under the umbrella of what is known as an academic health center and this session will focus on these trends.



09.00 Panel Discussion
Edward Hillhouse | Dean | Leeds University
Dermot Kelleher | Vice Provost for Medical Affairs and Head of School of Medicine | Trinity College Dublin
Antonio Pesenti | Professor of Anesthesia and Intensive Care | University of Milan-Bicocca
Elizabeth Bishop | Chief of Staff | AAHC - Association of Academic Health Centers
Stephan Davies | Chief Operating Officer | Cambridge University Health Partners
Detlev Ganten | President | World Health Summit

PS-221
Langenbeck
11.00 - 12.30

M8 Symposium
Bridging The Gap Between Eastern And Western Medicine:
The Future Developement Of Medicine And Health Care In China



Host: *Peking Union Medical College and Hospital*
Chairs: Liming Li | Executive Vice President and Board Chair | Peking Union Medical College & Chinese Academy of Medical Sciences
Hongxin Cao | China Academy of Chinese Medical Sciences

Whole-Body Systems Approaches For Gut Microbiota-Targeted
Liping Zhao | Professor of Microbiology | Shanghai Jiao Tong University

Health China 2020
Liming Li | Executive Vice President and Board Chair | Peking Union Medical College & Chinese Academy of Medical Sciences

TCM In China
Hongxin Cao | China Academy of Chinese Medical Sciences

Current Status Of Parkinson And Alzheimer Diseases In China
Zhenxin Zhang | Department of Neurology | Peking Union Medical College Hospital

Incorporation Of Traditional Chinese Medicine Pattern Classification Into Diagnosis Would Help Improving Clinical Efficacy
Aiping Lu | China Academy of Chinese Medical Sciences

Partner Symposium

RMIG Workshop:
How To Reimburse Innovations In Regenerative Medicine?

PS-222
Koch
11.00 - 12.30

Host: German Centers of Regenerative Medicine
Chairs: Günter Stock | President | Berlin-Brandenburg Academy of Sciences and Humanities
Rolf D. Müller | Former Chairman of the Board | HealthCapital



Outline: *Regenerative Medicine explores new therapeutic options aiming at a causal approach to diseases and has an impact on current healthcare systems. To warrant the cost effectiveness of advanced therapies it is important to evaluate the whole pathway of treatment incl. long term outcome. Results of health economic analyses can support strategy-setting about further development including go/no go decisions and clinical trial design.*

It is therefore necessary to timely analyze these effects including reimbursement issues in order to assess the cost effectiveness starting at an early phase of time and money consuming development.

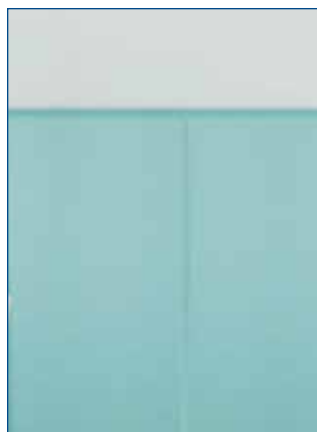
The aim of this workshop is to indicate new possibilities for the efficient translation of innovations into clinical daily routine in the field of Regenerative Medicine.

The following questions will be discussed at the workshop:

- 1. How to reasonably define cost effectiveness and potency of regenerative therapies? Are there therapy specific regulations?*
- 2. In which ways are innovative therapies reimbursed in other countries? What can we learn from them?*
- 3. How far will our aging society go to pay for regeneration or healing and what are we "able" to pay?*

11.00 Panel Discussion
Georg Duda | Berlin-Brandenburg Center for Regenerative Therapies
Barbara Pfüller | Berlin-Brandenburg Center for Regenerative Therapies
Jan Pietzsch | Consulting Professor | Stanford University / WingTec GmbH

Meeting the needs of the Healthcare sector.



Healthcare organizations confront emerging trends and risks that threaten their reputation and their financial security. They need to navigate complex, changing regulations and accounting rules with growing pressure on revenues, costs and access to capital. These challenging times require skilled advisers with a broad perspective, who understand the business of healthcare.

With deep industry experience, insight and technical support, KPMG firms are among the leaders in delivering a broad range of audit, tax and advisory services to meet the needs of healthcare providers and payers.

For further information: Prof. Dr. Volker Penter, KPMG in Germany,
T +49 30 2068-4740, vpenter@kpmg.com

kpmg.com/Healthcare

Partner Symposium

Transferring Knowledge: Innovating Medical Education

PS-223

Virchow

11.00 - 12.30

Host: German Rectors' Conference (Hochschulrektorenkonferenz)

Chairs: Patrick Berche | Université Paris Descartes
Sigrid Harendza | Associate Professor | Universitätsklinikum Hamburg-Eppendorf

Outline: *A great variety of medical undergraduate curricula exists yet their common goal is to enable students to become "good physicians". With respect to medical degrees becoming comparable within Europe and worldwide it seems to be worthwhile to focus on the establishment of outcome based curricula. With this approach criteria for a "good physician" could be defined as educational goals and universities will still be enabled to define their individual strategies to reach these goals. This workshop will focus on different aspects of educational quality, curricular diversity, portfolio based education and assessment systems as feasible educational approaches and opportunities.*

HRK

Internationalisation Of Medical Education - A Challenge To Quality Assurance

Hans Karle | Past President | World Federation for Medical Education (WFME)

Internationalising Russian Medical Education

Nikolai Nikolaevich Volodin | Academician of the Russian Academy of Medical Sciences | Rector of the Russian State Medical University

Medical Education In Bologna Europe In Transition: Learning From Diversity? Results From The MEDINE-Project With Comments By Members Of The Medical Students' Representative Body Of The Charité – Universitätsmedizin Berlin And The European Students Conference (ESC)

Allan Cumming | Professor of Medical Education | University of Edinburgh

Portfolio-Based Teaching: Innovating Medical Education?

Eckhart G. Hahn | Dean of the Medical Faculty | University of Erlangen

A Medical Expert System For Assessments Of Research Performance And Teaching Quality

Peter Suter | President | Swiss Academy of Medical Sciences

PS-235

Main Hall

12.30 - 17.00



Partner Symposium

Berlin Declaration On Tuberculosis: High Level Follow-Up Of High Priority Countries For TB Control In The WHO-EURO Region
“Double Trouble Or Double Success? Bringing Together Diseases And Programs”

- Host:* Federal Ministry of Health, Germany
- Chair:* Gudjón Magnússon | Reykjavik University
- 12.30 **Welcome**
Ulla Schmidt | Federal Minister | Federal Ministry of Health, Germany
- 12.40 **Outline Of The Meeting**
Marc Danzon | Regional Director | WHO Regional Office for Europe
- 12.45 **Results From The Evaluation Meeting In Luxembourg, 29 Mai 2009 To 1 June 2009**
John-F. Ryan | Head of Unit Health threats | European Commission DG Sanco
- 13.00 **One Stop Prevention And Care - The Need To Address HIV/TB Co-Infection - Policies And Programs**
Risards Zaleskis | Regional Adviser, Tuberculosis Control | WHO Regional Office for Europe
- 13.15 **Monitoring HIV/TB Infection - How And Where To Find The Right Data To Inform Policy. Master The Basics: Surveillance, Labs, Treatment Outcomes**
Davide Manissero | TB-Coordinator | ECDC
- 13.30 **Achieving Synergies Between TB- And HIV- Funding. The Role Of GFATM**
Rifat Atun | Director | The Global Fund to Fight AIDS, Tuberculosis and Malaria
- 13.45 **Getting Introduction Of New Tools Right - Tailoring The Policy Environment**
Christy Hanson | Chair | STOP-TB Re-Tooling Task Force
- 14.00 **Questions And Discussion**
- 14.15 **Break**

- 14.30 Combining HIV And TB Programs - Challenges To Integration And Implementation - Difficulties In Diagnosis And Treatment
 Kateryna Gamazina | Country Director | PATH Ukraine
- 14.45 Overcoming Barriers To Integrated Treatment For People Co-Infected With TB/HIV - A Community Perspective
 Igor Pchelin | Chair | All Russian Union of PLHIV
- 15.00 Communicating Double Risk - How To Increase Access To TB- And HIV-Diagnosis And Care Without Augmenting Stigma
 Paul Sommerfeld | Chair | TB Alert
- 15.15 HIV/TB In Prisons - Any Challenge?
 Peter Gondrie | Executive Director | KNCV
- 15.30 Questions And Discussion
- 15.45 Round-Table-Discussion Of Health Ministers
 Moderator: Paul Sommerfeld | Chair | TB Alert
- 16.45 Conclusions

Note: For this session, simultaneous translation into German and Russian is offered.

PS-231
Langenbeck
13.30 - 15.00

M8 Symposium
From Bench To Bedside To Community:
Patient-Centric Research



- Host:* Monash University
- Chairs:* Steve Wesselingh | Dean | Faculty of Medicine Nursing & Health Sciences, Monash University
David de Kretser | Governor of Victoria | Emeritus Professor Monash University
- The Power Of The Image: The Synchrotron Shedding New Light On Old Problems**
Ian Smith | Deputy Dean | Monash University
- Stem Cells Meet The Immune System – Overcoming Rejections And Enhancing Synergies**
Richard Boyd | Director, Monash Immunology & Stem Cell Laboratories | Monash University
- Regenerative Medicine From The Placenta**
Euan Wallace | Professor | Monash University
- The Monash Cancer Research Network: From Bench To Bedside To Bench**
Bryan Williams | Director, Monash Institute of Medical Research | Monash University
- Primary Care: Challenges In The 21st Century - Institutional Response To Patient Needs**
Leon Piterman | Monash University

Partner Symposium

Life-Style Associated Health Consequences:
Obesity And Diabetes As Medical And Societal Challenges

PS-232
Koch
13.30 - 15.00

Host: Leibniz Association

Chairs: Hans-Ulrich Häring | Managing Director | Interdisciplinary Center for Vascular Disease, University Tübingen
Michael Roden | Scientific Chief Executive Director | German Diabetes Center

Outline: *The prevalence of diabetes and obesity are increasing worldwide with a dramatical rise in developing countries. The progression from pre-disease to overt disease and its complications depends on a complex interplay between genes and environment. Large-scale epidemiologic studies and smaller studies employing state-of-the-art phenotyping in risk groups now allow to detect individual risk factor clustering. Translational research networks such as the Leibniz Diabetes Research Centers use animal models and cohort studies to assess the mechanisms for individualized prevention and therapy. Big pharma is faced with new possible therapeutic targets and the need of large clinical trials to test drug efficacy with regard to hard endpoints. The challenges of diabetes and obesity as well as possible solutions will be discussed by leading experts of the relevant stakeholders.*



Epidemiology
Markku Laakso | University of Kuopio

Basic And Translational Research
Hans-Georg Joost | Scientific Director | Deutsches Institut für Ernährungsforschung

Drug Safety And Diabetes
Edwin Gale | Diabetologia

Future Therapeutic Approaches For Metabolic Diseases
Werner Kramer | Vice-President Discovery Research Diabetes, Head of R&D Germany | sanofi-aventis



ESA Human Spaceflight drives Medical Innovation

As an organisation the European Space Agency sees the wellbeing of humankind in space and on Earth as a cornerstone of its research activities. Nowhere are these activities more poignant than in the area of Human Spaceflight.

The Agency's research goals and objectives endeavour to protect and improve the physical and psychological health of the very astronauts we send into orbit from the rigours of the space environment and mission boundary conditions. These research objectives are in turn helping to answer some of the fundamental and current health care issues that are faced by ordinary citizens around the world, especially with an increasingly aging global population.

The International Space Station has proven to be a valuable research tool for medical research. From the early days of European astronauts on the International Space Station, human physiology research has been an increasing focus of ESA's research programmes. With the arrival of the European Columbus laboratory on orbit over 1 ½ years ago, European research capabilities on the Space Station have been greatly enhanced and vital research has been carried out across the whole spectrum of scientific research, principally in human physiology. The increase in the size of the ISS crew from three to six further enhanced the research capabilities of ESA's Columbus laboratory and the laboratories of ESA's Space Station partners.

Space is a unique environment which induces unique but reversible effects in astronauts. These effects can also be seen across many medical conditions on Earth, providing us with clear convergence of research objectives. With the Columbus laboratory providing a central focus in one of its roles as a medical laboratory, Europe is helping to drive advancements in cures and therapies for many areas of health care, not only for its astronauts on the ISS and future Human Exploration spaceflight endeavours, but also in order to provide for a healthier population on Earth.

ESA's Human Spaceflight research has provided us with a greater understanding in many areas of human physiology. One principal area is age-related changes and ill health due to sedentary lifestyles and immobilisation. This includes improvement of our knowledge into the structural and functional nature of osteoporosis and its prevention, and the maintenance of muscle function. ESA's research has, in addition, provided a greater understanding into: impaired cardiovascular function; metabolic changes with reference to type II diabetes; the influence of nutrition on bone loss; changes in the immune system; the functioning of the vestibular system; and motor coordination.

With the depth of research that ESA has carried out in the past and will continue to carry out in the future, the nature of human spaceflight research will help in providing the therapies, strategies and technologies necessary to combat many of these conditions, and contribute to constant innovation in medicine and health care.

Simonetta Di Pippo
Director of Human Spaceflight
European Space Agency

Human Spaceflight



Partner Symposium
Life In Space For Life On Earth

PS-233
Virchow
13.30 - 15.00

Host: European Space Agency
Chair: Floris Wuyts | University of Antwerp



Outline: Three presentations will provide an overview of life science research and medical activities in Space, giving the perspectives of an astronaut, a crew surgeon, and a researcher. The session will be concluded by a questions and answer session with the panel participants.

An Astronaut’s Perspective Of Maintaining Health In Space And The Future Challenges
Jean-Francois Clervoy | European Space Agency

Astronaut Medical Care - The Doctor’s Viewpoint
Volker Damann | European Astronaut Center

Space Medical Research And Benefits For Health On Earth
Hanns-Christian Gunga | Charité - Universitätsmedizin Berlin

PS-234
Bier
13.30 - 15.00

Partner Symposium
Theragnostics: A New Approach To Personalized Medicine



Host: BioTOP Berlin-Brandenburg
Chairs: Rudolf Tauber | Vice-Dean of Research | Charité – Universitätsmedizin Berlin
Giorgio Stanta | Professor | University of Trieste
Outline: Theragnostics is an approach that combines therapeutics with diagnostics. It will help to develop targeted therapies on the basis of new molecular markers, to identify patients most likely to be helped or harmed by a new medication, and to eliminate the unnecessary treatment of patients for whom therapy is not appropriate. Thus theragnostics will be an integral constituent of personalized medicine. If introduced into routine health care it can significantly contribute to cost reductions.

New Paradigms To Advance Biotherapies In The European Union: The Need For Innovative Partnerships
Michel Goldman | Executive Director | The Innovative Medicines Initiative

Tissue-Based Molecular Pathology And Personalized Medicine
Manfred Dietel | Director | Institute of Pathology, Charité – Universitätsmedizin Berlin

Pan-European Archive Tissue-Banks As Basis Of New Anti-Cancer Drugs And Personalized Medicine
Giorgio Stanta | Professor | University of Trieste

Metabolite Profiling: A New Source And Approach For Multiparameter Diagnostics In Personalized Health And Medicine
Arno Krotzky | CEO | metanomics Health GmbH

Companion Diagnostics - Development And Health Economics Aspects
Jochen Hurlbaeus | Director Innovation Management | Roche Diagnostics

Personalized Medicine And Its Impact On Drug Innovation And Healthcare
Jens Oliver Funk | Member of the R&D Management Board, Head of Therapeutic Area Oncology | Merck Serono

M8 Symposium
Reforming Health Care: The Basic Ingredients

PS-241
Langenbeck
15.30 - 17.00

Host: Johns Hopkins University, Bloomberg School of Public Health
Chairs: Michael J. Klag | Dean | Johns Hopkins Bloomberg School of Public Health
Ellen J. MacKenzie | Fred and Julie Soper Professor and Chair of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health



Outline: *While the U.S. health care system provides outstanding health care quality for those with access to it, our system is one of the most expensive in the world. We spend US \$7,500 per person on health, or 16 percent of GDP. At the same time, the U.S. is one of only three countries among the 30 members of the Organization for Economic Cooperation and Development (OECD) that does not provide insurance coverage to its entire population. Limited access and high costs are driving the current debate in health care reform. In this session we will begin by discussing the status of the debate with attention paid to dispelling the myths about the proposed legislation. We will then present the main elements of reform for which there is growing consensus. We will discuss how these elements will move the U.S. in the direction of universal coverage with growing emphasis on prevention, quality of care and evidence based systems of care.*



Obama Health Care: Issues And Prospects
Gerard Anderson | Professor, Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

Private Health Insurance Reform In The U.S.: Three Crucial Elements Linked To Social Insurance
Bradley Herring | Assistant Professor, Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

Public Health Insurance Expansions In U.S. Health Reform: Protecting The Most Vulnerable
Lisa C. Dubay | Associate Professor, Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

The Importance Of Prevention To Health Reform
Sara N. Bleich | Assistant Professor, Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

Quality Of Care: Closing The Gap Between Evidence And Practice
Donald M. Steinwachs | Professor, Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

PS-242

Koch

15.30 - 17.00



Partner Symposium

Space Medicine: Results For Terrestrial Applications, Challenges For Long-Term Stays On Moon And Mars

Host: German Aerospace Center

Outline: *The International Space Station ISS is an international research laboratory that will be in operation at least for the next decade. This laboratory will be used with two approaches for medical research. First, weightlessness is a unique opportunity for basic research and for testing whether concepts in physiology also hold up when the human body is in weightlessness. Thus, it has recently turned out from space research, that the regulation of salt balance is much more complex than previously known. In addition, space medicine also has to care for astronauts during long-term stays on space stations or in future during flights to and stays on moon and mars. This makes novel approaches and countermeasures necessary. One such example is the development of short-arm human centrifuges.*

Worldwide leading experts in space medicine and physiology from Russia, the US and from Germany as well as the German ESA Astronaut Thomas Reiter, who has long-term experience both on the MIR-Station and aboard the International Space Station, will give an overview on present knowledge and future challenges of space medicine.

Introduction

Rupert Gerzer | Director | German Aerospace Center

Space Medicine - An Indispensable Research Field

Thomas Reiter | Astronaut | Member Executive Board of the German Aerospace Center

The Next Decades: Challenges For Space Medicine

Jeffrey R. Davis | Director | NASA, Space Life Sciences

Bedrest Studies For The Benefit Of Astronauts And Patients

Dieter Felsenberg | Charité - Universitätsmedizin Berlin

Salt And Blood Pressure Regulation: Space Connections

Jens Titze | University of Erlangen

Countermeasures For Long Term Stays In Space

Inessa Kozlovskaya | Deputy Director | IBMP Moscow

Biomedical Aspects Of Long Term Manned Space Missions

Anatoly Grigoriev | Scientific Leader of the Institute of Biomedical Problems | Russian Academy of Sciences

Summary

Rupert Gerzer | Director | German Aerospace Center

Partner Symposium
Healthcare Challenges In The Developed World

PS-243
Virchow
15.30 - 17.00

- Host: World Health Summit Student Forum
- Chairs: Amelie Deister | 20th European Students' Conference (ESC)
Michaela Dewes | 20th European Students' Conference (ESC)
- Improving Health Care In The Developed World: Discovering The Secret Of Healthy Ageing
Willemien Van de Water | Leiden University Medical Centre
- Accessibility And Utilisation Of Health Screenings Amongst The Urban Poor- A Case Study In Singapore
Liang En Wee | Yong Loo Lin School of Medicine, National University of Singapore
- A Geopolitical Reality: America's Water Crisis - Effects Of Groundwater Pumping And What To Do About It.
Christopher O. Leonards | Center for Stroke Research Berlin, Charité – Universitätsmedizin Berlin
- Center For Stroke Research Berlin, Charité Medical University
John W. Reuter | GEOSCIENCE Support Services, Inc.
- HIV/Aids In Tanzania And The Challenge Of Conducting A Study In A Rural Area Where Resource Is Limited
Inga Kirsten | Charité – Universitätsmedizin Berlin
- Human Resource Crisis In Sub Saharan Africa; Another Hiv Strain
Inga Kirsten | Charité – Universitätsmedizin Berlin
- International Organ Trade – Organ Bazaars And The Developing World
Hassan Khan | Aga Khan University
- Global Movement For Access To Essential Medicines, And Neglected Diseases Research
Gina Eom | Charité – Universitätsmedizin Berlin
- Paul Ehrlich's Immunology And The Persistence Of Concepts In Medicine
Amin T. Turki | Medical University Munster and Harvard University
- Charité Student Mentoring: A Case Report On Planning And Implementing A Mentoring Program At A Medical Faculty
Sebastian Herberger | Charité – Universitätsmedizin Berlin



**Even after more than a century of experience, we remain intensely curious.
For the sake of future generations.**

Boehringer Ingelheim has always remained true to its character as an independent family-owned company – today, it operates with 138 affiliates in 47 countries. Research is our driving force. And we equate success as a pharmaceutical company with the steady introduction of truly innovative medicines. With more than 41,000 employees worldwide and a track record build up in nearly 125 years, we are continuously dedicated to improving the outlook for a healthier life.

www.boehringer-ingelheim.com

Partner Symposium
Evolutionary Medicine

PS-244
Bier
15.30 - 17.00

Host: Berlin Brandenburg Academy of Sciences and Humanities | Volkswagen Stiftung

Chair: Randolph Nesse | Director, Evolution and Human Adaptation Program | The University of Michigan

Outline: *This symposium reports the latest results from the fast-growing field of evolutionary medicine. The speakers are scientists who participated in the WHS Satellite Symposium "Evolution and Diseases of Modern Environments." They will report conclusions and new directions from the symposium about factors in modern environments that cause chronic disease. These results will be framed in the larger context of what evolution offers to medicine and public health. This perspective is of particular importance to those crafting large scale public health and research policies. For instance, they offer potential explanations for why we have been unable to find the genes responsible for many chronic diseases, and why we should expect highly heritable diseases to be caused primarily by environmental factors. Those who attend this symposium should come away with a new vision of bodies that are very different from designed machines, and whose flaws have good evolutionary explanations.*



- 13.30** Evolutionary Medicine: Report From A Scientific Frontier
Randolph Nesse | Director, Evolution and Human Adaptation Program | The University of Michigan
- 13.45** Evolution & Human Aging
Kristen Hawkes | University of Utah
- 14.00** Evolutionary Perspectives On Human Nutrition
William Leonard | Northwestern University
- 14.15** Early Development And Reproductive Health In Later Life
Gillian Bentley | Professor of Anthropology | Durham University
- 14.30** Anxiety And Mood Disorders
Dan Stein | University of Cape Town
- 14.45** Disorders Caused By Lack Of Pathogen Exposure
Kathleen Barnes

SE-251
Main Hall
17.30 - 20.00



Social Event
Opening Ceremony

The Opening Ceremony marks the official beginning of the World Health Summit 2009.

To demonstrate the globalized future in medicine a live connection to the International Space Station will present biomedical research in space by the ISS crew.

After the ceremony, the Welcome Reception provides ample opportunity to meet with top opinion leaders, CEOs as well as board-level executives from science, politics and the health care sector.

Welcome Messages

- Karl Max Einhäupl | CEO | Charite - Universitätsmedizin Berlin
- Klaus Wowereit | Governing Mayor of Berlin
- Axel Kahn | President | World Health Summit
- Angela Merkel | Chancellor | Federal Republic of Germany (*attendance pending*)
- Nicolas Sarkozy | President | Republic of France (*attendance pending*)

Space Talk With Astronauts: Medical Research In Space,
Live Inflight Call To The International Space Station ISS

- Karl-Theodor zu Guttenberg | Federal Minister | Federal Ministry of Economics and Technology, Germany
- Jean-Jacques Dordain | Director General | European Space Agency
- Thomas Reiter | Astronaut | Member Executive Board of the German Aerospace Center
- Simonetta di Pippo | Director of HSF | European Space Research & Technology Centre
- Peter Hintze | Parliamentary State Secretary | Federal Ministry of Economics and Technology, Germany

- Tedros Adhanom Ghebreyesus | Minister of Health of the Federal Republic of Ethiopia | Board Chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Marc Danzon | Regional Director | WHO Regional Office for Europe
- Christopher A. Viehbacher | CEO | sanofi-aventis

How Evolutionary Medicine Can Guide The Evolution Of Medicine

- Randolph Nesse | Director, Evolution and Human Adaptation Program | The University of Michigan

- Detlev Ganten | President | World Health Summit

Musical Entertainment

ANNA SCHOECK

Classically trained singer Anna Schoeck is one of the most promising young artists in the field of opera. She won many prizes in the competitions “Jugend musiziert” and “Bundeswettbewerb-Gesang-Junior”. In 2008, she was awarded the Richard-wagner-Scholarship at the Bayreuth Festival. She frequently appears in the opera programs of the Deutsche Oper Berlin and also teamed up with Italian tenor Andrea Bocelli for a gala concert.



THE SINGING SHRINKS

The Singing Shrinks, founded in 2000 at the Charité, are the world's first and only choir of psychiatrists, neurologists and psychologists. The members are physicians, neuroscientists and psychotherapists who work at the Charité and other hospitals in Berlin. What once started as a spontaneous idea to rehearse a little surprise song for a small academic celebration resulted in a permanent choir which today is famous far beyond the medical or regional borders. From old tender pavaues and solemn chorales, cheeky old Berlin cabaret songs, and soulful musicals – the Singing Shrinks cover the full repertoire of human emotions and brain states.



FLINTSTONES BIG BAND

Rumor has it that at the end of the Stone Age musical notes were carved in stone and instruments weighed tonnes... However we only have proof of its existence since the middle 80's coming out of Berlin-Kreuzberg as the Flintstones Big Band formed.

Under the direction of Daniel Busch since 1996 they have worked their way through the fashionable trends of Big Band repertoires. In recent years they have been delighting crowds with famous renditions of swing songs as well as Latin American music and of rock and pop.

Enjoying high esteem with the Berlin Jazz scene has seen them teamed with the likes of Gayle Tufts, Pascal Wroblewski, Geschwister Pfister and most recently with Jazz-Vibraphone artist David Friedman.

The Flintstones Big Band have played for enthusiastic audiences on concert tours through not only Germany but also other countries including Switzerland, Holland, Greece and Japan.



SUMMIT PROGRAM

Friday, October 16th

Key & Notes

Session Key



Policy Statement

Partner Symposium

Key Note Lecture

Stakeholder Meeting

Working Session

Social Events

Panel Discussion

Venue Overview

SUMMIT VENUE
LANGENBECK-VIRCHOW-HAUS

5

- Room Koch
- Room Bier

- 5th Floor Foyer (Catering)
- Lounge

4

- Room von Behring
- Room Ehrlich (Press Office)

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Upper Foyer (Catering)
- Room Langenbeck

- Library
- Speakers' Center

0

- Entrance
- Main Foyer (Catering)
- Registration

- Cloakroom
- M8 Lounge
- Live Feeds

Global Visions On Health And Medical Progress

09.00	Pol.	Policy Statements				PO-311 · Main Hall · 72
	Keynote	Keynote Lectures				
10.00						KL-321 · Main Hall · 73
		Coffee Break				
11.00	Working Session	Socio-Economic Transitions: Health Care Consequences	The Best Of Two Worlds? Aligning Competition And Regulation In Health Care Reform	Can We Cope With Medical Progress?	Pandemic Preparedness: National And Worldwide Actions	Innovation In Healthcare Delivery
12.00		WS-331 · Main Hall · 74		WS-333 · Koch · 80	WS-334 · Virchow · 82	WS-335 · Bier · 84
13.00			WS-332 · Langenbeck · 78			
		Lunch Break				
14.00	Partner Symposium	Wellness & Prevention <i>Johnson & Johnson</i>	Innovative Medicines In The Future: From Research & Development To The Patient <i>AstraZeneca</i>	How Do Health Care Systems Cope With Medical Progress? <i>Federal Joint Committee & International Committees</i>		
15.00		PS-341 · Langenbeck · 87	PS-342 · Koch · 89	PS-343 · Virchow · 90		
	A	Award Ceremony: The World Health Summit & Pfizer Award for Innovation in Biomedical Research				SE-351 · Main Hall · 91
16.00	Keynote	Key Note Lectures				
						KL-361 · Main Hall · 92
17.00		Coffee Break				
	Panel Discussion	Health Care, Growth Engine For The Future? – What Does The Health Care Sector Need In Order To Thrive? Recommendations And Call To Action			Hot Topic Symposium: Pluripotent Stem Cell Research - Steps Forward On The Way To Clinical Application	
18.00					PS-372 · Langenbeck · 94	
19.00					PD-371 · Main Hall · 93	
	Stakeholder Meeting	Bertelsmann Stiftung Health Policy Reception <i>Bertelsmann Stiftung</i>	Novartis Stakeholder Meeting	Roche Exchange Forum On Science & Technology Transfer In Personalized Medicine <i>Roche</i>	Health Politics - Media - Expertise How Can We Help The Public Make Informed Health Decisions? <i>Max Planck Institute For Human Development, Lahm & Partner</i>	
20.00		SM-381 · Koch · 95	SM-382 · Offsite · 95	SM-383 · Main Foyer · 97	SM-384 · Langenbeck · 98	
	SE	Networking Events (Kindly note the different starting times.)				Offsite · 100

PO-311

Main Hall

09.00 - 09.30

Policy Statements

Health Policy: The New Challenges

*Thomas de Maizière*

Chair: Hans-Jörg Bullinger | President | Fraunhofer-Gesellschaft

09.00 Policy Statement

Thomas de Maizière | Head of the Federal Chancellery | Federal Chancellery, Germany

09.15 Policy Statement

Bernard Kouchner | Minister | Ministry of Foreign Affairs, France

*Bernard Kouchner*

Keynote Lectures
Keynote Lectures

KL-321
Main Hall
09.30 - 10.30

Chair: Hans-Jörg Bullinger | President | Fraunhofer-Gesellschaft

09.30 An Evidenced-Based View On Global Health

Hans Rosling | Director | Gapminder Foundation

The old mindset tells us that the world consist of industrialized and developing countries. This is no longer true. The socio-economic and health variations between and within countries today constitute a continuum. Most people live in middle income countries (emerging economies) with rapidly improving life expectancies and a fast changing burden of disease. Global Health variations (and economic variations) can only be understood if countries are divided into several different groups. Enjoyable graphic animations of global trends will be used to upgrade old mindsets into an evidence based approach to global health. Examples of these didactic methods are available on www.gapminder.org



Hans-Jörg Bullinger

10.00 Realizing The Right To Health: Innovation, Progress And New Frontiers

Mary Robinson | Chair | GAVI Alliance

We are seeing today a renewed commitment to realizing the human right to health. Global health initiatives, such as the GAVI Alliance, that aim to generate broad access to essential health services, are of critical importance if we are serious about our collective responsibility to implement the human right to the highest attainable standard of health. Global health partnerships, bringing together diverse actors from the public and private sectors, offer innovative approaches to closing the health access gap. Through providing life-saving vaccines to children all around the world, GAVI and its partners have made progress, yet the case for immunization is as compelling as ever. Further, it has become increasingly clear that in order to secure long-term success, more must be done to strengthen the foundations of health systems at country level. It is through committed leadership and effective partnerships between the global North and South, between the public and private sectors and between human rights advocates and health professionals, that we hope to create real progress towards the realization of the human right to health.



Hans Rosling



Mary Robinson

WS-331
Main Hall
11.00 - 13.30

Working Session
Socio-Economic Transitions: Health Care Consequences



Co-Host: Koch-Metschnikow-Forum
Chairs: Vitaly Zverev | Director | Russian Academy of Medical Sciences
Risards Zaleskis | Regional Adviser, Tuberculosis Control | WHO Regional Office for Europe



Vitaly Zverev

Outline: The successor states of the former Soviet Union and other countries in Middle and Eastern Europe currently undergo major changes, both politically and economically, also affecting their health care systems. At the same time, health care problems have to be faced, mainly fighting socio-economically relevant infectious diseases like tuberculosis, aggravated by increasing rates of multidrug resistance and of HIV-TB-coinfections. The currently ongoing transformation of the health care systems of Eastern European countries has to be seen in this context. In several international conventions like the World Health Assembly, the G8-Summit and conferences organized by WHO-Euro and the EU, it was agreed to address the specific problems of health care systems in transition and to develop strategies for long-term solutions involving financial and organizational commitment both high- and low-burden countries. The World Health Summit now takes the initiative to fulfil these agreements.

Thus, the working session addresses these processes by assembling representatives of Eastern European and Central Asian countries, of academic institutions, non-governmental organizations and from private companies as well as from supranational institutions like WHO and EU. The problem of transforming the post-Soviet health care systems and adapting them to meet the current challenges will be highlighted by the problem of tuberculosis control and compared to the situation in other WHO-regions. In addition, strategies to build an optimal health care system will be developed, specifically addressing the needs in Eastern Europe (e.g. fighting HIV/AIDS and tuberculosis, ensuring blood safety and the quality of drugs). International guidelines and recommendations and their potential adaption to the specific situation in Eastern Europe will be evaluated. Finally, ways of international collaboration in this field will be discussed, including involvement of NGOs, public private partnerships and bilateral cooperation programmes, covering the exchange of ideas, of scientists and of techniques.



Risards Zaleskis

Health Threats Related To Socio-Economic Transitions: Experiences And Recommendations For Europe

Karl Ekdahl | Head of Health Communication Unit | European Centre for Disease Prevention and Control

The upsurge in Tuberculosis and HIV in Eastern Europe since the 1990s shows what can happen when investment in public health systems is suddenly cut. In order to protect health, countries across Europe must continue to invest in the public health systems and infrastructure. ECDC and the European Commission have an important role to play in supporting this by providing the evidence base needed for effective action and showing leadership on issues such as HIV/AIDS, tuberculosis and pandemic influenza. ECDC can provide technical assistance in the form of training and advice, while the EU's Structural Funds can be used for investment in the health systems and infrastructure. However it is financed, integrated public health should be our aim, avoiding fragmentation of the disease prevention and control programmes. If we do this we can achieve our goal of protecting and improving health in Europe.



Karl Ekdahl

Health Care Priorities In A Period Of Socio-Economic Transition

Risards Zaleskis | Regional Adviser, Tuberculosis Control | WHO Regional Office for Europe

The countries of the WHO European Region are experiencing a dynamic and difficult time working in responding to various global challenges. Public health is of particular importance for the countries of Eastern Europe and the former Soviet Union. These countries demonstrate a dramatic example of what happens when public health systems (HS) start to break down: Communicable diseases like tuberculosis (TB) can rapidly re-emerge. Health systems` strengthening therefore is essential to achieving sustainable improvements in the health status of the population.

The new health charter endorsed at the WHO European Ministerial Conference on Health Systems in June 2008 in Tallinn, Estonia, commits member states to strengthen their HS to making those more responsive to peoples` needs (particularly poor

Global Visions On Health And Medical Progress

and vulnerable). TB is one of the serious public health threats for all countries of Eastern Europe.

TB control relies on the general health system, especially on well-functioning primary health care. TB programmes can contribute substantially to HS by developing innovative service delivery strategies. An integrated vision combines the vertical focus on TB priorities with the horizontal strengthening of the health system. The integrated support of WHO and other international organizations and partners are crucial to help member states to respond to health challenges in a right way.

Socio-Economic Transitions: Health Care Consequences

Ewa Kopacz | Minister | Ministry of Health, Poland

The recent 20 years saw the development of market economy in Poland. In addition, Poland became a member of the European Union and the WTO. The changes resulted in fast economic growth, increased welfare of the society and longer average life expectancy in Poland.

In mid 1990s, the health care system underwent some radical changes in terms of organisation and financing. The reform transformed the system based on financing from the budget into a model based on insurance system, with elements of the budget financing. The centrally planned health care system was replaced by the insurance system with the elements of free market.

One of the major current objectives of health care policy in Poland is to improve the effectiveness of the health care system's functioning. The activities aimed at improving the current situation include ensuring common and equal access to health care benefits, ensuring equality in health, adjusting health care to the needs of the ageing population, development of evidence-based medicine and elimination of benefits with unproved efficiency, creation of organisational and financial conditions encouraging the benefit providers to act efficiently and manage their finances rationally. The improvement of efficiency of health care requires also the development of international cooperation.



Ewa Kopacz



Ion Ababii

Transformations In Health System Of The Republic Of Moldova In Socio-Economic Transition Period

Ion Ababii | Rector | State Medical and Pharmaceutical University

The Socio-economic transition period in the Republic of Moldova is manifested by a number of transformations in health system carried out in conditions of a severe economic crisis. The GDP decreased (up to 10 dollars per capita), the income of the population decreased, unemployment and poverty increased, and the country is lacking access to medical assistance, medicines and medical equipment. Apart from that, the massive brain drain of medical staff worsened the population's health status.

Thus in 1995 general mortality reached 120 cases per 100 thousand population, life expectancy was 66 years, maternal mortality – 40 cases per 100 thousand new-bornes; was registered the epidemic spread of HIV infection, tuberculosis, diphtheria, cholera, and the increase of non-transmissible chronic diseases rate (cardio-vascular, oncologic, metabolic etc.).

For improving the situation and adjusting the health system activities to WHO and EU recommendations, the country leaders with the support of international organizations, within the framework of EU-Republic of Moldova plan, elaborated and approved a number of legislative and normative acts, National Health Policy and Strategy of Health System Development for 2008-2017.



Tomica Milosavljevic

Reducing Gaps In Health: Focusing On Transition

Tomica Milosavljevic | Minister | Ministry of Health, Serbia

Social and economic inequality is a determinant of health in every society. Influence of inequality on health is even stronger with the history of war and conflicts, migrations, deterioration of economic standards, isolation, and restoring the country afterwards. This paper will try to review the effect of growing socio-economic inequality in Serbia and its effect on the health care system. In Serbia, as elsewhere, the gap in the health status between the most advantaged and disadvantaged social groups reflects



Vladimir Lazarevik



Bujar Osmani



Paul Sommerfeld

contrasts in the condition in which people are born, where they grow up, live, work and age (social determinants of health). Effective and equitable health services, appropriate to the needs and resources of countries, can support the people to achieve good health.

Solidarity, Health Insurance And Inequities In Macedonian Health Care System

Vladimir Lazarevik | Health Policy Expert and Lecturer | Sc. Cyril and Methodius University, Medical Faculty-Skopje

Bujar Osmani | Minister | Ministry of Health, Macedonia

Health system in Macedonia is based on the values of solidarity, participation and equity. However, poor economic performance and a high official unemployment rate of 32.7% threatens the financial stability of the health system. Permanent lack of financing has increased the out of pocket expenditure for health, reflected on deterioration on hospital physical infrastructure and poorer provision and quality of health services. In parallel to this processes, poor health market regulation led to a strong trend in commercialization of the health care services, and investment in for profit provision of hospital services affordable only for those who are able to pay. Many citizens and government officials look for the solution of these problems in opening competition in the health insurance system. Eventual reform excursion in such directions may additionally increased health inequalities and could result in fragmentation of the health insurance market with long term negative consequences.

The Importance Of Civil Society Contributions To Action On Infectious Diseases

Paul Sommerfeld | Chair | TB Alert

A major function of public health services is to control infectious disease. In times of socio-economic transition limiting public funding, particular strain is placed on these services.

Control of diseases of poverty such as tuberculosis is never just a matter of good medicine; it is also a matter of effective community awareness and action. It is in this context that civil society contributions to public health control are crucial, especially in times of transition.

Reference will be made to overcoming sensitivities at the boundary between government and civil society, and to the value of the Civil Society Offer made to the Berlin ministerial TB conference in October 2007 together with its update at an EC meeting in July 2009.

Mention will also be made to the strains that may arise for countries, and support for civil action, whose economies grow to put them just outside the Global Fund eligibility criteria.

Global Visions On Health And Medical Progress

Health Challenge Of Metropolitan Areas

Stefan N. Willich | Institute Head | Charité - Universitätsmedizin Berlin

Due to rural-urban migration metropolitan areas are growing rapidly in most countries of the world. Metropolitan areas are associated with major health challenges including specific socioeconomic structure of the population, higher prevalence of addiction and mental disorders and thus higher utilization of health care facilities.

Both mortality and morbidity are considerably influenced by the social index: the lower the education, income and profession level, the higher the prevalence of chronic diseases and health related risk behaviour. Community-based primary prevention programs have been successfully implemented in various countries. They include mass media supported information campaigns, implementing primary care service, training of laypersons and environmental changes in co-operation with industry partners. International epidemiological and outcome research studies are needed to gain insight into and provide possible solutions for health challenges in metropolitan areas.



Stefan N. Willich

The FIND/BD Demonstration Study Outcome

Detlef S. Siewert | Business Director / Leader Global Health Europe/ Middle East/ Africa | BD Diagnostics - Diagnostic Systems

BD (Becton, Dickinson and Company) and the Foundation for Innovative New Diagnostics (FIND) improved TB diagnostics in 39 countries by providing the technology and technical assistance necessary to access new and more accurate diagnostic tools. A pricing agreement with FIND not only enabled BD to provide technology on an affordable and sustainable basis, but also enabled the company to build long-term relationships with emerging healthcare systems. In December 2004, BD and FIND initiated a collaboration focused on increasing access to improved TB diagnostics. Demonstration studies were complemented by training and advocacy efforts. Data from the demonstration studies contributed to WHO's recommendation for the use of liquid culture methods in resource-limited settings and as a standard of care for TB diagnosis and patient management. Recognizing that substandard labs in developing countries present an obstacle to adoption of improved diagnostics, BD has invested in lab strengthening.



Detlef S. Siewert

Note: For this session, simultaneous translation into Russian is offered.

WS-332

Langenbeck

11.00 - 13.00

Working Session

The Best Of Two Worlds?

Aligning Competition And Regulation In Health Care Reform

| BertelsmannStiftung



Martin McKee



Sophia Schlette

Co-Host: Bertelsmann Stiftung

Chairs: Martin McKee | Professor of European Public Health | London School of Hygiene and Tropical Medicine and European Observatory on Health Systems and Policies
 Sophia Schlette | Senior Expert Health Policy | Bertelsmann Stiftung

Outline: *The purpose of the session is to look into selected countries' experiences as they are searching for a balance between free market interests, public (health) interests, and the need for oversight and a trustworthy "visible hand". USA and Australia provide excellent examples to study this dichotomy, as both countries have fragmented health care systems, with a public-private mix on the funding/pooling side and also on the health care delivery side. The main difference between the two is that unlike the US, Australia has for long had a double mandate, yet leaves room for private players, both in health insurance in the provision of health care. Speakers will address the following issues:*

- 1) How do these systems compare with those where the state plays a greater role, on quality, cost, and access, the objective triangle of each health policy maker? How can health system performance be measured?
- 2) In the light of the economic downturn, how sustainable are market-driven solutions in health care, given the recent need for substantial government intervention in the financial services sector?
- 3) With recognition growing that good health status, good care and health policy are conducive to economic growth (see in particular the work feeding into the WHO's Tallinn Declaration), and that health care dollars, wisely spent, are an investment, not mere expenditure –will pragmatism substitute for turf ideologies and power fights?
- 4) To what extent does evidence inform health policy?
- 5) In the search for good practice, which governance models provide lessons for rethinking and reshaping the relationship between the market and the state, for aligning regulation and competition in health care.

Global Visions On Health And Medical Progress

11.00 Us Health Care Reform: Competition Or Control?

Joseph Antos | Wilson H. Taylor Scholar in Health Care and Retirement Policy | American Enterprise Institute

The current US reform debate centers on the role of government versus the market. Would a government health plan increase choice and competition or drive out private options? Would government control reduce incentives for innovation and efficiency? Would mandates drive up cost and make insurance unaffordable? Can we slow growth in health spending over the long term? What are the realistic prospects for reducing unnecessary spending through information technology, comparative effectiveness research, coordinated care delivery, improved payment methods? How can information about insurance and medical be improved to support good consumer decisions? How would expanded insurance coverage affect access to care? Is a deep recession the right time to mount a trillion dollar reform? What are the successes and failures of the US health system, including private and public insurance program? Will the US enact a reform, and what will be its parameters?



Joseph Antos

11.15 Defining System-Level Performance

Thomas Lee | Professor and Network President | Harvard Medical School and Partners Healthcare

An important root cause of our challenges in healthcare is tremendous progress imposed on a fragmented delivery system, leading to chaos, inefficiency, and disappointing quality. Regardless of how healthcare is financed, providers should become more organized and adopt information technology and other systems that improve performance. Unfortunately, most currently available measures of quality and efficiency were developed for a fragmented healthcare delivery system, and do not capture the value that is potentially created for patients by well-integrated providers. This lecture will outline some of the elements that define "system-level performance" and discuss their strategic implications and their associated organizational and cultural challenges.



Thomas Lee

11.30 The Australian Healthcare System: What Can Other Countries Learn?

Alan Downey | Global Head of KPMG's Healthcare Practice | KPMG in the UK

All healthcare systems are hybrids: the question is not whether we should strike a balance between competition and regulation, but how and where. In comparing healthcare systems, it is helpful to have a set of principles that can be used to evaluate success. Six key principles concern health outcomes, coverage, inequalities, freedom of choice, funding and ease of implementation. The Australian system combines publicly funded provision, available to all, with private health insurance which is encouraged by the government via a tax rebate scheme. How does this system work in practice and what are the benefits and disadvantages? How does the Australian approach measure up against the principles outlined above, and what are the lessons that can be learned by other countries?



Alan Downey

Discussants: Reinhard Busse | Professor for Health Care Management | Technische Universität Berlin

Jean-Yves Fagon | Professor, Head of the medical policy department Assistance Publique | Hôpitaux de Paris

Anne-Laurence Le Faou | Senior Lecturer in Public Health, Head of the Tobacco Cessation Center | Hôpital Européen Georges Pompidou

WS-333
Koch
11.00 - 13.00

Working Session
Can We Cope With Medical Progress?



Co-Host: Berlin Brandenburg Center for Regenerative Therapies
Chairs: Stefanie Dimmeler | Director | J.W. Goethe University Hospital and Faculty of Medicine
John E. L. Wong | Deputy Chief Executive / Dean, Yong Loo Lin School of Medicine, National University of Singapore | National University Health System



Stefanie Dimmeler

Outline: Progress in medical research is developing with enormous speed. In the field of regenerative medicine, the menu of beneficial diagnostic and therapeutic procedures is expanding at a breakneck pace. It includes medical devices, tissue engineering, biomaterials and cellular therapies (therapeutic immunization, stem- and iPS-cells). Pharmacotherapy and molecular medicine are moving towards a personalized approach opening the perspective to tailor treatment to individual needs.

New possibilities bring along new obligations to distribute the results of medical progress to every patient. The question remains urgent if and how we can afford an equal translation of progress to all parts of the population, which was the basis for the health systems of the "old" EU-member countries, reflecting the overarching values of universality, equity and solidarity. It has to be clarified, if high initial costs of (causative) regenerative medicine in the long-run are cheaper than conventional (more symptomatic) therapies for years or even decades.

At the same time, the financial crisis and macroeconomic factors such as an aging population and increasing constraints for public funding emerge as growing challenges for health care providers and for society in general. Robust models of partnership between the private and the public sector will be the basis for the innovative power of medicine and scientific development, and crucial for the translation of new insights to the people in need of them. This task can only be solved by a joint effort of those who produce medical progress, those who pay for it, those who market health and those who develop political and economic strategies for health care and research. This leads to the question of timing of health technology assessment (HTA) for regenerative therapies. Appropriate assessment of an innovative technology early in its product life cycle could provide answers for policy makers, providers and payers to allow early access.

Regenerative medicine is usually considered high-tech and expensive - more suitable for the developed world with strong potential for indications such as oncology, immunology, cardiovascular diseases, diabetes as well as skeletal degeneration just to mention a few. But the ability to repair or regenerate physiological function may be of even greater benefit in the developing world, where the incidence of diseases, accidents and severe injuries is greater than in the developed world.



John E. L. Wong

11.00 What Can We Expect From Advance Therapies (ATM) And How Can We Realize It - An Academic View
Ed Horwitz | President-Elect | International Society for Cellular Therapy Head Office



Ed Horwitz

The long range goal shared by biomedical investigators, whether focused on pathogenesis or therapeutics, is to cure human disease. Over the last decade, the development of new scientific platforms, such as genome-wide DNA sequence analysis and clinically applicable cell and gene therapies, have enabled physician investigators to rapidly translate scientific discovery to the clinics. While we must move forward as rapidly as feasible, we must exercise great caution. Essential to this idea is finding ways to properly promote our work without fueling unrealistic expectations to the general public. Medical progress unfolds over years to decades, and major discoveries represent a very small fraction of an overall research effort. Three of the specific challenges faced by academic investigators are (i) balancing financial and scientific/medical interests, (ii) reconciling competition with the biotechnology industry, which is an essential partner in the development of novel therapies, and (iii) protecting patients from inappropriately tested/regulated therapies. Academic physician investigators are uniquely qualified to lead the effort to discover novel advanced therapies. The key element of success is to meet the new challenges without impeding progress toward new discoveries.

Global Visions On Health And Medical Progress

11.15 Challenges For Advanced Therapies (Gene Therapy, Tissue Engineering, Cell Therapy) - From The Regulatory View

Richard McFarland | Associate Director of Policy | Office of Cellular Tissue and Gene Therapies, Center for Biologics Evaluation and Research, U.S. Food and Drug Administration, U.S. Department of Health and Human Services

Development of a regulatory framework that balances the uncertainties and potential benefits inherent in emerging therapeutic fields in order to improve the public health presents numerous challenges for regulatory agencies. These challenges include maintaining a thorough knowledge of the science underlying the developing products and using this understanding to identify proper controls for still maturing manufacturing processes, to identify beneficial, predictive non-clinical testing strategies, and to identify informative clinical study approaches for the novel products that will be developed to take advantage of the emerging science. In addition to these primarily scientific challenges, regulatory agencies must understand the abilities and limitations of their existing regulations and legal authorities as they apply to advanced therapies. The approach being undertaken by the United States Food and Drug Administration (FDA) to meet these challenges will be discussed.



Richard Mc Farland

11.30 Access To Innovative Products = Medico Economic Arbitrations

Laurent Degos | Chairman of the Board | French National Authority for Health

Pharmaceutical companies modified recently their policy moving from drugs for large population (large volume) to drugs for specialities and even orphan drugs (high price) with the concept of "progressive blockbuster", such as Gleevec, extending the indication of an expensive drug. Prices are related to the targeted population and not to the cost of research, development, production and marketing of the drug. National Health Insurances (NHIs) could not, in a near future, reimburse a large number of expensive drugs covering a minority of the population and simultaneously ask to increase the out of pocket participation for the others. Agencies assessing the health technologies have to take into account the economical aspects as well as the clinical effectiveness of products in order to have sustainable NHI. French, German, and English models of Health Technology Assessments will be discussed in this context.



Laurent Degos

11.45 Promotion Of Translational Research For Health Care In The Future: Japan's Challenge

Hiroo Imura | Professor Emeritus | Kyoto University

Recent progress of genomics, stem cell research and other basic biosciences are bringing about enormous impact on the future of clinical medicine and we may expect that personalized medicine, regenerative medicine, targeted drug development and other cutting-edge technologies could revolutionize health care. To achieve this goal, proper and efficient translational research must be performed to overcome various obstacles. We propose Integrative Celerity Research which is done based on basic science and clinical epidemiology, introducing new research tools and integrating various steps of clinical research as much as possible. We need also to evaluate cost-performance at an early step of translation, since new therapeutic means may become burdens for the future of health care. It is imperative to develop high performance medical technologies at relatively low cost. For this purpose, global collaborative networks should be organized to reduce the cost and time of translational research.



Hiroo Imura

12.00 Discussion

Discussants: Alexander Shabrov | Rector | St.-Petersburg State Mechnikov Medical Academy
Jaap Suermondt | Director | Hewlett-Packard Company (HP Labs)
Rainer Hess | President | Federal Joint Committee (Gemeinsamer Bundesausschuss)

WS-334

Virchow

11.00 - 13.00

Working Session

Pandemic Preparedness: National And Worldwide Actions



Co-Host: Max Planck Society

Chairs: Stefan Kaufmann | Director | Max-Planck-Institute for Infection-Biology
Keiji Fukuda | Assistant Director-General ad interim for Health Security and Environment | World Health Organization



Stefan Kaufmann

Outline: Infectious diseases remain major threats to humankind. One third to one quarter of all deaths are due to infectious diseases. The “big three” HIV/AIDS, tuberculosis and malaria, as well as the so-called neglected diseases alone are responsible for 6 million deaths and for more than 220 million years lost due to disability, sickness or premature death. The threat from infectious disease has increased with globalization and the last quarter century has witnessed the emergence of new pandemics. In the early 1980s, AIDS has started its global crusade and as a true pandemic afflicts individuals in both developing and developed countries. In the beginning of the 21st century, two infectious diseases, SARS and the avian influenza H5N1 threatened to become pandemic. In both cases this has not occurred. SARS was controlled by conventional methods including quarantine and slaughter of reservoir animals. H5N1 has not (yet) succeeded in human-to-human transmission and has mostly been fought by slaughter of poultry. This year has witnessed another pandemic, the swine influenza, H1N1. Even though it is currently unclear whether swine flu will become a devastating plague, intervention measures are urgently needed. Careful surveillance is required to prevent local endemics from spiralling into global pandemics. In addition to surveillance of new disease outbreaks, surveillance of newly emerging pathogens is needed. Major hotspots for new pathogens include (i) contact of humankind with wilderness. This contact has been responsible for the AIDS pandemic as well as sporadic outbreaks of Ebola, Marburg and SARS viruses. (ii) Equally critical is industrialized animal farming. Examples are the BSE outbreak and influenza (seasonal and pandemic). This symposium will discuss the global challenges of emerging pathogens and pandemics in a globalized world as well as national and international surveillance strategies and countermeasures.



Keiji Fukuda

11.00 Was Von Moltke Right? The 2009 Pandemic – Making The Pandemic Planning Real

Angus Nicoll | Senior Expert - Influenza Coordination | European Center for Disease Prevention and Control

Each pandemic has differed significantly and so pandemic planning and preparedness has had to cope with considerable uncertainty. Now after five years of work Europe has to cope with a real pandemic, that of influenza A(H1N1) 2009. The truism of Field Marshall von Moltke is that “No battle plan ever survives contact with the enemy...”. By examining ECDC’s pandemic known unknowns this presentation will draw on the experience so far, which has shown how that does and does not apply to Europe. In many ways this pandemic has been as good as Europe might hope for. But at the same time it is unclear how stressful this autumn and winter will be for European Countries though the main pressures will be on the health services especially the hospital intensive care units. However the main uncertainties for Europe are likely to come over vaccines.



Angus Nicoll

Global Visions On Health And Medical Progress

11.15 Lessons From The Global Aids Response

Peter Piot | Director | Institute for Global Health, Imperial College London

11.30 Globalization And Infectious Diseases A Threat And An Opportunity For Collaborative Clinical Science

Jeremy Farrar | Director | Wellcome Trust Major Overseas Programme, OUCRU, Hospital for Tropical Diseases Viet Nam

The most devastating infectious disease outbreak occurred in 1918, when influenza killed approximately 40-60M people. That haunting memory has led to fears of the potential of a rapidly emerging infectious disease threat. New paradigms for cooperation are required to address the global health challenges of our time. International cooperation and data sharing is essential, but this will only happen if there is trust engendered by long term and equitable partnerships between the north and the south. Partnerships cannot be generated just when the rich world suddenly feels threatened. As we continue to neglect patient and public health research we may prevent the benefits of this golden scientific age reaching the people who need it most. There is a real opportunity to reinvigorate international scientific collaborations with centres of gravity firmly based where the need is greatest and ensure true equitable sharing of the benefits.

11.45 Public-Private Collaboration For The Development Of New Vaccines And Drugs

Rino Rappuoli | Global Head Vaccines Research | Novartis Vaccines and Diagnostics

Vaccine development today is driven by medical need in high income countries. Once they are developed, they usually become available to low income countries after 10-20 years, but their profile often meets only in part the medical need of poor countries. There is no mechanism in place to develop vaccines that are only needed in low income countries. To develop vaccines needed only in low income countries and to accelerate the availability of existing vaccines, a number of initiatives are being discussed. A unique initiative in this direction is the Novartis Vaccines Institute for Global Health (NVGH), a non profit organization with the mission to develop those vaccines only needed in low income countries that has access to all assets and know how of a large vaccine manufacturer. The Institute has been designed to optimally cover the existing gaps in the development of vaccines for poor countries.

12.00 Discussion

Discussants: Didier Houssin | General Directorate for Health | Ministry of Health, France
David Reddy | Pandemic Task Force Leader | F Hoffmann-La Roche Ltd.



Peter Piot



Jeremy Farrar



Rino Rappuoli

WS-335
Bier
11.00 - 13.00

Working Session
Innovation In Healthcare Delivery



Olivier Raynaud

Co-Host: World Economic Forum
Chairs: Olivier Raynaud | Senior Director | World Economic Forum
Nicolaus Henke | McKinsey & Company

Outline: Health systems around the world face significant challenges to improve access and raise quality whilst lowering costs, with the current economic climate having made the need for improvement all the more urgent. How can health systems rise to these challenges? Where can solutions be found? And what is the secret to their success?

For the World Economic Forum answering these questions is an immediate priority now and going forward to Davos in January 2010. We have launched a global search for game-changing, innovative delivery solutions. We want to understand what delivery solutions are achieving significant impact, what enables them to do so, and how their successes can be replicated in more health systems.

We have assembled a group of health system leaders chaired by Dr. Victor Dzau, President and CEO of Duke University Health Systems, to work with us in doing precisely this.

At this session, we will be hearing first-hand from leading innovators who have made change happen at the frontline. We will listen to their stories of the opportunities they found, the challenges they overcame, and the improvements they have delivered.

We'll want to hear from session participants about their experiences of what works and what health system leaders and policymakers can do to enable innovation to spread and to flourish. For at this moment, in this time, fostering innovation is not merely an option or a choice. It is, for us all, our solemn obligation.



Pedro Yrigoyen

11.00 Delivering Remote Access To Triaging In Mexico
Pedro Yrigoyen | Co-Founder | Medical Home

Medical realized 52% of Mexicans (50+ million) lacked any access to public or private healthcare (27 billion "emergency spending" takes 3 million families broke a year) and, people with public coverage, had to travel and queue in long lines upon arriving at the clinic (mistreatment). Medical partnered with PTT Telmex and Mobile Telcel, to deliver remote access to triage by certified physicians with resulting diagnosis, escalation to a specialist or referral to a pre-verified network. Affordability was achieved when service was introduced as a US\$5 monthly subscription within the phone bill. Patients who avoid seeing a physician save at least US\$30 and for those who do need to see a physician, they receive discounts through the pre-verified network. In addition to benefit for individual patients, savings have been achieved across overall health system as 62% of medical ailments are actually solved on the phone, and "perceived emergencies" (6% of calls) are reduced to less than 1%, due to effective triaging. Future lies in tying phone triage to Public Care Systems as 2/3 of medical visits can be avoided, generating billions of saving while unclogging infrastructure.

Global Visions On Health And Medical Progress

11.15 Lowering Cost And Raising Access To Maternal Care In India

Anant Kumar | Chief Executive Officer | LifeSpring Hospitals

Expanding opportunities for lower-income women to access affordable, high quality maternal care is at the heart of LifeSpring Hospitals. The cost of traditional private hospitals is out of reach of many Indians. Yet, public hospitals' free services often compromise quality, transparency, efficiency, and attitude towards the customers. Women are increasingly choosing to give birth at a private hospital, but often have to take out loans or sell assets to finance their choice of receiving adequate care.

LifeSpring's mission grew out of this deep deficiency and in response to women's demand for an alternative. In this vein, LifeSpring provides its customers with choices and care that recognize their dignity. With its expanding chain of affordable, high quality maternal hospitals, LifeSpring has taken on the challenge to provide innovative solutions for women and babies. Through LifeSpring's highly efficient, specialised model it is able to deliver quality care at prices significantly below market rates, achieving financial sustainability and social impact. LifeSpring aims to serve as a model for providing high quality maternal and child health services to the poor in India and worldwide.



Anant Kumar

11.30 Using Social Marketing And Social Franchising To Provide Measurable Health Impact To Vulnerable Populations

Nils Gade | Director | Population Services International (PSI) - Europe

PSI was founded in 1970 with the primary goal to improve access to family planning products to poor populations. This was done by creating attractive brands of high quality contraceptives that PSI sold at low, subsidized prices. The subsidy was financed by donor contributions which also paid for occasional generic campaigns. These social marketing, operations overcame barriers to adopting modern family planning methods that particularly existed among low-income and less educated people. As a result fewer people relied completely on public sector clinics, which were frequently burdened with low-motivated staff and inefficient logistics.

The success of the social marketing model led to its expansion into other health areas, such as prevention of HIV, malaria and waterborne diseases. Today there are about 50 organizations working in more than 60 countries that are affiliated to the PSI network and supported by the mother organization based in Washington DC. PSI focuses on measuring impact, empowering local staff to drive local operations and programs. PSI's programs promote behaviors that require the use of a product, like a condom, an insecticide treated mosquito net or a water purification agent or that are entirely based on a communications campaign.

Arguably the greatest gains in terms of health impact can be achieved by extending the social marketing model into the area of health services, through the social franchising model which reduces the cost of health care delivery by creating a reliable mechanism for quality control and economies of scale in different areas such as training, branding and advertising. The concept of franchising that revolutionized the service industry in the gastronomic sector is waiting to unleash its power in health service delivery of developing countries.



Nils Gade

11.45 Discussion

Discussants: Tilman Ehrbeck | Partner | McKinsey & Company
May Tsung-Mei Cheng | Princeton University



WELLNESS AND PREVENTION

Johnson & Johnson *invites* you
to a Partner Lunch Symposium

Friday October 16th, 2009
2 p.m. to 3.30 p.m.
Campus Charité Berlin

The focus of the panel discussion will be on the
critical role of wellness & prevention in
improving the health of the population now
and in the future.

Topics to be covered will include obesity
and metabolic disease, legislating for
smoke-free environments, benefits of
wellness and prevention
programmes and prevention
of cardio-vascular disease.

Partner Lunch Symposium
Wellness & Prevention

PS-341
Langenbeck
14.00 - 15.30

Host: Johnson & Johnson
Chair: Carl Graf Hohenthal | Brunswick Group



Outline: This Roundtable will cover issues such as the long-term global challenges faced by smoking, obesity, diabetes and how wellness & prevention programs can help to tackle these threats.
Many diseases can be prevented, yet health-care systems do not make the best use of the resources to support this process.

Smoke-Free Environment
Jorgo Chatzimarkakis | MEP | European Parliament

Obesity And Metabolism
Judith A. Monroe | State Health Commissioner | Indiana State Department of Health

Wellness & Prevention
Victor Strecher | Chief Visionary Officer | HealthMedia

A German Approach To Wellness & Prevention
Stefan N. Willich | Director Institute of Social Medicine, Epidemiology and Health Economics | Charité – Universitätsmedizin Berlin

life inspiring ideas



AstraZeneca is one of the world's leading pharmaceutical companies. Backed by strong science and wide-ranging commercial skills, we focus on turning good ideas into effective medicines that make a difference for patients in important areas of healthcare. And we encourage innovation in all areas of our business because the more good ideas we have, the more we can add value for our customers, shareholders, employees and the wider community.

Partner Lunch Symposium

Innovative Medicines In The Future:
From Research & Development To The Patient

PS-342
Koch
14.00 - 15.30

Host: AstraZeneca

Chair: Thomas Hegemann | Managing Partner | CGC GbR



Outline *Optimized treatment has become both art and science: The pure development of new medications that meet patients needs even better, is only one piece in the puzzle of the decision making process. In an arena where the understanding of disease areas is evolving, where more targeted treatment options based on biomarkers offer new opportunities, and where the political and regulatory environment is constantly changing, the different stakeholders in our health symstem face complex challenges.*

Innovative Medicines In The Future: From Research & Development To The Patient
Henning Wrogemann | CEO | AstraZeneca

Trends In Treatment Decision Making: The New Personalized Medicine In Oncology
Karl-Matthias Deppermann | Chefarzt | Helios-Klinikum

Is The Patient Still The Center Of All Efforts? Caught Between Political Considerations, Classification Systems, And Patient Benefits
Bernd Gallhofer | Chairman, Head of Department | Justus Liebig University School of Medicine

Globalization And Personalization: The Future Of Cns Drug Development
Amir Kalali | VP Quintiles Inc and Clinical Professor of Psychiatry | University of California

PS-343
Virchow
14.00 - 15.30

Partner Symposium
How Do Health Care Systems Cope With Medical Progress?



Host:	German Federal Joint Committee & International Committees
Chair:	Matthias Perleth German Federal Joint Committee (Gemeinsamer Bundesausschuss)
Outline:	<p><i>In this session, the perspective on medical progress will be taken a step further. In many health care systems, promoters of innovative technologies and services increasingly need to provide data on clinical benefit, comparative effectiveness, safety and efficiency in order to achieve reimbursement. Having seen a quasi-automatic path from innovation to reimbursement for many years, the situation has changed recently. Manufacturers along with clinicians and stakeholders now have to answer critical questions by decision-makers regarding the added value of their products. Solutions, even if award-winning, to clinical problems are not necessary solutions for the health care delivery from the point of view of the health care administration. To add to the complexity, governments are interested in prospering industries and economic growth, which may conflict with the aim to keep health care costs under control.</i></p> <p><i>In this partner symposium "How Do Health Care Systems Cope With Medical Progress?" some of these issues will be discussed. Experts from France, Germany, the Netherlands and the United Kingdom will provide insight into the decision-making processes. This symposium will interact with the earlier working session on the same day "Can We Cope With Medical Progress?" and some of the discussants will be present in both sessions.</i></p>
14.00	<p>Assessing The Value Of New Technologies</p> <p>Peter Littlejohns Director Clinical and Public Health, National Institute for Health and Clinical Excellence (NICE)</p>
14.15	<p>Conditional Reimbursement Of Expensive Intramural Drugs; An Example Of How The Dutch Health Care May Cope With Innovations.</p> <p>Wim G. Goettsch Deputy Secretary Medicinal Products Reimbursement Committee Health Care Insurance Board (CVZ)</p>
14.30	<p>How To Integrate Medical Innovations Into Benefit Catalogues Of German Health Insurers</p> <p>Bernhard Egger Department of Medicine German National Association of Statutory Health Insurance Funds</p>
14.45	<p>Discussion</p>

Award Ceremony

The World Health Summit & Pfizer Award

For Innovation In Biomedical Research

SE-351
Main Hall
15.45 - 16.00

Laudation: Karl Max Einhäupl | CEO | Charite - Universitätsmedizin Berlin
David Roblin | Vice President Global Research & Development | Pfizer

Outline: *The scientific and medical solutions to the future delivery of healthcare will in large part be found by the young scientists of today. It is therefore critical that we appropriately recognize, encourage and reward the great science being done by the potential leaders of tomorrow's scientific and medical research world.*
Accordingly it is with great pleasure that in partnership with Pfizer Global R&D (Europe), the World Health Summit has established the »World Health Summit and Pfizer Award for Innovation in Biomedical Research«. This annual, international award endowed with Euro 75,000 is designed to recognise and reward young scientists at the outset of their career, promote innovation in biomedical research and encourage translation to benefits in human health.
In its scope, the award will recognize highly innovative independent research in biomedical science which promises to make a positive impact on human health. Special attention will be paid to the potential of the research to build into a program of activities and drive this "translational agenda".
The selection of the winner has been undertaken by a panel comprising deans of the M8 institutions and a senior Pfizer scientist.

15.45 Award Ceremony

KI-361
Main Hall
16.00 - 16.45

Keynote Lectures
The Helmholtz Key Note Lecture Session



Jürgen Mlynek

Chair: Jürgen Mlynek | President | Helmholtz Association of German Research Centres

16.05 New Challenges In Global Health

Peter Piot | Director | Institute for Global Health, Imperial College London

Growing interest in global health has been driven by AIDS, pandemic influenza threat, and the realization that development requires better health. Global health has been dominated largely by traditional public health focusing on infectious diseases, and mother and child health. With globalization the paradigm of global health should evolve to: address non-communicable diseases, which account for the majority of premature deaths outside sub-Saharan Africa; embrace multiple disciplines and sectors; combine disease prevention and treatment; connect with social, economic, political and climate changes, and address structural and life style drivers of ill health; challenge global inequalities in health manpower and access to services; invest in new technologies, in particular drugs, vaccines, and information systems to promote health and manage increasingly complex health systems; reform global health governance. Because of the world's interconnectivity, today all health is global.



Peter Piot

16.25 Science, Health And Politics

Mark Walport | Director | The Wellcome Trust

Our challenge is to create a healthier world. Infectious disease presents a critical challenge for human health: Someone dies from HIV every 10 seconds; a child dies of malaria every 30 seconds; and 30,000 children each day die of preventable diseases. Chronic conditions (coronary artery disease, hypertension, diabetes and obesity) present a growing health burden for rich and poor countries alike. Building a critical mass of sustainable research capacity in the world's poorest countries is vital to combat diseases that kill millions of people each year. However, research is only part of what is needed. Without the support of government, good governance and accountability these pressing health challenges will not be solved.



Mark Walport

Panel Discussion

Health Care, Growth Engine for the Future? –
What Does the Health Care Sector Need in Order to Thrive?
Recommendations and Call to Action

PD-371
Main Hall
17.15 - 18.45

Chairs: Michael Klag | Dean | Johns Hopkins Bloomberg School of Public Health
Detlev Ganten | President | World Health Summit

17.15 Discussion

Discussants: Martin McKee | Professor of European Public Health | European Observatory on Health Systems and Policies
Ewa Kopacz | Minister | Ministry of Health, Poland
Steven A. Wartman | President/CEO | Association of Academic Health Centers
Nicolaus Henke | Director | McKinsey & Company
Andreas Penk | President Oncology Europe & Country Lead Germany | Pfizer
Reinhard Schweppe | Ambassador | German Mission to the UN
Keiji Fukuda | Assistant Director-General ad interim for Health Security and Environment | World Health Organization
John E. L. Wong | Deputy Chief Executive / Dean, Yong Loo Lin School of Medicine, National University of Singapore | National University Health System

PS-372
Langenbeck
17.15 - 18.45

Hot Topic Symposium
Pluripotent Stem Cell Research -
Steps Forward On The Way To Clinical Application

- Chair: Ed Horwitz | International Society for Cellular Therapy Head Office
- 17.15 **Our Experiences In Cloning And ES Cell Research, From Murine, Livestock To Primates**
Qi Zhou | Professor | Chinese Academy of Sciences
Experiences from past, advances in the current, and foreseeing of the future are offered in this comprehensive review of the pioneer research work done by Professor Zhou's group in the field of developmental and reproductive biology. Mechanisms of differentiation and de-differentiation, embryonic development of mammalian somatic cell nuclear transfer, cellular plasticity and totipotency of stem cells and somatic cells are investigated towards a goal of understanding the mechanisms of mammalian cloning and improving reprogramming efficiency.
- 17.35 **Reprogramming Cells To Highly Pluripotent Stem Cells**
Fanyi Zeng | Professor | Shanghai Jiao Tong University School of Medicine
Since the initial description of induced pluripotent stem (iPS) cells created from mouse fibroblasts, this technique has been used to generate embryonic stem (ES)-like pluripotent cells from a variety of cell types in other species including primates and rat. iPS is a preferred alternative to somatic-cell nuclear transfer or somatic cell fusion with ES cells. However, iPS reprogramming remains slow and inefficient. No live animals have been previously produced through the most stringent tetraploid complementation assay, indicative of a failure to create fully pluripotent cells. We report the generation of iPS cell lines that are capable of generating viable, liveborn and fertile progeny through tetraploid complementation. These iPS cells maintain a pluripotent potential very close to ES cells. We demonstrate the practicality of using iPS cells as useful tools for the characterization of cellular reprogramming and developmental potency, and confirm that iPS cells can attain true pluripotency similar to that of ES cells.
- 17.55 **Discussion**
- Note: This keynote lecture is open to the public.

Stakeholder Meeting
Bertelsmann Stiftung - Health Policy Reception

Host: Bertelsmann Stiftung
Note: This event is by invitation only.

SM-381
Main Foyer
19.15 - 20.45

| BertelsmannStiftung

Stakeholder Meeting
Past, Presence and Future of Hospitals

Host: Novartis
Note: This event is by invitation only.

SM-382
Offsite
19.15 - 20.45

 NOVARTIS



This molecule has the right diagnosis.

We think medicine should be made to fit
patients' individual needs as closely as possible.
The information in human genes acts as our guide.

Our innovations help millions of people by
alleviating their suffering and improving their quality of life.
We give them hope.



We Innovate Healthcare

Stakeholder Meeting Roche Exchange Forum on Science & Technology Transfer in Personalized Medicine

SM-383

Koch

19.15 - 20.45

Chair: Klaus Lindpaintner | F. Hoffmann-La Roche Ltd.

Outline: *Exchange forum on knowledge transfer to jointly promote personalized medicine with position statements of expert stakeholders from pharma development, diagnostics, academic research and clinical application, with subsequent plenary discussion.*



Implementing Personalized Healthcare In Oncology

Christian Meisel | F. Hoffmann-La Roche Ltd.

What Does It Need To Realize Personalized Cancer Care?

Jürgen Wolf | University Hospital Cologne

Critical Success Factors For Diagnostics In The Development Of Companion Diagnostics

Thorsten Gutjahr | F. Hoffmann-La Roche Ltd.

Succesful Bench To Bedside Research Requires Strong Alliances Between Academia And Industry

Otmar D. Wiestler | Chairman of the Board | Deutsches Krebsforschungszentrum (DKFZ)

SM-384
Langenbeck
19.15 - 20.45

Stakeholder Meeting
Health Politics - Media - Expertise
How Can We Help The Public Make Informed Health Decisions?

Hosts: Max Planck Institute for Human Development, Lahm & Partner
Chair: Christian Lahm | Lahm & Partner | Health Politics - Media - Expertise
Outline: *The popularity of the internet has made it easier and faster to find valuable health information. Yet the web also allows rapid and widespread distribution of false and misleading information. Due to the high number of web sites on health topics users must take care that not coincidences decide whether the quality of chosen information is high or not. Therefore a new designed web based health almanac - uncommercial, independent, evidence-based and easy to handle - should facilitate orientation.*

Why an innovative web-based health almanac could improve quality and efficiency of information
Christian Lahm | President | Lahm & Partner | Health Politics - Media - Expertise

What does the public know about the benefits of breast and prostate cancer screening? A representative survey of nine European countries
Gerd Gigerenzer | Max Planck Institute for Human Development

How is the public informed about the benefits and risks of medical treatments?
Wolfgang Gaissmaier | Max Planck Institute for Human Development

Helping doctors to understand health statistics
Odette Wegwarth | Max Planck Institute for Human Development

Public understanding of risk
Markus Feufel | Max Planck Institute for Human Development

One-Sidedness of information duties in medical law?
Michael Haas | Law firm partner | Law firm Pöppinghaus | Schneider | Haas



ALTERNATIVE THINKING ABOUT HEALTH AND LIFE SCIENCES:

The healthier the system, the healthier the patients.

It's really that simple. And let's face it, in the (necessarily) complex world of health and life sciences, a little simplicity can be pretty refreshing. That's why, at HP, we're developing technology to simplify the entire ecosystem and help it run as efficiently and remarkably as the human body itself. Because if our technology can do things like speed up the process from R&D to real life, it ultimately improves the quality of care, and leads directly to better health outcomes. Healthier, happier patients – that's what it's all about.

See how we're making the industry healthier.
Visit hp.com/go/healthandlifesciences



Networking Events

Australian Embassy Reception

by invitation only

October 16th, 2009

19.30 hrs

Australian Embassy Berlin, Wallstraße 76-79, 10179 Berlin



Landau Media Forum

Zukunft der Medien – Zukunft der PR. Neue Chancen für die Pharmakommunikation.

To register, please write to gruber@landaumedia.de.

Note: This event is in German language.

Speaker: Uwe Mommert, Vorstand Landau Media AG

October 16th, 2009

18.30 hrs

Landau Media Monitoring AG, Friedrichstraße 30, 10969 Berlin

McKinsey&Company

McKinsey Reception

by invitation only

October 16th, 2009

20.00 hrs

Lounge im Turm, Frankfurter Tor 9, 10243 Berlin



07.22
BERLIN REICHSTAG

SUMMIT PROGRAM

Saturday, October 17th

Key & Notes

Session Key



Policy Statement

Partner Symposium

Key Note Lecture

Stakeholder Meeting

Working Session

Social Events

Panel Discussion

Venue Overview

SUMMIT VENUE
LANGENBECK-VIRCHOW-HAUS

5

- Room Koch
- Room Bier

- 5th Floor Foyer (Catering)
- Lounge

4

- Room von Behring
- Room Ehrlich (Press Office)

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Upper Foyer (Catering)
- Room Langenbeck

- Library
- Speakers' Center

0

- Entrance
- Main Foyer (Catering)
- Registration

- Cloakroom
- M8 Lounge
- Live Feeds

Personalized Medicine: Translation From Bench To Bedsides To Populations

09.00	Pol.	Policy Statements					PO-411 · Main Hall · 106						
	Keynote	Keynote Lectures							KL-421 · Main Hall · 107				
10.00													
	Coffee Break												
11.00	Working Session	Health Care Innovations: Structural And Financial Requirements		Improving Strategies For Global Health: Disease Control Priorities		Personalized Medicine: Prevention And Treatment		Patients' Needs And Health Research		Clinical Trials: Innovation, Regulation And Costs			
12.00													
13.00		WS-431 · Main Hall · 108		WS-432 · Langenbeck · 110		WS-433 · Koch · 112		WS-434 · Virchow · 116		WS-435 · Bier · 120			
	Lunch Break												
14.00	Partner Symposium	Achieving Breakthroughs In Personalized Medicine <i>Siemens AG, Healthcare Sector</i>				Contributing To Personalized Medicine: Molecular Imaging - The Next Paradigm Shift? <i>Bayer Schering Pharma AG</i>			The Cardiovascular Continuum: A challenge for Cardiovascular Research <i>sanofi-aventis</i>				
15.00													
		PS-441 · Koch · 123				PS-442 · Main Hall · 125			PS-443 · Langenbeck · 127				
16.00	Keynote	Keynote Lectures									KL-451 · Main Hall · 128		
	Coffee Break												
17.00	Panel Discussion	How To Balance The Benefits And Costs Of Innovation? Recommendations And Call To Action										PD-461 · Main Hall · 130	
18.00													
19.00													
	SE	World Health Summit Gala Dinner										SE-471 · DHM · 131	

PO-411

Main Hall

09.00 - 09.30

Policy Statements

Policy Statements

*Annette Schavan*

Chair: Peter Gruss | President | Max Planck Society

Innovative Health Research - The Key To Personalized Medicine

Annette Schavan | Federal Minister | Federal Ministry of Education and Research, Germany

Policy Statement

Valérie Pécresse | Minister | Ministry of Higher Education and Research, France

*Valérie Pécresse*

Personalized Medicine: Translation From Bench To Bedside To Populations

Keynote Lectures
The Max Planck Keynote Lecture Session

KL-421
Main Hall
09.30 - 10.30

Chair: Peter Gruss | President | Max Planck Society

09.30 Halving Premature Death

Sir Richard Peto | University of Oxford

Worldwide, life expectancy has risen substantially over the past half century, and it continues to rise. In general, both child and adult mortality has been decreasing, despite major wars, famines and epidemics (particularly HIV), and in most parts of the world the improvement continues. There are only four big causes of disease that have increased substantially in any major populations in recent decades: HIV, tobacco, alcohol abuse and obesity – and, in high-income countries, vascular mortality rates are still falling rapidly despite the increasing prevalence of obesity. Barring some global catastrophe, childhood mortality should continue to decline, and adults who avoid HIV, tobacco and alcoholism should mostly survive into old age. For this, the chief requirement is continued attention to maternal and child health and to the few really big causes of premature death in adults. Although medical care has much to offer, so do social policies, including strong fiscal policies on tobacco and alcohol.



Peter Gruss

10.00 Towards An Era Of Precision Medicine

Elias Zerhouni | Former Director | US National Institutes of Health

The landscape of public health challenges has drastically changed throughout the world in the past few decades with the emergence of new challenges such as chronic diseases often related to aging and the persistence of old challenges such as infectious diseases. Progress in the biological sciences has also been revolutionized by broad advances in our understanding of biological systems, their regulation in health and disease but also their complexity and great diversity at the individual level as revealed thru the study of the human genome, its variations and associations with specific disease states. Combined with the rapid changes in our environment and related dysfunctions in human biology these discoveries indicate the need to refocus research efforts towards a more predictive, personalized and preventive medicine as opposed to the curative paradigm of today.



Sir Richard Peto



Elias Zerhouni

WS-431
Main Hall
11.00 - 13.00

Working Session
Health Care Innovations: Structural And Financial Requirements



Ulrike Beisiegel



Peter Suter



Steve Wesselingh

- Co-Host:** German Council of Science and Humanities (Wissenschaftsrat)
- Chairs:** Ulrike Beisiegel | Director | Institute for Biochemistry, University Medical Center Hamburg Eppendorf
Peter Suter | President | Swiss Academy of Medical Sciences
- Outline:** *Today's public health and quality of care for individual patients have progressed enormously thanks to many innovations resulting from basic sciences, from translational and clinical research. However, university and hospital structures must better adapt to achieve this objective also in the future. Organization and direction of larger clinics must ensure the dual function of leading clinical and academic operations by better models. Responsibilities should be shared by two or more persons, to avoid clinical duties taking precedence over research and teaching.*
- Salary conditions must not only guarantee time for scientific activities, but also to keep these financially attractive compared to clinical tasks, at any stage of the career. It is also vital for continuing progress that university hospitals propagate an image of high consideration for science-based medical care, embedded in clear moral and ethical standards.*
- Basic biomedical research is mostly carried out at academic institutions providing a stimulating scientific environment. This research should be done in close connection with a clinical setting, where relevant questions can be raised at the bedside. This applies to medical engineering as well as detection of biochemical pathways or novel chemical compounds. In such a setting, inventions or observations coming from basic research can reach preclinical studies more easily.*
- Interdisciplinary cooperation is essential but a frequent problem is lack of time for medical partners involved in clinical tasks.*
- Translational studies are frequently ideal for public-private partnerships - in early states of development often smaller biotech companies are interested. Later, clinical trials will have to confirm efficacy and safety of a new drug, device or treatment method. This phase needs academic expertise and suitable infrastructures such as clinical trial units. Such prerequisites are important for innovations improving care for and quality of life of our patients.*
- 11.00** **Integrate Or Perish: Building Better Links Between Universities And Health Care Facilities To Improve Health Outcomes**
Steve Wesselingh | Dean | Faculty of Medicine Nursing & Health Sciences, Monash University
Medical researchers consistently make global headlines. Yet research strengths do not necessarily connect with the delivery of innovative and high quality health care.
The reasons behind this disjunction are complex, including the separate funding models for health, research and higher education, cultural differences and significant gaps in workforce development. However, unless we overcome these structural and cultural issues and forge stronger links between healthcare facilities and universities, we are going to fall short on our potential to deliver outstanding medical care and rapid movement of innovation into healthcare delivery.
- 11.15** **European Union Contribution To Health Care Innovation**
Ruxandra Draghia-Akli | Director | Health Directorate DG Research, European Commission
How does the European Union contribute to Health Care innovation and what are the opportunities associated with this.
Through its 7th Framework Programmes (2007-2013) the EU dedicates about € 50 billion to research, out of which € 6.1 billion are for Health. The Competitiveness and Innovation Framework Programme (CIP) and the Structural Funds provide additional support for innovation and research; synergies among these will be explained.
The European Commission, in collaboration with the European Investment Bank (EIB) and the European Investment Fund (EIF),

Personalized Medicine: Translation From Bench To Bedside To Populations

also facilitates access to finance, through three main programmes: "Risk Sharing Finance Facility", "Joint European Resources for Micro to Medium Enterprises", "Entrepreneurship and Innovation Programme" (part of CIP).

Projections on the future of the healthcare sector, taking into account current technological developments and debate on challenges and opportunities, will close the presentation.

11.30 Optimising The Funding Pipeline

Mark Walport | Director | The Wellcome Trust

Research in academia and industry produces many new discoveries and inventions that have the potential to improve health. However turning those ideas into marketable products can prove extremely difficult.

This can be a particular problem for the neglected diseases of the developing world (e.g. malaria, tuberculosis, leprosy and sleeping sickness) and the orphan conditions of the western world (e.g. rare cancers and motor neurone disease). Over recent years the fracture in the pipeline connecting promising research findings in the laboratory to drug and product development by the pharmaceutical industry has started to close

This is largely the result of the emergence of public-private partnerships between charities, small biotech, large pharma and government.

The shape of these PPPs continues to evolve in tandem with new ways of thinking about the sharing and protection of intellectual property ensuring we optimise the funding pipeline and deliver health benefits.

11.45 Drug Development And The Need To Evolve The R&D Ecosystem

David Roblin | Vice President Global Research & Development | Pfizer

The invention of medicines is a complex business with many challenges including long development times, compound attrition, escalating R&D costs, funding difficulties for start-ups and uncertainty around return from investment. Yet the opportunities afforded by genome sequencing and other technologies can be transformational. A symbiotic R&D ecosystem of many partners can produce the medicines of the future. For the biopharmaceutical industry, evolving to a more "open" way of working is more likely to be successful than the historical competitive "closed" approach. For this transformation to be successful however, cultural changes will need to occur in all stakeholders in addition to organisational and financial considerations. Success will look like a mixture of competitive and pre-competitive R&D activities to produce a similarly competitive and pre-competitive range of assets, the latter serving to propagate & sustain the vibrancy of the R&D ecosystem.

12.00 Discussion

Discussants: Brigitte Mohn | Member of the Executive Board | Bertelsmann Stiftung
Bernhard Bührle | Head of Business Unit | Fraunhofer Institute for Systems and Innovation Research
Matthias Holtmeyer | Partner | KPMG in Germany



Ruxandra Draghia-Akli



Mark Walport



David Roblin

WS-432
Langenbeck
11.00 - 13.00

Working Session
Improving Strategies For Global Health: Disease Control Priorities



Anne Mills



Mark Miller

Co-Hosts: *InterAcademy Medical Panel, John E. Fogarty International Center, US National Institutes of Health (NIH)*

Chairs: Anne Mills | Professor of Health Economics and Policy, Head, Department of Public Health and Policy | London School of Hygiene and Tropical Medicine (University of London)
Mark Miller | Director | Division of International Epidemiology and Population Studies, Fogarty International Center, National Institutes of Health

Outline: *The prioritization of funding for global health issues is a central concern of our times. Given the high burden of disease in developing countries, resources are generally insufficient. Health authorities in poor countries are often cash-strapped and dependent to varying degrees on external funding. The donor community frequently raises questions about the most effective ways to spread scarce development dollars. For health care practitioners, policy makers and donors alike, the central question is "how can we get the biggest impact for the money we spend?"*

Building on the analytical work of the Global Burden of Disease study, which provides a systematic global assessment of the impact of disease on quantity and quality of life using the metric disability-adjusted life-years (DALY), the Disease Control Priorities Project (DCPP) has developed a systematic way of identifying those interventions that will yield the highest impact. These tools can enable health care actors to make investments in a more rational and cost effective manner.

The Session will first discuss the status and next steps for DCPP and then ask what is the unfinished agenda in global health more generally. Concrete actions which will be explored include:

- *Making DCPP advice relevant in different regional and local settings.*
- *Maintaining and increasing investment in research and control of both communicable and non-communicable diseases based on an agenda that focuses on the priorities identified by the Global Burden of Disease study and the DCPP.*
- *Investing in health systems research. Deep understanding of best practices in the design of health systems and health interventions is required to generate impact on the ground.*
- *Developing a critical mass of leaders in science and public health who have the analytic and operational capabilities needed to address systematically the burden of disease in their respective regions.*

Personalized Medicine: Translation From Bench To Bedsides To Populations

11.00 Constant Alert, Constant Action: Priorities In Infectious Diseases Control And Research

Joel Breman | Senior Scientific Advisor | Fogarty International Center, National Institutes of Health

Infectious diseases (IDs) comprise over 20% of the disability adjusted life years (DALYs) globally. In sub-Saharan Africa (SSA) where HIV/AIDS, TB, malaria, pneumonia, and diarrheal diseases reign, IDs cause over 50% of the DALYs: almost 60% of the ID burden globally comes from SSA. Global cooperation has resulted in several successful disease control and eradication initiatives. The interventions (vaccines, antimicrobials, insecticides) are very economical. While the incidence of IDs has decreased over the past century, we still face "emerging and resurgent" perils. The appearance of H1N1(2009) influenza in the Americas, SARS in Asia, and Ebola in Africa shows that no continent is exempt from a new and disruptive ID. The need for constant vigilance and research to detect, understand, and control IDs is shown by the repeated emergence of drug resistant malaria in Southeast Asia. Research and control efforts must work together to achieve common public health goals.



Joel Breman

11.15 Noncommunicable Diseases - The Unfinished Agenda

Dean T. Jamison | Professor | University of Washington, School of Public Health

Non-communicable diseases (NCDs) account for an already large and rapidly growing proportion of disease burden in middle-income regions. For examples, 65% of disability-adjusted life years (DALYs) in Latin America and the Caribbean in 2001 and 66% of DALYs in East Asia and the Pacific were from NCDs. Even in low-income South Asia, 44% of DALYs were from NCDs. Most interventions to treat or prevent NCDs are less decisive and more costly than intervention against infection. Yet the DCPD points to important areas for action: smoking prevention; vaccines against liver and cervical cancer; prompt treatment and sustained secondary prevention of vascular events; humane and effective palliation for those in pain. This presentation will review the limited but essential response agenda to NCDs in resource-constrained settings.



Dean T. Jamison

11.30 The Future Of Cost-Effectiveness For Better Health

Phillip Musgrove | Deputy Editor | Health Affairs

The findings of the Disease Control Priorities Project are an extremely helpful starting point for governments and donors wishing to get more value for money by giving priority to cost-effective health interventions. However, those findings draw on very limited data both on costs (often extrapolated from rich-country estimates) and effects (assumed to match the results of good practice). Governments and donors need to advance beyond DCPD advice by estimating local costs accurately, which are not provided by budget data; actually measuring and rewarding outcomes, not assuming them; ensuring uniformly good quality, since variation in quality of care is a huge problem; and finding ways to incorporate equity considerations when—as readily happens—efficiency as measured by cost-effectiveness conflicts with horizontal or vertical equity or both. Chile's recent and well documented experience in developing its Program of Universal Guaranteed Access to specific treatments provides a valuable model, even for poor countries.



Phillip Musgrove

11.45 Discussion

Discussants: Ilona Kickbusch | Director Global Health Programme | The Graduate Institute of International and Development Studies Geneva

WS-433

Koch

11.00 - 13.00

Working Session
Personalized Medicine: Prevention and Treatment



Jaques Glowinski



Hugo Katus

Co-Hosts: *Fraunhofer Gesellschaft | Collège de France*

Chairs: Jacques Glowinski | Honorary Administrator | Collège de France
Hugo Katus | Director | Internal Medicine, Heidelberg University Hospital, National Genome Research Network, Germany

Outline: *Biomedical science and technology provide an array of methods rewriting the textbook of medicine from a molecular perspective. One of the hottest questions to understand the roots of evolution is: How do genetic variants work together to generate the physical diversity in human organisms? As complex diseases are affected by variants of multiple genes, the impact and interactions of each gene have to be identified. This knowledge will be fundamental to accurately predict the genetic risk for certain diseases and to prescribe drugs most likely to be safe and effective.*

The individuality of patients and their diseases driven by differences on a molecular level is increasingly recognized and integrated in the different areas of medicine by designing molecular diagnostics (biomarkers) and medications for genetic sub-types, therapeutic immunizations, gene-, stem- and iPS-cell therapies. Apart from genomics the rapid development of fast-acting hybrid imaging systems (SPECT/CT, PET/CT) measuring the cellular/biochemical activity of an organ, help to pinpoint the exact location, size, nature and extent of a disease or its preliminary stage. These techniques contribute to prevention, therapy and follow-up in a hitherto unknown quality.

Though the promise of personalized medicine is tremendous, the perspective to have tailored drugs for individual needs is probably unrealistic. Rather, we will use the knowledge on inter-patient variability and derive a customized choice of treatment (polypharmacy). In this context, we must recognize that biomarkers, which allow the sophisticated differentiation among individuals and disease states (e.g. cancer, cardiovascular diseases, depression), will have to fulfill the criteria of evidence based medicine.

Personalized medicine is confronting both science community and policymakers with various ethical and economical concerns: The increase in effective methods and regimens must be weighed against the costs for individualization. And how to deal with non-responders? As an abundance of clinical data is accumulated in various clinical situations (electronic health record), secure access and efficient administration of databases have to be guaranteed for each patient.

Personalized Medicine: Translation From Bench To Bedside To Populations

11.00 Personalized Medicine – Role Of In Vivo Imaging, In Vitro Diagnostics And Knowledge Management

Erich Reinhardt | Former CEO Healthcare Sector | Siemens AG

In vivo imaging techniques as well as in vitro diagnostics offer a variety of information in order to understand the patient's disease and the patient's biology.

Ongoing R+D efforts have the goal to gain more specific information using e.g. in vivo molecular imaging biomarkers. Hybrid systems like PET/CT and in particular MR/PET will have a major role in the areas of oncology, cardiac diseases and dementia. For early detection of diseases as well as for determination of treatment response and treatment monitoring, different diagnostic procedures in vivo and in vitro are required. This results in an enormous amount of data.

The challenge is to determine the significant differences between normal and sick for individuals. To solve this task large annotated data bases are required. It seems to be obvious that only the combination of all measurements will help to get the required specificity.



Erich Reinhardt

11.15 Personalized Medicine For Complex Brain Diseases

Florian Holsboer | Director | Max Planck Institute of Psychiatry

There is a current understanding that diseases are not a collective deviation from the norm as we maintain our individuality when we get ill. We are urged to integrate data from genetic as well as biomarkers from genomic, proteomic and metabolomic research. These results from clinical examinations, e.g. neuroimaging, neurophysiology and hormone secretions will aid to present a biosignature indicating an individual's vulnerability or resilience toward brain disease. This information will help us to chart an individual's brain disease trajectory and assist in the way we intervene before clinical symptoms emerge. The current progress in biotechnology, ranging from sequencing to system's biology will make development of personalized, pre-emptive and curative interventions a reality. The realisation of this promise, however, requires a change of heart how public and private research interact in the future.

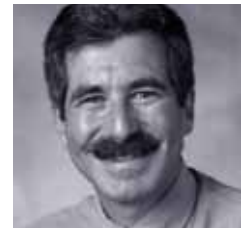


Florian Holsboer

11.30 Addressing The Challenges In Translating Genome Information Into Personalized Health Care

Geoffrey Ginsburg | IGSP Center for Genomic Medicine, Duke University

The last decade has seen a steady embrace of genomic and personalized medicine by senior government officials, industry leadership, health care providers, and the public. Genomic medicine - the use of information from genomes and their derivatives to guide medical decision-making - is a key component of personalized medicine, a rapidly advancing field of health care that is informed by each person's unique clinical, genetic, genomic, social and environmental information. Health risk assessment, family health history, and clinical decision support to integrate complex risk and genomic information into clinical practice will enable a paradigm shift for medicine focused on a comprehensive approach to individual risks that guides clinical management and decision-making throughout the continuum from health to disease.



Geoffrey Ginsburg



Fanyi Zeng

11.45 **Current Progress In Stem Cell Technology: Realistic Opportunity For A New Frontier In Personalized Medicine?**
Fanyi Zeng | Professor | Shanghai Jiao Tong University School of Medicine
Stem cells offer the potential of creating healthy tissues and organs using generic methods and a regenerating source. Some stem cells can be used to produce materials identical to patients' personal genetic profiles and tailored to individualized treatments. Stem cell technology may be applied to biomaterial development, disease models, regenerative medicine, and bioreactors. These and other applications will require understanding of the molecular mechanisms operating in stem cells, concurrent with advances in nanomaterials, animal and in vitro models, and tools to measure treatment parameters in patient-specific contexts at genetic, epigenetic and systems biology levels. Recent research has focused on inducing pluripotent stem cells from various somatic cell types, directing differentiation pathways, understanding the reprogramming process, improvement of reprogramming efficiency, and induction of pluripotency using methods that are minimally invasive to the genome.



Paul J. Wallace

12.00 **Genome Profiling, Risk Assessment, And Data Protection: New Challenges At The Intersection Of Insurance With Care Delivery**
Paul J. Wallace | Medical Director for Health and Productivity Management Programs | The Permanente Federation, Kaiser Permanente
Kaiser Permanente (KP) is an integrated health care financing and delivery system including the largest US not for profit health insurance plan with services to 8.6 million people. Opportunities for increased personalization of care management coincide with and should be enabled by projected major insurance reform in the US. Movement from experience and risk based underwriting towards full population coverage combined with community rating of insurance risk will improve overall accessibility and equity. Determination of the medical appropriateness of care interventions for an individual patient should remain the accountability of the treating physician working in concert with guidance from clinical policies developed by clinician peers using an evidence based process. The availability of genomic information increases the potential for care personalization while also amplifying the need for protecting patient confidentiality and insuring equitable access to appropriate care services.

12.15 **Discussion**

Discussants: Michael Warmbold | Vice President Medical | Pfizer Germany
Julia Kirchheiner | Professor of Clinical Pharmacology | Institute of Pharmacology of Natural Compounds and Clinical Pharmacology, Ulm University
Matthias Schwab | Director | Dr. Margarete Fischer-Bosch-Institute of Clinical Pharmacology
Igor Esaulenko | Rector | Voronezh State Medical Academy N.N. Burdenko
Harald Schmidt | Professor | Monash University

INNOVATION IS KEY TO SUCCESS*

As one of the world's leading strategy consultancies, Roland Berger Strategy Consultants makes innovation happen by providing sustainable, feasible solutions.

Our Pharma & Healthcare Competence Center constantly researches new strategies for prevention, explores the connection between healthcare and economic growth and develops solutions for long-term financing of healthcare systems.

We support governments, payors, providers and companies on the healthcare market in seizing opportunities and mastering their challenges within a constantly changing environment.

• To order a free copy of our new study on innovation, please contact Stephan_Danner@de.rolandberger.com.

WS-434

Virchow

11.00 - 13.00

Working Session
Patients' Needs And Health Research



Werner Seeger



Harry L. A. Janssen



Greg Simon

Co-Host: German Association of Internal Medicine
Chairs: Werner Seeger | Director of the Department of Internal Medicine | University of Giessen
Harry L. A. Janssen | Professor of Hepatology | Erasmus MC University Hospital Rotterdam

Outline: Outline Patients' Needs and Health Research
This session aims to discover how to close the gap between clinical and preclinical research agenda and the medical and health care needs of from the patients' point of view. To broaden the picture the session explores differences in research expectations of the individual patient and patient groups, the industry and the regulatory/governmental side. The outcome of clinical research and the impact of clinical research on the development of health care in the naturalistic setting will be discussed. The following topics will be raised:

- Which patient-driven factors drive innovation in health research and how are patients' needs considered in the biomedical innovation process?
- Do we have effective management tools to monitor the "retranslation process" from bed to bench?
- How can small and smallest groups of patients address their specific needs?
- Which fields of research are attractive for the industry and how do we deal with research challenges which suffer from a lack of interest by the industry?
- How can the health care policy and regulation manage innovation and contribute to the fulfillment of patients' needs?
- What is the role of national and supranational patients organizations in the process of managing innovation and prioritizing the right developments?
- Which are the prerequisites to foster investigator-driven studies in view of expanding regulations?

The participants in this session reflect the research oriented academic world, the patients' side, the governmental/reimbursement side and the industry to identify effective methods to enhance the collaboration of all parties involved in the process of innovation in health research.

11.00 The Value Of A Rightful Life
Greg Simon | Senior Vice President Global Policy | Pfizer
A proper accounting of health care costs and returns would tally costs -- health care insurance and care -- and value -- avoided costs (such as avoided surgeries) and the economic return to society of maintaining a healthy life into the future. In their latest study published in the National Bureau of Economic Research, Kevin Murphy and Robert Topel calculate that every one percent drop in cancer deaths has a net present value to current and future generations of \$500 billion. But while our judicial system values lives lost all the time in "wrongful death" cases, government accounting refuses to value lives saved when calculating the value of health care spending. It's time we include the value of a life saved -- a "rightful life" -- in calculating how and how much to invest in health care. The value of life is not speculative -- only the value of our accounting system is.

11.15 Clinical Trials: Interaction Between The Investigation And The Patient
Harry L.A. Janssen | Professor of Hepatology | Erasmus MC University Hospital Rotterdam
The process from discovering a new innovation from biomedical research to implementing that innovation in the clinic is slow and cumbersome. This is especially true in academia due to the lack of true collaboration among the multiplicity of initiatives, resources, and legal frameworks. While funding for medical research has increased markedly over recent years, there has been a

Personalized Medicine: Translation From Bench To Bedside To Populations

gradual decline in therapeutic innovation due to the overall increase of funding needed for the discovery process.

Various categories of clinical trials are necessary to develop academic knowledge into new diagnostic, preventive and therapeutic interventions, each associated with different risks. This includes advanced therapy, first-in-man studies, impact measures and also post-marketing trials aimed to optimize treatment strategies and to assess the safety and the cost-effectiveness of new interventions through medico-economic studies.

It is important that academic research takes into consideration the public health needs and underserved populations, i.e. children, elderly, and diseases i.e. rare diseases. Academic research has a key role to play in the paradigm shift towards evidence-based, predictive, personalized, pre-emptive and participatory medicine.

There is lack of common definition for categories of clinical research other than clinical trials on medicinal products. Globally there is also a lack of harmonisation of regulations for clinical trials other than those that are directly investigating medicinal products, and even the definition of an investigational medicinal product (IMP) is blurred and open to a variety of interpretations. National legislations on clinical research are highly divergent, making it very difficult to conduct this type of study at the multinational level.

The paradigm shift generated by the new biomedical breakthroughs in areas such as genomics, rational drug design and molecular diagnostics are not being exploited fully in current clinical studies. There is a need to better exploit the new biomedical breakthroughs in clinical studies via a fast translational approach



Kazuwa Nakao

11.30

Breakthroughs For Common Human Diseases Using Excellent Animal Models And Rare Human Diseases

Kazuwa Nakao | Director | Translational Research Center and EBM Research Center, Kyoto Graduate School of Medicine

In order to make proof of concept (POC) in the translational research (TR), their physiological and clinical implications have been assessed using animal models of human diseases. Although a multitude of animal models have been developed to emulate various human diseases, there are a few excellent animal models that mimic human diseases remarkably well, such as spontaneously hypertensive rats (SHR) and hereditary obese mice, ob/ob mice. The possible presence of species difference between human diseases and animal models of human diseases should be sensitively concerned and be carefully assessed in comparison with the etiology and pathophysiology of human diseases.

In this context, SHR and ob/ob mice are very useful for TR into the common human diseases, essential hypertension and morbid obesity. It has been possible to establish the safety and efficacy in rare human diseases through studies that began with excellent animal models. These studies provided us with novel treatments for common human diseases, which were explored as adjacent to or in extension of these rare human diseases, as seen in the study history of hypertension. These lessons teach us the importance of the breakthroughs using excellent animal models and rare human diseases in TR.



Ysbrand Poortman

11.45

Patients As (Potential) Partners In Disease Prevention & Management

Ysbrand Poortman | Vice President World Alliance of Organisations for Prevention and Treatment of Genetic and Congenital Conditions (WAO) | Secretary General International Genetic Alliance of Parent and Patient Organizations (IGA)

Families involved in chronic/genetic/serious disease, realising the opportunities life sciences can offer, have united and organised themselves on national, regional and international level and this both disease bound and subject bound (disability, rare disease, genetics).

They play an increasing role in healthcare policy, in the promotion of medico genetic services, in the drug development process, in regulatory affairs and in promoting access to treatment. They are also alert to related issues such as patients' rights, quality, safety, equity and sustainability.



Norbert Schmacke

There is still a wide gap between what life sciences and medical technologies can offer and the needs experienced by millions of families burdened everyday by lifelong chronic/genetic/serious diseases and this especially in low and medium income countries. Patient driven international organisations actively contribute to diminishing this gap.

12.00

Transfer Of Research Outcomes Into The Real World: Is It Simply A Matter Of Implementing The Innovations?

Norbert Schmacke | Arbeits- und Koordinierungsstelle Gesundheitsforschung | University of Bremen

It is very often argued that patients suffer from the fact that it takes so long for research outcomes to find their way into practice. To summarise, the speed of innovation transfer is not in line with patients' needs. This argument is very much diminished because it assumes (a) that it is clear from the outset who has the monopoly on the definition of innovations and (b) that practice would merely have to follow the definition. The development of the Health Technology Assessment process shows that clinical expertise alone is not sufficient to give an expert assessment of innovations. Numerous examples from drug therapy or surgery show that systematic weaknesses exist in research itself when it comes to generating new standards of care. In this context the direct participation of patients in developing and assessing trials plays an increasingly important role internationally.

12.15

Panel Discussion

Panelists:

Peter Scriba | Professor Emeritus | University of Munich

Bernard Pécoul | Executive Director | DNDi Drugs for Neglected Diseases initiative, Geneva

Marylou Selo | Werner Alfred Selo Stiftung | Zurich, New York

David Medina | Director | WW Life Sciences Segment, Hewlett-Packard Company



13.45
BERLIN POTSDAMER PLATZ

WS-435
Bier
11.00 - 13.00

Working Session
Clinical Trials: Innovation, Regulation and Costs



Jürgen Schölmerich



Liselotte Højgaard



Brian Feagan

Co-Host: German Research Foundation
Chairs: Jürgen Schölmerich | Vice President | German Research Foundation (Deutsche Forschungsgemeinschaft)
Liselotte Højgaard | Professor & Director & Chair of the European Medical Research Council | Copenhagen University Hospital

Outline: *R&D productivity in the pharmaceutical industry as measured by bringing innovative therapeutics to market is at a low level. Clinical trials, the bedrock of pharmaceuticals R&D, have become the major time-consuming driver of costs and complexity. The clinical paradigm is suffering from its regulatory burden, especially from complexity of varying national standards. It is not prepared well to deal effectively with non-pharmacological therapeutics and advances such as personalized medicine and regenerative medicine. Risk aversiveness is limiting the potential for new designs and statistical methods. The full potential of patient stratification and use of biomarkers remains to be captured as well.*

Furthermore, incentivitation of industry on diseases with large patient populations and investigator/academia-driven clinical research under severe strain leaves many innovation opportunities untapped and, hence, public health needs unaddressed. Especially investigator-driven clinical research is suffering from limited funding, lack of capabilities and huge complexity to deal with (e.g., data sharing, intellectual property issues, regulatory burden).

In summary, we see untapped opportunities for innovation and a worsening trend of more complex regulations and more complex protocols facing implementation challenges with too large patient populations. Academia, funding agencies, regulatory agencies, and industry can resolve this multi-factorial issue only jointly.

This interactive working session will provide an insider's view on the problem from the perspectives of investigators, funding agencies, industry, and regulatory agencies. The aspiration is to conclude with a strong call for action on how to improve clinical medical research in Europe and globally: how to limit the regulatory burden for national and multinational trials, how to optimize targets and patient selection for clinical trials and how to assure trials of optimal statistical power, how to increase funding to investigator-driven clinical trials, and how to capture benefits of scientific advances through encouraging new designs. This task calls for collaboration of all relevant stakeholders.

11.00 Problem Statement
Jürgen Schölmerich | Vice President | German Research Foundation (Deutsche Forschungsgemeinschaft)

11.05 The Investigator's Perspective
Brian Feagan | Director of Robarts Clinical Trials | Robarts Research Institute

Multiple issues should be considered in selecting patients for clinical trials. True experiments in humans must be conducted under optimal ethical and scientific conditions with patient safety being the ultimate consideration. Frequently tension exists between selecting patients that are most likely to respond to an intervention (efficacy) and assessment of the intervention's benefit in the "real world" (effectiveness). Designers of clinical trials must make wise decisions regarding patient selection if meaningful results are to be obtained. Examples from recent clinical trials will be used to explore these issues.

Personalized Medicine: Translation From Bench To Bedside To Populations

11.20 The Funding Agency's Perspective

Håkan Billig | Secretary General of Medicine | Swedish Research Council, Gothenburg University

Investigator-driven clinical trials (IDCT) are instigated by academic researchers and are aimed at acquiring scientific knowledge and evidence to improve patient care.

IDCT usually has no direct commercial motive. Funding is a special problem and new partnerships need to be constructed with links between academics, industry, learned societies and charitable foundations.

The peer review process of IDCT is complex with specific requirements to optimize the trial design and prioritizing between projects subject for funding. An increased pressure on clinical investigators to provide routine clinical care services decrease the amount of time they can devote to research.

Among the several actions suggested, improving the education, training and career structure for scientists involved in clinical research and increased levels of funding for IDCT were given the highest priority in a Forward Look exercise on IDCT recently done by the European Medical Research Councils (EMRC) of the ESF.



Håkan Billig

11.35 The Industry Perspective

Manfred Haehl | Head of Corporate Division Medicine | Boehringer Ingelheim GmbH

In non-clinical research new methodology has worked in support of research output while in clinical development trial methodology has not materially changed until only recently with more emphasis on translational medicine, biomarkers and pharmacogenomics. Still worldwide R&D spending for drug development has constantly increased with a relative shift to clinical research. This increase in spending is reflective of larger, more complex, and costly clinical trials (CTs) but has not led to an increased output of innovative new drugs approved. Magnitude and duration of CTs have become an important decision factor (and hurdle) for investment into innovation opportunities. Containment of size, de-complexing, sensible and harmonized regulatory requirements and reduced (over-) administration together with more accepted use of markers of efficacy and risk and adapted regulatory approval processes will be discussed as an approach to make CTs a more feasible, efficient and faster support to innovation.



Manfred Haehl

11.50 How Scientific Discovery Translates From Bench To Medicine Chest: Views Of An FDA Liaison Working At EMEA

Janice Soreth | Deputy Director | Europe Office, US Food and Drug Administration

The US Food and Drug Administration (FDA) has developed an initiative for streamlining the process between scientific discoveries and their translation into medical products for patients.

FDA's Critical Path Initiative (CPI), launched in 2004, is a strategy for transforming the way regulated medical products are developed, evaluated, manufactured, and used. The path that a medical product takes from bench to medicine cabinet is increasingly challenging, costly, and inefficient. The first Critical Path publication, "Innovation/Stagnation", was intended to sound the alarm to all stakeholders- consumers, industry, academia, and regulators- that without substantial investment in regulatory or development science, our ability to predict and evaluate product performance would not improve beyond the grim statistic that 50% of new drugs fail in phase 3 evaluations. Barriers to innovation, with a particular focus on the hurdles of clinical trial design and conduct, will be examined.



Janice Soreth

12.05 Discussion

Discussants: Stefan Schreiber | Director | University Medical Center Schleswig-Holstein
Philippe Ravaud | Head of Department | Université Paris Descartes
Vera Regitz-Zagrosek | Institute Director | Charite - Universitätsmedizin Berlin
John McNeil | Monash University

ADVERTISEMENT

Berlin has developed into one of the
leading centres for science in Germany.

As a Berlin-based private bank we have been
supporting this development for the last 60 years.

Weberbank is not only one of the region's leading portfolio managers; we are also closely bound up with the region as a private bank. We have been involved with people and companies here since 1949. For more information please call +49 30 89 79 82 34a, or visit our website at www.weberbank.de

My private bank.

Weberbank
Actiengesellschaft

Personalized Medicine: Translation From Bench To Bedside To Populations

Partner Lunch Symposium

Achieving Breakthroughs In Personalized Medicine

PS-441

Koch

14.00 - 15.30

SIEMENS

Host: Siemens AG, Healthcare Sector

Chair: Hermann Requardt | CEO | Siemens AG Healthcare Sector

Outline: *The successful convergence of molecular imaging, diagnostics, and healthcare informatics has the potential to transform medicine, leading to faster and more accurate diagnoses and individualized treatments for patients.*

Working toward personalized medicine

Siemens' integrated diagnostic will dramatically transform healthcare along the entire healthcare continuum, from prevention to early diagnostics to more-targeted, personalized therapies – achieving the true potential of personalized medicine. One such concept in advancing personalized medicine is companion therapeutics, in which, based on highly specific diagnosis, a treatment would be also highly specific, targeting the unique characteristics of a disease as it manifests individually, thus improving outcomes. Opportunities and challenges

Personalized medicine can also lead to decreases in the overall costs of care. One of the key factors in reducing healthcare costs is process optimization. Siemens looks at everything as a workflow challenge. Healthcare workflow is nonlinear and has unlimited complexity. Discovering a hospital that offers the best standard of care in a particular disease and studying this in great detail – analyzing the approach and the workflow with the goal to replicate – and even further innovate – workflow improves quality and efficiency and reduces costs.

Achieving Breakthrough Patient Care Via The Convergence Of Molecular Imaging, Molecular Diagnostics, And Health Informatics

Thomas Miller | CEO Workflow & Solutions Division | Siemens AG Healthcare Sector

Targeted Therapies And Molecular Imaging

Hartmuth Kolb | Vice President, Molecular Imaging Biomarker Research | Siemens Medical Solutions USA, Inc.

Personalized Medicine: From Concept To Practice

Heyo K. Kroemer | Chairman, Department of Pharmacology, Dean Medical School | Ernst Moritz Arndt University

Podium Discussion

Moderated by Hermann Requardt | CEO | Siemens AG Healthcare Sector



Bayer HealthCare
Bayer Schering Pharma

Successful Worldwide – At Home in Berlin

Berlin is home to our corporate headquarters – and to one of our main global research centers

Bayer Schering Pharma's activities in Berlin span the entire value chain, ranging from research – in the fields of oncology, women's healthcare and diagnostic imaging – to development, production and marketing.

Bayer Schering Pharma is a global pharmaceutical company: with its corporate headquarters based in Berlin, the city is home to one of the largest specialty pharmaceutical companies in the world.

Berlin is increasingly developing into an important location for the health industry in Germany.

In our R&D activities, we cooperate closely with many external partners such as regional universities, research institutions and biotechnology companies.

Bayer Schering Pharma and Berlin – a mutually beneficial combination.



Personalized Medicine: Translation From Bench To Bedside To Populations

Partner Lunch Symposium

Contributing To Personalized Medicine: Molecular Imaging - The Next Paradigm Shift?

PS-442

Main Hall

14.00 - 15.30

Host: Bayer Schering Pharma AG

Chairs: Hans Maier | Head of Business Unit Diagnostic Imaging | Bayer Schering Pharma AG
Ludger Dinkelborg | Head of Diagnostic Imaging Research | Bayer Schering Pharma AG

Outline: *Molecular Imaging is revolutionizing the practice of medicine. In conjunction with diagnostic imaging procedures providing precise anatomical information, molecular imaging visualizes diseases on the cellular and even subcellular (molecular) level. Modern fusion imaging technologies allow to select the most effective therapy for patients – paving the way to a paradigm shift from “one fits all” to individual and personalized medicine.*



Bayer HealthCare
Bayer Schering Pharma

Welcome

Andreas Fibig | Chairman of the Board | Bayer Schering Pharma AG

Molecular Imaging: The Essentials

Markus Schwaiger | Chairman Department of Nuclear Medicine | Technical University of Munich

Molecular Imaging: Revolutionizing The Practice Of Medicine

Hedvig Hricak | Chair Department of Radiology | Memorial Sloan - Kettering Cancer Center, New York

Molecular Imaging: Challenges And Future Perspectives

Sanjiv Sam Gambhir | Director Molecular Imaging Program, Professor Department of Radiology & Bioengineering
| Stanford University

Here for you. For your health.

Medical knowledge is our fascination. Together with our associates in research, science and education we help millions of people all over the world. We are obliged by our medical improvement, because health matters!



www.sanofi-aventis.com

sanofi aventis

Because health matters

Partner Lunch Symposium

The Cardiovascular Continuum:
A Challenge For Cardiovascular Research

PS-443
Langenbeck
14.00 - 15.30

Host: sanofi-aventis
Chair: Michael Böhm | Director | Department of Cardiology, Angiology and Intensive Care, University Hospital Saarland



Outline: Cardiovascular research has given us a detailed understanding of the chain of events leading to the development of advanced cardiac disease. Therapeutic advances enabled medicine to intervene at virtually every stage during this cardiovascular continuum. However, obtaining further insights into underlying pathophysiology and the mechanisms of action of interventions is a fundamental challenge for research today. The Symposium will address this challenge and give high level insights into the scientific strategy to effect favourably the natural history of various forms of heart disease including also an economic perspective.

- 14.00 Epidemiology And Prevention Of Cardiovascular Diseases: A Global Challenge - Introduction
John E. Deanfield | Chair of Congenital Heart Disease | UCL ICH Great Ormond Street Hospital London
- 14.15 Imaging Of Vascular And Ventricular Remodelling: Basic Standards Versus High Technology
Hugo A. Katus | Director | Department of Cardiology, University Hospital Heidelberg
- 14.30 Arterial Hypertension: Still A Challenge
Peter Sever | Professor of Clinical Pharmacology and Therapeutics | International Centre for Circulatory Health, Imperial College London
- 14.45 Atrial Fibrillation: A Worldwide Epidemic?
Martin Borggrefe | Director | Department of Cardiology, Angiology, Pneumology, Intensive Care and Clinical Haemostaseology, University Hospital Mannheim
- 15.00 Budget Impact Of Innovative Treatment Options: What Can We Afford?
Jürgen Wasem | Director | Chair for Health Services Management, University Duisburg-Essen
- 15.15 Future Research Perspectives - Conclusions
Martin Lohse | Chairman of the Rudolf Virchow Center | University Würzburg

KL-451

Main Hall

15.45 - 16.45

Keynote Lectures
The INSERM-Helmholtz Keynote Lecture Session



André Syrota



Otmar Wiestler

Chairs: André Syrota | Chairman and CEO | Institut national de la santé et de la recherche médicale (INSERM)
Otmar Wiestler | Chairman | German Cancer Research Center (Deutsches Krebsforschungszentrum (DKFZ))

15.45

Preventive Vaccination Against Cancer: Utopia Or Reality

Harald zur Hausen | Professor | German Cancer Research Center (Deutsches Krebsforschungszentrum (DKFZ))

Less than one decade ago preventive vaccinations against cancer were considered a utopia. Yet, during the past 30 years an important role of infections became obvious in causing some common human cancers. Presently approximately 21% of the global cancer burden is directly or indirectly linked to infectious events, with wide variations between more developed and resource-constrained societies. Three common human cancers have been linked to infections: hepatocellular carcinoma, caused by persistent Hepatitis B or C virus infections, cancer of the cervix uteri, triggered by high risk Papillomavirus infections, and gastric cancer, linked to a bacterial infection, Helicobacter pylori, but in part (~ 10%) also to Epstein-Barr virus (EBV) infections. In addition, EBV contributes to nasopharyngeal carcinomas, Burkitt's lymphomas, B-cell lymphomas arising under immunosuppression and mainly to the mixed cellularity type of Hodgkin's disease. Other infections include Kaposi's sarcoma linked to Human Herpesvirus type 8, which represents one of the most frequent tumors in Africa. Anogenital papillomavirus types also cause cancers at genital non-cervical sites and are responsible for about 25-30% of oropharyngeal cancers. The T-lymphotropic retrovirus type I causes the endemic form of adult T-cell leukaemia. Regional parasitic infections, Schistosoma, Opisthorchis, and Clonorchis infections, contribute to bladder and rectal cancers or to cholangiocarcinomas. Very recently, a novel polyomavirus DNA has been cloned and characterized from Merkel cell carcinomas.

The identification of infectious causes of cancer paved the way for novel strategies for cancer prevention. Vaccination against Hepatitis B virus in early childhood resulted in a drastic reduction of persistent infections with this agent. Still preliminary data point to a trend in the reduction of hepatocellular carcinomas in perinatally vaccinated children. Attempts to vaccinate against specific types of high risk Papillomaviruses turn out to be extremely promising in order to prevent persistent high risk HPV infections and the essential precursor lesions of cancer of the cervix. Currently studies are going on to develop vaccines against Epstein-Barr virus infections. The development of preventive vaccines against Hepatitis B and high risk HPV provides very encouraging results and, if globally applied and as successful as presently suspected, could theoretically prevent up to 15% of cancers in females.

The identification of cancer-causing infections in humans represents a relatively recent development and has been increasingly successful during the past 40 years. There still exist epidemiological hints for a possible involvement of infectious agents in additional human cancers, not yet linked to infectious events. Thus, at least for two very common human cancers, cervical cancer and Hepatitis B virus-linked liver cancer, preventive vaccines become a reality.

Personalized Medicine: Translation From Bench To Bedside To Populations

16.15

Fostering Health In Times Of Crisis And Beyond – The Contribution Of The Pharmaceutical Industry

Arthur Higgins | Chairman, Board of Management, Bayer HealthCare AG | President of the European Federation of Pharmaceutical Industries and Associations (EFPIA)

The current financial crisis is putting additional pressure on health systems. With economies contracting, unemployment rising and national debts expanding, there is a real risk that resources allocated to both health and innovation will be negatively affected.

However, even and especially in times of austerity, it is of key importance to ensure sustainable healthcare, as a healthy population is at the basis of a thriving society and economy.

Mr. Higgins, CEO of Bayer HealthCare and the current President of the European Federation of Pharmaceutical Industries and Associations, will discuss the contribution of the pharmaceutical industry in helping governments mitigate the negative impact of economic downturns, as well as the necessary framework conditions to support this.



Harald zur Hausen



Arthur Higgins

PD-461
Main Hall
17.15 - 18.45

Panel Discussion
How To Balance The Benefits And Costs Of Innovation?
Recommendations And Call To Action

- Chairs: Masao Mitsuyama | Dean | Kyoto University Graduate School of Medicine
Detlev Ganten | President | World Health Summit
- Panelists: Liselotte Højgaard | Professor & Director & Chair of EMRC | Copenhagen University Hospital
Jürgen Schwiezer | CEO Division Roche Diagnostics & Member of the Executive Committee | F. Hoffmann-La Roche AG
Anne Mills | Professor of Health Economics and Policy, Head, Department of Public Health and Policy | London School of Hygiene and Tropical Medicine (University of London)
Victoria Hale | Founder and Chair Emeritus | Institute for OneWorld Health
Geoffrey Ginsburg | IGSP Center for Genomic Medicine, Duke University
Cornelia Quennet-Thielen | State Secretary | Federal Ministry of Education and Research, Germany
Ulrike Beisiegel | Director | Institute for Biochemistry, University Medical Center Hamburg Eppendorf
Werner Seeger | Director of the Department of Internal Medicine | University of Giessen

Social Event World Health Summit Gala Dinner

This highlight of the World Health Summit's social events will take place on the evening of Saturday, October 17th.

Indulge yourself in excellent food, be inspired by superb musical performances featuring Max Raabe, and enjoy dinner speeches by some of the most high-profile guests. The architecturally inspiring German Historical Museum, combining I.M. Pei's futuristic annex with the historical museum built by master court builder Andreas Schlüter in the 17th century, provides the perfect setting for this outstanding event.

MAX RAABE

Faultless tuxedo, hair slicked back, a cheeky look - Max Raabe and his music convey the bohemian spirit of 1920s Berlin, when the city bustled with cabaret theatres, revue shows and dance halls.

Style aside, Max Raabe is also a most superb singer. His flexible baritone voice, which he can lead to the highest tenor highs and drop into a bottomless bass, unites it all: the rasping of the cabaret singer, the confident belcanto hero, the oily melodiousness of the revue beau, the carefree timbre of early jazz, the falsetto of ragtime.

Just sit back, enjoy, and feel how Max Raabe's unique style, great lyrics, and exceptional music takes you back to the "swinging 20s".

Max Raabe performs with the pianist Christoph Israel.

Doors open 19.30 hrs, dinner starts 20.00 hrs.

Dresscode: Elegant

Address: Deutsches Historisches Museum, Unter den Linden 2, 10117 Berlin



German Historical Museum
Max Raabe

SUMMIT PROGRAM

Sunday, October 18th

Key & Notes

Session Key



Policy Statement

Partner Symposium

Key Note Lecture

Stakeholder Meeting

Working Session

Social Events

Panel Discussion

Venue Overview

SUMMIT VENUE
LANGENBECK-VIRCHOW-HAUS

5

- Room Koch
- Room Bier

- 5th Floor Foyer (Catering)
- Lounge

4

- Room von Behring
- Room Ehrlich (Press Office)

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Upper Foyer (Catering)
- Room Langenbeck

- Library
- Speakers' Center

0

- Entrance
- Main Foyer (Catering)
- Registration

- Cloakroom
- M8 Lounge
- Live Feeds

09.00	Pol.	Policy Statements				PO-511 · Main Hall · 136	
	Keynote	Keynote Lectures					
10.00							KL-521 · Main Hall · 137
		Coffee Break					
11.00	Working Session	Aging Populations: Preparing Our Health Systems	Preventing Childhood Risk Factors For Adult Chronic Diseases	Climate Change: Emerging Health Challenges	Infectious Diseases: Prevention And Intervention		
12.00							
13.00		WS-531 · Main Hall · 138	WS-532 · Langenbeck · 140	WS-533 · Koch ·	WS-534 · Virchow · 144		
		Lunch Break					
14.00	Partner Symposium	Innovation Challenge - Emerging Medical Needs					
		Novartis					
15.00							PS-551 · Main Hall · 147
16.00	Keynote	The World Health Summit					
		Public Keynote Lectures					
17.00							KL-561 · Main Hall · 148

PO-511

Main Hall

09.00 - 09.30

Policy Statements

Policy Statements

*Ulla Schmidt*

Chair: Andreas Barner | Chairman of the Board of Managing Directors | Boehringer Ingelheim GmbH

09.00 **Policy Statement**

Ulla Schmidt | Minister | Federal Ministry of Health, Germany

09.30 **Policy Statement**

Roselyne Bachelot | Minister | Ministry of Health, France

*Roselyne Bachelot*

Keynote Lectures
Keynote Lectures

KL-521
Main Hall
09.30 - 10.30

Chair: Andreas Barner | Chairman of the Board of Managing Directors | Boehringer Ingelheim GmbH

09.30 Success Factors In The Battle Against HIV/Aids In Africa
Festus Gontebanye Mogae | Former President of Botswana

10.00 New Emergent Infectious Chronic Diseases
Luc Montagnier | President | World Foundation AIDS Research and Prevention
Health is a human right and is vital for maintenance and development of our civilization. We are facing two major health problems during this century. - New epidemics of infectious agents: AIDS (still spreading), SARS, Influenza (maybe very soon), etc. - Chronic diseases: cancers, cardiovascular, autoimmune, neurodegenerative diseases, diabetes. There are many environmental factors explaining the alarming increase of chronic diseases, some of which can be controlled only by collective measures taken at the global level. However at the individual level, some are also very important and can be modified by education: changes in behaviour, nutrition, alcohol, drug abuse. Social security systems cannot cope with the continuous increase of medical expenses, due to the cost of hospitalization, to that of new pharmaceutical drugs and the long lasting "treatment" of incurable diseases. The only solution is to develop a preventive anticipative and individualized medicine.



Andreas Barner



Festus Mogae



Luc Montagnier

WS-531

Main Hall

11.00 - 13.00

Working Session
Aging Populations: Preparing our Health Systems

Co-Hosts: Max-Planck-Society | Johns Hopkins-University
Chairs: James Vaupel | Director | Max-Planck-Institute for Demographic Research
Joël Menard | Professor | Université Paris Descartes

Outline: A long life is increasingly becoming an individual and social reality – reaching an age of 80 to 100 years is becoming more the norm than the exception. This development is a demographic triumph and the gains in lifespan are a success of modern society and innovative medicine. However, the debate over how people will spend these “extra” years is far from settled. On the one side there are findings that seem to point to a compression of morbidity and a healthy phase of old age that is growing more strongly than the poor-health phase. On the other hand, increasing health risks are linked to living to very old age. These include geriatric phenomena such as multimorbidity or the need for nursing care as well as the rising number of men and women suffering from dementia and the loss of their mental faculties.

From today’s perspective, healthy old age as a phase free of any function restrictions seems to be unattainable and more of a theoretical construct. The idea that we could all continue to live with constant control over our own situation, continuing to be intelligent and able up to an advanced age, has given rise to a utopian vision that cannot be fulfilled either by medicine, pharmaceuticals, healthcare systems or the individual.

To tackle the health problems of an elderly population in the 21st century, healthcare systems in countries with long life expectancy must support the existing potential of aging men and women. Retaining a particular condition up to the end of one’s life cannot be the goal.

The “Aging populations: Preparing our health systems” session presents the opportunities and threats of aging societies from an interdisciplinary perspective and describes the challenges for healthcare systems. Using examples, it will show how healthcare systems need to be reorganized to bear the burden of aging populations in ill health and maintain a good quality of life for more and more elderly people.



James Vaupel



Joël Menard

- 11.00

Aging Populations: The Challenges Ahead

James Vaupel | Director | Max-Planck-Institute for Demographic Research

If the pace of increase in life expectancy in developed countries over the past two centuries continues through the 21st century, the majority of babies born since 2000 in France, Germany, Italy, the United Kingdom, the United States, Canada, Japan and similar countries with long life expectancy, will celebrate their 100th birthdays. Although there are somewhat divergent trends among countries, in nearly all countries with long life expectancy populations are aging as a result of low fertility, low immigration and longer lives. A key question is whether increases in life expectancy are being accompanied by a concurrent postponement of limitations and disability. The question is still open but recent research suggests that ageing processes are modifiable and that people are living longer without severe disability. This, together with the technological and medical development and a redistribution of work, will be important for our chances to meet the challenges of aging populations.
- 11.15

Guided Care In The United States – Restructuring Health Care Due To The Needs Of Patients

Chad Boulton | Lipitz Professor of Health Policy and Management | Johns Hopkins Bloomberg School of Public Health

As older populations expand in the 21st Century, many nations face the challenge of providing seniors with high-quality health care that is consistent with individuals’ needs and society’s budgets. A new model of care that shows promise in achieving these goals is Guided Care. In this model, a registered nurse partners with 3-4 primary care physicians in using health information technology and evidence-based guidelines to provide chronically ill seniors with eight essential processes of chronic care:

comprehensive assessment, care planning, proactive monitoring, coaching for self-management, coordination of health care providers, transitional care, support for family caregivers, and linkage with community agencies. A multi-site randomized controlled trial has shown that Guided Care improves the quality of health care, reduces its overall costs, relieves the strain on family caregivers, and is popular with physicians and nurses. Tools are available to help practices adopt Guided Care.

11.30 Health System Principles For Well Being With Aging

Linda P. Fried | Dean | Columbia University Mailman School of Public Health - Institute of Medicine

With the aging of society, we need to consider core principles - for which there is now good evidence - for the design of health systems to meet the needs of older adults and accomplish healthy aging. This talk will discuss the basic premises and design components for a health system to meet this goal, for the prevention of chronic disease and disability across the lifecourse, and the workforce needs within such a system. Adopting these evidence-based approaches will lead to the design of a health system that could, ultimately, improve wellbeing for adults of all ages.



Chad Boulton

11.45 Neurodegenerative Diseases In The Ageing

Pierluigi Nicotera | Director | German Centre for Neurodegenerative Diseases

According to the WHO, neurodegenerative diseases are going to be the second leading cause of death after cardiovascular diseases by 2040. The most sensible option to address the health problem that society will be facing with increased ageing is to link fundamental and clinical science to facilitate translational research. Major obstacles to a rapid translation are limited knowledge on disease mechanisms, and a lack of standards for clinical assessment and trials. The German Federal and State Governments have recently created a national centre (DZNE) to foster translational research in neurodegenerative disorders. The DZNE aims to create strong interdependent links between molecular mechanisms of disease, clinical science and public health. I will be giving a summary of its goals and structure. In addition I will touch upon aspects of the core research that will be developed by DZNE in particular, on synaptic changes in neurodegenerative disorders.



Linda P. Fried

12.00 Talk

Uwe Reinhardt | James Madison Professor of Political Economy | Princeton University



Uwe Reinhardt

12.15 Discussion

Discussants: Carl Djerassi | Professor of Chemistry (Emeritus) | Stanford University



Pierluigi Nicotera

WS-532

Langenbeck

11.00 - 13.00

THE LANCET

Deutsches
Ärzteblatt



Sabine Kleinert



Christopher Baethge

Working Session

Preventing Childhood Risk Factors for Adult Chronic Diseases

Co-Hosts: *The Lancet, Deutsches Ärzteblatt*

Chairs: Sabine Kleinert | Senior Executive Director | The Lancet
Christopher Baethge | Chief Editor Section Science and Medicine | Deutsches Ärzteblatt

Outline: *Many chronic diseases that manifest themselves in adult life, such as cardiovascular diseases, type-2 diabetes, mental ill-health, obesity-related and smoking-related diseases, have their origins in childhood and adolescence. To combat an anticipated future epidemic of life-style related diseases, not only in developed countries but increasingly also in low-income and middle-income countries, preventive efforts need to start in early childhood, school-age children, and adolescents. The current trends are alarming and urgent attention is needed. Childhood obesity rates are soaring, alcohol and drug use is widespread, mental illness in young people is often unrecognised, the proportion of young people who smoke in countries, such as China, is staggering, and developing countries face the paradox of under-and over-nutrition in the same generation with equally detrimental consequences for later life. Without recognising and preventing risk factors early, future generations will be less healthy than their parents, health-care costs will increase astronomically, and the future development and economic potential of countries will be hampered.*

This working session highlights aspects of childhood risk factors for adult chronic diseases in both low/middle-income and in developed countries, stresses their importance for future healthy and productive populations, and discusses possible broad strategies for preventive and protective actions. Presenters from Brazil, Germany, Denmark, and Australia summarise findings from birth cohort studies, a school-age international research project, and current evidence of successful public health campaigns in children and adolescents.

11.00 **What Can We Learn From Large Cohort Studies For Effective Prevention Strategies**

Bärbel-Maria Kurth | Head of the Department for Epidemiology and Health Reporting | Robert Koch Institute

The German Health Interview and Examination Survey for Children and Adolescents (KiGGS) collected comprehensive data on the health status of 17641 children and adolescents living in Germany aged 0 to 17 years.

The results of the survey show a strong correlation on the one hand between health status, health risks and health behaviour of German young people and their social background on the other hand. Especially the education of the mother seems to be an important factor to prevent health risks like smoking, passive smoking, alcohol consumption, lack of physical activities, psychological disorders and obesity.

The participants of KiGGS and their parents agreed to become part of the "KiGGS cohort". A telephone interview of parents and the children older than 10 years now is actually ongoing. One of the most important conclusions can be that giving equal chances for better education is the best prevention programme of our society to foster and improve the health of the population.

11.15 **Successful Public Health Campaigns For Children And Adolescents**

Melanie Wakefield | Director | Centre for Behavioural Research in Cancer, The Cancer Council Victoria

Recent comprehensive reviews have concluded there is strong evidence that mass media campaigns can change youth attitudes about tobacco use, curb smoking initiation and encourage smoking cessation among adults, especially when these campaigns are supported by other tobacco policies and programs. In contrast, media campaigns to change risky youth alcohol use, reduce unhealthy eating and increase physical activity have been less clearly positive, but all three operate in an environment where policies, marketing practices and community norms largely continue to strongly promote the unhealthy behaviour. This presentation will examine the conditions under which mass media campaigns are most likely to be effective in reducing or

preventing the development of early risk factors for later-life chronic disease, and the important role that media campaigns can play in driving and supporting policy changes. Since most research evidence has been generated from high-income countries, a future challenge is to ensure the application of effective media campaigns in low- and middle-income countries that face a growing burden of chronic disease

11.30 Long-Lasting Effects Of Early Life Exposures In Low And Middle-Income Populations

Cesar G. Victora | Professor of Epidemiology | Federal University of Pelotas

Exposure to environmental, nutritional and infectious agents in utero and during the first years of life leads to long-lasting, often irreversible consequences. I will review selected findings from the five longest-running birth cohort studies in low and middle-income countries, carried out in Brazil, Guatemala, India, Philippines and South Africa. These cohorts allow us to study the consequences of early exposures on chronic diseases and their risk factors, as well as on the development of human capital - including intellectual development and economic performance. Specific topics to be addressed include early under-nutrition and adult obesity, particularly in the context of the nutrition transition; the lifelong consequences of childhood poverty; and implications for health policies and for economic development in general.



Bärbel-Maria Kurth

11.45 The International Comparative Hbsc Study May Contribute To Future Preventive Strategies

Bjorn Holstein | Professor in Medical Sociology | University of Copenhagen, Institute of Public Health

The Health Behaviour in School-aged Children (HBSC) is an international research project on health and behaviours. We collect data in representative samples of 11-15-year-olds every fourth year in 40 countries in Europe and North America.

There are three merits of such a study. First, it is useful to have comparative data on early risk factors for adult chronic diseases. We present findings on smoking, alcohol use, physical activity, intake of food and vegetables, overweight, mental health, and a few social determinants of health.

Second, it informs about the robustness of associations. The association between bullying and health is for instance universal while the association between socioeconomic background and some health outcomes vary across countries. We present data on social inequalities in some important risk factors for adult chronic disease.

Third, comparative studies may be a proxy for intervention studies. When a few countries introduce new health promotion policies, other countries can learn from their experiences. We present data on how policies influence health outcomes.



Melanie Wakefield

12.00 Discussion

Discussants: Annette Grüters-Kieslich | Dean | Charite - Universitätsmedizin Berlin
Olivier Raynaud | Senior Director | World Economic Forum
Alexander G. Rumyantsev | Director, Head of Pediatric Chair |
Center of Pediatric Hematology, Oncology and Immunology,
Ministry of Health of the Russian Federation



Bjørn Holstein



Cesar G. Victora

WS-533
Koch
11.00 - 13.00

Working Session
Climate Change: Emerging Health Challenges



Co-Host: German National Academy Leopoldina
Chairs: Jörg Hacker | President | Robert Koch-Institut
Vishwa Mohan Katoch | Secretary to Government of India | Department of Health Research, Ministry of Health & Family Welfare



Jörg Hacker

Outline: Experts are unanimous that Climate Change represents a significant if not the biggest global health threat of the 21st century, with the developing world being the most affected. The IPCC predicts that loss of healthy life years due to global environmental change will be 500 times greater among poor African populations than in Europe.

The objective of this working session will be to discuss the negative health consequences of climate change and their implications for policy. The impact is severe and varied and includes vector-borne diseases undergoing changes in geographical distribution and/or seasonality patterns, deaths and injuries due to adverse climatic events like storms and floods, indirect impacts due to droughts leading to malnutrition and over time, mass migration of people seeking livelihoods in areas with better living conditions – the phenomenon of climate-change refugees will place a huge burden on already strained healthcare services.

A broad range of views will be represented in the Session including in-depth scientific perspectives of the challenge, first-hand evidence of the direct health impacts of infectious diseases, a review of the implications for global public health including lessons learned in adaptation. Finally the role of the private sector in tackling this challenge will be explored.

Concrete actions which will be explored include:

- Supporting research in order to evaluate stringent correlations between climate change and public health.
- Creating a fund to finance academic research aimed at quantifying the health risks faced by each country.
- Harnessing the know-how and reach of the private sector to provide funding and technical skills for R&D, training, and implementation of adaptation strategies.
- Establishing global virtual communities to share experiences from countries that are implementing mitigation and adaptation strategies.
- Designing and implementing regional early-warning systems in recognition of the fact that the threats transcend country-specific borders.



Vishwa Mohan Katoch

11.00 Health Risks of Climate Change

Kristie Ebi | Executive Director, WGII TSU | Intergovernmental Panel on Climate Change

Climate change is projected to have far-reaching effects on human health and well-being. Heatwaves and other extreme weather events (e.g. floods, droughts, and windstorms) directly affect millions of people and cause billions of dollars of damage annually. There is a growing consensus that the frequency and intensity of extreme weather events will likely increase over coming decades as a consequence of climate change, suggesting that the associated health impacts also could increase. Indirectly, climate can affect health through affecting the number of people at risk of malnutrition, as well as through alterations in the geographic range and intensity of transmission of vectorborne, zoonotic, and food- and waterborne diseases, and changes in the prevalence of diseases associated with air pollutants and aeroallergens. Climate change has begun to alter natural systems, increasing the incidence and geographic range of some vectorborne and zoonotic diseases. Additional climate change is projected to significantly increase the number of people at risk of major causes of ill health, particularly malnutrition, diarrheal diseases, malaria, and other vectorborne diseases. Climate also could impact population health through climate-induced economic dislocation and environmental decline.



Kristie Ebi

11.15 Protecting Health from Climate Change: WHO's Call for Action

Maria Neira | Regional Director | World Health Organization

Over the last 20 years, WHO and other partners have identified potential health threats from climate change. However, the issue has only recently moved to the centre of health policy, with Governments calling for practical responses through the World Health Assembly. WHO has coordinated a consultative process to map out a more applied research agenda that goes beyond risk assessment, and characterizes the necessary responses, and their associated costs and co-benefits. Along with other partners, we are promoting strengthening and adaptation of preventive public health programmes to improve health now, as well as improving resilience to future climate change. We are also highlighting how greenhouse gas mitigation measures can bring large health cobenefits (for example through reduced air pollution). We are also providing guidance on reducing the greenhouse gas emissions of the formal health sector itself, as a demonstration of health sector commitment and leadership.



Maria Neira

11.15 Climate, Oceans, Infectious Diseases, And Human Health: A New Perspective

Rita Colwell | Distinguished University Professor | University of Maryland

*The germ theory of disease incorporated into medical and public health practice has allowed effective treatment and prevention. Less easily understood is the role of the environment, including climate, seasonality, and weather patterns in disease and their effect on disease agents. Cholera has provided an extraordinarily useful paradigm for understanding these relationships and incorporating them into global climate and health models. The causative agent of cholera, *Vibrio cholerae*, is native to the aquatic environment, notably estuaries, rivers, and lakes. Epidemics of cholera can be massive, afflicting hundreds of thousands annually, the current outbreak in Zimbabwe, an unfortunate example of the ravages of cholera. Recent findings reveal the interrelationships of salinity, temperature, rainfall, and plankton in initiating cholera epidemics and predictive models can be used effectively in public health practices. Genome sequencing pandemic *V. cholerae* has provided new insight into biogeography of cholera and this knowledge has enhanced predictive models of the disease. The genomic sequence data confirm extensive lateral gene transfer in *V. cholerae*, including genes coding for serogroup and indicate a global reservoir of *V. cholerae* exists in the natural aquatic environment from which selection of pathovars occurs. In summary, oceans, climate, and seasonality are critical factors in cholera epidemics globally. Provision of safe drinking water is the most effective prevention of this disease.*



Rita Colwell

11.30 Business Approach To Climate Change "Helping With Solutions"

Wolfgang Plischke | Member of the Board of Management, Bayer AG | Chairman of the Board, German Association of Research-based Pharmaceutical Companies (vfa)

Many stakeholders define climate change as the biggest global health threat of the 21st century. Solitary approaches to tackle this threat are prone to fail; innovative interdisciplinary approaches involving all sectors of society might be the key to sustainable worldwide solutions. Bayer assumed responsibility for active contributions to climate protection already in 2007. An ambitious Climate Program comprising of greenhouse gas reduction measures and of solutions helping to adapt to climate change consequences was launched. Bayer is exploring new collaboration opportunities, e.g. via public private partnerships, in the field of vector-borne diseases to seize the negative health consequences of climate change. Pharmaceutical industry, as a vital part of the private sector, might contribute further to the interdisciplinary approach using its innovative technology platforms and providing logistical support via organizational structures reaching into many developing countries.



Wolfgang Plischke

11.45 Discussion

Discussants: Vyacheslav Novitskiy | Rector | Siberian State Medical University
Margaret Alston | Professor | Faculty of Medicine Nursing & Health Sciences, Monash University

WS-534

Virchow

11.00 - 13.00



Working Session

Infectious Diseases: Prevention and Intervention

Co-Host: Leibniz Association

Chairs: Ernst Th. Rietschel | President | Leibniz Association
Guy de Thé | President | Inter Academy Medical Panel

Outline:

Infectious diseases continue to be a leading cause of death and disease in the world. According to the World Health Organization, infectious agents are responsible for no less than 30% of all deaths world wide. HIV/AIDS, tuberculosis and malaria, continue to be among the top killers of the poor in developing countries. And epidemics like SARS and H5N1 (Avian Flu) illustrate how quickly new pathogens can emerge and how rapidly they can spread internationally.

Notwithstanding the important advances that science has made in understanding and treating infectious diseases over the past century, crucial aspects of the biology of infectious diseases remain obscure. In particular, the evolving understanding of the biological interactions between host and pathogen will open new doors for prevention and treatment. In the light of these facts, continued investment in research, prevention and treatment of infections seem paramount.

This Working Session will discuss scientific as well as public health related challenges associated with an effective response to infectious diseases. In particular, it will focus on ways to create the financial as well as structural preconditions that will allow for rapid and successful application of results from research in biology and public health to various local and regional settings, and thus for effective prevention and intervention across countries.

Actions discussed in the session will include:

- Conducting basic research into the biology of pathogens, and applying this knowledge to the development of new interventions
- Instituting effective surveillance of epidemiologic trends and systematically screening for pathogen mutations
- Implementing innovative, durable financing solutions to fund HIV/AIDS control.
- Defining responsibilities for public and private actors in bridging the North-South divide that still exists in terms of access to health care.



Ernst Th. Rietschel



Guy de Thé

11.00

The Pharmaceutical Industry: A Cornerstone Partner In Addressing Access To Medicines' Challenge In The Southern Hemisphere

Robert Sebbag | Vice-President | Access to Medicines, sanofi-aventis

70 to 80% of the world's population has little or no access to health care. Over the past decade industrialized countries, international organizations, the World Trade Organisation, drug companies, and the international forum have become aware of this unfilled need.

The situation is improving and the pharmaceutical industry is a fundamental partner to bridging the North-South divide in terms of public health. Dr. Sebbag outlines the stages that have contributed to making the pharmaceutical industry the indispensable partner it is today using clear and concrete examples.



Robert Sebbag

11.15 **Fighting The Global AIDS, TB And Malaria Epidemics: Progress And Challenges In 2009**

Michel Kazatchkine | Executive Director | The Global Fund To Fight AIDS, Tuberculosis and Malaria
Professor Kazatchkine will provide an overview of recent progress in tackling the world's three major killer infectious diseases, with a focus on the work of the Global Fund to Fight AIDS, TB and malaria and its innovative approach to development financing.

11.30 **Basic Research In Infectious Diseases: A Plea And An Agenda**

Philippe Sansonetti | Professor at the Collège de France | Professor at Institut Pasteur
Each year, 12 million people succumb of infectious diseases, 75 % being children in the most impoverished populations. Although emerging pandemics are currently in the limelight, they only represent the tip of an iceberg. Endemy is the rule, both in the South and in the North. In the face of the worldwide challenge of infectious diseases control, our investments and efforts in basic and translational research should go unabated, particularly in microbiology, immunology and the disciplines that participate in this global effort, including epidemiology. We need to extend our knowledge of the physiology and pathophysiology of microorganisms, and of the diversity of the microbiological world, particularly in the animal kingdom, since a large majority of new infections emerge from both domestic and wild animals. These efforts should be actively translated into efficient tools for the control. This is an ethical obligation that needs to take into account capacities of implementation in the South.

11.45 **Discussion**

Discussants: Antoine Flahault | Dean | Ecole des hautes études en santé publique (EHESP)
Jörg Baumann | Principal Investigator | Fraunhofer Institute for Cell Therapy and Immunology
Pascal Villeneuve | Associate Director | Programme Division (Programme Partnerships) UNICEF
Jan ter Meulen | Head Vaccine Basic Research | Merck Research Laboratories



Michel Kazatchkine



Philippe Sansonetti



Caring and curing

At Novartis, we are committed to saving and improving millions of lives...every day.

Breakthrough medicines are our highest priority—they open up healthcare's frontier and answer unmet needs. But no two patients are exactly alike. That's why at Novartis we go beyond breakthrough medicines to offer disease prevention, generic alternatives and access to medicines.

Partner Lunch Symposium

Innovation Challenge - Emerging Medical Needs

PS-551

Main Hall

14.00 - 15.30

Host: Novartis

Chairs: Karl Max Einhäupl | CEO | Charité – Universitätsmedizin Berlin
Jürgen Zurheide | Independent Journalist

Outline: *Constant innovation in medicine has been able to provide healthcare solutions for individuals and societies on a historically unique level. On the other hand, challenges in global healthcare are enormous. The global population is growing constantly. While industrial countries face dramatic demographic change, some countries struggle with providing basic medical treatments. The Novartis Symposium invites global experts to discuss these challenges and the key role of innovation in global healthcare from different perspectives.*



Welcome | Introduction

Karl Max Einhäupl | Vorstandsvorsitzender | Charité – Universitätsmedizin Berlin
Jürgen Zurheide | Independent Journalist

Challenges To Pharmaceutical And Biomedical R&D In Europe – The Economic Perspective

Panos Kanavos | Director | London School of Economics

The Demographic Challenge And How Innovation In Medicine Can Contribute.

Cornel Sieber | Head of Medical Clinic 2, Head of Institute for Biomedical Aging | FAU Erlangen-Nürnberg;
Klinikum Nürnberg Nord

Challenges In The Global Development Of Therapeutic Innovations

Trevor Mundel | Global Head of Development Pharma | Novartis Pharma AG

Summary

Karl Max Einhäupl | CEO | Charité – Universitätsmedizin Berlin

KL-561
Main Hall
15.45-17.30

Keynote Lectures
The World Health Summit Public Key Note Lectures



Ilona Kickbusch

Chairs: Ilona Kickbusch | Director Global Health Programme | The Graduate Institute of International and Development Studies Geneva
Klaus-Theo Schröder | State Secretary | Federal Ministry of Health, Germany

15.45 The Lancet: The Science Of Generosity: A Neglected Force For Human Health
Richard Horton | Editor-in-Chief | The Lancet

16.10 Bringing The Fruits Of Science To The People

John E. Sulston | Chair | Institute for Science, Ethics and Innovation, University of Manchester

Good health depends on many factors. The most important are good infrastructure in terms of water, food, housing, and waste disposal, along with personal care of one's own body. When things go wrong, however, we need medicines, and it seems self evident that we should aim to make medicines available and affordable to all.

But in the late 20th century we have been moving in quite the reverse direction, with the development of medicines increasingly driven by investment aimed at wealthy markets. This has been part of a global trend, reasserting values typical of earlier times when extreme inequality was taken for granted. Predictably, it has resulted in the exclusion of poorer people from the benefits of modern treatments.

New funding mechanisms are now being introduced to spread the benefits more evenly, but the underlying problems remain. The current system of world trade impedes research and innovation, throttles ethical decision making, widens the gap between rich and poor, and contributes to global insecurity. The very survival of humanity may depend on our taming the free market, restoring it to its rightful place as a servant rather than a god.



Klaus-Theo Schröder



Richard Horton

16.35 **Climate Change And Human Health**

Kristie Ebi | Executive Director, WGII TSU | Intergovernmental Panel on Climate Change

Climate change is projected to have far-reaching effects on human health and well-being. Heatwaves, floods, droughts, and windstorms directly affect millions of people and cause billions of dollars of damage annually. There is a growing consensus that the frequency and intensity of extreme weather events will likely increase over coming decades as a consequence of climate change, suggesting that the associated health impacts also could increase. Indirectly, climate can affect health through affecting the number of people at risk of malnutrition, as well as through alterations in the geographic range and intensity of transmission of vectorborne, zoonotic, and food- and waterborne diseases, and changes in the prevalence of diseases associated with air pollutants and aeroallergens. Additional climate change is projected to increase the number of people at risk of major causes of ill health, particularly malnutrition, diarrheal diseases, malaria, and other infectious diseases.



John E. Sulston

17.00 **Our Health: The Problem Is Lack Of Vision**

Victoria Hale | Founder and Chair Emeritus | Institute for OneWorld Health

How can we afford, reform and improve health without a clear vision? As we develop regional and national visions, is global leadership achievable? Our health systems are approaching crisis, but we now have incredible opportunities. In our technologic society, we forget that the path to good health is simple. We need new business models: partnerships, not-for-profits, and hybrid business models. Sustainability is an essential element of each of these. Will we have the courage to walk away from the broken healthcare systems and build new ones? Financial rewards do not motivate most healthcare workers. Can we define motivations and grow them? We could begin to reward good health. Laws and regulations can be visionary too. Global interdependence forces us to connect health with climate, economics, politics, and peace. Let's not limit our technologies to the laboratory, but expand to business, communication, delivery, and sustainability. Let's engage our young people.



Kristie Ebi

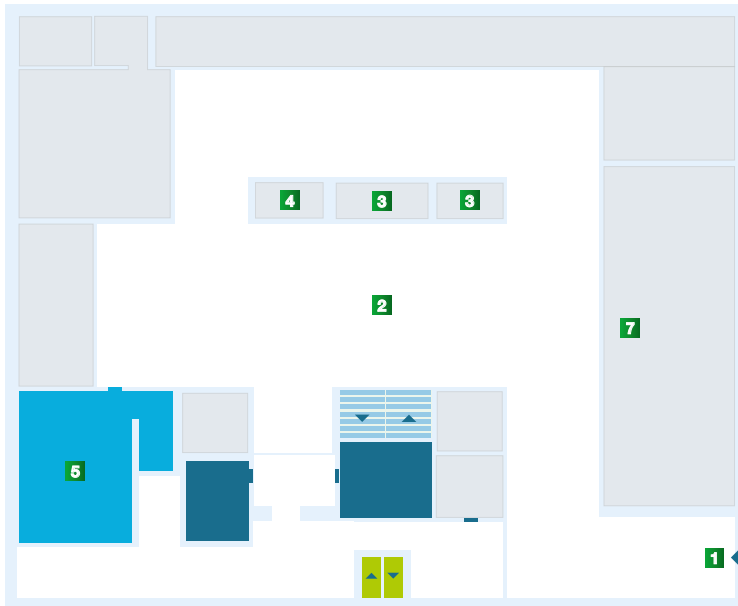
Note: This session is open to the public.



Victoria Hale

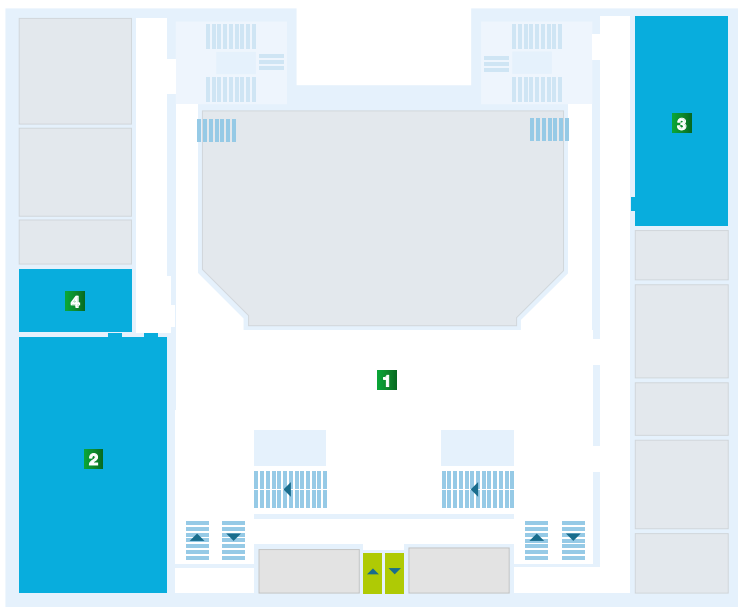
The Langenbeck-Virchow-Haus is a versatile conference center with a variety of rooms on several floors. The World Health Summit will utilize venues on all levels, with the Main and Upper Foyer as main areas. The breakout rooms are located on the 1st, 2nd and 5th floor, while access to the Main Hall is possible via 2nd and 3rd floor.

SUMMIT VENUE LANGENBECK-VIRCHOW-HAUS		
5	<ul style="list-style-type: none">· Room Koch· Room Bier	<ul style="list-style-type: none">· 5th Floor Foyer (Catering)· KPMG Lounge
4	<ul style="list-style-type: none">· Room von Behring· Room Ehrlich (Press Office)	
3	<ul style="list-style-type: none">· Main Hall (Balcony)· Room Thieme	
2	<ul style="list-style-type: none">· Main Hall· Room Virchow	
1	<ul style="list-style-type: none">· Upper Foyer (Catering)· Room Langenbeck	<ul style="list-style-type: none">· Library· Speaker's Center
0	<ul style="list-style-type: none">· Entrance· Main Foyer (Catering)· Registration	<ul style="list-style-type: none">· Cloakroom· M8 Lounge· Live Feeds



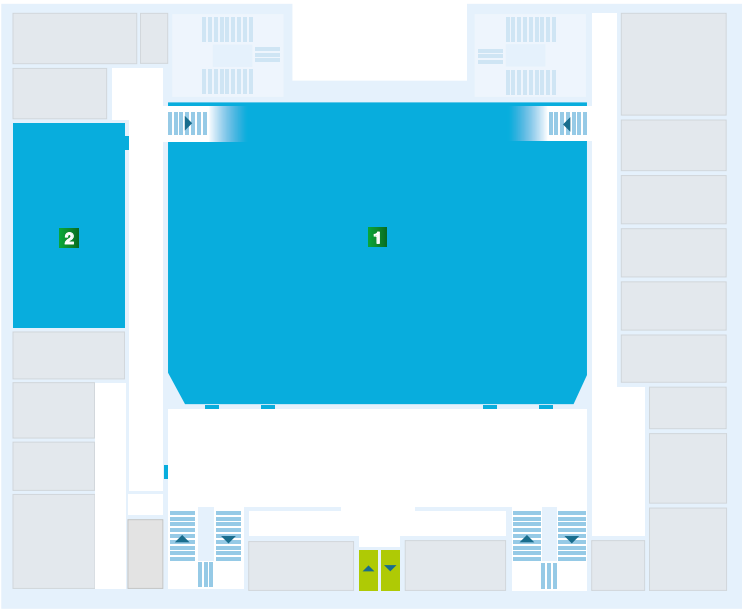
0 | Ground Floor

- 1** Entrance
- 2** Main Foyer (Catering)
- 3** Registration
- 4** Cloakroom
- 5** M8 Lounge
- 6** Live Feeds
- 7** Associated Materials



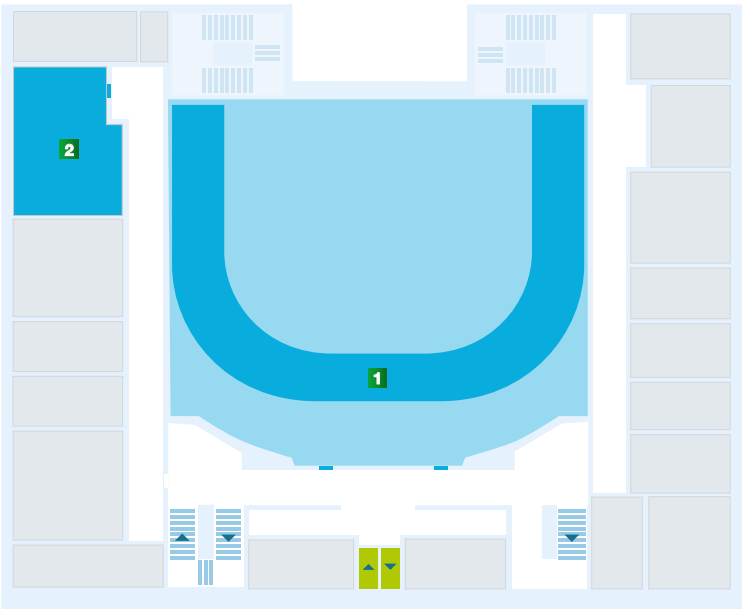
1 | First Floor

- 1** Upper Foyer (Catering)
- 2** Room Langenbeck
- 3** Library
- 4** Speakers' Center



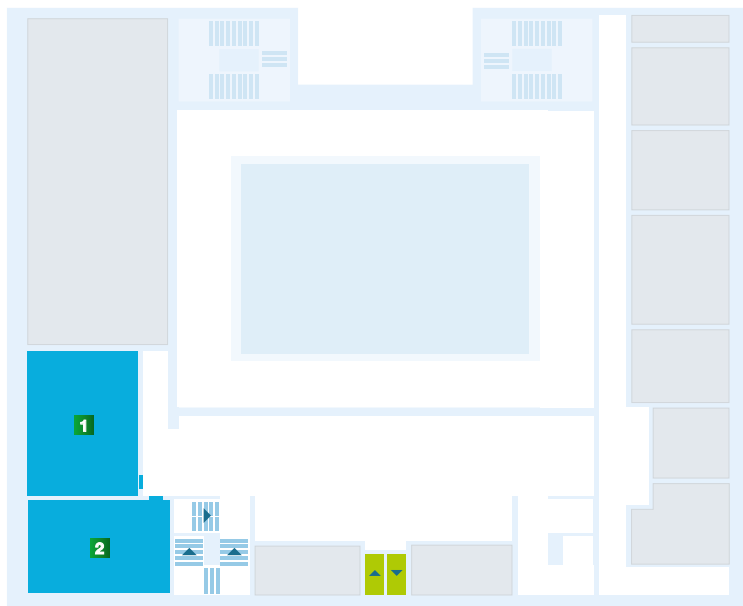
2 | Second Floor

- 1 Main Hall
- 2 Room Virchow



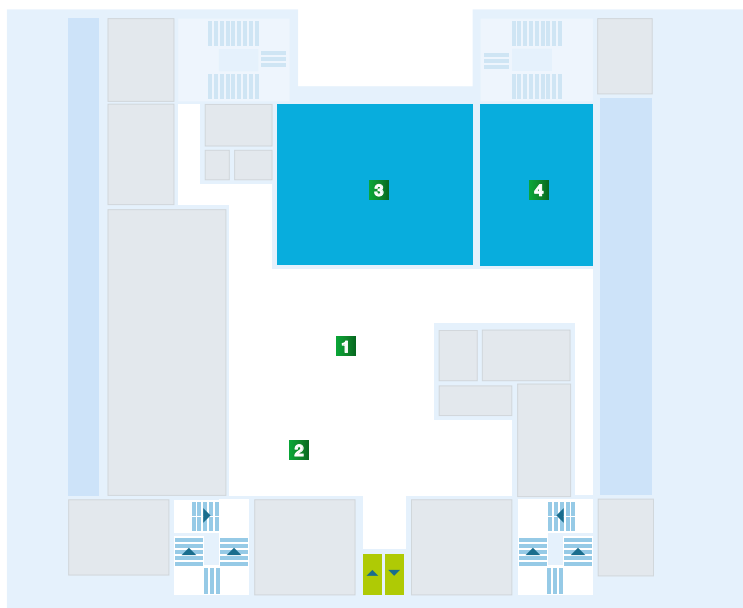
3 | Third Floor

- 1 Main Hall (Balcony)
- 2 Room Thieme



4 | Fourth Floor

- 1** Room von Behring
- 2** Room Ehrlich (Press Office)



5 | Fifth Floor

- 1** 5th Floor Foyer (Catering)
- 2** KPMG Lounge
- 3** Room Koch
- 4** Room Bier

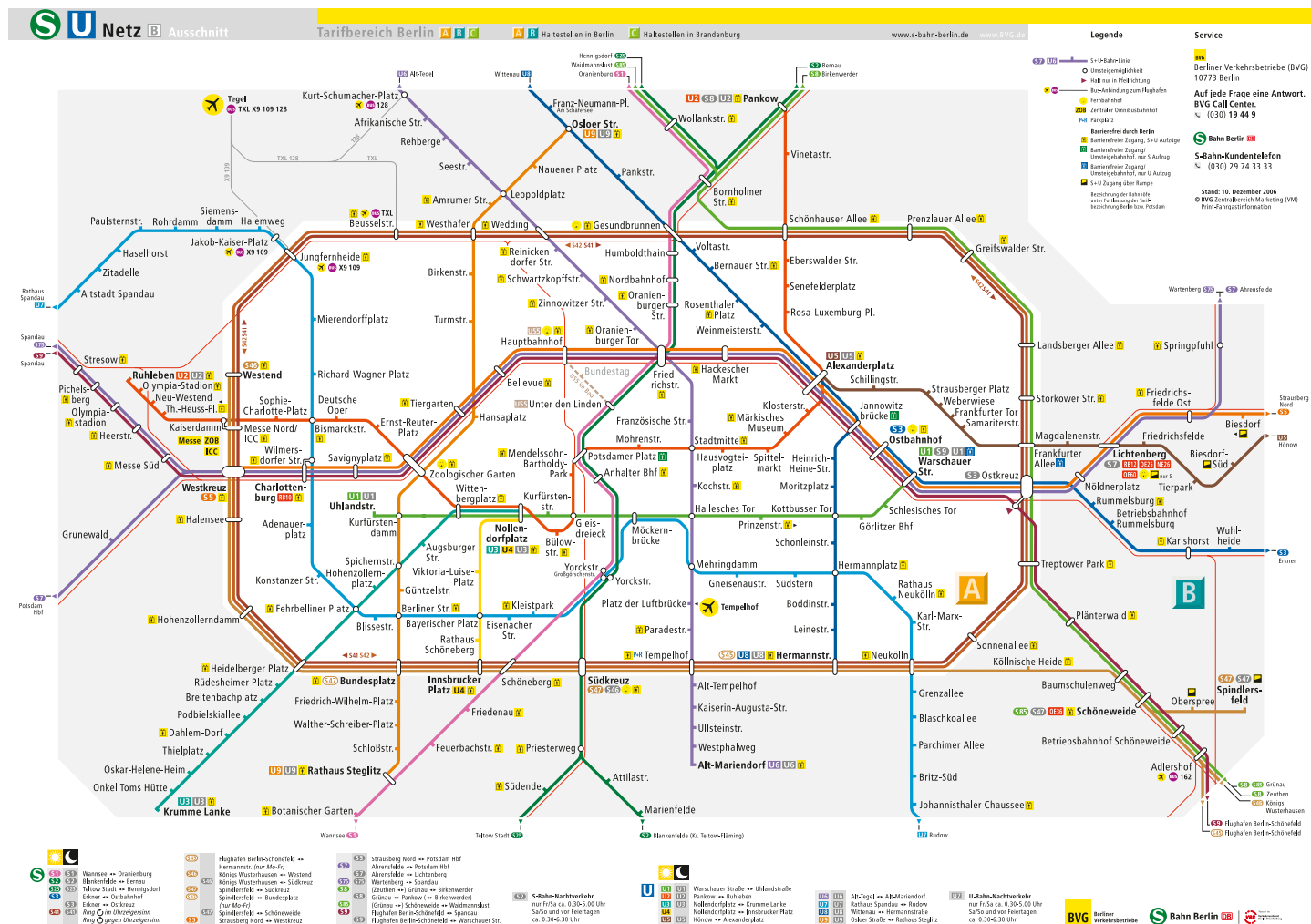
Official Summit Hotel

- | | | | | | |
|---|------------------|---|--------------------|---|------------------------|
| 1 | Adlon Kempinski | 4 | Melia Berlin | 7 | Mercure an der Charité |
| 2 | Hilton Berlin | 5 | NH Friedrichstraße | | |
| 3 | The Westin Grand | 6 | NH Mitte | | |



How To Get To The Summit Venue

Berlin's underground (U) and metro (S) services are on of the fastest means of transportation within the city. To reach the summit venue Langenbeck-Virchow-Haus, you may use stations "Hauptbahnhof" (S), "Friedrichstraße" (S) or "Oranienburger Tor" (U). The bus line 147 also departs from "Hauptbahnhof" and "Friedrichstraße" and stops right in front of the summit venue ("Campus Charité Mitte")



Summit Day Partner



NOVARTIS

Novartis is a leading worldwide research-based healthcare company. The declared mission of Novartis is to research, develop and successfully market innovative products and thus heal diseases, alleviate suffering and enhance the long-term quality of life. In doing so, we accompany people from the prevention to the treatment of serious diseases. With patent-protected products, we are committed to combating cancer, heart, cardiovascular and nerve diseases, allergic and respiratory conditions as well as to the treatment of eye diseases, for transplants or bone disorders. More than 30 million patients benefited from Novartis products last year. With sales of about 2.95 billion € and a market share of 11.9 percent, Novartis is the largest company in the German health sector. The company employs about 8,200 people in Germany. Worldwide, some 96,700 employees are at work in more than 140 countries.

www.novartis.com



SANOFI-AVENTIS

Designing the future. Medical progress for health and life quality.

Sanofi-aventis is a leading pharmaceutical company dedicated to improving the health of millions of people around the world, helping them deal with their disease or showing them how to lead a better life despite the illness. The company specialises in the following key areas: diabetes/metabolism, cardiovascular diseases, thrombosis, central nervous system, internal medicine, oncology, and prevention with vaccines. Together with partners from the global healthcare sector, sanofi-aventis fills the voids which may exist today and in the future when it comes to supplying patients.

Sanofi-aventis is established in 100 countries around the world and employs approx. 100,000 people who focus on providing medical progress. The research and development, the production and distribution of innovative, new and successful medicines contribute significantly to improving the health of people worldwide, following their motto: Because health matters.

www.sanofi-aventis.com



SIEMENS AG, HEALTHCARE SECTOR

The Siemens Healthcare Sector is one of the largest suppliers of healthcare technology worldwide. The company is a medical solution provider with core competences and innovative strengths in diagnostic and therapeutic technologies as well as knowledge processing, including information technology and system integration. With its acquisitions in laboratory diagnostics, Siemens Healthcare is the first integrated healthcare company that combines imaging and lab diagnostics, therapy solutions and medical information technology and also supplements these with consultation and services. Siemens Healthcare offers solutions for the entire supply chain under one roof - from prevention and early detection to diagnosis and on to treatment and aftercare. In addition, Siemens Healthcare is the world market leader for innovative hearing instruments. The company employs some 49,000 employees worldwide and is present in more than 130 countries. During fiscal 2008

(ending on September 30), Siemens Healthcare achieved a total sales volume of 11.17 billion euros and incoming orders totaling 11.78 billion euros. The Sector profit from operations amounted to €1.23 billion (preliminary figures).

For more information, go to: www.siemens.com/healthcare.

General Partner

ASTRA ZENECA

AstraZeneca GmbH in Wedel/Schleswig-Holstein is the German subsidiary of the British-Swedish pharmaceutical corporation AstraZeneca PLC, London. With global group sales of USD 31.6 billion (2008), AstraZeneca is one of the leading companies in the research-based pharmaceutical industry worldwide. It develops, manufactures and sells innovative medicines that improve patients' quality of life. AstraZeneca conducts research in the fields cardio-vascular, respiratory, gastrointestinal, oncology, neuroscience and infections.



BAYER SCHERING PHARMA AG

Bayer Schering Pharma is one of the ten largest specialty pharmaceutical companies in the world. We market our products in more than 100 countries, and in 2008 generated sales of over €10.7 billion. Approx. 38,000 members of staff currently work for Bayer Schering Pharma worldwide – more than 5,600 in research and development alone. Every year we invest between 15 and 17 percent of our total net sales in research and development. Our research focuses mainly on new treatments in the fields of cancer, cardiovascular diseases and gynecological therapies, as well as new approaches to molecular imaging. At the same time, we are constantly improving established products.



We concentrate on four business units:

Diagnostic Imaging

Contrast media for early and precise diagnosis in computed tomography and magnetic resonance imaging examinations for accurate characterization and staging of diseases.

General Medicine

Products for high blood pressure, venous thromboembolism, coronary heart diseases, diabetes and infectious diseases, as well as erectile dysfunction and testosterone deficiency in men

Specialty Medicine

Treatment options for multiple sclerosis, hemophilia and certain types of cancer

Women's Healthcare

Hormonal contraception, menopause management and gynecological therapies

www.bayerscheringpharma.de



BOEHRINGER INGELHEIM

The Boehringer Ingelheim group is one of the world's 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 138 affiliates in 47 countries and 41,300 employees. Since it was founded in 1885, the independent, family-owned company has been committed to researching, developing, manufacturing and marketing novel products of high therapeutic value for human and veterinary medicine.

In 2008, Boehringer Ingelheim posted net sales of 11.6 billion euro while spending one fifth of net sales in its largest business segment Prescription Medicines on research and development.

For more information please visit www.boehringer-ingelheim.com.



GLAXOSMITHKLINE

GlaxoSmithKline – one of the world's leading research-based pharmaceutical and healthcare companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer. Headquartered in the UK and with operations based in the US, we have an estimated seven per cent of the world's pharmaceutical market and employ around 99,000 people worldwide in over 100 countries. We produce medicines that treat six major disease areas – asthma, virus control, infections, mental health, diabetes and digestive conditions - and are developing new treatments for cancer. In addition, we are a leader in the important area of vaccines. GSK is one of the few pharmaceutical companies researching both medicines and vaccines for the World Health Organization's three priority diseases – HIV/AIDS, tuberculosis and malaria.

For further information please visit www.gsk.com.



HEWLETT PACKARD

HP focuses on simplifying technology experiences for all of its customers—from individual consumers to the largest businesses. With a portfolio that spans printing, personal computing, software, services, and IT infrastructure, HP revenue reached \$118.4 billion for the four fiscal quarters ended October 31, 2008. The company's corporate headquarters are located in Palo Alto, California, but it is truly a global interest, with 320,000 employees doing business in more than 170 countries around the world, and 69% of its revenue coming from outside the United States. Mark Hurd is currently company chairman, chief executive officer, and president.

HP is a global leader in a number of markets:

- #1 in LaserJet and inkjet printers*
- #1 in x86 Windows®, Windows, UNIX®, and Linux servers*
- #1 in notebook and desktop PCs*
- #2 globally in workstations
- #1 in blade servers*
- #1 in total disk storage systems*
- #1 globally in distributed system management software*
- #1 globally in automated software quality*

#2 globally in IT services**

More information about HP (NYSE, Nasdaq: HPQ) is available at www.hp.com.

**Source: IDC Q4 2007 worldwide data **IDC; Gartner's April 2008 IT Services Market Metrics Worldwide Market Share*

JOHNSON & JOHNSON

Johnson & Johnson's family of Companies comprises the world's premier consumer health company, the largest medical devices & diagnostics company, the fourth-largest biologics company and the world's seventh-largest pharmaceuticals company. More than 250 companies in 57 countries employing 119,000 people are guided by our own Credo.

Effective health care systems are critical to achieving better health. They support to remain healthy, to obtain early diagnoses and they serve people best by focussing on prevention, wellness and public health measures. All patients and their practitioners must be allowed to choose the best treatment. Health care systems must support choices with scientifically sound evidence. For health care, medical progress and market-based competition it is necessary to provide funding solutions. We are characterized by strong regulatory authorities while transparent interactions among stakeholders are being promoted. Johnson & Johnson allows health care professionals, caregivers, payers and individuals themselves to have access to current health information. We operate efficiently, providing affordable, quality, continuous care, and maximum, equitable access.

www.jnj.com/connect/



KPMG

KPMG is a global network of legally independent professional firms with about 135,000 employees in over 140 countries.

In Germany too, KPMG is one of the leading auditing and advisory firms and has more than 8,500 employees at 24 locations. Our services are divided into the following functions: Audit, Tax and Advisory. Our Audit services are focused on the auditing of consolidated and annual financial statements. The Tax function incorporates the tax advisory services provided by KPMG. Our high level of specialist know-how on business, regulatory and transaction-related issues is brought together within our Advisory function.

We have established teams of interdisciplinary industry specialists for key sectors of the economy. These pool the experience of our specialists around the world and further enhance the quality of our advisory services.

Within our Global Health Care network we have industry specialists offering tailor made strategies and services. We have local personnel, providing on site consultation, at the disposal of our clients in every federal state. Being familiar with regional distinctions we offer knowledge tailored to meet the local market needs.

www.kpmg.com/Healthcare



**PFIZER**

Working together for a healthier world

Founded in 1849, Pfizer is the world's premier biopharmaceutical company taking new approaches to better health. We discover, develop, manufacture and deliver quality, safe and effective medicines to treat and help prevent disease for both people and animals. We also partner with healthcare providers, governments and local communities around the world to expand access to our medicines and to provide better quality health care and health system support. At Pfizer, some 82,000 colleagues in more than 90 countries work every day to help people live happier and healthier longer as well as reduce the human and economic burden of disease worldwide. In 2008, Pfizer earned \$48.3 billion in revenues and invested \$7.9 billion in research and development. In Germany, Pfizer's operations are based in five locations: Berlin, Düsseldorf, Freiburg, Illertissen and Karlsruhe. Berlin headquarters runs the two business segments Healthcare and Animal Health as well as the European Oncology division. Pfizer employs approximately 3,800 people in Germany. Its revenue in 2008 amounted for 1.4 billion euros.

www.pfizer.com

**ROCHE**

As a research-focused healthcare company, Roche discovers, develops and provides innovative diagnostic and therapeutic products and services that deliver significant benefits to patients and healthcare professionals – from early detection and prevention of diseases to diagnosis, treatment, and treatment monitoring.

With headquarters in Basel, Switzerland, Roche employs over about 80.000 people and sells its products in over 150 countries. As the world's largest biotechnology company Roche spent over 8 billion Swiss francs on research and development in 2008 and continues its long-standing tradition of working in alliances with some of the most forward-looking and technologically advanced companies in the world.

As a worldwide market leader in the area of diagnostics and biotechnology Roche has developed numerous tumour markers as well as molecular-diagnostic test for different cancer illnesses. In this manner, based on the genetic profile of the tumour, the prospects of success of the treatment can be predicted already before the drug is given and it is possible to select the best of all suitable therapies for the respective patients. The research activities of Roche are focused on the very current realisation of this personalised medicine.

www.roche.com

Contributing Partner

BERTELSMANN STIFTUNG

Inspiring People. Shaping the Future.

In keeping with the longstanding social commitment of its founder, Reinhard Mohn, the Bertelsmann Stiftung is dedicated to serving the common good. Our work is based on the conviction that competition and civic engagement are essential for social progress. In accordance with its articles of incorporation, the Bertelsmann Stiftung functions exclusively as a private operating foundation; it carries out its own project work and does not make grants or support third-party projects.

| BertelsmannStiftung

Our health programs: A high-quality healthcare system ensures access to medically necessary services for all citizens and promotes personal responsibility among healthcare consumers. It allows effective competition between service providers and insurance funds and creates incentives for high-quality and efficient care. At the same time, it provides transparency on the quality of care offered by service providers. All of the processes in the healthcare chain, from wellness initiatives and prevention to emergency medical care, rehabilitation, and ongoing care are closely interlinked. Wellness initiatives and prevention are anchored in the lives of children, adults and seniors.

BIOTOP

BioTOP Berlin Brandenburg is the central contact and coordination office for all issues concerning biotechnology in the German capital region.



Services include:

Establishment and Coordination of Networks

- Initiating research alliances
- Technology transfer
- Interdisciplinary networking

Founding, Financing, Business Development

- Support in business plan formulation
- Strategy consulting
- Direct access to investors
- Integration in the regional network

Technology Transfer

- Support in the exploitation of research results
- Assessment of the exploitation concept by experts
- Identification of the appropriate financing instruments

Training & Jobs

- BB LIFE seminars on regulatory affairs

- Online job market
- Information about education and training programs

Marketing and Public Relations

- Comprehensive information from and about the Bioregion
- Newsletters, the magazine BioTOPics and the annual biotech report

BioTOP has comprehensive knowledge about the life sciences in Berlin and Brandenburg. Whenever you need information about biotech businesses or research in the region, feel free to visit our website, and we will do our best to help:

www.biotop.de



HELMHOLTZ ASSOCIATION OF GERMAN RESEARCH CENTRES

Shaping the future with cutting-edge research

The Helmholtz Association is made up of 16 national centres which perform research in the natural sciences, technology and engineering, and in biology and medicine. They have 28,000 staff and an annual budget in excess of 2.8 billion euros. Germany's largest scientific organisation contributes to solving major challenges facing society, science and the economy with top scientific achievements. Its work follows in the tradition of the great natural scientist Hermann von Helmholtz (1821-1894).

Helmholtz scientists work together in six major research fields which span the association's research centres: Energy, Earth and Environment, Health, Key Technologies, Structure of Matter, Aeronautics, Space and Transport.

Health research in the Helmholtz Association aims to gain a better understanding of the origins of complex diseases so that they can be treated more successfully in future. The goal is to develop new prevention, diagnosis and treatment strategies which can be used in practice, in collaboration with clinics.

www.helmholtz.de/en

ROLAND BERGER STRATEGY CONSULTANTS



Roland Berger Strategy Consultants, founded in 1967, is one of the world's leading strategy consultancies. With 36 offices in 25 countries, the company has successful operations in all major international markets. In 2008, it generated more than EUR 670 million in revenues with 2,100 employees. The strategy consultancy is an independent partnership exclusively owned by about 180 Partners.

We advise major international industry and service enterprises as well as public institutions on all issues of strategic management. Together with our clients, we develop tailored, creative solutions and help implement them.

Our Pharma & Healthcare Competence Center supports all players in the healthcare market in making the most of opportunities and dealing with the challenges of the constantly changing regulatory environment.

In addition to traditional consulting fields such as marketing, organization, cost-cutting and mergers, we focus intensively on current trends in the market.

www.rolandberger.com

WEBERBANK ACTIENGESELLSCHAFT

Weberbank, established in 1949 in Berlin, specializes in business with wealthy private clients and institutional investors. With its motto "My private bank", Weberbank underlines its close relations with its customers and all the expertise of a private bank. For years, Weberbank's success has been reflected in top rankings on the quality of its portfolio managers in various independent studies. The bank offers not only expertise in portfolio administration and consulting, but also solutions in such fields as taxation, real-estate issues, cross-generational asset management, finance and routine banking. Relations between clients and consultants are founded on continuity and personal contact. And one of the bank's great strengths is its objectivity: advisors are independent and pleased to help their clients choose which of the many offers available is the most suitable for them – irrespective of which provider is offering it.

www.weberbank.de



Service Partner

LANDAU MEDIA

Landau Media visualizes communication success. As one of the leading providers in Germany Landau Media offers media monitoring from print and online media, tv stations, news agencies, radio stations and Web2.0 in Germany. Beside classic press clippings Landau Media offers early morning press reviews. In cooperation with the German license provider PMG Landau Media delivers press reviews daily by email. In terms of media analysis and public relations evaluation Landau Media is a professional and capable consulting partner.

www.landaumedia.de



Special
Contribution

MCKINSEY & COMPANY

McKinsey & Company is the world's leading top management consultancy, currently with more than 8,000 consultants across the globe. Our clients include the majority of the 100 largest industrial corporations in the world. But we also work for fast-growing small and medium-sized enterprises (SMEs), many leading banks and insurance companies, government ministries, public authorities, and other public and private institutions.

Our 90 locations in 50 countries are linked by industry and functional practices that concentrate our knowledge and expertise on the topics of interest to our clients wherever they do business. The work we do reflects the wide variety of management problems facing these organizations. We concentrate on issues that affect the performance of the entire firm.

McKinsey's Healthcare Payor and Provider Practice creates new solutions to challenges facing health care organizations. We serve payors, including health insurers, health-maintenance organizations, preferred-provider organizations, defined-contribution plans, and pharmacy-benefit managers, as well as providers, including academic medical centers, hospitals and health systems, physician groups, and organizations that offer niche services such as rehabilitation or dialysis. The Pharmaceuticals & Medical Products Practice works with a diverse spectrum of organizations, including companies in ethical and over-the-counter (OTC) pharmaceuticals, medical equipment, devices and supplies, diagnostics, biotechnology, and animal health

www.mckinsey.com

ADVERTISEMENT



Medienbeobachtung à la carte

Täglich frisch ausgeschnitten!

Ihr individuelles Menü aus Print-Medien, Agenturen, Hörfunk, TV und Internet - mit Pressespiegeln und Medienanalysen von Landau Media.

Seit über 10 Jahren die Haute Cuisine der Medienbeobachtung.

Weitere Infos unter: www.landaumedia.de

<Landau Media>
monitoring analyse consulting

Landau Media AG
Friedrichstr. 30 · 10969 Berlin
Tel.: 030 / 202 42-100

**Ab sofort auch mit
Web2.0 Beobachtung!**
Jetzt testen! Tel.: 030 / 202 42-100



02.47

BERLIN ALEXANDERPLATZ



Speaker, Chairmen, Dicussants, Panelists, Committee Members

A

Ababii, Ion	75
Adli, Mazda	16, 17
Aiach, Martine	16
Aliev, Mamed Dz.	38
Alston, Margaret	143
Amedée-Manesme, Olivier	17
Anderson, Gerard	61
Antos, Joseph	79
Atun, Rifat	54
Aukes, Hans A.	46
Axmann, Guido	16

B

Bachelot, Roselyne	136
Baethge, Christopher	16, 140
Baranov, Alexander	38
Barner, Andreas	16, 136, 137
Barnes, Kathleen	29, 65
Barouki, Robert	17
Bartz, Christian	16
Baumann, Jörg	145
Beaune, Philippe	17
Beisiegel, Ulrike	108, 130
Bentley, Gillian	28, 65
Berche, Patrick	16, 53
Bertagna, Xavier	17
Billig, Håkan	121
Bindseil, Kai Uwe	16
Bishop, Elizabeth	49
Bleich, Sara	45
Bleich, Sara N.	61
Böhm, Michael	127
Borggreffe, Martin	127
Boult, Chad	138
Boyd, Richard	56
Brechignac, Catherine	16
Breman, Joel	111
Briggs, Pamela	46
Brüne, Martin	28
Bührlen, Bernhard	109
Bullinger, Hans-Jörg	16, 72, 73
Burmester, Gerd	17
Busse, Reinhard	79

C

Canto-Sperber, Monique	16
Cao, Hongxin	50
Chatzimakakis, Jorgo	87
Cheng, May Tsung-Mei	85
Claude, Caroline	35
Clervoy, Jean-Francois	59
Colwell, Rita	143

Corvol, Pierre	16
Couraud, Pierre-Olivier	17
Cumming, Allan	53

D

Damann, Volker	59
Danzon, Marc	54, 66
Davies, Stephan	49
Davis, Jeffrey R.	62
Davydov, Mikhail	17, 38
Deanfield, John E.	127
Degos, Laurent	81
Deister, Amelie	63
Delpach, Marc	17
Deppermann, Karl-Matthias	89
Desnos, Michel	17
Dewes, Michaela	63
Dietel, Manfred	16, 46, 60
Dietz, Rainer	17
Dimmeler, Stefanie	80
Dinkelborg, Ludger	125
Dirnagl, Ulrich	34
Djerassi, Carl	139
Dordain, Jean-Jacques	66
Downey, Alan	79
Draghia-Akli, Ruxandra	108
Dubay, Lisa C.	61
Duda, Georg	34, 51
Dunstone, Michelle	45
Dupuis, Jean Francois	17

E

Ebi, Kristie	142, 149
Ebinger, Martin	45
Egger, Bernhard	90
Ehrbeck, Tilman	85
Einhäupl, Karl Max ...	16, 17, 66, 91, 147
Ekdahl, Karl	74
Elliott, Paul	36
Emmrich, Frank	47
Ender, Peter Van	17
Eom, Gina	63
Epelbaum, Jacques	17
Esaulenko, Igor	114

F

Fabiani, Jean-Noël	17
Fagon, Jean-Yves	17, 79
Faou, Anne-Laurence Le	79
Farrar, Jeremy	83
Feagan, Brian	120
Felsenberg, Dieter	62

Fernez, Aude	17
Feufel, Markus	98
Fibig, Andreas	125
Fischer, Alain	17
Flahault, Antoine	16, 36, 145
Fridman, Wolf-Hervé	17
Fried, Linda P.	139
Froguel, Philippe	37
Fukuda, Keiji	82, 93
Funk, Jens Oliver	60

G

Gade, Nils	85
Gaissmaier, Wolfgang	98
Gale, Edwin	57
Gallhofer, Bernd	89
Gamazina, Kateryna	55
Gambhir, Sanjiv Sam	125
Ganten, Detlev ...	16, 17, 49, 66, 93, 130
Gerzer, Rupert	62
Ghebreyesus, Tedros Adhanom	66
Gigerenzer, Gerd	98
Ginsburg, Geoffrey	113, 130
Glowinski, Jacques	112
Gluckman, Peter	27
Goettsch, Wim G.	90
Goldman, Michel	60
Gondrie, Peter	55
Grigoriev, Anatoly	62
Grigutsch, Volker	16
Groenewegen, Peter	36
Gruss, Peter	16, 106, 107
Grüters-Kieslich, Annette	17, 141
Guan, Yuanzhi	17
Guimier, Nelly	17
Gunga, Hanns-Christian	17, 59
Gutjahr, Thorsten	97
Guttenberg, Karl-Theodor zu	66
Gutzeit, Stephan	16

H

Haas, Michael	98
Haas, Norbert	17
Hacker, Jörg	16, 142
Haehl, Manfred	121
Hahn, Eckhart G.	53
Hahn, Helmut	16
Hale, Victoria	130, 149
Hallen, Manuel	17
Hamm, Bernd	17
Hanson, Christy	54
Hanson, Mark	27
Harendza, Sigrid	53
Håring, Hans-Ulrich	57

Speaker, Chairmen, Dicussants, Panelists, Committee Members

Hausen, Harald zur 128
 Hawkes, Kristen 65
 Heinz, Andreas 17
 Henke, Nicolaus 84, 93
 Henze, Martin 16
 Herberger, Sebastian 63
 Herring, Bradley 45, 61
 Hervé, Christian 16, 17, 35
 Hess, Rainer 81
 Hetzer, Roland 17
 Heuser, Isabella 17
 Higgins, Arthur 129
 Hillhouse, Edward 17, 49
 Hintze, Peter 66
 Höfer, Heinrich 16
 Hohenthal, Carl Graf 87, 89
 Højgaard, Liselotte 120, 130
 Holsboer, Florian 113
 Holstein, Bjørn 141
 Holtmeyer, Matthias 109
 Horton, Richard 148
 Horwitz, Ed 80
 Houssin, Didier 83
 Hricak, Hedvig 125
 Huang, Jianshi 17
 Hufnagl, Peter 46
 Hurlbaus, Jochen 60

I

Imura, Hiroo 81

J

Jackisch, Josephine 16
 Jamison, Dean T. 111
 Janssen, Harry L.A. 116
 Jasienska, Grazyna 28
 Jeunemaitre, Xavier 17
 Jie, Zhang 17
 Johnston, Desmond 37
 Joost, Hans-Georg 57
 Journois, Didier 17
 Jouven, Xavier 17
 Jürgensen, Jan-Steffen 16

K

Kahn, Axel 16, 17, 35, 66
 Kalali, Amir 89
 Kanavos, Panos 147
 Karle, Hans 53
 Kartte, Joachim 16
 Katus, Hugo A. 112, 127
 Kaufmann, Stefan 16, 82

Kayal, Samer 45
 Kazatchkine, Michel 145
 Keil, Till-Uwe 16
 Kelleher, Dermot 49
 Khan, Hassan 63
 Kickbusch, Ilona 111, 148
 Kirchheiner, Julia 17, 114
 Kirsten, Inga 63
 Klag, Michael J. 17, 45, 61, 93
 Kleiner, Matthias 16
 Kleinert, Sabine 16, 140
 Kloetzel, Peter 17
 Kolb, Hartmuth 123
 Kolloch, Rainer 17
 Kopacz, Ewa 75, 93
 Kouchner, Bernard 72
 Kozlovskaya, Inessa 62
 Kramer, Werner 57
 Kretser, David de 56
 Kroemer, Heyo K. 123
 Krotzky, Arno 60
 Krull, Wilhelm 16
 Kuhlmeier, Adelheid 16
 Kumar, Anant 85
 Kurth, Bärbel-Maria 16, 140

L

Laakso, Markku 57
 Lafont, Antoine 16, 17, 35
 Lahm, Christian 98
 La, Mylinh 45
 Lange, Peter 16
 Larochembert, Elisabeth de 17
 Lazarevik, Vladimir 76
 Leclerc, Benoit 16
 Lecourtier, Jacqueline 16
 Leder, Karin 45
 Lee, Thomas 79
 Lendlein, Andreas 34
 Leonards, Christopher O. 63
 Leonard, William 27, 65
 Li, Liming 50
 Lindpaintner, Klaus 17, 97
 Littlejohns, Peter 90
 Liu, Depel 17
 Logunov, Denis Yu 45
 Lohse, Martin 127
 Lu, Aiping 50
 Lyonnais, Stanislas 17

M

Maas, Ulrich D. 16
 MacKenzie, Ellen J. 61
 Magnússon, Guðjón 54

Maier, Hans 125
 Maizière, Thomas de 72
 Manissero, Davide 54
 Maschewsky-Schneider, Ulrike 36
 Mattei, Jean-François 16
 MBewu, Anthony 16
 McFarland, Richard 81
 McKee, Martin 78, 93
 McNeil, John 122
 Medina, David 118
 Meisel, Christian 97
 Melchers, Fritz 16
 Ménard, Joël 16, 138
 Mentkevich, Georgyi 38
 Merkel, Angela 4, 66
 Meyer, Philippe 16
 Miller, Mark 110
 Miller, Thomas 123
 Mills, Anne 110, 130
 Milosavljevic, Tomica 75
 Mitsuyama, Masao 17, 44, 130
 Mlynec, Jürgen 16, 92
 Mogae, Festus Gontebanye 137
 Mohan, Vishwa 142
 Mohn, Brigitte 109
 Monroe, Judith A. 87
 Montagnier, Luc 137
 Moyelle, Alain Deloche de 35
 Müller-Nordhorn, Jacqueline 36
 Müller, Rolf D. 51
 Mundel, Trevor 147
 Munnich, Arnold 17
 Musgrove, Phillip 111
 Mutius, Erika von 29

N

Nakao, Kazuwa 44, 117
 Namazova-Baranova, Leila S. 38
 Narumiya, Shuh 44
 Nassif, Xavier 17
 Neira, Maria 143
 Nesse, Randolph 65, 66
 Neuhaus, Peter 17
 Nichols, David G. 17
 Nicoll, Angus 82
 Nicotera, Pierluigi 139
 Nitsch, Robert 17
 Novitskiy, Vyacheslav 143

O

Orlov, Dmitry 17
 Osmani, Bujar 76

P

Paul, Martin	17
Pchelin, Igor	55
Pécoul, Bernard	118
Péresse, Valérie	106
Penk, Andreas	16, 93
Perleth, Matthias	90
Pesenti, Antonio	49
Peto, Richard	107
Pfüller, Barbara	51
Pietzsch, Jan	51
Piot, Peter	83, 92
Pippo, Simonetta di	66
Piterman, Leon	56
Plischke, Wolfgang	16, 143
Polyakov, Vladimir G.	38
Poortman, Ysbrand	117

Q

Qi, Xu	45
Quennet-Thielen, Cornelia	130

R

Radman, Miroslav	17
Rahn, Karl-Heinz	16
Ralle, Georg	16
Rappuoli, Rino	83
Ravaud, Philippe	122
Raynaud, Olivier	84, 141
Reddy, David	83
Regitz-Zagrosek, Vera	122
Reinhardt, Erich R.	16, 113
Reinhardt, Uwe	139
Reinke, Petra	34
Reiter, Thomas	62, 66
Requardt, Hermann	123
Reuter, John W.	63
Rickert, Andreas	16
Riederer, Heinz	16
Rietschel, Ernst Th.	16, 144
Rinehart, Nicole	45
Robinson, Mary	73
Roblin, David	91, 109
Roden, Michael	57
Roots, Ivar	17
Roppel, Ulrich	16
Roshal, Leonid M.	38
Rosling, Hans	73
Ruemmele, Frank	17
Rumyantsev, Alexander G.	141
Ryan, John-F.	54

S

Safran, Denis	17
Sansonetti, Philippe	145
Sarkozy, Nicolas	5, 66
Schachinger, Alexander	46
Schavan, Annette	106
Schlette, Sophia	78
Schmacke, Norbert	118
Schmidt, Harald	17, 114
Schmidt, Ulla	54, 136
Schölmerich, Jürgen	16, 120
Schreiber, Stefan	122
Schröder, Klaus-Theo	148
Schubert, Virginie	16
Schultheiss, Heinz-Peter	17
Schwab, Matthias	114
Schwaiger, Markus	125
Schweppe, Reinhard	93
Schwiezer, Jürgen	130
Scriba, Peter	118
Sebbag, Robert	144
Seeger, Werner	116, 130
Selo, Marylou	118
Sever, Peter S.	17, 37, 127
Shabrov, Alexander	81
Sidorenko, Evgeny	38
Sieber, Cornel	147
Siewert, Dettlef S.	77
Simon, Greg	116
Smith, Ian	56
Smith, Stephen	17, 37
Sommerfeld, Paul	55, 76
Soreth, Janice	121
Spies, Claudia	17
Stanta, Giorgio	60
Stein, Dan	65
Steinwachs, Donald M.	61
Sterry, Wolfram	17
Sterzer, Philipp	45
Stock, Günter	16, 51
Strecher, Victor	87
Strohschneider, Peter	16
Suermondt, Jaap	81
Sulston, John E.	148
Suter, Peter	53, 108
Suttorp, Norbert	17
Syrota, André	16, 128

T

Taketo, Makoto Mark	17, 44
Tartour, Eric	16, 17
Tauber, Rudolf	17, 36, 60
Tedgui, Alain	17
ter Meulen, Jan	145
ter Meulen, Volker	16

Thé, Guy de	16, 144
Thiel, Eckhard	17
Titze, Jens	62
Troisi, Alfonso	28
Tschöpe, Carsten	34
Turki, Amin T.	63

U

Ulrichs, Timo	16
Unger, Thomas	16

V

Vaupel, James	138
Victoria, Cesar G.	141
Viehbacher, Chris	66
Villeneuve, Pascal	145
Vilmar, Karsten	17
Volk, Hans-Dieter	16, 34
Volodin, Nikolai Nikolaevish	53

W

Wakefield, Melanie	140
Wallace, Euan	56
Wallace, Paul J.	114
Walport, Mark	92, 109
Warmbold, Michael	114
Wartman, Steven A.	16, 49, 93
Wasem, Jürgen	127
Water, Willemien Van de	63
Wee, Liang En	63
Wegwarth, Odette	98
Weil, Jean Claude	17
Wernicke, Matthias	17
Wesselingh, Steve	17, 56, 108
Wichels, Reinhard	16
Wiedenmann, Bertram	17
Wiestler, Otmar D.	16, 97, 128
Williams, Bryan	56
Willich, Stefan N.	16, 77, 87
Winnacker, Ernst-Ludwig	16
Wintermantel, Margret	16
Winter, Stefan	46
Wolf, Jürgen	97
Wong, John E. L.	80, 93
Wörner, Johann-Dietrich	16
Wowereit, Klaus	66
Wrede, Paul	17
Wrogemann, Henning	89

Y

Yanagida, Motoko.....	45
Yrigoyen, Pedro.....	84

Z

Zaleskis, Risards.....	54, 74
Zeitz, Martin.....	17
Zeng, Fanyi.....	94, 114
Zerhouni, Elias.....	107
Zhang, Xue.....	17
Zhang, Zhenxin.....	50
Zhao, Liping.....	17, 50
Zhendong, Zhao.....	45
Zhihua, Liu.....	45
Zhou, Qi.....	94
Zurheide, Jürgen.....	147
Zverev, Vitaly.....	38, 74



BioTOP Berlin-Brandenburg

Biotechnology's Best Address

The Biocapital Region Berlin-Brandenburg has built a reputation as one of the leading locations for bioscience and biobusiness in Europe.

We welcome everyone with ideas, plans and visions, personal ambition and a desire to play a part in the success of this great region.

www.biotop.de



BioTOP is funded by the federal state of Berlin, the federal state of Brandenburg and the Investitionsbank Berlin, cofunded by the European Union.



Association & Conference
Management Group

Organizer & Summit Secretariat

K.I.T. Association & Conference
Management Group & Co. KG
Kurfürstendamm 71
10709 Berlin, Germany
Tel. +49 (0)30 24603-0
Fax +49 (0)30 24603-200
secretariat@worldhealthsummit.org
www.kit-group.org

Project Management

Wolfgang Huang
Simone Leiske
Boris-Schulte-Römer

Industry Liaison

Simone Leiske

Scientific Management

Lisa Halmschlager
Felicita Siebert

Social Functions

Maresa Barthelmess

Registration & Accommodation

Sophie Spangenberg-Wolf
Andrea Knispel
Kirstin Leifels

Artwork & Design

Wolfgang Huang



Summit Presidents

Prof. Dr. Detlev Ganten, Berlin
Prof. Dr. Axel Kahn, Paris

Executive Secretary

Dr. Mazda Adli
Charité – Universitätsmedizin Berlin
Campus Charité Mitte
Charitéplatz 1
10117 Berlin, Germany
Tel. +49 (0)30 450570-003
mazda.adli@charite.de

Charité Project Coordination

Josephine Jackisch
josephine.jackisch@charite.de

Charité Project Team

Dr. Claire Hegenbart
Sarah Elisabeth Krull
Antonella Palmowski
Frederik von Rosen

EDME Symposium

Boris-Schulte-Römer
Ana Gomez



Can you afford to give us a
lifetime of the very best care?

By integrating imaging, lab diagnostics and healthcare IT, we can advance the science of medicine and the economics of healthcare.

Imagine a healthcare system that keeps us healthier by detecting disease earlier. Quality of life increases and costs are better controlled. Genomics and the integration of molecular diagnostics, advanced imaging and healthcare IT open up new possibilities for a lifetime of care. Together, we can deliver on the promise of personalized medicine.
www.siemens.com/healthcare +49 69 797 6420

Answers for life.

SIEMENS

www.worldhealthsummit.org