WORLD HEALTH SUMMIT
BERLIN, GERMANY
& DIGITAL
OCTOBER 24–26, 2021
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**Key Notes:**
- **KEY** Keynote
- **PD** Panel Discussion
- **WS** Workshop
- **WS** Policy Track by MoH Germany
- **D** Digital Track
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| 9:00-10:30 | PD 21, Page 118      | **Planetary Health Determines Human Health**  
Stiftung Gesunde Erde - Gesunde Menschen (Foundation Healthy Planet - Healthy People)                                                   |
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Eberhard Karls University Tübingen  
German Network against Neglected Tropical Diseases (DNTDs)  
German Society for Tropical Medicine and International Health (DTG)  
University Hospital Tübingen                                                                                                   |
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Joep Lange Institute                                                                                                          |
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|            | D 13, Page 152       | **Investing in Women and Resilient Health Systems**  
German Federal Ministry for Economic Cooperation and Development (BMZ)  
Partnership for Maternal, Newborn and Child Health (PMNCH)  
UNFPA – United Nations Population Fund                                                                                             |
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|            | PD 28, Page 156      | **Vaccine Policy for Health Equity**  
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The COVID-19 pandemic continues to throw up significant challenges, such as new variants of the virus or the syndrome known as long COVID, which we can only overcome together.

I am therefore delighted that in 2021 the World Health Summit is once again bringing together experts working in science, politics, non-governmental organisations and civil society around the world. I would like to bid you all a very warm welcome to Berlin! This is an opportunity for you to share new findings and discuss what may be needed to efficiently prevent and fight pandemics on a global scale. I am extremely grateful for this, because the COVID-19 pandemic is not yet over.

However, we have achieved a great deal, not least thanks to worldwide cooperation. Multiple effective vaccines have been developed and produced in record time. I am delighted that BioNTech, a German company, was able to contribute to this success. Progress such as this builds in part on research funding provided by the German Government over many years.

Vaccines must be accessible to everyone around the world. This is the only way to end the pandemic. The Access to COVID-19 Tools Accelerator—or ACT-Accelerator—with its vaccine platform COVAX is the foremost global initiative working to make this happen. It is the result of a commitment by the G20 and has been supported by the German Government from the beginning. With a contribution of 2.2 billion euro, Germany is the second-largest donor. We will only be able to achieve lasting success through multilateral action and international solidarity.

This pandemic will not be the last health crisis. And so we must discuss our experiences with one another, work together to draw lessons from them, and judiciously pool our resources to ensure that we are as well-equipped as possible for future outbreaks of infectious diseases. Digitalisation has an important part to play. If we link up health data more effectively, we can make it easier to carry out clinical research across multiple locations, ultimately improving patient care. From artificial intelligence that can help analyse medical imaging, to digital applications that enable access to medical care even in remote areas, new possibilities to continue improving global health are constantly emerging.

The World Health Summit is a forum for you to engage with these issues which are so crucial to our future. Thank you very much for everything you do. I hope that you enjoy many enriching discussions at this Summit.

Angela Merkel
Chancellor of the Federal Republic of Germany
The Chancellor of the Federal Republic of Germany and I have been Patrons of the World Health Summit (WHS) since its inception in 2009. As we continue this rich tradition of Patronage along with the President of the European Commission and the Director General of the World Health Organization (WHO), the importance of the WHS could not be clearer this year. By bringing together leaders from academia, government, industry, international organizations, science and medicine to tackle the multitude of issues posed by COVID-19, we hope to build a healthier future for humanity.

While physical attendance of this year’s summit has been curtailed due to pandemic restrictions, the opportunity for many more of the best and brightest to attend virtually provides an unparalleled opportunity. The chance to listen, debate, exchange ideas and inspire. In this light, my thoughts turn to Chancellor Angela Merkel, whose leadership and willingness to act for the common good based on a truly European vision will continue to inspire all of us. I also wish to thank Professor Detlev Ganten for his exceptional chairmanship of the WHS since its creation twelve years ago and welcome Professor Axel Pries to this pivotal role.

The central topics of this 13th annual World Health Summit highlight the complexities and challenges that we must collectively address to alleviate inequalities in access to health care and treatment, harness science and technology and ensure that we are adequately prepared to deal with any future health crisis. The European Union has a key role to play, and these issues will naturally be at the heart of the French Presidency of the Council of the European Union.

The pandemic has once again shown the extent to which international solidarity is central to global health. It is in this spirit of solidarity that France, along with the European Commission, the WHO and the Bill & Melinda Gates Foundation, launched the “Access to COVID-19 Tools (ACT) Accelerator” in April 2020. By supporting the equitable distribution of tests, treatments and vaccines across the globe with a focus on strengthening health systems, ACT-A provides a vital mechanism to improve global access to the tools required to treat the pandemic.

While much remains to be done to deliver on the promise of global access, it was essential for these governments and organizations to come together to combat an unprecedented global health crisis. It also demonstrated the importance for one organization to carry legitimate global leadership: the World Health Organization must be the compass for our global health network. This organization must be robust in time of crisis, agile enough to react in emergencies and fully transparent to inspire confidence. France supports the strengthening of the WHO in its normative role and as facilitator in the preparation and response to future health crises. Achieving
these goals also requires improvements to the financing of the WHO to make it more sustainable and predictable. Additionally, stronger governance of our pandemic response mechanisms, with better coordinated financing and clearer procedures will ensure fast and equitable access to response tools.

The European Union has played a central role in the international response to Covid and will continue to do so, by building a genuine “European Health Union”. With common stocks of masks and tests, coordinated purchasing capacities for prevention, treatments and vaccines, shared plans for the prevention of epidemics, common methods for identifying cases, and with a coordinated “Team Europe” approach to solidarity, this ambition highlights our shared values, that transcend European internal borders.

The pandemic has once again shown that well-trained human resources in health save lives. France is proud to host the WHO Academy in Lyon, which will train health and other public officials in matters of global health. This is an important step towards building healthy societies and economies and paving the way towards achieving our health-related Sustainable Development Goals.

France is also particularly committed to address the impact of the Covid pandemic on mental health. Earlier this year on October 5th & 6th, France hosted the world summit on mental health. This event was key to strengthen international mobilisation for mental health, promote the respect of patients’ rights and highlight innovative international protocols. It is clear that there is no health without mental health.

The current health crisis has finally reminded us that human health is inseparable from animal and environmental health. This “One Health” approach must guide our efforts to be better prepared for future pandemics. We have started to make progress on this. Along with Germany and the Tripartite collaboration (WHO, OIE, FAO), we launched the One Health High Level Expert Panel (OHHLEP) last November during the Paris Peace Forum. The panel is now set to provide advice to international organisations and global leaders by providing evidence-based information.

This leads to a subject particularly important to me. The current pandemic, with its trail of misinformation, has shown us the importance of science and robust health systems. The World Health Summit demonstrates the essential role of scientific communities to decision-making on global health. Access to scientific data, reliable information and training for the general public and health workers are key in the fight against the pandemic. They will remain crucial to face the shocks we could still experience in the years and decades to come.

I wish to all participants a fruitful Summit, with a renewed ambition to ensure the fundamental right to health for all.

Emmanuel Macron
President of the Republic of France
This year’s World Health Summit coincides with a crucial yet almost forgotten anniversary. Seventy-five years ago, the idea of a “right to health” was formulated in the Constitution of the World Health Organization. It was a first in the history of humanity. Health was also recognised as a global public good, because “unequal development in different countries in the promotion of health and control of disease is a common danger”.

We still have a long way to go. Yet, three quarters of a century later, the world realises the truth in these words like never before. The COVID-19 pandemic has shown how crucial it is to invest in quality healthcare and prevention all across the world. Let us build on this new awareness, and open a new chapter in the history of global public health—where we all join forces and everyone takes responsibility.

In the run-up to the World Health Summit, I would like to focus on three topics on the Summit’s agenda.

First, vaccine equity. Team Europe—the European Union and its Member States, together—have contributed 3 billion euros to COVAX and team Europe has committed to donating up to 500 million doses of vaccines till mid 2022 for vulnerable countries. And every second dose of vaccine produced in Europe is shipped abroad to the rest of the world. We are a world leader in this regard. However, the global pace of vaccine donations is still too slow. While developed nations must step up their contribution, we must also work to help low- and middle-income countries increase their manufacturing capacities. Team Europe will invest one billion euro by the end of the year to ramp up Africa’s vaccine production capacity, with a focus on mRNA technology. It is a contribution in the fight against the pandemic, and an important step towards vaccine equity. Let us use the Summit to discuss the way forward, together.

Second, preparedness. After the first Sars outbreak, Mers and H1N1—the world was still caught off guard by COVID-19. This shall never happen again. Here in Europe, we have just delivered on our promise to launch a European Health Emergency Preparedness and Response Authority, HERA for short. And earlier this year we have brought global leaders together and agreed on the Rome Declaration on preparedness against health threats. It is a set of clear principles, and how would like to discuss how to turn them into reality all over the world.

Third, Europe’s role in the world. The European Union is a community of countries who have agreed on joining forces for the common good. In these two years, we have experimented a wealth of creative solutions for our public health: on vaccine sharing, on joint procurement of protective equipment and medicines, on ramping up the manufacturing of pharmaceutical products, on preparedness, let alone with the creation of the European Health Union. We are willing to share this experience with the world, and to learn from others who have also explored new solutions.
The COVID-19 pandemic is a powerful demonstration that when health is at risk, everything is at risk. The pandemic has exposed the consequences of years of under-investment in public health and pandemic preparedness, even in countries with some of the most advanced medical systems.

Even as we respond to the threat of COVID-19, we must address the underlying vulnerabilities and structural inequalities that put so many people at risk. This is important not only for this pandemic, but for future health crises and persistent health threats including communicable and non-communicable diseases and environmental challenges such as pollution and climate change.

Understanding and addressing the inequalities and inequities that make some communities so much
more vulnerable than others is at the heart of WHO’s mission and at the heart of public health.

Every year, WHO supports countries to strengthen health policy on a vast range of issues, from mental health to maternal care, nutrition to infectious diseases, water and sanitation to air pollution, while also responding to dozens of health emergencies around the world.

But no single institution can tackle these global challenges alone. And no single country can take on a pandemic by itself. The lack of sharing of data and information has hobbled the global response. Now, vaccine inequity, with more than 75% of doses going to high and upper-middle income countries, is hampering our ability to bring the pandemic to an end.

There have been several reviews of the global response to the COVID-19 pandemic, and of WHO’s performance. Four consistent themes emerge that demand urgent action.

First, we need better global governance that is inclusive, equitable and accountable, including a legally-binding international agreement on pandemic preparedness and response. This will be the subject of a Special Session of the World Health Assembly in November of this year.

Second, we need better financing for national and global preparedness and response, using existing international financial institutions, rather than creating new structures that would lead to further fragmentation.

Third, we need better systems and tools to prevent, prepare for, detect and respond rapidly to outbreaks with epidemic and pandemic potential, such as the new WHO Hub for Epidemic and Pandemic Intelligence in Berlin, which I was honoured to open with Chancellor Angela Merkel in September of this year.

And fourth, we need a strengthened, empowered and sustainably financed WHO at the centre of the global health architecture. With 194 Member States and 152 country offices, WHO has a unique global mandate, unique global reach and unique global legitimacy.

In the coming months and years, other crises will demand our attention, and distract us from the urgency of taking action now. If the world continues down the same path, it will continue to get the same result, which is a world that is less healthy, less safe and less fair.

Although the pandemic has robbed us of so much, it also gives us a unique opportunity to make real and lasting change for a healthier, safer and fairer future.

The World Health Summit is an essential forum for the high-level discussions we need to move towards that future. As a member of the World Health Summit’s founding committee, I’m delighted to see how every year, it becomes an increasingly important venue for bringing together thought leaders and high-level decision makers to forge a consensus for how to address the most pressing challenges in global health.

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

WELCOME TO THE WORLD HEALTH SUMMIT 2021

This year, the World Health Summit will once again welcome hundreds of experts from a vast array of healthcare related fields. Together, they will address the enormous challenges currently facing global health.

As one of the world’s leading strategic forums for global health, the World Health Summit brings together leaders from politics, science, medicine, the private sector, and civil society to drive forward the global agenda for a healthier future.

Comprising of a unique worldwide network of thirty leading academic medical institutions, the M8 Alliance serves as the World Health Summit’s academic backbone. Together they act as catalysts, stimulating a vast range of diverse stakeholders to define and tackle imminent global health dilemmas.

In this context, the current COVID-19 pandemic shows just how crucial the improvement of global health is and how fundamental the strengthening of international and interdisciplinary cooperation remains. This year COVID-19 and related topics such as pandemic preparedness, vaccine equity and UHC (plus many more) remain a central topic of the more than fifty keynote sessions, panel discussions, and workshops.

Ours are testing times for global health issues! The World Health Summit’s vision has perhaps never been more topical and relevant: To improve health worldwide via collaboration and open dialogue, steering tomorrow’s agenda towards the improvement of research, education, healthcare and policy outcomes.

In order to achieve this we must all act in solidarity to ensure worldwide impact. In doing so, we will simultaneously support the pivotal premise that health is a global public good. This is our goal, this is the task of the World Health Summit, and it is against this backdrop that I see my personal role as President.

On that note, we cordially welcome you to the 2021 World Health Summit and wish us all fruitful discussions that will facilitate real and sustainable impact.

Charles Ibingira
International President 2021
World Health Summit
Principal (until 2020),
Makerere University College of Health Sciences, Uganda

Axel Radlach Pries
World Health Summit President
Dean,
Charité – Universitätsmedizin Berlin
Welcome Message
Charité - Universitätsmedizin Berlin

Dear World Health Summit Participants

We at Charité are very proud to welcome an excellent group of researchers, clinicians, health activists, innovators and foremost global health enthusiasts 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 its inception at Charité in 2009, the World Health Summit has become a leading forum for these principles. Strengthening partnerships and collaborations—among institutions, across sectors, beyond specialties and across borders—is key to maximizing the impact of innovation in medicine and science.

This year’s spotlight is again on the pandemic with a focus on the controversies around fair vaccine distribution and the economics of health for all. Further we will discuss the efforts to expand the role of the European Health Union and artificial intelligence in global health care. Mental health has been recognized as the neglected “orphan child” of the health care systems, which has been underscored by COVID-19. These are all challenges and burning questions of our time that cannot be answered and solved locally or even nationally. Berlin continues to develop into a center for healthcare innovation. Particularly with the new global WHO Hub for Pandemic and Epidemic Intelligence, Charité can and will 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. 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 together stakeholders from around the globe, to facilitate and foster dialogue, discussion and joint efforts to tackle our mutual challenges in global and local health. The worldwide pandemic has dramatically illustrated the need for concerted actions and unhindered exchange of knowledge and expertise. Conferences like this are vital to combat the centrifugal forces that have been unleashed not only by COVID-19 but also by climate change, social inequalities and impaired access to health care and education. Anxiety, misinformation and distrust have to be met by education, sound science and strong partnerships. Let’s take on these tasks and work together toward a better global health future!

On behalf of Charité, it is my pleasure to welcome you to the World Health Summit 2021. Enjoy the city of Berlin, valuable insights and interesting discussions with colleagues and key opinion leaders from all over the world.

Heyo Kroemer
Chief Executive Officer
Charité – Universitätsmedizin Berlin
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. Speakers and participants from all over the world include:

- 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

The mission of the World Health Summit 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 of Academic Health Centers, Universities and National Academies” is the academic foundation of the World Health Summit. The International Presidency of the World Health Summit rotates annually among the members of the M8 Alliance. It is a growing network and currently consists of 30 members in 20 countries, including the InterAcademy Partnership, which represents the national academies of medicine and science in 130 countries.

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

The M8 Alliance organizes annual Regional Meetings, regular Expert Meetings, and Summer Schools. As a result of each World Health Summit the M8 Alliance issues the M8 Declaration: recommendations for action to international policymakers.

The M8 Alliance was initiated by Charité – Universitätsmedizin Berlin in 2009 on the occasion of the first World Health Summit.
Vaccine Equity: A Call to Action
Equal access for all to a COVID-19 vaccine has been a dominant political demand throughout the pandemic. How far have we advanced sharing the vaccine equitably and ensuring that it is considered a global public good? What political lessons have we learned also for other areas of global health? What instruments can help ensure global public goods for health?

The Role of the European Union in Global Health
The initiatives to create a European Health Union entail an important political opportunity to strengthen the global health role of the EU. The EU’s internal legal and political capacity for health immediately interacts with its goals in global health. A stronger global health role of the EU will bring geopolitical advantages, but will also benefit the global community as well as EU Member States internally. It affects many areas of EU policy including development policies, foreign policies and setting safety standards that impact global health, in areas such as food safety, chemical safety, environmental policies and more recently digital health.

WHO Council on the Economics of Health for All
Global Health needs new economic thinking—a proactive Health for All economic agenda, to shape our economies so they truly have wellbeing and inclusion at the center of how we create value, measure it and distribute it. Returning to the status quo following the pandemic will not be enough—WHO calls for innovation-led transformation of health systems to achieve economic well-being everywhere. We must rethink how we value health. The time has come for a new narrative that sees health not as a cost, but an investment that is the foundation of productive, resilient and stable economies.

The Intersection of COVID-19 and Mental Health
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, especially during this pandemic. 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 and an effective Health in All Policies approach to the pandemic without addressing mental health, for health care cannot be universal without mental health.
Unlocking Digital and AI Technologies for Health
Artificial intelligence has led to improvements in areas of healthcare such as medical imaging, automated clinical decision-making, diagnosis, prognosis, and more. Although AI possesses the capability to revolutionize several fields of medicine, it must be bound by ethical and regulatory approaches that ensure patient’s rights.

Pandemic Preparedness: Lessons from COVID-19
The global response to COVID-19 has called our global pandemic preparedness into question. Now we must build with urgency on experiences made. New forms of collaboration and strengthened partnerships have emerged as central to the response. We have seen unprecedented speed to develop the tests, treatments and vaccines needed to keep the world safe. But the question remains; from science and research to policy and implementation, has the world truly shifted in terms of our ability to react? How can we build towards the future after COVID-19, and ensure preparedness for the challenges to come.

POLICY TRACK
Hosted by the Federal Ministry of Health
The Policy Track brings together leading experts from science, think tanks, politics, and civil society to exchange ideas and discuss viewpoints on the most current global health issues regarding global health governance.

By facilitating open, controversial, in-depth debates, the Policy Track comprises compelling and engaging sessions that will allow for a deeper understanding of various perspectives and the unfolding of further insights for policymaking around the most current global health challenges.

The Policy Track includes sessions on the following current topics:
• The One Health approach to global health
• Reforms in the Global Health architecture
• New forms of governance in global health
• Forgotten epidemics: AIDS & Mental Health in light of COVID-19

By providing a forum to facilitate discussions around such topics, the German Ministry of Health aims to bring the most relevant topics of global health to Germany to further facilitate the discussion with leading experts and incorporate the gained knowledge in ongoing and upcoming policy processes.
PROGRAM

SUNDAY, OCTOBER 24
PANEL DISCUSSION

MONITORING CARE DELIVERY, DRIVING INNOVATION, EMPOWERING PATIENTS

How Can We Leverage the Full Potential of Data in Healthcare?

HOST
Siemens Healthineers AG

Health data can facilitate better quality of care, improve access to diagnosis and treatment, and support efficiency of healthcare system. To facilitate data in healthcare, there are two main aspects: How to organize the collection, curation, storage and accessibility of data—and how to apply knowledge and data-based solutions to improve the delivery of care? Approaches to both aspects differ vastly across the globe.

Consequently, this panel aims to investigate different examples of managing large health data pools and discuss practical examples of valuable data driven solutions and projects. In that regard, the European Health Data Space as well as FinData are recent examples for establishing data pools to drive innovation, while iSTARC showcases the potential of connecting expertise and experience from Europe and Africa. Based on these examples, we seek to identify what might be “universal” learnings that can support improving and innovating the delivery of healthcare in different geographies by utilizing health data.
**CHAIR**

**Cecilia Bonefeld-Dahl**  
DIGITALEUROPE | Director-General  
Belgium

**SPEAKERS**

**Heyo Kroemer**  
Charité – Universitätsmedizin Berlin |  
CEO |  
Germany

**John Nkengasong**  
Africa Centres for Disease Control and Prevention | Director

**Bernd Ohnesorge**  
Siemens Healthineers AG |  
President EMEA |  
Germany

**Johanna Seppänen**  
Findata – Health and Social Data |  
Director |  
Finland

**Soumya Swaminathan**  
World Health Organization (WHO) |  
Chief Scientist
Europe is currently losing the innovation battle with the other global leaders—the US and China. Despite outstanding basic research and the progress made in health research and important EU initiatives, Europe must consider challenges such as: scattered health research efforts among EU Member States, limited competencies of the EU in the field of health and restricted public research investments.

Under the leadership of Commission President Ursula von der Leyen and Health Commissioner Stella Kyriakides, in November 2020, the European Commission took first steps in the scope of a ‘European Health Union’ legislative package. It is a new vision accompanied by numerous policy and legislative measures such as: Horizon Europe, the EU4health programme, EU health Data Space, the Pharmaceutical Strategy, the Mission on Cancer, Industrial Strategy, HERA, increased responsibilities for EMA and ECDC. The EU is not exercising its leadership in health, therefore there is a lack of coordination and of a long-term vision for health. In this session we will discuss how through the new European initiatives, the EU can play a pivotal role to support Member States, stakeholders and researchers to jointly achieve overarching health objectives. Hence, the EU should be able to support Member States in reaching the objectives of numerous EU policies and initiatives and to ensure that all policies at EU and Member States level are intertwined and ultimately help Europe to be a leader in health research and innovation.
CHAIR

Wilfried Ellmeier
BioMed Alliance | President |
Belgium

SPEAKERS

Jan-Philipp Beck
EIT Health | CEO |
Germany

Jan Geissler
Patvocates | Founder & CEO |
Germany

Robert Madelin
FIPRA International Ltd | Chairman |
Belgium

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

Özlem Türeci
BioNTech | Chief Medical Officer |
Germany
The COVID-19 pandemic has immensely challenged the capacity of health systems worldwide. Healthcare facilities and health professionals especially nurses are overwhelmed with the number of symptomatic patients who need medical attention. During pandemic times, the nursing workforce is challenged with the issues of unequal and low-compensations, violence and discrimination, shortage of staff members who are trained with emergency and intensive care nursing and occupational health measures to address physical and mental burnout.

The achievement of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs) strongly relies on nurses who are frontliners in any level of care. The State of the World’s Nursing Report shows that utilising advanced nurse practitioners will increase access to promotive and preventive healthcare services in rural communities especially to the vulnerable groups of the society.

In line with this, what actions should the European Commission and the global community do to address the lack of recognition of this profession? What are the necessary measures to engage policy and decision-makers in ensuring the sustainability of the nursing workforce? Should the world consider the critical shortage of nursing as a state of emergency?
CHAIR

Floro Cubelo
Filipino Nurses Association in the Nordic Region | President | Finland

SPEAKERS

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

Carla Eysel
Charité–Universitätsmedizin Berlin | Chief Human Resources Officer | Germany

Elizabeth Iro
World Health Organization (WHO) | Chief Nursing Officer

Annette Kennedy
International Council of Nurses (ICN) | President

Katri Vehviläinen-Julkunen
University of Eastern Finland | Faculty of Health Sciences | Chair | Finland

Floro Cubelo
Filipino Nurses Association in the Nordic Region | President | Finland

Annette Kennedy
International Council of Nurses (ICN) | President

Carla Eysel
World Health Organization (WHO) | Chief Nursing Officer

Katri Vehviläinen-Julkunen
University of Eastern Finland | Faculty of Health Sciences | Chair | Finland
Vaccines are the major cornerstone to control pandemics. This has been demonstrated in the past for instance by the eradication of poxvirus or the global control of poliomyelitis. Given the long history of vaccines, established pipelines for their development and production have been developed. The still ongoing COVID-19 pandemic has enriched this pipeline and although SARS-CoV-2 vaccines have been developed and approved within less than a year, this major achievement built on decades of basic research. Equally important was the massive financial support, accelerated administrative procedures and rapid increase in production capacity. Yet, important challenges remain such as the global distribution of vaccines and insufficient vaccination rates in countries where these vaccines are available. Another challenge is to increase our preparedness for possible future pandemics. How can we deal with future pandemics more effectively and could we even contain initial outbreaks? One approach might be the development of prototype vaccines, but how efficient can these be? Can we exploit our experience from the COVID-19 pandemic and develop novel vaccine platforms allowing even faster vaccine development and clinical approval? Obviously, the investment into such vaccine approaches and required infrastructure will be associated with high costs. In this session, we want to discuss the ongoing work in this exciting area, learn about its feasibility and understand its potential impact on global health care.
**CHAIRS**

**Ralf Bartenschlager**  
German Cancer Research Center (DKFZ) | Department of Molecular Virology | Head of Department | Germany

**Michela Di Virgilio**  
Max Delbrück Center for Molecular Medicine (MDC) | Group Leader and Helmholtz Association | Immunology & Inflammation (I&) initiative | Co-Speaker | Germany

**SPEAKERS**

**Florian Klein**  
University of Cologne | Institute of Virology | Director | Germany

**Rino Rappuoli**  
GlaxoSmithKline | Chief Scientist and Head External R&D | Italy

**Robin Shattock**  
Imperial College London | Department of Infectious Diseases | Director of the Future Vaccine Manufacturing Research Hub | United Kingdom

**Nancy Sullivan**  
National Institutes of Health | NIAID | Vaccine Research Center | Senior Investigator & Chief of Biodefense Research Section | United States of America

**Annelies Wilder-Smith**  
London School of Hygiene & Tropical Medicine (LSHTM) | Professor of Emerging Infectious Diseases and WHO Consultant COVID-19 Vaccines | United Kingdom
The COVID-19 pandemic has highlighted the importance of the One Health approach in combating infectious diseases. While the One Health approach has been followed for a long time in combating AMR, this is not yet sufficiently the case in the prevention of zoonoses. To advice the Tripartite Plus (WHO, FAO, OIE, UNEP) on necessary activities in the context of (emerging) zoonoses a One Health High Level Expert Panel (OHHLEP) has been established and launched in May 2021, following a French/German initiative. The OHHLEP is intended to strengthen the cooperation of the Tripartite Plus. Among other things, it will deal with obstacles in the implementation of the One Health approach, an inventory of international projects, requirements for surveillance and early warning systems as well as best practice examples. In parallel to the establishment of the OHHLEP a number of international initiatives with the aim of strengthening pandemic preparedness and preventing zoonoses have been agreed and partially already established (e.g. PREZODE, ZODIAC, G7 One Health intelligence scoping study, WHO Intelligence Hub in Berlin).

The session will provide a forum for discussing the role of the One Health approach in the context of infectious diseases with a focus on (emerging) zoonoses and inform about the current status of the OHHLEP, its work plan and possibly first recommendations. In addition it will provide an opportunity to identify open questions that can be taken up in the international processes as well as possible next steps to further develop the One Health collaboration. A special focus will be placed on the perspective of low- and middle-income countries.
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

### CHAIR

**Fabian Leendertz**  
Helmholtz Institute for One Health | Founding Director | Germany

### SPEAKERS

**Steve Ahuka**  
National Institute for Biomedical Research (INRB) | Senior Researcher | Democratic Republic of Congo

University of Kinshasa | Professor of Microbiology

**Thomas Mettenleiter**  
Friedrich Loeffler Institute (FLI) | President | Germany

One Health High-Level Expert Panel (OHHLEP) | Co-Chair

**Naoko Yamamoto**  
World Health Organization (WHO) | Universal Health Coverage / Healthier Populations | Assistant Director-General
EXPANDING ORAL HEALTHCARE AS A PART OF THE UHC AGENDA

Barriers and Facilitators to Improve Outcomes of the Most Prevalent NCD Worldwide

HOSTS
Charité - Universitätsmedizin Berlin
M8 Alliance

Oral diseases are frequently excluded from UHC agenda despite being the third most costly and most prevalent NCD worldwide. Oral health indicators have not experienced a significant improvement between 1990 and 2017 leading to 3.5 billion people suffering from oral diseases while facing severe shortages to access the care they need. This panel will analyse barriers and facilitators to expand coverage from a health policy perspective to achieve the goals laid out by the WHO resolution for oral health by the Director-General in 2021.
**CHAIR**

**Jesus Gomez Rossi**  
Charité – Universitätsmedizin Berlin | Researcher | Germany

**SPEAKERS**

**Jocelyn Courtois**  
National Health Insurance Fund | Department for Healthcare Pricing | Head | France

**Yuka Makino**  
World Health Organization (WHO) | Technical Officer (Oral Health) | Switzerland

**Mzimkhulu Mcuba**  
National Department of Health | Chief Dental Officer | South Africa

**Allison Neale**  
Henry Schein | Public Policy Advisor | United States of America

**Falk Schwendicke**  
Charité – Universitätsmedizin Berlin | Department of Oral Diagnostics, Digital Health and Health Services Research | Head | Germany

**Richard Watt**  
University College London | Department of Epidemiology and Public Health | Professor of Dental Public Health | United Kingdom
The Panel will discuss how innovative One Health policy and governance should be implemented at the local, national, and international levels in order to reinforce existing and future pandemic prevention measures. It is to represent a variety of stakeholders, from practitioners and researchers to decision makers from the Global South and the Global North. They will describe with examples of high-impact opportunities how international collaboration and treaties, but also more local initiatives, should contribute to achieving better health by operationally implementing the One Health approach.
CHAIRS

Runa Khan  
Friendship |  
Founder and Executive Director |  
Bangladesh

Benoît Miribel  
One Sustainable Health Forum |  
Secretary General |  
France

SPEAKERS

Francine N’Toumi  
PANDORA-ID-Net | Coordinator

Benjamin Roche  
Development Research Institute |  
Infectious Diseases and Vectors: Ecology, Genetics, Evolution and Control (mivegec) | Research Director |  
France

Babette Simon  
University of Paris |  
Faculty of Medicine |  
Associate Professor |  
France

Christian Walzer  
Wildlife Conservation Society | Health |  
Executive Director | France

Andrea Winkler  
Technical University of Munich |  
Professor and Co-Director of the Center of Global Health |  
Germany

Lancet One Health Commission
COVID-19 has demonstrated that the world was not adequately prepared to respond to a global health security threat. The pandemic continues to severely impact lives, the global economy, and has set progress in combating other major infectious diseases such as HIV/AIDS and Tuberculosis back by decades. COVID-19 has exposed the major health inequities between and within countries, and the need for equitable access to diagnostics, care, medical devices and vaccines.

But the response to the pandemic has also seen unprecedented multisectoral collaboration. These new collaborations should be nourished, and lessons learned should inform preparedness in the future. The world has the ability to respond quickly to pandemic threats if the resources and collaborations between the governments, multilateral organizations, civil society and the private sector are already in place. This panel discussion brings together high-level stakeholders from these sectors to reflect on the COVID-19 response and what lessons can be learned from collaboration in global health to strengthen pandemic preparedness and response.
CHAIR

Sabine Campe
Open Consultants | Managing Director | Germany

SPEAKERS

Awa Marie Coll-Seck
Government of Senegal | Minister of State | Senegal

Githinji Gitahi
AMREF Health Africa Group | Global CEO & Director-General | Kenya

Stéphanie Seydoux
Ministry of Europe and Foreign Affairs (MEAE) | Ambassador for Global Health, Culture, Education and International Development | France

Paul Stoffels
Johnson & Johnson | Vice Chair of the Executive Committee and Chief Scientific Officer | United States of America

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist
PANEL DISCUSSION

HUMAN RIGHTS IN THE AGE OF AI AND DIGITAL HEALTH

HOST
Fondation Botnar

The COVID-19 pandemic has accelerated a fundamental global transformation towards new digital and artificial intelligence (AI)-based technologies in healthcare. Over the past year, we have seen that in response to the current global public health crisis, the use of new digital tools and AI for tasks ranging from digital epidemiological surveillance to contact tracing or diagnostics has been rapidly expanding in many countries.

But the pandemic is only accelerating a trend that was already underway before: enabled by the convergence of big health data with massive advances in information technology (IT) and artificial intelligence (AI), there has been a massive growth of innovative applications in disease prevention, diagnostics, treatment, but also for more efficient resource allocation, remote training or pre-basic care. Many governments, international organizations and private actors alike herald “digital health” as critical to solve the challenges and gaps in the delivery of quality health care. WHO maintains, for example, that “the use and scale up of digital health solutions can revolutionize how people worldwide achieve higher standards of health, and access services to promote and protect their health and well-being.” Digital health provides opportunities to accelerate progress towards attaining SDG 3, including the advancement of health-related human rights.

Yet we must not be deluded: Without human rights safeguards, comprehensive governance mechanisms and inclusive public consultation, digital health technologies can also quickly turn into a grave danger to human rights and health equity. This panel investigates how AI and digital health technologies can be leveraged without undermining human rights.
CHAIR

Stefan Germann
Fondation Botnar | CEO | Switzerland

SPEAKERS

Agnès Callamard
Amnesty International | Secretary General | United Kingdom

Peggy Hicks
United Nations | Thematic Engagement, Special Procedures and Right to Development Division, UN Human Rights Office | Director | United States of America

Greg Moore
Microsoft Health | Corporate Vice President | United States of America

John Olwal
Novartis AG | Digital Ethics, Risk and Compliance | Global Head | Switzerland

Nanjira Sambuli
World Wide Web Foundation | Senior Policy Manager | United States of America
COVID-19 currently overshadows the silent pandemic of antimicrobial resistance, but we can be sure antimicrobial resistance will resurface once the dust will settle and it likely will be more challenging than ever. Inappropriately treated or untreated bacterial infections are a major cause of mortality and morbidity, especially in low- and middle-income countries (LMICs), where an estimated 5.7 million antibiotic-treatable deaths occur annually.

This session will focus on how we can ensure the necessary political leadership to address the silent pandemic of antimicrobial resistance. Considering the discussions at the G7 and the formation of the Triparite Global Leaders Group on AMR, the panel will focus on what needs to be done on a political level to ensure an appropriate response to the threat of AMR.
CHAIR

Peter Beyer
World Health Organization (WHO) | Senior Advisor

SPEAKERS

Sunita Narain
Centre for Science and Environment (CSE) | Director-General | India

Dame Sally Davies
UK Government | Special Envoy on Antimicrobial Resistance | United Kingdom

Lothar H. Wieler
Robert Koch Institute (RKI) | President | Germany

Adrian Thomas
Johnson & Johnson | Global Public Health and Access | Vice President | Belgium
Sepsis, the most severe complication of infections, annually affects close to 50 million people and causes or contributes to 11 million deaths, with over 3 million of those deaths being in children or adolescents. Patients critically ill with COVID-19 satisfy the diagnostic criteria for viral sepsis. The WHO considers that most of sepsis deaths are preventable. This makes sepsis the number one cause of preventable deaths worldwide.

That is why the World Health Assembly in 2017 adopted the resolution ‘Improving the prevention, diagnosis and clinical management of sepsis’. This resolution urges its member states to include the fight against sepsis ‘in national health systems strengthening in the community and in health care settings’. Furthermore, the resolution requests the WHO Director General ‘to support Member States, as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis’.

This session provides new insights on the role of the immune system in sepsis and the potential of novel immunomodulatory therapeutic approaches. Overs an update on the burden of sepsis and an overview on the effectiveness of quality improvement strategies for sepsis prevention and care on the national and health care facility level. It informs on the challenges to fight sepsis in resource-limited settings and the lessons learned from the current pandemic for the fight against infections and sepsis by other pathogens.
CHAIR

Abdulelah Alhawsawi
Global Sepsis Alliance | Vice President of International Affairs | Germany

SPEAKERS

Jean-Marc Cavaillon
Institut Pasteur | Honorary Professor | France

Janet Victoria Diaz
World Health Organization (WHO) | World Health Emergency Programme | Team Lead Clinical Management | Switzerland

Carolin Fleischmann-Struzek
Jena University Hospital | Center for Sepsis Control and Care | Project Manager SEPFROK | Germany

Konrad Reinhart
Sepsis-Stiftung | Chair | Germany

Flavia Ribeiro Machado
Federal University of São Paulo | Department of Anesthesiology, Pain and Intensive Care | Professor and Head | Brazil
Long being on the sidelines of the climate debate, the role of health and the health impacts are now increasingly mainstreamed into the climate discussions and national adaptation action plans. As we recover from the COVID-19 pandemic, we recognize the importance of strengthening our early warning and surveillance systems and increasing the resilience of health systems in view to future pandemics and the impacts of climate change alike. The numerous ties between health and climate leave us with numerous unfinished tasks on the health side, such as harnessing healthcare workers as trusted messengers to advocate for climate action or fostering carbon-neutral health systems.

At the same time, health is inadequately incorporated in all climate policies, making up only a small percentage of multilateral climate financing. What are the unused opportunities and barriers to accelerate the building of resilient health systems in line with One Health? How can healthcare systems and healthcare professionals contribute to mitigation and adaptation? And which commitments are desired from the upcoming COP26 and the COP26–Health and Climate conference?
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

CHAIR

**Eckart von Hirschhausen**
Physician, Science Journalist and Founder of the Healthy Planet - Healthy People Foundation and World Health Summit Ambassador | Germany

SPEAKERS

**Maria Neira**
World Health Organization (WHO) | Department of Environment, Climate Change and Health | Director | Switzerland

**Piero Pelizzaro**
Municipality of Milan | City Resilience Department | Chief Resilience Officer | European Climate Pact | Ambassador | Italy

**Antonella Risso**
Health Care Without Harm/ Salud sin Daño | Global Programs | International Technical Climate and Research Manager | Argentina
In debating about effective measures to contain the pandemic, little attention is given to tobacco control and smoking cessation. There is increasing evidence about the close relationships between tobacco use and serious COVID-19 health impact. Smokers are more susceptible to COVID-19 infection through frequent hand to mouth contact and are at higher risk of severe COVID-19 health impact. This because of pre-existing tobacco caused chronic diseases such as CVD cancer and chronic obstructive lung disease (COPD), the latter a being detrimental condition in case of SARS-associated COVID.

However, with more people are facing financial and psychological stress during the pandemic, it becomes more difficult to promote smoking cessation services. WHO with its this year’s World No Tobacco Day 2021 campaign is targeting health care providers as leaders in the fight against tobacco use. There is a great potential that the medical community positions itself more prominently as champions in tobacco control in a situation of greatest need for prevention of COVID related population health impact. This session will provide examples of successful tobacco control strategies building upon the health care needs and discuss how care providers can use the WHO WNTD 2021 campaign and the COVID-19 crisis to play a more active role in tobacco control.
CHAIRS

Heyo Kroemer
Charité - Universitätsmedizin Berlin | CEO | Germany

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

SPEAKERS

Bronwyn King
Tobacco Free Portfolios | CEO | Australia

Rüdiger Krech
World Health Organization (WHO) | Health Systems and Innovation | Director

Nour Obeidat
King Hussein Cancer Center | Cancer Control Office | Director | Jordan

Mark Parascandola
National Cancer Institute | Tobacco Control Research Branch Division of Cancer Control and Population Sciences | Program Director | United States of America

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

BUILDING BACK FOR RARE

Elevating Rare Diseases as an International Policy Priority, Raising Public Awareness, Promoting Global Collaborations, and Working to Help Strengthen Health Systems for Better Care Everywhere

HOST

Sanofi

Rare diseases are often chronic, severely disabling and life-threatening. Persons living with rare diseases around the world confront common health, social, and economic challenges. Despite their great overall number, the low prevalence of each rare disease results in a scarcity of expertise and scientific knowledge about rare diseases, limited access to diagnosis and holistic care, and a general lack of public awareness of rare diseases.

COVID-19 has impacted people living with rare diseases and their families across the world. At the same time the rare disease ecosystem is evolving, now is our opportunity to advance policies and strategies which will shape the future of rare. Forging partnerships and working with diverse stakeholders is essential to accelerate the rare disease agenda.
CHAIR

Tamsin Rose
Friends of Europe | Senior Fellow | Belgium

SPEAKERS

Matt Bellgard
APEC Rare Diseases Network | Chair

Assad Haffar
World Federation of Hemophilia (WFH) | Medical & Humanitarian Aid Director | Canada

Yann Le Cam
EURORDIS-Rare Diseases Europe | CEO | France

Bill Sibold
Sanofi | Sanofi Genzyme | Executive Vice President | United States of America

Durhane Wong-Rieger
Rare Diseases International (RDI) | Chair
Alzheimer’s disease and other forms of dementia are the most pressing challenges to healthy ageing. Dementia is the leading cause of dependency and disability—and its prevalence here in Europe is expected to double by 2030.

The impact on individuals and families is devastating. And the burden on society is increasing, with costs expected to reach more than €250 billion in Europe by 2030—$2 trillion worldwide.

COVID-19 showed the consequences of unprepared healthcare systems. As called upon by several G20 and G7 Presidencies as well as WHO, there is a clear benefit and need to shift the paradigm also in Alzheimer’s Disease and Dementias to focus on forward thinking, planning and investment into health infrastructure (diagnostic, digital, therapeutic standards, and human capital) towards better and more prevention.

And yet, Europe and the world are still not planning ahead for the upcoming wave of dementia, which is creating a public health crisis. This panel will explore key elements of a global response. This event is sponsored by Biogen in collaboration with the Davos Alzheimer’s Collaborative and under the Patronage of the Italian G20 Presidency.
SPEAKERS

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

Johanna Friedl-Naderer
Biogen | Europe, Canada and Partner Markets | President | United States of America

Frank Jessen
University Hospital of Cologne | Department for Neurology and Psychiatry | Principal Investigator | Germany

Roger Nitsch
University of Zurich (UZH) | Institute for Regenerative Medicine (IREM) | CEO & President of Neurimmune AG | Professor and Director | Switzerland

Lisa Raitt
CIBC Capital Markets | Global Investment Banking | Vice-Chair | Canada

Former Deputy Leader of Conservative Party of Canada

Stéphanie Seydoux
Ministry of Europe and Foreign Affairs (MEAE) | Ambassador for Global Health, Culture, Education and International Development | France
COVID-19 has decimated cancer care. Whether it was the cancelled routine screening, the late diagnosis or the delayed treatment—the impact is going to be felt for years to come. So the question now is how can we rapidly close these care gaps? And more importantly: How can we build resilient healthcare systems to bring cancer care to the next level tomorrow?

Digital technologies and health data are going to be even more critical. Through the pandemic, we have seen an extraordinary acceleration of digital innovation—from data tracking apps to the mainstreaming of the online consultation. Digital innovation also promises to better our understanding of the disease, contribute to finding the right diagnosis faster, can be used for prevention—and sometimes even cures.

This session will bring together international experts from the public and private sector to discuss how we can maximise the potential and overcome the challenges digital technologies bring to cancer care in the future.
CHAIR

Shiulie Ghosh
Aero Productions Ltd. | International Journalist, TV Presenter, Writer and Moderator | United Kingdom

SPEAKERS

Svetlana Akselrod
World Health Organization (WHO) | Global Noncommunicable Diseases (NCD) Platform | Director

Sanjeev Arora
Project ECHO | Director and Founder | United States of America

Fredrick Chite Asirwa
International Cancer Institute | Director | Kenya

Cecilia Bonefeld-Dahl
DIGITALEUROPE | Director-General | Belgium

Michael Oberreiter
Roche | Head of Global Access | Switzerland
The Panel will present multiple good practice examples for a successfully implemented or just started One Health project. It is to represent the experiences of both practitioners and academics, preferably with voices from the Global South.

It will be divided into two sections: the first will be a short presentation of the respective project, the second a discussion on the challenges of One Health projects combined with a look into the future. The discussion will include the difficulties and obstacles that come with the realization of such projects as well as successful strategies.
CHAIR

Eckart von Hirschhausen
Physician, Science Journalist and Founder of the Healthy Planet—Healthy People Foundation and World Health Summit Ambassador | Germany

SPEAKERS

John H. Amuasi
The Lancet One Health Commission | Co-Chair | Ghana

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

Wanda Markotter
University of Pretoria | Centre for Viral Zoonoses | Director | South Africa

Marisa Peyre
French Agricultural Research Centre for International Development (CIRAD) | Epidemiologist | Representative of PREZODE International Initiative | France

Jakob Zinsstag-Klopfenstein
Swiss Tropical & Public Health Institute | Department of Epidemiology and Public Health | Deputy Head | Switzerland
In September 2019, a team of leading multilateral organizations in health, development and humanitarian responses joined efforts to analyze, align, accelerate and account for more synergized international progress towards achieving the SDG3 by launching the ‘Global Action Plan for Healthy Lives and Well-Being’ (GAP-SDG3).

Now, the COVID-19 pandemic is putting the whole world under extreme conditions and revealed major weaknesses and gaps in the current global health governance. The aim to reach health and well-being for all (SDG3) until 2030 recedes into the far distance. At the same time, the world has seen unprecedented collaboration of multiple global health institutions as part of the Access to COVID-19 Tools Accelerator (ACT-A).

However, during the pandemic, it has gotten quieter around the GAP. In what way does the COVID-19 pandemic affect the GAP-SDG3 implementation and interfere with progress on achieving the SDG3? How could we use GAP-SDG3 proactively as an instrument to build back better during and after the COVID-19 pandemic?

In this session, the panelists will discuss the capacities of and the politics around the GAP-SDG3 as a vehicle to help the global health system to recover and build back better in a collaborative manner.
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

**CHAIR**

**Suerie Moon**
The Graduate Institute of International and Development Studies | Global Health Centre | Co-Director | Switzerland

**SPEAKERS**

**Catharina Boehme**
World Health Organization (WHO) | Chef de Cabinet

**Bjørn-Inge Larsen**
Ministry of Health and Care Services | Special Representative on Global Health | Norway

**Priti Patnaik**
Geneva Health Files | Founding Editor | Switzerland
The pandemic of COVID-19 has not only affected all parts of the world but also impacted more people than any recent outbreak in such a short time. Nation states have responded differently to this threat over time based on a diverse set of political, social and economic determinants. Scientists, experts, health professionals and researchers have been a part of these responses, and have also studied these action to try and define their motivations and impact. This variation in national responses has taken the public health community by surprise, and prevented a globally consistent response to COVID-19. This variation in handling COVID-19 has also uncovered political and contextual factors that affect pandemic preparedness and response at regional and national levels.
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

Peter Albiez
Pfizer | Lead Patient and Physician Engagement | International Developed Markets | Germany

Pascale Allotey
United Nations University | International Institute for Global Health (UNU-IIGH) | Director | Malaysia

Lorena Barberia
University of São Paulo (USP) | Department of Political Science | Assistant Professor | Brazil

Matshidiso Rebecca Moeti
World Health Organization (WHO) | Regional Office for Africa | Regional Director for Africa | Republic of Congo

Ole Petter Ottersen
Karolinska Institutet | President | Sweden
KEY 01
SAAL 1
RUDOLF VIRCHOW
18:00 – 19:30

KEYNOTE

OPENING CEREMONY

HOSTS

M8 Alliance

World Health Summit
CO-CHAIRS

Axel Radlach Pries
Charité – Universitätsmedizin
Berlin | Dean | Germany

World Health Summit President

Catharina Boehme
World Health Organization (WHO) | Chef de Cabinet

SPEAKERS

Jens Spahn
Federal Ministry of Health (BMG) | Federal Minister of Health | Germany

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

Ursula von der Leyen
European Commission | President

António Guterres
United Nations | Secretary-General | United States of America

Bill Anderson
Roche Pharmaceuticals | CEO | Switzerland

Henrietta H. Fore
United Nations Children’s Fund (UNICEF) | Executive Director

Stefan Oelrich
Bayer AG | Member of the Board of Management and Head of the Pharmaceuticals Division | Germany

Soazic Elise Wang Sonne
Economist & Young Professional

Jens Spahn
Bill Anderson
Axel Radlach Pries
Tedros Adhanom Ghebreyesus
Henrietta H. Fore
Catharina Boehme
Ursula von der Leyen
Stefan Oelrich
António Guterres
Soazic Elise Wang Sonne
PROGRAM

MONDAY, OCTOBER 25
Our shared global experience of the pandemic has helped us develop a deeper understanding of the interconnectedness of our countries, our communities and our environment and has illuminated a number of challenges and gaps that contributed to the significant impact of the pandemic. Addressing these requires coordinated global action. In pursuit of that global objective, we need to create unbreakable chains of strengthened national health emergency preparedness and response systems. The basis of global health security is strong national systems connected in a global network of early detection, analysis, assessment and alerting fueling effective decision-making and response. Achieving this, however, is no easy task. It requires us to band together to systematically and intentionally foster trust, share knowledge, collaborate extensively and build a global ecosystem of connected data, tools and people generating and using insights for impactful intelligence-driven decision making for health emergencies. With this mission in mind, WHO and the Federal Republic of Germany inaugurated the new WHO Hub for Pandemic and Epidemic Intelligence on 01 September here in Berlin. The Hub is a pathfinder project; a groundbreaking platform for international collaboration and the cornerstone of a new paradigm and a new era.

Join us and our distinguished speakers as we explore the fears, hopes and reactions to this much anticipated global initiative.
CHAIR

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

SPEAKERS

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

Charles Michel
European Council | President

Chikwe Ihekweazu
WHO Hub for Pandemic and Epidemic Intelligence | Incoming Assistant Director General | Switzerland

Jeremy Farrar
Wellcome Trust | Director | United Kingdom

Rick Bright
The Rockefeller Foundation | Pandemic Prevention and Response | Senior Vice President | United States of America

Drudeisha Madhub
Data Protection Office | Data Protection Commissioner | Mauritius

Ilona Kickbusch
The Graduate Institute of International and Development Studies | Global Health Center | Chair of the International Advisory Board | Germany
OVER THE PAST 18 MONTHS, governments, international organizations, health care professionals, the biopharmaceutical industry and many others have come together in unprecedented ways to respond to one of the biggest global health crises the world has experienced in recent decades—the COVID-19 pandemic.

Yet, while we have witnessed extraordinary efforts to tackle the COVID-19 pandemic, in many cases, the response has been hindered by a limited global understanding of, and agreement on how, to address urgent, key challenges in the absence of pre-established, coordinated policies and processes.

Reflecting on past successes and failures, our panelists will identify 1) the key lessons learned from the COVID-19 response; 2) the areas where drawing lessons may still be premature; 3) the indispensable elements that support a sustainable and coherent system capable of responding to the next pandemic.

We will examine practical challenges that impact the biopharmaceutical industry’s ability to respond to the COVID-19 crisis and future pandemics, such as the ways to further improve equitable access to medical treatments; and the importance of harmful pathogen sharing and the potential unintended consequences of the Nagoya Protocol.
CHAIR

Shiulie Ghosh
Aero Productions Ltd. | International Journalist, TV Presenter, Writer and Moderator | United Kingdom

SPEAKERS

José Manuel Barroso
European Commission | Former President
Gavi, the Vaccine Alliance | Chair of the Board

Kelly Chibale
Drug Discovery and Development Center (H3D) | Founder and Director | South Africa

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

Ngozi Okonjo-Iweala
World Trade Organization (WTO) | Director-General

Juan Pablo Uribe
World Bank | Global Director for Health, Nutrition and Population | United States of America

Lothar H. Wieler
Robert Koch Institute (RKI) | President | Germany
We are only a decade away from meeting the targets outlined in SDG 3—in particular, Universal Health Coverage. At a global level, UHC index has improved from 45.8 in 1990 to 60.3 in 2019, but the achievement is uneven with an index as high as 95 in Japan to one as low as 25 in Somalia. The pandemic is undoing the gains made so far and halted progress, which has increased the risk of failure in achieving the SDG targets. However, we have also observed a significant improvement in the uptake of opportunities provided by digitalisation and digital technologies in high-, middle-, and low-income countries alike, during the ongoing pandemic.

In this panel, we will discuss some of the challenges and opportunities of digitalisation in the context of strengthening UHC in LMICs. We will focus on knowledge exchange between digitally strong health systems and digitally weak systems, on digital health governance, readiness of countries for digital healthcare, and how we can accelerate and support the digital transformation of health systems worldwide in a bid to achieve equity in UHC.
CHAIR

Mujaheed Shaikh
Hertie School | Professor of Health Governance | Germany

SPEAKERS

Kiran Anandampillai
National Health Authority | Advisor | India

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

Njide Ndili
PharmAccess Foundation | Country Director | Nigeria

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

Aylin Tüzel
Pfizer | Country Manager Germany | Germany
PANEL DISCUSSION

ADDRESSING NON-COMMUNICABLE DISEASES DURING THE COVID-19 PANDEMIC

HOSTS

Boehringer Ingelheim Pharma GmbH & Co.KG

The Defeat-NCD Partnership

The world has spent more than US$16.55 trillion on COVID-19 response—15.9% of the global GDP. This amount can fund all targets and indicators under Sustainable Development Goal (SDG) 3 up to 2030.

As we have been focused on responding to this unprecedented health crisis for almost two years now, concentration of resources to mitigate the pandemic has happened at the expense of other urgent health priorities, particularly non-communicable disease (NCD) care.

COVID-19 has been putting pressure on already fragile health systems all around the world, and NCD patients are suffering catastrophic consequences as a result, struggling to get proper access to treatment. This is all the more concerning as underlying NCD conditions are driving higher COVID-19 mortality rates, as shown in our research.

As the world is still navigating through this pandemic, The Defeat-NCD Partnership is hosting a high-level panel discussion at the World Health Summit to reflect on sustainable ways to address both COVID-19 and NCDs in an integrated way.

This event will bring together stakeholders from governments, multilateral development banks, the World Health Organization, the United Nations, and the private sector to highlight the intersection of COVID-19 and NCDs as well as reflect on practical solutions and partnerships to leverage COVID-19 response efforts to support better health outcomes for NCDs. The event will also showcase examples of political commitments to ensure better access to NCD care.
SPEAKERS

Ammar Abdo Ahmed
Islamic Development Bank | Lead Global Health Specialist | Saudi Arabia

Mukul Bhola
United Nations Institute for Training and Research | The Defeat-NCD Partnership | CEO | Switzerland

Chrissy Bishop
Economist Impact | Health Policy and Clinical Evidence Team | Associate | United Kingdom

Henrik Finnern
Boehringer Ingelheim Pharma GmbH & Co. KG | Global Head of More Health - Sustainable Development | Germany

Debra Houry
Centers for Disease Control and Prevention | Principal Deputy Director | United States of America

Bente Mikkelsen
World Health Organization (WHO) | Non-Communicable Diseases in the division of UHC/Communicable and Non-Communicable Diseases | Director

Praveen Pardeshi
Government of India | Capacity Building Commission | Member (Administration) | India

Minghui Ren
World Health Organization (WHO) | Universal Health Coverage/Communicable and Non-Communicable Diseases | Assistant Director-General

Ahmadou Lamin Samateh
Ministry of Health & Social Welfare | Minister of Health | Gambia

Makiko Toyoda
World Bank | Global Trade Finance Programme, International Finance Corporation | Head | United States of America

CHAIR

Juliette Foster
Moderator
WS 07
SAAL 4 | AFRICA
9:00 – 10:30

WORKSHOP

NOVEL VACCINE PLATFORMS FOR EMERGING PANDEMICS AND EXISTING EPIDEMICS

HOSTS

Foundation for Innovative New Diagnostics (FIND)
Max Planck Society

COVID-19 has not only reminded us of the devastating threat of pandemics. It has also documented the profound value of vaccines for effective intervention. It took less than 12 months to develop vaccines for COVID-19 from drawing board to deployment. This speed is without precedent. It was only possible because of: unlimited funding both from private and public resources and availability of platforms for rapid design of novel vaccine types, notably RNA vaccines and viral-vectored vaccines.

In the future, novel vaccine platforms will play an increasing role in rapid defeat of newly emerging pandemics and provide the basis for renewed attempts to combat existing epidemics such as HIV/AIDS, tuberculosis, malaria and Hepatitis C for which effective vaccines are still not available. This workshop will discuss novel vaccine platforms (RNA vaccines, viral-vectored vaccines) and adjuvants for improved subunit vaccines and their value for better interventions of communicable diseases as well as ways to accelerate development and deployment of novel vaccines.
CHAIR

Stefan H.E. Kaufmann
Max Planck Institute for Infection Biology | Director Emeritus |
Germany

SPEAKERS

Nathalie Garçon
BioAster | CEO/CSO |
France

Ann Ginsberg
Bill & Melinda Gates Foundation | 
TB Vaccines, Global Health |
Deputy Director |
United States of America

Wayne Koff
Human Vaccines Project | President |
United States of America

Bill Rodriguez
Foundation for Innovative 
New Diagnostics (FIND) | CEO |
Switzerland

Melanie Saville
Coalition for Epidemic Preparedness Innovations (CEPI) | Vaccine Research 
& Development | Director |
Norway
BEYOND THE SDGs: WHAT DOES THE END OF AIDS LOOK LIKE?

HOSTS

Federal Ministry of Health (BMG)
Joint United Nations Programme on HIV/AIDS (UNAIDS)

Scenario/Narrative

The year is 2031. It has been 50 years since the discovery of AIDS and one year since the Sustainable Development Goals were due, including the Goal to end AIDS as a public health threat.

In 2021, concerted global efforts had led to a significant decrease of new HIV infections and the potential to live long, healthy lives with HIV. However, progress was deeply uneven. Some countries achieved high levels of HIV service coverage, while others had major gaps. Some populations within countries were well served and decreasingly threatened by HIV, but other populations had made little progress and continued to experience the HIV pandemic as a daily crisis—too often a growing crisis. Additionally, in 2021 resources allocated to the AIDS response globally were stagnating or shrinking despite increased need.

What then will 2031 need? If the new Global AIDS strategy is fully resourced and implemented, we could see a closing of those gaps and achievement of 2030 goals. If it is not, we are likely to see an increasingly two-track epidemic, where continuing or even growing inequalities lead to new infections and more AIDS-related deaths for some, while other are freed of HIV and AIDS.

Based on this scenario, the panellists, including global leaders of the AIDS response, scientists and community members will develop and share their vision and hopes of what the end of AIDS and the AIDS response will look like in the year 2031 and beyond.
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

**CHAIR**

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

**SPEAKERS**

**Winnie Byanyima**  
Joint United Nations Programme on HIV/AIDS (UNAIDS) |  
Executive Director | Switzerland

**Michel Kazatchkine**  
Joint United Nations Programme on HIV/AIDS (UNAIDS) |  
Special Advisor to the Executive Director | Switzerland  
Member of the Independent Panel for Pandemic Preparedness and Response (IPPPR)

**Grace Febbie Ngulube**  
Youth-HealthConnect360 (Y-HC360) |  
Founder | Malawi

**Hendrik Streeck**  
University Hospital Bonn |  
Institute of Virology | Director | Germany
It is a fact that the sexual trauma pandemic is progressing and, from a preventive and therapeutic point of view, is only receiving insufficient resources for dealing with and overcoming it. According to WHO figures, one in five women and one in thirteen men aged 17 or younger have been sexually abused worldwide. Thus, at least 250 million child/adolescent victims of sexual traumatization can be assumed worldwide.

The steps to be taken would be straightforward by conceptualizing a pandemic: They would have to concentrate on the causes, the transmission paths and the victims—in each case embedded in accompanying research.

Causation-related would be all measures that contribute to the goal that sexual traumatization does not occur in the first place, i.e. a potential offender does not commit an assault and does not use child sexual abuse images. This is done, for example, by making use of therapy offers, which consequently have to be easily accessible (including remote offers).

Concerning the transmission routes, the Internet needs to be focused: It provides the breeding ground for the viral spread of child sexual exploitation material. At the very least, effective containment measures for the spread of sexual traumatization on the Internet (e.g. regarding grooming, bullying and the use of abuse images) should be demanded.

Concerning dealing with the consequences, there is a need to expand therapeutic measures for victims of sexual traumatization, which would have to be made available as low-threshold as possible (e.g. via remote treatment concepts).
CHAIR

Klaus M. Beier
Charité – Universitätsmedizin Berlin | Institute of Sexology and Sexual Medicine | Director of the Institute | Germany

SPEAKERS

Janavi Doshi
The HEAL Foundation | Primary Prevention of Sexual Violence | Program Director | India

Susie Hargreaves
Internet Watch Foundation | CEO | United Kingdom

Berit Kieselbach
World Health Organization (WHO) | Prevention of Violence | Technical Officer | Switzerland

David Miles
Facebook | Head of Safety for Europe, Middle East and Africa | United Kingdom

Stephen Shaul
Wilhelm von Humboldt Foundation | Germany

Maximilian von Heyden
Charité – Universitätsmedizin Berlin | Institute of Sexology and Sexual Medicine | Researcher | Germany
“No one is safe until all are safe”—a dominant political statement since the roll-out of the first COVID-19 vaccines. How far have we come in terms of global equal access for all to lifesaving COVID-19 vaccines? What more needs to be done to reach the target of vaccinating 40% of the world’s population by the end of year 2021? And which tools do we have to tackle this challenge once and for all? This session is to reflect on the current status of vaccine access and will illuminate on challenges on the way to reaching the vaccination goals set by the World Health Organization. We will elaborate on mechanisms that are needed to move the needle and to create a more sustainable environment for making vaccines a global public good.
SPEAKERS

Seth Berkley
Gavi, the Vaccine Alliance | CEO

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

Jane Halton
Coalition for Epidemic Preparedness Innovations (CEPI) | Chair of the Board | Norway

Lars-Hendrik Röller
Federal Chancellery | Director General for Economic and Financial Policy | Germany

Lia Tadesse Gebremedhin
Federal Ministry of Health | Minister of Health | Ethiopia

CHAIRS

Caroline Schmutte
Wellcome Trust | Head of European Government Relations | Germany

Elhadj As Sy
Kofi Annan Foundation | Chair of the Board | Switzerland

Lars-Hendrik Röller
Federal Chancellery | Director General for Economic and Financial Policy | Germany

Lia Tadesse Gebremedhin
Federal Ministry of Health | Minister of Health | Ethiopia
PANEL DISCUSSION

LAUNCH OF THE REPORT—THE LANCET & FINANCIAL TIMES COMMISSION

Governing Health Futures 2030: Growing up in a Digital World

HOST

The Lancet & Financial Times Commission Governing Health Futures 2030: Growing up in a Digital World

This is a first announcement of the Commission report, where the aim is to make the content accessible to a broad audience; to reach policy makers, government, academics, researchers, private sector and youth—anyone with a stake in health futures and the roles data, AI, and digital technologies will play. The focus of the launch of the report is to share the key findings of the report, its’ recommendations via robust discussion panels. We will discuss the report topics and recommendations, encouraging widespread action to promote health equity, human rights, and data solidarity in a digital world.
CHAIRS

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

Andrew Jack
Financial Times | Head of Curated Content | United Kingdom

Ilona Kickbusch
The Lancet & Financial Times Commission Governing Health Futures 2030: Growing up in a Digital World | Co-Chair | Switzerland

Naomi Lee
The Lancet | Senior Executive Editor | United Kingdom

SPEAKERS

Ran Balicer
Clalit Health Services | Chief Innovation Officer | Israel

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

Enow Awah Georges Stevens
The Lancet & Financial Times Commission | Youth Officer and Youth Frontline Health Worker | Cameroon

Njide Ndili
The Lancet & Financial Times Commission | Commissioner | Switzerland

Nanjira Sambuli
Transform Health Coalition | President and Co-Chair | Switzerland

Inês Viva
International Federation of Medical Students’ Associations (IFMSA) | Vice-President of External Relations | The Netherlands

Andy Wyckoff
Organization for Economic Cooperation and Development (OECD) | Director for Science Technology and Innovation | France
PANEL DISCUSSION

LONG-COVID: THE AFTERSHOCK OF THE PANDEMIC
Rescue and Regenerative Strategies

HOST
Berlin Institute of Health (BIH)

While all the world focused on vaccinations, infection rates and intensive care use, the real big wave is still coming: Long-COVID. The patients that succeeded to survive COVID-19 but are still confronted with long term consequences. How do we address the topic in general, specifically with such diverse patient symptoms and needs? How do we standardize treatments with a rather limited diagnostic back bone? How to coordinate a systematic diagnosis of these patients across the world to supply fast adequate advice and support? What novel and advanced therapies could help to regenerate these patients and help them to return fast to as much regular live as possible? How can we prevent or treat infections in high-risk patient groups and thus preempt Long-COVID?

We will try to address these points in a broad discussion with international experts from our panel.
CHAIR

Georg Duda
Charité – Universitätsmedizin Berlin | Julius Wolff Institute for Biomechanics and Musculoskeletal Regeneration | Director | Germany

SPEAKERS

Carmen Scheibenbogen
Charité – Universitätsmedizin Berlin | Institute of Medical Immunology | Head | Germany

Michael Schmueck-Henneresse
Charité – Universitätsmedizin Berlin | Berlin Institute of Health (BIH) | Center for Regenerative Therapies (BCRT) | Principal Investigator | Germany

Yehuda Shoenfeld
Tel Aviv University | Sheba Medical Center | Zabludowicz Center for Autoimmune Diseases | Founder and Head | Israel

Ross Zafonte
Harvard Medical School | Department of Physical Medicine and Rehabilitation | Chairman & Interim President | United States of America
Spaulding Rehabilitation Network | Interim President
This session will grapple with what interdisciplinary and cross-sector research looks like in practice, and how these collaboration-based approaches align with the broader Global Health Strategy of Germany and the WHO.

By supporting initiatives such as the German Alliance for Global Health Research, Germany is signaling a desire to emphasize collaboration in global health research. Likewise TDR, the Special Programme for Research and Training in Tropical Diseases, represents global support for scientific collaboration in combatting diseases of poverty. We will explore how such aerial-view initiatives pose nuanced potential, while also critically reflecting on what measures could increase their effectiveness.
**CHAIRS**

**Johanna Hanefeld**
Robert Koch Institute (RKI) | Department for International Health Protection (ZIG) | Head of Department | Germany

London School of Hygiene & Tropical Medicine (LSHTM) | Lead Berlin and Associate Professor Health Policy and Systems

**Jürgen May**
Bernhard Nocht Institute for Tropical Medicine (BNITM) | Deputy Chair of the Board of Directors | Germany

**SPEAKERS**

**Garry Aslanyan**
World Health Organization (WHO) | Special Programme for Research and Training in Tropical Diseases (TDR) | Manager of Partnerships and Governance | Switzerland

**Ulrike Beisel**
Freie Universität Berlin (FU) | Professor of Human Geography | Germany

**Clarissa Prazeres da Costa**
Technical University of Munich | Center for Global Health & Principal Investigator: Parasite Immunology | Co-Director | Germany

**Nathalie Strub-Wourgaft**
 Drugs for Neglected Diseases initiative (DNDi) | Director of Neglected Tropical Diseases | Switzerland
In April 2021, numerous heads of government and international agencies came together to champion the establishment of a new international pandemic treaty. Supporters consider the treaty a crucial tool to make the COVID-19 “the pandemic to end all pandemics” and urge the harnessing of the political momentum to invest in pandemic preparedness and response. Yet are the high expectations of the treaty as a transformative tool of global health warranted? And can they be fulfilled at all with a new legal instrument? What would be the added benefit of a treaty to the existing International Health Regulations? And how will the international community overcome practical issues such as the lack of accountability and funds for preparedness and response capacities in low- and middle-income countries or the challenges of a truly multi-sectoral and multi-stakeholder response?
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

CHAIR
Maike Voss
German Alliance on Climate Change and Health | Project Lead Think Tank Development | Germany

SPEAKERS
Gian Luca Burci
The Graduate Institute of International and Development Studies | International Law | Adjunct Professor & Director of Joint LLM in Global Health Law and Governance | Switzerland

Simona Gueorguieva
European Council | Cabinet of the President | Foreign Policy Advisor | Belgium

Jaouad Mahjour
World Health Organization (WHO) | Emergency Preparedness | Assistant Director-General

Anders Nordström
Ministry for Foreign Affairs | UN Policy Department | Ambassador for Global Health | Sweden
This session will only take place digitally. Please join through the following QR Code:

**DIGITAL TRACK**

**EYE HEALTH: AN UNDERESTIMATED GLOBAL HEALTH CHALLENGE**
Innovations in Eye Health to Achieve Universal Health Coverage

**HOSTS**

Christian Blind Mission (CBM)
German Ophthalmological Society (DOG)
The International Agency of Prevention of Blindness (IAPB)
The Lancet Global Health Commission on Global Eye Health

Globally 1.1 billion people are living with vision loss. However, more than 90% with vision impairment have a preventable or treatable cause with existing highly cost-effective interventions. The numbers will increase due to ageing societies, changes in lifestyle such as urbanization, a rising number of people living with diabetes and many other reasons. Eye health has to be integrated to UHC.

The Lancet Global Health Commission on Global Eye Health has published new findings which underline the relevance to the achievement of many Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

This session will present and discuss the new findings of the WHO World Report on Vision and the Lancet Global Health Commission on Global Eye Health. On this basis different international stakeholders from academia, politics, civil society and industry will discuss on a panel how this global challenge can be addressed not only within the health sector, but also beyond. Further the session will give examples of innovative digital tools and ideas for diagnoses, inclusive prevention, treatment and rehabilitation to achieve more integrated people-centered eye health for all in the context of UHC.
CHAIR

Babar Qureshi
Christian Blind Mission (CBM) | Director of Inclusive Eye Health and Neglected Tropical Diseases | Germany

SPEAKERS

Andrew Bastawrous
PEEK Vision | CEO | United Kingdom

Hélène Boisjoly
Université de Montréal | Faculty of Medicine | Former Dean | Canada

Bernhard Braune
Federal Ministry for Economic Cooperation and Development (BMZ) | Global Health Policy and Finance | Head of Division | Germany

Matthew Burton
International Centre for Eye Health | London School of Hygiene & Tropical Medicine | Director | United Kingdom

Alarcos Cieza
World Health Organization (WHO) | Prevention, Disability and Rehabilitation | WHO Coordinator

Rudolf Guthoff
University Rostock | Eye Department | Senior Professor and Chair of the Section ‘International Ophtalmology’ of DOG | Germany

Aaron Magava
The International Agency of Prevention of Blindness (IAPB) | Subsaharan Africa Chair | Zimbabwe

Bibi Rafeen
Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) Hyderabad | Department of Vitreo Retina | Assistant Professor and Head of Department | Pakistan

Christian Steinmetz
Carl Zeiss Meditec AG | Managing Director | Germany
PANEL DISCUSSION

CONFRONTING AMR THROUGH SUSTAINABLE ANTIBIOTIC R&D, EQUITABLE ACCESS AND RESPONSIBLE STEWARDSHIP

HOSTS
Wellcome Trust
World Health Organization (WHO)

To successfully tackle the challenge of AMR, we need to increase support of sustainable antibiotic R&D. However, it is also important that there is both equitable access to, and responsible stewardship of antibiotics, so that these life-saving drugs are available for all patients who need them, whilst being safeguarded for future generations.

This session will explore what initiatives are already underway to achieve this, the roles and responsibilities of different stakeholders, and what new mechanisms we may need.
CHAIR

Sabrina Lamour-Julien
Wellcome Trust | Infectious Disease | Research Lead, Therapeutics | United Kingdom

SPEAKERS

Erin Duffy
CARB-X |
Chief of Research & Development |
United States of America

Michael Lobritz
Roche |
Antibiotics Early Development | Head |
Switzerland

Henry Skinner
AMR Action Fund | CEO

Subasree Srinivasan
Global Antibiotic R&D Partnership (GARDP) | Medical Director |
Switzerland
ENTREPRENEURS IN GLOBAL HEALTH

D 07
13:00 – 13:45

DIGITAL TRACK

This session will only take place digitally. Please join through the following QR Code:
Meeting-ID: 839 2069 9866

HOSTS

Berlin Institute of Health (BIH)
Stiftung Charité
World Health Summit

In partnership with the Charité BIH Entrepreneurship Summit.
CHAIR

Daniel Trattler
Eobiont GmbH | Creative Director | Germany

SPEAKERS

Kate Cameron
Cytochroma Limited | Entrepreneur | United Kingdom

Gregor Heinecke
DermoTech GmbH | Entrepreneur | Germany

Dave Hurhangee
Waire Health | Entrepreneur | United Kingdom

Bartosz Kosmecki
Nephrolytix Project | Entrepreneur | Germany

Rutuja Salvi
IDTM GmbH | INKA-IGTLAB | Entrepreneur | Germany

Shani Toledano
HT BioImaging | Entrepreneur | Israel

Daniel Trattler
Eobiont GmbH | Creative Director | Germany
But the question remains; from science and research to policy and implementation, has the world truly shifted in terms of our ability to react? How can we build towards the future after COVID-19, and ensure better preparedness for the challenges to come, and a more equitable response?

The global response to COVID-19 has called our global pandemic preparedness into question, and we must now build on this with urgency. There have been some positives in the response—new forms of collaboration, strengthened partnerships, and tests, treatments and vaccines have been developed at unprecedented speed.
**CHAIR**

**David Humphreys**  
Economist Impact | Global Practice Leader, Health Policy |  
United States of America

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**SPEAKERS**

**Christian Drosten**  
Charité-Universitätsmedizin Berlin |  
Institute of Virology Campus Charité Mitte | Director of the Institute |  
Germany

**Jeremy Farrar**  
Wellcome Trust | Director |  
United Kingdom

**Natalia Kanem**  
United Nations Population Fund (UNFPA) | Executive Director |  
United States of America

**Bernd Montag**  
Siemens Healthineers AG |  
President and CEO |  
Germany

**Mari Pangestu**  
World Bank | Managing Director of Development Policy and Partnerships |  
United States of America
PANEL DISCUSSION

THE IMPACT OF COVID-19 ON MIGRANT AND REFUGEE HEALTH

HOSTS

M8 Alliance
Monash University
Sapienza University of Rome
Tehran University of Medical Sciences (TUMS)
University of Coimbra

Like other diseases before it, the COVID-19 pandemic has highlighted how quickly migrants and refugees can become especially vulnerable to public health threats. The COVID-19 pandemic has nevertheless reminded us that migrants and refugees are a highly heterogenous population. They are not all at equal risk of exposure to disease, nor do they all have the same levels of access, or lack of access, to host community preventative, diagnostic and treatment services. It has also brought home how deficient many government policies are with respect to the health promotion and protection of migrants and refugees and other minorities. The “one-size-fits all” approach so often taken by policy makers continues to disadvantage migrants and refugees, as well as other social and economic minorities whose health and welfare is now becoming, by both default and design, a responsibility of NGOs and informal associations that do not necessarily have the long-term backing of government.

At another level, the pandemic has been a timely reminder of how important a resource migrants and refugees have become to national health systems, many of which are now over 30% foreign-born staffed at a clinical level. Taking stock of the past twenty or so months of COVID-19 and looking forward to what are predicted to be future viral and/or bacterial pandemics will hopefully allow governments and
the public at large to recognize that migrants and refugees now constitute an important part of all high-income country human resource reservoirs, and their health must be defended for pragmatic as well as ethical and human rights reasons. Preparing for future health emergencies will also require more sensitive and specific characterization of the complex interplay between cultural, social, political and economic factors that influence the health of migrants and refugees while they are in transit and in post-arrival settings, together with the role played by social and economic environmental factors in facilitating or retarding the transmission of viral and bacterial threats, into, among, and from, migrant and refugee populations.

CHAIRS

Luciano Saso
Sapienza University of Rome | Vice-Rector for European University Networks | Italy

Amirhossein Takian
Tehran University of Medical Sciences (TUMS) | Department of Global Health & Public Policy | Chair of Department and Vice Dean | Iran

SPEAKERS

Manuel Carballo
The International Centre for Migration, Health and Development (ICMHD) | Executive Director | Switzerland

Ana Corte-Real
University of Coimbra | Faculty of Medicine | Professor | Portugal

Alexander Krämer
University of Bielefeld | School of Public Health | Senior Professor and Director Research Programme Refugee Health (FlüGe) | Germany

Christopher Lemoh
Monash Health | Dandenong Hospital | Deputy Head of General Medicine and Physician | Australia

Akihiro Seita
UNRWA | Health Department | Director of the Department

Soazic Elise Wang Sonne
World Bank | Social Development Global Practice Young Professional (YP) | United States of America
PANEL DISCUSSION

GENOMIC DATA FOR GLOBAL HUMAN HEALTH

How Genomics and Global Genomic Data Sharing Can Benefit Human Health

HOST

Berlin Institute of Health (BIH)

Genomics has been the driver for major improvements in the diagnosis and treatment of rare diseases and cancer. While modern genomic medicine is now an integral part of routine healthcare in wealthy nations, this is not the case in low- and middle-income countries, thereby benefitting ‘a privileged few’. Challenges exist due to a focus on health problems of the Global North and concerning the generalizability of research findings from studies predominantly conducted in European-descent patients and populations. Initiatives such as H3Africa have shown the benefit of studying genetically diverse populations for African and global health. Future scalability and trans-ethnic opportunities within a research and healthcare context depend on the development of responsible standards and frameworks for global genomic data sharing and for international capture and exchange of clinical information.

This session is focused on global health problems for which genomics might contribute solutions and opportunities though global genomic data sharing.
CHAIR

Claudia Langenberg
Berlin Institute of Health (BIH) | Professor of Computational Medicine | Germany

SPEAKERS

Ewan Birney
EMBL's European Bionformatics Institute | Deputy Director General | United Kingdom

Bartha Knoppers
McGill University | Faculty of Medicine | Director of the Centre of Genomics and Policy | Canada

Sharon Peacock
COVID-19 Genomics UK Consortium | Executive Director and Chair | United Kingdom

Charles Rotimi
Trans-National Institutes of Health (NIH) | Center for Research in Genomics and Global Health | Director | United States of America

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Claudia Langenberg
Soumya Swaminathan
Sharon Peacock

Charles Rotimi
RESEARCH COOPERATIONS FOR IMPROVING GLOBAL HEALTH

Best Practice Models of Sustainable Africa-Europe Research Partnerships

HOSTS

Bernhard Nocht Institute for Tropical Medicine (BNITM)
Leibniz Association

The 2030 Agenda for Sustainable Development provides a common framework for a better future for people and the planet. A key Sustainable Development Goal (SDG) focuses on global health and well-being. Achieving the ambitious goals is inconceivable without global partnerships—especially in research, which is crucial for exploring innovations, evaluating interventions and providing evidence for quality and meaningfulness of activities. Research partnerships between institutions in sub-Saharan Africa and Europe are essential for sharing knowledge, building capacity and focusing on the major burdens of infectious diseases and threats to global health.

The German Leibniz Association is a research network of nearly 100 research institutes with a diverse portfolio and numerous long-standing research collaborations with institutions in sub-Saharan Africa. Against this background, the partners are determined to work together strategically and in the long term to develop a common vision for relations in science in a globalised world.

The experience of long-standing institutional collaborations between Leibniz institutes and partners from sub-Saharan Africa serves as a basis for a discussion on best practices, strengths, weaknesses, barriers and risks—and enables the development of a vision and exploration of the way forward.
SPEAKERS

Mareli Claassens
University of Namibia | Hage Geingob Campus | Research Associate Professor | Namibia

Ghyslain Mombo-Ngoma
Medical Research Unit Lambaréné | Head of Clinical Operations | Gabon

Thumbi Ndung'u
Africa Health Research Institute (AHRI) | Deputy Director and Max Planck Research Group Leader | South Africa

Sylvanus Okogbenin
Irrua Specialist Teaching Hospital | Chief Medical Director | Nigeria

Richard Phillips
Kumasi Center for Collaborative Research (KCCR) | Director | Ghana

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

CHAIRS

John H. Amuasi
African Research Network for Neglected Tropical Diseases (ARNTD) | Director | Ghana

Jürgen May
Bernhard Nocht Institute for Tropical Medicine (BNITM) | Chair of the Board of Directors | Germany
WS 12
SAAL 5 | OCEANIA
14:00 – 15:30

WORKSHOP
Policy Track by MoH Germany

YOUNG PEOPLE AND MENTAL HEALTH: COVID-19 AS WAKE-UP CALL FOR POLICYMAKERS?! 

HOSTS
Federal Ministry of Health (BMG)
Global Health Hub Germany

Findings of the effects of the COVID-19 pandemic on mental health and the experiences of a ‘COVID generation’ in which the social development of young people is characterized by lockdowns, social distancing, isolation and a shift to digital media use are still at the very beginning. While some countries have addressed mental health during the pandemic by developing national COVID-19 response plans for mental health service and the deployment of digital platforms, signifying a welcome recognition of the salience of mental health, it is no priority area yet in the health strategies of many countries.

The session focuses on the mental health burden of the COVID-19 pandemic on young people and wants to discuss options to integrate mental health approaches in policy discussions. How can mental health services be mainstreamed into countries health strategies? Which impact do digital platforms have on the well-being of young people during the pandemic? Which solutions can digital technologies offer? What can we learn from other countries? What findings and recommendations should be taken up at the policy level?
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

CHAIR

Till Bärnighausen
University Hospital Heidelberg | Heidelberg Institute of Global Health (HIGH) | Director | Germany

SPEAKERS

Dévora Kestel
World Health Organization (WHO) | Mental Health and Substance Abuse | Director

Sarah Kline
United for Global Mental Health | Interim CEO and Co-Founder | United Kingdom

Stanley Kutcher
Senate of Canada | Senator from Nova Scotia & Mental Health Expert | Canada

Farhan Aslam Yusuf
WACI Health | Youth Leader and Advocate | Tanzania
Although much attention is given by development agencies to women reproductive health services in the global south, a comprehensive vision for capacity building in women health services is still lacking. The burden of malignant and non-malignant women complex health conditions is increasing and require interdisciplinary excellence in cure. Specialists are needed with training in gynaecology, gynaecological surgery, pathology, radiotherapy nursing and psychosocial care. A substantial increase in numbers of qualified physicians is urgently needed.

The Global Health Strategy of the German Government has a focus on support for the initial and ongoing training of health personnel implemented by e.g. the BMZ/GIZ program of hospital partnerships. There are also emerging efforts for international knowledge exchange by medical societies and NGOs. However, their activities are not sufficiently coordinated monitored and evaluated. Financing of these activities remains a major challenge. Sustainable education and training programs for health care providers with the specific women health focus would need ownership by the national health authorities and care providers and a co-ordination among governmental and non-governmental development agencies and professional societies.
CHAIRS

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

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

SPEAKERS

Tanja Brycker  
Hologic Inc. | Strategic Development, Breast & Skeletal Health and Gynaecological Surgical Solutions |  
Vice President | Europe

Jean-Marie Dangou  
World Health Organization (WHO) – Regional Office AFRO Brazzaville |  
Regional Advisor NCD |  
Republic of Congo

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

Murat Gültekin  
European Society of Gynaecological Oncology (ESGO) | ENGAGe Co-Chair |  
Switzerland

Sara Nasser  
Charité – Universitätsmedizin Berlin |  
Charité Comprehensive Cancer Center |  
Specialist in Gynaecology and Obstetrics |  
Germany
PANEL DISCUSSION

THE INTERSECTION OF COVID-19 AND MENTAL HEALTH

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, especially during this pandemic. 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 and an effective Health in All Policies approach to the pandemic without addressing mental health, for health care cannot be universal without mental health.
CHAIR

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

SPEAKERS

Florence Baingana
World Health Organization (WHO) | Mental Health and Substance Abuse | Regional Advisor | Switzerland

Zeinab Hijazi
United Nations Children’s Fund (UNICEF) | Senior Mental Health Technical Advisor | United States of America

Charlene Sunkel
Global Mental Health Peer Network | CEO | South Africa

Miranda Wolpert
Wellcome Trust | Director of Mental Health | United Kingdom

Vikram Patel
Harvard Medical School | The Pershing Square Professor of Global Health | United States of America
According to WHO estimates, half of the world’s population lacks access to essential health services. Over 100 million people each year fall into extreme poverty because they have to pay out of pocket for basic healthcare and treatment services. In 2015, political leaders committed to Universal Health Coverage (UHC), an essential health package for all. If implemented responsible and effectively, UHC can massively reduce global burdens of HIV, TB, malaria, viral hepatitis, waterborne diseases, neglected tropical diseases and other infectious diseases.

However, governments are off track in meeting their UHC commitments. On current trends up to 5 billion people will still lack access to basic health services by 2030. In today’s digital age adopting and scaling technology and innovation are critical to address traditional and emerging challenges in scaling healthcare. It offers unprecedented opportunities for using data to identify and address healthcare needs, including among the most marginalised and neglected populations.

Dynamic electronic health record systems, digital diagnostics, effective telemedicine approaches, robust health management information systems and efficient patient communication strategies are some of the many solutions that governments can and should deploy to increase access to quality healthcare of their populations.

This requires governments, legislators, healthcare providers and the general public to rethink health in a digital world.
as well as to ensure that an enabling environment for the successful digital transformation of health systems. Governments need to develop comprehensive strategies and policies to regulate digital technologies for health while addressing the widening digital divide in health. Personal health data must be protected whilst being accessible to research as a public good.

### CHAIR

**Andrew Ullmann**  
German Bundestag | Member of the Bundestag | Germany

### SPEAKERS

**Winnie Byanyima**  
Joint United Nations Programme on HIV/AIDS (UNAIDS) | Executive Director

**Lois Chingandu**  
Frontline AIDS | Director of Evidence and Influence | United Kingdom

**Gabriela Cuevas Barron**  
UHC2030 | Co-Chair of the Steering Committee | Switzerland

**Roland Göhde**  
GHA – German Health Alliance | Chairman of the Board | Germany

**Adeeba Kamarulzaman**  
International Aids Society | President | Malaysia

**Christoph Zindel**  
Siemens Healthineers AG | Member of the Managing Board | Germany
UNIVERSAL HEALTH COVERAGE: A COMMITMENT TO ESSENTIAL SURGICAL, OBSTETRIC AND ANESTHESIA CARE

Although increasingly recognized as an indivisible, indispensable part of Universal Health Coverage, limited progress has been made in recent years to advance surgical, obstetric and anesthesia care around the world. Over five billion people remain without access to safe surgical care.

Strong health systems are key in dealing with health crises, as was illustrated by the recent COVID-19 pandemic, in which the surgical ecosystem was integral to the pandemic response. Surgical systems have a direct relation with the four pillars of universal health coverage: i) the availability of services; ii) resources and equipment; iii) demand and iv) access to services of health. The weakening of these four components impacts the provision and utilization of surgical care, which leads to a reduction in the coverage of surgical health services with an increase in deaths.

An integrated and holistic approach to build up health systems that includes increased emphasis on surgical care delivery is currently lacking. It is important to bring all key stakeholders (academia, private sector, government organizations, philanthropy and non-governmental organizations, etc.) to the table to define the innovative solutions and pave the way forward.
**CHAIRS**

**Kee B. Park**  
Harvard Medical School | Program in Global Surgery and Social Change | Director of Policy and Advocacy | United States of America  

**Tarsicio Uribe-Leitz**  
Harvard Medical School | Program in Global Surgery and Social Change | Center for Surgery and Public Health | Instructor | United States of America

**SPEAKERS**

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

**Natalia Kanem**  
United Nations Population Fund (UNFPA) | Executive Director | United States of America  

**John G. Meara**  
Harvard Medical School | Global Health and Social Medicine in the field of Global Surgery | Professor | United States of America  

**Princess Nothemba Simelela**  
World Health Organization (WHO) | Strategic Programmatic Priorities | Special Advisor to the Director-General  

**Lia Tadesse Gebremedhin**  
Federal Ministry of Health | Minister of Health | Ethiopia  

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

**Princess Nothemba Simelela**  
World Health Organization (WHO) | Strategic Programmatic Priorities | Special Advisor to the Director-General  

**Natalia Kanem**  
United Nations Population Fund (UNFPA) | Executive Director | United States of America  

**Lia Tadesse Gebremedhin**  
Federal Ministry of Health | Minister of Health | Ethiopia  

**John G. Meara**  
Harvard Medical School | Global Health and Social Medicine in the field of Global Surgery | Professor | United States of America  

**Tarsicio Uribe-Leitz**  
Harvard Medical School | Program in Global Surgery and Social Change | Center for Surgery and Public Health | Instructor | United States of America
The COVID-19 crisis has revealed sub-optimal levels of country response, resulting in huge impact on individuals, communities, societies and economies.

The Economist Impact has completed a research project, supported by Sanofi, analysing the COVID-19 response in twelve countries from the Americas, Europe, Middle East and Asia-Pacific regions. The project combined desk research and insights from an international Advisory Panel of experts involved in the response to COVID-19 and other infectious disease outbreaks.

Based on these findings, EI has created an evidence-based policy toolkit structured around government, health systems and social factors. The purpose of the toolkit is to enable countries to learn from the lessons of others’ experiences during COVID-19 to improve the response to pandemics.

During this workshop EI will present its evidence-based toolkit, moderate a discussion among experts in the field and facilitate conversations between the workshop participants about how these findings can be applied to their countries, including the following:

1. How can the toolkit be implemented in countries? What might an implementation roadmap look like?
2. Share real-world examples that can inspire fellow workshop attendees and inform any future development of the toolkit.
3. Identify what needs to be in place to enable countries to respond more urgently and effectively to the next pandemic?

The outcome of the workshop will be supporting the implementation of this evidence-based toolkit into practice to improve future pandemic responses.
CHAIR

David Humphreys
Economist Impact | Global Practice Leader, Health Policy | United States of America

SPEAKERS

Ricardo Baptista Leite
UNITE | Founder and President | Portugal

Catherine Duggan
International Pharmaceutical Federation (FIP) | CEO | The Netherlands

Miguel O’Ryan
University of Chile | Faculty of Medicine | Director of International Affairs | Chile

Thomas Triomphe
Sanofi Pasteur | Executive Vice President | France
The SARS-CoV-2 pandemic and its devastating global impact has clearly demonstrated the need for robust and well-functioning health systems worldwide. SARS-CoV-2 overwhelmed health care systems globally, although with different severity and at different times. Even though the pandemic is still ongoing, first lessons learned highlight the value of specific technical cooperation and give best practice examples. Working together for stronger public health systems to improve health protection globally is key.

One example of global partnership is the ‘Global Health Protection Programme’ (GHPP) of the German Federal Ministry of Health. It takes international responsibility in global health preparedness and protection, both bilaterally and multilaterally. Since 2016, implemented by German expert institutions and international partners, GHPP aims at generating partnership between public health institutions, relevant actors and projects as well as ensuring long-lasting cooperation and sustainable global implementation. This includes: rapid expert support in outbreak situations, epidemic preparedness and prevention, strengthening core capacities of International Health Regulations (incl. surveillance systems, contingency planning, laboratory capacities, field epidemiology), combating hospital-acquired infections and resistances and strengthening regulatory capacity for medicines, vaccines and blood products.

Hence, we discuss the value of long term cooperation for global health preparedness and response. Learning from the pandemic and using examples including from GHPP, this panel will explore how partnerships have been developed in the past, how they can be further developed and improved and which key aspects need to be considered in the future. This panel will also discuss the value of long term cooperation vs. short term technical assistance.
CHAIRS

Johanna Hanefeld  
Robert Koch Institute (RKI) |  
Centre for International Health Protection (ZIG) | Director |  
Germany  

London School of Hygiene & Tropical Medicine (LSHTM) | Lead Berlin and Associate Professor Health Policy and Systems  

John Nkengasong  
Africa Centres for Disease Control and Prevention | Director |  
Ethiopia

SPEAKERS

Silvia Bino  
Institute of Public Health |  
Control of Infectious Diseases Department | Head |  
Albania  

Emma Margarita Iriarte Carcamo  
Inter-American Development Bank (IDB) |  
Salud Mesoamerica and the Regional Malaria Elimination Initiatives | Executive Secretary |  
United States of America  

Helena Legido-Quigley  
National University of Singapore |  
Saw Swee Hock School of Public Health | Professor in Health Systems |  
Singapore

Thomas Mettenleiter  
Friedrich Loeffler Institute |  
Federal Research Institute for Animal Health | President |  
Germany  

Tochi Ochwor  
University of Nigeria |  
Antimicrobial Resistance and Infection Prevention and Control Programme | Coordinator at Nigeria Centre for Disease Control |  
Nigeria

To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.
Urgent and decisive action is needed to keep within the 1.5–2°C target of the Paris Agreement. This session will discuss the work of the Pathfinder Initiative (including The Lancet Pathfinder Commission) that aims to increase motivation and capacity for such action by showing how well-designed policies to achieve net zero greenhouse gas emissions by 2050 at the latest can yield multiple benefits for the health of people and planet. For example: reductions in air pollution from the use of clean, renewable energy and transformation of our food and transport systems would reduce the burden of non-communicable diseases, including obesity and undernutrition; and conserving natural spaces could improve physical and mental health while protecting the Earth’s essential life support systems.

Moreover, rapid cuts in greenhouse gas emissions would greatly reduce human health risks from climate change, considered the greatest health challenge of the 21st Century. The Pathfinder Initiative synthesizes evidence about effective strategies to achieve a healthy net zero economy, and works with partner organizations (OECD, C40 Cities, CDP, Sustainable Development Solutions Network, Alliance for Health Policy and Systems Research) to disseminate evidence on the development and implementation of multi-sectoral actions to accelerate progress towards a healthy net zero economy.

This session will discuss how a focus on the health (co) benefits of climate action can help to motivate more ambitious cuts in emissions and the lessons that can be learnt from implementation of climate change mitigation policies in different settings.
CHAIR
Andrew Haines
London School of Hygiene & Tropical Medicine (LSHTM) | Professor of Environmental Change and Public Health | United Kingdom

SPEAKERS
Tolullah Oni
University of Cambridge | Senior Research Medical Officer | United Kingdom

Aromar Revi
Indian Institute for Human Settlements (IIHS) | Director | India

Johan Rockström
Potsdam Institute for Climate Impact Research | Director | Germany

Leena Srivastava
International Institute for Applied Systems Analysis (IIASA) | Deputy Director General for Science | Austria
Climate change, biodiversity loss, and the COVID-19 pandemic share a common cause: the human disruption of our planet’s natural systems. As a result of the destructive way we treat our environment, we face an unprecedented global threat to human health. This is all known, but not understood - let alone put into practice and effective policies.

On this panel we want to focus on the interaction between science, policy making and public understanding of global health issues. What is missing in the conversation so far? What opportunities arise from the COVID-19 pandemic, the IPCC reports and initiatives like “healthy recovery” and “building back better”?

“Scientific research shows, that showing people research does not work” (John D. Stermann, MIT). Time and time again more information is added, but Legislative and executive political decisions remains stuck in silo mentality.

The COVID-19 pandemic has shown the key role and the limitations of good evidence-based communication. This panel is about talking to international capacities in science about how breakthrough findings also become public knowledge that is effective for policy decisions. What approaches work best? How can we instill more science into policymaking?
CHAIR

Eckart von Hirschhausen
Physician, Science Journalist and Founder of the Healthy Planet – Healthy People Foundation and World Health Summit Ambassador | Germany

SPEAKERS

Anthony Capon
Monash University | Sustainable Development Institute | Director | Australia

Nicole de Paula
Women Leaders for Planetary Health | Executive Director and Founder | Germany

Renzo Guinto
St. Luke’s College of Medicine | Planetary and Global Health Program | Inaugural Director | Philippines

Anthony Capon
Renzo Guinto
Nicole de Paula
Eckart von Hirschhausen
Lack of access to medicines is a multi-dimensional challenge that stands in the way of better health everywhere. In particular, limited access to essential medicines is one of the key barriers to health in most low-and middle-income countries (LMICs): an estimated two billion people have no access to essential medicines.

According to the WHO definition, essential medicines are those that satisfy the priority health care needs of the population and are intended to be available at all times in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford.

Affordability is the cornerstone of access but by itself it is not enough. There are other barriers such as diagnosis, health system readiness and government commitment. The WHO Model Essential Medicines List provides an internationally recognizable set of selected medicines to help Member States to choose how to treat their priority health needs. However, in a review of 137 National EMLs performed in 2019, there were identified more than 200 substantial differences between national lists of essential medicines and the WHO’s model list.

Unless we solve affordability but also these other challenges, most of patented essential medicines including those for treating diabetes, cardiovascular diseases and cancer, will continue to remain beyond the reach of most people in need, stalling progress towards achieving the Universal Health Coverage (UHC) goals.

How can we make essential medicines available and affordable in LMICs? What could be the right approach to develop a
more holistic strategy to address access? What lessons can we learn from COVID-19 that could be used to make access easier and quicker in non-communicable diseases? The answers will depend on specific circumstances but, nevertheless, must be judged against the standards of transparency, sustainability and impact.

CHAIRS

Charles Gore
Medicines Patent Pool (MPP) | Executive Director | Switzerland

Alexander Schulze
Swiss Agency for Development and Cooperation | Global Programme Health | Head of Division | Switzerland

Austen Davis
Norwegian Development Agency (Norad) | Human Development Section for Global Health | Senior Adviser | Norway

SPEAKERS

Philippe Duneton
Unitaid | Executive Director | Switzerland

Benedikt Huttner
World Health Organization (WHO) | Team Leader of Essential Medicines List (EML)

Cary Adams
Union for International Cancer Control (UICC) | CEO | Switzerland

Linda Greeff
Cancer Alliance | Chair | South Africa

Karen Sliwa
The Hatter Institute for Cardiovascular Research in Africa | Director | South Africa

Naby Moussa Balde
International Diabetes Federation | Africa Regional Chair | Guinea
Global Health Security has come back into focus in the context of the COVID-19 pandemic. There are discussions under way to explore new and broader concepts of health security: clearly the approach must be more multisectoral and multidisciplinary. The interface between traditional security challenges and global health threats is being explored in new ways. Based on the experiences of the COVID-19 response some countries have created new agencies or have upgraded health security within the security frameworks of preparedness and response. New forms of cooperation are also emerging between high income and LMIC, especially regional bodies play an important role in such approaches. The interface between academic work and decision makers is also gaining new dimensions. This panel will aim to provide direction for lessons to be implemented at national, regional and global level.
CHAIR

Heyo Kroemer
Charité – Universitätsmedizin Berlin | CEO | Germany

SPEAKERS

Inger Ashing
Save the Children International | CEO

Carrie L. Byington
University of California Health | Office of the President | Executive Vice President | United States of America

Chantal Friebertshaeuser
MSD Sharp & Dohme GmbH | MSD Germany | Senior Vice President and Managing Director | Germany

Wolfgang Ischinger
Munich Security Conference Foundation | Munich Security Conference (MSC) | Chairman | Germany

Carla Vizzotti
Ministry of Health | Minister of Health | Argentina
WS 15
SAAL 15 | AFRICA
9:00–10:30

WORKSHOP

NEW IMPULSES FROM THE WHO-NTD-ROADMAP 2030
Digitalization as Opportunity for Improving Health Management Systems

HOSTS

Association of Research-based Pharmaceutical Companies (vfa)
Eberhard Karls University Tuebingen
German Network against Neglected Tropical Diseases (DNTDs)
German Society for Tropical Medicine and International Health (DTG)
University Hospital Tuebingen

The new WHO-NTD Roadmap 2030 proposes innovative approaches to tackle 20 infectious diseases. NTDs affect over 1 billion people worldwide, causing pain and disability, with lasting health, social and economic consequences for individuals and societies. The roadmap aims to close gaps between multiple diseases by integrating approaches and interventions into national health systems and across different sectors. There are major gaps in current intervention packages and opportunities to support intervention packages for diagnosis, treatment and delivery of other services. A panel discussion on opportunities for improving health management systems though increased digitalisation will be held. Field reports from endemic countries, integrated systems for control, data analysis, possible improvements in supply chains will be presented.
CHAIRS

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

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

SPEAKERS

Carolin Gunesch
GLRA German Leprosy and Tuberculosis Relief Association India | Project Manager | India

Babar Qureshi
Christian Blind Mission (CBM) | Director of Inclusive Eye Health and Neglected Tropical Diseases | Germany

Sultani Hadley Matendechero
Kenya National Public Health Institute | Head | Kenya

Paul Zubeil
Federal Ministry of Health (BMG) | European and International Health Politics | Deputy Director-General | Germany

Pauline Mwinzi
Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) | Technical Officer for Bilharzia and other Helminthiases
LAUNCH AND DISCUSSION OF THE REPORT OF THE GLOBAL PREPAREDNESS MONITORING BOARD

A Fragmented World; Bringing Order Out of Chaos in Pandemic Preparedness and Response

HOSTS

Federal Ministry of Health (BMG)

World Health Organization (WHO)

In this session the GPMB co-chairs will launch the 2021 Report of the Global Preparedness Monitoring Board, presenting its key findings and calls for action.

In its 2019 report, “A World at Risk”, the GPMB warned of the very real threat of a rapidly spreading pandemic due to a lethal respiratory pathogen. It stressed the inadequacy of systems and financing required to detect and respond to health emergencies and the need for determined political leadership at national and global levels to prepare against this threat. The 2020 GPMB report, “A World in Disorder”, examined the collective response to the COVID-19 pandemic, highlighting responsible leadership and citizenship, as well as the adequacy of systems and resources, as key factors for success. It put a special emphasis on the factor that binds these four elements together into an effective whole: the principles and values of governance that ensure the right choices, decisions and actions are taken at the right time. It pointed out that none are safe until all are safe and called for a renewed commitment to multilateralisms and WHO.

This year the GPMB examines the multi-sectoral-multistakeholder-multilateral ecosystem for health emergency preparedness and response, and building on the recommendations of recent review bodies calls for urgent action to ensure a more coherent, equitable and effective response to future health emergencies.
CHAIR
Elhadj As Sy
Kofi Annan Foundation | Chair of the Board | Switzerland

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

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

Ayoade Alakija
African Union COVID-19 African Vaccine Delivery Alliance | Co-Chair | Ethiopia

Jane Halton
Coalition for Epidemic Preparedness Innovations (CEPI) | Chair of the Board | Norway

Michel Sidibé
The African Medicine Agency (AMA) | African Union Special Envoy

Victor J. Dzau
National Academy of Medicine | President | United States of America

Juan Pablo Uribe
World Bank | Global Director for Health, Nutrition and Population | United States of America
This session will only take place digitally. Please join through the following QR Code:

DIGITAL TRACK
Meeting-ID: 815 3274 2490

EMPOWERING YOUNG GLOBAL HEALTH LEADERSHIP

The Leadership We Want

HOSTS
InterAcademy Partnership (IAP)
Young Physician Leaders (YPL)

The Young Physician Leaders programme was launched in 2011 by the International Academy Partnership in conjunction with the World Health Summit and the M8 Alliance of Academic Health Centres and Medical Universities. Since then it has strived to identify and train physicians under the age of 40 to equip them with the skills they will require to navigate their professional future.

To date, the YPL network of alumni includes more than 170 leading young professionals, who were nominated by their national academies. This year’s cohort includes 20+ physicians with different professional backgrounds in 20+ different countries.

In the last couple of days we have had the opportunity, to reflect on the challenges we face when leading in our professional lives and the very nature of what it takes to be an effective leader in the world of today. We have been mentored by some of the great minds at ESMT Berlin and the Bayer Foundation but perhaps most uniquely we have had a chance to share and learn from each other’s experiences.

During this session we would like to convey some of the insights we have gathered over the last couple of days. Members of the program will now present two case studies each presenting leadership challenges which we feel are relatable and must be addressed.

There will be a designated time for contributions from the audience during which we encourage you to participate.
CHAIRS

Jo Ivey Boufford
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) | Programmes Officer | Italy
Are we doing enough to ensure health and well-being for the world’s children, the future of our global population? Clearly not, says an international Commission of child health experts, who, in February 2020 launched A future for the world’s children? A WHO-UNICEF-Lancet Commission.

Their warnings and call for urgent action preceded the declaration by the World Health Organization of the COVID-19 pandemic in March which led to lockdowns and confinement; economic recessions and worsening poverty; suspension of schools; reduced routine health care and preventive child health services; and cases of a new Pediatric Multisystem Inflammatory Syndrome strongly suspected to be linked to COVID-19.

Added to ever-present contagious diseases like measles, children today face new threats from climate change, novel zoonoses such as COVID-19 and harmful commercial marketing, the ‘three Cs’. Appearing to be very different on the surface, these threats are actually all interconnected and should be tackled concurrently.

How will building a stronger, healthier population on a sustainable planet protect us better from both non-communicable diseases, such as obesity which has increased 11-fold in just over 40 years, and deadly communicable diseases? How can we better prepare for and manage pandemics, protecting children? What’s our advice to the Conference of the Parties 26 in terms of continuing with positive environmental impacts of pan-
These questions will form the basis of a dynamic debate.

CHAIR

Anshu Banerjee
World Health Organization (WHO) | Department of Maternal, Newborn, Child and Adolescent Health and Ageing | Director

SPEAKERS

Rt Hon Helen Clark
Partnership for Maternal, Newborn and Child Health (PMNCH) | Chair of the Board | New Zealand
Former Prime Minister New Zealand

Awa Marie Coll-Seck
Ministry of State | Minister of State | Senegal

Richard Horton
The Lancet | Editor-in-Chief | United Kingdom

Almaaz Mudaly
Climate Change Activist

Sunita Narain
Centre for Science and Environment (CSE) | Director-General | India

Stefano Scarpetta
OECD | Employment, Labour and Social Affairs | Director

Anshu Banerjee

Almaaz Mudaly

Rt Hon Helen Clark

Sunita Narain

Awa Marie Coll-Seck

Stefano Scarpetta

Richard Horton
The immediate policy responses to the outbreak of a pandemic are non-pharmaceutical interventions: social distancing and the lock-down of many economic and social activities. In rich economies, the interventions were flanked with large fiscal support programmes for businesses affected. While these programmes are important to buffer a short-term economic shock, they are inefficient and may even be harmful in the medium- and longer-term. A pandemic is not just a brief shock but it will affect the society and economy for an extended period of time. Therefore, this session will discuss how economic and social policies must be adapted in order to ensure a functioning economy that serves human purposes first and foremost; and in which social prosperity and health are not just derivatives of economic growth. It will show what is required to recover well from the pandemic and how economic policy can help to be better prepared for future pandemics. It will also discuss implications for emerging and less-developed countries.
CHAIR

Dennis J. Snower
Global Solutions Initiative | President | Germany

SPEAKERS

Tanja Brycker
Hologic | Strategic Development, Breast & Skeletal Health and Gynaecological Surgical Solutions | Vice President | United States of America

Nicolas J.A. Buchoud
Grand Paris Alliance for Metropolitan Development | President | France

Global Solutions Initiative | Global Solutions Fellow

Alan Donnelly
The G20 Health and Development Partnership | Convener | United Kingdom

Tolullah Oni
University of Cambridge | Senior Research Medical Officer | United Kingdom

Gabriela Ramos
UNESCO | Assistant Director-General for Social and Human Sciences
As world leaders strive to bring the spread of COVID-19 under control, a secondary health crisis rages in many lower income countries. The COVID-19 pandemic disrupts access to many essential health services, particularly in the poorest nations with the most fragile health systems. Women and girls bear the brunt of the secondary impacts of the pandemic, including dramatic increases in gender-based violence, protracted school closures, job losses and increases in unpaid care. Due to severe disruptions in essential health services, partner countries of the Global Financing Facility (GFF), a global partnership hosted by the World Bank, saw up to a 25% drop in coverage of lifesaving health interventions in 2020 as compared to pre-pandemic levels. This is the equivalent of 4 million pregnant women unable to receive care during childbirth. Researchers have warned of a large number of additional child and maternal deaths if countries are not successful in minimizing disruptions to their health systems and maintaining utilization of RMNCH services. Countries supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) report increased health service interruptions in HIV (101%), TB (114%), and malaria (15%) programs, most of them in sub-Saharan Africa.

This discussion will bring together representatives from the GFF, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the German Federal Ministry for Economic Cooperation and Development, partner countries and civil society to discuss how
to protect decades of progress and investment in the health and well-being of women, children and adolescents and how to seize the opportunity to ensure next generation health systems deliver on providing essential health services for women and adolescents.

**CHAIR**

**Melinda Crane**  
Deutsche Welle | Chief Political Correspondent

**SPEAKERS**

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

**Rosemary Mburu**  
WACI Health | Executive Director | Kenya

**Mari Pangestu**  
World Bank | Managing Director of Development Policy and Partnerships | United States of America

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

**Julia Spencer**  
MSD Sharp & Dohme Corp. | Global Vaccines Public Policy | Associate Vice President | United States of America
EPILEPTIC PREPAREDNESS
BEYOND COVID-19
What Can Be Learned from Countries with Limited Resources

HOST
Else Kröner-Fresenius-Stiftung

Pandemics did not take much public attention in Europe and other industrialized nations during the last decades and before the COVID-19 outbreak. Also preparedness and response systems have not been adequately looked at in Germany. This panel focuses on recent epidemics which occurred in countries with limited resources. Many of them appeared regionally but repeatedly. A few of them developed into pandemics.

The workshop will discuss several successful partnership-based projects from OECD DAC-listed countries that demonstrate how epidemic outbreaks can be detected and prevented at an early stage. The participants will explore the question of what countries in the Global North can learn from successful epidemic preparedness and response projects in the Global South. The focus will be on strengthening health systems through support and improvement of routine surveillance systems and continuous planning, revision, and implementation of detection, preparedness, and response plans.

The discussion is less about current control strategies on COVID-19 and more about other known infectious diseases that can cause epidemics—for example, acute meningitis, cholera, dengue or Zika fever, diphtheria, pertussis, polio, malaria, measles, viral haemorrhagic fevers such as Ebola, and others.
CHAIR

Judith von Heusinger
Else Kröner-Fresenius-Stiftung | Humanitarian Funding | Germany

SPEAKERS

Joost Butenop
Regional Government Lower Frankonia | Senior Public Health | Physician Refugee Health Advisor | Germany

Ilka Herbinger
WWF Germany | Programme Lead Central & West Africa | Germany

Michael Katende
Bernhard Nocht Institute for Tropical Medicine (BNITM) | EAC East African Community Secretariat, Tanzania | Principal Health Officer | Germany

Tochi Ochwor
University of Nigeria | Antimicrobial Resistance and Infection Prevention and Control Programme | Coordinator at Nigeria Centre for Disease Control | Nigeria

Johannes Schildknecht
Malteser Hilfsdienst e.V. | DRC | International Country Medical Coordinator | Germany

Judith von Heusinger
Else Kröner-Fresenius-Stiftung | Humanitarian Funding | Germany
PERIODIC REVIEWS: A GAME CHANGER FOR ACCOUNTABILITY IN GLOBAL HEALTH?

HOST
Federal Ministry of Health (BMG)

The International Health Regulations (IHR) were introduced in 1969 and reformed in 2005 by the World Health Organizations (WHO) with the aim to prevent, detect and respond to the international spread of diseases. While the IHR require all countries to ensure core public health capacities and to notify the WHO of specific health threats, the COVID-19 Pandemic has again highlighted shortcomings in preparedness and response at both national and international levels.

What is needed for Member States to implement IHR requirements fully? How can compliance and accountability be ensured? Could a Universal Periodic Review (UPR) mechanism strengthen accountability and provide data for targeted support? What can global health actors learn from the United Nations Periodic Review process in the Human Rights context or other review mechanisms? How should a Universal Periodic Review mechanism for the IHR look like? These are some of the pressing questions that experts will address who will provide input from their respective sectors.
CHAIR

Maike Voss
German Alliance on Climate Change and Health | Project Lead Think Tank Development | Germany

SPEAKERS

Samira Asma
World Health Organization (WHO) | Data, Analytics, and Delivery for Impact | Assistant Director General

Mark Eccleston-Turner
King’s College London | Senior Lecturer in Global Health Law | United Kingdom

Johanna Hanefeld
Robert Koch Institute (RKI) | Centre for International Health Protection (ZIG) | Director | Germany

Benjamin Mason Meier
University of North Carolina at Chapel Hill | Department of Public Policy and Gillings School of Global Public Health | Professor of Global Health Policy | United States of America

To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.
This session will only take place digitally. Please join through the following QR Code:
Meeting ID: 867 2695 5736

DIGITAL TRACK

NEW VOICES IN GLOBAL HEALTH
COVID-19 Vaccination Rollout: Opportunities and Challenges

HOSTS
Global Young Academy (GYA)
World Health Summit

Members of Young Academies and similar early to mid-career scientist networks share their perspectives on opportunities and challenges in the local, regional, or global COVID-19 vaccination rollout. Speakers will give a concise input in the format of a lightning talk. The audience is encouraged to engage and participate by sharing their questions and experience to hear many New Voices in Global Health during this session.
CHAIRS
Shymaa Enany
Suez Canal University | Department of Microbiology and Immunology | Associate Professor | Egypt
Global Young Academy (GYA) | Egyptian Young Academy of Sciences

Stefan Kohler
Global Young Academy (GYA) | Global Health Working Group | Co-Lead | Germany

Mai F. Tolba
Ain Shams University | Faculty of Pharmacy | Associate Professor of Pharmacology and Toxicology | Egypt
Global Young Academy (GYA) | Global Health Working Group | Co-Lead

SPEAKERS
Luciana Balboa
National Academy of Medicine | Institute of Experimental Medicine | Associate Researcher | Argentina
Global Young Academy (GYA) | Young Academy of Argentina

Suraj Bhattarai
Global Institute for Interdisciplinary Studies (GIIS) | Research Fellow | Nepal
Global Young Academy (GYA) | National Young Academy of Nepal

Mareli Claassens
University of Namibia | Associate Research Professor | Namibia
Global Young Academy (GYA)

Kathryn Crowe
University of Iceland | Postdoctoral Researcher | Iceland
Global Young Academy (GYA)

David Fernandez Rivas
University of Twente | Professor | The Netherlands
Global Young Academy (GYA) | Young Academy Europe
HEALTH INEQUALITIES & YOUTH: THE COVID-19 PANDEMIC AND BEYOND

HOST
International Pharmaceutical Students’ Federation (IPSF)

The COVID-19 pandemic has highlighted and exacerbated pre-existing health inequalities across the world. The pandemic has pushed health systems to their core causing an unequal distribution of deaths due to COVID in vulnerable populations such as older people, people living in densely populated areas, those with poor access to healthcare, people with lower socioeconomic status, migrants and minorities.

Whilst these inequalities have impacted all members of the public, young people have faced extreme challenges in their education where it has been completely halted, delayed or continued with poor support to those with limited technological access, mental health, limited access to key health services such as sexual health clinics, and for the health workforce the pandemic has brought about inequalities in access to adequate PPE, COVID-19 vaccination and managing mental health during this health emergency.

Young people and future healthcare professionals make up the future health workforce being deployed in critical healthcare settings to manage the demand the pandemic has put on health infrastructure. The voice of youth needs to be heard to ensure health and education systems have the best infrastructure for future pandemics.

This session aims to:
• Highlight and educate participants on the inequalities faced in these different sectors; education, mental health, access to services and health workforce,
• Showcase the work that has been done by advocacy organisations to fight against the unequal impact of the pandemic
• Identify key areas of improvement/calls to action for stakeholders to strengthen these pillars to build back and stronger health systems in post COVID-19 recovery and for future pandemics.

This session will only take place digitally. Please join through the following QR Code:

DIGITAL TRACK
Meeting ID: 815 3247 5390
CHAIR

Hera Ali
International Pharmaceutical Students’ Federation (IPSF) | Former Chairperson of Public Health | The Netherlands

SPEAKERS

Amira Rayene Abdelhadi
International Pharmaceutical Students’ Federation (IPSF) | President-Elect

Ayat Abu-Agla
World Health Organization (WHO) | TDR | Scientific and Technical Adviser

Gloria Kinyae Katunge
Global Health and International Development (GHID) Program | Marketing Communications Specialist

Inês Viva
International Federation of Medical Students’ Associations (IFMSA) | Vice-President of External Relations | The Netherlands
THE ROLE OF THE EUROPEAN UNION IN GLOBAL HEALTH

The initiatives to create a European Health Union entail an important political opportunity to strengthen the global health role of the EU. The EU’s internal legal and political capacity for health immediately interacts with its goals in global health. A stronger global health role of the EU will bring geopolitical advantages, but will also benefit the global community as well as EU Member States internally. It affects many areas of EU policy including development policies, foreign policies and setting safety standards that impact global health, in areas such as food safety, chemical safety, environmental policies and more recently digital health.
CHAIR

Clemens Martin Auer
European Health Forum Gastein | President | Austria

SPEAKERS

Ruxandra Draghia-Akli
JANSSEN R&D US | Global Head of Johnson & Johnson Global Public Health R&D | United States of America

Hans Kluge
World Health Organization (WHO) | Regional Director for Europe

Stella Kyriakides
European Commission | Commissioner for Health and Food Safety

Janez Poklukar
Ministry of Health | Minister of Health | Slovenia

Stéphanie Seydoux
Ministry for Europe and Foreign Affairs (MEAE) | Ambassador for Global Health | France

CHAIR

Clemens Martin Auer
European Health Forum Gastein | President | Austria

SPEAKERS

Ruxandra Draghia-Akli
JANSSEN R&D US | Global Head of Johnson & Johnson Global Public Health R&D | United States of America

Hans Kluge
World Health Organization (WHO) | Regional Director for Europe

Stella Kyriakides
European Commission | Commissioner for Health and Food Safety

Janez Poklukar
Ministry of Health | Minister of Health | Slovenia

Stéphanie Seydoux
Ministry for Europe and Foreign Affairs (MEAE) | Ambassador for Global Health | France
As we have seen with financial payments and credit, the digital transformation of the health sector can be key to including the poorest and the most vulnerable into inclusive, affordable national health systems, and thereby boosting global progress towards universal health coverage as agreed in the sustainable development goals.

However, globally, the health sector is lagging behind other sectors on digitalization with large differences in digital health maturity across countries, sub-regions and populations. The potential of digital technologies, data and artificial intelligence (AI) to help solve complex health problems remains underappreciated. Data remains fragmented and locked up in silos; digital health 'solutions' remain narrowly focused. How can we align investments, cross-domain talent as well as well-governed, interoperable data infrastructures to unlock this potential? In doing so, how do we avoid creating new health inequities and better engage young talent from emerging geographies of innovation? Can a few 'moonshots' or pathfinders catalyse investments and collaboration in digital health?
CHAIR

Christoph Benn
Joep Lange Institute | Director for Global Health Diplomacy | The Netherlands
International Digital Health and Artificial Intelligence Research Collaborative (I-DAIR) | Resource Mobilisation Lead | Switzerland

SPEAKERS

Ann Aerts
Novartis Foundation | Head | Switzerland

Ricardo Baptista Leite
UNITE | Founder and President | Portugal

Awa Marie Coll-Seck
Ministry of State | Minister of State | Senegal

Martin Fitchet
Johnson & Johnson | Head of Global Public Health | Switzerland

Nele Leosk
Ministry of Foreign Affairs | Ambassador-at-Large of Digital Affairs | Estonia

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Christoph Benn
Joep Lange Institute | Director for Global Health Diplomacy | The Netherlands
International Digital Health and Artificial Intelligence Research Collaborative (I-DAIR) | Resource Mobilisation Lead | Switzerland
PETTENKOFER TALKS:
HOW TO BUILD A CAREER IN GLOBAL HEALTH

HOSTS
Pettenkofer School of Public Health
KLUG – Deutsche Allianz Klimawandel und Gesundheit

With Pettenkofer Talks, we would like to point out and make attractive possible career paths and professions to interdisciplinary young professionals in the field of Global Public Health through an interactive, personal conversation format with well-known people in Global Public Health.

The one-and-a-half-hour conversation format is particularly suited to highlighting personal stories, successes and failures, and a diverse range of career options. The interviewees will be interviewed by Global Health young professionals. Meanwhile, the audience will have the opportunity to ask questions via an online question tool.
CHAIRS

Sylvia Hartmann
KLUG – Deutsche Allianz Klimawandel und Gesundheit e.V. |
Deputy Chair of the Board |
Germany

Mike Rüb
Ludwig Maximilians University of Munich |
Pettenkofer School of Public Health |
Research Associate |
Germany

Maike Voss
German Alliance on Climate Change and Health |
Project Lead Think Tank Development |
Germany

SPEAKER

Ilona Kickbusch
The Graduate Institute of International and Development Studies |
Global Health Center | Chair of the International Advisory Board |
Switzerland
NEW PRESIDENCY—NEW INITIATIVE?
Learnings for the G7 Presidency in 2022

In the declarations of the “G-formats”, member states have shown a tendency to come up with new initiatives tackling (among others) issues related to global health outside of the UN system, such as the Muskoka Initiative on Maternal, Newborn and Child Health in 2010, the Global AMR Research and Development Hub in 2017, the Primary Health Care Universal Knowledge Initiative in 2019. We want to address the question: Whether setting up new commitments in these formats is the right way to go and what difference the G7 can make by tackling issues other forums cannot address the same way?

With the World Health Summit scheduled before Germany takes over the G7 presidency in 2022, it offers the opportunity to reflect on lessons learned of previous presidencies and maybe walk off the beaten track regarding commitments.
To join the interactive discussion online and engage with the panelists, you are welcome to scan this code.

**CHAIR**

**Caroline Schmutte**
Wellcome Trust | Head of European Government Relations | Germany

**SPEAKERS**

**Amanda Glassman**
Center for Global Development (CGD) | Executive Vice President of CGD, Chief Executive Officer of CGD Europe, and Senior Fellow | United States of America

**Dagmar Reitenbach**
Federal Ministry of Health (BMG) | Head of Division Global Health | Germany

**Gerald Haug**
German National Academy of Sciences Leopoldina – National Academy of Sciences | President | Germany
Max-Planck-Institute for Chemistry | Department of Climate Geochemistry | Director | Germany

**Caroline Schmutte**
Wellcome Trust | Head of European Government Relations | Germany
INVESTING IN WOMEN AND RESILIENT HEALTH SYSTEMS
Investing in Midwives

HOSTS
Federal Ministry for Economic Cooperation and Development (BMZ)
Partnership for Maternal, Newborn and Child Health (PMNCH)
UNFPA – United Nations Population Fund

Sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) is an essential component of the Sustainable Development Goals. Improving SRMNAH requires increased commitment to, and investment in, the health workforce. The body of evidence demonstrating the return on investment in midwives has grown. It indicates that investing in midwives facilitates positive birth experiences and safe and effective comprehensive abortion services, improves health outcomes, augments labor supply, favors inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact.

The COVID-19 pandemic has shone a light on the importance of investing in primary health care for meeting population health needs. Midwives are essential providers of primary health care and can play a major role in this area as well as other levels of the health system: in addition to maternity care, they provide a wide range of clinical interventions and contribute to broader health goals, such as addressing sexual and reproductive rights, promoting self-care interventions and empowering women and adolescent girls.

In this session, the importance to invest in the sexual, reproductive, maternal, newborn and adolescent health workforce in the light to build back better will be discussed. Speakers will review the latest evidence on midwifery and the investment and policies needed for a strong midwifery workforce to achieve UHC and for global health security.
**CHAIR**

**Anshu Banerjee**  
World Health Organization (WHO) | Department of Maternal, Newborn, Child and Adolescent Health and Ageing | Director

**SPEAKERS**

**Rt Hon Helen Clark**  
Partnership for Maternal, Newborn and Child Health (PMNCH) | Chair of the Board | New Zealand  
Former Prime Minister New Zealand

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

**Anneka Knutsson**  

**Sally Pairman**  
International Confederation of Midwives (ICM) | CEO | The Netherlands

**Peggy Vidot**  
Ministry of Health | Minister of Health | Seychelles
Global Health needs new economic thinking—a proactive Health for All economic agenda, to shape our economies so they truly have wellbeing and inclusion at the center of how we create value, measure it and distribute it. Returning to the status quo following the pandemic will not be enough—WHO calls for innovation-led transformation of health systems to achieve economic well-being everywhere. We must rethink how we value health. The time has come for a new narrative that sees health not as a cost, but an investment that is the foundation of productive, resilient and stable economies.
CHAIR

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

SPEAKERS

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

Jayati Ghosh
University of Massachusetts Amherst | Department of Economics | Professor of Economics | United States of America
Member of the UN High-Level Advisory Board on Economic and Social Affairs

Mariana Mazzucato
University College London | Professor | United Kingdom
WHO Council on the Economics of Health for All | Chair

Sanna Marin
Government of Finland | Prime Minister | Finland

Vera Songwe
United Nations | United Nations Under-Secretary-General | United States of America
Economic Commission for Africa | Executive Secretary

Martin Guzmán
Ministry of Economy | Minister of Economy | Argentina
The accelerated development and deployment of novel vaccines against COVID-19 made it possible to offer vaccination against this pandemic for virtually everybody in high income countries one year after the outbreak. Unfortunately, the situation in low/middle income countries is less impressive. It has been clear from the beginning that efficacious control of COVID-19 will only be achieved if vaccines will be available for all.

This is not only for humanitarian and economic reasons, but also, this is currently the only way to prevent emergence of more threatening variants. Further exacerbating the situation is the increasing vaccine hesitancy in all areas on this globe ranging from high to low income countries. This panel discussion on Vaccine Policy will address different aspects how to improve vaccine availability for all and how to ensure acceptance by all. Strategies will be discussed how to best overcome the COVID-19 crisis and the threat of newly emerging and current health threats that can be effectively controlled by vaccination campaigns.
CHAIR

Stefan H.E. Kaufmann
Max Planck Institute for Infection Biology | Director Emeritus | Germany

SPEAKERS

Peter Hotez
Baylor College of Medicine | Dean for the National School of Tropical Medicine | United States of America

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

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

Janine Small
Pfizer | Global President Emerging Markets | United Kingdom

Alfredo Borrero Vega
Republic of Ecuador | Vice President | Ecuador
GENERAL INFORMATION
ACCESS TO THE VENUE

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 kindly ask that you refrain from bringing luggage to the venue. Badges should be worn at all times, and are required to enter all sessions.

Please note: Due to COVID-19 only a limited number of participants is permitted at the venue and in the session rooms. Access to the venue can only be granted with proof of an EU-approved vaccination, recovery or a negative test not older than 24h.

CAPACITY LIMITS

The capacity of session rooms and the venue as a whole is limited. The organizers reserve the right to refuse access to the venue or to session rooms if the maximum capacity has been reached. We follow the “first come—first served” principle throughout the conference and in all sessions.

CATERING

Food and beverage distribution during break times follows the COVID-19 hygiene guidelines.

CLOAKROOM

The cloakroom is located to the left of the entrance and is free of charge.

CONTINUING MEDICAL EDUCATION (CME)

Physicians attending the World Health Summit can receive up to six credits per day. Please make sure to send your EFN number and your full name so we can register your credits at the Berlin Chamber of Physicians (Landesärztekammer Berlin): contact@worldhealthsummit.org

COVID-19 REGULATIONS

The organizers comply with all official stipulations, implement necessary measures, and follow all rules regarding hygiene, protective gear, distancing, number of participants, etc.

DIGITAL PARTICIPATION

You are cordially invited to take part digitally:

The whole program of the World Health Summit is available online with Q&A opportunities for participants. All entry links for the sessions can be found here:

Online program: www.conference.worldhealthsummit.org/Program/WHS2021
Website: www.worldhealthsummit.org

EMERGENCY NUMBERS (Germany)

Ambulance/Fire: 112
Police: 110

INTERNET

WiFi is available throughout the venue.
Network: WorldHealthSummit
Password: #WHS2021

MEDIA

The World Health Summit is fully open to the press, but places for journalists on-site are limited. Press badges are available at the media desk at the entrance of the venue. Please present a valid photo ID. The press badge must be worn at all times during the World Health Summit.
Accreditation for on-site participation prior to the World Health Summit 2021:
www.worldhealthsummit.org/media/accreditation.html

Digital participation is possible without accreditation.

Press information:
www.worldhealthsummit.org/media/presskit.html

Press contact:
communications@worldhealthsummit.org

LOST AND FOUND

Lost items can be collected at the registration counter during the World Health 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 us:
contact@worldhealthsummit.org

PROGRAM CHANGES

The program is subject to changes due to unforeseen circumstances. Please check the online program on our website for regular updates.
www.conference.worldhealthsummit.org/Program/WHS2021

REGISTRATION

The registration desk is open during the following times:

Sunday, October 24 9:00 AM – 8:00 PM
Monday, October 25 7:30 AM – 6:00 PM
Tuesday, October 26 7:30 AM – 6:00 PM

SOCIAL MEDIA

Please use our hashtags and tag our handles.
#WHS2021
#WorldHealthSummit

@worldhealthsmt
@worldhealthsummit
@worldhealthsummit
@worldhealthsummit
www.youtube.com/user/WorldHealthSummit1

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 laptop computers in the session rooms.

The speaker center is open during the following times:

Sunday, October 24 10:00 AM – 5:00 PM
Monday, October 25 8:00 AM – 5:00 PM
Tuesday, October 26 8:00 AM – 5:00 PM

TAXI

Taxi Berlin +49 30 202020
Taxi Würzelfunk +49 30 210101
Taxi Funk +49 30 443322
BERLIN HEALTH EXCELLENCE—
EXPERTISE AND CUTTING-EDGE MEDICINE
MADE IN BERLIN

Berlin’s success as health capital reflects a 300-year tradition as healthcare and scientific centre. More than a dozen Nobel Prize winners worked here, including researchers such as Rudolf Virchow and Robert Koch. One of Berlin’s most famous medical institutions is the renowned Charité – Universitätsmedizin Berlin, Europe’s largest university hospital and one of Germany’s leading hospitals. During the Corona pandemic and together with the Berlin Institute of Health (BIH) a Research Board was established and a series of clinical studies have been conducted to better understand the new virus and work on new therapy options. The cooperation in this and other fields aims to transfer research results from the laboratory to clinical care as quickly as possible and thus provide patients in Berlin and beyond with the best possible care.

Other outstanding hospitals are the German Heart Centre (DHZB)—a top-level hospital for heart and vascular diseases, or Vivantes—with its nine clinics and several rehabilitation centres being Germany’s largest municipal hospital group. Many more hospitals and doctor’s surgeries could be mentioned, as all of them offer top-class medical treatment and provide medical experts of all disciplines. This is the reason why every year more than 20,000 international patients travel to Berlin for medical diagnostics, treatment and rehabilitation.

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 public 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 pushing forward medical innovations in Berlin.

More information about Berlin as a health capital at www.berlin-health-excellence.com
BERLIN—CAPITAL OF CULTURE

Apart from the excellent quality of medicine, Berlin with its green character, several parks and leisure facilities offers many ways to relax or support the patients’ recovery. And the German capital is also well known for the great variety of cultural experiences.

From ancient art by the Old Masters to avant-garde design, from classical opera to musicals to pop concerts. Culture and art enthusiasts can admire new styles and prominent works from all eras every day in Berlin’s museums and 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 one of the world’s few cities to have three opera houses: Classical music lovers can choose from a repertoire of famous works or new and experimental operas. Apart from these opera houses, the city’s eight large orchestras, including the world famous Berliner Philharmoniker conducted by Kirill Petrenko, also make for high-class musical enjoyment.

This year is all about the opening of the Humboldt Forum in the heart of the city. Due to the corona pandemic, this exciting new venue could at first only be experienced online. In the meantime, the exhibitions on the first floor and second floor are open to the public. There, visitors can expect a presentation on the history of the Humboldt Forum and the Humboldt brothers as well as the Berlin exhibition “BERLIN GLOBAL.”

A further highlight this year is the reopening of the Neue Nationalgalerie. After extensive modernisation, the famous steel and glass construction by Mies van der Rohe once again presents masterpieces of the twentieth-century. The first exhibition after reopening is dedicated to the American modernist Alexander Calder and is called “Minimal/Maximal”. The size, scale and motion of Calder’s monumental sculptures, miniature objects and kinetic constructions play with the large glass hall’s linear spaces, turning proportion and movement into a poetic dialogue.

During the corona pandemic, the health of Berlin’s guests is a top priority. Museums, concert halls and opera houses as well as meeting venues have all developed comprehensive and detailed hygiene concepts. Thanks to time slot tickets bookable online and the generous spaces in these venues, guests can enjoy a relaxed cultural experience.
WORLD HEALTH SUMMIT LEADERSHIP

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Principal (until 2020)  
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College of Health Sciences, Uganda

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Max Planck Institute for Infection Biology, Germany

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SCIENTIFIC COMMITTEE

The World Health Summit Scientific Committee consists of the M8 Alliance Executive Committee (see page 168) and selected members of the World Health Summit Council.

MEMBERS

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Max Planck Institute for Infection Biology, Germany

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WHS Foundation GmbH, Germany

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The Joep Lange Institute

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Germany

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Institute of Pathology, Charité - Universitätsmedizin Berlin, Germany

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E&P Focus Africa Consulting, Germany

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Germany

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Deutsche Bank AG, Germany

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Afrika Kulturinstitut e.V., Berlin, Germany

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EXECUTIVE COMMITTEE

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Principal (until 2020)
Makerere University
College of Health Sciences, Uganda

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Johns Hopkins Bloomberg School of Public Health, USA

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Director
Medical Education, University of Adelaide, Australia

ALI JAFARIAN
Chancellor (until 2017)
Tehran University of Medical Sciences, Iran

TARCÍSIO ELOY PESEOA DE BARROS FILHO
Dean
Faculty of Medicine, University of Sao Paulo, Brazil
# M8 Alliance Heads of Delegation

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
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<tr>
<td><strong>Australia</strong></td>
<td>CHRISTINA MITCHELL</td>
<td>Dean</td>
<td>Monash University, Melbourne</td>
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<td></td>
<td>TARCÍSIO ELOY PESSOA DE BARROS FILHO</td>
<td>Dean</td>
<td>Faculty of Medicine, University of São Paulo</td>
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<tr>
<td></td>
<td>ALUISIO SEGURADO</td>
<td>President</td>
<td>University of Sao Paulo</td>
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<td><strong>Brazil</strong></td>
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<td><strong>Canada</strong></td>
<td>PATRICK COSSETTE</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Montreal</td>
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<td></td>
<td>MAX FEHLMANN</td>
<td>President and Scientific Director</td>
<td>Montreal Clinical Research Institute (IRCM)</td>
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<tr>
<td><strong>China</strong></td>
<td>XUETAO CAO</td>
<td>President</td>
<td>Chinese Academy of Medical Sciences &amp; Peking Union Medical College</td>
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<td></td>
<td>DEPEI LIU</td>
<td>Co-Chair</td>
<td>InterAcademy Partnership (IAP) for Health</td>
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<tr>
<td><strong>France</strong></td>
<td>ANTOINE CAZÉ</td>
<td>Senior Adviser for European Affairs</td>
<td>University of Paris</td>
</tr>
<tr>
<td></td>
<td>XAVIER JEUNEMAITRE</td>
<td>Dean of Faculty of Health</td>
<td>University of Paris</td>
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<td>ELIZABETH MACINTYRE</td>
<td>Vice-President for International Strategy</td>
<td>University of Paris</td>
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<td>PETER VAN ENDERT</td>
<td>Professor of Immunology</td>
<td>University of Paris</td>
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<tr>
<td><strong>Germany</strong></td>
<td>HEYO KROEMER</td>
<td>Chief Executive Officer</td>
<td>Charité – Universitätsmedizin Berlin</td>
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<td>AXEL RADLACH PRIES</td>
<td>World Health Summit President and Dean</td>
<td>Charité – Universitätsmedizin Berlin</td>
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<tr>
<td><strong>Italy</strong></td>
<td>EUGENIO GAUDIO</td>
<td>Rector (until 2020)</td>
<td>Sapienza University of Rome</td>
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<td>LUCIANO SASO</td>
<td>Vice-Rector for European University Networks</td>
<td>Sapienza University</td>
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<tr>
<td><strong>Japan</strong></td>
<td>SHUNICHI FUKUHARA</td>
<td>Dean (until 2016)</td>
<td>School of Public Health, Kyoto University</td>
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<tr>
<td><strong>Lebanon</strong></td>
<td>SADI SALEH</td>
<td>Founding Director</td>
<td>Global Health Institute, American University of Beirut</td>
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<td>AMÍLCAR FALCÃO</td>
<td>Rector</td>
<td>University of Coimbra</td>
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<td>CARLOS SANTOS</td>
<td>Chairman of the Board of Directors</td>
<td>Coimbra Hospital and University Center</td>
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<td><strong>Russian Federation</strong></td>
<td>IVAN DEDOV</td>
<td>President</td>
<td>Russian Academy of Medical Sciences</td>
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<td>EVGENY SIDORENKO</td>
<td>Vice-President</td>
<td>Russian Academy of Medical Sciences</td>
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<tr>
<td>Singapore</td>
<td>KHAY GUAN YEOH</td>
<td>Dean</td>
<td>Yong Loo Lin School of Medicine, National University of Singapore</td>
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<td>TEO YIK YING</td>
<td>Vice-Dean (Research)</td>
<td>Saw Swee Hock School of Public Health, National University of Singapore</td>
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<td>Sweden</td>
<td>OLE PETTER OTTERSEN</td>
<td>President</td>
<td>Karolinska Institutet</td>
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<td>Switzerland</td>
<td>ANTOINE FLAHAULT</td>
<td>Director</td>
<td>Institute of Global Health</td>
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<td>CEM GABAY</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Geneva</td>
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<td>BERTRAND LEVRAT</td>
<td>Chief Executive Officer</td>
<td>Geneva University Hospitals</td>
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<td>SURIE MOON</td>
<td>Co-Director</td>
<td>Global Health Centre, the Graduate Institute Geneva</td>
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<td>VINH-KIM NGUYEN</td>
<td>Co-Director</td>
<td>Global Health Center, The Graduate Institute Geneva</td>
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<tr>
<td></td>
<td>NICOLE ROSSET</td>
<td>Deputy Director</td>
<td>Geneva University Hospitals (HUG), External Affairs and Executive Management Member</td>
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<tr>
<td>Taiwan</td>
<td>CHANG-CHUAN CHAN</td>
<td>Associate Dean</td>
<td>National Taiwan University</td>
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<td>Turkey</td>
<td>MAHmut AK</td>
<td>Rector</td>
<td>Istanbul University</td>
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<td>BAHÀDDIN ÇOLAKOGLU</td>
<td>Dean</td>
<td>Istanbul University, Faculty of Medicine</td>
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<td>Uganda</td>
<td>CHARLES IBINGIRA</td>
<td>Principal (until 2020)</td>
<td>Makerere University, College of Health Sciences</td>
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<tr>
<td>United Kingdom</td>
<td>DEBORAH ASHYBY</td>
<td>Director</td>
<td>Imperial College London</td>
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<td>LIAM SMEETH</td>
<td>Director</td>
<td>London School of Hygiene &amp; Tropical Medicine</td>
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<tr>
<td>USA</td>
<td>ADNAN HYDER</td>
<td>Senior Associate Dean for Research</td>
<td>Milken Institute School of Public Health at George Washington University</td>
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<td>ELLEN MACKENZIE</td>
<td>Dean</td>
<td>Johns Hopkins Bloomberg, School of Public Health, Baltimore</td>
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<tr>
<td>International Associations</td>
<td>PASCALE ALLOTEY</td>
<td>Director</td>
<td>United Nations University International Institute for Global Health (UNU-IIGH)</td>
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<tr>
<td></td>
<td>STEVEN L. KANTER</td>
<td>President &amp; Chief Executive Officer</td>
<td>Association of Academic Health Centers (AAHC)</td>
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<td>ANN KURTH</td>
<td>Chair</td>
<td>Consortium of Universities for Global Health (CUGH)</td>
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<td>LEONEL VALDIVIA</td>
<td>President</td>
<td>World Federation of Academic Institutions for Global Health (WFAIGH)</td>
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<tr>
<td>Individual Members</td>
<td>RIFAT ATUN</td>
<td>Director</td>
<td>Global Health Systems Cluster, Harvard T.H. Chan School of Public Health, USA</td>
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<td>BEN CANNY</td>
<td>Director</td>
<td>Medical Education, University of Adelaide, Australia</td>
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<td>JOHN EU-LI WONG</td>
<td>Chief Executive Officer</td>
<td>National University Health System</td>
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