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World Health Summit 2010

“We are standing at a threshold”

On the occasion of the 2nd World Health Summit (WHS) in Berlin, international representatives from the spheres of science, politics, business and civil society will discuss the pressing issues of global medicine under the motto “Translation – Transition – Transformation”.

Interview with World Health Summit President Prof. Dr. med. Detlev Ganten from Dr. Vera Zylka-Mehnhorn, Chief Medical Editor, Deutsches Ärzteblatt.

In what way should the World Health Summit 2010 distinguish itself from that of the previous year?

The issue of “global health” embraces so many varying and important facets that it is always a case of “embarras de choix” as to what to highlight. The correct priorities are of crucial importance. To this end we receive international advice from the Steering Committee. The worldwide increase in chronic illnesses, climate change, the economic crisis and the difficult circumstances surrounding adequate healthcare and research in many parts of the world confront us with such pressing issues that we can only find solutions as a global community and in a step-by-step fashion. Discussions with governmental heads at the United Nations have repeatedly and emphatically demonstrated this. For that reason the major “Millennium Development Goals” still have their place on the agenda. However, fields of activity such as the globalization of medical degrees and the creation of new education models for health professions, which are particularly aimed at the treatment of illness in economically underdeveloped regions, demand close collaboration between academic systems and politics.

The World Health Summit has, therefore, once again in the year 2010 set itself the goal of formulating convincing core messages that are aimed at decision makers in politics, business, research and healthcare systems.

Critics say that there are too many events of this kind. What counterarguments would you direct at them?

If the problems of world health were solved and such meetings were superfluous, then that would be wonderful. Unfortunately that is not the case. The diseases of civilization are on the rise in poor countries, for example. The crucial point is to discuss the strategies of the various groups and their divergent interests, both openly and without prejudice. That is because the opinions of the protagonists can be diametrically opposed: some of them want to earn money, others want to improve the world – and most of them would prefer to do both. The M8 Alliance of the university institutes and national academies can play an important role here. The WHS is concerned with opening up these controversies and communicating them at various levels – first of all at the level of the decision makers, then amongst their



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partners and finally at a public level. Because if we cannot convince the public that changes are necessary, then politicians will be powerless. At this point science arguably takes on a neutral and decisive significance.

However, the economic crisis has demonstrated that unregulated financial systems are likely to have far more influence on global happenings than either politicians or scientists. In the face of that, how should the participants of the WHS set about implementing their ideas and strategies?

Yes, there is no denying that the financial crisis represents a particular danger. That is because it leads to hospitals not being built, loans not being available and it being impossible to purchase modern equipment and medicines. As a result, more people die – albeit in a tragically unnoticed, unspectacular manner, concealed in the system such that it is not directly recognizable how much personal suffering can actually be attributed to the financial crisis. We must also make these and other indirect factors abundantly clear and, for example, disclose things with relentless clarity in the financial sector.

Isn't it the case that a lot of idealism has fallen victim to the financial crisis?

No, I don't think so. Catastrophes and crime have always been around. It's just that the methods are different nowadays and the scale is greater in the global world and, in its complexity, less easy to perceive. The world has not become a worse place. Happily, civil society functions astonishingly well and today free press and reporting have worldwide reverberations more than ever before.

Financial aid is important, but shouldn't the means available be more effectively utilized in order to achieve greater effectiveness where it is needed?

Yes, most definitely. The more effective, coordinated use of the money available is of the utmost priority. In order to achieve improved results, on the one hand a variety of financial mechanisms must be used, which will also have to be adjusted to the system requirements of specific countries. In addition to that, reciprocal accountability is an absolute "must". That means: both the money sources as well as the recipients must be obligated to act responsibly. In the field of development aid it is also the case that one must critically assess what one does. To this end quality control via "health metrics" systems is required – and, in fact, from the very beginning of the project. This is one of the focal points of this year's WHS and of the M8 Group.

How is quality control supposed to function in developing countries?

Well, let's take as an example an outpatient facility in a developing country. At the beginning you might, perhaps, just count how many people come to the outpatient facility. Because 1000 patients per day are being treated this is regarded as a success. But how many of these people are actually cured here must be further monitored, initially in the short term, and then over



longer periods. That means that the evaluation becomes more and more detailed so that the people in charge of the project can consider, on a solid basis, whether costs and success are in the correct ratio to one another and/or what things need to be changed specifically in order to optimize the program. This self-critical, scientific evaluation is indispensable.

Kofi Annan said: “Progress in less developed countries is to everybody’s economic benefit”. How are you going to make it clear to the population of industrial nations that the support of poorer countries contributes to their own economic advantage?

Because, in the medium and long term, they are the markets of the future, especially, of course, for an export nation such as Germany. This argumentation is legitimate but must not be the core of our motivation.

There are many initiatives and institutions that address the issue of global health. Do they compete with one another? Or is there a unique selling point for the WHS?

Variety is important and is of great significance, otherwise creativity dies out. The World Health Summit – in conjunction with the M8 Alliance – is distinguished by virtue of the fact that the national academies and academic research have joined together in order to process the strategies surrounding the issue of “global health” using the methods of basic research and to assume responsibility for this. This initiative is of inestimable value because the national academies and universities have the task of training the next generation as well as sensitizing orienting them towards a variety of tasks including “global health”. Unfortunately, in the past we have (criminally) neglected to anchor the issues of global health and prevention into the study of medicine in accordance with their significance.

That means that medical training has to change significantly in the years to come...

Yes, there is no doubt about that. The training of doctors lags far behind the requirements on this particular point – worldwide, in fact, not just in Germany. It also neither incorporates the evolutionary aspect of medicine – the theme of the WHS in 2009 – nor involves to a sufficient degree prevention via aspects such as nutrition, education, health maintenance and health education amongst the population. Up until now doctors have not sufficiently perceived themselves as being responsible for these issues. The classical perception that doctors do not come into the picture until diseases have already occurred has to be altered with this in mind, so that doctors will better instruct the population as to how to prevent diseases from occurring in the first place. Prevention is certainly preached, in part, but it is not really practiced.



Do you have a practical example of this?

Yes, for instance on the campus at Berlin-Buch there is a course in which children are instructed about their bodies and their health at a very early age. These and other kinds of programs must be provided by preschools and educational facilities in order to achieve long-term and sustainable changes in the behavioral patterns of people. Just like washing your hands and brushing your teeth: it has to become second nature. The earlier the better.

These changing social demands of doctors, are they correspondingly reflected in the study of medicine?

No, not sufficiently, which is why amongst other things, in the Bologna Declaration in 1999 a development process towards a joint European Higher Education Area was introduced in which the degree programs for medicine were changed to the Bachelor/Master system and made more flexible. Although some EU countries have already implemented this, there is still no agreement on the subject in Germany.

Although there certainly are tasks within medicine, such as preventative training, which can be carried out extremely well by someone with a Bachelor degree. But this is a view on which there is no consensus in this country as of yet. Australia and the United States, on the other hand, are very future-oriented in this respect.

At the 2nd World Health Summit in Berlin, the costs of the healthcare system will be playing a major role.....

Yes, because we are standing at a threshold. The current healthcare systems of the industrial nations are running into a cost trap. In the long term we simply will not be able to afford rising costs in this form.

What is the greatest problem then, in your opinion?

We have a system for caring for “the sick”, not a system for “health”. It is well-equipped for seeing to it that the sick go to the doctor when they are suffering and, as it stands today, all of them receive very good treatment. In some areas there is even an over-supply of care – whereby a higher density of doctors and more medical treatment does not necessarily lead to people being or feeling healthier. We need to consider what is medically necessary and sensible. Unfortunately “public health” and health service research, branches of science that tackle the health of the population and the healthcare system, tend to be somewhat neglected in Germany. That is also something that we want to change at the World Health Summit in Berlin and to provide new momentum. Genuine, ethical healthcare – and I am not talking about highly advertised commercial wellness programs – has to date hardly played a role at all. Good care, in the long term, could achieve a great deal – and save money.