



Charité Berlin  
**World Health Summit**

Today's Science – Tomorrow's Agenda | October 23rd - 26th, 2011

A large abstract graphic in the bottom right corner, consisting of many thin, parallel blue lines that curve and flow together to form a wave-like shape. The lines are more densely packed in the center of the wave and become more sparse towards the edges. The background is a solid blue color.

# Key Messages

Mother & Child Health



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## General

### **World Health Summit 2011: Today's Science – Tomorrow's Agenda**

The World Health Summit is the annual conference held by the 'M8 Alliance of the Academic Health Centres and Medical Universities' together with the National Academics. It is one of the world's foremost gatherings of leaders from academic medicine, governments, health-related industries and non-governmental organizations to exchange views on the most pressing global health challenges. After a highly successful inaugural conference in 2009, on the occasion of the 300th year anniversary of the Charité - Universitätsmedizin Berlin, and a likewise effective following Summit in 2010 the World Health Summit is now being held annually. The main objective of the World Health Summit, meanwhile, is to address key challenges regarding medical research, global health and health care delivery with the aim of shaping the political, academic and social agendas.

Bringing together all stakeholders involved in health research and health care, the World Health Summit presents an unprecedented opportunity for constructive interactive partnerships. There is an urgent need for a cross-sectored approach and multidisciplinary research to unleash the power and creativity of academic medicine and to involve societies, governments and industries. By close collaboration in analyzing today's science and by extensively sharing international experiences and debating, we will be able to structure tomorrow's agenda.

### **The M8 Alliance**

The 'M8 Alliance of Academic Health Centres and Medical Universities' is a collaboration of academic institutions of educational and research excellence that recognizes responsibility to improve global health and works with political and economic decision makers and civil society to develop science-based solutions for health challenges worldwide. This inter-national network gives the World Health Summit an outstanding academic background. The M8 Alliance acts as a permanent platform for framing future considerations of global medical developments and health challenges. The M8 Alliance promotes the translation of research progress from the laboratory to the bedside and to populations, the transformation of our present medical care systems treating sick people to a true "health care system" with effective prevention of diseases and the transition of health-related solutions and adaptation in our rapidly changing living conditions, including demographic changes, urbanization, and climate change as priority areas of research.



## Mother and Child Health

### The First 1.000 Days - Food is not enough

*Médecins Sans Frontières  
Terre des hommes*

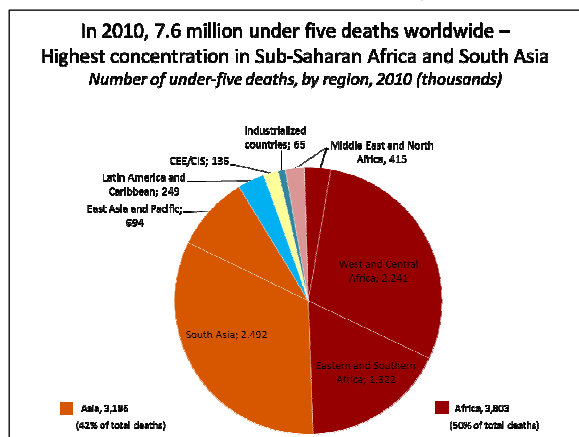
The First Thousand Days from conception up to two years of age are very crucial for the physical and mental development of a child. A lack of food or micronutrients results into immediate vulnerabilities to infectious diseases and long-term irreversible handicaps like stunting or limited learning capabilities. To fulfil the right to health high quality of food has to be guaranteed. Especially in poor countries food supplies and the daily food intake often don't meet the required quality demands in terms of nutritious value and contaminants.

Partner organisations of *terre des hommes* in India and Africa exploit highly –nutritious local fruits and cereals. There are local recipes which are tested for efficacy to fight malnourishment but are neglected. To

promote local products agricultural policies need to include market prices for them and consider sufficient funds in the national budget to enhance local production. At the same time information and education on nutrition needs to be promoted.

In the absence of sufficient locally produced diets highly-nutritious ready-to-use foods (RUFs) cover the nutritional needs of children between 6 and 24 month, supplementary to breastfeeding. Therapeutic treatment programmes with ready-to-use foods (RUFs) allow the vast majority of seriously malnourished children to receive treatment at home, under the supervision of their mother or other caregiver, instead of being hospitalised. Médecins Sans Frontières and others have documented the successes that can be achieved through use of RUFs - high cure rates with high coverage, as well as low mortality and default rates.

Policies to overcome malnourishment need to be scaled up and enforce international regulations on quality of food adapted to the needs of infants and young children. It needs a multi-sectoral approach that embraces agriculture, health, education and social policy. Investing into improved infant and child feeding are cost-effective compared to the short and long-term costs of childhood malnutrition.





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## A Healthy Start to Life

National University of Singapore  
Monash University, Australia

Child mortality and morbidity are still unacceptably high and many causes of death and disease are preventable. It is clear that health at the start to life has also long-term implications for the risk of chronic disease. In recognition of the importance of a healthy start to life, *we would recommend:*

- The UN priorities in the areas of leadership and intervention be focused on women of reproductive age and young children and that evidence of the developmental origins of disease be disseminated widely to policy makers and the public.
- The investigation of melatonin as a cheap and safe neuro-protective agent, easily administered to mothers or babies to reduce perinatal brain injury resulting from acute or chronic hypoxia, thus addressing a worldwide burden of childhood morbidity and mortality.
- That partnership approaches that emphasize collaboration, participation, social justice and empowerment in young Indigenous women in Australia are effective in reducing the impact of tobacco on pregnancy outcome.
- All health workers should recognize their role in the fight against the epidemic of childhood obesity, not only to reduce the disease burden of

obese children but also for the impact on the health of these children as adults.





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## **Family Planning: The key to a sustainable future**

*Keynote by **Mike Klag**, Dean, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA, the oldest and largest independent graduate school of public health in the world. He is chair of the Association of Schools of Public Health and chair of the NIH Advisory Board on Clinical Research.*

For a variety of reasons, family planning has fallen off the agenda of funders and development agencies during the last 15 years. The Kampala Conference in 2010 was the first international conference in family planning since the Cairo Conference in 1995. Despite this neglect, population growth underlies many of the most important public health issues facing our world, including global warming, food and water security, rapid urbanization, and increasing death from natural disasters, among others.

Safe, effective and inexpensive methods of contraception are available but surveys indicate high levels of unmet need for family planning, both to limit and to space pregnancies. Access to contraceptives is



limited in some countries because of national policies, poor supply chains, affordability, and other factors. Access to contraceptives empowers women and improves their economic condition. A variety of research demonstrates that, when their economic status improves, women make decisions that are beneficial to the health and wellness of their children and families.

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



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## **Preconception Care - An Emerging Agenda**

*Aga Khan University  
World Health Organization  
March of Dimes Foundation  
Supported by the Bill & Melinda Gates  
Foundation*

'Preconception Care' begins in adolescence and is provided before and between pregnancies and has also the potential to impact 136 million women who give birth each year and ensure that new-borns receive the healthiest start possible. Interventions to promote adolescent health and prevent teenage pregnancies, encouraging contraceptive use and appropriating birth spacing, optimizing weight and micronutrient status and screening for and managing chronic conditions have proven efficacy.



These interventions must now be scaled up to maximize delivery. For other preconception risks - notably mental health and partner violence infectious diseases - there is a need to develop innovative methods to detect and reduce risk in women of reproductive age, and maximize uptake of care by adolescents. All healthcare providers can and should begin

to provide 'Preconception Care' to all adolescent girls and women of reproductive age simply by asking them if they wish to become pregnant or could become pregnant.

Thus, the following key messages regarding 'Preconception Care' were recommended.

- Running programs to prevent first pregnancies in adolescence reduce risk by 15%. Comprehensive parenting programs prevent repeat teen pregnancies by 37%.
- Reproductive planning and effective contraception for women to space pregnancies 18-24 months apart results in fewer stillbirths, neonatal deaths, premature births and low-birth-weight babies.
- Ensure that women are taking a multivitamin supplement containing 400 µg of folic acid daily to prevent congenital anomalies (especially neural tube defects) and preeclampsia.

Finally, screening for chronic conditions, especially diabetes, and instituting early counselling and management reduces the risk of congenital malformation and perinatal mortality by 70%.



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

*DSW (Deutsche Stiftung Weltbevölkerung)*

The lack of access to reproductive health (RH) supplies is a key driver of the more than 75 million annual unintended pregnancies and high maternal mortality rates throughout the developing world. The lack of political support for family planning (FP) in developing countries is a huge obstacle in achieving better access to RH supplies. In developing countries, FP is often perceived to be an instrument of population control. Thus, a strong base of support is essential for advocacy. Donors should invest in capacity-building initiatives at national level that ensure effective RH supplies advocacy to achieve an increase in domestic health spending. The functionality and efficiency of in-country supply chains is essential. Some improvements in terms of policy environment and data visibility can be seen. However, it is also important to invest in building supply chain capacity by training staff and providing sufficient resources. The Reproductive Health Supplies Coalition has launched the HANDtoHAND Campaign that aims to reduce unmet need for family planning by 100 million new users of modern contraception by 2015. UNFPA is managing a new procurement mechanism "Ensuring universal access to reproductive health", supported by the BMZ, improves access to quality, affordable RH supplies in developing countries, reduces delivery times, and offers enhanced information for planning and tracking. The German Government has also launched a

new initiative that doubles the amount of bilateral funding for RH and FP and uses innovative approaches to work closely with civil society and the private sector to contribute to making RH a priority of partner countries. The most unintended pregnancies are to women who have an unmet need for modern contraception. The reasons for non-use of modern contraceptive methods, however, have changed. Whereas in the 1980's main reasons for non-use were lack of knowledge, the high cost and no access to supplies, nowadays the fear of health risks and side effects of certain methods are the main reasons for non-use. Maternal deaths in developing countries could be slashed by 70% and new-born deaths cut in half if the world doubled investment in family planning and pregnancy-related care. Increased investment in supplies would reduce maternal deaths by enabling more women to avoid unintended pregnancy and its related health consequences. International donors and developing country national governments should invest in Family Planning and RH supplies because without investing, developing countries risk to worsen their progress on Millennium Development Goal (MDG) indicators that are already lacking behind, especially for MDG 5 that aims at reducing the maternal mortality ratio by and achieving universal access to RH by 2015 – which is the most off-track of all the MDGs.



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## Contact

### **World Health Summit Secretariat**

Charité – Universitätsmedizin Berlin  
Campus Charité Mitte  
Charitéplatz 1  
10117 Berlin, Germany

T: +49-30-450-572122

F: +49-30-450-572911

M: [worldhealthsummit@charite.de](mailto:worldhealthsummit@charite.de)

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