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Program | Tuesday, October 22, 2013

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Keynote Lectures

- Future of Health Research | M8 Alliance

Lunch Break

New Voices in Global Health | Challenges and Opportunities for Stimulating Innovation through Legislation - The European Example | University of Sao Paolo | BBraun, GE Healthcare

Executive Summary and Outlook to Sao Paulo | M8 Alliance | University of Sao Paolo

Poster Session Special Session

- New Voices in Global Health | Challenges and Opportunities for Stimulating Innovation through Legislation - The European Example | University of Sao Paolo | BBraun, GE Healthcare

Summit Venue

Entrance

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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.

Dr. Angela Merkel
Chancellor of the Federal Republic of Germany


Der diesjährige World Health Summit fällt in eine Phase, in der in und zwischen den Staaten der Welt intensiv darüber diskutiert wird, welche neuen konkreten Vorgaben zu setzen sind, um die Lebens- und Entwicklungsgrundlagen einer rasant wachsenden Weltbevölkerung sicherzustellen. Gesundheitsversorgung wird dabei auch künftig eine zentrale Rolle spielen.


Dr. Angela Merkel
Chancellor of the Federal Republic of Germany

François Hollande
President of the French Republic

En parrainant, à nouveau, le Sommet Mondial de la Santé, je tiens à affirmer la responsabilité des États dans la promotion de la Santé dans le monde. Promouvoir la Santé, c’est améliorer le bien-être de nos concitoyens, développer l’éducation et la prévention, protéger notre environnement, mieux comprendre les maladies pour mieux les traiter, permettre l’accès aux soins pour tous. Les objectifs demeurent, mais ils se posent avec plus d’acuité encore que par le passé en raison de la croissance de la population mondiale, et de la majoration des inégalités, entre les nations et au sein d’une même nation.

Il ne saurait y avoir de pause dans notre lutte commune contre la dénutrition ou la prématurité, la pollution environnementale ou les maladies infectieuses et parasitaires. En ordre à définir les stratégies de demain, il est donc nécessaire de réunir les acteurs du progrès, institutionnels ou associatifs, publics ou privés. Vous êtes ici, participants à ce Sommet Mondial, pour donner un nouvel élan.

Je vous remercie et vous souhaite une pleine réussite dans vos travaux.

François Hollande
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 multiannual 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.
Welcome Message Charité

Ulrich Frei | Matthias Scheller

Sorbonne Paris Cité, and secondly the “Berlin Institute of Health (BIH), a cooperation with the Max Delbrück Center for Molecular Medicine (MDC) and the Federal Ministry of Education and Research which marks the start of a paradigm shift in health care research.

Since its initiation in 2009 the World Health Summit has thus served as an international forum, explicitly supporting the conviction that academia must collaborate with the private sector, with political leaders and with society at large in order to foster development and progress. In its fifth year, this conviction is more relevant than ever.

It is therefore with much pleasure that we cordially invite you to participate in this unique and inspiring opportunity and heartily welcome you to the 2013 World Health Summit!

Ulrich Frei | Matthias Scheller

www.worldhealthsummit.org

It is a great honour for the Charité – Universitätsmedizin Berlin to once again welcome representatives from so many diverse health related sectors from all over the world to Berlin and to the World Health Summit. This unique gathering will bring together approximately 1,000 of the world’s sharpest minds and provide them with the exceptional opportunity to work together to improve worldwide health care and to address the tremendous challenges facing global health today.

In this context we must ask ourselves how we can achieve a sustainable far-reaching improvement in health care that will ultimately benefit people all over the world. In addressing this question, the Charité can draw upon its 300 years of intensive experience working with and for our patients. This experience has taught us that we must strive to encourage academic research at the highest level. In addition we must be aware of ever changing patient needs whilst simultaneously continuing to educate dedicated, informed and sensitive health care professionals. These premises form the crux of the World Health Summit program in 2013.

Two such examples include firstly, the “Virchow-Villermé Centre for Public Health Paris-Berlin”, which intensifies existing cooperation between M8 centers and the Charité – Universitätsmedizin Berlin exemplifies this attitude in the form of several novel foundations.

The World Health Summit is underpinned by the M8 Alliance, which unites excellent international universities, academic health centres and national academies. Collaboration and cooperation between these players are vital for successful innovation and for sustainable progress towards worldwide health care improvement. Ground breaking research and education cannot be accomplished by working in isolation.

We must thus encourage researchers and experts to work together to illuminate and resolve today’s health care issues as well as facing the impending challenges that tomorrow will inevitably bring. As a result, many participating institutions have established new academic research centers and collaborations which combine their expertise in order to develop timely solutions for the most pressing challenges. Currently, the Charité – Universitätsmedizin Berlin exemplifies this attitude in the form of several novel foundations.

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Welcome Message Charité

Annette Grüters-Kieslich

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Chief Executive Officer
Charité – Universitätsmedizin Berlin

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Prof. Dr. Annette Grüters-Kieslich
Dean
Charité – Universitätsmedizin Berlin

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Charité – Universitätsmedizin Berlin
To bring all stakeholders together to translate medical innovations into global health frameworks on an affordable basis, new platforms for meetings and dialogue are needed.

The World Health Summit provides such a platform for delegates from different pillars of society to help shape tomorrow’s health care agenda. In its fifth year, the World Health Summit continues to connect present and future leaders of global health, active in academia, politics, private sector, and civil society. We are happy to see the constantly increasing international exchange and political attention this congregation of key opinion leaders receives. We call on all participants to make best use of the World Health Summit 2013 to help make tomorrow better for all.

Welcome to the World Health Summit!

“IT is the curse of humanity that it learns to tolerate even the most horrible situations by habituation,” said the great researcher and social visionary Rudolf Virchow, more than 100 years ago as a Professor at the Charité, Berlin. However “physicians are the natural attorneys of the poor, and the social problems should largely be solved by them” he continued – observations which ring true to this day. The challenges for global health are immense and burden especially those at the lower end of the socio-economic scale. But the future need not remain bleak given the wide array of strategies being discussed at this World Health Summit. If we focus on health as a pivotal factor, sustainable improvement in many areas is possible.

The time for a unified answer to the challenges of today and tomorrow is now: new Global Development Goals will be decided on by next year; the concept for Universal Health Coverage is gaining global traction; and research-based innovations continue to offer major advances in therapy.

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

Health is a Human Right (UN Declaration 1948). Health and personal wellbeing are our societies’ most important values. However, compared to the immense rate of progress in the medical sciences, we are lagging far behind in the global delivery of public health and health care. At present more than half of the world’s population is not receiving proper medical care. At the same time, demographic change in all parts of the world results in a rapidly rising burden of chronic diseases.

Health is more than medicine. We must clearly define our responsibilities and investments for the development of education, living conditions and medicine and to increase knowledge transfer from bench to bedside and populations. We can make a difference. It is our responsibility to ensure that today’s science becomes tomorrow’s agenda. Not only fine-tuned coordination of initiatives of academia with governments, the civil society and the private sector but also stable private-public partnerships and investments in health will accomplish our key objectives to improve health in our world.

The World Health Summit’s mission is to bring together researchers, physicians, 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 next decade and beyond.

Health and wellbeing are not only of the highest importance to both the individual and societies, they are also a fundamental human right. Governments and international institutions should integrate health and health care into their societal and political agendas and policies to ensure that health is regarded as a public good that must be achieved equitably and to the highest attainable level. To reach this goal, all stakeholders need to cooperate closely to effectively address global health challenges.

The World Health Summit is the foremost annual gathering of leaders from academia, politics, industry and civil society, and acts as a forum for the development of joint strategies to address key challenges in medical research, global health and health care delivery, with the aim of shaping political, academic and social agendas.

Convened under the auspices of the M8 Alliance of Academic Health Centers and Universities in collaboration with the National Academies of Sciences of more than 67 countries and the InterAcademy Medical Panel, the World Health Summit also aims to promote sustainability and social responsibility.

To engender improvement of health care worldwide by strengthening the links in place between research, academic medicine and decision makers across all health care sectors, including government and industry

To influence, guide and support positive action by policy and decision makers through the provision of credible and scientifically-based evidence

To maintain an international, multi-sectoral health forum, sustaining dialogue, creating networks and fostering the world’s potential for innovation and measurable health care improvement

To promote thought leadership through academic input into the scientific and global health agenda
The outcome document of the Rio+20 United Nations Conference on Sustainable Development gives health a central place as a precondition for, and an outcome and an indicator of all three dimensions of sustainable development: economic growth, social improvement and environmental protection.

To improve the health status of its people and to contribute to its social and economic development a systems approach at the country level is needed. Strengthening a country’s research capacity is mandatory in order to provide a supportive environment for sustainable growth.

Especially in times of limited resources we need well-trained leaders to build high-performing and sustainable health systems. They will be change agents who will better serve the needs identified by their communities. Thereby they will be contributing to the improvement of health outcomes and health equity.

In addition we need to develop interdisciplinary strategies for a more effective health communication system. How can we clearly articulate and support the synergies between health and the other sectors? How can we develop shared solutions to drive people-centered, inclusive development?

Cross-sector collaborations between global health and foreign policy programs and new capacity building initiatives are vital to improve the current coordination and to stimulate the financing of health research. This is also crucial to strengthen the links between evidence and policy.

The links between health, poverty alleviation and development, as well as the role of health in the formulation and implementation of foreign policy have been recognized in the UN Resolution on Global Health and Foreign Policy. Global Health affects all the core functions of foreign policy: achieving security, creating economic wealth, supporting development in low-income countries and protecting human dignity.

Global Health for Development

The outcome document of the Rio+20 United Nations Conference on Sustainable Development gives health a central place as a precondition for, and an outcome and an indicator of all three dimensions of sustainable development: economic growth, social improvement and environmental protection.

Health must become part of the post-2015 development agenda. This agenda presents an opportunity to rethink what makes development inclusive, innovative and relevant for everyone. The importance of Universal Health Coverage in enhancing health, social cohesion and sustainable human and economic development is emphasized. It is therefore an essential component of sustainable development and poverty reduction.
The M8 Alliance’s vision is to harness academic excellence to improve global health.

The M8 Alliance of Academic Health Centres, 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 – the pre-eminent annual forum for health care dialogue – and acts as a permanent platform for framing future considerations of global medical developments and health challenges in an equitable way.

The M8 Alliance promotes the translation of research progress from the laboratory “benchtop to the bedside”, transformation of our present medical care approach of treating sick people into a true health care system with effective prevention of diseases, and the adaptation of health-related solutions to our rapidly changing living conditions through research in priority areas such as demographic shift, urbanization and climate.

The M8 Alliance is improving global health through 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 through 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.
M8 Alliance: Leadership

Rifat Atun, Professor of International Health Management, Imperial College London, United Kingdom
Jose Otavio Auler, Dean, University of São Paulo, Brazil
Helene Biosigdy, Dean, University of Montréal, Canada
Ben Canny, Deputy Dean, Monash University, Melbourne, Australia
Xuetao Cao, President, Chinese Academy of Medical Sciences, China
Ivan I. Dedov, President, Russian Academy of Medical Sciences, Russian Federation
Karl Max Einhäupl, Chief Executive Officer, Charité – Universitätsmedizin Berlin, Germany
Antoine Flahault, Professor for Public Health, Sorbonne Paris Cité, France
Shunichi Fukuhara, Dean, Kyoto University Graduate School of Medicine, Japan
Jean-François Girard, President, Sorbonne Paris Cité, France
Annette Grüters-Kieslich, Dean, Charité – Universitätsmedizin Berlin, Germany
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Eduardo Krieger, Past President, Brazilian Academy of Sciences, Brazil
Lai-Meng Looi, Co-Chair, InterAcademy Medical Panel (IAMP), International
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Tarik Morby, President, Institut de recherches cliniques de Montréal, Canada
Peter Piot, Director, London School of Hygiene & Tropical Medicine, United Kingdom
Ernst Rietschel, CEO, Berlin Institute of Health, Germany
Nelson Sewankambo, Principal, Makerere University, Uganda
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Steve Wartman, President & CEO, Association of Academic Health Centers, International
John Eu Li Wong, Vice-Provost (Academic Medicine), Yong Loo School of Medicine, National University of Singapore
WELCOME TO BERLIN

WELCOME TO THE
5th WORLD HEALTH SUMMIT
Towards Health in all Policies – Building Future Leaders

By invitation only

Date: October 18 - 22, 2013
Hosts: IFMSA, EMSA, bvmd, UAEM
Location: tba

Encouraged by the success of the last two years, the student workshop "Towards Health in all Policies – Building Future Leaders" aims at gathering students prior to the WHS in order to meet, discuss and prepare for the Summit. The workshop will be designed as a series of activities, emphasizing the important role of students in the vast area of global health and as future health leaders. The concept has been specifically created for the World Health Summit – for students, by students.

The workshop will be both theoretical and practical. Through short interactive lectures, trainings and exercises, students will learn to use the theoretical knowledge in practice. Daily briefings, discussions and reflections on the day will be part of the workshop routine.

Health Economy in Brazil and Germany: Opportunities and Challenges

Open to all

Date: October 21, 2013, 12:00 - 13:30
Hosts: Berliner Wirtschaftsgespräche e.V., World Health Summit
Location: Deutsche Kreditbank AG, Taubenstraße 7-9, 10117 Berlin

Brazil is Germany’s most important trading partner in Latin America. Germany and Brazil can work well together as shown, for example, at the “German-Brazilian Year of Science, Technology and Innovation 2010/2011”. The new initiative, entitled “Germany & Brazil 2013 – 2014” under the motto “Where ideas connect,” seeks to deepen and expand German-Brazilian relations and provide the impetus for new collaborations. In the context of health care and health care systems for both countries, for instance, differences lie in demographics – with similarities in the coexistence of private and public health insurance.

At this event we seek to answer the question: "What has been achieved with the health care reform passed by President Dilma Rousseff in early 2012? How can we learn from each other?” In the panel the opportunities and challenges facing German medical companies and other health care companies operating in Brazil will be discussed. In addition it will be debated how the networking between companies operating in Brazil and those operating in Germany could be further improved.
Tuberculosis out of Control – Strategies to Fight Multidrug Resistant Tuberculosis

Open to all
Date: October 21, 2013, 17:00 - 19:00
Hosts: Koch-Metschnikow-Forum, Stop TB Forum
Location: dbb-Forum, Friedrichstraße 169/170, 10117 Berlin

Multidrug resistant tuberculosis and HIV-TB comorbidity are the main obstacles in efficiently fighting tuberculosis. Especially in the successor states of the former Soviet Union, multidrug-resistant strains spread at increasing speed. Thus, new drugs and an efficient vaccination are urgently needed, if we do not want to be set back to the pre-antibiotic ages in fighting TB.

In the symposium, experts from AERAS, TB Alliance, and WHO European office will give state-of-the-art lectures and discuss how to face the increasing challenges in controlling TB in the WHO European Region.

11th International Dialogue on Population and Sustainable Development “Youth and Employment – Realizing the Demographic Dividend”

Open to participants of the International Dialogue
Date: October 22 - 23, 2013
Hosts: DSW, GIZ, IPPF, KfW, Bayer Healthcare, BMZ
Location: KfW Berlin, entry at Behrenstraße 32, 10117 Berlin, Germany

The 11th International Dialogue on Population and Sustainable Development provides a discussion forum for and about the young generation on the importance of decent work in a changing world. Together with relevant policy makers, non-governmental organizations as well as private sector representatives up to date knowledge and practical experiences on the creation of youth employment will be exchanged.

The International Dialogue will draw conclusions from country experiences regarding the influence of investments in education, health system strengthening, sexual reproductive health and rights, social protecting systems and the implementation of economic policies and good governance on youth employment.
Satellite Meetings

Challenges of Cardio-Thoracic Surgery in the Emerging Economies
Pan-African Global Forum 2013

Open to all registered WHS participants

Date: October 23, 2013
Hosts: African Cultural Institute, e.V., Pan-African Society for Cardio-Thoracic Surgery e.V., German Heart Institute Berlin, Charité – Universitätsmedizin Berlin, World Health Summit
Location: German Heart Institute Berlin, Augustenburger Platz 1, 13353 Berlin

Cardiovascular diseases are on the rise and will become the leading cause of both death and disability worldwide, with the number of fatalities projected to increase to over 20 million a year and by 2030 to over 24 million a year (WHO 2010).

The challenge currently facing physicians and surgeons is how to contribute to the development of post MDG 2015 cardiovascular health care programs in close collaboration with health care policymakers. In response to the alarming trend in public health, the African Cultural Institute (ACI) is organizing a global forum in conjunction with the 5th World Health Summit (WHS) in collaboration with the Deutsches Herzzentrum Berlin (German Heart Institute Berlin), the Charité – Universitätsmedizin Berlin, the Pan-African Society for Cardio-Thoracic Surgery (PASCaTS) and the M8 Alliance of Academic Health Centers, Universities and National Academies. Invited national and international experts will come together in Berlin to share their experiences with the global audience, including policymakers. The discussion will focus on strategies for improving and expanding capacity building and continuing educational programs and cardiovascular health care in the emerging economies.

Public Panel Discussion: “The Female Face of Youth Employment”

Open to all

Date: October 23, 2013, 18:00 - 20:00
Hosts: DSW, GIZ, IPPF, KfW, Bayer Healthcare, BMZ
Location: KfW Berlin, Charlottenstraße 33 a, 10117 Berlin

On the evening of the second day (October 23, 2013) of the 11th International Dialogue, a Public Panel Discussion will take a closer look at the relation between the sexual and reproductive health and rights (SRHR) of girls and young women and female youth employment. The discussion will focus on the following questions:

- What evidence do we have from the country examples that increased female employment opportunities contribute to the demographic dividend?
- Which government and private sector approaches are successful in increasing the labor force participation of young women?
- To which extent can an improved access to sexual and reproductive health information, education including sex education and services increase employment opportunities for girls and young women?
- How do adolescent pregnancies and early marriages affect the employment opportunities of women during their life course and societies as a whole?
Health, Agriculture and the Tangled Politics of Development

Open to all, prior online-registration requested

Date: October 23, 2013, 18:30 - 19:45 / Free reception follows
Hosts: Pulitzer Center on Crisis Reporting, BMW Foundation
Location: BMW Foundation, Reinhardtstrasse 58, 10117 Berlin

The most pressing health and development challenges facing the world today—climate change, preventable disease, malnutrition and poverty—will never be solved without long-term policy commitments. Meanwhile, our politicians are caught up in a cynical cycle of emergency response. How can we support enduring solutions?

Join veteran journalists Roger Thurow and Sam Loewenberg for a presentation and discussion on health, agriculture and the tangled politics of development.

Thurow is the Senior Fellow for global agriculture and food policy at the Chicago Council on Global Affairs. He was a reporter for The Wall Street Journal for 30 years, 20 of them as a foreign correspondent based in Europe and Africa.

Loewenberg is a journalist who covers the intersection of global health, business, government and politics. His work has appeared in The Economist, The New York Times and The Guardian.

Peter Sawyer, health projects director at the Pulitzer Center, will moderate.

For registration: www.politics-development.eventbrite.com
New Voices in Global Health Program

Poster Presentations

All posters will be presented during the entire time of the World Health Summit in the poster area. Poster authors are asked to be present next to their posters during the longer breaks.

New Voices in Global Health Poster Presentation:
- Monday, October 21 12:00 – 12:45
- Tuesday, October 22 12:00 – 12:45

New Voices in Global Health Session:
- Tuesday, October 22 16:30 – 18:00

Location of the Poster Presentations:
The poster presentations will take place in room “Europasaal”.

Location of the Poster Exhibition:
The poster exhibition will be located in the foyer behind room “Weltsaal”.

New Voices in Global Health

The Lancet and M8 Alliance

The Lancet and M8 Alliance Call for Abstracts

The New Voices in Global Health program is a competitive abstract submission and selection programme designed to highlight important research, policy and advocacy initiatives of new and future leaders in global health, and empower participants with global health advocacy skills.

Issues addressed had to be relevant, reflect current challenges, show originality and would spark the interest of conference participants and the readers of The Lancet. Topics of particular interest were those linked to the summit’s main themes.

Selected participants will present their abstracts at the World Health Summit 2013.

The accepted researchers will participate in the New Voices in Global Health Program Session on Tuesday, October 22 and in the two Poster Presentation sessions. Selected abstracts are published in a special booklet available at the World Health Summit and on The Lancet’s website.

Tuesday, October 22, 2013

The Position of Health in Sustainable Development Negotiations
Michael Kalmus Ellis, Think Global Coordinator, International Federation of Medical Students’ Associations, United Kingdom

Increasing the Impact of Youth in Global Health Diplomacy. A Multi-disciplinary Collaboration. – A Case Study at the World Health Assembly
Roopa Dhatt, Past-President, International Federation of Medical Students Association, United States

Interdisciplinary Perspectives on Culturally-Relevant Communication Interventions to Promote Voluntary Blood Donations in Africa; A Case Study of Ghana
Bernard Appiah, Texas A&M Health Science Center School of Public Health (SRPH), United States

Understanding the Barriers To The Utilization Of Primary Health Care In a Low Income Setting: Implications For Health Policy And Planning
Abubabakar Mohammed Kurfi, National Health Insurance Scheme, Nigeria

Barriers to Accessing the German Health Care System for Pakistani Immigrants in Berlin, Germany
Nasir Khan, Charité - Universitätsmedizin, Germany

Understanding the Lack of Locally-Led Clinical Trials: A Qualitative Study Conducted in Ethiopia and Cameroon, Designed to Inform Capacity Strengthening Initiatives
Samuel Karwan, University of Oxford, United Kingdom

Prevention of Mother-To-Child Transmission (PMTCT) In Angola; Analysis of Service Utilization 2005-2012
Gonçalo Figueiredo Augusto, Institute of Hygiene and Tropical Medicine - Nova University of Lisbon, Portugal

New Voices in Global Health

Monday, October 21, 2013

Legal and Medical Bases for Granting Asylum to Woman with Female Genital Mutilation in the U.S.: A Meta-analysis
Sara Gorman, Columbia University Mailman School of Public Health, United States

Institutional Delivery Service Utilization Rate and Factors Affecting It in SNFPPS, Ethiopia: A Cross-Sectional Mixed Method Study
Antenesh Asfaw, Hawassa University, Ethiopia

Civil Society Organizations and Medicines Policy: A Case Study of Misoprostol Roll-Out Program Implementation in Uganda
Esther Atukunda, Mbarara University of Science and Technology, Uganda

Impact of Bottom Up Planning and Flexible Funding: The Case of National Rural Health Mission in India
Salma Bhata, Ministry of Health & Family Welfare, India

Does Maternal Health Voucher Scheme Have An Impact on Out-of-Pocket Expenditure and Utilization of Delivery Care Services in Rural Bangladesh?
Forhana Nowor, Population Council, Bangladesh

Distance and Transportation Cost in Utilization of Facility-Based Maternity Services: Evidence from Rural Bangladesh
Kaj Tamanna Roya, Population Council, Bangladesh

Tuesday, October 22, 2013

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Michael Kalmus Ellis, Think Global Coordinator, International Federation of Medical Students’ Associations, United Kingdom

Increasing the Impact of Youth in Global Health Diplomacy. A Multi-disciplinary Collaboration. – A Case Study at the World Health Assembly
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Understanding the Lack of Locally-Led Clinical Trials: A Qualitative Study Conducted in Ethiopia and Cameroon, Designed to Inform Capacity Strengthening Initiatives
Samuel Karwan, University of Oxford, United Kingdom

Prevention of Mother-To-Child Transmission (PMTCT) In Angola; Analysis of Service Utilization 2005-2012
Gonçalo Figueiredo Augusto, Institute of Hygiene and Tropical Medicine - Nova University of Lisbon, Portugal
The World Health Summit provides an ideal framework for networking with like-minded experts from all over the world. To ease the way for participants to get in touch prior to, during and after the Summit, the WHS Community has been designed.

This networking tool offers contact details, CV and a picture of speakers and attendants to fully registered participants. Reserve your admission to this exclusive part of the WHS and optimize your WHS experience:

- Enhance your networking opportunities prior to the Summit
- Gain access to profiles of other registered participants
- Promote your presence by publishing your personalized participant profile, visible to all registered participants.

Simply click on the “Login” button at the top-right corner of our homepage’s navigation bar and type in the login data you received via email to access the WHS Community.

The vision of the World Health Summit is improved health worldwide – catalyzed through collaboration and open dialogue. But this dialogue does not start when about 1,000 participants from over 80 countries gather in Berlin nor does it end when they leave after three days of intense and fruitful discussions.

Stay in touch with fellow participants and the World Health Summit team via our social media outlets and be informed 365 days a year. We are looking forward to exchange opinions and insights before, during, and after the World Health Summit via:

www.facebook.com/worldhealthsummit
www.twitter.com/worldhealthsmt

The World Health Summit brings together over 1,000 participants from all over the world, united by their interest in improving health worldwide. But such a forum for professionals from all the different fields of health-care does not unfold its true impact on panel discussions alone.

Hence, the WHS Night will offer a relaxed and informal evening for speakers, participants, and guests to network and exchange opinions. Enjoy some light snacks, drinks and Brazilian live music in the prestigious town hall of Berlin, known as “Rotes Rathaus”.

The town hall is located in walking distance from the WHS venue. Please note that the entrance will partly be covered by one of Berlin’s notorious construction sites.

Tickets can be purchased at the registration counter or onsite upon availability. Due to limited capacity, please make sure to get your ticket soon. Dress code: Casual elegant.
SYM - 1
Weltsaal
13.00 - 14.30
Symposium
Polio Eradication: Introducing IPV and Strengthening Routine Immunization
Challenges and Opportunities in One of History’s Most Ambitious Vaccine Roll-Outs

Co-Hosts: Global Polio Eradication Initiative
Global Health Strategies Initiatives

The polio eradication effort has made immense progress in recent years, with the number of global cases down by 99% since 1988. This year, the Global Polio Eradication Initiative (GPEI) launched a new comprehensive six-year Strategic Plan to not only eradicate polio by 2018, but to bolster efforts to increase universal access to vaccines and improve child health. As part of the final push to end the disease, one of the plan’s central objectives is the introduction of inactivated polio vaccine (IPV) to eliminate the rare risk of vaccine-derived polio cases. The global roll-out of IPV will be one of the largest-scale vaccine introduction efforts in history. The panel will highlight the challenges and opportunities around IPV introduction and the importance of strong routine immunization systems. Panelists will discuss: the need for and progress toward IPV introduction; critical components to successful IPV roll-out, including lessons learned from recent experiences; and opportunities to leverage polio eradication strategies and assets to support stronger routine immunization systems and catalyze universal access to all vaccines and other vital services.

Chair:
Elizabeth Miller | Consultant Epidemiologist, Public Health England | Chair, WHO SAGE Polio Working Group | United Kingdom

Panel Discussion
Jarbas Barbosa da Silva | Secretary of Health Surveillance | Ministry of Health | Brazil
Nina Schwalbe | Managing Director | Policy and Performance Department | GAVI Alliance | Switzerland
Chris Viehbacher | Chief Executive Officer | Sanofi | France
Vijay Yewale | President-Elect | Indian Academy of Pediatrics | India

We live in a small, dense, interconnected global village. Yet humanity continues to pretend that this has not happened. Our minds are programmed to look after our “sovereign” houses, not our global commons. If this continues, global disasters will come our way. To change the mindset of global policymakers, we need to pick one strategic issue to demonstrate how fundamentally the world has changed. The best candidate is global health. Viruses and bacteria respect no borders. When a global pandemic breaks out, it is impossible to close our doors. Instead, we have to cooperate with our fellow citizens of our global village to deal with it. Hence, the custodians of global health have a double responsibility. First, they need to keep the world healthy. Second, they need to educate the world that in a global village, we need to strengthen, not weaken global village councils like the WHO. The global health issue should be used as a “Trojan horse” to demolish the 17th century Westphalian notions of sovereignty and prepare humanity for the 21st century global village we have created.
MENA countries face a number of health system challenges. The global economic crisis and political changes across the region reduced the fiscal space for public services. MENA governments spent on average 8.2 per cent of their budget on healthcare. The results are high out-of-pocket expenses in the Maghreb and Mashregh, forcing people to forgo care or face impoverishment due to medical expenses. Access to health care is inequitable and quality of care is perceived to be poor in the region. An urban woman in MENA is almost twice as likely to have a skilled attendant at birth and have access to contraceptives as compared to her rural sister. MENA countries also face a rapid rise in non-communicable diseases and injuries as share of the total disease burden and suffer from both under-nutrition and obesity. One outcome of the Arab Awakening that started in December 2010, which called for freedom, social justice and improved accountability, was a rising demand for better delivery of health services with people holding their governments responsible for providing health care. Rising demands for better delivery of health services coupled with deficiencies in health system performance have been an impetus for the World Bank to develop a new Health, Nutrition, and Population (HNP) Sector Strategy for the Middle East and North Africa (MENA) for the next five years. The new HNP Sector Strategy is a value-driven strategy that prioritizes the principles of fairness and accountability as its organizing framework to guide all future World Bank Group engagement in the health, nutrition, and population sectors in the region. The new HNP Strategy emphasizes country level dialogue in areas of high relevance for reform and suggests engagement strategies and instruments. It also builds on and reinforces the MENA region’s four-pronged strategy of strengthened governance, economic and social inclusion, job creation, and accelerated sustainable economic growth.

Presentation of the New Health, Nutrition and Population Sector Strategy for the Middle East and North Africa (MENA)

Enis Baris | Sector Manager, Health, Nutrition & Population | Human Development Department | Middle East and North Africa Region | The World Bank | United States

Speaker
Ghassan Issa | General Coordinator | Arab Resource Collective | Lebanon
Workshop
Community Engagement and Responsibilities of Medical Universities

By pre-registration only

Co-Hosts: Monash University
Johns Hopkins University
Kyoto University

Medical Universities and Academic Health Science Centres exist within communities that they aim to serve and work with. They gain significant benefits from these communities, in terms of direct contributions to their medical education, agenda setting and service delivery, in addition to government and other community contributions to funding and supporting these activities. Finally, virtually every medical university and academic health science centre would see among its charter the development of socially responsible students and staff who aim to contribute to the improvement of health on a local and global scale.

This session will expose the initiatives of members of the M8 Alliance to contribute to the work of their communities, be they local or global. These will include Monash’s work with Andrology Australia, the collaboration between Kyoto and Fukushima Universities following the tsunami of 2011 and a longstanding cooperative program between Johns Hopkins and Makerere University focusing on capacity building. The session will also provide an opportunity for a broad ranging discussion of how medical universities could meet their community and social responsibilities, and how these should be directed and measured.

Chairs: Ben Canny | Deputy Dean | Monash University | Australia
Shunichi Fukuhara | Dean | Kyoto University Graduate School of Medicine and Public Health | Japan

Introduction & Overview
Ben Canny | Deputy Dean | Monash University | Australia

Andrology Australia: A Unique Community Partnership Focussing on Male Health
David De Kretser | Former Governor of Victoria | Monash University | Australia

Town & Gown, Professor & Prefecture: Fukushima Medical University’s Response to the 3.11 Earthquake, Tsunami and Nuclear Crisis
Kenneth Nollet | Director | Department of International Cooperation | Radiation Medical Science Center | Japan

Capacity Building for Equitable Access to Health Care
Nelson Sewankambo | Professor of Medicine | Principal | Makerere University College of Health Sciences | Uganda

Discussion
Michael J. Klag | Dean | Johns Hopkins School of Public Health, Baltimore | United States
Shunichi Fukuhara | Dean | Kyoto University Graduate School of Medicine and Public Health | Japan
John Eu Li Wong | Vice-Provost | Yong Loo School of Medicine, National University of Singapore | World Health Summit President 2013 | Singapore
José Ramos-Horta
Foreign Policy, Aid, Fair Trade, Sustainable Development – Global Health
José M. Ramos-Horta | Under-Secretary-General, Special Representative of the UN Secretary-General | Head of the UN Integrated Peace Building Mission in Guinea-Bissau | Timor-Leste

“Extreme poverty, severe malnutrition, hunger, lack of access to clean water, basic health care, electricity; pollution and environmental degradation caused by human activity, wars, weapons exports, etc; these are all part of our Global Health - or of lack of it.”

“Leaders in the rich North and in the emerging South might consider answer this. For the rich North: why it was always so difficult and it is even more difficult today to find money for ODA and yet you easily find hundreds of billions of dollars to rescue failed banks, insurance and housing companies, and to pay tens of millions to incompetent and greedy CEOs?”

“For us in the South: can we end corruption, waste, mismanagement; can we buy less deadly weapons from the rich North, weapons that are never used to fight the rich North but to kill our own people or to fight our poorer neighbours in the fraternal South? Can we spend more on our youth, give them better education and better health care? Can we spend more on high quality, world class institutions of research and hospitals and less on soccer stadiums and other extravagant international events? Can we use the money on more tangible and more beneficial priorities like education, health, food security, environment, sustainable development?”

“An enlightened and humane Foreign Policy is one that through ODA, fair trade, socially conscious and ethical public and private sectors investments, aims at a Global Health achievable through targeted strategic investment towards eliminating extreme poverty, literacy, malnutrition, malaria, HIV/AIDS, sustainable development, clean environment, and drastic reduction in weapons manufacture and exports/imports, disarmament”.

Fransesco Voeffray-Peyro de Quintana

Health has gained increasing recognition in foreign policy. While initially this interest was very much driven by security considerations it has since broadened considerably to include a range of issues in the practice of global health diplomacy. The Oslo Ministerial Declaration on Global Health and Foreign Policy 2007 stated unequivocally that health should be a key outcome of foreign policy and the discussions on the Millennium Development Goals and the Post 2015 agenda have been illustrations of such an orientation. Since then some countries have introduced coordination mechanisms within government to ensure a common strategic approach on matters of global health: Switzerland was the first to introduce a “Health Foreign Policy” and most recently in July 2013 the German cabinet adopted a joint “Concept paper” for its global health activities. The USA has created an Office of Global Health Diplomacy. The interface between global health and foreign policy encompasses different dimensions, ranging from negotiations in the multilateral and bilateral context to the use of health as an instrument of soft power and relationship building. Tensions exist when foreign policy interests trump health interests and when trade goals are more important than development goals. The panel will be requested to reflect on these developments, share their experiences and discuss how the global power shift also manifests itself in the issues and approaches to global health diplomacy.

Ilona Kickbusch | Director | Global Health Program | Graduate Institute Geneva | Switzerland

Introduction: Spectrum of the Relationship Between Health and Foreign Policy and the Development of Global Health Diplomacy
Ilona Kickbusch | Director | Global Health Program | Graduate Institute Geneva | Switzerland

Introduction: Increasing Role of Health in Multilateral Negotiations and Switzerland’s Health Foreign Policy
Françöis Olivier Voeffray-Peyro de Quintana | Minister | Head of Environment, Energy, Transport and Health | Ministry of Foreign Affairs of Switzerland | Switzerland
How Health Diplomacy Interacts with Science
Michal Kazatchkine | United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia and Graduate Institute Geneva, Global Health | Switzerland

Applying the Tools of Diplomacy to Build Global Solidarity for Sustained, Country-Owned Improvements in Health
Leslie Rowe | Ambassador | US Department of State | Office of Global Health Diplomacy | United States

The U.S. Government is the largest investor in improving health in the developing world; preventing, detecting, and responding to disease outbreaks; and advancing basic and clinical research. Synergizing this level of investment across diverse agencies - including the U.S. Agency for International Development, Departments of State, Defense and Health and Human Services, and the Peace Corps, among others - is always useful. It is imperative when resources are constrained.

As representatives of the President of the United States, Ambassadors are uniquely positioned to promote a “whole-of-government” approach to health; engage the highest levels of partner governments to promote sustained health gains; and expand appreciation for shared responsibility across nations for progress on health goals including achieving an AIDS-free generation and ending preventable maternal and child deaths.

The Office of Global Health Diplomacy was established to promote these bold goals. Ambassador Leslie Rowe will summarize progress in establishing the office and its strategic direction moving forward. She will also share best practices in using the “good offices” of Ambassadors abroad to complement American development and technical expertise in global health.

Speaker
Udo Scholten | Deputy Director General | Department of European and International Health Policy | Federal Ministry of Health | Germany

Moderation and Commentary
Samuel Loewenberg | Journalist | United States

Symposium
Grand Challenges for Genomics and Public Health in Developing Countries
Co-Hosts: National University of Singapore World Health Organization

Buoyed by the last decade's major advances in genomics, high expectations remain for genomic medicine and the translation of wider biomedical research into improved health. The last decade has however exposed a large gap between developed and developing countries in their capacity to carry out biomedical research. The generation of a list of priorities has the potential to produce several benefits: it can help focus limited resources; develop a more strategic approach; and strengthen capacity in developing countries. More importantly, it may shift the global debate on genomics and public health in a direction that is more likely to shape the future through driving investment, research and development to a shorter list of priority areas in a manner closely tuned with global societal values, expectations and perceived needs.

The session will present the outcome of a WHO-led Delphi-like priority setting initiative based on a survey of a panel of 368 international science and public health experts to identify grand challenges or bottlenecks to be overcome for genomics to be harnessed and used by developing countries to address the greatest public health problems over the next ten years. We identified four emerging pillars of the identified grand challenges: (1) getting genomics on the strategic agenda; (2) recognize and build on the complementarity of research and healthcare; (3) development of infrastructure and capacity in healthcare and research; (4) engage the public with genomics and ensure “responsible” translation. The four pillars are complementary to each other and countries are required to retain equal value across them to increase cost-efficiency, speed, sustainability, and public health impact for realizing the potential of genomics to public health. In addition to presenting the grand challenges, the session will highlight ongoing examples of applications of genomics, which impact healthcare and strengthens national capacity/infrastructure, and also discuss future implementation plans and programs. The project is a collaborative initiative involving the World Health Organization, the Foundation for Genomics and Population Health, and the Human Variome Project International Limited, Melbourne, Victoria, Australia.

Chairs:
Tikki Pang | Visiting Professor | Lee Kuan Yew School of Public Policy | National University of Singapore | Singapore
Robert Terry | Manager | WHO Special Programme for Research and Training in Tropical Diseases (TDR) | Switzerland

Presenting the Grand Challenges
Mikael Ostergaard | Epidemiologist | Roche | Switzerland
The Role of Social Media in Global Health: Limits and Opportunities

By pre-registration only

Co-Host:  
London School of Hygiene & Tropical Medicine

The biggest challenges and opportunities for global health in the coming year are likely to come from outside of health. With the digital world evolving at a speed that we have not witnessed before, a big challenge for global health includes social media-networked resistance, such as that towards anti-vaccination groups. As mobile technology is becoming more widespread in developing countries, social media networks such as Facebook and Twitter have penetrated into many spheres and present both opportunities and challenges. These networks of communication when applied to health can facilitate valuable interactions between different communities, for example, in connecting individuals in remote and disparate locations directly with health care providers, especially in times of emergencies. Social media is often seen as primarily a mode of sharing information, and less recognized for its powerful capacity for like-minded groups to self-organize remotely. Mobilizing help in times of emergency is an opportunity, while mobilizing resistance, such as anti-vaccination networks, is a growing challenge for the international health community. For example, the UN halted its participation in a Pakistani-run polio vaccination programme following coordinated attacks on health care workers.

The continued evolution and use of social media will test the global health community, and failure to engage with these networks risks losing public trust. Looking to 2013 and beyond it will be important to ensure that the challenges ahead become opportunities by acting globally - i.e. together - in the face of uncertainty. The potential for social media in promoting as well as informing global health action is just being realised. What are some examples of innovations and what are new areas that could be explored? What are some examples where the limits of social media have become apparent, and how can they complement other strategies to address their limits?

Chair:  
Heidi Larson | Senior Lecturer, London School of Hygiene & Tropical Medicine | Associate Clinical Professor and Director of European Initiatives, Institute of Health Metrics and Evaluation, University of Washington | United States

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Preparedness and Handling of Emerging Infectious Diseases in Taiwan
Shan-Chwen Chang | Dean | College of Medicine | National Taiwan University | Taiwan, Republic of China

Gene Expression Approaches in Discovery of Bioactive Fractions from Indonesian Natural Resources to Help Manage Diseases of Public Health Importance
Raymond Tjandraiwinita | Business Development Director | Scientific Affairs and Business Development | Dexa Medica | Indonesia

Beyond the Grand Challenges
Helene Robinson | Visiting Fellow | Faculty of Medicine, Dentistry and Health Sciences | University of Melbourne, Nossal Institute for Global Health | Australia

Grand Challenges for Genomics for Public Health in Developing Countries: Too Grand for the Small People
Yongyuth Yuthavong | Senior Researcher | National Science & Technology Development Agency | Thailand

The Report by M. Z. Destaraga et al. on Grand Challenges contains specific issues in genomics for health, in three areas, namely, understanding genomes, advancing medicine and improving healthcare. Grouped in broad topics, 23 Grand Challenges were identified, dealing with genomics and society, scientific infrastructure, technology development, training and education. 14 of these cover all three areas, while 4 cover the first two, and 5 cover the last two areas. Critique: The issues concerning genomics for advancing medicine impact mostly individuals, while those concerning genomics for improving healthcare impact mostly the public. For developing countries in particular, policy consideration should concentrate on the public, and the issues of public investments in infrastructure, cost-benefit analysis and ethical, legal and social issues. Implications of stratified medicine, depending on new genomic and information technology advances will be examined as the prime example.
Session Introduction with Example of Using Social Media to Monitoring Vaccine Confidence
Heidi Larson | Senior Lecturer, London School of Hygiene & Tropical Medicine | Associate Clinical Professor and Director of European Initiatives, Institute of Health Metrics and Evaluation, University of Washington | United States

Using Social and Citizen Media to Understand the Public’s Health Concerns
Daudi Were | Programme Director | Ushahidi Inc | Kenya

Social Entrepreneurship for Sexual Health: Data to Inform Social Media Platforms for HIV Self-Testing in China
Joseph Tucker | Associate Professor | University of North Carolina School of Medicine | United States

Social Media in the Digital Age: Insights on Immunisation Issues in Public Health
Gavin Tuffey | Director of Digital Customer Engagement | GlaxoSmithKline | United Kingdom

Moderated Discussion on the Opportunities and Limits of Social Media
Moderation
Nick Perkins | Director | SciDev.net | United Kingdom

Workshop
Communication and Inter-Disciplinary Media Strategies in Health Promotion
By pre-registration only
The impact of social marketing, social media and interdisciplinary strategies to promote healthy behaviour among young people
Co-Hosts: Federal Centre for Health Education and Health Promotion WHO Regional Office for Europe

The aims are
a.) To discuss reality and visions for promotion and support of healthy living in a rapidly changing “connected society”: the role of social marketing strategies and social media
b.) To identify chances and limits of social media use in promoting healthy life-skills and addiction prevention
c.) To analyse the impact, benefits and disadvantages of social media for influencing healthy behaviour especially among the young generation
d.) To weigh the role of cross media-strategies in effectively raising awareness and enhancing skills for healthy life-styles in different groups (especially youth).

Guiding questions:
• Which potential is there to raise awareness for health matters among young people especially by social media?
• Rapid technical progress is part of today’s culture – how do young people make use of it? Which impact and effects do social media have in terms of health behaviour?
• Are social media toys or tools for young people?
• Which research results or gaps can be identified estimating the influence of social media use by young people from the health perspective?
• How can we address the relevant groups in times of overflowing communication?
• Can cross-media strategies including social media effectively promote young people’s health behaviour?
• Which influence has the ongoing discussion about data collection and cross-linking by providers and Security Agencies (e.g. PRISM) also in the social media?

Chair: Wolfgang Müller | Former Head of HIV / STI Prevention | Federal Centre for Health Education and Health Promotion (BZgA) | Germany
Symposium
Science Diplomacy Meets Health Diplomacy

Co-Hosts:
- Brazilian Academy of Medical Sciences / University of São Paulo
- Imperial College London
- Global Health Europe

Chairs:
- Eduardo M. Krieger | Past President | Brazilian Academy of Sciences | Brazil
- Stephen Matlin | Institute of Global Health Innovation | Imperial College | United Kingdom

Science Academies Working Together to Tackle Grand Challenges
Volker ter Meulen | Co-Chair | IAP-Global Network of Science Academies | Former President | German Academy of Sciences, Leopoldina | Germany

The changing landscape of science encompasses an ever faster pace of discovery, leading to growing opportunities for sound science to inform policy options for tackling major societal challenges, such as climate change, environment, food and energy security and public health. IAP-The Global Network of Science Academies is pursuing an expanded strategic role to ensure that the collective voice of science is heard. In doing this, IAP benefits from a well-tested, merit-based academy tradition in utilising the processes of scientific culture, relying on rigorous collection of evidence, transparency in procedures, robust peer review and consensus, with explicit exposure of areas of controversy. IAP brought together regional academy networks with the aims to share good practice in providing evidence-based policy advice and generate critical mass to tackle complex issues of global relevance. Recent work will be presented from one regional network, the European Academies Science Advisory Council (EASAC) to exemplify how priorities are set to cover a broad range of topics and how outputs are targeted to multiple audiences.

Welcome and Introduction: The Federal Centre for Health Education and Health Promotion (BZgA)
Elisabeth Pott | Director | Federal Centre for Health Education and Health Promotion (BZgA) | Germany

Visions for a Healthy Living and Societal Challenges – What’s Coming up and How to Improve the Communication with the Younger Generation?
Claudia Stein | Director | Division of Information, Evidence, Research and Innovation | World Health Organization Regional Office for Europe | Denmark

Research on the Effects of Media Use in Addiction Prevention – State of Play and Research Needs
Alfred Uhl | Senior Scientist | Anton-Proksch Institute | Austria

Social Media as Instrument for Conveying Health-Related Messages for Reducing Alcohol Consumption among Young People – Tools or Toys?
Stefan Ludwigs | Professor for Media Design | University of Applied Sciences | Germany

Joint Learning – Joint Forces?: The Role of Inter-Sectoral Cooperation in Cross Media Use for Behavioural Change
Martine Bouman | Founder and Scientific Director | Centre for Media and Health | The Netherlands

Discussion
Symposium
Big Data
Highlight the Potential of Big Data in Research and Health Systems

Co-Hosts:
Hasso Plattner Institute
Imperial College London

Innovation in high frequency digital data collection, analysis and utilisation has become increasingly apparent with the advent of parallel technological advancements. In this way, very large data sets are able to offer greater insight into trends and patterns that would be otherwise hidden and allow for evidence-based health interventions to be determined accordingly, ultimately increasing efficacy. With the promise of accurately mapping genomic and proteomic data, as well as more wide reaching practical health intervention effects, big data offers the opportunity to tailor disease response to a specific individual, community or nation for maximum cost-effectiveness by adding depth and nuance to collected data in real-time. However, in order to fully take advantage of these inroads, questions relating to the analytical value of such large data sets still needs to be addressed, with particular focus on concerns over reliability as well as privacy issues. With Big Data offering such attractive potential, this symposium will seek to highlight many of its associated successes, particularly exhibiting the pioneering work of Hasso Plattner and the Hasso Plattner Institute into the use of SAP HANA in-memory database technology. This work will enable processing and facilitate real-time analysis of big genomic data in a single system, allowing for real-time clustering of patient cohort data, ranked impact on cellular pathways, and the analysis of unstructured free-text documents to identify possible clinical trials and similar patient cases.

Chairs:
Rifat Atun | Professor of International Health Management, Imperial College London | United Kingdom
Christoph Meinel | Director | Hasso Plattner Institute for Software Systems Engineering at the University of Potsdam | Germany

Chairs’ Introduction
Rifat Atun | Professor of International Health Management, Imperial College London | United Kingdom

Speaker
Gary Nabel | Chief Scientific Officer | Deputy Head of Research and Development | Sanofi | United States

Commentator
Jie Chen | Director | School of Public Health | Fudan University | China

Speaker
Peter Piot | Director | London School of Hygiene & Tropical Medicine | United Kingdom

International Health Diplomacy – What Can Be Learned from Multilateral Cooperation in Science and Technology to Address Global Challenges?

Andreas Stamm | Programme Manager | National Quality Infrastructure Programme | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH | Ethiopia

The fundamental role of science, technology and innovation (STI) for addressing global challenges, such as climate change, food and energy security is largely accepted within the international community of policy makers and researchers. However, cross-country cooperation in these fields is still an exception. Even within the European Union, after more than 50 years of regional integration, less than 20% of the financial resources earmarked for the promotion of research and development are programed and spent - and the result monitored - on the multilateral level. To date little knowledge exists about how international cooperation STI can be organized in a way that makes collaboration both effective and efficient. A research project conducted within the context of the Committee for Scientific and Technological Policy (CSTD) of the OECD analyzed a series of cases of international R&D cooperation to draw conclusions related to improving the governance of multilateral STI cooperation. The outcome of these analyses and conclusions for the governance of international cooperation in the health sector will be presented.

Speaker
Gary Nabel | Chief Scientific Officer | Deputy Head of Research and Development | Sanofi | United States

Commentator
Jie Chen | Director | School of Public Health | Fudan University | China

Speaker
Hans Wetterhoff | Professor of Synthetic Systems Biology | Department of Molecular Cell Physiology | University of Amsterdam | Netherlands
Web-Based Medical Information Systems
Richard Kitney | Professor | Department of Bioengineering | Imperial College London | United Kingdom

The presentation will focus on how medical information systems are being integrated into a single web-based environment. With these systems, a wide range of medical information can be accessed in real-time at the point of care. Of particular significance is the ability to integrate a wide range of medical imaging modalities into a common user environment which also incorporates a vendor neutral archive. Such systems are often based on ultra-thin client architecture. Industry standard hardware can be used, where appropriate, in conjunction with high resolution viewing screens. The conceptual basis of such systems is the T model of healthcare. In this model the horizontal arm (the care continuum) comprises primary, secondary and tertiary care, homecare and Telecare. The vertical arm of the T model is the Care Continuum - which comprises levels representing systems, organs and viscerae, tissue, cells, proteins and genes. Research based on the Biological Continuum concept is leading the systems which can integrate information (e.g. images) from multiple levels, leading to the possibility of effective molecular based medicine.

Patient Centric Healthcare through Realtime Big Data Management
Eva Reichl | Vice President | Europe, Middle East and Africa | Hitachi Data Systems | Netherlands

Whilst we are discussing and analyzing what Big Data does and could mean for improving the healthcare system, we still operate in information silos on all levels. The current mandate and operating model of providers and payers, societies and individuals, specialists and researchers, applications and databases is still often designed and set up to manage and improve only single steps in the continuum of healthcare. At the same time we are increasingly recognizing that breaking down these information silos is key to significantly improve the quality and efficiency of diagnosis and treatment of single patients’ clinical outcomes. And going one step further, sharing information between research and health systems can even mean a better lifecycle healthcare management from cradle to grave. For individuals, for organizations and for the global healthcare system. There are approaches and answers to solve this issue. A patient-centric big data management approach, an application - and vendor-independent clinical repository and the willingness to use this approach to share information across the boundaries of organizations will help to take healthcare to the next level.

Q&A and Panel Discussion

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Keynote Lecture

Big Data

Co-Host: Hasso Plattner Institute

Keynote Introduction
Christoph Meinel | Director | Hasso Plattner Institute for Software Systems Engineering at the University of Potsdam | Germany

Gaining Time – Real-Time Analysis of Big Medical Data
Hasso Plattner | Co-Founder and Chairman of the Supervisory Board of SAP AG | Professor at the Hasso Plattner Institute for Software Systems Engineering at the University of Potsdam | Germany

With medical data volumes growing rapidly, it is increasingly challenging for healthcare professionals to always have the relevant information at their fingertips. In his keynote, Hasso Plattner will outline how in-memory database technology can support doctors and medical researchers today, as well as in the near and distant future to take optimally informed decisions in real-time and thus facilitate the transition to personalized medicine.

In close cooperation, SAP and the Hasso Plattner Institute in Potsdam have pioneered the use of the SAP HANA in-memory database platform to enable processing and real-time analysis of big medical data from various sources in a single system. This makes it possible to not only accelerate and simplify existing clinical IT systems dramatically. It also allows for a completely new breed of analytical applications. Ranging from real-time exploration of patient cohort data and the analysis of medical documents to the detection of genetic variants in next-generation genome data and the identification of disease patterns in proteomes, all of these applications have one thing in common: they help healthcare professionals dedicate their time to those parts of their jobs where it is needed most – treating their patients and developing new therapies.

Q&A and Panel Discussion
**Workshop**

**Adolescent Health – A Missing Link in the Development Agenda**

By pre-registration only

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**Co-Hosts:** The Lancet
London School of Hygiene & Tropical Medicine

Patterns of adolescent development are changing rapidly across the globe with implications for future population health, social stability and economic potential. Falls in the age of puberty, longer periods in education and a rising age of marriage are some of the contributors to changing patterns of adolescent health. More than ever there are opportunities for health gain as well as the potential for health loss during adolescence. It is during these years when risks for later-life non-communicable diseases (NCDs) including tobacco use, obesity and inactivity are established. The great majority of adult mental disorders arise in adolescence. So too injuries often rise sharply with high rates of suicide, motor vehicle injury and violence, including sexual violence, emerging in these adolescent years.

These factors affect not only future health but their later social adjustment and economic prospects. These factors in turn affect their capacities as parents and in turn the healthy start to life for the next generation. This session will examine changes in adolescent health and development as well as addressing some of the promising policies, prevention programs and platforms for health care delivery focused on adolescents and youth. In particular it will examine the potential of inter-sectoral approaches to promote adolescent health and positive youth development.

**Chairs:**
- George Patton | Director of Adolescent Health Research | The Royal Children’s Hospital Melbourne | Australia
- David Ross | Professor of Epidemiology & International Public Health | Department of Infectious Disease Epidemiology | London School of Hygiene & Tropical Medicine | United Kingdom

**Adolescent Health: Everywhere and Nowhere**

Susan Sawyer | Director | Centre for Adolescent Health | The Royal Children’s Hospital Melbourne | Australia

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**The Scope and Potential of School Interventions**
Christopher Bonell | Professor of Sociology and Social Policy | Department of Children, Families and Health | University of London | United Kingdom

**Positive Youth Development as a Policy Framework**
Robert Clay | Deputy Assistant Administrator | Bureau for Global Health | U.S. Agency for International Development | United States

**Speaker**
Josko Mise | President-Elect | IFMSA | Switzerland
With the current trends in urbanization, demographic transition to ageing populations and globalization, physical inactivity is on the rise and it is being registered as a unique challenge to global health. WHO has identified physical inactivity as the fourth largest risk factor for global mortality. It has adverse implications especially on non-communicable diseases, which are contributing to 6 out of 10 deaths globally.

Together with poor nutrition, physical inactivity has led to the increase in obesity cases, posing as a risk factor to many other health problems in the populations worldwide. Physical activity encompasses any body movement produced by skeletal muscles and consumes energy. It ranges from recreational activities, transportation, occupational activities to sports and exercise. WHO recommends 150 minutes of moderate to intense physical activity per week for any age group. Promotion of physical activity and healthy living lifestyles is associated with higher productivity and quality of life in an individual. In populations, it is associated with sustainable development and public health improvement. However, strategies to promote physical activity should be culturally specific and population based. A strong global influence, cooperation of the government and the society is also needed in promotion of physical activity.

Chairs: George Duda | Charité – Universitätsmedizin Berlin | Germany
Gudrun Doll-Tepper | Vice-President | German Olympic Sports Confederation | Germany

Quality Seal SPORT PRO GESUNDHEIT (SPORT FOR HEALTH) and Exercise on Prescription
Gudrun Doll-Tepper | Vice-President | German Olympic Sports Confederation | Germany
Public-Private Partnerships in Improving Global Health
Chris Viehbacher | Chief Executive Officer | Sanofi | France

The agreement of the need for innovation in science and regulatory systems is now well established. However, the need for increased innovative public-private partnerships in the approach on how we deliver healthcare and what this healthcare entails remains unresolved. If we want to improve global health, in developed and developing markets, we need to reassess healthcare systems to move from being sick-systems to health-care systems. No more is this the case than in the prevention and management of non-communicable diseases. Innovative public-private partnerships that improve access, look at prevention policies & strategies, innovative technologies and treatments to manage the disease will result in not only a healthier population, but improvement in the world economy.

followed by:
World Health Summit Reception

Open to all delegates of the World Health Summit.
20:30 - 22:00
Health in the (post 2015) Global Development Framework

Co-Hosts: London School of Hygiene & Tropical Medicine Sorbonne Paris Cité European Academic Global Health Alliance

The Millennium Development goals will expire on December 31, 2015, and the debate over what should come next is now in full swing. A high-level UN panel, co-chaired by British Prime Minister David Cameron, Liberian President Ellen Johnson Sirleaf, and Indonesian President Susilo Bambang Yudhoyono, has put forward its recommendations for a new agenda. They propose 12 Sustainable Development Goals which will be universal but with national targets. Whilst three of the eight MDGs are directly relevant to health conditions, it is likely that only one of the proposed Sustainable Development Goals will focus on health (SDG 3). The UN High level panel proposed expanding the health related MDGs to include ‘vaccination coverage and ‘priority non-communicable diseases’. Although they acknowledge the importance of Universal Health Coverage they do not propose any indicators that specifically attempt to assess progress towards that objective. Many of the other proposed Goals are relevant to improving health such as ending extreme poverty, providing quality education, ensuring food security and good nutrition and achieving universal access to safe water, sanitation and modern energy services. The proposed SDGs also provide an opportunity to reflect on the growing evidence that improved policies to promote environmental sustainability, such as through low-carbon development, can also directly benefit health.

The SDGs also provide an opportunity to reflect on the growing evidence that improved policies to promote environmental sustainability, such as through low-carbon development, can also directly benefit health.

This session will discuss how health can be advanced through the SDG process including through improving access to specific interventions, better functioning of health systems and ‘health in all policies’ in a range of sectors.

Chairs: Antoine Flahault | Professor for Public Health | Descartes School of Medicine, Paris | France
Judith Mueller | Assistant Professor in Epidemiology | EHESP French School of Public Health | Paris | France
Fred Binka | Vice-Chancellor | University of Health and Allied Sciences | Ghana
Andrew Haines | Professor of Public Health and Primary Care | Department of Social and Environmental Health Research | London School of Hygiene & Tropical Medicine | United Kingdom

Antoine Flahault | Professor for Public Health | Descartes School of Medicine, Paris | France
Judith Mueller | Assistant Professor in Epidemiology | EHESP French School of Public Health | Paris | France
Fred Binka | Vice-Chancellor | University of Health and Allied Sciences | Ghana
Andrew Haines | Professor of Public Health and Primary Care | Department of Social and Environmental Health Research | London School of Hygiene & Tropical Medicine | United Kingdom

The Potential Contribution of Health to the post 2015 Development Agenda

Health was at the centre of the UN Millennium Development Goals with 3 of the 8 goals and 18 of the 48 indicators being specifically linked to health. However in the consultation process for the post 2015 Development Agenda, health was only 1 of 11 themes. The High-Level Panel of Eminent Persons proposed 12 illustrative goals in its report to the UN Secretary General, of which only one specifically focuses on health. Although it acknowledged the importance of universal health coverage it did not propose any indicators to address key challenges such as catastrophic health expenditures. Further work is needed to develop appropriate indicators. Two further proposed goals, food security and good nutrition and access to water and sanitation, are highly relevant to health. Integration of health into sustainable development could also be promoted by policies and indicators in other sectors that are relevant to both improved health and environmental sustainability. Examples include reduced exposure to household and ambient air pollution by increased uptake of efficient, low emission technologies or policies to increase walking and cycling.

The Fully Immunised Child

Nina Schwabbé | Managing Director | Policy and Performance Department | GAVI Alliance | Switzerland

Leaving no behind, is a transformative shift identified by the High-Level Panel on the Post-2015 Development Agenda. The Thematic Consultation on Health concluded that the next health agenda should accelerate MDG progress and set more ambitious targets for the future. The GAVI Alliance contributes to meet this challenge, aiming to save children’s lives and protect people’s health by increasing access to immunisation in poor countries, with a strong equity focus. GAVI proposes to adopt a people-centred approach with the Fully Immunized Child. It would measure how many children received the 11 vaccines recommended by WHO. Routine immunisation coverage helps measure the strength of a health system, and access and right to health services by those hardest to reach. Immunisation, together with nutrition, water, is a building block of good health, which will give all children a better future.

To achieve this goal, we need to find innovative ways to immunise all children and strengthen health systems. GAVI takes measurement seriously and strives to help the poorest countries, now and beyond 2015, so that no one is left behind.

Speaker
Fred Binka | Vice-Chancellor | University of Health and Allied Sciences | Ghana

Realizing the Right to Health for Everyone: A Rights-Based Approach to Health in the post-2015 Agenda

Albrecht Jahn | Professor for Global Health Policies and Systems | Institute of Public Health | University of Heidelberg | Germany

Based on the analysis of merits and shortcomings of the current MDGs, we conclude that there have been major advances for targeted health conditions. However, it has also become clear that this progress is unevenly
Health in all Policies as a Vehicle for Health in Post 2015

Roopa Dhatt | Past-President | International Federation of Medical Students Association | United States

Health in all Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It is founded on health-related rights and obligations. It improves accountability of policymakers for health impacts at all level of policymaking. It includes an emphasis on population health and health equity. It is founded on health-related rights and obligations. It improves accountability of policymakers for health impacts at all level of policymaking. It includes an emphasis on health-related rights and obligations. It improves accountability of policymakers for health impacts at all level of policymaking. It includes an emphasis on health-related rights and obligations. It improves accountability of policymakers for health impacts at all level of policymaking. It includes an emphasis on health-related rights and obligations. 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Workshop
A New Paradigm for Using Evidence for Improved Policy/Decision-Making

By pre-registration only

Co-Hosts: World Health Organization (WHO) Health Systems Research

Much of the current thinking and approaches to support evidence-informed decision making assume a uni-directional flow of knowledge and have been based on a ‘know-do’ gap, an assumption that ‘knowing’ and ‘acting’ are separate things. This separation of knowledge generation and knowledge use is now being referred to as a ‘false dichotomy’ which has led to an artificial separation between decision-makers and researchers which has been counter-productive. Embedding research within policy making and practice will bridge this divide and help to stimulate movement of actors between roles and functions so that knowledge generation becomes a core function of health systems that continually learn and evolve. The embedding of functions and fluidity of roles are essential to ensuring evidence-informed decision-making and health systems strengthening.

This session explores a framework for embedding research into policy and practice as well as operational strategies to support its implementation in countries. Examples of embedded research through the use of gradualism and use of tacit knowledge to support policy and practice in South Africa and Thailand are also discussed.

Chair: John-Arne Røttingen | Professor of Health Policy | Department of Health Management and Health Economics | University of Oslo | Norway

Embedding Research for Learning Health Systems
Abdul Ghafoor | Executive Director | Alliance Health Policy & Systems Research | World Health Organization | Switzerland

The Role of Tacit Knowledge in Evidence-Informed Policy Making
Somsak Chunharas | Secretary General | National Health Foundation | Thailand

Industrial Innovation
Chris Viehbacher | Chief Executive Officer | Sanofi | France

Notes on the Economic Value of Innovation: A Dynamic Perspective
Fabio Pammolli | Professor of Economics and Management | IMT, Institute for Advanced Studies | Italy

Innovation is a major driver of change, with pervasive effects over different dimensions of the economic system. First, I aim at showing how innovation shapes patterns of industrial and economic growth at different levels of aggregation within the economy. The evidence shows that the evolution of business cycles is influenced not only by macro economic shocks and policies but, to a significant extent by the patterns of innovation and competition within high value added industries. Second, I will compare different national research systems, to capture some relevant differences in their innovative capabilities. Finally, moving at the macro financial level, I will show how the funding of health provision affects sustainability of public finances, economic growth, and innovation in health.
Workshop
Transforming Medical Education in Sub-Saharan Africa: MEPI – The Medical Education Partnership Initiative

By pre-registration only

Co-Hosts:
Fogarty International Center
National Institutes of Health
University of Makerere

The US President’s Emergency Program for AIDS Relief (PEPFAR) was successful in ramping up programs for the treatment of patients living with AIDS but relied heavily on the use of medically trained personnel from abroad. In the renewal of the program, the Medical Education Partnership Initiative (MEPI) was established in 2010 with the goal of building up local workforce capacity to ultimately support the PEPFAR program by investing in schools of medicine and the allied health sciences. It was also clear that medical education in the 21st century needed to be different so MEPI had a number of unique aims. These have included increasing the quantity and quality of graduates in medicine and the health sciences, emphasizing training of physicians and health staff for practice in rural areas, improving the retention of graduates in country, emphasizing novel curricula with support from platforms for eLearning, and supporting research as a means to engage, retain, and upgrade education in medicine and the health sciences.

This session will describe the innovations that have been introduced in the first 3 years of the MEPI program and will look ahead to the long term benefits of this initiative. Educational reform in the health sciences is a long term process and we feel that many of the innovations that have taken place to date in MEPI could provide direction for others to consider. Medical and health practice is changing rapidly and the workforce in the health sciences must be well-trained to keep abreast of this evolving burden of disease. Ultimately, investment in medical education and retention of trainees can lead to dramatic improvements in the health system and in health outcomes.

Chairs:
Roger Glass | Director | Fogarty International Center | National Institute of Health | United States
Nelson Sewankambo | Professor of Medicine | Principal | Makerere University College of Health Sciences | Uganda
Keynote Lecture
Global Health for Development

Co-Hosts: M8 Alliance

Chairs: Christina Mitchell | Dean | Faculty of Medicine, Nursing and Health Sciences | Monash University | Australia
Ilona Kickbusch | Director | Global Health Program | Graduate Institute Geneva | Switzerland

Keynote Lecture
Agnes Binagwaho | Minister of Health | Rwanda

Taking Action on the Social Determinants of Health: The Review of Social Determinants of Health and the Health Divide in the WHO European Region
Michael Marmot | Director | University College London | Institute of Health Equity | United Kingdom

Health inequities between and within countries persist across the WHO European Region. The gap in life expectancy between countries is 17 years for men and 12 for women. Even in countries with close to the best health and narrowest health gaps in the world, inequities in health persist. Social gradients in health within countries have persisted or even widened. Analysis by the Review of Social Determinants of Health and the Health Divide in the WHO European Region support the need for urgent action to control and challenge inequities in the social determinants of health – the conditions of daily life and their structural drivers. The review provides guidance on what is possible and what works, to be considered within the specific circumstances and settings of individual countries.

Introduction to the MEPI Program
Nelson Sewankambo | Professor of Medicine | Principal | Makerere University College of Health Sciences | Uganda

The Future of MEPI: Opportunities and Challenges
Roger Glass | Director | Fogarty International Center | National Institute of Health | United States

A Panel Discussion – MEPI Presenters
Nelson Sewankambo | Professor of Medicine | Principal | Makerere University College of Health Sciences | Uganda
James G. Hakim | College of Health Sciences | University of Zimbabwe | Zimbabwe
Emilia Virginia Noormahomed | Associate Professor of Parasitology | Eduardo Mondlane University | Mozambique
Roger Glass | Director | Fogarty International Center | National Institute of Health | United States
Universal Health Coverage in the post-2015 Development Agenda

Jeanette Vega | Managing Director | The Rockefeller Foundation | United States

The global health community should use universal health coverage to frame the post-2015 health goal. UHC is the health sector’s inherent and specific responsibility to ensure universal and equitable access to health services for improved health outcomes. UHC links to other sectors, and enables healthy, sustainable development. UHC ensures that health is understood as a fundamental human right. UNITING the health sector around one health goal focused on UHC with multiple sub goals recognizes that “one size” does not fit all, but that there are a set of system-level constraints to scaling up access to health. Challenges such as absorptive capacity, human resources for health, and health financing must be addressed. One global UHC goal would recognize these similarities in constraints, while giving each country the opportunity to customize their approach to achieving this system-level goal. By focusing on UHC in the post-2015 framework, the international community has an opportunity to endorse a country-driven agenda, as well as build and improve upon the robust legacy of the MDGs.

Global Public Health and the Pharmaceutical Industry

Adrian Thomas | Vice President | Global Market Access, Commercial Strategy Operations & Global Public Health | Janssen | Belgium

Novel pharmaceutical industry efforts targeting global public health impact are powerful engines for social and economic growth in the world’s emerging markets. The pharmaceutical industry has a critical role in collaborating with governments, funders and many others to support national health strategies that address current barriers to social and economic progress. Working with governments and focusing on public health initiatives provides a conduit to stronger integration and cooperation and results in health and wealth for all. By reimagining the current business model for discovery, development and delivery of new medicines, the pharmaceutical industry can be inspired to approach opportunities where novel global public health initiatives co-exist with commercial endeavors. Taking on global public health together, pharmaceutical companies and sovereign nations can work towards a healthier, better tomorrow.

Legal and Medical Bases for Granting Asylum to Women with Female Genital Mutilation in The U.S.: A Meta-Analysis

Sara Gorman | Columbia University Mailman School of Public Health | United States

Institutional Delivery Service Utilization Rate and Factors Affecting it in SNNPRS, Ethiopia: A Cross-Sectional Mixed Method Study

Anteneh Asfata | Hawassa University | Ethiopia

Civil Society Organizations and Medicines Policy: A Case Study of Misoprostol Roll-Out Program Implementation in Uganda

Esther Atukunda | Mbarara University of Science and Technology | Uganda

Impact of Bottom Up Planning and Flexible Funding: The Case of National Rural Health Mission in India

Srinidhi Bhatia | Ministry of Health & Family Welfare | India

Does Maternal Health Voucher Scheme Have an Impact on Out-of-Pocket Expenditure and Utilization of Delivery Care Services in Rural Bangladesh?

Forhana Noor | Population Council | Bangladesh

Distance and Transportation Cost in Utilization of Facility-Based Maternity Services: Evidence from Rural Bangladesh

Kaj Tamanna Kaya | Population Council | Bangladesh
Monday, October 21, 2013
Summit Program

Keynote Lecture
Education and Leadership for Health

Co-Hosts: M8 Alliance

Chairs: Michael J. Klaj | Dean | Johns Hopkins School of Public Health, Baltimore | United States
Fred Paccaud | Professor and Director | Institute for Social and Preventive Medicine, University Hospital Center, Lausanne and Romand School of Public Health | Switzerland

Roger Glass | Director | Fogarty International Center| National Institute of Health | United States

Lessons Learned from 25 Years Supporting Research and Training in Global Health
Roger Glass | Director | Fogarty International Center| National Institute of Health | United States

The Fogarty International Center at the US National Institutes of Health invests in training and research for global health and supports the global mission of NIH to improve human health through biomedical research. Twenty-five years ago our first grants were targeted to train young researchers in countries affected by the AIDS pandemic and foster partnerships with US academic institutions. Today, these graduates are among the leading independent AIDS researchers in the world, their research partnerships continue to flourish, and trainees have remained in their own countries as leaders in research and health policy.

We expanded this program to support the research infrastructure in bioethics, bioinformatics, and research management. More recently, we have diversified our themes to address new global concerns of the non-communicable diseases and implementation science. Using principles of peer review, local ownership of research, continuing international partnerships, and a focus on research that is locally relevant, we remain optimistic about the value of this strategy. We also see a great return on our investments in terms of scientific discovery, improvements in health, building of sustained partnerships, and success in health diplomacy.

Virchow-Villermé MOOC: A Massive Open Online Course Entirely Dedicated to Public Health and Global Health Education
Antoine Flahault | Professor for Public Health | Descartes School of Medicine, Paris Sorbonne Cité | Co-Director of the Centre Virchow-Villermé for Public Health, Paris & Berlin | France

Initiatives of Massive Open Online Courses (MOOCs) have recently emerged, providing a new model for higher education, challenging existing universities. While middle and low income countries are facing massive needs in competency acquisition, higher education is becoming unaffordable for many students, coming from abroad or national. However, most MOOCs today remain based on highly impersonal and unspecified set of courses, delivering mainly supplementary education even though based on high tech platforms and delivered by leading universities.

Virchow-Villermé MOOC, launched during the World Health Summit, intends to provide a second generation for this kind of outreach, intensive education, fully dedicated in the specific field of global public health. Virchow-Villermé MOOC will offer training for public health human resources to provide the human and professional infrastructure to meet the challenges of global health and the new post 2015 Development Goals now in preparation.

Virchow-Villermé MOOC is developed from highest technologies and performance, thanks to public funded support from the French national institute for research in computer sciences (Inria), and two leading public universities in Europe, Charité-Universitätsmedizin Berlin and Sorbonne Paris Cité. It will insure a high quality level of public health education embedded with appropriate localized customization, e.g., various languages, according to local and global needs in acquiring public health competencies, and refined computer developments allowing for extensive call to social networks. Virchow-Villermé MOOC has launched in July-September 2013 an international consultation following a Delphi method (i.e. iterative search for consensus), in order to co-produce a proposal for a roadmap, in particular core curriculum expected to be delivered from a MOOC platform entirely dedicated to public health and global health. More than 150 experts participated worldwide to design this roadmap with us (on distance basis). They have associated their students and alumni too. They come from about 25 countries from all continents.

We emphasise our determination that Students' data remain exclusively Students' ownership and property, according to European regulations and ethics. Virchow-Villermé MOOC intends to be as inclusive and transparent as possible, with academic partner institutions from Northern and Southern countries, expressing willingness to elaborate this education for the future.

Global Governance for Health
Ole Petter Ottersen | President | University of Oslo | Norway

Despite large gains in health over the past decades, health risks are still disturbingly unevenly distributed. While the global health system plays a crucial role in addressing health inequalities, its efforts often come into direct conflict with other powerful interests, such as protecting national security, safeguarding sovereignty, or pursuing economic goals. This is the starting point of The Lancet – University of Oslo Commission on Global Governance for Health and an important motivation for our initiative to establish a new educational program – the Oslo School of Global Governance. The message put forward in my presentation is that we should not any longer regard health solely as a technical and biomedical issue but recognize the need for global cross-sectoral action and distributive justice in our efforts to address health inequity.

World Federation of Academic Institutions for Global Health
Fred Birika | Vice-Chancellor | University of Health and Allied Sciences | Ghana
Monday, October 21, 2013
Summit Program

Symposium
Healthy Food, Healthy Environment, Healthy People – From Production to Consumption

Co-Hosts: Biovision Foundation
Millennium Institute
University of Kassel
Brot für die Welt

Sustainable food production, processing and consumption systems, food and nutrition security and human health are closely linked. Changes in the agri-food systems caused by policy interventions and other drivers of the agri-food systems may result in positive or negative health and nutrition effects while changes in health and nutrition may via feedbacks influence food systems. These two-way causal relationships offer important opportunities for improving health and nutrition through policy interventions in the agri-food systems. Unfortunately, such opportunities have not yet been fully analysed and exploited. While policies and projects aimed at the agri-food systems may be justified by the persistence of hunger, malnutrition and poor health, they are not usually designed to seek the greatest possible positive health and nutrition impact. Options for serious improvements in the agri-food systems to address key concerns from environmental to human health will be discussed and a set of recommendations for policy action made.

Chairs: Jürgen Heß | Director | Department of Organic Farming and Cropping | University of Kassel | Germany
Sonja Weinreich | Director | Department for Health Security | Brot für die Welt - Evangelischer Entwicklungsdienst | Germany

Healthy Diet – A Challenge for Food Production and Postharvest Management
Michael Krawinkel | Professor of Human Nutrition with Focus on International Nutrition | Justus Liebig University Giessen | Germany

The aim to nourish a global population which is growing in numbers and getting older than ever is a huge challenge - not because of too little food produced globally, but because of a very uneven access to food, enormous food losses after harvest, and a trend towards increasing consumption of processed foods and drinks containing much fat, salt and sugar. The 'healthy diet'-approach towards global nutrition aims at foods and drinks which are safe, provide sufficient energy and nutrients, and contain bioactive substances which promote health and prevent chronic non-communicable diseases. This ‘healthy diet’-concept requires political commitment beyond fighting hunger and malnutrition. Its implementation is to be based on informed consent of the consumer who needs to be enabled to make the right choices. Food producers and processors are motivated by income from selling the foods and drinks. They compete on a huge globalized market, but - if it is to function - this market is driven by the consumer and by political regulations assuring food safety and preventing desinformative marketing practices. Global nutrition can be achieved - and the health community can and should play an important role in advocating healthy diets for all.

Sustainable Agriculture and Food Systems – Policy Implications on the Post-2015 Agenda
Hans Rudolf Herren | President | Biovision | Foundation for Ecological Development | United States

Sustainable agricultural practices will need to play an increasingly important role in meeting growing food demand going forward. Sustainable farming and food systems must make more efficient use of all scarce resources and inflict far less damage on the environment than currently pervasive input-intensive systems. At Rio+20 Member States agreed to launch a process to develop a set of Sustainable Development Goals (SDGs) that could be a useful tool for pursuing focused and coherent action on sustainable development. If we want to achieve food and nutrition security worldwide, the Post-2015 Agenda must therefore include a Sustainable Development Goal on achieving food security and nutrition for all through sustainable agriculture and food systems.

Role of the Smallholder Farmers in Rural and Urban Food Security
Roger Thurow | Senior Fellow | Global Agriculture and Food Policy | Chicago Council on Global Affairs | United States
Towards Fairer Contracts and Contracting in Research for Health
Danny Edwards | COHRED - Council on Health Research for Development | Switzerland

The world is changing rapidly. Health challenges are increasingly globally shared: antibiotic resistance, non-communicable diseases, and the impacts of climate change. In response, health research is also changing, with an increase in international, multi-center collaborations, often between organizations of very different capacities. Some things, however, remain the same: the prioritization of research conducted and the benefits that flow from it are still overwhelmingly weighted in favor of wealthier countries.

Joint research collaboration is of course welcome, providing an opportunity to support development of research capacity in lower income countries to meet their health needs. However, one essential key to unleashing this potential is to also capacitate lower-income institutions in negotiating fairer terms in these collaborations, on issues such as intellectual property, capacity building, research costing and data sharing.

In 1992, the Hesperian Foundation published "Where there is no doctor: A village health care handbook", aimed at putting health knowledge in the hands of low-income communities without access to healthcare. We think it equally important that the research for health community also has a guide: "Where there is no lawyer."

Global Progress on Research Capacity Strengthening
Tikki Pang | Visiting Professor | Lee Kuan Yew School of Public Policy | National University of Singapore | Singapore

The InterAcademy Medical Panel (IAMP) has recently released a call for action to strengthen the capacity of LMICs to conduct health research. The aim of the present Abstract is to present the IAMP Call to the 2013 Global Health Summit. The IAMP document defines Research Capacity Strengthening (RCS) as "the ability to conduct, synthesize, share and apply research". The IAMP's Call reviews the background information from a variety of organizations including the WHO, COHRED, SIDA, DANIDA, ICER etc that have recognized the need for RCS in LMICs. The IAMP document stresses that the new health challenges have emerged in the 21st century that are prompted by the emergence and spread of drug resistant infections, negative impacts of climate change, population growth, urbanization and changing lifestyles. Noting that the health systems in the LMICs are still insufficiently developed the IAMP's Recommendations calls on medical and science academies to engage stakeholders at all levels to promote health RCS in LMICs.
Symposium
Prevention of Prescription Drug Abuse and Overdose

Co-Hosts: Deutsches Ärzteblatt
Johns Hopkins Bloomberg School of Public Health

Prescription drugs, such as opioids, benzodiazepines and stimulants, provide great value to individuals around the world, yet are also prone to abuse and diversion. This seminar will provide participants with a global overview of prescription drug abuse, including worldwide utilization patterns of drugs of potential abuse, as well as regulatory and public health mechanisms to reducing what is for many countries is a growing epidemic. Particular focus will be paid on prescription opioids, given the magnitude of opioid abuse as well as the complex policy and clinical issues that they pose.

WS - 9
Caleb Alexander | Associate Professor of Epidemiology and Medicine | Johns Hopkins Bloomberg School of Public Health | United States
Vera Zylka-Menhorn | Senior Editor | Deutsches Ärzteblatt | Germany

Prescription Drug Abuse in the United States: Is There A Mission Control
Caleb Alexander | Associate Professor of Epidemiology and Medicine | Johns Hopkins Bloomberg School of Public Health | United States

Prescription drugs, including opioids, stimulants and sedatives/hypnotics, provide necessary assistance and relief to millions of Americans. However, there are epidemic rates of prescription drug abuse, addiction and overdose deaths. In the United States, more individuals die from illicit and prescription drug overdoses than motor vehicle accidents, and prescription drug deaths outnumber those from cocaine and heroin combined. Furthermore, for every death, there are more than 10 hospitalizations, 30 emergency department visits, and 100 cases of abuse or dependence. Despite efforts on the part of many stakeholders, the prevention of abuse and diversion of prescription drugs remains a major public health challenge. I will overview the development of this epidemic in the United States, as well as discuss why it represents such a complex regulatory, clinical and public health issue.

Prescription Drugs Subject to Abuse: A Global Perspective on Usage Trends 2003-12
Murray Aitken | Executive Director | IMS Institute for Healthcare Informatics | United States

This presentation will introduce a quantitative baseline of information derived from proprietary IMS Health data and analysis regarding the volume of prescription drugs subject to abuse that have been consumed annually over the past decade and across 72 high, middle and low income countries. Trends in the per capita volume of defined classes of drugs subject to abuse will be examined, including identifying observable inflection points in consumption rates during the time period 2003 to 2012. Specific sub-segments of interest will also be presented, including the cohort of products introduced as abuse deterrent formulations whose uptake globally will be measured. The pipeline of opioids and stimulants in clinical development will be summarized, as well as the expected timing of future patent expiries on specific molecules in major markets and the related volumes that may be affected by the new availability of generic versions of the drugs.

The Harmful Use of Psychotropic Prescription Medicines – A Global Perspective
Nicholas Clark | Medical Officer | Management of Substance Abuse | World Health Organization | Switzerland

Recent trends in the harmful use of psychotropic medicines present a challenge to public health actors. The willing or inadvertent involvement of the health care system makes such use a semi-medicalized situation, in which the boundary between medical use and abuse is blurred. While the use of prescription psychotropic medication has often been seen as preferential to illicit drug use, the recent trend of prescription opioid misuse in the US challenges that, as opioid overdose now becomes a leading cause of premature death. At the same time, access to opioids for the management of acute pain and palliative care is limited in many low income countries. Highlighting the example of prescription opioids, this presentation will overview the latest information on the extent of prescription drug misuse globally, the current international regulatory framework, the challenges regulators face in making medicines available for medical use and limiting their abuse, and some of the potential solutions to the current problems.

Prescription Drug Abuse: Combating the Epidemic
Jodi Segal | Associate Professor of Medicine | Health Policy and Management and Epidemiology | Johns Hopkins Bloomberg School of Public Health | United States

Prescription drug abuse is a growing global public health problem. In the United States, efforts have been made to combat this epidemic and to lessen its morbidity and mortality. These interventions include regulatory strategies by the Food and Drug Administration such as re-labeling of prescription opioids, state-level prescription monitoring programs, naloxone distribution programs, and the development of abuse-deterrent opioid formulations by pharmaceutical manufacturers. This presentation will describe these and other strategies. Where available, the evidence supporting these interventions will be discussed, as well as the applicability and feasibility of these approaches among other members of the global community.
Symposium
Together for Global Health – Launch of the World Federation of Academic Institutions for Global Health

Co-Hosts: World Federation of Academic Institutions for Global Health (WOFAGIH)
The European Academic Global Health Alliance (EAGHA)

This session will build on the plenary presentation by Prof Fred Binka to provide additional information about the proposed organisation and activities of the “World Federation”. There will be a brief presentation of the proposed governance, statutes and management of the organisation followed by a panel of the representatives of the participating networks in which they will outline the work of their own network and give their views of the key priorities for the new body. This will be followed by questions from the audience and responses from the panel. The workshop will provide an opportunity for participants to contribute to the emerging agenda of the World Federation.

Participating networks include:
- Alianza Latinoamericana de Salud Global (ALASAG)
- Consortium of Universities for Global Health (CUGH)
- European Academic Global Health Alliance (EAGHA) [Including the Association of Schools of Public Health in Africa (ASPHa)]
- Association of Schools of Public Health (ASPH)
- Association of Schools of Public Health in the European Region (ASPHER) and the Federation of European Societies of Tropical Medicine and International Health (FESTMIH)
- TropEd Network for Higher Education in International Health

Chairs: Fred Binka | Vice-Chancellor | University of Health and Allied Sciences | Ghana
Antoine Flahault | Professor for Public Health | Descartes School of Medicine, Paris Sorbonne Cité | France
Andrew Haines | Professor of Public Health and Primary Care | Department of Social and Environmental Health Research | London School of Hygiene & Tropical Medicine | United Kingdom

Symposium
Health Gains from Sustainable Development – Quantifying Environmental Health Impacts

Co-Hosts: WHO
Federal Foreign Office

Health is closely linked to patterns of consumption and production, and can be a good marker for sustainable and equitable development. For example, access to sustainable energy in homes and clinics generates direct health benefits such as lower pneumonia deaths in children, lower risk of chronic respiratory and cardiovascular disease and cancers in adults, and access to diagnostic and reproductive health services. Sustainable transport also lead to reductions in air pollution, injuries and enables safe daily physical activity, addressing major risk factors for non-communicable diseases (by far the largest cause of death globally).

There are a number of other clear examples of health and development/environment linkages. Increasing evidence that these consumption and production patterns are threatening the survival of the planet, and that some planetary boundaries have already been exceeded (e.g. climate change), make appropriate responses ever more urgent.

Today there is a manifested interest by the Open Working Group of the UN General Assembly, in charge of proposing the new, post-2015 sustainable development goals (SDGs), to have goals that reflect integrated approaches, and respond to environment, social and economic aspirations at the same time, and that are of relevance across levels of development. Yet, the connections between health, development and environmental sustainability have not been emphasized enough in the current debates about the forthcoming SDGs.

This session will identify some of the main links and synergies across health, development, and environmental sustainability; propose ways to bring higher attention to the above synergies in the SDG debate, and explore possible action by stakeholders in the SDG discussions to influence decisions towards greater integration between health, environment and development goals.

Chairs: Carlos Dora | Coordinator | Public Health and the Environment Department | World Health Organization | Switzerland
Cornelia Ulbert | Executive Director | Institute for Development and Peace | University of Duisburg-Essen | Germany
Currently there are various international processes under way that shape the post-2015 UN development agenda. Global health with its various linkages to the social, economic and environmental dimensions of sustainable development offers the potential to contribute to joining negotiation processes which have been somehow disconnected so far. The panel contribution will explore this unifying potential of health. Furthermore, it will examine how the governance structures of sustainable development might evolve.

Health Linkages with Environment and Development / Climate Change / NCD
Michael Kalmus Eliasz | Chair and Director | Institute of Public Health | Heidelberg University Medical School | Germany

Global Governance and Opportunities within SDG Preparatory Work
Michael Kalmus Eliasz | Think Global Coordinator | International Federation of Medical Students’ Associations | United Kingdom

At Rio+20 last year governments affirmed that health is “a precondition for, an outcome of, and an indicator of sustainable development”. The summit created a number of political processes most notably to create Sustainable Development Goals (SDGs) and a High Level Political Forum on Sustainable Development (HLPF). The open working group on SDGs is discussing a wide variety of topics, with health having been discussed in June. There is now a question as to how it relates to other sustainable development topics yet to be discussed. From the September the open working group will become the key body for Post-2015 discussions till intergovernmental negotiations start some time in 2014. The HLPF is the new body to replace the UN commission on Sustainable Development under both ECOSOC and the UNGA, it will be responsible for accountability and reporting of progress towards SDGs and on voluntary commitments on responsible for accountability and reporting of progress towards SDGs and on voluntary commitments on sustainable development. Health metrics can play a key role in the forum as well as in the proposed global governance structures of sustainable development.

Pursuing Public Health and Wellbeing Health on Ecological Principles
George Morris | European Centre for Environment and Human Health | University of Exeter Medical School | Truro | United Kingdom

The notion of Universal Health Coverage, heralded by the WHO, calls for action in two complementary fields: improved access to quality healthcare around the world, and protection of patients against financial risks related with disease. The pharmaceutical industry is, together with many partners, actively involved in multiple initiatives to improve access to medicines. In the developing world, the out-of-pocket costs of healthcare and medicines are beyond the reach of many patients. Pharmaceutical firms expand many efforts on making drugs and vaccines more affordable through innovative financing systems such as tiered-pricing, subsidies, advance market commitments, etc. In addition, it is necessary to explore ways to improve patients’ ability to cover health-related expenses, and to protect them against financial risks, including catastrophic expenditures.
In this perspective, Sanofi and PlaNet Finance have partnered to explore innovative micro-insurance schemes through pilot programs in Benin and Madagascar. These two initiatives, with different designs, have evidenced the complexity of setting up such schemes, and identified key success factors. Among the key baseline information required are the need to investigate in-depth local healthcare practices and the population’s understanding of the principles of insurance. Other major issues relate with the arrears of the insurance, the quality of healthcare services provided, and the ease of payment. Based on the learnings of these two initiatives, the PlaNet Finance - Sanofi partnership intends to further explore schemes adapted to the needs and circumstances of resource-limited countries populations.

Innovative Initiatives for Health Microinsurance in Africa – Lessons and Key Factors for Success
Jacques Attali | President | PlaNet Finance | France

Building Sustainable Micro-Health Insurance Schemes
Venkatachalam Gomathi | Senior Client Manager | Vice President - Client Markets | Swiss Reinsurance Company Ltd | India

Health Financing Reform in Ghana – Roll Out of National Health Insurance and the Coverage of the Poor
Frank Nyonator | Consultant Public Health/Advisor on Health Systems Strengthening | Health Streams International Ghana (HSIG) | Ghana

Ghana’s vision for universal health coverage was couched in the Ministry of Health’s (MOH) Medium-term Strategic Plan (1997-2001) recognising the Government’s prime responsibility in ensuring good health and economic success for its citizens. Indeed, there has been considerable progress in improving health status and longevity of Ghanaians – more and more children are surviving and total fertility rate (4.0) (GHSLS, 2008) is one of the lowest in the sub-Saharan African region with an adult population that is living longer. Whilst Ghana has also made efforts to increase its health workforce during the mid 2000s, the population’s access to and utilisation of primary health care services is relatively low. Funding for primary health care has remained inadequate and incommensurate to the set priorities of the health sector. Just as other low-income countries worldwide, Ghana was faced (in the 70’s through the 90’s) with the dual challenge of achieving accessible and equitable coverage of health services while providing health care more efficiently with a constricted budget. From the post-independence policy of free medical care through to the token fee system in the 70’s, to the establishment to official user fees levels and exemptions in 1985 with full cost recovery for drugs (the “cash and carry” system). The evolution was partially responsible for the low access to and declining use of health facilities throughout the country.

This trend, linked to the increasing health care user fees and largely non-functional exemptions over recent years exacerbated equity in access to health services. Indeed, a study in the Volta Region of Ghana showed that while user fees clearly contribute to financial sustainability in most health facilities, this was at the expense of equity considerations, as reflected in largely non-functional exemption mechanisms [Nyonator and Kubin, 1999]. Ghana’s case like many other developing countries saw the vulnerable populations excluded from any social security coverage. Coupled with the constant reformation of the role of the extended family (driven largely by globalisation and urbanisation) that played its fair part in traditional risk-pooling and social protection, many are left exposed to the harsh dynamics of national and global social and economic risks (Asomadu-Kyeremeh, 2006). The Government in power in the year 2000 had developed a clear understanding of the problems associated with the out-of-pocket health financing “cash and carry” system. Consequently, the Government decided to abolish this financing mechanism and replace it with a health insurance scheme, that it envisioned would be national to cover all vulnerable groups. The objective was to pool the risks, reduce the individual financial burden and achieve better utilization rates, primarily so that patients do not have to pay out-of-pocket at the point of delivery.
Workshop
Trans-Disciplinary Collaboration for Healthy Aging

By pre-registration only

Co-Hosts:
- Kyoto University Graduate School of Medicine
- Monash University

Most of the industrialized countries and the Asian emerging countries face the problems of an aging society. To meet the increasing needs of the elderly for healthy longevity, it is necessary to construct a social system compatible with the changes in societal structures concerning family and industry. It is necessary to integrate different social and private services to build societies in which all aspects of elderly life is respected. The wide range of technologies such as ICT, transportation, housing and life science can help to achieve this goal. To achieve the integration of healthcare systems, it is key to collaborate with each stakeholder involved including governments, payers of healthcare, healthcare providers, industries, academia and citizens. This session aims to stimulate a wide discussion of commitments in order to strengthen these collaborations.

Chairs:
- Shane Thomas | Professor of Primary Health Care Research | Monash University | Australia
- Hidenao Fukuyama | Kyoto University Graduate School of Medicine | Japan

Healthy Aging Issues and Policy in Germany
- Ole Döring | SIGENET-Health-Host-Görtz-Institute | Charité – Universitätsmedizin Berlin | Germany

Proactive Measures for Health Aging Society in Japan
- Rei Goto | Associate Professor | Hakubi Center of Advanced Research, Graduate School of Economics | Kyoto University | Japan

Speaker
- Shane Thomas | Professor of Primary Health Care Research | Monash University | Australia

Workshop
Global Health Education: Who Do We Educate How?
The 21st century needs global health leaders, how do we get there?

By pre-registration only

Co-Hosts:
- Charité – Universitätsmedizin Berlin / Monash University
- EAGHA
- tropEd Network

Health professionals in the 21st century are required to have technical skills, understanding of the complex interplays of factors affecting health and must be able to develop leadership skill. They are expected to translate knowledge in a globalised world collaboratively within countries and between countries. The purpose of this symposium is to present and discuss our understanding of the necessary 21st century education continuum that contributes develop leadership in addressing the complex global interdependencies affecting health worldwide – and how we use modern life-long education, supported by modern technologies, to reach this goals.

Questions to be considered include:
- How do we ensure leadership development within the education continuum starting in primary school, ensured in higher-education and continuous professional development?
- What methods and possible information communication technologies are relevant to translate knowledge from the global south to the global north, and vice versa?
- Will paradigm of moving student to acquire knowledge be substituted by new concepts of moving knowledge instead?

The symposium will consist of a series of short (8 min) presentations, followed by response from students representative and a panel discussion.

Chairs:
- Shane Thomas | Professor of Primary Health Care Research | Monash University | Australia
- Hidenao Fukuyama | Kyoto University Graduate School of Medicine | Japan

Proactive Measures for Health Aging Society in Japan
- Rei Goto | Associate Professor | Hakubi Center of Advanced Research, Graduate School of Economics | Kyoto University | Japan

Speaker
- Shane Thomas | Professor of Primary Health Care Research | Monash University | Australia
Social Events

World Health Summit Night

Opening: 18:00
Beginning: 19:00
Entrance: 35.00 €
Location: Town Hall (Rotes Rathaus), Rathausstr. 15, 10178 Berlin

The World Health Summit brings together over 1,000 participants from all over the world, united by their interest in improving health worldwide. But such a forum for professionals from all the different fields of health-care does not unfold its true impact on panel discussions alone.

Hence, the WHS Night will offer a relaxed and informal evening for speakers, participants, and guests to network and exchange opinions. Enjoy some light snacks, drinks and Brazilian live music in the prestigious town hall of Berlin, known as “Rotes Rathaus”.

The town hall is located in walking distance from the WHS venue. Please note that the entrance will partly be covered by one of Berlin’s notorious construction sites.

Tickets can be purchased at the registration counter or onsite upon availability. Due to limited capacity, please make sure to get your ticket soon. Dress code: Casual elegant.
PROGRAM
Tuesday, October 22
Research for health is a joint responsibility of many actors - both public and private. The roles of governments are to fund, perform, facilitate and utilize research. All states are therefore both contributors to and beneficiaries from health research. Generation of research evidence contributing to universal health coverage is a collective effort among all countries, and the responsibility to contribute is universal, but differentiated. Evidence on countries' investments in health research will be presented and compared to potential norms for contribution. Whether such norms are useful and should be agreed upon internationally will be discussed.

Health Systems and Services to Achieve Universal Coverage
Andrew Haines | Professor of Public Health and Primary Care | Department of Social and Environmental Health Research | London School of Hygiene & Tropical Medicine | United Kingdom

There has been a dramatic expansion in effective interventions to address priority diseases and major resources have been invested to deliver essential health care, but country ability to spend funds effectively is often constrained by fundamental weaknesses in health systems.

Research as an Essential Tool for Reaching Universal Health Coverage
Suwit Wibulpolprasert | Senior Adviser for Disease Control | Ministry of Public Health | Thailand

WHO's Global Research Strategy and Universal Health Coverage
Robert Terry | Manager | WHO Special Programme for Research and Training in Tropical Diseases (TDR) | Switzerland

Responding to the Research Needs for Universal Health Coverage
John Reeder | Director | Special Programme for Research and Training in Tropical Diseases (TDR) | World Health Organization | Switzerland

The Contribution of R&D to Universal Health Coverage – Universal and Differentiated Responsibilities
John-Arne Røttingen | Professor of Health Policy | Department of Health Management and Health Economics | University of Oslo | Norway
Symposium
Health in Times of Global Economic Crisis
Austerity Policies and the Effect on Health Systems

Co-Hosts: WHO Regional Office for Europe
Imperial College London

A global consequence of the economic crisis has been evident in the decreasing availability of resources for health systems. This effect is apparent across a wide range of nations, including the USA, Germany and the UK but the severity is disproportionately placed upon those countries most affected by the economic downturn and, in particular, the resulting austerity measures. Several European countries have been forced to reduce their healthcare budgets, whilst at the same time compete with rising disease burden, substance abuse and suicide rates as well as an ever greater difficulty in the adequate provision of food, medicine and well-trained health professionals. This symposium seeks to highlight the strong impetus to develop evermore cost-effective interventions in order to improve patient outcomes, as well as the establishment of well-functioning systems to collect and register the adverse effects posed on health systems by the global economic crisis and austerity measures.

Chairs:
Rifat Atun | Professor of International Health Management, Imperial College London | Adjunct Professor of Global Health Systems | Harvard School of Public Health, Harvard University | United Kingdom
Hans Kluge | Director | Division of Health Systems and Public Health | World Health Organization Regional Office for Europe | Denmark

Economic Crisis on Health and Health Systems: Consequences and Prospects
Rifat Atun | Professor of International Health Management, Imperial College London | Adjunct Professor of Global Health Systems | Harvard School of Public Health, Harvard University | United Kingdom

While the UK but the severity is disproportionately placed upon those countries most affected by the economic downturn and, in particular, the resulting austerity measures. Several European countries have been forced to reduce their healthcare budgets, whilst at the same time compete with rising disease burden, substance abuse and suicide rates as well as an ever greater difficulty in the adequate provision of food, medicine and well-trained health professionals. This symposium seeks to highlight the strong impetus to develop evermore cost-effective interventions in order to improve patient outcomes, as well as the establishment of well-functioning systems to collect and register the adverse effects posed on health systems by the global economic crisis and austerity measures.

Policy Responses to the Economic Crisis in the WHO European Region
Hans Kluge | Director | Division of Health Systems and Public Health | World Health Organization Regional Office for Europe | Denmark

Since the onset of the crisis, WHO Europe has been working with Member States to understand the challenges and to provide technical assistance in making effective policy decisions responding to the crisis. Dr Hans Kluge will present the 10 WHO policy lessons and recommendations that are summarized in an outcome document of a High-level meeting on health systems in times of the global economic crisis held in Oslo in April this year. These 10 WHO policy lessons and recommendations are based on extensive consultation with our Member States, two comprehensive surveys on the policy responses to the crisis, review of the literature, analysis of official statistics (both fiscal and health), and in-depth case studies of selected hard-hit countries of the European region.

All this work is culminating in two volumes of evidence by the European Observatory and WHO: one on the impact of the Economic Crisis and Policy Implications, and a second one on country experiences. These publications will be launched at the health system conference under the Lithuanian EU Presidency in Vilnius, 19-20 November 2013. Much of the analytical work to gather the evidence on the impact of the crisis on health and health systems performance builds on the work underpinning Health2020, the new European policy framework of WHO. The 10 policy lessons and recommendations were discussed and endorsed by the Regional Committee of the Member States of the WHO European region at their annual meeting in Turkey in September 2013. The most important lesson about the interplay between fiscal and health is that Ministers of Health do have a choice, even within times of budget pressure. This means that priorities matter and priorities should be informed by inter-sectoral dialogue, evidence and listening to the voice of the people. Health is a right in its own based on the values of solidarity and equity enshrined in the Health2020 and Tallinn Charter adopted by all 53 WHO European Member States.

Protecting Health in Times of Economic Crisis
Laura McGarrigle | Principal Officer | Universal Health Insurance Unit, Department of Health | Ireland

Partnership and Innovation in Times of Economic Crisis
Farhad Riahi | Head | Healthcare Systems | Novartis International AG | Switzerland

Economic Crisis in Europe: Opportunity for Public Health?
Helmut Brand | Jean Monnet Professor of European Public Health | Head of the Department of International Health | Maastricht University | The Netherlands

Where Next: Reflections on the Presentations
Rifat Atun | Professor of International Health Management, Imperial College London | Adjunct Professor of Global Health Systems | Harvard School of Public Health, Harvard University | United Kingdom

Q&A
Panel Discussion
Workshop

Social Responsible Licensing – A New Approach to Open Innovation

Social Responsible Licensing as an innovative tool to improve access to medicine.

By pre-registration only

Co-Host: Universities Allied for Essential Medicines

To address the concern that public research results should benefit all patients in need, academic and civil society groups have developed a technology transfer instrument that is starting to be successfully applied all over the world: "Social Responsible Licensing" (SRL). This innovative approach in technology transfer, also known as Global Access Licensing (GAL), Humanitarian Licensing or Equitable Access Licensing (EAL), seeks to improve global access to biomedical products such as drugs, vaccines or other medical technologies that stem from publicly funded research. It aims to ensure that vulnerable populations living in low and middle income countries have better access to and benefit from new medical inventions.

The toolkit for a successful implementation of SRL is on the table - and many American institutions have already committed themselves to such practices. However, the concept remains widely unknown in other nations. In this Panel, we would like to invite experts to share their viewpoints and experiences regarding this innovative concept, to spark action among international policy makers, researchers, and academic decision makers.

Chair: Clara Matthiesen | Board President | Universities Allied for Essential Medicines | Denmark

Moderation: Fridolin Steinbeis | UAEM Europe Coordinator | Charité – Universitätsmedizin Berlin | Germany

Speaker: Rachel Kiddell-Monroe | President of the Board | Universities Allied for Essential Medicines | United States

Speaker

Peter Seeberger | Director | Department of Biomolecular Systems | Max-Planck-Institute of Colloids and Interfaces | Germany

Can Open Innovation End Neglect?

Spring Gombe | Global Health Policy Consultant | Switzerland

From Policy to Reality

Anders Haugland | Chief Executive Officer | Bergen Teknologioverføring AS | Norway

Co-Host: Universities Allied for Essential Medicines

Clara Matthiesen

Fridolin Steinbeis

Rachel Kiddell-Monroe

Chair: Clara Matthiesen | Board President | Universities Allied for Essential Medicines | Denmark

Moderation: Fridolin Steinbeis | UAEM Europe Coordinator | Charité – Universitätsmedizin Berlin | Germany

Speaker: Rachel Kiddell-Monroe | President of the Board | Universities Allied for Essential Medicines | United States

Speaker

Peter Seeberger

Spring Gombe

Anders Haugland
Workshop
Transforming Health Professions Education
Responses to the Lancet Commission

By pre-registration only

Co-Hosts: InterAcademy Medical Panel
MB Alliance

The Lancet Commission Report of 2010 “Health professionals for a new century” laid down a challenge for those involved in the preparation of health professionals to work in increasingly complex health care settings. In a post-Flexnerian environment, how will we train the next generation to apply innovative solutions and ways of working to tackle rapidly changing health care problems in increasingly resource-constrained environments? In this session, we will hear from five speakers from across the globe, who will speak about their responses to the Commission report, focusing on leadership development and curriculum reform. These presentations are designed to facilitate a focused, interactive discussion on how we need to develop to be able to provide a workforce capable of tackling the next great series of challenges in health care delivery and global health.

Chair:
Jo Boufford | President, The New York Academy of Medicine | Immediate Past-Co-Chair, IAMP | United States

Lancet Commission Report and Its Applicability and Implementation
Jo Boufford | President, The New York Academy of Medicine | Immediate Past-Co-Chair, IAMP | United States

Leadership in Health Systems
Nilanthi Renuka de Silva | Dean | Faculty of Medicine | IAMP | University of Kelaniya | Sri Lanka

The Lancet Commission and the Key Impact of Its Work in Global Health Professional Education Reform and Leadership in Brazil
Eduardo M. Krieger | Past President | Brazilian Academy of Sciences | Brazil

Review and Planning Curriculum Reform in Response to the Lancet Commission
Ben Canny | Deputy Dean | Monash University | Australia

Challenges and Opportunities of a Reformed Medical Curriculum in Berlin
Claudia Spies | Pro-Dekanin | Charité – Universitätsmedizin Berlin | Germany

Discussion
Keynote Lecture

Future of Health Research

Co-Host: M8 Alliance

Chairs: Tarik Möröy | President and Scientific Director | Institut de Recherches Cliniques de Montreal | Canada
John Eu Li Wong | Vice-Provost (Academic Medicine) | Yong Loo School of Medicine, National University of Singapore | World Health Summit President 2013 | Singapore

How to Turn the ‘Age of Biology’ into the Greatest Impact for Health

Anne Glover | Chief Scientific Adviser to the President of the European Commission | European Commission | Belgium

While the 19th Century has been the age of engineering and the 20th Century the age of chemistry and physics, the 21st Century will be the age of biology. Science is making great leaps forward in areas such as genetics and genomics, stem cell research, synthetic biology, personalised medicine and cancer therapy. At the same time major challenges such as antimicrobial resistance remain. The talk will discuss how to ensure that the advances provided by health science & technology result in innovation that benefits the lives of every citizen.

Grand Challenges of Systems Biology and Systems Biomedicine

Hiroaki Kitano | President & Chief Executive Officer | Sony Computer Science Laboratories, Inc. | Japan

Systems biology emerges as a discipline to understand biological systems as “systems” on top of understanding at molecular and genetic levels. Systems approach enables us to identify operating principles and key control mechanisms for living systems to operate and malfunction that leads to discovery of multi-component multi-target drugs, a novel therapeutic interventions approaches, etc. With global increase of medical cost, yet broadly prevalent unmet medical needs, serious measures need to be taken for extremely efficient and effective drug discovery, therapeutic countermeasures, and preventive practices. A global grand challenge shall be set now to develop an integrated platform and methodologies for high precision and open evolvable models of human and related species that can be cross used by basic biological and medical research. It shall be designed as a global common project as an asset for mankind. With recent maturity of the field, such a project is feasible with proper framework design and leadership, and it can provide significantly investment return for the society.

Keynote Lecture

K. Srinath Reddy | President | Public Health Foundation of India | India
Special Session
Challenges and Opportunities for Stimulating Innovation through Legislation – The European Example

Co-Hosts: B.Braun
GE Healthcare

European policymakers have been charged with the task of establishing Europe as the world’s finest knowledge-based economy. In terms of research and healthcare, Europe envisions being on the forefront of addressing some issues paramount to health including climate change and food security. Hence, Europe 2020 was introduced as a 10-year growth strategy with research and innovation as one of the targets to create new growth and jobs in Europe. In addition Horizon 2020 has been adopted as the financial instrument to strengthen the position of the European Union in the fields of science and industrial leadership.

The European legislation should also aim to reduce the bureaucracy of accessing funding for research which will facilitate Health promotion. Legislations should also give an opportunity for the process of Impact Assessments of research. While strengthening the decentralized Notified Body system and increasing EU Member State co-ordination, the overarching objective should be to achieve a clear, predictable and effective legislative framework that is consistently implemented across the EU and increases patient safety and maintains timely access to the latest medical technologies. The aim of this session is to discuss the current situation in this area with a special focus on the European Medical Devices.

Chair: Bernd Brüggenjürgen | Head | Institute for Health Economics | Steinkes-Unversity | Germany

Discussion
Volker Wetekam | President and Chief Executive Officer | GE Healthcare | Germany
Serge Bernasconi | Chief Executive Officer | Eucomed | Belgium

New Voices in Global Health – Poster Session

The Position of Health in Sustainable Development Negotiations
Michael Kalmus Elasz | Think Global Coordinator | International Federation of Medical Students’ Associations | United Kingdom

Increasing the Impact of Youth in Global Health Diplomacy. A Multi-disciplinary Collaboration – A Case Study at the World Health Assembly
Roopa Dhatt | Past-President | International Federation of Medical Students Association | United States

Interdisciplinary Perspectives on Culturally-relevant Communication Interventions to Promote Voluntary Blood Donations in Africa: A Case Study of Ghana
Bernard Appiah | Texas A&M Health Science Center School of Public Health | United States

Understanding the Barriers To The Utilization Of Primary Health Care In A Low Income Setting: Implications For Health Policy And Planning
Abubabakr Muhammad-Kurt | National Health Insurance Scheme | Nigeria

Barriers to Accessing the German Health Care System for Pakistani Immigrants in Berlin, Germany.
Naik Khan | Charité - Universitätsmedizin Berlin | Germany

Understanding the Lack of Locally-Led Clinical Trials: A Qualitative Study Conducted in Ethiopia and Cameroon. Designed to Inform Capacity Strengthening Initiatives
Samuel Franzen | University of Oxford | United Kingdom

Prevention of Mother-To-Child Transmission (PMTCT) in Angola: Analysis of Service Utilization 2005-2012
Gonçalo Figueiredo Augusto | Institute of Hygiene and Tropical Medicine - Nova University of Lisbon | Portugal
SYM - 14
Weltsaal
14:45 – 16:15
Symposium
Universal Health Coverage: The Role of the Private Sector

Co-Hosts: Federal Ministry for Economic Cooperation and Development
World Bank Group
HANSHEP

The concept of Universal Health Coverage (UHC) has gained momentum on the global development agenda. UHC requires that all people have access to the quality health services they need without the risk of experiencing severe financial hardship in order to pay for them. All countries can take actions to move towards UHC, and it is particularly important that they tap all available resources - both public and private - in order to do so. There is a wide range of actors in the private health sector, which consists of all actors outside government, including for-profit, non-profit, formal and non-formal entities.

Although their contribution to health service provision is considerable, it is often overlooked, discounted or not taken into consideration. Often misperceived as primarily catering the richer part of the population, the actual relevance of the private sector for the provision of health services for the poor remains in some instances underestimated or even unrecognized. Experts from different regions and with different institutional backgrounds will consider similarities and differences in approaches towards private sector engagement in various settings, and discuss problems that have emerged in the process.

Welcome Note by the State Secretary of the Federal Ministry for Economic Cooperation and Development (BMZ)

Moderation
Armin Fidler | Lead Adviser, Health Policy and Strategy | Health, Nutrition and Population | Human Development Network | The World Bank | United States

Rapporteur
Thomas Feery | Programme Manager | HANSHEP Secretariat | United Kingdom
Symposium
Current Challenges in Combating Antimicrobial Resistances

Co-Hosts:
Federal Ministry of Health
Federal Ministry of Education and Research

Giving an overview on current challenges in combating antimicrobial resistances that could be a basis for further discussions

Chair:
Lars Schaade | Vice President | Robert Koch-Institute | Germany

Introduction
Annette Widmann-Mauz | Parliamentary State Secretary | Ministry of Health | Germany

Current Challenges from a Global Perspective
Nienke van de Sande | Technical Officer AMR | World Health Organisation Europe | The Netherlands

Current Challenges in Combating Antimicrobial Resistances – National Perspective
Mitchell J. Schwaber | Director | National Center for Infection Control | Ministry of Health | Israel

The global dissemination of multi-drug-resistant organisms with limited options for treatment has presented a considerable challenge to healthcare systems charged with containing spread. In Israel, this challenge is heightened by a growing population, a crowded hospital system with a high degree of patient movement between acute and long-term care facilities, and an influx of patients from beyond the borders receiving care in Israeli hospitals. In 2007, the National Center for Infection Control of the Israel Ministry of Health was established in order to devise and coordinate efforts at combating healthcare-associated infections and antibiotic resistance at the national level. A major component of the center’s work has been the successful containment of the nationwide spread of carbapenem-resistant Enterobacteriaceae. In this talk I will summarize the highlights of the first 6 years of infection control at the national level in Israel, lessons learned and challenges we face looking ahead.
Workshop

Talking Health – From Knowing to Doing – Knowledge Translation

By pre-registration only

Co-Hosts: DG Research and Innovation
European Commission (EC)

Goals:
• To learn from success and failures in health communication and knowledge translation which are aimed at patients, consumers and society.
• To identify research gaps and propose future research aimed at improving the effectiveness of health communication and knowledge translation strategies and approaches.
• To obtain optimal health outcomes we need to understand which communication processes at social and individual levels are actually efficacious in helping people to adopt healthier lifestyles and adhere to prevention and treatment strategies.

The session will review success and failures in health communication and knowledge translation, and propose future research needs to understand how to increase the efficacy of interventions oriented policies and thus move from knowing to doing.

Chair: Barbara Kerstiens | Head of Sector Public Health | DG Research and Innovation | European Commission | Belgium

Knowledge Translation to Improve Prevention, Treatment and Care: A Canadian Perspective on Barriers, Facilitators and Research Opportunities

Nancy Edwards | Scientific Director | Canadian Institutes of Health Research | Institute of Population and Public Health | Canada

Communicating Health

Peggy Maguire | Director General | European Institute of Women’s Health | Ireland
Experiences in Communicating Health Research Findings: Perspectives from Civil Society

Nikos Dedes | Founder and Chair | Positive Voice | Greece

Health Campaigns and the Power of Social Influence

Bas van den Putte | Professor of Health Communication | Amsterdam School of Communication Research (ASCoR) at the University of Amsterdam | The Netherlands

Symposium
Young Physician Leaders Session

Co-Hosts: InterAcademy Medical Panel | M8 Alliance

The IAMP Young Physician Leaders (YPLs) program will bring together 20 physicians under 40, nominated by academies of medicine and science which are members of the IAMP. These individuals have been selected because of demonstrated accomplishments in research, clinical practice, public health, health service management and health policy and who have shown leadership qualities and commitment to broader societal well-being in their professional and personal activities. This workshop session will feature 4-5 of these YPLs from diverse global regions who will initiate what we hope will be a lively roundtable by sharing their responses to two questions regarding the major leadership challenges they face in their careers and how current health and medical sector leaders could be more helpful to them.

Chairs: Jo Boufford | President, The New York Academy of Medicine | Immediate Past-Co-Chair, IAMP | United States

Lai-Meng Looi | Co-Chair | InterAcademy Medical Panel | Malaysia

Moderation
Lucilla Spini | Coordinator | InterAcademy Medical Panel | Italy
Symposium

New Voices in Global Health

Co-Hosts: The Lancet

M8 Alliance

The New Voices in Global Health (NVGH) is a competitive abstract submission and selection programme designed to highlight important research, policy and advocacy initiatives of new and future leaders in global health, and empower participants with global health advocacy skills. Selected abstracts are published in a special booklet available at the World Health Summit and on The Lancet’s website.

Chairs: Sabine Kleinert | Senior Executive Editor | The Lancet | United Kingdom
Richard Horton | Editor-In-Chief | The Lancet | United Kingdom
Mathias Bonk | Program Director | World Health Summit | Charité – Universitätsmedizin Berlin | Germany

Sabine Kleinert

Richard Horton

Mathias Bonk

Catastrophic Health Expenditure and Entitlement to Health Services in the Occupied Palestinian Territory in 2010: Implications for Universal Health Coverage
Majdi Ashour | United Nations Relief and Work Agency for Palestine Refugees in the Near East | Occupied Palestinian Territory

Why Invest in Oral Cholera Vaccines to Control Endemic Disease: A Global Economic and Epidemiological Analysis
Vittal Mogasale | International Vaccine Institute | Republic of Korea

Could Short Message Service Improve Infant Feeding Practices? Findings from a Community-based Study in Shanghai, China
Jiang Hong | School of Public Health, Fudan University | China

Conceptualizing Poverty-Related and Neglected Diseases: Relating Disease Burden, Economic Development and R&D Expenditure in a Quantitative Analysis of Economic and Epidemiological Data
Peter von Philipsborn | Ludwig-Maximilian-Universität München | Germany

Can We Change Research to Change Health?
Trudie Lang | University of Oxford | United Kingdom

Trudie Lang
Symposium
Moving towards a More Needs-Oriented Global R&D Model for Global Health

What next after the WHA’s decisions on the CEWG report?

Co-Hosts: University of Heidelberg
Centre for Technological Development in Health
Oswaldo Cruz Foundation (FIOCRUZ), Brazil

The lack of investment in R&D for controlling diseases that disproportionately affect developing countries is longstanding global concern. Following the adoption of the Global strategy and plan of action on public health, innovation and intellectual property (GSPA-PHI) in 2008, financing and coordination of R&D for global health became the key issue.

The CEWG, set up by WHO and member states was tasked to develop and propose innovative ideas, to be presented to the World Health Assembly (WHA). This year’s WHA confirmed most of the guiding principles of the CEWG’s report on R&D needs in developing countries, including open-knowledge approaches, for R&D coordination, de-linking of the cost of R&D from product price; and sustainable pooled funding mechanisms. While the far-reaching proposal for a convention providing effective financing and coordination of R&D was not adopted at this stage, several concrete actions were decided, such as establishing a global R&D observatory and implementing a range of demonstration projects. Thus, the session will follow up on these questions:

- What should be scope of demonstration projects and how should they be selected?
- What are the different stakeholders’ perspectives and involvement in planning and implementing the demonstration projects?
- What will be the role of WHO in managing the Observatory, demonstration projects and overall coordination?
- Are the WHO actions likely to solve the financing and access gap? What could be further steps?

Chairs:
Albrecht Jahn | Professor for Global Health Policies and Systems | Institute of Public Health | University of Heidelberg | Germany
Claudia Chamas | Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation | Brazil

Establishing a Global Observatory for Health R&D – Meeting the Challenge
Robert Terry | Manager | WHO Special Programme for Research and Training in Tropical Diseases (TDR) | Switzerland

New Funding Mechanism for Global Health R&D: Japan’s New Initiative
BT Slingsby | Chief Executive Officer & Executive Director | Global Health Innovative Technology Fund | Japan

Speaker
Claudia Chamas | Researcher, Centre for Technological Development in Health, Oswaldo Cruz Foundation | Brazil
Catharina Boehme | CEO | Foundation for Innovative New Diagnostics | Switzerland
Workshop
Innovating to Tackle Antibiotic Resistance: A Grand Challenge for a Complex System – Shaping the World’s Response

by pre-registration only

Co-Hosts: Uppsala University
Duke University
ReAct—Action on Antibiotic Resistance

Antibacterial resistance is recognized as a critical priority and a global threat that needs urgent action. The soaring number of antibiotic-resistant infections is putting global health security at stake and risks the attainment of MDGs and maintenance of global health gains. Following an overview of ABR given at the symposium organized by BMG and BMBF, this partner symposium will highlight the need for radical innovation and the role that universities, academies, civil society and professional organizations can play to tackle the problem of antibiotic resistance, including educating and empowering citizens globally.

Chairs: Anthony So | Director | Program on Global Health and Technology Access | Sanford School of Public Policy | Duke University | United States
Otto Cars | Executive Director and Chairman | ReAct—Action on Antibiotic Resistance | Uppsala University | Sweden

Welcome and Introduction from ReAct
Otto Cars | Executive Director and Chairman | ReAct—Action on Antibiotic Resistance | Uppsala University | Sweden

The 3Rs for Tackling Antibiotic Resistance: Sharing Resources, Risks and Rewards
Anthony So | Director | Program on Global Health and Technology Access | Sanford School of Public Policy | Duke University | United States

The Challenge Of Ensuring Access But Not Excess Antibiotics
Eva Ombaka | Founder | Sustainable Health Care Foundation | Kenya

Mobilizing Communities and Universities to Tackle Antibiotic Resistance: Participatory Action Research and Innovation
Arturo Quizhpe | Former Dean | University of Cuenca School of Medicine | Faculty of Medicine | Ecuador

Bridging Perspectives
John-Arne Røttingen | Professor of Health Policy | Department of Health Management and Health Economics | University of Oslo | Norway
Deborah Furr-Holden

Effects of Baltimore’s Safe Streets Program on Gun Violence and Attitudes About Using Guns to Resolve Conflicts
Daniel Webster | Professor and Deputy Director | Johns Hopkins Center for the Prevention of Youth Violence | Johns Hopkins Bloomberg School of Public Health | United States

Zoning as a Public Health Tool to Prevent and Reduce Violence: A Focus on Problem Alcoholic Beverage Sellers and Reducing Alcohol Outlet Density
Debra Furr-Holden | Associate Professor and Deputy Director | Johns Hopkins Center for the Prevention of Youth Violence | Johns Hopkins Bloomberg School of Public Health | United States

Determinants of Homicide Fall in São Paulo: an Exploratory Analysis
Maria Fernanda T. Peres | Professor of Preventive Medicine | University of Sã Paulo | Brazil

Workshop
Violence Prevention Research – Public Health Approaches to Preventing Violence

Co-Host: Johns Hopkins Bloomberg School of Public Health

Violence can operate like a social contagion and is influenced by social norms, social environment, and easy access to guns and alcohol. This session highlights evidence-based public health strategies to reducing violence that address these risk factors in historically violent areas. Drawing on successful approaches to preventing infectious diseases, Gary Slutkin developed the Ceasefire program that has been shown to reduce gun violence in Chicago. He will discuss efforts to successfully implement this program in cities across the U.S. and the globe. Researchers from Johns Hopkins will discuss efforts to replicate Ceasefire in Baltimore and other complementary efforts to reduce youth violence.

Chair: Daniel Webster | Professor and Deputy Director | Johns Hopkins Center for the Prevention of Youth Violence | Johns Hopkins Bloomberg School of Public Health | United States

Cure Violence – Treating Violence Like a Contagious Disease
Gary Slutkin | Professor | University of Illinois, Chicago | School of Public Health | Executive Director | Cure Violence | United States

A Public Health Approach to Reducing Youth Violence in One of Baltimore’s Most Violent Neighborhoods
Philip Leaf | Professor | Johns Hopkins Bloomberg School of Public Health | United States
This year's World Health Summit will be taking place at the Federal Foreign Office which is located in the Berlin city center. Please be advised that due to security concerns, all delegates will be subject to a security check including a passport identification confirmation. Please be aware: You will not be able to enter the Summit Venue, if you are not able to present your passport or ID-card. Unfortunately this procedure tends to cause a slight delay for entrance into the building. We therefore kindly ask you to refrain from bringing your luggage to the Summit venue, as this will slow down the security check process. Please accept our apologies, and thank you for your understanding.

How to get to the Summit Venue

Federal Foreign Office (Auswärtiges Amt)
Entrance: Unterwasserstraße 10

Arriving by public transportation:
- From the underground station "Spittelmarkt" (Line U2): Walk along the left side of the water canal. Shortly after the antique draw bridge, the Summit entrance will be on your left.
- From the underground station "Hausvogteiplatz" (Line U2): Turn into "Oberwallstraße", turn right onto Werderscher Markt, go past the Auswärtiges Amt and turn right again directly afterwards. Continue along the side of the building to the Summit entrance.

Arriving by air:
- From Tegel Airport: Take the bus line X9 to "Ernst-Reuter-Platz", connect to the underground line U2 in the direction of Pankow and exit at "Spittelmarkt".
- From Schönefeld Airport: Take the S-Bahn (train) to "Friedrichstraße", connect to bus line 147 in the direction of Ostbahnhof and exit at "Spittelmarkt". Alternatively take the S-Bahn line S9 to "Schönhauser Allee", connect to the line U2 (underground train) in the direction of Ruhleben and exit at "Spittelmarkt".
- Transfer time by taxi is approximately 25 minutes from Tegel Airport and 50 - 60 minutes from Schönefeld Airport.

Arriving by train:
- From Berlin Hauptbahnhof (main station): Take bus line 147 in the direction of U Märkisches Museum and exit at "Spittelmarkt".

Please check the area-map on page 135 for further orientation.
Berlin offers one of the best public transportation systems in the World. It's the quickest and most efficient way for you to discover the city. For further information please visit www.bvg.de.
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*Rates are valid per night and include breakfast and VAT.*
Berlin: A Metropolis for Health and Capital of Culture

Health check in the morning, opera in the evening – hardly any other city combines culture, lifestyle and healthy living as well as Berlin. The capital’s tradition as a metropolis for health and science spans more than 300 years. Some 18,000 doctors at the city’s approximately 80 hospitals treat 755,000 patients every year – twice as many as in Hamburg or Munich.

One of its most famous medical institutions is the renowned Charité, Europe’s largest university hospital and one of Germany’s leading hospitals. The doctors and scientists at the Charité are well recognised in international medicine, and cooperate with foreign research institutes like the Johns Hopkins Bloomberg School of Public Health in Baltimore, USA.

2012 saw Berlin host 172 events run by international association, ranking the city among the top 3 in the ICCA (International Congress and Convention Association) statistics, and further building on its position as a suitable metropolis for major conferences. The health industry is one of the most important in this respect. International conferences such as the World Health Summit and the Deutsche Krebskongress (German Cancer Conference) attest to the fact that Berlin is an excellent location for medical research and care.

More and more foreign guests are discovering Berlin’s potential as a ‘health city’ and travelling to the capital for medical treatment. They combine their trip with a relaxing holiday. Apart from excellent medical care, visitors to the capital can also enjoy its wide range of wellness hotels and spas, as well as its unique character.

For more information on Berlin the health city, visit: www.health.visitBerlin.com.

A Cultural Metropolis Straddling Tradition and Trends

Almost twenty five years after the fall of the Berlin Wall, the capital has its own attraction and was able to strengthen its position as Top 3 Destination in Europe, after London and Paris. Berlin projects itself as a modern, cosmopolitan and creative city at the heart of Europe. For every visitor, the city offers a very personal experience: Along with first-class health services and scientific conferences, Berlin also provides varied cultural experiences. From ancient art by the Old Masters to avant-garde design, from classical opera to musicals to pop concerts, Berlin’s cultural calendar leaves nothing to be desired. Visitors to the capital can choose from around 1,500 events a day.

Culture and art enthusiasts can also admire new styles and prominent works from all eras every day in Berlin’s over 180 museums and approximately 440 galleries. The city’s best known museums include the five buildings at Museum Island (Museumsinsel), which is in the historic centre. All buildings display valuable artistic treasures from 3,000 years of human history, e.g. the famous bust of Nefertiti in the New Museum, while the New National Gallery and Martin Gropius Building present contemporary art. The latter is currently hosting an exhibition by international artist Anish Kapoor. The highlight is the “Shooting into the Corner” project, in which red wax balls are fired across the room as part of an hourly cannon shooting.

Berlin is the world’s only city to have three opera houses: the Berlin State Opera (Berliner Staatsoper), the Deutsche Oper and the Komische Oper. Classical music lovers can choose from a repertoire of famous works, such as Mozart’s Don Giovanni, or new and experimental operas. Apart from these opera houses, the city’s eight large orchestras, including the world famous Berlin Philharmonic conducted by Sir Simon Rattle, also make for high-class musical enjoyment.

The theme for 2013 is “Destroyed diversity – Berlin in the time of national socialism”. Numerous exhibitions right across the city address the dictatorship’s negative impact on Berlin’s diverse cultural and everyday life. Another highlight is the 360° panorama entitled “Die Mauer” (“The Wall”), by artist Yadegeh Asisi, which transports visitors back to the time of a divided Berlin. The setting: an autumn day in the 1980s, dilapidated houses and patrolling border guards. Viewers look at the 16-metre-high canvases from a platform.

In summer, the Central Committee of the SED (Socialist Unity Party) moved in. With this move, the building on Werderscher Markt came to be at the center of political power in the GDR. 1989 In the course of the political demise of the GDR, the central committee of the SED was dissolved on 8 December. 1990 In the first few weeks of the year, the house on Werderscher Market was vacated. A little later the building was renamed the “House of Parliamentarians” (Haus der Parlamentarier). This new name came about on the 18 March when the members had a free election to select their new “People’s Chamber” (Volkskammer), which would now occupy the space. 1999 Thanks in part to the design by Berlin architects Thomas Müller and Ivan Reimann, a new building was added on Werderscher Markt to accommodate the Federal Foreign Office (Auswärtiges Amt). The two buildings are connected by a shared courtyard. A photovoltaic system on the roof of the older building with a connection to the newer building’s heating network provides an environmentally-friendly energy supply.

The House on Werderscher Markt

Since its return to Berlin in 1999, the Federal Foreign Office has been located in the “Haus am Werderscher Markt” (House on Werderscher Markt). After the former Tempelhof airport terminal, this is the second largest building in Berlin with its 550,000 m² of space. Like many other buildings in Germany’s capital, the building and surrounding area is a Berlin icon which has witnessed Germany’s eventful and turbulent history. 1965 A court building was constructed to the south west of Werderscher Markt. 1765 The “Royal Savings and Loan Bank” (Königliche Giro- und Lehnbank) founded by Frederick the Great, moved into the building. Thanks to considerable economic growth and development in Prussia the following decades saw a number of modifications and extensions to the building.

1846 First as the “Prussian Bank” (Preußische Bank) and then starting in 1876 as the “Central Bank” (Reichsbank) the building continued to grow until 1903 when it took up the entire block between Jäger-, Kur-, Oberwall- and Kleiner Jägerstraße. 1913 Even before the First World War, the premises of the “Central Bank” were too small. In 1913 the bank began to buy land in the surrounding area. 1932 Plans were formulated for a new building close by, and two years later the foundation stone was laid. 1940 After six years of construction, the building was completed and the “Central Bank” moved in, at which time its main task was changed to primarily funding the war. The new bank building was located on the opposite side of the road from Werderscher Markt, but a bridge was built between the two which provided access to the first floor of each building. 1945 During the Second World War the “Central Bank” extension suffered severe damage. After the initial repairs were carried out, the “Berlin City Office” (Stadtkontor) took over several rooms in the house. 1949 In autumn, the Ministry of Finance of the newly-founded German Democratic Republic (GDR) took over the building.

1959 In summer, the Central Committee of the SED (Socialist Unity Party) moved in. With this move, the building on Werderscher Markt came to be at the center of political power in the GDR. 1989 In the course of the political demise of the GDR, the central committee of the SED was dissolved on 8 December. 1990 In the first few weeks of the year, the house on Werderscher Market was vacated. A little later the building was renamed the “House of Parliamentarians” (Haus der Parlamentarier). This new name came about on the 18 March when the members had a free election to select their new “People’s Chamber” (Volkskammer), which would now occupy the space. 1999 Thanks in part to the design by Berlin architects Thomas Müller and Ivan Reimann, a new building was added on Werderscher Markt to accommodate the Federal Foreign Office (Auswärtiges Amt). The two buildings are connected by a shared courtyard. A photovoltaic system on the roof of the older building with a connection to the newer building’s heating network provides an environmentally-friendly energy supply.
The transparent facade of glass and travertine stone invites visitors to enter the atrium and its visitor center, which is open to the public. All in all, the new building with its three partially open inner courts recalls the link between the old building and the Spree Canal, Schlossplatz and Werderscher Markt.

The architect commissioned to refurbish and alter the old building, Hans Kollhoff, faced a threefold task. Firstly, he had to make it evident that Germany’s new foreign policy had nothing to do with the policies pursued in this building during the two German dictatorships. On the other hand, however, he could not simply wipe out all traces of the past. What is more, the building had to be redesigned to meet the Federal Foreign Office’s spatial and functional requirements.

To this end, Hans Kollhoff developed the three-layer concept. The first layer highlights the modern aspects of the old building, which should not be transformed solely as an embodiment of National Socialist architecture. The second layer preserves in an exemplary fashion the building’s design during the GDR era. For the third layer, a color concept which developed in collaboration with the artist Gerhard Merz whose large monochrome surfaces lend the building a modern flair.

At the Heart: The Weltsaal (World Hall)

At the heart of the old building on the first floor lies a large conference center, almost 900m² in size. The former Reichbank Hall 1 was considerably altered for use by the SED leadership as a conference hall. During this process the luminous ceiling was covered over. When the Federal Foreign Office was refurbished, however, it was uncovered, as was the original wood paneling in the central part of the ceiling.

The entire room can be divided by a 9 meter high and 16 meter wide mobile partition. It was designed by Gerhard Merz as part of the three layer concept. The surface consists of numerous small squares in various colors. This deviation here in the Weltsaal from the monochrome surface principle applied in the rest of the Old Building was intended to highlight the world’s cultural diversity.

The lower part of the walls and the doors to the lounges are clad in German cherrywood. The interpretation booths, screened off from the hall, are situated on top. This screen is divided into three monochrome sections, each of which has a slim aluminum frame. The lower sections consist of black glass, the larger middle sections of a white screen, while the upper sections are mirrors.
Filming and Taking Pictures
The Summit organizer cannot accept liability for personal injury, loss of or damage to belongings of Summit participants, either during or as a result of the Summit. Please check the validity of your own insurance.

Internet / Wireless LAN
Wireless LAN is available in foyers and selected session rooms. Password information is available at the registration desk.

Language
The official Summit language is English. There will be no simultaneous translation.

Lost / Forgotten Name Badge
In case you forget to bring your name badge/voucher letter to the Summit, a credit card guarantee for the total amount of the registration fee will be required to get a replacement badge. In addition, a non-refundable handling fee of € 30 will be charged. Your old name badge will be de-activated and will become invalid. To release the credit card guarantee and avoid double payment, the complete and undamaged original letter has to be sent to the Summit secretariat within four weeks after the Summit.

Lunches
Lunches will be available to all registered participants during the lunch breaks.

Media
Media has access to all official sessions of the World Health Summit. All press related information can be found on the official Summit website.

Mobile Phones
Mobile phones must be set to silent mode in all session rooms at all times.

Name Badge
A badge is required for admittance to all official Summit sessions and events. Each participant is asked to present the badge in order to gain access to the Summit. The name badge must be worn and clearly displayed at all times.

People with Disabilities
The venue is accessible to participants with disabilities. Please contact the Secretariat (+49 30 2460 3240 or secretariat@worldhealthsummit.org) for assistance.

Webcasts
Several sessions will be made available during the Summit. The recorded webcasts are available after the Summit at website www.worldhealthsummit.org.

Parking
Please note that there are no public parking facilities.

Program / Summit Materials
The program will be available onsite for regularly registered delegates. Availability for onsite registrations may be limited.

Program Changes
The organizers cannot assume liability for any changes in the program due to external or unforeseen circumstances. Please check the website for regular updates. The organizers reserve the right to cancel, postpone, relocate or change any of the sessions.

Public Transportation
Berlin’s public transport provides safe and comfortable rides to almost all destinations in the city. Tickets can be purchased directly at most train stations and in all busses.

Registration
The registration desk is open during the following times:

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Travel
There are cooperations with Lufthansa and Deutsche Bahn, the two major German air and train companies. For further information about rates and booking please refer to the website www.worldhealthsummit.org.
Press Information

Media Registrations
Media Registrations are available free of charge to journalists (pending proof of affiliation). Prior to the Summit, please establish your accreditation online via the conference website. During the Summit, please contact the press counter at the registration desk.

Press Access
Media has access to all official sessions of the World Health Summit.

Media Office
Location: Room “Rathenau”

Sunday, October 20.......................... 10:00 – 18:30
Monday, October 21...................... 08:30 – 18:00
Tuesday, October 22....................... 08:30 – 18:00

Press Contact & Press Conference

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Press Conference
Sunday, October 20, 12:15 – 12:55
Europasaal

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<td>Charité - Universitätsmedizin Berlin</td>
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<td>Council on Health Research for Development (COHRED)</td>
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<td>Deutsche Stiftung Weltbevölkerung (DSW)</td>
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<td>European Academic Global Health Alliance</td>
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<td>European Commission</td>
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<td>EMSA - European Medical Students Association</td>
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<td>Federal Department of Foreign Affairs of Switzerland</td>
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<td>Federal Foreign Office</td>
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<td>BMZ - Federal Ministry for Economic Cooperation and Development</td>
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<td>BMF - Federal Ministry of Education and Research</td>
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<td>BMG - Federal Ministry of Health</td>
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<td>GE Healthcare</td>
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<td>GIZ - Federal Centre for Health Education and Health Promotion</td>
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<td>IANF - InterAcademy Medical Panel</td>
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<td>KMF - Koch-Metschnikow-Forum e.V.</td>
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<td>World Health Organization (WHO)</td>
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Summit Partners

Governmental Support

Strategic Partner

Major Partners

General Partners

Supporting Partners
Academic Support

Service Aides

World Health Summit
Regional Meeting – Latin America
São Paulo I April 6 – 8, 2014

Charité Berlin
World Health Summit
Berlin I October 19 – 21, 2014