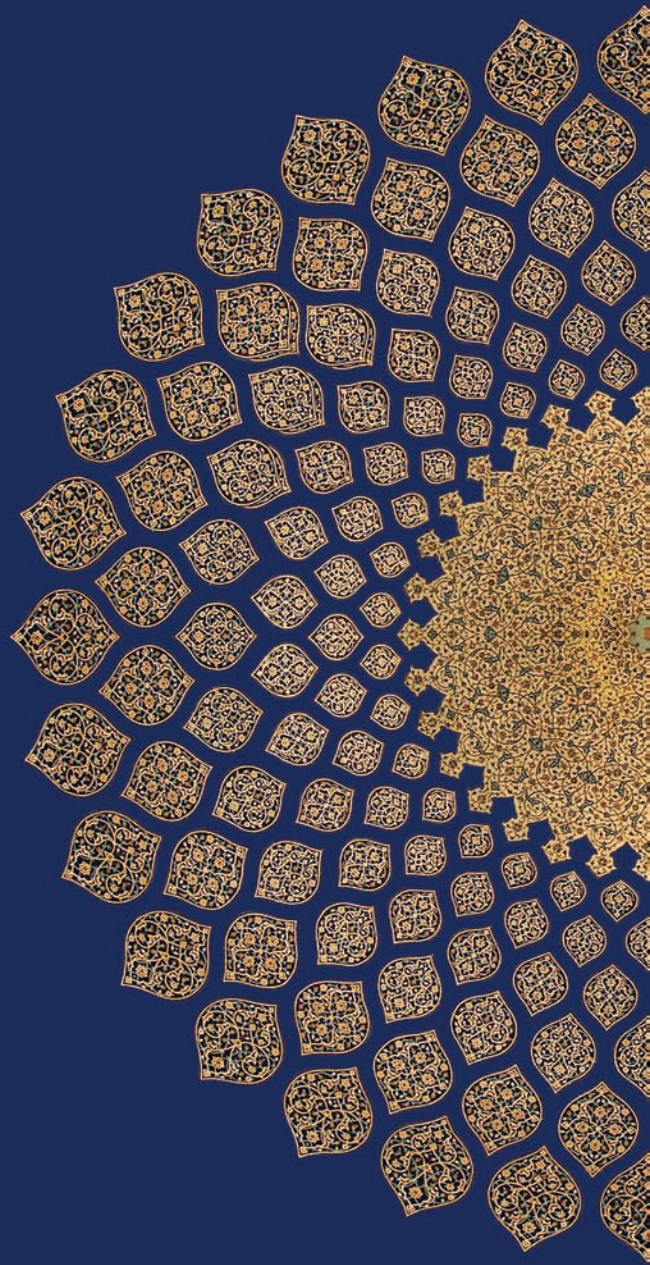
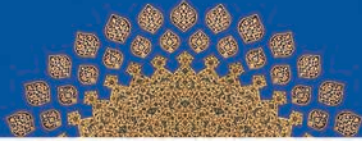


In the name of Allah
the Compassionate, the Merciful



WELCOME MESSAGE



DETLEV GANTEN

FOUNDING PRESIDENT, WHS

Dear friends and colleagues, I'm proud and happy that the World Health Summit Regional Meeting 2019 is taking place in Iran, the first in this region. Thank you to our colleagues at the Tehran University of Medical Sciences for hosting us this year. And special thanks to Professors Ali Jafarian and Amir Takian and their excellent team, whose enthusiasm and great efforts have made this meeting a reality.

When it comes to global health, each of us can do very little alone. Many challenges – like climate change, noncommunicable diseases, and mental health – affect people everywhere and require collaboration and coordination to solve. At the same time, different regions and cultures have different global health priorities. At the World Health Summit Regional Meeting, where local, regional, and international experts gather each year in a different part of the world, both the challenges we have in common and topics of regional focus come to the forefront.

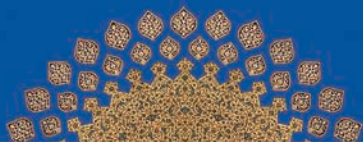
Global health must account for uncertainty and transition, but there are also certainties to guide us: We must take responsibility for shaping a sustainable global health agenda for the future, including planetary health, and quality medical education.

Health and well-being is a critical component not only of SDG3, but of all the Sustainable Development Goals.

Creating a vision for the future of global health is our common goal, and this is what the M8 Alliance, with its 25 members in 18 countries around the world, is constantly working on. This academic network provides a unique foundation for global health collaboration. Young voices are particularly important contributors to this work. The motivation and dedication of the young people involved is a powerful tool for global health. With the founding of the M8 Alliance Student Network at the Regional Meeting in Iran, we see this tool in action.

Everything we do is done in complete academic freedom, with openness and inclusivity. And as we come together at the seventh Regional Meeting, we can expect very fruitful discussions, new ideas, and major progress. I wish each person taking part a productive Regional Meeting. Let us improve health and well-being for everyone, everywhere.

WELCOME MESSAGE



ALI JAFARIAN

INTERNATIONAL PRESIDENT 2019, WHS

FORMER CHANCELLOR, TUMS

Health is an essential human need and right, and a pillar for sustainable development. Prophet Muhammad (PBUH), described health and security as two hidden blessings, without which societies cannot prosper. The complexity of modern life and globalization creates loads of unhealthy events every day. That is why we, those who consider ourselves responsible for human health, are obliged to do our utmost efforts to produce, disseminate and implement what is good for people's health worldwide. Despite significant achievements in public health that led to dramatic increase in people's life expectancy globally, complex and emerging health problems are still threatening human life. Social determinants of health and changes in the life style have resulted in high burden of non-communicable diseases, among other reasons. Let alone, natural and manmade disasters have brought massive consequences such as millions of displaced people and refugees around the world; and in particular, the Eastern Mediterranean region.

Iran is an ancient civilization with a long history of creating peace, art and science, a regional pioneer in health promotion and a global example of effective primary healthcare. Tehran University of Medical Sciences (TUMS), the symbol of higher education

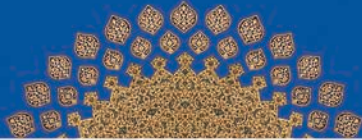
and the oldest modern university in the country, is proudly hosting the 7th World Health Summit Regional Meeting, 29-30 April 2019 in Kish Island, Persian Gulf. As the only member of M8 Alliance from West Asia and MENA region, TUMS is bringing together one hundred of global scholars, pioneer scientists and policy makers, along with several hundreds of global health activists in the meeting, to share experience and discuss about global health in uncertain situations as well as various other dimensions to reach sustainable health development in the region, and globally.

"Science has to take responsibility". This was the first word of the welcome message of presidents of the WHS 2018. I believe this is only the beginning of a long way that we have to follow: applying beneficial knowledge in an equitable and affordable way anywhere in our planet.

On behalf of TUMS, I am honored to welcome all of you to the 7th WHS Regional Meeting in Islamic Republic of Iran, for two days of constructive and diverse dialogue, as well as exploring the hospitality of Iranians. I wish you a memorable and pleasant stay in the beautiful Kish Island and a safe journey back home.

Let us be "United Together for Global Health", now more than ever.

WELCOME MESSAGE



AMIRHOSSEIN TAKIAN

SECRETARY

WORLD HEALTH SUMMIT REGIONAL MEETING 2019

The current surge of premier science has directed global health to its highest peaks, i.e. the greatest human life expectancy ever, which is still improving. Yet, despite all the promising achievements, societies are in a state of fragility and uncertainty. Health has never been as political as it is now. The greater the advances in medical technology, the wider the health gap between and within the societies becomes. Hence, tackling health inequity is becoming the greatest challenge to global health worldwide, among high, middle and low-income countries, alike.

This is the first World Health Summit (WHS) Regional Meeting in the Eastern Mediterranean region. Due to several natural and manmade disasters, the region has been facing numerous health challenges. Half the total population of global refugees and displaced people live here. Fragile democracies and political unrests have endangered the countries' long pathway to reach universal health coverage. The burden of non-communicable, as well as emerging and re-emerging diseases are still high, while longstanding inequalities and weak civil society hinder social participation to attain sustainable health development.

Nevertheless, there are many potentials to overcome

the challenges. The 7th WHS Regional Meeting is dedicated to bring global scholars to share and discuss their experience and knowledge with national and regional counterparts, aiming to solve major public health difficulties. Over 180 speakers, including 100 global scholars from more than 50 countries, plus pioneer scientists and policy makers from Iran are among 800 participants in the summit. Moreover, the student pre-event of the 7th WHS RM will attract about 200 students from 21 countries. These future global health leaders will contribute their share to our motto: **"United together for global health"**, and will join the senior peers during the main event to enjoy their mentorship.

On behalf of my colleagues at TUMS, the Secretariat, and the Iranian public health family, I would like to welcome you to Kish, the jewel of the Persian Gulf, I. R. Iran. Global health is all about togetherness and partnership for the better of human kind. I wish our meeting will help the fulfilment of the key principle of humanity, as put by the world famous 13th century Persian poet, Saadi Shirazi:

"All human beings are in truth akin
All in creation share one origin
When fate allots a member pangs and pains
No ease for other members then remains."

Tehran University of Medical Sciences
(TUMS)



Sustainable Health Development	Global Health in a Transitional World	NCDs & Mental Health	Health in Uncertain Situations	Planetary Health	Medical Education
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Monday April 29, 2019

08:30 - 10:00	Opening Ceremony					
	Hall A (Persian Gulf)	Hall B (Razi)	Hall C (Avicenna)	Hall D (Kharazmi)	Hall E (Shayan1)	Hall F (Shayan2)
10:00 - 10:30	Coffee Break					
10:30 - 12:00	Ageing and Geriatric Medicine	Neglected Epidemics: Oral Public Health	Strengthening Essential Surgical Systems	Air Pollution & Health	New Silk Roads - BRI for Global Health	War, Conflict & Sanctions/ Challenges for Global Health
12:00 - 13:00	Hall A (Persian Gulf)	Plenary I: Health in Uncertain Situations				
13:00 - 14:00	Lunch & Prayers Launch of the Lancet Special Edition on Iran: Iran in Transition					
14:00 - 15:30	Nutrition & Healthy Life Style	Road Accidents & Traffic Injuries	Global Health and Religions	Climate Change & Health	Emerging & Re-emerging Diseases	Networking in Medical Education
15:30 - 16:00	Coffee Break					
16:00 - 17:00	Hall A (Persian Gulf)	Plenary II: Sustainable Health Development / UHC				
17:00	Social Event/Optional Kish Tour					
20:00- 22:00	Summit Dinner Reception - Dariush Grand Hotel					

Sustainable Health Development	Global Health in a Transitional World	NCDs & Mental Health	Health in Uncertain Situations	Planetary Health	Medical Education
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Tuesday April 30, 2019

	Hall A (Persian Gulf)	Hall B (Razi)	Hall C (Avicenna)	Hall D (Kharazmi)	Hall E (Shayan1)	Hall F (Shayan2)
07:00 - 08:00	Kourosh Hotel Students' Mentorship Meeting					
09:00 - 10:30	Integration of Medical Education	Social Mobilization to Reach UHC	Mental Health & Substance Abuse	Retaining Human Resources in Health Transition	The Students' Capacity in Global Health	Disasters & Vulnerable Population
10:30 - 11:00	Coffee Break					
11:00 - 12:00	Hall A (Persian Gulf)	Plenary III: Sustainable Health Development / NCD & Evidence				
12:00 - 13:30	Healthy Cities	Displacement / Migration & Refugees	HTA / New & Expensive Drugs	Water and Health	eHealth to Advance Global Health	Traditional and Integrative Medicine
13:30 - 14:30	Lunch & Prayers					
14:30 - 16:00	Universal Health Coverage (UHC)	Advanced Technologies for Global Health	Medical Ethics & Professionalism		NCDs for Sustainable Development Goals	Mass Gathering & Health
16:00 - 16:30	Coffee Break					
16:30 - 17:30	Hall A (Persian Gulf)	Plenary IV: Equitable, Affordable, and Universal Healthcare				
17:30 - 19:00	Closing Ceremony					
20:00 - 22:00	Farewell Social Event – The Song of Persian Gulf Complex					

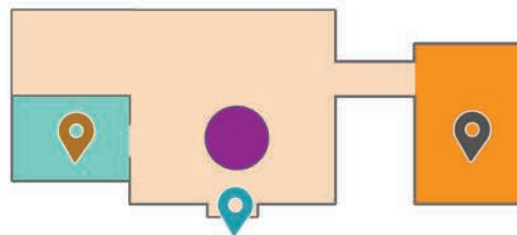
Venue

Kish International Convention Center

- Entry
- Exhibition Hall
- Hall A Persian Gulf Hall
- Hall B Razi Hall
- Hall C Avicenna Hall
- Hall D Kharazmi Hall
- Hall E Shayan 1
- Hall F Shayan 2



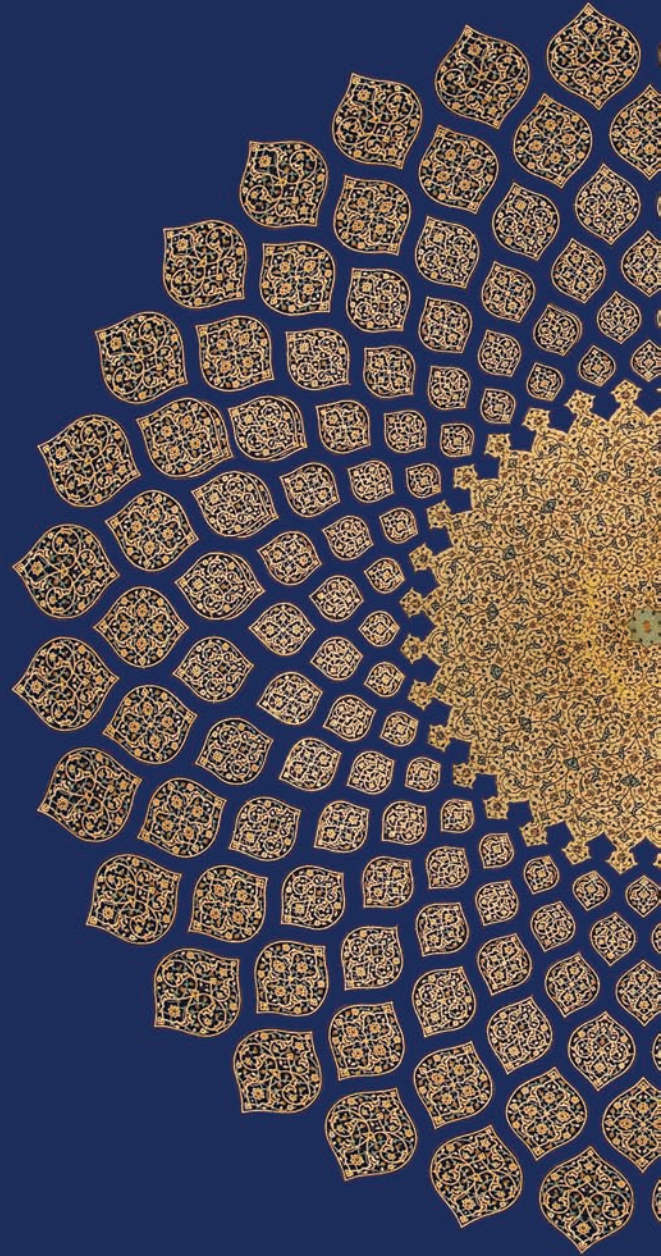
Shayan Hotel



Kish International Convention Center



Day One
Monday, April 29, 2019



Monday, April 29

Hall A (Persian Gulf)

08:30-10:00



Opening Ceremony

National Anthem
Recitation of the Holy Quran



Ali Jafarian
International President, WHS 2019



Gholam Hossein Mozafari
Managing Director and Chairman, Kish Free Zone Organization, I. R. of Iran



Abbas Ali Karimi
Chancellor, Tehran University of Medical Sciences, I. R. of Iran



Fernando Regateiro
CEO, Coimbra University Hospital Center, Portugal



Detlev Ganten
Founding President, World Health Summit, Germany



H.E. Mohammad Javad Zarif
Minister of Foreign Affairs, I. R. of Iran



H.E. Saeid Namaki
Minister of Health and Medical Education, I. R. of Iran

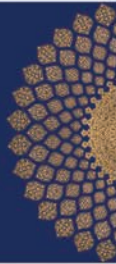


H.E. Es'haq Jahangiri
First Vice-President, I. R. of Iran

Panel 1

Hall A (Persian Gulf)

10:30 - 12:00



Ageing and Geriatric Medicine

NCDs & Mental Health

While this shift in distribution of a country's population towards older ages – known as population ageing – started in high-income countries, it is now low and middle-income countries that are experiencing the greatest change. By the middle of the century, many countries, e.g. Chile, China, the Islamic Republic of Iran and the Russian Federation will have a similar proportion of older people to Japan.

A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long-neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health.

There is, however, little evidence to suggest that older people today are experiencing their later years in better health than their parents.

While rates of severe disability have declined in high-income countries over the past 30 years, there has been no significant change in mild to moderate disability over the same period.

If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value would not be much different from that of younger people. If these added years are dominated by declines in physical and mental capacities, the implications for older people and for society are more negative.

The panel brings the experience of different settings in ageing, aiming to share the experiences and depict the challenges towards sustainable health development.

Co-Chair



Kazem Malakouti

**Head of Gerontology, Iran University
of Medical Sciences, I. R. of Iran**

Appropriate Interventions to Maintain
Health in Ageing Population

Co-Chair



Yik Ying Teo

**Dean, Saw Swee Hock School
of Public Health, National
University of Singapore, Singapore**

Ageing: a global challenge, Asian perspective



Meri Tuulikki Koivusalo

Professor, Tampere University, Finland

Health in All Policies to respond to challenges of
ageing population: The experience of Finland



Tomohiko Makino

**Medical Doctor, Ministry of Health
Labour and Welfare Japan, Japan**

Accommodating ageing in Japan



Yohsuke Takasaki

**Director, Ministry of Health, Labour
and Welfare Japan, Japan**

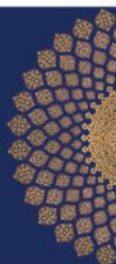
Why do we need a change to Next-generation UHC?
Economic demands of ageing population



Panel 2

Hall B (Razi)

10:30 - 12:00



Neglected Epidemics: The Role of Oral Public Health to Advance Global Health

NCDs & Mental Health

Oral diseases are a matter of concern in Public Health for three main reasons: their high prevalence, high costs, and probable association with systemic diseases. Recent studies suggest association of oral diseases with such systemic diseases as diabetes, cardiovascular diseases, and stroke. However, insufficient attention is paid to oral diseases, especially in developing countries. Not surprisingly, these diseases are referred to as "neglected epidemics".

Challenges of oral health promotion in developing countries include, but are not limited to: lack of sufficient infrastructure, lack of sufficient resources, low priority of oral diseases in comparison with systemic diseases among both lay people and policy makers, and insufficient manpower. It is intended to focus on four main areas in the panel:

1. Oral-systemic diseases associations, and importance of Oral Public Health
2. WHO approach to control oral diseases at community level
3. Experiences from pioneering and developing countries in the field of Oral Public Health
4. Oral Health Promotion Programs for School Children: experience of Iran

Co-Chair



Mohammad Reza Khami

**Director, Research Center for
Caries Prevention, I. R. of Iran**

Oral Public Health in Iran

Co-Chair



Heikki Murtomaa

**Academic Member, University
of Helsinki, Finland**

Oral-systemic diseases associations, and
importance of Oral Public Health



Usuf Chikhe

**Executive Head: Department of Global Health
University of Stellenbosch, South Africa**

Oral Public Health in South
Africa: Experiences to be shared



Mohammad Hossein Khoshnevisan

**Director, Community Oral Health Dept., Shahid
Beheshti University of Medical Sciences, I. R. of Iran**

Brief introduction of WHO Collaborating Center
for Training and Research in Dental Public
Health in Iran



Prathip Phantumvanit

**Dean, Faculty of Dentistry
Thammasat University, Thailand**

Oral Public Health in Thailand:
Experiences to be shared



Nadereh Moosavi Fatemi

**Oral Health Expert, Oral Health Bureau
Ministry of Health and Medical Education, I. R. of Iran**

Oral Health Promotion Program for Primary School
Children: a Model for Developing Countries



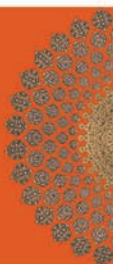
Benoit Varenne

**World Health Organization
Switzerland**

WHO approach to control oral
diseases at community level



Panel 3
Hall C (Avicenna)
10:30 - 12:00



Strengthening Essential Surgical Systems

Global Health in a Transitional World

Despite significant improvements in global health, limited advances have been made towards achieving safe surgical, obstetric, and anesthesia care worldwide. Today, over five billion people remain without access to safe surgical care when needed. The result is over 17 million preventable annual deaths, and 30% of the global burden of disease attributed to surgical conditions. Emergency and essential surgical interventions are cost-effective, and investments of \$350 billion could largely prevent the \$12.3 trillion in lost gross domestic product (GDP) facing low and middle income countries due to surgical diseases by 2030.

Because of this broad burden and its importance in achieving the Sustainable Development Goal 3, the World Health Organization passed the Resolution WHA68.15 *"Strengthening emergency and essential surgical care and anesthesia as an essential component of universal health*

coverage" at the 68th World Health Assembly in 2015. Earlier that year, the Lancet Commission on Global Surgery (LCoGS) proposed six indicators to assess national surgical systems as well as a framework for developing National Surgical, Obstetric, and Anesthesia plans (NSOAPs). In 2017, Zambia released the first ever NSOAP, followed by Tanzania in early 2018. Senegal and Ethiopia have released similar plans, and several other countries, including Rwanda, Colombia, Cameroon, and Mozambique are progressing on similar efforts. Notably, Pakistan is the first country in Asia to embark on the NSOAP process, setting the stage for widespread surgical systems strengthening in other countries in the region and nations of similar size.

In this session, different aspects and successes of Strengthening Essential Surgical care in the region and worldwide will be discussed.

Co-Chair



Ali Jafarian

Professor, Tehran University of
Medical Sciences, I. R. of Iran

Co-Chair



John Meara

Plastic Surgeon-in-Chief, Boston Children's Hospital
& Director, Program in Global Surgery
Social Change, Harvard Medical School, USA

Closing the Global Surgery Gap by 2030



Hasan Emami Razavi

Faculty Member, Tehran University of
Medical Sciences, I. R. of Iran

I.R.Iran's achievements in surgical care
and foresight views, Surgical care 2030



Jorge Alberto Neira

Member of the National Academy
of Medicine, Argentina

Call for Action to Declare Trauma
as a Disease



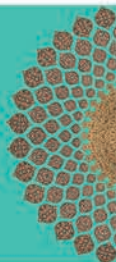
Alexander Peters

Researcher Harvard Medical School Program
in Global Surgery and Social Change, USA

Pakistan's National Vision for Surgical
Care 2030, a series of firsts



Panel 4
Hall D (Kharazmi)
10:30 - 12:00



Air Pollution and Health

Planetary Health

Air pollution is the world's largest environmental health risk. Exposure to air pollutants can cause a variety of health effects depending on the pollution composition (variety of particles and gases), exposure level, duration and frequency of exposure, and associated toxicity of the specific pollutant. According to the World Health Organization (WHO), exposure to air pollution costs the lives of 7 million people each year. Besides its health impacts, air pollution also poses a threat to the global and regional economies and achievement of sustainable development goals.

Air quality has been worsening in recent years mostly due to rapid urbanization and economic growth, intensified industrialization, and increasing energy consumption patterns observed in low and middle income countries. Urgent action to reduce air pollution levels is needed in low and middle income countries. Air pollution is identified as a top priority that requires immediate and coordinated action. This panel discussion will focus on highlighting

human health effects of air pollution, interventions for reducing air pollution, air quality management and the state of air pollution in Iran. This will also provide opportunities to discuss concrete steps on how to improve air quality.

The panel will provide an opportunity for relevant stakeholders to discuss the effects of air pollution on health. The anticipated outcomes of the panel include discussion and knowledge sharing about the following topics:

- Recent evidence on health effects of air pollution;
- Interventions to reduce air pollution and its health effects;
- Experiences to improve air quality in urban areas;
- The state of air pollution and its challenges in Iran;
- Experiences to source apportionment of air pollution.

Co-Chair



Kazem Naddafi

**Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran**

Managing Air Quality - Strategies to Achieve
Air Pollution Reduction

Co-Chair



Paulo Saldiva

**Researcher, University of Sao Paulo
Brazil**

The Brazilian experience to tackle the
consequences of air pollution



Reza Faridi Majidi

**Tehran University of
Medical Sciences, I. R. of Iran**

Nanofibers Technology in Air Filtration
and Purification



Vahid Hosseini

**Government Employee, Department
of Environment, I. R. of Iran**

Air quality status and trends in Iran



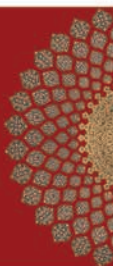
Masud Yunesian

**Professor, Tehran University of
Medical sciences, I.R., Iran**

Air pollution risk management



Panel 5
Hall E (Shayan 1)
10:30 - 12:00



New Silk Roads Making for Global Health the Most of BRI

Sustainable Health Development

The world faces increasing and more complex epidemics, pandemics and disasters. Not only are these events more likely to occur, they're also likely to have a bigger impact on human health, the social fabric, security and the economy. As a community, as countries that are inextricably linked, we are only as strong as our weakest link. This is why a global initiative that elevates health to the centre of economic and social development is immensely encouraging.

Health Silk Road strengthens and renews ancient links between cultures and people, with health at its core, is indeed visionary. The Belt and Road Initiative (BRI) aims to provide more facilities to secure the health of the billions of people. To accomplish this mission, it is necessary to put in place systems to contain outbreaks or crises where they start, and prevent them from becoming epidemics through building response capacity for emergencies, as well as to provide essential health services to countries in crisis.

Health is a human right. People should never have to choose between getting the care they need and financial hardship or impoverishment. The Belt and Road Initiative contains the fundamentals to achieve universal health coverage: infrastructure, access to medicines, human resources, and a platform to share experience and promote best practices. Women, children, and adolescents are at the centre of global health and development. Women and children are particularly hard hit in emergencies. We need to take concrete steps to protect them, and nothing will help this often vulnerable group more than universal health coverage, which is at the heart of BRI.

The panel brings the representatives of various countries to discuss how to build a healthy Silk Road, together, along the way towards sustainable health development.

Co-Chair



Kamran Abbasi

Executive Editor, The BMJ
United Kingdom

Co-Chair



Ilona Kickbusch

Director, Global Health Centre
the Graduate Institute of Geneva, Switzerland



H.E. Yelzhan Amantayevich Birtanov

Minister of Healthcare
The Republic of Kazakhstan

From PHC to UHC: The pathway of Kazakhstan



Hongwei Cai

Vice Director of Information Center
First Affiliated Hospital of
Xi'an Jiaotong University, China



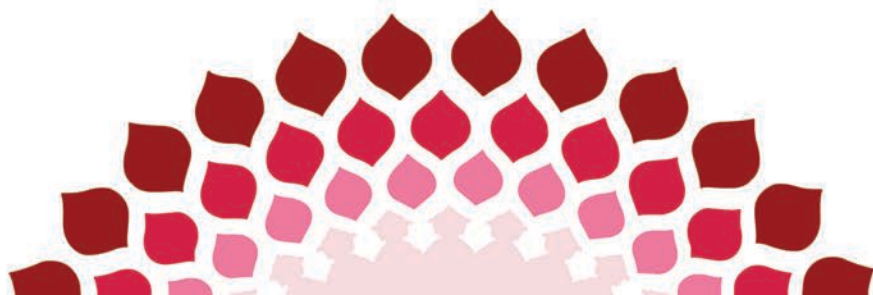
Placella Enrichetta

Deputy Head of Global Program
Health, Swiss Agency for Development
and Cooperation (SDC), Switzerland



Amirhossein Takian

Secretary, World Health Summit
Regional Meeting 2019, I. R. of Iran



Panel 6

Hall F (Shayan 2)

10:30 - 12:00



War, Conflict and Sanctions Challenges for Global Health

Health in Uncertain Situations

Despite all efforts for building peace in the world, unfortunately wars, conflicts and sanctions have had an increasing trend in the last three decades especially in the MENA region. Conflicts, wars and sanctions have significant negative effects on population health and health systems.

This panel will address the effects of conflicts, wars and sanctions on population health, health systems and health care services; and how health systems should provide basic health needs in such situations.

Co-Chair



Mostafa Ghanei

**Director General of Biotechnology
Development Council (BDC), I. R. of Iran**

Iran experiences in providing access & management of
medicine at the time of war and sanctions

Co-Chair



Albrecht Jahn

**Researcher, Heidelberg Institute
of Global Health, Germany**

Reproductive health in wars and conflicts



Mehrnaz Kheirandish

**Director, Food &
Drug Administration, I. R. of Iran**

Unfair international sanctions and its role on
access to medicines in Iran



Wahid Majrooh

**Senior International Relations Adviser
to the Minister of Public Health, Ministry
of Public Health of Afghanistan, Afghanistan**

Public health challenges in Afghanis' conflicts



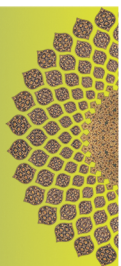
Batool Mousavi

**Janbazan Medical and Engineering
Research Center- JMERC, I. R. of Iran**

Burden of chemical weapons used against
Iranians within three post-war decades



Plenary I
Hall A (Persian Gulf)
12:00-13:00



Health in Uncertain Situations

Sustainable health development is impossible without aligning all countries on the pathway towards universal health coverage. The global health community is grappling with the lessons learned from the Millennium Development Goals period and also with the outcomes of several Ebola-related reviews. A common message is that, unless we find ways to build functional health systems in fragile and failed states, it will be harder to make further progress on key global goals, such as the reduction of maternal and child mortality, as well as to protect the world from new infectious disease outbreaks.

It is crucial to understand the context in which governments function to tackle health in uncertain situations and fragile states, and face the challenges including lack of human and physical infrastructures, and dysfunctional health systems. Additionally, addressing the social determinants of poor health will remain an intergenerational challenge. While sustainability of the service delivery model is a concern, given that the broader security and political context in fragile states remain very problematic for years to come and

that the governments will remain fiscally constrained, the international community should continue to support fragile states for health sector gains.

In particular, the need to take context as the starting point; to focus on state building as the central objective; to promote non-discrimination; to align goals against local priorities; and to act fast, but to stay engaged long enough to give success a chance, seem highly relevant. More effort should be made to formally evaluate and document such positive examples of healthcare gains in fragile states for potential replication. And, during the period of the Sustainable Development Goals, if we are to prevent further division of the world into countries where people have access to primary health care and those that do not, and into stable states and fragile or failed ones, donors should increasingly re-orient their financing accordingly. If Ebola has taught us anything at all, it is that supporting health systems in fragile states is clearly a global public health good that we ignore at our own risk.

Moderator



Mohammad Assai Ardakani

Adviser to Minister for Public Health
Ministry of Health and Medical Education
I. R. of Iran



H.E. Ferozuddin Feroz

Minister of Public Health, Afghanistan
Health System Strengthening in Afghanistan:
The opportunities and Challenges



Rana Hajjeh

Director of Planning and
Monitoring, WHO/EMRO, Egypt
EMR Outlook in Health System Resilience



Reza Malekzadeh

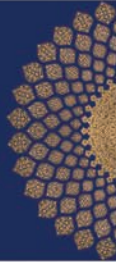
Vice Minister for Research
Ministry of Health and Medical Education
I. R. of Iran
Peace and Prosperity in Fragile Situations



Panel 7

Hall A (Persian Gulf)

14:00 - 15:30



Nutrition and Healthy Life Style

NCDs & Mental Health

Unhealthy diet and lack of physical activity are leading global risks to health. Lifestyle, especially sedentary behaviors and unhealthy diet, is one of the key factors in developing Non-Communicable Diseases (NCDs), including diabetes, heart disease, stroke and cancer that have their origin very early in life, and develop during childhood and adolescence. With greater affluence and urbanization, diets tend to become richer on average in energy, fat and salt. In urban settings exercise and energy expenditure frequently decrease. These factors, besides increased life expectancy, lead to more NCDs and health costs. Deaths from NCDs have increased worldwide and in every region since 2000. Cumulative economic losses due to NCDs in low and middle income countries between 2011 and 2025 will be an estimated US\$ 7 trillion if no action is taken.

Both primary and secondary prevention of these diseases are important so nine global NCD targets developed to provide a vision for

progress by 2025. The WHO Global NCD Action Plan 2013-2020 and other resources provide a roadmap of policies and interventions to realize this vision. Also in May 2018, the World Health Assembly approved the 13th General Program of Work (GPW13), which will guide the work of WHO in 2019–2023. Reduction of salt/sodium intake and elimination of industrially-produced trans-fats from the food supply are identified in GPW13 as part of WHO's priority actions to achieve the aims of ensuring healthy lives and promote well-being for all at all ages (SDG goal 3).

The panel will discuss the nutritional challenges to healthy life style in light of attaining SDGs in various contexts.

Co-Chair



Siamak Bidel

Senior Medical Researcher
Epidemiologist, Helsinki University, Finland
Nutritional preventive measures in NCDs

Co-Chair



Rassoul Dinarvand

Chair and Professor of Pharmaceutics, TUMS' Science
and Technology Park, I. R. of Iran
Iran's FDA contribution to healthy life
style and good nutrition



Abolghassem Djazayeri

Professor Emeritus of Nutrition, TUMS
School of Nutritional Sciences
and Dietetics, I. R. of Iran
Sound nutrition: A prerequisite for a healthy lifestyle



Taufique Joarder

Research Director, FHI 360
Bangladesh
Community health promotion
and life-style changes



Zahra Zeinal

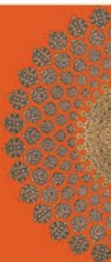
Policy Officer, EAT Foundation
Norway
EAT-Lancet Contribution



Panel 8

Hall B (Razi)

14:00 - 15:30



Road Accidents and Traffic Injuries

Global Health in a Transitional World

The 2030 Agenda for Sustainable Development has set an ambitious target of halving the global number of deaths and injuries from road traffic crashes by 2020. Every year the lives of approximately 1.35 million people are cut short as a result of a road traffic crash. Between 20 and 50 million more people suffer non-fatal injuries, with many incurring a disability as a result of their injury. Road traffic crashes cost most countries 3% of their gross domestic product. More than half of all road traffic deaths are among vulnerable road users: pedestrians, cyclists, and motorcyclists. 93% of the world's fatalities on the roads occur in low and middle income-countries, even though these countries have approximately 60% of the world's vehicles. Road traffic injuries are the leading cause of death for children and young adults aged 5-29 years.

Road traffic injuries cause considerable economic losses to individuals, their families, and to nations as a whole. These losses arise

from the cost of treatment as well as lost productivity for those killed or disabled by their injuries, and for family members who need to take time off work or school to care for the injured. Road traffic injuries can be prevented. Governments need to take action to address road safety in a holistic manner. This requires involvement from multiple sectors such as transport, police, health, education, and actions that address the safety of roads, vehicles, and road users.

Effective interventions include designing safer infrastructure and incorporating road safety features into land-use and transport planning, improving the safety features of vehicles, improving post-crash care for victims of road crashes, setting and enforcing laws relating to key risks, and raising public awareness.

Co-Chair



Kamran B. Lankarani

Professor of Medicine, Director of
Iranian Research Network on
Road Traffic Safety, I. R. of Iran
Impact of networking to address injuries

Co-Chair



Hamid Soori

Researcher, Shahid Beheshti University
of Medical Sciences, I. R. of Iran
Reducing of fatal road traffic injuries in I.R Iran
within the past two decades: lessons to be learned



Farshad Farzadfar

Associate Professor of Epidemiology
Non-Communicable Diseases Research Center
Tehran University of Medical Sciences, I. R. of Iran
An Approach Towards Reducing Road Traffic Injuries
Through Big Data Telematics: A Randomized Controlled Trial

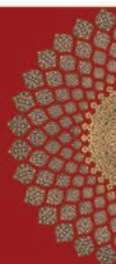


Homayoun Sadeghi-Bazargani

Chair, Road Traffic Injury Research Center
(National Iranian Trustee for Traffic Knowledge Development)
Associate Professor of Epidemiology
Tabriz University of Medical Sciences, I. R. of Iran
Research map for traffic injuries



Panel 9
Hall C (Avicenna)
14:00 - 15:30



Global Health and Religions

Sustainable Health Development

Health is one of the important subjects of divine religions. A healthy human being who possesses physical, mental, social and spiritual health is the ideal human being in all divine religions. Discussions about the viewpoints and teachings of different religions regarding healthcare are irrevocable and shed light on inviolable truths. The believers of these religions may interpret health through their faith, which in turn might lead to the improvement and enhancement of health.

Considering the high position of health in divine religions, negligence in studying health subjects in divine and religious texts is a pity. For instance, the interaction between human beings and the environment has been strongly emphasized by all divine religions with great sensitivity.

This panel, formed with the presence of representatives from four divine religions of Islam, Christianity, Judaism and Zoroastrianism, aims to discuss various aspects of the environment as one of the axes of divine teachings and its association with health along the pathway to reach sustainable health development in all societies.

Co-Chair



Detlev Ganten
Founding President
World Health Summit, Germany

Co-Chair



Mohammad Hossein Nicknam
Permanent Member of the
Iranian Academy of Medical Sciences, I. R. of Iran



Ardeshir Khorshidian
Head of the Association
of the Mobedan of Tehran, I. R. of Iran
Water and Air in Zoroastrianism



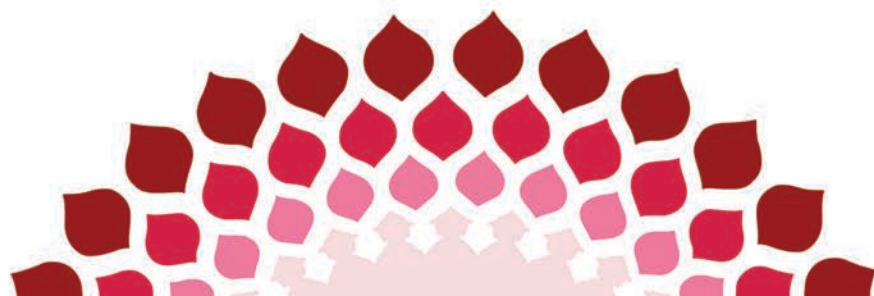
Ciamak Morsadegh
Member of the Health
Commission of the Parliament, I. R. of Iran
Environment and Ecosystem in Judaism



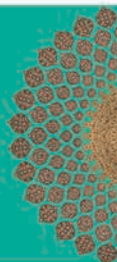
Dikran Sebouh Sarkissian
Archbishop of the Armenian Diocese of
Tehran, I. R. Iran
Global Health, Religion and Nutrition



Abaas Ali Shameli
Global Center for the
Islamic Sciences, I. R. of Iran
Globalization, Islam and Global
Extensive Environment



Panel 10
Hall D (Kharazmi)
14:00 - 15:30



Climate Change and Health

Planetary Health

According to the classification of IPCC, the health impacts of climate change are categorized as: direct mortalities due to climate-sensitive natural disasters such as floods, heat waves, hurricanes, droughts, and landscape fire; indirect effects including non-communicable diseases, infectious diseases, food and water contamination; changes in the life cycle of vector borne diseases; and social consequences, such as migration, food and water challenges, conflicts, and mental stress.

Health leadership in health systems is vital for dealing with the consequences, and causes, of climate change. It is vital to consider comprehensive approaches in health systems towards reducing the impacts of climate change on human health while sticking to adaptation and mitigation strategies. Challenges and issues in adapting with climate change from health perspective, and in keeping promises of countries to the IPCC, and more importantly, in reducing risk to

human life by making communities sustainable, resilient, and invulnerable, are important to be discussed and shared in a community of academics and policy makers. Climate Change is one of the known disturbances on this integrity and that causes many health-related issues. The Climate Change and Health session of the Planetary Health group will discuss the potential health implication of the climatic changes through their effects on diseases, disasters, and food, as well as the meaning of adaptation and resilience towards climate change for health systems.

The main objective of this panel is to discuss the issues that health systems of countries have been and will be facing with current climate change scenarios. Furthermore, the panel experts will bring their opinion on the policies that might help the health systems and leaderships in applying adaptation strategies in organizations and communities.

Co-Chair



Ali Ardalan

Manager, Health Systems in Emergencies Lab (HSEL)
Department of Health System Development
WHO Office for Eastern Mediterranean Region, I. R. of Iran
Analysis for policy making for implementation of Paris
agreement on climate change in health system of I.R.Iran

Co-Chair



Abdelkader Allali

Director, Moroccan Association for
Health and Environment, Morocco
Human health challenges to climate change
and possibilities of action



Christoph Hamelmann

Representative, World Health Organization
I. R. of Iran
Climate change – implications for public health



Mostafa Mohaghegh

Asia and Pacific Centre for the Development of
Disaster Information Management (APDIM), I. R. of Iran
Unified information management platform for
SDS management in Asia - Pacific region

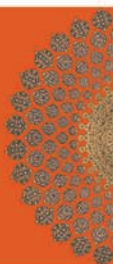


Abbas Ostadtaghizadeh

Faculty Member, Tehran University of
Medical Sciences, I. R. of Iran
Climate Change Adaptation: Conceptual
framework, strategies and evaluation Models



Panel 11
Hall E (Shayan 1)
14:00 - 15:30



Emerging and Re-emerging Diseases

Global Health in Transitional World

Newly identified & previously unknown infectious agents that cause public health problems either locally or internationally are considered as emerging infectious diseases. Re-emerging infectious diseases are infectious agents that have been known for some time, had fallen to such low levels that they were no longer considered public health problems & are now showing upward trends in incidence or prevalence worldwide or have appeared in areas where they were not previously found. Public health officials once suggested that it might someday be possible to "close the book" on the study and treatment of infectious diseases. However, it is now clear that endemic diseases as well as newly emerging ones, reemerging ones, and even deliberately disseminated infectious diseases continue to pose a substantial threat throughout the world. But despite considerable progress, infectious diseases continue to present significant challenges as new microbial threats emerge and reemerge.

HIV/AIDS, malaria, tuberculosis, influenza, SARS, West Nile virus, Marburg virus, and bioterrorism are examples of some of the emerging and reemerging threats.

In responding to the ongoing challenges about emerging and re-emerging communicable diseases, having appropriate control program and continuous monitoring the outbreaks and evaluation of the program and services, can help us in timely action to reduce the destructive consequences of mentioned diseases.

Along the pathway towards sustainable health development, this panel aims to present a comprehensive look at emerging and re-emerging infectious diseases and defines each disease specific road map in order to clarify the related program, and services and activities.

Co-Chair



Minoo Mohraz

Head of Iranian Research Center for HIV/AIDS
Tehran University of Medical Sciences, I. R. of Iran

Co-Chair



Robert Sebbag

Researcher, Hospital, France
How HIV pandemic has changed the
landscape of global health



Fardad Doroudi

Country Director, UNAIDS, I. R. of Iran
Toward ending AIDS; UNAIDS prospective



Rana Hajjeh

Director of Planning and Monitoring
WHO/EMRO, Egypt
The unfinished agenda of communicable
diseases in the region: what would it take
to meet our targets?



Mohammad Mehdi Gouya

Director of CDC, Ministry of Health
and Medical Education, I. R. of Iran
Health Security: the perspective in
Iran and EMR

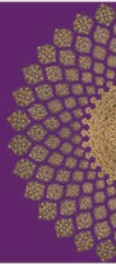


Aluisio Segurado

Faculty Member, Faculty of Medicine
University of Sao Paulo, Brazil
Emerging viral infections. Yellow fever: lessons
learnt from the 2018 outbreak in Sao Paolo, Brazil



Panel 12
Hall F (Shayan 2)
14:00 - 15:30



Networking in Medical Education

Medical Education

In the current era of technology dominance over different aspects of human life, communication and networking have remarkably developed over the past few years. Today, the fundamental role of communication and networking in public health training is clear.

As advances in technology has made it much easier to remove the boundaries in communication, this could be taken to operation to promote networking and use it to transit from classic to modern medical education. In basic sciences, networking may considerably accelerate and simplify international collaborations, which would result in better understanding of disease pathophysiology (exe. gene discoveries, pathway illustrations, etc.). On the other hand, in the matter of clinical medicine, networking may bring different expertise and experiences together, which would be highly advantageous in knowing and following the best practical approaches, as well as developing new ones. In addition to students'

education, networking is useful in high level trainings (academic faculty).

This panel will introduce and discuss some best practices to promote scientific collaborations and activities all through networking and removing the boundaries in science to conduct interdisciplinary research and education.

Co-Chair



John Joseph Norcini Jr

**Researcher, FAIMER
USA**

International Faculty Development Networks

Co-Chair



Nima Rezaei

**Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran**

A Platform for Promoting Research and
Education Through Networking in All Fields



Farshad Allameh

**Assistant Professor of Gastroenterology
Imam khomeini Hospital, I. R. of Iran**

Best Practice in Networking and Introducing
the Tritapp as a Medical Network



Charles Ibingira Rukambura

Principal, Makerere University, Uganda

The Role of Networking in Medical Basic Science
Education: The Impact on New Gene Discoveries



Gonnie Klabbers

**Department of Health Ethics and Society
Faculty of Health Medicine and Life Sciences
Maastricht University, the Netherlands**

Collaborative partnerships in advanced Global Health
education: the Global Health consortium
and the INPACT collaboration in West Asia



Dainius Pavalkis

**Advisor RISE HL to European
Commission Ex-minister of Education
and Science of Lithuania, Lithuania**

The Significance of International Collaborations in Treating The
most Significant Public Health-related Diseases (Cancer, etc)



Fernando Regateiro

**CEO, Coimbra University Hospital
Center, Portugal**

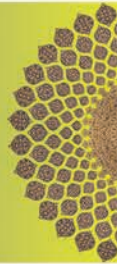
Networking and Public Health Promotion:
New Insight on Interdisciplinary Interaction
of Basic Science and Public Health



Plenary II

Hall A (Persian Gulf)

16:00-17:00



Sustainable Health Development / UHC

An estimated 10 million people die every year from air pollution related diseases. These include stroke and heart diseases, respiratory illnesses and cancers. Many harmful air pollutants also damage the climate. Climate change and air pollution have strong influences on the spatial and temporal distribution of air pollution concentrations. Reducing air pollution would save lives and help slow the pace of near-term climate change.

Air and climate pollutants have their greatest health impacts among the poor, but the poor are not the only victims of air pollution. Reducing household pollution risks from smoky biomass and coal cook stoves, in particular, can help alleviate the burden of poverty-related diseases. Urban air pollution levels also tend to be higher in many low and middle-income cities and in poor neighborhoods of high-income cities.

The World Health Organization and the Climate and Clean Air Coalition to Reduce Short-Lived Climate Pollutants have joined together with a number of other leading

partners in a health initiative that aims to reduce air pollution-related deaths and disease as well as emissions of short-lived climate pollutants.

The complex interactions between climate change and air quality imply that future policies to mitigate these twin challenges will benefit from greater coordination. Assessing the health implications of alternative policy approaches towards climate and pollution mitigation will be a critical area of future work.

Moderator



Mohsen Asadi Lari

Director General for International Affairs, Ministry of
Health and Medical Education, I. R. of Iran



H.E. Yelzhan Amantayevich Birtanov

**Minister of Healthcare
The Republic of Kazakhstan**

From PHC to UHC: The pathway of Kazakhstan



Detlev Ganten

**Founding President
World Health Summit, Germany**

Meaningful Partnership to reach UHC:
The role of M8 Alliance



Assad Hafeez

**Director General, Ministry of
Health, Pakistan, Pakistan**

Pakistan's National Plan for Sustainable
Health Development



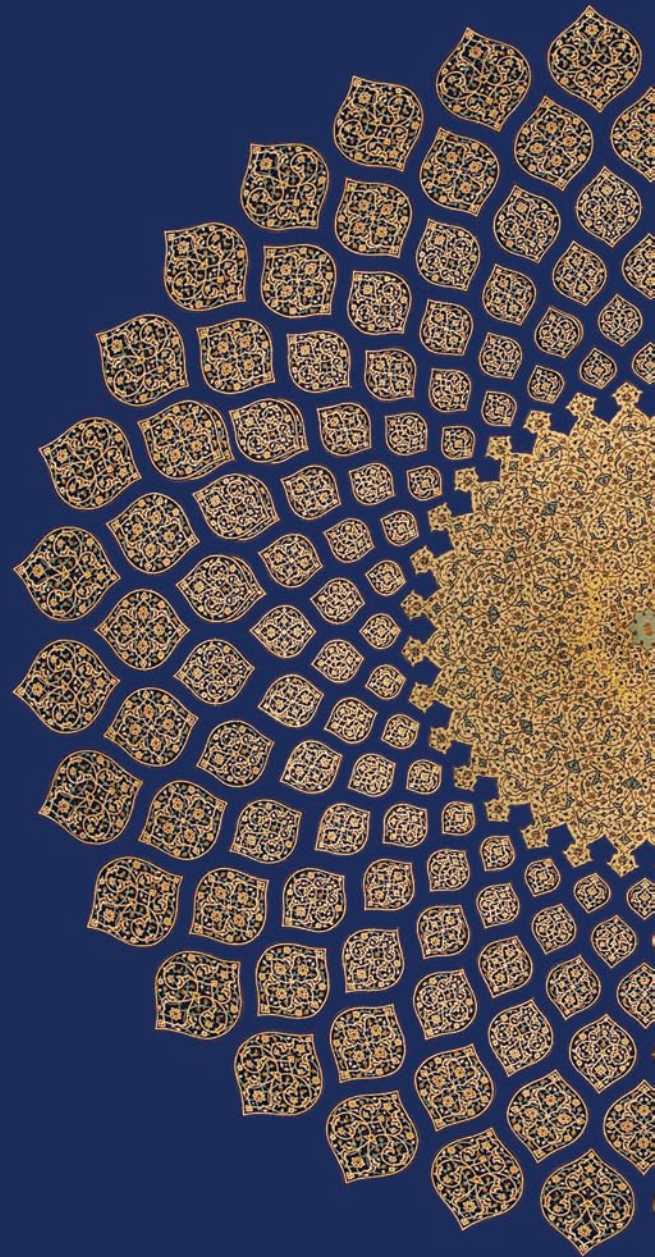
Suwit Wibulpolprasert

**Global Health Advisor, Ministry
of Public Health, Thailand**

UHC in Thailand



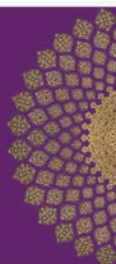
Day Two
Tuesday, April 30, 2019



Panel 13

Hall A (Persian Gulf)

09:00 - 10:30



Integration of Medical Education

Medical Education

The relationship between medical schools and health systems has been addressed in many WHO documents as well as in accreditation standards. Accordingly, schools of medicine and most medical sciences should be accountable in terms of their interaction with health systems. It is noted that quality improvement in healthcare systems and medical education simultaneously may be affected by the interaction. Productive cooperation between the two sides and possible solutions for better collaboration is an important issue for most medical schools worldwide. There are many examples of fostering cooperation which could be placed in a continuum, while the unique model of Islamic Republic of Iran, in total amalgamation of the health system and medical universities may be considered near to its extreme. Therefore, it will be a good opportunity for participants to discuss and reflect this model and share their own experiences in finding alternative measures to overcome problems

resulting from academy-service dissociation in medical sciences education.

The aim of this panel is to provide a general perspective regarding the concept of service-academy partnership in medical education, and stimulate reflections on individual examples including the case of Iran, in order to help policy makers to deal differently with academy-service interactions at the macro level.

It is expected to help participants to:

- Get to a general understanding about different modalities and aspects of service-academy partnership
- Prepare a "lessons learned" statement as an informal summary to be worked out in future meetings and programs.

Co-Chair



Tahereh Changiz

Professor of Medical Education, Chancellor
of Isfahan University of Medical Sciences
I. R. of Iran

Co-Chair



Boelen Charles

Medical Doctor, Consultant, France
Accrediting excellence for a medical school's
impact on population health



Mohammad Esmaeil Akbari

Director, Cancer Research Center
Shahid Beheshti University of
Medical Sciences, I. R. of Iran
Social accountability in medical
education in Iran



Fereidoun Azizi

Distinguished Professor of Internal Medicine
and Endocrinology, Shahid Beheshti
University of Medical Sciences, I. R. of Iran
Integration of Medical Education and Health
Services in Iran: The Experience of Four Decades



Peter Dieter

President, AMSE, Germany

New Developments, Chances and Challenges in
Higher Education Quality Assurance in the Field of
Medicine: AMSE started a Quality Assurance Pilot
Project in WHO Europe



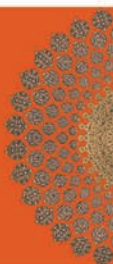
Yik Ying Teo

Dean, Saw Swee Hock School of Public Health
National University of Singapore, Singapore
Teaching medical students to achieve the SDGs

Panel 14

Hall B (Razi)

09:00 - 10:30



Social Mobilization to Reach UHC

Global Health in Transitional World

Achieving universal health coverage (UHC) and the sustainable development goals (SDGs) requires health systems to shift from an almost exclusively vertical, top-down and curative paradigm to one that places people at the centre of health services. The complexity of health issues in today's globalized world challenges the fragmented and often isolated practices in both contemporary medicine and public health in much of the world.

This panel will reflect on how efforts towards UHC could offer an opportunity to address those aspects within health systems that continue to hinder efforts to meaningfully engage with citizens, families and local communities. The backbone of these efforts should be a health workforce that is skilled in engagement, responsive to local context and to the needs and expectations of those using their services.

Diverse disciplines, professions and institutions should work together to find

more sustainable and locally owned solutions and practices to address fundamental issues, such as equity and the social determinants of health. With UHC as a major goal for health reform in many countries and a priority for the World Health Organization (WHO), there is an opportunity to focus on how such high-level consensus can be translated into meaningful action. Therefore, it is timely to consider the emerging role of non-traditional areas for health systems, such as community engagement, within UHC, in particular how community engagement can shape the delivery of quality health services that are safe, effective, efficient, equitable, people-centered and that integrate care.

Co-Chair



Ricardo Baptista Leite
Member of Portuguese Parliament
Portugal
Citizenship for health

Co-Chair



Amirhossein Takian
Secretary, World Health Summit
Regional Meeting 2019, I. R. of Iran
People empowerment for health
decision-making in Iran



Hamid Bohloli
Advisor & Head of Department ,Supreme Council of
Health and Food Security, Ministry of Health and
Medical Education, I. R. of Iran
The supreme drivers of human development:
Removing barriers in the developing countries



Sana de Baudinet de Courcelles
Director, Sciences po School
of Public Affairs, France
Democracy and health: French Experience



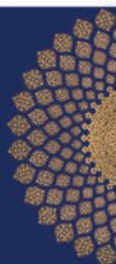
Nanoot Mathurapote
Head of Global Collaboration Unit
National Health Commission Office, Thailand
Participatory public policy process
to strengthen UHC



Dennis Alexander Ostwald
CEO, WifOR GmbH, Germany
A New Understanding of Health - State
Accountancy for Procurements of UHC



Panel 15
Hall C (Avicenna)
09:00 - 10:30



Mental Health and Substance Abuse

NCDs & Mental Health

Mental Health & Substance Abuse are remarkably prevalent. Global burden of mental disorder ranking has been changed dramatically from 13 to 6 from 1990 to 2017. Mental disorder is the 4th top most global DALY ranking in non-communicable disease in 2017 which cause even higher burden to the global public health than diabetes. Nearly 1 in 10 people have a mental health disorder, but only 1% of the global health workforce provides mental health care. Thus, in 2017 4.8% and 1.7% of total DALY is attributed to mental disorder and substance abuse, respectively. Addressing the gap in available health systems capacity and resources could effectively reduce the burden.

The first Director-General of the World Health Organization (WHO) indicated “without mental health, there can be no true physical health”. There is enough evidence clarifying the association between mental and physical health outcome. However, global non-communicable disease reports show that

the policy continues to lag behind the evidence in this regard. As an example, the SDG goals and WHO NCD targets do not include mental health and substance abuse among the top main focused diseases. Mental illnesses could be considered as risk factors that affect the incidence and prognosis of non-communicable diseases.

The mental health Gap Action Program (mhGAP), the WHO’s leading program for mental health, is used to scale up care for priority mental, and substance use disorders in non-specialized settings.

The panel brings experts from different countries to discuss the high burden of both mental health and substance abuse on countries’ pathway towards sustainable health development.

Co-Chair



Selma Karabey

**Academic Member, Istanbul University
Turkey**

Beyond the Psychiatry:
Public Mental Health

Co-Chair



Afarin Rahimi Movaghar

**Director, Iranian National Center for
Addiction Studies- INCAS, I. R. of Iran**

Substance abuse: the hidden killer of people
and its burden in global health



Mazda Adli

**Academic Member, Charité – Universitätsmedizin
Berlin & Fliedner Klinik Berlin, Germany**

Stress-dependent Mental Health Problems
in Modern Environments



Ahmad Hajebe

**Director General for Mental Health &
Substance Abuse, Ministry of Health and
Medical Education, I. R. of Iran**

Integration of Mental Health Services into
Primary Health Care in Iran



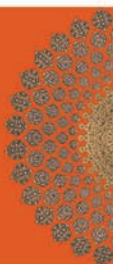
Gonnie Klabbbers

**Department of Health Ethics and Society
Faculty of Health Medicine and Life Sciences
Maastricht University, the Netherlands**

Psychosocial pathways underlying socio-economic
inequalities in health: strategies for intervention in
Europe



Panel 16
Hall D (Khazazmi)
09:00 - 10:30



Retaining Human Resources in Health Transition / Brain Drain

Global Health in Transitional World

Developing human resources for health that are appropriate, available, and qualified to meet the health needs of the population has been at the forefront of global, regional, and national agendas in recent decades. The 2006 World Health Report, *Working Together for Health*, issued by the World Health Organization (WHO), analyzed the worldwide crisis in human resources for health and put forth proposals to address the problem within 10 years. Also, there have been many initiatives such as: a call by WHO for the rapid scaling up of health workforce production; the Kampala Declaration; the WHO Global Code of Practice on the International Recruitment of Health Personnel; resolutions to strengthen nursing and midwifery; the Recife Political Declaration, and the follow-up on these commitments at the World Health Assembly; and the call by that Assembly to transform health workforce education to support universal health coverage.

In alignment with the 2030 Agenda for

Sustainable Development and its Goal 3 ("to ensure healthy lives and promote well-being for all at all ages"), in 2016, the World Health Assembly adopted the Global Strategy on Human Resources for Health: Workforce 2030. In addition, the High-Level Commission on Health Employment and Economic Growth convened by the United Nations urged investments in the health workforce as an economic growth strategy for countries. This process culminated in the 70th World Health Assembly in May 2017, with the adoption of the Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021).

The panel will discuss the challenges to fulfil HRH requirements to reach UHC, particularly in the context of low and middle income countries.

Co-Chair



Ali Akbar Haghdooost

**Faculty Member, Kerman University
of Medical Sciences, I. R. of Iran**

Talented students; strategies for retaining
in disadvantage geographical areas

Co-Chair



Charles Ibingira Rukambura

Principal, Makerere University, Uganda

Brain drain in Africa; a challenge
and solutions



Akbar Fotouhi

**Professor of Epidemiology, Department
of Epidemiology and Biostatistics
School of Public Health, Tehran University
of Medical Sciences, I. R. of Iran**

Health workforce planning and higher
health education development in Iran



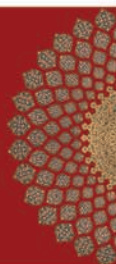
Suwit Wibulpolprasert

**Global Health Advisor, Ministry
of Public Health, Thailand**

Retentions of human resources for UHC;
Thailand approach



Panel 17
Hall E (Shayan1)
09:00 - 10:30



The Students' Capacity in Global Health

Sustainable Health Development

Undoubtedly, "health-science students" are among the most important stakeholders of healthcare. A strong body of research emphasizes the fact that if health-science students receive decent global health education, they can meaningfully contribute to address the emerging health challenges. This is not only due to the role that they should play as tomorrow's healthcare providers, but also is because of the research, scholarship and advocacy potentials that today's student bodies possess.

For the first time in the WHS history, the 7th WHS regional meeting will host a student pre-event. Almost 200 students from 21 countries present their potentials and professional abilities, prompt their voice and advocacy capacity among high level policy makers and discuss the idea of establishing an international network among students from the member institutes of the M8 Alliance. Besides, the

outcome of students' involvement in global health will be discussed from various perspectives including young global health activist and student representative.

This panel will provide the opportunity to discuss the capacities of new generations' involvement in public health. The rainbow of panelists, from world-famous global health leaders to young students of health sciences will share their experiences, expectations, hopes and concerns from these new generations on how to strengthen young healthcare involvement in shaping global health. Finally, selected successful examples of students' participation in global health activities and few role models will be introduced.

Co-Chair



Detlev Ganten

Founding President
World Health Summit, Germany

Co-Chair



Melika Hanifiha

Educational Director for Student Program
7th WHS Regional Meeting, I. R. of Iran
Why to form the student network for
M8-Alliance Academic Health Centers,
Universities and National Academies



Teodor Blidaru

Liaison Officer, International Federation
of Medical Students Associations (IFMSA), Romania

The role of student organizations in
global health



Ali Jafarian

Professor, Tehran University
of Medical Sciences, I. R. of Iran

The importance of global health for students
and the importance of students for global health



Meshkat Torkamanian

IPhSA-Iran President, I. R. of Iran

Short term outcomes of students' participation
in global health



Zahra Zeinali

Policy Officer, EAT Foundation
Norway

Long term outcomes of students'
participation in global health

Panel 18
Hall F (Shayan2)
09:00 - 10:30



Disasters and Vulnerable Population

Health in Uncertain Situations

A significant proportion of the world population lives in high-risk geographical areas that are affected by different man-made and natural disasters. Earthquake, flood, and a wide range of other disasters are the major causes of death and a large drain on healthcare resources especially in our region. Despite the relatively high prevalence of disasters in our region, it seems that the disaster preparedness is low. This highlights the need for effective disaster management especially for vulnerable people including women, children, older and disabled groups. The main aim of this panel is to discuss the impacts of disasters on human health and effective strategies for preventing or mitigating their consequences especially in vulnerable groups.

Co-Chair



Hamidreza Khankeh

Professor, Director, Research Center in
Emergency & Disaster Health, I. R. of Iran
Disasters and social vulnerability

Co-Chair



Martin Voss

Researcher, Freie Universitat Berlin
Germany
The threefold Vulnerability of Human Being



Benoit Miribel

Member of the Board of the Foundation
Christophe et Rodolphe Mérieux, France
Disable peoples and disasters



Abbas Ostadtaghizadeh

Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran
Flood vulnerability and underlying
factors of death



Mahmoudreza Peyravi

Secretary General
Iranian Red Crescent Society, I. R. of Iran
Voluntarism and motivating youth
people in disasters

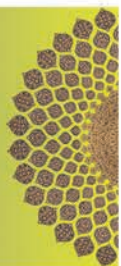


Timo Ulrichs

Akkon University for Human Sciences Berlin
and Director of the Institute for Research
in International Assistance, Germany
Children needs in disasters



Plenary III
Hall A (Persian Gulf)
11:00-12:00



Sustainable Health Development/ NCDs & Evidence

In 2015, the Sustainable Development Goals included a target (3.4) to reduce premature NCD mortality by one third by 2030 through prevention and treatment and promoting mental health and well-being. To prevent premature mortality and morbidity from NCDs, a life-course approach is required. Key risk factors of NCDs are strongly associated with patterns of consumption and unhealthy choices that are often influenced by the corporate sector.

Effective NCD prevention and control requires multi-sectoral (health, agriculture, communication, education, employment, energy, environment, finance, food systems, foreign affairs, housing, justice and security, legislature, social welfare, social and economic development, environment, sports, trade and industry, transport, urban planning and youth affairs) and coordinated multi-stakeholder (governments and non-State actors) engagement. Policy coherence is critical to ensure an integrated response to NCD risk factors and goes beyond

the responsibility of a single ministry. In an era of growing healthcare expenditures and fiscal restraint, governments are exploring ways of limiting spending on social sectors, including health. Hence, arguments for prevention based on economic benefits are more likely to appeal to policy-makers and international funders. Multi-sectoral action for prevention will be necessary to reduce the future burden, in addition to action in the health sector, particularly at the primary level of care.

Continued neglect of NCDs is a result of political neglect. The availability of scientific evidence and cost-effective interventions is not a guarantee of effective national responses. Applying a political economy lens to understanding various policy contexts, including the priorities of particular administrations, power relations and vested interests, is important to understanding the political forces and incentives for incorporating NCDs into the development agenda and the allocation of funding for international development and global health.

Moderator



John Lavis

Professor and Canada Research
Chair, McMaster Health Forum, Canada



Bagher Ardeshtir Larijani

Deputy Minister and Chief of INCDC
Ministry of Health and Medical Education, I.R. Iran
National Action Plan for Prevention and Control
of NCDs in Iran: Walking the Talk



Fiona Bull

Program Manager, NCDs Prevention
World Health Organization, Switzerland
Global Burden of Lack of Physical Activity
and its Share in NCDs



Arash Rashidian

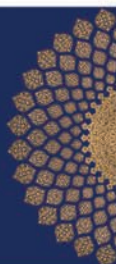
Director, Information, Evidence
and Research, WHO/EMRO, Egypt
WHO agenda for improving national institutional
capacity for use of research evidence in decision
making in EMR countries



Panel 19

Hall A (Persian Gulf)

12:00 - 13:30



Healthy Cities

NCDs & Mental Health

Globally, over 50% of the populations live in urban areas today. The world's urban population will increase to 6 billion in 2045-2050. This means that around 2.5-3 billion people will move into cities and slums by 2050. The largest study ever made of global urban conditions has found that 940 million people - almost one-sixth of the world's population - already live in squalid, unhealthy areas, mostly without water, sanitation, public services or legal security. One in every three people in the world will live in slums within 30 years unless governments control unprecedented urban growth, according to a UN report.

A healthy city is one that continuously creates and improves the physical and social environments and expands the community resources; enabling people to mutually support each other in performing all the functions of life and developing to their maximum potential.

The aims of this panel are:

- To create a health-supportive environment;

- To achieve a good quality of life;
- To provide basic sanitation & hygiene needs;
- To supply access to health care.

In 1986, the first Healthy Cities initiatives were launched in developed countries (ex. Canada, USA, etc.). Today, thousands of cities worldwide are part of the Healthy Cities network in all WHO regions. Currently, United Nations Environment Programme covers the topic of Healthy Cities with the idea of *"Health should be the 'pulse' of the new urban agenda"*.

Healthy Cities help to achieve SDGs targets such as 2nd (Zero hunger), 6th (Clean water and sanitation), 11th (Sustainable cities and communities), 13th (Climate action), and 16th (Peace, justice and strong institutions) goals. World-Bank also introduces Urban Development with focus areas of Disaster risk management, inclusive cities, land, and sustainable communities which are very closely related to the concept of a healthy city.

Co-Chair



John Ashton

Medical Doctor, World Health
Organization, United Kingdom
Major elements of mental health
in healthy cities

Co-Chair



Jo Ivey Boufford

Clinical Professor of College Global
Public Health, New York University
and President, International Society
for Urban Health United States, USA
Cities as Drivers of Global Health



Mazda Adli

Academic Member, Charité – Universitätsmedizin
Berlin & Fliedner Klinik Berlin, Germany
Stress and the City: Towards a Public Mental
Health Strategy for Urban Environments



Charlotte Marchandise Franquet

President of WHO Healthy Cities
French Network, France
Governance and empowerment challenges
and solutions for healthy cities



Ehsan Ranjbar

Assistant Professor of
Urban Design, Tarbiat Modares
University, I. R. of Iran
The Effects of Urban Design
on Mental Health



Bertino Somaini

CEO, Public Health Promotion
Switzerland
Healthy cities and health
promotion plans



Panel 20

Hall B (Razi)

12:00 - 13:30



Displacement - Migration and Refugees

Health in Uncertain Situations

More people are on the move now than ever before. There are an estimated 1 billion migrants in the world today, of whom 258 million are international migrants and 763 million internal migrants—one in seven of the world's population. In 2018, 68 million of the world's internal and international migrants were forcibly displaced. This rapid increase of population movement has important public health implications, and therefore requires an adequate response from the health sector. Challenges to migrant health can be attributed to many factors, including lack of access to health services, absence of financial protection, and discrimination.

Although the number of people seeking refuge is the highest in low and middle income countries, the rapid increase of refugees to Europe over the past three years has altered the political landscape and will have a lasting impact for many years to come. During this politically turbulent time, the health of refugees must continue to be viewed as important to governments

worldwide. New strategies and ways to support migrant health must be discussed and based on ratified international human rights standards.

The panel brings scholars from different continents to discuss the challenges of refugees and migrants' health on the pathway to reach UHC.

Co-Chair



Ali Ardalan

**Manager, Health Systems in Emergencies
Lab (HSEL) Department of Health System
Development WHO Office for Eastern
Mediterranean Region, I. R. of Iran**
Health needs assessment in displaced people:
EMR approach

Co-Chair



Luciano Saso

**Vice-Rector for European University
Networks-Sapienza University, Italy**
Refugees' and migrants' health:
the experience of Italy



Gilbert Burnham

**Professor, Johns Hopkins
University, USA**

Public health services for displaced populations:
learning from experiences in the region



Mohammad Mehdi Gouya

**Director of CDC, Ministry of Health
and Medical Education, I. R. of Iran**
Surveillance and control of infectious
diseases in displaced people



Alexander Kramer

**Professor, Bielefeld University
Germany**

Situation in Germany - the Bielefeld
University Research Consortium on
Refugee Health (FlüGe)



Joachim Seybold

**Deputy Medical Director, Charite -
Universitaetsmedizin Berlin, Germany**

New structures for acute medical care, mental
health, initial medical screening, and vaccina-
tion for refugees in the state of Berlin, Germany



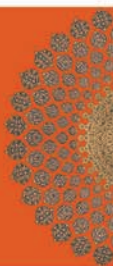
Santino Severoni

**Acting Director of the Division of Health Systems
and Public Health/ Coordinator of Migration
and Health Programme, Denmark**

Challenges of providing healthcare to
migrants and refugees: WHO perspective



Panel 21
Hall C (Avicenna)
12:00 - 13:30



HTA - New and Expensive Drugs

Global Health in Transitional World

Health Technology Assessment (HTA) is the systematic evaluation of properties, effects and/or impacts of health technologies and interventions. It covers both the direct, intended consequences of technologies and interventions and their indirect, unintended consequences. The HTA approach is used to inform policy and decision-making in health care, especially on how best to allocate limited funds to health interventions and technologies. The assessment is conducted by interdisciplinary groups using explicit analytical frameworks, drawing on clinical, epidemiological, health economic and other information and methodologies.

A health technology is the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives. It informs policy and clinical decision making around the introduction and diffusion of all health technologies including medicines, devices, vaccines, medical equipment and health

interventions for prevention, promotion, treatment and palliative care.

The drive to achieve Universal Health Coverage raises the need to choose and manage effectively technologies that are to be adopted within countries' health systems, particularly in a context of limited resources. Countries are called to consider establishing national systems of health intervention and technology assessment, and encouraging the systematic utilization of independent health intervention and technology. Developing and strengthening national capacity will have to build on established best practices, information exchange and collaborative approaches to make the best use of limited resources and yield robust scientific assessments.

Co-Chair



Ali Akbari Sari

Professor, Dean, School of Public
Health Tehran University of
Medical Sciences, I. R. of Iran
Challenges of HTA in transitional world

Co-Chair



Paolo Villari

Director Department of Public Health
and Infectious Diseases, Sapienza
University of Rome, Italy

The evaluation of genetic/genomic applications:
an health technology assessment exercise?



Pattara Leelahavarong

Director, Health Intervention and
Technology Assessment Program, Thailand

Orphan drugs HTA for UHC



Alireza Olyaeimanesh

National Institute for
Health Research, TUMS

Role of HTA in prioritization
of public financing



Netnapi Suchonwanich

Government Employee, HITAP, Thailand

Use of HTA for pharmaceutical
reimbursement



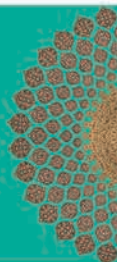
Muhammad Zaman

Professor
Boston University, USA

Trade off between advanced and appropriate
technologies in low-resource settings



Panel 22
Hall D (Kharazmi)
12:00 - 13:30



Water and Health

Planetary Health

In the face of increasing erratic weather events such as prolonged droughts, “demand for fresh water is likely to outstrip supply by 40 percent by 2030 and a third of the world’s population will be living in areas of severe water stress by this time”. Additionally, by 2025, 1.8 billion people will be living in countries or regions with absolute water scarcity, and two-thirds of the world population could live under water stress conditions.

Current patterns of water management in Eastern Mediterranean countries including Iran are often not sustainable. The most parts of the region is facing severe water scarcity with freshwater availability per capita among the lowest in the world, representing a serious constraint for socio-economic development and a potential cause for water-related health effects or other conflicts. Shortages of water could become a major obstacle to public health and development. Currently, the United Nations Children's Fund (UNICEF) and the World Health Organization

(WHO) estimate that 1.1 billion people lack access to a water supply and 2.6 billion people lack adequate sanitation. The global health burden associated with these conditions is staggering, with an estimated 1.6 million deaths every year from diseases associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene. A lack of water to meet daily needs has serious health consequences.

This panel aims to highlight the human health effects attributed to water by emphasizing the limitation of water resources, pollution of drinking water, management of water resources and the access to safe water and sanitation as a human right.

Co-Chair



Simin Nasseri

Deputy for Research (SPH)
and Chair Center for Water Quality
Research, IER, TUMS, I. R. of Iran
Water quality and health

Co-Chair



Patrick Smeets

Senior Scientific Researcher
KWR Watercycle
Research Institute, Netherlands
Chlorine free drinking water without
infectious diseases



Mohammad Masoud Tajrishi

Professor, Department of Civil Engineering
Sharif University of Technology, I. R. of Iran
Water management policies in Iran



Amir Hossein Mahvi

Chair of Center for Solid Waste
Research, Institute for Environmental
Research, TUMS, I. R. Iran
Water supply in emergencies



Alirerza Mesdaghinia

Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran
Challenges of water quantity in Iran

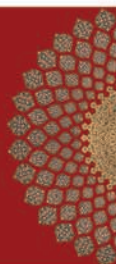


Nicole Nijhuis

Researcher and Toxicologist-KWR Watercycle
Research Institute, Netherlands
Prioritizing and risk of
anthropogenic substances in water



Panel 23
Hall E (Shayan1)
12:00 - 13:30



eHealth to Advance Global Health

Sustainable Health Development

Collecting and analyzing the increasing amount of data from patients' daily life is essential for improving care management. While the generation, integration and analyses of data from real life, randomized clinical trials, electronic medical records and public data is opening new ways for future treatments, the active involvement of all stakeholders (patients, physicians and the pharmaceutical industry but also regulators, payers and public health officials) remains essential if we want to build a new frame for healthcare innovation and evaluation.

This panel aims to focus on the opportunities provided by incorporating concepts like Big Data, digital health, machine learning, and artificial intelligence (AI) and understand how to lift through a concerted effort between the various parts of the healthcare ecosystem, the challenges and the obstacles which remain.

Co-Chair



Najeeb Al-Shorbaji

President, eHealth Development
Association, Jordan

Challenges of eHealth in Eastern
Mediterranean Region: how to address SDGs

Co-Chair



Amirhossein Takian

Secretary, World Health Summit
Regional Meeting 2019, I. R. of Iran



Mehrdad Azmin

Head of Quantitative and Data Science
Non-Communicable Diseases
Research Center, TUMS , I. R. of Iran

Centralising the de-centralised: health data
unification opportunities and challenges



Hongwei Cai

Vice Director of Information Center, First Affiliated
Hospital of Xi'an Jiaotong University, China

Internet + healthcare in CHINA



Hamid R. Rabiee

Professor of Computer Engineering, Director of
AICT Research Institute, Sharif University
of Technology, I. R. of Iran

Machine Learning and AI to Improve Health



Arash Rashidian

Director, Information, Evidence
and Research, WHO/EMRO, Egypt

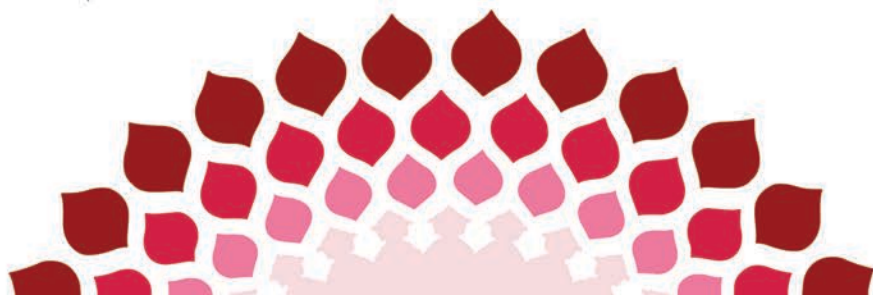
e-Health role in achieving
UHC in EMR



Mahmood Tara

Faculty Member, Mashhad University
of Medical Sciences, I. R. of Iran

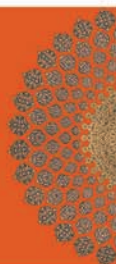
The Iranian eHealth architecture in HTP



Panel 24

Hall F (Shayan 2)

12:00 - 13:30



Traditional and Integrative Medicine and Global Health Challenges

Global Health in Transitional World

People's attention to use traditional and complementary systems and methods of medicine has been growing in low, middle, and high-income countries alike during the last decades. These systems of medicine mostly have deep root in the history and culture of ancient countries, i.e. Chinese Medicine, Persian Medicine, Ayurveda, Homeopathy, etc. Nonetheless, beyond their homeland, people show considerable interests in such systems. Traditional medicines offer some opportunities for new treatments based on ancient philosophies and generation by generation experiments in medical sciences. Nevertheless, it can cause spreading charlatanism and also misuse of medical care and treatment in the absence of standard protocols and supervisions.

The World Health Organization (WHO) issued strategies for using traditional and complementary systems of medicine; its latest updated version as "WHO traditional medicine strategy: 2014-2023" is available. WHO suggests integrating conventional

medicine with these traditional and complementary medicines and called it "Integrative Medicine". This format provides opportunities to use both conventional and traditional systems of medicine potentials to serve the best possible medical and health services to the patients and people. Management of these integrative medicines is an important challenge for global health issues. Close consultation and discussion among healthcare professionals is crucial to use the potentials of traditional medicine for medical and health services and also to avoid charlatanism and any possible danger and misuse for global health.

The panel brings scholars from around the world, including the countries with historical record of TM, to share experiences and discuss the opportunities and challenges in this regard.

Co-Chair



Fernando Salgado Blanco

**Medical Doctor, University of
Santiago de Compostela, Spain**

Spanish Government Plan Against Pseudotherapies:
a serious menace for CAM in Europe

Co-Chair



Arman Zargaran

**Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran**

Introduction to Global Health Challenges in
Traditional Medicine



Kiarash Aramesh

**Director, The James F. Drane Bioethics
Institute, College of Science
and Health Professions, USA**

Science and Pseudoscience in Traditional Medicine



Abdolali Mohagheghzadeh

**Professor of Pharmacognosy, Shiraz
University of Medical Sciences, I. R. of Iran**

Global needs for compilation of Asian
traditional medicine pharmacopoeia



Hossein Rezaeizadeh

**Assistant Professor, Tehran University
of Medical Sciences, I. R. of Iran**

Integrative Medicine: The Future of Mainstream
Medical Care and Health Promotion



Syed Mohd. Abbas Zaidi

**Assistant Professor, Hakim Syed Ziaul
Hasan Govt. Unani Medical College
Bhopal Under MPMSU, Jabalpur-India**

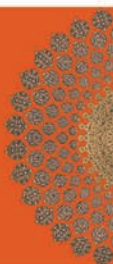
Need of Pharmacovigilance in Herbal Medicine



Panel 25

Hall A (Persian Gulf)

14:30 - 16:00



Universal Health Coverage (UHC)

Global Health in Transitional World

Health is a political choice. SDG 3.8 on UHC is fundamental to reach sustainable health development and envisions that by 2030 all people can use the health services they need, of sufficient quality to be effective, and without facing financial hardship. Despite strong international support for UHC, country level implementation remains challenging. Multi-sectoral approaches involving the whole of government and society are key to generate political will for investment in UHC and drive appropriate reforms.

In light of the joint responsibility for UHC, this session bridges the gap between the global UHC agenda and national implementation. It explores what needs to change (challenges) and what needs to be preserved and strengthened (breakthroughs) on the road to UHC.

The panel aims to discuss interdisciplinary perspectives on what various sectors need to do towards UHC in the context of both high, middle, and low-income countries. Learning from each other's experience is crucial in aligning conflicting interests to strengthen political will and investments for UHC worldwide.

Co-Chair



Ilona Kickbusch

Director, Global Health Centre
the Graduate Institute of Geneva, Switzerland

Why UHC? a global health perspective

Co-Chair



John Lavis

Professor and Canada Research
Chair, McMaster Health Forum, Canada

Challenges of Evidence Inform Decision
Making for achieving UHC



Christoph Hamelmann

Representative, World Health
Organization, I. R. of Iran

UHC and universal health equity



Tomohiko Makino

Medical Doctor, Ministry of Health
Labour and Welfare Japan, Japan

Resilience health system for UHC



Yohsuke Takasaki

Director, Ministry of Health, Labour
and Welfare Japan-Japan

Data-based Health Management Initiatives
to extend healthy life expectancy



Michael Thiede

Director, Scenarium Group
GmbH, Germany

The Role of Pharmacoeconomics
in UHC in LMICs



Suwit Wibulpolprasert

Global Health Advisor, Ministry
of Public Health, Thailand

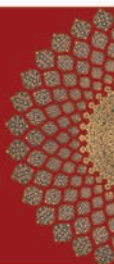
Sustainability and institutionalization of UHC



Panel 26

Hall B (Razi)

14:30 - 16:00



Advanced Technologies for Global Health

Sustainable Health Development

Health technologies have a critical role in the prevention, diagnosis and treatment of illness and disease. An estimated 40% of healthcare equipment in developing countries is out of service, compared with less than 1% in high-income countries. The inappropriate deployment of medical technologies from wealthy countries plays a major part in this high failure rate.

Instead of relying on hand-me-down technologies from wealthier countries, which can be costly, inappropriate for local conditions, and even dangerous, a renewed effort is essential towards developing cost-effective technologies that are developed specifically to cope in local conditions.

This panel aims to advocate a wider understanding of medical technologies, with a far-reaching impact on public health in low and middle income countries. The panelists will argue that to enhance the challenge of

equitable access to health technology, particularly in low and middle income countries, innovative and effective delivery mechanisms and novel approaches to financing need to be also developed.

Co-Chair



Saeed Sarkar

**Secretary General, Iran Nanotechnology
Innovation council (INIC), I. R. of Iran**

General overview of nanotechnology
and its applications in Iran

Co-Chair



Hua Zhang

**Faculty Member, Chinese Academy
of Medical Sciences and
Peking Union Medical Collage, China**
Investment in Advanced Medical
Technologies for Global Health Diplomacy



Mohammad Abdollahad

Faculty Member, University of Tehran, I. R. of Iran

Electrotechnical Oncosurgery, new technique for
precise surgery of tumor margins in breast cancer
to reduce recurrency



Atiye Alaeddini

**Researcher, Institute for
Disease Modelling, USA**

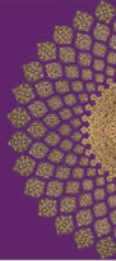
Anomaly Detection in Health Care Data



Pooria Mostafalu

Senior Scientist
**Sony Electronics, Harvard/MIT Health
Sciences and Technology, Massachusetts
Institute of Technology (MIT), USA**
Smart Medical Devices: Integration of
Sensors, Electronics, and Drug Delivery

Panel 27
Hall C (Avicenna)
14:30 - 16:00



Medical Ethics and Professionalism

Medical Education

In the era of globalization and global health governance (GHG), both traditional and newly emerging ethical issues have to be dealt with by the policy-makers and practitioners in the realms of healthcare and global health. Part of the answer to these ethical issues is incorporating medical ethics and professionalism in the medical education systems that is a demanding and challenging task. This panel discusses the experiences of the members and their countries and universities in founding, conducting, updating, and optimizing medical ethics and professionalism as an integral part of medical education and their domestic and global aspects and implications.

Co-Chair



Kiarash Aramesh
Director, The James F. Drane
Bioethics Institute, College of Science
and Health Professions, USA
Global Governance for Medical Ethics and
Professionalism

Co-Chair



Bagher Ardeshtir Larijani
Deputy Minister and Chief of INCDC
Ministry of Health and Medical Education, I.R. Iran



Omar Al Rawas
Faculty Member, Sultan
Qaboos University, Oman
Professionalism in the medical undergraduate
curriculum; Where do we stand?



Fariba Asghari
Faculty Member, Tehran University
of Medical Sciences, I. R. of Iran
Iran's Experience on the Education
of Medical Ethics and Professionalism



André Dias Pereira
Director, Centre for Biomedical
Law, University of Coimbra, Portugal
The interfaces between personalized medicine
and medical education and/or professionalism



Andreas Reis
Senior Ethics Officer, World
Health Organization, Switzerland
Promoting ethics in medicine & public
health: a crucial role for WHO



Ehsan Shamsi Gooshki
Assist Professor of Medical Ethics, Faculty
of Medicine, Medical Ethics and History
of Medicine Research Center, TUMS,
Member of UNESCO International
Bioethics Committee (IBC)
The role of International and Global
Institutions in Promoting Professionalism



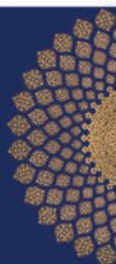
Duarte Vieira
Director, University of
Coimbra, Portugal
Ethics, professionalism and
research integrity



Panel 28

Hall E (Shayan1)

14:30 - 16:00



NCDs for Sustainable Development Goals

NCDs & Mental Health

Sustainable Development Agenda was adopted at the United Nations Summit in 2015. Despite Millennium Goals, which totally ignored NCDs, SDGs recognizes Non-Communicable Diseases as a main challenge for the sustainable development. Although head of states and governments committed to develop national action plans and response adequately, the ministries of health, health professionals, policy makers, and people are not fully ready to adopt the goals, to develop the action plans, and to implement activities with respect to standards.

In the level of “surveillance”, practical data on NCDs and related healthcare and costs are scarce and obtaining valid and reliable data from population and healthcare system, if not impossible, looks a cumbersome process, which needs rigorousness, time, and considerable budget. Innovative methods for collecting, categorizing, summarizing, and analyzing data do exist across the world and the panel will help to spreading the ideas and methods.

In the level of “projections”, every country needs to have a better understanding of the degree of achievement to SDG3.4 in 2030. The

needs can go beyond the national level, especially for countries with large population and expanded land, which requires advanced quantitative skills and knowledge, which are sharable during the panel.

In the level of “governance”, both developed and developing countries are struggling for addressing problem of low inter-sectoral collaborations to battle NCDs. There are several different approaches from better inter-sectoral collaborations and considerable efforts from WHO to provide guides and consultancies for ministries of health in different countries. The panel provides a unique opportunity to share governmental and non-governmental experiences of participants on the inter-sectoral collaborations.

In the level of “risk reduction” and “service provision”, while WHO has provided “best buys”, countries are still struggling to find more efficient and more practical interventions to reduce the risk or provide a new service to address NCDs problem.

The panel provides a room to discuss and introduce new advancements by participants.

Co-Chair



Farshad Farzadfar

Associate Professor of Epidemiology
Non-Communicable Diseases
Research Center Tehran University
of Medical Sciences, I. R. of Iran

Co-Chair



Yik Ying Teo

Dean, Saw Swee Hock School of
Public Health, National University
of Singapore, Singapore
How to wage a global war against NCD:
the Singapore story



Fiona Bull

Program Manager, NCDs Prevention
World Health Organization, Switzerland
The state of physical activity for NCDs
control: the global policy lessons



Afshin Ostovar

Director General for NCDs, Ministry of
Health and Medical Education, I. R. of Iran
Prevention and Control of NCDs in Iran



Ilhan Satman

Director, Turkish Institute for Public
Health and Chronic Diseases, Turkey
Prevention and Control of NCDs in Turkey



Panel 29
Hall F (Shayan2)
14:30 - 16:00



Mass Gathering and Health

Health in Uncertain Situations

There is a wide range of mass gatherings in our regions. For example during the occasion of Haj, mass gatherings takes place in the holy cities of Mecca and Medina. Likewise, during 'Arbaeen', millions of people from Iraq and many other countries travel to the holy cities of Karbala and Najaf within few days. Similar mass gatherings take place in Iran in the holy cities of Mashad and Qom. Other mass gatherings might happen due to natural disasters, wars and conflicts by displaced people. These communities face a wide range of health issues and their health is influenced by many factors that will be discussed during this panel.

Co-Chair



Sabri Gmach

**Medical Doctor, World Health
Organization, Switzerland**

Health Security in High
Visibility Events

Co-Chair



Mahmoudreza Peyravi

**Secretary General
Iranian Red Crescent Society, I. R. of Iran**

Iran's experiences from providing health
services in Arbäeen mass gathering



Babak Eshrati

**Faculty Member, Iran University
of Medical Sciences, I. R. of Iran**

Surveillance systems for people in
mass movements



Mohammad Mehdi Gouya

**Director of CDC, Ministry of Health
and Medical Education, I. R. of Iran**

Million mass gatherings: national planning
and international collaboration



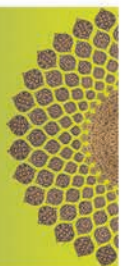
Ricardo Baptista Leite

**Member of Portuguese Parliament
Portuguese Parliament, Portugal**

Infectious diseases in mass gathering



Plenary IV
Hall A (Persian Gulf)
16:30-17:30



Equitable, Affordable and Universal Healthcare

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. This is more amenable in the world we currently live in. At least half of the world's population still do not have full coverage of essential health services. About 100 million people are still being pushed into extreme poverty (defined as living on 1.90 USD or less a day) because they have to pay for health care. Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care. All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals.

UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them. Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or

borrow – destroying their futures and often those of their children.

Achieving UHC is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Many countries are already making progress towards UHC. All countries can take actions to move more rapidly towards it, or to maintain the gains they have already made. In countries where health services have traditionally been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of the populations and the increasing costs of health services.

Improving health service coverage and health outcomes depends on the availability, accessibility, and capacity of health workers to deliver quality people-centred integrated care. Investments in quality primary health care will be the cornerstone for achieving UHC around the world. Investing in the primary health care workforce is the most cost-effective way to ensure access to essential health care will improve. Good governance, sound systems of procurement and supply of medicines and health technologies and well-functioning health information systems are other critical elements.

Moderator



Ilona Kickbusch

Director, Global Health Centre
the Graduate Institute of Geneva, Switzerland



Rassoul Dinarvand

Chair and Professor of Pharmaceutics, TUMS' Science
and Technology Park, I. R. of Iran

Reforms in Pharmaceutical Capacity in I.R.
Iran During the Last Four Decades: Steps
Towards UHC



Iraj Harirchi

Undersecretary, Ministry of Health and
Medical Education, I. R. of Iran

Health Transformation Plan to
Reach UHC in Iran



Alireza Marandi

President, Iran's Academy
of Medical Sciences, I. R. of Iran

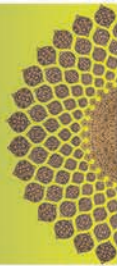
From PHC to UHC in Iran:
Opportunities and Challenges



Tuesday, April 30

Hall A (Persian Gulf)

17:30-19:00



Closing Ceremony

WHS RM 2019 in Pictures



Amirhossein Takian

Secretary, World Health Summit Regional Meeting 2019, I. R. of Iran



Detlev Ganten

Founding President, World Health Summit, Germany



Charles Ibingira Rukambura

Principal, Makerere University, Uganda

Students' Representative



Iraj Harirchi

Undersecretary, Ministry of Health and Medical Education, I. R. of Iran

The stewardship of Sustainable Health Development

Presenting Students' Project Awards



H.E. Sorena Sattari

Vice-President for Science and Technology Affairs, I. R. of Iran

Innovation for promotion of global health

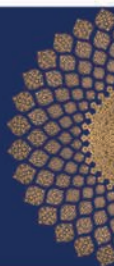


Ali Jafarian

International President, WHS 2019

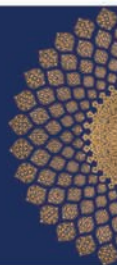
The Scientific Program

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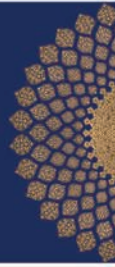
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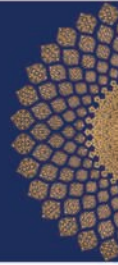
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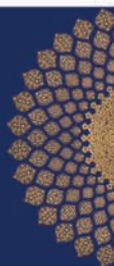
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