VENUE

Kosmos
Karl-Marx-Allee 131a
10243 Berlin, Germany

WiFi
Network: WorldHealthSummit
Password: #WHS2019
### 11:00–12:30

**Gender Equality within the Global Health Workforce**

**Women in Global Health**

**Polio Eradication**

- The Graduate Institute Geneva - Global Health Center

**Antimicrobial Resistance**

- World Health Organization (WHO)

**Nutrition and Non-Communicable, Metabolic Diseases in Sub-Saharan Africa**

- German Institute of Human Nutrition Potsdam-Rehbrücke (DIfE)
- Leibniz Institute for Prevention Research and Epidemiology (BIPS) Bremen

**European Initiatives for Health Research and Development**

- BioMed Alliance
- Charité - Universitätsmedizin Berlin
- M8 Alliance

#### 12:30–14:00 Lunch Break

#### 14:00–15:30

**The Role of AI in Healthcare Innovation**

- EIT Health (European Institute for Innovation and Technology)

**Securing Political Leadership for Global Health to Accelerate the Elimination of Communicable Diseases**

- UNITE

**Protecting the Mental Health of Refugees and Migrants**

- Istanbul University
- UNITE
- Sapienza University
- Tehran University of Medical Sciences (TUMS)
- University of Geneva

**Evolutionary Medicine**

- University of Zurich

**Traditional Medical Practices and Global Health**

- Kiel University
- M8 Alliance

#### 15:30–16:00 Coffee Break

#### 16:00–17:30

**Sustainability of Healthcare Systems**

- Sanofi

**Accelerating Innovation for Impact**

- German Health Alliance (GHA)
- UNAIDS

**Respect and Dialogue**

- InterAcademy Partnership (IAP)
- UNAIDS
- Tehran University of Medical Sciences (TUMS)

**Falsified and Sub-Standard Medicines**

- Association of Research-based Pharmaceutical Companies (vfa)

**How Microbiomedical Research is Changing Medicine**

- Max Delbrück Center for Molecular Medicine (MDC)

### 18:00–19:30

**Opening Ceremony**

**Welcome Reception**
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<td>SAAL 4</td>
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<td>SAAL 5</td>
<td>Capacity Building in Health Research in Low-Resource Settings&lt;br&gt;European &amp; Developing Countries Clinical Trials Partnership (EDCTP)&lt;br&gt;German Federal Ministry of Education and Research (BMBF)&lt;br&gt;Institut Pasteur</td>
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<td>How can Health Insurance Schemes Help to Develop Sustainable Health Systems in the BRICS countries?&lt;br&gt;Manipal Academy of Higher Education</td>
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<td>Artificial Intelligence for Health&lt;br&gt;Berlin Institute of Health (BIH)&lt;br&gt;Fraunhofer Heinrich-Hertz-Institut</td>
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<td>Smart Investment in Equitable Health Systems&lt;br&gt;ATscale - Global Partnership for Assistive Technology&lt;br&gt;Ottobock SE &amp; Co. KgaA&lt;br&gt;The George Washington University, Milken Institute School of Public Health</td>
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<td>PD 17</td>
<td>The Life-Saving Power of Mobile Technology&lt;br&gt;Heidelberg Institute of Global Health (HIGH)&lt;br(Charité Global Health)</td>
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<td>The Commercial Determinants of Health</td>
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<td>Access to Quality Health Care for Women in Low Resource Settings</td>
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<td>German National Academy of Sciences Leopoldina e.V.</td>
<td>Charité-Universitätsmedizin Berlin M8 Alliance</td>
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<td>11:00 - 12:30</td>
<td>SAAL 6 EUROPE</td>
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<td>Tackling Unmet Medical Needs of Vulnerable and Neglected Populations</td>
<td>Global Public Health Security</td>
<td>Health Data as a Global Public Good</td>
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<td>Charité-Universitätsmedizin Berlin</td>
<td>Centre on Global Health Security, Chatham House</td>
<td>Fondation Botnar The Lancet &amp; Financial Times Commission: Governing Health Futures 2030: Growing Up in a Digital World</td>
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<td>SAAL 10 ASIA</td>
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<td>Health is a Political Choice</td>
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<td>German Federal Ministry of Health (BMG) World Health Organization (WHO)</td>
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<td>SAAL 10 ASIA</td>
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<td>The SDG3 Global Action Plan for Health and Wellbeing</td>
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**Keynote**

**Panel Discussion**

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Health and well-being is a key goal of the 2030 Agenda for Sustainable Development, to which the international community has pledged its support. At the UN Sustainable Development Summit in late September, the Heads of State and Government spelt out that the Agenda is not being implemented fast enough. In order to achieve the Sustainable Development Goals by around 2030, we must significantly strengthen our endeavours worldwide. Above all, this requires developing a common understanding on how to proceed and pooling our strengths, including on global health issues.

To this end, Norwegian Prime Minister Erna Solberg, Ghanaian President Nana Addo Akufo-Addo and I asked WHO in April 2018 to guide the elaboration of a Global Action Plan to implement the 2030 Agenda’s health goals. Twelve international organisations were involved in drafting this Action Plan, which WHO presented during UN Week. The outcome is very gratifying. The plan provides us with a solid basis for improving support services in specific countries and making achievements more measurable through intermediate goals, thus enabling rapid adjustments where necessary. I am confident that with the help of this Action Plan, it will be possible to further improve the coordination of the countless activities in the health sector and thus use funds more efficiently.

The current outbreak of Ebola in the Democratic Republic of the Congo once again highlights the importance and urgency of coordinated action. However, we are in a better position than during the epidemic of 2014-2015 in West Africa. Experimental vaccines and treatments are being used successfully. Despite great concern about the current outbreak, there are thus good reasons to hope that Ebola can be curbed effectively. In order to achieve this in the case of other dangerous infections, too, such as lassa fever, Germany is supporting the Coalition for Epidemic Preparedness Innovations (CEPI), which will invest up to a billion dollars in developing new vaccines.

In view of the possible dangers that pandemics pose to human life, but also to entire regions’ economies, security and development, it is and will remain important that we support the countries of the Global South in developing resilient education, research and health systems.

The Research Network for Health Innovations in sub-Saharan Africa, which is funded by the Federal Government, is one example of how this can be achieved in the field of health research. Our German-African partnerships aim to identify solutions to current health problems that can be put into practice on the ground.

Diseases and epidemics do not stop at national borders. Responsibility for healthcare thus
does not end there either. The World Health Summit plays a key role in living up to this responsibility. As patron of the Summit, I am profoundly grateful to all those who play a part in its success, as the event focuses on new and better prospects for the lives of people all over the world. On that note, I hope your exchange of thoughts and experiences at the Summit will prove both interesting and productive.

Angela Merkel
Chancellor of the Federal Republic of Germany

I am very pleased to offer my patronage to the World Health Summit, as I did on two previous occasions along with the German Chancellor and the President of the European Commission. This 2019 Summit provides once more a stimulating opportunity for dialogue, exchange, and learning. It comes at a challenging and inspiring time for global health, calling for reinforced multilateral action, an approach strongly supported by both Germany and France.

During the last months, France played an active part in this respect as Chair of the G7 focusing on the fight against inequalities. The fourth G7 Health ministerial meeting which took place in Paris in May brought forward access to primary health care as a shared priority. At the G7 Summit in Biarritz on August 26, we reiterated that universal access to social protection and affordable quality health services with primary health care are crucial. We called for further investments to strengthen health systems and eliminate the three most lethal infectious diseases—AIDS, tuberculosis and malaria. We adopted a Sahel Partnership Action Plan to enhance development in the Sahel region. This plan has a specific focus on gender equality and women’s empowerment and aims at reaching the most affected communities.

This year, the United Nations General Assembly bolstered the achievement of the Universal Health Coverage. France has always been a strong advocate of universal health coverage as a fundamental right: access to health and well-being must be guaranteed, regardless of one’s wealth. France implemented universal health coverage decades ago and, ever since, this has proven to be a fundamental basis for our national cohesion and prosperity. We
Europeans share a number of common goods with the rest of the world. We have the desire to be safeguarded, to feel secure and protected. We have similar political aspirations, like democracy and freedom. But one good is the premise of all: health. It is one we protected and cherished, so that today we live and age healthily, and more people have access to healthcare than ever before.

But we cannot afford to lapse into complacency, as the mere topic of vaccination reminds us. Each year, vaccination saves up to three million human lives around the world. Some diseases like smallpox, once considered a death sentence, belong to the past. Yet, the recent surge in measles and other diseases close to eradication is a worry-

A few weeks ago, France hosted the Global Fund to Fight AIDS, Tuberculosis and Malaria’s Sixth Replenishment Conference in Lyon. The international community gathered to step up the fight against these three pandemics, putting us back on track to achieving the Sustainable Development Goal on health and well-being for all. Working closely with partners, at international and local level, the Fund has achieved great results, opening up access to new prevention, protection and screening methods, as well as medication and healthcare, and saving 32 million lives. Hundreds of millions of people are now living better lives. With joined forces, we helped the Global Fund to continue its mission to eradicate malaria, AIDS and new drug-resistant forms of tuberculosis.

This has been a truly collective effort, with civil society, private sector stakeholders, foundations, activists and communities, pushing for more commitments, offering solutions and taking action, alongside donor and recipient countries. SDGs for health are not concerns for States alone. They are common goals and the World Health Summit is an opportunity to share this energy for action. Let us be actively optimistic for a healthier future.

I would like to thank the organizers for the wise choice of topics for the Summit and especially the focus on Africa. I wish all participants constructive discussions.

Emmanuel Macron
President of the Republic of France
ing sign that we are losing ground. Without adequate immunisation coverage, we are putting people’s lives at risk.

Our response should be global, and Europe has already taken a step forward. At the World Vaccination Summit it hosted less than a month ago, the Commission presented priority measures to address increasing disinformation about vaccination, and tackle the lack of access, vaccine shortages and disinvestment, which are all causing vaccination to stagnate across the world.

As we strive to hold on to the progress we have already made, it is paramount that we continue investing in the vital research that will lead to medical breakthroughs and better health. From EU-funded research on breast cancer treatment to EU-funded researchers making X-rays safer for patients, it is when we pool national and European resources that we can deliver results. This is no zero-sum trade-off.

At the recent meeting of the G7 in Biarritz, the EU announced a record €550 million contribution to the Global Fund to fight AIDS, malaria and tuberculosis. For many African countries, the Global Fund is the single most important external financer of the health sector and the EU and its Member States have been the main contributors since its creation. When our common good is at risk, we invest in building quality health care systems in more than 80 countries around the world; we deploy our European Medical Corps with on-call medical assistance and public health expertise when disaster strikes; and we broaden and deepen our work with the World Health Organization.

There are few clearer examples today of a truly global threat than antimicrobial resistance. The World Bank estimates severe economic damage as a result, the likes of which we have not seen since the 2008 financial crisis. Worse, by 2050 it could cause 10 million deaths worldwide. The European Union has long been engaged on this issue, including most recently with legislation addressing the public and animal health risks caused by resistance to antibiotics in the EU.

We, as institutions and politicians, call for growth, jobs and opportunities. But we shall be judged by how we treat our people. Because it is the health of all our citizens that is the true mark of our progress as a society.

It has been an honour during my mandate as President of the European Commission to offer my patronage to the World Health Summit, a distinguished forum that acts for the greater good. I wish you all the best for another inspiring summit this year.

Jean-Claude Juncker
President of the European Commission
At the United Nations General Assembly this year, world leaders endorsed the political declaration on universal health coverage (UHC), the most comprehensive international health commitment in history.

Building on the Sustainable Development Goals and the Declaration of Astana on primary health care, the political declaration on UHC represents unprecedented commitment from all 193 UN Member States to a world in which no one misses out on essential health services simply because they cannot access or afford them.

Realising this vision, of course, will be no easy task. The latest edition of the Global Monitoring Report on UHC shows that on current trends, up to 5 billion people will lack access to essential health services by 2030. And every year, about 930 million people are exposed to catastrophic health spending.

Reversing these trends will require a relentless focus on people-centred primary health care, with an emphasis on promoting health and preventing disease. It will also require robust partnership. There are now many more international actors in global health than there were when the World Health Organization was founded in 1948. This creates complexities and challenges, but it also represents a unique opportunity to leverage our collective strength to accelerate progress towards the health-related SDG targets.

At the invitation of Chancellor Angela Merkel of Germany, Prime Minister Erna Solberg of Germany and President Nana Akufo-Addo of Ghana, 12 multilateral health agencies have come together to launch the Global Action Plan for Healthy Lives and Well-Being for All, to enhance our collaboration and turbocharge our impact. The initial commitment towards the Global Action Plan was launched at the World Health Summit in 2018 and the plan itself at the UN General Assembly in September 2019.

Together, we have committed to engage with countries to identify priorities, to accelerate progress through joint action in seven programmatic areas, to align our operational and financial strategies and policies, and to account for the results we deliver.

The 12 organizations that are signatories to the Action Plan are deeply aware that we cannot achieve its ambitions by ourselves. We need countries, communities and civil society, the private sector, academia, and other stakeholders and development partners to accelerate progress and increase the impact of our joint work through the next “decade of delivery” on the SDGs.

Now our focus must be on working together to implement the
plan in countries. Accordingly, the 12 agencies are focusing on identifying what countries want and how the agencies can work even more closely together to support countries, leading to accelerated impact on the health-related SDGs.

WHO also recognizes that we need to change to ensure we deliver the results the world expects of us. As part of our current transformation project, we have developed a new strategy, new operating model, new business processes, new culture and a new approach to partnership.

WHO is delighted to strengthen its collaboration with the World Health Summit, which is now one of the foremost gatherings in global health. It brings together heads of state, ministers from different sectors, Nobel prize winners, leading CEOs, academics, foundations and civil society. It recognizes the voices of youth and women and aims to increase the diversity that successful global health action requires.

I am proud to be a founding member of the World Health Summit steering committee, and am delighted to see the way it has grown in size and stature since 2009. I am equally proud, together with Chancellor Merkel, President Macron and President Juncker, to be its patron.

Tedros Adhanom Ghebreyesus
Director-General of the World Health Organization (WHO)
WELCOME MESSAGE
WORLD HEALTH SUMMIT PRESIDENTS

When it comes to global health, each of us must act, but we can do very little alone. From climate change to noncommunicable diseases, basic research to universal health coverage, some of the biggest health challenges of our time affect people everywhere and require collaboration across borders. At the World Health Summit, voices from all over the world come together to do just that.

Improving health is something we can all agree on, and the World Health Summit is a platform where everyone pursuing this goal can exchange ideas freely. After a successful Regional Meeting in Iran, we look forward to carrying this momentum and spirit of international cooperation forward.

It’s not just geographic borders we need to reach across. Every sector of society must be involved in creating a healthier future. Scientists, policymakers, healthcare workers, businesses, and civil society must combine their expertise and coordinate resources. Together, we can expedite progress. We can ensure more people benefit from new and existing therapies, improved healthcare systems, and insights about social and environmental determinants of health.

Health is a human right, and is critical not only for SDG3, but central to all the Sustainable Development Goals. We welcome the prominent position that health topics have assumed on the G7 and G20 agendas, and we are glad to see the World Health Organization receiving more support and other key organizations playing an increasingly coordinated role in supporting the United Nations in achieving these goals.

From ministers and international organizations to local actors and students, we are all here to take responsibility for shaping the future of the global health agenda. On behalf of the World Health Summit and our wonderful academic backbone, the M8 Alliance, we wish everyone fruitful discussions, meaningful insights, and strengthened collaborations for global health at the World Health Summit 2019 in Berlin.

Ali Jafarian
International President 2019
World Health Summit
Former Chancellor Tehran
University of Medical Sciences

Detlev Ganten
Founding President
World Health Summit

WELCOME TO THE
WORLD HEALTH SUMMIT 2019

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Ali Jafarian
International President 2019
World Health Summit
Former Chancellor Tehran
University of Medical Sciences

Detlev Ganten
Founding President
World Health Summit
Dear World Health Summit Participants,

We are delighted to welcome excellent minds from around the world to Berlin for the World Health Summit. One of Europe’s largest university hospitals, Charité – Universitätsmedizin Berlin is dedicated to forward-looking science, quality education, and innovation in healthcare. Since it was founded at Charité in 2009, the World Health Summit has been a shining example of this ethos. Strengthening partnerships and working together—among institutions, across sectors, and across borders—is key to maximizing the impact of innovations in medicine and science.

As Berlin continues to grow as a global health hub, Charité can and must take on a pivotal role. The dedicated center Charité Global Health is part of that effort, expanding Charité’s global health portfolio and fostering increased collaborations with national and international stakeholders.

Charité is proud to be part of the M8 Alliance, which serves as a foundation of academic excellence for the World Health Summit and provides a platform for year-round collaboration. Local partnerships too can be powerful tools for global health. This year, the Berlin University Alliance was awarded Germany’s competitive “excellence” designation. Bringing together four Berlin universities, the alliance was created to overcome institutional and disciplinary boundaries and take on global challenges, including global health.

Charité has a responsibility to ensure world-class treatment through cutting-edge research, innovative therapies, and effective collaborations. The World Health Summit is not just an annual event—it is a forum that brings actors together from all over the world, making new and powerful partnerships like these possible.

On behalf of Charité, it is with great pleasure that we welcome you to the World Health Summit 2019. Enjoy the city of Berlin, productive discussions among colleagues from all over the world, diverse contributions, and new collaborations towards our noble goal: improving global health.

Heyo Kroemer
Chief Executive Officer
Charité – Universitätsmedizin Berlin

Axel Radlach Pries
Dean
Charité – Universitätsmedizin Berlin
ABOUT THE WORLD HEALTH SUMMIT

SCIENCE – INNOVATION – POLICIES

The World Health Summit is one of the world’s leading strategic forums for global health. Held annually in Berlin, it brings together leaders from politics, science and medicine, the private sector, and civil society to set the agenda for a healthier future. 300 speakers and 2,500 participants from 100 countries take part, including:

- Leading scientists and medical professionals
- Ministers and civil servants
- High-ranking officials at international organizations
- CEOs from industry and civil society
- Young professionals and students

Goals

The summit’s mission is to improve health worldwide by:

- Bringing together all stakeholders
- Facilitating constructive exchange in an environment of academic freedom
- Finding answers to major health challenges
- Making global recommendations and setting health agendas

The World Health Summit was founded in 2009, on the occasion of the 300th anniversary of Charité.

www.worldhealthsummit.org
The M8 Alliance is the academic foundation of the World Health Summit. A unique network of 25 leading international academic health centers, universities, and research institutions from 18 countries, it includes the InterAcademy partnership, which represents all national academies of medicine and science.

All M8 Alliance members are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to health challenges worldwide.

In addition to the annual World Health Summit in October, the M8 Alliance organizes a Regional Meeting each spring and various expert meetings in different parts of the world. The World Health Summit Regional Meeting 2020 will take place April 27-28 in Kampala, Uganda.
Climate Change and Health
Climate change poses an unquestionable threat to human health, affecting everyone on the planet and children in particular. There is an urgent need to translate existing evidence into policy actions and to produce new research to fill gaps in the knowledge base. This requires a One Health approach, considering climate change in all areas of policy development, and ensuring that health systems are prepared to face the challenges rising temperatures bring.

Transforming Human Capital:
Investing in Health and Education
The UN high-level political declaration on UHC, adopted in September 2019, sets out a clear agenda on the attainment of SDG3. One of the major challenges identified in the declaration is how to accelerate investments in the health workforce to overcome the global shortages predicted by 2030, especially in countries with the weakest PHC systems and the furthest from UHC. This requires building the necessary foundations for PHC: investments in core infrastructure, both health facilities and preservice education institutions, and in health worker employment, retention and productivity. There is an emerging opportunity to link investments in education, skills and jobs in the health sector with the broader work of human capital and social spending, engaging the international financing institutions and all relevant partners as necessary.

Universal Health Coverage:
Expanding Rights and Access
SDG 3.8 envisions that by 2030, all people will be able use health services of sufficient quality without facing financial hardship. Despite strong international support for universal health coverage (UHC), country-level financing and implementation remains challenging. Multisectoral approaches are key to generating political will for investment in UHC and driving appropriate reforms. Stronger accountability and advocacy are key to accelerating progress towards universal health coverage.

Health is a Political Choice:
The Future of Health Policy in the G7/G20 and other Political Venues
Healthcare has developed into a key national and international policy issue. The 2019 G20 in Osaka, Japan includes a meeting of health ministers on topics like health security and antimicrobial resistance, as well as a joint meeting of finance and health ministers. The health governance issues inherent in the Sustainable Development Goals have underlined how increasing financial and political commitments are central to solving global health challenges. The G7 will focus on issues of inequality, including access to health. Health also featured strongly at the 2019 UNGA and is part of the BRICS deliberations, and there is an opportunity to give health a higher profile in upcoming EU presidencies. These complementary agendas can support the SDG-approach to address current and future social, economic, and environmental challenges.
SDG3: The Global Action Plan for Healthy Lives and Well-Being for All
The success of the SDGs will be measured by their impact on the prosperity and well-being of people and the planet, particularly the extent to which they “leave no one behind.” Initiatives such as the Global Action Plan for Healthy Lives and Well-Being for All endeavor to build a foundation of greater cohesion among global health actors to support countries in their achievement of the SDGs. The action plan was launched at the World Health Summit 2018. The World Health Summit 2019 will include a report on its progress and the implementation challenges at hand.

Focus Africa: Building Capacities and Strong Institutions
United Nations Member States have a shared commitment and a common interest in achieving the SDGs by 2030. This will require significant investment, innovation, and partnerships in Africa. Integrated approaches to health, development and security, consensus building, information sharing, and knowledge exchange will all be key. The African Union has made health one of its priorities, and there is increasing political commitment to investing in health in a number of African countries.

Digital Health: Shaping Society and the Modern Economy
A growing, ageing global population will have a profound impact across the world. Health spending is predicted to rise to $9.3 trillion by 2018. New technological developments are responding and increasingly blurring the boundaries between the physical, biological, and digital worlds. Technology aims to personalize medicine and tailor treatments to individual patients based on their genetic makeup. The digital revolution has the potential to improve health and empower patients, but it could also increase health inequities and lead to new ethical challenges.
A cooperation between the World Health Summit and the Charité BIH Entrepreneurship Summit, Entrepreneurs in Global Health brings local and international startups to the global health stage. See page 74 for session details.

The initiative New Voices in Global Health promotes the active participation of talented young researchers at the World Health Summit. Selected by the Global Young Academy, early-career scientists will present their work at the World Health Summit. See page 120 for session details.
PROGRAM

SUNDAY, OCTOBER 27
The health sector is a major employer of women globally. But although women comprise around 70% of the global health workforce they are largely clustered into lower status, lower paid sectors and jobs, with men holding the majority of senior roles. A large percentage of female health workers in low and middle-income countries particularly, work on insecure terms and conditions, without a supportive legal and social protection framework. Against the background of a global shortage of 18 million health workers needed to reach universal health coverage (UHC), addressing gender inequality in the health workforce will enable better use of talent and deployment of health workers, reduce attrition and generally strengthen health systems.

Significant political discussions are taking place in 2019 on the global health workforce at the September UN High Level Meeting on Universal Health Coverage, June G20 Meeting and August G7 Meeting with opportunities to address the weaknesses in health systems identified in the WHO report “Global Health: Delivered by Women, Led by Men.”

The workshop will start with a plenary scene setting presentation by the WHO Goodwill Ambassador for the Health Workforce. This will be followed by a panel discussion answering the following questions:

• How strong are political commitments to address gender and equity in the health workforce?
• What will it take to get gender transformative policy change in the health workforce?

Following the panel, the audience will ask questions for discussion by the panel on how to address gender inequity within the health system, focusing on leveraging political commitments, practical solutions and actions.
CHAIRS

Hélène Boisjoly
Université de Montréal | Dean of Medicine | Canada

Roopa Dhatt
Women in Global Health | Executive Director | United States of America

SPEAKERS

Epsy Campbell Barr
Vice President | Costa Rica

Mwenya Kasonde
Women in Global Health | Gender Equality Hub Co-Chair | Zambia

Caline Mattar
Global Health Workforce Network | Youth Hub Chair | United States of America

Charlotte Refsum
KPMG International | Global Healthcare Executive | United Kingdom

Christina Schrade
SEEK Development | Managing Director | Germany

Christiane Wiskow
International Labour Office (ILO) | Senior Health Services Specialist | Switzerland
Beginning in 1988, the global effort to eradicate polio is the largest, longest and most expensive public health program in history. The current wind-down and eventual closure of the eradication effort has programmatic, financial and human impacts, particularly for the World Health Organization (WHO) and other countries where major ‘polio assets’, such as laboratories, skilled human resources, managerial and technical systems, have been established.

These assets have massive potential for supporting both the development and strengthening of national health systems. However, with polio eradication not yet achieved and diverging opinions concerning the timing and specific details of polio transition planning, a number of challenges remain to be addressed.

The Global Health Centre (GHC) at the Graduate Institute, Geneva, has undertaken a two-year study of the global polio eradication effort with a focus on political and governance dimensions and the roles of European actors. This session will present the results of the GHC study; provide the opportunity to reflect and debate on the lessons drawn; explore how these lessons can be best used for the benefit of national health systems and global health; and assess the wider implications for health governance.
CHAIR

Stephen Matlin
The Graduate Institute Geneva | Global Health Center | Senior Fellow | Switzerland

SPEAKERS

Judith Diment
Rotary International | Polio Eradication Advocacy Task Force | Member
International Polio Plus Committee | United Kingdom

Ilona Kickbusch
The Graduate Institute of International and Development Studies | Global Health Center | Chair of the International Advisory Board | Switzerland

Bernhard Schwartländer
World Health Organization (WHO) | Chef de Cabinet | Switzerland

Stephen Sosler
Gavi, The Vaccine Alliance | Technical Advisor, Vaccine Implementation | Switzerland

Darren Welch
Department for International Development | Director of Policy | United Kingdom
PANEL DISCUSSION

ANTIMICROBIAL RESISTANCE

HOST
World Health Organization (WHO)

The objective of this session is to review the progress made internationally in combatting antimicrobial resistance (AMR) and identify remaining challenges. The session will review the state-of-play of combatting AMR four years after the adoption of the Global Action Plan on AMR and following the report of the Interagency Coordination Group on Antimicrobial Resistance (IACG).

It will present and discuss:
- The new international governance for AMR after the finalization of the IACG report,
- How to reinforce the one-health approach and effectively environmental aspects,
- New initiatives in fostering the development of new antibacterial treatments and diagnostics.
CHAIR
Peter Beyer
World Health Organization (WHO) | Senior Advisor | Switzerland

SPEAKERS
Elmar Nimmesgern
Global AMR R&D Hub | Secretariat Lead | Germany

Felicitas Riedl
European Investment Bank | Life Sciences | Head of Division | Luxembourg

Julia Spencer
Merck Sharp & Dohme Corp. | Associate Vice President, Global Vaccines Public Policy | United States of America

Lothar H. Wieler
Robert Koch Institute | President | Germany
Overnutrition and obesity are strongly increasing in low- and middle-income countries (LMICs), while undernutrition and infectious diseases continue to prevail in these regions. This development translates into the so-called double burden of malnutrition, fueling the worrying emergence of non-communicable diseases (NCDs) in LMICs. More specifically, cardio-metabolic diseases, including type 2 diabetes, hypertension, and cardio-vascular conditions are on the rise in LMICs. Rapid economic growth, urbanization and associated lifestyle changes are among the major causes for this development.

Particularly, the nutrition transition from plant-based, fiber-rich and low-fat diets towards manufactured foods with high contents of simple sugars and animal-based products play a role. Cardio-metabolic diseases reduce life quality and increase mortality posing heavy burdens on the national health care systems. Therefore, primary prevention of obesity and its associated cardio-metabolic conditions considering cultural peculiarities is essential.

Due to the competing challenges of under- and overnutrition, only few countries in Sub-Saharan Africa have already implemented their own prevention programs. By using examples from Ghana and Zanzibar, the panel discussion will address how changes in eating behavior and lifestyle due to external economic and ecologic pressure challenge respective national health care systems.
CHAIR

Wolfgang Ahrens
Leibniz Institute for Prevention Research and Epidemiology (BIPS) Bremen | Deputy Scientific Director | Germany

SPEAKERS

Ina Danquah
German Institute of Human Nutrition Potsdam-Rehbrücke (DIfE) | Germany

Antje Hebestreit
Leibniz Institute for Prevention Research and Epidemiology (BIPS) Bremen | Head of Unit Lifestyle-Related Disorders | Germany

Mansura M. Kassim
Ministry of Agriculture of Natural Resources, Livestock and Fisheries | Deputy Principal Secretary | Zanzibar

Ronald Miah
Health Services Asante Akim North District | District Director | Ghana

Kremlin Wickramasinghe
World Health Organization | WHO European Office for the Prevention and Control of Noncommunicable Diseases | Technical Officer | Russia
Europe leads in many areas of research and has developed powerful models of cross-border, cross-sectoral research cooperation. These have helped to increase the EU's attractiveness as a place for research and innovation, produced high-quality patents and created jobs and growth. The Scientific Panel for Health, one of the expert groups tasked by the Commission, has proposed the creation of a European Council for Health Research to provide a comprehensive policy for health research in Europe, and facilitate cross-border collaboration.

Global partnerships in health research create opportunities for enhanced learning, innovation and better health. Different models for participation, for data sharing and leadership co-exist. Through examples and stakeholders’ debate, the session aims to explore needs and opportunities for future design of European health research and global partnerships.
CHAIRS

Axel Pries
BioMed Alliance | President | Belgium

Berlin Institute of Health (BIH) | Chairman of the Executive Board | Germany

Karin R. Sipido
KU Leuven | Professor of Medicine and Head of Experimental Cardiology | Belgium

SPEAKERS

Gilles Bloch
INSERM | Chairman and CEO | France

Anne Bucher
European Commission | Director-General for Health and Food Safety | France

Alberto De Negri
KPMG Italy | Head of Healthcare | Italy

John P.A. Ioannidis
Stanford Prevention Research Center | Director, Meta-Research Innovation Center at Stanford | United States of America

Einstein BIH Visiting Professor | Germany

Britta Siegmund
German Research Foundation (DFG) | Vice-President | Germany

Päivi Sillanaukee
Ministry of Social Affairs and Health | Permanent Secretary | Finland

Axel Pries

Anne Bucher

Alberto De Negri

Britta Siegmund

Gilles Bloch

Päivi Sillanaukee

John P.A. Ioannidis

Karin R. Sipido
Numerous innovations that build on Artificial Intelligence and other technologies such as the internet of things and nanotechnologies are developing and already getting adopted in the health and care sectors. At the same time policymakers internationally are under pressure to address ethical challenges raised by these technologies. Currently there is much focus on artificial intelligence. The European Commission’s High-Level Group on Ethics and AI recently published their guidance. The incoming European Commission President Ursula von der Leyen intends to put forward AI legislation in the first 100 days of her mandate.

EIT Health has volunteered to put the EU’s AI and ethics guidelines to the test. Utilising AI-related health innovation projects as test cases and interrogating the potential practical utilization of these guidelines aims to identify how they can be implemented and where shortcomings exist. This is a first in examining the concrete application of these guidelines in a highly relevant sector. The world is closely following Europe’s path into ethics and AI, in terms of guidance and law. Many are wondering whether this guidance will become as relevant internationally as Europe’s General Data Protection Regulation for privacy.

Immediately after the panel session, EIT Health will host a media session with the participation of Jan-Philipp, Paul Timmers and Roberto Viola. We are expecting between 20 to 30 journalists to attend the session.
CHAIR

Paul Timmers
University of Oxford | Chief Advisor EIT Health | United Kingdom
European Policy Centre | Senior Advisor | United Kingdom

SPEAKERS

Hila Azadzoy
Ada Health GmbH | Managing Director, Global Health Initiatives | Germany

Jan-Philipp Beck
EIT Health | Chief Executive Officer | Germany

Peter Dabrock
German Ethics Council | Chair German Ethics Council | Germany

Susanne Dehmel
BITKOM | Managing Director Law and Security | Germany

Hans Hofstraat
Philips Research | Vice President Research | The Netherlands

Roberto Viola
European Commission | Director General of DG CONNECT (Directorate General of Communication, Networks, Content and Technology) | Belgium
PANEL DISCUSSION

SECURING POLITICAL LEADERSHIP FOR GLOBAL HEALTH TO ACCELERATE THE ELIMINATION OF COMMUNICABLE DISEASES

HOST
UNITE

We are living a moment in history when we have most of the necessary tools and technologies needed to achieve these ambitious goals, along with the knowledge on where to continuously invest. Moreover, we have access to the intel provided by civil society and community-based organizations, mapping out the concrete needs of people living with communicable diseases across the globe and pointing the direction on how to end stigma and discrimination.

In this context, parliamentarians are called on to show their willingness to act and ensure the translation of global and regional political commitments and declarations into life-changing policies that can potentially lead to the elimination of these diseases as global health threats.

Within this globalized frame of political action, a continuous process of evidence-based training for and by parliamentarians is needed and this should be done at the global level. It is extremely important that parliamentarians around the globe, in a peer-to-peer approach, raise awareness, share information, good practices, lessons learned and sustainable policies.

Finally, it is equally important that this debate is aligned with the UN 2030 Sustainable Development Goals Agenda to assure that concrete actions to scale-up a human rights-based approach are followed.
**CHAIR**

**Ricardo Baptista Leite**  
UNITE | Founder & President | Portugal

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**KEYNOTE SPEAKER**

**Gunilla Carlsson**  
UNAIDS | Executive Director a.i. | Switzerland

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**SPEAKERS**

**Alan Donnelly**  
The G20 Health and Development Partnership | Convener  
Former UK MP & MEP | United Kingdom

**Christine Goffinet**  
Berlin Institute of Health |  
BIH Professor for Virology | Germany

**Esther Passaris**  
Kenya National Assembly |  
Member of Parliament, Nairobi City County | Kenya

**Jaak Peeters**  
Johnson & Johnson |  
Head of Global Public Health (GPH) | United States of America
More people are on the move now than ever before. There are an estimated 1 billion migrants in the world today of whom 258 million are international migrants and 763 million internal migrants—one in seven of the world’s population. 65 million of the world’s internal and international migrants are forcibly displaced today. This rapid increase of population movement has important public health implications, and therefore requires an adequate response from the health sector. Challenges to migrant health can be attributed to many factors, including lack of access to health services, absence of financial protection, and discrimination.

Mental health is a key and highly complex facet of migrant health challenges with multiple drivers and associated psychological conditions emerging at each phase of displacement and migration. In the first instance there may be traumatic events that occur in the country of origin and may have even led to the migration itself. Then the migrant may endure extreme environments, conditions or hardships throughout the migration journey itself, including extended stays in improvised camps with poor living conditions. Finally, there can be a whole host of challenges to face in the country of settling, a stage which perhaps least considered but most complex. Meanwhile, other challenges can be experienced at any and all stages, including stigma surrounding mental illness, access to good mental health care, continuity of appropriate psychological care, loss of loved ones, and the disconnect between
legal settlement status and care providers, which can result in an incomplete course of treatment. Within this session the panel will discuss these challenges and the measures we can work towards to protect the mental health of migrants and refugees.

**CHAIRS**

**Antoine Flahault**
University of Geneva | Institute of Global Health | Director | Switzerland

**Luciano Saso**
Sapienza University of Rome | Faculty of Pharmacy and Medicine | Vice-Rector for European University Networks | Italy

**SPEAKERS**

**Selma Karabey**
Istanbul University | Faculty of Medicine | Professor of Public Health | Turkey

**Miriam Orcutt**
University College London | Senior Research Fellow | Lancet Migration | Executive Director | United Kingdom

**Santino Severoni**
WHO Regional Office for Europe, Public Health and Migration | Division of Policy and Governance for Health and Well-being | Regional Coordinator Migration Health | Italy

**Joachim Seybold**
Charité – Universitätsmedizin Berlin | Deputy Medical Director | Germany

**Amirhossein Takian**
Tehran University of Medical Sciences | Department of Global Health & Public Policy | Chair and Professor | Iran

**Antoine Flahault**
Santino Severoni

**Selma Karabey**
Joachim Seybold

**Miriam Orcutt**
Amirhossein Takian

**Luciano Saso**
Based on pioneering scientific concepts e.g., by Alexander von Humboldt (1769–1859) and Charles Darwin (1809–1882), the emerging field of evolutionary medicine promotes a holistic view on the etiology and ultimate causalities of human health and disease. Only by considering evolutionary and historic perspectives, is one able to design effective and sustainable global health polices for the future.

No single problem in biomedicine can be profoundly addressed without taking the most fundamental system of nature—evolution—into account. Technological breakthroughs such as next-generation sequencing allow us finally to generate the needed big data of the human past. Complex issues such as antibiotic resistance, epidemiological transitions in disease and diet or the One Health initiative are in the core of this new field of research. Future challenges such as pandemics, climate change or socio-economic misery call for the translation of these holistic science into real interventions.

The aim of this workshop is to highlight and discuss the wide range of scientific and policy insights which can be gained by looking at our common past. Global health strategies without any knowledge on past and current evolutionary trends are doomed to fail; thus insights from the panel experts shall contribute specifically to novel factor analysis, to potential practical interventions and defining globally-relevant guidelines.
CHAIR

Frank Rühli
University of Zurich | Institute of Evolutionary Medicine, Faculty of Medicine | Founding Director and Chair | Switzerland

SPEAKERS

Patriciu Achimas-Cadariu
The Oncology Institute | “Prof. Dr. Ion Chiricuta” Cluj-Napoca | Primary Physician in the Surgery Department
Former Minister of Health | Romania

Maria S. Guevara
Doctors Without Borders | Senior Operational Positioning and Advocacy Advisor | Switzerland

Martin Hirsch
Ada Health GmbH | Co-Founder & Chief Scientific Officer | Germany

Denise Kühnert
Max Planck Institute for the Science of Human History | Transmission, Infection, Diversification & Evolution Group (tide) | Group Leader | Germany

Barbara Natterson-Horowitz
Harvard University | Department of Human Evolutionary Biology | Visiting Professor
UCLA Division of Cardiology | Professor of Medicine at David Geffen School of Medicine & Co-Director of UCLA Evolutionary Medicine Program | United States of America

Randolph Nesse
Arizona State University | Center for Evolution and Medicine | Founding Director | United States of America
3. Due to the increasing misuse of prescription opioids and heroin, the prevalence of opioid addiction is rapidly increasing, physicians currently all over the world understandably have questions about whether, when, and how to prescribe opioid analgesics for chronic and acute pain without increasing public health risks.

This workshop will address the active role of culture in health care and the impact of traditional medicines in diagnosis, prevention and treatment of these three major threats in a very concrete sense.

The WHO lists a high number of conditions treated by acupuncture and related “traditional medical practices” that implicitly refer to three deadliest threats to global health today:

1. Currently, non-communicable diseases (NCDs, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes) are among the leading cause of mortality in the world.

2. At the same time, a growing number of infections—such as pneumonia, tuberculosis, gonorrhea and salmonellosis—are becoming harder to treat as the antibiotics used to treat them become less effective. Antibiotic resistance leads to longer hospital stays, higher medical costs and increased mortality is one of the biggest threats to global health, food security, and development today.

This workshop will address the active role of culture in health care and the impact of traditional medicines in diagnosis, prevention and treatment of these three major threats in a very concrete sense.
CHAIRS

Angelika Messner
Kiel University | Head of China Centre | Germany

Reinhard Schäfers
World Health Summit | Ambassador | Germany

SPEAKERS

Simon Barquera
National Institute of Public Health (INSP) | Director, Nutrition Policy Research | Mexico

Ama de-Graft Aikins
University of Ghana | Dean of International Programmes | Ghana

Depei Liu
Chinese Academy of Medical Sciences (CAMS) & Peking Union Medical College (PUMC) | Former President | China

David Napier
University College London | Professor of Medical Anthropology | United Kingdom

Yi-Chang Su
Chinese Medical Advancement Foundation | President | Taiwan
The Sustainable Development Goals recognize the importance of vaccination as a key health and development factor. The immunization target: “Proportion of the target population covered by all vaccines included in their national Programme (3.b.1)” reflects the ability of a country to ensure access to vaccines and also to deliver them with high and equitable coverage. The UN High Level Meeting on Universal Health Coverage will restate that vaccination is an essential health service and that there is no sustainable healthcare system without full child immunization and life course immunization.

Still, coverage gaps are observed around the world, linked to the complexity of the implementation of vaccination strategies, to lack of investment as well as to vaccination hesitancy. The vaccination ecosystem is fragile: it involves multiple stakeholders who have to efficiently interact. Successful vaccination program at national levels offer the opportunity to understand what works and potentially to adapt and replicate evidence-based practices, including on the adoption of innovative vaccines, technologies and digital solutions.

The event aims to:

• Discuss the outcomes of the 2019 UN High-Level Meeting on Universal Health Coverage (UHC) for greater action on immunization
• Discuss the investment case for vaccination and the broad benefit of life course immunization, in light of its contribution to sustainability of healthcare systems
• Highlight the fundamentals of boosting research & development and innovation in the vaccines field to tackle global health challenges
• Call to action to closing the immunization gap through multi-stakeholders’ joined commitment
CHAIR

Mark Chataway
Hyderus | Managing Director | United Kingdom

SPEAKERS

Anne Bucher
European Commission | Director-General for Health and Food Safety | Belgium

David Loew
Sanofi Pasteur | Executive Vice President | France

Julio Daniel Mazzoleni Insfrán
Minister of Health | Paraguay

JP Sevilla
Harvard T.H. Chan School of Public Health | Research Associate | United States of America

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist | Switzerland

Lothar H. Wieler
Robert Koch Institute | President | Germany

Mark Chataway
Soumya Swaminathan
David Loew
Lothar H. Wieler
Julio Daniel Mazzoleni Insfrán
Progress on the Sustainable Development Goals (SDGs) are uneven, and we are not moving fast enough to reach the ambitious 2030 goals. New technologies, service delivery models and financing solutions are essential to reach universal health coverage and other health related SDG-targets. Innovations can play a key role for leaving no one behind.

While innovations are already transforming the health, these do not always get adopted on scale to deliver impact. There is a disconnect between innovators and implementers that needs to be bridged. Leveraging innovations need the creation of linkages between innovations, technologies, country needs and investments. The AIDS response has demonstrated that a multisectoral response that puts communities at the center is critical for success. Closing the gap to Health for All needs sustained partnership of communities, governments, innovators and the private sector that develop a shared commitment to leave no one behind.

This high-level panel will serve as a forum to explore what it takes to meaningfully create such linkages; how to build an environment where health innovations can flourish and be linked to the needs of countries. Panelists will highlight the importance of facilitating new cooperation models across countries and sectors. They will identify ways to break down common barriers to accelerate uptake of innovations and how to nurture sustainability of national ecosystems.
CHAIR

Roland Göhde
German Health Alliance (GHA) | Chairman of the Board | Germany

SPEAKERS

Gunilla Carlsson
UNAIDS | Executive Director a.i. | Switzerland

Tanya Herfurth
Young Leaders for Health & Global Health Hub Germany | Founding Board Member & Co-Chair of the Steering Committee | Germany

Sonal Mehta
India HIV/AIDS Alliance | Chief Executive | India

Michael Oberreiter
Roche | Head of Global Access | Switzerland

Lia Tadesse
State Minister of Health | Ethiopia
PANEL DISCUSSION

RESPECT AND DIALOGUE
Overcoming Barriers Between Sectors, Disciplines, and Cultures

HOSTS
InterAcademy Partnership (IAP)
M8 Alliance
Tehran University of Medical Sciences (TUMS)

Sustaining peace is the central aim of the Sustainable Development Goals (SDGs) and a necessary basis for all other SDGs, including “Good Health and Well-being.” The initiative “Respect and Dialogue” by the InterAcademy Partnership (IAP) intends to give science a stronger voice and take more responsibility in this regard.

Many global crises are born or grow deeper due to the lack of comprehension or limited interest and courage to reach out across borders. Using health as an entry point, the session will explore barriers—between sectors, disciplines and cultures—and how they can be overcome to achieve progress towards the SDGs.
CHAIRS

Edelgard Bulmahn
German Bundestag | Former Federal Minister and Former Vice President of the German Bundestag | Germany

Roberto Francesco Monti
Respect and Dialogue | Managing Director | Italy

SPEAKERS

Rana A. Hajjeh
World Health Organization (WHO) | WHO Regional Office for the Eastern Mediterranean | Director of Programme Management | Egypt

Ali Jafarian
Tehran University of Medical Sciences (TUMS) | Former Chancellor | Iran

World Health Summit | International President 2019

Mohammad Hossein Nicknam
Iranian Academy of Medical Sciences | Permanent Member | Iran

Tolullah Oni
University of Cambridge | MRC Epidemiology Unit | Clinical Senior Research Associate | United Kingdom

University of Cape Town | Honorary Associate Professor | South Africa

Edelgard Bulmahn
Roberto Francesco Monti
Rana A. Hajjeh
Mohammad Hossein Nicknam
Ali Jafarian
Tolullah Oni
The purpose of this session is to first give an overview and to analyse the scope of the global problem. Practical and locally appropriate options to reduce the risk of falsified and substandard medicines entering the market will then be identified and discussed between different stakeholder groups. Another focus is on measures to identify such medicines and ways to eliminate them.

Falsified and substandard medicines are a global problem that endangers the health and lives of patients. The WHO estimates that about ten percent of all medicines in low- and middle-income countries are falsified or substandard, and in some regions the situation is even much worse. High-quality medicines are essential to protect patients and prevent treatment failure. Risk reduction measures focus on identifying and eliminating falsified and substandard medicines in pharmaceutical markets.
CHAIR

Lutz Heide
University of Tübingen | Professor of Pharmaceutical Biology | Germany

SPEAKERS

Peter Beyer
World Health Organization (WHO) | Senior Advisor | Switzerland

Alexandra Forster
Bayer Healthcare | Head of Crime Defense | Germany

Lutz Heide
University of Tübingen | Professor of Pharmaceutical Biology | Germany

Mirfin Mpundu
Ecumenical Pharmaceutical Network (EPN) | Executive Director | Kenya

Shushan Tedla
action medeor | Quality Assurance and Pharmaceutical Consultancy | Germany
As we interact with our external environment, so do we with our internal environment. All mucosal surfaces, including intestines, mouth, airways, and urogenital tract, host complex microbial ecosystems. These microbiomes differ between but persist within individuals, establish early in life, and play crucial roles in processing nutrients, protecting from pathogens and priming the development of the immune system. Shared evolutionary history taught us to influence our microbiota, and our microbiota to influence us, including through immune and metabolite signaling.

Diet, stress, antibiotic exposure, infection, and other factors all can perturb the microbiota from a helpful eubiotic to harmful dysbiotic state. Dysbiosis contributes to complex diseases of the host, including metabolic, renal, cardiovascular, inflammatory, autoimmune, neurological, and psychiatric states, also along a “gut-brain axis.” Significant comorbidity between different progressive diseases, especially with immune components and/or dietary risk factors, involve shared pathways impacted by the microbiota. Microbiomes act as asymptomatic reservoirs for opportunistic or antibiotic-resistant pathogens, causing symptomatic infectious disease when the right conditions (e.g. immunosuppression or antibiotic exposure) are met.

Thus, microbiome analysis offers tools for disease diagnosis and prognosis, personalizing nutrition and drug treatment, epidemiological monitoring, and risk assessment. Additionally, emerging therapeutics inspired by ancient practices draw on microbiota through prebiotic, probiotic and microbiome transplant techniques. As diet and lifestyle shift, “Western” diseases are quickly becoming global, threatening an enormous loss of healthy lifetime. This calls for better understanding of the microbiota and translating this understanding into healthcare and lifestyle advances in East and West, North, and South alike.
CHAIRS

Peer Bork
The European Molecular Biology Laboratory (EMBL) Heidelberg |
Head of Unit, Senior Scientist and Strategic Head of Bioinformatics |
Germany

Sofia Forslund
Max Delbrück Center for Molecular Medicine (MDC) |
Forslund Lab | Group Leader |
Germany

Mayaan Levy
University of Pennsylvania |
UPENN Department of Microbiology |
LevyLab | Principal Investigator |
United States of America

Stephan Patrick Rosshart
University Medical Center Freiburg |
Translational Microbiome Research and Gnotobiotic Mouse Facility |
Principle Investigator and Group Leader |
Germany

Julie Segre
National Human Genome Research Institute |
Translational and Functional Genomics Branch |
Chief and Senior Investigator |
National Human Genome Research Institute |
Microbial Genomics Section | Head |
United States of America

SPEAKERS

Peer Bork
The European Molecular Biology Laboratory (EMBL) Heidelberg |
Head of Unit, Senior Scientist and Strategic Head of Bioinformatics |
Germany

Eran Elinav
Weizmann Institute of Science |
Department of Immunology | ElinavLab |
Principal Investigator |
Israel

Stanley Hazen
Cleveland Clinic |
Department of Cardiovascular & Metabolic Sciences | Chair |
United States of America

Sofia Forslund
Max Delbrück Center for Molecular Medicine (MDC) |
Forslund Lab | Group Leader |
Germany

Mayaan Levy
University of Pennsylvania |
UPENN Department of Microbiology |
LevyLab | Principal Investigator |
United States of America

Stephan Patrick Rosshart
University Medical Center Freiburg |
Translational Microbiome Research and Gnotobiotic Mouse Facility |
Principle Investigator and Group Leader |
Germany

Julie Segre
National Human Genome Research Institute |
Translational and Functional Genomics Branch |
Chief and Senior Investigator |
National Human Genome Research Institute |
Microbial Genomics Section | Head |
United States of America

Stanley Hazen
KEYNOTE

OPENING CEREMONY

HOSTS
M8 Alliance
World Health Summit

CHAIR
Detlev Ganten
World Health Summit | President | Germany
SPEAKERS

Jens Spahn
Federal Minister of Health | Germany

Christian Luft
Federal Ministry of Education and Research | State Secretary | Germany

Charles Ibingira
Makerere University | University College of Health Sciences | Principal | Uganda

Ali Jafarian
Tehran University of Medical Sciences (TUMS) | Member Board of Trustees | Iran

Heyo Kroemer
Charité – Universitätsmedizin Berlin | CEO | Germany

David Loew
Sanofi Pasteur | Executive Vice President | France

Bernd Montag
Siemens Healthineers AG | President and CEO | Germany

Sania Nishtar
Benazir Income Support Programme (BISP) | Chairperson | Pakistan

Tolullah Oni
University of Cape Town | Honorary Associate Professor | South Africa

Andrea Wulf
Author and Historian | Biographer of Alexander von Humboldt | United Kingdom
OPENING CEREMONY AND RECEPTION

SUNDAY, OCTOBER 27
18:00
PANEL DISCUSSION

UNIVERSAL HEALTH COVERAGE
Expanding Rights and Access

HOSTS
Global Solutions Initiative
M8 Alliance
The Graduate Institute Geneva – Global Health Center
UHC2030

SDG 3.8 on universal health coverage (UHC) envisions that by 2030 all people can use the health services they need, of sufficient quality to be effective, and without facing financial hardship. Despite strong international support for UHC, country level financing and implementation remains challenging. Multi-sectoral approaches involving the whole of government and society are key to generate political will for investment in UHC and drive appropriate reforms.

Ensuring equitable access to universal health coverage has many dimensions. New models are emerging around the world which ensure inclusiveness by strengthening social participation. These include new mechanisms like people’s health assemblies and other forms of participation that ensure citizens and patients voices in the setting of priorities.

The recognition of social participation is also reflected in the strong engagement of civil society in the UHC 2030 multi-stakeholder platform. Strengthening accountability and advocacy are central to accelerate progress towards universal health coverage.

The role for the private sector in achieving UHC remains subject to much debate. One reason stems from the multiple and complex processes implicated in achieving UHC. While the overarching aim of UHC is to ensure that everyone has access to affordable and quality health products and services regardless of background, in practice this requires strengthening health financing for and service provision of, an agreed package of basic health services across a broad population. Yet there remains no blueprint for how this might be accomplished.
CHAIR

Ilona Kickbusch
The Graduate Institute of International and Development Studies | Global Health Center | Chair of the International Advisory Board | Switzerland
UHC 2030 | Co-Chair

SPEAKERS

Margaret Chan
Boao Forum For Asia | President | Hong Kong
World Health Organization | Emeritus Director-General

Carissa F. Etienne
Pan American Health Organization (PAHO) | Director | United States of America

Githinji Gitahi
AMREF Health Africa Group | Global CEO & Director General | Kenya
UHC 2030 | Co-Chair

Frederik Kristensen
Coalition for Epidemic Preparedness Innovations (CEPI) | Deputy CEO | Norway

Harald Nusser
Novartis | Head of Novartis Social Business | Germany

Dennis J. Snower
Global Solutions Initiative | President | Germany
PANEL DISCUSSION

FROM WORDS TO ACTION: TRANSFORMING MENTAL HEALTH GLOBALLY

HOST

Harvard Medical School

Mental health problems affect us all. The massive unmet need for care, the abuses of fundamental rights of people with mental health problems, and the very low investment in mental health care nationally and through development assistance, are unacceptable. Quite simply, mental health is the orphan child of the health care system and all countries are developing when it comes to mental health. No country will achieve the aspirations of universal health coverage without addressing mental health, for health care cannot be universal without mental health.

Even as there is growing global and national political will to invest in mental health, several structural barriers impede the likely impact of this historic opportunity to transform mental health globally, such as the limited leadership capacity; the lack of a workforce equipped with skills to deliver psychosocial interventions; the lack of accountability and metrics to evaluate the impact of mental health care systems; the rising burden of mental health problems in young people; and the limited agency and voice of persons with mental health problems.

This panel will engage stakeholders representing diverse sectors of society who need to act in concert to address these barriers and invite them to respond to how these barriers, and others which impede progress, need to be addressed to transform words into action.
CHAIR

Vikram Patel
Harvard Medical School | The Pershing Square Professor of Global Health | United States of America

SPEAKERS

Devora Kestel
World Health Organization (WHO) | Director of Mental Health and Substance Abuse | Switzerland

Glen Moriarty
7 Cups | Founder & Chief Executive Officer | United States of America

Antonella Santuccione Chadha
Roche Diagnostics | Global Medical Manager for Alzheimer’s Disease | Switzerland

Charlene Sunkel
Global Mental Health Peer Network | Chief Executive Officer | South Africa

Miranda Wolpert
Wellcome Trust | Head of Mental Health Priority Area | United Kingdom

CHAIR

Vikram Patel
Harvard Medical School | The Pershing Square Professor of Global Health | United States of America

SPEAKERS

Devora Kestel
World Health Organization (WHO) | Director of Mental Health and Substance Abuse | Switzerland

Glen Moriarty
7 Cups | Founder & Chief Executive Officer | United States of America

Antonella Santuccione Chadha
Roche Diagnostics | Global Medical Manager for Alzheimer’s Disease | Switzerland

Charlene Sunkel
Global Mental Health Peer Network | Chief Executive Officer | South Africa

Miranda Wolpert
Wellcome Trust | Head of Mental Health Priority Area | United Kingdom
Antimicrobial resistance (AMR) is a major global health and development issue and a threat to achieving the SDGs. One of the challenges is to ensure that patients across the world can benefit from new and existing antibiotics that are developed, made accessible and used appropriately. Tackling this challenge requires a holistic approach involving many players. Access and stewardship considerations have to be an integral part of the R&D process from the beginning. The starting point should be public health driven target product profiles taking into account public health and patient needs. A major challenge is how to ensure that new treatments are accessible, affordable and appropriately used on a global level. While huge progress has been made in the R&D process, the access challenge remains largely unsolved.

Earlier this year, the Global Antibiotic Research and Development Partnership (GARDP) in collaboration with the World Health organization (WHO) and the Medicines Patent Pool (MPP) organized a technical meeting on bridging R&D and sustainable access of antibiotics. The meeting sought to understand the roles and responsibilities of different players including developers, regulators, governments and civil society. Building on the outcomes of the technical meeting this high level panel will explore practical solutions to questions such as:

1. What does sustainable access mean, who is responsible for which elements?
2. What are the fundamental elements R&D needs to consider to ensure access?
3. To bridge R&D and access, what interventions are needed at global and national levels, and who pays for it?
CHAIR
Imogen Foulkes
BBC | Journalist | Switzerland

SPEAKERS

Manica Balasegaram
Global Antibiotic Research and Development Partnership (GARDP) | Executive Director | United Kingdom

Peter Beyer
World Health Organization (WHO) | Senior Advisor | Switzerland

Thomas Cueni
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) | Director-General | Switzerland

Mirfin Mpundu
Ecumenical Pharmaceutical Network (EPN) & ReAct Africa | Executive Director & Head | Sweden
A key question is to ask how can UHC be utilized for the fight of NTDs and the benefit for people with disabilities. Important contributions could be the expansion of laboratory capacities and the support of health-related supply chains. The workshop would like to focus on multisectoral interventions.

Untreated, many neglected tropical diseases can lead to impairment and disability. 80 percent of people with disabilities are living in developing countries, they are among the poorest and most marginalized people. The Global Goals for Sustainable Development put a strong focus on equity and universal health coverage. Often health systems are not able to deal with diseases hitting the poorest layers in societies and for which cheap medication is available.
CHAIRS

Achim Hörauf
Bonn University Medical Center | Institute of Medical Microbiology, Immunology and Parasitology | Director | Germany

Carsten Köhler
Institute for Tropical Medicine, Travel Medicine and Human Parasitology at the University and University Hospital of Tübingen | Center of Competence | Director | Germany

SPEAKERS

Sahayarani Antony
DAHW German Leprosy and Tuberculosis Relief Association | Department of Social Affairs | Inclusion Advisor | Germany

Louise Kelly-Hope
Liverpool School of Tropical Medicine | Centre for Neglected Tropical Diseases | Head of Monitoring and Evaluation Operational Research | United Kingdom

Mwelecele Ntuli Malecela
World Health Organization (WHO) | WHO Regional Office for Africa | Director of Department of Control of Neglected Tropical Diseases | Republic of the Congo

Grace Mwasuka
DAHW German Leprosy and Tuberculosis Relief Association | Tanzania

Yao Sodahlon
Mectizan Donation Program | Director | United States of America

Kirsty Thompson
CBM Australia | Strategic Advisor | Australia
Rising global temperatures are causing major physical, chemical, and ecological changes to the planet. Knowledge of these broad effects, known as “climate change,” has been present in academic circles for many years, and there is wide consensus among scientific organizations and climatologists that they are the result of human activity. The threats which climate change poses to human health, for current and future generations, has also been thoroughly analyzed and the necessity to act in the name of public health has been emphasized by medical associations and institutions.

Today, an unprecedented wave of global activism among the young population provides a new window of opportunity to move from science to action—but the question of how to get there is currently a matter of intense discussion. This workshop will take a look at the challenges which climate change poses to public health, and analyze what lessons can be learned from existing political initiatives in the area of environmental health. Considering the threats climate change poses to human health, safety, and security, children are a vulnerable group at particularly high risk. The WHO Initiative “Pollution Free Environment for Healthy Generations” has been working to preserve the social foundations of children’s mental and physical health, which are further threatened by the specter of far-reaching effects of unchecked climate change, including community and global instability, mass migrations, and increased conflict. Furthermore, non-communicable diseases have been reported to increase among children, and according to the Developmental Origins of Health and Disease (DOHaD) hypothesis, early life
environmental exposures are one of the possible causes.

Considering these threats of climate change and pollution to public health and looking for possible opportunities and solutions, transportation is a central issue. A move towards sustainable transport would not only help stop climate change, it would produce immediately noticeable effects such as cleaner air, less noise, and more physical activity. The public support generated by these short-term changes can become a driving force of long-term sustainability goals and have immediate impact upon our shared environment. Therefore, the workshop will take a look at the issue of transportation to further discuss possible ways to move from knowledge to solutions to political action.

CHAIR

Eckart von Hirschhausen
Physician, Comedian, and Scientist for Future | World Health Summit Ambassador | Germany

SPEAKERS

Sabine Gabryschi
Charité – Universitätsmedizin Berlin and Potsdam Institute for Climate Impact Research (PIK) | Professor for Climate Change and Health | Germany

Andrew Haines
London School of Hygiene & Tropical Medicine (LSHTM) | Professor of Environmental Change and Public Health | United Kingdom

Christian Hochfeld
Agora Verkehrswende | Executive Director | Germany

Chisato Mori
Chiba University | Center for Preventive Medical Sciences | Director | Japan

Maria Neira
World Health Organization (WHO) | Public Health, Environmental and Social Determinants of Health | Director | Switzerland
The UN high-level political declaration on UHC, adopted in September 2019, sets out a clear agenda on the attainment of SDG3. One of the major challenges identified in the declaration is how to accelerate investments in the health workforce to overcome the global shortages predicted by 2030, especially in countries with the weakest PHC systems and the furthest from UHC. This requires building the necessary foundations for PHC: investments in core infrastructure, both health facilities and preservice education institutions, and in health worker employment, retention and productivity.

There is an emerging opportunity to link investments in education, skills, and jobs in the health sector with the broader work of human capital and social spending, engaging the international financing institutions and all relevant partners as necessary. Investing in jobs in the health sector will positively impact generations to come: contributing to improved population health and creating opportunities for millions of women and youth to be active participants in the labor market.

By linking health employment, human capital and social spending the world can accelerate more and better investments in people for greater health equity and economic growth.
CHAIR

John Eu-Li Wong
The National University Health System | Chief Executive | Singapore

SPEAKERS

Mark Britnell
KPMG | Global Chairman & Senior Partner | United Kingdom

Jim Campbell
World Health Organization (WHO) | Director, Health Workforce Department | Switzerland

Tom Catena
Aurora Humanitarian Initiative | Chair | Armenia

Julie Lyn Hall
International Federation of Red Cross and Red Crescent Societies (IFRC) | Chief of Staff | Director of the Office of the Secretary General | Special Advisor for Health | Switzerland

John Eu-Li Wong
The National University Health System | Chief Executive | Singapore

Mark Britnell
Julie Lyn Hall
Jim Campbell
John Eu-Li Wong
Tom Catena
West Africa’s Ebola pandemic five years ago taught the international community an important lesson in dos and don’ts of comprehensive health crisis management. It became clear that health crises encompass a security dimension—especially in fragile contexts, an upcoming health crisis can destabilize a country or a whole region. Assuming its responsibility in preventing and resolving health crises, Germany has been revising and adapting its health crises management ever since.

The Ebola outbreak in Eastern Congo is an example of the new challenges we are facing—a complex set of actors in a conflict situation, a variety of militias and armed groups with very different interests. In the light of the current Ebola outbreak the panelists will discuss German health crises management from their different perspectives. How are the humanitarian aid response and the security sector intertwined? What are the challenges NGOs are facing on the ground? What is the role and interest of different actors?

Nowadays it is with no doubt, that such complex emergencies demand comprehensive crises management—in assessment, evaluation, and implementation. But when it comes to concrete action, what are the limits of a comprehensive approach towards health crises? How to interact with different actors?

The panel aims at raising awareness for the security dimension of health crises/disease outbreaks in fragile contexts and seeks to improve the understanding for different perspectives on comprehensive health crises response and preparedness.
CHAIR

Carlo Masala
Bundeswehr University Munich | Director of the Pilot Project Metis | Germany

SPEAKERS

Jane Ruth Aceng
Minister of Health | Uganda

Susanne Baumann
Federal Foreign Office | Federal Government Commissioner for Disarmament and Arms Control | Director-General for International Order, the United Nations and Arms Control | Germany

Ruxandra Draghia
Merck Sharp & Dohme Corp. | Vice President Public Health & Scientific Affairs, Global Vaccines | United States of America

Hans-Ulrich Holtherm
Medical Academy of the German Armed Forces | Director of Military Medicine Science and Capability Development | Germany

Michael Ryan
World Health Organization (WHO) | Health Emergencies Programme | Executive Director | Switzerland

Mercedes Tatay
Doctors Without Borders | International Medical Secretary | Switzerland
HOW TO ENSURE SUSTAINABLE ELIMINATION OF NTDS

A Focus on Sleeping Sickness

Neglected Tropical Diseases (NTDs) affect more than one billion people and cost developing economies billions of dollars every year. Bold and concerted action is needed to alleviate the burden of these diseases of poverty. In 2011, the WHO Strategic and Technical Advisory Group for Neglected Tropical Diseases and partners adopted a roadmap for control, elimination, and eradication.

No one organization, government, or company can do it alone. To realize the vision of this roadmap, 13 bio-pharmaceutical companies, under the leadership of WHO, joined their efforts with the Bill and Melinda Gates Foundation and numerous partners. Together they signed the London Declaration, the largest coordinated effort to date for stronger commitment, better coordination and strengthened collaboration.

Effective control can be achieved when selected public health approaches are combined and delivered locally. Implementation of appropriate measures with high coverage contribute to achieving the targets of the WHO NTD roadmap on neglected tropical diseases, resulting in the elimination of many and the eradication of at least two by 2020. This might be the case for sleeping sickness.

However, we must be vigilant: a lower number of cases poses a challenge to the way the disease has to be tackled. Last cases are the most difficult to reach; priority shifts to other diseases; donors’ “fatigue” can be observed. To avoid risk of rebound and reach sustainable elimination, it is essential to further invest while ensuring optimal use of resources, to explore and implement innovative strategies, including for sentinel case management, to shift towards stronger local accountability.
CHAIR

Samantha Bolton
Communication and Advocacy Advisor | Switzerland

SPEAKERS

Luc Kuykens
Sanofi | Senior Vice President
Global Health Programs | United States of America

Estrella Lasry
Doctors Without Borders | Tropical Disease Advisor | Spain

Veerle Lejon
Research Institute for Development (IRD) | Research Director | France

Mwelecele Ntuli Malecela
World Health Organization (WHO) | WHO Regional Office for Africa | Director of Department of Control of Neglected Tropical Diseases | Republic of the Congo

Erick Mwamba Miaka
Ministry of Health | Program Director | Democratic Republic of the Congo

Nathalie Strub-Wourgaft
Drugs for Neglected Diseases initiative (DNDi) | Director of Neglected Tropical Diseases | Switzerland
He called upon stakeholders to stop thinking in silos, and he continued by saying: “The letter I received asks for more than a new strategy. It demands a change in mindset.”

Along the lines of Dr. Tedros, the Lancet One Health Commission would like to continue with tangible action on the call for a change in mindset by harnessing the long-standing and continued collaboration in global health between Germany, Norway, and Ghana. We ask for the involvement and leadership of these three countries and beyond in the current Lancet One Health Commission, which, at its core, calls for multi-disciplinarity; a radical change in mindset. We will explore at various levels from grassroots to ministerial whether One Health has the potential of becoming an accelerator to the Global Action Plan.
CHAIRS

**John Amuasi**  
Lancet Commission on One Health | Co-Chair | Ghana

**Andrea Winkler**  
Lancet Commission on One Health | Co-Chair | Germany

SPEAKERS

**Kwaku Agyeman-Manu**  
Minister of Health | Ghana

**Hélène Carabin**  
Université de Montréal | Canada Research Chair in Epidemiology and One Health | Canada

**Wendy Harrison**  
Schistosomiasis Control Initiative – SCI Foundation | Chief Executive Officer | United Kingdom

**Maria Jahrmann Bjerke**  
Ministry of Health and Care Services | State Secretary | Norway

**Anthony Nsiah Asare**  
Ghana Health Service | Director General | Ghana

**Bernhard Schwartländer**  
World Health Organization (WHO) | Chief of Staff | Switzerland

**Camilla Stoltenberg**  
Norwegian Institute of Public Health | Director General | Norway

**Lothar H. Wieler**  
Robert Koch Institute | President | Germany
PANEL DISCUSSION

ENTREPRENEURS IN GLOBAL HEALTH PRESENTATION

From **12:45 – 13:45**, startups will showcase innovative ideas, with short presentations followed by audience Q&A.

In partnership with Stiftung Charité and the Charité BIH Entrepreneurship Summit.
CHAIR

Daniel Trattler
Eobiont GmbH | Creative Director | Germany

SPEAKERS

Massimo Bocchi
Cellply s.r.l. | CEO and Co-Founder at CellPly | Italy

Janna Hachmann
Captain T Cell | Business Development Manager | Germany

Maria Levin
Neteera | Director of Business Development & Marketing | Israel

Falk Schwendicke
DentalXr.ai | Chief Medical Officer
Charité University Hospital | Operative and Preventive Dentistry | Deputy Director of Department | Germany

Verena Schöwel
MyoPax | Research Fellow and Physician | Germany
and private sectors, research institutions and governments, to implement effective solutions to complex issues of global concern. A One Health approach is necessary to inform a coordinated response to the aforementioned health threats.

The two chairs for the session are on a consensus seeking mission by exploring a) the prevailing views on One Health, b) the notion of paradigm shift in One Health and c) the approach towards translating the One Health concept into politics and society. They will invite panelists from the various components of One Health to engage in a thought-provoking discussion. Output from the panel discussion will feed into the current Lancet One Health Commission.

Global health threats such as climate change, emerging infectious disease epidemics, neglected diseases of poverty, antimicrobial resistance, non-communicable diseases, in addition to food security and nutrition, require coordinated action across multiple disciplines. One Health policies and programs involve both public
SPEAKERS

Timo Falkenberg
Center for Development Research | Coordinator One Health Graduate School | Germany

Kim Grützmacher
Wildlife Conservation Society | Wildlife Health Program | Program Manager | United States of America

Jürgen May
Bernhard Nocht Institute for Tropical Medicine | Head of the Department of Infection Epidemiology | Germany

Barbara Natterson-Horowitz
Harvard University | Department of Human Evolutionary Biology | Visiting Professor

UCLA Division of Cardiology | Professor of Medicine at David Geffen School of Medicine & Co-Director of UCLA Evolutionary Medicine Program | United States of America

Chris Walzer
Wildlife Conservation Society | Wildlife Health Program | Executive Director | United States of America

Jakob Zinsstag-Klopfenstein
Swiss Tropical and Public Health Institute (TPH) | Deputy Head of the Department of Epidemiology and Public Health | Switzerland

CHAIRS

John Amuasi
Lancet Commission on One Health | Co-Chair | Ghana

Andrea Winkler
Lancet Commission on One Health | Co-Chair | Germany

Timo Falkenberg
Center for Development Research | Coordinator One Health Graduate School | Germany

Kim Grützmacher
Wildlife Conservation Society | Wildlife Health Program | Program Manager | United States of America

Jürgen May
Bernhard Nocht Institute for Tropical Medicine | Head of the Department of Infection Epidemiology | Germany

Barbara Natterson-Horowitz
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Chris Walzer
Wildlife Conservation Society | Wildlife Health Program | Executive Director | United States of America

Jakob Zinsstag-Klopfenstein
Swiss Tropical and Public Health Institute (TPH) | Deputy Head of the Department of Epidemiology and Public Health | Switzerland
United Nations Member States have a shared commitment and a common interest in achieving the Sustainable Development Goals by 2030. Achieving this will require significant investment, innovation and partnerships in Africa. It will benefit from integrated approaches to health, development and security, as well as consensus-building, information sharing and knowledge exchange.

The African Union has made health one of its priorities and we see increasing political commitment to invest in health in a number of African countries. New institutions have been built—such as the African Centers for Disease Control—and primary health care is in the focus. There are new initiatives to support African-led innovation coalitions and innovative funding platforms and to strengthen research institutions. This requires additional investments in science, technology, and innovation in Africa to improve health, spur economic growth, and reduce poverty across the continent.
CHAIR

Charles Ibingira
Makerere University | University College of Health Sciences | Principal | Uganda

SPEAKERS

Jane Ruth Aceng
Minister of Health | Uganda

Kwaku Agyeman-Manu
Minister of Health | Ghana

Thomas Cueni
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) | Director-General | Switzerland

Maria Flachsbarth
Federal Ministry for Economic Cooperation and Development (BMZ) | Parliamentary State Secretary | Germany

Jayasree K. Iyer
Access to Medicine Foundation | Executive Director | The Netherlands

Maria Flachsbarth

Charles Ibingira

Jayasree K. Iyer
PANEL DISCUSSION

ARTIFICIAL INTELLIGENCE FOR HEALTH
How to Ensure Quality?

HOSTS

Berlin Institute of Health (BIH)
Fraunhofer Heinrich-Hertz-Institut

This session includes representatives of universities, research institutes, multinational corporations, federal agencies, non-profit organizations, and intergovernmental bodies (ITU/WHO FG-AI4H), which are based on several continents. Despite these differences, all participants in the session share a common goal: ensuring that AI solutions for health are safe for patient use.
CHAIR

Thomas Wiegand
Fraunhofer Heinrich-Hertz-Institute | Executive Director | Germany
ITU/WHO Focus Group on “AI for Health” (FG-Al4H) | Chair

SPEAKERS

Khair ElZarrad
FDA’s Center for Drug Evaluation and Research (CDER) | Deputy Director of the Office of Medical Policy (OMP) | United States of America

Stefan Germann
Fondation Botnar | Chief Executive Officer | Switzerland

Naomi Lee
The Lancet | Executive Editor (Digital) | United Kingdom

Bernd Montag
Siemens Healthineers | President and CEO | Germany

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist | Switzerland

Christof von Kalle
Berlin Institute of Health (BIH) | Chair for Clinical Translational Sciences | Germany

Kaifer

Thomas Wiegand

Soumya

Swaminathan

Stefan

Germann

Christof
von Kalle

Naomi
Lee

Thomas
Wiegand

Bernd
Montag
The session has two aims: First, to inform about the concept of BRICS, the health status and the recent health care reforms in those countries. Second, to foster a discussion about the different possibilities and approaches to move to sustainable health systems in the BRICS countries by means of health insurance schemes. A point of discussion will also be how this can contribute to reach the Sustainable Development Goals (SDGs) in these countries.

The (BRICS) countries Brazil, Russia, India, China, and South Africa share similar problems regarding the foundation of sustainable health (care) systems even if their economic and political systems often do not develop in parallel. The BRICS countries already work together in different health organizations like the World Health Organization (WHO). The start of an own development bank (The new Development Bank) now offers new ways in cooperation. Recent political developments like the start of the world biggest health insurance schema in India—often called Modi-Care—and South Africa being under new management open new windows of opportunities.
CHAIR

Helmut Brand
Prasanna School of Public Health, Manipal | Founding Director | India

SPEAKERS

Harsh Bhardwaj
Public Policy Research Centre (PPRC) | Research Associate Research Associate | India

Theuns Botha
MediCoop CFI | Managing Director
Former Health Minister of Western Cape | South Africa

Qiao Jianrong
World Health Organization | China Representative Office | Coordinator, Health Systems and Health Security | China

Alicia Matijasevich Manitto
University of São Paulo | Department of Preventive Medicine, Faculty of Medicine | Associate Professor | Brazil

Alexey Morozov
Voronezh State Medical University N.N. Burdenko | Head of the Department for Education, International Affairs, and Public Relations | Russia

Hélène Rossouw
Spear Health Foundation | CEO | South Africa
Such a revision facilitates the process of updating the list of diseases under surveillance in the African context of the IDSR and contributes to the advancement of the topic of surveillance tool allocation to a certain disease.

The findings of this workshop shall set the basis for the development of a generic concept that will allow countries and regions on any continent to prioritize diseases for surveillance and also to identify the most appropriate surveillance system for each of them, thereby providing an evidence-based, reproducible and localizable process that also supports and complements the current revision of the IDSR.

In 1998, the World Health Organization Regional Office for Africa (WHO/AFRO) adopted the Integrated Disease Surveillance and Response (IDSR). Currently, this strategy is under revision in order to adjust for new developments, including advancements in infectious disease research, changes in the burden of specific diseases, recent experience with Ebola epidemics as well as the increasing availability of new digital technologies.

The objective of this workshop is to revisit the criteria and procedures applied to assign a specific surveillance method to a specific disease with a strong focus on the African setting and recent advances of eHealth applications for surveillance.
**CHAIRS**

**Olúṣọlá Aruna**  
Public Health England | Senior Public Health Advisor | United Kingdom

**Gérard Krause**  
Helmholtz Centre for Infection Research (HZI) | Head of Department for Epidemiology | Germany

**Peter Nsubuga**  
Global Public Health Solutions | Medical Epidemiologist | United States of America

**Michael Ryan**  
World Health Organization (WHO) | Health Emergencies Programme | Executive Director | Switzerland

**Ambrose Otau Talisuna**  
World Health Organization (WHO) | Regional Office for Africa | Advisor, IHR & Global Health Security | Republic of the Congo

**Anders Wallensten**  
Public Health Agency of Sweden | Deputy State Epidemiologist | Sweden

**SPEAKERS**

**Olawunmi Adeoye**  
Nigeria Centre for Disease Control | Nigeria

**Justus Benzler**  
Robert Koch Institute | Epidemiological Advisor to the German Electronic Notification, Reporting and Information System for Infectious Disease Control | Germany

**Natalia Margarita Cediel Becerra**  
De La Salle University | Lecturer and Researcher | Colombia

**Maria da Luz de Lima Mendonça**  
National Institute of Public Health of Cape Verde | President | Cape Verde

**Mazala Kapina**  
Zambia National Public Health Institute | Head Surveillance and Disease Intelligence | Zambia
PANEL DISCUSSION

ACCESS TO MEDICINES
The Role of Partnerships in Finding Solutions

HOST
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)

SDG 3 seeks to ensure healthy lives and promote well-being for all, and SDG 17 seeks strengthening global partnerships between public, private, and government agencies as an essential ingredient in ensuring a brighter and healthier future.

So how are public-private partnerships meeting these goals both for innovation and access? What are the key features of “innovative business models” and how do these models and the cooperation with the private sector and other stakeholders meet expectations? What can we do to ensure both innovation and access especially for essential and neglected treatments? How do communities see these partnerships?

A panel of leaders of public health partnerships from differing treatment fields and with different business models have been brought together to discuss these challenges and seek to explain how their partnerships are making real impact in achieving SDGs especially in developing countries.
CHAIR

Greg Perry
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) | Assistant Director General | Switzerland

KEYNOTE SPEAKER

Eva Njenga
NCD Alliance of Kenya | Chair | Kenya

SPEAKERS

Cary Adams
Union for International Cancer Control (UICC) | Chief Executive Officer | Switzerland

Manica Balasegaram
Global Antibiotic Research and Development Partnership (GARDP) | Executive Director | United Kingdom

Martin Bernhardt
Sanofi | General Medicines & Emerging Markets | Head of Global Public Affairs | Switzerland

Catharina Boehme
Foundation for Innovative New Diagnostics (FIND) | CEO | Switzerland

Thoko Elphick-Pooley
Uniting to Combat NTDs | Director | United Kingdom

Greg Perry
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) | Assistant Director General | Switzerland

Catharina Boehme
PANEL DISCUSSION

SMART INVESTMENT IN EQUITABLE HEALTH SYSTEMS
At the Intersection of Science and Policy

HOSTS

ATscale – Global Partnership for Assistive Technology
Ottobock SE & Co. KgaA
The George Washington University, Milken Institute School of Public Health

The world has never possessed such a sophisticated arsenal of interventions and technologies for curing disease and prolonging life. Yet the gaps in health outcomes continue to widen. For much of the ill health, disease, premature death, and suffering we see on such a large scale effective and affordable interventions are available for prevention and treatment. The power of existing interventions is not matched by the capacity of health systems to deliver them to those in greatest need, in a comprehensive way, and on an adequate scale.

Smart investments and efficient health system development must be the center piece of health policies and financing. It is time to evaluate both the performance of health systems to serve those most in need, especially in low and middle income countries, but also explore how best to support them in the future. This panel will discuss these issues in a frank and provocative way.
CHAIR

Adnan A. Hyder
The George Washington University | Milken Institute School of Public Health | Senior Associate Dean for Research and Professor of Global Health | United States of America

SPEAKERS

Jane Ruth Aceng
Minister of Health | Uganda

Reinhard Busse
Technische Universität Berlin (TU) | Department of Health Care Management | Director | Germany

Alison End Fineberg
ATscale – Global Partnership for Assistive Technology | Director | Switzerland

Abdul Ghaffar
Alliance for Health Policy and Systems Research | Executive Director | Switzerland

Berit Hamer
Ottobock SE & Co.KGaA | Director International Cooperation | Germany
Despite widespread introduction of user fee exemption policies, out-of-pocket payments remain the predominant mode for households in sub-Saharan Africa to cater for the costs of healthcare. However, healthcare expenditures often exceed the available assets and savings of a low-income household. In addition, poor households have no assured regular income or collateral to secure a loan, thus preventing insurance companies and financial institutions from providing their services to these potentially high-risk customers.

Within less than a generation, mobile communication has become ubiquitous. During the last 10 years, mobile phone ownership more than doubled in low- and middle-income countries and quadrupled in sub-Saharan Africa. Alongside this revolution followed mobile payment services, also known as mobile money (MM), acting as an alternative to cash.

Owing to its potential to provide users with rapid access to cash and remittances, electronic savings accounts, and insurance schemes, MM is increasingly being used in the health sector and multiple services using MM have been launched in several countries, however with mixed results.

This session aims to highlight best practice examples from the field and to determine potential benefits and implications of using MM and related services to achieve financial risk protection as a key component of universal health coverage (UHC).
CHAIR

Till Bärnighausen
Heidelberg Faculty of Medicine of the University Heidelberg | Director of Heidelberg Institute of Global Health (HIGH) | Germany

SPEAKERS

Ann Aerts
Novartis Foundation | Head of the Novartis Foundation | Switzerland

Christoph Benn
Joep Lange Institute | Director for Global Health Diplomacy | The Netherlands

Roland Göhde
German Health Alliance (GHA) | Chairman of the Board | Germany

Natalia Pshenichnaya
GSMA | Head of AgriTech Programme | Madagascar

Diana Ratsiambakaina
Ministry of Public Health | Regional Director of Public Health Department | Madagascar
There is a wide range of initiatives, national as well as multi-lateral, aiming at strengthening health research capacity in resource limited countries, in particular on the African continent. Many of these initiatives generate important and noticeable results, but often in isolation and with little planning for long-term sustainability.

Coordination between different funders is mostly lacking, or modest at best, and the different programs are often developed and implemented without consideration of mutual reinforcement, leading inadvertently to competition, duplication or repetition. There is currently no easy way to access, deposit, and share information about existing or upcoming programs and events, which would allow individual organizations to design a new initiative that is compatible with existing initiatives. The end result is too often overcrowding of projects and funder-driven initiatives in a few institutions, countries and activity areas, while other locations and capacity gaps are completely forgotten.

This session will explore how the current myriad of capacity building initiatives can be better coordinated among funders, and between funders and recipient countries. The session will bring together a diverse group of organizations involved in different aspects of capacity strengthening, on both the demand and supply side. We will discuss whether an improved or de novo platform, such as an on-line Open Capacity Strengthening Platform, can be established that would allow funders and implementers to share information and coordinate their efforts towards a more balanced and cost-efficient use of resources.
**CHAIRS**

**Ole Olesen**
European & Developing Countries Clinical Trials Partnership (EDCTP) | Director of International Cooperation | The Netherlands

**Leonardo Simão**
Former Minister of Health and Former Minister of Foreign Affairs and Cooperation | Mozambique

**SPEAKERS**

**Hannah Akuffo**
Swedish International Development Cooperation Agency – Sida | Senior Specialist, Unit for Research Cooperation, Dept for Partnerships & Innovation | Sweden

**Imelda Bates**
Liverpool School of Tropical Medicine | Clinical Haematologist | United Kingdom

**Kundai Chinyenze**
International AIDS Vaccine Initiative (IAVI) | Executive Medical Director | Kenya

**Hans Hagen**
Institut Pasteur Center for Global Health | Deputy Director of the Centre for Global Health | France

**Dermot Maher**
World Health Organization (WHO) | Coordinator | Switzerland

**Marcel Tanner**
Swiss Academy of Sciences (SCNAT) | President | Switzerland
Health promotion and protection for all citizens and healthcare for patients represent some of the most important policy challenges worldwide. Virtually every single area of life—professional productivity, cultural creativity, political and social participation, and citizens’ quality of life—is influenced by the state of health at the individual and at the population level. But are current forms of health governance and healthcare services sufficient to overcome inequalities, ensure health security, harness technological developments, and cover future needs?

The session focuses on health governance and the models and strategies used to make health policy an integral part of modern social policy and meet growing challenges. Health governance involves state, market, non-governmental, professional, and individual actors often working across sectors and depends on interactions at multiple levels—from local clinics to global forums. The session traces the development of health governance institutions and actors, examines factors influencing the health-related decisions of individuals and policy-makers alike, highlights innovations both at international level and at the intersection between individuals and professionals, and offers recommendations to ensure that health care and health policy are governed to meet future challenges.
CHAIR

Mujaheed Shaikh
Hertie School | Professor of Health Governance | Germany

SPEAKERS

Kalipso Chalkidou
Center for Global Development | Director of Global Health Policy & Senior Fellow | United Kingdom

Francesca Colombo
Organization for Economic Cooperation and Development (OECD) | Head of the Health Division, Directorate for Employment, Labour and Social Affairs | France

Bernadette Klapper
Robert Bosch Stiftung | Senior Vice President Health | Germany

Julio Daniel Mazzoleni Insfrán
Minister of Health | Paraguay

Claus Wendt
University of Siegen | Chair of Sociology of Health and Healthcare Systems | Professor | Germany
WORLD HEALTH SUMMIT NIGHT

MONDAY, OCTOBER 28
18:00
PROGRAM

TUESDAY, OCTOBER 29
PANEL DISCUSSION

THE COMMERCIAL DETERMINANTS OF HEALTH

HOST
Tobacco Free Portfolios

The human right to health cannot be protected by doctors and the healthcare sector alone. The biggest threats to human health, the diseases and illnesses that take too many lives are intertwined with commerce. Noble intentions to lift the health of all must address the commercial realities of business interests that see millions affected by widely available and legal products.

As the power of the corporate sector continues to rise, now is the time to forge partnerships for change, to better human health globally. In the spirit of the 17th Sustainable Development Goal—Partnerships for the Goals—this session profiles the new and necessary relationships that are developing between health and commerce, it gives hope of what can be achieved when different sectors start speaking the same language and work together with a clear vision.
CHAIR

Bronwyn King
Tobacco Free Portfolios | CEO | Australia

SPEAKERS

Don Gerritsen
Principles for Responsible Investment (PRI) | Head of Benelux | The Netherlands

Mark Saunders
AIA Group Limited | Group Chief Strategy and Corporate Development Officer | Hong Kong

Pavan Sukhdev
WWF International | President | India

Ulana Suprun
Former Acting Minister of Health | Ukraine

Ruben Zandvliet
ABN AMRO Bank N.V. | Advisor for Environmental, Social, and Ethical Risk and Policies | The Netherlands
Impacts of climate change on human health have begun to attract greater attention. However, there is much still to be done to use the current evidence base to inform policy development broadly across sectors, and to fill gaps in the knowledge base by new research. Pathways of health effects are complex with many factors interacting, and climate change will intersect with other major trajectories e.g. in urbanization, population ageing and human behavioral change.

Academies of science worldwide have significant interest in the issues for understanding and addressing the impacts of climate change. Recently, the European Academies Science Advisory Council (EASAC) completed a report analyzing evidence on climate change and health in Europe: covering both direct and indirect risks in terms of hazards, exposure and vulnerabilities. Project work clarifying options for adaptation and mitigation and the implications for overcoming barriers to implementation led to a range of recommendations for generating and using science to guide policy and practice.

This World Health Summit session will discuss key points relating to the impacts of climate change for health, stimulated by this recent work with particular regard to identifying policy needs and actions and to extending academies’ analysis worldwide.
CHAIR

Volker ter Meulen
InterAcademy Partnership (IAP) | President | Germany

SPEAKERS

Robin Fears
European Academies Science Advisory Council | Bioscience Programme Secretary | United Kingdom

Andrew Haines
London School of Hygiene & Tropical Medicine (LSHTM) | Professor of Environmental Change and Public Health | United Kingdom

Johannes Klumpers
European Commission | Directorate-General for Research and Innovation | Head of Unit – Chief Scientific Adviser – SAM, EGE | Belgium

Maria Nilsson
Umeå University | Department of Epidemiology and Global Health | Researcher | Sweden

CHAIR

Volker ter Meulen
InterAcademy Partnership (IAP) | President | Germany
By 2030 85% of NCD-related deaths among women will occur in low- to middle-income settings. Reasons are the failure of health systems to offer adequate and equal access to health care. Gaps in access to up to date knowledge and continuous education for health professionals and the lack of tools for quality control are the main underlying causes.

The panel will provide insight into the problems health care professionals are facing in low- and middle-income settings in their struggle to provide quality care for women. An overview will be provided about the global strategies of WHO and its partners to develop well trained health workforce at all levels of care so that women get access to quality care.

A way forward will be given by taking the example of the emerging North-South and South-South network of academia which is supporting the “End cervical Cancer” strategy of WHO in the African Region. This network will establish close to client training centers for health care providers in several North- and Sub-Saharan African countries. These platforms of knowledge exchange for cervical cancer will be best positioned to be expanded for the dissemination of knowledge for all key areas of women health.
CHAIR

Jalid Sehouli
Charité - Universitätsmedizin Berlin | Department of Gynecology | Medical Director | Germany

SPEAKERS

Maria Flachsbarth
Federal Ministry for Economic Cooperation and Development (BMZ) | Parliamentary State Secretary | Germany

Sean Kehoe
University of Birmingham | Lawson Tait Professor of Gynaecological Cancer | United Kingdom

Frank Kornely
Boehringer Ingelheim International | Senior International Product Manager | Germany

Princess Nothemba Simelela
World Health Organization (WHO) | Special Adviser to the Director-General, Strategic Programmatic Priorities | South Africa

Ibrahima Teguete
Centre Hospitalo-Universitaire Gabriel Touré | Obstetrician and Gynecologist | Mali

Andreas Ullrich
Charité - Universitätsmedizin Berlin | Department of Gynecology | Visiting Scientist | Germany

Jalid Sehouli
Charité - Universitätsmedizin Berlin | Department of Gynecology | Medical Director | Germany
**WORKSHOP**

**WS 15**
SAAL 4 | AFRICA
9:00 – 10:30

**HOW CAN WE CREATE SUSTAINABLE VALUE FOR PATIENTS AND SOCIETY?**

Healthcare Sustainability From Theory to Practice

**HOST**

European University Hospital Alliance

The European University Hospital Alliance invites you to explore how adding value to individuals and society is possible in a sustainable way. Over the past few years it has become clear that sustainability is not just a buzzword but a dire necessity.

How does healthcare approach this challenge? Healthcare creates a lot of value; our health is one of our most important assets. Health innovation brings us increasingly advanced knowledge and technological solutions.

But we are also a resource intense sector, e.g. the NHS is the UK’s largest employer and our university hospitals are often big organizations with large environmental footprints.

So far we have mainly analyzed our short term results, but what is the effect of our treatments 5 or 10 years later? How sustainable is the added value? What does it mean not only for the individual, but also for society? How do we feedback these long term results back to decision making at the start of treatment?

Doing more with less can only be part of the answer. At the World Health Summit, our panel looks forward to discuss with you how we can achieve a balanced approach that aligns the social, economic and environmental resources and improve health outcomes.

The European University Hospital Alliance (EUHA) brings together nine of Europe’s leading University Hospitals. They envision to be a network of sustainable healthcare eco-systems that achieve the best outcomes for our patients within the resources available, also in the long run!
CHAIR

Heyo Kroemer
Charité – Universitätsmedizin Berlin | CEO | Germany

SPEAKERS

Jan Hazelzet
Erasmus University Medical Center | Professor Healthcare Quality and Outcomes | The Netherlands

Maria Margarete Karsten
Charité – Universitätsmedizin Berlin | Specialist in Gynaecology and Obstetrics | Germany

Sir Robert Lechler
King’s Health Partners | Executive Director
King’s College London | Provost and Senior Vice President (Health) | United Kingdom

César Velasco Muñoz
Agency for Health Quality and Assessment of Catalonia (AQuAS) | Director | Spain

Heyo Kroemer
The proof of quality universal health coverage will be in the extent to which it is able to reach all people, where they live, and deliver the best possible care with optimal existing and new tools, which are affordable and accessible, and do not place undue burden on the health system or upon primary caregivers. In many countries, the test will be in the extent to which quality UHC can be delivered to neglected and vulnerable populations, including those living with NTDs.

A presupposition that their needs can be responded to is that their needs are known. A test of that is their involvement in the creation and implementation of policies and services. The global community has just launched its Global Action Plan to achieve SDG3, which includes plans to accelerate research and innovation.

This workshop will brainstorm how to ensure neglected populations at the center of the implementation of the UHC and SDG agendas, so that areas of critical importance to assure needs driven innovation and access are designed with and around them. The workshop will scrutinizing existing efforts—including platforms, partnerships and coalitions—for the extent to which they involve and co-create policies with affected populations, and draw on lessons these can share for the implementation of UHC and contribute to achieving the SDGs.
CHAIR

Nathalie Strub-Wourgaft
Drugs for Neglected Diseases initiative (DNDi) | Director of Neglected Tropical Diseases | Switzerland

SPEAKERS

Michael Devoy
Bayer AG | Executive Vice President for Medical Affairs & Pharmacovigilance and Bayer Chief Medical Officer | Germany

Michael Makanga
European & Developing Countries Clinical Trials Partnership (EDCTP) | Executive Director | The Netherlands

Javier Sancho Mas
Barcelona Institute for Global Health (ISGlobal) | Coordinator of the Global Chagas Disease Coalition | Spain

Monique Wasunna
Drugs for Neglected Diseases initiative (DNDi) Africa | Director of the DNDi Africa regional Office | Kenya
Despite much progress, poverty related infectious diseases (PRDs) are still responsible for a huge burden in Africa. As well as their impact on individuals, these diseases—in particular, tuberculosis, HIV/AIDS and malaria—and the neglected and emerging diseases, impose a high economic burden on countries, acting as a drag on national development. Achieving most if not all Sustainable Development Goals (SDGs) will depend on effective control of infectious diseases through enhanced detection, treatment, prevention and tracking of infection. The development of fast, reliable, user-friendly and cost-effective medical technologies is needed to streamline diagnostic processes in resource-limited settings, to support preventive measures as well as reducing unnecessary referrals and ensuring early initiation of treatment when needed.

To optimally contribute to clinical decision-making and working practices in existing healthcare systems, it is important to evaluate the effectiveness of promising new generations of medical technologies in real life situations. Moreover, antimicrobial resistance (AMR) is already having a major impact in developing countries especially in Africa, compromising the use of multiple antibiotics against target pathogens, as well as antimalarial, antiviral and antifungal
therapeutics. Key to reducing the threat of AMR is the development of better diagnostic and prognostic tools, ideally for use at point-of-care.

This session will discuss general strategies and provide practical examples of the clinical development of novel medical technologies for PRDs through partnerships and strategic alliances.

CHAIRS

Stefan Kaufmann
Max Planck Institute for Infection Biology | Director | Germany

Michael Makanga
European & Developing Countries Clinical Trials Partnership (EDCTP) | Executive Director | The Netherlands

SPEAKERS

Angela Loyse
St George’s University of London | Institute of Infection and Immunity | Honorary Infectious Diseases Consultant | United Kingdom

Catherine K. Ohura
GHIT Fund | CEO and Executive Director | Japan

Peter Sands
The Global Fund to Fight AIDS, Tuberculosis and Malaria | Executive Director | Switzerland

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist | Switzerland

Veronika von Messling
Federal Ministry of Education and Research (BMBF) | Life Sciences Division | Director General | Germany

Gerhard Walzl
Stellenbosch University | Immunology Research Group | Head | South Africa
There is a wealth of data being collected at the national level across a range of indicators, monitoring and evaluation tools, and programs, however mechanisms are not always in place to allow effective use of this data in decision-making for national health security and preparedness. Further, the barriers to accessing data from within the health sector, as well as data that is relevant to the health sector but collected by non-health actors, are poorly characterized at a national and subnational level.

Director of the Africa Centers for Disease Control, Dr. John Nkengasong, urged Member States to establish and strengthen their National Public Health Institutes (NPHIs) as a matter of health security. To optimally use information to strengthen health security and preparedness at both the national and global levels, it is imperative that NPHIs are able to first access available and relevant existing data. This session has a dual focus on the evolving role of NPHIs in mandating and advocating for better preparedness and on the governance of data for health, reflecting on the value of existing data across the health and non-health sectors and the challenges to more effective use of data to empower the NPHIs.

The Centre on Global Health Security, in collaboration with three NPHIs in Nigeria, Ethiopia and Pakistan, is leading a project to Strengthen National Accountability and Preparedness for Global Health Security (SNAP-GHS). This project provides a springboard for the proposed panel discussion, inviting the Directors of the Nigeria Centre for Disease Control and
the Ethiopian Public Health Institute to engage in the topic and session focus (along with key project partners, the Robert Koch Institute and the International Association of NPHIs).

**CHAIR**

Lothar H. Wieler  
Robert Koch Institute | President | Germany

**SPEAKERS**

**Emmanuel Agogo**  
Nigeria Centre for Disease Control (NCDC) | Deputy Director, Prevention and Programs | Nigeria

**Ngozi Erondu**  
Castlepines Medical Foundation | CEO, Project Zambezi | United Kingdom

**Meerjady Sabrina Flora**  
The International Association of National Public Health Institutes (IANPHI) | Vice-President of IANPHI | France

**Rüdiger Krech**  
World Health Organization (WHO) | Universal Health Coverage and Health Systems | Director | Switzerland

**Beyene Moges**  
Ethiopian Public Health Institute (EPHI) | Deputy Director General | Ethiopia

**Ebere Okereke**  
Public Health England | Consultant in Global Public Health | United Kingdom

**Elhadj As Sy**  
International Federation of Red Cross and Red Crescent Societies (IFRC) | Secretary General | Switzerland
New technologies are emerging and converging to create a new infrastructure that acts as a central nervous system of the global community, allowing data to be shared instantly across regions, borders, and oceans. The current and future convergence of big health data—from personal, clinical, and environmental—combined with artificial intelligence (AI) offers unprecedented opportunities for public health. Pooling and sharing this data have the potential to reduce the barriers to accessing diagnostics and care, making it available to all. If we act now, we can create a whole new health data ecosystem as part of the digital revolution, enabling it to become a global public good. If we don’t, we risk that self-interested groups take advantage and use this data for commercial gain, and in the worst case, for malicious purposes.

Ultimately, while there is a significant opportunity to leverage AI and health data for global health, especially in low- and middle-income countries, nothing is guaranteed unless we create the needed global regulatory environment for health data to become a global public good. This session will explore the opportunities as well as critical challenges donors, governments and development partners currently face when implementing initiatives where they are collecting valuable data, and to begin thinking how we can find solutions at different levels to urgently coordinate action in the move toward health data becoming a global public good and consider if it is time to put in place an international health data regulation through the World Health Assembly?
CHAIR

Stefan Germann
Fondation Botnar | Chief Executive Officer | Switzerland

SPEAKERS

Anurag Agrawal
CSIR Institute of Genomics & Integrative Biology | Director | India

Marelize Gorgens
World Bank Group | Health, Nutrition and Population Global Practice | Senior Monitoring and Evaluation Specialist | United States of America

Nanjira Sambuli
World Wide Web Foundation | Senior Policy Manager | United States of America

Joanne Waldstreicher
Johnson & Johnson | Chief Medical Officer | United States of America

Thomas Wiegand
Fraunhofer Heinrich Hertz Institute | Executive Director | Germany
WORKSHOP

ACCESS TO SUSTAINABLE NCD TREATMENT AND CARE
Finding Solutions Through Public-Private Partnerships in Low-Resource Settings

HOSTS
Boehringer Ingelheim Pharma GmbH & Co.KG
The Defeat-NCD Partnership

The rising tide of non-communicable diseases (NCDs) represents one of the greatest public and global health challenges of our times. We have arrived at a tipping point with NCDs and it is time to tip the scales in our favour.

Enormous effort has been directed by many concerned actors into advocacy, sensitising policy makers, and creating public awareness. But impact is too slow. We must scale up concrete action and provide the NCD prevention and management services that people with NCDs need right now.

This panel discussion, an official side event of the World Health Summit 2019, will explore:

• How can public-private partnerships lead to improved access to medicines and technologies?
• How can public-private partnerships help scale up services for NCD treatment and care?
CHAIR

Juliette Foster  
Journalist | United Kingdom

SPEAKERS

Mukul Bhola  
The Defeat-NCD Partnership |  
Chief Executive |  
Switzerland

Maria Flachsbarth  
Federal Ministry for Economic Cooperation and Development (BMZ) |  
Parliamentary State Secretary |  
Germany

Diane Gashumba  
Minister of Health |  
Rwanda

Myint Htwe  
Minister for Health and Sports |  
Myanmar

Devora Kestel  
World Health Organization (WHO) |  
Director of Mental Health and Substance Abuse | Switzerland

Antonio Ruffolo  
Boehringer Ingelheim Corporate Center GmbH |  
Head of Access to Healthcare and Global Health Policy |  
Germany

Nikhil Seth  
United Nations Institute for Training and Research (UNITAR) |  
Executive Director |  
Switzerland
The goal of the workshop will be to discuss how international funders can support domestic health priorities and ensure that receiving governments see development assistance for health (DAH) as a tool to complement their own agendas.

The Global Action Plan for Healthy Lives and Well-Being for All, launched at UNGA in September 2019, highlights some common issues in the global health landscape. One of the key problems that hinder sustainable and equitable progress is the lack of involvement of countries that receive DAH in shaping international programs and funding mechanisms. This has meant that in some cases, international funded programs were not seen as a way to meet the health priorities of the receiving country and that external flows have had a substitution effect for domestic resources.

There is a need to understand why this occurs and shed light on alternative aid challenging that provide sustainable, demand-driven and long term-financing. The workshop will explore different perspectives and lessons learned on funding innovation mechanisms that put countries decision making at the heart of the process, including by exploring opportunities for co-funding models. Hearing from country representatives, multilateral agencies, bi-lateral donors and research funders, participants will discuss the barriers to identify the essential features of these models and how to overcome them.
CHAIR

Mark Chataway
Hyderus | Managing Director | United Kingdom

SPEAKERS

Alex Harris
Wellcome Trust |
Head of Global Policy & Advocacy |
United Kingdom

John Markels
Merck Sharp & Dohme Corp. |
President, Global Vaccines |
United States of America

Rosemary Mburu
Waci Health | Executive Director |
Kenya

Chinwe Lucia Ochu
Nigeria Centre for Disease Control |
Deputy Director Prevention &
Programmes Coordination

Nigeria Centre for Disease Control |
Head, Research, Training &
Knowledge Management |
Nigeria

Toomas Palu
World Bank Group |
Advisor for Global Coordination |
Switzerland
Successful institutions need good leaders. And whether they are in high income countries or poorer countries, institutions providing healthcare, educating future physicians or promoting the public’s health are no different. Yet decision-makers in such institutions are often appointed from among people trained in medicine, with little formal training in leadership to prepare them for these roles.

The InterAcademy Partnership (IAP) Young Physician Leaders (YPL) program aims to bridge this gap. Launched in 2011, to date some 213 young physicians from some 45 countries have participated in eight international and two regional editions of this personalized leadership training program (a dedicated IAP for Health YPL Directory is available here: http://www.interacademies.org/37944/YPL-Directory).
CHAIRS

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International Society for
Urban Health (ISUH) | President |
United States of America

Nora Ilona Grasselli
ESMT European School of
Management and Technology GmbH | Program Director |
Germany

Peter McGrath
InterAcademy Partnership (IAP) | Program Officer |
Italy

SPEAKERS

Selected from among the 2019 cohort of Young Physician Leaders
WS 20
SAAL 5 | OCEANIA
12:30 – 14:00

WORKSHOP

NEW VOICES IN GLOBAL HEALTH
The (Dis)connection between Science and Global Health

HOSTS
Global Young Academy
World Health Summit

This New Voices in Global Health session is organized by Global Young Academy. It aims to explore the (dis)connection of various sciences with global health research, policy, or advocacy. Scientists’ from diverse disciplines discuss how their work relates to global health and share how their field relates to broader global challenges, which usually require interdisciplinary expertise and collaboration. The speakers and hosts of the session are members and alumni of the Global Young Academy, with backgrounds in chemistry, biomedical sciences, nano-chemistry, food engineering, health sciences, and the history and philosophy of science.
CHAIRS

Stefan Kohler
Global Young Academy | Co-lead, Global Health Working Group | Germany

Koen Vermeir
Global Young Academy | Co-chair, Executive Committee | Germany

SPEAKERS

Muhammad Akhyar Farrukh
Forman Christian College | Associate Professor | Pakistan

Almas Taj Awan
Federal University of Sao Carlos | Visiting Professor | Brazil

Mohamed Elhadidy
Zewail City of Science and Technology | Associate Professor of Biomedical Sciences | Egypt

Guru Madhavan
U.S. National Academy of Engineering | Norman R. Augustine Senior Scholar and Director of Programs | United States of America

Wibool Piyawattanametha
King Mongkut’s Institute of Technology Ladkrabang (KMITL) | Director of Advanced Imaging Research Center | Thailand

Arya Shalini Subash
Engineering School of Lorena (EEL), USP | Post Doctoral Fellow | Brazil
Healthcare has developed into a key policy issue that is discussed at both national and international levels. In 2019, the G20 in Osaka, Japan, will include a meeting of health ministers in a forum set to cover topics like health security and antimicrobial resistance as well as a joint meeting of finance and health ministers. The health governance issues inherent in the Sustainable Development Goals have underlined how increasing financial and political commitments—at global and at domestic level—are central to solving global health challenges which must be dealt with at the highest political level. The G7 will focus on issues of inequality including access to health. Health featured strongly at the 2019 UNGA—it is also part of the BRICS deliberations. There is also an opportunity to give health a higher profile in upcoming EU presidencies.

This complementarity of agendas can support the SDG approach to address current and future social, economic and environmental challenges through an integrated approach. The social, economic and environmental factors play an undeniable role in human health; only through integration of the three dimensions will it be possible to achieve the transformative change required to secure long-term environmental and human well-being.
CHAIR

Ilona Kickbusch
The Graduate Institute of International and Development Studies | Global Health Center | Chair of the International Advisory Board | Switzerland

SPEAKERS

Jens Spahn
Federal Minister of Health | Germany

Tedros Adhanom Ghebreyesus
World Health Organization (WHO) | Director-General | United Nations

Stefania Giannini
UNESCO | Assistant Director-General for Education | France

Jewel Howard Taylor
Vice President | Liberia

Luiz Henrique Mandetta
Minister of Health | Brazil

Keizo Takemi
Japan Center for International Exchange | WHO Goodwill Ambassador for UHC and Member of the House of Councillors Japan | Japan
The pressures of growing youth and ageing population will have a profound impact on global health spending, predicted to rise to some $10 trillion in 2020. New technological developments are responding by increasingly blurring the boundaries between the physical, biological, and digital worlds. Technology aims to personalize precision medicine in order to tailor prevention and treatment to individual patients based on their genetic makeup. This revolution can lead to radically reduced costs and benefit the health of all while increase patient empowerment but may result in new ethical challenges and health inequities.

Following the first meeting of world leaders on universal health coverage (UHC) and launch of the Global Action Plan for Healthy Lives and Well-Being for All at the UN General Assembly in September 2019, as well as the anticipated WHO Director General’s “Global Strategy on Digital Health” in May 2020, the stakes for advancing a truly global market in digital health for next generation UHC and the SDGs by 2030 have taken on a new dimension. The next step is ensuring a transformative and multi-stakeholder ecosystem for the sustainability of innovations and growth of digital public goods, their economic viability, scale-up and inclusivity.
CHAIR

Denis Gilhooly
Global Health 2030 Innovation Task Force | CEO | United States of America

SPEAKERS

Peter Albiez
Pfizer Germany GmbH | Chief Executive Officer | Germany

Francesca Colombo
Organization for Economic Cooperation and Development (OECD) | Head of the Health Division | France

Diane Gashumba
Minister of Health | Rwanda

Bernard Hamelin
Sanofi | Global Head of Medical Evidence Generation | France

Marie-Josée Hébert
Université de Montréal | Vice-Rector of Research, Discovery, Creation and Innovation | Canada

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist | India

Denis Gilhooly
Global Health 2030 Innovation Task Force | CEO | United States of America
The ultimate success of the SDGs will be measured by their impact on the prosperity and well-being of people and the planet, particularly the extent to which the SDGs “leave no one behind.” Initiatives such as the SDG3 Global Action Plan for Health and Well-Being endeavor to build a foundation of greater cohesion among global health actors in support of countries’ achievement of the health-related SDGs. But accelerating the pace of progress will require increased government cooperation at country level as well as enhanced stakeholder engagement across sectors—at global, regional, national and sub-national levels.

The Action Plan was launched at the World Health Summit 2018—the actors involved in the action plan will report on its progress and the implementation challenges at hand. They will focus in particular on the seven accelerators that have been identified.
CHAIR

Ilona Kickbusch
The Graduate Institute of International and Development Studies | Global Health Center | Chair of the International Advisory Board | Switzerland

SPEAKERS

Jane Ruth Aceng
Minister of Health | Uganda

Seth Berkley
Gavi, The Vaccine Alliance | CEO | Switzerland

Jeremy Farrar
Wellcome Trust | Director | United Kingdom

Magda Robalo Correia e Silva
Minister of Public Health | Guinea-Bissau

Peter Sands
The Global Fund to Fight AIDS, Tuberculosis and Malaria | Executive Director | Switzerland

Bernhard Schwartländer
World Health Organization (WHO) | Chief of Staff | Switzerland

Ilona Kickbusch
GENERAL INFORMATION
USEFUL INFORMATION

ACCESS TO THE VENUE AND SECURITY

Participants and speakers must present a valid photo ID to pick up their badges. Please be advised that bags may be inspected for security reasons. We ask that you refrain from bringing luggage to the venue, as this will slow down security procedures.

Badges should be worn at all times, and are required to enter all sessions and related events.

CAPACITY LIMITS

Please note that the capacity of session rooms and the venue as a whole is limited. The organizers reserve the right to refuse access if the maximum capacity has been reached.

CLOAKROOM

The cloakroom is located to the left of the entrance, and will be open for the duration of the event.

EMERGENCY NUMBERS

Ambulance/Fire: 112
Police: 110

INTERNET

Wifi is available throughout the venue.
Network: WorldHealthSummit
Password: #WHS2019

MEDIA

The World Health Summit is fully open to the press. Photography and filming are permitted. Journalists may request press badges in advance online, or present a valid press ID at the venue entrance. Media information packets are available at the registration counter. A media center with workspace for journalists is available on the upper level.

LOST AND FOUND

Lost items can be collected at the registration counter during the World Health Summit. After the summit, unclaimed items will be held by the venue for a limited time only.
PARKING

Parking is available at the venue in an underground lot.

PEOPLE WITH DISABILITIES

The venue is accessible to participants with disabilities. If you require specific accommodations, please inform summit staff at contact@worldhealthsummit.org

PROGRAM CHANGES

The program is subject to changes due to unforeseen circumstances. Please check the interactive online program planner on our website for regular updates.

REGISTRATION

The registration desk is open during the following times:
Sunday, October 27  8:00 – 23:00
Monday, October 28  7:00 – 23:00
Tuesday, October 29  7:00 – 18:00

SMOKING POLICY

Smoking is prohibited inside the venue.

SPEAKER CENTER

The speaker center is located on the upper level. Speakers must bring any audio-visual materials they require to the speaker center prior to their session. Presentations cannot be run from personal laptops in the session rooms. The speaker center is open during the following times:
Sunday, October 27  10:00 – 18:00
Monday, October 28  8:00 – 18:00
Tuesday, October 29  8:00 – 17:00

TAXIS

Taxi Berlin  +49 30 202020
Taxi Würzelfunk  +49 30 210101
Taxi Funk  +49 30 443322
CME CREDITS FOR PHYSICIANS

Continuing Medical Education and Professional Development

Berlin Chamber of Physicians – Landesärztekammer Berlin
Physicians attending the World Health Summit can receive six credits per day from the Berlin Chamber of Physicians.

Each participant should claim only those hours of credit that he/she actually spent in the educational activity.

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European Accreditation Council for Continuing Medical Education (UEMS/EACCME)
The World Health Summit 2019, Berlin, Germany, 27/10/2019-29/10/2019 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 16 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

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American Medical Association (AMA)
Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/education/cme/uemseaccme-cme-credit-recognition.

Royal College of Physicians and Surgeons of Canada
Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.
CITY OF BERLIN

BERLIN HEALTH EXCELLENCE – EXPERTISE AND CUTTING-EDGE MEDICINE MADE IN BERLIN

Berlin’s success as a health capital reflects a 300-year tradition as a healthcare and scientific centre. More than a dozen Nobel Prize winners worked here, including researchers such as Rudolf Virchow and Robert Koch. More than 90 hospitals with about 22,000 beds and with 9,900 doctors on duty, respectively an additional number of 9,200 doctors performing outpatient care make Berlin one of the cities with the highest numbers of doctors in Germany. Patients can thus find medical specialists for every disease. About 17,000 to 21,000 international patients are travelling to Berlin annually in order to undergo medical treatment.

One of Berlin’s most famous medical institutions is the renowned Charité, Europe’s largest university hospital and one of Germany’s leading hospitals. World-renowned scientists of the Charité cooperate closely with recognised research organisations such as the Massachusetts Institute of Technology in Boston. Since 2019, the Berlin Institute of Health (BIH) has been integrated into the Charité, making research an important third pillar alongside health care and the medical faculty. The aim is to transfer the research results from the laboratory to clinical care as quickly as possible and thus to provide patients in Berlin with the best possible care. This year Charité was ranked fifth best hospital worldwide by the US weekly Newsweek.

Other outstanding hospitals are the German Heart Centre (DHZB)—a top-level hospital for heart and vascular diseases under the leadership of world famous heart surgeon Professor Dr. med. Volkmar Falk—or Vivantes—with its nine clinics and several rehabilitation centres being Germany’s largest hospital group. Many more hospitals and doctor’s surgeries could be mentioned as all of them are offering top-class medical treatment and provide medical experts of all disciplines.

Medical care at the highest level requires a strong collaboration between scientists and practitioners. Berlin is a leading centre of science and research in Europe, especially focusing on medicine. Four universities, the Charité teaching hospital, seven universities of applied sciences and over 30 private universities offer teaching and research facilities for people from all over the world. Germany’s most important research organizations such as the Fraunhofer-Gesellschaft or the Max Planck Society are based in Berlin and successful technology parks like the tech-hub Adlershof or biotech park Campus Berlin-Buch are established here.

This environment also makes Berlin a popular destination for international congresses in science and medicine: 22 per cent of the approximately 143,000 meetings, conventions and events held in 2018 were in the fields of medicine, pharmaceuticals and health management. 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.

For more information about Berlin as a meeting destination, go to convention.visitBerlin.com.

Detailed information about diagnostics, treatment and rehabilitation options in Berlin can be found at berlin-health-excellence.com.
Apart from the excellent quality of medicine, the capital of Germany with its green character, several parks and leisure facilities offers many ways to relax or support the patients’ recovery. Guests from abroad are increasingly investing in their health during their stay. It is only in Berlin that visitors can so perfectly combine health consciousness, culture and lifestyle.

Cultural experiences in Berlin are of great variety. From ancient art by the Old Masters to avant-garde design, from classical opera to musicals to pop concerts, Berlin’s cultural calendar leaves nothing to be desired. For all seasons, at all hours and for every taste, Berlin has something to offer.

Culture and art enthusiasts can also admire new styles and prominent works from all eras every day in Berlin’s over 180 museums and approximately 440 galleries. The city’s best known museums include the five buildings at 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 Neues Museum, while the Martin-Gropius-Bau presents contemporary art.

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

This year Berlin will be celebrating a special event. The November 9 marks the 30th anniversary of the fall of the Berlin Wall. In the anniversary week from 4 to 10 November, Berlin will become a huge open-air area for exhibitions, film screenings and concerts. visitBerlin participates in the festivities with a unique art project: “Berlin Handshape”. Since 9 November 1989, 10,957 days will have passed since the fall of the Berlin Wall. For every day without the border in the heart of the city, visitBerlin collects “Berlin Handshapes”, the handprints of two people. From Tuesdays to Sundays in the visitor centre at the Berlin Wall Memorial, people from different backgrounds can talk to each other and get involved in each other’s history. A piece of clay, held by both together and shaped by their handshake, symbolizes the moment of their exchange and remains as a witness to their encounter.
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Coimbra University Hospitals, Portugal

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University of São Paulo,
Brazil

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United Kingdom

2009
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Sorbonne Paris Cité,
France

2017
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Dean
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University of Montreal,
Canada

2016
ANTOINE FLAHAULT
Director
Institute of Global Health,
University of Geneva,
Switzerland

2013
JOHN EU-LI WONG
Chief Executive Officer
National University Health System,
Singapore

2012
MICHAEL J. KLAG
Former Dean
Johns Hopkins Bloomberg
School of Public Health,
USA

2010
STEVEN K. SMITH
Dean
Monash University,
Melbourne,
Australia

2009
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Sorbonne Paris Cité,
France
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WORLD HEALTH SUMMIT
AMBASSADORS AND COUNCIL

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Germany

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Pfizer Germany

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University of Washington, Department of Global Health

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**MATTHEW MOETI**  
World Health Organization

**LOTHAR WIELER**  
Robert Koch Institute
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Former Chancellor  
Tehran University of Medical Sciences, Iran

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Founding President  
World Health Summit, Charité - Universitätsmedizin Berlin, Germany

CHARLES IBINGIRA  
International President 2020  
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Makerere University College of Health Sciences, Uganda

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Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

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DUARTE NUNO VIEIRA  
Dean  
Faculty of Medicine, University of Coimbra Portugal

TARCÍSIO ELOY PEIXOA DE BARROS FILHO  
Dean  
Faculty of Medicine, University of Sao Paulo, Brazil
<table>
<thead>
<tr>
<th>Country</th>
<th>Head of Delegation</th>
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<tbody>
<tr>
<td>Australia</td>
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