



Charité Berlin
World Health Summit



Berlin, Germany | October 23rd – 26th, 2011

Charité Berlin
World Health Summit
2011

Summit Program

Program | Sunday, October 23rd, 2011

10.00	from 10.00	Registration			
12.00		Welcome Addresses World Health Summit 2011			
	12.00 - 12.45	KL - 111 · Main Hall · 36			
13.00	13.15 - 14.45	Welcome Lunch			
		Partner Symposium	Partner Symposium	Partner Symposium	Partner Symposium
14.00		Opportunities for Linking NTD Control with Control of AIDS, Tuberculosis and Malaria <i>Global Network for Neglected Tropical Diseases Sabin Vaccine Institute</i>	Preconception Care: An Emerging Agenda <i>Aga Khan University World Health Organization March of Dimes Foundation supported by the Bill & Melinda Gates Foundation</i>	Learning Objectives in Medicine: The Intrinsic Quality Control <i>German Rectors Conference</i>	Translational Medicine: Concepts and Implementation <i>European Commission King's College, London</i>
		PS-131 · Main Hall · 37	PS-132 · Langenbeck · 38	PS-133 · Virchow · 39	PS-134 · Koch · 40
15.00	15.00 - 16.30	M8 Alliance Symposium	Partner Symposium	M8 Alliance Symposium	Partner Symposium
16.00		Strengthening National Governance of Research for Health in LMIC <i>GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development Charité - Universitätsmedizin Berlin</i>	Adolescent Health: Its Promise and Potential <i>University of Melbourne UNICEF The Lancet</i>	The Future of Medical Education in a Globalised World: Challenges, Experiences and Solutions <i>Monash University Charité - Universitätsmedizin Berlin</i>	Cardiovascular Diseases - Challenges in Developed and Developing Countries <i>German Center for Cardiovascular Diseases Helmholtz Association Inserm</i>
		PS-141 · Main Hall · 41	PS-142 · Langenbeck · 42	PS-143 · Virchow · 43	PS-144 · Koch · 44
17.00	16.45 - 18.15	Partner Symposium	Partner Symposium	M8 Alliance Symposium	M8 Alliance Symposium
18.00		Strengthening Research Partnerships for Neglected Diseases of Poverty and Maternal, Newborn and Child Health <i>World Health Organization / TDR UNICEF GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development</i>	Access to Reproductive Health Supplies - Challenges, Barriers and Opportunities in Developing Countries <i>DSW</i>	The Social Responsibility of Academic Health Centres <i>Association of Academic Health Centres International</i>	Healthy Ageing <i>Monash University Johns Hopkins Bloomberg School of Public Health Kyoto University Graduate School of Medicine</i>
		PS-151 · Main Hall · 46	PS-152 · Langenbeck · 47	PS-153 · Virchow · 48	PS-154 · Koch · 49
19.00	19.00 - 20.30	World Health Summit Ceremony			
20.00		KL - 161 · Main Hall · 50			
21.00	20.30	World Health Summit Reception			
		SE - 171 · Main Foyer · 51			

Program | Monday, October 24th, 2011

7.00							
	7.15 - 8.45	<div>Partner Symposium</div> <div>From Evidence Based Medicine to Evidence Based Management</div> <div>Ecole des Hautes Etudes en Santé Publique European Health Management Association</div> <div>PS-212 · Langenbeck · 56</div>					
8.00							
9.00	9.00 - 10.00	<div>Keynote Lectures</div> <div>The Helmholtz Association - Keynote Lectures</div> <div>KL-221 · Main Hall · 57</div>					
10.00							
	10.15 - 11.45	<div>Working Session</div> <div>Governance for Health in the 21st Century - Democratizing Global Health</div> <div>Global Health Europe World Vision</div> <div>WS-231 · Main Hall · 58</div>	<div>Working Session</div> <div>Response to Global Emerging Infectious Outbreaks</div> <div>Ecole des Hautes Etudes en Santé Publique European Center for Disease Control</div> <div>WS-232 · Langenbeck · 60</div>	<div>Working Session</div> <div>Urban Environmental Public Health in Low-Income Countries - Health Challenges Facing Urban Societies</div> <div>Johns Hopkins Bloomberg School of Public Health National University of Singapore</div> <div>WS-233 · Virchow · 62</div>	<div>Partner Symposium</div> <div>Vaccines for the 21st Century: Roadblocks and Opportunities</div> <div>German Federal Ministry of Education and Research</div> <div>M8</div>		
11.00							
12.00	12.00 - 13.30	<div>Working Session</div> <div>Governance for Health in the 21st Century: Innovative Financing Models and Governance Principles</div> <div>World Economic Forum European Commission</div> <div>WS-241 · Main Hall · 66</div>	<div>Working Session</div> <div>The Global Health Workforce Crisis: An Unfinished Agenda</div> <div>Global Health Work Force Alliance GLZ on behalf of the German Federal Ministry for Economic Cooperation and Development</div> <div>WS-242 · Langenbeck · 68</div>	<div>Working Session</div> <div>Health Effects of Major Disasters: Prevention and Preparedness</div> <div>Kyoto University Graduate School of Medicine World Health Organization Collaborating Centre for Research on the Epidemiology of Disasters</div> <div>WS-243 · Virchow · 70</div>	<div>Partner Symposium</div> <div>Lessons Learned from ACHAP: How Partnership Turned the Tide on HIV/AIDS in Botswana</div> <div>MSD SHARP & DOHME</div> <div>PS-234 · Koch · 64</div>		
13.00							
14.00	14.00 - 15.30	<div>Partner Symposium</div> <div>Stress as a Global Challenge for Mental Health</div> <div>Servier</div> <div>PS-251 · Main Hall · 72</div>	<div>Partner Symposium</div> <div>Transitioning Healthcare Systems</div> <div>Siemens</div> <div>PS-252 · Langenbeck · 73</div>	<div>Deep Dive</div> <div>Telemedicine in Support of Patient Care</div> <div>Continua Health Alliance Cisco</div> <div>DD-263 · Virchow · 74</div>	<div>Deep Dive</div> <div>Lessons Learned from ACHAP: How Partnership Turned the Tide on HIV/AIDS in Botswana</div> <div>MSD SHARP & DOHME</div> <div>DD-264 · Koch · 75</div>		
15.00							
	15.45 - 16.45	<div>Keynote Lectures</div> <div>Keynote Lectures</div> <div>KL-271 · Main Hall · 76</div>					
16.00							
17.00	17.00 - 20.30	<div>Panel Discussion</div> <div>Ensuring Public Health in the Times of Climate Change: Mission Impossible?</div> <div>Federal Foreign Office: Forum on Global Issues German National Academy of Sciences Leopoldina Potsdam Institute for Climate Impact Research</div> <div>PD-281 · Main Hall · 77</div>	<div>Panel Discussion</div> <div>Bridging Health Gaps with Vaccines</div> <div>Max Planck Society</div> <div>PD-282 · Langenbeck · 79</div>				
18.00							
19.00							
20.00	20.30	<div>Reception</div> <div>Reception of the German Federal Foreign Office</div> <div>SF-291 · Main Foyer · 78</div>					

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7.00	7.15 - 8.45	Partner Symposium			
		Role of Germany in Global Health			
8.00		<i>Berlin School of Public Health Charité - Universitätsmedizin Berlin</i>			
		PS-314 · Koch · 84			
9.00	9.00 - 10.00	Keynote Lectures			
		Keynote Lectures			
		KL-321 · Main Hall · 85			
10.00	10.15 - 11.45	Working Session	Working Session	Working Session	Partner Symposium
		HIV / AIDS: New Technologies and Their Place in Prevention	Innovation for Diseases of Global Health Importance - Adapting Innovation to Fit Local Conditions	No Health without Mental Health <i>National Institute of Mental Health Centre for Global Mental Health</i>	Ensuring the Effectiveness of EU Expenditure on Global Health
11.00		<i>UNAIDS London School of Hygiene and Tropical Medicine</i>	<i>World Health Organization PATH</i>		<i>Ecole des Hautes Etudes en Santé Publique Association of Schools of Public Health in the European Region European Academic Global Health Alliance</i>
		WS-331 · Main Hall · 86	WS-332 · Langenbeck · 88	WS-333 · Virchow · 90	PS-334 · Koch · 92
12.00	12.00 - 13.30	Working Session	Working Session	Working Session	Partner Symposium
		Social Health Protection Systems and HIV: Developing Fair and Sustainable Financing Structures for a New Chronic Disease in Low- and Middle-Income Countries	Access to Medicines in Low- and Middle-Income Countries - Opportunities and Concerns	Impact of Global Change on Human Health - Change of Common, Non-Communicable Diseases in the Context of Environmental Health	The Case for Europe as a Leader in Research and Innovation for Global Health
13.00		<i>GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development World Health Organization</i>	<i>UNITAID Médecins Sans Frontières</i>	<i>Helmholtz Zentrum München German Research Center for Environmental Health World Health Organization</i>	<i>Global Health Europe Graduate Institute of International and Development Studies</i>
		WS-341 · Main Hall · 94	WS-342 · Langenbeck · 96	WS-343 · Virchow · 98	PS-344 · Koch · 100
14.00	14.00 - 15.30	Partner Symposium	Working Session	Partner Symposium	
		Complexities of the Translational Pipeline in Therapy Development	Access to Health in Low-Income Countries <i>Sanofi</i>	Austerity Measures and Health Care: Fiscal Discipline vs. Investing in Health	
15.00		<i>German Center for Neurodegenerative Diseases Helmholtz Association Charité - Universitätsmedizin Berlin</i>	<i>The Global Fund to Fight AIDS, Tuberculosis and Malaria</i>	<i>MSD SHARP & DOHME</i>	
		PS-351 · Main Hall · 101	WS-352 · Langenbeck · 102	PS-354 · Koch · 104	
16.00	15.45 - 16.45	Keynote Lectures			
		Keynote Lectures			
		KL-361 · Main Hall · 105			
17.00	17.00-18.30 / 19.00	Panel Discussion	Partner Symposium		
		Promoting Health, Preventing NCD - UN High-Level Meeting. What Comes Next?	Four Years After the Berlin Declaration on Tuberculosis - Lessons Learnt and Future Challenges		
18.00		<i>World Health Organization</i>	<i>German Federal Ministry of Health Koch-Metschnikow-Forum Médecins Sans Frontières</i>		
		PD-371 · Main Hall · 106			
19.00			PS-374 · Koch · 107		




07.00				
	7.15 - 8.45	Partner Symposium Personalized Medicine (perMED) Demands a Systems-Based Approach <i>Charité - Universitätsmedizin Berlin Hasso-Plattner-Institut</i> PS-412 · Langenbeck · 112		
08.00				
	9.00 - 10.00	Keynote Lectures Keynote Lectures KL-421 · Main Hall · 113		
09.00				
10.00	10.15 - 11.45	Panel Discussion Evidence to Policy Linkages - Today's Evidence - Tomorrow's Agenda <i>World Health Organization</i> PD-431 · Main Hall · 114	Partner Symposium Access to Advances in Biotherapies: Scientific, Economic and Social Issues <i>German Cancer Research Center Helmholtz Association The French National Institute of Health Research</i> PS-432 · Langenbeck · 115	
11.00				
12.00	12.00 - 13.30	Working Session Counterfeit Medicines on Rise Worldwide - How to Tackle the Booming Trade in Counterfeit Drugs? <i>European Federation of the Pharmaceutical Industries and Associations</i> WS-441 · Main Hall · 116	Partner Symposium Social Marketing and Communication in Alcohol Prevention <i>Federal Centre for Health Education</i> PS-442 · Langenbeck · 118	M8 Alliance Symposium A Healthy Start to Life - The Importance of the Right Start <i>National University of Singapore Monash University</i> PS-443 · Virchow · 120 
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14.00	14.00 - 15.30	Working Session Accelerating Development of Antibiotics <i>European Commission</i> WS-451 · Main Hall · 122	M8 Alliance Symposium Global Perspectives on Health Care Reform <i>Johns Hopkins Bloomberg School of Public Health Peking Union Medical College</i> PS-452 · Langenbeck · 124 	Partner Symposium The First 1.000 Days - Food is Not Enough <i>Médecins Sans Frontières terre des hommes</i> PS-453 · Virchow · 125
15.00				
16.00	15.45 - 17.15	Partner Symposium Product Development for Neglected Patients - Where Are the Research Gaps and What Are the Priorities? <i>International Consortium on Antivirals Drugs for Neglected Diseases Initiative</i> PS-461 · Main Hall · 126	Partner Symposium Applied Cancer Research - Solutions for Controlling Cancer <i>German Cancer Research Center Helmholtz Association International Agency for Research on Cancer</i> PS-462 · Langenbeck · 127	M8 Alliance Symposium Building a Safer Environment: Translating Science into Practice and Policy <i>Monash University - Accident Research Centre Johns Hopkins Bloomberg School of Public Health</i> PS-463 · Virchow · 128 
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World Health Summit Secretariat

Charité – Universitätsmedizin Berlin
Charitéplatz 1
10117 Berlin, Germany
Tel.: +49 30 450 572 117
Fax: +49 30 450 570 911

Summit Presidents

Steve Wesselingh
Detlev Ganten

Executive Director

Mazda Adli

Secretary to the Presidents

Dennis Wartenberg
dennis.wartenberg@charite.de

Program Coordinator

Mathias Bonk
mathias.bonk@charite.de

Summit Manager

Simone Leiske
simone.leiske@worldhealthsummit.org

World Health Summit Organizing Office

K.I.T. Group GmbH
Association & Conference Management
Kurfürstendamm 71
10709 Berlin, Germany
Tel.: +49 30 246 03 240
Fax: +49 30 246 03 200

Organization

Florence Aullen
Annette Bulgrin
Milena Grünewald
secretariat@worldhealthsummit.org

Registration & Hotel

Selina Egger
Allison Jansen
registration@worldhealthsummit.org

Speaker Management

Martina Felger
Janine Horn
science@worldhealthsummit.org

Press Office

Anja Marx
Tel.: +49 30 970 048 33
Fax: +49 30 970 048 34
media@worldhealthsummit.org



Summit Venue

Langenbeck-Virchow-Haus
Charité - Universitätsmedizin
Berlin
Luisenstraße 59
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Charité Berlin World Health Summit

Welcome Message | Angela Merkel



Angela Merkel



Nicolas Sarkozy

In medicine time can make all the difference between life and death. Obviously in emergencies every second counts. In research, however, developing new and effective approaches to combating disease is bound to take some time. But even here it is clear that the faster new scientific findings translate into practical applications, the sooner suffering can be relieved and lives saved. So in research, too, every day counts.

Cooperation is a crucial way of saving valuable time. In Germany we are establishing new research centres for six common diseases that will allow us to pool expertise and speed up the process of translating research results into standard treatments. In the treatment of neglected diseases and the diseases of poverty, too, cooperation is key to achieving rapid progress. Only if researchers, policy-makers, business and civil society work together at international level can we expect solutions that really work. Cooperation needs mutual trust and understanding. I am therefore delighted that the World Health Summit in Berlin has proved to be an ideal venue for international dialogue in this field. The motto of this year's conference, "Today's Science – Tomorrow's Agenda", highlights the seminal role of research in achieving medical advances. It reminds us, too, that shared insights and responsibility must be followed by prompt action.

I wish the World Health Summit 2011 participants and organizers a very productive conference and a host of stimulating discussions and encounters.

Dr. Angela Merkel
Chancellor of the Federal Republic of Germany

Welcome Message | Nicolas Sarkozy

Health is the major topic of the 21st century. The increase of chronic diseases in every part of the world, together with changing demographics, imposes tough challenges on our health systems. The shift to a more personalized medicine brings along great opportunities but also sincere questions of feasibility which we need to solve. This requires true collaboration and close links between governments, researchers and industry, between public and private sectors. Financial constraints force us to increase efficiency and reduce costs but not the quality of health care. This requires less bureaucracy for more action.

Eleven years ago, the world committed itself to the Millennium Developmental Goals: reduce extreme poverty, increase education, decrease child mortality, improve maternal health, and reduce infectious diseases. We still have a considerable way ahead of us. The financial crisis has left its severe marks in rich countries while it costs lives in the poorest ones. We need innovative financing models and new governance structures to sustain the financial engagements of the rich countries for the poor. Our structures have to adapt to the health challenges of the 21st century.

The World Health Summit being held at the Charité in Berlin has become the foremost global meeting of its kind to convene leaders from academia, economy, industry, governments, international organizations and civil society around the pressing health issues of our time. It also contributes to promote the work fulfilled by the M8 Alliance which brings together eight major faculties of medicine throughout the world.

I wish all the best for the 3rd edition of the World Health Summit.

Nicolas Sarkozy
President of the French Republic

Welcome Message | Michel Sidibé

In the past few years, the world has made massive strides in preventing and treating HIV and other communicable diseases. However, bringing medicines, commodities and health services to the underserved is still far too complex and expensive. The access gap is widening and status quo cannot be sustained.

It is critical to scale up the global movement against infectious diseases to save millions of lives. The global health scenario is changing - non-communicable diseases are now the leading cause of morbidity and mortality around the world. Today we now have to think of comprehensive and sustained access to health - the challenge to provide medicines and care, often over a lifetime, to billions of people cannot be left to future generations to decide.

Without delay, we must transform the way we address the challenges of ill health and disease —holistically, globally and without pitting one against another in the pursuit of resources. The AIDS response is increasingly being hailed as the engine for addressing the diseases that affect the poor and people without a voice, because its strengths, reach and resources are being leveraged to achieve larger health and development goals.

To capitalize on this opportunity, I am calling for a “new deal” in which all partners—countries, civil society, the private sector, communities, health systems and international organizations—share responsibility for delivering a truly global health response that is smart, efficient and integrated.

Shared responsibility is not just about everyone putting money in the common pot. Countries must go further, taking on differentiated responsibilities according to their capacities. It is a new paradigm of partnership—a shift away from external dependence and toward country-owned and country-led responses to HIV and health. This approach will rely heavily on the involvement of civil society and communities to come to full fruition.

This new deal must also expand the meaning of health to embrace human rights—of women and girls, young people, sexual minorities, people with disabilities, mothers and children and people made vulnerable by poverty and stigma. It must be deeply rooted in strengthening social welfare systems and addressing the social determinants of health.

This World Health Summit brings a singular opportunity to construct the frame of this historic new deal.



Michel Sidibé

Michel Sidibé
UNAIDS Executive Director

“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.”

Kofi Annan, Former Secretary-General of the United Nations

Welcome Message | Karl Max Einhäupl



Karl Max Einhäupl



The World Health Summit has created an international high-level forum for discussions between governmental representatives, policy makers, non-governmental organizations, social institutions and health-related industries to initiate cross-sectoral solutions for the challenges that our societies will be facing in health care and medical research within the coming years.

The two previous summits have clearly shown the need for such a forum. Rapid social globalization, demographic changes throughout the world, the health impacts of climate change, increasing inequalities in health care, both between and within countries, as well as financial constraints of our economic systems: all these factors have a strong impact on healthcare. They jeopardize medical progress and impede access to the fruits of medical innovation.

Medical science has to step out of the ivory towers of academia and should not leave people and their policy makers alone in the task of interpreting the results and impacts of medical research. On the contrary medical researchers must actively assist in this task by linking the right strategies – be it treatment or prevention – to the respective health challenge. We must ensure that academia takes up the right agenda for its research delivering results to the people who rightfully expect a return in improved healthcare. This includes the internationalization of our medical education systems to prepare our medical and health workforce, which is a crucial prerequisite to strengthening our economic systems and to fostering health systems in the developed and developing world. Academic research will only be truly successful if we manage to move from the classical international cooperation to a veritable transnational collaboration, i.e. a global understanding of our research, healthcare and education.

All sectors involved in health research and the provision of health-care face the same challenge of redefining their goals, their roles and their mode of interactions. Leadership is needed to harmonize this process. Academic medicine is prepared to take on this responsibility.

The M8 Alliance of Academic Health Centers and Medical Universities was founded in 2009 to identify the challenges that would benefit from close collaboration and to advise and support policy makers. If basic healthcare is a human right and not only a privilege, today's evidence must become the foundation for tomorrow's agenda.

I therefore invite you to join the World Health Summit 2011 to not only identify the sort of evidence we need in order to be prepared for today's health challenges but also to match tomorrow's agenda more closely to these needs.

Berlin is the right place for this exchange. Looking back on a long tradition of health research and biomedical development Berlin, while linking the East and the West, and has also been a traditional platform for political exchange. The Charité has been at the spearhead of Germany's academic medicine for more than 300 years and is therefore extremely proud to host the World Health Summit.

Join us for the World Health Summit 2011 in Berlin!

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

"This initiative represents an opportunity to bring together politicians, public and private decision-makers dedicated to the health of our citizens."

Nicolas Sarkozy, President of the French Republic

Dear Friends,
Dear Colleagues,

The World Health Summit has achieved the stature of the pre-eminent annual gathering for thought leaders, innovators and change agents in public health policy and life sciences. The Co-Presidency of the World Health Summit has moved outside Europe, reflecting the criticality of health as a truly global issue. That the M8 Alliance grouping in support of the Summit comprises members from seven Asia-Pacific nations provides further evidence of the potential of the Summit to facilitate positive change on a genuinely worldwide scale.

Pursuing the basic human right of health and wellbeing is no minor undertaking, and does not lend itself to rapid and short-term solutions. Scientific advancement, maturity of new technologies, development of innovative policy and the evolution of health care systems require time, investment, expertise and a willingness to endure the often lengthy path of research in the life sciences.

The World Health Summit provides the meeting point for those committed to this pursuit, acting as a forum for the presentation of new ideas and as a catalyst for new directions for a better future.

In 2011, the World Health Summit under the motto "Today's Science – Tomorrow's Agenda" will focus on non-communicable diseases and the role of mass media in health promotion, new approaches in research and innovation, ensuring public health in times of climate change and innovative models in global health governance.

We invite you to Berlin to explore with us prospective solutions offering the potential to accelerate practical outcomes for the prevention and treatment of disease and for improved health care delivery models.

The 2011 World Health Summit sets a global agenda ensuring that the challenges impacting upon health – the most fundamental basic human right – are met by those with the power to influence policy, industry and science.



Steve Wesselingh
Detlev Ganten

Prof. Dr. Steve Wesselingh
Monash University
Summit President

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

Target Groups

The World Health Summit will bring together leading 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. Their aim is to develop cogent and timely responses and solutions to achieve better health for populations worldwide.

Key Facts

Date

October 23rd - 26th, 2011

Venue

Langenbeck-Virchow-Haus
Luisenstrasse 59
10117 Berlin, Germany

*The Venue is located at the
Charité – Universitätsmedizin Berlin
Campus Mitte*

Number of Participants

1,200



Members



Charité - Universitätsmedizin Berlin
Germany



Imperial College London
United Kingdom



Johns Hopkins Bloomberg School of
Public Health, Baltimore
USA



Kyoto University Graduate School of Medicine
Japan



Monash University, Melbourne
Australia



National University of Singapore (NUS),
Yong Loo Lin School of Medicine
Singapore



Peking Union Medical College and Hospital and
Chinese Academy of Medical Sciences
China



Russian Academy of Medical Sciences
Russian Federation



Sorbonne Paris Cité
France



University of Sao Paulo
Brazil



InterAcademy Medical Panel (IAMP)



Association of Academic Health Centers International
(AAHCI)

The M8 Alliance

The “M8 Alliance of Academic Health Centers, and Medical Universities” is a collaboration of academic institutions of educational and research excellence that recognizes responsibility to improve global health and works with political and economic decision makers and civil society to develop science-based solutions for health challenges worldwide.

This international network gives the World Health Summit an outstanding academic background. The M8 Alliance acts as a permanent platform for framing future considerations of global medical developments and health challenges.

The M8 Alliance promotes the translation of research progress from the laboratory to the bedside and to populations, the transformation of our present medical care systems treating sick people to a true “health care system” with effective prevention of diseases and the transition of health-related solutions and adaptations in our rapidly changing living conditions, including demographic changes, urbanization, and climate change as priority areas of research.

It is the M8's vision to harness academic excellence in order to improve health worldwide.

Summit Profile

The World Health Summit is the annual conference of the M8 Alliance of Academic Health Centers and Medical Universities together with the National Academies. It is one of the world's foremost gatherings of leaders from academia, politics, industry and civil society to develop joint strategies and take action to address key challenges in medical research, global health and health care delivery with the aim of shaping the political, academic and social agendas. After a highly successful inaugural conference in 2009, on the occasion of the 300th year anniversary of the Charité – Universitätsmedizin Berlin, the World Health Summit is now being held annually.

“One of the problems in tackling these big health care issues are the walls that exist between the various groups that are trying to achieve them (...). You’ll find very many conferences associated with various parts of science, you’ll find various conferences around public health issues. But this is a group that is coming together across various disciplines, with public and private sector, to try to mobilize people, to move science for the betterment of health around the world.”

Christopher A. Viehbacher, CEO Sanofi

Vision

Health is a Human Right (UN Declaration 1948). Health and personal wellbeing are our societies' most important values. However, compared to the immense rate of progress in the medical sciences, we are lagging far behind in the global delivery of public health and health care. At present more than half of the world's population is not receiving proper medical care. At the same time demographic change in all parts of the world results in a rapidly rising burden of chronic diseases. We must clearly define our responsibilities and investments for the development of medicine to increase knowledge transfer from bench to bedside. We can make a difference. It is our responsibility to ensure today's science become tomorrow's agenda.

Not only fine-tuned coordination of initiatives of academia with governments, the civil society and the private sector but also stable private-public partnerships, investments in health can accomplish our key objectives to improve health in our world.

Purpose

By initiating the World Health Summit as one of the foremost international gatherings of its kind in health-care, the M8 Alliance envisages the establishment of a sustainable high-level forum. Research, education and clinical care need to develop answers to health challenges in an increasingly complex environment of globalization and international interdependency. Bringing together all stakeholders involved in health research and health care presents an unprecedented opportunity for constructive interactive partnerships. There is an urgent need for a cross-sectoral approach and multidisciplinary research to unleash the power and creativity of academic medicine and to involve societies, governments and industries. By close collaboration in analyzing today's science and by extensively sharing international experience and debate, we will be able to structure tomorrow's agenda.

"The World Health Summit is for medicine and health what the World Economic Forum in Davos is for the economy. It should grow towards a strong tradition and an essential motor for health research."

Annette Schavan, German Federal Minister of Education and Research

Topics

Today's Science

We are living in an extraordinary period of history. Never before has the world experienced such progress in research and technology development, not only to fight diseases but also to prevent them, improving the quality of life worldwide. At the same time, our world is experiencing tough challenges: the rapid increase of non-communicable diseases and mental illness in addition to the still raging epidemics of HIV, TB and malaria strongly influence today's health care and research agendas. Nearly 8 million children and pregnant women die every year as a consequence of preventable causes. The health effects of climate change are already being felt as the warming of the planet directly influences the distribution of food and water, but also of vector-borne diseases. What are effective strategies to adapt our research agendas to these increasing challenges? How can different stakeholder groups improve collaboration on an international scale to speed up and develop joint solutions?

Session

- Promoting Health-Preventing Non-Communicable Diseases
- Global Mental Health
- Emerging Infectious Diseases

Research and Innovation

Medical advances arise from collaboration and mutual understanding between academia and health care providers, politicians and the private sector. The academic community is aware of its responsibility to deliver results based on a strong collaborative approach to improve global health. This comprises basic and preclinical research and the development of new therapies, but also increasingly the delivery of health services. The burning medical questions and health issues of our time need scientific answers without delay. How can we reorganize the academic system to increase translational efficiency between academic medicine, industry and others who are responsible for health care delivery? Effective incentives are needed for the development of "vulnerable" drug classes, e.g. antibiotics and of medical innovations for diseases of global health importance. What mechanisms do we need and how can the innovation process be accelerated? How can we realize adequate adaption of therapeutics to fit local conditions? What mechanisms and collaboration models do we need to tackle the health threat caused by counterfeit drugs?

Sessions

- Bridging Health Gaps with Vaccines
- Research for Neglected Tropical Diseases
- Access to Medicines

Topics

Strengthening Health Systems

Strong health systems are the basis of all development. Governments around the world are struggling with the challenges of providing good-quality healthcare under conditions of increasing financial constraints. Evidence on which to base sound rational decisions is in short supply. Critical shortages, an inadequate skill-mix and an uneven geographical distribution of the health workforce pose major barriers to achieving the health-related Millennium Development Goals (MDGs). The essential prerequisites of good health systems are a solid basis of public health education and adequate training of the health work-force. Information and communication technologies offer exciting innovative tools for many healthcare sectors. In addition, society and the media have to take much greater responsibility for the promotion of health and the prevention of diseases.

Sessions

- Global Health Workforce Crisis
- Health Education
- Role of the EU in Global Health

Tomorrow's Agenda

Good health governance has always been of the utmost importance. However, evidence in this field is still weak. No country has yet discovered an ideal health-service model. Therefore the links between evidence and policy on all levels (national and international) need to be strengthened. How must innovative models of effective health collaboration and surveillance systems be shaped to tackle global challenges such as the increase of chronic diseases or the health consequences of global warming and degraded environment and urbanization? How can we control the various structural, socio-cultural and economic determinants of health? These are some of the important topics on tomorrow's agenda.

Sessions

- Urbanization and Health
- Public Health Response to Mega-Disasters
- Climate Change and Health

Leadership & Committees

Presidents 2011

Steve Wesselingh
Dean, Faculty of Nursing & Health Sciences,
Monash University, Australia

Detlev Ganten
Charité – Universitätsmedizin Berlin, Germany

Incoming President 2012

Michael J. Klag
Dean, Johns Hopkins Bloomberg School of
Public Health, United States of America

Past Presidents

Stephen K. Smith
Principal Faculty of Medicine, Imperial College
London, United Kingdom

Axel Kahn
President Université Paris Descartes, France

Board of the Charité

Karl Max Einhäupl
CEO, Charité – Universitätsmedizin Berlin,
Germany

Annette Grüters-Kieslich
Dean, Charité – Universitätsmedizin Berlin,
Germany

Executive Director

Mazda Adli
Charité – Universitätsmedizin Berlin, Germany

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Medicine, United Kingdom

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Tedros Adhanom Ghebreyesus
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Jörg Hacker
Sir Andrew Haines
Stefan Kaufmann
Ilona Kickbusch
Dirk Kosche
Eduardo Krieger
Philippe Meyer
Joel Menard
Tikki Pang
Vikram Patel
Andreas Penk
Wolfgang Plischke
Olivier Raynaud
Erich R. Reinhardt
Heinz Riederer
Mary Robinson
Hans-Joachim Schellnhuber
Günter Stock
Timo Ulrichs
Cesar G. Victora
Sonja Weinreich
Reinhard Wichels
Vera Zylka-Menhorn

Program Structure

The World Health Summit has plenary sessions to present selected topics of interest to a broad audience and a variety of breakout sessions to allow for deeper discussions on highlighted themes.

Keynote Lectures with high profile speakers will focus on outstanding topics.

Panel Discussions will focus on topics of potentially controversial relevance. Panel Discussions start with a brief presentation and then turn into an exchange of different viewpoints. The aim of the session is to draft possible answers to strategic questions of health care and health research.

Working Sessions are the main discussion platform of the World Health Summit. They will start with kick-off presentations held by prominent experts followed by a solution-oriented discussion involving all panelists and audience.

Partner Symposia are sessions organized in various formats to foster discussions on selected topics. They are organized by stakeholders and partners as part of the summit. The organizers of the Partner Symposia are the M8 Alliance, research organizations, health organizations, industry partners, NGOs, think tanks, etc.

Deep Dives focuses best practice sessions for a smaller audience with 2 or 3 speakers.

Color Key

Keynote Lecture

Panel Discussion

Working Session

M8 Alliance Symposium

Partner Symposium

Deep Dive

Social Event

M8 Session organized by
M8 Alliance

WELCOME TO BERLIN
WELCOME TO THE WORLD HEALTH SUMMIT

Stakeholder Meeting on Strengthening Research Partnerships for Neglected Diseases of Poverty, Maternal, Newborn and Child Health



By invitation only

Hosts: World Health Organization
 TDR - Special Programme for Research and Training in Tropical Diseases
 UNICEF
 GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development



October 21st – 22nd

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



The goal of this meeting is to build awareness among politicians, senior policy-makers and health experts from the public and private sectors on the necessity to invest more money in health research on diseases of poverty. The meeting will build on the “Berlin Action Framework”, which resulted from the first stakeholders meeting in 2009. Together with UNICEF, the development of several projects concerning the improvement of research activities in the realm of mother and child health is envisaged.

Forty high-level policy makers and health researchers representing governments from across the globe and selected senior members of health research organizations and networks will participate in this meeting. Results and recommendations will be presented during a symposium at the World Health Summit on Sunday, October 23rd. UNICEF’s Chief of Health, Mickey Chopra will refer to the meeting in his keynote at the World Health Summit Ceremony on Sunday, October 23rd.



IAMP Young Physician Leaders Meeting

By invitation only

*Hosts: InterAcademy Medical Panel (IAMP)
German Academy of Sciences Leopoldina*

October 21st – 22nd
Berlin-Brandenburg Academy of Sciences (BBAW), Jägerstr. 22/23, 10117 Berlin

Together with the M8 Alliance of leading Academic Health Centers and Medical Universities the InterAcademy Medical Panel (IAMP) will establish a “Young Physician Leadership Program”. Twenty outstanding young physician leaders are selected and nominated by IAMP members for a specific workshop to develop their leadership skills during mentoring sessions with an international group of physician leaders.



IAMP Executive Committee Meeting

By invitation only

*Hosts: InterAcademy Medical Panel (IAMP)
German Academy of Sciences Leopoldina*

October 22nd – 23rd
Permanent Representation of the Federal State of Saxony-Anhalt, Luisenstr. 18, 10117 Berlin



"Berlin Meets Moscow" Symposium - German-Russian Dialogue in the Healthcare Sector



Open to all

*Hosts: German Academy of Sciences Leopoldina
Berliner Wirtschaftsgespräche e.V.*

October 24th, 12 – 3pm

German Credit Bank, Taubenstr. 7-9, 10117 Berlin

2011 is the German-Russian Year of Education, Science and Innovation which was ceremonially opened by the Russian minister of education and science, Andrej A. Fursenko, and the German minister of education and science, Annette Schavan. Health and life sciences are equally important both in Russia and in Germany and the intention of the meeting is to look beyond each country's borders in order to exchange strategies and experiences in the field of health sciences, health care and health care management. A special focus will be set on the situation in both capitals and it will be especially important to identify synergies and look for areas in which Berlin and Moscow could enhance, foster and begin cooperation that would be highly valuable to both capital cities and countries.

M8 and Friends: Australian Co-Presidency Ambassadorial Reception



By invitation only

*Hosts: Australian Embassy
Monash University, Australia*

October 25th, 7pm

Australian Embassy, Wallstr. 76, 10179 Berlin

The Global Mental Health Forum

Open to the public

Host: *Department of Psychiatry and Psychotherapy, Campus Mitte, Charité - Universitätsmedizin Berlin*



October 26th, 4.30 - 6pm

Lecture Hall Department of Psychiatry and Psychotherapy - Hörsaal Nervenlinik

Charité - Universitätsmedizin Campus Mitte, 10117 Berlin

The Global Mental Health Forum has the goal to address the need of persons with mental disorders worldwide. It acknowledges mental health inequities and the responsibility to close a treatment gap on a global scale. Disparities in mental health care provision between and within nations will be discussed. Questions will be raised on how research, policy and development cooperation can contribute to reduce mental health inequities. The presentations will include perspectives from the largest national research funding organization of the United States NIMH and from the Federation of the European Academies of Medicine FEAM. Reports from a project site in Africa will be given and future routes for development cooperations will be explored.

China Week

By invitation only

Hosts: *SIGENET-Health
World Health Organization*

October 26th to November 3rd

Charité - Universitätsmedizin Campus Mitte, 10117 Berlin



From October 26th to November 3rd, the Sino-German Network on Public Health and Bioethics (SIGENET-Health) will hold its first China Week. SIGENET-Health was formally launched in October 2010 and provides a scientific platform to organize, facilitate and inform about ongoing research and educational activities between Germany and China.

Public health is a global commitment and China is among the world's leading powers struggling with modernization and social harmony. China is also one of Germany's most dynamic partners and competitors. An interdisciplinary group of distinguished experts from Germany and China will convene to explore the exciting prospects and urgent challenges for joint research projects.

SUMMIT PROGRAM

Saturday, October 22nd

PD

Offsite

17.00 – 18.30

Panel Discussion

“The Crucial Role of Media in Health Promotion“

By invitation only

DZ-Bank, Pariser Platz 3, 10117 Berlin

Co-Hosts: *Deutsches Ärzteblatt (Journal of the German Medical Association)*
Max Planck Society

Introduction: Vera Zylka-Menhorn | Deutsches Ärzteblatt | Germany
 Gerd Gigerenzer | Max-Planck-Institute for Human Development | Germany

Moderator: James Chau | Journalist and Moderator | CCTV-9 | China

Outline: *Media play a vital role in conveying health behavior messages. As the amount of information is growing at an unprecedented rate, many journalists ignore complexities or fail to provide context. Moreover, they sometimes feel the need to „hype-up“ a story in order to draw attention to it. As a consequence, public health messages are often inadequately communicated or distorted. Especially as many journalists consider themselves poorly trained to understand medical studies and statistics, they – and their editors – should reflect on their responsibilities. Becoming credible medical and scientific communicators – even under resource-poor settings – is an aspect of global health which should not be underestimated.*

Invited Panelists:

Jorge Baxter | Director of Global Education and Outreach for Sesame Workshop | United States of America

Ochieng Ogodo | Chair | Kenya Environment and Science Journalists Association | Kenya

Zeinab Badawi | Journalist and TV-Presenter | BBC World News | United Kingdom





SUMMIT PROGRAM

Sunday, October 23rd

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session Number

Room

Page Number

Keynote Lecture

Panel Discussion

Working Session

Social Event

Partner Symposium

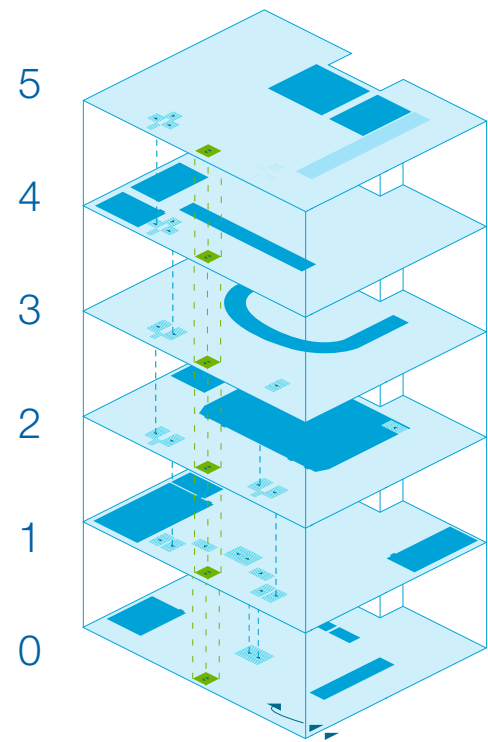
M8 Symposium

Deep Dive

M8

Session organized by
M8 Alliance

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Room Behring
- Lounge Area

3

- Main Hall (Balcony)

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Room Library

0

- Registration
- Cloakroom
- M8 Lounge
- Internet Area

10.00	from 10.00	Registration			
12.00		Welcome Addresses World Health Summit 2011			
	12.00 - 12.45	KL -111 · Main Hall · 36			
13.00		Welcome Lunch			
	13.15 - 14.45	Partner Symposium	Partner Symposium	Partner Symposium	Partner Symposium
		Opportunities for Linking NTD Control with Control of AIDS, Tuberculosis and Malaria	Preconception Care: An Emerging Agenda	Learning Objectives in Medicine: The Intrinsic Quality Control	Translational Medicine: Concepts and Implementation
14.00		Global Network for Neglected Tropical Diseases Sabin Vaccine Institute	Aga Khan University World Health Organization March of Dimes Foundation supported by the Bill & Melinda Gates Foundation	German Rectors Conference	European Commission King's College, London
		PS-131 · Main Hall · 37	PS-132 · Langenbeck · 38	PS-133 · Virchow · 39	PS-134 · Koch · 40
15.00	15.00 - 16.30	M8 Alliance Symposium	Partner Symposium	M8 Alliance Symposium	Partner Symposium
		Strengthening National Governance of Research for Health in LMIC	Adolescent Health: Its Promise and Potential	The Future of Medical Education in a Globalised World: Challenges, Experiences and Solutions	Cardiovascular Diseases - Challenges in Developed and Developing Countries
	16.00	GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development Charité - Universitätsmedizin Berlin	University of Melbourne UNICEF The Lancet	Monash University Charité - Universitätsmedizin Berlin	German Center for Cardiovascular Diseases Helmholtz Association Inserm
		PS-141 · Main Hall · 41	PS-142 · Langenbeck · 42	PS-143 · Virchow · 43	PS-144 · Koch · 44
17.00	16.45 - 18.15	Partner Symposium	Partner Symposium	M8 Alliance Symposium	M8 Alliance Symposium
		Strengthening Research Partnerships for Neglected Diseases of Poverty and Maternal, Newborn and Child Health	Access to Reproductive Health Supplies - Challenges, Barriers and Opportunities in Developing Countries	The Social Responsibility of Academic Health Centres	Healthy Ageing
		World Health Organization / TDR UNICEF GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development	DSW	Association of Academic Health Centres International	Monash University Johns Hopkins Bloomberg School of Public Health Kyoto University Graduate School of Medicine
18.00		PS-151 · Main Hall · 46	PS-152 · Langenbeck · 47	PS-153 · Virchow · 48	PS-154 · Koch · 49
19.00	19.00 - 20.30	World Health Summit Ceremony			
20.00		KL -161 · Main Hall · 50			
21.00	20.30	World Health Summit Reception			
		SE -171 · Main Foyer · 51			

KL - 111

Main Hall

12.00 - 12.45

Keynote Lectures
Welcome Addresses World Health Summit 2011



Annette Grüters-Kieslich



Steve Wesselingh



David de Kretser

SE - 121

Main Foyer

12.45 - 13.15

Co-hosted by Australian Co-Presidency, Monash University

Welcome Message

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

Steve Wesselingh | Co-President, World Health Summit | Monash University | Australia

Keynote Speech

David de Kretser | Faculty of Medicine, Nursing and Health Sciences, Monash University / Former Governor of Victoria | Australia

Statement

H. E. Peter Tesch | Ambassador of Australia | Germany

Social Event
Welcome Lunch

The Welcome Lunch takes place at the Main Foyer.

Partner Symposium

Opportunities for Linking NTD Control with Control of AIDS, Tuberculosis and Malaria

PS - 131
Main Hall
13.15 - 14.45

Hosts: Global Network for Neglected Tropical Diseases
Sabin Vaccine Institute

Chair: Neeraj Mistry | Managing Director | Global Network for Neglected Tropical Diseases
Sabin Vaccine Institute | United States of America

Outline: This session will provide an update on the status of current NTD control and elimination strategies and the impact that they have on AIDS, Tuberculosis, and Malaria. It will include how NTD treatment programs affect a country's economic, nutritional, and educational stature and focus on the benefits of NTD treatment programs and strengthening health systems.



Strengthening Health Systems in Developing Countries through Integration
Simon Wright | Head of Health Policy | Save the Children | United Kingdom

Development Economics of NTDs Versus the "Big Three"
Sarah Baird | Assistant Professor of Global Health and Economics | George Washington University | United States of America

Control and Elimination of NTDs and Their Impact on Health, Nutrition and Education
Donald Bundy | Lead Health Specialist, Africa | World Bank | United States of America

PS - 132
Langenbeck
13.15 - 14.45

Partner Symposium
Preconception Care: An Emerging Agenda



Hosts: Aga Khan University
World Health Organization
March of Dimes Foundation
supported by the Bill & Melinda Gates Foundation

Chairs: Richard Horton | Chief Editor | The Lancet | United Kingdom
Christopher Howson | Vice-President for Global Programs | March of Dimes Foundation | United States of America

Outline: *This session jointly organized by the Aga Khan University, the World Health Organization and the March of Dimes Foundation with support from the Bill & Melinda Gates Organization. The session with three speakers will explore the emerging area of preconception care, its links with the adolescent health agenda in developing countries and also provide a template for potential interventions that can be developed further for implementation globally.*

Adolescent Health, Priority Issues and the Potential Importance of Preconception Care
Elizabeth Mason | Director, Adolescent, Maternal and Child Health | World Health Organization | Switzerland

Systematic Review of Preconception Care Interventions and Evidence Gaps
Zulfiqar Bhutta | Founding Chair, Division of Women and Child Health | Aga Khan University | Pakistan

Models for Preconception Care - Targeting Adolescents Both Inside and Outside of School
Carmencita Padilla | Professor | University of the Philippines College of Medicine | Philippines

Partner Symposium

Learning Objectives in Medicine: The Intrinsic Quality Control

PS -133
Virchow
13.15 - 14.45

- Host: German Rectors Conference
- Chair: Sigrid Harendza | Professor for Internal Medicine and Education | University of Hamburg | Germany
- Outline: *Learning objectives play a major role in strategic curricular planning, implementation of courses and assessment of the students. Many medical schools worldwide have developed catalogues of learning objectives according to the needs of their students. Differences and similarities of catalogues of learning objectives will be discussed as a useful tool for further curricular developments.*
- Discussion: Ben Canny | Deputy Dean, MBBS & Head of Medical Education Program | Monash University | Australia
- Eckhart Hahn | Founding Dean | European Medical School Oldenburg-Groningen, University Oldenburg | Germany
- J.B.M. Kuks | Coordinator Curriculum Medicine | University Medical Center of Groningen | The Netherlands
- Sari Ponzer | Dean, Higher Education | Karolinska Institutet | Sweden
- Theresa Bauer | Student | Charité - Universitätsmedizin Berlin | Germany
- Daniel Yore | Student | Monash University | Australia

HRK

PS -134

Koch

13.15 - 14.45

Partner Symposium

Translational Medicine: Concepts and Implementation



Hosts: European Commission
King's College London

Chairs: Ruxandra Draghia-Akli | Director | Health Directorate / DG Research | European Commission | Belgium
Gunter Schumann | Chair of Biological Psychiatry | Institute of Psychiatry / King's College, London | United Kingdom

Outline: One of the greatest challenges medicine faces today is to translate insights provided by the biotechnological revolution into clinical medicine. At a fundamental level, this includes the revision of diagnostic classification through identification of biologically-defined symptom clusters. Such validation of current clinical diagnoses is pivotal for the development of novel therapeutic (and preventative) strategies and the implementation of personalised medicine approaches. At a more applied level it involves the development of integrated and modular approaches to facilitate effective collaboration between academia, industry, non-profit organisations and governments.

In this symposium we explore the challenges and promises associated with the development of translational medicine and therapeutics for academics, pharmaceutical industry as well as regulators and funding bodies. For example, we will discuss how examination of endophenotypes based on symptom clusters using experimental medicine approaches might inform clinical medicine, their regulation as well as drug development by pharmaceutical industry. We will also explore models of collaborative translational research most appropriate for integrated translational strategies and provide examples of successful collaborations.

Introduction

Gunter Schumann | Chair of Biological Psychiatry | Institute of Psychiatry / King's College, London | United Kingdom

From Mechanisms to Treatment in Schizophrenia: Rethinking Translation in Psychiatry

Andreas Meyer-Lindenberg | Director | Central Institute of Mental Health | University of Heidelberg | Germany

Translational Medicine: A Whole New Way to Develop and Introduce New Medicines

Richard Bergstrom | Director General | EFPIA | Denmark

Rethinking the Concepts: Consequences for Clinical Trials

Karl Broich | Vice President | German Federal Institute for Pharmaceuticals and Medical Products (BfArM) | Germany

Translational Research: EU Achievements and Perspectives

Ruxandra Draghia-Akli | Director | Health Directorate / DG Research | European Commission | Belgium

M8 Alliance Symposium Strengthening National Governance of Research for Health in Low and Middle Income Countries

PS - 141

Main Hall

15.00 - 16.30

Hosts: GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development
Charité - Universitätsmedizin Berlin

Chairs: Stefan N. Willich | Director | Institute for Epidemiology, Social Medicine and Health Economics,
Charité - Universitätsmedizin Berlin | Germany
Carel Ijsselmuiden | Director | Council on Health Research for Development (COHRED) and the Global Forum for
Health Research | Switzerland

Outline: *The symposium will focus on national research for health as a driver for development in low- and middle income countries. In general, the health research agenda is still dominated by donor countries and the global health initiatives. This situation has profound long-term effects on research and innovation capacity because socioeconomic transformation of many countries will not be achieved without increased investment in science, technology and innovation. The capacity to conduct research in the health sector as well as in other sectors is a critical part of the development process. To catalyze this process, it is inalienable for countries to invest in health research, to strengthen its governance, to set research priorities, to have predictable and sustainable core funding and to improve the research landscape with better job opportunities for researchers.*

This session brings together experts from research, policy and practice to discuss country examples and options for strengthening health research. Inputs and discussions will center on research governance, the role of research institutions, priority setting on the national and the global level, commercial interests and the role of the private sector. The symposium will also look into the implications for development cooperation and for South-North and South-South research partnerships.



Shaping the Research Landscape in Public Health: The Mexican Example

Mario H. Rodriguez | Director | Instituto Nacional de Salud Pública | Mexico

Transfer of Health Research into Policy and Practice

Hassan Mshinda | Director General | Tanzanian Commission for Science and Technology (COSTECH) |
United Republic of Tanzania

The DFID Strategy for Health Research and National Research Priorities of Partner Countries

Sue Kinn | Department for International Development (DFID) | United Kingdom

The WHO Strategy on Research for Health

Tikki Pang | Director of Research Policy and Cooperation | World Health Organization | Switzerland

PS - 142
Langenbeck
15.00 - 16.30

Partner Symposium
Adolescent Health: Its Promise and Potential



THE LANCET

Hosts: University of Melbourne
UNICEF
THE LANCET

Chairs: Sabine Kleinert | Senior Executive Editor | The Lancet | United Kingdom
Susan Sawyer | Professor of Adolescent Health | University of Melbourne | Australia

Outline: *This symposium considers the scope for translating new understandings of adolescent health into global action. It will address important steps that include the establishment of adequate health information systems, the development of structures for governance and coordination of efforts, and examples of what programs are possible in this emerging field.*

Defining the Problems: Development of Data Systems for Adolescent Health
George Patton | Professor of Adolescent Health Research | University of Melbourne | Australia

Growing Global Systems to Respond to Adolescent Health Needs
Miriam Temin | Consultant | Population Council | UNICEF | United States of America

Growing Capacity in Adolescent Health in LMIC: The Experience in Sub-Saharan Africa
Caroline Kabiru | Research Scientist | African Population and Health, Research Centre | Kenya

The Potential for Joined-up Approaches in Adolescent Health
Mickey Chopra | Chief of Health and Associate Director of Programmes | UNICEF | United States of America

M8 Alliance Symposium

The Future of Medical Education in a Globalised World: Challenges, Experiences and Solutions

PS - 143

Virchow

15.00 - 16.30

Hosts: Monash University
Charité - Universitätsmedizin Berlin

Chairs: Ben Canny | Deputy Dean, MBBS & Head of Medical Education Program | Monash University | Australia
Peter Tinnemann | Division Head | Charité – Universitätsmedizin Berlin | Germany

Outline: *This symposium is to canvas emerging challenges as we enter a dramatically changing world of globalised health care. Questions will include: do we have the right workforce in the right places, are they being trained to have skills that are transferable to multiple international settings, what strategies might work, how can we support and develop these initiatives? There will be short presentations followed by a response from students and panel discussion.*



Strategies for Internationalization of Medical Education: A View from Georgia

Rima Beriashvili | Deputy Rector, Professor of Pathology | Tbilisi State Medical University | Georgia

Looking up from Africa

David Sanders | University of the Western Cape | South Africa

Establishing Training in Global Health

Birgit Babitsch | Charité - Universitätsmedizin Berlin | Germany

Student-led Interprofessional Clinics

Sari Ponzer | Dean, Higher Education | Karolinska Institutet | Sweden

The International Medical School 2020 Project

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

Student Response

Theresa Bauer | Student | Charité – Universitätsmedizin Berlin | Germany

Student Response

Daniel Yore | Student | Monash University | Australia

PS - 144

Koch

15.00 - 16.30

Partner Symposium

Cardiovascular Diseases —
Challenges in Developed and Developing Countries

Hosts: German Center for Cardiovascular Diseases
Helmholtz Association
INSERM

Chairs: Thomas Eschenhagen | Chairman | German Center for Cardiovascular Diseases | Germany
Christian Boitard | Director | Institute Circulation, Metabolisme, Nutrition | INSERM | France

Outline: Cardiovascular diseases are the leading cause of morbidity and mortality worldwide. Whereas the incidence of myocardial infarction and stroke started to slowly decrease in the developed world, it is steeply increasing in developing countries, paralleling the change in life style and growing life expectancy. Thus, on a world scale, cardiovascular diseases are a growing problem and it seems unlikely that medical solutions will be identical in the different parts of the world.

The cardiovascular field has seen enormous progress over the past decades and has contributed significantly to the increase in life expectancy in Western societies. Here, further progress is therefore expected to be incremental rather than paradigmatic. In consequence, ever larger multicentre clinical studies, patient registries and biobanks are required to reach the statistical power to change current guidelines. Due to technical progress and coordinating requirements the translation of experimental results into practical therapy requires technical and financial resources that markedly exceed the capacity of single institutions. As a consequence, pharmaceutical companies tend to pull out of cardiovascular research and leave a gap that can and should be filled by academic research.

Translation of experimental results into clinical practice has not been a traditional strength of academic research. Reasons are several fold, including diversified structures of universities and extra university institutions that act largely independently from each other, incentives in academic career development that do not favor long-term investments in clinical studies as well as lack of funding. It is on this background that several countries have launched initiatives that intend to booster translational research and national cooperation to accelerate the development of new therapeutics. The symposium will discuss existing research structures in different countries and strategies to overcome existing weaknesses.

Translational Therapeutics and Cardiovascular Drug Development

Garret FitzGerald | Director | Institute for Translational Medicine and Therapeutics; Perelman School of Medicine, University of Pennsylvania | United States of America

Integrating Cardiovascular Disease Prevention into the New Health Care Reform in China: Promises and Challenges

Zhi-Jie Zheng | Dean | Shanghai Jiao Tong University | China

Cardiovascular Comorbidities of Diabetes and Obesity

Alain Tedgui | INSERM Cardiovascular Research Center | France

Cardiovascular Health Promotion Early in Life

Valentin Fuster | Director | The Mount Sinai Medical Centre | United States of America



PS - 151

Main Hall

16.45 - 18.15

Partner Symposium

Strengthening Research Partnerships for Neglected Diseases of Poverty and Maternal Newborn and Child Health



Hosts: World Health Organization - Special Programme for Research and Training in Tropical Diseases
UNICEF
GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development

Chair: Peter Ndumbe | Programme Manager, Research, Publications and Library Services (ARD/RPL) | World Health Regional Office for Africa (WHO/AFRO) | The Democratic Republic of the Congo

Outline: *The Partnership Symposium will highlight the importance of implementation research and evaluation activities in relation to infectious diseases of poverty and maternal newborn and child health. The symposium will discuss research priorities and policies for achieving the health-related MDG.*

Role MDGs and Child Health

Mickey Chopra | Chief of Health and Associate Director of Programmes | UNICEF | United States of America

Role of Research in Achieving Maternal and Child Health Goals

Modest Mulenga | Director | Tropical Diseases Research Centre | Zambia

Role of Child Health in Achieving the MDGs

Elizabeth Mason | Director, Adolescent, Maternal and Child Health | World Health Organization | Switzerland

Role of Research Partnerships in Combating Neglected Diseases of Poverty

Rolf Korte | Senior Health Policy Advisor | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) | Germany

Partner Symposium

Access to Reproductive Health Supplies – Challenges, Barriers and Opportunities in Developing Countries

PS -152

Langenbeck

16.45 - 18.15

Host: DSW (Deutsche Stiftung Weltbevölkerung)

Chairs: Mercedes Mas de Xaxas | Consultant | Population Action International | Spain
Renate Baehr | Executive Director | DSW (Deutsche Stiftung Weltbevölkerung) | Germany

Outline: *In the developing world, the availability and accessibility of reproductive health supplies, such as contraceptives and condoms, as well tools for safe delivery and medicines for prevention and treatment of sexually transmitted infections and HIV/AIDS, do not meet current demands. In the session we want to discuss with high-level speakers 1) the status quo, 2) challenges at national levels, and 3) why investing in RH supplies pays off.*



Procurement and Logistics of RH Supplies, AccessRH

Morten Sorensen | Deputy Chief, PSB | UNFPA | Denmark

Procurement of RH Supplies and Capacity Building within the Supply Chain

Christopher J. Elias | President and CEO | PATH | United States of America

Research Findings: Costs and Benefits of Investing in Family Planning; Acceptance of Modern Contraceptive Methods

Sharon L. Camp | President and CEO | Guttmacher Institute | United States of America

Donor Perspective: BMZ-Initiative on Rights-Based Family Planning and Maternal Health

Joachim Schmitt | BMZ, Division Health and Population Policy | Germany

Challenges at National Level, Advocating for Health and RH Supplies

Herbert Mona | Advocacy Manager | DSW (Deutsche Stiftung Weltbevölkerung) | Uganda

Ensuring Commodity Security, by Jointly Working with Private, Public and NGO Stakeholders

John P. Skibiak | Director | Reproductive Health Supplies Coalition | Belgium

PS -153
Virchow
16.45 - 18.15

M8 Alliance Symposium

The Social Responsibility of Academic Health Centres



Host: Association of Academic Health Centres International

Chairs: Steven Wartman | President and CEO | Association of Academic Health Centres International | United States of America
Edward Hillhouse | Chief Policy Advisor on Academic Health Systems | Hamad Medical Corporation | Qatar

Outline: *This session will focus on how academic health centres can integrate their basic activities of education, research, and patient care with improving the health of the populations they serve. The program will discuss the restructuring of health professions education to meet changing societal needs, the linking of research to improved health outcomes, and the transformation of patient care based on well defined population needs and priorities.*

Cultivating a Clinical Researchers Community: Developing a Clinical Research Program
Shunichi Fukuhara | Director | Department of Epidemiology and Healthcare Research | Kyoto University School of Medicine and Public Health | Japan

Intersections of Research and Population Health: Societal Valorisation
Louise Gunning-Schepers | President | Health Council of the Netherlands | The Netherlands

Increasing the Focus on Social Responsibility
Lokman Saim | Dean and Director | UKM Medical Centre | Malaysia

Population Health in Africa
Nelson Sewankambo | Principal | College of Health Science, CIGIs; Director, African Initiatives | Makerere University | Uganda

Measuring Health Professions Education in a Social Responsibility Context
Sarita Verma | Deputy Dean | Faculty of Medicine and Associate Vice Provost, Health Professions Education | University of Toronto | Canada

M8 Alliance Symposium
Healthy Ageing

PS - 154
Koch
16.45 - 18.15

Hosts: Monash University
Johns Hopkins Bloomberg School of Public Health
Kyoto University Graduate School of Medicine



Chair: Colette Browning | Director Monash Research for an Ageing Society | Monash University | Australia



Outline: *The ageing of populations is often characterized as a crisis in terms of health and social costs. The concept of healthy ageing has been promoted through research and policy in various countries as a way to manage the "burden" of ageing and recognize the potential of older people to age well. We examine how research in various countries is used to inform healthy ageing practice and policy.*



The Context of Healthy Ageing
Colette Browning | Director | Monash Research for an Ageing Society | Monash University | Australia



Healthy Aging in the US: Are We Losing Ground?
Judith Kasper | Professor | Johns Hopkins Bloomberg School of Public Health | United States of America

"Field Medicine" - A New Paradigm for Reconsidering "Optimal Ageing"
Kozo Matsubayashi | Professor | Graduate School of Medicine, Kyoto University | Japan

Managing Chronic Illness to Promote Healthy Ageing: The China Experience
Shane Thomas | Deputy Dean International | Monash University | Australia

Healthy Ageing in Australia: Translating Research into Practice and Policy
Colette Browning | Director | Monash Research for an Ageing Society | Monash University | Australia

KL - 161
Main Hall
19.00 - 20.30

Keynote Lectures
World Health Summit Ceremony



Karl Max Einhäupl



Klaus Wowereit



Dirk Niebel



Sheikh Hasina

Welcome Messages

Karl Max Einhäupl | Chief Executive Officer | Charité - Universitätsmedizin Berlin | Germany
Klaus Wowereit | Governing Mayor of Berlin | Germany

Health - A Central Human Right and Key to Development

Dirk Niebel | Federal Minister | Federal Ministry of Economic Cooperation and Development | Germany

Sheikh Hasina | Prime Minister | People's Republic of Bangladesh

Building a New European Policy for Health on Today's Evidence

Zsuzsanna Jakab | Director European Regional Office | World Health Organization | Denmark

One of the key items at the Sixty-first session of the Regional Committee for Europe in September in Baku, Azerbaijan, is to discuss and endorse a resolution concerning the vision, values, strategic directions and approaches of the new European policy for health – Health 2020. The Health 2020 policy will set out an action framework to accelerate attainment of better health and well-being for all, adaptable to the different realities of the 53 countries that make up the WHO European Region. This presentation will provide an overview of the main priorities and evidence base of the new policy for Europe including findings of commissioned studies, including the European Review of the Social Determinants and the Health Divide, the study on Governance for Health in the 21st Century and the study on Economics of Prevention. The presentation will also include information about two recent action plans of great importance, developed under the leadership of WHO/Europe, namely the Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases and the European Action Plan on Antibiotic Resistance.

Making Today's Science Work for Women and Children

Mickey Chopra | Chief of Health and Associate Director of Programmes | UNICEF | United States of America

Compared to two decades ago, millions more children now survive until their fifth birthday and beyond, are healthy, and receive adequate nutrition and other health essentials. Thousands of women now survive child birth. In recent years, however, it has become increasingly clear that our current path will probably not propel us sufficiently rapidly to meet the health MDGs or the other international commitments made to the world's women and children. The duality between the gains in child survival and the gaps that remain poses two linked challenges for those involved in research and innovation: what are the priority bottlenecks that research and innovation could unblock and how do we build the capacity in the right places? Drawing on a decade's-worth of innovation in household data collection and analysis, medical interventions, bottleneck analysis and development programming this talk will present potential priority areas that could be maximally impacted upon by research and innovation.

Moderation

Steve Wesselingh | Co-President, World Health Summit | Monash University | Australia
Detlev Ganten | Co-President, World Health Summit | Charité - Universitätsmedizin Berlin | Germany

Art & Entertainment

The Julius Stern Institute, University of the Arts, Berlin

The Julius Stern Institute, established in 1850 as the 'Stern' conservatory, is part of the music faculty of the University of the Arts in Berlin. It is one of the greatest and outstanding Institutes for the education of the younger generation of musicians in Germany.

Today there are 60 highly gifted young musicians, 10-20 years old, from all over Germany, who receive extra-curricular musical education from the JSI. The program includes intensive private lessons with university professors, theory lessons, participation in musical ensembles and the JSI chamber orchestra, as well as performance opportunities throughout Germany, Israel and Europe.

Cellists playing at the World Health Summit Ceremony are: Vasily Bystrov (20), Elia Cohen-Weissert (17), Christoph Heesch (16), Moritz Klauk (18).



Zsuzsanna Jakab



Mickey Chopra

Social Event World Health Summit Reception

The Reception will be held at the Main Foyer.

SE - 171
Main Foyer
20.30- 21.30

SUMMIT PROGRAM

Monday, October 24th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session NumberRoomPage Number

Keynote Lecture

Panel Discussion

Working Session

Social Event

Partner Symposium

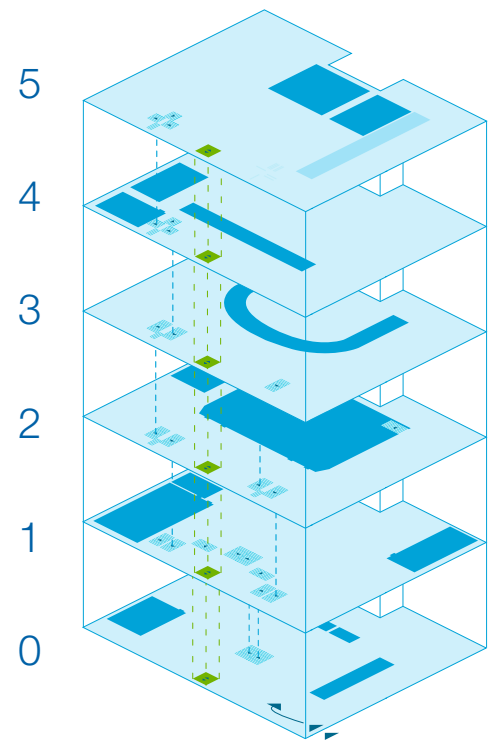
M8 Alliance Symposium

Deep Dive

M8

Session organized by
M8 Alliance

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Room Behring
- Lounge Area

3

- Main Hall (Balcony)

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Room Library

0

- Registration
- Cloakroom
- M8 Lounge
- Internet Area

PS - 212

Langenbeck

07.15 - 08.45

Partner Symposium

From Evidence Based Medicine to Evidence Based Management



Hosts: *Ecole des Hautes Etudes en Santé Publique
European Health Management Association*

Chairs: Antoine Flahault | Director and President | EHESP France & ASPHER Belgium
Inge M. B. Bongers | Senior Advisor & Professor Evidence Based Management in Health Care |
Tilburg University & EHMA | The Netherlands

Outline: *Main objective: to share knowledge and experience on evidence based medicine and evidence based management and to propose for action.
Context: Management still needs to be a more scientific discipline. Clinical epidemiology may inspire management to adopt sound methods drawn from evidence based medicine, in the same way economics recently did.*

The Impact of Eminence on Evidence - How Professionals Process Knowledge

Katharina Janus | Professor of Healthcare Management | Ulm University, Columbia University | Germany

Why Science in Health Management has a lot to Learn from Clinical Epidemiology?

Antoine Flahault | Director and President | EHESP & ASPHER Belgium

Evidence Based Innovation Management in Health Care

Inge M. B. Bongers | Senior Advisor & Professor Evidence Based Management in Health Care |
Tilburg University & EHMA | The Netherlands

Population Care Management Through Evidence Based Knowledge

Hal Wolf | Sr. Vice President & Chief Operating Officer | Kaiser Permanente, The Permanente Federation |
United States of America

Keynote Lectures
The Helmholtz Association — Keynote Lectures

KL - 221
Main Hall
9.00- 10.00

Chairs: Jürgen Mlynek | President | Helmholtz Association | Germany
Michael J. Klag | Dean | Johns Hopkins Bloomberg School of Public Health | United States of America



Sustainable Healthcare
Hermann Requardt | Sector CEO Healthcare | Siemens | Germany

Demographic change is the key challenge for modern healthcare systems. Their economic bases are especially threatened by an aging workforce and an increased occurrence of chronic diseases like cancer, diabetes mellitus, and cardio-vascular as well as neurodegenerative pathologies. The resulting growing demand for sustainability can only be met with a substantial increase in both, efficiency and effectiveness. This theme spans over the whole continuum of care starting with prevention and early diagnosis where - based on genetic and metabolomic data - risk profiles are identified and appropriate individualized screening and (preventive) therapy programs are derived from. After manifestation of a disease, elaborated IT systems will make treatment recommendations, taking into account not only the individual data of the primary diagnosis and the patient's constitution, but also further discrete and statistical medical knowledge, e.g., about therapy success rates, adverse effects, maybe economic boundary conditions. The approach is highly integrated and based on a nearly closed circuit of knowledge.



Jürgen Mlynek

Collaboration in Strengthening Capacity of African Countries to Conduct and Use Research
Olive Shisana | CEO | South African Human Sciences Research Council | South Africa

The biggest contributors to improved life expectancy are the application of health technology and scientific evidence to health problems. Northern countries have invested in developing infrastructure for research; therefore their researchers play a key role in generating knowledge and developing technologies to improve the health of their populations. Africa's investment in research infrastructure is inadequate, especially that the continent is going through an epidemiological transition, where both communicable and non-communicable diseases co-exist. This provides opportunities for global collaboration in co-generating knowledge for application. To sustain research capacity building in Africa and produce health knowledge, it is vital that research agenda be set jointly, research resources be shared, funding for infrastructure be provided, incentives to collaborate be offered and knowledge produced in Africa be published globally.



Michael J. Klag



Hermann Requardt



Olive Shisana

WS - 231

Main Hall

10.15 - 11.45

Working Session

Governance for Health in the 21st Century —
Democratizing Global Health

Co-Hosts: Global Health Europe
World Vision

Chairs: Stefan Germann | Director for Partnerships & Research | World Vision International | Switzerland
Ilona Kickbusch | Director Global Health Programme at the Graduate Institute Geneva
Chair Global Health Europe | Kickbusch Health Consult | Switzerland

Outline: *In the last two decades, efforts to improve global health have enjoyed increasing international political support, attention and resources, contributing to significant gains in health outcomes. However, the growing number of actors supporting global health efforts has not been effectively coordinated, resulting in inefficiencies, confusion and weak accountability, especially to those in most need of assistance. Current global health governance structures have not significantly changed since the 1950s and are centered in the decision making processes of the World Health Assembly with voice given primarily to states. This no longer reflects a good representation of all major global health stakeholders. Civil society stakeholders, health foundations and funding mechanisms, private sector stakeholders, professional associations etc do not feel sufficiently included in agenda setting processes of global health. There are strong calls to democratize global health. The design of global health governance requires choices about normative frameworks, institutions, membership, leadership, resourcing and enforcement mechanisms. Processes like the recent Commission on Information & Accountability for Women's and Children's health with its recommendation to establish an independent Expert Review Group to keep governments, civil society, private sectors, academia and professional health associations accountable to commitments made for women's and children's health are interesting efforts, yet to prove themselves, to create new accountability mechanisms towards improved governance. The current efforts led by the Executive Board of the WHO to reform WHO and global health governance are a hopeful process towards democratizing global health in a manner that is fit for Global Health in the 21st century.*



Stefan Germann



Ilona Kickbusch



Nigel Crisp

Turning the World Upside Down - The Search for Global Health in the 21st Century

Nigel Crisp | Former Head | National Health Service | United Kingdom

This presentation focuses on the health issues which we all share wherever we live in the world and whether we are from high, middle or low income countries. It turns the world upside down by arguing that many of the solutions to today's problems are being developed by low and middle income countries - innovation is not just happening in the rich world. It describes the way that health systems in high income countries are in crisis as they face up to demographic and epidemiological change and only have their traditional - and now outdated - methods to rely on in order to provide high quality care for their whole populations at an affordable cost. It also describes the way that people in low and middle income countries without the resources of the rich and, crucially, without their baggage and vested interests are innovating and developing new and much more local services. These new approaches taken together with the science and technology of the rich world offer new hope to the world.

Everyone has something to teach and everyone has something to learn.

The presentation goes on to argue that we only be able to democratise global health if we accept and fully understand this level of mutual dependence and responsibility. Future governance arrangements will need to reflect this.

CVA a Methodology to Engage Citizen in Local, National and Global Health Governance - The Ugandan Experience

Rudo Kwaramba | National Director | World Vision | Uganda

Citizen Voice and Action (CVA) a local-level, advocacy methodology that enhances dialogue between ordinary citizens and the Government in order to improve delivery of services that impact the daily lives of the people we serve. CVA involves mobilizing citizens, equipping them with information, skills and tools to monitor government services and facilitating the processes required to improve those services. The process involves three implementation stages namely "Enabling Citizen Engagement"; "Engagement via Community Gathering" and "Improving Services and Influencing Policy" Through this CVA MODEL we support communities in raising their voices about their right to quality health care, and press national governments to meet their responsibilities to children, mothers, families and communities. Using the CVA, World Vision is conducting nutrition advocacy and child health now campaign and engaging Inter parliamentary union in designing the resolution on MCH.



Rudo Kwaramba

Presentation

Nyaradzayi Gumbonzvanda | World Young Women's Christian Association | Switzerland

Democratising Global Governance

Nicoletta Denticò | Coordinator of the international Platform Democratising Global Health | Health Innovation in Practice (HIP) | Italy

The ever-widening inequalities in global health have forced an intense debate on the governance of global health. The issue is at the crossroad of many different elements. The first one is the increasing number, and ungoverned prominence, of new actors in public health. These have steered a shift in the institutional culture and determined a new sphere of influence in health policies, with controversial implications. Global health faces challenges of weak leadership, poor coordination, underfunded priorities, and lack of transparency, accountability, and democratic scrutiny. The mounting pressure on budgets due to the global economic downturn has enhanced the recognition that today's fragmentation and dispersion of responsibilities is not sustainable. This is the scenario setting the stage for the current WHO reform process. A welcome development, as long as the reform debate is taken as an opportunity for governments to rediscover the multilateral identity of the WHO, and its leading normative function on securing the right to health worldwide.



Nyaradzayi Gumbonzvanda



Nicoletta Denticò

Presentation

Karin Roth | Member of Parliament | German Parliament | Germany

WS - 232

Langenbeck

10.15 - 11.45



Antoine Flahault



Marc Sprenger

Working Session

Response to Global Emerging Infectious Outbreaks

Co-Hosts: Ecole des Hautes Etudes en Santé Publique
European Center for Disease Control

Chairs: Antoine Flahault | Director and President | EHESP & ASPHER Belgium
Marc Sprenger | Director | European Centre of Disease Prevention and Control (ECDC) | Sweden

Emerging diseases may occur everywhere in the world, and spread with no boundaries. Outbreaks of emerging diseases are particularly sensitive to globalization (e.g. movement of population and goods, change in land use, impact of global warming, increase in population density). Is EU correctly equipped and organized to respond in time to these threats? May our recent experience help us and serve as lessons for the future? This session will give the floor to various experiences at the EU level, regarding preparedness and response to pandemic influenza in France, EHEC outbreak in Germany, chikungunya and dengue fever in ultraperipheral regions of Europe. A special focus on risk perception of citizens and policy choices with regards with health regulations will be mentioned.

Severe Outbreak with Enterohaemorrhagic E.coli O104:H4 in Germany - A Challenge for the Public Health System

Reinhard Burger | President | Robert-Koch-Institute | Germany

Germany experienced in 2011 one of the largest reported EHEC/HUS outbreaks worldwide with 4,333 EHEC and 852 HUS cases and 50 deaths. Evidence for the role of raw vegetables as vehicle of the infection was rapidly obtained. The pathogen was identified as EHEC O104:H4. Novel epidemiological studies allowed the identification of the source. Over 30 cohorts including a recipe-based restaurant cohort study revealed sprouts as vehicle. The food safety agencies in Germany (BfR, BVL) applied forward- and backward-tracing strategies. 40 outbreak clusters were linked to a farm producing sprouts in Lower Saxony using fenugreek seed from an Egyptian supplier. The rare serotype O104:H4 produced Shigatoxin 2 and had virulence characteristics of enteroaggregative E.coli indicating a virulence combination of two different pathogens. It had an ESBL resistance phenotype. Secondary infections in household partners, hospitals, and via food distribution chain occurred, emphasising importance of hygiene.

Introducing Relevant Psycho-Social Parameters in the Process of Response-Building

Michel Setbon | Ecole des Hautes Etudes en Santé Publique (EHESP) | France

Responses to global emerging infectious outbreaks are hampered due to the unpredictable magnitude of these threats. Two response models can be identified: the retrospective, epidemiological model and the recent prospective, anticipatory model (used with avian flu H5N1 and influenza A/H1N1). The latter, based on the concept of preparedness, aims to reduce preventively the spread of a detected infectious agent. The two models are flawed in that they are conceived through a top-down approach and fail to acknowledge the central role of public's risk perception.

Risk perception is presumed to drive health behavior and to shape compliance. Ignoring the distribution and determinants of the public's risk perception and their behavioral intentions/actions leads to inefficiencies in outbreak response. Evolving toward a dynamic process that integrates social components into risk assessment will allow adjusting the response to an unstable situation and to conceive a suited risk communication.



Reinhard Burger

How Can Research and Training Contribute to Preparation of the Response to Emerging Infectious Diseases (EIDs): Recommendations of the High Council for Public Health in France

Catherine Lepout | Chargée de Mission Pandémie Maladies Infectieuses et Tropicales | Université Paris Diderot | France

Emerging Infectious Diseases (EIDs) are infectious diseases newly appeared in a population, or previously known but extending in new populations or geographic areas. Flowing out of the complex and dynamic interactions between human, pathogens and environment, EIDs raise growing interest for fundamental and clinical research considering their social, economic and political impact in a globalizing world. In view of optimizing response to coming EIDs crises, this report highlighted four "strong messages": a global interdisciplinary approach, an innovative organization (permanent prospective and expertise group), a generic flexible plan, and an emergency fund. Considering the defects in knowledge inherent to EIDs, there appears an urgent need for acquisition and sharing of new information between researchers and crises managers. Key recommendations focused on a better mixing daring research and training strategy (implemented through a permanent adjusted funding). It is expected that the detailed recommendations for an integrated research and an hybrid training will help authorities to better respond to EIDs in the future.



Michel Setbon

Response to Emerging Infectious Diseases - The WHO Perspective

Angela Merianos | Project Lead, Risk Assessment and Decision Support, Alert and Response Operations Unit, Health Security and Environment | World Health Organization | Switzerland

In the 21st century, all countries face increasingly complex challenges affecting public health, notably the risk posed by some infectious and non-infectious hazards to the health of communities which stretch the capacity of health systems and cause significant socioeconomic and political stress. Drivers of risks to public health are multifactorial; the influence of human behaviour, international travel and trade and antimicrobial resistance on disease emergence, amplification and likelihood of spread are well characterised while the influence of climate variability and changes to ecologies on disease emergence are less well understood. Complex emergencies and natural disasters often precede outbreaks of infectious disease. Mass gatherings can also facilitate the international spread of communicable diseases. The IHR (2005) is the legal framework for collective responsibility for global health security. Under the IHR WHO is obligated to rapidly identify, verify and assess public health risks of potential international concern. This presentation discusses WHO's systems, networks and tools for the coordinated management of acute public health risks from support to national capacity building to global surveillance and response.



Catherine Lepout

Vaccines for Emerging Infections

Rino Rappuoli | Global Head of Vaccines Research | Novartis | Italy

During the last 30 years we have seen an increasing number of emerging infections and when they strike most of the time they find us unprepared. The technologies of the 21st century allow us to be more efficient in preparing vaccines against emerging infections. However the policy is to invest in them only after they have emerged and the investment goes away shortly after the emergency is gone. This approach does not take advantage of the power of modern science. Several examples will show how the availability of genomics, adjuvants, synthetic biology could help to prevent or mitigate emerging infections.



Angela Merianos



Rino Rappuoli

WS - 233

Virchow

10.15 - 11.45

Working Session

Urban Environmental Public Health in Low-Income Countries — Health Challenges Facing Urban Societies



Co-Hosts: Johns Hopkins Bloomberg School of Public Health
National University of Singapore

Chairs: James Tielsch | Professor | John Hopkins Bloomberg School of Public Health | United States of America
John Wong | Dean, Yong Loo School of Medicine | National University of Singapore | Singapore

Urbanization is increasing dramatically across the world and especially in low-income countries. This poses special challenges to the environment with strains on delivery of clean water and sanitation, indoor and outdoor air quality, and the impact of climate change on urban settings. This session will provide an overview of these challenges with projections regarding the severity of this threat to health in the future.

Outdoor Air Pollution and Health in Urban Settings in Low-Income Countries

Roger Peng | Associate Professor | John Hopkins Bloomberg School of Public Health | United States of America

Ambient air pollution has been linked with mortality and morbidity around the world. The World Health Organization estimates that fine particulate matter alone is responsible for 3% of cardiopulmonary disease and 5% of cancer of the trachea, bronchus, and lung worldwide, which translates to 800,000 premature deaths per year. Much of the research to date on the health effects of ambient air pollution has been conducted in industrialized countries, but an increasing number of studies are being conducted in low-income countries. Results from low-income countries have generally been consistent with previous work, although there is considerable variation in the health risks across countries. An important aim of future work is to identify determinants of the variation in air pollution health risk and to develop effective intervention strategies.

Access to Clean Water and Sanitation in Urban Settings in Low-Income Countries

Edward Bouwer | Professor | John Hopkins Bloomberg School of Public Health | United States of America

The challenges of supplying water in cities in low-income countries include intermittent power, inadequate water supply and sanitation, contamination of water during distribution and storage, and decaying infrastructure. The energy requirements to move water and the intermittent supply of energy are huge obstacles to improving safe water availability in low-income countries. One solution is to promote decentralized systems to treat and store water so that contamination is controlled at the point of use. Government involvement is needed at the local level to help form partnerships between entities supplying drinking water and those seeking improved sanitation and wastewater treatment. People are willing to pay for water, especially if they know it is safe. Entrepreneurship can be promoted to drive competition and improve the quality of available water. Creative ways can be implemented to generate biogas from solid waste to use this energy for water supply and further treatment. Another fruitful approach is to empower people through smartphone technology to disseminate data and information about sources of good water.



James Tielsch



John Wong

Household Air Pollution and Health in Urban Settings in Low Income Countries

Nigel Bruce | Reader in Public Health | World Health Organization and Liverpool School of Tropical Medicine | United Kingdom

Globally, the main source of household air pollution is solid fuel, used by 3 billion people for cooking. Almost all are in developing countries, and although rural use is highest, 30-50% of urban homes use solid fuels, plus kerosene for cooking and lighting. Incomplete combustion in simple stoves and lamps leads to pollution far exceeding WHO safe limits, causing child pneumonia, chronic obstructive lung disease and lung cancer. New evidence suggests risks for low birth weight, stillbirth, ischaemic heart disease cataract and TB. The result is some 2 billion premature deaths globally, excluding newly identified disease risks and burns: currently available data do not allow disaggregation of urban and rural disease burdens. This avoidable health burden requires much greater recognition, and urgent action to increase access by poor homes to clean, safe household energy. WHO is currently working on guidelines for this issue to support policy on effective policy and interventions.

Impact of Climate Change on Urban Populations in Low Income Countries

Jostacio Lapitan | Technical Officer | World Health Organization | Japan

Humanity is at an unprecedented moment in history. Earth is warming and the Intergovernmental Panel on Climate Change (IPCC) has confirmed it. Human activities – particularly the burning of fossil fuels – have released quantities of Carbon dioxide and other greenhouse gases, trapping more heat in the lower atmosphere. The resulting changes make climate change a multiplier of health risks. The scale of the actual devastation, specifically to urban populations caused by extreme weather events, for example, in recent years, highlights urban vulnerabilities, especially in low income countries. Nevertheless, urban centres and the resources concentrated therein are capable of considerable adaptation to reduce health risks from climate change. City governments in coordination with national governments have a key role in mainstreaming climate change adaptation as well as strengthening disaster management capacities and the resilience of health systems.

Urban Environmental Health Challenges for Countries in Transition: An Example from Sao Paulo, Brazil

Giovanni Cerri | Secretary of Health | Department of Health, State of Sao Paulo | Brazil



Roger Peng



Edward Bouwer



Nigel Bruce



Jostacio Lapitan



Giovanni Cerri

PS - 234
Koch
10.15 - 13.30

Partner Symposium
Vaccines for the 21st Century: Roadblocks and Opportunities



Host: German Federal Ministry of Education and Research

Chair: Carlos Guzman | Helmholtz Centre for Infection Research Braunschweig | Germany

Outline: *Vaccination against infectious diseases and their sequels is undoubtedly one of the most cost-effective public health care interventions. Vaccination reduces the problems related to health care cost containment in the developed world. Moreover, in countries with limited access to health interventions, vaccines represent the key strategy to prevent the human suffering associated with infectious diseases. Among the roadblocks for the development of new and more efficient vaccines, gaps like fragmentary knowledge on immune clearance mechanisms, lack of validation tools and unpredictable host response can be mentioned. The BMBF meets this challenge by the foundation of the German Centre for Infection Research (GCIR) in this year. Vaccine core-related activities represent a cornerstone in the GCIR to meet current challenges in vaccinology. The aim of BMBF symposium is to mediate the dialogue between national and international professionals in vaccine research. We will discuss the major bottlenecks, current progress and vision in the area of vaccinology from the perspective of the academia, industry and non-governmental organizations.*

Welcome Address
Helge Braun | Parliamentary State Secretary | German Federal Ministry of Education and Research | Germany

Perspective of Academia - The Development and Introduction of New Vaccines for Developing Countries: The Bench to Field Paradigm
John D. Clemens | Former Director- General | International Vaccine Institute | Republic of Korea

Perspective of Industry - Creating an Innovative Vaccine Pipeline
Christian Mandl | Head of Research and Global Head | Viral Vaccine Projects | Novartis | United States of America

Perspective of Private Foundations - Overcoming Challenges to Translation of Global Health Vaccines
Regina Rabinovitch | Director of Global Health Infectious Diseases | Bill and Melinda Gates Foundation | United States of America

The German Vision in Vaccinology: Perspectives within the Newly Founded German Center for Infection Research
Ulrike Protzer | Chair of Virology and Head of the Institute of Virology | Technical University Munich and Helmholtz Centre Munich | Germany

Round Table (All Participants)

Final Remarks
Carlos Guzman | Helmholtz Centre for Infection Research Braunschweig | Germany



WS - 241
Main Hall
12.00 - 13.30



Olivier Raynaud



Martin Seychell



Robert Hecht

Working Session

Governance for Health in the 21st Century: Innovative Financing Models and Governance Principles

Co-Hosts: World Economic Forum
European Commission

Chairs: Olivier Raynaud | Senior Director | World Economic Forum | Switzerland
Martin Seychell | Deputy Director General for Consumers and Health | European Commission | Belgium

Outline: *The current economic context creates additional challenges for Health: The trends in healthcare costs are not sustainable, and they mean that Health will either further contribute to the aggravation of fiscal deficits or that Health budgets will undergo severe cuts.*
At a time when Governments face the need to reduce their deficit, how can innovative funding mechanisms make sure that international funding for Health is not affected?
How can new principles in health governance address the need for sustainable funding on the one hand and improved efficiency on the other?

Background: In March 2010, the European Commission adopted a Communication to enhance the EU's role in global health, with the main aim of making Europe's contribution in the fields of health and development more coherent across internal and external policy sectors. The Communication also aims at making such contribution more effective in improving health and well-being at global level. The Commission Communication proposed actions for an EU response to four main challenges of Global Health: (i) enhancing global governance on health; (ii) progress towards universal health coverage; (iii) ensuring better coherence of the EU internal and external policies in relation to global health; and (iv) increasing global health knowledge. The Commission stresses the need for policy coherence for internal and external cooperation, in order to have visible results in the area of global health. In this context the Commission has established various mechanisms and is closely following the initiatives that are being undertaken.

Innovative Financing for Global Health: Hope or Hype?
Robert Hecht | Principal and Managing Director | Results for Development Institute | United States of America

As conventional donor aid comes under pressure, can the urgent needs of developing countries in global health be met through innovative financing approaches? Are the new mechanisms significant or illusory?
A range of innovative financing tools pioneered over the past decade are showing mixed results. Some innovations, such as debt swaps, have yielded modest revenues, while others such as pooled funds (Global Fund, GAVI), UNITAID, and IFFim, have mobilized billions of dollars for critical investments. Some instruments (such as performance based payments) seem to have potential to stimulate more efficient resource use.
What are the challenges going forward? First, to enhance the effectiveness of existing innovative financing schemes, while evaluating them rigorously. Second, to find ways to tap into large streams of private financing using public guarantees. Third, to target donor assistance to poor countries tightly while encouraging middle income countries to expand domestic funding.

Presentation

Joy Phumaphi | Executive Secretary | African Leaders Malaria Alliance | Botswana

Demand Side Financing and Social Health Protection - The P4H Network and Coordinated Country Support

Matthias Rompel | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH | Germany

In many countries the financing structures for health and social protection are weak, inequitable and inefficient. WHO estimates that every year, more than 150 million individuals face catastrophic health-related expenditure and more than 100 million are pushed into poverty by the need to pay for health services directly out-of-pocket (OOP). Social Health Protection, and demand-side-financing in particular, offers instruments to overcome these challenges and to reach universal coverage. The 'Providing for Health (P4H) – Social Health Protection Initiative' is a network which provides a coordinated effort in supporting countries on their journey to reach universal coverage and social health protection for the entire population.

Presentation

Bernhard Schwartländer | Director, Evidence, Strategy and Results Department | UNAIDS | Switzerland



Joy Phumaphi



Matthias Rompel



Bernhard Schwartländer

WS - 242

Langenbeck

12.00 - 13.30

Working Session

The Global Health Workforce Crisis: An Unfinished Agenda



Co-Hosts: Global Health Work Force Alliance
GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development

Chair: Keizo Takemi | Senior Fellow, Global Health and Human Security | Japan Center for International Exchange | Japan

Outline: *The pivotal role of health workers in enabling countries to scale up access to health services and progress to achieve the health Millennium Development Goals (MDGs) has long been recognized. In spite of this, health workforce bottlenecks continue to prevent many health systems from delivering essential health services. At the Second Global Forum on Human Resources for Health, convened in early 2011 in Bangkok to review progress and renew commitments to solve the health workforce crisis, the general picture that emerged was that the level of progress in health workforce issues is still uneven, both in relation to different areas of health workforce development and across and within countries.*

At the turn of the first decade of the 21st century, health systems are progressively broadening their objectives towards universal health coverage, seeking to enable access also by the most disadvantaged segments of the population, and extending the range of services to be covered from the ones of relevance to the MDGs to include also non-communicable diseases. As the health development agenda is closely interlinked at global level, finding sustainable solutions to the health workforce crisis is in the best interest of developing and developed countries alike.

The session objectives are to:

- Sensitize the audience about the severe and wide-ranging impact of the health workforce crisis
- Share information and best practices on evidence-based and sustainable policy solutions, and advocate for their adoption
- Highlight the contributions that stakeholders from Germany can offer to contribute to addressing the challenges

Welcome & Opening

Keizo Takemi | Senior Fellow, Global Health and Human Security | Japan Center for International Exchange | Japan

Panel Discussion:

Moderator:

Mubashar Sheikh | Executive Director Global Health Workforce Alliance | World Health Organization | Switzerland

Panelists:

Agnes Soucat | Director | African Development Bank | Tunisia

Mareike Haase | Global Health Advocacy Officer | terre des hommes Deutschland e.V./ Action for Global Health | Germany

Ulrika Rehnstrom | United Nations Population Fund | Sudan



Mubashar Sheikh

WS - 243
Virchow
12.00 - 13.30

Working Session
Health Effects of Major Disasters: Prevention and Preparedness



Shunichi Fukuhara



Debbie Guha-Sapir



Rethy Chhem

- Co-Hosts:** *Kyoto University Graduate School of Medicine
World Health Organization Collaborating Centre for Research on the Epidemiology of Disasters*
- Chairs:** Shunichi Fukuhara | Director, Department of Epidemiology and Healthcare Research | Kyoto University School of Medicine and Public Health | Japan
Debbie Guha-Sapir | Director | Université Catholique de Louvain, School of Public Health; WHO Collaborating Centre for Research on the Epidemiology of Disasters (CRED) | Belgium
- Outline:** *On March 11, 2011, a major disaster occurred in the Tohoku region of Japan. Months later, health hazards to the public remain. The health hazards caused by such disasters range from immediate injury and death to infection, cardiovascular disease, mental-health problems, and the long-term effects of exposure to ionizing radiation. In this session, with the recent and ongoing tragedy as a trigger, we highlight the role of medical academia in preventing and preparing for the health effects of major disasters. Specifically, this session will address the role of medical academia in three areas:*
- 1. Risk communication: Enhancing public understanding of “risk”.*
 - 2. Advising policy-makers on specific actions to prevent infectious diseases, mental-health problems, and radiation hazards.*
 - 3. Advising policy-makers on specific actions to prepare for contamination of water, agricultural land, and fisheries by radiation.*

IAEA and Major Nuclear Accidents: On-Going and Potential Future Activities

Rethy Chhem | Director | International Atomic Energy Agency, Section of Nuclear Medicine, Division of Human Health | Austria

The purpose of this paper is to review the IAEA preparedness and response to nuclear emergencies in order to address the prevention of radiation hazards and specific actions to prepare for contamination of environment, water and soil that would affect agriculture and fisheries. Study of the effects of radiation on human health will be conducted in collaboration with the National Institute of Radiological Science and Hiroshima International Council for Health Care of the radiation-exposed (HICARE) that includes Biological Effects of Low Dose radiation via the use of both physical and biological dosimetry. Marine pollution and impact assessment, radio-ecological techniques for seafood safety, scientific and technical basis of contaminated site remediation planning will be conducted by the IAEA environmental laboratory. Issues related to water contamination will be addressed by the IAEA water resources management programme. Finally, the possible shortage in the availability of medically important isotopes due to closures of research reactors in the event of accidents and the measures to be taken to avoid a crisis due to such short-falls, merit attention.

Public Mental Health and Community Psychosocial Support in Humanitarian Settings: Core Concepts
Shekhar Saxena | Director | World Health Organization, Mental Health and Substance Abuse Department | Switzerland

Major disasters cause serious immediate as well as longer-lasting mental health and psychosocial consequences. Besides the immediate imperative of providing assistance to the affected populations, public health planners have the responsibility of enhancing preparedness for future and strengthening the available resources and systems for care. This presentation will focus on the extent and type of problems and core concepts of how disasters can actually be an opportunity to make long overdue changes to the organization of mental health and psychosocial services. Some of the recent work by World Health Organization in this field will be briefly described. Examples will be given from the response to some recent disasters, including the March 2011 disaster in Japan.



Shekhar Saxena

Fukushima Daiichi Nuclear Disaster and Radiation Health Risk Management
Shunichi Yamashita | Vice President | Fukushima Medical University | Japan

The TEPCO-Fukushima Daiichi Nuclear Accident followed a multidimensional disaster that combined to destroy the local infrastructure on which the safety system depended. A chronicle of events following the Great East Japan Earthquake has clearly demonstrated the limitation of science itself and medical academia on nuclear disaster medical care and social communication on radiation health risks.

The medical profession requires the most up-to-date evidence to provide best possible assistance to the population of Fukushima such as an international support of the official plans of the Fukushima Health Management Survey. Japan has considerable expertise in radiation related issues but transparency in risk assessment and decision-making and a reliable relationship with the public are vital. The Japanese Government and the international organizations should, therefore, decide how best to benefit from the lessons learned so that we will be able to effectively continue stronger cooperation in the long term. To overcome many difficulties faced in Fukushima, the current problems and future planning committed by international as well as domestic research institutes and universities will be presented at the standpoint of health risk management.

PS - 251

Main Hall

14.00 - 15.30

Partner Symposium

Stress as a Global Challenge for Mental Health

*Host: Servier**Chair: TBA*

Outline: The brain is a highly dynamic structure that is sensitive to stress both during early developmental stages and in adulthood. Traumatic experiences and malnourishment during prenatal phases and childhood predisposes to psychiatric disorders. On the other side, the challenges of modern life such as economic globalization, lifelong learning, mobility and the continuous overstimulation by media information are stress factors for the brain on an individual level. Therefore, stress-related disorders, mainly affective disorders, represent a major challenge for a population's overall mental health and national health care systems impacting our macro-economic system.

Stress in the Modern Environment

Andreas Meyer-Lindenberg | Director | Central Institute of Mental Health / University of Heidelberg | Germany

Stress and Genes – How Stress Leaves Its Traces in Genes

TBA

Stress and Mental Health in the Modern World – Challenges for Research

TBA

Partner Symposium
Transitioning Healthcare Systems

PS - 252
Langenbeck
14.00 - 15.30

Host: Siemens

Chair: Uwe K. Preusker | Healthcare Journalist and Consultant | Finland



Outline: *The transition of healthcare systems and the multi-partnering approach are intensely debated. The multi-partnering approach offers a possible solution to the challenges faced by healthcare systems across the globe. Low birth rates, combined with longer life expectancy contribute to aging societies that place greater demands on healthcare systems.*

To overcome these challenges, we need a healthcare infrastructure that provides optimized and affordable care and sustainable solutions. Technical innovations and collaboration beyond traditional segments are necessary to optimize structures as well as processes. This includes a balanced cooperation between payers, providers, diagnostics, pharmaceutical industries, and the patients, which can enable more people to lead healthy, high-quality lives well into old age.

The panel discussion addresses the transition of healthcare systems and the multi-partnering approach and thoroughly conducts a review with different stakeholders. How can we improve efficiency and care? How can we keep costs in check? How can multi-partnering ensure a sustainable healthcare offering? How can different stakeholder groups speed up the development of joint solutions?

Uwe K. Preusker will lead through the program and moderate the discussion between representatives of the diagnostic industry, payers and pharmaceuticals industry as well as a representative with provider perspective.

DD - 263
Virchow
14.15 - 15.30

Deep Dive
Telemedicine in Support of Patient Care



Co-Hosts: *Continua Health Alliance*
 Cisco

Chairs: Michael Strübin | Programme Manager, Europe | Continua Health Alliance | Belgium
 Klaus Juffernbruch | Director | Connected Health | Cisco Systems GmbH | Germany

Outline: *Personal health devices such as bio-medical sensors and smartphone apps promise to upend traditional models of healthcare services, empowering patients, improving quality of life, and delivering services more efficiently. The session will focus on their application in telemedicine and chronic condition management. It will include a discussion of industry initiatives to improve device interoperability and develop a consistent ecosystem across the industry, and feature presentations from a recent German telemedicine project ("Partnership for the Heart") and a current large scale European project ("Renewing Health"). This is an opportunity to hear about industry trends and to learn from early adopters about the promises (and limitations) of telemedicine and its critical success factors.*

Continua Health Alliance: Promoting an Ecosystem for Personal Health
Sergio Guillén | CEO | TSB Technologies for Health and Well-being | Spain

Telemedicine Works: Results from the Partnership for the Heart Project
Friedrich Köhler | Director | Center for Cardiovascular Telemedicine | Charité - Universitätsmedizin Berlin | Germany

Telemedicine in Action: The Renewing Health Project in Europe and in Berlin
Marius Greuël | Director | Pflegewerk Berlin | Germany

Deep Dive

Lessons Learned from ACHAP: How Partnership Turned the Tide on HIV/AIDS in Botswana

DD - 264

Koch

14.15 - 15.30

Host: MSD SHARP & DOHME

Chair: Karl Addicks | Physician; Former Member German Bundestag | Germany

Outline: *The African Comprehensive HIV/AIDS Partnerships (ACHAP) is one of the most successful stories in fighting HIV/AIDS and a role model for all public-private development partnerships to improve HIV/AIDS prevention, care, treatment and support. What are the lessons we could learn from this partnership? What are the critical factors for success, what are the challenges? ACHAP CEO Dr. Themba Moeti will discuss this with international organisations and his partners in the Deep Dive Session.*

Panel Discussion:

Themba Moeti | Managing Director | African Comprehensive HIV/AIDS Partnerships (ACHAP) | Botswana

Bernhard Schwartländer | Director, Evidence, Strategy and Results Department | UNAIDS | Switzerland

Boris Azais | Director Policy Affairs | MSD | France



KL - 271

Main Hall

15.45 - 16.45

Keynote Lectures

Keynote Lectures



Christina Mitchell



Jean-Francois Girard



Dagfinn Høybråten

Chairs: Christina Mitchell | Dean | Faculty of Medicine, Nursing and Health Sciences | Monash University | Australia
Jean-Francois Girard | President | Sorbonne Paris Cité | France

Today's Science – Tomorrow's Agenda: The Role of Vaccines in Saving Children's Lives
Dagfinn Høybråten | Chair of the Board | GAVI | Switzerland

Impact of Today's Science on Human Development

- Science has delivered life-saving vaccines to prevent severe childhood illnesses
- Great impact on the lives of millions and impressive progress towards the health MDGs: MDG4 is within reach in a number of countries
- Vaccines have contributed significantly to progress made to date
- Ensuring access to live-saving vaccines through innovation and increased financing at the heart of GAVI Alliance mission
- Donor support has made a difference

Tomorrow's Agenda

- However, one child still dies every 20 seconds as a result of a vaccine-preventable disease. 23 million children remain unvaccinated
- MDG 4 will only be achieved if we reach more children with more vaccines as soon as possible
- Vote of confidence of donors for the Alliance and Decade of vaccines dynamics: a new era for vaccines
- Vision of GAVI and implementation
- With the science available, we can save more lives tomorrow together

Keynote

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

Panel Discussion

Ensuring Public Health in the Times of Climate Change:
Mission Impossible?

PD - 281

Main Hall

17.00 - 20.30

Co-Hosts: Federal Foreign Office - Forum on Global Issues
German National Academy of Sciences Leopoldina
Potsdam Institute for Climate Impact Research

Language: English with simultaneous German translation

Chair: Hans-Joachim Schellnhuber | Director | Potsdam Institute for Climate Impact Research (PIK) | Germany

The 21st century is likely to bring about a radical transformation of human living conditions. One of the crucial changes our civilization has to manage is global warming. According to the most recent projections, the planetary mean surface temperature will be 2-4°C higher by the end of this century. This implies considerable sea-level rise, increased occurrence of extreme events, and altered precipitation pattern – to name but a few climate change impacts. While intensive research is undertaken to better understand and anticipate the consequences of these perturbations for innumerable natural and social systems, the public-health sector has not yet gained the attention it deserves. Triggering this attention is all the more pressing as many countries are struggling, already today, with the exploding costs of their health-care systems. Climate change threatens to exacerbate this predicament. The session will bring together eminent experts from different disciplines in order to (i) spark vivid interest in the climate-health nexus, and (ii) identify the major research and policy challenges involved. Topics covered include, inter alia, the combined effects of air pollution and climate change on public health; new estimates of the health-related costs of unabated global and regional warming; innovative ideas for insurance schemes to cover climate-induced health risks especially in developing countries; health-related co-benefits of mitigation; and adaptation strategies to maintain public health in urban environments especially hard hit by climate change.

Opening: German Federal Foreign Office

Mind the Heat: The Climate-Change Backdrop for Future Public-Health Management

Hans-Joachim Schellnhuber | Director | Potsdam Institute for Climate Impact Research (PIK) | Germany

While international climate change negotiations are essentially on hold, global warming and its scientific analysis are progressing incessantly. As all types of temperature records are broken and new climate impacts emerge year after year, we learn to better understand the past and to project climatic changes into the future – witnessing the consequences of failed mitigation. This keynote will provide an overview of recent observations of climatic changes, including the development of mean temperatures across the globe and trends in selected impacts. In particular, the past months have been characterized by a wave of meteorological extremes. The latter will be the starting point for presenting an outlook on possible extreme events in a further warming world, with a special emphasis on potential health-related consequences. Last but not least, some preconditions for re-booting the mitigation motor will be spelled out. And the health-related adaptation measures needed if the engine remains flooded will be named too.



Federal Foreign Office



Leopoldina
Nationale Akademie
der Wissenschaften



POTSDAM INSTITUTE FOR
CLIMATE IMPACT RESEARCH



Hans-Joachim Schellnhuber



Anthony McMichael

Recognising and Preventing the Health Risks of Climate Change: Mission Policy-Enhancing
Anthony McMichael | Professor of Population Health | The Australian National University | Australia

The health and survival of human populations face serious threats from climate change (CC) – as is so for other species. The climate system is fundamental to nature's life-support systems, upon which human biological health depends – food yields, water flows, constraints on infectious disease agents, physical protection (reefs, forests, etc.) against natural disasters, and aesthetic and spiritual fulfilment. Sustained health in populations does not come primarily from doctors, hospitals, food-stores, kitchen taps, hygiene and vaccination programs. Rather, we require a sustained flow of 'goods and services' from the natural world, for which climatic stability is crucial. Health risks from CC include: heat exposures, weather disasters, food shortage/malnutrition, water shortage (hygiene, cooking, etc), many infections, anxieties/depression, tensions/conflict. That awareness should spur CC abatement action by governments – as should the 'bonus' (local) health gains from such actions.

Discussion

Break

Panel Discussion:

Sir Andrew Haines | Professor of Public Health and Primary Care | London School of Hygiene and Tropical Medicine | United Kingdom

Maria Neira | Director | Public Health and Environment | World Health Organization | Switzerland

Alexander Nies | Director of the Department IG II Environment, Health and Chemical Safety | Federal Ministry for the Environment, Nature Conservation and Nuclear Safety | Germany

Matthias Schmale | Under Secretary General for Programme Services | International Federation of Red Cross and Red Crescent Societies | Switzerland

Moderator: Joachim Müller-Jung | Head of Department of Nature and Science | Frankfurter Allgemeine Zeitung | Germany

SE - 291
Main Foyer
20.00 - 22.30

Social Event
Reception of the German Federal Foreign Office

The Reception will be held at the Main Foyer.

Panel Discussion

Bridging Health Gaps with Vaccines

PD - 282

Langenbeck

17.00 - 18.30

Co-Host: Max Planck Society

Chair: Stefan H.E. Kaufmann | Director | Max-Planck Institute for Infection Biology | Germany

Vaccines have markedly contributed to reduced mortalities over the last decades with the most notable achievement of bringing down childhood mortality to less than 9 million cases annually. Every 4 seconds, one child is saved by vaccination. Vaccines are highly cost efficient and often delivered at prices far below 1 euro. This holds true for many vaccines in use for decades and not subject to patent issues. Yet, with annual health spending below 25 euros in many poor countries vaccine delivery depends on financial support from donor organizations. More recent vaccines still under patent restrictions are more costly and need innovative strategies to achieve an affordable price for developing countries, such as dual price systems and advanced market commitments. Delivery of available vaccines to everybody independent of financial income is primarily a matter of supply and pricing. Yet, vaccines are missing for major infectious diseases including HIV/AIDS, malaria, tuberculosis and hepatitis C. Development of new vaccines against these threats are a matter of accelerated research and development (R&D). Of the estimated 200 billion euros spent on health research, only 1% is earmarked for vaccines against these major threats. Research activities need to be stimulated by innovative incentives. Until 2005, the vaccine market was a small segment of the total pharma market amounting to a total of ca. 12 billion USD in revenues annually. This is currently changing and the vaccine market has become the fastest growing segment in the pharma industry. However, this is mostly due to vaccines against novel targets, notably, for cancer therapy. Joint efforts by public and private sectors are needed to foster research and development for novel vaccines against diseases that pose an unequal burden on low income countries. On the long run, return of investment for R&D of novel vaccines as well as supply of available vaccines at an affordable price can be secured by reducing cost for treatment and loss of human resources. In stark contrast to the value of vaccines, are public concerns about vaccine safety, notably, in industrialized countries. To fulfill the expectations raised by the call to action for the new decade of vaccines, stakeholders of all areas, including national and international governmental and nongovernmental organizations, civil society, private sector, academia and philanthropic agencies, need to join forces to pave the way for provision of all vaccines to all.



Stefan H.E. Kaufmann

Panel Discussion:

Marc Sprenger | Director | European Centre of Disease Prevention and Control (ECDC) | Sweden

Dagfinn Høybråten | Chair of the Board | GAVI | Switzerland

Jane Waterman | CEO | International AIDS Vaccine Initiative (IAVI) | The Netherlands

Jorge Kalil | Director | Instituto do Coracao HC – FMUSP | Brazil

SUMMIT PROGRAM

Tuesday, October 25th

Key & Notes

Session Key

WS-431 · Main Hall · 86

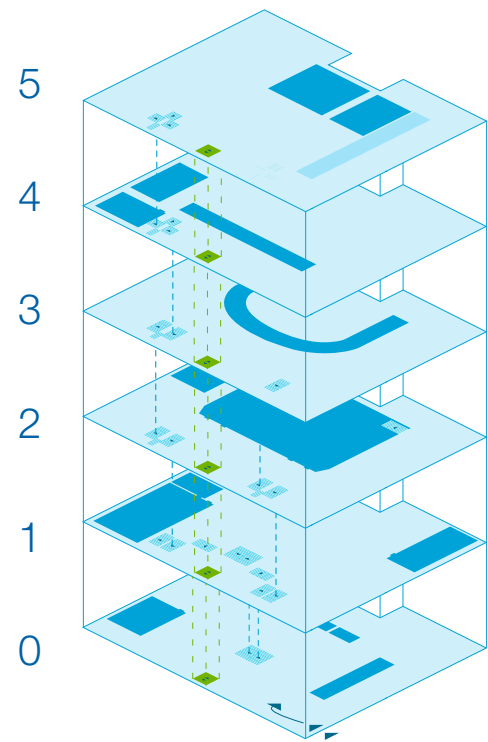
Session Number

Room

Page Number

Keynote Lecture	Panel Discussion
Working Session	Social Event
Partner Symposium	M8 Alliance Symposium
Deep Dive	M8 Session organized by M8 Alliance

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Room Behring
- Lounge Area

3

- Main Hall (Balcony)

2

- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Room Library

0

- Registration
- Cloakroom
- M8 Lounge
- Internet Area

7.00	7.15 - 8.45	Partner Symposium			
		Role of Germany in Global Health			
		Berlin School of Public Health Charité - Universitätsmedizin Berlin			
8.00		PS-314 · Koch · 84			
9.00	9.00 - 10.00	Keynote Lectures			
		Keynote Lectures			
		KL-321 · Main Hall · 85			
10.00	10.15 - 11.45	Working Session	Working Session	Working Session	Partner Symposium
		HIV / AIDS: New Technologies and Their Place in Prevention	Innovation for Diseases of Global Health Importance - Adapting Innovation to Fit Local Conditions	No Health without Mental Health National Institute of Mental Health Centre for Global Mental Health	Ensuring the Effectiveness of EU Expenditure on Global Health
11.00		UNAIDS London School of Hygiene and Tropical Medicine	World Health Organization PATH		Ecole des Hautes Etudes en Santé Publique Association of Schools of Public Health in the European Region European Academic Global Health Alliance
		WS-331 · Main Hall · 86	WS-332 · Langenbeck · 88	WS-333 · Virchow · 90	PS-334 · Koch · 92
12.00	12.00 - 13.30	Working Session	Working Session	Working Session	Partner Symposium
		Social Health Protection Systems and HIV: Developing Fair and Sustainable Financing Structures for a New Chronic Disease in Low- and Middle-Income Countries	Access to Medicines in Low- and Middle-Income Countries - Opportunities and Concerns	Impact of Global Change on Human Health - Change of Common, Non-Communicable Diseases in the Context of Environmental Health	The Case for Europe as a Leader in Research and Innovation for Global Health
13.00		GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development World Health Organization	UNITAID Médecins Sans Frontières	Helmholtz Zentrum München German Research Center for Environmental Health World Health Organization	Global Health Europe Graduate Institute of International and Development Studies
		WS-341 · Main Hall · 94	WS-342 · Langenbeck · 96	WS-343 · Virchow · 98	PS-344 · Koch · 100
14.00	14.00 - 15.30	Partner Symposium	Working Session	Partner Symposium	
		Complexities of the Translational Pipeline in Therapy Development	Access to Health in Low-Income Countries Sanofi The Global Fund to Fight AIDS, Tuberculosis and Malaria	Austerity Measures and Health Care: Fiscal Discipline vs. Investing in Health	
15.00		German Center for Neurodegenerative Diseases Helmholtz Association Charité - Universitätsmedizin Berlin		MSD SHARP & DOHME	
		PS-351 · Main Hall · 101	WS-352 · Langenbeck · 102	PS-354 · Koch · 104	
16.00	15.45 - 16.45	Keynote Lectures			
		Keynote Lectures			
		KL-361 · Main Hall · 105			
17.00	17.00-18.30 / 19.00	Panel Discussion	Partner Symposium		
		Promoting Health, Preventing NCD - UN High-Level Meeting. What Comes Next?	Four Years After the Berlin Declaration on Tuberculosis - Lessons Learnt and Future Challenges		
18.00		World Health Organization	German Federal Ministry of Health Koch-Metschnikow-Forum Médecins Sans Frontières		
		PD-371 · Main Hall · 106			
			PS-374 · Koch · 107		
19.00					

PS - 314
Koch
07.15 - 8.45

Partner Symposium
Role of Germany in Global Health



- Hosts:** Berlin School of Public Health
Charité - Universitätsmedizin Berlin
- Chairs:** Sir Andrew Haines | Professor of Public Health and Primary Care | London School of Hygiene and Tropical Medicine | United Kingdom
Reinhard Busse | Director | Department of Health Care Management | Technical University Berlin | Germany
- Outline:** *The worldwide discussion on Global Health is influenced by an Anglo-American perception of the world. In continental Europe, and particularly Germany, the roots of public responsibility to ensure peoples' health evolved from cultural, philosophical and political debates within society. Rudolf Virchow, Salomon Neumann or Alfred Grotjahn not only shaped public health in Germany, but were also political opinion leaders. The session will discuss what the debate on health in Germany could or should contribute to the worldwide global health discussion. It will be a Rapid-Fire Discussion Symposium with brief input statements, followed by an exchange with the auditorium.*
- Role of Public Health in Germany between Eastern/Central and Western Europe**
Jacqueline Müller-Nordhorn | Division Head | Berlin School of Public Health | Charité - Universitätsmedizin Berlin | Germany
- Global Health in Germany from a European Perspective**
Helmut Brand | Department Head | Department of International Health, Maastricht University | The Netherlands
- Evolution from Tropical Medicine to International Health in Germany**
Thomas Junghanss | Department Head | Section Clinical Tropical Medicine | Heidelberg University Hospital | Germany
- The American Opinion on Global Health**
Michael J. Klag | Dean | Johns Hopkins Bloomberg School of Public Health | United States of America
- The Australian Perspective on Global Health**
John McNeil | Head of Department, Head Preventive Medicine Unit | Monash University | Australia
- Importance of Global Health for the Federal Ministry of Health**
Timo Ulrichs | Division Head | Federal Ministry of Health | Germany
- The Long Way from Social Hygiene to Global Health**
Peter Tinnemann | Division Head | Charité – Universitätsmedizin Berlin | Germany

Keynote Lectures
Keynote Lectures

KL - 321
Main Hall
09.00-10.00

Chairs: Eduardo Krieger | Brazilian Academy of Sciences and FMUSP | Brazil
Ernst Rietschel | Steering Committee Representative | acatech - National Academy of Science and Engineering | Germany

Social Discourse and Health Research

Annette Schavan | Federal Minister of Education and Research | German Bundestag | Germany

Lessons and Leverage: Combining Strengths and Strategies to Scale Up HIV and NCD Responses

Michel Sidibé | Executive Director | UNAIDS | Switzerland

Last month, for only the second time in UN history, an issue of human health was on the agenda of the General Assembly. This time it was non-communicable disease (NCD) prevention and control. The first time it was, of course, AIDS. Like HIV, NCDs are epidemic time bombs. If interventions and investments aren't made at a critical stage, health and financial losses will explode, and become difficult or impossible to bring back under control. This is where we are with NCDs. And this is where the AIDS response can help. Thirty years of innovation, expertise and highly developed service platforms can successfully inform and be integrated with NCD responses. AIDS is also a working model for engaging and empowering people most affected by the disease. It is time for countries to use the lessons learned in the HIV response to strengthen health systems' ability to respond to chronic diseases. More and better operations research is needed to determine how best to apply these lessons. And finally, NCD champions must foster grassroots movements of affected and at-risk populations to attract donor commitment, country leadership and community engagement.

Challenges to Humanitarian Medical Action

Unni Karunakara | President of the International Council | Médecins Sans Frontières | Switzerland

Humanitarian medical action, in order to be relevant, has to be responsive and innovative. To meet the needs of people in crisis, humanitarian organisations must be able to adapt rapidly to the situation on the ground. What are some of the challenges facing humanitarian medical action today? Where could innovation help overcome the barriers to reaching populations in distress?



Ernst Rietschel



Annette Schavan



Michel Sidibé



Unni Karunakara

WS - 331
Main Hall
10.15 - 11.45

Working Session
HIV / AIDS: New Technologies and their Place in Prevention



Michel Sidibé



Peter Piot



Shalini Bharat

Co-Hosts: UNAIDS
London School of Hygiene and Tropical Medicine

Chairs: Michel Sidibé | Executive Director | UNAIDS | Switzerland
Peter Piot | Director | London School of Hygiene & Tropical Medicine | United Kingdom

Outline: 30 years since the first description of the acquired immune deficiency syndrome, the world has seen major breakthroughs in the response to AIDS. Over the past year, a number of scientific breakthroughs have brought new, mainly biomedical, interventions to the set of tools that have been shown to be highly effective in stopping the transmission of HIV and to keeping people living with HIV healthy and productive. Modelling work has shown how a response focusing on the most effective set of interventions within an enabling environment can turn the trajectory of the epidemic around, including the cost trajectory, which may peak within the next 5 years. Despite the dramatic progress seen scientifically, programmatically, in policy and political support, the number of new infections are still outpacing the number of people living with HIV, being put on life saving medicines when they need them. The panel includes leaders in the response to AIDS and covers different aspects of science, implementation challenges and lessons learned, which may be relevant for other global health issues.

Engage to Empower: Community Engagement in Prevention Research
Shalini Bharat | Professor | School of Health Systems Studies | TATA Institute of Social Sciences, Mumbai | India

The past 3 decades have seen interesting developments in HIV epidemic with key scientific breakthroughs on one hand and community mobilisation, on the other. However, communities remain on the periphery as knowledge generation and knowledge consumption remain exclusive activities. Moreover, communities, especially in developing countries continue to be used as 'subjects' for scientific advancements and as targets of externally designed interventions without being seriously engaged with. Recent failures of some prevention trials highlight the pitfalls of ignoring cultural sensitivities, contextual complexities and issues of mistrust among communities. Lack of investment in building meaningful partnerships and inadequate protection to communities are emerging as serious concerns. This presentation will highlight issues in community engagement and discuss strategies for engagement with vulnerable communities as critical for successful prevention research and effective AIDS response.

History Knocks Again: New Prevention Tools Used in Combination Could End the HIV Epidemic
Mark Dybul | Distinguished Scholar | O'Neill Institute for National and Global Health Law | Georgetown University | United States of America

In the past decade, scientific advances in antiretroviral therapy (ART) have allowed African nations with the support of the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria and others to increase access to ART ten-fold, saving millions of lives. Recent scientific progress in HIV prevention provides another historic opportunity. Male circumcision reduces transmission by 60%. ART in serodiscordant couples drops infection rates by 96%. Oral pre-exposure prophylaxis decreases transmission by >40% in men who have sex with men and 73% in serodiscordant heterosexual couples, and a microbicide version has >40% efficacy (women). Models suggest that effective combination prevention could reduce incidence by 65%, to 0.5%. Although there are many challenges, a public health strategy to deliver the prevention tools currently available could end the HIV epidemic. The time is now to seize a second historic opportunity. History rarely knocks a third time.

The HIV Epidemic: Saving More Lives with Less

Elly Katabira | Associate Professor of Medicine | Makerere Medical School | Uganda

Sustainable HIV-Prevention Among Gay and Other MSM in Germany

Dirk Sander | Advisor for MSM Prevention | Deutsche AIDS-Hilfe e.V. | Germany

After almost 30 years of work the German Aids Support Services (DeutscheAids-Hilfe e.V.) is comparing infection-figures on a european level one of the most successful HIV-prevention agencies. In his presentation the author refers to the division of labour between governmental and non-governmental organisations in HIV-prevention in germany, he will give a short introduction in the basic principles of the work of the German Aids support services, he will refer to the complex challenges in prevention among gay and other MSM in germany and gives examples from the running campaign I KNOW WHAT I'M DOING.

The presentation features the combination of structural and behavioural aspects and the role of "positive prevention" in current campaigns addressing gay and other men who have sex with men. Programme-planning and campaigning is including the differentiated target group (participatory approach); emancipation, empowerment and support of self-help efforts are further basic principles.

HIV / AIDS: New Technologies and Their Place in Prevention

Frika Chia Iskandar | Independent Consultant on Women Empowerment, HIV and PLHIV | Thailand

After three decades of the HIV epidemic, research studies have led to better HIV treatment and prevention strategies. One important question remains however, which is how to inform target groups about the latest research findings so that they can actively get involved in prevention programs for themselves and their peers?

'A long walk', led by Women of APN+, a peer based research project on women's access to HIV services conducted among 1,300 WLHIV in Cambodia, China, Indonesia, Thailand and Vietnam, found that over 70% of WLHIV know their HIV status because of pregnancy, or their partners' diagnosis and illness. Most people find out about their HIV-positive status some years after they have been infected. Where is the early detection? How can we more effectively share HIV prevention findings? Treatment is prevention. But will priority be given to people who are 'already positive' to get on ARVs, as a way to stop the further spread of HIV?

How do we translate 'science' for the 'people'?



Mark Dybul



Elly Katabira



Frika Chia Iskandar

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Langenbeck
10.15 - 11.45



Marie-Paule Kieny



Christopher J. Elias

Working Session
Innovation for Diseases of Global Health Importance —
Adapting Innovation to Fit Local Conditions

Co-Hosts: World Health Organization
PATH

Chairs: Marie-Paule Kieny | Assistant Director-General | World Health Organization | Switzerland
Christopher J. Elias | President and CEO | PATH | United States of America

Outline: Many useful public health innovations are not realized because the patients who would benefit from them do not form a profitable enough market to induce their development and production. This is true in the context of the classic "neglected" tropical diseases, where effective interventions oftentimes do not exist; however, it is also true in the context of other public health issues, including non-communicable diseases, where existing interventions may not be apt for the developing country contexts. Examples include heat stable insulin, which allows the treatment of diabetes in areas of the world where no sophisticated cold chain technology is available for its transportation and storage, or the development of pediatric formulations of HIV/AIDS drugs, for which the need is much greater in low and middle- than in high-income countries. Since the mid-1990s, a number of innovative approaches have been put forward to address this type of challenge. They feature a variety of institutional designs, funding models and other incentives. A few have already demonstrated impressive successes, among them miltefosine developed by the Special Programme for Research and Training in Tropical Diseases (WHO/TDR) in partnership with industry for the treatment of visceral leishmaniasis; the Drugs for Neglected Diseases Initiative (DNDI)'s new once-a day fixed-dose combination of two powerful malaria drugs, artesunate and mefloquine; the conjugate Meningitis A vaccine for sub-Saharan Africa, developed by a partnership led by WHO and PATH and currently produced by a developing country vaccine manufacturer; or the Institute of One World Health's (IOWH) paromomycin for the treatment of leishmaniasis, which was first approved in India. This working session will engage several of the new players in a conversation about their progress to date. Three questions will be at the core of the discussion. First, to what degree are the existing institutional models able to tackle the R&D challenges at hand, what are their pros and cons, and what has been the impact on health outcomes? Second, what can we say about the financial needs and sustainability of these initiatives? And third, what governance challenges do these initiatives face, and contribute to, in a global health domain that is growing increasingly fragmented and diverse?

Innovation in Technology for Global Health Abounds; Business Model Innovation is Scarce
Victoria Hale | CEO | Medicines 360 | United States of America

Global health Product Development Partnerships (PDPs) have proven that they can develop rich R&D portfolios for some neglected tropical diseases, but not all. Though important new products have come to market, significant impact is slow to be realized. Technology development abounds mainly due to successful engagement of academia, but business models have not evolved due to lack of profit, a short-term abundance of philanthropy and low expectations of impact. Governmental bodies aren't designed to achieve health outcomes through product delivery; is it time to build nonprofit commercialization/marketing/distribution companies that are motivated and incentivized? Financial sustainability is crucial. We should study business models of social entrepreneurs in other sectors. Perhaps it is time for the nonprofit organizations in the global health arena to come together to optimize existing legal, political and corporate systems and pathways to legislate, lobby and achieve our shared goals.

Prize4Life and the ALS Biomarker Prize: A New Approach for Driving Innovation in Health
Melanie Leitner | Chief Operating Officer, Chief Scientific Officer | Prize4Life | United States of America

Orphan diseases and neglected diseases share much in common: perceived small markets, limited access to resources, and a general lack of attention. One novel mechanism of innovation that has recently been embraced by the not-for-profit and governmental sectors to address these limitation is the incentive/inducement prize model. Founded in 2006, Prize4Life is a results-oriented, not-for-profit organization dedicated to accelerating the discovery of treatments and cures for the rapidly fatal neurodegenerative disease

Amyotrophic Lateral Sclerosis, also known as Motor Neuron Disease, by using incentive prizes to attract new people and drive innovation. Prize4Life launched the ALS Biomarker Prize in 2006 with the goal of increasing commercial interest by finding an accurate way to track the progression of ALS and cut the cost of ALS clinical trials in half. The \$1 Million dollar prize was awarded earlier this year.

The PDP Model: Are We Taking the Most Critical Paths to Developing Urgently Needed Health Tools for Neglected Patients?

Bernard Pécoul | Executive Director | Drugs for Neglected Diseases Initiative | DNDi | Switzerland

Awareness of the lack of needs-adapted health tools for neglected diseases emerged in the late 1990s and novel approaches such as PDPs emerged to stimulate R&D. A steady increase in donors and actors has since improved the landscape, but neglected disease R&D still lacks sufficient resources. The PDP model is unique in its needs-driven, not-for-profit modus operandi; focus on capacity strengthening; and engagement of pharma and biotech industries as well as endemic-country academic and public sectors. PDPs, by sharing knowledge, avoiding research duplication, saving costs, and expediting the R&D process, have transformed a virtually empty R&D drug pipeline to one that now counts some 150 preclinical and clinical projects. However, critical reflection is vital to pave the way forward, including the need for renewed commitment of donors, coupling R&D funding with capacity strengthening funding, innovative finance mechanisms, and government leadership, particularly from endemic countries.

Novel Partnership Models to Advance Affordable Health Technologies

Christopher J. Elias | President and CEO | PATH | United States of America

Increases in global health resources over the past decade have prompted new models for solving global health problems. Creative partnerships between the public and private sectors have been one successful approach. Because many of these partnerships receive support from public or philanthropic sources, it is important to ensure that the resulting products are available as "global public health goods" – that is, goods that are available, accessible, and affordable to everyone as a means to improve health. Since 1977, PATH has partnered successfully with many organizations, including dozens of commercial firms. PATH develops a unique, strategic approach to each partnership to best achieve project goals within the circumstances of the collaboration. A few case studies will be presented on the development and manufacturing of new vaccines, diagnostics, and injection technologies.

Novartis — Innovating to Help Fight and Eliminate Diseases of Global Health Importance

Paul Aliu | Global Program Team Director | Novartis | Tropical Medicines, Pharma Development | Switzerland

Novartis currently has active research and development activities in various neglected tropical diseases – malaria, leprosy and tuberculosis, to mention a few.

In the past 10 years, over 400 million treatments of Coartem® - an antimalarial drug, and about 10 million treatments of MDT for leprosy, have been delivered to over 60 endemic countries without profit. In that timespan, there have been a lot of learning and innovative concepts developed to tackle the diseases, improve access and ensure optimal use of the treatments. Innovative advances have included use of pictograms and graphic depiction of diminishing parasite load on the Coartem packaging to enhance adherence in low literate populations, development of a sweet tasting pediatric-friendly dispersible formulation, and a public-private partnership 'SMS for Life' using mobile phone and electronic mapping technology to manage stock levels hence improving access. Partnerships and strong commitment from all stakeholders are required to tackle diseases of global health importance, and simple innovative solutions can make a huge difference provided there is continuous support and available resources.



Victoria Hale



Melanie Leitner



Bernard Pécoul



Paul Aliu

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Working Session
No Health without Mental Health

Co-Host: National Institute of Mental Health
Centre for Global Mental Health

Chairs: Martin Prince | Professor of Epidemiological Psychiatry | King's College London | United Kingdom
Marie R. Bashir | Governor of New South Wales | Australia

Since the Lancet Series on Global Mental Health (2007), awareness has grown of the gross inequity in the provision of care and respect for human rights of persons living with mental disorders, between rich and poor countries. The treatment gap for mood disorders exceeds 75% for low and middle income countries (LMIC), while 90% or more of people with psychosis have never been treated in sub-Saharan Africa.

A key priority is scaling-up evidence-based packages of mental health care, to be delivered by non-specialists in general healthcare settings. The evidence that 'task-shifting' is both feasible and effective has strengthened. This has informed the WHO Mental Health Gap Action Plan Intervention Guide (mhGAP-IG), to be piloted and rolled-out in selected LMIC. Much mental disorder burden occurs in the context of health priority areas, for example maternal and child health and HIV care.

New funding initiatives provide opportunities to contribute to the design and evaluation of effective models of care - a UK DFID Research Program Consortium, and the US NIMH Collaborative Hubs for International Research on Mental Health. 'Grand Challenges in Global Mental Health' was launched with a priority setting exercise published in Nature in July 2011. A second Lancet Series appears in October 2011.

Questions to be addressed:

1. How can research advance the Global Mental Health agenda?
2. Should we prioritise particular conditions, or population sub-groups, in efforts to scale up services and close the treatment gap?
3. Is horizontal integration of mental health care into routine general healthcare feasible?
4. Where is mental health in the chronic disease agenda?
5. Is provision of mental health services 'pro-poor', and can this be demonstrated?
6. How can scaling-up of integrated services be financed and sustained?

The Grand Challenges in Global Mental Health

Pamela Collins | Director | Office for Research on Disparities and Global Mental Health | National Institute of Mental Health | United States of America

Mental disorders contribute thirteen percent of the global burden of disease and are leading causes of disability worldwide. The Grand Challenges in Global Mental Health initiative sought to identify specific barriers that, if removed, would help to solve the most important problems in the areas of mental, neurological, and substance use (MNS) disorders. Through engagement of the largest global Delphi panel to date, the initiative identified research priorities that, within the next decade, could lead to substantial improvements in the lives of people living with neuropsychiatric disorders. A secondary goal was to further galvanize a global mental health movement whose stakeholders include committed researchers and funders. This presentation will discuss the conceptualization, the methodology and the outcomes of the Grand Challenges in Global Mental Health Initiative as well as next steps for action in the global community.



Martin Prince



Marie R. Bashir



Pamela Collins

An Integrated Approach to Improving the Mental Health of Mothers and Children: Challenges and Opportunities

Atif Rahman | Professor of Child Psychiatry | University of Liverpool | United Kingdom

Despite increasing evidence of the connectedness of mental disorders and physical health conditions, large-scale public health interventions do not address the mental health of their target populations. The example of maternal depression will be considered and the evidence of its public health impact on both the mother and the child presented. From our work in rural Pakistan, an example of how a complex intervention for maternal depression can be successfully integrated into a community-based Maternal and Child Health programme will be described. The challenges in scaling-up such a programme will be discussed.

Mental Illness in HIV: A Multi-System, Multi-Faceted Approach to Reducing Disease Burden

Soraya Seedat | Professor of Psychiatry | Stellenbosch University (Tygerberg Campus) | South Africa

Psychiatric and neuropsychiatric disorders have an intertwined relationship with HIV/AIDS. While great strides have been made in describing and mechanistically delineating these disorders, they are often overlooked in the planning and implementation of HIV focused interventions. Yet recent evidence shows that cost-effective interventions for depression integrating adherence training, can successfully be used to reduce depression, improve adherence, and maximize medical and quality of life outcomes. As antiretroviral therapy roll out is extended and sustained in high HIV prevalence and low-resource countries, evidence-based research on secondary prevention interventions aimed both at reducing sexual risk and at improving mental health outcomes is becoming increasingly urgent, as too is research on the effectiveness of scaling up these interventions. Psychiatric treatment provided within the setting of comprehensive HIV care arguably represents an optimal context in which to do this.

Comment:

Marylou Selo | President | Werner A. Selo Foundation, New York | United States of America



Atif Rahman



Soraya Seedat

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Partner Symposium

Ensuring the Effectiveness of EU Expenditure on Global Health



Hosts: *Ecole des Hautes Etudes en Santé Publique
Association of Schools of Public Health in the European Region
European Academic Global Health Alliance*

Chairs: Sir Andrew Haines | Professor of Public Health and Primary Care | London School of Hygiene and Tropical Medicine | United Kingdom
Antoine Flahault | Director and President | EHESP France & ASPHER Belgium

Outline: *The EU is a major contributor to funding both on development aid for health and other activities to promote global health. This session will explore from the different perspectives of policymakers and the academic community how value for money can be ensured. It will discuss how to evaluate the effectiveness of health aid particularly in the context of the Paris and Accra principles and the trend towards budget support by donors. It will also consider how to support sustainable capacity at the country level to deliver effective and affordable health care.*

Effectiveness and Sustainability of Aid - Analysing Development Cooperation

Bruno Gryseels | Director | Institute of Tropical Medicine, Antwerp | Belgium

Measuring Effectiveness of EU Aid

Walter Seidel | EuropeAid D4 Health Sector | Belgium

Aid Effectiveness from a Country Perspective

Francisco Songane | Former Minister of Health, Health Advisor COHRED | Mozambique



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Main Hall
12.00 - 13.30



Christian Pfeleiderer



Peter Piot

Working Session

Social Health Protection Systems and HIV: Developing Fair and Sustainable Financing Structures for a New Chronic Disease in Low- and Middle-Income Countries

Hosts: GIZ on behalf of the German Federal Ministry for Economic Cooperation and Development
World Health Organization

Chair: Christian Pfeleiderer | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH | Germany

Outline: More than 100 million people fall into poverty each year due to direct payments for health care services. Moreover, countries with lacking social health protection systems – particularly in sub-Saharan Africa – are also those countries, which bear the largest burden of the global HIV/AIDS pandemic. In the past, many households that were affected by AIDS spent huge parts of their assets and income on the search for a remedy and for financing costs of treatment (e.g. for opportunistic infections). At the end of this process, however, most of the affected households ended up in poverty; at the same time those affected by AIDS lost their jobs and their income due to illness.

It is now almost 10 years that international financing instruments – e.g. the Global Fund to Fight AIDS, Malaria & Tuberculosis (GFATM) and the US Government's President's Emergency Plan For AIDS Relief (PEPFAR) – started to support low and middle income countries with – amongst other approaches – financing of ART. Today, these external financing instruments reach 5.2 million (60% by GFATM grants) people suffering from AIDS. By providing them with ART they are enabled again to generate income. Moreover, it has to be ensured that those who start treatment with ART receive and take it for the rest of their life in order to avoid resistances. Still, however, 10 million people are in uncovered need for ART.

Due to the increased effectiveness of the drugs, AIDS has turned from a lethal to a chronic disease. Against this background two questions arise: how to achieve universal coverage – i.e. to reach those in need, who do not yet receive ART – and how to ensure long term financing of ART coverage. Tapping into national resources to finance – at least in part – provision of ART on a long term basis is one option, which is currently debated internationally. Key questions that are going to be addressed, are: What are scope and limitations of financing ART medication national health financing systems? What could be the role of global health financing programs in strengthening national health systems? Country examples will inform the discussion of these questions.

The Need for a Long Term View on Financing the Global AIDS Response

Peter Piot | Director | London School of Hygiene & Tropical Medicine | United Kingdom

The global AIDS response is entering a new phase, requiring a long term view in terms of strategy, governance and financing. Funding needs for HIV prevention and treatment will continue to grow for at least a decade. Simultaneously international AIDS funding has declined for the first time. There is an imperative to prioritize AIDS activities and international support more than in the past.

Financing Health Care in Developing Countries

Joseph Yieleh Chireh | Minister of Health | Ministry of Health | Ghana

Health care financing has underpinned reforms in the health sector in Ghana and developing countries. It has also helped to define partnership arrangements between government and donors in the implementation of health sector activities. The major challenges have been that of scarcity and predictability as this can be linked to the failure of most plans and interventions. This is not only due to the lack of appreciation of economic implications of ill health but also the lack of harmonisation among donor in the implementation of the Paris Declaration. As other funding sources such as prepayment schemes and other internally generated funds become increasingly relevant, it is essential that emphasis should be placed on local and internal system as major mechanisms for funding the health sector. What is required is that the policy and planning systems must be primed up and mechanisms for monitoring and evaluation improved and increasingly owned by the Ministries of Health of developing countries.

Panel Discussion

Moderation:

David B. Evans | Director | World Health Organization | Switzerland



Joseph Yieleh Chireh



David B. Evans

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Langenbeck
12.00 - 13.30

Working Session
Access to Medicines in Low-and Middle-Income Countries - Opportunities and Concerns



Host: UNITAID
Médecins Sans Frontières

Chairs: Philippe Douste-Blazy | Chair of the Board | UNITAID | France
Unni Karunakara | President of the International Council | Doctors without Borders | Switzerland



Philippe Douste-Blazy



Unni Karunakara

Outline: 10 years ago, the WTO ministerial conference addressed the detrimental effects of the WTO TRIPS agreement, on the access to essential medicines, resulting in the so-called Doha declaration. Today drug patents are much more prevalent then in 2001. At the same time we have seen progress in the availability of some of the older drugs for HIV/Aids, but also an increasing need for newer, patented drugs in low and middle income countries. In this context, the key questions for the session are: Where do we stand today with the affordable access to essential drugs in low – and middle income countries? How can we avoid the growing separation between the middle income countries and the low income countries? How can the existing barriers to affordable drugs be addressed.

De-Linking Medical R&D from Prices of Products
James Love | Director | Knowledge Ecology International | United States of America

Over the past decade there is been a growing interest in new approaches to funding medical R&D that de-link R&D costs from product prices. This has led to new proposals to refashion the global trade framework by focusing on financial support for R&D rather than norms for intellectual property or other measures designed to increase prices, and a proliferation of new prize fund designs to replace IPR monopolies as the incentive for new drug development. There is also new thinking about methods of supporting open science, including proposals for open source dividends, and competitive intermediaries to fund open science.

Challenges to Access to Essential Medicines for People in Developing Countries
Tido von Schoen-Angerer | Director | Médecins Sans Frontières | Switzerland

Médecins Sans Frontières (MSF) aims to bring the best medical care possible to some of the most disadvantaged people on earth. But MSF medical teams are often hindered in delivering that optimised care. In 1999, MSF launched the Access Campaign to alert the world about the desperate need to improve the medical tools at our and others disposal. From the start we faced two major challenges: the high cost of medicines current available and the absence of appropriate treatments for many of the diseases that affect patients in the areas where we work. We adopted a two track strategy to the problem. On the one hand, we challenged the high costs of existing drugs - such as those to treat HIV/AIDS - and worked to bring prices down.

On the other hand, we focused on stimulating research into new medicines for neglected diseases such as tuberculosis, sleeping sickness, kala azar and Chagas disease. It became clear that solving the problems of both access and innovation are intertwined. And while there have been remarkable advances on both fronts, formidable tasks remain ahead.

The Medicines Patent Pool: Increasing Access, Stimulating Innovation

Ellen t'Hoën | Executive Director | Medicines Patent Pool | Switzerland

The cost of first generation HIV medicines fell by more than 99 per cent over the past decade, a dramatic drop was driven by competition among generic drug manufacturers in key producing countries such as India. But changing intellectual property norms around the world could threaten the production of cheap generic drugs that until now have been the main source of treatment in the developing world, even as the need for medicines – especially newer, often patented medicines, is increasing. The Medicines Patent Pool works to improve access to affordable, appropriate medicines in developing countries through voluntary licensing of critical intellectual property. The talk will look at how the Pool can help ensure better access to medicines, but also how it acts as a complement to existing TRIPS-compliant flexibilities, and what additional solutions are needed to ensure that people living with HIV around the world can access the treatments they need.

Access to Medicines for Transmissible Diseases: The Pharmaceutical Industry's Role and Partnerships with its Challengers

François Bompard | Vice-President, Deputy Head and Medical Director Access to Medicines | Sanofi | France

Many efforts have been expanded over the past decade by the international community to improve access to healthcare for developing countries' patients affected by transmissible diseases. The HIV epidemic has led to major changes in the way civil society is involved in health-related issues in developed and developing countries. In order to rise to the challenge posed by this new situation, the research-based pharmaceutical industry has had to revisit some aspects of its business model and its relationships with a large variety of stakeholders. This presentation will discuss how innovative models of disease management have been designed by the pharmaceutical industry in the field of malaria and other neglected infectious diseases. It will, in particular, describe how dialogue and innovative partnerships with some challengers of the industry have led to significant progress in improving access to medicines for transmissible diseases in the developing world.



James Love



Tido von Schoen-Angerer



Ellen t'Hoën



François Bompard

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Working Session

Impact of Global Change on Human Health — Change of Common, Non-Communicable Diseases in the Context of Environmental Health

Helmholtz Zentrum München
German Research Center for Environmental Health



Günther Wess



Bettina Menne



Anthony McMichael

Co-Hosts: Helmholtz Zentrum München - German Research Center for Environmental Health
World Health Organization

Chairs: Günther Wess | CEO and President | Helmholtz Zentrum München | Germany
Bettina Menne | Programme Manager | European Centre for Environment and Health | World Health Organization | Italy

Outline: *We live in an inter-connected world of unprecedented global changes. These environmental, demographic, social and economic changes exert increasing influence on population health. On the environmental front, biodiversity loss, climate change, change in the nitrogen cycle and chemical pollution, are proceeding at unprecedented levels. The situation is complex, as the impacts of global changes on human health differ between countries, societies and economic sub-groups. Each of mitigation, long-term inter-sectoral planning, and shorter-term adaptation strategies must contribute to protecting population health in future. The session will focus on two non-communicable diseases (NCDs), Diabetes mellitus and Chronic obstructive pulmonary disease (COPD), each having an increasing prevalence world-wide. For each, individual biographic and lifestyle factors play an important role, often shaped by environmental, social and economic conditions. Diabetes mellitus type 1 is a multifactorial disease, where diet, viruses, chemical exposures and other factors affect the expression of the disease. Meanwhile, human ecology and personal lifestyle play key roles in type 2 Diabetes. COPD is to 75-80% attributable to smoking but there is also an important contribution from air pollution, occupational exposures, infections, and aspects of diet. The need for solution-oriented research will be discussed. Along with increased interest in global changes and infectious diseases, NCDs need more attention. The emerging field of network medicine is likely to be a major driver towards personalized, predictive, preventive and participatory medicine. To achieve this multi-sectoral research is a major challenge. Along with enhanced public health resources, there must be wider education, awareness and communication. The idea of co-benefits - health sector and crossing into other sectors - will be emphasized. The session will conclude with policy recommendations, in accord with the aim of the Summit.*

Population Health Prospects in Face of Mounting Global Stresses
Anthony McMichael | Professor of Population Health | The Australian National University | Australia

The scale of influence on population health has expanded greatly in recent decades. Various trans-boundary and global influences are contributing to, e.g.: the rise of obesity, declines in regional food yields (and child health), emergence and spread of many infectious diseases, spread of cigarette smoking, and persistence of major health disparities and inequities. Population growth and density, urbanization, increases in people 'flows', human-induced climate change, degradation of soils and pastures, ocean acidification, rapid losses of biodiversity and ecosystem disruption – these and other forces are now important in shaping and limiting the health prospects of populations. This combination of unprecedented human impacts on natural environmental systems with major demographic, social and economic changes has wide-ranging health impacts. The health sector therefore needs a widened field of vision, and greater collaborative engagement with other sectors and policy development.

Epidemic of Diabetes and Obesity

Anette-Gabriele Ziegler | Director of Institute of Diabetes Research | Helmholtz Zentrum München | Germany

Diabetes is a major health challenge of our century. It has reached epidemic proportions in all regions of the world and the prevalence of diabetes is expected to continue to rise if nothing is done to prevent it happening. Worldwide, it is estimated that over 340 million people suffer from diabetes. Hyperglycemia and insulin resistance are the fundamental defects of T2D and may appear many years prior to the onset of clinical disease. Obesity, inadequate quantity and quality of food, and a lack of physical activity are also major risk factors. T1D is an autoimmune disease. The genetic background of the individual is key for the development of T1D but clearly environmental factors also contribute: Infectious agents and hygiene and microbial diversity are among the factors discussed to impact on immune response and autoreactivity. Effective preventions are needed to halt disease progression and morbidity and increased mortality from micro- and macrovascular complications.



Anette-Gabriele Ziegler

The Coming Chronic Obstructive Pulmonary Disease (COPD) Epidemic

Alvar Agusti | Director | University of Barcelona | Spain

Chronic Obstructive Pulmonary Disease (COPD) is a major public health problem. It affects 10% of adult population, it is currently the fourth cause of death in the world and the WHO predicts that it will rank third by 2020. Tobacco smoking is the main risk factor for COPD, but about 25% of patients are never smokers. Other risk factors include indoor biomass cooking, deficient diet and respiratory infections during both pregnancy and childhood. The genetic background of the individual is also key for the development of the disease since only about 15-50% of exposed individuals develop the disease. So far, only a few "COPD genes" have been identified but none of them is able to explain the occurrence of the disease by its own. Currently available therapy is effective but public-health measures aimed at its prevention as well as a better understanding of the complex gene-environment interplay that underlies COPD is necessary to prevent the coming "COPD epidemic".



Alvar Agusti

From Bench to Trench: Research and Implementation to Protect Health through Global Change

Howard Frumkin | Dean | University of Washington | United States of America

Global changes, including climate change, population growth, biodiversity loss, resource depletion, and others, have far-reaching impacts on human health. To address these impacts, conventional biomedical research methods need to be broadened with a systems perspective, and with integration of ecological and earth science expertise. This presentation will review several strategies that offer the promise of simultaneous health promotion, climate change mitigation and/or adaptation, and economic viability, discussing the data that support each, and the ways in which health professionals can help with implementation.



Howard Frumkin

PS - 344
Koch
12.00 - 13.30

Partner Symposium

The Case for Europe as a Leader in Research and Innovation for Global Health



Hosts: *Global Health Europe
Graduate Institute of International and Development Studies*



Chair: Stephen Matlin | Institute of Global Health Innovation | Imperial College, London | United Kingdom

Outline: *How can the EU fulfil its potential in research and innovation for global health, in the context of Horizon 2020: Framework Programme for Research and Innovation, which succeeds the 7th Framework Programme for Research from 2014? The session provides perspectives from the EC, industry, academia and also an opportunity to engage in discussion on the critical issues.*

EU Research Policy

Line Matthiessen-Guyader | Head of Unit | Infectious Diseases and Public Health | EC, DG Research and Innovation | Belgium

R&D in the Private Sector

Richard Bergström | Director General | European Federation of Pharmaceutical Industries and Associations | Belgium

Public Health Research

Albrecht Jahn | Professor | Institute of Public Health | Heidelberg University | Germany

Global Health Policy

Ilona Kickbusch | Director | Global Health Programme at the Graduate Institute Geneva, Chair Global Health Europe | Kickbusch Health Consult | Switzerland

Partner Symposium

Complexities of the Translational Pipeline in Therapy Development

PS - 351
Main Hall
14.00 - 15.30

Hosts: German Center for Neurodegenerative Diseases
Helmholtz Association
Charité - Universitätsmedizin Berlin

Chairs: Agnes Flöel | Professor for Pathophysiology of Cerebrovascular Disease | Charité - Universitätsmedizin Berlin | Germany
Donato Di Monte | Deputy Scientific Director of the German Center for Neurodegenerative Diseases | German Center for Neurodegenerative Diseases (DZNE) | Germany

Outline: *Neurodegenerative diseases and stroke are associated with a significant financial and social burden that is expected to swell over the next decades. Development of better therapies is hampered by a variety of obstacles, and new strategies for drug development and bench-to-bedside research are warranted. The purpose of the symposium is to discuss achievements of the translational pipeline to date and to identify potential solutions to ongoing challenges. Speakers from academia, industry and government will share their views, and discussion with the audience will be encouraged.*



Translational Challenges in Developing New Stroke Therapies
Sean Savitz | Professor of Neurology | University of Texas Medical School at Houston | United States of America

Re-Thinking Alzheimer Disease Therapy; Lessons Learned from Ongoing Clinical Trials
Bengt Winblad | Professor/Director | Karolinska Institutet, KI-Alzheimer Disease Research Center (KI-ADRC) | Sweden

Trials and Tribulations in the Development of New Therapies for PD and ALS
M. Flint Beal | Professor of Neurology and Neuroscience | Department of Neurology and Neuroscience Weill Medical College of Cornell University | United States of America

Evidence-Based Benefit Assessment – Barrier or Necessity in the Translational Pipeline
Rainer Hess | Federal Joint Committee Germany | Germany

Challenges and Opportunities of Criteria Alignment Regarding Research and Society Interests
Baltazar Gomez-Mancilla | Exective Director Neuroscience | Novartis Institute Biological Research, Novartis Pharma AG | Switzerland

WS - 352
Langenbeck
14.00 - 15.30

Working Session
Access to Health in Low-Income Countries



Philippe Douste-Blazy



Robert Sebbag



Emmanuel Yuniwo Nfor

Co-Hosts: Sanofi
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Chairs: Philippe Douste-Blazy | Chair of the Board | UNITAID | France
Robert Sebbag | Vice President Access to Medicines | Sanofi | France

Outline: This Working Session aims at discussing how various financing mechanisms can contribute to address specific access to health issues in developing countries. The past decade has seen a remarkable series of public and private initiatives to support public health issues in low income countries, and in particular the creation of novel financing mechanisms such as The Global Fund, UNITAID, the Affordable Medicines Facility – malaria (AMFm), etc.
At a time when the economic crisis may put into question the continued commitment of some funders, the efficacy of financing mechanisms is an important topic of debate. In this session, speakers will address issues related with tiered-pricing, drug donations, subsidy mechanisms as well as microfinance and micro-insurance. Each of these mechanisms was designed at a specific time to address specific issues and situations. Speakers will review how each of these mechanisms can contribute to address financing gaps, and highlight their respective key success factors. This session will be an opportunity to learn from past experience, to better plan the future.

The Private Sector’s Initiatives, from Transmissible to Chronic Diseases
Robert Sebbag | Vice President Access to Medicines | Sanofi | France

In their efforts to improve access to medicines in the developing world, pharmaceutical firms use a variety of economic models. Early initiatives were based on donations of medicines or vaccines. Experience shows that donations must remain limited to exceptional situations and be carefully managed to avoid creating problems in the field. For vaccines, tiered-pricing policies have been used for several decades, with remarkable success. Using tiered-pricing policies with medicines is much more complex, but several initiatives are exploring this approach. New financing mechanisms have enabled major progress in recent years for HIV/aids, tuberculosis and malaria. It will be interesting to see what impact these new mechanisms have over the long term on market forces, distribution systems, and funding for R&D. Finally, much remains to be done to address the growing challenges posed by chronic non-transmissible diseases in emerging and developing countries.

Making the Market Work for Health: Innovation in Access to Malaria Medicines
Emmanuel Yuniwo Nfor | Senior Advisor | Supply Chain Management and Strategic Support | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Switzerland

The Affordable Medicines Facility-malaria (AMFm) is an economic solution to two public health problems: poor access to, and the threat of resistance to malaria medicines (ACTs). The proposition is that a factory-gate subsidy, with measures to support its implementation, will increase access to ACTs through public and private sector channels, and delay the onset of widespread resistance to artemisinin.
AMFm Phase 1 has three elements: (i) price reductions through negotiations with ACT manufacturers, (ii) buyer subsidy through ‘co-payment’ at the manufacturer level, and (iii) supporting interventions. AMFm pays a large part of the post-negotiation price on behalf of eligible first-line buyers from all sectors who purchase ACTs from the manufacturers. In addition, public information campaigns serve to reduce information asymmetry between retailers and buyers.
The purpose of AMFm Phase 1 is to demonstrate how well the model works in terms of increasing: availability, affordability, market share, and early signs of increasing use of ACTs. Early results indicate that the innovations in the AMFm are working to achieve these objectives.

Global Fund Experiences In Access To Treatments

Thuy Huong Ha | Director Pharmaceutical Management Unit | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Switzerland

Medicines availability, quality and rational use are key components of health care. However, according to UN, significant gaps in access to medicines remain in many countries. Sustainable financing is needed for continued access to treatment. To make best use of available funds, the Global Fund is working with partners to support countries in developing efficient procurement and supply management systems, enabling them to provide health products at the lowest possible price to their citizens. In addition, by building capacities at national drug regulatory authorities and other institutions, health systems are being strengthened to safeguard the quality and rational use of medicines. Based on international standards and guidelines, the Global Fund has policies in place to maximize access to quality medicines at competitive prices. While grant recipients in least developed countries report having access to affordable medicines as facilitated by the Doha Declaration on the TRIPS Agreement and Public Health in 2001, concerns exist for the near future as the use of more recent drugs, especially for HIV management, will be scaled up and their supply could be limited.

Microfinance, Microinsurance: Contribution to a Better Access

Delphine Bazalgette | Country Representative | PlaNet Finance Deutschland e.V. | Germany

Access to health is by far more expensive for people in low-income countries. Health care and medicine are mainly financed through private out-of-pocket expenditure and a large proportion of the population has no access to health protection systems. Microfinance can contribute to improve the access to health by offering loans and insurance schemes enabling low income people to cover health expenses and cope with the shock of health events. Additionally, small-scale health care service providers can increase their offering and outreach through improved access to financing. A short overview of existing experiences will be presented during the session.

Access to Treatment for Populations Affected by Neglected Tropical Diseases (NTDs)

Jean Jannin | World Health Organization | Switzerland

More than 1 billion people are affected by numerous tropical diseases. Availability and affordability of drugs are not enough to ensure a proper control of these diseases. NTDs are not benefiting from the huge financial efforts made by the international community for ensuring access to drugs. More and more pharmaceutical companies are part of an informal network aiming, not only, at establishing donation programmes for NTDs, but also at contributing to an efficient distribution system within improved control programmes.



Thuy Huong Ha



Delphine Bazalgette



Jean Jannin

PS - 354

Koch

14.00 - 15.30

Partner Symposium

Austerity Measures and Health Care:
Fiscal Discipline vs. Investing in Health

Host: MSD SHARP & DOHME

Chair: Melinda Crane | Journalist | Deutsche Welle | Germany

Outline: For its 2010 Health Minister Meeting, the OECD met with the health ministers to discuss "Health priorities when money is tight". Policy makers are now under tremendous pressure to achieve macro-economic stability and are looking at all public spending for potential savings and cuts. At the same time, applying short-term budget restrictions to healthcare spending could have a disastrous middle to long-term impact on population welfare and potential economic growth. The key question is thus, how to ensure that our healthcare expenditures correspond with our healthcare priorities, provide value for money, and ensure that we continue to prolong the morbidity threshold in order to keep our ageing population healthy and active. Our panel will discuss this complex policy landscape and provide elements for responding to the following questions:

- How to control public spending in the short-term while supporting our long-term goals for equitable, responsive, effective and efficient health systems?
- How strong is the case for sustainable spending in healthcare to achieve long-term economic growth?
- What are the different dimensions of "value for money" in healthcare from straight budget cuts to adoption of more efficient methods of care and technologies?

Panel Discussion:

Bruno Strigini | President of Europe/Canada | MSD | United Kingdom

Wolfgang Greiner | Health Economist | University Bielefeld | Germany

Michael Schoenstein | Economist | OECD | Germany

Dieter Moehler | President | German Diabetes Association | Germany

Frank Lichtenberg | Health Economist | Columbia University New York | United States of America

Boris Azais | Director Policy Affairs | MSD | France

Keynote Lectures
Keynote Lectures

KL - 361
Main Hall
15.45 - 16.45

Chairs: Annette Grüters-Kieslich | Dean | Charité - Universitätsmedizin Berlin | Germany
Heinz Riederer | Vice President Medical & Health Policy | Sanofi | Germany

Science, Experience & Strategy: An Agenda for Action to Control Infectious Disease
Michel Kazatchkine | Executive Director | The Global Fund to Fight AIDS, Tuberculosis and Malaria | Switzerland

A Global Response to the Challenge of Non-Communicable Diseases
Ala Alwan | Director-General | World Health Organization | Switzerland



Annette Grüters-Kieslich



Heinz Riederer



Michel Kazatchkine



Ala Alwan

PD - 371
Main Hall
17.00 - 18.30



Ala Alwan

Panel Discussion
Promoting Health, Preventing NCD —
UN High-Level Meeting. What Comes Next?

Co-Host: World Health Organization

Chair: Ala Alwan | Director-General | World Health Organization | Switzerland

Outline: *Non-communicable diseases (NCDs) are the leading causes of death globally, killing more people each year than all other causes combined. Of the 57 million deaths that occurred globally in 2008, 36 million - almost two-thirds - were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases. The combined burden of these largely preventable diseases is rising fastest among lower-income countries. About one-fourth of global NCD related deaths take place before the age of 60. The greatest impact of NCDs and their shared risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries. NCDs have serious socio-economic consequences and are closely linked with poverty. Unless the NCD epidemic is aggressively confronted, the mounting impact will continue and the global goal of reducing poverty will be undermined.*

Because of the enormous magnitude of NCDs on health and socio-economic development, NCD prevention has recently been discussed by the United Nations General Assembly in a high-level meeting attended by Heads of State and Government. The Political Declaration, which was endorsed during this meeting, represents a turning point in the global struggle against NCDs. The Declaration urges countries to take effective action to prevent and control NCDs and their negative impact on socio-economic development.

The Panel will discuss the outcome of the High-level Meeting and the way forward in terms of implementation and follow up of the Political Declaration.

Panel Discussion:

Dean Jamison | University of Washington | United States of America

Donville O. Inniss | Minister of Health | Ministry of Health | Barbados

Scott Ratzan | Vice President | Johnson & Johnson, Global Health, Government Affairs & Policy | United States of America

David B. Evans | Director | Department of Health Systems Financing | World Health Organization | Switzerland

Partner Symposium

Four Years after the Berlin Declaration on Tuberculosis –
Lessons Learnt and Future Challenges

PS - 374

Koch

17.00 - 19.00

Hosts: German Federal Ministry of Health
Koch-Metschnikow-Forum
Médecins Sans Frontières

Chairs: Timo Ulrichs | Vice President | Koch-Metschnikow-Forum | Germany
Hans Kluge | Director | Division of Health Systems and Public Health | WHO-Euro | Denmark

In October 2007, a Ministerial Forum was organized by the German Federal Ministry of Health and WHO-Euro. The health ministers discussed current challenges and problems in tuberculosis control in the WHO-Euro region and adopted the Berlin Declaration on Tuberculosis containing self-commitments and precise steps to be initiated by both high and low burden countries. It was also agreed upon evaluating progress and obstacles every two years. Thus, in 2009 there was a tuberculosis symposium organized in the framework of the first World Health Summit, focussing on problems of HIV-TB comorbidity. This year's evaluation symposium will focus on public health strategies of tuberculosis control and the collaboration between the partner countries in tuberculosis research and control efforts. In addition, questions of financing, organization of DOTS and interactions between major players in TB control will be discussed, namely independent NGOs, WHO and GFATM, NTPs of high priority countries and private sector partners.



Federal Ministry
of Health



The Role of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Supporting TB Control in the European Region

Dermot Maher | Senior Researcher | Global Fund to Fight AIDS, Tuberculosis, Malaria | Switzerland

Progress and Key Challenges in TB Drug Regimen Development

Christopher Cooper | TB Alliance | Switzerland

Fighting Multidrug-Resistant Tuberculosis as Key Challenge in the WHO-Euro Region

Walter Haas | Head of the Respiratory Infections Unit | Robert Koch Institute Berlin | Germany

The Role of Non-Governmental Organizations in Tuberculosis Control in the WHO Euro Region

Philip Du Cros | Médecins Sans Frontières | United Kingdom

Tuberculosis Control in the Republic of Moldova

Valeriu Crudu | Institute for Phthisiopulmonology, Chisinau | Moldova

Tuberculosis Control in Georgia

Lamara Vashakidze | National Tuberculosis Institute, Tbilisi | Georgia

Tuberculosis Control in the Russian Federation

George Kosmiadi | Central Tuberculosis Research Institute, Moscow | Russian Federation

Public Private Partnerships in TB Control

David Hain | Hain Lifesciences | Germany

SUMMIT PROGRAM

Wednesday, October 26th

Key & Notes

Session Key

WS-431 · Main Hall · 86

Session NumberRoomPage Number

Keynote Lecture

Panel Discussion

Working Session

Social Event

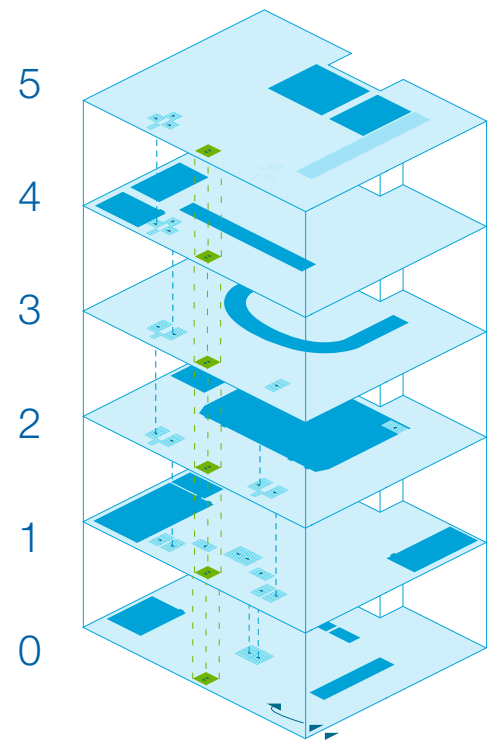
Partner Symposium

M8 Alliance Symposium

Deep Dive

M8 Session organized by M8 Alliance

Venue Overview – Langenbeck-Virchow-Haus



Floor Plan

5

- Room Koch
- Room Bier
- Roof Terrace

4

- Press & Media Office
- Room Behring
- Lounge Area

3

- Main Hall (Balcony)

2




- Main Hall
- Room Virchow

1

- Room Langenbeck
- Speakers' Center
- Room Library

0

- Registration
- Cloakroom
- M8 Lounge
- Internet Area

07.00	7.15 - 8.45	Partner Symposium		
		Personalized Medicine (perMED) Demands a Systems-Based Approach		
08.00		Charité - Universitätsmedizin Berlin Hasso-Plattner-Institut		
		PS-412 · Langenbeck · 112		
09.00	9.00 - 10.00	Keynote Lectures		
		Keynote Lectures		
		KL-421 · Main Hall · 113		
10.00	10.15 - 11.45	Panel Discussion	Partner Symposium	
		Evidence to Policy Linkages - Today's Evidence - Tomorrow's Agenda	Access to Advances in Biotherapies: Scientific, Economic and Social Issues	
11.00		World Health Organization	German Cancer Research Center Helmholtz Association The French National Institute of Health Research	
		PD-431 · Main Hall · 114	PS-432 · Langenbeck · 115	
12.00	12.00 - 13.30	Working Session	Partner Symposium	M8 Alliance Symposium
		Counterfeit Medicines on Rise Worldwide - How to Tackle the Booming Trade in Counterfeit Drugs?	Social Marketing and Communication in Alcohol Prevention	A Healthy Start to Life - The Importance of the Right Start
13.00		European Federation of the Pharmaceutical Industries and Associations	Federal Centre for Health Education	National University of Singapore Monash University
		WS-441 · Main Hall · 116	PS-442 · Langenbeck · 118	PS-443 · Virchow · 120 
14.00	14.00 - 15.30	Working Session	M8 Alliance Symposium	Partner Symposium
		Accelerating Development of Antibiotics	Global Perspectives on Health Care Reform	The First 1.000 Days - Food is Not Enough
15.00		European Commission	Johns Hopkins Bloomberg School of Public Health Peking Union Medical College	Médecins Sans Frontières terre des hommes
		WS-451 · Main Hall · 122	PS-452 · Langenbeck · 124 	PS-453 · Virchow · 125
16.00	15.45 - 17.15	Partner Symposium	Partner Symposium	M8 Alliance Symposium
		Product Development for Neglected Patients - Where Are the Research Gaps and What Are the Priorities?	Applied Cancer Research - Solutions for Controlling Cancer	Building a Safer Environment: Translating Science into Practice and Policy
17.00		International Consortium on Antivirals Drugs for Neglected Diseases Initiative	German Cancer Research Center Helmholtz Association International Agency for Research on Cancer	Monash University - Accident Research Centre Johns Hopkins Bloomberg School of Public Health 
		PS-461 · Main Hall · 126	PS-462 · Langenbeck · 127	PS-463 · Virchow · 128

PS - 412

Langenbeck

07.15 - 08.45

Partner Symposium

Personalized Medicine (perMED) Demands a Systems-Based Approach



Co-Hosts : Charité - Universitätsmedizin Berlin
Hasso-Plattner-Institut

Chairs: Alexander Zeier | Deputy Chair EPIC | Hasso Plattner Institute | Germany
Christian Regenbrecht | Charité - Universitätsmedizin Berlin, Institut für Pathologie | Germany

Outline *Motivation: production of massive data in research, poor performance record of biomarker discovery and validation, highest failure rate in clinical trials of any therapeutic class.*
Conclusion: perMed demands a systems-based approach.
Solution and Perspective: formidable inter-operability, integration and understanding of data from multiple source and fields, generating new hypotheses and convergent loops between theory, modelling and experiment.

Oncology Research

Christian Regenbrecht | Charité - Universitätsmedizin Berlin, Institut für Pathologie | Germany

IT in Healthcare

Peter Langkafel | Healthcare Industry Director EMEA | SAP | Germany

Hana Oncolyzer – Cutting-Edge In-Memory Technology Drives Next-Generation Bio Database

Alexander Zeier | Deputy Chair EPIC | Hasso Plattner Institute | Germany

Web- and Workflowbases Systems for Clinical and Preclinical Research

Martin Zuenkeler | Managing Partner | Kairos GmbH | Germany

IT in Healthcare

Martin Peuker | CIO | Charité - Universitätsmedizin Berlin | Germany

Keynote Lectures
Keynote Lectures

KL - 421
Main Hall
09.00 - 10.00

Chair: Philippe Meyer | Board Member | Stiftung Genshagen | France
Sabine Kleinert | Senior Executive Editor | The Lancet | United Kingdom

Burden of Chronic Diseases — Mental Health and Challenges of the 21th Century
Ulf Wiinberg | President and CEO | H. Lundbeck A/S | Denmark

The prevalence of mental diseases is constantly increasing within Europe, leading them to be the main contributors to the overall burden of disease as assessed by the WHO. The escalating burden of mental diseases with related mounting costs to the society that is today in crisis makes “Mental illnesses: The Great Depression of the 21st Century Health Care”. Several societal challenges remain unsolved in terms of proper diagnosing, treatment and management. Additionally tackling the stigma and discrimination related to these diseases prevents that appropriate and rightful attention is given by all stakeholders. Therefore should it not be the primary objective of all European Health Care Systems to sustain that continued research is done to find new and innovative treatments for all of the mental diseases?

Family Planning is the Key to a Sustainable Future
Michael J. Klag | Dean | Johns Hopkins Bloomberg School of Public Health | United States of America

For a variety of reasons, family planning has fallen off the agenda of funders and development agencies during the last 15 years. The Kampala Conference in 2010 was the first international conference in family planning since the Cairo Conference in 1995. Despite this neglect, population growth underlies many of the most important public health issues facing our world, including global warming, food and water security, rapid urbanization, and increasing death from natural disasters, among others. Safe, effective and inexpensive methods of contraception are available but surveys indicate high levels of unmet need for family planning, both to limit and to space pregnancies. Access to contraceptives is limited in some countries because of national policies, poor supply chains, affordability, and other factors. Access to contraceptives empowers women and improves their economic condition. A variety of research demonstrates that, when their economic status improves, women make decisions that are beneficial to the health and wellness of their children and families.

It is time for a recommitment to the support of family planning. Unless population growth, especially in sub-Saharan Africa, is checked, the vicious cycle of poverty and poor maternal and child health outcomes will be perpetuated.



Philippe Meyer



Sabine Kleinert



Ulf Wiinberg



Michael J. Klag

PD - 431

Main Hall

10.15 - 11.45



Panel Discussion

Evidence to Policy Linkages – Today's Evidence-Tomorrow's Agenda

Co-Host: World Health Organization

Chairs: Tikki Pang | Director of Research Policy and Cooperation | World Health Organization | Switzerland
Hoda Rashad | Director and Research Professor of the Social Research Center | American University in Cairo | Egypt

Outline: *In an ideal world, scientific evidence should be routinely used and translated into more effective and equitable political and government action to improve public health. This is especially important for developing countries which have to struggle with limited resources and competing priorities. In reality, however, strengthening the link between evidence and policy is often a difficult challenge and many barriers need to be overcome.*



Tikki Pang

Experiences will be presented at this session which range from:

1. *the establishment of a national health technology assessment agency in Thailand – an important tool for policy makers in making rational health resource allocation decisions in accordance with the needs of society;*
2. *implementation research in 7 developing countries in Asia, Africa and Latin America which expeditiously changed national policy for scaling-up the rapid diagnosis of congenital syphilis;*
3. *a public-private development partnership in Botswana which used evidence to enhance national responses to HIV / Aids.*

Contributions from panelists representing government, academia and international organizations will help to identify the barriers (and also the drivers) for strengthening links between evidence and policy, and also the important lessons which can be used to inform future efforts in this important area.

The key messages from this session are as follows:

1. *Involve policy makers from the start, keep them informed regularly and, as far as possible, convince them that policy implementation can happen within existing resources;*
2. *Facilitate access to the necessary evidence and present evidence in language which is accessible to policy makers, and which includes policy options;*
3. *Build and strengthen decision makers' and researchers' capacity to confidently use and generate such evidence;*
4. *Set the 'right' research questions (i.e. policy relevant research topics which can be addressed in a timely manner);*
5. *Involve all stakeholders and interested parties, including civil society, and be aware of the larger context of necessary political actions and the role of democratic processes.*



Hoda Rashad

Panel Discussion:

Themba Moeti | Managing Director | African Comprehensive HIV/AIDS Partnerships (ACHAP) | Botswana

Yot Teerawatananon | Director of the Health Intervention and Technology Assessment Program | Ministry of Health | Thailand

Patricia Garcia | Director of the Unit of Epidemiology, STI and HIV | Universidad Peruana Cayetano Heredia | Peru

Hoda Rashad | Director and Research Professor of the Social Research Center | American University in Cairo | Egypt

Anette Widmann-Mauz | Parliamentary State Secretary | Federal Ministry of Health | Germany

Richard Horton | Chief Editor | The Lancet | United Kingdom

Partner Symposium

Access to Advances in Biotherapies: Scientific, Economic and Social Issues

PS - 432

Langenbeck

10.15 - 11.45

Hosts: German Cancer Research Center
Helmholtz Association
The French National Institute of Health Research

Chairs: Otmar D. Wiestler | Chairman and Scientific Member of the Management Board | German Cancer Research Center | Germany
André Syrota | Chairman and CEO | Inserm | France

Advances in Gene Therapy of Inherited Blood Disorders

Alain Fischer | Head of Inserm/Paris Descartes University Research Unit 768 | Inserm | France

The Cancer Genome: Strategic and Therapeutic Implications

Christof von Kalle | Director, NCT & Professor and Chairman, DKFZ Heidelberg | NCT/ DKFZ | Germany

EUROCAN

Ulrik Ringborg | Professor Emeritus of Oncology | Karolinska Institutet | Sweden

The Behavioural Impact of Advances in Biomedicine

Theresa Marteau | Director, Behaviour and Health Research Unit | University of Cambridge | United Kingdom



WS - 441

Main Hall

12.00 - 13.30

Working Session

Counterfeit Medicine on Rise Worldwide - How to Tackle the Booming Trade in Counterfeit Drugs?

Co-Host: *European Federation of the Pharmaceutical Industries and Associations*

Chair: Hugh Pullen | Associate Director External Trade & Product Integrity | S.A. Eli Lilly Benelux N.V. | Belgium

Outline: Counterfeiting is a serious issue for the future of global public health. Sales of fake pharmaceuticals for a wide range of therapeutic areas are on the rise throughout the world and these counterfeit medicines pose a growing threat to patients. This session brings together leading policymakers with representatives of patient groups, enforcement bodies and the pharmaceutical industry. Together the panel will assess the success of current measures against counterfeiters and discuss what further steps are needed.

Issues for debate include:

- Securing the legitimate supply chain, such as through packaging features and cooperation with law enforcement
- Addressing the illegitimate supply chain, particularly Internet sales of counterfeit medicines
- Developing the legal and regulatory environment in individual countries to protect patients from counterfeit medicines and increase penalties for counterfeiters
- Enhancing stakeholder partnerships to take voluntary action to tackle counterfeit sales
- Working with patients and health care professionals to educate on the dangers of counterfeit medicines

Counterfeit Medicine — Curbing the Rise in Global Trade

Dora Nkem Akunyili | Former Director General, NAFDAC; Former Minister, Ministry of Information and Communications | Nigeria

In Nigeria, counterfeit drug merchants operated unchallenged for over three decades until 2001 when I was appointed Director General of the National Agency for Food and Drug Administration and Control (NAFDAC). The average incidence of counterfeit medicines in Nigeria was over 41%. I declared a war using novel effective strategies which included the use of public enlightenment campaigns and establishment of an effective quality assurance system, via strict inspectorate and enforcement activities. We also tackled the problem at source and established collaboration with other countries. Despite many challenges, such as corruption and conflict of interest/insecure and unfriendly environment, we remained undeterred until we ran most drug counterfeiters out of business. Fake drugs in Nigeria dropped from an average of 41% in 2001 to 16.7% in 2006. I believe our success in Nigeria can be replicated in other developing countries if our novel strategies are effectively employed.



Hugh Pullen



Dora Nkem Akunyili



Counterfeit Medicines: How Can We Protect Patients?

Joanna Groves | CEO | International Alliance of Patients' Organizations | United Kingdom

Counterfeit medicines are a threat to patients around the world. Their global reach means we need to take global responsibility to develop collaborative cross sector and cross border solutions to prevent counterfeit medicines from harming patients.

This presentation will explore patients' rights and expectations to access safe, quality and appropriate treatments and information and the role of patients and patient groups in protecting patients from harm.

Regulation and enforcement are essential components of anti-counterfeiting strategies but empowerment and involvement of patient groups are also key. Patient groups are concerned about the lack of awareness of patients regarding how to avoid, identify and report suspected counterfeits. Many patients are unaware of the risks of obtaining medicines from unauthorized sources. It is necessary to ensure that adequate information is available to patients to ensure that their risk of exposure to counterfeits is minimized without causing any undue panic or the erosion of trust in the healthcare system which may lead to patients not taking their medicines correctly or at all.



Joanna Groves

Counterfeit Medicines: A Threat to Patient Health and Safety

John Clark | Global Security and Chief Security Officer | Pfizer | United States of America

Counterfeit medicines pose a threat to patients because of the conditions under which they are manufactured and the lack of regulation of their contents. It is precisely because of that risk that Pfizer has implemented an aggressive anti-counterfeiting campaign to detect, disrupt and deter major manufacturers and distributors of counterfeit Pfizer medicines.

We conduct and manage pro-active investigations – often in response to patient complaints or information from confidential informants – and refer the cases we develop to enforcement authorities for their action. The key to the success of that program is the effective partnerships we have built with enforcement authorities around the world.

A measure of the success of those efforts is that, since 2004, we have prevented more than 135 million doses of counterfeit Pfizer medicines from reaching patients. By attacking counterfeits at their source, we disrupt their flow to the global market.

PS - 442

Langenbeck

12.00 - 13.30

Partner Symposium

Social Marketing and Communication in Alcohol Prevention



BZgA
Bundeszentrale
für
gesundheitliche
Aufklärung

Host: Federal Centre for Health Education

Chairs: Jeff French | CEO Strategic Social Marketing | University of Brighton | United Kingdom

Outline: The partnership symposium will present international social marketing strategies in alcohol prevention as well as latest research data in this field. It will be discussed in how far the development, implementation and formative evaluation of social marketing campaigns can lead effectively to behavioural change, i.e. the reduction of alcohol consumption in the target group. Current trends in addressing and influencing target audiences will be reviewed.

Applying the Science of Behaviour Change and Programme Planning to the Development, Implementation and Evaluation of More Effective and Efficient Social Change Programmes in the Field of Alcohol Harm Reduction
Jeff French | CEO Strategic Social Marketing | University of Brighton | United Kingdom

The Relevance of Social Marketing Strategies in National Prevention Programmes - The Alcohol Prevention Campaign of BZgA
Elisabeth Pott | Director | Bundeszentrale für gesundheitliche Aufklärung | Germany

Behaviour Change Using Communication Technologies, New Media and Messaging Strategies – Research Aspects
L. Suzanne Suggs | Assistant Professor | Università della Svizzera Italiana, Lugano | Switzerland

The Practice of Social Marketing: Managing the Dynamics of Audience Driven Approaches, Insight and Implementation of Dynamic Communication Processes
Christiane Lellig | Director | Stratagème - Agentur für Social Change | Switzerland



PS - 443

Virchow

12.00 - 13.30

M8 Alliance Symposium
A Healthy Start to Life — The Importance of the Right Start



Hosts: National University of Singapore
Monash University

Chairs: Robin Bell | Deputy Director, Women's Health Group | Monash University | Australia
Khay Guan Yeoh | Vice Dean, Academic Affairs | Yong Loo Lin School of Medicine, National University of Singapore | Singapore

Outline: *Child mortality and morbidity are still unacceptably high and many causes of death and disease are preventable. It is clear that health at the start to life has long-term implications for the risk of chronic disease. This symposium will highlight some of the latest research on health interventions and strategies to combat non-communicable diseases, Childhood obesity, brain injury at birth and reducing the prevalence of smoking in pregnant women.*

Understanding Developmental Pathways to Chronic Non-Communicable Disease in Asia
Yap Seng Chong | Associate Professor Department of Obstetrics & Gynaecology | National University of Singapore | Singapore

New Therapeutic Approaches for Preventing Brain Damage at Birth
Suzie Miller | Senior Scientist | Monash University | Australia

Goreen Narrkwarren Ngrn-toura – Healthy Family Air: Reducing Smoking in Pregnant Women in Victoria a Holistic Approach
Bronwyn Fredericks | Adjunct Associate Professor | Monash University/ Queensland University of Technology | Australia

Childhood Obesity: What the Future Holds
Yung Seng Lee | Associate Professor Department of Paediatrics | National University of Singapore | Singapore



WS - 451

Main Hall

14.00 - 15.30

Working Session

Accelerating Development of Antibiotics



Co-Host: *European Commission*

Chairs: Nabil Safrany | European Commission, DG SANCO | Belgium
Bruno Strigini | President EU/Canada | MSD | United States of America



Jae Hoon Song

Outline: *Over the past 50 years bacteria-related deaths have become increasingly rare in the developed world, as new types of antibiotics were launched to fight even the deadliest of disease. However, the frequent use of antibiotics and the changing life style of humanity have led to an increase in resistant strains, that may yet again pose a real threat to global health due to the limited investment made by the pharmaceutical industry in developing new therapies: less than 70 projects are currently in clinical development, with only a handful likely to reach the market in the next 5 years; and the primary players in this space are small companies that have less funds and resources.*

A closer look reveals several reasons that could account for the lack of investment: misaligned incentives between regulators and industry players, relatively low payback for industry per drug, poor understanding of market dynamics and growth rates, challenging science driven by constantly evolving resistance mechanisms, and a "brain drain" that happened in the field due to historic lack of investment. These are all exacerbated by industry cyclicality - resistance rates dip as new drugs are launched, leading to a reduced need for new treatments and expertise in antibiotics; as time passes and resistance rates increase, industry no longer has the right skills to support the increased need for new therapies.

This conundrum is at the core of our session today. We will aim to build on our understanding of the reasons for limited investment in antibiotic and review the levers that can be pulled to increase investment in antibiotic research and development.

Waking up to the Antibiotic Challenge
Brendan Barnes | Director, Health Policy and Corporate Responsibility | European Federation of Pharmaceutical Industries and Associations (EFPIA) | Belgium

Global Crisis of Antimicrobial Resistance
Jae Hoon Song | Director, Samsung International Hospital Project; Chairman, APFID; Organizer, ANSORP; President, ISAAR; VP, Korean Society of Infectious Diseases | Republic of Korea

*Antimicrobial resistance in major pathogens became a serious global health issue. Various infections caused by antibiotic-resistant pathogens result in increased mortality and morbidity worldwide as well as enormous socioeconomic impact. Particularly, emergence of multidrug-resistance or even pandrug-resistance in *S. aureus*, enterococci, *E.coli* & *Klebsiella*, *P. aeruginosa* and *Acinetobacter* spp. is a very serious clinical problem since there are no effective options for the treatment. Although antimicrobial resistance is a common public health problem worldwide, Asian countries showed very high prevalence rates of resistance in major pathogens both in the community and in the hospital. Given a critical situation of antimicrobial resistance, the need for new antimicrobial agents is greater than ever. However, due to multiple reasons, development of new antibiotics faces significant obstacles with very few novel agents discovered for the past 2 decades. It is urgently required to fix the broken antibiotic pipeline and to make more comprehensive strategies to control antimicrobial resistance to prevent the future disaster of superbug pandemic.*

Status of Antibiotic Research and Development: Analysis of the Present Situation and the Future

Peter Hammann | R&D TSU Infectious Disease, Head External Opportunities and Innovation | Sanofi | Germany

The number of new antibiotics reaching the market is constantly decreasing. Especially for Gram negative bacteria, the situation is most dramatic. The current problem is not only due to resistant bacteria, but also other factors, for example biofilm formation and tissue penetration issues, have a strong impact. Despite the success in bacterial genomics, the major problem faced by industry is the missing success in finding novel antibiotics. Increased costs in a segmented market, where more than 20 important nosocomial bacteria are treated with 20 different antibiotic classes, resulted in the termination of R&D activities of several "big pharma" companies. But there are some promising new approaches, which could motivate industry to reinvest in this field, which will be outlined. Furthermore, what kind of support is required for sustained access to new therapies will also be discussed.



Peter Hammann

PS - 452

Langenbeck

14.00 - 15.30

M8 Alliance Symposium

Global Perspectives on Health Care Reform



Hosts: *Johns Hopkins Bloomberg School of Public Health
Peking Union Medical College*

Chair: Bradley Herring | Associate Professor | Johns Hopkins Bloomberg School of Public Health | United States of America

Outline: *Countries around the world are struggling to afford rising health care costs, leading many to consider various reforms to slow the growth in future health care spending. Many of these reforms are emphasizing the important role of health care providers in improving the value of care delivered throughout the health care system. This session will present an overview of these provider-oriented reform efforts underway in China, the Netherlands, Singapore, United Kingdom, and United States.*

Dutch Health Care Reforms: Half-Time Results

Wouter Bos | Partner | KPMG | Former Minister of Finance in The Netherlands | The Netherlands

Health Care Reform in the US: The Future for Safety Net Providers

Darrell Gaskin | Associate Professor | Johns Hopkins Bloomberg School of Public Health | United States of America

Health Care Reform in the US: New Provider Payment Approaches for Medicare

Bradley Herring | Associate Professor | Johns Hopkins Bloomberg School of Public Health | United States of America

Health Care Reform in the UK: Providing Primary Care Physicians with Budgets to Purchase Patient Care

Peter Smith | Professor | Imperial College London | United Kingdom

Health Care Reform in China: Improving the Public Hospital Reform

Dao Tai | Director | Institute of Medical Information | Peking Union Medical College | China

Health Care Reform in Singapore: Health Promotion – An Integral Part of Health Systems

Hak Seng Ang | Chief Executive | Health Promotion Board | Singapore

Partner Symposium

The First 1.000 Days - Food is Not Enough

PS - 453

Virchow

14.00 - 15.30

Hosts: Médecins Sans Frontières
terre des hommes

Chairs: Tanja Abubakar-Funkenberg | Desk Officer for Childrens' Rights, Focus on Health | terre des hommes
Deutschland e.V./ Action for Global Health | Germany
Spring Gombe | Consultant | Global Health | Germany

Outline: *The session focuses on the importance of nutrition for the early childhood development from conception until 24 months of age. Lack of micronutrients and energy result into a low birth weight and stunting. The immune system is weakened and the child is vulnerable to infections like diarrhea and pneumonia. Moreover, it leads to irreversible damage to their development and cognitive abilities. Because of lack of treatment millions of children die before they are five years old. What can be done in a development setting and in crisis areas?*



Nutrition in Developing Countries

Michael Krawinkel | Professor | Universität Gießen | Germany

Women & Children Health, Health Training and Advocacy Initiatives

Audrey Fernandes | Tathapi Trust for Documentation Research and Education | India

Scaling up Nutrition - On the Way Towards a New Global Architecture?

Hanns- Christoph Eiden | Federal Office for Agriculture and Food | Germany

Analysis of Food Aid Policy, Its Impact on Small Children and Reform Proposals

Nathalie Ernout | Nutrition Policy Advisor | Access Campaign - Médecins Sans Frontières | France

PS - 461
Main Hall
15.45 - 17.15

Partner Symposium

Product Development for Neglected Patients —
Where Are the Research Gaps and What Are the Priorities?



- Hosts:** *International Consortium on Antivirals
Drugs for Neglected Diseases initiative*
- Chair:** Michel Chrétien | Co-Founder (ICAV), Scientific Director (FAV) | International Consortium on Antivirals (ICAV) | Foundation on Antivirals (FAV) | Canada
- Outline:** *A mere 10 percent of the world's health research expenditure is spent on diseases that account for 90 percent of the global health burden. However, one billion people suffer from a neglected tropical disease, such as sleeping sickness or visceral leishmaniasis. Malaria, being one of the most widespread infectious diseases of our time, is taking the lives of almost one million people a year, most of them in sub-Saharan Africa and under the age of 5. Five million people are infected each year with Dengue fever. In addition, every year around 1.7 million people die of Tuberculosis, equalling one death every 19 seconds. Also, infectious disease is a primary cause of death in the Global South and a major impediment to economic and social development. Despite these staggering numbers, research gaps still exist and because of a lack of market, the classic model fails to deliver life-saving drugs, vaccines, diagnostics and health technologies for these patients. Several non-profit research organizations have been founded to address these gaps and have started to change the global research landscape in this area of research. How did they define which research should be prioritized, which research gaps to fill and which health impact do they address? How can health impact actually be defined? Which research gaps do still exist? How do these organizations define target product profiles and how can the patients' voice be heard during the process of developing new health technologies? How do they ensure that the health tools will reach the poorest patients? How to network hundreds of academic scientists help to identify drug targets and lead molecules for new therapeutics and how to attract private partners in the field of R&D for neglected diseases?*

Welcome & Opening

Michel Chrétien | Co-Founder (ICAV), Scientific Director (FAV) | International Consortium on Antivirals (ICAV) Foundation on Antivirals (FAV) | Canada

Keynote Speech

Bernard Pécoul | Executive Director | Drugs for Neglected Diseases Initiative | DNDi | Switzerland

Panel Discussion

Jeremy Carver | CEO, Co-Founder | International Consortium on Antivirals (ICAV) | Canada
Gerald H. Moeller | Chairman of the Board | FIND | Switzerland
David Reddy | CEO | Medicines for Malaria Venture (MMV) | Switzerland
Joris Vandeputte | Sr. Vice President Advocacy and Resource Mobilisation | Tuberculosis Vaccine Initiative (TBVI) | The Netherlands

Partner Symposium

Applied Cancer Research — Solutions for Controlling Cancer

PS - 462

Langenbeck

15.45 - 17.15

Hosts: German Cancer Research Center
Helmholtz Association
International Agency for Research on Cancer

Chairs: Kurt Straif | Head, Section of IARC Monograph | International Agency for Research on Cancer (IARC) | France
Martina Pötschke-Langer | Head of Unit Cancer Prevention and WHO Collaborating Centre for Tobacco Control | Deutsches Krebsforschungszentrum DKFZ | Germany

Outline: *Developing and implementing effective cancer prevention strategies require a broad range of evidence. This joint DKFZ / IARC symposium gives examples for successful translation of cancer research results into international public health policies and practice in key areas of cancer prevention: tobacco, diet, HPV infection and cancer control programs..*

Tobacco Control against Cancer - Effective Implementation of WHO Framework Convention on Tobacco Control and Beyond

Yumiko Mochizuki | Tobacco Control Policy Leader | National Cancer Center Tokyo | Japan

Diet against Cancer? Findings from EPIC Study

Isabelle Romieu | Head, Section of Nutrition and Metabolism | International Agency for Research on Cancer (IARC) | France

Vaccination against Cancer - Perspectives beyond HPV Vaccination?

Magnus von Knebel-Doeberitz | Director of the Clinical Cooperation Unit Applied Tumor Biology | Deutsches Krebsforschungszentrum DKFZ | Germany

HPV Vaccination Program in Mexico - The Challenges

Luis Herrera | Director of Research | National Cancer Institute of Mexico | Mexico

Cancer Control Programs - Successes and Challenges

Andreas Ullrich | Medical Officer Cancer Control | World Health Organization | Switzerland



PS - 463

Virchow

15.45 - 17.15

M8 Alliance Symposium
Building a Safer Environment:
Translating Science into Practice and Policy



Hosts: Monash University - Accident Research Centre
Johns Hopkins Bloomberg School of Public Health



Chairs: Ellen MacKenzie | Professor and Chair | Johns Hopkins Bloomberg School of Public Health | United States
Rod McClure | Professor and Director | Monash University - Accident Research Centre | Australia



Outline: *The physical and social environments affect the safety of populations. The panelists will take a life perspective in describing the global burden of injuries and their costs to society. The application of science to practice and policy will be illustrated through examples of innovative research on injury prevention in the home, at work, around the community and on the roadways.*

Global Burden of Injuries and Societal Costs; Trauma Outcomes

Ellen MacKenzie | Professor and Chair | Johns Hopkins Bloomberg School of Public Health | United States of America

Road Traffic Injury Prevention and Policies

Rod McClure | Professor and Director | Monash University - Accident Research Centre | Australia

Childhood Injury Prevention; Home Safety; implementation Science

Andrea Gielen | Professor and Director | Johns Hopkins Bloomberg School of Public Health | United States of America

Prevention of Falls in the Elderly; Changes Related to Aging and Their Influence on Safer Environments

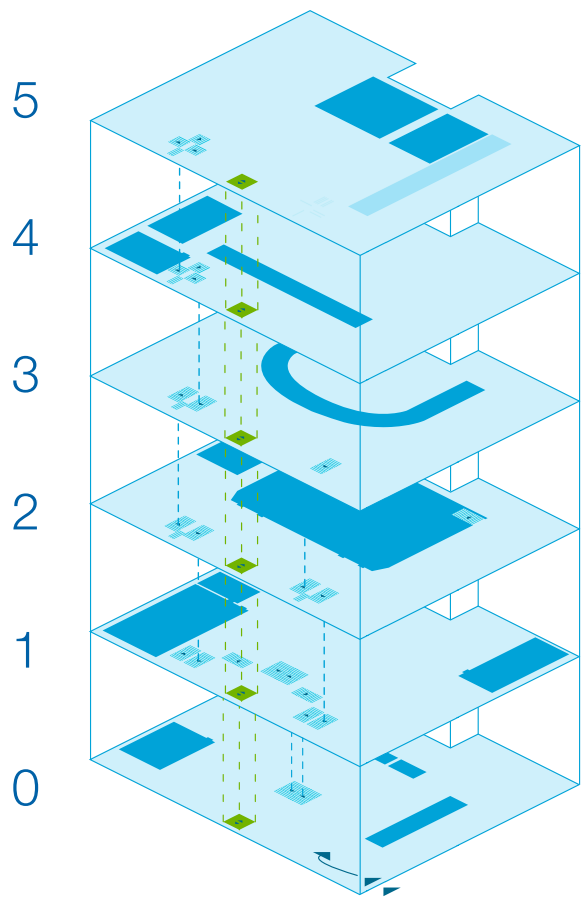
Lesley Day | Professor and Depute Director | Monash University - Accident Research Centre | Australia

Occupational Injuries; Influence of the Built Environment on Injury

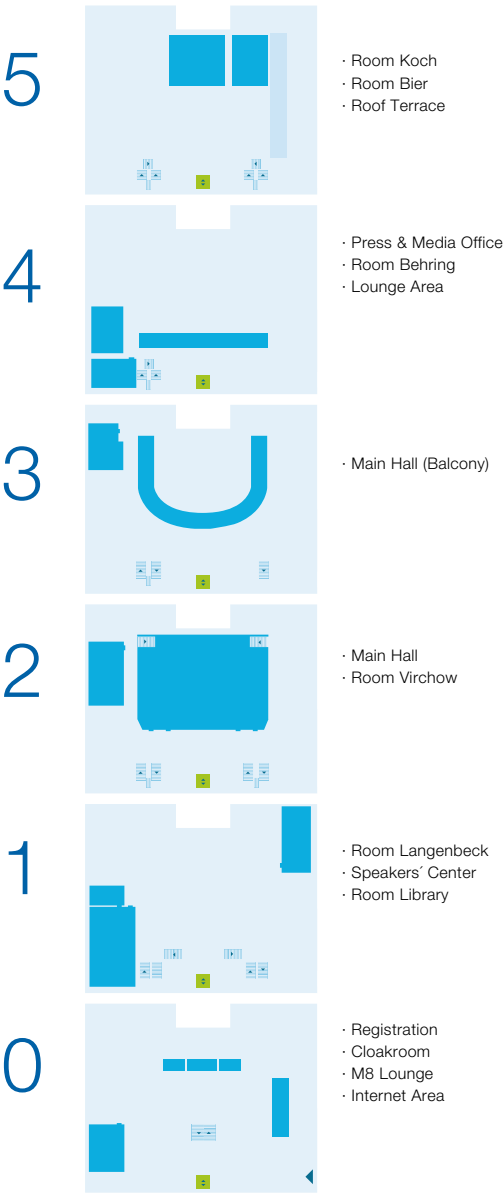
Keshia Pollack | Assistant Professor | Johns Hopkins Bloomberg School of Public Health | United States of America

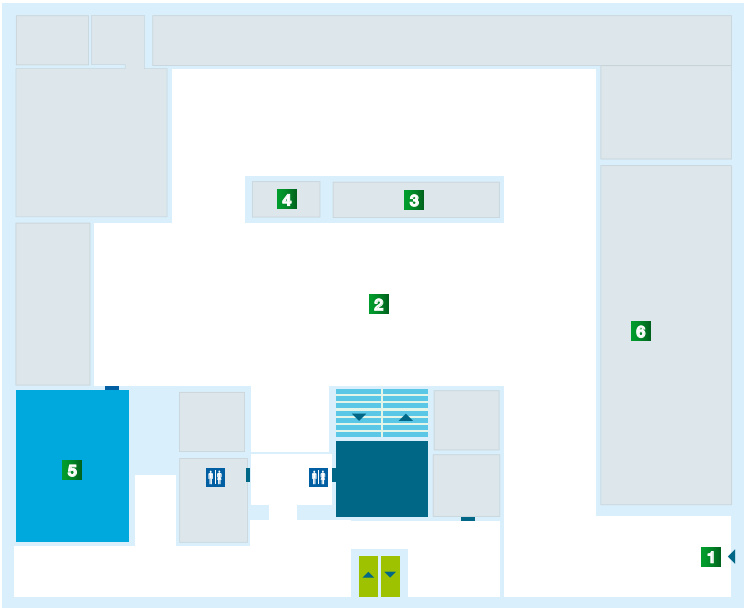
Conference Venue

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, 4th and 5th floor, while access to the Main Hall is possible via the 2nd and 3rd floor.



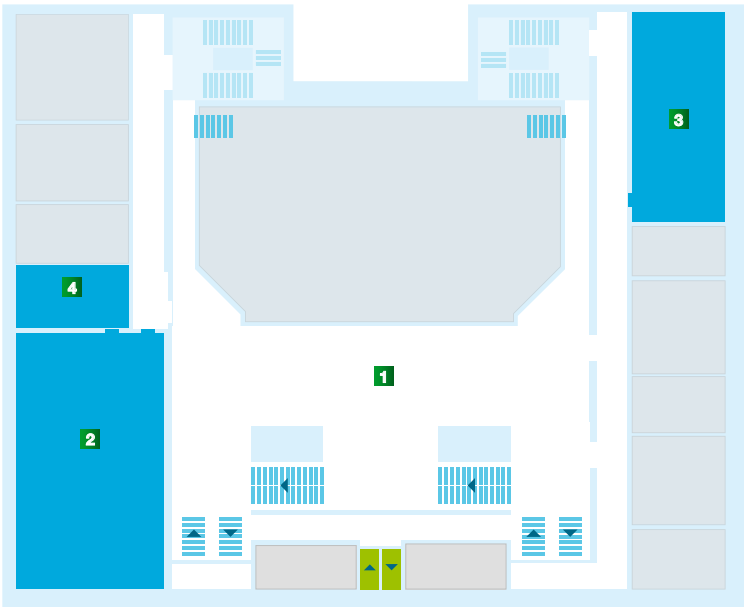
Floor Plan





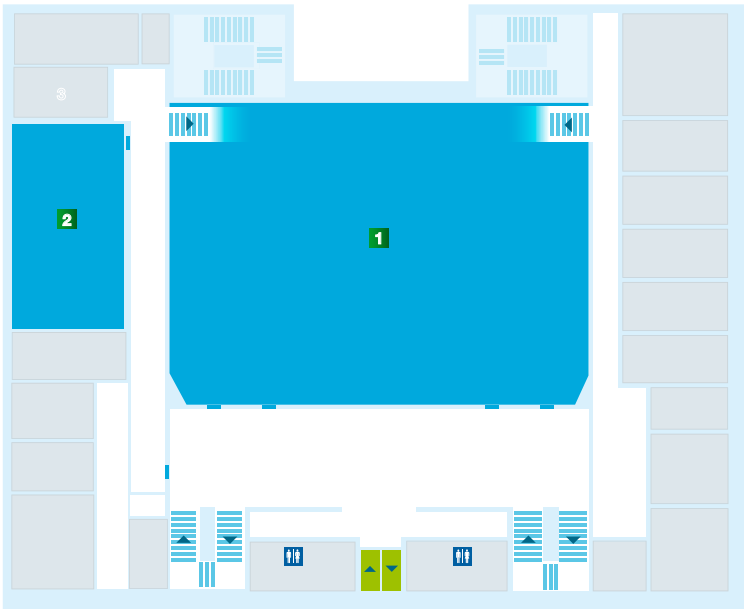
0 | Ground Floor

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



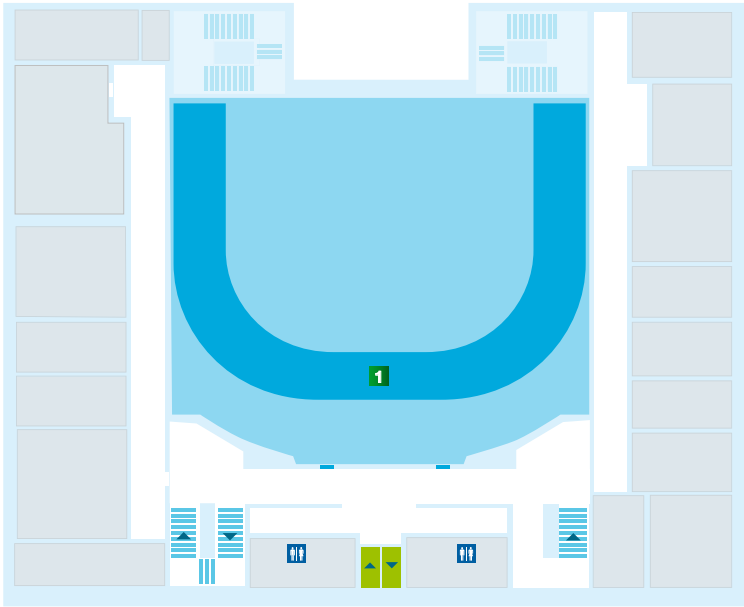
1 | First Floor

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



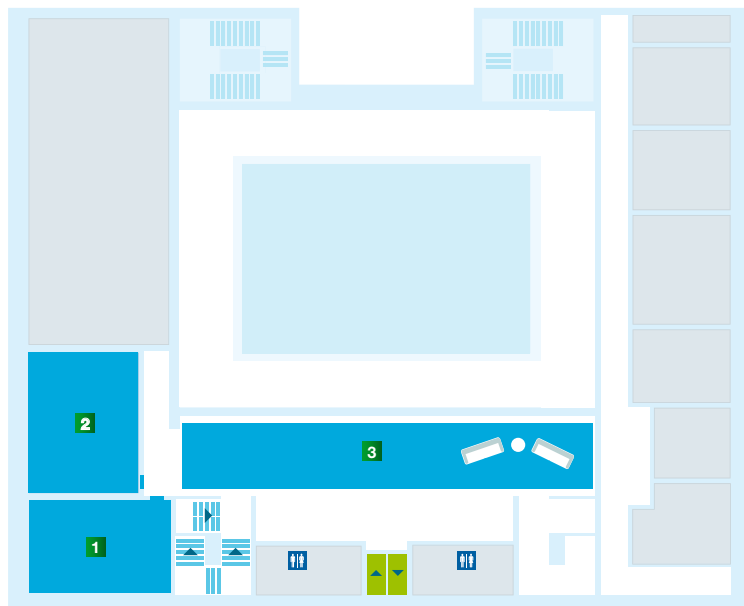
2 | Second Floor

- 1 Main Hall
- 2 Room Virchow



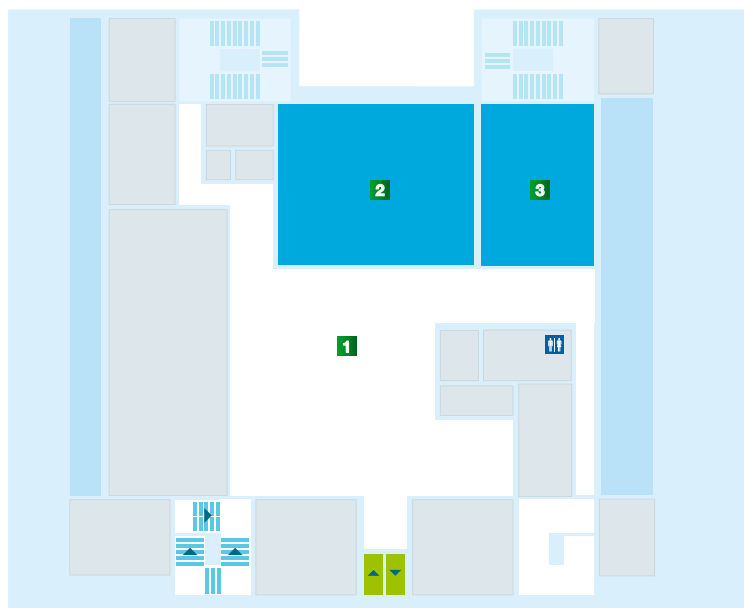
3 | Third Floor

- 1 Main Hall (Balcony)



4 | Fourth Floor

- 1** Press & Media Office
- 2** Room Behring
- 3** Lounge Area

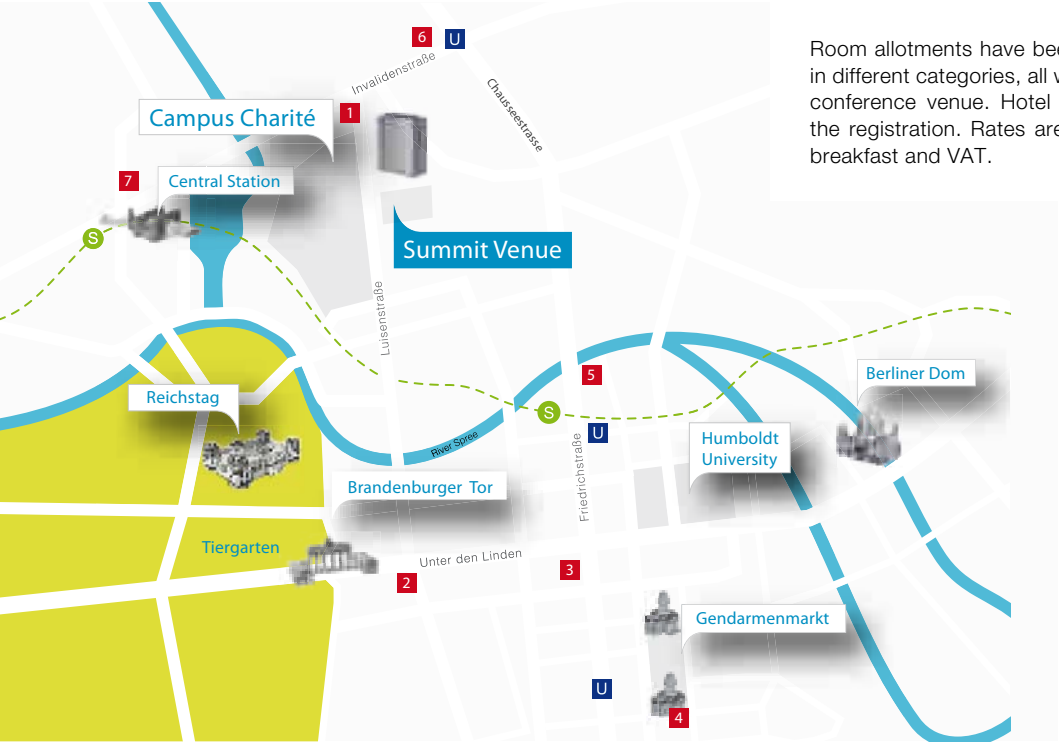


5 | Fifth Floor

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

	Hotel Name	Category	Single Room	km to Venue
1	Adina Apartment Hotel	4	Speaker Hotel	0,3
2	Hotel Adlon Kempinski	5	249 Euro	1,1
3	Westin Grand	5	189 Euro	1,7
4	Hilton Berlin Domhotel	5	175 Euro	1,7
5	Melia Berlin	4	129 Euro	1,2
6	Mercure Hotel Berlin City	3	105 Euro	0,6
7	Motel One Berlin Hauptbahnhof	2	76,50 Euro	1,1

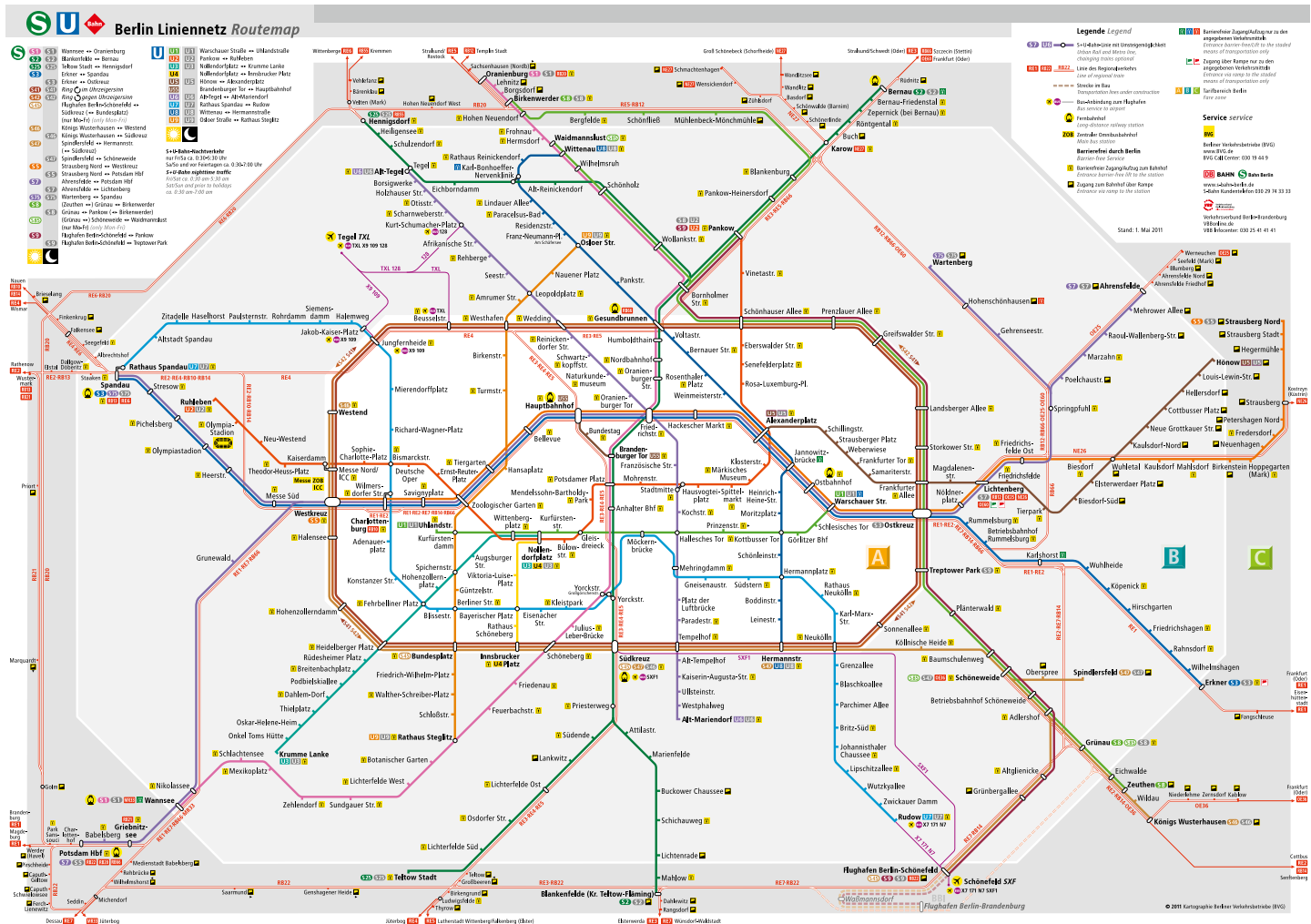
Berlin City & Hotel Map



Accommodation

Room allotments have been reserved at several hotels in different categories, all within walking distance to the conference venue. Hotel rooms can be booked with the registration. Rates are valid per night and include breakfast and VAT.

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")



About the Summit
General Information

Address
Langenbeck-Virchow-Haus Charité - Universitätsmedizin Berlin Campus Mitte Luisenstraße 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.

Body Maps Exhibition

Our Positive Bodies – An Exhibition of Body Maps from Africa, Asia and Europe.
Body Maps are life-size self portraits which are painted using the outlines of bodies. These personal and powerful paintings of HIV-positive people tell stories about crises, stigma and discrimination but also about support and vitality.

The travelling exhibition is all about listening to affected people and understanding them. The use of art therapy allows simple facts to be enlivened with personal stories and cultural contexts. This "ability to experience" HIV provides new insight and promotes the understanding of people living with it.

The exhibition is a cooperation project of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Federal Ministry for Economic Cooperation and Development, Deutsche AIDS-Hilfe e.V., Art2Be and TICAH. People from Africa, Asia and Europe painted the Body Maps. Their paintings and stories are on display in the foyers of the 4th and 5th floor of the Summit Venue.

Contact for more information about the travelling exhibition:
body-maps-wanderausstellung@giz.de

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).

Continuing Medical Education (CME) for German participants only

The World Health Summit has been accredited with 21 points (Category B) by the Berlin Chamber of Physicians:

Date	Eventcode (VNR)	CME Credits
23.10.2011	2761102011095190004	3
24.10.2011	2761102011095200001	6
25.10.2011	2761102011095210000	6
26.10.2011	2761102011095220009	6

In order to receive your CME credits, please visit the registration counter during the following times:

Date	Time
23.10.2011	4.30pm – 6.30pm
24.10.2011	3.30pm – 6.30pm
25.10.2011	3.30pm – 6.30pm
26.10.2011	3.30pm – 5.30pm

Please have your EFN-Number ready.

Unfortunately accreditation cannot be granted outside the times listed.

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.

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.

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 terminals are located in the Main Foyer. Wireless LAN is available in foyer areas and the Lounge Area.

Vouchers with password will be given at the registration counter.

Language

The official summit language is English. There will be no simultaneous translation except for the Panel Discussion PD 281 on Monday, October 24th at 5:00pm.

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.

Lunches

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

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.

Podcast

The sessions will be podcast. The podcasts are available after the Summit at the Summit website:
www.worldhealthsummit.org.

Press Office / Press Registration

The press counter is located at the registration 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 23 rd	10.00am - 7.30pm
Monday, October 24 th	08.30am - 7.00pm
Tuesday, October 25 th	08.30am - 7.00pm
Wednesday, October 26 th	08.30am - 5.30pm

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 two 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 23 rd	09.30am - 8.30pm
Monday, October 24 th	06.45am - 6.30pm
Tuesday, October 25 th	06.45am - 7.00pm
Wednesday, October 26 th	06.45am - 4.00pm

About the Summit

General & Press Information

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.

Webcast

The sessions taking place at the Main Hall will be web-cast. The live streams are available at the Summit website: 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.

Sunday, October 23rd10.00am - 7.30pm
Monday, October 24th08.30am - 7.00pm
Tuesday, October 25th08.30am - 7.00pm
Wednesday, October 26th08.30am - 5.30pm

Press Contact & Press Conferences

Press Contact

Anja Marx
media@worldhealthsummit.org
Tel.: +49 30 97004833

Press Conferences

Opening & Day 1

Sunday, October 23rd 2.00pm
Langenbeck-Virchow-Haus, Room Bier (5th Floor)

Day 2

Monday, October 24th 2.00pm
Langenbeck-Virchow-Haus, Room Bier (5th Floor)

Day 3

Tuesday, October 25th, 1.30pm
Langenbeck-Virchow-Haus, Room Bier (5th Floor)

Day 4

Wednesday, October 26th 12.00 noon
Langenbeck-Virchow-Haus, Room Behring (4th Floor)

All Press Conferences take place at the Langenbeck-Virchow-Haus, Luisenstraße 59, 10117 Berlin.



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