



Charité Berlin  
World Health Summit



Berlin, Germany | October 10<sup>th</sup> – 13<sup>th</sup>, 2010

Charité Berlin  
World Health Summit

Summit Program

Table of Contents

Contact .....5

Index of Sessions .....6

Welcome Messages .....10

Our Vision & Mission.....14

The M8 Alliance .....16

Leadership & Committees .....17

Focus Topics .....18

World Health Summit & Pfizer Award .....20

Program Overview .....22

Pre-Summit Day: Saturday, October 9th .....25

Summit Program: Sunday, October 10th .....29

Summit Program: Monday, October 11th .....51

Summit Program: Tuesday, October 12th .....81

Summit Program: Wednesday, October 13th.....103

Venue Floorplan.....128

Berlin City Map & Public Transport Map .....132

General Information .....134

Press Information.....136

Index .....138

Partners.....142

## Contact

### Summit Presidents

Prof. Dr. Detlev Ganten  
Charité - Universitätsmedizin Berlin

Prof. Dr. Stephen K. Smith  
Imperial College, London

### Executive Director

Dr. Mazda Adli  
Charité - Universitätsmedizin Berlin

### Secretary to the Summit President

Dennis Wartenberg

### Academic Office Coordinators

Josephine Jackisch  
Dr. Mathias Bonk  
Christina von Heyden

### Academic Office Support

Katrin Dribbisch

### Academic Office

Charité-Universitätsmedizin Berlin  
Campus Charité Mitte  
Charitéplatz 1  
10117 Berlin, Germany  
Tel. +49 (0)30 450572-117  
Fax: +49 (0)30 450572-911

### Website

[www.worldhealthsummit.org](http://www.worldhealthsummit.org)

### Organizer

K.I.T. Group GmbH  
Association and Conference Management

### Project Manager

Simone Leiske

### Project Coordinator

Nina Reichmann

### Speaker Management

Lisa Halmschlager

### Registration & Accommodation

Selina Egger  
Andrea Knispel  
Ira Mende  
Annika Rockstroh

### Press & PR

Anja Marx  
Maike Bildhauer

### Summit Secretariat

K.I.T. Group GmbH  
Association and Conference Management  
Kurfürstendamm 71  
10709 Berlin, Germany  
Tel. +49 (0)30 24603-240  
Fax +49 (0)30 24603-200  
[secretariat@worldhealthsummit.org](mailto:secretariat@worldhealthsummit.org)

© of World Health Summit logos, M8 Alliance  
logos and the general design: K.I.T. Group GmbH



### Summit Venue

Langenbeck-Virchow-Haus  
Charité - Universitätsmedizin  
Campus Mitte  
Luisenstraße 58/59  
10117 Berlin, Germany

***The World Health Summit would like to thank these individuals for their valuable contributions:***

Vera Zylka-Mehnhorn  
(Deutsches Ärzteblatt)

Claudia Peter, Stefanie Winde,  
Anne Berghoefer  
(Charité - Universitätsmedizin)

Astrid Arndt, Uta Boelhoff,  
Kara Carter, Nadine Moeller,  
Nicole Szlezak, Matthias Wernicke  
(McKinsey & Company)

Saturday, October 9<sup>th</sup>

**Panel Discussion**  
Funding Global Health: Can Innovative Mechanisms Save the Poor? ..... 26

**Network Events**  
IAMP Executive Committee Meeting ..... 27  
Lancet Symposium ..... 27

Sunday, October 10<sup>th</sup>

**Partner Symposia**  
Global Burden of Obesity and Diabetes ..... 32  
Sexual and Reproductive Health – Still a Major Challenge in the 21st Century ..... 33  
Biopreparedness – Challenges and Synergies ..... 34  
Stroke – New Translational Networks to Bridge Research Gaps and Tackle the Burden of Stroke in Europe ..... 35  
Towards a Control of New and Emerging Human Infections ..... 36  
Space Physiology and Medicine ..... 37  
PDP (Product Development Partnership) Research for Health Goods in Developing Countries ..... 38  
Adolescent Health – The Gap in the Public Health Agenda ..... 39  
Medical Curricula in Europe: The Challenge of Implementing Bologna ..... 40

**M8 Symposium**  
Educational Responses to Enable Global Access to Health Care ..... 41

**Partner Symposia**  
Progress in the Global Fight Against HIV/AIDS, Tuberculosis and Malaria ..... 42  
Life Sciences as a “Leitmotiv“ of Knowledge Based Society ..... 43  
Biodiversity & Health ..... 44  
High Technologies for Prevention of Communicable Diseases ..... 45

**M8 Symposium**  
Open Innovation Models in M8 Universities –  
How Can We Accelerate Translation of Our Knowledge from Bench to Bedside? ..... 46

**Network Events**  
M8 Alliance Meeting ..... 47

**Keynote Lectures**  
Opening Ceremony ..... 48

**Social Event**  
Opening Reception ..... 48



## Monday, October 11<sup>th</sup>

### Partner Symposium

Thrombosis as a Global Health Care Issue.....	55
---	----

### Key Note Lectures

Key Note Lectures.....	56
------------------------	----

### Working Sessions

The Future is Chronic: Sustainable Adaption of Health Care to Epidemiological Transition.....	58
Megacities: Opportunities and Challenges for Health.....	60
The Efficiency Challenge: Improving Quality and Productivity in Health Care.....	62
Responding to the Increasing Complexity in Medical Research: Structural and Organizational Requirements.....	64

### M8 Symposium

Universality of Health Economics – Translation, Transition, Transformation .....	66
--	----

### Partner Symposia

Successful Malaria-Treatment: A Common Global Challenge for the Future?.....	68
Neurological Diseases: A Major Challenge for Science and Socioeconomics.....	69
Challenging the Worldwide Cardiovascular Crisis .....	70
Mobile-Health, Telematics in Medicine - The Future of Cyber Education of Health Professionals.....	71
Health eQualities in Europe? - The Patient's Emerging Consciousness.....	72

### Key Note Lectures

Key Note Lectures.....	73
------------------------	----

### Partner Symposium

Research Strategies Against Neglected Diseases – The German Role in a Global Play .....	74
---	----

### Panel Discussion

Accelerating Towards Achieving the Millenium Development Goals 4 & 5 .....	76
--	----

### Networking Event

Meeting of European Academic Alliance for Global Health.....	77
McKinsey Reception .....	77

### Social Event

World Health Summit Charity Night – World Doctors Orchestra .....	78
---	----

Tuesday, October 12<sup>th</sup>

**Partner Symposium**  
The History of Public Health at the Charité..... 84

**Key Note Lectures**  
Key Note Lectures..... 85

**Working Sessions**  
Global Health Governance - Multiple Players, Multiple Visions: Challenges and Opportunities ..... 86  
Empowerment Through Research: Capacity Building in Low-income Countries ..... 88  
Universal Access to Health: Innovation in Infrastructure-Poor Settings ..... 90  
Information Technology: New Horizons in Health Care..... 92

**Partner Symposia**  
The Globalization of Infectious Diseases: Cause and Consequence ..... 94  
Patient Access to Innovations in Bismarckian Healthcare Systems - Which Way to Go? ..... 95

**Deep Dives**  
Research & Development for a Global World - The New Geography of Pharmaceutical Innovation ..... 96  
Information Technology: Best Practices ..... 97

**Key Note Lectures**  
Key Note Lectures..... 98

**Panel Discussion**  
How to Bridge the North-South Health Gap ..... 99

**Social Event**  
World Health Summit Dinner ..... 101

## Wednesday, October 13<sup>th</sup>

### Key Note Lectures

Key Note Lectures .....	107
-------------------------	-----

### Panel Discussions

The Health Sector and Financial Stability .....	108
Health Threats That Are Transnational .....	109

### M8 Symposia

The Global Academic Health Center .....	110
The Role of Young Scientists in Biomedical Mega-Projects .....	111
Indigenous Peoples' Health .....	112

### Partner Symposia

Helping Doctors and Patients to Make Sense of Clinical Evidence .....	113
Translation, Transition, Transformation in Psychiatric Research .....	114
Challenges of the 21st Century: The Reform of Health Care Systems in Eastern Europe .....	115

### Networking Event

Innovations-Workshop: Beautiful Minds – Frische Ideen für mehr psychische Gesundheit .....	117
--	-----

### Keynote Lectures

Plenary Session .....	118
-----------------------	-----

### Partner Symposia

Health in All Policies: Health as a Leitmotif for the Society and a Driver of Economy – Approach to Find Solutions Beyond the Notion of “Repairing” .....	120
The Evolution of E-Health to Health 2.0 .....	121
Joint German-Japanese Symposium (Juntendo University & Charité - Universitätsmedizin Berlin) .....	122
Educating the World – The Challenges of Modern Interdisciplinary Medical Research .....	124
Public Health .....	126
Global Mental Health Forum .....	125



## Charité Berlin World Health Summit

### Welcome Message | Angela Merkel



Angela Merkel

Global challenges require joint action. This is particularly true when it comes to our health – for controlling and preventing disease and delivering health services raise highly complex issues for science and policy-making, the economy and society. The accelerating pace of change calls for innovative solutions. In a globalized world such solutions can be found only if we all work together.

Global responsibility and solidarity means that strong countries and strong partners must offer weaker partners a helping hand, joining forces with them to fight disease and to alleviate suffering. Serving the individual, after all, must be the motive for everything we do.

The health of every one of us is a precious asset that requires protection – in Germany, Europe and all over the world. Both the German Government's program and the UN Millennium Development Goals spell this out very clearly: putting the individual first must be a collective endeavor for all of us.

It was in this spirit of shared responsibility that the first World Health Summit was held in Berlin in 2009. Its resounding success both with the professional and the general public demonstrates that such a forum, with its interdisciplinary approach to health issues, can be a groundbreaking model for the future. In 2010, the year of the tercentenary of the Charité – Universitätsmedizin Berlin, the 2nd World Health Summit is again taking place in Berlin. As patron of this event, I am delighted that the Charité – Universitätsmedizin Berlin and its international partners have succeeded in establishing here a new tradition.

To the World Health Summit 2010 organizers and participants I wish a most stimulating and successful conference.

Angela Merkel  
Chancellor of the Federal Republic  
of Germany

### Welcome Message | Nicolas Sarkozy

We are facing extraordinary challenges in health care and research. The worldwide increasing burden of chronic diseases brings up an urgent need for effective prevention strategies. The changing climate and its health consequences calls for adaptation strategies with regard to infectious diseases as well as food and water safety in all parts of our world. Life-expectancy between rich and poor countries still exceeds 40 years – a health gap that calls for coordinated action. We need local research capacities and well functioning academic systems in regions where health care is deficient. The financial crisis directly affects health outcomes, particularly where costs of health care are covered out of the pocket. Economic downturn increases the risk that people will neglect health care, particularly prevention. Less preventive care is particularly dangerous at a time when ageing and a rise in chronic diseases are global trends.

We can tackle these problems, but we can only succeed together. We need joint solutions backed up by governments, industry, medicine and health care systems, and civil society. I am proud and honoured to support and patronize the World Health Summit at the Charité. The World Health Summit is an important step towards the solutions we need. The M8 Alliance as an international network of prestigious medical universities has established this high-level conference of decision-makers, that provides an excellent academic framework and essential perspectives to develop sustainable and successful strategies for health care, health governance and health research on a European and global scale.

Nicolas Sarkozy  
President of the French Republic

## Welcome Message | Kofi Annan



*Nicolas Sarkozy*

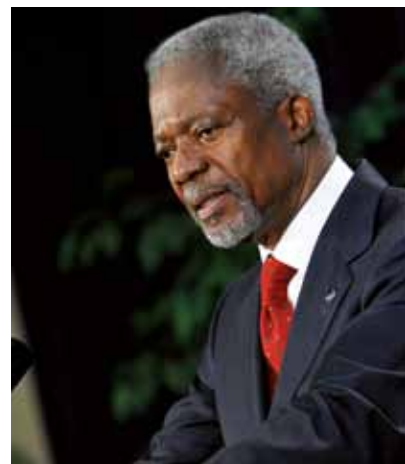
Public understanding of the causes of disease and sickness as well as the ability to address them has increased dramatically in my lifetime, but the health problems that remain are significant and come in many forms. They include the rapid spread of pandemics, the prevalence of scourges like HIV, Malaria and Tuberculosis, but also the ever widening gap in access to health services and opportunities, and as a direct result, in life expectancy between rich and poor.

All these are problems for each and every one of us, regardless of where we live, what we do or how healthy we may feel at the moment. We now live in a world where the outbreak of disease in a distant region is of direct and immediate relevance to our own well-being; where progress in less developed countries and regions is to everyone's economic benefit; and where ensuring that everyone gains from globalization and the many remarkable advances of medicine is of crucial importance to global long-term security.

Our responses to health challenges are thus best coordinated at the global level, including through meetings such as this 2nd World Health Summit. Coming from around the globe and many different sectors you represent an enormous repository of knowledge and experience. In meeting and talking to each other you have the unique chance to think big and act big. I wish you all the necessary courage and vision to do so and look forward to seeing the results.

A handwritten signature of Kofi Annan in black ink.

Kofi Annan  
Former Secretary-General of the  
United Nations



*Kofi Annan*

## Welcome Message | Karl Max Einhäupl



Karl Max Einhäupl



Our world is rapidly changing: life expectancies are growing in both high-income and low-income countries; chronic diseases are on the rise. Globalization has enormously contributed to economic growth. At the same time our world has become more vulnerable to economic downturn. As health systems across the world expand their reach and services, the costs of health care are expanding exponentially.

Our healthcare and research systems have to respond to these challenges. Clinical education and training of healthcare professionals have to meet fresh medical and societal needs. Academia, governments and industry must develop joint solutions with a global and multi-disciplinary approach. We need to develop innovative ways of maximizing the benefits from our limited resources and to ensure the gains of medical progress reach as many patients as possible. We need to develop credible strategies to build capacity in low-income countries if we are to bridge the enormous gap in health care between the northern and southern hemisphere of our world.

Leadership is required to facilitate this cross-sectoral process. Bringing together partners from academia, industry and politics is critical if we want to develop strategies for medical research and global health care. For this reason the Charité - Universitätsmedizin Berlin and its partners of the "M8 Alliance of Academic Health Centers and Medical Universities" have launched the World Health Summit. The M8 Alliance has continued to develop its mission and strategy since its foundation at the World Health Summit 2009. Over the past twelve months, we have started an intensive exchange with governments, major

research and health organizations and the health industry, with the aim of securing lasting change to global health policy and delivery.

Health is humanity's most precious and most universal value but it is also our most sensitive good. Health outcomes are the best indicators of the state of our societies – their successes and progress as well as challenges and inequalities.

Together, leading representatives of major groups involved in health care and medical research are embarking on a journey for change.

Join us for the 2nd World Health Summit in Berlin.

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

[300th Anniversary Charité](#)

The World Health Summit 2010 takes place in the official year of festivities on the occasion of the 300th anniversary of the Charité - Universitätsmedizin Berlin. In its long and rich tradition, the Charité has produced eight Nobel Prize winners and has always been a center of excellence, a spearhead of scientific research and medical advancement. Charité 300 is part of the Berlin campaign 2010 "Berlin – Capital of Science", when five of the oldest and internationally best-known scientific institutions of the German capital are celebrating their anniversaries.

## Target Groups

The World Health Summit will bring together high-profile representatives from medicine, research, governments, industry, international institutions, and non-governmental organizations, to address the most pressing issues that medicine and health care systems will face over the next decade and beyond. The aim of the summit is to develop cogent and timely responses and solutions to achieve a better health standard for populations worldwide.



## Key Facts

### Date

October 10<sup>th</sup> – 13<sup>th</sup>, 2010

### Venue

Langenbeck-Virchow-Haus  
Charité – Universitätsmedizin Berlin  
Campus Mitte  
Luisenstr 58/59  
10117, Berlin, Germany

### Number of Participants

700



## Our Vision & Mission

Modern medicine is improving at an enormous pace. creating health and wellbeing for everyone on the planet is possible. We have to take responsibility!

## The World Health Summit 2010

Dear Friends,  
Dear Colleagues,



Detlev Ganten  
Stephen K. Smith

The worldwide increasing burden of chronic diseases brings up an urgent need for effective prevention strategies. Our Summit provides solutions.

The World Health Summit is the annual international conference of the M8 Alliance of leading Academic Health Centers and Medical Universities. The World Health Summit presents the opportunity to unleash the creativity and power of academic medicine to shape the future of global health in partnership with public, private and non-profit institutions.

Through the World Health Summit, the M8 Alliance invites leaders from academia, the health care industry, governments and civil society to share lessons learned, jointly develop strategies and take action to address key challenges in global health, health care delivery and medical research with the aim of shaping the global political and social agenda.

Under the patronage of German Chancellor Angela Merkel and French President Nicolas Sarkozy, the World Health Summit brings together a diverse range of public, private and non-profit institutions to accelerate solutions to the most pressing issues in global health care today.

**Translation.** We have to protect and develop our medical innovation capacities and translate our increasing scientific competence into prevention and improved treatment of diseases across global regions. In 2010, the World Health Summit will create opportunities to:

- Develop an international and cross-functional view on

optimizing innovation in medical research and translating this into practical delivery solutions

- Share international best practices on how to respond effectively to the increasing complexity in medical research
- Discuss opportunities and challenges in building locally sensitive research capacity in low income countries

**Transition.** We have to take responsibility and leadership in today's rapidly changing world for the transition of our natural and social environments by developing innovative and sustainable ways of realizing health as a human right from better education to improved health care delivery models. In 2010, the World Health Summit will create opportunities to:

- Share information on how to address the unique challenge of securing health in global 'megacities'
- Discuss innovations in health care delivery in infrastructure-poor environments
- Consider how best to ensure universal access to health care
- Understand how global health care must adapt to meet the challenge of epidemiological transitions and chronic disease

**Transformation.** We have to develop the cultural requirements to actively transform the agendas and collaborative joint efforts of policy, industry and science into better medicine and health care.





# Transition Transformation Translation

In 2010, the World Health Summit will create opportunities to:

- Drive improvements in global health by creating a forum for international metrics and comparison between culturally adapted approaches and innovative health systems
- Share international learning on quality and productivity in healthcare and best practice to ensure sustainable delivery of cutting edge solutions within available resources
- Discuss best practices in leveraging mobile and information technologies to effectively transform health care
- Explore how we can collectively accelerate progress towards achieving a Millennium Development Goals 4 and 5 as the year 2015 draws nearer
- Debate the best means of achieving financial stability in health care in an uncertain global environment



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



Prof. Dr. Stephen K. Smith  
World Health Summit President  
Imperial College London

# M8Alliance

Alliance of Academic Health Centers and Medical Universities

The “M8 Alliance of Academies, Universities, and Health Centers” was officially inaugurated on October 14th, 2009, on the occasion of the 1st World Health Summit as a medical and scientific forum of excellence. It is composed of 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.

## 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 Hospital and Chinese Academy of Medical Sciences, China
- Johns Hopkins University, Baltimore, USA
- Monash University of Melbourne, Australia
- Russian Academy of Medical Sciences, Moscow, Russian Federation

The academies of science and medicine are represented by the InterAcademy 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).



## Leadership & Committees

### World Health Summit Presidents 2010

Detlev Ganten  
Stephen K. Smith

### World Health Summit Past President 2009

Axel Kahn

### World Health Summit Incoming President 2011

Steve Wesselingh

### CEO Charité – Universitätsmedizin Berlin

Karl Max Einhäupl

### World Health Summit Executive Director

Mazda Adli

### Steering Board

Mazda Adli

*Executive Director, World Health Summit,  
Charité – Universitätsmedizin Berlin, Germany*

Detlev Ganten

*President, World Health Summit,  
Charité – Universitätsmedizin Berlin, Germany*

Richard Horton

*Editor-in-Chief, The Lancet, UK*

Axel Kahn

*Past President, World Health Summit,  
President, Université Paris Descartes, France*

Sabine Kleinert

*Senior Executive Director, The Lancet, UK*

Peter Piot

*Director, London School of Hygiene and Tropical Medicine,  
Imperial College, London, UK*

Ernst Th. Rietschel

*President, Leibniz Association, Germany*

Stephen K. Smith

*President, World Health Summit,  
Principal Faculty of Medicine, Imperial College, London, UK*

Steve Wesselingh

*Incoming President, World Health Summit,  
Dean, Monash University of Melbourne, Australia*

Elias Zerhouni

*Former Director, US National Institutes of Health, USA*

### Council

Rifat Atun  
Christopher Baethge  
Andreas Barner  
Zulfiqar Bhutta  
Pierre Corvol  
David de Kretser  
Guy de Thé  
Manfred Dietel  
Jean Francois Dupuis  
Timothy G. Evans  
Richard Feachem  
Antoine Flahault  
Tedros Adhanom Ghebreyesus  
Jean-François Girard  
Louise Gunning-Schepers  
Jörg Hacker  
Stefan Kaufmann  
Ilona Kickbusch  
Dirk Kosche  
Stephan Kreischer  
Bärbel Kurth  
Anthony Mbewu  
Philippe Meyer  
Tikki Pang  
Vikram Patel  
Andreas Penk  
Wolfgang Plischke  
Olivier Raynaud  
Carola Reimann  
Erich R. Reinhardt  
Heinz Riederer  
Mary Robinson  
Günter Stock  
Timo Ulrichs  
Cesar G. Victora  
Sonja Weinreich  
Reinhard Wichels

### M8 Representatives

**Berlin, Germany**  
Karl M. Einhäupl  
Annette Grüters-Kieslich

**Paris, France**  
Jean-François Girard  
Axel Kahn  
Antoine Flahault

**London, United Kingdom**  
Stephen K. Smith

**Kyoto, Japan**  
Masao Mitsuyama

**Beijing, China**  
Liming Li

**Baltimore, USA**  
Michael J. Klag  
Edward D. Miller

**Melbourne, Australia**  
Steve Wesselingh

**Moscow, Russian Federation**  
Evgeny Sidorenko

**InterAcademy Medical Panel**  
Jo-Ivey Boufford  
Guy de Thé

**Association of Academic Health Centers**  
Steven A. Wartman

## Translation

### **Delivering innovation beyond bench and bedside**

Translating medical knowledge into interventions that benefit of patients across global regions remains one of the greatest challenges of modern medicine. It also requires innovative methods of accessing and transferring knowledge. What conditions make it possible to effectively translate knowledge into medical and public health interventions, and vice versa? How can we facilitate close links between research and clinical practice, and what innovative options exist? How can we improve exchange between scientists and policy-makers, and how can research results have a greater impact on the political agenda? How can research capabilities be built up in poor countries in ways that are adapted to specific regional and cultural needs?

## Transition

### **Coping with new health challenges and accelerating change**

Our environment is constantly changing: non-communicable diseases play a growing role in developing countries; populations are aging; socio-demographic developments also mean more and more people living in “megacities”; the health-related consequences of climate change are increasing; the worldwide financial crisis is affecting healthcare; the need for basic care in low- and middle-income countries is accelerating; and the focus of healthcare treatment is shifting from acute to chronic diseases. These are just a few of the profound changes forcing everyone in the health professions to constantly adapt the ways they develop and deliver health care interventions.



## Transformation

### **Reinventing health politics and management**

To adequately respond to the constant changes occurring both within and beyond the healthcare field, health professionals, scientists, and political leaders must actively transform the ways we address health issues and deliver health care. In order to solve the global translation and transition challenges we face, requires us to rethink our approach to health management. What areas of cohesion and conflict exist between political and economic health agendas, and how can we develop models for cross-sector collaboration?

How can we support a shift in focus from “sick care” to healthcare – in other words, from a model focused on treating specific diseases to an approach that truly promotes health? How can global organizations foster the internationalization of healthcare? And how can we best fulfill our responsibilities to shape and execute the healthcare agenda? In order to make effective decisions on global health issues, we need adequate ways to measure outcomes of healthcare interventions on a global scale.

## 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 in 2009: The World Health Summit & Pfizer Award for Innovation in Biomedical Research



The call for 2010 was on the topic of:

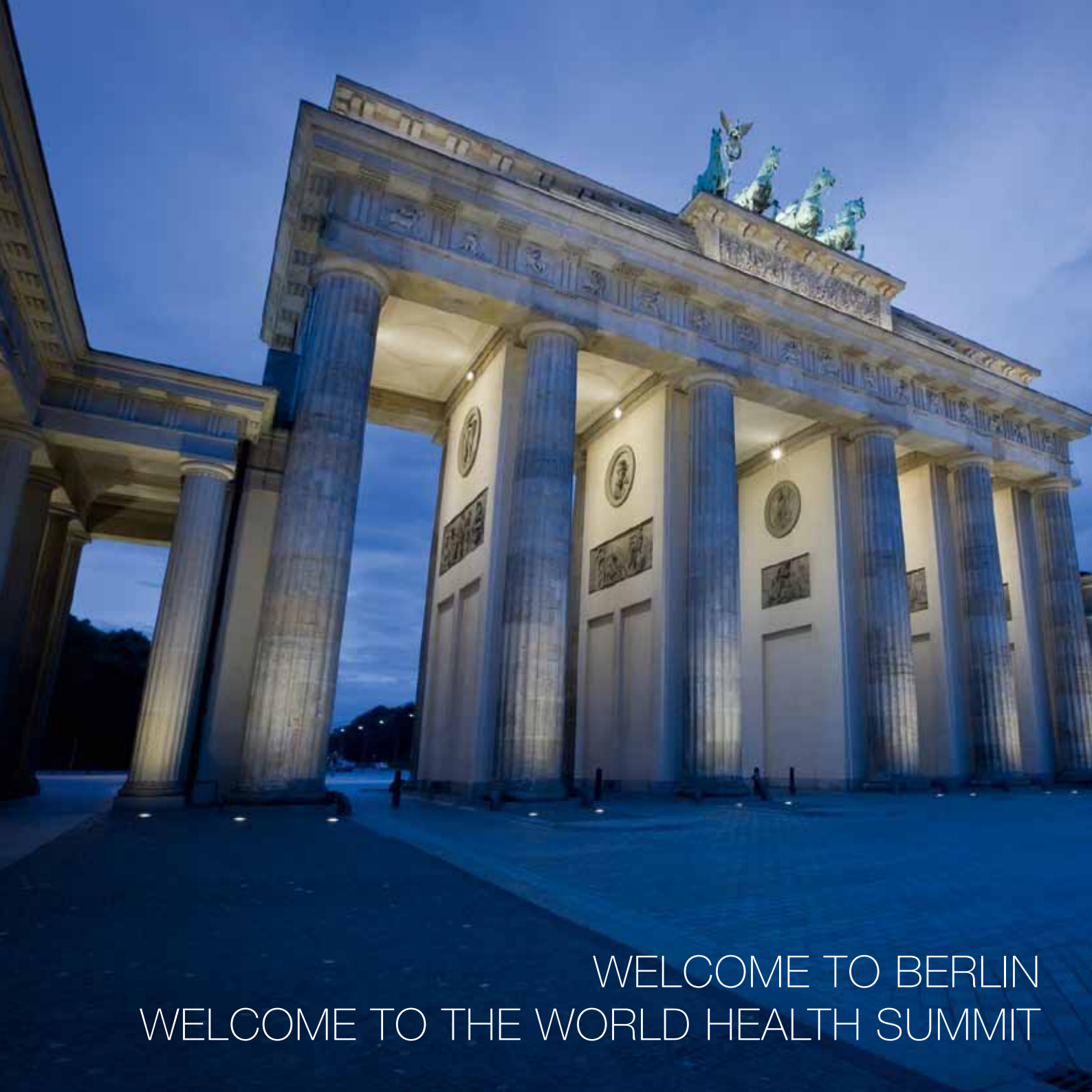
### **Medicine in Transition – Novel Applications of Personalized Medicine in Chronic Diseases**

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 award ceremony including the announcement of the awardee will take place on October 12th, 2010 during the World Health Summit Dinner.**





WELCOME TO BERLIN  
WELCOME TO THE WORLD HEALTH SUMMIT

Sunday, October 10 <sup>th</sup>		Monday, October 11 <sup>th</sup>	
Partner Symposia	Kyoto University Graduate School of Medicine The Global Fund to Fight AIDS, Tuberculosis and Malaria World Health Organization Regional Office Europe EHESP School of Public Health France   Agence National de la Recherche German National Academy Leopoldina Republic of Singapore/ NUS Yong Loo Lin School of Medicine   BioTOP Berlin Monash University German Aerospace Center   European Space Agency German Foundation for World Population The Lancet Robert Koch Institute Public Health Agency of Canada German Society of Internal Medicine Federal Centre for Health Education German Stroke Foundation German Rectors' Conference Leibniz Association	Early Bird	Thrombosis Research Institute
		Key Notes	Key Note Lectures
		Working Sessions	The Future is Chronic: Sustainable Adaption of Health Care to Epidemiological Transition Megacities: Opportunities and Challenges for Health The Efficiency Challenge: Improving Quality and Productivity in Health Care Responding to the Increasing Complexity in Medical Research: Structural and Organizational Requirements Universality of Health Economics - Translation, Transition, Transformation (M8 Alliance)
		Partner Symposia	Successful Malaria-Treatment: A Common Global Challenge for the Future? (Novartis) Neurological Diseases: A Major Challenge for Science and Socioeconomics (Novartis) Challenging the Worldwide Cardiovascular Crisis (Bayer Schering Pharma) Mobile-Health, Telematics in Medicine - The Future of Cyber Education of Health Professionals (Johnson & Johnson) Health eQualities in Europe? - The Patient's Emerging Consciousness (MSD)
Opening	Opening Ceremony	Key Notes	Key Note Lectures
Social	Welcome Reception	Panel Discussions	Accelerating Towards Achieving the Millennium Development Goals 4 & 5
		Social	World Health Summit Charity Night – World Doctors Orchestra
		Partner Symposium	Research Strategies Against Neglected Diseases - The German Role in a Global Play



Tuesday, October 12 <sup>th</sup>		Wednesday, October 13 <sup>th</sup>	
Early Bird	Berlin School of Public Health		
Key Notes	Key Note Lectures	Key Notes	Key Note Lectures
Working Sessions	Global Health Governance - Multiple Players, Multiple Visions: Challenges and Opportunities Empowerment Through Research: Capacity Building in Low-income Countries Universal Access to Health: Innovation in Infrastructure-Poor Settings Information Technology: New Horizons in Health Care	Partner Symposia Panel Discussions	The Health Sector and Financial Stability Health Threats That Are Transnational The Global Academic Health Center (M8 Alliance) The Role of Young Scientists in Biomedical Mega-Projects (M8 Alliance)
Partner Symposia Deep Dives	The Globalization of Infectious Diseases: Cause and Consequence (sanofi-aventis) Patient Access to Innovations in Bismarckian Healthcare Systems - Which Way to Go? (AstraZeneca) Deep Dive: Research & Development for a Global World - The New Geography of Pharmaceutical Innovation Deep Dive: Information Technology: Best Practices		King's College London   Charité - Universitätsmedizin Berlin Koch-Metschnikow-Forum Monash University Johns Hopkins University Max Planck Institute for Human Development
Key Notes	Key Note Lectures	Plenary	Plenary Session*
Panel Discussions	How to Bridge the North-South Health Gap	Partner Symposia	Juntendo University, Tokyo MetaForum Berlin-Brandenburg School for Regenerative Therapies King's College London Charité - Universitätsmedizin Berlin 21st European Students' Conference
Social	World Health Summit Dinner		

\*Joint Session with the European Students' Conference



# SUMMIT PROGRAM

Saturday, October 9th

PD

Offsite

16.00 - 18.00

## Panel Discussion

## Funding Global Health: Can Innovative Mechanisms Save the Poor?

Hosts: World Health Summit 2010

Journal of German Medical Association (Deutsches Ärzteblatt<sup>1</sup>)

Co-Host: M8 Alliance

Chairs: Detlev Ganten | President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany  
Vera Zylka-Mehnhorn | Chief Medical Editor | Deutsches Ärzteblatt

Moderator: James Chau | Journalist and Moderator | UK

**Outline:** *In the current context of global economic recession and contracting resources for health world wide, this session will tackle whether new funding mechanisms can raise and secure necessary funds for global health care; whether policies currently pursued by other global financial actors such as the World Bank and the IMF are supportive of global health; and whether disease-specific programs are viable in the current economic climate.*

*There are several proposals to raise extra funds: For instance an excess-profit tax on Stock Exchange (Robin Hood Tax) to make up for budget gaps. A small amount of global funding, if well directed, could save millions of lives each year. Another key step could be to expand the "Global Fund to Fight Aids, Tuberculosis, and Malaria" into a "Global Health Fund". This session will follow a discussion-based, "Davos"-type format. <sup>1</sup> Deutsches Ärzteblatt (Journal of the German Medical Association) is a weekly, peer-reviewed journal of clinical medicine and public health with a circulation of 420.000 ([www.aerzteblatt.de](http://www.aerzteblatt.de)). In addition, Deutsches Ärzteblatt International ([www.aerzteblattinternational](http://www.aerzteblattinternational)).*

## Invited Panelists

Philippe Douste-Blazy | Chairman | UNITAID | Special Adviser on Innovative Financing for Development | UN Under-Secretary-General | France

Peter Piot | Director | London School of Hygiene &amp; Tropical Medicine | UK

Rifat Atun | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Switzerland

Hannah Kettler | Senior Program Officer | The Bill &amp; Melinda Gates Foundation | USA

The Panel Discussion is by invitation only and takes place at the DZ-Bank, Pariser Platz 3, 10117 Berlin, Germany.



**Deutsches  
Ärzteblatt**

**M8Alliance**  
Alliance of Academic Health Centers and Medical Universities

## Network Meetings

### IAMP Executive Committee Meeting

By invitation only

Host: German Academy of Sciences Leopoldina

October 8th - 10th, 2010

Permanent Representation of the Federal State of Saxony-Anhalt, Luisenstr. 18, 10117 Berlin



### Lancet Symposium

By invitation only

Host: The Lancet

October 8th - 9th, 2010

Kaiserin-Friedrich-Stiftung, Robert-Koch-Platz 7, 10115 Berlin, Room "Seminarraum"

THE LANCET

*Outline: Adolescent health with all its risks and opportunities remains a neglected area on the global public health agenda. There is an urgent need to critically examine the social determinants of health in this age group and assess the successes and failures of preventive efforts in both developed and low and middle income countries. A set of agreed indicators to measure the state of adolescent health will help to monitor and track progress. In a 2-day workshop a group of international authors will explore and discuss the content for a future Lancet series in this area.*



# SUMMIT PROGRAM

Sunday, October 10th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session NumberRoomPage Number

Key Note Lecture

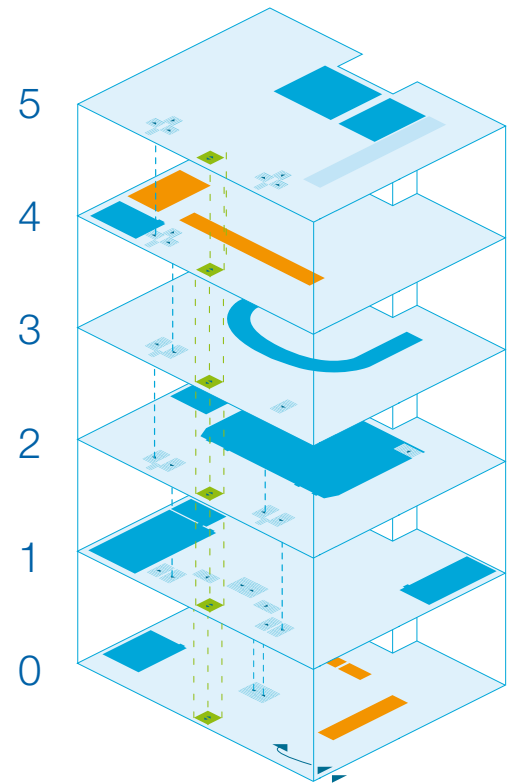
Working Session

Partner Symposium

Panel Discussion

Social Events

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Meeting Lounge
- Organization Office

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Library

0

- Entrance
- Registration
- Internet Area
- Cloakroom
- M8 Club



12.30	Partner Symposia					
13.00		Global Burden of Obesity and Diabetes <i>German Society of Internal Medicine</i>	Sexual and Reproductive Health – Still a Major Challenge in the 21st Century <i>Federal Centre for Health Education   WHO Reg. Off. f. Eur.</i>	Biopreparedness – Challenges and Synergies <i>Robert Koch Institute Public Health Agency of Canada</i>	Stroke – New Translational Networks to Bridge Research Gaps and Tackle the Burden of Stroke in Europe <i>German Stroke Foundation</i>	Towards a Control of New and Emerging Human Infections <i>Leibniz Association</i>
13.30		PS-111 · Main Hall · 32	PS-112 · Langenbeck · 33	PS-113 · Koch · 34	PS-114 · Bier · 35	PS-115 · Virchow · 36
14.00		Coffee Break				
14.30	Partner Symposia	Space Physiology and Medicine <i>German Aerospace Center   European Space Agency</i>	PDP Research for Health Goods in Developing Countries <i>German Foundation for World Population</i>	Adolescent Health – The Gap in the Public Health Agenda <i>The Lancet</i>	Medical Curricula in Europe: The Challenge of Implementing Bologna <i>German Rectors' Conference</i>	Educational Responses to Enable Global Access to Health Care <i>Monash University</i>
15.00		PS-121 · Main Hall · 37	PS-122 · Langenbeck · 38	PS-123 · Koch · 39	PS-124 · Bier · 40	PS-125 · Virchow · 41
15.30						
16.00						
16.30	Partner Symposia	Progress in the Global Fight Against HIV/AIDS, Tuberculosis and Malaria <i>The Global Fund to Fight Aids, Tuberculosis and Malaria</i>	Life Sciences as a “Leitmotiv” of Knowledge Based Society <i>Republic of Singapore/Singapore Yong Loo Lin School of Medicine   BioTOP</i>	Biodiversity & Health <i>German National Academy Leopoldina</i>	High Technologies for Prevention of Communicable Diseases <i>EHESP   Agence National de la Recherche</i>	Open Innovation Models in M8 Universities <i>Kyoto University Graduate School of Medicine</i>
17.00		PS-131 · Main Hall · 42	PS-132 · Langenbeck · 43	PS-133 · Koch · 44	PS-134 · Bier · 45	PS-135 · Virchow · 46
17.30						
18.00						
18.30	Opening Ceremony	Opening Ceremony				
19.00						
19.30						
20.00						KL 141 · Main Hall · 48
20.30	Reception	Welcome Reception				
21.00						

PS-111

Main Hall

12.30 - 14.00

## Partner Symposium

## Global Burden of Obesity and Diabetes



*Host:* German Society of Internal Medicine (DGIM)

*Chairs:* Hendrik Lehnert | German Society of Internal Medicine | Germany  
Peter Arner | Karolinska Institute | Sweden

*Outline:* The impact of westernization on metabolic and cardiovascular health as well as health status and care of patients migrated from their original ethnic background will be discussed by expert speakers.

**Nutrition Transition in the Developing World: First Hunger, then Obesity**

Prakash Shetty | University of Southampton Medical School | UK

**Preventive Diets for Health for All Beyond the Impact of Westernization on the Asian Populations**

Yukio Yamori | Kyoto University | Japan

**The NIH Commitment to Counter the Growing Global Burden of Obesity and Diabetes**

Arun Chockalingam | National Heart Lungs and Blood Institute | USA

**Tackling Diabetes in the South Asian Diaspora in Europe**

Sudhesh Kumar | University of Warwick | UK

## Partner Symposium

# Sexual and Reproductive Health – Still a Major Challenge in the 21st Century

PS-112

Langenbeck

12.30 - 14.00

**Host:** Federal Centre for Health Education (BZgA)

WHO Regional Office for Europe

**Chair:** Vicky Claeys | IPPF EN | Belgium

**Outline:** *The symposium will explore the important issue of sexual and reproductive health (SRH) from national, European and international perspectives. The role of sexuality education in improving SRH will be raised; European standards for sexuality education will be introduced. The presentations will focus on the European situation of sexual and reproductive health (SRH) and on SRH in the context of development cooperation, on the role of governmental and non-governmental organizations and on the role of sexuality education in improving the SRH of young people.*

**Why is Sexual and Reproductive Health Still a Challenge in the WHO European Region?**

Gunta Lazdane | WHO Regional Office for Europe | Denmark

**What is the Role of a Governmental Organization in the Field of Sexual and Reproductive Health?**

Elisabeth Pott | Federal Centre for Health Education | Germany

**Sexual and Reproductive Health in the German Development Cooperation – Achievements and Obstacles**

Joachim Schmitt | Federal Ministry of Economic Cooperation and Development | Germany

**Sexuality Education – One Means to Improve Sexual and Reproductive Health of Young People**

Evert Ketting | Radboud University Nijmegen | Netherlands



**Bundeszentrale  
für  
gesundheitliche  
Aufklärung**



PS-113

Koch

12.30 - 14.00

## Partner Symposium

## Biopreparedness – Challenges and Synergies

Public Health  
Agency of CanadaAgence de la santé  
publique du Canada

ROBERT KOCH INSTITUT

*Host:* Robert Koch Institute

Public Health Agency of Canada

*Chairs:* Frank Plummer | Public Health Agency of Canada | Canada  
Reinhard Burger | Robert Koch Institute | Germany*Outline:* Following the attacks of September 11th 2001 and the subsequent anthrax attacks, the global preparedness against the international release of biological agents was significantly enhanced. During the session an overview over the work of the international collaboration networks established meanwhile, new promising technologies for the rapid and reliable detection of highly pathogenic agents and new challenges resulting from innovative biotechnologies will be provided. Finally case reports will illustrate the synergism of bio preparedness activities and public health.**International Collaboration and Networking**

Nigel Lightfoot | Global Health Security Initiative | UK

**Diagnostic Developments – From Multiplex Assays to Innovative On-site Detection**

Brigitte Dorner | Robert Koch Institute | Germany

**New Possibilities: Synthetic Biology and Biosecurity**

Mukunda Gautam | Department of Political Science, Massachusetts Institute of Technology | USA

**“Added Value” of Bio Preparedness for Public Health: Case Reports – Cowpox in Rats, Anthrax in Drug Users, Ricin Poisoning in Dogs**

Andreas Nitsche | Robert Koch Institute | Germany

**Conclusion and Closing Remarks**

Frank Plummer | Public Health Agency of Canada | Canada

Reinhard Burger | Robert Koch Institute | Germany

## Partner Symposium

# Stroke – New Translational Networks to Bridge Research Gaps and Tackle the Burden of Stroke in Europe

PS-114

Bier

12.30 - 14.00

**Host:** German Stroke Foundation

**Chair:** Peter U. Heuschmann | Charité - Universitätsmedizin Berlin | Germany

**Outline:** *Stroke is a major cause of disability and death in Europe. Based on WHO estimates the number of stroke events in Europe is likely to increase because of demographic changes from an annual number of 1.1 million in 2000 to more than 1.5 million per year in 2025. During the symposium leading stroke experts will give insight into novel approaches of Pan-European networking in the field of stroke from cutting edge basic sciences and clinical research to overcome the "translational roadblock" to European initiatives to improve implementation of research into clinical practice involving also the public via European patient organizations. These recently established partnerships funded by the EU Commission within the 7th Framework are illustrating the potential of multidisciplinary translational research in stroke to serve as a model for tackling the growing global burden of stroke on the societies.*



### The Global Burden of Stroke

Thomas Truelsen | Copenhagen University Hospital | Denmark

### From Bench to Bedside. Translational Stroke Research in Europe: The European Stroke Network

Ulrich Dirnagl | Charité - Universitätsmedizin Berlin | Germany

### Development of an European Implementation Score for Measuring Implementation of Research in the Field of Stroke: The EIS Project

Charles Wolfe | King's College London | UK

### The Role of Patient Organisations in Supporting the Implementation of Stroke Research and Stroke Strategies in Europe

Markus Wagner | Stroke Alliance for Europe | Belgium

PS-115

Virchow

12.30 - 14.00

## Partner Symposium

## Towards a Control of New and Emerging Human Infections



Host: Leibniz Association

Chair: Rolf Horstmann | Bernhard-Nocht-Institute for Tropical Medicine | Germany

Outline: *Recent epidemics of preventable infectious diseases - including swine flu, SARS and, most of all, HIV - have caused enormous human suffering. They have also heavily burdened our economies and jeopardized social networks and global communication and exchange.*

*In this workshop, we present recent approaches to tackle the origin of novel human infections, to predict the routes of their global spreading, and to improve strategic means of their control.*

*Christian Drosten from Bonn University will present recent studies of his group on bats, which have been shown to be the origin and reservoirs of several human viruses including the SARS coronavirus and Ebola virus. He finds bats virtually loaded with viruses including close relatives of a number of human pathogens and therefore postulates that bats are one of the major sources for new and emerging human infections. He also addresses the intriguing question of the peculiarities of these bats that make them – although being mammals like ourselves – tolerate all those viral infections without any apparent damage.*

*Theo Geisel and his group at Göttingen University and the MPI for Dynamics and Self-Organization have developed amazingly sophisticated mathematical models that can be used to predict the global or regional spread of human infections as well as the efficiency of control strategies. Thus they were able to forecast the global spread of SARS by international air travel. To acquire comprehensive statistical data on human mobility, that are necessary for reliable forecasts they used the tracking of Dollar bills as a proxy for human travel.*

*Finally, Mike Ryan, the Director of WHO's Global Alert and Response, will present the efforts of the World Health Organization to continuously improve the strategies, systems, networks and interventions to detect, assess and control the spread of epidemic and emerging diseases at the global level.*

#### Virus Ecology: Towards Prediction and Prevention of Epidemics

Christian Drosten | University of Bonn Medical Centre | Germany

#### New Approaches to the Modelling and Forecast of Epidemics

Theo Geisel | Max Planck Institute for Dynamics and Self-Organization | Germany

#### Epidemic and Emerging Infectious Diseases: Convergence of Risk to Coherence of Response – WHO's Perspective

Michael Ryan | World Health Organization | Switzerland

## Partner Symposium

### Space Physiology and Medicine

PS-121

Main Hall

14.30 - 16.00

**Host:** German Aerospace Center (DLR)  
European Space Agency (ESA)

**Chairs:** Rupert Gerzer | German Aerospace Center | Germany  
Hans-Christian Gunga | Charité - Universitätsmedizin Berlin | Germany

**Outline:** *Space Physiology and Medicine enter a new era.*  
*New countermeasures for long term stays in space such as a human centrifuges are under development for the International Space Station, that serves as an international research laboratory and as a test bed for further exploration.*  
*In analog studies, like the MARS 500 study, that is currently under way in Moscow, challenges for medicine and psychology during a flight to Mars are tested. This study also serves as a general test bed for human physiology, where humans are studied for long term periods on a standard protocol.*  
*In summary, Space Physiology and Medicine can be viewed as an important part of medical research.*



#### The National Space Biomedical Research Institute and National/International Collaboration

Jeffrey P. Sutton | National Space Biomedical Research Institute | USA

#### Medical Care for European Astronauts

Volker Damann | European Space Agency, European Astronaut Centre | Germany

#### European Experiments on ISS

Patrik Sundblad | European Space Agency | Netherlands

#### Thermoregulation under $\mu g$ Conditions

Hans-Christian Gunga | Charité - Universitätsmedizin Berlin | Germany

#### The MARS 500 Study

Igor Ushakov | Institute for Biomedical Problems | Russian Federation

#### Salt and Blood Pressure: The MARS 500 Study

Jens Titze | University of Erlangen | Germany

PS-122
Langenbeck
14.30 - 16.00

Partner Symposium

# PDP (Product Development Partnership) Research for Health Goods in Developing Countries



**Host:** German Foundation for World Population (DSW)

**Chairs:** Renate Bähr | Executive Director | German Foundation for World Population | Germany  
Ramesh Jaura | Executive President | Global Cooperation Council | Germany

**Outline:** *Millions of lives in developing countries could be saved if the research gap for poverty-related and neglected diseases was closed and essential, innovative, and affordable prevention technologies, vaccines, diagnostics and drugs for poor countries were developed. Product Development Partnerships (PDPs) constitute a new model of non-profit organizations bringing together private sector technologies and public sector resources that profoundly changed the international research agenda and furthered the achievement of the UN Millennium Development Goals (MDGs). In this symposium, the various fields of PDP engagement will be highlighted and the role of and challenges for PDPs within the global health architecture will be discussed with high-level experts from the field.*

Panel

- Hannah Kettler | Senior Program Officer | The Bill & Melinda Gates Foundation | USA
  - Seth Berkley | President & Chief Executive Officer | The International AIDS Vaccine Initiative | USA
  - Shing Chang | Drugs for Neglected Diseases initiative (DNDi) | Switzerland
  - Christopher J. Elias | President | Program for Appropriate Technology in Health (PATH) | USA
  - Zeda Rosenberg | CEO | International Partnership for Microbicides (IPM) | USA
  - Dennis Schmatz | CEO | Medicines for Malaria Venture (MMV) | Switzerland
  - Mel Spigelman | CEO | Global Alliance for TB Drug Development (TB Alliance) | USA
- What Are Product Development Partnerships (PDPs)? What Are the Characteristics of the PDP Model? How Are PDPs Structured (Collaboration with Public and Private Partners) and Governed?
- What Are the Public Health Problems in Low and Middle Income Countries? What Is the Research Gap in R&D for Neglected Diseases? What Has Been Achieved So Far?
- What Are the Opportunities and Challenges in Furthering the Research Agenda for Neglected Diseases? What is Needed?
- How Are the Following Technical Issues Managed by the PDP Model: Clinical Development; Regulatory Approval; Access to Innovative Medicines?
- What Are the Ways in Which PDPs Collaborate with Researchers, Health Sectors and Local Communities in Developing Countries? What Are the Aims of This Collaboration? Where is the Link to Development Policies?
- Do External Evaluations Proof the Effectiveness of the PDP Model? What is the Return on Investment in PDPs?



Partner Symposium

Adolescent Health – The Gap in the Public Health Agenda

PS-123
Koch
14.30 - 16.00

Host: The Lancet  
Chairs: George Patton | Centre of Adolescent Health, Royal Children’s Hospital | Australia  
Sabine Kleinert | Chief Executive Editor | The Lancet | UK

THE LANCET

Outline: Adolescence is both a time of risks and opportunity, and there needs to be a coherent and global approach to include adolescents in the public health agenda. With improved child survival, successes in combatting infectious diseases, and a global increase in non-communicable diseases, adolescent health needs to become the next frontier for global health. Adolescents have specific health needs and risks that have immediate effects but that also impact on the opportunity for a healthy life in adulthood. It is important to map the health of adolescents and explore the need for and effectiveness of preventive efforts in a coherent and multidisciplinary fashion.

Why is Adolescent Health Missing in the Public Health Agenda?  
Susan Sawyer | Centre of Adolescent Health, Royal Children’s Hospital | Australia

Adolescence - The Time of Risks, Resilience and Opportunities  
Michael Resnick | University of Minnesota | USA

Prevention in Adolescents: What Works and What Don’t we Know  
Richard Catalano | School of Social Work, University of Washington | USA

Adolescent Health: A Perspective from Low and Middle Income Countries  
Adesegun O. Fatusi | Obafemi Awolowo University | Nigeria

PS-124

Bier

14.30 - 16.00

## Partner Symposium

## Medical Curricula in Europe: The Challenge of Implementing Bologna

**HRK***Host: German Rectors' Conference**Chair: Sigrid Harendza | University of Hamburg | Germany*

*Outline: In Europe it is debated whether the Bologna-driven reform should be implemented in medical education while other medical faculties already have introduced bachelor/master. Studies have demonstrated that curricula which combine clinical and pre-clinical contents in undergraduate medical training receive better marks in students' evaluations. They also showed a concern with learners' achievements on different levels of competences. A guideline for further curricular development should be provided.*

**The Bachelor-Master Structure in Dutch Medical Education**

Olle ten Cate | University of Utrecht | Netherlands

**Bachelor / Master of Medicine: Experience in Basel**

Hedwig Kaiser | University of Basel | Switzerland

**Witten/Herdecke University: The New Faculty for Health and the Potential for Interprofessional Learning**

Martin Fischer | University of Witten-Herdecke | Germany

**Structuring Charité's New Medical Curriculum – The Students' Perspective**

Arne Riedlinger | Charité - Universitätsmedizin Berlin | Germany

## M8 Alliance Symposium

# Educational Responses to Enable Global Access to Health Care

PS-125

Virchow

14.30 - 16.00

**Host:** Monash University  
**Chair:** Ben Canny | Monash University | Australia



**Outline:** *A basic human right is access to health care. In virtually all nations, from developing to industrial, people living in rural environments experience decreased access to health care. This symposium will address how educational interventions can make a difference to enhance access to health care drawing on examples from Australia, Asia and Africa.*



### Innovating Health Education and Medical Curricula: A Global Perspective

Steve Wesselingh | Dean | Monash University | Australia

### Health Workforce Needs in Rural Australia: Educational Responses

John Humphreys | Monash University School of Rural Health | Australia

### Think Global, Act Local: Educational Strategies for the Global Doctor

Shah Yasin | Monash University | Malaysia

### Rural Health Needs in South Africa: Bringing the Students to the Patients

Dan Ncayiyana | Editor | Benguela Health | South Africa

PS-131
Main Hall
16.15 - 17.45



Partner Symposium

# Progress in the Global Fight Against HIV/AIDS, Tuberculosis and Malaria

**Host:** The Global Fund to Fight AIDS, Tuberculosis and Malaria

**Chair:** Rifat Atun | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Switzerland

**Outline:** *A growing body of evidence suggests that investments by The Global Fund to Fight AIDS, Tuberculosis and Malaria and other mechanisms have transformed the international response to the HIV, TB and Malaria epidemics. This session will bring together experts from Africa, Asia and Europe to present the progress in the fight against the three epidemics and the challenges faced in each region.*

*ART scale up has led to declines in AIDS mortality in many countries. TB prevalence and mortality rates continue to decline globally, and the WHO World Malaria Report of 2009 reported that a number of high burden countries in Africa documented reductions in malaria cases and deaths of over 50 percent between 2000 and 2008.*

*However, challenges remain to achieving the Millennium Development Goals (MDGs). If the scale of investments in global health is not maintained, worldwide improvements achieved at great cost by the joint efforts of the scientific community, government leaders, industry and civil society are at risk. During the panel discussion, the experts will review the evidence and exchange their views on the factors enabling progress, highlight key regional differences and engage participants of the Summit in an interactive discussion to identify solutions to address remaining challenges in the global fight against HIV, tuberculosis and malaria.*

**Progress in the Fight Against AIDS, Tuberculosis and Malaria in Europe**  
Martin McKee | London School of Hygiene and Tropical Medicine | UK

**Findings from AIDS 2031**  
Peter Piot | Director | London School of Hygiene and Tropical Medicine | UK

**Launch of the Special Issue of Journal AIDS**  
Srinath Reddy | President | Public Health Foundation of India | India

**Fight Against TB/HIV in the Post-Soviet Context**  
Amiran Gamkrelidze | World Health Organization | Georgia

## Partner Symposium

# Life Sciences as a “Leitmotiv” of Knowledge Based Society

PS-132

Langenbeck

16.15 - 17.45

**Host:** Republic of Singapore/NUS Yong Loo Lin School of Medicine  
BioTOP

**Chairs:** Walter Rosenthal | Max Delbrück Center for Molecular Medicine Berlin-Buch | Germany  
John E. L. Wong | National University of Singapore, National University Health System | Singapore

**Outline:** *The symposium aims to show the value of biomedical science research as a means of transforming a country's economy with a special emphasis on Singapore's achievements. It will look at the process and mechanisms put into place which led to Singapore's transformation into a knowledge-based economy. High-ranking scientists, science managers and policy makers will be present from both Germany and Singapore. They will discuss similarities and differences between the approaches of both countries as well as internationally.*



### Singapore's Biomedical Research Strategy

Yong Ying-I | Permanent Secretary (Health) | Ministry of Health | Singapore

### Accelerated Development of Biosciences in Singapore

Edison Liu | Executive Director | Genome Institute of Singapore | Singapore

### Discovery to Care: Singapore Clinical Research Landscape

Ranga Krishnan | Dean | Duke-NUS Graduate Medical School Singapore | Singapore

### Centre for Health Policy & Management at NUS: Advancing the Next Phase of Life Sciences Development in Singapore

Jeremy Fox | Director, Center for Health Policy and Management | National University of Singapore | Singapore

### Translating Fundamental Advances in Automated Carbohydrate Synthesis into Vaccines and Diagnostics for Bacterial and Parasitic Diseases

Peter Seeberger | Director | Max Planck Society, Freie Universität Berlin | Germany

### Questions and Answers

PS-133

Koch

16.15 - 17.45

## Partner Symposium

### Biodiversity & Health



**Host:** German National Academy Leopoldina

**Chair:** Axel Brakhage | Leibniz Institute for Natural Product Research and Infection Biology | Germany

**Outline:** *In the session Biodiversity and Health, we will discuss the strong impact climate change causes on biodiversity. Furthermore, biodiversity in particular of microorganisms provides the structural diversity of bioactive natural products, many of which are used as antibiotics or antitumor drugs. Novel techniques like genome mining allow to predict biosynthesis genes of natural products and enable the isolation of potentially novel bioactive compounds. Finally, climate change could impact the evolution of pathogens and thus affects multiple infectious diseases of humans.*

#### Medicines from Nature: Exploiting the Biosynthetic Potential of Microorganisms

Christian Hertweck | Leibniz Institute for Natural Product Research and Infection Biology | Germany

#### Biodiversity and Climate – A Lot of Poorly Known Interactions and Challenges for Research

Volker Mosbrugger | Senckenberg Research Institute | Germany

#### Climate Change and Emerging Infectious Diseases

Uwe Groß | University of Göttingen | Germany

## Partner Symposium

### High Technologies for Prevention of Communicable Diseases

PS-134

Bier

16.15 - 17.45

**Host:** EHESP School of Public Health France  
Agence Nationale de la Recherche

**Chairs:** Antoine Flahault | EHESP School of Public Health | France  
Patrick Chaussepied | Agence Nationale de la Recherche | France

**Outline:** *This session will focus on high technology innovations, with a special focus on two examples recently used for prevention and control of various communicable diseases. Electronic surveillance of emerging diseases will be particularly discussed, highlighting the need for interdisciplinary cooperative research and development to deal with this topical issues. An historical perspective will provide an overview on impact of innovations in prevention and control of communicable diseases during past decades.*

#### Google Flu Trends

Corrie Conrad | Google | USA

#### Discussion

#### Remote Sensing Data for Vectorborne Disease Surveillance

Yves Toure | Meteo France | France

#### Discussion

#### Impact of Innovation for Prevention and Control of Communicable Diseases: A Historical Perspective

Patrick Zylberman | EHESP School of Public Health | France

#### Discussion



## M8 Alliance Symposium

## Open Innovation Models in M8 Universities – How Can We Accelerate Translation of Our Knowledge From Bench to Bedside?

PS-135

Virchow

16.15 - 17.45



**Host:** Kyoto University Graduate School of Medicine

**Chairs:** Shuh Narumiya | Kyoto University Graduate School of Medicine | Japan  
Wolfram von Pannwitz | Charité - Universitätsmedizin Berlin | Germany

**Outline:** *Creation of new therapeutic modalities including drug development is one of the major missions of medical school, and can be achieved only in close collaboration with industries. There is a great demand for open innovation also in industries including pharmaceutical companies. This symposium is organized for M8 universities to share the know-how's and knowledge of open innovation models of the three M8 members, Kyoto, Berlin and London, so that each member can accelerate translation of their knowledge from bench to bedside.*

**Astellas Pharma-Kyoto University Project; Our Model of Open Innovation for Drug Development**

Chikako Saotome | Kyoto University | Japan

Shuh Narumiya | Kyoto University Graduate School of Medicine | Japan

**New Cooperation Model Between Industry and Academia (Bench - Bench / Bench - Bedside - Bench)**

Wolfram von Pannwitz | Charité - Universitätsmedizin Berlin | Germany

Klaus-Peter Koller | sanofi-aventis | Germany

Ulrich Dirnagl | Charité - Universitätsmedizin Berlin | Germany

**Open Innovation Models and Commercial Technology Transfer – Are They Mutually Exclusive?**

Tony Hickson | Imperial Innovations Ltd. | UK



## Network Meetings

### M8 Alliance Meeting

By invitation only

Host: World Health Summit | Charité - Universitätsmedizin Berlin

Chairs:

Detlev Ganten | President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

Mazda Adli | Executive Director, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

October 10th, 2010, 10.00 - 12.00

Langenbeck-Virchow-Haus, Luisenstr. 58/59, 10117 Berlin, Germany, Room "Library"



KL-141
Main Hall
18.15 - 20.15

Welcome  
Opening Ceremony

Welcome Messages

Karl Max Einhäupl | Chief Executive Officer | Charité - Universitätsmedizin Berlin | Germany  
Stephen K. Smith | Chief Executive Officer and Principal of the Faculty of Medicine | Imperial College London | UK

Speeches

Klaus Wowereit | Governing Mayor of Berlin | Germany  
Philipp Rösler | Federal Minister | Federal Ministry of Health | Germany  
Aaron Motsoaledi | Minister of Health | South Africa  
Zsuzsanna Jakab | Director | World Health Organization Regional Office for Europe | Denmark  
Andreas Fibig | Chairman of the Board of Management | Bayer Schering Pharma AG | Germany  
Jean-Jacques Dordain | Director General | European Space Agency | France  
Ada E. Yonath | Nobel Prize Laureate | Weizmann Institute of Science | Israel

Art Performance

LIFE FLAG – “News from Everywhere” featured by the Berlin-based artist Sabine Kacunko, accompanied by the Life Flag hymn “Hymnus Oceanobacillus Pulvirenatus” composed by Ari Benjamin Meyers and performed by Irina Urusova

Final Remarks

Detlev Ganten | President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

Musical Performances

Cello Ensemble of the Julius-Stern-Institute, Berlin University of the Arts  
The Flintstones

Moderation

Mazda Adli | Executive Director, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

*The Presentation of the Art Performance LIFE FLAG – “News from Everywhere” is supported by Ernst Schering Foundation.*

SE-151
Main Foyer
20.15 - 22.00

Welcome  
Welcome Reception

The official Welcome Reception takes place at the Main Foyer.

## Welcome Art & Entertainment

### LIFE FLAG - NEWS FROM EVERYWHERE

“Life Flag – News from Everywhere” is a media art event by Berlin-based artist Sabine that features a photograph of the 16rRNA sequence (the small subunit of a ribosome that can be found in every living creature) as the key motif for a flag. As core of the art event, this flag was hoisted in more than 80 embassies in Berlin in addition to the national flags. The ribosome derives from a microorganism discovered in a Sahara dust sample, which was given to Alexander von Humboldt almost 200 years ago. Reanimated and visualized by the Moter corporation in the Robert Koch Forum in Berlin, a formerly unknown sequence could be made visible. As an interaction of science and art, this sequence (named “*Oceanobacillus Pulvirenatus*” by Sabine Kacunko) is both, a microbiological discovery as well as an aesthetic phenomenon. This crossing of disciplinary borders is also mirrored in the Life Flag hymn “*Hymnus Oceanobacillus Pulvirenatus*”, composed by Ari Benjamin Meyers. The music is based on the scientific data of the sequence and thus forms an aesthetic body of sound, which will be performed by Irina Urusova from Russia, student of agricultural economics at Humboldt University Berlin. Dressed in a shroud, Urusova will perform the hymn and thus announce the reincarnation of life as the basic principle of humanism, as a symbiosis of science and art.

### CELLO ENSEMBLE JULIUS-STERN-INSTITUTE

The Julius-Stern-Institute, founded in 1850 as Sterns' Conservatorium, is part of the faculty of music of the Universität der Künste (Berlin University of the Arts). It is widely known as one of the biggest and most celebrated institutes for education in music. Around 70 highly talented children and teenager in the ages between 9 and 19 years are part of an educational program. Numerous students of the Julius-Stern-Institute are winner of national and international musical competitions. The Cello Ensemble of the Julius-Stern-Institut was founded in 2000 by Rudolf Weinsheimer (founder of the 12 Cellists of the Berlin Philharmonic Ensemble) and Prof. Matias de Oliveira Pinto. Since then, the young Cellists perform under the direction of Matias de Oliveira Pinto with great success.





# SUMMIT PROGRAM

Monday, October 11th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session NumberRoomPage Number

Key Note Lecture

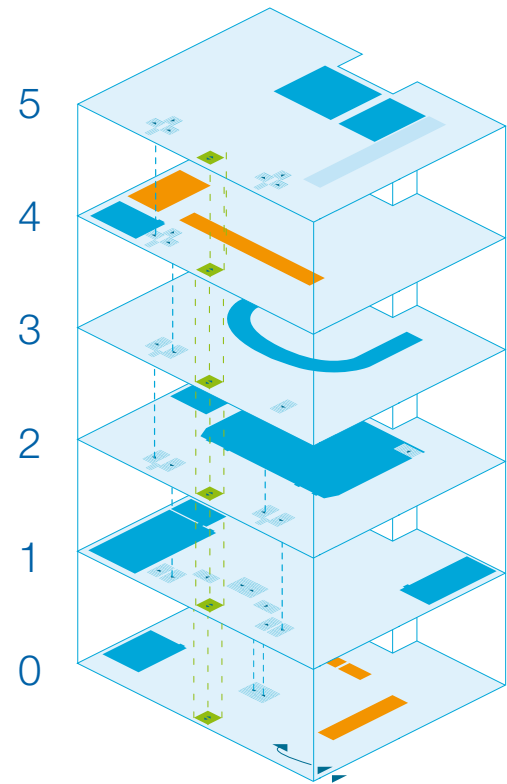
Working Session

Partner Symposium

Panel Discussion

Social Events

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Meeting Lounge
- Organization Office

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Library

0

- Entrance
- Registration
- Internet Area
- Cloakroom
- M8 Club

7.15	Early Bird	Thrombosis as a Global Health Care Issue <i>Thrombosis Research Institute</i>				
8.00						
8.30		PS-214 · Bier · 55				
9.00	Key Note					
9.30		Key Note Lectures				
10.00		KL-221 · Main Hall · 56				
10.30	Working Session	Coffee Break				
11.00		The Future is Chronic: Sustainable Adaptation of Health Care to Epidemiological Transition <i>Co-Host: World Health Organization I World Heart Federation</i>	Megacities: Opportunities and Challenges for Health <i>Co-Host: LSE Health &amp; LSE Cities I BRAC University</i>	The Efficiency Challenge: Improving Quality and Productivity in Health Care <i>Co-Host: National Institute for Health and Clinical Excellence</i>	Responding to the Increasing Complexity in Medical Research: Structural and Organizational Requirements <i>Co-Host: European Commission I German Council of Sciences &amp; Humanities</i>	Universality of Health Econometrics – Translation, Transition, Transformation <i>Imperial College I Federal Joint Committee</i>
11.30						
12.00						
12.30		WS-231 · Main Hall · 58      WS-232 · Langenbeck · 60      WS-233 · Koch · 62      WS-234 · Bier · 64      PS-235 · Virchow · 66				
13.00		Partner Symposia	Lunch Break			
13.15	Successful Malaria-Treatment: A Common Global Challenge for the Future? PS-241 · 68		Challenging the Worldwide Cardiovascular Crisis <i>Bayer Schering Pharma</i>	Mobile-Health, Telematics in Medicine – The Future of Cyber Education of Health Professionals <i>Johnson &amp; Johnson</i>	Health eQualities in Europe? – The Patient's Emerging Consciousness <i>MSD</i>	
14.00						
14.30	PS-251 · Main Hall · 69      PS-252 · Langenbeck · 70      PS-253 · Koch · 71      PS-254 · Bier · 72					
15.00	Key Note					
15.30		Key Note Lectures				
16.00		KL-261 · Main Hall · 73				
16.30	Panel Discussion	Coffee Break				
17.00		Accelerating Towards Achieving the Millennium Development Goals 4 & 5 <i>Co-Host: UNICEF</i>				
17.30		PD-271 · Main Hall · 76				
18.00						
18.30		PS-263 · Koch · 74				
19.00	Social Event					
19.30		World Health Summit Charity Night – World Doctors Orchestra Reception (from 21.00)				
21.00		SE-281 · Konzerthaus · 78				





Partner Symposium  
Thrombosis as a Global Health Care Issue

PS-214
Bier
7.15 - 8.45

**Host:** *Thrombosis Research Institute*

**Chairs:** Lord Kakkar | Director | Thrombosis Research Institute | UK  
Sylvia Haas | Technical University Munich | Germany

**Outline:** *Thromboembolism (TE) is a systemic disease with multiple manifestations affecting millions of people worldwide. Cardiac TE due to cardiac arrhythmia can lead to devastating stroke, arterial TE can result in myocardial infarction, stroke, and peripheral arterial disease, and venous TE can cause long-term disability and life threatening pulmonary embolism. Together, these conditions account for a large proportion of disease-related morbidity and mortality—as well as healthcare costs—across all developed and developing nations.*



**Transition – Thrombosis Burden of Disease and Treatment Paradigms**  
Lord Kakkar | Director | Thrombosis Research Institute | UK

**Transition – Future Horizons in Thrombosis: A Revolutionary Decade**  
Alexander Graham Turpie | McMaster University, Hamilton ON Canada | Canada

**Translation – Implementation of Evidence Based Knowledge into Clinical Practice**  
Christopher Granger | Duke University Medical Center | USA

**Transformation – Systems of Change for Quality Improvement in Thrombosis**  
Sylvia Haas | Technical University Munich | Germany

KL-221  
Main Hall  
09.00 - 10.00

Key Note Lectures  
Key Note Lectures



Jean-François Girard

Chair: Jean-François Girard | President | PRES Sorbonne Paris Cité | France

09.00 Research and Innovation in Global Health

Francis S. Collins | Director | National Institutes of Health | USA

*There is opportunity to expand knowledge available through revolutionary advances in biomedicine and life sciences, and to apply this knowledge to bridge global disparities in health. This is in the context of the important role of global health in national security, diplomacy, and economic development. Increased support from governments and private foundations are fueling health interventions in low and middle-income countries. Research and innovation provide new interventions that allow global health programs to achieve their goals more effectively. Global health research is influenced by several issues, including:*

- (1) the increasing role of non-communicable diseases in the global disease burden;*
- (2) an imperative to translate research findings, rapidly and effectively, into practical and applied health benefits – including tools for diagnosis, treatment, and prevention, as well as policy, planning, and access to care;*
- (3) increasing efforts to support host-country research capacity so that science is conducted in the areas of disease burden; and*
- (4) economic constraints that promote harmonization, collaboration, and leveraging of resources.*



Francis S. Collins

09.25 Questions and Answers

09.30 Key Note Lecture

Bernard Kouchner | Minister of Foreign Affairs | France

09.55 Questions and Answers



Bernard Kouchner



AMSTERDAM

WESTERLAND

STGRÖNLAND

AZÖREN

REYKJAVIK  
DUBLIN  
LONDON  
LISSABON  
MADEIRA  
BISSAU

AMSTERDAM  
BERLIN  
BRÜSSEL  
BUDAPEST  
MADRID  
PARIS  
PRAG  
STOCKHOLM  
WARSAU

HELSINKI  
RIGA  
TALLINN  
VILNA  
MINSK  
KIEW  
BUKAREST  
SOFIA  
NIKOSIA

WURMANST  
ST. PETERSBURG  
MOSKAU

BRASILIA  
RIO DE JANEIRO  
SÃO PAULO  
MONTEVIDEO  
BUENOS AIRES

KAP VERDE

CASABLANCA  
CONAKRY  
DAKAR  
BAMAKO  
ACCRA

OSLO  
KÖPENHAGEN  
WIEN  
BERN  
PRESSBURG  
BELGRAD  
ROM  
TUNIS  
KINSHASA

ANKARA  
ISTANBUL  
ATHEN  
TEL AVIV  
JERUSALEM  
BEIRUT  
DAMASKUS  
KAIRO  
KAPSTADT

TEHERAN  
BAGDAD  
ABIDJAN  
SANA'A  
ABRIS ABESA  
NIGARISCHAU  
BARESSALAM  
ANTANANARIVA  
SUWAI

WS-231
Main Hall
10.30 - 12.30



Ala Alwan



Pekka Puska



Hal Wolf

Working Session

# The Future is Chronic: Sustainable Adaption of Health Care to Epidemiological Transition

Co-Host: World Health Organization (WHO)  
World Heart Federation

Chairs: Ala Alwan | Assistant Director-General for Noncommunicable Diseases and Mental Health | World Health Organization | Switzerland  
Pekka Puska | Director General | National Institute for Health and Welfare (THL) | Finland

Outline: Non-communicable and chronic diseases are major causes of mortality and morbidity in the world today.

In the world, more than 33 million deaths in developing countries in 2004 are caused by chronic diseases, which are heavily influenced by the behaviour of the population. Factors like tobacco use obesity and high blood glucose are among the 10 leading risk factors of death.

In recent years, chronic diseases have been an increasing challenge in developing countries, along with “traditional” infectious diseases such as HIV/AIDS, tuberculosis and malaria. As with developed countries, emerging economies are beginning to develop partnership programs to decrease tobacco usage and related consequences.

In both the developed and the developing world multi-sector collaboration will be required to address the challenges of chronic disease. Simple health provision models cannot address the behaviour of the population on their own, and successes to date have been the result of joint efforts by governments, the private sector, education institutions and families.

In developed countries, health care payers have had significant success by developing a deep understanding of the drivers of patient behaviour and compliance. In countries such as the US, Germany and the UK payers are using new technology to actively help physicians better manage chronic disease through early diagnosis and proactive and personalised care planning. In the future, this type of integrated approach to chronic disease management will be critical to ensuring high-quality and affordable health care.

10.30 Chronic Care, Integrated Model and Technology

Hal Wolf | Senior VP and Chief Operating Officer | Kaiser Permanente, The Permanente Federation | USA

Kaiser Permanente is the largest nonprofit health plan in the U.S. and serves more than 8.6 million members. This session will explore how its unique integrated health care delivery system and leading health information technologies address common chronic NCD health challenges differently than most U.S. health care systems. Kaiser Permanente’s multi-sector approach toward surveillance, prevention, and management standards is collaborative. The organization embraces a new model of care and a changed physician role with an emphasis on panel/population management, transparency, the use of electronic health records, registries, and the internet. These elements allow for ongoing performance and outcome measurements that can prevent and manage chronic conditions. Kaiser Permanente’s key challenges, learnings, and successes in providing high quality and efficient care delivery can be applied to other health care systems around the world.



**10.45 Risk, Prediction and Prevention of Cardiovascular Diseases (CVD): A Model for Chronic Diseases**

Pierre Corvol | President | Collège de France | France

*High blood pressure and other cardiovascular risk factors have been extensively studied during the last decades. Cardiovascular risk is identified and measurable. Its evaluation has practical implications in terms of CVD prevention and in health care actions to be taken at an individual and a population level. The use of well-tolerated drugs has revolutionized the prevention of CVD, resulting into a dramatic fall in fatal and non-fatal cardiovascular events. The particular case of high blood pressure will be presented as it may provide a model for the study of other chronic diseases. Prevention and treatment of high blood pressure, personal risk versus population strategies, allocation of resources for competing causes of mortality and morbidity, decision mechanisms, risk communication and cost-effectiveness of treatment will be discussed in this context.*



Pierre Corvol

**11.00 Fostering Collaboration Across Sectors for NCDs**

Olivier Raynaud | Senior Director, Global Health and Healthcare Sector | World Economic Forum | Switzerland

*The World Economic Forum contributes to address the issue of chronic / non communicable diseases through:*

- *Raising awareness, by documenting the global economic risk and impact of NCDs as well as by conducting multi-stakeholder dialogues around this issue at our Forum events.*
- *Stressing the need for standardized metrics to describe and measure the most important risks, to assess the impact different institutions and actors, across sectors, can have on these risks and to monitor progress.*
- *Building the "business case" for the engagement of all actors in well-proven interventions. In particular, the Forum catalyzes the engagement of the private sector, as an employer - through workplace wellness programs -, and as a provider of products and/or services.*
- *Advocating for a redesign of Global Health Governance arrangements, elevating Health to a Cabinet level issue, to be able to mobilize the engagement of non health actors through adequate and aligned regulations and policies.*



Olivier Raynaud

**11.15 Countering Chronic Diseases in Poor Countries**

W. Philip T. James | President | International Association for the Study of Obesity | UK

*Western approaches to managing cardiovascular diseases, diabetes and other non - communicable diseases are rarely transferable to lower income countries. Nevertheless simple medically stimulated individual changes in behaviour can have a substantial impact but have not been coherently developed in lower income countries. Tobacco initiatives, simple salt reduction strategies, changes in dietary fat and simple dietary and physical activity measures for diabetes prevention are proven methods of reducing both morbidity and mortality even before simple polypills are introduced. Strategies for engaging communities in health care present new challenges when health care resources are limited; allied health care workers and community leaders can play a major role and new approaches to linking health service delivery to these broader initiatives present new challenges for medical leaders in resource poor countries.*



W. Philip T. James

**11.30 Discussion**

WS-232  
Langenbeck  
10.30 - 12.30



Julia Le Grand



Timothy Evans



Ricky Burdett

## Working Session

### Megacities: Opportunities and Challenges for Health

Co-Hosts: LSE Health & LSE Cities  
BRAC University

Chairs: Julian Le Grand | Chairman LSE Health | London School of Economics and Political Science | UK  
Timothy G. Evans | Dean | BRAC School of Public Health | Bangladesh

Outline: *Megacities offer both challenges and opportunities in health. On the one hand, their density and overcrowdedness can be a breeding ground for infectious disease, and the pressures they create for daily living can contribute to stress-related and mental illnesses as well as violence and road traffic injuries. Several have recently been the target of terrorist bombs and other violent attacks, including bio-terrorism. On the other hand, they offer economic opportunities to their populations (especially to those migrating from rural areas), providing jobs and raising incomes, all with positive knock-on effects for health. And their size and density means they can support a broad range of specialized medical care and expertise in a way that is more difficult in rural and remote areas.*

*What are the real health effects of all these factors associated with megacities? What openings do they offer to policy-makers concerned with improving health and health care in the cities concerned? Does the megacity experience offer lessons for smaller cities, or indeed for suburban or rural health systems? These are the kinds of questions to be addressed in this Session: questions whose resolution becomes increasingly urgent as more and more cities graduate to megacity status and the existing megacities grow even larger.*

#### 10.30 Healthier Cities in a Global Environment

Ricky Burdett | Director | LSE Cities, London School of Economics | UK

*Cities across the globe are growing. According to the UN, over 6 billion people will be living in cities by 2050. Some cities in the South are growing at the rate of around 50 new urban residents per hour, putting serious strain on their sensitive infrastructure.*

*The global urban condition is mixed. Some cities continue to do harm to the environment and stretching infrastructure to its limits. They also create social damage by creating ghettos of poor and rich communities. Others have learnt to be 'smart' and healthy- promoting healthy lifestyles and reduce energy consumption. With more compact urban centres, these cities are leading the way in being more healthy for their citizens and less harmful to the environment.*

*The presentation will illustrate examples of cities in the Global South and Global North that are inventing smarter initiatives and policies that both reduce the ecological footprint and optimise human capital and well-being.*

#### 10.45 Megacities and Health

Victor G. Rodwin | Director of the World Cities Project | New York University | USA

*Inhabitants of cities are increasingly vulnerable to infectious diseases, particularly those that may spread rapidly across global cities of the world. Will cities evolve into socially infected breeding grounds for the rapid transmission of disease? Or can they become critical spatial entities for the protection and promotion of population health? How will they confront problems of access to health care due to rising inequalities among social groups? How will they prepare for the growth of their vulnerable elderly populations? How will they respond to the risks of terrorism, including bioterrorism, and emergencies stemming from climate change, for example, heatwaves and their impact on older populations? In contrast to most megacities of the global South, New York, London, Paris, and Tokyo have a recent history of relative success in assuring their population's health and share in*

common a range of characteristics and problems. They are great centers for prestigious university hospitals, medical schools, and medical research institutions. Despite these resources and the success of public health reformers and urban planners in improving their quality of life, these world cities still confront all of the health problems noted above. The purpose of this presentation is to summarize some recent findings of the World Cities Project, a collaborative venture of New York University, the International Longevity Center-USA and the Hastings Center.

11.00

### Saude Presente: A Model of Health Care System Management in Rio De Janeiro Municipality

Hans Dohmann | Municipal Secretary for Health | Brazil

*Rio de Janeiro is a municipality with 6,2 million inhabitants (IBGE, 2009) which spends 83% of health budget in hospitals, 85% of patients have primary care profiles and 75% of diseases are chronic. Family health programs are available only to 3.5% of population. Based on that we build up a health system management focused on primary care named Saude Presente (Present Health) Program.*

*Objective: To compare data one year after implementation of Saude Presente program.*

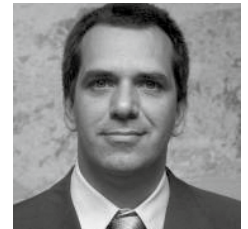
*Methods: The project begun on May 2009 and divides the municipality into ten planning areas providing complete coverage of health in each one. This network will be formed by (1) Family Health Clinics. (2) Oral Health Team. (3) Civil Defense Agents. (4) Health Surveillance Agents. (5) Polyclinics. (6) Urgent Care Center - UPA. (7) Center for Psychosocial Care (CAPs). (8) Referral Hospital. (9) Telemedicine. (10) Extension of opening hours.*

*Results: The first Family Clinic was opened in November 2009 in Realengo neighborhood. At the end of July 2010, four UPAs covering 150.000 inhabitants with capacity to treat 9.000 patients per month each were built. Seven Family Clinics were made consisting in natural ventilation and lighting, water reuse system, low power usage and modular structure. Two CAPs at the area of Rocinha and Alemão were also built so far. Comparing with data from Dec 2008 the number of complete teams of family and oral health increased from 3,5% to 12,3% and from 9,6% to 16% respectively.*

*Conclusion: After one year of Saude Presente Program, primary care available to the population of Rio de Janeiro increased substantially. Future data should provide information about costs, mortality and quality of life.*



Victor G. Rodwin



Hans Dohmann

11.15

### Urban Health Lessons from Megacities

Francisco Armada Perez | Technical Officer World Health Summit | World Health Organization | Japan

*Megacities are highly diverse. When analysing health in megacities, it is difficult to separate the effect of size from other variables. However, cities of similar size do not necessarily suffer from the same problems, and at the same time common issues can be found among cities of different dimensions. Starting with their common characteristics, we identify eight challenges that megacities face which have particular health impact: transportation, governance, water and sanitation, safety, food security, health care, emergency preparedness, and environmental issues. Given the variation among megacities and the extent of commonalities between megacities and other lower population settings, the relevance of the megacity as a category in urban health is limited. Yet these challenges, and the ways in which they are being handled, is useful for shedding light on determinants of health and potential interventions in a range cities well beyond this group.*



Alfred Spira

11.30

### Comment

Alfred Spira | Institute de Recherche en Santé Publique | France

11.40

### Discussion

WS-233
Koch
10.30 - 12.30



Jim Easton



Michael Rawlins



Rob Moodie

Working Session  
The Efficiency Challenge: Improving Quality and Productivity in Health Care

Co-Hosts: National Institute for Health and Clinical Excellence (NICE)

Chairs: Jim Easton | National Director for Improvement and Efficiency | Department of Health | UK  
Michael Rawlins | Chairman | National Institute for Health and Clinical Excellence | UK

Outline: *Decades of effort experimenting with payment methodologies and investing in new medical technologies and treatments, genomics, and IT systems have been predicated on the promise of improving quality and productivity while slowing the rate of medical inflation. Unfortunately, these promises have proven elusive and seldom captured in the form of cost savings. The global economic downturn has increased the urgency to capture quality and productivity gains since health care costs are growing faster than GDP in virtually all developed countries. As a result, nearly every major health system in the developed world is pursuing reforms designed to improve quality and productivity to reduce the rate of medical inflation.*

*Using different systems, and reforms, as a starting point this session will discuss the drivers of health care cost and cost growth, highlight the most important priorities for improving quality and productivity (in terms of both overall potential and near term impact), and discuss examples of initiatives that are proving to generate both quality and productivity gains. Finally, we will seek to identify lessons-learned from the implementation of health care reform in UK and the US and highlight promising policies and initiatives that may be exportable to other systems to improve quality and productivity.*

10.30 Prevention is for Life  
Rob Moodie | Inaugural Chair Nossal Institute of Global Health | University of Melbourne | Australia  
*Prevention of morbidity and premature mortality must be primary goals of any health care system.*

*Population level prevention is essential in managing the spiraling demands and costs resulting from the growing burden of non communicable diseases such as diabetes and cardiovascular diseases. Many prevention programs to date have provided outstanding returns on investment – such as immunization, road trauma prevention, HIV prevention and tobacco control.*

*Effective prevention requires persistence, time, sufficient finances, evidence and the political will to pass effective legislation and regulation. It requires courage to take on vested interests that result in poor health (e.g. the junk food and drink industries) or the poor allocation of funds to ineffective pharmaceuticals and over used medical technologies. Effective prevention is no place for the faint hearted.*

*Prevention is for life – it must become an essential service as part of our health systems not a short lived project.*



**10.45 The Efficiency Challenge in Germany**

Doris Pfeiffer | Chief Executive Officer | National Association of Statutory Health Insurance Funds | Germany

*Faced with the challenge of, seemingly ever increasing, health care costs, there still is no reason to believe high-quality health care will be unaffordable in future. The German health care system provides access to comprehensive care and works well in many respects. Yet, considerable obstacles toward improving efficiency and quality exist. High prices will often not reflect value, over- and misprovision of care pose substantial challenges. Health care is partly allocated ineffectively and inefficiently based on deficits in professional, organizational and geographical structures, shown e.g. by a high level of unexplained variation. Current payment systems are linked to sectoral cost controls but are often based on average costs and therefore provide limited incentives to improve performance. Also strategic purchasing by insurers is still limited. The presentation will highlight some challenges and describe experiences with initiatives to improve efficiency in a high-income country.*



Doris Pfeiffer

**11.15 The Efficiency Challenge: Improving Quality and Productivity in Healthcare**

Robert Kocher | Former Special Assistant to the President | USA

*A centerpiece of the Accountable Care Act in the US is a portfolio of delivery system reforms designed to substantially improve quality and productivity implemented over the next decade. These reforms create a series of economic incentives designed to change the nature of patient demand and drive vertical organization and coordination among providers. At the forefront is the evolution from a fee-for-service payment to a payment system that rewards outcomes and productivity gains. Supporting these payment changes are dramatic increases in data transparency, substantial incentives to drive down readmissions, medication errors, and hospital acquired infections, and a new "research and development enterprise (the Medicare Innovation Center and the Patient Centered Outcomes Research Institute)" designed to pilot and bring to scale initiatives that improve quality and productivity.*



Robert Kocher

**11.30 Measuring and Improving Health System Productivity**

Peter C. Smith | Professor of Health Policy | Imperial College Business School | UK

*This intervention describes initiatives that can be put in place to improve efficiency in health services, whilst maintaining and improving quality of services. It focuses on actions that can be taken at three levels: the system level, the organizational level, and the individual level. It argues that the key system-wide requirements are to introduce external scrutiny and challenge and every level in the health system. Numerous system reforms have been attempted. However there is little robust evidence on success. What matters most is likely to be how the various elements of the system are aligned to promote pursuit of efficiency objectives. Systems of information, incentives and governance all need to be put in place to ensure organizations, teams and individual practitioners are given the motivation and means to pursue efficiency objectives.*



Peter C. Smith

**11.30 Comment**

Penelope Dash | McKinsey &amp; Company | UK



Penelope Dash

**11.40 Discussion**

WS-234
Bier
10.30 - 12.30



WR | WISSENSCHAFTSRAT



Ulrike Beisiegel



Ruxandra Draghia-Akli

Working Session

Responding to the Increasing Complexity in Medical Research:  
Structural and Organizational Requirements

Co-Hosts: European Commission  
German Council of Sciences & Humanities

Chairs: Ulrike Beisiegel | Council of Science and Humanities | Scientific Commission | Germany  
Ruxandra Draghia-Akli | Director Health Directorate | European Commission | Belgium

Outline: Medical research is driven by the development of new methods from molecular biology to physics allowing an extremely wide spectrum of innovations in diagnosis and therapy of widespread and rare diseases. The technological possibilities are promising but often also extremely expensive and their ethical consequences not yet assessable. In particular the challenge of 'personalized medicine' facilitated by the knowledge on the humane genome introduces a complexity that overburdens the existing structures in the academic health system.

To master the technological challenge and truly benefit from the given possibilities we need to respond with intelligent, ethical and economical acceptable and sustainable concepts, which allow the educated application of the new tools for welfare of the patients. In addition the complexity of medical research requires a systematic and interdisciplinary approach including sophisticated data management and bioinformatics.

Not only the research system needs a re-organization but also the education in the academic health system has to be adjusted to future demands. Comprehensive new concepts for teaching and training will have to provide the necessary fundament for successful future medical care and sophisticated strategies have to be developed for the effective translation of basic scientific findings into marketable innovations for clinical application.

10.30 Perspectives on (Bio)-Medical Research in Academia  
Heyo K. Kroemer | Dean, Medical Faculty | Ernst Moritz Arndt University of Greifswald | Germany

10.45 Medical Research to Overcome the Grand Challenges  
Liselotte Højgaard | Chair | European Medical Research Councils | Denmark

Medical research is necessary to meet the grand challenges of tomorrow. Different parts of the World have different disease patterns, but the needs for medical research are global.

Investments in medical research give a return of 39% pa so it is wise to invest in medical research in the future. We need to create a research environment where clinical research can be performed in an unbureaucratic regulatory environment where patient security and research quality are the main aims.

The World Health Summit 2009 addressed the problems for clinical research and it seems that the recommendations from last year have had impact. OECD has decided a Global Science Forum on international cooperation for clinical trials, the EC Framework Programme has decided for more focus on clinical research and the EC has promised a revision of the Clinical Directive from 2001.

The important thing now is to pursue the successes for the benefit of future patients and the global society.

**11.00 Medical Research in China: More Fund and Many Agencies**

Liming Li | Vice-President | Chinese Academy of Medical Sciences | China

*In the past 60 years, China has made great achievements in controlling infectious diseases and improving the quality of life. Accordingly, the disease spectrum in the Chinese population has changed significantly. With a more rapid economic development and social progress in the last three decades, China now has all public health challenges seen both in the developed and developing countries. To address the challenging issues in public health, China has, among many other governmental measures, initiated many programs to boost medical research. The central government worked out the National Medium- and Long-Term Program for Science and Technology Development (2006-2020). The Ministry of Science and Technology supports biomedical research mainly through the National High-tech R&D Program (863 Program), the National Basic Research Program (973 Program) and the National Science and Technology Major Projects. The Ministry of Education funds more medical researchers working in universities. The Ministry of Health provides financial supports for most of the applied medical research. The National Natural Science Foundation has launched a medical research initiative. China's research priorities are major chronic diseases (cancer, cardiovascular diseases, metabolic syndrome and neurodegenerative diseases), infectious diseases (HIV/AIDS, hepatitis and tuberculosis), and new drug development. Stem cell research is also on the list of our top priorities. All governmental funding agencies of China encourage translational biomedical research and international cooperation.*



Heyo K. Kroemer



Liselotte Højgaard

**11.15 Presentation**

Elias Zerhouni | Former Director | National Institutes of Health | USA

**11.30 Comment**

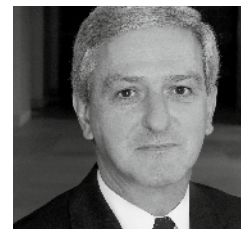
Jörg Reinhardt | Chief Executive Officer | Bayer HealthCare AG | Germany

**11.40 Discussion**

Liming Li



Elias Zerhouni



Jörg Reinhardt

PS-235

Virchow

10.30 - 12.30

## M8 Alliance Symposium

## Universality of Health Economics – Translation, Transition, Transformation



*Hosts: Imperial College, London*

*Federal Joint Committee Germany*

*Chairs: Johann-Matthias Graf von der Schulenburg | University of Hannover | Germany  
Stephen K. Smith | Chief Executive Officer and Principal of the Faculty of Medicine | Imperial College London | UK*

*Outline: This symposium on "Universality of Health Economics" is organised by the Federal Joint Committee (Berlin, Germany) and the Imperial College (London, UK).*

*The session will start with the question of transformation of health economic evidence into practice. It will also take up the question, whether results of economic evaluations of health technologies can be translated into a universal "currency", e.g. quality-adjusted life-years (QALYs) and will conclude with an analysis of how health economic models can be universally used and presented in an understandable format.*

*The symposium will close with a joint discussion.*

#### Welcome and Introduction

Rainer Hess | Federal Joint Committee Germany | Germany

#### How Should Economic Evidence Be Put into Practice?

Peter C. Smith | Professor of Health Policy | Imperial College Business School | UK

#### QALYs and Other Combined Measures of Survival with Health-States – Universal Currency?

Wolfgang Greiner | University of Bielefeld | Germany

#### Health Economic Models – Methods, Use and Presentation

Uwe Siebert | UMIT | Austria





PS-241
Main Hall
12.45 - 13.15

Partner Symposium

# Successful Malaria-Treatment: A Common Global Challenge for the Future?



*Host:* Novartis

*Chair:* Oda Hagemeyer | Manager National Health Policy | Novartis Pharma GmbH | Germany

*Outline:* Worldwide, every 45 seconds a child dies of malaria.  
The fight against malaria is one of the most important challenges within development politics as in Africa alone, malaria leads to an annual loss of productivity of more than US\$12 billion.  
Prof. Zul Premji will point out the health economical impact of malaria and will share best practices in the fight against malaria.  
A discussion together with Dr. Rolf Koschorrek, Member of the German Parliament, and Guy Lefrand, Member of the French Parliament, will focus on current challenges for development politics in Europe.

**Economical Impact and New Therapy Opportunities of Malaria in Developing Countries**  
Zul Premji | Associate Professor of Infectious Diseases | Muhimbili University College of Health Sciences | United Republic of Tanzania

**Future Opportunities/Challenges for the European Development Policy**  
Guy Lefrand | Member of French Parliament | France  
Rolf Koschorrek | Member of German Parliament | Germany

## Partner Symposium

## Neurological Diseases: A Major Challenge for Science and Socioeconomics

PS-251

Main Hall

13.20 - 14.50

*Host:* Novartis

*Chair:* Karl Max Einhäupl | Chief Executive Officer | Charité - Universitätsmedizin Berlin | Germany

*Outline:* *The size of common neurological disorders in EU has been steadily increasing over the past decade and is likely to continue to increase further. Can improved early recognition and care strategies at least stabilize the burden of disease? Furthermore development of innovative drugs becomes more and more important in this context. However the main challenge in basic as well as clinical research is to translate the increasing knowledge into effective therapeutic strategies. This main challenge in medical research is highlighted and discussed taking Multiple Sclerosis as an example.*

**Multiple Sclerosis: Translating Science into Health**

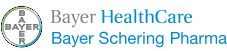
Bernd Kieseier | Professor, Department of Neurology | Heinrich Heine University | Germany

**Size, Burden and Cost of Neurological Disorders in Europe: Inevitable Increases and Options for Reducing the Public Health Burden**

Hans-Ulrich Wittchen | Director | University of Dresden | Germany

PS-252
Langenbeck
13.15 - 14.45

Partner Symposium  
Challenging the Worldwide Cardiovascular Crisis



Host: Bayer Schering Pharma  
Chair: Frank Misselwitz | Bayer Schering Pharma AG | Germany

Outline: Cardiovascular disease (CVD) has no geographic, gender or socio-economic boundaries. It accounts for nearly a third of all global deaths, 80% of which occur in low- and middle-income countries. With an ageing population and the impact of changing lifestyles, current trends point towards a global CVD epidemic unless urgent action is taken.  
Given the considerable economic and health care burden of CVD, it is imperative to identify strategies to manage this impending crisis. This session brings together specialists from around the globe to discuss these critical topics.

Welcome and Introduction  
Jörg Reinhardt | Chief Executive Officer | Bayer HealthCare AG | Germany

Counting the Cost of Cardiovascular Disease  
Roberto Ferrari | University Hospital of Ferrara | Italy

Improving the Prevention of Cardiovascular Disease  
Lord Kakkar | Director | Thrombosis Research Institute | UK

Turning the Tide - Tackling the Cardiovascular Crisis  
Valentin Fuster | Mount Sinai Medical Center | USA



Partner Symposium

Mobile-Health, Telematics in Medicine – The Future of  
Cyber Education of Health Professionals

PS-253
Koch
13.15 - 14.45

Host: Johnson & Johnson  
Chairs: J.W. Rodney Peyton | Consultant Trauma Surgeon | Ireland  
Steve Wesselingh | Dean | Monash University | Australia



Outline: The Johnson & Johnson Partner Symposium will inform on and discuss the special topic “mobile-Health, Telematics in Medicine – The Future of Cyber education of health professionals”, the status quo and the future of web-based medicine. The focus is to ensure that all over the world patients’ health-care is guaranteed by high-quality medicine and by best qualified physicians professionally trained throughout the world, evolving with innovation in medicine and addressing the new challenges health care systems face. Since many years Johnson & Johnson has invested in furthering professional education and since a couple of years new methods, such as web-based approaches are part of the offering. With your reputation and expertise in the field we greatly would value your participation and active contribution.

Telerobotic Surgery and Telementoring  
Mehran Anvari | McMaster University | Canada

Professional Universal Online-Education for Professionals and Patients  
Barry A. Salky | The Mount Sinai Medical Center | USA

Live-Demonstration of Telematics – World-Wide-View  
Fred Meyer | European Federation International Society of Digestive Surgery | Netherlands

Virtual Reality in Surgical Training  
Yael Friedman | Simbionix | USA

Major Challenges in Health Care and How Education Can Be a Part of the European Solution  
Ilias Iakovidis | European Commission - DG INFSO - ICT for Health | Belgium

PS-254

Bier

13.15 - 14.45

## Partner Symposium

## Health eQualities in Europe? – The Patient's Emerging Consciousness

*Host: MSD**Chair: Melinda Crane | Deutsche Welle TV | Germany*

*Outline: Patient centrality is in the zeitgeist. It takes numerous forms such as Health 2.0, patient empowerment, social networks, and a rising advocacy for change and a share in decision making. Our future health care will be shaped by this new force provided that it can effectively produce policy change.*

*Developed health care systems are highly complex and involve numerous and powerful actors. Do they have the right set of "listening skills" and are they ready to embrace the role that the patient demands?*

*This panel will provide from different perspectives an insight in the rising consciousness of the patient.*

**Evidence for Inequalities in Access to Medicines in Europe**

Nils Wilking | Karolinska Institute | Sweden

**The Patient Has the Right to Know**

Christofer Fjellner | European Parliament | Belgium

**Development of the European Charter of Patients' Rights**

Teresa Petrangolini | Active Citizen Network | Italy

**Nothing about Us without Us**

Martin Danner | Bundesarbeitsgemeinschaft Selbsthilfe | Germany

**Engaging Citizens in Health: MerckEngage.com**

Edwin P. Slaughter | MerckEngage | USA

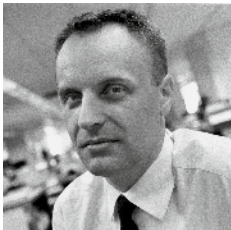
Key Note Lectures  
Key Note Lectures

KL-261
Main Hall
15.00 - 16.00

Chair: Richard Horton | Editor-in-Chief | The Lancet | UK

15.00 Warning: Climate Change Could Damage Your Health!

Hans Joachim Schellnhuber | Director | Potsdam Institute for Climate Impact Research | Germany  
*Recent observations of global temperature development and climatic extremes will be discussed as a starting point. This discussion will exemplify scientific certitude, on the one hand, and uncertainty, on the other hand, of attributing particular events and impacts to anthropogenic interference. In the same spirit, drawing on past events and developments (in particular the European summer heat wave of 2003 and malaria endemicity during the twentieth century) the influence of climatic conditions on public health will be explored. Subsequently, scenarios of future climate change will be presented, with a focus on potential health risks arising from intensifying climatic extremes (heat waves, storms, floods and droughts) and altered distributions of infectious disease vectors. Last but not least, strategies for confining health risks induced by climate change will be considered. It will be argued that neither managing (adaptation) nor avoiding climatic health impacts (mitigation) is sufficient in itself.*

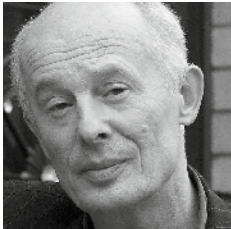


Richard Horton

15.25 Questions and Answers

15.30 Climate Change and Human Health

Andrew Haines | Professor of Public Health and Primary Care | London School of Hygiene and Tropical Medicine | UK  
*Climate change is likely to have a range of impacts on human health, most of them adverse. These include: increases in heat-related deaths; health effects of floods and droughts; air pollution related effects; increases in water-related diseases and malnutrition; changes in the distribution of vector and rodent-borne diseases. The adverse effects are likely to fall mainly on low income countries. Climate Change is now underway and therefore societies need to adapt in order to reduce the projected adverse impacts. Strengthening public health infrastructure is a necessary component of effective approaches to adaptation. Appropriate greenhouse gas reduction (mitigation) strategies and technologies in sectors such as transport, electricity generation, food and agriculture and household energy will themselves have additional and independent effects on health, most of them beneficial. A lower carbon and more sustainable economy could result in substantial improvements in public health.*



Hans Joachim Schellnhuber

15.55 Questions and Answers



Andrew Haines

PS-263
Koch
15.00 - 18.45

Partner Symposium

# Research Strategies against Neglected Diseases – The German Role in a Global Play



**Host:** Federal Ministry of Education and Research Germany

**Chairs:** Bruno Gryseels | Institute for Tropical Medicine Antwerpen | Belgium  
Helge Braun | Secretary of State | Federal Ministry of Education and Research | Germany

**Outline:** The Partner-Symposium of the German Federal Ministry of Education and Research (BMBF) has its focus on Neglected Diseases and will specifically deal with Product Development Partnerships (PDPs). Parliamentary State Secretary Dr. Helge Braun will discuss the idea of PDPs with renowned scientists, PDPs and representatives of funding agencies such as the European Commission, the US Office of Global Health Affairs and the Bill and Melinda Gates Foundation. Furthermore, the new funding concept “Research Funding against Neglected Diseases” will be presented to the public.

**Welcome**  
Helge Braun | Secretary of State | Federal Ministry of Education and Research | Germany

**Development of Drugs for Neglected Diseases**  
Rolf Korte | Justus Liebig University Gießen | Germany

**PDPs: The Inside Perspective**  
Bruno Gryseels | Institute for Tropical Medicine Antwerpen | Belgium  
Martin Springsklee | Bayer Schering Pharma AG | Germany  
Stefan Kaufmann | Director | Max Planck Society | Germany  
Robin Shattock | St. George’s University of London | UK  
Manica Balasegaram | Drugs for Neglected Diseases initiative | Switzerland  
Giorgio Roscigno | FIND - Foundation for Innovative New Diagnostics | Switzerland

**Questions and Answers**

**PDPs: The African Perspective**  
Awa Marie Coll-Seck | Executive Director | Roll Back Malaria Partnership | Switzerland

**Break**

**BMBF Funding Concept for Neglected Diseases**

Elvira Gottardi | Federal Ministry of Education and Research | Germany

Joachim Krebser | Federal Ministry of Education and Research | Germany

**PDPs: Funder's Perspective**

Helge Braun | Secretary of State | Federal Ministry of Education and Research | Germany

Sue Kinn | Department for International Development | UK

Ruxandra Draghia-Akli | Director Health Directorate | European Commission | Belgium

Hannah Kettler | Senior Program Officer | The Bill & Melinda Gates Foundation | USA

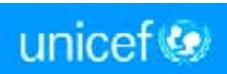
Nils Daulaire | Director of Global Health Affairs | U.S. Department of Health and Human Services | USA

**Questions and Answers**

**Final Remarks**

PD-271
Main Hall
16.30 - 18.00

Panel Discussion  
Accelerating Towards Achieving the Millenium Development Goals 4 & 5



Co-Host: UNICEF  
Chair: Mickey Chopra | Chief of Health and Associate Director | UNICEF | USA

Outline: *The latest estimates on child and maternal mortality show that many countries are making remarkable progress towards achieving MDGs 4 & 5. This session will distill the lessons learnt from the successes that we have achieved even in resource constrained settings. Innovations in policy making and implementation such as conditional cash transfers for skilled birth attendants; community based treatment of malaria, diarrhoea and pneumonia; and scaling up of community health workers will be shared. The session will also present some of the formidable challenges of taking policy through to implementation especially where the public health system is weak.*



Mickey Chopra

16.30 Introduction  
Zulfiqar Ahmed Bhutta | Professor and Chairman | The Aga Khan University | Pakistan

16.40 Panel Discussion  
Ann Starrs | President | Family Care International | USA  
Ousmane Touré | Minister of Health | Mali  
Luis Sambo | Regional Director Africa | World Health Organization African Region | Congo  
Zulfiqar Ahmed Bhutta | Professor and Chairman | The Aga Khan University | Pakistan



Zulfiqar Ahmed Bhutta

17.45 Accelerating Towards Achieving the MDGs 4 and 5 in Africa  
Luis Sambo | Regional Director Africa | World Health Organization African Region | Congo  
*The MDGs 4 and 5 aim to reduce child mortality by two thirds and maternal mortality ratio (MMR) by three quarters between 1990 and 2015. African Region mortality in children under 5 years old in 2008 was estimated at 142 per 1000 live births, which is a 22% reduction from 182 per 1000 live births in 1990. Average annual rate of decline in mortality in children under 5 years old doubled from 0.9% in 1990–1999 to 1.8% in 2000–2008. <sup>[1]</sup>*  
*The Region has made no progress towards achieving MDG 5 target. Thirteen countries had MMR of less than 550 deaths per 100 000 live births; 19 countries had very high MMRs of between 550 and 980; and 12 countries had ratios of between 1100 and 2100. MMR estimates were not available for two countries. The average annual decline in MMR was 0.1% between 2000 and 2005 which was lower than the 5.5% needed to meet MDG 5.*  
*The presentation reviews the situation, recaps various WHO and African Union governing bodies commitments. It also discusses actions required to accelerate the implementation of both the Child survival strategy and the Road map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa.*  
<sup>[1]</sup> WHO. World Health Statistics Report 2010. Geneva: WHO; 2010.



Luis Sambo

## Network Meeting McKinsey Reception

By invitation only

Host: McKinsey & Company, Inc.

October 11th, 2010, 21.30

Karlsson Penthouse, Taubenstrasse 30, 10117 Berlin

McKinsey&Company

## Network Meeting Meeting of European Academic Alliance for Global Health

By invitation only

*Host: European Academic Alliance for Global Health (ASPHER)*

*Outline: The European Academic Alliance for Global Health is a recently formed organization which brings together the major academic institutions in Europe that undertake research, teaching and other relevant activities on global health issues. It aims to create a forum for interested academic institutions with involvement in Global Health to exchange views and ideas, so as to develop a European voice on Global Health issues and to support evidence-informed policymaking. It is hosted by the Association of Schools of Public Health in the European Region (ASPHER) but includes other academic institutions that fulfil the membership criteria. The object of the meeting will be to discuss the formation of a world federation of academic institutions committed to advancing Global Health.*

October 12th, 2010

18.15 - 19.15

Langenbeck-Virchow-Haus, Room "Langenbeck"



## Social Event

### World Health Summit Charity Night – World Doctors Orchestra



Twice a year, around 100 physicians from over twenty nations exchange their white coats for evening attire and perform a benefit concert for people in need of health care. Founder and conductor of the World Doctors Orchestra is Prof. Stefan Willich. He chose his fellow musicians from 300 candidates with outstanding musical credentials.

Although all of the physicians share a passion for music, this is not an end in itself. Indeed, the driving force behind the World Doctors Orchestra is the conviction that neither national borders nor political or economic interests should limit access to adequate health care. With its series of benefit concerts, the World Doctors Orchestra wants to raise awareness of the need for a global social concept in public health based on the premise that health care is a human right and a precondition for human development. An international orchestra as a worldwide “medical ambassador”.

The charity concert, benefitting international health projects, will feature the World Doctors Orchestra performing Ludwig van Beethoven’s 9th Symphony, together with the Philharmonic Choir Berlin.

The proceeds of the concert evening will go to three medical aid projects:

- Hugo-Tempelman-Foundation
- The Berlin Center for the Treatment of Torture Victims (bzfo)
- Centre Intégré de Recherches Biocliniques d’Abidjan (CIRBA)

Conductor: Stefan Willich

Soloists: Anja Kampe, Soprano  
Simone Schröder, Alto  
Endrick Wottrich, Tenor  
Falk Struckmann, Bassbariton

Welcome Remarks: Günter Stock | President | Berlin Brandenburg Academy of Sciences and Humanities  
Jo-Ivey Boufford | Chair | InterAcademy Medical Panel

Key Note Speaker: Luc Antoine Montagnier | Nobel Prize Laureate | France

Date: October 11th, 2010

Time: 19.30 - 21.00

Venue: Konzerthaus (Concert Hall), Gendarmenmarkt



#### HUGO-TEMPELMAN-FOUNDATION

In 1994 the Dutch physician Dr. Hugo Tempelman and his wife Liesje founded the Ndlovu Medical Center. Located in the township of Elandsdoorn some 200 kilometers northwest of Johannesburg in Limpopo Province, Ndlovu is the only outpatient clinic in the region. It currently provides health care services to approximately 160,000 individuals.

The results of their pioneering efforts are impressive: the majority of patients have succeeded in achieving an undetectable viral load. In recent years, an increasing number of development projects have been established around the Ndlovu Medical Center to address the lack of basic infrastructure such as garbage collection and postal services. These efforts, along with numerous informational, educational, and vocational programs, are helping in the development of long-term approaches to the complex issues surrounding HIV and AIDS.

#### THE BERLIN CENTER FOR THE TREATMENT OF TORTURE VICTIMS (BZFO)

The bzfo offers help to victims of organized state violence suffering from physical ailments, long-term psychological sequelae and psychosomatic disorders. The bzfo treats children, adolescents, adults and their families from more than 50 countries as well as victims of the former East German secret service, overall more than 500 every year. Out-patient care and day-clinic care is provided through medical, psychiatric and psychotherapeutic treatment offers. The healing process is supported by resource-oriented therapy offers such as art therapy, music therapy, physiotherapy and the Intercultural Healing Garden. The rehabilitation of torture victims supports them to feel their dignity again and to lead a life which is largely free of the physical and psychological after-effects caused by the torture experience. At the same time, it is always a form of resistance against the torturers and their regimes.

#### CENTRE INTÉGRÉ DE RECHERCHES BIOCLINIQUES D'ABIDJAN (CIRBA)

The bioclinical research center Abidjan is one of the most important research centers in Ivory Coast (West Africa). A team of 41 persons composed of administrative staff, doctors, nurses, psychologists, biologists, researchers and trainers is working on HIV prevention. Its line of patients corresponds to 5 percent of the treated patients in the whole country. Its mission statement is to always be ahead with innovative ideas while permanently calling into question its strategy. CIRBA offers health insurance for infected adult patients and free treatment for children and orphans suffering from HIV.



# SUMMIT PROGRAM

Tuesday, October 12th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session Number

Room

Page Number

Key Note Lecture

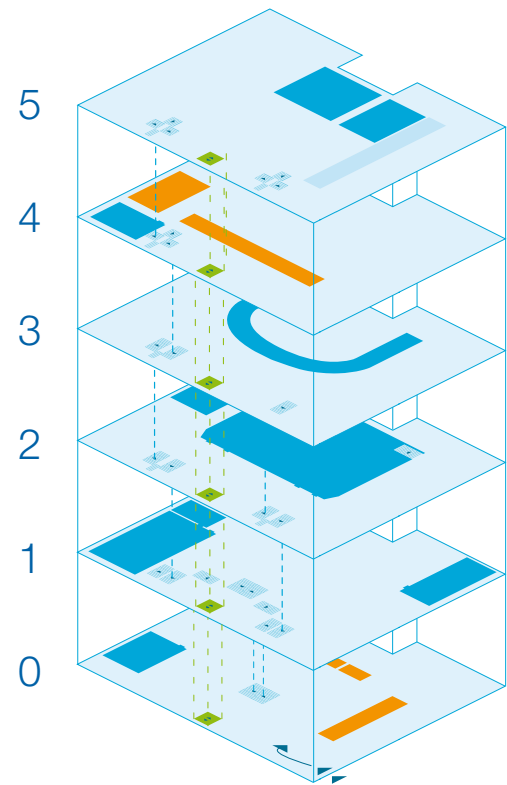
Working Session

Partner Symposium

Panel Discussion

Social Events

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Meeting Lounge
- Organization Office

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Library

0

- Entrance
- Registration
- Internet Area
- Cloakroom
- M8 Club

7.15	Early Bird	The History of Public Health at the Charité <i>Berlin School of Public Health</i> PS-313 · Koch · 84			
8.00					
8.30					
9.00					
9.30	Key Note	Key Note Lectures KL-321 · Main Hall · 85			
10.00					
10.30		Coffee Break			
11.00					
11.30	Working Session	Global Health Governance – Multiple Players, Multiple Visions: Challenges and Opportunities <i>Co-Host: World Health Organization; Department for Research and Policy Cooperation I World Economic Forum</i> WS-331 · Main Hall · 86	Empowerment through Research: Capacity Building in Low-income Countries <i>Co-Host: German National Academy Leopoldina I Academy of Sciences for the Developing World</i> WS-332 · Langenbeck · 88	Universal Access to Health: Innovation in Infrastructure-Poor Settings <i>Co-Host: Oswaldo Cruz Foundation I Grameen America</i> WS-333 · Koch · 90	Information Technology: New Horizons in Health Care <i>Co-Host: The Bill and Melinda Gates Foundation I American Medical Information Association</i> WS-334 · Virchow · 92
12.00					
12.30		Lunch Break			
13.00					
13.30	Partner Symposia	The Globalization of Infectious Diseases: Cause and Consequence <i>sanofi-aventis</i> PS-341 · Main Hall · 94	Patient Access to Innovations in Bismarckian Healthcare Systems – which Way to Go? <i>AstraZeneca</i> PS-342 · Langenbeck · 95	Deep Dive Global Research & Development for a Global World DD-343 · Koch · 96	Deep Dive Information Technology, Best Practices DD-344 · Bier · 97
14.00					
14.30					
15.00					
15.30	Key Note	Key Note Lectures KL-351 · Main Hall · 98			
16.00					
16.30		Coffee Break			
17.00					
17.30	Panel Discussions	How to Bridge the North-South Health Gap <i>Co-Host: Max Planck Institute for Infection Biology</i> PD-361 · Main Hall · 99			
18.00					
19.00					
19.30					
20.00	Event	World Health Summit Dinner SE-351 · German Historical Museum · 101			

PS - 313

Koch

07.15 - 8.45

**Partner Symposium****The History of Public Health at the Charité****Berlin School of Public Health** an der Charité*Host: Berlin School of Public Health at the Charité**Chair: Antoine Flahault | EHESP School of Public Health | France**Outline: The German history of Social Hygiene and Public Health is characterized by many successes but also by terrible malpractice followed by disruption and a new beginning. It is the aim of this symposium to give an insight into this changeful history as well as into the positive and negative parts the Charité and its staff played throughout the whole time and to discuss the past's influence on ongoing and future developments.***Opening Remarks and Welcome**

Annette Grüters-Kieslich | Dean | Charité - Universitätsmedizin Berlin | Germany

**The History of the Charité**

Volker Hess | Charité - Universitätsmedizin Berlin | Germany

**“Sozialhygiene” – A German Concept and its Ambiguity**

Sigrid Stöckel | Hannover Medical School | Germany

**Public Health in Berlin – An Open Ended Stony Path**

Ulrike Maschewsky-Schneider | Chairperson | Berlin School of Public Health at Charité | Germany

Key Note Lectures  
Key Note Lectures

KL - 321
Main Hall
09.00-10.00

Chair: Elias Zerhouni | Past President | Johns Hopkins University | USA

9.00     **Adapting to Change: Innovating for the Future of Healthcare**  
Joe Jimenez | Chief Executive Officer | Novartis AG | Switzerland  
*Patients' and customers' needs and expectations today are changing, and health care companies must be ready to evolve along with them. As we look at the current health care landscape, there are several key factors fueling new opportunities for industry growth, while also forcing a change in the ways companies operate and interact with governments and health care providers. Given the macroeconomic environment, there is a call for change in pricing models, as well as a commitment to patient outcomes and extending access in the developing world. New technologies will be the crux of this global shift and critical to our ability to adapt for the future. Joe Jimenez, CEO of Novartis, will share new insights on how patients are using technology today and set an agenda on the key points that will determine the health care industry's ability to move forward in this new environment.*



Elias Zerhouni

9.25     **Questions and Answers**

9.30     **Global Health, Equity and Development**  
Michael Marmot | MRC Research Professor of Epidemiology and Public Health | University College London | UK  
*The scale of health inequities between and within countries is dramatic. Health inequities within countries pervade the entire social hierarchy, and are not just a question of the worst-off compared to the best-off. The WHO Commission on Social Determinants of Health (CSDH), which I chaired, took the position that systematic differences in health that are avoidable by reasonable means are unfair – inequitable, and that closing the gap is a matter of social justice.*  
*Health care is part of the social determinants of health, but action to improve health and reduce health inequities must take place across all social, political, economic and environmental determinants. In order to improve health and the distribution of health, a whole of society approach must be taken, with a stronger focus than hitherto on prevention.*



Joe Jimenez

9.55     **Questions and Answers**



Michael Marmot

WS-331
Main Hall
10.30 - 12.30



Tikki Pang



Rose Leke



Nils Daulaire

Working Session  
Global Health Governance – Multiple Players, Multiple Visions:  
Challenges and Opportunities

**Co-Hosts:** World Health Organization, Department for Research and Policy Cooperation  
World Economic Forum

**Chairs:** Tikki Pang | Director Research Policy & Cooperation | World Health Organization | Switzerland  
Rose Leke | University of Yaounde | Cameroon

**Outline:** *The global health system is in a state of fragmentation and confusion often with detrimental effects on the very countries which are in need of assistance. Multiple players with diverse agendas often focus on short-term results without realizing the importance of a more holistic, systems-strengthening perspective. There is a clear and urgent need for better harmonization, coordination and governance among the diverse players in global health. The already crowded and fragmented field is about to get worse with the recent announcement of new and well-resourced initiatives originating in the developed world, paradoxically happening against a backdrop of an ongoing financial crisis. These new initiatives need to be cognizant of the urgent health needs and priorities in the developing countries and should aim to complement previous activities and also fill critical gaps. Beyond communicable diseases, this includes the epidemic of chronic diseases and the need to strengthen health care delivery systems, including the scarcity of health workers and the paucity of universal coverage. For these challenges to be effectively addressed, we need new thinking, stronger international cooperation and a redesign of future governance mechanisms to allow the present chaos to evolve into a landscape and framework which is inclusive, collective, sustainable and equitable.*

10.30      **Global Health Governance, and the Response to Infectious Diseases**  
Rose Leke | University of Yaounde | Cameroon

*Most infectious diseases are largely specific to the poor, occurring mainly in the world's poorest regions. Africa south of the Sahara bears a great burden of these diseases. Bilateral and multilateral institutions, followed by organizations and new initiatives, and advocates for health, make up the multiple actors that are responding to the increasing threats of the health crisis, caused by infectious diseases. These multiple actors whose numbers are increasing are endeavoring to provide health care to populations in such poor areas.*

*However, in many cases, their activities lack coordination and harmonization. There is great disparity in the choice of countries, and within the same country, there is often fragmentation, lack of coordination and concerted actions.*

*Coordination at the global, regional and country level among partners/funders/actors within a specific sector, and coordination of the activities of partners by the national central level would result in better harmonization, transparency, better program implementation, and a fair and even attribution of resources within a country resulting in better health security.*

10.40      **The GHI and Approaches to Global Health Governance**  
Nils Daulaire | Director of Global Health Affairs | U.S. Department of Health and Human Services | USA

*Increased coordination and integration in the range of global health programs provided by donor countries, multilateral organizations, partner countries and non-governmental organizations could improve health care delivery and health outcomes in developing countries. The successes and failures of global health programs can provide important lessons regarding the barriers to coordination. The task for donors and partners alike is to understand these barriers, and to identify priority areas for collaboration, with a view toward building long-term mechanisms to support global health partnerships.*

*The goal of all entities involved in global health should be to move to a paradigm that considers global health as a mutual investment function - sharing of knowledge, experience and capacity in the service of improving the health of all people everywhere. The Global Health Initiative, launched by President Obama, includes some approaches to meeting the challenges of global health.*



10.55      **Perspectives on the European Union's Role in Global Health**  
Andrzej Rýs | Director of Public Health | European Commission | Luxembourg

11.10      **Global Health Governance and the Response to Non-Communicable and Chronic Diseases**  
Srinath Reddy | President | Public Health Foundation of India | India

*In a rapidly globalizing world the consciousness of a collective human destiny is more profound than ever before. The impact of disease can be wide ranging, as infectious diseases like SARS and H1N1 have shown in the past. However, non-communicable and chronic conditions, like Tobacco-related illnesses and disorders related to unhealthy foods, cross borders with ease and compete with infectious agents in search of vulnerable victims.*

*As the world moves towards greater collaboration on health issues, the need for a framework for governance of global health becomes an urgent imperative. While the engagement of multiple old and new players is indicative of rising interest in global health, the process of priority setting is often distorted by donor driven agendas and health systems frequently become hostage to vertical programs.*

*Governance of global health requires respect for national interests even as platforms are created for global collaboration. It is important to create consultative mechanisms through which all major players regularly share their plans and collectively agree on purpose, priorities, process, products and potential policy impact.*

11.25      **The Evolution of Global Health Governance**  
Gerald T. Keusch | Special Assistant for Global Health to the University President | Boston University | USA

*Global health initiatives, institutes and programs are being created at an unprecedented speed in developed countries, often in a vacuum, with limited experience, and a narrow concept of what is needed. This is true whether the efforts come from the public sector, the private sector, or within academia. The pace of engagement raises many issues: how can actions be best aligned with need? who should determine what is needed or what is best? who coordinates these activities? who funds them? and who should have the final decision making authority? An effective global health system must address five core functions: agenda setting, financing, research, delivery, and evaluation and learning. These functions will be discussed using the burden of malaria as a case study. Finally, a new initiative to build a consortium of universities and effectively channel the strengths of academia to address global health challenges within a coordinated global system will be described.*

11.40      **Comment**  
Peter Piot | Director | London School of Hygiene and Tropical Medicine | UK

11.50      **Discussion**



Andrzej Rýs



Srinath Reddy



Gerald T. Keusch



Peter Piot

WS-332
Langenbeck
10.30 - 12.30



supported by:



Mohamed H.A. Hassan



Nelson K. Sewankambo

Working Session  
Empowerment through Research: Capacity Building in Low-income Countries

Co-Hosts: German National Academy Leopoldina  
Academy of Sciences for the Developing World (TWAS)  
Chairs: Volker ter Meulen | Past President | German National Academy of Sciences Leopoldina | Germany  
Mohamed H.A. Hassan | Executive Director | Academy of Sciences for the Developing World (TWAS) | Italy

Outline: *Effective capacity building in health research requires improvement in our ability to generate, adapt, communicate and exploit scientific knowledge. Attaining international development objectives will only be successful if there is collective activity among the public and private research sectors, policy-makers, multilateral agencies and international donors – and the Academies of Science have an important role.*  
*From the perspective of the Leopoldina, sustainable capacity building requires partnership between Academies in industrialised and developing countries. Our roles, relevant to this Working Session, include the promotion of research collaborations and interdisciplinary networks to create robust infrastructure and the initiation of joint working on policy topics of mutual importance – to deliver strong messages to politicians while also strengthening internal policy-making capacities. Academies can also promote new critical mass in research training by the international exchange of scientists and developing the ability of younger scientists who will become the next leaders.*  
*Speakers at this Working Session will cover important topics for academic medicine, education, innovation and commercialisation, funding and policy-making, central to research prioritisation and capacity-building. We all have a responsibility to find tangible solutions for sustainable development. The production, transfer and use of knowledge are vital for economic and social progress. We must commit to building new links in the research and policy communities and new infrastructure and incentives to effect the transformation of health competencies and capacities. This Session provides an excellent opportunity to share perspectives on best practice and to focus on the challenges for action worldwide. We are now at a critical transition point where we can capitalize on lessons learned to develop new momentum for translation of research into innovation and practice.*

10.30 Perspectives on Health Education and Training on Academic Researches  
Nelson K. Sewankambo | Principal | Makerere University College of Health Sciences | Uganda

10.45 Global Research Networks: Collaboration and Partnerships as the New Driving Force of Pharmaceutical Innovation  
Kathleen M. Metters | Senior Vice President External Discovery & Preclinical Sciences | Merck & Co., Inc. | USA  
*In the 10 to 15 years it takes to develop a new medicine, many complex steps and many contributions are required. Faced with the challenges posed by human physiology, research-based pharmaceutical companies are increasingly engaging in international collaborations and partnerships with outside organizations. Rather than limiting themselves to “in house” research, they want to bring in the best science and/or a highly focused expertise. This transition towards a research model based on “innovation networks” creates development opportunities from basic research to clinical development. Developing countries are increasingly taking advantage of this trend, as it can help sustain their broader research and scientific agenda.*

11.00 Global Grand Challenges in Health

Peter Singer | Director | Grand Challenges Canada | Canada

*In the developing world, almost eight million children die every year before their fifth birthday, and life expectancy in some regions is half what it is in developed countries. This talk will illustrate a grand challenges approach to addressing these problems.*

*A grand challenge is a critical barrier that stands between where we are and where we want to be on specific problems in global health. It can be applied to problems like maternal and child health, or to technologies like diagnostics. The solutions will require integrating scientific, technological, business and social innovation.*

*In May 2010, the Government of Canada announced a commitment of \$225 million over five years to the Development Innovation Fund, to be delivered by Grand Challenges Canada, working with IDRC and CIHR. Canada is the first country to apply a grand challenges approach to foreign aid.*

*The grand challenges approach provides opportunities to focus on solutions, capture the public imagination, bring new researchers into global health, create collaborative research communities, and enable funding organizations to work together on global solutions to critical global challenges.*



Kathleen M. Metters

11.15 Governmental Perspectives

Ousmane Touré | Minister of Health | Mali

Richard Kamwi | Minister of Health | Namibia



Peter Singer

11.30 Discussion

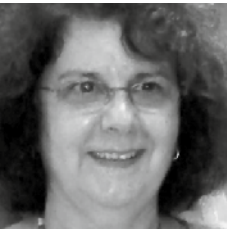


Ousmane Touré

WS-333

Koch

10.30 - 12.30



Claudia Travassos



Vidar Jorgensen



Matthew Berg

Working Session

# Universal Access to Health: Innovation in Infrastructure-Poor Settings

Co-Hosts:   Oswaldo Cruz Foundation  
                  Grameen America

Chairs:       Claudia Travassos | Oswaldo Cruz Foundation | Brazil  
                  Vidar Jorgensen | President | Grameen Healthcare | USA

Outline:

*To improve health conditions in middle-income and poor countries and to reduce existing inequalities, people must all have access to the material resources and social goods necessary for a healthy life. Health systems are direct determinants of health outcomes and represent a key space for the promotion of equity in health. Effective social protection, prevention, and health care systems are crucial for the security of populations in vulnerable countries. Universal coverage has to be pursued as a means to reduce inequities in access and outcomes.*

*As the burden of chronic diseases increases and countries seek to make the transition to universal health coverage, the 20th-century provision paradigm, dominated by general hospitals, that has been established in developed markets will be inadequate to meet the scale of this challenge.*

*Improved health care delivery models and governance, financing mechanisms, social empowerment of patients, access to essential medicines, health information and technologies, the strengthening of the workforce and the adaptation to the local culture are aspects of the system that need to be addressed in order to make the health system more appropriate to health needs of people and to reduce inequalities in access.*

*The deployment of innovative models of health care delivery creates the potential to reduce inequalities in access and outcomes. Enhancing health systems means broadening access to high-quality, safe treatment and drugs, as well as designing a delivery system to ensure people use services when in need. Innovation must be focused not only on discovering new drugs or inventing new devices. It must be extended much further to include under-examined areas, such as health information, communication, financing, and delivery models.*

*In this session, we will focus on innovation on delivery model and use of new technologies to increase access: How can these innovations help achieve the goal of providing universal coverage?*

10.30           **Mobile's Potential to Scale Health Access**

Matthew Berg | Director of ICT for Millennium Villages Project | Earth Institute Columbia University | USA

*Mobile phone's potential to improve health system delivery and equity is significant in that mobile phone access far exceeds that of traditional health delivery models. This talk will provide a landscape overview of the potential of mobile phones as a platform for delivering alternate and innovative health services to help overcome constraints that limit health access in resource poor settings, namely: shortages of skilled health workers, limited access to health facilities and poor health systems management. The talk will highlight promising mobile health (mHealth) models and discuss the role the private, public and non-profit sectors could play in scaling them. These include the use of mHealth to improve facility based reporting and disease surveillance, training and point of care decision support for local health teams, remote diagnosis and consultation services (telemedicine), health promotion, treatment adherence and remote health team management and direct payment systems.*

10.45 Ensuring Universal Access to Health: The Chilean Experience

Pedro Garcia Aspillaga | Dean of the Faculty of Health | Saint Thomas University | Chile

*For years Chile has had good health outcomes in comparison to its level of development. However, technological and cultural tensions, besides demographic, epidemiological, social and political changes forced an improvement of the system as a whole. After setting certain health goals for a period of one decade, legal changes were made. These changes triggered a better structure of the health system, involving all the stakeholders, public and private, insurers and health providers in similar tasks and obligations. At another level of legal obligation, in what is called the Health Guarantee System, AUGE, four variables guarantee 100% of the Chilean population accessibility, opportunity of delivery, quality and financial protection. This is agreed upon for a set of defined diseases and for promotion and prevention actions. It is a global effort of gradual and sustained application that requires great technical and political commitment and monitoring systems to ensure its appropriate implementation and adaptability. It summons all stakeholders to a win-win logic of permanent innovation.*



Pedro Garcia Aspillaga

11.00 A "Big Pharma" Model to Improve Access to Health

François Bompert | Deputy Head & Medical Director | sanofi-aventis, Access to Medicines Department | France

*Access to affordable and adapted medicines and vaccines is one of the many determinants of access to health. sanofi-aventis has developed an innovative model to sustainably improve access to medicines in developing countries. A dedicated Access to Medicines department develops programs on 6 specific diseases: Malaria, Tuberculosis, Sleeping sickness, Leishmaniasis, Mental illnesses and Epilepsy. Our initiatives aim at:*

- 1. Making medicines economically accessible, through an economically viable, thus sustainable, economic model.*
- 2. Promoting a comprehensive management of diseases through innovative information and education initiatives,*
- 3. Using our industrial expertise in developing countries,*
- 4. Answering future medical needs through R&D programs.*

*Because pharmaceutical firms are only one of many stakeholders in public health, we partner with governments, NGOs, foundations, scientists, etc. ...that share our objective to improve access to health globally.*



François Bompert

11.15 The EU Global Health Policy Framework

Juan Garay | Health Team Coordinator | European Commission | Belgium

*The EU is concerned with the large inequalities in health which undermine the sense of belonging and trust in communities, nations and the global village. As a result, close to 30 million people will die this year prematurely and from avoidable causes with the world's present preventive and curative means.*

*The EU has now a new policy framework in Global Health. For the first time we bring together internal and external policies around the objective of improving the EU collective contribution to global health.*

*This talk will elaborate on its main elements, and focus on the most relevant to the development policy.*



Juan Garay

11.30 Discussion

WS-334  
Virchow



Edward H. Shortliffe



Balazs Szathmary

Working Session  
Information Technology: New Horizons in Health Care

Co-Hosts:    *The Bill and Melinda Gates Foundation*  
                  *American Medical Information Association*  
Chair:        Edward H. Shortliffe | President and Chief Executive Officer | American Medical Informatics Associations | USA

Outline:        *In both developed and developing countries, roughly 2 percent of the global health care spend is invested in IT today [1]. While it is commonly accepted that IT plays an important role in improving health care efficiency and effectiveness, there are many past examples of costly – but failed – IT projects. While health care IT spend is closely linked to the overall rate of health care spend in a country, there is no consistent historical correlation between high spending levels and realized health benefits or cost savings. High IT spenders compared to low IT spenders show no increase in life expectancy (78.4 years and 79.9 years, respectively). The higher spenders also do not demonstrate a lower infant mortality rate (5.81 and 4.38 deaths/1,000 live births, respectively) than do low IT spenders. Although there are few examples of overall cost savings, there are some realized benefits in administration costs.*

*In addition to the role of technology in innovative provision, IT is now a significant contributor to health care systems, as it provides a key enabler for understanding the health needs of the population as well as of connecting payors and providers. For example, many countries are now beginning to draw upon new IT-enabled innovations to address both cost and quality. New risk-stratification programs are designed to help individual physicians, local payors, and national systems identify those most at risk of acute episodes. In Germany, disease management programs (DMP) and integrated care (IC) are established to prevent risk groups from developing chronic diseases and ensure optimal level of care.*

*Many governments and other political players are currently facing the same questions: How should we best invest in IT to improve health care? Which strategies work and which do not? What do we need in order to get started?*

*[1] Gartner Forecast – Industry market strategies by vertical industry, worldwide, 2006-2012, 1Q 09 update (February 2009)*

10.30        **Best Case Examples of How it Investments Can Improve Healthcare**  
Balazs Szathmary | Senior Director, Global Strategy & Operations Healthcare and Life Sciences Industry Business Unit | Oracle | Germany

*Oracle, one of the world's leading IT companies, is engaged in almost all large Healthcare IT projects across the world. Leveraging this experience the following hypotheses will be stated and supported by project evidence:*

- *Optimal HC IT project size is ~2-5mn population. They are big enough to justify the development of software & processes and reach the required economies of scale.*
- *Consumer led (vs. central) approaches have their own justification, but will not result in increased system efficiency, as stakeholders cannot rely on the data stored in these systems.*
- *Bottom-up project approaches involving all stakeholders promise better results as centrally planned top-down project management.*
- *Data privacy and security are extremely important for legal reasons and project acceptance. This is though an organizational and not an IT issue.*
- *Integration of all HC constituents with CRM-like tools like in Telco will serve an important role to meet the challenges of current HC systems.*



10.45 Integrated IT Systems – Big Asset for Health Payors

Andreas Demetriades | Director General | Health Insurance Organization Cyprus | Cyprus

*Andreas Demetriades, Director General of Health Insurance Organization, Cyprus shares his experiences in designing and developing an integrated IT system for a single Payor in a country which can be regarded from many aspects as a "green field" for such program and what are opportunities and challenges encountered.*

*More specifically: How the integration and link through technology of Patients, Health Providers and Payors and the collection of relevant information can improve quality and efficiency, how the correct processing of information can be used in establishing health trends and how its analysis can translate into better health outcomes the challenge of creating a patient record and how to deal with the data privacy issues incentivizing patients and providers to use the available technology may involve a cost worth sustaining*



Andreas Demetriades

11.00 Transforming Health and Health Care Delivery

Bill Crounse | Senior Director, Worldwide Health | Microsoft Corporation | USA

*Microsoft's Senior Director for Worldwide Health, Bill Crounse, MD, shares his perspectives on the global business, population, and technology changes that are profoundly impacting the delivery of health information and medical services. As a result of the ubiquitous availability of health information, the increasing use of information technology, and greater cost and quality transparency in the industry, health care delivery will evolve to become increasingly global, commoditized, and more consumer-focused.*

*Learning objectives: Understand how software and the Cloud will impact the delivery of primary care, access to services, cost, and quality. Understand how communication and collaboration technologies are making health care more accessible and helping to lower costs. Explain how consumer-controlled personal health records and medical device connectivity are impacting health and health care delivery.*



Bill Crounse

11.15 IT and the Learning System for Health & Health Care

Edward H. Shortliffe | President and Chief Executive Officer | American Medical Informatics Associations | USA

*As worldwide health care systems adapt to emphasize wellness and education as well as direct patient care, health information technology (HIT) is a key enabler. Individuals clearly have a stake in a system that seeks to keep them healthy, and to teach them how to do so, while continuing to provide suitable care when illness strikes. Individual citizens, as well as patients, need to understand how ICT can enhance their opportunities for a healthy life, while assisting in the evolution of knowledge, monitoring the health of the populace, and assuring appropriate interventions in their care when needed. Emphasizing the notion of a "learning" health care system, Dr. Shortliffe will take the patient's and public's perspective in arguing for the positive role of HIT; the need to assure suitable protections for individuals; and the need for a workforce that understands modern technologies, their social and cultural context, and the health systems into which such systems must be introduced.*



Deborah C. Peel

11.30 Comment

Deborah C. Peel | Founder and Chair | Patient Privacy Rights Foundation | USA

11.40 Discussion

PS-341
Main Hall
13.15 - 14.45

Partner Symposium  
The Globalization of Infectious Diseases: Cause and Consequence



**Host:** sanofi-aventis

**Chair:** Reinhard Kurth | Robert-Koch Fellow, Former President of PEI, RKI, BfArM | Robert Koch Institute | Germany

**Outline:** *The renaissance and (re-)emergence of infectious diseases is entirely a consequence of human behaviour. The more human beings on this planet, the better the life of all microbes able to infect humans. Risk assessments have clearly demonstrated that technological advances, environmental changes, novel life styles including highly enhanced mobility, microbial resistance, global inequalities in health services, etc. all impair medical development on a global scale. This symposium will summarize the global efforts to fight microbial resistance, the spread of the worst infectious diseases HIV and tuberculosis and the inequalities in access to medicine.*

**Welcoming Remarks**  
Stefan Kapferer | State Secretary of Health | Federal Ministry of Health | Germany

**Microbial Resistance Development in Industrial and Developing Countries**  
Petra Gastmeier | Director, Institute of Hygiene and Environmental Medicine | Charité - Universitätsmedizin Berlin | Germany

**Research to Practice in Infectious Diseases. A Bridge too Far for Africa?**  
Alex Coutinho | Executive Director, Infectious Diseases Institute | Makerere University | Uganda

**The Global Need for an HIV Vaccine**  
Seth Berkley | President & Chief Executive Officer | The International AIDS Vaccine Initiative | USA

**The Access to Medicine Program**  
Robert Sebbag | Vice President Access to Medicines | sanofi-aventis | France



## Partner Symposium

# Patient Access to Innovations in Bismarckian Healthcare Systems – which Way to Go?

PS-342

Langenbeck

13.15 - 14.45

Host: AstraZeneca

Outline: Continued medical progress, paired with the challenges of an ageing population puts Bismarckian Healthcare Systems under increasing pressure.

During the symposium, speakers will discuss implications for access to medical innovations in these systems and will project on potential solutions for sustaining their financial stability.

### The Promise of Equitable Access to Medical Innovation: Bismarckian Healthcare Systems at the Crossroads

Johann-Matthias Graf von der Schulenburg | University of Hannover | Germany

### Do Healthcare Systems Underappreciate the Cost-benefit Equation of Pharmaceuticals ? A Psychiatrist's View

Henry A. Nasrallah | University of Cincinnati | USA

### What Are the Lessons Learned from the Regional Organization of Healthcare in Spain – Are there Recommendations for Other Insurance Systems Moving Forward?

Fernando Antoñanzas Villar | University of La Rioja | Spain

### How Industry Can Help Improve Access – Contributions beyond the Pill

Henning Wrogemann | AstraZeneca | Germany



DD-343
Koch
13.45 - 14.45

Deep Dive  
Research & Development for a Global World – The New Geography of Pharmaceutical Innovation



Richard Hudson

Chair: Richard Hudson | Founder and Director | SciencelBusiness | UK

Outline: *"The world of pharmaceutical innovation is getting flat".*  
*While our current pharmacy chest comes historically from the innovation efforts of a handful of countries, we are now experiencing the rise of new countries in the geography of pharmaceutical R&D. From China's scientific publication output now standing second only to the USA and Indian companies moving from generic products to innovative medicines, the trend is clear. At the same time, the need for increased attention for diseases that predominantly affect poor populations in developing countries is now part of the global health agenda. This new focus creates a series of challenges for the traditional public and private research communities and calls for innovative and collaborative solutions. This panel will provide insights into these emerging trends and explore the promises and challenges of the emergence of new sources and drivers of pharmaceutical innovation.*



Kathleen M. Metters

13.45 **Why Research is Moving East**  
Kathleen M. Metters | Senior Vice President External Discovery & Preclinical Sciences | Merck & Co., Inc. | USA

14.10 **How Research Focus is Moving South**  
Ted Bianco | Director of Technology Transfer | The Wellcome Trust | UK



Ted Bianco

Deep Dive  
Information Technology: Best Practices

DD-344
Bier
13.45 - 14.45

*Outline:* Translational research is emerging as a more effective pathway between the research and commercial communities to advancing disease knowledge and finding new and better disease treatments. As we look to the future of this emerging paradigm, we see that information technology and management plays a key role in enabling translational research. This session will focus on the changing mindsets, evolving information management requirements, and key business drivers that will be needed to fully enable this research approach. Its aim is to present best practices of application of information technologies in health care.

13.45 The Role of ICT: From Research to Results

Kaveh Safavi | Vice President | Cisco Systems | USA

Translational research is understood to mean moving basic discovery to practical application. This is most commonly applied to medical discovery but is equally applicable to health services research, as demonstrated by the new policy interest in effectiveness research. Information and Communication Technologies (ICT) are playing an increasingly critical role in speeding up discovery and driving adoption of biologic discoveries and best practices. Connectivity, such and collaboration and information exchange technologies, can connect people to people and information in ways that allow new and faster co-creation, idea formation, dissemination and adoption. Computational technologies such as analytics and predictive applications, can allow faster evaluation, modeling, decision support and workflow improvement. These technologies can also be used to overcome the cognitive biases often found in human decision-making that limit our ability to take advantage of basic discoveries.



Kaveh Safavi

14.10 Safety and Efficiency: Trying Hard is Not Enough

Jaap Suermondt | Lab Director | Hewlett-Packard Company (HP Labs) | USA

Despite decades of solid work, safety and efficiency continue to be appallingly bad in health care compared to other sectors. The key challenges are the complexity and friction of information. By breaking down barriers to information, we can immediately start affecting safety and quality of care through the equivalent of air-traffic control for patient care. We will also see operational improvements, through better resource utilization, clinical workflow, collaboration and communication, and by avoiding replication of effort, improving the patient experience as well as the efficiency of the system. And we can collectively start learning from every single patient encounter, rather than just from isolated clinical trials; and through rapid knowledge dissemination processes, every patient can start to benefit immediately. We will illustrate these points with joint work with Lucile Packard Children's Hospital, as well as with select technology illustrations.



Jaap Suermondt

KL-351
Main Hall
15.00 - 16.00

Key Note Lectures  
Key Note Lectures



Peter Piot

Chair: Peter Piot | Director | London School of Hygiene and Tropical Medicine | UK

15:00 Putting the Health Back in Healthcare?

Christopher A. Viehbacher | Chief Executive Officer | sanofi-aventis | France

*Platforms such as the World Health Summit reflect the recognized need for all stakeholders to work together in order to make a real difference in addressing Health. However, what are we really achieving? Christopher A. Viehbacher raises the question of what will have the real impact on improving Global Health in the future - Is it simply new treatments and products or, in order to put the health back in healthcare, do we need to look beyond the traditional focus? Could genuine concerted efforts on prevention and management of chronic disease be the key? And what is the role of health care companies in developing an innovative strategy that works?*

Questions and Answers



Christopher A. Viehbacher

Translational Research, A Vital Component for Global Health Improvement: The Example of HIV/AIDS

Françoise Barré-Sinoussi | Director of the Regulation of Retroviral Infections | Institut Pasteur | France

*The discovery of HIV, in 1983, originated from a collective adventure, which mobilized clinicians, researchers and patients altogether. This collaboration has been critical to rapidly expand the knowledge of the virus and to develop the first diagnostic tests and later antiretroviral therapy (ART).*

*Since then, the continuous mobilization of the scientific, clinical and patient communities, supported by local authorities and international organizations, enabled substantial progress in the global fight against AIDS, especially in the field of access to ART in resource-limited settings. But beyond HIV/AIDS, these efforts prompted a global improvement of health care systems for the benefit of all patients independently of the infectious diseases, they are suffering from.*

*Today, research priorities still remain care, treatment and prevention with the major objective of developing a preventive HIV/AIDS vaccine. This objective remains distant and in order to reach it, we must pursue our work following Pasteur's vision of scientific commitment: a multidisciplinary and translational research for the global benefit of humanity.*

Questions and Answers



Françoise Barré-Sinoussi

## Panel Discussion

### How to Bridge the North-South Health Gap

PD-361

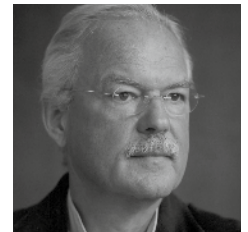
Main Hall

16.30 - 18.00

Co-Host: Max Planck Institute for Infection Biology

Chair: Stefan Kaufmann | Director | Max Planck Society | Germany

**Outline:** *The Millennium Development Goals were declared in 2000 as a milestone in international cooperation with the aim to inspire efforts to improve lives of billions of people on this globe. Of the 10 goals, 4 are related to poverty-related infectious diseases. Many diseases would have already been controlled satisfactorily by available measures, provided that adequate financial resources were made available. Others still cannot be controlled efficiently by available measures and therefore depend on increased R&D. Goal 4 aims at reduced child mortality. Pneumonia, diarrhea, malaria and AIDS account for more than 40% of all deaths in this group. Goal 5 calls for improved maternal health. Up to 20% of deaths in this group are due to malaria and HIV/AIDS. Goal 6 calls for combat of HIV/AIDS, malaria and other diseases. More than 5 million deaths are caused by the "big three", HIV/AIDS, TB and malaria. Globally, an estimated 4,100 billion USD are spent on health annually. Industrialized countries spend 6,000 USD per capita and Sub-Saharan Africa only 25–50 USD. To improve supply of available intervention measures, stronger support for public-private partnerships, such as GAVI and the GFATM, is needed. Of the 150–200 billion USD spent for health R&D, only 5% are invested in diseases of poverty. In the last quarter of the last century 1,400 new drugs entered the market. Seven of these were for malaria and tuberculosis compared to 180 drugs for cardiovascular diseases. New strategies are needed, including product development partnerships between public and private institutions, and creative stimuli for R&D both in the public and in the private arena. In addition, we need to raise public awareness that better control of poverty-related diseases in developing countries also benefits industrialized countries on several different levels. The panel will discuss how public, private and philanthropic individuals and institutions can work together to achieve these goals.*



Stefan Kaufmann

#### 16.30 Emerging New Diseases in Sub Saharan Africa. A Call for Global Action

Gilbert Balibaseka Bukenya | Vice President of the Republic of Uganda | Uganda

*Sub-Saharan Africa still has the largest burden of infectious diseases, mainly Malaria, HIV/AIDS and Tuberculosis. In spite of the above, there is a rapidly rising epidemic of non-infectious diseases, mainly Cancer, Cardiovascular and Diabetes. The rise in these diseases comes at a time when Sub-Saharan Africa is not prepared for the looming crisis. These countries do not have the infrastructure in place to prevent, diagnose early, or provide treatment.*

*It is estimated that in the next five years, there will be 60,000 cancer cases in Uganda at any given time. 85% of cancer patients are from rural areas, amongst the poor, vulnerable. Currently, in Uganda only 4% of cancer patients are attended to at the Uganda Cancer Institute meaning that 96% die without care, the same is true for the Uganda Heart Institute. The contribution to their management is less than 3% of public and private funding. The funding is far less in Sub-Saharan African.*

*There is the need to address this new looming crisis. Factors leading to increase in these diseases are well known; changes in lifestyle (tobacco smoking, alcoholic consumption, diet and environment changes). These are preventable. The World Health Summit must consider the plight quickly and call for action for prevention.*



Gilbert Balibaseka Bukenya



Michel Sidibé

16.45

**Panel Discussion**

Robert Sebbag | Vice President Access to Medicines | sanofi-aventis | France  
Michel Kazatchkine | Executive Director | The Global Fund | Switzerland  
Gilbert Balibaseka Bukenya | Vice President of the Republic of Uganda | Uganda  
Michel Sidibé | Executive Director | UNAIDS | Switzerland  
Nina Schwalbe | Managing Director Policy and Performance | GAVI Alliance | Switzerland  
Heidi Larson | Policy Group Head, Institute for Global Health | Imperial College London | UK

**Closing Remarks**

Michel Sidibé | Executive Director | UNAIDS | Switzerland  
*Building on the suggestions made by the panelists, Mr Sidibé will offer a series of practical actions to accelerate closing the health gap between the global North and South in light of the present political opportunities. Drawing lessons from the successful experience of the AIDS response in generating unprecedented progress in narrowing the gap between the rich and poor in access to HIV prevention, treatment, care and support, these actions reflect a series of principles which must guide the global community in its pursuit of human development and well-being, particularly equity, holism, ownership, sustainability and global solidarity. Access to life saving ART treatment and the virtual elimination of mother-to-child transmission of HIV, for example, reflect these principles and illustrate how the AIDS response can be leveraged to narrow the gap across the spectrum of infectious and non-communicable diseases.*

## Social Event World Health Summit Dinner

This highlight of the World Health Summit's social events will take place on the evening of Tuesday, October 12<sup>th</sup>.

Indulge yourself in excellent food, be inspired by superb musical performance, and attend the award ceremony of the World Health Summit and Pfizer Award 2010.

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 17<sup>th</sup> century, provides the perfect setting for this outstanding event.

### THE FLINTSTONES BIG BAND & SOPHIE BERNER

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 of the 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 Jazz-Vibraphone artist David Friedman.

The Flintstones Big Band, a fun and entertaining part of the last year's World Health Summit, meet with singer and actress Sophie Berner for a journey back to Berlin in the 30's.

Enjoy Big Band classics and the highlights of "Cabaret – The Musical", just recently successfully performed in Berlin's Tipi am Kanzleramt with Sophie Berner as Sally Bowles. For a moment, you can be part of Berlin's famous and excessive night life of the Thirties.

Doors open 19.30, dinner starts 20.00

Dresscode: Elegant

Address: Deutsches Historisches Museum (German Historical Museum), Unter den Linden 2,  
10117 Berlin, Germany

Shuttle service to the Summit Dinner will be provided from Hotel Adlon.



German Historical Museum  
Sophie Berner





# SUMMIT PROGRAM

Wednesday, October 13th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session Number

Room

Page Number

Key Note Lecture

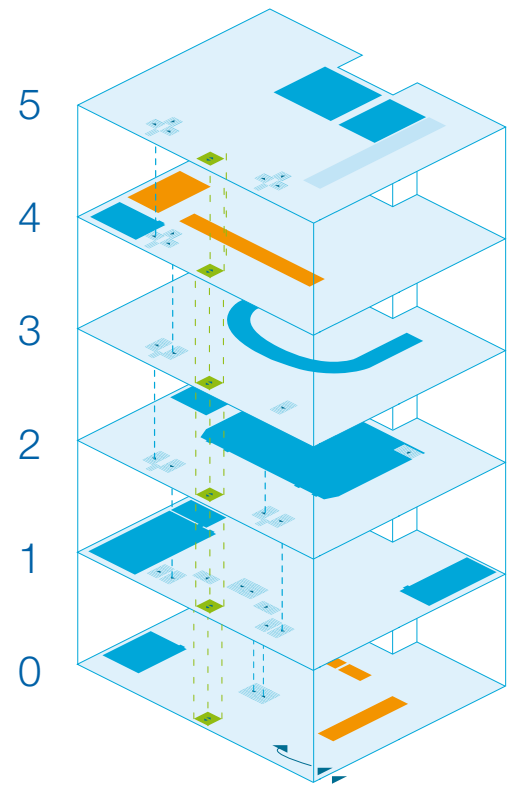
Working Session

Partner Symposium

Panel Discussion

Social Events

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Meeting Lounge
- Organization Office

3

- Main Hall (Balcony)
- Room Thieme

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Library

0

- Entrance
- Registration
- Internet Area
- Cloakroom
- M8 Club

9.00	Key Note	Key Note Lectures				KL-411 · Main Hall · 107	
9.30							
10.00							
10.30	Panel Discussion	Coffee Break					
11.00		The Health Sector and Financial Stability <i>Co-Host: WHO   The World Bank</i>	Health Threats That Are Transnational <i>Co-Host: EHESP School of Public Health France</i>	Partner Symposium The Global Academic Health Centers <i>Association of Academic Health Centers International</i>	Partner Symposium The Role of Young Scientists in Biomedical Mega-Projects <i>Young Scientists</i>		
11.30				M	M		
12.00		PD-421 · Main Hall · 108	PD-422 · Langenbeck · 109	PS-423 · Koch · 110	PS-424 · Bier · 111		
12.30	Lunch Break						
13.00	Partner Symposium	Indigenous Peoples' Health <i>Monash University   Johns Hopkins University</i>	Helping Doctors and Patients to Make Sense of Clinical Evidence <i>Max Planck Institute for Human Development</i>	Translation, Transition, Transformation in Psychiatric Research <i>King's College London   Charité - Universitätsmedizin Berlin</i>	Challenges of the 21st Century: The Reform of Health Care Systems in Eastern Europe <i>Koch-Metschnikow-Forum</i>		
13.30			M				
14.00		PS-431 · Main Hall · 112	PS-432 · Langenbeck · 113	PS-433 · Koch · 114	PS-435 · Virchow · 115		
14.30	Plenary Session	Plenary Session*					KL-441 · Main Hall · 118
15.00							
15.30							
16.00							
16.30	Partner Symposium	Coffee Break					
17.00		Health in All Policies: Health as a Leitmotif for the Society and a Driver of Economy <i>MetaForum</i>	Joint German-Japanese Symposium <i>Juntendo University, Tokyo   Charité - Universitätsmedizin Berlin</i>	The Evolution of E-Health to Health 2.0 <i>Charité - Universitätsmedizin Berlin</i>	Educating the World - The Challenges of Modern Interdisciplinary Medical Research <i>BSRT</i>	Global Mental Health Forum <i>King's College London   Charité</i>	Public Health <i>21st European Students' Conference</i>
17.30							
18.00		PS-452 · Langenbeck · 120		PS-454 · Bier · 121	PS-455 · Virchow · 124		
18.30							
						PS-457 · 126	
	</						

\* Joint Session with the European Students' Conference (ESC)



Key Note Lectures  
Key Note Lectures

KL-411
Main Hall
09.00 - 10.00

Chair: Stephen K. Smith | Chief Executive Officer and Principal of the Faculty of Medicine | Imperial College London | UK

09.00 The Global Plan to Stop TB, 2011-2015

Jorge Sampaio | Former President of Portugal | UN Secretary-General's Special Envoy to Stop Tuberculosis | Portugal

*Without prompt and ambitious scale-up of tuberculosis prevention, diagnosis and care, 10 million people will lose their lives between now and 2015. Over 4 million of them will be women and 2.5 million of them living with HIV.*

*In 2006 the Stop TB Partnership, a global initiative whose goal is to eliminate tuberculosis, launched the Global Plan to Stop TB 2006–2015: a blueprint for halving deaths from tuberculosis. The end of 2010 marks the mid-point for the plan. It is time for an update, with a focus on the final five years leading up to the target year of 2015.*

*The Partnership's new blueprint - The Global Plan to Stop TB 2011-2015 - takes into account progress made since 2006, significant changes in policy and costs, and the importance of giving a higher profile to laboratory strengthening. It also sets ambitious new targets for addressing drug-resistant- and HIV-related tuberculosis; and provides a clear roadmap for engaging in the full spectrum of urgently needed research-including basic research; the development of new diagnostics, drugs and vaccines; and operational research. The new plan sets the foundations for moving into the phases leading to the elimination of tuberculosis.*



Stephen K. Smith

09.25 Questions and Answers

09.30 Health as Human Right

Anand Grover | Special Rapporteur on the Right to Health | United Nations | Switzerland

*Health care systems throughout the world must be structured in such a way that the most vulnerable and marginalized populations are ensured equitable access to medical services and treatment. The core elements necessary to establish health care systems that guarantee quality services to the poor and disadvantaged must be implemented at both the national and international levels.*

*These core elements include sustainable funding of health care systems, re-examination of intellectual property laws and policies, incentives for research and funding into neglected diseases and special attention to the most vulnerable populations to combat global epidemics, such as HIV and TB. Finally, the continuing criminalization of various groups must be addressed in order to fully realize the rights of the most marginalized members of the community, inter alia, people who use drugs, sex workers, and people living with HIV. Where structural barriers which prevent these people from accessing services are not removed, particularly laws which perpetuate stigma and discrimination, the community in its entirety suffers.*



Jorge Sampaio

09.55 Questions and Answers



Anand Grover

PD-421

Main Hall

10.30 - 12.00

Panel Discussion  
The Health Sector and Financial Stability



Susanne Weber Mosdorf



Peter S. Heller

Co-Hosts: World Health Organization  
Chair: Susanne Weber Mosdorf | Assistant Director General | World Health Organization | Belgium

Outline

*Ensuring sustainable financing for health care is a pressing issue for both the developed and developing worlds. Perennial increases in health spending as a percentage of GDP in the West (currently health spending represents ~9% of GDP in the UK, compared to ~6% in 1980) <sup>1</sup> cannot be continued indefinitely.*

*The developing world, by contrast, sees minimal health care spend – in Sub-Saharan Africa less than 1% GDP is spent through health budgets <sup>2</sup>. Neither of these situations represents a sustainable solution to providing health care for the global population. In addition, times of economic crisis present a dual challenge – on one hand, financing the ever-increasing costs of health care becomes even more difficult. An analysis of 51 individual European country downturns over the past 35 years shows that the majority of countries affected saw health care spend decline within one or two years following a decrease in GDP <sup>3</sup>.*

*In addition, health outcomes are generally sensitive to a downturn. We see increases in both psychological and physical conditions which both contribute to and be exacerbated by increased unemployment. Health care systems need to be able to respond to these wider health challenges as well as financial constraints.*

*In countries with purely tax-funded systems, providers may be protected from cutbacks in the current fiscal year, but may be affected later. In countries, with insurance-based systems, the first impact is likely to be felt by payors.*

*The resulting squeeze on health care spending forces providers to do more with less – for most, it remains critical that any cost-reduction measures do not affect the quality of care.*

*Payors and providers have various options available to them for meeting these challenges. Regulators and payors could decide, whether to introduce market mechanisms more aggressively and to ensure non-conflicting objectives for each or alternatively, to increase patient responsibility.*

<sup>1</sup> OECD Health report 2003, McKinsey  
<sup>2</sup> R. Ramsay, African Health researchers unite [News], Lancet, 2002; 360:1665-1666  
<sup>3</sup> OECD

- 10.30 Introduction  
Peter S. Heller | Economist, Fiscal Expert and Public Speaker | Johns Hopkins University | USA
- 10.40 Panel Discussion  
Peter S. Heller | Economist, Fiscal Expert and Public Speaker | Johns Hopkins University | USA  
Laila Al Jassmi | Dubai Health Authority | United Arab Emirates  
Mihály Kökény | Chair of the Executive Board | Former Minister of Health | Hungary

Panel Discussion  
Health Threats That Are Transnational

PD-422
Langenbeck
10.30-12.00

Co-Hosts: EHESP School of Public Health France

Chairs: Antoine Flahault | EHESP School of Public Health | France  
Ulrike Maschewsky-Schneider | Chairperson | Berlin School of Public Health at Charité | Germany

Outline: *There is increasing convergence between the concept of global health and public health, and a multifaceted strategy including social, cultural, economic, and scientific aspects, needs to be devised and implemented to tackle the root causes of health issues worldwide. In view of this, the panel discussion will endeavor to create a forum for interested academic institutions with involvement in Global Health, so as to develop a common voice on Global Health issues which transcend national boundaries and that can be best addressed through cooperative action involving more than one country, in an effort to influence relevant policy on issues that have global political and economic impact, and advocate for increased resources.*

10.30 Panel Discussion  
Andrew Haines | Professor of Public Health and Primary Care | London School of Hygiene and Tropical Medicine | UK  
Michael J. Klag | Dean | Johns Hopkins Bloomberg School of Public Health | USA  
Christian Burri | Head of the Department of Medicines Research | Swiss Tropical & Public Health Institute | Switzerland  
Maria Neira | Director Department of Public Health and Environment | World Health Organization | Switzerland



Antoine Flahault



Ulrike M.-Schneider



PS-423
Koch
10.30 - 12.00

## M8 Alliance Symposium

### The Global Academic Health Centers



**Host:** Association of Academic Health Centers International

**Chairs:** Steven A. Wartman | President and Chief Executive Officer | Association of Academic Health Centers | USA  
Edward Hillhouse | Dean of International Development | University of Leeds | UK

**Outline:** *Academic health centers around the world are increasingly collaborating in the areas of education, research, and patient care. The case for these collaborative efforts is compelling, leading to benefits for the institutions involved as well as the public. However, the barriers to substantive collaborative efforts can be significant, involving a variety of issues spanning the gamut from administration to culture to philosophy. This symposium will explore the theoretical concept of the global academic health center in which the development of education, research and clinical "passports" can facilitate and enhance these collaborative efforts. The panelists will present their ideas on how collaborative efforts can work and facilitate health care systems in their countries. Issues include clinical expertise and facilities, workforce development (including the problem of recruiting and retaining high quality staff), developing management capacity and capability, and building educational and research capacity, the goal of which is ultimately the improvement of health and well-being.*

#### Presentations

Annette Grüters-Kieslich | Dean | Charité - Universitätsmedizin Berlin | Germany  
Martin Hernandez | Dean Medical School & VP Biotechnology & Health | ITESM | Mexico  
P. Sripathi Rao | Dean | Kasturba Medical College | India  
Stephen K. Smith | Chief Executive Officer and Principal of the Faculty of Medicine | Imperial College London | UK  
Steve Wesselingh | Dean | Monash University | Australia



## M8 Alliance Symposium

# The Role of Young Scientists in Biomedical Mega-Projects

PS-424

Bier

10.30 - 12.00

**Host:** Young Scientists

**Chairs:** Philipp Sterzer | Charité - Universitätsmedizin Berlin | Germany  
Martin Ebinger | Center for Stroke Research Berlin, Charité - Universitätsmedizin Berlin | Germany

**Outline:** *The current trend in biomedical research funding is geared towards large multi-disciplinary projects. Whilst collaborative programmes can deliver outcomes that are not achievable by small teams, this mega-team environment may disadvantage individual researchers, especially young investigators. At this symposium representatives of major funding agencies will put up for discussion their views and possible solutions to the challenges young scientists are facing in mega-projects.*



### Introduction

Philipp Sterzer | Charité - Universitätsmedizin Berlin | Germany  
Martin Ebinger | Center for Stroke Research Berlin, Charité - Universitätsmedizin Berlin | Germany

### The Fate of Young Researchers at CERN – Observations From a Mega-Project

Zeeya Merali | Nature | UK

### The DFG Perspective

Eckard Picht | German Research Foundation | Germany

### The ERC Perspective

Eleni Zika | European Research Council | Germany

### Discussion

PS-431

Main Hall

12.45 - 14.15

M8 Alliance Symposium

Indigenous Peoples' Health



Hosts: Monash University  
Johns Hopkins University

Chairs: Robin Bell | Monash University | Australia



Outline: Dr. Marlene Drysdale, an Indigenous Australian and Head of Indigenous Health at Monash University (MU), will discuss the state of Aboriginal health and recruitment of Indigenous medical students.  
Gregory Phillips, an Indigenous Australian and medical anthropologist, will describe a School of Indigenous Health at MU.  
Dr. Mathu Santosham, director of the Johns Hopkins Center for American Indian Health (JHCAIH), will cover the contributions of Native American communities to global health.  
Allison Barlow from JHCAIH will describe an indigenous paraprofessional work force to tackle health disparities in indigenous communities.



Still a Dying Race: The Health Status of Aboriginal Australians  
Marlene Drysdale | Monash University School of Rural and Indigenous Health | Australia

A School for Indigenous Health - Building Workforce Capacity  
Gregory Phillips | Monash University | Australia

The Contributions of Native Americans to World Health: Past, Present and Future  
Mathuram Santosham | Johns Hopkins University | USA

The Promise of Indigenous Paraprofessionals to Address Urgent Behavioral/Mental Health Disparities  
Allison Barlow | Johns Hopkins Bloomberg School of Public Health | USA

## Partner Symposium

# Helping Doctors and Patients to Make Sense of Clinical Evidence

PS-432

Langenbeck

12.45 - 14.15

**Co-Host:** Max Planck Institute for Human Development

**Chairs:** Wolfgang Gaissmaier | Max Planck Institute for Human Development | Germany  
Gerd Gigerenzer | Max Planck Institute for Human Development | Germany

Max-Planck-Institut für Bildungsforschung  
Max Planck Institute for Human Development

**Outline:** *Efficient health care requires informed doctors and patients. The health care system we inherited from the 20th century falls short on both counts. Most doctors and patients do not understand the available clinical evidence. The symposium discusses the underlying causes of this lack of knowledge, illustrates its severe consequences for health and society, and suggests potential remedies. Governments and health institutions need to change course and provide honest and transparent information, creating better doctors, better patients, and, ultimately, better health care.*



### Introduction

Wolfgang Gaissmaier | Max Planck Institute for Human Development | Germany

### Collective Risk Illiteracy as a Medical Problem

Gerd Gigerenzer | Max Planck Institute for Human Development | Germany

### Do Patients Want Shared Decision Making and What Are “Good” Decisions?

Adrian Edwards | Cardiff University | UK

### Risk Illiteracy in Doctors and How this Problem Could Be Solved

Odette Wegwart | Max Planck Institute for Human Development | Germany

### Using Visual Aids to Communicate Medical Risks: Overcoming Low Numeracy in Patients

Rocio Garcia-Retamero | University of Granada, Max Planck Institute Berlin | Spain

### Health Knowledge for the Public: A Practical Application of Evidence Based Patient Information

Christian Lahm | Lahm&Partner Health Politics-Media-Expertise | Germany

PS-433
Koch
12.45 - 14.15

Partner Symposium

Translation, Transition, Transformation in Psychiatric Research



**Hosts:** King's College London  
Charité - Universitätsmedizin Berlin

**Chairs:** Andreas Heinz | Charité - Universitätsmedizin Berlin | Germany  
Shitij Kapur | King's College London | UK

**Outline:** *The public burden of mental health disorders requires co-operation, both nationally and internationally, through a well structured and co-ordinated effort to develop and implement coherent interdisciplinary mental health research on early detection, prevention, effective intervention and long term care. In this symposium we present established and developing co-ordinated approaches to mental health research from the United States and Singapore. We describe the need for a comprehensive European roadmap to mental health research based on existing national and European programmes. We will provide examples of the benefit of a collaborative approach from a public health and prevention perspective as well as a biomedical perspective.*

**Rethinking Mental Illness**  
Thomas Insel | Director | National Institute of Mental Health | USA

**Translating Research and Transforming Mental Health Care: The Singapore Approach**  
Siow Ann Chong | Research Head | Institute of Mental Health | Singapore

**Has Time Come for a European Roadmap? Public Health and Prevention Perspective**  
Hans-Ulrich Wittchen | Director | University of Dresden | Germany

**Has Time Come for a European Roadmap? Biomedical Perspective**  
Gunter Schumann | King's College London | UK

## Partner Symposium

## Challenges of the 21st Century: The Reform of Health Care Systems in Eastern Europe

PS-435

Virchow

12.45 - 14.15

Host: Koch-Metschnikow-Forum

Outline: Following the working session of last year's World Health Summit entitled "Socio-Economic Transition: Health Care Consequences", this working session will highlight efforts of Eastern European states to face the health challenges of the WHO-Euro region, to fight infectious diseases, to contain drug abuse, to reach all parts of the population with health care structures. The Eastern European states, especially the successor states of the former Soviet Union, currently undergo one of the biggest reform processes in health care, concerning major issues in health care systems: restructuring, investments, financing, internationalization. The aims of this working session are:

- To bring together health ministers and high representatives from these states to report about and discuss their experiences in this process;
- To build a network of experts in health care reform processes;
- To serve as platform for exchange between health care politics, academic research in public health and private partners.

## Invited Speakers

Tomica Milosavljevic | Minister of Health | Serbia

Harutyun Kushkyan | Minister of Health | Armenia

Zhaksylyk A. Doskaliyev | Minister of Health | Kazakhstan

Vladimir Hotineanu | Minister of Health | Moldova





## Innovations-Workshop

### “Beautiful Minds – Frische Ideen für mehr psychische Gesundheit”

By invitation only

*Host:* Servier

*Outline:* This workshop, lead by Servier Deutschland GmbH in cooperation with the „Zukunftsinstitut“ (Institut of Future), deals with some of the most interesting questions concerning both the significance as well as the societal impact of depression as one of the most important future indications (ranked by WHO): How to raise affected persons' individual quality of life? And what matters in the context of social sphere? Participants (stakeholders in the German health care system) will develop new ways out of depression by analyzing actual trends and elaborating unexpected innovation.



October 13th, 2010

Kaiserin-Friedrich-Stiftung, Robert-Koch-Platz 7, 10115 Berlin

KL-441
Main Hall
14.30 - 16.00

Key Note Lectures  
Plenary Session



Steve Wesselingh



Emina Borovina



Dame Sally C. Davies



Tomica Milosavljevic

Chairs: Steve Wesselingh | Dean | Monash University | Australia  
Emina Borovina | European Students Conference | Germany

Opening Remarks

**Keynote Lecture**  
Dame Sally C. Davies | Director General for Research and Development | Department of Health | UK

**Keynote Lecture**  
Lynn Tetrault | Executive Vice President | AstraZeneca Pharmaceuticals LP | UK

**Keynote Lecture**  
Tomica Milosavljevic | Minister | Ministry of Health | Serbia

**Research for Global Health - International Challenges, National Responsibilities**  
Helge Braun | Secretary of State | Federal Ministry of Education and Research | Germany

**Closing Remarks**  
Annette Grüters-Kieslich | Dean | Charité - Universitätsmedizin Berlin | Germany  
Detlev Ganten | President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

*This session is a joint session with the European Students' Conference.*





*Lynn Tetrault*



*Helge Braun*



*Annette Grüters-Kieslich*



*Detlev Ganten*

## Partner Symposium

## Health in All Policies: Health as a Leitmotif for the Society and a Driver of Economy – Approach to Find Solutions beyond the Notion of “Repairing“

PS-452

Langenbeck

16.30 - 18.00

*Host: MetaForum*

*Chairs:* Albrecht Kloepper | MetaForum e.V. | Germany  
 Thomas Hegemann | MetaForum e.V. | Germany

*Outline:* *Discussing the objective shows that only a new thinking will lead to a sustainable health care system in the future. The MetaForum process shows new ways from status quo in health care to a novel system, from healing to keeping healthy.*

**Discussants**

Franz Knieps | Wiese Consult | Germany  
 Klaus-Dirk Henke | Technische Universität Berlin | Germany  
 Gertrud Höhler | Consultant | Germany  
 Thomas Lang | MSD | Germany

## Partner Symposium

## The Evolution of E-Health to Health 2.0

PS-454

Bier

16.30 - 18.00

**Host:** Charité - Universitätsmedizin Berlin**Chairs:** Peter Hufnagl | Charité - Universitätsmedizin Berlin | Germany  
Manfred Dietel | Charité - Universitätsmedizin Berlin | Germany**Outline:** *The evolution of digital channels to platforms evolves in disruptive but also promising innovations within the health care industry. On the one hand, globally connected E-Patients assisted by increasingly powerful disease-management or Health 2.0 tools from mostly non-traditional players become a disruptive moment for the health care stakeholders. On the other hand, Medicine 2.0 and Participatory Healthcare open up new moments for suppliers in practitioner and patient communication, collaboration, research and business model development.***From E-Health to Health 2.0, A Disappearing Distinction?**

Denise Silber | Owner of Basil Strategies | France

**The Evolution of the E-Patient**

Alexander Schachinger | Humboldt-Universität Berlin | Germany

**Health 2.0 and E-Health Services: Use and Benefits for E-Patients**

Silvio Frey | Head of Sales EMEA - Personalized Healthcare | Switzerland

**How Pharma Must Evolve in the New E-Health Ecosphere**

Len Starnes | Head of Digital Marketing &amp; Sales | Bayer Schering Pharma | Germany

**Doctors and Digital - New Insights**

Tim Ringrose | Managing Director | Doctors.net.uk Ltd | UK

PS-453

Koch

16.30 - 19.00

## Partner Symposium

## Joint German-Japanese Symposium (Juntendo University &amp; Charité - Universitätsmedizin Berlin)



Co-Hosts: Juntendo University, Tokyo

Charité - Universitätsmedizin

Chair: Erich Knop | Charité - Universitätsmedizin Berlin | Germany

Hiroshi Nin | Juntendo University Tokyo | Japan

**Outline:** *The Charité - Universitätsmedizin Berlin, which is 300 years old, and the Juntendo University Tokyo, that commemorates its 175th anniversary, share a long historic relationship that dates back about 150 years. Both universities aim to establish a new academic exchange programme in order to exchange views, concepts and excellence in medical research, patient care and education that will broaden our mutual internationalization concepts to a global perspective. After welcomes by the Japanese ambassador in Berlin and the heads of the faculties, areas of specific expertise will be introduced by leading capacities in the field from both universities.*

## Opening

Takahiro Shinyo | Ambassador | Japanese Embassy | Germany

## Welcome

Eiki Kominami | President | Juntendo Universität Tokyo | Japan

Karl Max Einhäupl | Chief Executive Officer | Charité - Universitätsmedizin Berlin | Germany

Annette Grütters-Kieslich | Dean | Charité - Universitätsmedizin Berlin | Germany

## Introduction into History of the Relations Between Juntendo and the Charité Through Susumu Sato, and the Influence of Germany on Medicine in Japan

Shizu Sakai | Juntendo University Tokyo | Japan

## Prominent Japanese Students at the Charité in Berlin in the Nineteenth Century

Beate Wonde | Humboldt-Universität Berlin | Germany

## Autophagy Studies as One of Leading Projects in Japan/Juntendo University

Yasuo Uchiyama | Juntendo University Graduate School of Medicine | Japan

## "Sportology" for the Prevention and Treatment of Metabolic Diseases

Ryuzo Kawamori | Juntendo University | Japan

## New Strategies for Neurotherapeutic Intervention of Neurodegenerative Disorders: A Hint from Monogenic of Familial Parkinson's Disease

Nobutaka Hattori | Juntendo University | Japan

**Translational Research for the Induction of Tolerance in Clinical Kidney Transplantation**

Ko Okumura | Juntendo University | Japan

**Advanced Teaching Strategies, in the New Curriculum (Modellstudiengang) of the Charité, Joint Theoretical and Practical Aspects throughout the Medical Study**

Harm Peters | Charité - Universitätsmedizin Berlin | Germany

**From Neurobiology to the Understanding of Neurodegeneration**

Anja Bräuer | Charité - Universitätsmedizin Berlin | Germany

**Strategic and Entrepreneurial Concepts for Future Development of the Charité**

Wolfram von Pannwitz | Charité - Universitätsmedizin Berlin | Germany

**The Berlin-Brandenburg Center for Regenerative Therapies (BCRT) Translates Scientific Breakthrough into Regenerative Therapies**

Hans Dieter Volk | Charité - Universitätsmedizin Berlin | Germany

**The Charité International Cooperation (ChiC) Promotes International Perspectives**

Ulrike Arnold | Charité - Universitätsmedizin Berlin | Germany

**Academic Exchange Programme Between the Charité - Universitätsmedizin Berlin and Juntendo University, Tokyo**

Erich Knop | Charité - Universitätsmedizin Berlin | Germany

**New Opportunities and Responsibilities for Academic Medicine: The World Health Summit and the M8 Process**

Detlev Ganten | President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

**Closure**

Takahiro Shinyo | Ambassador | Japanese Embassy | Germany

PS-455
Virchow
16.30 - 18.00



Partner Symposium

# Educating the World - The Challenges of Modern Interdisciplinary Medical Research

Hosts: *Berlin-Brandenburg School for Regenerative Therapies*  
Chair: Hans Dieter Volk | Charité - Universitätsmedizin Berlin | Germany

Outline: *This Partner Symposium addresses important issues of modern graduate education in biomedical research such as:*

- *Innovation in medicine benefits from interdisciplinary approaches: How does graduate education make use of these approaches?*
- *Clinical scientist career paths: How is the interchange between the clinical and research work manageable?*
- *Internationalization strategies: Are there only advantages?*
- *Assessing the benefits of graduate education: Lot of fuss, plenty of structure, but does it help?*

**Graduate Education in Regenerative Medicine: Bridging the Gap between Medicine, Engineering and Natural and Material Sciences.**  
Georg Duda | Julius Wolff Institute | Germany

**Phd Training in Biomedical Engineering for Healthcare in Industry and Clinics**  
Alison Noble | University of Oxford | UK

**A Model for the Training of Physician Scholars**  
Charles Prober | Stanford School of Medicine | USA

**Training the Medical Workforce: Creating Capacity to Enable Research**  
Ben Canny | Monash University | Australia

Partner Symposium  
Global Mental Health Forum

PS-456
Offsite
16.30 - 19.00

**Co-Hosts:** King's College London  
Charité - Universitätsmedizin Berlin

**Chairs:** Adrian Mundt | Charité - Universitätsmedizin Berlin | Germany  
Martin Prince | King's College London | UK



**Venue:** Lecture Hall, Department of Psychiatry and Psychotherapy  
Charité Campus Mitte, Charité Platz 1, 10117 Berlin

**Outline:** About 14% of the global burden of disease has been linked to mental disorders. Health services are not provided equitably to people with mental disorders. Unmet need for care has been identified especially in low- and middle-income countries. The symposium focuses on challenges, strategies and future developments to overcome the treatment gap.

*This session is open to the public.*

**Task-shifting to Close the Treatment Gap**  
Vikram Patel | London School Hygiene and Tropical Medicine and Sangath | UK

**The Tripartite Challenge of Mental Health in Uganda: War Trauma, HIV/AIDS and Poverty**  
Seggane Musisi | Mulago Hospital, Makerere University | Uganda

**A North-South Partnership Model for Mental Health Capacity Building in Guyana and the Carribean**  
Sonia Chehil | Dalhousie University | Canada

**Ageing and Mental Health in Low- and Middle-income Countries**  
Martin Prince | King's College London | UK

**Panel Discussion**  
Sabine Kleinert | Senior Executive Editor | The Lancet | UK  
Abiodun Adewuya | Lagos State University College of Medicine | Nigeria  
Thomas Insel | Director | National Institute of Mental Health | USA  
Mervyn Morris | Birmingham City University | UK

PS-457
Offsite
16.30 - 18.30

Partner Symposium  
Public Health



*Hosts:* 21st European Students' Conference

*Venue:* Friedrich-Kopsch-Hörsaal, Institut für Anatomie  
Charité - Universitätsmedizin Berlin, Philippstr. 12, 10115 Berlin

*Outline:* The ESC – European Students' Conference – is one of the world's largest student-organized biomedical summits and is held annually in October at Charité – Universitätsmedizin Berlin, Germany. Today, the ESC reaches out to all corners of the continent and beyond; proudly playing host to students, researchers, and medical doctors from over 60 countries.  
In the Public Health Session, ESC participants will address global health issues and present their own research projects.

**Euthanasia: Perceptions and Ethical Considerations of Doctors in Pakistan**  
Muhammad Hussain | Dow University of Health and Sciences | Pakistan

**The Urgent Need to Motivate Blood Donors in Kyrgyzstan**  
Zeeshan Ali | International University of Kyrgyzstan | Kyrgyzstan

**Genesis of IMAGINE: Canada's First Student-Initiated Three-Pillar Approach to Healthcare of the Homeless Population**  
Ryan McGuire | IMAGINE | Canada  
Dugani Sagar | IMAGINE, University of Toronto | Canada

**Assessing Physical Exposure to Musculoskeletal Risks among Workers of a Rubber Factory in Shiraz**  
Maryam Salehi | Shahid Sadoughi University of Medical Sciences and Health Services | Islamic Republic of Iran



**Nominal Group Technique Sessions: Screening Stage of the Development of American-Ukrainian Health Management Training Program**

Mariia Govorukha | National O.O. Bohomolets Medical University | Ukraine

**Nutritional Status of South African Women Between the Ages 18 and 22 Years**

Jandri E Barnard | ARV Clinic | South Africa

**Japanese Cancer Screening Policy for People Affected by the Atomic Bombs Past, Present and Future**

Yuri Hamashima | Tokyo Medical University | Japan

**Prevalence of Depression and its Relationship with Intelligent Quotient in School Children of Karachi**

Musleh uddin Kalar | Karachi Medical and Dental College | Pakistan

**Review of Respiratory Symptom Pattern among Machine Operators in Plastic Industry.**

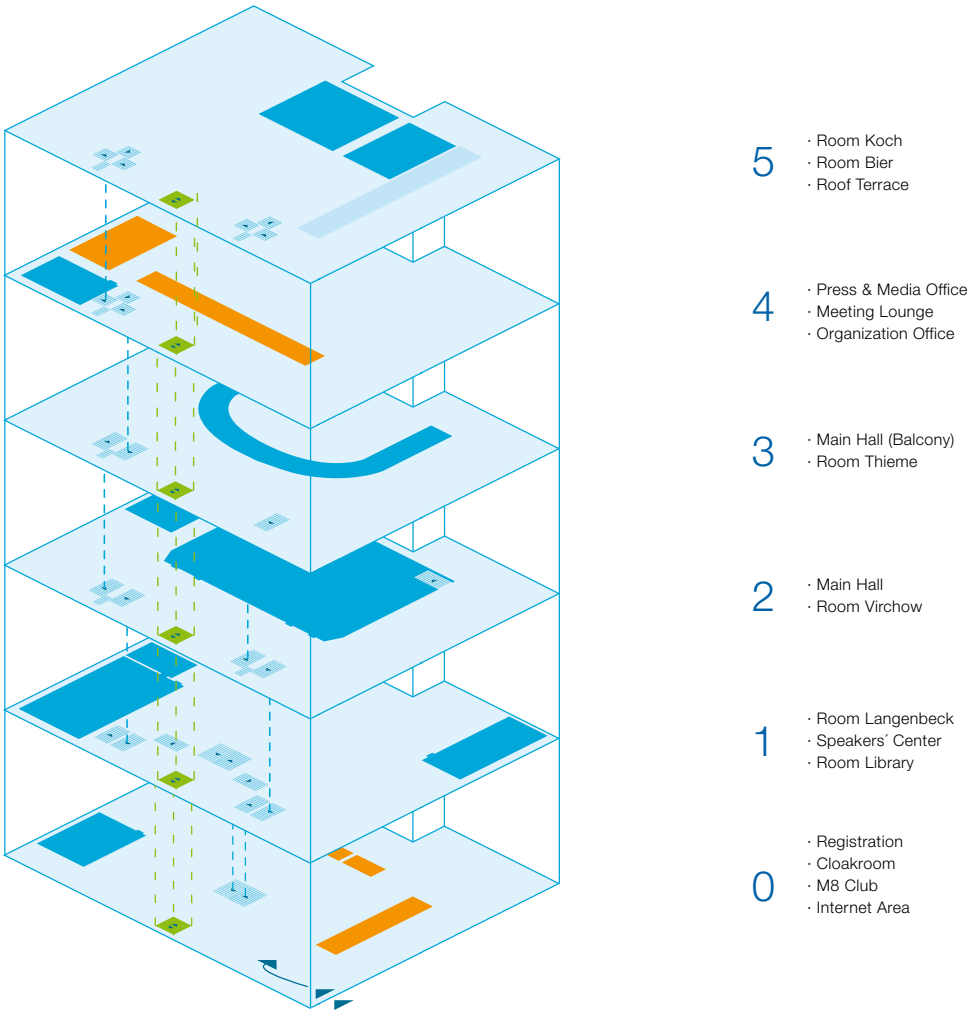
Ishara Maduka | University of Colombo | Sri Lanka

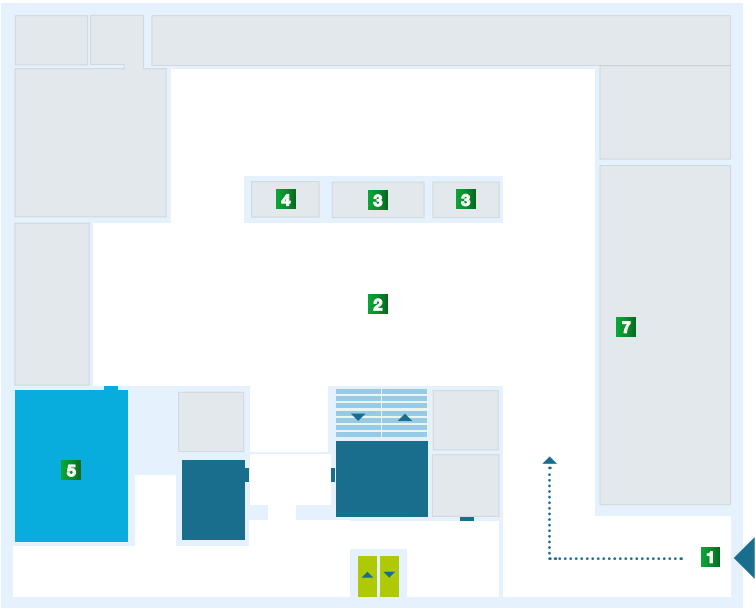
**A Survey on the Obstacles to Modern Contraceptive Use among Married Women in Hamedan, Iran**

Merhnaz Moaddab | Iran University of Science and Technology | Islamic Republic of Iran

Conference Venue

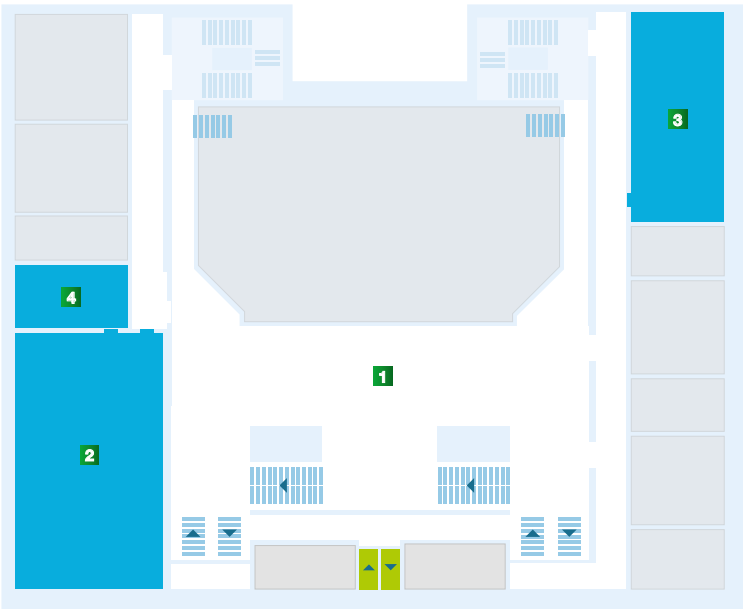
The Langenbeck-Virchow-Haus is a versatile conference center with a variety of rooms on several floors. The World Health Summit will utilize venues on all levels, with the Main and Upper Foyer as main areas. The breakout rooms are located on the 1st, 2nd and 5th floor, while access to the Main Hall is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





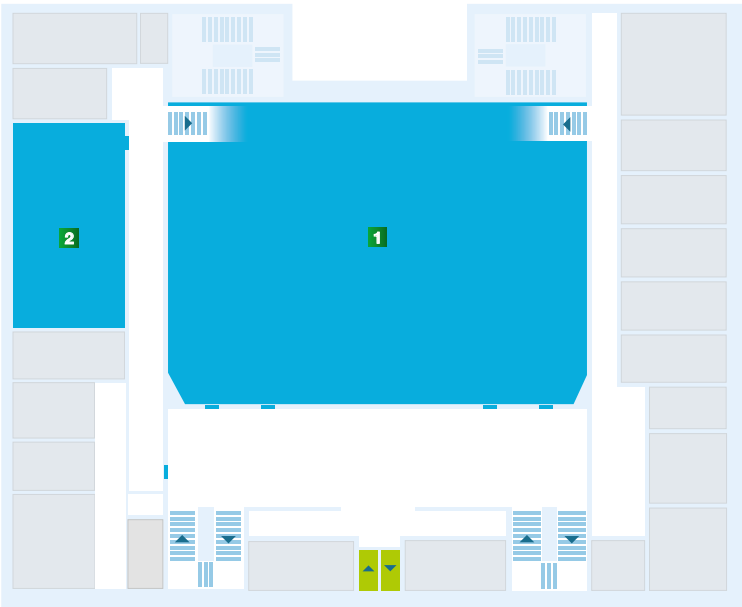
### 0 | Ground Floor

- 1** Entrance
- 2** Main Foyer (Catering)
- 3** Registration
- 4** Cloakroom
- 5** M8 Club
- 7** Internet Area



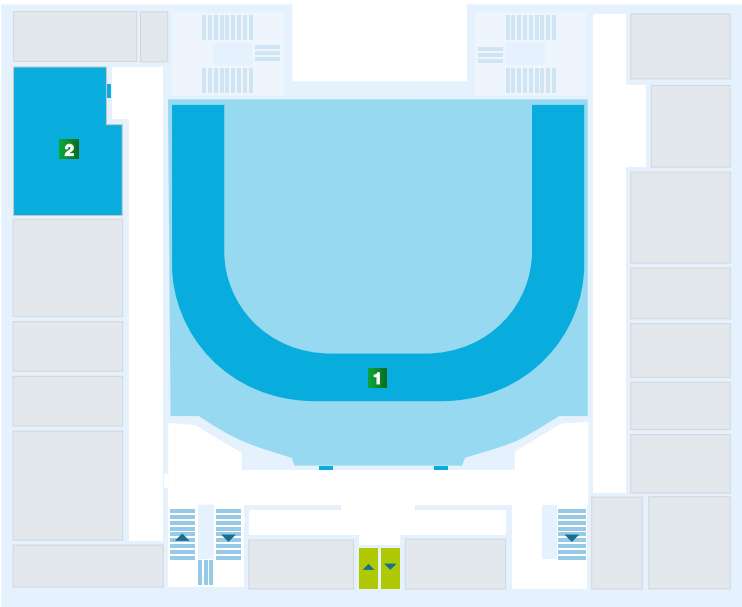
### 1 | First Floor

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



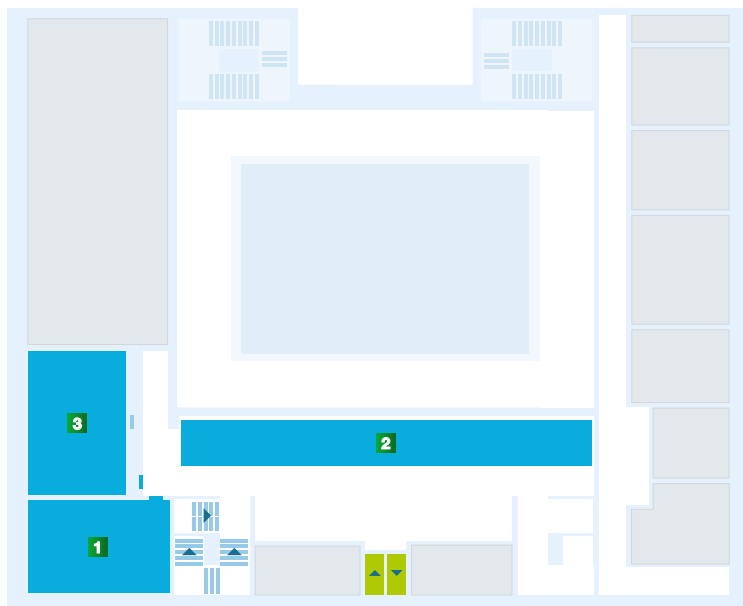
2 | Second Floor

- 1 Main Hall
- 2 Room Virchow



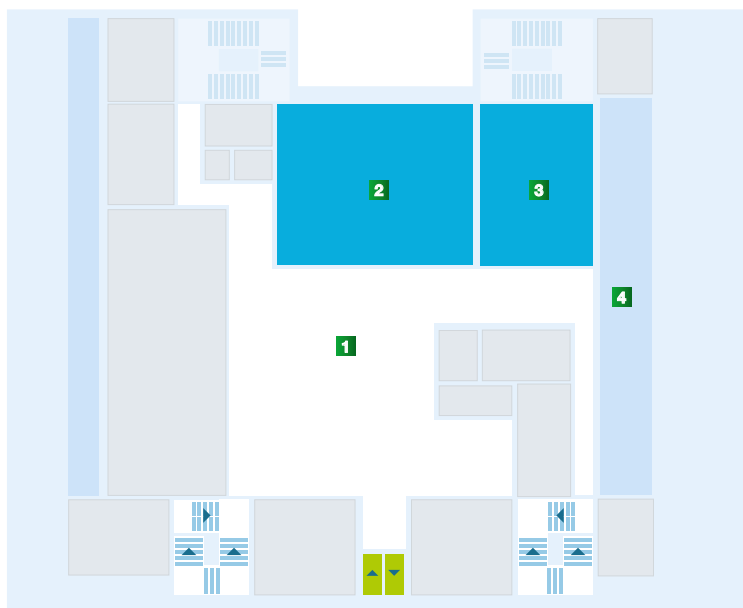
3 | Third Floor

- 1 Main Hall (Balcony)
- 2 Room Thieme



#### 4 | Fourth Floor

- 1** Press & Media Office
- 2** Meeting Lounge
- 3** Organization Office



#### 5 | Fifth Floor

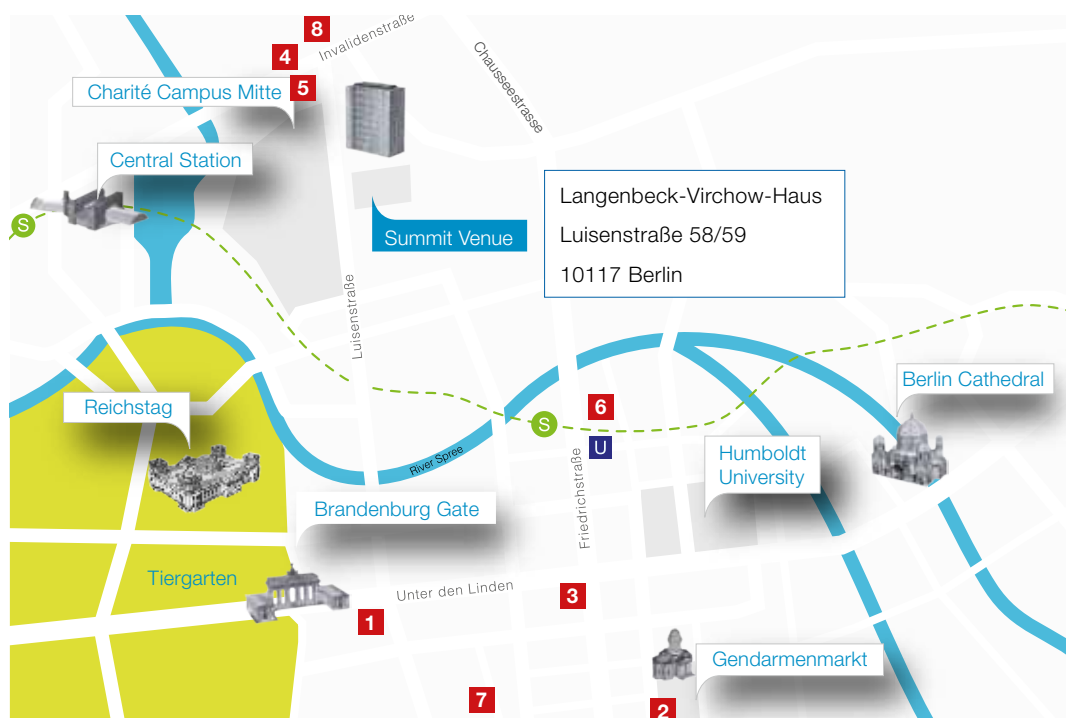
- 1** 5th Floor Foyer (Catering)
- 2** Room Koch
- 3** Room Bier
- 4** Roof Terrace

## Maps

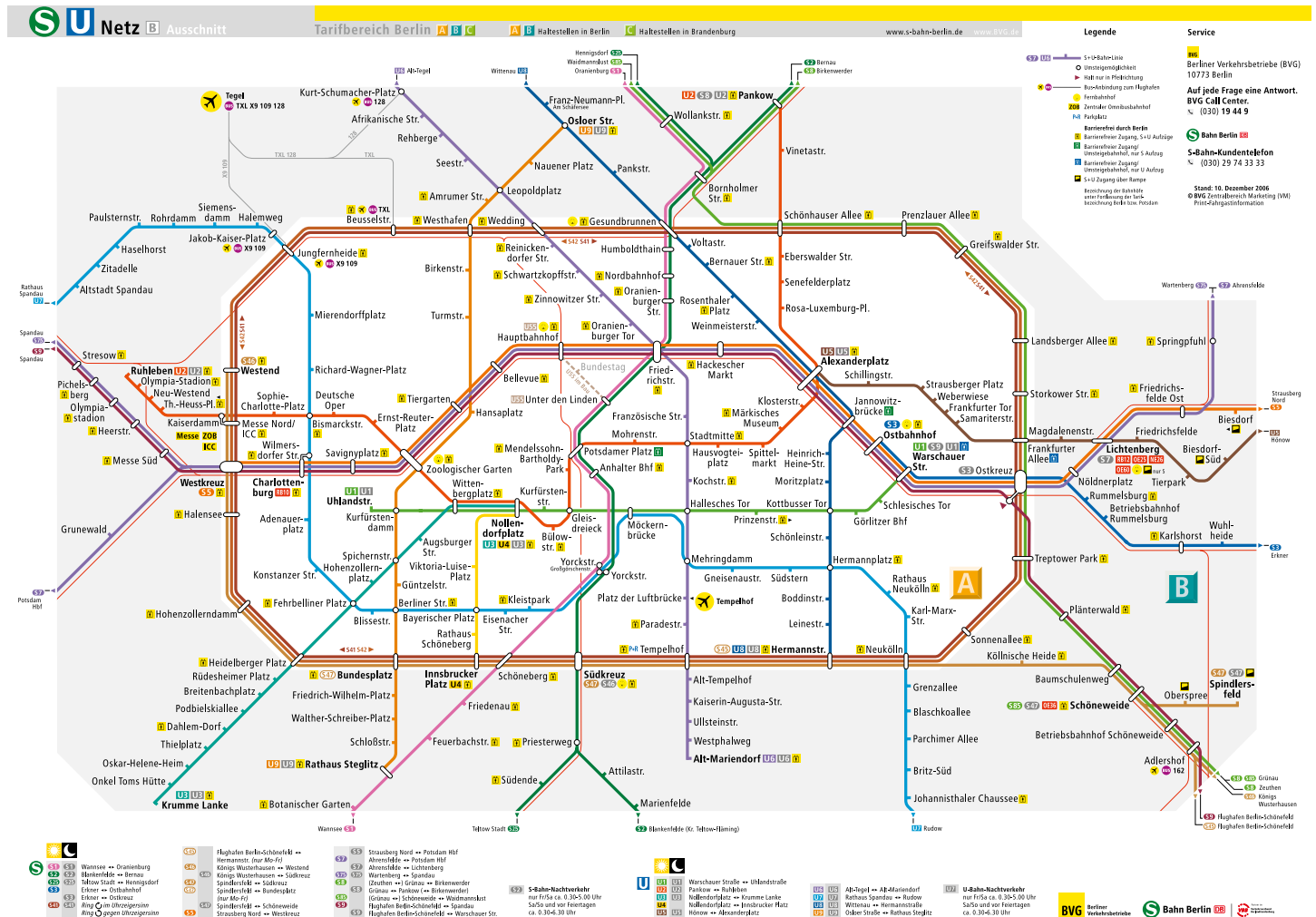
### Berlin City Map

#### Official Summit Hotels

1	Adlon Kempinski	5	Gates Berlin City East
2	Hilton Berlin	6	Melia Berlin
3	The Westin Grand	7	NH Berlin Friedrichstr.
4	Adina Hauptbahnhof	8	Mercure an der Charité



Berlin's underground (U) and metro (S) services are fast & efficient means of transportation. To reach the summit venue Langenbeck-Virchow-Haus, you may use the 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")



Address
Langenbeck-Virchow-Haus Charité - Universitätsmedizin Berlin Campus Mitte Luisenstraße 58/59 · 10117 Berlin · Germany

**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.

**Cashpoint**

The next EC cashpoint is located at Luisenstr. 44, 10117 Berlin (Berliner Sparkasse).

**Continued Medical Education**

No CME credits are available for the World Health Summit.

**Cloakroom**

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

**Coffee Breaks**

Coffee will be served 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 conference sessions. In case of negligence, the organizers reserve the right to exclude the participant from the conference.

**Hotel**

If you have any questions or if you require a hotel room,

please contact the hotel counter staff at the registration desk.

**Homepage**

For up-to-date information regarding the summit please check [www.worldhealthsummit.org](http://www.worldhealthsummit.org).

**Insurance and Liability**

The conference organizer cannot 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 / Wireless LAN**

The internet area is located at the Main Foyer. Wireless LAN will be offered free of charge to all participants in the Main Foyer, Meeting Lounge as well as in selected additional areas.

**Language**

The official summit language is English. There will be no simultaneous translation.

**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 will 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 will 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.



**Media**

Media has access to all official sessions of the World Health Summit. All press related information can be found at the official summit website.

**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.

**People with Disabilities**

The conference venue is accessible to conference participants with disabilities. Please contact the registration desk staff if you should have any questions or should need assistance.

**Press Office / Press Registration**

The press counter is located at the registrations desk at the Main Foyer. The Press Office is located on the 4th floor.

**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.

**Public Transportation**

Fortunately, most of Berlin and its city can easily be reached by foot. However, with Berlin's public transport system you can be sure to have a safe and comfortable ride. Tickets can be purchased directly at most train stations and in all busses.

**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 desk is open during the following times:

Sunday, October 10th.....	10.00 - 20.30
Monday, October 11th.....	08.00 - 18.30
Tuesday, October 12th.....	08.00 - 18.30
Wednesday, October 13th .....	08.00 - 17.00

**Smoking Policy**

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

**Speakers` Center**

Invited speakers, chairmen and keynote lecturers must report to the Speakers` Center, located **on the 1st Floor**, 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 you are 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 Speakers` Center is open during the following times:

Sunday, October 10th.....	09.30 - 20.30
Monday, October 11th.....	06.45 - 18.30
Tuesday, October 12th.....	06.45 - 18.30
Wednesday, October 13th .....	08.00 - 17.00

**Taxis**

All official taxis are coloured off-white with a yellow taxi sign on the roof. The meter starts at a set minimum price. Taxis may be available in front of the conference venue, at the taxi station in front of the Charité - Universitätsmedizin (in front of the conference venue, to the right). If there is no taxi available, please ask the registration desk staff for assistance.

About the Summit  
General & Press Information

**Transfers**

Transfer to the World Health Summit Dinner will be provided on Tuesday, October 12th, 2010, at 19:15 from Hotel Adlon Kempinski.

**Webcast**

The Opening Ceremony, Key Note Lectures and Joint Session will be webcast. The live streams are available at the summit website [www.worldhealthsummit.org](http://www.worldhealthsummit.org).

**Press Information**

**Media Registrations**

Media Registrations are available free of charge to journalists (pending proof of affiliation). Prior to the summit, please establish your accreditation online via the conference website. During the summit, please contact the press counter at the registration desk.

**Press Access**

Media has access to all official sessions of the World Health Summit. There is one exception: Sessions in which partners who host the Partner Symposia do not permit access.

**Press Office**

The Press office is located on the 4th floor of the conference venue.

Press Contact & Press Conferences

**Press Contact**

Anja Marx  
Maïke Bildhauer  
[media@worldhealthsummit.org](mailto:media@worldhealthsummit.org)  
Tel.: +49 30 97004833

**Press Conferences**

**Opening & Day 1**

Sunday, October 10th, 2010, 12.30  
Langenbeck-Virchow-Haus, Library

**Day 2**

Monday, October 11th, 2010, 13.30  
Langenbeck-Virchow-Haus, Room Virchow (2nd Floor)

**Day 3**

Tuesday, October 12th, 2010, 13.30  
Langenbeck-Virchow-Haus, Room Virchow (2nd Floor)

**Day 4**

Wednesday, October 13th, 2010, 11.00  
Langenbeck-Virchow-Haus, Room Virchow (2nd Floor)

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



## Index

## Speaker, Chairs, Panelists, Committee Members

## A

Adewuya, Abiodun .....	125
Adli, Mazda .....	5, 17, 47, 48
Ali, Zeeshan .....	126
Alwan, Ala .....	58
Annan, Kofi .....	11
Anvari, Mehran .....	71
Arner, Peter .....	32
Arnold, Ulrike .....	123
Aspillaga, Pedro Garcia .....	91
Atun, Rifat .....	17, 26, 42

## B

Baethge, Christopher .....	17
Bähr, Renate .....	38
Balasegaram, Manica .....	74
Barlow, Allison .....	112
Barnard, Jandri E. ....	127
Barner, Andreas .....	17
Barré-Sinoussi, Françoise .....	98
Beisiegel, Ulrike .....	64
Bell, Robin .....	112
Berg, Matthew .....	90
Berkley, Seth .....	38, 94
Bhutta, Zulfiqar .....	17
Bhutta, Zulfiqar Ahmed .....	76
Bianco, Ted .....	96
Bompart, François .....	91
Borovina, Emina .....	118
Boufford, Jo-Ivey .....	17, 78
Brakhage, Axel .....	44
Bräuer, Anja .....	123
Braun, Helge .....	74, 75, 118
Bukenya, Gilbert Balibaseka .....	99, 100
Burdett, Ricky .....	60
Burger, Reinhard .....	34
Burri, Christian .....	109

## C

Canny, Ben .....	41, 124
Catalano, Richard .....	39
Cate, Olle ten .....	40
Chang, Shing .....	38
Chau, James .....	26
Chaussepied, Patrick .....	45
Chehil, Sonia .....	125
Chockalingam, Arun .....	32
Chong, Siow Ann .....	114
Chopra, Mickey .....	76
Claeys, Vicky .....	33
Coll-Seck, Awa Marie .....	74

Conrad, Corrie .....	45
Corvol, Pierre .....	17, 59
Coutinho, Alex .....	94
Crane, Melinda .....	72
Crounse, Bill .....	93

## D

Damann, Volker .....	37
Danner, Martin .....	72
Dash, Penelope .....	63
Daulaire, Nils .....	75, 86
Davies, Sally C. ....	118
Demetriades, Andreas .....	93
Dietel, Manfred .....	17, 121
Dirnagl, Ulrich .....	35, 46
Dohmann, Hans .....	61
Dordain, Jean-Jacques .....	48
Dorner, Brigitte .....	34
Doskalyev, Zhaksylyk A. ....	115
Douste-Blazy, Philippe .....	26
Draghia-Akli, Ruxandra .....	64, 75
Drosten, Christian .....	36
Drysdale, Marlene .....	112
Duda, Georg .....	124
Dupuis, Jean Francois .....	17

## E

Easton, Jim .....	62
Ebinger, Martin .....	111
Edwards, Adrian .....	113
Einhäupl, Karl Max .....	12, 17, 48, 69, 122
Elias, Christopher J. ....	38
Evans, Timothy G. ....	17, 60

## F

Fatusi, Adesegun O. ....	39
Feachem, Richard .....	17
Ferrari, Roberto .....	70
Fibig, Andreas .....	48
Fischer, Martin .....	40
Fjellner, Christofer .....	72
Flahault, Antoine .....	17, 45, 84, 109
Fox, Jeremy .....	43
Frey, Silvio .....	121
Friedman, Yael .....	71
Fuster, Valentin .....	70

## G

Gaissmaier, Wolfgang .....	113
Gamkrelidze, Amiran .....	42

Ganten, Detlev.....	5, 14, 17, 26, 47, 48, 118, 123
Garay, Juan .....	91
Garcia-Retamero, Rocio .....	113
Gastmeier, Petra.....	94
Gautam, Mukunda.....	34
Geisel, Theo .....	36
Gerzer, Rupert.....	37
Ghebreyesus, Tedros Adhanom.....	17
Gigerenzer, Gerd .....	113
Girard, Jean-François .....	17, 56
Gottardi, Elvira.....	75
Govorukha, Maria .....	127
Granger, Christopher .....	55
Greiner, Wolfgang .....	66
Groß, Uwe.....	44
Grover, Anand .....	107
Grüters-Kieslich, Annette.....	17, 84, 110, 118, 122
Gryseels, Bruno .....	74
Gunga, Hans-Christian .....	37
Gunning-Schepers, Louise .....	17

## H

Haas, Sylvia.....	55
Hacker, Jörg.....	17
Hagemeyer, Oda .....	68
Haines, Andrew .....	73, 109
Hamashima, Yuri .....	127
Harendza, Sigrid.....	40
Hassan, Mohamed H.A. ....	88
Hattori, Nobutaka .....	122
Hegemann, Thomas .....	120
Heinz, Andreas .....	114
Heller, Peter S.....	108
Henke, Klaus-Dirk.....	120
Hernandez, Martin.....	110
Hertweck, Christian .....	44
Hess, Rainer.....	66
Hess, Volker .....	84
Heuschmann, Peter U. ....	35
Hickson, Tony.....	46
Hillhouse, Edward.....	110
Höhler, Gertrud.....	120
Højgaard, Liselotte.....	64
Horstmann, Rolf .....	36
Horton, Richard.....	17, 73
Hotineanu, Vladimir.....	115
Hudson, Richard .....	96
Hufnagl, Peter .....	121
Humphreys, John .....	41
Hussain, Muhammad.....	126

## I

Iakovidis, Ilias.....	71
Insel, Thomas .....	114, 125

## J

Jakab, Zsuzsanna .....	48
James, W. Philip T. ....	59
Jassmi, Laila Al.....	108
Jaura, Ramesh .....	38
Jimenez, Joe.....	85
Jorgensen, Vidar .....	90

## K

Kahn, Axel.....	17
Kaiser, Hedwig .....	40
Kakkar, Lord .....	55, 70
Kalar, Musleh uddin .....	127
Kamwi, Richard .....	89
Kapferer, Stefan.....	94
Kapur, Shitij .....	114
Kaufmann, Stefan.....	17, 74, 99
Kawamori, Ryuzo .....	122
Kazatchkine, Michel.....	100
Ketting, Evert.....	33
Kettler, Hannah.....	26, 38, 75
Keusch, Gerald T. ....	87
Kickbusch, Ilona .....	17
Kieseier, Bernd .....	69
Kinn, Sue.....	75
Klag, Michael J. ....	17, 109
Kleinert, Sabine .....	17, 39, 125
Kloepfer, Albrecht .....	120
Knieps, Franz .....	120
Knop, Erich .....	122, 123
Kocher, Robert .....	63
Kökény, Mihály .....	108
Koller, Klaus-Peter .....	46
Kominami, Eiki.....	122
Korte, Rolf .....	74
Kosche, Dirk.....	17
Koschorrek, Rolf.....	68
Kouchner, Bernard .....	56
Krebser, Joachim.....	75
Kreischer, Stephan .....	17
Kretser, David de .....	17
Krishnan, Ranga.....	43
Kroemer, Heyo K. ....	64
Kumar, Sudhesh .....	32
Kurth, Bärbel .....	17
Kurth, Reinhard .....	94
Kushkryan, Harutyun .....	115

Index  
Speaker, Chairs, Panelists, Committee Members

L

Lahm, Christian ..... 113  
Lang, Thomas ..... 120  
Larson, Heidi ..... 100  
Lazdane, Gunta ..... 33  
Lefrand, Guy ..... 68  
Le Grand, Julian ..... 60  
Lehnert, Hendrik ..... 32  
Leke, Rose ..... 86  
Lightfood, Nigel ..... 34  
Li, Liming ..... 17, 65  
Liu, Edison ..... 43

M

Maduka, Ishara ..... 127  
Marmot, Michael ..... 85  
Maschewsky-Schneider, Ulrike ..... 84, 109  
Mbewu, Anthony ..... 17  
McGuire, Ryan ..... 126  
McKee, Martin ..... 42  
Merali, Zeeya ..... 111  
Merkel, Angela ..... 10  
Metters, Kathleen M. .... 88, 96  
Meulen, Volker ter ..... 88  
Meyer, Fred ..... 71  
Meyer, Philippe ..... 17  
Miller, Edward D. .... 17  
Milosavljevic, Tomica ..... 115, 118  
Misselwitz, Frank ..... 70  
Mitsuyama, Masao ..... 17  
Moaddab, Merhnaz ..... 127  
Montagnier, Luc Antoine ..... 78  
Moodie, Rob ..... 62  
Morris, Mervyn ..... 125  
Mosbrugger, Volker ..... 44  
Mosdorf, Susanne Weber ..... 108  
Motsaledi, Aaron ..... 48  
Mundt, Adrian ..... 125  
Musisi, Seggane ..... 125

N

Narumiya, Shuh ..... 46  
Nasrallah, Henry A. .... 95  
Ncayiyana, Dan ..... 41  
Neira, Maria ..... 109  
Nin, Hiroshi ..... 122  
Nitsche, Andreas ..... 34  
Noble, Alison ..... 124

O

Okumura, Ko ..... 123  
Organization ..... 58

P

Pang, Tikki ..... 17, 86  
Pannwitz, Wolfram von ..... 46, 123  
Patel, Vikram ..... 17, 125  
Patton, George ..... 39  
Peel, Deborah C. .... 93  
Penk, Andreas ..... 17  
Perez, Francisco Armada ..... 61  
Peters, Harm ..... 123  
Petrangolini, Teresa ..... 72  
Peyton, J.W. Rodney ..... 71  
Pfeiffer, Doris ..... 63  
Phillips, Gregory ..... 112  
Picht, Eckard ..... 111  
Piot, Peter ..... 17, 26, 42, 87, 98  
Plischke, Wolfgang ..... 17  
Plummer, Frank ..... 34  
Pott, Elisabeth ..... 33  
Premji, Zul ..... 68  
Prince, Martin ..... 125  
Prober, Charles ..... 124  
Puska, Pekka ..... 58

R

Rao, P. Sripathi ..... 110  
Rawlins, Michael ..... 62  
Raynaud, Olivier ..... 17, 59  
Reddy, Srinath ..... 42, 87  
Reimann, Carola ..... 17  
Reinhardt, Erich R. .... 17  
Reinhardt, Jörg ..... 65, 70  
Resnick, Michael ..... 39  
Riederer, Heinz ..... 17  
Riedlinger, Arne ..... 40  
Rietschel, Ernst Th. .... 17  
Ringrose, Tim ..... 121  
Robinson, Mary ..... 17  
Rodwin, Victor G. .... 60  
Roscigno, Giorgio ..... 74  
Rosenberg, Zeda ..... 38  
Rosenthal, Walter ..... 43  
Rösler, Philipp ..... 48  
Ryan, Michael ..... 36  
Rys, Andrzej ..... 87

# Speaker, Chairs, Panelists, Committee Members

## S

Safavi, Kaveh.....	97
Sagar, Dugani.....	126
Sakai, Shizu.....	122
Salehi, Maryam.....	126
Salky, Barry A. ....	71
Sambo, Luis.....	76
Sampaio, Jorge.....	107
Santosham, Mathuram.....	112
Saotome, Chikako.....	46
Sarkozy, Nicolas.....	10
Sawyer, Susan.....	39
Schachinger, Alexander.....	121
Schellnhuber, Hans Joachim.....	73
Schmatz, Dennis.....	38
Schmitt, Joachim.....	33
Schulenburg, Johann-Matthias Graf von der.....	66, 95
Schumann, Gunter.....	114
Schwalbe, Nina.....	100
Sebbag, Robert.....	94, 100
Seeberger, Peter.....	43
Sewankambo, Nelson K. ....	88
Shattock, Robin.....	74
Shetty, Prakash.....	32
Shinyo, Takahiro.....	122, 123
Shortliffe, Edward H. ....	93
Sidibé, Michel.....	100
Sidorenko, Evgeny.....	17
Siebert, Uwe.....	66
Silber, Denise.....	121
Singer, Peter.....	89
Slaughter, Edwin P. ....	72
Smith, Peter C. ....	63, 66
Smith, Stephen K. ....	5, 14, 17, 48, 66, 107, 110
Spigelman, Mel.....	38
Spira, Alfred.....	61
Springsklee, Martin.....	74
Starnes, Len.....	121
Starrs, Ann.....	76
Sterzer, Philipp.....	111
Stöckel, Sigrid.....	84
Stock, Günter.....	17, 78
Suermontdt, Jaap.....	97
Sundblad, Patrik.....	37
Sutton, Jeffrey P. ....	37
Szathmary, Balazs.....	92

## T

Tetrault, Lynn.....	118
Thé, Guy de.....	17
Titze, Jens.....	37
Touré, Ousmane.....	76, 89

Toure, Yves.....	45
Travassos, Claudia.....	90
Truelsen, Thomas.....	35
Turpie, Alexander Graham.....	55

## U

Uchiyama, Yasuo.....	122
Ulrichs, Timo.....	17
Ushakov, Igor.....	37

## V

Victoria, Cesar G. ....	17
Viehbacher, Christopher A. ....	98
Villar, Fernando Antoñanzas.....	95
Volk, Hans Dieter.....	123, 124

## W

Wagner, Markus.....	35
Wartman, Steven A.....	17, 110
Wegwart, Odette.....	113
Weinreich, Sonja.....	17
Wesselingh, Steve.....	17, 41, 71, 110, 118
Wichels, Reinhard.....	17
Wiking, Nils.....	72
Wittchen, Hans-Ulrich.....	69, 114
Wolfe, Charles.....	35
Wolf, Hal 58.....	
Wonde, Beate.....	122
Wong, John E. L.....	43
Wowereit, Klaus.....	48
Wrogemann, Henning.....	95

## Y

Yamori, Yukio.....	32
Yasin, Shah.....	41
Ying-I, Yong.....	43
Yonath, Ada E.....	48

## Z

Zerhouni, Elias.....	17, 65, 85
Zika, Eleni.....	111
Zylberman, Patrick.....	45
Zylka-Mehnhorn, Vera.....	26

## 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

## Media Cooperations

**Deutsches  
Ärzteblatt**



**THE LANCET**



**sciencestage.com**

## M8 Alliance Partners



**Imperial College  
London**



**M8Alliance**  
Alliance of Academic Health Centers and Medical Universities

## Science Partners





## Supporting Institutions

---

Académie des Sciences

Agence Nationale de la Recherche

Association of Research-Based Pharmaceutical Companies

Berlin Brandenburg Academy of Sciences and Humanities

Berlin School of Public Health

Bertelsmann Stiftung

BioTop - Berlin Brandenburg

Charité Foundation

Centre National d'Études Spatiales CNES

Centre National de la Recherche Scientifique CNRS

Collège de France

École des Hautes Études en Santé Publique

École Normale Supérieure

Ernst Schering Foundation

European Commission

European Federation of Pharmaceutical Industries and Associations

European Medical Research Council

European Space Agency

European Students' Conference

Federal Joint Committee Germany

Federation of German Industries

German Academy of Sciences Leopoldina

German Aerospace Center

German Cancer Research Center

German Council of Science and Humanities

German Rectors' Conference

German Research Foundation

German Society for Internal Medicine

Global Fund to Fight AIDS, Tuberculosis and Malaria

Helmholtz Association of German Research Centres

Institut National de la Santé et de la Recherche Médicale

International Federation of Medical Students Association

International Federation of Pharmaceutical Manufacturers and Associations

Koch-Metschnikow-Forum

Leibniz Association

London School of Hygiene and Tropical Medicine

Max-Planck-Society

PRES Université Paris Cité

Robert Bosch Stiftung

Robert Koch Institute

World Economic Forum

World Health Organization

# Program Hosts & Co-Hosts



**Deutsches  
Ärzteblatt**





Federal Ministry  
of Education  
and Research



Max-Planck-Institut für Bildungsforschung  
Max Planck Institute for Human Development



THE LANCET



Berlin School of Public Health an der Charité

---

## Summit Main Partners

---



---

## General Summit Partners

---



---

## Contributing Partner

---



---

## Service Partner

---

