



Berlin, 14. Oktober 2010

Bildung und Prävention sind die Schlüssel zu globaler Gesundheit

2. World Health Summit endete gestern in Berlin

3. World Health Summit im Oktober 2011 in Berlin

Auf dem zweiten Weltgesundheitsgipfel, der gestern in Berlin seinen Abschluss fand, haben sich vier Tage lang mehr als 1200 Menschen aus über 70 Nationen versammelt, um über globale Gesundheitsthemen zu diskutieren. Führende Persönlichkeiten sowie Experten aus Politik, Wissenschaft, Industrie und Zivilgesellschaft sind sich einig: Medizinische Herausforderungen und Gesundheitsversorgung unterliegen weltweit gewaltigen und rasanten Veränderungen. Der Gipfel hat nach Einschätzung aller Beteiligten einen wichtigen Beitrag zur sektorenübergreifenden Zusammenarbeit und Strategiebildung geleistet. Detlev Ganten, Präsident und Initiator des World Health Summit, betonte, die Zunahme chronischer Erkrankungen sei drastisch und erlaube keinen Aufschub. Dazu zählen auch psychische Erkrankungen: Suizide gehören zu den führenden Todesursachen in jüngeren Altersgruppen, so Thomas Insel, Direktor des US National Institute of Mental Health und hob die Bedeutung nationaler Aufklärungskampagnen hervor. „Gesundheit erfordert internationale Anstrengungen“, unterstrich auch Jorge Sampaio, ehemaliger portugiesischer Staatspräsident und Sonderbeauftragter des UN-Generalsekretärs zur Tuberkulosebekämpfung, der auf dem Weltgesundheitsgipfel die neue Kampagne der WHO zum weltweiten Kampf gegen Tuberkulose vorstellte. „Verbesserung der globalen Gesundheitsversorgung bedeutet auch Verhaltensänderung des Einzelnen. Dafür entwickeln wir ebenso Konzepte“, erklärte Steve Wesselingh, Medizindekan der Monash Universität Melbourne und Co-Präsident des World Health Summit 2011. Der serbische Gesundheitsminister Tomica Milosavljevic wies auf die negativen Folgen der Finanz- und Wirtschaftskrise für die in Entwicklung befindlichen Gesundheitssysteme im Süd-Osten Europas hin und betonte die Bedeutung der engen Zusammenarbeit zwischen den Staaten West- und Osteuropas. Charité-Vorstandsvorsitzender Karl M. Einhäupl hob die Bedeutung Berlins als Stadt der Wissenschaft und Politik für den internationalen Austausch in gesundheitsstrategischen Fragen hervor.

Transition, Translation, Transformation lautete das Leitmotiv des World Health Summit 2010. Die Teilnehmer des Gipfels debattierten in zahlreichen Diskussionsforen unter anderem zu den Themen Senkung der Kindersterblichkeit und Verbesserung der Gesundheitsversorgung von Müttern, Anstieg chronischer Krankheiten in Industrie- und Entwicklungsländern, Auswirkungen des Klimawandels auf die Gesundheit, Entwicklung und Finanzierung der Gesundheitssysteme, Zukunft der Gesundheitsversorgung in Megacities sowie den Einsatz von Informations- und Mobiltechnologien im Forschungs- und Gesundheitssektor, etwa zur Versorgung der Bevölkerung in ländlichen Gebieten. Dies sind einige der zentralen Botschaften („Key Messages“), die die internationalen Vertreterinnen und Vertreter auf dem Gipfel formulierten:

- Bildung ist grundlegend für die Verbesserung der Gesundheit.
- Prävention ist überlebenswichtig für unsere Gesundheitssysteme.
- Die rasante Zunahme vermeidbarer chronischer Erkrankungen in Industrie- wie in Entwicklungs- und Schwellenländern erschwert das Erreichen der Millenniumsentwicklungsziele (MDGs) bis 2015. Nur koordinierte Zusammenarbeit zwischen Industrie, akademischer Forschung und Politik kann zu einer Trendwende beitragen.

PRESS RELEASE
PRESSEMITTEILUNG



Charité Berlin
World Health Summit

- Die Entwicklung von Forschungs- und Ausbildungskapazität in einkommensschwachen Regionen, aber auch Entwicklungsprogramme, wie beispielsweise Produktentwicklungspartnerschaften sind entscheidende Erfolgsfaktoren.

Weitere Ergebnisse des World Health Summit 2010 (Key Messages) finden Sie anbei (englisch).

Weitere Informationen unter www.worldhealthsummit.org

Media & Press Office

Tel.: + 49 30 97 00 48 33

Fax: + 49 30 97 00 48 34

Email: media@worldhealthsummit.org

Summit Presidents
Detlev Ganten
Charité – Universitätsmedizin Berlin
Stephen K. Smith
Imperial College London

Executive Director
Dr. Mazda Adli
Charité – Universitätsmedizin Berlin
T +49 30 450570003
E mazda.adli@charite.de

Presented by
Charité – Universitätsmedizin Berlin
Organized by
K.I.T. Group GmbH
www.worldhealthsummit.org



Key Messages of the World Health Summit 2010

Megacities: Opportunities and Challenges for Health

While the domain of public health infrastructure in megacities and the evidence base for health interventions in these growing environments is neither understood nor well developed, there are three areas that stand out:

- Improving transport infrastructure
- Healthcare matters and investing in improved access to primary care, especially in poor areas, holds the promise of more proactive disease management and the opportunity to improve health.
- Understanding how to influence key behaviours such as smoking (e.g., through incentives and legislation) has had a large impact in some cities and must be explored more.
- Rethinking governance arrangements where these are obstructive or not fit for purpose, and exploring alternative models to effect change.

Efficiency challenge: Driving in productivity and improving quality in healthcare systems

- All developed countries facing similar challenges in terms of need to control cost and continue to focus on quality.
- There is increasing consensus about the what – e.g., focus on prevention, better management of chronic disease, improve throughput and utilization of staff, asset base, reduce costs of procurement. But the challenge lies in the how - a variety of mechanisms are being used around the world - from changing financial flows, to exploring different models of capitation and integration, to ensuring better and more information for service users and providers.
- There are considerable forces of conservatism and vested interests everywhere - this is going to require strong political leadership - at government level and at a local level.

Responding to the increasing complexity in medical research: organizational and structural requirements

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

The future is chronic: Adapting health and sustainable development to epidemiological transitions

- Non-communicable diseases (NCDs) put a break on development and they undermine the attainment of the Millennium Development Goals MDGs and are the leading killers globally and in most developing countries.



- NCDs are preventable and they can be controlled –but there are key challenges to implementing effective interventions:
 - o The need to strengthen monitoring of NCDs and their determinants at a system level
 - o Engagement of non-health-sector and of industry in preventing risk factors
 - o Strengthening of health systems to respond more effectively to the healthcare needs of people with NCDs.
- There is a large body of experience showing that all of these challenges can be addressed, including experience in low- and low-middle income countries. The preparations for the High-level Meeting of the UN General Assembly in September 2011 provide great opportunities for addressing these challenges and for galvanizing action to prevent and control NCDs at the national and global levels.

Research capacity building in low income countries

- Research capacity building in low and middle income countries remains a challenge, however, in particular in some of the „BRIC“ countries (Brazil, Russia, India, China) there have been recent progresses that also other countries could build upon.
- Sustainability needs to be achieved to build local research capacity and use the output in a long-term way. This includes sustained (“core”) funding including, for example, research infrastructure, the management of “brain drain” of high-performers as well as sufficiently trained medical and scientific staff.
- In the low and middle income countries, an effective collaboration between universities and research centers affiliated to ministries needs to be ensured.

Universal access to health: How could innovative models help?

As all countries around the world strive to improve access to healthcare, there are a number of exciting innovations from the developing world (for example, tele-health and low-cost specialist centres) which can serve as models for widening access and improving healthcare delivery globally.

- Co-ordination of local stakeholders and increasing fragmentation of delivery systems, particularly in developing countries as developing, financing and ensuring adoption and spread of technological and delivery innovations remark significant challenges.
- Identify innovations which can deliver high-value impact for relatively low cost (for example, locally adapted mobile technology platforms, web conferencing between urban hospitals and rural areas).
- Explore innovative public private partnerships to deliver low cost medicines to those most in need.
- Bring together initiatives from different regions of the world in health diplomacy, development aid and south-to-south co-operation around developing global health policy.

Information works globally: IT in healthcare systems of the 21st century

- Electronic health records (EHRs) have in the past not delivered against expectations; too often these projects have been too expensive and/or even not working. An innovative approach to build a lean eHR - as an initial step - based on existing claims data in a health system, an approach that will



work if data quality reaches a minimum level; such an eHR would be based on existing and structured information, would use existing infrastructure and would avoid double data entry by physicians, a typical roadblock for adoption. Such an ePH (electronic patient history) could be deployed at the fraction of the cost for a typical eHR project.

- Data privacy as well.

Global Health: Multiple Players, Multiple Visions, challenges and opportunities

- We need an inclusive and equitable global health platform that allows us to sustain our efforts in infectious diseases as well as tackle chronic diseases based on the framework of the Paris declaration.
- Global health resource flows need to be made transparent, so that we can understand how much is spent, by whom and for what; and so that we can improve accountability of global health initiatives.
- Developing country actors need to take an active role both in setting priorities and implementing global health initiatives, and in strengthening national and local health governance in their countries.

How to Bridge the North-South Health Gap

Major obstacles in achieving goals 4, 5 and 6 of the Millennium Development Goals (MDGs) are infectious diseases, which cause approx. 10 million deaths annually. Many lives could be saved in the near and distant future by an improved supply of available intervention measures as well as accelerated research and development in this area. Innovative new strategies are needed to bridge the north-south health gap required for accomplishing these MDGs. Innovative strategies include push and pull programs, product development partnerships and global access to affordable medical intervention measures. Most of all, we need a change in attitude toward these issues in both low- and high-income countries.

Millennium Development Goals 4 & 5

Overall we are making good progress towards MDGs 4 and 5. However progress is uneven - too many women and children are being left behind. Addressing inequities will be critical if progress is to be accelerated and sustained. New analyses show for getting the poorest in particular, that innovative ways of increasing access to essential life are a very cost-effective way to further address progress.

Healthcare systems in transition in Eastern European countries

One of the biggest reform processes in healthcare systems is currently underway in the successor states of the former Soviet Union. It offers the chance to combine both experiences from the conventional health care systems and flexible responses to the health challenges of the 21st century. As the main obstacles in this reform process are infectious diseases (like tuberculosis, HIV/AIDS and hepatitis), a long-term partnership between Western and Eastern European countries in this field is necessary and will also ensure the optimal form of a healthcare system in the high-burden countries as well as a learning process for the healthcare systems in low-burden countries.



The Health Sector and Financial Stability

Times of economic crisis present a dual challenge with respect to health. While a number of micro improvements are continuously needed (e.g. providers productivity improvements) macro components are critical. In particular how to design financing is key. The crisis has made this even more urgent as with a very challenged fiscal budget countries will have to make sure that health outcomes, financial protection and system responsiveness are not negatively affected. Governments will have to look at health status determinants in a holistic way, often well beyond the scope of a health departments, ensure solid system stewardships while making sure they do not share conflicting objectives (i.e. paying and providing for care). Also on the supply side they should evaluate cost effectiveness of delivery models while making sure that demand is well managed through both investment in prevention as well patient responsibility looking at both efficiency and equity considerations. This holds true for low-middle as well as high income countries although the ways to achieve it and the efficiency and equity trade-offs are very different.

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