“Scientific progress is enormous, but it does not reach the people who need it the most. The burden of disease is getting even greater in many regions of the world. This is not tolerable. We have to take responsibility.”

(Detlev Ganten / John Eu Li Wong, Presidents of the WHS 2013)
1. Executive Summary

The World Health Summit (WHS) 2013, held from October 20 – 22 in the Federal Foreign Office in Berlin, convened more than 1000 participants from over 80 countries. Another 1200 visitors from almost 90 countries followed the sessions digitally via live-stream on the Summit’s website and social networks.

Representatives from all health-relevant sectors, including academia, politics, the private sector, and civil society harnessed the 5th World Health Summit to foster intense discussions. Irrespective of sectoral origins, it was mutually agreed that only timely joint action can overcome obstacles towards improving health worldwide.

This consensus was supported by the M8 Statement, released on Tuesday, October 22, emphasizing the need for policies to be “rigorously guided by evidence to reduce the intolerable burden of disease”. The M8 Statement is available in its entirety at: [http://bit.ly/M8_Statement_Berlin](http://bit.ly/M8_Statement_Berlin)

The Summit was ceremonially opened by the keynote lectures of José Manuel Barroso (President, European Commission), Guido Westerwelle (Foreign Minister, Germany), Daniel Bahr (Minister of Health, Germany), Aaron Ciechanover (Nobel Prize Laureate in Chemistry, 2004), Annette Grütters-Kieslich (Dean, Charité – Universitätsmedizin Berlin), and Christopher Viehbacher (CEO, Sanofi). The following two days brought additional keynotes and fruitful discussions led, among others, by:

- Hanny-Sherry Ayitey  
  *Minister Of Health, Ghana*
- Hans Rudolf Herren  
  *Right-Livelihood-Award, 2013*
- Ali Hyasat  
  *Minister of Health, Jordania*
- Marie-Paule Kieny  
  *Assistant-Director General, WHO*
- Hasso Plattner  
  *Co-founder and Chairman of the Supervisory Board, SAP AG*
- José Ramos-Horta  
  *Peace Noble Prize Laureate, 1996, former President of Timorleste*
- Jeanette Vega  
  *Managing Director of Health, The Rockefeller Foundation*

Central topics were addressed in four major areas:

1. Research and Innovation
2. Education and Leadership
3. Evidence to Policy
4. Global Health for Development

Underpinned by the M8 Alliance of Academic Health Centers, Universities and National Academies, the annual World Health Summit is organized by Charité – Universitätsmedizin Berlin in collaboration with the National Academies of Sciences.
2. Patronage & Welcome Messages

The World Health Summit 2013 was held under the high patronage of Angela Merkel (Chancellor of the Federal Republic of Germany), François Hollande (President of the French Republic), and José Manuel Barroso (President of the European Commission).

Personal welcome messages were sent by all three high patrons:

“To relieve human suffering, the international community adopted at the start of the new millennium eight fundamental goals to be achieved by 2015. Three of these Millennium Development Goals are directly related to better health care. While considerable progress has been made in tackling scourges such as AIDS and malaria, the challenges will of course not end post-2015. If for no other reason than the interconnected nature of the Development Goals, international efforts to advance them will require unwavering commitment and hard work.

This year’s World Health Summit takes place at a time of intensive national and international debate about what new concrete targets are required to ensure a decent life and a better future for the world’s rapidly expanding population. In this context health care will remain a key concern.

As patron of the World Health Summit, I am delighted to see the broad interest it generates. It provides a forum for distinguished experts from all over the globe – academics, corporate executives and policy-makers – to discuss joint strategies for action. Their prime concern here is what people need everywhere to lead a decent life. So I sincerely hope that all Summit participants will have a stimulating and productive meeting.”

Angela Merkel
Chancellor of the Federal Republic of Germany
“By acting once again as patron of the World Health Summit, I wish to affirm the responsibility of States in promoting health worldwide. To promote health means improving the well-being of our fellow citizens, developing education and prevention, protecting our environment, better understanding diseases to better treat them, and ensuring access to health care for all. The goals remain, but they are of even greater significance than in the past owing to the growth of world population and the increase in inequalities, among nations and within a single nation.

There can be no halt in our common fight against undernutrition and prematurity, environmental pollution, and infectious and parasitic diseases. In order to shape the strategies of tomorrow, it is hence necessary to bring together the actors of progress, whether they be institutional, community-based, or from the public or private sector. You are here, as participants in this World Summit, to provide new impetus.

I thank you and wish you every success in your work.”

François Hollande
President of the French Republic

“The wealth of nations:

There is no better indicator of the true wealth of a society than the state of its health systems, their effectiveness and inclusiveness.

At a time when our knowledge and experience in the health sector are far advanced but money is scarce, whether we are ready and able to invest further in health is one of the hallmarks of development. The European Union is committed to this goal, to do whatever we can to adapt our health systems to the needs of the 21st century, both within and outside Europe, and to develop more efficient and effective public health systems, delivering greater health benefits at lower cost.

That is why investment and innovation in European health systems, who are at the core of our high level of social protection and form a cornerstone of the European social model, are a key component of our efforts to fight the challenges brought upon us by the economic crisis.

That is also one of the reasons why the EU remains the largest donor of development aid in the world. The European Commission alone annually commits more than 8 billion euro. Health is one of the main focal points of this aid – health initiatives accounting for half a billion euro a year – and for good reasons: that is where our investments make a real difference for our partners, where aid has shown to be both necessary and effective. Investing in health systems is not just a social imperative. It is also, if you will, good economics, as it helps tackle the root causes of underdevelopment, poverty and instability. In many ways, personal health is a public good.
Personal health needs public support. Through a comprehensive approach we can improve health systems, provide better access to health services, invest in related areas like nutrition, sanitation and clean water, and address the broader social issues that impact health.

The European Union will keep its leadership on development cooperation. Even in financially difficult times, we are securing and deepening our toolbox, including aid. More specifically, we envisage at least 20% of our multi-annual aid budget 2014-2020 to be devoted to human development and social inclusion, including health, in the future as well. We particularly intend to increase our financing for health research in low income countries, for instance through a five-fold increase of the Commission contribution to the European and Developing Countries Clinical Trials Partnership, which aims at the development of new drugs and vaccines for HIV/AIDS, tuberculosis and malaria.

Experience has shown that it is not just how much we spend, but how we spend that makes a difference. For that reason, the World Health Summit 2013 will focus on the interplay between health and wealth, development and inequality, research and education, and on the role of health in all aspects of foreign policy. These interconnections matter even more in the light of new and emerging health threats that arise from increasing global mobility, migration flows, demographic change, environmental pollution and climate change.

Above all, health is a value in itself, and investing in health is a moral imperative. I am particularly honoured to be the patron of the 2013 World Health Summit, together with Chancellor Angela Merkel and President François Hollande. I believe that the Summit’s success will be another clear signal that the world comes together to fight unacceptable health standards.”

José Manuel Barroso
President of the European Commission
3. **Goals, Themes & Outcomes**

**Vision**

The vision of the World Health Summit is to improve health worldwide through collaboration and open dialogue to set tomorrow’s agenda for improved research, education, health care and policy outcomes.

**Mission**

The World Health Summit’s mission is to bring together researchers, health professionals, leading government officials and representatives from industry as well as from non-governmental organizations (NGOs) and health care systems worldwide to address the most pressing issues facing medicine and health care systems over the coming decade and beyond.

Committed to improving global health, the M8 Alliance of Academic Health Centers, Universities and National Academies is a strong foundation of academic excellence on which the World Health Summit is built. Moreover we experience strong political support on the global, national and state level.

**Goals**

- Bring together all stakeholders on an equal level
- Establish a unique and sustainable high-level forum and network
- To define the future of medicine, research and health care
- Seek answers to the most important health challenges of today and tomorrow
- Make worldwide recommendations and set the health agendas

**Session Overview**

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<td>Violence Prevention Research - Public Health Approaches to Preventing Violence</td>
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Outcomes

- M8 Statement Singapore, April 2013
- M8 Statement Berlin, October 2013
- WHS Yearbook 2013
- Heightened awareness and support from political and private organizations
- Creation of new specialized and international working groups
- Substantive media feedback, creating public awareness for global health issues
- Reports from 11 WHS 2013 workshops to further pursue important topics
- Thorough participants’ feedback via digital survey
- Growing M8 Alliance as international network and academic foundation of the WHS
4. **Speakers & Participants**

More than 1000 participants from over 80 countries and another 1200 homepage-visitors from almost 90 countries listened to the reasoning and remarks of high-ranking speakers like:

- Hanny-Sherry Ayitey  
  *(Minister Of Health, Ghana)*
- José Manuel Barroso  
  *(President, European Commission)*
- Guido Westerwelle  
  *(Foreign Minister, Germany)*
- Daniel Bahr  
  *(Minister of Health, Germany)*
- Aaron Ciechanover  
  *(Nobel Prize Laureate)*
- Gudrun Doll-Tepper  
  *(Vice President Education, DOSB)*
- Peter Gruss  
  *(President, Max Planck Society)*
- Hans Rudolf Herren  
  *(Right-Livelihood-Award, 2013)*
- Ali Hyasat  
  *(Minister of Health, Jordania)*
- Marie-Paule Kieny  
  *(Assistant-Director General, WHO)*
- Kishore Mahbubani  
  *(Dean, Lee Kuan Yew School of Public Policy, Singapore)*
- Sir Michael Marmot  
  *(Professor of Epidemiology and Public Health, University College London)*
- Volker ter Meulen  
  *(Co-Chair, InterAcademy Panel [IAP])*
- Hasso Plattner  
  *(Co-founder and Chairman of the Supervisory Board, SAP AG)*
- José Ramos-Horta  
  *(Peace Noble Prize Laureate, 1996)*
- Ernst Rietschel  
  *(Chairman, Berlin Institute of Health BIH)*
- Nina Schwalbe  
  *(Managing Director, Policy and Performance Department, GAVI Alliance)*
- Jai S. Sohan  
  *(Ambassador, Embassy in Berlin, Government of Singapore)*
- Günter Stock  
  *(President, Berlin-Brandenburg Academy of Sciences and Humanities)*
- Adrian Thomas  
  *(Vice President Global Market Access & Global Public Health, Janssen)*
- Jeanette Vega  
  *(Managing Director, The Rockefeller Foundation)*
- Chris Viehbacher  
  *(CEO, Sanofi)*
- Sonja Weinreich  
  *(Director, Department for Health Security, Brot für die Welt)*
- Guido Westerwelle  
  *(Foreign Minister, Germany)*
Speakers’ and Participants’ Affiliations

**Speakers’ Sectoral Affiliation**
- Academia: 58%
- Private Sector: 6%
- Policy Makers: 9%
- Civil Society: 9%
- Media: 6%
- Other: 16%

**Participants’ Regional Affiliation**
- EU: 73%
- Middle East & South America: 1%
- Middle East: 1%
- North America: 7%
- Non-EU Europe: 6%
- Africa: 4%
- Southeast Asia: 3%
- East Asia: 4%
- Oceania: 1%

**Gender Distribution**
- Female: 30%
- Male: 70%
Participants’ Survey (extract)

Question 4:
Did WHS 2013 meet your expectations?

- Yes: 48%
- Yes, mostly: 45%
- No: 7%

Question 5:
Satisfaction with WHS 2013

- Relevance of topics: 48.2%, 42.9%, 7.1%
- Invited speakers: 41.8%, 41.8%, 16.4%
- Selection and composition of sessions: 38.2%, 38.2%, 18.2%, 5.5%
- Possibilities for discussions, exchange, networking: 47.3%, 32.7%, 16.4%
- Composition of the schedule: 34.5%, 43.6%, 16.4%
5. Special Programs & Satellite Meetings

The World Health Summit harnessed its good partnerships to establish various high-level programs to support the brightest young minds and bring them to the Summit:

**Young Physician Leaders Program (YPL)**
Organized in cooperation with the Inter Academy Medical Panel (IAMP), the aim of the program is to foster a new generation of leaders in global health, especially encouraging the nomination of women.

**New Voices in Global Health**
In partnership with The Lancet, important research, policy, and advocacy initiatives in global health are being discovered and invited to the WHS for oral and poster presentation.

**“Next Generation of Science Journalists”-Award**
Supported by Deutsches Ärzteblatt and the European Union of Science Journalists’ Associations (EUSJA), the award recognizes emerging medical science journalists and provides a career head-start.

To enhance the range of themes, a colorful program of satellite events accompanied the WHS 2013. Some of the many highlights were:

**Towards Health in all Policies – Building Future Leaders**
October 18 – 22, 2013

**Tuberculosis out of Control – Strategies to Fight Multidrug-Resistant Tuberculosis**
October 21, 17:00 – 19:00

**Health Economy in Brazil and Germany: Opportunities and Challenges**
October 21, 2013, 12:00 – 13:30

**11th International Dialogue on Population and Sustainable Development: 'Youth and Employment – Realizing the Demographic Dividend'**
October 22 – 23, 2013

**Challenges of Cardio-Thoracic Surgery in the Emerging Economies / Pan-African Global Forum 2013**
October 23, 2013

**Health, Agriculture and the Tangled Politics of Development**
October 23, 2013, 18:30 – 19:45

On the occasion of this year’s 5th World Health Summit the first Berlin Health Week (www.berlinhealthweek.de) was held from October 21 – 27 with over 300 activities across more than 200 locations.
6. Media Coverage, Social Media & Publications

Facts and Figures

The media response on the WHS resulted in more than 400 feature articles throughout 2013, culminating in more than 180 accredited representatives of international newspapers, broadcasting services, and radio stations visiting the WHS to report and participate. Thus, a highly visible additional outlet for topics and discussions was created.

The WHS homepage www.worldhealthsummit.org was visited almost 200,000 times in 2013. More than 1000 people from over 80 countries followed the WHS 2013 live streams at the website.

During the three days of WHS 2013, over 500 Twitter users transported and continued the discussion from the session rooms into the World Wide Web: almost 3,000 tweets were sent, reaching about 3,500,000 impressions, the Twitter hashtag #WHS13 ranked as a globally trending healthcare topic during the conference days.

Facebook and Twitter followership increased by about 70% in 2013.

WHS Yearbook

In 2013, the first “WHS Yearbook” will be published. It is designed to set tomorrow’s agenda for improved research, education, health care and policy outcomes. It will be mailed to leading policymakers and opinion-leaders. The WHS Yearbook will provide a report from the 2013 Summit, as well as essays, opinions, and interviews with a number of important contributors including, but not limited to the following:

- Daniel Bahr (Minister of Health, Germany)
- Hanny-Sherry Ayitey (Minister Of Health, Ghana)
- Aaron Ciechanover (Nobel Prize Laureate in Chemistry, 2004)
- Marie-Paule Kieny (Assistant-Director General, World Health Organization)
- Jeanette Vega (Managing Director of Health, The Rockefeller Foundation)
- Hans Rudolf Herren (Right-Livelihood-Award, 2013)

Key facts:

- Recipients: High-level decision makers from academia, politics, private sector, civil society
- Number of pages: 88+4
- Format/trim size: 210x297 mm (A4)
- Language: English
- Circulation: 5,000
- Distribution: Individual shipment and display at events
Quotes from the media

"Hier treffen sich viele internationale Akteure der Gesundheitspolitik, um sich auszutauschen. Das ist ein
guter Anlass, um unser ehrgeiziges und anspruchsvolles Konzept vorzustellen.”
Bundesgesundheitsminister Daniel Bahr im Deutschen Ärzteblatt

"The World Health Summit, held in Berlin, celebrates its fifth anniversary this year. It has survived all the
dangers of early childhood. Indeed, earlier this year the first regional meeting of the World Health Summit
took place in Singapore."
The Lancet

"Representatives from research and health institutes will be meeting leaders from industry, politics and
civil society from all around the world to discuss global health issues and possible solutions."
Deutsche Welle

"The nutrition group, which includes World Vision, Save the Children, the Global Alliance for Improved
Nutrition (GAIN), the Essential Micronutrients Foundation and industry partner Royal DSM, called on
Summit delegates to commit to nutrition support as a key input to sustainable health and economic
development outcomes."
Wallstreet Journal

"Wie kann man die Gesundheitsversorgung weltweit verbessern? Auf der Suche nach Antworten auf diese
Frage haben sich in den vergangenen drei Tagen auf dem World Health Summit in Berlin zahlreiche
Vertreter aus Medizin, Politik und Wirtschaft getroffen."
Spiegel Online

"Heute organisiert er den World Health Summit, eine jährliche internationale Konferenz in Berlin, die für
ein weltweites Menschenrecht auf Gesundheit eintritt.“
ZEITmagazin

"Auf dem bevorstehenden World Health Summit wird das Hasso-Plattner-Institut (HPI) Medizinern und
Forschern demonstrieren, wie sie dank neuester Datenbanktechnologie viel Zeit gewinnen können für
individuell zugeschnittene Therapieentscheidungen."
Focus Online

"Längst sprechen Gesundheitsbehörden dort von einer Epidemie. 'An Überdosen sind mehr Amerikaner
gestorben als Soldaten in allen Kriegen seit Vietnam', sagt Caleb Alexander von der Johns Hopkins
University in Baltimore. Wie Clark nahm er am Montag am World Health Summit in Berlin teil."
Süddeutsche Zeitung

"Ein Gipfel für die Gesundheit."
Berliner Zeitung

"A paper describing the researchers' findings was published Sunday in the journal Nature, timed to
 coincide with the World Health Summit Regional Meeting in Singapore."
Los Angeles Times

"Am Sonntag startete der diesjährige World Health Summit mit recht klaren Aussagen zur Zukunft der
Medizin-IT."
heise.de

"Within the first three hours of the summit, two other sessions had acknowledged that global health
governance needed a shake-up and should move away from top-down, supply-driven models."
SciDev
7. Leadership & Council

Presidents 2013

John Eu-Li Wong
Vice-Provost (Academic Medicine)
National University of Singapore
Singapore

Detlev Ganten
Chairman of the Board, Charité Foundation
Charité – Universitätsmedizin Berlin
Germany

Former Presidents

Axel Kahn, 2009
Dean
Sorbonne Paris Cité
France

Steven K. Smith, 2010
Pro Rector (Health)
Imperial College London
United Kingdom

Steve Wesselingh, 2011
Dean
Monash University, Melbourne
Australia

Michael J. Klag, 2012
Dean
Johns Hopkins Bloomberg School of Public Health, USA

WHS Council

Ala Alwan
Regional Director, Eastern Mediterranean
World Health Organization

Gerd Binnig
Director
Definiens AG

Zulfiqar Bhutta
Chair, Global Child Health
University of Toronto

James Chau
Anchorman, CCTV News
UNAIDS Goodwill Ambassador

Pierre Corvol
Professor (Experimental Medicine)
Collège de France

Thomas Cueni
Manager
Interpharma, Switzerland

Gudrun Doll-Tepper
Vice President Education
German Olympic Sports Confederation

Klaus Dugi
Corporate Sen. Vice President Medicine
Boehringer Ingelheim

Armin Fidler
Adviser Health Policy and Strategy
The World Bank

David de Kretser
Professor (Reproductive Endocrinology)
Monash University

Guy de Thé
Emeritus Professor of Virology
Pasteur Institute, Paris

Timothy G. Evans
Dean, James P Grant School of Public Health
BRAC University

Richard Feachem
Professor (Global Health)
University of California
8. Outlook 2014

WHS Regional Meeting – Latin America, São Paulo
Date: April 6 - 8, 2014
Location: University of São Paulo Medical School – FMUSP

The WHS Regional Meeting – Latin America, São Paulo, organized by the University of São Paulo Medical School, will focus on Latin America’s health challenges. Ministers of Health from various countries in Latin America will be invited to share their firsthand experience of policy and health system reform. NGOs, civil society and international aid organizations, playing major roles in public health and health care provision, will participate in this meeting to share their experiences.

The program will be organized in five tracks:

1. Health Life Expectancy
2. Urban Health / Health in Megacities
3. Increased Research Capacity to Incorporate Technologies
4. Management of Health Systems to Ensure Universal Coverage
5. Health Education

Following the ceremonial opening at the Government Palace on April 6, 2014, two days of intense discussion and exchange will engage key players and opinion leaders from Latin America and around the world to use the second WHS Regional Meeting to its full capacity.

World Health Summit 2014

The sixth World Health Summit will build on the positive experiences of preceding Summits and convene international leaders of health in Berlin again, united by their vision to collectively face the global challenges for health.

Save the date:
World Health Summit 2014
October 19 – 21
Berlin
9. The M8 Alliance

The M8 Alliance of Academic Health Centers, Universities and National Academies is a collaboration of academic institutions of educational and research excellence committed to improving global health, working with political and economic decision makers to develop science-based solutions to health challenges worldwide.

This international network provides an outstanding academic foundation to the World Health Summit and acts as a permanent platform for framing future considerations of global medical developments.

The M8 Alliance promotes the translation of research progress from the laboratory ‘benchtop to the bedside’. It seeks to transform of our present medical care approach of treating sick people into a true health care system approach with a focus on disease prevention and an adaptation of health-related solutions to our rapidly changing living conditions. The Alliance sees this progression through research in priority areas such as demographic shift, urbanization and climate science.

Goals

The M8 Alliance aims to improve global health through the pursuit of five strategic goals:

- Developing a network of academic health science centers worldwide, bringing together universities and health care providers;
- Facilitating dialogue through the World Health Summit across a global network of stakeholders engaged with academic health science centers – encompassing government, industry and commerce, inter-governmental agencies, health care providers, academies of medicine and science, professional associations and the media;
- Setting an agenda for global health improvement by addressing issues of interest to academic health science centers, and by generating key statements conveying findings and recommendations based upon scientific evidence;
- Positioning the M8 Alliance as an authoritative, credible and respected influence upon global health decision making; and
- Creating a knowledge base amongst M8 Alliance members, promoting mutual learning, research collaboration, enrichment of educational capabilities and enhanced clinical outcomes.

Members

- Charité – Universitätsmedizin Berlin, Germany
- Chinese Academy of Medical Sciences & Peking Union Medical College, China
- Imperial College London, United Kingdom
- London School of Hygiene & Tropical Medicine, United Kingdom
- Johns Hopkins Bloomberg School of Public Health, USA
- Kyoto University Graduate School of Medicine, Japan
- Makerere University, Uganda
- Monash University, Australia
- National University of Singapore
- Sorbonne Paris Cité, France
- Russian Academy of Medical Sciences, Russian Federation
- University of Montreal, Canada
- Institut de Recherches Cliniques de Montréal
- University of São Paulo, Brazil
- InterAcademy Medical Panel (IAMP)
- International Association of Academic Health Centers (AAHC)
10. M8 Statements

WHS Regional Meeting – Asia, Singapore, April 2013

No country can be successful without a healthy population. Health is intimately linked to social wellbeing, stability, productivity, and economic development. However, healthcare models are faced with escalating costs and new solutions must be explored. For long-term success and sustainability, political commitment by governments as well as a whole-of-society approach is required.

Asian countries are facing unprecedented health challenges that can impact sustainable development. At the same time, there is evidence that differences in genotypes and their interactions with specific environments can result in differing phenotypes, which affect disease management in different populations. Examples of this include the rapidly rising incidence of diabetes in Asia in people who are not obese, the high incidence of vascular dementia, and the high occurrence of lung cancer in non-smokers. As such, Asia has to do its own research to contextualize healthcare solutions.

To address these issues, health professionals, academics, civil society, industry, media, and policymakers gathered in Singapore for the first Regional Meeting of the World Health Summit in April 2013. The theme for the meeting – “Health for Sustainable Development in Asia” – acknowledged that a healthy population is the basis for development, security, progress, social justice, and economic stability.

In formulating this Statement, the underlying values were:

- **Equity**: Access to healthcare should be equal and fair.
- **Ethics**: Health issues should be addressed in an ethical manner at all levels: policy, research, and patient-care.
- **Social Justice**: Health policies should respect the dignity and rights of each human being.
- **Consensus and Inclusiveness**: Health systems should be comprehensive and cover all members of society.
- **Accountability and transparency**: Health policy-makers and healthcare professionals are accountable to those they serve and should design their activities accordingly.
- **Responsiveness, Urgency and Adaptability**: Health policies should be proactive and keep pace with the fast-changing, globally interconnected world we live in.
- **Sustainability**: Healthcare innovations in all areas must be sustainable in the long term and not be dependent on unpredictable external support or unfeasible economic models.

Concluding the discussions during the WHS Regional Meeting – Asia, the M8 Alliance issued the following calls to action:

1. **The Impact of Health on Asian Economies**

   - Disease affects individual lives as well as the well-being of society. It places a significant burden on economies and the sustainable development of nations. We therefore recommend and reinforce that health and healthcare considerations form an integral part of government policy.
   - To ensure sustainable development, strategies to promote and protect health must be prioritized. We call on governmental agencies as well as private and non-profit sectors to play an active role in a whole-of-society approach to develop and implement strategies which promote health, prevent onset of diseases, and increase the resilience of populations.
   - The current trend of healthcare worker migration from less developed to more developed nations is a global phenomenon. We urge governments and international organizations to develop policies to ensure a sustainable health workforce within countries with fragile health systems.
2. Innovations in Health in Asia – a holistic, integrated and out-of-the-box approach

- Unprecedented advances have been made in life sciences technologies in the past three decades. We encourage the development and careful evaluation of these new technologies in patient and population settings. Rigorous cost-effectiveness and cost-benefit analyses must be performed in the relevant context before implementation.
- At the same time, rising healthcare costs are not sustainable. Innovations in health interventions should be affordable, accessible and beneficial to all, including disadvantaged and vulnerable groups. Frugal innovations, social entrepreneurship, and innovative philanthropy should be promoted and encouraged as ways to make interventions available to all.
- Issues surrounding regulatory capacity and lack of harmonization in drugs and device regulation are inhibiting rapid development of needed medicines and devices. We urge governments to strengthen national regulatory capacity and work towards better harmonization of regulatory processes.
- Innovations should be based on sound, contextualized evidence. With the support of governments, industry and innovative philanthropy, research networks should be promoted especially for emerging health threats in Asia.

3. Financing Healthcare

- Healthcare should be accessible to everyone. We advocate the principles of universal health coverage, which should be regularly reviewed as to whether it is achieving its goals, and whether it is financially sustainable.
- Market failures and inequities continue to exist in both availability and access to needed medicines. We urge the private and public sectors to work together to implement innovative financing approaches to make medicines and healthcare more affordable and accessible to those in greatest need and with the least power to pay.
- Health systems are at various stages of development in Asia. Given the importance of a healthy population, we believe that the more developed nations could help the less developed with technical assistance and strengthening capacity, which would benefit the entire region.

4. Emerging Health Threats in Asia

- We note that non-communicable diseases (NCDs), especially cancer, cardiovascular, metabolic and neurological disease, and mental health conditions are the leading causes of ill health and death in Asia, and will collectively claim the lives of an estimated 52 million people globally by 2030. NCDs are exacerbated by ageing populations, changing lifestyles as a result of globalization and urbanization, consumption of unhealthy food and beverages, and the continued and heavy use of tobacco. The accelerated pace of economic development and socio-cultural changes in Asia are also creating unprecedented demands on health systems, especially in caring for the aged.
- It is increasingly recognized that maternal and early childhood health and nutrition may be linked to the long-term health of individuals and their predisposition to NCDs. Approximately 195 million children under the age of 5 in developing countries suffer from growth restriction when the mother is undernourished. Investment in maternal and early childhood health and nutrition should be undertaken with the view of improving the long term well-being of nations.
- Countries should anticipate the continued and increasing threat of emerging infectious diseases and anti-microbial resistance. We urge governments to continue surveillance efforts and build response capacity.
We strongly support the World Health Assembly’s call for a 25% reduction in relative mortality from non-communicable diseases by 2025, also known as the 25 by 25 goal. This will require (1) resources, (2) advocacy, (3) the formation of effective partnerships, and (4) political leadership. This Summit is a significant step forward in turning these strategies into effective actions.

World Health Summit, Berlin, October 2013

“Scientific progress is enormous, but it does not reach the people who need it the most. The burden of disease is getting even greater in many regions of the world. This is not tolerable. We have to take responsibility.”

(Detlev Ganten / John Wong, Presidents of the WHS 2013)

The success of every country is dependent on a healthy population and social well-being. Since only a healthy society can move forward and overcome economic and social obstacles, money has to be committed to tangible and the most beneficial priorities. Policy-makers and funders need to recognize the impact of good health to socio-economic development.

The challenges we face are not mere problems of the health sector. We also need good governance of health systems. The solution of national problems still requires policy coherence and collective action at a global level, through the joint working of a great variety of different actors. Health should be used as a “Trojan horse” in order to effectively engage other sectors and jointly build adequate institutional arrangements supported by academia, politics, health economy, and civil society.

Considerations of universality, equity and justice lie at the very core of any approach towards health and health promotion, which in turn is closely linked to other policy arenas with similar intent, such as social security and education.

Concluding discussions at the World Health Summit 2013, the pre-eminent forum for strategic health dialogue, the M8 Alliance calls for action in four major areas:

1. **Research and Innovation**

Research and innovation in health care is not only about the innovative approaches to diagnosis, treatment or care services; it is also about ensuring sustainable health and wealth for patients and society in the future.

- Research capacity building in low- and middle income countries: The gap between high income and low income countries in their capacity to carry out research needs to be minimized. The InterAcademy Medical Panel (IAMP) has pointed out that systematic attention to build capacity for health research in low- and middle-income countries is crucially needed. Educated people need to find adequate working conditions in their own countries and ‘brain drain’ needs to be prevented. Under state leadership, stakeholders should assess the adequacy of national research capacity, support priority setting for investment, and provide international development assistance.

2. **Education and Leadership**
To build high-performing and sustainable health systems, well-trained leaders are needed to serve the needs identified by their communities. ‘Education is the best vaccination.’ How can we do a better job in improving our education systems and building leadership capacity within the next generation?

- Young leaders: Academic institutions have an enormous amount of expertise and knowledge. Therefore, they have to engage in the process of formulating and implementing health and social policy. The voices of young academics and scientists around the world must be heard. There is much potential in using their creativity and innovative minds. The Global Young Academy provides an important platform for this purpose. Moreover, the IAMP Young Physician Leaders Program provides leadership development to equip young leaders with the necessary skills to make informed decisions throughout the policy process.

3. Evidence to Policy

Knowledge translation into national policies is essential. Government effectiveness can be significantly enhanced through the use of scientifically-rigorous evidence. To obtain optimal health outcomes we also need to understand which communication processes are most effective and efficient in helping people to adopt healthier lifestyles and adhere to prevention and treatment strategies.

- Antibiotic resistance: The global occurrence of antibiotic resistance must be tackled by evidence-informed policies. It is one of the most imminent global health challenges. Potential solutions lie with integrated global surveillance system; information and education programs on the rational and responsible use of anti-infective drugs; prevention and control policies; encouragement of pharmaceutical companies to develop new antimicrobials through inter-sectoral partnerships (PPPs etc.) and the enhancement of research and development capability of developing countries. These areas are addressed in a joint InterAcademy Panel (IAP) - IAMP statement currently under preparation.

4. Global Health for Development

Universal Health Coverage has been defined in the Rio+20 Political Declaration as being crucial to “enhancing health, social cohesion and sustainable human and economic development”. The World Health Organization’s World Health Report 2013: Research for Universal Health Coverage, indicated that the gap between the present coverage of health services and the ideal of Universal Health Coverage remains large. It is often not clear on how to fill this gap in every setting and context.

- Research for Universal Health Coverage: There is a need for research on how to expand health services with limited resources. For this purpose, the global health community must continue to invest in local research in order to develop a system of Universal Health Coverage tailored to each individual country’s situation.

The M8 Alliance supports regional activities and the establishment of local innovative models for Health coverage. The WHS Regional Meetings are an effort to support this development. For example in the Asian Pacific Region with the WHS Regional Meeting in Singapore 2013 and in South America with the WHS Regional Meeting in Sao Paulo 2014.

Further, M8 Alliance is also paying special attention to conflict prone regions such as the MENA Region.

- Regional focus of the WHS 2013: The MENA Region was chosen as a focus for examination due to the on-going transitions that require a stable foundation provided through a new social contract. Structural changes within those fragile societies that promote fairness, accountability, and equity across the region’s health sector and at the macro-economic level are inevitable. The situation for refugees as well as overall health system governance has not received adequate attention. Interdisciplinary and multi-sectoral networks of academics and
health policy experts can significantly impact and contribute to the development of evidence-based policies and knowledge sharing to contribute to this area. The ideal is the integration of multi-sectoral evidence-based approaches to inform policy, while enhancing networking, partnerships, knowledge transfer and the training of a public health workforce able to support this work. A regional network might also establish links to the EU in order to support the building of analytical policy making capacity in the region. A statement that calls for short-term emergency action and long-term transition processes will be attached to this document and is available for download at: http://bit.ly/MENA-Statement

The M8 Alliance of Academic Health Centers, Universities and National Academies is a collaboration of academic institutions of educational and research excellence committed to improving global health, working with political and economic decision makers to develop science-based solutions to health challenges worldwide. 
www.worldhealthsummit.org/m8-alliance/members

IAMP (InterAcademy Medical Panel) is the global network of national medical academics and national science academies with medical divisions. The aim of IAMP is to provide evidence-based advice to governments on health issues. IAP is the global network of national academies of sciences. See www.iamp-online.org for further information.