PROGRAM

WORLD HEALTH SUMMIT
BERLIN, GERMANY
OCTOBER 19-22, 2014

FEDERAL FOREIGN OFFICE | BERLIN
German Federal Foreign Office
Werderscher Markt 1
10117 Berlin
Entrance: Unterwasserstraße 10
SUNDAY, OCTOBER 19

PLENARY HALL
WELTSAAL

ROOM 2
ADENAUER

FOYER

13:30–16:30

SEATTLE | Page 30

Comparison of the French and German Position in the Health Sector Regarding the POST-2015 Development Debate

Centre Virchow-Villermé for Public Health
Paris-Berlin

17:00–18:30

KEY 01 | Page 38

Official Opening Ceremony

M8 Alliance, World Health Summit, Federal Foreign Office

18:30–21:00

Social Event

WHS 2014 Reception

Session formats

- Keynotes
- Panel Discussions/Symposia
- Workshops

Program Tracks

- Education and Leadership
- Research and Innovation
- Evidence to Policy
- Global Health for Development
## MONDAY, OCTOBER 20

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**Session formats**
- Keynotes
- Panel Discussions/Symposia
- Workshops

**Program Tracks**
- Education and Leadership
- Research and Innovation
- Global Health for Development
- Evidence to Policy
The World Health Summit’s Public Day is designed for broad public participation and provides a unique chance for participants to get in touch with leading international decision-makers and researchers from various health-related areas. It puts the importance of well-being center-stage in our everyday lives via keynote lectures, symposia and workshops.
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Health is a precious asset for everyone in the world. Medical progress therefore does not only involve researching and understanding methods for promising care, diagnosis and treatment, but also the capacity to apply this knowledge everywhere. Each year, the World Health Summit addresses this global challenge, which is faced equally by academia, the political sphere and society. As a widely recognised forum with high-ranking participants, the event provides an ideal format for identifying needs and opportunities for joint action.

The international community is currently at a crucial stage. What is important now is that we set the course for ambitiously expanding the Millennium Development Goals. Hence, I am very pleased that this year’s World Health Summit will focus, among other things, on the links between climate change and health.

By exploring various aspects of this field, we will be able to see very clearly how close international cooperation is urgently needed in order to limit global warming and its effects.

As patron of the World Health Summit, I would like to wish all of us a successful event. I hope that all of the participants will benefit from interesting meetings and productive discussions.

Angela Merkel
Chancellor of the Federal Republic of Germany


Durch die Herausstellung verschiedener Dimensionen der Aufgabe wird uns besonders eindringlich vor Augen geführt, wie sehr wir bei der Begrenzung der Erderwärmung und ihrer Folgen auf eine enge internationale Zusammenarbeit angewiesen sind.

Als Schirmherrin wünsche ich daher uns allen einen erfolgreichen World Health Summit 2014 und allen Beteiligten interessante Begegnungen und gewinnbringende Gespräche.

Angela Merkel
Bundeskanzlerin der Bundesrepublik Deutschland
Are we the masters of our own health? Considering the determinants for health in the world means evoking economic inequalities, technological progress, cultural influences and diet. It also means considering the determinants which we may be able to control given that they will become hugely influential in the decades ahead.

This year’s World Health Summit thus focuses on the influence of climate change on our health. The Summit, which is relevant to people the world over, precedes the United Nations Climate Change Conference (COP21) to be held in Paris in December 2015. Each Summit participant will therefore make their own contribution. By discussing the health of people and their environment, you will participate in the joint reflection which must culminate in a global climate compact.

I am thus very much looking forward to seeing the outcome of your work.

François Hollande
President of the French Republic

Sommes-nous les maîtres de notre santé ? S’interroger sur les facteurs déterminants de la Santé dans le monde, c’est évoquer les inégalités économiques, les progrès technologiques, les influences culturelles, l’alimentation. C’est aussi s’interroger sur les déterminants dont le contrôle pourrait être à notre portée alors que leur influence sera considérable dans les décennies à venir.

C’est ainsi que le Sommet Mondial de la Santé est consacré cette année à l’influence des modifications climatiques sur la Santé. Ce sommet qui concerne chaque citoyen du monde précède la conférence mondiale sur le climat qui se tiendra à Paris au mois de décembre 2015. Chaque participant à ce Sommet apportera ainsi sa pierre à l’édifice. En vous référant à la Santé de l’homme et à son environnement, vous contribuerez à la réflexion commune qui doit aboutir à la construction d’un pacte mondial sur le climat.

J’attends donc avec beaucoup d’intérêt les résultats de vos travaux.
Looking ahead

When European citizens are asked about their priorities for the 15 next years, health and medical care emerge as the number one concern. European citizens also believe that the greatest impact of science and technological innovation will be on health improvement. Health-oriented policymaking must therefore become a clear priority. All the more so as the coming decades will see major simultaneous changes – aging population and the growing chronic diseases burden, urbanisation, pollution or climate change – that will increase the health and wealth vulnerability of our society.

Fortunately, within the same timeframe, convergence of the neuro-, nano-, bio-, and info-technologies will open up new avenues for improved medical care, and especially the opportunity for personalised medicine. In particular, medical progress will benefit immensely from access to “Big Data”, generated by rapid genome sequencing for example, and the related computational power. It is paramount that the EU keeps up its efforts in these trans-disciplinary fields that will boost innovation.

Technological solutions will however only improve health in Europe if they are affordable. The costs of neurological-related diseases alone amount to €800 billion a year in Europe and can only increase and challenge equity. This is why it is important to put a strong emphasis on preventing avoidable diseases and promoting public health.

Europe needs sustainable and efficient health systems able to provide healthcare to all citizens now and for generations to come. For this to happen, all actors – citizens, health professionals, the biomedical and pharmaceutical industry, the research community, the insurance sector, educators and policymakers – must work hand in hand.

José Manuel Barroso
President of the European Commission
Dear Friends, Dear Colleagues,

When looking back on the year 2014, many people will remember the wonderful World Cup of Soccer in Brazil, which united people from all over the world for the pure joy of football and shared good times. Media attention was higher than ever for a sports event, for which we should be thankful. Yet more important than world champions are the millions of young people all around the globe who play soccer on the streets, in stadiums and as members of sports clubs. They are learning fair play, tolerance and are thus becoming active members of a civil society which promotes health through physical activity.

Nothing better can happen for health and the prevention of disease than people joyfully transcending national, socioeconomic, and ethnic borders in the name of sports. But the World Cup in Brazil also heightened awareness for the many health-related issues that threaten societies worldwide: climate change, aging societies and rapidly increasing urbanization.

The issue of climate change and health is a top priority at the World Health Summit 2014. Academia and the health community have to address the dire consequences that this will inevitably have on health. Through the demographic changes that accompany climate change and a rising global population, our existing health systems are doomed to collapse within the foreseeable future. We cannot simply continue along the beaten path but have to work to change existing systems as long as this is still possible.

This is especially true for the health of people living in urban areas. The world has seen the development of over 20 megacities, and they continue to spawn very poor urban areas that have engendered the rise of unhealthy lifestyles. How do we guarantee universal access to health and change unhealthy lifestyles in overpopulated areas? How do we cope with demographic change? How do we improve education throughout the world, particularly in professions related to health? These questions stand at the heart of this year’s World Health Summit.
In 2014 Brazil hosted not only the World Cup but also the World Health Summit Regional Meeting Latin America, organized by Faculdade de Medicina da USP, held in April in São Paulo. This meeting evoked many of the topics that will now be pursued at the World Health Summit 2014 in Berlin. They stimulate a clear call for timely and global action. The World Health Summit acknowledges this demand, and we are happy to provide a forum and framework through which these challenges can be addressed on a global scale. Plans are already ongoing to get ready for the next World Health Summit Regional Meeting in Kyoto, Japan, April 13 - 14, 2015.

The World Health Summit in Berlin 2014 unites participants from about 90 countries and all health sectors, representing a unique wealth of expertise. Only a global collaboration that unites academia, the private sector, politics and civil society can provide the key to solving the problems of health and health systems today and tomorrow: Together we can develop realistic solutions. Together we can initiate an overdue process of change. Together we can make the world a healthier place.

As Presidents of the World Health Summit, it is our great pleasure to cordially welcome you all to the 6th World Health Summit, October 19-22, 2014 in Berlin. We wish you a pleasant and fruitful time and hope that you will leave with a feeling of having accomplished something meaningful in our efforts to improve health worldwide.

José Otávio Costa Auler Júnior
WHS President 2014

Detlev Ganten
WHS President
WELCOME MESSAGE ON BEHALF OF THE CHARITÉ, THE BERLIN INSTITUTE OF HEALTH AND THE MAX-DELBRÜCK CENTER

The first World Health Summit (WHS) was held in 2009 on the occasion of the 300th anniversary of the Charité. It aimed to provide a unique and contemporary platform which would bring together high-ranking representatives from diverse worldwide health-related sectors in order to address the many pressing challenges facing future Global Healthcare. The response to the first summit was extremely enthusiastic and convinced us that there was a clear demand for an open and democratic forum of this kind.

The Summit, which will be held in Berlin for the sixth time, is regarded as the pre-eminent international forum for Global Health and unites the fields of academia, politics, the private sector and civil society. Upon invitation from the M8 Alliance of Academic Health Centers together with numerous universities and national academies and under the patronage of Angela Merkel (Chancellor of the Federal Republic of Germany), François Hollande (President of the French Republic) and José Manuel Barroso (President of the European Commission), the Summit enjoys solid political support and serves as a key platform in times of global conflicts, natural disasters and demographic changes.

However, whilst much has been achieved in the last five years and awareness of the importance of this forum has steadily grown, great challenges remain. Scientific research has certainly continued to produce new insights into health and help forge groundbreaking new medications and treatments but global suffering is not diminishing. On the contrary, challenges relating to Global Health are steadily increasing and cannot be faced by any country or any single healthcare sector alone. As a result, the need for a strong World Health Summit that unites leaders and experts from healthcare related fields and which simultaneously facilitates mutual development of sustained and relevant solutions for foreseeable problems is greater than ever.

On the international front, WHS Regional Meetings in Singapore (2013) and São Paulo (2014) have developed into forceful initiatives for solutions to regional problems within the Global Healthcare context. In Berlin, this call has at least in part been answered by the establishment of the Berlin Institute of Health (BIH). The BIH is supported by the Federal Ministry of Education and Research and the Berlin Senate. The BIH represents an impressive and highly significant new institutional collaboration that will serve as an umbrella organization for the Charité — Universitätsmedizin Berlin as one of the outstanding university hospitals, and the
Max Delbrück Center (MDC), a member of the Helmholtz Association, as one of the leading European institutions for research in molecular medicine. What makes the BIH unique is the institutional merger of the complementary strengths of the MDC and Charité. The degree of high level political support that the BIH has received reflects the start of a clear paradigm shift in translational research and an even stronger political involvement in global challenges.

The 2014 World Health Summit is once again hosted by the Ministry of Foreign Affairs and will focus on four major topics: Climate Change and Health; Healthy Aging, Healthy Cities and Disease Prevention; Universal Health Coverage; Medical Education and Translational Medicine. Each of these topics exercises an immediate and pervasive influence on our daily lives. For this reason, we welcome the fact that this Summit treats such topics with according attention and we hope that this approach will continue to inspire other WHS related meetings including the WHS Regional Meeting in Asia which will be held in Kyoto from April 13-14 2015 and the United Nations Climate Change Conference (COP21) which is to be held in Paris in December 2015.

On behalf of the Charité — Universitätsmedizin Berlin, the Max Delbrück Center for Molecular Medicine and the Berlin Institute of Health it is therefore with great pleasure that we welcome you to this year’s World Health Summit. Our continued efforts to translate research findings from bench to bedside and bedside to bench remain of paramount importance if we wish to strive towards sustained, worldwide Global Health improvement. We hope that the 2014 World Health Summit will stimulate the development of creative solutions and thus facilitate lasting and meaningful progress.

Karl Max Einhäupl  
Chief Executive Officer  
Charité — Universitätsmedizin Berlin

Annette Grüters-Kieslich  
Dean  
Charité — Universitätsmedizin Berlin

Ernst Rietschel  
Chair  
Berlin Institute of Health (BIH)

Thomas Sommer  
Scientific Director (Interim)  
Max Delbrück Center for Molecular Medicine (MDC)
The World Health Summit will bring together about 1,500 decision makers and representatives of all health-related fields from more than 80 countries to address the most pressing issues that medicine and healthcare systems will face over the next decade and beyond.

Who will attend the WHS 2014?
- Top-level researchers and members of the scientific community
- High-profile political decision-makers
- Executives and representatives from the healthcare system
- Leaders of the health-related industry and technology sector
- Representatives of civil society and foundations
- Students and young professionals from all health-related fields

KEY FACTS
Date: October 19–22, 2014
Venue: Federal Foreign Office
Werderscher Markt 1, 10117 Berlin
Entrance: Unterwasserstraße 10
**Education and Leadership**  
Special Topic: Healthy Cities and Prevention

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?

**Research and Innovation**  
Special Topic: Big Data / Systems Biology and Systemic Medicine

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. 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.

**Evidence to Policy**  
Special Topic: Climate Change and Health

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**  
Special Topic: Universal Health Coverage

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.
VISION

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, healthcare 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 healthcare. 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, 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.

MISSION

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 healthcare systems worldwide to address the most pressing issues facing medicine and healthcare 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 healthcare 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 healthcare 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.
GOALS

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

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

• To maintain an international, multi-sectoral health forum, sustaining dialogue, creating networks, and fostering collaboration as a catalyst for innovation and measurable healthcare improvement.

• To promote thought leadership through academic input into the scientific and Global Health agenda.
PRESIDENTS
José Otávio Costa Auler Jr.
Vice-Dean
University of São Paulo Medical School, Brazil

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

FORMER PRESIDENTS
Axel Kahn, 2009
Dean
Sorbonne Paris Cité, France

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

Steve Wesselingh, 2011
Dean
Monash University, Melbourne, Australia

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

John Eu-Li Wong, 2013
CEO, National University Health System (NUHS), Singapore

COUNCIL
Ala Alwan
Regional Director, Eastern Mediterranean World Health Organization

Gerd Binnig
Director
Definiens AG

Zulfiqar Bhutta
Chair, Global Child Health University of Toronto

James Chau
Anchorman, CCTV News UNAIDS Goodwill Ambassador

Pierre Corvol
Professor (Experimental Medicine) Collège de France

Thomas Cueni
Manager
Interpharma, Switzerland

Gudrun Doll-Tepper
Vice President Education German Olympic Sports Confederation

Klaus Dugi
Corporate Senior Vice President Medicine Boehringer Ingelheim

Armin Fidler
Adviser Health Policy and Strategy The World Bank

David de Kretser
Professor (Reproductive Endocrinology) Monash University

Guy de Thé
Emeritus Professor of Virology Pasteur Institute, Paris

Timothy G. Evans
Director, Health Nutrition & Population, The World Bank

Tedros Ghebreyesus
Minister of Foreign Affairs Federal Democratic Republic of Ethiopia

Jörg Hacker
President German Academy of Sciences Leopoldina

Andy Haines
Professor (Public Health) London School of Hygiene & Tropical Medicine
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<td>Richard Horton</td>
<td>Editor-in-Chief, The Lancet</td>
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<td>Zsuzsanna Jakab</td>
<td>Regional Director, Europe, World Health Organization</td>
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<tr>
<td>Stefan Kaufmann</td>
<td>Director, Max Planck Institute for Infection Biology</td>
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<tr>
<td>Ilona Kickbusch</td>
<td>Director, Global Health Program, Graduate Institute Geneva</td>
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<tr>
<td>Sabine Kleinert</td>
<td>Senior Executive Editor, The Lancet</td>
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<tr>
<td>Philippe Meyer</td>
<td>Emeritus Professor, French Academy of Science</td>
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<tr>
<td>Joël Ménard</td>
<td>Professor, Faculty of Medicine, Paris Descartes</td>
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<tr>
<td>Jürgen Mlynek</td>
<td>President, Helmholtz Association of German Research Centres</td>
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<tr>
<td>Tikki Pang</td>
<td>Visiting Professor for Public Policy, National University of Singapore</td>
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<td>Andreas Penk</td>
<td>Regional President, Europe, Pfizer</td>
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<td>Eduardo Pisani</td>
<td>Executive Director, IFPMA</td>
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<td>Wolfgang Plischke</td>
<td>Member of the Board of Management, Bayer AG</td>
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<tr>
<td>Martina Poetschke-Langer</td>
<td>Director, Cancer Prevention, German Cancer Research Center</td>
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<td>Olivier Raynaud</td>
<td>Independent Advisor</td>
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<tr>
<td>Erich R. Reinhardt</td>
<td>Chairman, Medical Valley EMN e.V.</td>
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<tr>
<td>Farhad Riahi</td>
<td>Head, Healthcare Systems, Novartis International AG</td>
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<tr>
<td>Heinz Riederer</td>
<td>Vice President Medical and Health Policy, Sanofi</td>
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<tr>
<td>Hans-J. Schellnhuber</td>
<td>Director, Potsdam Institute for Climate Change Research</td>
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<td>Günter Stock</td>
<td>President, Berlin-Brandenburg Academy of Sciences</td>
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<tr>
<td>Timo Ulrichs</td>
<td>Head, Tuberculosis Division, Koch-Metschnikow-Forum</td>
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<tr>
<td>Susanne Weber-Mosdorf</td>
<td>Former Assistant Director General, World Health Organization</td>
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<tr>
<td>Sonja Weinreich</td>
<td>Senior Health Advisor, Bread for the World</td>
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<tr>
<td>Vera Zylka-Menhorn</td>
<td>Senior Medical Editor, Deutsches Ärzteblatt</td>
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<tr>
<td>Elias Zerhouni</td>
<td>Head of Research and Development, Sanofi, France</td>
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M8 Alliance

MISSION

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 healthcare 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 healthcare 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.

GOALS

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 healthcare 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, healthcare 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.
LEADERSHIP M8 ALLIANCE

Annette Grüters-Kieslich, Charité — Universitätsmedizin Berlin, Germany
Karl-Max Einhäupl, Charité — Universitätsmedizin Berlin, Germany
Nelson K. Sewankambo, Makerere University, Uganda
Michael J. Klag, Johns Hopkins Bloomberg School of Public Health, USA
José Otávio Costa Auler Jr., University of São Paulo, Brazil
Eduardo Krieger, Brazilian Academy of Sciences, Brazil
John Eu-Li Wong, National University Health System, Singapore
Elio Riboli, Imperial College London, United Kingdom
Peter Piot, London School of Hygiene & Tropical Medicine, United Kingdom
Frédéric Dardel, Sorbonne Paris Cité, France
Shunichi Fukuhara, School of Public Health, Kyoto University, Japan
Christina A. Mitchell, Monash University, Melbourne, Australia
Hélène Boisjoly, University of Montreal, Canada
Tarik Möröy, Institut de Recherches Cliniques de Montréal, Canada
Henri Bounameaux, University of Geneva, Switzerland
Antoine Flahault, University of Geneva, Université Sorbonne Paris Cité, France
Lai-Meng Looi, InterAcademy Medical Panel (IAMP), Malaysia
Detlev Ganten, InterAcademy Medical Panel (IAMP), Germany
Xuetao Cao, Chinese Academy of Medical Sciences & Peking Union Medical College, China
Ivan Dedov, Russian Academy of Medical Sciences, Russian Federation
Evgeny Sidorenko, Russian Academy of Medical Sciences, Russian Federation
Steve Wartman, International Association of Academic Health Centers (AAHC), USA
WELCOME TO THE
6TH WORLD HEALTH SUMMIT
BERLIN 2014
Host
German Heart Institute Berlin, African Cultural Institute

Open to all, registration is mandatory

“Healthcare Economics in Cardiovascular Medicine”
The forum will focus on continuing education and strategies for improving capacity strengthening programs and infrastructure maintenance. The faculty will share with the participants their experience in data collection, sharing in clinical cardiology, cardiac surgery and cardiovascular sciences in the tropics, and challenges beyond the Millennium Development Goals 2015.

The forum will provide useful guidelines for policy makers in the developing world for planning appropriate capacity building programs for the next two decades.

For further information, visit www.afrikakulturinstitut.com or contact Inka.Telschow(at)arcor.de
SATELLITE EVENT

HOW TO PREVENT AND COMBAT MULTIDRUG-RESISTANT TUBERCULOSIS IN THE WHO EUROPEAN REGION - JOINING FORCES BETWEEN ACADEMIA, PRIVATE COMPANIES, POLITICS AND NGOS

Host
Koch-Metchnikow-Forum

Open to all, registration is mandatory
(Venue in walking distance to the WHS venue)

International experts will present the epidemiological situation (trends, regions of interest, potential future developments) and the microbiological situation (resistance patterns, cluster formation, spread of M. tuberculosis Beijing, diagnostic tools) as basis for the panel discussion.

For further information, visit
www.koch-metschnikow-forum.de

OCTOBER 19, 2014
Haus der Deutschen Wirtschaft, Breite Str. 29, 10178 Berlin
14:00 – 16:00
SATELLITE EVENT

OCTOBER 19, 2014
Federal Foreign Office, Room 2 | ADENAUER
13:30 – 16:30

COMPARISON OF THE FRENCH AND GERMAN POSITION IN THE HEALTH SECTOR REGARDING THE POST-2015 DEVELOPMENT DEBATE

Host
Centre Virchow-Villermé for Public Health Paris-Berlin

Chairs
Antoine Flahault
Co-Director | Centre Virchow-Villermé for Public Health Paris-Berlin | France

Ilona Kickbusch
Program Director | Graduate Institute of International and Development Studies | Global Health Program | Switzerland

Sustainable Development Goals in the Health Sector - Current Situation
Marie-Paule Kieny
Assistant Director-General | Health Systems and Innovation | World Health Organization | Switzerland

The French Strategic Approach to Global Health
Christophe Paquet
Head | Division for Health and Social Affairs | French Development Agency | France

Comments from the Perspective of International Organizations
Michel Kazatchkine
Special Envoy of the Secretary General for AIDS in Eastern Europe and Central Asia | United Nations | Switzerland

Comments from a NGO
Louis Pizarro
Chief Executive Officer | Solthis | France

Hospitals and Sustainable Development
Martin Hirsch
Director General of the AP-HP | Former Minister | France
Session Outline
The formulation of the Post-2015 development agenda and the agreement on a key set of sustainable development goals will shape the Global Health agenda in the years to come. The World Health Assembly has approved the priorities for a “Health Goal” but discussions are ongoing at the United Nations in New York.

The Centre Virchow-Villermé for Public Health Paris-Berlin is a joint initiative of the M8-Alliance Members, Charité — Universitätsmedizin Berlin and the University Sorbonne Paris-Cité. Initiated by the German-French council of ministers, it was founded in April 2013. The Centre Virchow-Villermé empowers the cooperation of German and French scientists and is open to structured international cooperation to achieve a sustainable improvement of health in Europe as well as to strengthen the contribution of both countries to Global Health.

The Centre Virchow-Villermé for Public Health Paris and Berlin has invited experts from ministries from France and Germany, from the World Health Organization and other international organizations, from Non-Governmental Organizations, from universities, as well as students, to discuss a set of key questions regarding the Post-2015 development agenda in a round table discussion:
“How have Germany and France contributed to the Millennium Development Goals?”, “What position does each country have in the Post-2015/Sustainable Development Goals (SDG)-debate?”, “Who is involved on the national level?”, “How is health anchored in the development policies of each country?”, “How does each country support the global move towards universal coverage/social protection?”

This workshop is the first in a series of four workshops, comparing, discussing and elaborating on the French and German Global Health strategies.
The “New Voices in Global Health” (NVGH) is a competitive abstract submission and selection program designed to highlight important research, policy and advocacy initiatives of new and future leaders in Global Health. It’s goal is to empower young thinkers with Global Health advocacy skills and to provide them with a platform to carry out their ideas into the Global Healthcare community. Winners of this year will exhibit posters and give further input of their research projects and findings. Selected abstracts will also be published in a special booklet available at the World Health Summit and on The Lancet’s website.

Sub-lingual Misoprostol versus Intramuscular Oxytocin for Prevention of Post-partum Hemorrhage in Uganda: A Randomized, Double-blind Non-inferiority trial
Esther Atukunda
Mbarara University of Science and Technology | Uganda

Child Marriage in Bangladesh: A Cross-sectional Examination of Related Policies and Reproductive Health
Mohammad Mainul Islam
McGill University | Quebec | Canada

Maternal Death Surveillance and Response System of Sri Lanka: Potential for Replicability in Resource-poor Settings as a Role-model
Kapila Jayaratne
Family Health Bureau | Western Province | Sri Lanka

Creating Demand for Maternal and Newborn Health Services through Performance Based Incentives among Traditional Birth Attendants in Gombe State, North East Nigeria: Opportunities and Challenges
Bolanle Oyebola
Society for Family Health | Nigeria

Assessing European Vulnerabilities to the Risks of Infectious Disease Transmission due to Climate Change
Jonathan Suk
European Centre for Disease Prevention and Control | Sweden

Where Do Women in Low and Middle Income Countries Deliver? The Role of the Private Sector in Reaching Universal and Equitable Maternal Care
Lenka Benova
London School of Hygiene and Tropical Medicine | United Kingdom

Cost-effectiveness Study of Intervention for Prevention of Cardiovascular Diseases in Nairobi Slums
Steven van de Vijver
African Population and Health Research Center | Nairobi | Kenya

Universal Health Coverage of Elderly Population with Chronic Conditions in Low and Middle income Countries: A Cross-sectional Analysis of the World Health Organization Study on Global AGEing and Adult Health
Christine Goeppel
Charité — Universitätsmedizin Berlin | Germany

Urban Health as a Global Issue: Exploring Barriers and Best Practices for Persons with Disabilities through Photovoice
Ozge Karadag Caman
Hacettepe University | Turkey

What’s in a Name? A Quantitative Analysis of the Effect of the “Neglected Tropical Diseases” Umbrella on Funding for Research and Development into 13 Neglected Diseases
Anand Bhopal
School of Medicine | University of Manchester | United Kingdom

Increase in Child Behavior Problems among Urban Brazilian Four-year-olds: 1993 and 2004 Pelotas Birth Cohorts
Alicia Matijasevich
University of São Paulo | Brazil

Patterns of Multimorbidity and Inequality in the General Population: A Multilevel Analysis of Disease Clustering of Chronic Conditions in the Metropolitan Area of São Paulo
Yuan-Pang Wang
University of São Paulo | Brazil

Ecological Study of the Access and Equity in Utilization of Diagnostic Imaging in Brazil: The Case of Computerized Tomography and Magnetic Resonance Imaging
Sebastião Silva
Federal University of Bahia | Brazil

Improving Air Monitoring Coverage in Developing Countries: A Primer Step towards Health Protection
Laís Fajersztajn
University of São Paulo | Brazil
WHS NIGHT

Date: October 20
Opening: 18:30
Beginning: 19:00
Location: Town Hall (Rotes Rathaus), Rathausstr. 15, 10178 Berlin

About 1,500 participants from all over the world will contribute to the World Health Summit 2014. The WHS Night offers an excellent opportunity to get in touch and further intensify the exchange. Please enjoy an evening of informal talks and networking with speakers, delegates, representatives from supporting institutions, and other distinguished guests. Of course, snacks and drinks will be served, accompanied by live music. The location is within walking distance of the Summit venue.

Tickets are available for 35 Euros at www.worldhealthsummit.org/the-summit/whs-night
**WHS COMMUNITY**

The World Health Summit provides an ideal framework for networking with like-minded experts from all over the world. The WHS Community has been designed to ease the way for participants to get in touch prior to, during, and after the Summit.

This networking tool offers contact details, CV and pictures 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 all registered participants received via email to access the WHS Community.

www.worldhealthsummit.org/login

**SOCIAL MEDIA**

The vision of the World Health Summit is improved health worldwide – catalyzed through collaboration and open dialogue. This dialogue already starts before the meeting and does not end when participants leave Berlin after four 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 exchanging opinions and insights before, during, and after the World Health Summit via:

www.facebook.com/worldhealthsummit
www.twitter.com/WorldHealthSmt
www.linkedin.com/company/whs-foundation-gmbh
PROGRAM

SUNDAY, OCTOBER 19
KEYNOTE LECTURE

WORLD HEALTH SUMMIT
OFFICIAL OPENING CEREMONY

Hosts
M8 Alliance
World Health Summit
Federal Foreign Office of Germany

Chairs
José Otávio Auler
President | World Health Summit | Faculty of Medicine | University of São Paulo | Brazil

Detlev Ganten
President | World Health Summit | Charité — Universitätsmedizin Berlin | Germany

Frank-Walter Steinmeier
Federal Minister for Foreign Affairs | Germany

Hermann Gröhe
Federal Minister of Health | Germany

Annick Girardin
Minister of State for Development and Francophony | France

Karl Max Einhäupl
Chairman of the Executive Board | Charité — Universitätsmedizin Berlin | Germany

Barry Marshall
Nobel Laureate | School of Pathology and Laboratory Medicine | University of Western Australia | Australia

Statements of Young Leaders in Health
Annick Girardin
Barry Marshall
Hermann Gröhe
Karl Max Einhäupl
Frank-Walter Steinmeier
José Otávio Auler
Annick Girardin
Detlev Ganten
Barry Marshall
SYMPOSIUM

EBOLA – A WAKE UP CALL FOR GLOBAL HEALTH

Hosts
M8 Alliance
Federal Foreign Office of Germany
Federal Ministry of Health of Germany

Chairs
John Eu-Li Wong
Chief Executive | The National University of Singapore Health System | Singapore
Antoine Flahault
Director | Institute of Global Health | University of Geneva Medical School | Switzerland

Selected group of eminent experts

Session Outline
The Ebola outbreak has been a wakeup call for global health: to date there are nearly 3000 deaths and a projected number of 20,000 infected people by early November. It is considered the most serious public health crisis in the 21st century.

• The outbreak has clearly shown that neglecting to build health systems in the poorest countries has a catastrophic effect in the face of the outbreak of a highly infectious disease. The combined lack of health services, health personnel and treatment makes an emergency response that is close to the affected communities near impossible and endangers progress that has been made on many other priority areas of global health, such as child mortality. No treatment exists - a fact that once again draws attention to the glaring neglect of research for drugs and vaccines for tropical diseases. Only now have major efforts begun.
• Ebola has also drawn attention to major gaps in global health governance: the requirements of the International Health Regulations have not been met by the most vulnerable countries; the response to the outbreak has been too slow at national and international level; the international community was not yet well prepared to conduct a joint response to a global health emergency that requires different parts of the UN system to work hand in hand. Different agencies need to work together in order to be an effective health security force on the ground. This has now begun under UN coordination.

• The developed countries have been slow to respond with sufficient financial support, but even slower to provide what is needed in terms of human resources - medical, logistics and military support. In addition major issues of security, foreign policy and economic development need to be considered; already experts warn of a major famine in the wake of the outbreak. Germany and France - the patron countries of the WHS - have now increased their commitments - but many technical and logistic issues still need to be put in place.

A group of eminent global health experts will therefore discuss the challenges at hand and what lessons are to be drawn for global health and global health security.
SYMPOSIUM

CLIMATE CHANGE AND HEALTH

Hosts
The Federal Ministry for Economic Cooperation and Development (BMZ)
German Federal Enterprise for International Cooperation (GIZ)
The World Health Organization Regional Office for Europe (WHO/Europe)

Introductory Keynote
Current German Support to Climate Change and Human Health
Thomas Silberhorn
Parliamentary State Secretary | Federal Ministry for Economic Cooperation and Development (BMZ) | Germany

Chairs
Inge Baumgarten
Head | Health Division | German Federal Enterprise for International Cooperation (GIZ) | Germany

Update from the Intergovernmental Panel on Climate Change - Impacts and the Limits of Adaptation
Rainer Sauerborn
Director | Institute of Public Health | University of Heidelberg | Germany

Bettina Menne
Program Manager | Climate Change, Sustainable Development and Green Health Services (CGS) | European Centre for Environment and Health | World Health Organization (WHO) | Germany

Factors that Influence the Development of Adaptive Capacity in the Asia Pacific
Kathryn Bowen
Associate | Melbourne Sustainable Society Institute | University of Melbourne | Australia
How Much Science is Necessary to Implement Environmental Health Policies? The Example of Air Quality

Paulo Saldiva
Dean | Department of Pathology | Faculty of Medicine | University of São Paulo | Brazil

Benefits and Damages of Agricultural Practices for Human Health

Alex Awiti
Director | East African Institute | Aga Khan University | Pakistan

Session Outline

The International Panel on Climate Change (IPCC) concluded that over the last 50 years, human activities – particularly the burning of fossil fuels – have released sufficient quantities of carbon dioxide and other greenhouse gases to trap additional heat in the lower atmosphere and affect the global climate. The world has warmed by approximately 0.75o °C. Sea levels are rising, glaciers are melting, and precipitation patterns are changing. Extreme weather events, such as excessive heat, drought, flooding or cyclones are becoming more intense and frequent.

Climate change affects the social and environmental determinants of health in many different ways. Extreme weather events can lead directly to illness and death. Indirectly human health is affected by climate-related alterations in agriculture and fisheries, the contamination of freshwater supplies, lack of safe drinking water, lack of food, and an increase in waterborne diseases like cholera or typhus, and changing patterns of vector-borne diseases, such as malaria or dengue, aggravate the situation. The World Health Organization concluded, that between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhea and heat stress. The direct damage costs to health (i.e. excluding costs in health-determining sectors such as agriculture, water and sanitation), is estimated to be between US$ 2-4 billion/year by 2030.

In this session the current status of scientific evidence for practice will be described, some examples of the social dimension of adaptation as well as mitigation co-benefits provided and first experiences with implementation will be provided.
WORKSHOP

ETHICS IN RESEARCH AND BUSINESS

Hosts
Sanofi
Drugs for Neglected Diseases initiative (DNDi)

Chairs
Frédéric Dardel
Dean | Université Descartes Paris | France

François Bompart
Vice President | Deputy Head and Medical Director | Sanofi | France

Innovation in ICT and Ethical Issues for the Health Industry
Bernd Carsten Stahl
Director | Center for Computing and Social Responsibility | School of Computer Science and Informatics | De Montfort University | United Kingdom

Legal and Ethical Dimensions of Responsible Innovation in the EU
Isidoros Karatzas
Head | Ethics Sector | Director General | Research and Innovation | European Commission | Belgium

Improving the Quality of Host Country Ethical Oversight of International Research: The Use of a Collaborative “Pre-Review” Mechanism for a Study of Fexinidazole for Human African Trypanosomiasis
Nathalie Strub-Wourgaft
Medical Director | Drugs for Neglected Diseases Initiative (DNDi) | Switzerland
Bioethics and Corporate Social Responsibility: What is at Stake for Private Companies?

Paul Chew
Senior Vice President | Group Chief Medical Officer | Sanofi | France

Session Outline

“Healthiness is not everything, but without healthiness everything is nothing”. This famous aphorism from the philosopher Arthur Schopenhauer explains why the health industry is measured by higher ethical standards than most other industries. A wide variety of issues must be addressed. These include animal welfare, business practices, clinical trials, access to medicines, biobanking, data privacy, and many more. Nowadays, given the global economic inequalities and new advances in medical and information sciences, the need for a comprehensive ethical agenda for the industry, the researching community and its stakeholders is a very topical theme. Jointly industry and academia need to set up ethical standards to ensure that advances in medicine are firstly not acquired by creating major disadvantages for certain parts of society or other species, and secondly are made accessible to wide ranges of the world’s population and not just to small elites.

In this workshop, international experts from industry, academia, civil society and ethics will identify and discuss the most current and future ethical questions that we are facing in research and in business and will come up with answers. Because one thing should be clear: “Ethics is not everything in healthcare, but without ethics healthcare is nothing”.

Frédéric Dardel
Paul Chew
François Bompart
Bernd Carsten Stahl
Nathalie Strub-Wourgaft
WORKSHOP

BIOMEDICAL RESEARCH IN ACADEMIA AND INDUSTRY

Hosts
M8 Alliance
Institut de Recherches Cliniques de Montréal (IRCM)
University of Montreal

Where Does the Downstream End?
Health Innovation Revisited
Alain Beaudet
President | Canadian Institutes of Health Research (CIHR) | Canada

Healthy Ageing Campus the Netherlands: From Basic Principles to Applications in Care and Cure
Folkert Kuipers
Dean | Faculty of Medical Sciences
University of Groningen | The Netherlands

NEOMED Institute: Engaging Public-Private Partnerships to Transform Academic Innovations into the Drugs of Tomorrow
Phillipe Walker
Chief Scientific Officer | NEOMED Institute | Canada

Cancer Research from the Bench to the Bedside
Otmar Wiestler
Director | German Cancer Research Centre | Germany

Chairs
Tarik Möröy
President and Scientific Director | Institut de Recherches Cliniques de Montreal | Canada

Hélène Boisjoly
Dean | Faculty of Medicine | University of Montreal | Canada
The Excess of Communication around Scientific Results and Clinical Trials: the Example of Alzheimer Disease

Joël Ménard
Former President | Scientific Council | Plan-Alzheimer Scientific Foundation | France

Session Outline
Over the last decades, we have witnessed a tremendous growth of life sciences and health research in universities, clinical centers and independent academic institutions worldwide, including research institutions of the pharmaceutical industry. In addition, new high throughput technologies have enabled researchers in academia and industry to create new knowledge on diseases with breathtaking speed. However, the cost to use this knowledge to generate new drugs for the most threatening diseases have now risen to a level, that only few very potent players, in the field can pay for, and many pharmaceutical companies have had to restructure and concentrate their research efforts worldwide.

Pharmaceutical companies now seek partnerships with universities and academic research centers for new ideas that could stimulate and invigorate drug development. Still, researchers from academia and industry have to overcome numerous challenges to work together and make use of their expertise and knowledge to make advances in diagnosis and treatments of diseases. The academic world works under different premises, notably with a different level of funding, and has different objectives than the pharmaceutical industry.

How to overcome these cultural differences will be the problem that scientists from both worlds have to tackle today. The session “Biomedical Research in Academia and Industry” brings together high-ranking experts from the pharmaceutical industry, academic research centers, and government funding agencies to develop new strategies for effective collaboration between academia and industry for the benefit of patients all over the world.
WORKSHOP

TRANSLATIONAL MEDICINE AND RESEARCH PLATFORMS

Hosts
M8 Alliance
Monash University
National University of Singapore (NUS)
Berlin Institute of Health (BIH)

Chairs
John Eu-Li Wong
Isabel Chan Professor in Medical Sciences | Chief Executive | National University Health System (NUHS) | Senior Vice President | Health Affairs | National University of Singapore (NUS) | Singapore

José Eduardo Krieger
Professor | Genetics and Molecular Medicine | University of São Paulo | Brazil

Impact of Coordinating Biomedical Research Platforms on Translational Outcomes
Ian Smith
Vice Provost | Research and Research Infrastructure | Monash University | Australia

Building Interdisciplinary Research Programs around Platform Technologies
James Whisstock
Director | Australian Research Council | Centre of Excellence in Advanced Molecular Imaging | Monash University | Australia

Multi-Modality Imaging: A Platform for Clinical Research
David Townsend
Director | A*STAR-NUS | Clinical Imaging Research Centre (CIRC) | National University of Singapore | Singapore
The Berlin Institute of Health - Paving the Way for Translation and Systems Medicine in Berlin
Ernst Rietschel
Chairman | Berlin Institute of Health | Germany

Session Outline
Significant advances in health research increasingly require multidisciplinary approaches combined with access to cutting edge technologies to address society’s grand challenges. For example, bringing a high profile medical research program to fruition and towards the clinic will likely require extensive inputs. The initial inputs will be likely driven by gene and other “omics based” data sets leading to the application of high-end imaging, structural biology, the application of model organism systems and extensive use of chemistry/chemical biology leading to pre-clinical and ultimately clinical testing. The acquisition and operational costs of state of the art equipment, together with the diversity of disciplines required for success, means that a single research group can no longer harbour the required expertise and technologies needed to remain competitive. To overcome these challenges, and to compete effectively, modern institutions are therefore moving large infrastructure into major research platforms with open access to both academic as well as industry researchers.

Concentrated and extensive investment in these entities provide a focal centre of well maintained, state of the art equipment and further ensure that expertise and training can be provided. Critically such platforms can provide the trigger for research teams to move outside their comfort zone and achieve truly powerful multidisciplinary outcomes.

In this session, different uses of research platforms to achieve scientific and therapeutic discoveries will be discussed. These demonstrate pipelines of discovery from basic science to therapeutic applications.
GLOBAL HEALTH EDUCATION

Hosts
M8 Alliance
Monash University
Charité — Universitätsmedizin Berlin

Chairs
Ben Canny
Associate Dean | Medical School | Monash University | Australia

Peter Tinnemann
Deputy Head | Department of Epidemiology and Health Economics | Institute for Social Medicine | Charité — Universitätsmedizin Berlin | Germany

Which Global Health Issues are Relevant for Medical Students?
Naveen Tenneti
Medical Student | Monash University | Australia

What is the Ideal “Dream” Global Health Curriculum?
Giorgio Solimano
Senior Lecturer | Mailman School of Public Health | Columbia University | United States

Where and How Do We Need to Integrate Global Health Competencies in Medical Schools Curricula?
Harm Peters
Chair | Dieter Scheffner Center for Medical Education and Educational Research | Charité — Universitätsmedizin Berlin | Germany
What Failures to Avoid When Putting Global Health in Medical Curricula?

José Otávio Auler
President | World Health Summit | Faculty of Medicine | University of São Paulo | Brazil

Lessons Learned from post-Graduate Global Health Training?

Núria Casamitjana
Co-Director | Barcelona Institute for Global Health | Spain

Session Outline
The education and training of physicians is a long, complex and challenging process. High standards need to be maintained in order to provide the best medical service and therefore outcome for patients. The right focus needs to be set and the crucial content that is indispensable for a sufficient medical education within the vast amount of information needs to be identified. Medical schools’ curricula outline physicians training to enable them to deal with any disease affecting the health of their individual patients. Tomorrow’s 21st century physicians are, however, also expected to have a sufficient understanding of the complex interplay amongst all determinants of health affecting the health of patients and societies.

The purpose of this symposium is to debate which of the 21st century challenges of globalization to health should be included in a worldwide harmonized Global Health curriculum that introduces medical students to complex interdependencies affecting the health of their patients. The result of this workshop will therefore be a strong position on how medical curricular should be modified to meet the requirement provided by globalization.
KEYNOTE

CLIMATE CHANGE AND HEALTH

Hosts
Federal Foreign Office of Germany
The Prince’s International Sustainability Unit

Chairs
Hinrich Thölken
Head | Division of Climate and Environmental Foreign Policy and Sustainable Economy | Federal Foreign Office | Germany

Justin Mundy
Director | The Prince’s Charities’ International Sustainability Unit | The Prince of Wales Charitable Foundation | United Kingdom

Reducing the Health Risks of Climate Change - the Need for Urgent Action on Adaptation and Mitigation
Andy Haines
Professor | Public Health and Primary Care | London School of Hygiene and Tropical Medicine | United Kingdom

Global Warming: Health, Sanity, Insanity
Hans Joachim Schellnhuber
Director | Potsdam Institute for Climate Impact Research | Germany

Climate Change and Health - Why the Link to Water is Crucial
Uschi Eid
Chair | United Nations Secretary Generals Advisory Board | Water and Sanitation | Germany
Session Outline
Climate change is a critical public health problem: the consequences of global warming are likely to be overwhelmingly negative. Extreme weather events, changed precipitation patterns, extreme heat or shortage of drinking water will directly or indirectly affect social and environmental determinants of human health. The often dramatic health effects of e.g. heat waves tend to be underestimated in the public debate: e.g. the extreme summer in Europe in 2010 resulted in an official death toll of 70,000. A fact that is often eclipsed by public attention paid to tropical storms, floodings and droughts.

Public health practitioners and researchers are increasingly aware of the nexus between climate change and health. Considerable research efforts are undertaken to shed more light into the already visible and future health effects of climate change. International climate politics however are not yet fully taking into account the potentially vast economic, societal and developmental consequences of global warming on human health. They represent a major challenge for climate adaptation, the necessary transformation of the economies and also geopolitical aspects of climate change.

This keynote will discuss new findings on the public health consequences of climate change and related phenomena. In addition, options for introducing and stressing public health aspects in the international climate debate will be explored.
SYMPOSIUM

NEW VOICES IN GLOBAL HEALTH - ORAL PRESENTATIONS

Sub-lingual Misoprostol versus Intramuscular Oxytocin for Prevention of Post-partum Hemorrhage in Uganda: A Randomized, Double-blind Non-inferiority Trial
Esther Atukunda
Mbarara University of Science and Technology | Uganda

Child Marriage in Bangladesh: A Cross-sectional Examination of Related Policies and Reproductive Health
Mohammad Mainul Islam
McGill University | Quebec | Canada

Maternal Death Surveillance and Response System of Sri Lanka: Potential for Replicability in Resource-poor Settings as a Role-model
Kapila Jayaratne
Family Health Bureau | Western Province | Sri Lanka

Creating Demand for Maternal and Newborn Health Services through Performance Based Incentives among Traditional Birth Attendants in Gombe State, North East Nigeria: Opportunities and Challenges
Bolanle Oyebola
Society for Family Health | Nigeria

Assessing European Vulnerabilities to the Risks of Infectious Disease Transmission due to Climate Change
Jonathan Suk
European Centre for Disease Prevention and Control | Sweden
Session Outline

The “New Voices in Global Health” (NVGH) is a competitive abstract submission and selection program designed to highlight important research, policy and advocacy initiatives of new and future leaders in Global Health. Its goal is to empower young thinkers with Global Health advocacy skills and to provide them with a platform to carry out their ideas into the Global Healthcare community.

Selected winners of this year will present their research projects and findings during this session.

Abstracts of this work will also be published in a special booklet available at the World Health Summit and on The Lancet’s website.
KEYNOTE

BIG DATA / SYSTEMS BIOLOGY AND SYSTEMIC MEDICINE

Hosts
Federal Ministry of Education and Research (BMBF)
Systems, Applications & Products in Data Processing (SAP)

Chairs
Georg Schütte
State Secretary | Federal Ministry of Education and Research | Germany

Muir Gray
Director | National Knowledge Service | Chief Knowledge Officer | National Health Service | United Kingdom

Hiroaki Kitano
Professor | Okinawa Institute of Science and Technology | Graduate University | President | The Systems Biology Institute | Japan

In Memory Databases, a Cornerstone for the Development and Delivery of Viable Models and Systems in Medicine
Christoph Behrendt
Senior Vice President | Head of Products and Innovations Industry Cloud | SAP | Germany

Transforming Healthcare: A Proactive Medicine that is Predictive, Preventive, Personalized and Participatory (P4)
Leroy Hood
President | Institute for Systems Biology | United States
Session Outline
Healthcare produces data, Big Data. Every day laboratory results, patient histories, trial outcomes, surgery reports and many more are turned out by healthcare systems worldwide. Today modern ascertainment systems, storing devices and the Internet make it possible to collect, save and share all this data.

These circumstances provide great opportunities for the medical world and bring enormous potential especially in the field of Systems Biology in which establishing models based on big amounts of data is a central element. However the potential of Big Data has not been reached so far.

In order to do so in future this keynote will focus on the four main issues which need to be addressed. First, medicine needs international and homogenous standards how data should be collected and stored. Second, tools to process and utilize these quickly changing masses of data need to be established. Third, the question on how Big Data can be shared and exchanged in the best possible way to have the biggest impact needs to be addressed. Forth, the risks of Big Data like the violation of patient privacy and data safety and possible data abuse needs to be discussed.

The result of this keynote will be a suggestion from all involved stakeholders by what standards Big Data will be captured, processed, used and shared in a secure manner that takes patient privacy into account. These decisions will clear the way for a modern medicine benefitting from the potentials of Big Data while being prepared for its risks.
SYMPOSIUM

MEDICAL TECHNOLOGY AND DIGITAL HEALTH

Hosts
Medical Valley Europäische Metropolregion Nürnberg
Foundation of Innovative New Diagnostics (FIND)

Can the Digital Revolution Create Better Healthcare
Michael Rawlins
Former President | Royal Society of Medicine | United Kingdom

Patient Outcomes: How Can They Be Linked to Imaging?
Giovanni Guido Cerri
Dean | Director | Institute of Radiology at the Hospital das Clinicas | School of Medicine | University of São Paulo | Brazil

Big Data and the Transformation of Healthcare
Volker Wetekam
Chief Executive Officer | GE Healthcare | Germany

Using Digital Health to Enable Integrated Care: Overcoming Barriers and Challenges
Jacqueline Mallender
Founder and Director | Matrix Knowledge | United Kingdom
Innovations in Pediatric TeleHealth: Changing the Landscape of Subspecialty Care in the Digital Age

William A. Kennedy
Associate Professor | Department of Urology | Stanford University Medical Center | United States

Session Outline
Patient care and healthcare delivery, both in developed and the resource challenged countries, have experienced incredible advances over the past few decades.

More specifically, the past 20 years have witnessed enormous technological improvements in the deployment of simple, and accurate medical diagnostic tools and the use of very effective tools to improve electronic data flow. These quickly have become an essential part of how medicine is practiced globally. This rapid evolution, led in large part by digitization of data and other electronic health (eHealth) components, has enabled innovative medical delivery systems to move closer to one of the primary objectives of the last decade, the delivery of personalized medicine. Even in those less advanced medical delivery systems, it presents the promise of significantly improving healthcare delivery and patient outcomes.

While these developments have most certainly improved healthcare delivery, much more can be achieved and optimized through the fusion of the informatics, communications and the medical delivery worlds. This evolution in the medical field creates new challenges and threats.

In this symposium participants will discuss and identify possible opportunities that arise as a result of the electronic evolution of our healthcare delivery systems. They will identify future trends in eHealth and they will prioritize and evaluate them. The symposium will emphasize the question on how eHealth technologies can improve healthcare delivery and patient care and in which areas information and communication technologies should further be established and/or refined. The symposium will take into account possible threats and challenges to the advancement of eHealth. Data security, data ownership issues, the associate ethical aspects surrounding patient level data, as well as the vulnerability of an eHealth system will be on the agenda for discussion.

Goals of this symposium are first to identify the best possible ways how new information and communication technologies can improve medicine, second to identify and evaluate upcoming trends in eHealth and third, to work out solutions for problems that arise from eHealth.
WORKSHOP

CLIMATE CHANGE AND INFECTIOUS DISEASES

Hosts
Leopoldina
Deutsches Ärzteblatt

Chairs
Hans-Dieter Klenk
Professor Emeritus | Institute for Virology | University of Marburg | Germany

Vera Zylka-Menhorn
Senior Medical Editor | Deutsches Ärzteblatt | Germany

Climate Change and Zoonotic Diseases
Paul Gibbs
Professor Emeritus | College of Veterinary Medicine | Department of Infectious Diseases and Pathology | University of Florida | United States

Effects of Global Environmental Change on Infectious Diseases
Jonathan Patz
Director | Global Health Institute | University of Wisconsin-Madison | United States

Climate Change and Hantavirus Infection
Detlev Krüger
Chairman | Institute of Virology Campus Charité Mitte | Charité — Universitätsmedizin Berlin | Germany

Climate Change and Tick-Borne Encephalitis
Franz Heinz
Professor | Department of Virology | Medical University of Vienna | Austria
Climate Change and Animal Infections

**Thomas Mettenleiter**  
President | Friedrich-Loeffler-Institute | Germany

Infectious Disease in a Globalizing World

**Albert Osterhaus**  
Head | Institute of Virology | Erasmus Medical Center | The Netherlands

Climate Change and Zoonoses

**Peter Daszak**  
President | EcoHealth Alliance | United States

Session Outline

Climate has a high impact on the appearance and spread of human and animal infectious diseases. In particular, changes in transmission and geographical distribution of vector-borne and zoonotic infections have been associated with changes in the replication rate and dissemination of pathogen, vector and animal host population which are all sensitive to changing temperature and rainfall. Examples of such infections are arboviral diseases, like tick-borne encephalitis, West Nile fever, and Dengue fever, as well as diseases caused by rodent-borne hantaviruses, and parasitic diseases, such as malaria and leishmaniasis.

Climate change affects also the spread of animal infections, such as bluetongue disease. Last but not least with the current crisis on Ebola this topic is more newsworthy than ever.

To respond to these challenges actions are needed at a global level: It is vital to establish surveillance systems that are capable to integrate epidemiological and environmental data. Health and environmental research should be strengthened to develop a broad understanding of key determinants of the spread of vector-borne and zoonotic diseases. It will also be necessary to improve the preparedness and responsiveness of public health systems and to develop better predictive modelling to allow more robust projections for future climate impact. Finally, it is essential to use the scientific outputs as a source to sustain the search for new and better diagnostics, vaccines, and therapeutics.
WORKSHOP

TRADE AGREEMENTS: CHALLENGES FOR GLOBAL HEALTH

Hosts
European Academic Global Health Alliance (EAGHA)
World Federation of Academic Institutions for Global Health (WFIAGH)

Chairs
Thomas Krafft
Professor | Department of International Health | Maastricht University | The Netherlands

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

Peter Chase
Vice President | US Chamber of Commerce | Europe Office | Belgium

David Hammerstein
Senior Policy Advocate | Trans Atlantic Consumer Dialogue | United Kingdom

Helena Ribeiro
Professor | Department of Environmental Health | School of Public Health | University of São Paulo | Brazil

Sakthivel Selvaraj
Senior Public Health Specialist | Public Health Foundation India | India

Sascha Marschang
Policy Coordinator for Health Systems | European Public Health Alliance | Belgium

Susanne Weber-Mosdorf
Former Assistant Director General | World Health Organization | Switzerland
Session Outline
The plans for new comprehensive trade agreements (CETA, TTIP, TPP etc.) have raised questions about relevant Global Health implications. Major concerns are especially expressed regarding (a) a possible roll back of health protection currently provided by accomplished standards and legislations and (b) the impact on the future development of standards and regulations. The trade agreements aim for the harmonization of regulations and the reduction of trade barriers that result from non-tariff or technical regulations. Regulatory coherence should be achieved through the introduction of an institutional regulatory framework that oversees the development and implementation of relevant legislation in the signatory states of the trade agreements.

Stakeholders will be given the right to appeal if they fear potential trade impacts from planned regulatory or legislative initiatives. Arbitration or ISDS (Investor state dispute settlement) instruments that are advocated by supporters of the trade agreements to provide effective investor protection could have far-reaching impacts on health related policies (emission standards, tobacco control, food safety, certification of pharmaceuticals, barriers of access to healthcare provision etc.).

The transatlantic dispute on the adoption of the precautionary principle is one example of challenges related to the trade agreements. While one side argues that the precautionary principle just answers to public “Angst” rather than to sound science, the other side sees in the public interest a need to also regulate activities that have likely but still uncertain, unproven or disputed risks.

This session organized in partnership with the World Federation of Academic Institutions for Global Health (WFAIGH) and the European Academic Global Health Alliance (EAGHA) is intended to contribute to the on-going debate by discussing the issue of health impacts based on various regional backgrounds and viewpoints.
WORKSHOP

TRANSLATIONAL MEDICINE

WHAT IS TRANSLATION IN MEDICINE AND HOW TO PROMOTE IT? DIFFERENT MODELS IN DIFFERENT COUNTRIES

Hosts
German Centers for Health Research (DZG)
Federal Ministry for Research and Education (BMBF)

Chairs
Hans-Jochen Heinze
Head | Department Behavioral Neurology | Leibniz Institute for Neurobiology | Germany

Georg Schütte
State Secretary | Federal Ministry of Education and Research | Germany

Panel Discussion
Dorothee Atzler
German Centre for Cardiovascular Research (DZHK) | Germany

Martin Hrabé de Angelis
German Center for Diabetes Research (DZD) | Germany

Elmar Nimmesgern
Deputy Head | Innovative and Personalised Medicine Unit | Health Directorate | European Commission | Belgium

Monique Breteler
Director | Population Health Sciences | German Center for Neurodegenerative Diseases (DZNE) | Germany

Emrah Düzel
German Center for Neurodegenerative Diseases (DZNE) | Germany

Thomas Eschenhagen
German Center for Cardiovascular Research (DZHK) | Germany

Petra Kaufmann
NIH - National Center for Advancing Translational Science (NCATS) | United States

Martin Kroenke
German Center for Infection Research (DZI) | Germany

Geneviève Chêne
Director | Public Health | Institute of the French National Alliance for Life Sciences and Health | France

Wolfgang Plischke
Former Member of the Board | Bayer AG | Germany

Ernst Rietschel
Chairman | Berlin Institute of Health | Germany
**Anja Schneider**  
German Centre for Neurodegenerative Diseases (DZNE) | Germany  
**Werner Seeger**  
German Center for Lung Research (DZL) | Germany  
**Peter M. Suter**  
Swiss Academy of Medical Sciences (SAMS) | Germany  
**Otmar Wiestler**  
Director | German Cancer Research Centre (DKTK) | Germany  
**Angela Wittelsberger**  
The Innovative Medicines Initiative (IMI) | Belgium  
**Zhijie Zheng**  
Dean | School of Public Health | Shanghai Jiao Tong University | China

**Session Outline**

Translational Medicine is referred to as a discipline that “translates” biomedical and public health research into diagnostics, treatments, politics and education. The German Federal Ministry of Education and Research (BMBF) started to promote translational medicine and established the German Centers for Health Research as long-term, equal partnerships between non-university research institutions and universities with university hospitals in 2009. The German Centre for Neurodegenerative Diseases, the German Centre for Diabetes Research, the German Centre for Cardiovascular Research, the German Centre for Infection Research, the German Consortium for Translational Cancer Research and the German Center for Lung Research are working together in order to share experiences and exploit synergies. All six centers are bundling existing expertise and thus make a significant contribution to closing knowledge gaps and improving the prevention, diagnosis and treatment of diseases which are widespread in the population. The research policy objective is the close collaboration of basic research with clinical research – always oriented on patient needs and indications. The close ties and the associated expansion of existing research structures will enable translational research and thus a faster transfer of research findings into clinical practice.

In this session the speakers of the German Centers for Health Research will discuss with guests from the USA (National Institute of Health), France (French Institute of Health and Medical Research), European Commission and other organizations or persons related to translational medicine significant questions regarding translational medicine, its purpose and its future. Crucial questions will be:

- What are the goals of „translational medicine“?
- Where are the major roadblocks?
- Are there discipline-specific aspects?
- What is the „translation research space“ for young scientists?
- Industry participation – When? How? Under which regulations?
- What are possible benchmarks of success?
WORKSHOP

NATIONAL AGENDAS FOR GLOBAL HEALTH

Hosts
Centre Virchow-Villermé for Public Health Paris-Berlin (CVV)
Federal Ministry of Health of Germany

Chairs
Elke Schäffner
Co-Director | Centre Virchow-Villermé for Public Health Paris-Berlin | Germany

Frédéric Dardel
Dean | Université Descartes Paris | France

Ilona Kickbusch
Program Director | Graduate Institute of International and Development Studies | Global Health Program | Switzerland

Welcome
Elke Schäffner
Co-Director | Centre Virchow-Villermé for Public Health Paris-Berlin | Germany

Antoine Flahault
Co-Director | Centre Virchow-Villermé for Public Health Paris-Berlin | France

Florence Rivière-Bourhis
Head Division of Science and Technology | French Embassy | France

Joaehim Bleiker
Commissioner | External and Internal Relations of the European Union | Foreign Ministry | Germany

Introduction to Global Health Strategies
Ilona Kickbusch
Program Director | Graduate Institute of International and Development Studies | Global Health Program | Switzerland

The German Concept Paper Global Health
Dagmar Reitenbach
Head | Multilateral Cooperation in the Field of Health | Federal Ministry of Health | Germany
The French Strategic Approach to Global Health

Jeanine Pommier
Deputy Director | Department of Human and Social Sciences and Health Behaviour | EHESP School of Public Health | France

Global Health - How Has the EU Position Progressed?

Canice Nolan
Senior Coordinator for Global Health | European Commission | Belgium

Comments: What Challenges Remain?

Oliver Razum
Dean | School of Public Health | University of Bielefeld | Germany

Session Outline

Global Health has gained more political importance and visibility in a number of member states of the Organization for Economic Co-operation and Development (OECD) countries through the development of Global Health strategies. The knowledge of other nations’ priorities and strategies in Global Health is a prerequisite for the development of concerted activities. The Centre Virchow-Villermé for Public Health Paris-Berlin has invited experts from ministries from France and Germany, from academia as well as NGOs and student representatives to participate in a round-table to discuss the national agendas of Global Health of selected nations. Crucial questions will be: “Which Global Health strategies does each country have?”, “What are the political priorities of Global Health strategies in each country?”, “How is Global Health anchored in the ministries?”, “What is each country’s position regarding the WHO and the future of Global Health governance?”, “In which areas of Global Health do Germany and France work together? How can they support the Global Health strategy of the European Union?”

This Workshop is the second in a series of four workshops, comparing French and German Global Health strategies. The Centre Virchow-Villermé for Public Health Paris-Berlin is a joint initiative of the Charité — Universitätsmedizin and the University Sorbonne Paris-Cité. Initiated by the German-French council of ministers, it was founded in April 2013. The Centre Virchow-Villermé empowers the cooperation of German and French scientists to achieve a sustainable improvement of health in Europe as well as to strengthen the contribution of both countries to Global Health.
PROGRAM
TUESDAY, OCTOBER 21
SYMPOSIUM

LIFE SCIENCE STRATEGIES - FROM EUROPE TO THE WORLD

Host
European Commission
European Federation of Pharmaceutical Industries and Association (EFPIA)
Sanofi
Max-Planck-Society

Chairs
Gwenole Cozigou
Director | Directorate-General for Enterprise and Industry | European Commission | Belgium

Peter Gruss
Former President | Max-Planck Society | Germany

Jorge Kalil
Faculty of Medicine | University of São Paulo | Brazil

Richard Bergström
Director | European Federation of Pharmaceutical Industries and Associations | Belgium

Robert Sebbag
Vice President | Access to Medicines | Sanofi | France

El Houssaine Louardi
Minister of Health | Morocco
Session Outline

The field of life science includes a variety of different stakeholders. Industry, academia, politics and civil society may on a first sight have different interests, but with a closer look many common nominators may be found.

This session will investigate how governments, academia, industry, civil society and other stakeholders can work together to achieve a more integrated policy approach to life sciences. Current policy on health, public finance, and innovations are often highly disconnected, leading to mixed messages, missed opportunities and a poor business environment. At the same time, life science sectors are uniquely placed. They not only help to tackle some of society’s most pressing problems, such as the health of an ageing population, they also provide jobs and bring major contributions to economic success. Rethinking the way the different stakeholders in life science interact and collaborate with each other is therefore a crucial goal in Global Health and consolidates the right of existence of this session.

Recent experiences in some European countries have shown that a genuine win-win can analyze how such goals can be realized in a way that is financially sustainable for health systems, showing that improvement is possible. The impact on world health policy will be explored.
WORKSHOP

TRANSPARENCY OF CLINICAL TRIALS

Hosts
European Federation of Pharmaceutical Industries and Associations (EFPIA)
European Patients Forum

Chair
Susanna Del Signore
Assistant Vice President | Global Regulatory Affairs and Global Regulatory Policy | Sanofi | France

Towards Greater Transparency - The New Policy of EMA
Noël Wathion
Chief Policy Advisor | European Medicines Agency | United Kingdom

What Information Do Patients Need? What Level of Transparency is Expected from Companies and Regulators?
Robert Andrew Johnstone
Member of the Board | European Patient’s Forum | Belgium

Standards for Sharing Data - Proposal from the Transcelerate Project
Hans-Jürgen Lomp
Global Head | Medical Data Services and Biostatistics | Boehringer Ingelheim | Germany

Commitment by the Pharmaceutical Industry for Responsible Sharing of Clinical Data
Sabine Atzor
Head | European Union Regulatory Services | Hoffmann-La Roche | Switzerland
Session Outline
The generation and evaluation of data plays a crucial role in healthcare. Most of our treatments, procedures and actions are somehow based on clinical data. However, data today is still gathered and kept in an individual way, wasting a lot of its potential.

Clinical data transparency has therefore been at the top of the agenda in Europe. If researchers can share data and learn from mistakes and successes made by others, we are likely to speed up the development of new medicines. On the other hand, the privacy of individual patients must be protected, in line with the informed consent that was given. Data generated by pharmaceutical companies at great expense, must also be protected against unfair commercial use, particularly in countries with insufficient regulatory or underdeveloped intellectual property protection. Therefore, European legislators and regulators have had to find the right balance between these needs.

Participants of this workshop will also take into account voluntary data sharing that pharmaceutical companies have committed to, and the massive data sharing already implemented in collaborative programs, such as “Transcelerate” and the “Innovative Medicines Initiative”.

The result of this workshop will be a suggestion of how data can be shared effectively to reach its full potential, respecting the patients’ privacy as well as the intellectual property of scientists, doctors and companies.
WORKSHOP

ROLE OF THE PRIVATE SECTOR IN UNIVERSAL HEALTH COVERAGE

Hosts
Graduate Institute Geneva
Federal Ministry for Economic Cooperation and Development (BMZ)
HANSHEP
German Healthcare Partnership

Chairs
Ilona Kickbusch
Program Director | Graduate Institute of International and Development Studies | Global Health Program | Switzerland

Private Sector Role in Financing and Administering UHC Schemes
Jan Schmitz-Hübsch
Director Business Development and Projects | Munich Health Daman Holding | Germany

Roland Göhde
Chairman | German Healthcare Partnership | Senior Managing Director | Partec | Germany

Engaging the Private Sector for Universal Health Coverage
Kelechi Ohiri
Special Adviser | Minister of State for Health | Nigeria

Public Private Partnerships for Universal Health Coverage
James Banda
Coordinator for Country Support | Roll Back Malaria Partnership | Switzerland
Universal Health Coverage: Framing The Issues

Jeffrey Sturchio
President and Chief Executive Officer | Rabin Martin | United States

Session Outline

Universal Health Coverage has been described by the World Health Organization’s (WHO) Director General Margaret Chan as “the single most powerful concept that Public Health has to offer”. The Rio+20 Political Declaration sees it as being crucial to “enhancing health, social cohesion and sustainable human and economic development.” Universal Health Coverage has received considerable attention at a global stage, particularly within the debate on the post-2015 development goals. But it only exerts this full power when understood in a way that points beyond the health sector and beyond matters of financing: it is more than a system of financial protection and also more than a system of health service provision. It is an expression of the social contract between a government and its people for “the enjoyment of the highest attainable standard of health” and the commitment to health equity and health as a human right.

In order to move towards universal health coverage many stakeholders from within and beyond government need to come together through increasingly comprehensive processes which have been termed ‘whole-of-government’ and ‘whole-of-society’ approaches.

This workshop aims to explore further the contribution of the private sector to the development of Universal Health Coverage in developing countries and emerging economies.
WORKSHOP

HEALTH SYSTEMS AFTER MEGA DISASTERS AND CONFLICTS: REBUILDING AND PREPAREDNESS

Hosts
M8 Alliance
Kyoto University
Johns Hopkins University

Chairs
Shunichi Fukuhara
Dean | School of Public Health | Kyoto University | Japan

Michael Klag
Dean | Johns Hopkins Bloomberg School of Public Health | United States

Global Overview of Healthcare System Preparedness and Response
Tom Kirsch
Director | Center for Refugee and Disaster Response | Johns Hopkins Bloomberg School of Public Health | United States

The Health of People in Fukushima over the past 3 Years after the Tsunami
Shigeatsu Hashimoto
Professor | Fukushima University | Japan

Shingo Fukuma
Assistant Professor | Department of Healthcare Epidemiology | Kyoto University | Japan

Impacts on a Regional Economy in Rebuilding Healthcare Systems after Disasters
Rei Goto
Associate Professor | The Hakubi Center for Advanced Research | Kyoto University | Japan
Session Outline
On March 11, 2011, a major disaster occurred in the Tohoku region of Japan. A Tsunami of incomprehensible dimensions destroyed big parts of Eastern Japan killing 20,000 people and leaving around half a million homeless. Three years after the biggest catastrophe in Eastern Japan of all times, health hazards to the public remain.

After the immediate risks of injury and death, have come chronic problems including childhood obesity, metabolic syndrome, mental-health problems, and anxiety about possible physical effects of exposure to low-dose ionizing radiation.

In this session, with the recent tragedy and its ongoing consequences as a trigger, participants will highlight the role of medical academia during mega disasters. Specifically, this session will address the role of medical academia in four areas:

1. Healthcare system preparedness and their ability to absorb both loss of capacity (damaged hospitals) and increased demand (new injured and ill),

2. The health of people in Fukushima over the past three years,

3. Specific actions to prevent and manage non-communicable diseases caused or aggravated by major disasters,

4. Specific ways in which medical academia can collaborate with government to ensure that healthcare systems are resilient.
WORKSHOP

INTERACADEMY PARTNERSHIP FOR HEALTH

Hosts
InterAcademy Medical Panel (IAMP)
Leopoldina

Chairs
Lai-Meng Looi
Professor | University of Malaysia | IAMP | Malaysia

Eduardo Moacyr Krieger
Director | International Relations | Medical School of the University of São Paulo | Brazil

Format, Strengths and Proposed Activities of the New inter-Academy Umbrella Organization, the InterAcademy Partnership, Especially in the Areas of Medicine and Health
Volker ter Meulen
Former President | InterAcademy Partnership (IAP) | Germany

Outside View 1 – What the Global Health Community Would Expect Such a Network of Science Academies To Do / Where the New IAP Fits into The Global Health Landscape / What Its Priority Areas Could Be
Garry Aslanyan
Manager | Partnerships and Governance | World Health Organization | Switzerland

Jochen Maas
Director | Research and Development | Sanofi | Germany

Expert Discussants
Philippe Meyer
Professor | Academie des Sciences | France
Melissa Simon
InterAcademy Medical Panel | Young Physician Leaders | United States

Session Outline
Three InterAcademy Organizations – IAMP, IAP: the global network of science academies and the InterAcademy Council – have agreed to come together under a single umbrella organization, the InterAcademy Partnership. The aim is to create a single entity that will result in less confusion to potential collaborators and allow the three organizations to speak with ‘one voice’ to governments, international organizations and other stakeholders. Our symposium will present the new organization and discuss how it can be effective in the landscape of international science advice, particularly in the areas of medicine and health.
KEYNOTE

HEALTH RESEARCH

Hosts
Canadian Institutes of Health Research (CIHR)
European Commission

Chairs
Alain Beaudet
President | Canadian Institutes of Health Research (CIHR) | Canada

Line Matthiessen
Head | Infectious Diseases and Public Health Unit | Directorate General | Research and Innovation | European Commission | Belgium

Undressing the ‘Emperor of All Maladies’ - The Rapidly Changing World of Translational Research in Cancer
Ron Andrews
President | Genetic Sciences Division | ThermoFisher Scientific | United States

Transforming Medical Education and Research in Sub-Saharan Africa: Some Insights from the Fogarty International Center at NIH
Roger Glass
Director | Fogarty Center | United States

David Heymann
Chairman | Board of Public Health England | United Kingdom
Session Outline
Health research is an indispensable part of healthcare. Over the past century speed of discovery in many areas of health research - including population and public health, social determinants of health, biomedical research, implementation science and health services and policy research - has improved dramatically and has significantly contributed to improved quality of life and prolonged life expectancy worldwide.

However, faced with the challenges in Global Health, we need:

1. Innovative research which keeps abreast with developments outside the health field,

2. Funders that stimulate risky research and mechanisms that help overcome the inherent conservatism of researchers due to review processes and a constant pressure to publish,

3. An industry that is not reluctant to take risks so that innovative ideas from academia may be picked up, Translational research which ensures that novel products and approaches can be picked up by the market and policy makers,

4. Inclusion of end users and more patient-centric health research if we are to better succeed at integrating research and care,

5. Research that takes into account the cost dimension so that its outcomes are affordable for our health systems.

In this keynote session strategies to address these challenges will be discussed and developed. The final result will be a statement on how the health research community can become more innovative, collaborate more efficiently with the end users and how its findings can be turned into affordable and accessible treatment options.
SYMPOSIUM

NEW VOICES IN GLOBAL HEALTH - ORAL PRESENTATIONS

Hosts
M8 Alliance
The Lancet

Where Do Women in Low and Middle Income Countries Deliver? The Role of the Private Sector in Reaching Universal and Equitable Maternal Care
Lenka Benova
London School of Hygiene and Tropical Medicine | United Kingdom

Cost-effectiveness Study of Intervention for Prevention of Cardiovascular Diseases in Nairobi Slums
Steven van de Vijver
African Population and Health Research Center | Nairobi | Kenya

Universal Health Coverage of Elderly Population with Chronic Conditions in Low and Middle Income Countries: A Cross-sectional Analysis of the World Health Organization Study on Global AGEing and Adult Health
Christine Goeppel
Charité — Universitätsmedizin Berlin | Germany

Urban Health as a Global Issue: Exploring Barriers and Best Practices for Persons with Disabilities through Photovoice
Ozge Karadag Caman
Hacettepe University | Turkey
Session Outline
The “New Voices in Global Health” (NVGH) is a competitive abstract submission and selection program designed to highlight important research, policy and advocacy initiatives of new and future leaders in Global Health. It’s goal is to empower young thinkers with Global Health advocacy skills and to provide them with a platform to carry out their ideas into the Global Healthcare community.

Selected winners of this year will present their research projects and findings during this session. Abstracts of this work will also be published in a special booklet available at the World Health Summit and on The Lancet’s website.
KEYNOTE

UNIVERSAL HEALTH COVERAGE (UHC)

Hosts
M8 Alliance
Imperial College London

Chairs
Elio Riboli
Director | School of Public Health | Imperial College London | United Kingdom

Rose Anne Kenny
Head | Department of Medical Gerontology | Trinity College | Ireland

How Longitudinal Studies Inform Innovation and Policy - Insights from the Irish Longitudinal Study on Ageing
Rose Anne Kenny
Head | Department of Medical Gerontology | Trinity College | Ireland

The Global Dementia Challenge. An Update of the G7 Initiative
Lefkos Middleton
Chair | Neurology, Neuroepidemiology and Ageing | Faculty of Medicine | School of Public Health | Imperial College London | United Kingdom

The Need for a Transformative Vision to Achieve Health for All
Michael Gerber
Ambassador | Sustainable Development Goals | Switzerland

Shared Responsibilities for Health. A Coherent Global Framework for Health Financing
John-Arne Røttingen
Adjunct Professor | Global Health and Population | Harvard University | United States
**Session Outline**

Health is a human right. The goal of universal health coverage is that every individual has access to all sufficient medical treatments without facing financial hardship. But modern medicine is costly and in reality only a minority can afford all treatments and diagnostic options medicine has to offer. Even in many developed countries for big parts of the population the access to medicine is limited due to insufficient health coverage.

The challenging goal of this year’s keynote is to address exactly this problem and to develop a model to establish universal health coverage. This requires a strong, efficient and well-run health system, a sufficient and fair system for financing health services, and structural access to essential medicine and technologies.

Members of this keynote will therefore discuss the minimum health coverage standard that every individual should receive. They will develop an idea how healthcare systems can provide the maximum of these defined minimum standards by not focusing on high-tech but on basic medicine protecting public funds and will give an outlook on a sufficient financing and insurance system.

The result of this keynote will then be an identification and clarification of the main actions needed to establish universal health coverage.
FINANCING GLOBAL HEALTH

Hosts
GAVI Alliance
The Global Fund

Chair
Annika Calov
Head | Department Education and Health | KFW Development Bank | Germany

Investing Together For A Healthy Future: The GAVI Model
Anuradha Gupta
Deputy Chief Executive Officer | GAVI Alliance | Switzerland

Financing Global Health Post 2015
Christoph Benn
Director | External Relations | Global Fund | Switzerland

Transforming Healthcare by Shifting the Focus from Volume and Costs to Outcomes that Matter to Patients
Stefan Larsson
Senior Partner and Managing Director | The Boston Consulting Group | Sweden

Adrian Thomas
Vice President | Global Market Access | Head | Global Public Health | Janssen | Germany
On The Ground: Case Studies in Health Financing

David Rochkind  
Pulitzer Center on Crisis Reporting | United States

Session Outline
Global Health encompasses the wellbeing of the world’s population. The need for action is huge and improving Global Health should be one of humanities major goals. While developed countries are primarily challenged with treating and curing non-communicable diseases, in developing nations communicable diseases and family health issues leave the most room for improvement, but also non-communicable diseases are on the rise.

Global Health is facing similar problems as national healthcare systems around the globe: First, modern medicine is costly, second, the need for treatment is enormous, third, sources of funding are not clearly identified and fourth, identifying the actions leading to the highest outcome per dollar spent is demanding.

Finding finance solutions for Global Health which are borne by the international community and its different interests is an enormous challenge.

This keynote session will center around two major questions: First: how can suitable and long-term monetary sources be identified and used to fund health campaigns on a global level? Second, how should funds be effectively utilized to have the biggest impact possible on improving Global Health?

The outcome of this keynote will be a conclusion from different stakeholders as how sufficient funds to tackle Global Health issues are generated and how those resources are allocated to generate the best measurable outcome for every dollar spent (value based healthcare). Because one thing will not change: the need to improve Global Health is huge and funds will be limited.
WORKSHOP

INNOVATIVE FINANCING OF BIOMEDICAL RESEARCH

DISCOVERING TOGETHER, DIFFERENTLY; SUPPORTING THE DISCOVERY OF NEW MEDICINES WITH EXTERNAL INNOVATION

Hosts
Boehringer Ingelheim
European Commission

Chairs
Adrian Carter
Vice President | Global Research Networking | Boehringer Ingelheim | Germany

Frank Kalkbrenner
Managing Director | Corporate Venture Fund | Boehringer Ingelheim | Germany

Pre-Competitive Public-Private Partnerships: The Structural Genomics Consortium
Chas Bountra
Professor of Translational Medicine | Nuffield Department of Clinical Medicine | University of Oxford | Chief Scientist | Structural Genomics Consortium Oxford | United Kingdom

Pre-Competitive Public-Private Partnerships: The Innovative Medicines Initiatives
Elmar Nimmesgern
Deputy Head | Innovative and Personalised Medicine Unit | Health Directorate | European Commission | Belgium

Research Centers: Institute for Molecular Pathology (IMP, Vienna, Austria)
Jan-Michael Peters
Director | Research Institute of Molecular Pathology (IMP) | Austria
Research Centres: Institute for Molecular Biology (IMB, Mainz, Germany)

Christof Niehrs
Director | Institute of Molecular Biology (IMB) | Germany

Corporate Venture Funding: Promethera Biosciences, Allogeneic Adult Stem Cell Technology

Eric Halioua
Chief Executive Officer and Co-founder | Promethera Biosciences | Belgium

TransCelerate BioPharma Inc.: Accelerate Development of New Medicines

Dalvir Gill
Chief Executive Officer | TransCelerate | United States

Session Outline
One of the biggest challenges for scientists is that the current translation of medical science into effective treatments for patients is poor. Too many experimental drugs fail in clinical trials because of a lack of efficacy. We therefore need to improve our understanding of the underlying mechanisms and causes of disease, so that we can discover treatments that will treat patients more effectively.

And discovery doesn’t occur in isolation, it happens as a result of team work in partnerships with academic institutions, non-profit research centres and industrial partners who are willing to share new scientific ideas and evolving technologies. How can the pharmaceutical industry and public funders support external innovation to enhance our understanding of the underlying mechanisms and causes of diseases as a means of discovering new medicines?

The session will help to:
1. Understand the role and importance of open innovation and public-private partnerships in the discovery of new medicines,
2. Study examples of investing early in innovative ways of medicines research with corporate capital,
3. Learn how harnessing the crowd can help solve the scientific, medical and societal challenges.

Together, this will enhance the common understanding that industry, academia and society must work together to address future health challenges. In a world of expanding scientific horizons, the combined expertise of the private and the academic sector can make an impact on science and disease.
WORKSHOP

NEW PATHS TO SOCIAL RESPONSIBILITY - 
THE EXAMPLE OF “MAKING MORE HEALTH”

Hosts
Boehringer Ingelheim  
Ashoka

Chairs
Michael Rabbow
Director | Public Affairs | Boehringer Ingelheim | Germany

Laura Haverkamp
Program Manager | Venture/Fellowship | Ashoka | Germany

What Traditional CSR Can Learn from Social Entrepreneurship - An Example from Boehringer Ingelheim: The Making More Health (MMH) Initiative
Manuela Pastore
Global Manager | Making More Health | Boehringer Ingelheim | France

Making Health is More than Making Medicine
Michael Rabbow
Director | Public Affairs | Boehringer Ingelheim | Germany

Executive in Residence - Perspectives and Benefits
Rajeev Sukumaran
Executive Director and Head | IT Strategy | Boehringer Ingelheim | Germany

Using Mobile Technology to Deliver Maternal Health Subsidies and Affordable Micro Insurance
Samuel Agutu
Chief Executive Officer | Changamka Microhealth | Kenya
Social Entrepreneurship: When Social Mission and Entrepreneurial Spirit Meet for Good
Laura Haverkamp
Program Manager | Venture/Fellowship | Ashoka | Germany

Making More Health
Sarah Jefferson
Global Manager | Ashoka | France

Session Outline
Making More Health (MMH) is an initiative of Boehringer Ingelheim and the international Ashoka network. The goal is to promote jointly, as representatives from business and social world, innovative and effective solutions and to support social entrepreneurs who are active in the health sector as Making More Health Fellows. One of our MMH fellows is Sam Agutu from Kenya who will explain how health insurance can become accessible to underserved population through the purchase of a mobile phone.

The knowledge of social entrepreneurship approaches and project-specific implementation are reinforced – inside and outside the company. External contests are launched together with Ashoka for ideas to promote co-creation and find solution-orientated social entrepreneurship concepts.

The company’s employees are involved actively by shaping proposals for Making More Health through their own commitment and by joining Volunteering and Youth Venture Programs. The “Executive in Residence” program, a close collaboration onsite between Boehringer Ingelheim employees and local MMH Fellows, ensures that business know-how and social approaches are combined to create sustainable win-win situation to all: by achieving sustainable health solutions that are capable of growing after launch, by having local ownership and resource commitment and by the opportunity to develop leaders with strong external “society-based” focus. Rajeev Sukumaran, a Boehringer Ingelheim employee, has spent six months with an Indian MMH fellow. He will share his experiences and learnings on challenges and opportunities “when social meets business and work jointly together to achieve more health”.

Michael Rabbow
Samuel Agutu
Laura Haverkamp
Manuela Pastore
Rajeev Sukumaran
### WORKSHOP

**SOCIAL ACCOUNTABILITY IN MEDICAL EDUCATION - EMERGING TRENDS AND NEEDS**

**Hosts**
- M8 Alliance
- Monash University
- University of São Paulo
- Charité — Universitätsmedizin Berlin

**Chairs**
- Ben Canny
  - Associate Dean | Medical School | Monash University | Australia
- Annette Grüters-Kieslich
  - Dean | Charité — Universitätsmedizin Berlin | Germany

**Bioethics and Professionalism Education in Medical School: Key to Fostering a Sense of Social Accountability**
- Joseph Carrese
  - Professor | Department of Medicine | Johns Hopkins University | United States

**Partnering With Patients and Family**
- Vincent Dumez
  - Director | Bureau Facultaire de l’Expertise Patient Partenaire | University of Montreal | Canada

**Medical Education to Serve the Needs of Society**
- Pascal Grosse
  - Senior Leading Physician | Department of Neurology | Charité — Universitätsmedizin Berlin | Germany

**Interactive Education Technologies - Implications for Developing Nations**
- Edmund Baracat
  - Professor | University of São Paulo | Brazil
Student Commentary
Katharina Kanthak
Medical Student | Charité — Universitätsmedizin Berlin | Germany

Student Commentary
Naveen Tenneti
Medical Student | Monash University | Australia

Session Outline
This session will continue an agenda to identify developing needs in the social accountability of medical education from a worldwide perspective. Using experts from four continents (North and South America, Europe and Australia, representatives will identify the prominent trends in this area in their regions, and the corresponding critical needs. An exciting feature of the session is the presence of two students, one from Europe and one from Australia who will not only provide their own perspectives, but will also engage in critical commentary of the experts’ opinions.

The format of the session will consist of a series of short „impulses“ (around five minutes) following by a wide ranging discussion. Speakers will focus on community engagement and professionalism as important issues for this session. It is anticipated that an M8 statement will emerge as an outcome of the workshop.
WORKSHOP

HEARING LOSS: MAKING PREVENTION AND MANAGEMENT A PUBLIC HEALTH PRIORITY

Hosts
Charité — Universitätsmedizin Berlin

Chairs
Manfred Gross
Professor and Chairman | Phoniatics and Pedaudiology | Head | Department of Audiology and Phoniatics | Charité — Universitätsmedizin Berlin | Germany

James E. Saunders
Associate Professor | Otology and Neurotology | Dartmouth Hitchcock Medical Center | United Kingdom

Prevalence and Classification of Infant Hearing Loss
Manfred Gross
Professor and Chairman | Phoniatics and Pedaudiology | Head | Department of Audiology and Phoniatics | Charité — Universitätsmedizin Berlin | Germany

The Impact of Hearing Loss on the Individual, Family and the Society
Bolajoko O. Olusanya
Director | Centre for Healthy Start Initiative | Nigeria

Prevalence and Classification of Infant Hearing Loss
Katrin Neumann
Head | Department of Phoniatics and Pediatric Audiology | Clinic of Otorhinolaryngology | Head and Neck Surgery | St. Elisabeth Hospital | University of Bochum | Germany
Prevention and Early Identification of Permanent Hearing Loss
Karl R. White
Professor | Department of Psychology | Director | National Center for Hearing Assessment and Management | Utah State University | United States

Why a Holistic Approach is Important to Address Pediatric Hearing Loss
Paige Stringer
Founder and Executive Director | The Global Foundation for Children with Hearing Loss | United States

Hearing Loss in Older Adults - A Public Health Perspective
Frank Lin
Associate Professor | Otolaryngology | Head and Neck Surgery, Geriatric Medicine, Mental Health and Epidemiology | Johns Hopkins Medicine | United States

Challenges of Hearing Loss Management in Low and Middle Income Countries
Jackie L. Clark
Clinical Associate Professor | School of Behavioral and Brain Sciences | University of Texas Dallas | United States

Public Health Aspects of Medical and Surgical Therapy of Hearing Loss
James E. Saunders
Associate Professor | Otology and Neurotology | Dartmouth Hitchcock Medical Center | United Kingdom

Strategic Planning for Prevention, Identification and Management of Hearing Loss: WHO’s Role
Shelly Chadha
Technical Officer | Prevention of Blindness and Deafness | World Health Organization | Switzerland

Session Outline
The aim of this session is to raise awareness for hearing loss and to motivate the World Health Organization (WHO) and the national health ministries to develop action of prevention and treatment. Despite being a major health problem of very high prevalence hearing loss is frequently a hidden, and neglected condition (more than 360 million people worldwide suffer from disabling hearing loss and over two thirds of affected individuals live in low and middle income countries). It has lifelong economic, social, and health consequences including childhood speech and language delays, decreased school performance, low income and unemployment and higher risk of dementia and cognitive decline in the elderly.
The topics to be covered include the prevention and early identification of hearing loss in children, the impact of hearing loss for both children and adults including the economic consequences as well as all aspects of hearing loss management with a special focus on providing services in low and middle income countries including low cost solutions with new technology. Also the positive outcomes regarding the development of language, intelligence and behavior even for profound childhood cases if hearing loss is identified and treated early enough will be discussed.

The speakers will talk about some novel concepts for prevention, diagnosis, therapy and rehabilitation and models of perfect interdisciplinary interaction. In addition, it will be discussed how the World Health Organization has already addressed the problems and how a concerted global effort might succeed to reduce the impact of hearing loss.
PROGRAM

WEDNESDAY, OCTOBER 22
SYMPOSIUM

PHYSICAL ACTIVITY AND HEALTHY AGING

Hosts
Charité — Universitätsmedizin Berlin
German Olympic Sports Confederation

Chairs
Gudrun Doll-Tepper
Vice President | German Olympic Sports Confederation | Director | Department of Education and Psychology | Free University Berlin | Germany

Benno Nigg
Founder and CEO | Biomechanigg
Research Incorporation at University of Calgary | Canada

Bernd Wolfarth
Director | Department Sports Medicine | Humboldt University | Charité — Universitätsmedizin Berlin | CMO and NOC | Germany

Georg Duda
Director | Julius Wolff Institute | Center for Musculoskeletal Surgery | Charité — Universitätsmedizin Berlin | Germany

Herbert Löllgen
Former President | German Society for Sports Medicine and Prevention | Germany

Klaus Böger
President | Berlin Sports Federation | Germany

Robert Bartko
Olympic Gold Medal Winner | Germany
Session Outline
Physical activity and healthy aging are nowadays two buzz words in every bodies mind. In industrialized countries, people aim at keeping up with the general expectation of an ever active live and in a busy society by taking active roles in sport activities. Lifestyle in the mid aged and older populations focuses more and more on healthy living and activity; aim is to keep active, healthy and productive far beyond the classical retirement age.

In parallel, the young generation shows only partially interest in such activities; sport education at schools is reduced, sport clubs see little attention and daily activity levels are substantially reduced in the young generation compared to any other generation before. Two extremes, increasing age and “quality-of-live” expectations, on the one side, and reduced activity level in the young, on the other side, seem to shape our industrialized countries. While personalized medicine is on the forefront of research, medical science has so far not been able to identify the individual’s need in physical activity to maintain structure and function across ages.

New scientific technologies are emerging that will allow to capture this individual need and unravel the understanding of molecular pathways and structural consequences. However, it is not only the individual’s response to training that is essential, it is the mind-set that allows a group or a whole society to stay active, develop a mood and interest in activity and lay the foundation to a healthy aging.
WORKSHOP

IMPACT OF CIVIL SOCIETY MOBILIZATION FOR HEALTH

Hosts
German Association of Development Non Governmental Organizations (VENRO)

Chair
Gisela Schneider
VENRO | Germany

Moderation
Tanja Funkenberg
Terre des Hommes | Germany

Martin Carroll
Deputy Head | International Department | British Medical Association | United Kingdom

Local Advocacy for Health in Indonesia
Fiona Uellendahl
World Vision | Germany

Linking National and District Advocacy to Improve Health Policies, Budgets and Programs in East Africa
Anna Dahlman
German Foundation for World Population | Germany

Betwixt and Between: The Global Health Worker Crisis as an inter-Country Issue
Heino Güllemann
Oxfam Germany | Terre des Hommes | Germany

Conclusions and Relations to International Debate on Universal Health Coverage and post 2015
Gisela Schneider
VENRO | Germany
Session Outline
VENRO is the national association of German Non Governmental Organizations that specialize in the fields of development and humanitarian aid. VENRO is made up of 120 diverse Non Governmental Organizations and Networks. Approximately 20 of our members - in partnership with local organizations - are actively involved in improving on ground service delivery, national health systems and promoting awareness for Global Health issues. VENRO’s Working Group for Health is made up of organizations based in Germany but still acting worldwide to coordinate the advocacy for Global Health issues and strengthen local response.

The aim of this session is to discuss the results of mobilizing health at local, national or regional levels. The factors of success in the fields of extension of services, new legislation and financing concepts shall be exposed through case studies in three different countries. Conclusions will be drawn and put in relation to the international debate about universal health coverage as a goal in the Post-2015 Agenda.

We will have many concrete examples, of how civil society activities have managed to get midwives to come to their communities, how they hold local administration accountable for local health posts, how people especially women can easily get access to information about Family Planning and their reproductive rights, how NGOs, Civil Society Organization and Networks can work together to put more pressure for more public spending on health.
WORKSHOP

PATIENT SAFETY AND QUALITY MANAGEMENT

Hosts
M8 Alliance
Monash University
Charité — Universitätsmedizin Berlin

Chairs
John McNeil
Head | School of Public Health and Preventative Medicine | Monash University | Australia

Ulrich Frei
Medical Director | Charité — Universitätsmedizin Berlin | Germany

Goetz Bosse
Representative | Charité — Universitätsmedizin Berlin | Germany

Stephen Allen
Professor of Paediatrics | International Officer | Royal College of Paediatrics and Child Health | Liverpool School of Tropical Medicine | United Kingdom

Frank-Michael Frede
Director for Management and Service | VAMED Germany | Germany

Franz Graf von Harnoncourt
Director | Medicine and Care | Malteser | Germany

Andrew Fryer
Manager | ETAT+ Program | Royal College of Paediatrics and Child Health | United Kingdom
Session Outline
Despite the many efforts to improve patient safety in healthcare for decades, morbidity and mortality rates especially in developing countries are still alarmingly high. Reasons are not fully understood, however, low quality of services, inadequate human resource mix, inadequate provision of infrastructure and internal factors such as low motivation of health workers contribute next to external factors to this situation.

It was found that substandard care factors in itself and avoidable mistakes at health facilities are a major cause for morbidity and mortality. This is why quality improvement and management programs in health facilities gained increasing importance over the last decade and are seen today as a crucial and mandatory step to improve quality of care, and with it patient safety.

Some interventions to improve quality of healthcare are easier than others, nevertheless, all activities taken to improve quality only make sense if they are embedded in a quality improvement strategy and accompanied by some form of measurement. Only if we know what level of care we came from, we will know if our intervention has improved the situation.

For this it is important to bring together the different stakeholders in Global Health: Public health experts, scientists, physicians, policy makers, governmental organisations as well as NGOs from developing and developed countries. Only jointly will we be able to solve the problems we are faced with. This workshop will provide a forum for all stakeholders to meet, exchange ideas and to conceptualize ways and approaches to ensure patient safety and improve health through a sufficient quality management.
WORKSHOP

INTERACADEMY MEDICAL PANEL YOUNG PHYSICIAN LEADERS PROGRAM: WHAT HAS BEEN THE IMPACT OF THE YOUNG PHYSICIAN LEADERS? WHERE DOES THE FUTURE LEAD TO?

Hosts
InterAcademy Medical Panel (IAMP)
Young Physician Leaders Alumni

Chairs
Taopheeq Rabiu
InterAcademy Medical Panel Alumni | Nigeria

Bach Tran
InterAcademy Medical Panel Alumni | Italy

Jimmy Volmink
InterAcademy Medical Panel | Young Physician Leaders Program | South Africa

Evelyn Otte
Beyond Leadership | Germany

Young Physician Leaders

Young Physician Leaders Alumni
Session Outline
The Young Physician Leaders (YPL) program of the InterAcademy Medical Panel (IAMP) was launched in 2011. To date some 88 young physicians from 28 countries have participated in four international and one regional edition of this personalized leadership training program. YPLs have also been active in communicating their experiences e.g. in commentaries published in the Lancet and elsewhere.

IAMP is now formalizing a web-based YPL alumni network in order to maintain and enhance communication among the individuals. This session will review the impact of the YPL program to date and discuss ways in which it can move forward including through the online networks.
WORKSHOP

DEMOGRAPHIC CHANGE AND HEALTH: THE ROLE OF DYNAMIC COHORTS FOR MONITORING POPULATION HEALTH

Hosts
M8 Alliance
Monash University
National University of Singapore

Chairs
Pascale Allotey
Professor of Public Health | Head | Global Public Health | Associate Director | SEACO | School of Medicine and Health Sciences | Monash University | Malaysia

Ichiro Kawachi
Professor and Chair | Department of Social and Behavioral Sciences | Harvard School of Public Health | United States

An Innovative Interdisciplinary Methodology to Address Reproductive Health Issues in the Context of High Fertility in Africa
Yves Charbit
Professor of Demography | University of Paris Descartes | France

If Demographic Surveillance is the Answer, What is the Question?
Daniel Reidpath
Director SEACO | Professor of Population Health | School of Medicine | Monash University | Malaysia

Demographic and Health Surveillance in Migrant Populations
Arnoud Verhoeff
Professor and Head | Epidemiology | Faculty of Social and Behavioural Sciences | Department Sociology and Anthropology | University of Amsterdam | The Netherlands
Demographic and Health Monitoring in Community Based Interventions – Collaborating Across Academia and Local Government

Nawi Ng
Associate Professor in Epidemiology and Global Health | Department of Public Health and Clinical Medicine | Umeå University | Sweden

Session Outline
Populations are no longer stable. People move for myriad different reasons; to gain better access to resources, for reasons of conflict, changes in the environment, and extreme poverty. Health professionals, from the preventive to the rehabilitative end of care, need to have a good understanding of the populations they serve, the demographic and epidemiological profiles, and the most effective interventions to address the diversity of individuals and their health states. The complexity that this ecological perspective introduces requires new and innovative designs to monitor populations. Dynamic cohorts, already used widely in demographic and health surveillance sites, have a significant potential to explore the complexities in demography and health.

In this workshop, four experts in the area raise some of these issues for discussion. Prof Charbit briefly outlines the interdependence of demography and population health using data from sub-Saharan Africa. Prof Reidpath introduces dynamic cohorts and the wealth of often untapped multi-disciplinary data sources in exploring the complexities in changes in demography and population health.

The presentations from Prof Verhoeff and Ng demonstrate the critical partnerships that can develop between academic researchers, policy makers and local government in the use dynamic cohorts with both migrant and more stable populations.
GLOBAL HEALTH FOR DEVELOPMENT
Plenary Hall | WELTSAAL
11:00 – 12:15

KEYNOTE

HEALTHY CITIES AND PREVENTION

Hosts
United Nations Research Institute for Social Development (UNRISD)
Organization for Economic Co-operation and Development (OECD)

Chairs
Sarah Cook
Director | United Nations Research Institute for Social Development | Switzerland

Alexander Krämer
Professor and Chair | School of Public Health | Department of Public Health Medicine | University of Bielefeld | Germany

Can We Convince Countries and Communities to Spend More on Prevention?
Mark Pearson
Head of the Health Division | Directorate of Employment | Labour and Social Affairs | OECD | France

Investing in Healthy Cities for Health Promotion
Ichiro Kawachi
Professor and Chair | Department of Social and Behavioral Sciences | Harvard School of Public Health | United States

How Today’s Digitalisation Can Enable a Healthy City
Christian Korff
Director | Public Sector and Member | German Management Board | Cisco Systems | Germany

Paweł Chęciński
Director | Health Policy Department | City of Warsaw | Poland
Session Outline

Globalization and industrial revolution have dramatically changed life in modern cities. Pollution, noise, overcrowding, traffic, insufficient access to drinking water and sanitary facilities, crimes and violence and quickly spreading infectious diseases are just a few of many dangers that urban populations have to face. Even though the portfolio and intensity of challenges may vary from location to location, viable threats for health exist in almost any city in the world.

The healthy cities movement tries to counteract this development and promotes comprehensive and systematic policy and planning for health in urban areas.

“Healthy cities” are considered cities that do not harm and ideally improve the health of its population. The establishment of a “healthy city” is an essential element regarding prevention. An unharmful place to life is a prerequisite for a healthy development of mind and body.

But what exactly are healthy cities? How do they qualify for this name? And what needs to be done to build them? This keynote encompasses two major goals. First, participants should exactly define the term “healthy city” and discuss minimal standards that should be met. The second goal will then be to identify common solutions and implementations to build these “healthy cities” and to improve health worldwide.
KEYNOTE

CLOSING CEREMONY: TOWARDS A HEALTHY SOCIETY

Hosts
University of São Paulo
Kyoto University
M8 Alliance

Chairs
José Otávio Auler
President | World Health Summit | Faculty of Medicine | University of São Paulo | Brazil

Shunichi Fukuhara
Dean | School of Public Health | Kyoto University | Japan

Detlev Ganten
President | World Health Summit | Charité — Universitätsmedizin Berlin | Germany

Welcome Address
Klaus Wowereit
Governing Mayor of Berlin | Germany

Frank Dassler
President | The World Federation of the Sporting Goods Industry | Switzerland

The IOC and Health
Jacques Rogge
Former President | International Olympic Committee | Switzerland
GENERAL INFORMATION AND MAPS
The 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.
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 in the direction of Ruhleben and exit at “Spittelmarkt”.
- Transfer time by taxi is approximately 30 minutes from Tegel Airport and 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 127 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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<th>Category</th>
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VENUE:
Federal Foreign Office
Werderscher Markt 1
10117 Berlin
Entrance: Unterwasserstraße 10

CONTACT:
Phone: +49 30 246 03 240
Email: hotel@worldhealthsummit.org
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. Today, some 8,000 doctors at the city’s approximately 81 hospitals treat 780,000 patients every year.

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 co-operate with foreign research institutes like the Johns Hopkins Bloomberg School of Public Health in Baltimore, USA.

2013 saw Berlin host 178 events run by international association, ranking the city among the top 5 in the ICCA (International Congress and Convention Association) statistics, and further building on its position as a suitable metropolis for major conferences. The German capital is also increasingly positioning itself as a location for events in science and medicine: ten per cent of the approximately 61,000 meetings, conventions and events held in the first half of 2014 were in the fields of medicine, science and research, according to the latest statistics. International conferences such as the World Health Summit show that the German capital has been able to consolidate its strong position as a destination for medical events.

More and more foreign guests are discovering Berlin’s potential as a “health city”. In 2013, more than 10,000 international patients travelled to the German capital to receive a medical treatment in one of Berlin’s top clinics. They combined their trip with a relaxing holiday as 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.
Along with first-class health services and scientific conferences, the German capital also provides varied cultural experiences. This year, the 25th anniversary of the fall of the Berlin Wall will be at the center of Berlin’s cultural life. To celebrate one of the most significant events in recent German history, the city will be hosting a series of special events and exhibitions. Themes include the division of the city, the Cold War and the events leading up to peaceful reunification in 1989.

The highlight of the festivities will come on the anniversary weekend itself when a light installation made up of 8,000 helium-filled balloons will run for fifteen kilometres along the former course of the Wall. From November 7–9, this “light border” will make an impressive statement to Berliners and guests alike about the serious impact of nearly three decades of division suffered by the city. More information about the 25th anniversary: wall.visitBerlin.com.

From ancient art by the Old Masters to avantgarde design, from classical opera to musicals to pop concerts: besides the anniversary in November this year, 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 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.

For more events, visit www.events.visitBerlin.com.
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 m³ of enclosed 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.

**1690**
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 “Reichsbank” (Reichsbank) the building continued to grow until 1903 when it took up the entire block between Jäger-, Kur-, Oberwall- and Kleiner Jägerstraße.

**IN 1913**
Even before the First World War, the premises of the “Reichsbank” 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 “Reichsbank” moved in, at which time its main task had 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 “Reichsbank” 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 December 8.

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 March 18 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.

INTERIOR VIEWS – THE FEDERAL FOREIGN OFFICE

The old and new buildings of the Federal Foreign Office provide 62,500 m² office space for more than 2,000 employees. In addition, the two buildings house several conference halls, the political archives, medical and social services, a canteen, as well as the library.

The nerve center of the Federal Foreign Office is the old building erected in 1934, which served as the Reichsbank from 1934 to 1938. In 1959, the building became the headquarters of the Socialist Unity Party of Germany, the ruling party in the GDR. The Central Committee and the Politburo met there. In 1995 it was decided to locate the Federal Foreign Office in this building and to add a new building on Werderscher Markt.
The new building was designed by the architects Thomas Müller and Ivan Reimann and constructed from 1997 to 1999. 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.

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.
ACCESS TO THE VENUE / SECURITY
To enter the World Health Summit venue (Federal Foreign Office), delegates are required to present a valid identity card / passport or a similar personal identification document (photo included). Please be advised that due to security reasons, all delegates will be subject to a security check including a passport identification confirmation. 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 venue, as this will slow down the security check process.

ACCOMMODATION
Please visit the hotel counter in the registration area if you wish to reserve a hotel room or if you have any problems with your hotel reservation.

AVAILABILITY
Please note that the capacity of the venue and of single session rooms is limited and that registrations are only accepted based on overall availability. If the maximum number of delegates is reached, the organizers reserve the right to refuse access.

CERTIFICATE OF ATTENDANCE
A Certificate of Attendance for all registered participants will be available upon request at the registration desk.

CLOAKROOM
A cloakroom will be open in the back of the venue (next to the “Weltsaal”) during the registration opening times.

COFFEE BREAKS
Refreshments will be served during the coffee breaks.

CURRENCY
The currency used in Berlin is the Euro (€ or EUR). Automated teller machines (ATMs), are located everywhere in Berlin and they accept most main credit cards such as Visa, Mastercard and American Express.

CASH POINT
BBBank eG Berlin
Hausvogteiplatz 3-4
10117 Berlin

EMERGENCY NUMBERS
Fire: 112
Ambulance: 112
Federal Police: 110

FILMING AND TAKING PICTURES
The organizer will provide a broad spectrum of pictures and other graphical material for the representation of all World Health Summit events. These files will be made available at www.worldhealthsummit.org.
HOME PAGE
For up-to-date information regarding the World Health Summit, please visit www.worldhealthsummit.org.

INSURANCE AND LIABILITY
The organizers cannot accept liability for personal injury, loss of or damage to belongings of World Health Summit participants, either during or as a result of the Summit. Please check the validity of your own insurance. Attendees are advised to arrange their own adequate travel and medical insurance for medical treatment, accidents, cancellation of bookings etc. No responsibility will be accepted by the World Health Summit organizers.

INTERNET / WIRELESS LAN
Complimentary Wi-Fi will be available within the venue:

Name: WHS
Password: #WHS14

LANGUAGE
The official World Health 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 € 50 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 World Health secretariat within four weeks after the Summit.

LUNCHES
Lunches will be available during the lunch breaks.

MEDIA
Media representatives have access to all official sessions of the World Health Summit. Prior accreditation is required. All press related information is available at www.worldhealthsummit.org.

MOBILE PHONES
As a courtesy to speakers and other attendees, we kindly request that all mobile phones and similar devices will be turned off before entering a session.

NAME BADGE
A badge is required for admittance to all World Health Summit sessions and events. Each participant is asked to present the badge in order to gain access to the Summit.

PEOPLE WITH DISABILITIES
The venue is accessible to participants with disabilities. Please contact the Secretariat for assistance: phone: +49 30 2460 3 240 or secretariat@worldhealthsummit.org

LOST AND FOUND
Lost items can be collected at the registration desk during the Summit. Any objects found during the event and not claimed will remain at the venue.
LIVE-STREAM / WEBCASTS
All sessions in the “Weltsaal” will be available as live-stream at www.worldhealthsummit.org. Recorded webcasts will be available online after the event.

PARKING
Please note that there are no public parking facilities.

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.

POSTERS
A poster exhibition will be located at the poster area in the “Europasaal”.

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.

Fees:
Short Trip 1,50 € (max. 3 stations, one way only)
Single Trip AB 2,60 € (one way only)
Single Trip BC 2,90 € (one way only)
Single Trip ABC 3,60 € (one way only)
Day Ticket ABC 7,60 € (all directions)
(AB, BC, ABC are indicating the travel zone.)

Detailed information regarding public transportation is available at www.bvg.de

REGISTRATION
The Registration Desk is open during the following times:

Sunday, 19 October 2014 12:00 - 21:00
Monday, 20 October 2014 07:00 - 18:00
Tuesday, 21 October 2014 08:00 - 18:00
Wednesday, 22 October 2014 08:00 - 15:00

SMOKING POLICY
It is forbidden to smoke in any part of the World Health Summit venue.

SPEAKER CENTER
All speakers and presenters must report to the Speaker Center, located at the “Europasaal”, at least two hours prior to their presentation in order to check and upload their presentation. Please provide the data on a USB Memory Stick or a CD-ROM. Please note that you cannot run the presentation from your personal laptop in the session room. Video support is at the sole responsibility of the speaker.

The Speaker Center is open during the following times:

Sunday, 19 October 2014 12:00 - 18:30
Monday, 20 October 2014 07:00 - 18:00
Tuesday, 21 October 2014 08:00 - 18:00
Wednesday, 22 October 2014 08:00 - 15:00
TAXIS
All official taxis are colored off-white with a yellow taxi sign on the roof. The meter starts at a set minimum price.

Major Taxi Hotlines:
Taxi Berlin +49 30 202020
Taxi Würzelfunk +49 30 210101
Taxi Funk +49 30 443322

If there is no taxi available, please ask the registration desk staff for assistance.
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 www.worldhealthsummit.org.

During the Summit, please contact the media accreditation counter at the registration desk.

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

Media Office
Location: Room “Europasaal”

Sunday, October 19        15:00 – 17:00
Monday, October 20        08:30 – 17:30
Tuesday, October 21       08:30 – 17:30
Wednesday, October 22     08:30 – 13:30

It is possible to arrange interviews with our speakers in a designated interview-area.

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