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

WIFI
Network: WorldHealthSummit
Password: #WHS2020

DIGITAL
www.conference.worldhealthsummit.org/
Program/WHS2020
www.worldhealthsummit.org

SOCIAL MEDIA
#WHS2020
www.twitter.com/worldhealthsmt
www.facebook.com/worldhealthsummit
www.linkedin.com/company/worldhealthsummit
www.youtube.com/user/WorldHealthSummit1
WORLD HEALTH SUMMIT
BERLIN, GERMANY
& DIGITAL
OCTOBER 25–27, 2020
**SUNDAY | OCTOBER 25, 2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 12:30</td>
<td>COVID-19 Driving Effectiveness and Efficiency in Healthcare&lt;br&gt;Siemens Healthineers AG</td>
</tr>
<tr>
<td></td>
<td>Developing Antibiotics for Children to Achieve SDG 3&lt;br&gt;Global Antibiotic Research &amp; Development Partnership (GARDP)</td>
</tr>
<tr>
<td></td>
<td>Antimicrobial Resistance&lt;br&gt;World Health Organization (WHO)</td>
</tr>
<tr>
<td></td>
<td>Digital COVID-19 Pandemic Response Management&lt;br&gt;Helmholtz Centre for Infection Research (HZI)</td>
</tr>
<tr>
<td></td>
<td>Innovations to Improve Pandemic Preparedness&lt;br&gt;Johnson &amp; Johnson</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Multilateral Public Health Partnerships during the COVID-19 Crisis&lt;br&gt;The Graduate Institute of International and Development Studies</td>
</tr>
<tr>
<td></td>
<td>Nursing in the time of COVID-19&lt;br&gt;University of Eastern Finland</td>
</tr>
<tr>
<td></td>
<td>A Call to Action for Health Data Governance&lt;br&gt;Fondation Botnar</td>
</tr>
<tr>
<td></td>
<td>Universal Health Coverage&lt;br&gt;Robert Bosch Foundation</td>
</tr>
<tr>
<td></td>
<td>Changes in Health Research during and after the COVID-19 Era&lt;br&gt;Berlin Institute of Health (BIH)</td>
</tr>
<tr>
<td></td>
<td>German Health Alliance&lt;br&gt;Charité – Universitätsmedizin Berlin</td>
</tr>
<tr>
<td></td>
<td>UNITED&lt;br&gt;Global Solutions Initiative</td>
</tr>
<tr>
<td></td>
<td>Translation in the Times of COVID-19&lt;br&gt;Berlin Institute of Health (BIH)</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>16:00 – 17:30</td>
<td>A Fast European Response to Pandemics using Data and Joint Investments in Health&lt;br&gt;Sanofi</td>
</tr>
<tr>
<td></td>
<td>Bringing the COVID-19 Epidemic under Control&lt;br&gt;Charité – Universitätsmedizin Berlin Max Planck Institute for Infection Biology</td>
</tr>
<tr>
<td></td>
<td>Strong Partnerships as a Determinant of Health&lt;br&gt;GHA – German Health Alliance&lt;br&gt;UNAIDS&lt;br&gt;UNITED</td>
</tr>
<tr>
<td></td>
<td>Recoupling Societal Wealth and Individual Health&lt;br&gt;Global Solutions Initiative</td>
</tr>
<tr>
<td></td>
<td>Translation in the Times of COVID-19&lt;br&gt;Berlin Institute of Health (BIH)</td>
</tr>
<tr>
<td>18:00 – 19:30</td>
<td>Opening Ceremony&lt;br&gt;World Health Summit</td>
</tr>
</tbody>
</table>

**Keynotes:**
- Keynote Panel Discussion Workshop
### Monday, October 26, 2020

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Key Notes</th>
<th>PD Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-10:30</td>
<td>Achieving Health for All through Digital Collaboration</td>
<td>SAAL 1</td>
<td>World Health Organization (WHO)</td>
<td>World Health Organization (WHO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Tehran University of Medical Sciences (TUMS)</strong></td>
<td><strong>Tehran University of Medical Sciences (TUMS)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The George Washington University, Milken Institute School of Public Health</td>
<td>The George Washington University, Milken Institute School of Public Health</td>
</tr>
<tr>
<td>10:30</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00-12:30</td>
<td>Strengthening the Role of the European Union in Global Health</td>
<td>SAAL 6</td>
<td>Germany’s Presidency of the Council of the European Union</td>
<td>Germany’s Presidency of the Council of the European Union</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Roche</strong></td>
<td><strong>Roche</strong></td>
</tr>
<tr>
<td>12:30-14:00</td>
<td>Lunch Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00-15:30</td>
<td>Pandemic Preparedness in the Age of COVID-19</td>
<td>SAAL 10</td>
<td>Charité – Universitätsmedizin Berlin</td>
<td>Charité – Universitätsmedizin Berlin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Foundation for Innovative New Diagnostics (FIND)</strong></td>
<td><strong>Foundation for Innovative New Diagnostics (FIND)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>London School of Hygiene &amp; Tropical Medicine (LSHTM)</td>
<td>London School of Hygiene &amp; Tropical Medicine (LSHTM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>M8 Alliance</strong></td>
<td><strong>M8 Alliance</strong></td>
</tr>
<tr>
<td>15:30</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00-18:30</td>
<td>Perspectives from the COVID-19 Pandemic</td>
<td>SAAL 2</td>
<td>German National Academy of Sciences Leopoldina</td>
<td>German National Academy of Sciences Leopoldina</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>InterAcademy Partnership</strong></td>
<td><strong>InterAcademy Partnership</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Lancet One Health Commission</td>
<td>The Lancet One Health Commission</td>
</tr>
</tbody>
</table>

---

**浦和市**

### Monday, October 26, 2020

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Key Notes</th>
<th>PD Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-10:30</td>
<td>Achieving Health for All through Digital Collaboration</td>
<td>SAAL 1</td>
<td>World Health Organization (WHO)</td>
<td>World Health Organization (WHO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Tehran University of Medical Sciences (TUMS)</strong></td>
<td><strong>Tehran University of Medical Sciences (TUMS)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The George Washington University, Milken Institute School of Public Health</td>
<td>The George Washington University, Milken Institute School of Public Health</td>
</tr>
<tr>
<td>10:30</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00-12:30</td>
<td>Strengthening the Role of the European Union in Global Health</td>
<td>SAAL 6</td>
<td>Germany’s Presidency of the Council of the European Union</td>
<td>Germany’s Presidency of the Council of the European Union</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Roche</strong></td>
<td><strong>Roche</strong></td>
</tr>
<tr>
<td>12:30-14:00</td>
<td>Lunch Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00-15:30</td>
<td>Pandemic Preparedness in the Age of COVID-19</td>
<td>SAAL 10</td>
<td>Charité – Universitätsmedizin Berlin</td>
<td>Charité – Universitätsmedizin Berlin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Foundation for Innovative New Diagnostics (FIND)</strong></td>
<td><strong>Foundation for Innovative New Diagnostics (FIND)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>London School of Hygiene &amp; Tropical Medicine (LSHTM)</td>
<td>London School of Hygiene &amp; Tropical Medicine (LSHTM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>M8 Alliance</strong></td>
<td><strong>M8 Alliance</strong></td>
</tr>
<tr>
<td>15:30</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00-18:30</td>
<td>Perspectives from the COVID-19 Pandemic</td>
<td>SAAL 2</td>
<td>German National Academy of Sciences Leopoldina</td>
<td>German National Academy of Sciences Leopoldina</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>InterAcademy Partnership</strong></td>
<td><strong>InterAcademy Partnership</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Lancet One Health Commission</td>
<td>The Lancet One Health Commission</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 - 10:30</td>
<td><strong>COVID 50/50: Women Leading in Crisis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Decade of Action: Accelerating Progress on the Health-Related SDGs at Country Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to Essential Medicines in LMICs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cardiovascular Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Developing Strategies for Fighting COVID-19 Around the World (Part 1)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 - 12:30</td>
<td><strong>GOARN 2020: Changing the Face of Outbreak Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Migrant and Refugee Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Women's Health in the COVID-19 Era</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Fighting Falsified and Substandard Medicines during the COVID-19 Crisis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Developing Strategies for Fighting COVID-19 Around the World (Part 2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 - 14:00</td>
<td>Lunch Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:00 - 13:30</td>
<td><strong>BMJ Collection—Women's Health and Gender Inequalities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00 - 15:30</td>
<td><strong>Partnership for the Goals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Digital Health &amp; AI for Pandemic Preparedness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>A European Union in Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>New Voices in Global Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:30 - 16:00</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00 - 17:30</td>
<td><strong>Accelerating the SDG 3 Global Action Plan for Health and Well-being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Locations:**
- **SAAL 1 RUDOLF VIRCHOW**
- **SAAL 6 EUROPE**
- **SAAL 10 ASIA**
- **SAAL 2 AMERICA**
- **SAAL 4 AFRICA**
- **SAAL 5 OCEANIA**
Welcome Messages 6
  • High Patrons of the World Health Summit 6
  • World Health Summit Presidents 12
  • Charité – Universitätsmedizin Berlin 13

About the World Health Summit 14

About the M8 Alliance 15

Central Topics 2020 16

Program 19
  • Sunday, October 25 19
  • Monday, October 26 53
  • Tuesday, October 27 97

General Information 131
  • Good to Know 132
  • City of Berlin 134
  • World Health Summit Leadership 136
  • M8 Alliance Leadership 140
  • Speakers Index 143
  • Institutions Index 146
  • Partners 148
  • World Health Summit Office 153
  • Imprint 156
Coronavirus has confronted us with a huge challenge on a global scale. The unprecedented magnitude of the health, humanitarian and economic effects requires an unprecedented measure of cooperation to deal with the pandemic. Numerous experts, engaged in an in-depth exchange of views on this extraordinary challenge at this year’s World Health Summit, are making an enormous contribution towards this. For that I am deeply grateful and I would like to warmly welcome you to Berlin.

The German Government is doing everything in its power to ensure that a safe and effective vaccine can be made available as quickly as possible in Germany, in Europe and around the world. We have provided a substantial level of funding for this. This is not only enabling us to expand the research, development and production capacities in Germany but also to support the Coalition for Epidemic Preparedness Innovations—an international coalition made up of public and private partners.

Together we must, above all, turn our attention to those countries which have been hit particularly severely by the pandemic—countries with a high population density, extreme poverty and overburdened health systems. People suffering from underlying health problems, hunger or malnutrition as well as those with no access to safe drinking water have a higher risk of becoming infected and seriously ill. Wherever they are in the world—we must not leave them to cope alone.

Germany would like to live up to its international responsibility by adopting a comprehensive and coherent approach. That is why we are cooperating with the WHO, the European Commission and other international partners, among other things to further the Access to COVID-19 Tools Accelerator. The aim of this multilateral platform is not only to develop vaccines but also to ensure their fair distribution as well as that of suitable drugs and diagnostic tests. I will continue to call for the largest possible number of international partners to support this helpful initiative.

Coronavirus knows no borders. The necessary global response must therefore not fail due to national borders. The key to containing and overcoming the pandemic can only be found in international cooperation and coordination. That is why I am deeply grateful to you for contributing your expertise to the World Health Summit, exchanging findings and drawing up recommendations. I wish you all the best, and above all of course, that you stay healthy.

Angela Merkel
Chancellor of the Federal Republic of Germany
The year 2020 will go down in the history of all nations as a memorable year due to the shock of the unprecedented Covid-19 pandemic that we have collectively faced. As the World Health Summit begins in Berlin and around the world via our screens, more than one million people have died, and the pandemic is still active.

In this new context, international forces have divided, concerted, and cooperated. The world-renowned World Health Summit gives us a great opportunity to bring together capable people of good will, in order to find solutions to this crisis.

I would like to thank my friend and outstanding leader Chancellor Angela Merkel, to offer once again her High Patronage, as well as Professor Ganten’s dynamic organisation for allowing specialists and the world’s best experts to present their analyses, their knowledge and to discuss their opinions. I am delighted that this session gives us a particular opportunity to bring to light our European vision, at a time when Europe is strengthening its health agenda, under the German presidency of the European Union.

The World Health Summit has made us understand that the scientific world can help us make better decisions on global health. I call here for a global health policy that are based on the latest scientific knowledge, that can be shared and proved accurate by peer review.

We have been working—we nations, international organizations, foundations, and experts—to learn more about the COVID-19 pandemic. The World Health Organisation (WHO), as the leading organization in health, has played a key role, consolidating and providing epidemiological analysis for the world.

France has supported the WHO and is contributing, along with Germany, to multilateral reflections on strengthening and improving its capacities to anticipate and react to crises. The WHO is the only world organization capable of carrying out this mission; it is crucial that we reinforce it for the future, as a new emerging virus might affect the human population. France has stepped up its support to WHO, and to the WHO Academy, which is essential to provide training resources worldwide, particularly in times of crisis.

The multilateral response to the Covid-19 crisis was unprecedented. In March, world leaders gave a mandate to WHO to coordinate the response, and within weeks the Access to Covid-19 tools accelerator (ACT-A) was launched. France, Germany, the European Union, as well as many other States and donors were at the heart of this initiative and endowed it with significant resources. ACT-A is a novel approach, led by a consortium of international health actors, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Vaccine Alliance, Unitaid and the World Bank have pooled their resources to find practical solutions to provide the world with diagnostics, treatments and vac-
cines and to increase the capacity to distribute products worldwide. Much has been done and more is to come.

Once the vaccine is found, it will be a global public good. That means that it will have to be proved safe and efficient according to scientific and regulating authorities, accessible to all who need it, in all countries. It must be equitably distributed around the world on ethical principles, prioritising vulnerable populations and health workers.

France is also very keen to highlight the interaction between human, animal and planetary health. Science will provide us with clear ways. The Covid-19 crisis has been a revealing event and harbinger of a new world, as we have witnessed the direct effects of biodiversity on human health. Our generation needs to protect those who are ahead of us and those who follow us.

Together with our closest partners, such as Germany, France is keen to bring the “One Health” agenda to the fore, promoting further integration of sustainable development goals cross sectorial scientifical knowledge.

This year, in which global health has been at the forefront of our priorities, has confirmed the analyses we have been making for a long time: the social determinants of disease are of great importance and women and vulnerable populations are the first and hardest hit.

As the global public health community, we must safeguard the health of all people without leaving anyone behind. Women’s health will be an area for action supported by France in view the Generation Equality Forum in 2021.

I hope this 12th session of the World Health Summit year will be as thought provoking as the previous session and even more, considering the extraordinary challenges of the time.

Emmanuel Macron
President of the Republic of France
This twelfth edition of the World Health Summit is anything but business as usual. With all continents hit by COVID-19 in 2020, this World Health Summit is the first one since the World Health Organization has characterized this virus as a pandemic.

From all over the world, health experts and leaders are gathering this year again in Berlin to draw the lessons and consequences of this pandemic. There is so much to be learnt and shared.

First, this pandemic has reminded us that health truly is multidimensional: a new virus, which no one had heard of this time last year, created a butterfly effect of vast outreaching health challenges spanning the globe. It required the coming together of many scientists, researchers, and medical professionals amongst many others to work around the clock to understand the virus, its progression to cause disease, and to develop vaccines and therapeutics. But also to inform health policies and guidance for our citizens, economies and societies.

The EU invested €459 million in grants for 103 new research projects, and by the end of 2020, the EU will invest €1 billion into research and innovation to tackle COVID-19. We are investing heavily in research and innovation but also in our Vaccines Strategy to boost production capacity of companies who will supply vaccines for both EU and non-EU countries.

Second, we need to be collectively much better prepared for future health challenges. We do not want to experience again shortages of personal protective equipment, intensive care units overflowing, and healthcare professionals struggling to cope with the excessive demands. Global challenges associated with the climate, trade and health will continue to bring new and emerging global health challenges. The EU is ready to step up and take more responsibility in the health sector.

The third lesson is that when viruses go global, we need immediate global action to bring global solutions. Some very positive strides are being made: we raised nearly €16 billion under the Coronavirus Global Response through a global call for action. No country in the world, no Union is large and strong enough to address these challenges on their own. This is why the position of the European Commission is clear: we want to promote multilateral cooperation and improve and reform the World Health Organization to make it ready to face the health challenges of the twenty-first century, for the benefit of everyone on every continent.

We have all felt the impact of this pandemic in some form, and we can and we are coming together to overcome this terrible disease. I wish each of you a healthy summit as well as an inspiring learning experience.

Ursula von der Leyen
President of the European Commission
The COVID-19 pandemic has disrupted our world. The manner in which we conduct ourselves during this crisis, whether we learn lessons from it, and how we chose to build back better, is up to us.

Since the novel coronavirus took hold more than nine month ago, lives and livelihoods have been lost and economies and societies have been upended. The pandemic has exposed and exploited our political fault lines and inequalities, and the gaps in our health systems. The impacts go far beyond the suffering caused by the virus itself, with major disruptions to services for global hunger, immunization, noncommunicable diseases, family planning and more.

It has never been clearer that health is a political and economic choice. In the past 20 years, countries have invested heavily in preparing for terrorist attacks, but relatively little in preparing for the attack of a virus—which, as the pandemic has proven, can be far more deadly, disruptive, and costly.

Thanks to advances in biology, science and technology, we have been able to greatly accelerate the research and development for vaccines, diagnostics and therapeutics for COVID-19. No disease in history has benefited from such rapid research.

But the greatest challenge we face now is not scientific or technical. We face a test of our character. Can countries come together in solidarity to share the fruits of research? Or will misguided nationalism hobble our response?

In April, WHO, the European Commission and multiple other partners launched The Access to COVID-19 Tools Accelerator, to catalyse the development and equitable distribution of vaccines, diagnostics and therapeutics.

Yet, even as we marshal our forces to bring this pandemic to an end, we must also work with equal urgency to strengthen our health systems and public health infrastructure so that the world is never again blindsided by a health emergency. A strong health system is a resilient health system.

The lessons so far are clear.

The first is that health is not a luxury item for those who can afford it; it is a necessity, a human right and the foundation of social, economic and political stability.

The second is that there has never been a greater need for global cooperation and to confront a global threat. A coherent international response is key.

And the third is that the time to prepare for emergencies is before they occur. COVID-19 has demonstrated that the world was not
prepared. Even some of the most advanced societies and economies have been overwhelmed. While many countries put enormous resources into sophisticated medical care, too many also neglect their basic public health systems. We are paying the price for that now.

Investments in disease surveillance and monitoring, health promotion, water, sanitation and hygiene, educating and empowering communities and building a strong health workforce are essential for building resilient public health systems.

The absence of any one of these leaves communities vulnerable and undermines the timely response necessary to contain outbreaks.

Some countries are already showing the way. The German Chancellor, Angela Merkel, has announced that Germany will invest €4 billion by 2026 to strengthen its public health system.

Ultimately, the best defence against the impact of outbreaks and other health emergencies is a strong health system, built on primary health care with an emphasis on promoting health and preventing disease.

That’s why WHO’s top three priorities are healthier populations, universal health coverage and health security.

This will not be the last pandemic or global health emergency we will face. When the next one comes, the world must be ready. Part of every country’s commitment to build back better must therefore be to public health, as an investment in a healthier and safer future.

My best wishes for a productive and inspiring Summit.

Tedros Adhanom Ghebreyesus
Director-General of the World Health Organization (WHO)
The spread of COVID-19 this year shows how essential the improvement of global health is and how crucial the strengthening of international and interdisciplinary cooperation remains.

A meeting like the World Health Summit with our strong partners, especially also the WHO, could not be more important in these days.

The COVID-19 epidemic has catapulted global health into the political focus. It has also reinforced the consistent message of the World Health Summit and our academic backbone, the M8 Alliance, that progress in global health is based on political choices and the application of strong policy-making instruments of governments and international institutions worldwide.

The World Health Summit brings together stakeholders from around the globe to engage in solutions. We consider strong and reliable governance—at global, national and local levels—essential for health and wellbeing. The world needs strong institutions to set norms and standards to be able to respond effectively to health determinants, outbreaks and to protect and support the most vulnerable. Their work needs the support of decision makers at the highest level. We therefore strongly support the important role of the WHO.

Reflecting on these past months of living with the COVID-19 pandemic, we are hopeful that this global health crisis emphasizes the essential nature of international, multilateral cooperation and will lead to the strengthening of multinational structures and organizations. Because viruses, infectious diseases, or other health threats, know no borders.

The World Health Summit and the M8 Alliance provide an ever more important forum for science, industry, civil society and politics. We are excited to welcome so many diverse speakers from different organizations who contribute tremendously to advancing science and educating the public. An educated public is more important than ever in this unprecedented health crisis to understand the voice of science and to understand the necessary measures to curb the spread of COVID-19.

We look forward to your participation at the World Health Summit 2020—in Berlin or online. Please remain healthy and keep safe.

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

Detlev Ganten
Founding President
World Health Summit
DEAR WORLD HEALTH SUMMIT PARTICIPANTS

2020 is a remarkable year, and we are all the more pleased to welcome you at this year’s World Health Summit.

Charité – Universitätsmedizin Berlin looks back on a history of more than 300 years and, as the largest university hospital in Europe, it stands for excellent patient care and research, practice-oriented teaching and innovative developments. One of the most successful initiatives was the founding of the World Health Summit from within Charité, and now—12 years later—we proudly look at one of the world’s largest health conferences, which brings together experts from more than 100 countries every year.

For the first time, the event will take place as an on-site event and digital conference, thus enabling the more than ever important exchange and cooperation between nations to improve global health. 2020 has been shaped both by the corona pandemic and activities and discussions on climate change. We live in times of uncertainty, false reports and hostility, but also in times of hope, commitment and networking. Let us take this opportunity to contribute to education and knowledge exchange, to strengthen prevention and health promotion, and to develop a variety of sustainability options.

As Charité, we are proud of the World Health Summit, the associated exchange and the work of the M8 Alliance—the academic backbone of the World Health Summit. We thank you for your interest, your work and your commitment. Let us work together to make the world a healthier place.

We wish you an interesting and exciting World Health Summit. Stay healthy.
ABOUT THE WORLD HEALTH SUMMIT

SCIENCE - INNOVATION - POLICIES

The World Health Summit is one of the world’s leading strategic forums for global health. Held annually in Berlin, it brings together leaders from politics, science and medicine, the private sector, and civil society to set the agenda for a healthier future. 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 28 members in 19 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.
Pandemic Preparedness in the Age of COVID-19: Global Cooperation not Competition
The COVID-19 pandemic has once again shown that we need everyone to get involved in a massive effort to keep the world safe. Researchers are working at high speed to understand new viruses, develop treatments and vaccines to curb pandemics and prevent future outbreaks. With COVID-19 new forms of collaboration have emerged for scientists around the world to share results much faster than during any previous outbreaks. With leadership by the World Health Organization (WHO), science has to take a collective and non-discriminative responsibility to support such a global governance.

Strengthening the Role of the European Union in Global Health
In recent years, Germany has strengthened its commitment to global health, leveraging its G7 and G20 presidencies and lending support to multilateral and bilateral health partnerships. It has also become one of the strongest supporters of the World Health Organization and other international agencies. Germany has announced that global health will be a priority during its 2020 EU presidency, in cooperation with its trio-partners Portugal and Slovenia. This presents a significant opportunity to help identify interventions in areas like development, health, research, environment, and trade that all EU members can implement to achieve SDG 3.

Climate Change and Health: Risks and Responses
Unprecedented changes are occurring in natural systems that threaten to undermine progress in human health. Sustained population health requires the life-supporting “services” of natural systems. Populations of all animal species depend on supplies of food and water, low exposure to major infectious diseases, and a stable climate. Urgent action is needed to reduce the greenhouse gas emissions leading to rapid climate change and to address other environmental trends that pose increasing health risks.

Partnership for the Goals: United Nations’ 75th Anniversary
Achieving the Sustainable Development Goals, our shared vision for the future, will require cooperation across borders, sectors, and generations. But just when we need collective action more than ever, support for global cooperation is flagging. In many countries, public trust in traditional institutions is in decline and relations between countries are under strain. Dialogue and action on global issues—nearly all of which directly and indirectly affect health—could not be more urgent. Through these conversations, the UN aims to build a global vision of 2045 (its centenary), increase understanding of the threats to that future, and support enhanced international cooperation to realize that vision.
Accelerating the SDG 3 Global Action Plan for Health and Well-Being
The Global Action Plan for Healthy Lives and Well-Being for All brings together 12 multilateral health, development, and humanitarian agencies to better support countries and accelerate progress towards health-related Sustainable Development Goals. Under the Global Action Plan, the agencies are better aligning their work to reduce inefficiencies and provide more streamlined support to countries and forums for international commitments to health, such as the UN High-Level Meeting on Universal Health Coverage and the Astana Conference on Primary Health Care. At the World Health Summit, representatives of the signatory agencies will present updates on the Action Plan, and its challenges and successes.

Translational Research: Advancing Innovative Treatments
Translational research is part of a bidirectional process in which research findings are moved from the researcher’s bench to the patient’s bedside, but also back from clinical findings into mechanistic research. Development of new diagnostic and informatics methods has seen a trend towards more personalized therapeutic approaches. Information on individuals’ genomic/transcriptomic profiles, in combination with lifestyle and environmental factors, are integrated to guide medical decisions in terms of prevention, diagnosis, and treatment of disease.

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

SUNDAY, OCTOBER 25
PANEL DISCUSSION

COVID-19 DRIVING EFFECTIVENESS AND EFFICIENCY IN HEALTHCARE

HOST
Siemens Healthineers AG

Healthcare needs to become more accessible and affordable for patients. Digitalization and best practices from other sectors will facilitate this transformation. This transformation of Healthcare has been a topic before the COVID-19 pandemic. COVID-19 however has forced us to become more flexible and find new ways to deliver healthcare. The speed and flexibility of Healthcare providers, legislators, authorities and industry has been impressive and inspiring. It has shown us what can be achieved if there is imminent need and a common goal.

But Healthcare it is not only about speed and efficiency—we are touching human health and we are dealing with sensitive personal information. While taking the opportunities, we have to strike the right balance and protect the integrity of the individual. The worldwide pandemic has turned the focus of policy makers to healthcare topics in an unprecedented manner and has shown to every person that individual interests and the common interest have to be weighed against each other for the benefit of all.
CHAIR

Dagmar Mundani
Siemens Healthineers AG | Compliance and ECC | General Counsel and Head of Healthcare Legal, Compliance and ECC | Germany

SPEAKERS

Ricardo Baptista Leite
UNITE | Founder and President | Portugal

Alena Buyx
TUM School of Medicine | Professor of Ethics in Medicine and Health Technologies | Germany

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

Bart de Witte
HIPPO AI Foundation and Health Academy | Founder | Germany

Ulrich Dirnagl
Charité – Universitätsmedizin Berlin | Department of Experimental Neurology | Director of the Department | Germany

Michael Neumaier
Heidelberg University | Institute for Clinical Chemistry | Director of the Institute | Germany
Sepsis, a complication of infection encompassing bloodstream infections, meningitis and pneumonia, is the third most common cause of death among newborns, accounting for 225,000 deaths globally every year. The World Health Organization has called for urgent action to accelerate the development of new antibiotics for bacterial infections, including sepsis, alongside expanded access to antibiotics for newborns and children, in order to facilitate achievement of Sustainable Development Goal 3: Health and Wellbeing for All.

Children and newborns are not small adults and their bodies may respond differently to drugs. It is critical to establish the correct dose and confirm safety and effectiveness of new and currently available treatments for children under 5. Although regulatory agencies require pharmaceutical companies to develop plans to evaluate new antibiotics for use in children, these are often not started until after drugs are registered for use in adults. A recent study found that of 37 antibiotics being developed in adults, just two were being studied in children.

Addressing the challenge of developing new and expanded access to urgently needed antibiotics for children under 5 cannot be solved by one country, company or organization alone. It can only be addressed through a global and multi-sectorial approach. Partnerships between governments, industry, academia and civil society are needed to ensure plans are developed and resources are optimized to accelerate antibiotic research, development and access for children.

Within this session, the panel will discuss the unique challenges of antibiotic research focusing on children and newborns.
This will include the progress being made, and further action required to develop new treatments and ensure expanded access to treatments for children and newborns to achieve SDG 3 and the Every Newborn Action Plan.

CHAIR

Claire Doole
Doole Communications | Coach, Trainer, Moderator | Switzerland

SPEAKERS

Nicholas Adomakoh
Sandoz | Global Medical Affairs
Lead for Anti-Infectives | Germany

Manica Balasegaram
Global Antibiotic Research & Development Partnership (GARDP) | Director | Switzerland

Alex Costa
UNICEF | Global HIV/AIDS Program | HIV/AIDS Specialist

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

Christina Obiero
KEMRI | Wellcome Trust | Research Medical Officer | Kenya

Dagmar Reitenbach
Federal Ministry of Health | Head of Division Global Health | Germany

Sithembiso Velaphi
Chris Hani Baragwanath Academic Hospital | Associate Professor
University of the Witwatersrand and Head of Paediatrics | South Africa

Claire Doole
Doole Communications | Coach, Trainer, Moderator | Switzerland
Past years have seen a growing attention towards antimicrobial resistance that led to a number of new initiatives in particular to foster the development of new antibacterial treatments. In parallel, another problem is surging and getting increasing public attention: the lack of supply of existing generic antibiotics. Many hospitals even in developed countries are facing difficulties in ensuring a steady supply of critical first line treatments, in particular injectable antibiotics preventing doctors from using the recommended antibiotics and increasing costs.

The problem has increased exponentially over the past years in many countries. Current antibiotic producers in Europe keep closing manufacturing facilities for finished products and active pharmaceutical ingredients. Procurement practices that are driving prices down combined with fierce competition with companies from India and manufacturers in China and relatively high production standards and costs in Europe are some reasons behind this trend.

This session is going to shed light on the challenges and the risks and possible solutions to keep a steady supply of existing generic antibiotics and will link this issue to the conditions under which these products are produced.
CHAIR

Peter Beyer
World Health Organization (WHO) | Senior Advisor

SPEAKERS

Steve Brooks
AMR Industry Alliance | Advisor | Switzerland

Dame Sally Davies
UK Government | Department of Health and Social Care | Special Envoy on Antimicrobial Resistance | United Kingdom

Thomas Garms
Asklepios Kliniken GmbH | Pharmacist | Germany

Joakim Larsson
University of Gothenburg | Interdisciplinary Centre for Antibiotic Resistance Research | Director | Sweden

Céline Pulcini
Ministry for Solidarity and Health | Antimicrobial Resistance | National Action Plan Coordinator | France
The COVID-19 pandemic has led to an exponential increase in demand and application of SORMAS for the digital integration of surveillance, laboratory diagnostics and contact person follow-up, isolation and quarantine measures. The digital and mobile SORMAS (Surveillance Outbreak Response Management and Analysis System) has not only experienced a rapid expansion geographically but also a technological boost with respect to global goods maturity, scalability and novel information technologies (www.sormas.org).

The aim of this session is to have front line health officers, coordinators, stakeholders and researchers from five different regions of the world share their experience in the development, deployment and application of SORMAS for the fight against COVID-19. Furthermore, the session aims to establish strategies for using the current momentum towards establishing a sustainable and comprehensive digital integration of surveillance and epidemic response beyond COVID-19. A major component of this will be to guide the transition from project mode toward a program mode of SORMAS and to develop sustainable open source business models compatible with global public health demands.
CHAIR

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

SPEAKERS

Franklin Asiedu-Bekoe
Ghana Health Service | Disease Surveillance Department (DSD) | Head of the Department | Ghana

Carl Leitner
PATH | Digital Square | Technical Director | United States of America

Dagmar Starke
Academy for Public Health | Deputy Director | Germany

Lauro Vives
Gevity Consulting, Inc. | International Development | Director | Canada
Diagnostics, vaccines and treatments are critical tools to monitor and halt an epidemic, in addition to adequate production capabilities and equitable access and delivery of these tools. When the viral sequence of COVID-19 became available, scientists from both the private sector and academia immediately began the search for vaccines and treatments, mobilizing resources and forming partnerships to spur innovation. Governments around the world have announced research funding to combat this novel pathogen. What are the learnings from the scientific response to COVID-19? How can we strengthen cross-sector partnerships for innovation against emerging health security threats? How to distribute treatments and vaccines? What mechanisms should be in place to accelerate the development new tools and technologies to protect global health security?
CHAIR

Sabine Campe
Open Consultants | Managing Director | Germany

SPEAKERS

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

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

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

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

Sir Andrew Witty
World Health Organization Special Envoy to the ACT-Accelerator
Multilateral cooperation is central in a pandemic. As the experiences in the COVID-19 pandemic show public health institutions play a central role in both preparedness and response at the national level and through their international cooperation. Over the last decade new centers for disease control have been established and existing centers have been strengthened, including at regional level. In many cases these reforms have followed on major disease outbreaks: SARS, Ebola and now COVID-19. This session will discuss the experiences gained by centers of disease control in China, Africa, the European Union, Germany and France—and how they have strengthened their cooperation to support global health and what still remains to be done.
CHAIR

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

SPEAKERS

Andrea Ammon
European Centre for Disease Prevention and Control (ECDC) | Director | Sweden

George F. Gao
Chinese Center for Disease Control and Prevention | Director | China

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

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

Lothar H. Wieler
Robert Koch Institute (RKI) | President | Germany
The World Health Organization designates 2020 as the International Year of the Nurse and Midwife. Nurses are considered the backbone of the healthcare system comprising of at least 60% of the total global health workforce. They are essential health workforce in the attainment of the Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). As the world succumbs from the pandemic case of COVID-19, nurses fulfill their duties in saving lives but remain undervalued in many countries.

For the past decade, the role of the nursing profession has long been proven vital in the global health and pandemic crisis such as Zika virus, Ebola virus and the most recent Corona virus. They are the frontline healthcare workers delivering essential care based on the available resources with the highest form of work morale and ethics to the oppressed, depressed, exploited, and deprived vulnerable groups of the society. During pandemic times, nurses are involved in planning, organizing, implementing, and evaluating the effectiveness of the healthcare services using existing evidence-based practice.

Despite the evident role of nurses in the social and healthcare system, their visibility in the decision and policy-making process is limited and are not given the maximum potential to utilize their skills and competencies.

What are the factors hindering the advancement of nurses’ role during pandemic times? How can member states of the World Health Organization commit to promoting and protecting the interests of nurses’ welfare and health in a sustainable manner?
CHAIR

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

SPEAKERS

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

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

Annette Kennedy
International Council of Nurses (ICN) | President | Switzerland

Dame Donna Kinnair
Royal College of Nursing | CEO and General Secretary | United Kingdom

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

A CALL TO ACTION FOR HEALTH DATA GOVERNANCE

HOST
Fondation Botnar

The convergence of big health data—from diverse data types and a broad range of personal, clinical, and environmental sources—with massive advances in information technology (IT) and artificial intelligence (AI) offers unprecedented opportunities for individual and public health. The comprehensive capturing and computational analysis of massive amounts of health-relevant data allows for innovative applications in disease prevention, diagnostics, treatment, but also for more efficient resource allocation, remote training or pre-basic care, to name just a few possibilities. Ultimately, “frontier technologies” have the potential to radically transform the way healthcare is practiced—not only in affluent countries of the global north, but also in low-and middle-income countries.

Fast-moving technological developments and the growing aspirations—by service providers, donors, tech companies, health authorities, patients, consumers and many others—to field these technologies on a wide scale, however, lead to mounting concerns over data protection, privacy, and ownership. Yet, the majority of WHO Member States still lack robust national data governance and digital health frameworks, which could ensure that the new technologies deliver sustained health benefits while protecting informational rights. Investigating how data sharing and use for research, commercial and public health purposes can be aligned with calls for data protection, privacy, and informational self-determination, the panel discusses possible contours of a global health data governance instrument.
CHAIR

Stefan Germann
Fondation Botnar | CEO | Switzerland

SPEAKERS

Lawrence O. Gostin
Georgetown University | O’Neill Institute for National and Global Health Law | Director | United States of America

Bernardo Mariano Jr.
World Health Organization (WHO) | Department of Digital Health and Innovation | Director of the Department and the Chief Information Officer

Bernd Montag
Siemens Healthineers AG | President and CEO | Germany

Päivi Sillanaukee
Ministry of Foreign Affairs | Ambassador for Health and Wellbeing | Finland

Effy Vayena
ETH Zurich | Professor of Bioethics, Health Ethics and Policy Lab | Switzerland
'Universal Health Coverage' is one aim of Sustainable Development Goal 3 ‘Good health for all’. This highly ambitious aim brings about a number of challenges that were particularly laid open in the light of the corona-crisis: accessibility of health care facilities, quality of care provision, preventive versus curative measures of care, and health competence and literacy. We understand that health is not only dependent on effective medicine but essentially on overall health orientation in our health care structures with public health, health promotion, and prevention building their basic fundament. Sustainable health care structures will also adapt to regional needs to (re-)act appropriately to geographical and social differences. Reliance on evidence about regional and population needs, on monitoring health (care) status, their progress and successful activities is vital. Social solidarity and a robust connection to civil society is here inevitable. A good level of health literacy of decision makers and population will fuel steady improvement.
CHAIR

Bernadette Klapper
Robert Bosch Foundation | Senior Vice President Health Division | Germany

SPEAKERS

Lakshmi Narasimhan Balaji
UNICEF | Health Systems Strengthening Unit | Head

Marie-Paule Kieny
Inserm | Director of Research | France

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

Mujaheed Shaikh
Hertie School | Professor of Health Governance | Germany

Kristin Sørensen
Global Health Literacy Academy | Founding Director | Denmark
As an unprecedented global health emergency, COVID-19 has also caused substantial change in the research process: health research fighting COVID-19 is faster, more open, and more collaborative than usual. It has both profited from and further accelerated pre-existing practices like preprint publishing and data sharing, and has expedited ethics-review and marketing approval. These changes elicit wide discussions, and have been both hailed and criticized. However, most controversies regarding openness, secondary-use of routine health data, translational success, re-purposing, and regulatory frameworks were apparent already before the pandemic, providing a backdrop to these discussions.

Other COVID-19 related issues are relatively new such as the allocation of scarce research resources and the negative impact on non-COVID-19 research. The rapid changes of current biomedical research thus go beyond the quality and ethics of COVID-19 research specifically, and lead to questions on future developments of research as a whole: What can we learn from these changes? Will they be lasting? Why should global research on other deadly diseases such as tuberculosis, malaria, cancer, or dementia be less open and less collaborative? And how are we to shape these changes to advance the global health research system?
The speakers are all at the forefront of changes precipitated by COVID-19 and represent different steps of the research process, from assessment and approval through conduct and publishing to the ultimate translation of research findings. They will contribute their views on the pandemic’s long-term impacts: whether health research will and should change, and if so, how.

CHAIRS

Ulrich Dirnagl  
Berlin Institute of Health (BIH)  |  QUEST Center  |  Founding Director  |  Germany

Daniel Strech  
Berlin Institute of Health (BIH)  |  QUEST Center  |  Deputy Director  |  Germany

SPEAKERS

Christopher Baum  
Berlin Institute of Health (BIH)  |  CEO  |  Germany

Theodora Bloom  
The BMJ  |  Executive Editor  |  United Kingdom

Ben Goldacre  
University of Oxford  |  Nuffield Department of Population Health  |  Senior Clinical Research Fellow at the Centre for Evidence-Based Medicine  |  United Kingdom

Andreas Alois Reis  
World Health Organization (WHO)  |  Senior Ethics Officer
Europe has spent 2020 dealing with the COVID-19 pandemic, which has caused unprecedented health and economic impact across countries.

It may be too early to analyze and learn every lesson from this experience, however it is clear that responses to future pandemics will require closer cooperation between countries and new models of public-private partnership to introduce innovation in health products, data and healthcare systems.

This session, organized in two panels, will focus on the development of such cooperation.

Panel 1 will look at the role data has played in predicting, tracing and containing infections. It will mostly focus on what may be possible in the future if proper privacy protections can be assured and if countries collaborate to use the predictive power of big data and new techniques to assess rapidly the effectiveness of both social and biomedical interventions. A discussion will start on how these new partnerships might be funded.

Panel 2 will focus on how that funding may underpin new joint approaches to EU health security and crisis preparedness, including rapid deployment of emergency care capacity and new health technologies. It also involves development of flexible, state-of-the art, digitalized facilities for production of vaccines and medicines, which would ultimately support EU competitiveness and resilience. It will be important to have continued evolution of sharing of skills and knowledge between agencies and greater regulatory flexibility based upon that interconnectedness.

The session will maximize participation through electronic systems to poll, prioritize topics and collect the compelling questions from the audience.
CHAIR

Mark Chataway
Hyderus | Managing Director | United Kingdom

SPEAKERS

Olivier Véran
Ministry of Social Affairs and Health | Minister of Solidarity and Health | France

Andrea Ammon
European Centre for Disease Prevention and Control (ECDC) | Director | Sweden

Olivier Charmeil
Sanofi | General Medicines | Executive Vice President | France

Jürgen Müller
SAP SE | Chief Technology Officer (CTO) and Member of the Executive Board | Germany

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

Mark Chataway

Andrea Ammon

Jürgen Müller

Olivier Charmeil

Lothar H. Wieler
BRINGING THE COVID-19 EPIDEMIC UNDER CONTROL
The Need for Research & Innovation

COVID-19 caused by SARS-CoV-2 has changed the world. It is obvious that it can only be brought under control by breakthroughs in research & innovation. These include, first of all, the 3 canonical pillars of medical intervention, namely diagnosis, therapy and vaccination. In addition, host-directed therapies and biomarkers are needed.

Diagnosis of SARS-CoV-2 infection based on RNA measurements is well established and broadly used. Diagnosis of immunity to SARS-CoV-2 based on serum antibody measurements is in progress and validated tests will become available soon.

Efficacious treatment by antiviral compounds is progressing and emphasis has been given to drugs that had been developed previously for other viral infections. Global access to efficacious intervention measures, notably vaccines, will face the issue of (i) supply of large numbers (hundreds of millions) of doses and (ii) affordable price. Hence, discussions need to be initiated as soon as possible on issues such as rapid large-scale vaccine production and affordable pricing (e.g. dual-price concepts for high vs. low income countries).
CHAIR

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

SPEAKERS

Ruxandra Draghia-Akli
Janssen Pharmaceutical Companies of Johnson & Johnson | Global Public Health | Global R&D Head | United Kingdom

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

Richard Hatchett
Coalition for Epidemic Preparedness Innovations (CEPI) | CEO | Norway

Depei Liu
Chinese Academy of Engineering (CAE) | Former Vice President, President IAP | China

Trevor Mundel
Bill & Melinda Gates Foundation | President of Global Health | United States of America

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Stefan H.E. Kaufmann
Max Planck Institute for Infection Biology | Director Emeritus | Germany
One thing the sustainable development agenda has projected to the globe is the interdependency among the goals. On the road to reach the 2030 SDGs, it becomes clear that urgent commitments are needed to accelerate the attainment of health-related targets and SDG 3 (Ensure healthy lives and promote well-being for all at all ages). With the current health landscape, where infectious diseases account for near 4.3 million deaths (1.7 million female and 2.7 million male), a common agenda setting between the public and private sectors, that is leveraged by political powers and influences, is the determinant to achieve the 95-95-95 HIV/AIDS goals, reduce viral hepatitis infections to 900,000, reduce malaria case incidence by 90%, reduce mortality rate by tuberculosis by 90%, reduce the number of people requiring interventions against neglected tropical diseases by 90%, among others (UNITE, 2019).

Evidence shows that to progress globally in achieving these goals will demand a paradigm shift, with new ways of doing partnerships and securing commitments at local, national and global levels (Bekker et al., 2019). The SDG 17 (Partnerships for the Goals) acknowledges that successful attainment of the sustainable development agenda requires effective partnerships to unlock the transformative power of trillions of dollars of private resources to deliver on sustainable development objectives (United Nations, 2015).

Considering this, UNITE – The Global Parliamentarians Network to End Infec-
tious Diseases, steps forward to place the role of partnerships for effective accomplishment of the 2030 SDGs on the global health agenda. It does so in partnership with the GHA–German Health Alliance, and the UNAIDS–Joint United Nations Program on HIV/AIDS to promote a discussion and generate key recommendations on how to strengthen sustainable partnerships that are backed by political will to attain the effective achievement of health-related SDGs.

CHAIR

Ricardo Baptista Leite
UNITE | Founder and President | Portugal

SPEAKERS

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

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

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

Hon. Given Katuta
Inter-Parliamentary Union (IPU) | Advisory Group on Health | Member of Parliament and Head of Group | Zambia

Hendrik Streeck
University Bonn | Institute of Virology and HIV Research | Director of the Institute | Germany

Andrew Ullmann
German Bundestag | Member of Parliament | Germany
The COVID-19 pandemic was a stark reminder that health care systems in many countries lack the resources and resilience to cope with unexpected shocks. Beyond the current crisis, there is also stark differences between (wealthy) countries’ capability to provide their citizens with the best health care possible. One primary reason is the strong focus in recent years and decades on making national health care more efficient, instead of focusing on resilience and human wellbeing—(individual) health has thus been decoupled from (societal) wealth in many countries.

Focusing on the G20 as the largest economies and some of the world’s wealthiest societies; this panel takes stock of the performance of national health systems in the COVID-19 pandemic and beyond and asks for ways to recouple health and wealth as part of a more human-centered development model.
CHAIR

Dennis J. Snower
Global Solutions Initiative | President | Germany

SPEAKERS

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

Detlev Ganten
World Health Summit | President | Germany

Benoît Miribel
French Foundation Center (CFF) | Chairman of the French Foundations Center (CFF) and Secretary General of the foundation One Sustainable Health for All | France

Agnés Soucat
World Health Organization (WHO) | Director for Health Systems, Governance and Financing

Dana Vorisek
World Bank | Development Economics Prospects Group | Senior Economist | United States of America
Translational research is part of a bidirectional process in which research findings are moved from the researcher’s bench to the patient’s bedside, but also back from clinical findings into mechanistic research. Development of new diagnostic and informatics methods has seen a trend towards more personalized therapeutic approaches. Information on individuals’ genomic/transcriptomic profiles, in combination with lifestyle and environmental factors, are integrated to guide medical decisions in terms of prevention, diagnosis, and treatment of disease.
CHAIR

Christof von Kalle
Berlin Institute of Health (BIH) | BIH-Chair for Clinical Translational Sciences and Director of the Clinical Study Center | Germany

SPEAKERS

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

Patrice Debré
Académie Nationale de Médecine | President of the International Relations Committee | France

Ralf Heyder
Charité – Universitätsmedizin Berlin | Head of Administrative Office for External Networking and Strategic Partnerships | Germany

Jochen Rupp
Bosch Healthcare Solutions | Head of Product Management Vivalytic | Germany

Peter H. Seeberger
Max Planck Institute of Colloids and Interfaces | Director | Germany
KEYNOTE

OPENING CEREMONY

HOSTS

M8 Alliance

World Health Summit
CHAIRS

Detlev Ganten
World Health Summit | President | Germany

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

SPEAKERS

Frank-Walter Steinmeier
Federal President | Germany

Ursula von der Leyen
European Commission | President

António Guterres
United Nations | Secretary-General

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

Paul Hudson
Sanofi | CEO | France

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

Nanette Cocero
Pfizer Inc. | Global President of Pfizer Vaccines | United States of America
PROGRAM

MONDAY, OCTOBER 26
Digital technologies are revolutionizing healthcare and provide unprecedented opportunities to improve health and wellbeing worldwide, transform economies, and stimulate growth. For the first time in history, we have new tools to solve health system problems and create an equitable global health future.

If we are to realize the benefits of digital transformation in healthcare, it will take a global collaboration among Governments, Development Partners and Donors, the Private Sector, Civil Societies, Academics, and NGOs.

The purpose of this event is to engage the multi-stakeholder digital community to contribute to the prioritization, adoption and acceleration of digital health technologies and create a strong and sustainable partnership model for digital health as we encourage key stakeholders to invest in the global digital health ecosystem.

Please find the draft agenda here: https://www.who.int/docs/default-source/digital-health-documents/whs-who-event-draft-agenda.pdf
MODERATOR

Amandeep Singh Gill
Project Director, International Digital Health & AI Research Collaborative (I-DAIR) | Switzerland

SPEAKERS

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

Stella Kyriakides
European Commission | Commissioner for Health and Food Safety | Belgium

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Dame Sally Davies
UK Government | Department of Health and Social Care | Special Envoy on Antimicrobial Resistance | United Kingdom

Bernardo Mariano Jr.
World Health Organization (WHO) | Department of Digital Health and Innovation | Director of the Department and the Chief Information Officer

Aishath Samiya
Permanent Secretary | Ministry of Health | Maldives

Rajiv Shah
Rockefeller Foundation | President | United States of America

Miriam K. Were
The Champions for an AIDS-Free Generation in Africa | Deputy Chair | Botswana

Tedros Adhanom Ghebreyesus
Bernardo Mariano Jr.

Stella Kyriakides
Rajiv Shah

Soumya Swaminathan
Miriam K. Were

Dame Sally Davies
COVID-19 has affected all parts of the world as a global pandemic, affecting more people than recent epidemics. Yet nation states have responded differently, at variable time frames and with a diversity of political and public health actions. 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. To some this diversity of responses is surprising given the common experience of COVID-19; while to others this is a sign of variations in the political and contextual factors that affect decision making.

This session will discuss experiences from several parts of the world around the following key questions below.
CHAIRS

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

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

SPEAKERS

Chang-Chuan Chan
National Taiwan University | Associate Dean | Taiwan

Margaret Chan
Boao Forum For Asia | President

Martin Fitchet
Johnson & Johnson | Head of Global Public Health | United States of America

Joanna Nurse
InterAction Council | Strategic Advisor | United Kingdom
Our increasing understanding of climate change is transforming how we view the boundaries and determinants of human health. While our personal health may seem to relate mostly to prudent behavior, heredity, occupation, local environmental exposures, and health-care access, sustained population health requires the life-supporting “services” of natural systems. Populations of all animal species depend on supplies of food and water, low exposure to major infectious diseases, and a stable climate. Unprecedented changes are occurring in natural systems that threaten to undermine progress in human health. Urgent action is needed to reduce the greenhouse gas emissions leading to rapid climate change and to address other environmental trends that pose increasing risks to human health.
CHAIR

Sabine Gabrysch
Charité – Universitätsmedizin Berlin | Professor for Climate Change and Health | Germany

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

SPEAKERS

Niels Annen
Federal Foreign Office | Minister of State | Germany

Rachel Huxley
C40 Cities Climate Leadership Group | Knowledge and Learning | Director | United Kingdom

Jeni Miller
The Global Climate and Health Alliance | Executive Director | United States of America

Carlos A. Nobre
University of São Paulo | Institute of Advanced Studies | Senior Scientist | Brazil

Andrew Haines

Carlos A. Nobre
More than half of all countries will fail to meet SDG target 3.4 by 2030. By all measures, the reduction by one-third of premature mortality due to non-communicable diseases (NCDs), can and should be achieved through prevention and treatment.

The political will and leadership is there, and in many cases a coherent NCD strategy is in place. But although their role is vital, these strategies need to be translated into costed action plans that bring together public and private actors to work alongside governments. Every part of society must take responsibility to bridge the trillion-dollar funding gap and find creative ways to bring about better health outcomes for NCDs.

In light of this, the discussion will focus on tangible ways in which leadership, political will, and strong partnerships between the public and private sector actors can improve patient care (in particular reflecting the importance of partnerships in helping NCD patients during emergencies like COVID-19), strengthen health systems, and create access to financing through cost reduction and unlocking new funding streams.
MODERATOR

Juliette Foster
Magnus Communications | Founder and Managing Director | United Kingdom

SPEAKERS

Bente Mikkelsen
World Health Organization (WHO) | Division of Noncommunicable Diseases and Promoting Health through the Life-course | Director

H.E. Amira Elfadil Mohammed Elfadil
African Union Commission | Commissioner for Social Affairs | Ethiopia

Hubertus von Baumbach
Boehringer Ingelheim Pharma GmbH & Co. KG | Chairman of the Board of Managing Directors | Germany

H.E. Myint Htwe
Ministry of Health and Sports | Minister of Health and Sports | Myanmar

H.E. Daniel Ngamije
Ministry of Health | Minister of Health | Rwanda

Mukul Bhola
The Defeat-NCD Partnership | CEO | Switzerland
The session will explore the relationships and intersections of development cooperation and academic research in global health. How can political, financial and human resources investments in humanitarian development cooperation be sensibly linked to academic research? What kind of coordination mechanisms are needed to overcome fragmentation between or even within sectors (e.g., different Ministries and Departments) and improve the coherence, efficiency and capacity for action of donor countries? What kind of programs and incentives are needed to ensure that development cooperation programs are evidence based and that academic cooperation’s have a positive impact on social and economic development in the partner countries?
CHAIRS

**Walter Bruchhausen**
University Hospital Bonn | 
Section Lead Global Health, 
Social and Cultural Aspects | 
Professor | 
Germany

**Johanna Hanefeld**
London School of Hygiene 
and Tropical Medicine (LSHTM) | 
Lead LSHTM Berlin and Associate 
Professor Health Policy and Systems | 
Germany

SPEAKERS

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

**Caroline Schmutte**
Wellcome Trust | 
Germany Office Lead | 
Germany

**Birgit Pickel**
Federal Ministry for Economic 
Cooperation and Development (BMZ) | 
Global Health, Pandemic Prevention, 
One Health | Director | 
Germany

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

**Johanna Hanefeld**
London School of Hygiene 
and Tropical Medicine (LSHTM) | 
Lead LSHTM Berlin and Associate 
Professor Health Policy and Systems | 
Germany

**Caroline Schmutte**
Wellcome Trust | 
Germany Office Lead | 
Germany
In 2018 Germany, Norway and Ghana initiated the Global Action Plan (GAP) for SDG 3, signed by 12 mainly UN Organizations. However the globally disruptive nature of infectious disease pandemics of zoonotic origin (COVID-19, Ebola and swine flu being recent examples), evidenced by their profound direct impact on global health, and compounded by economic and social effects, are a major threat to achieving SDG 3.

While recently emerging infectious diseases have come about through viruses jumping from wild animals to humans, pandemics can be fundamentally blamed on changes to relationships between humans and animals and to their shared environment. Domestic animals can be the source of zoonotic diseases such as tuberculosis or brucellosis but in addition livestock and wild animals may also act as bridges for the emergence of human diseases. Domestic livestock can then serve as amplifying hosts for recent pathogen spillover events. Viruses can also mix in different domestic animal compartments and interact with human viruses to produce highly pathogenic human viruses (i.e. Influenza viruses). The frequency, intensity and impact of these pandemics and their effect on global health is closely interlinked with several factors, including global trade and mobility, climate change, antimicrobial resistance and an increase in the burden of non-communicable diseases.

For the GAP to be successful in helping to achieve SDG 3, it requires coordinated and efficient action across multiple disciplines and sectors which takes into account the risk of pandemics and how quickly they can roll back any progress made. In addition to defined commitments and proposed actions in the GAP.
to improve inter-institutional cooperation and thus the situation of countries implementing SDG 3, One Health provides a platform for harnessing the complexity of the human-animal-environment interface in which these global health threats are implicated for achieving the SDGs.

In two sessions at the World Health Summit 2019, The Lancet One Health Commission undertook a Health consensus-seeking mission on the concept of One Health, and examined the potential of One Health to catalyze the paradigm shift that the GAP demands and accelerate progress towards SDG 3. At this year’s World Health Summit, The Lancet One Health Commission will further explore how to operationalize One Health in a sustainable way to address pandemics and ultimately SDG 3 through the GAP—involving the community/grassroots, health professionals, scientists, researchers and academia across disciplines, the next generation of students and young professionals, and at the political level.

CHAIRS

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

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

SPEAKERS

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

**Jean Scheftsik de Szolnok**  
Boehringer Ingelheim Pharma GmbH & Co.KG | Member of the Board of Managing Directors and Head of the Animal Health Business Unit | Germany

**Anthony Nsiah-Asare**  
Office of the President | Presidential Advisor on Health | Ghana

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

**Lothar H. Wieler**  
Robert Koch Institute (RKI) | President | Germany
In recent years, Germany has strengthened its commitment to global health, leveraging its G7 and G20 presidencies and lending support to multilateral and bilateral health partnerships. It has also become one of the strongest supporters of the World Health Organization and other international agencies. Germany has announced that global health will be a priority during its 2020 EU presidency, in cooperation with its trio-partners Portugal and Slovenia. This presents a significant opportunity to help identify interventions in areas like development, health, research, environment, and trade that all EU members can implement to achieve SDG 3.
**CHAIR**

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

---

**SPEAKERS**

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

**Marta Temido**  
Ministry of Health |  
Minister of Health |  
Portugal

**Tomaž Gantar**  
Ministry of Health |  
Minister of Health |  
Slovenia

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

---

**Jens Spahn**  
Berner Schwartländer

**Marta Temido**  
Ilona Kickbusch

**Tomaž Gantar**
Women are the cornerstone of all societies—in families, healthcare, communities and the workplace. They not only face unique challenges in maternal and reproductive health, but even in diseases not unique to women, they often have poorer outcomes. Perhaps most critically, NCDs have been the leading cause of women’s mortality for decades. In cancer, for example, in addition to the 8.5 million newly diagnosed cases a year, the lion’s share of family and community care falls on women the world over. The women’s perspective has not been central to policy decision making and we have been slow to recognize and act upon the importance of the role of women.

Now, with the unprecedented disruption brought by COVID-19, how can we look to the future to support an agenda and initiatives that positively support women’s health moving forward?

In this session Roche will bring together experts from the public and private sectors to assess the current status of women’s health, particularly in regard to cancer.
CHAIR

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

SPEAKERS

Cecilia Bonefeld-Dahl
DIGITALEUROPE | Director-General | Belgium

Maira Caleffi
Hospital Moinhos de Vento | Chief of Breast Cancer Center Núcleo Mama Moinhos | Brazil

Teresa Graham
Roche Pharmaceuticals | Head of Global Product Strategy | Switzerland

Anja Mehnert
University of Leipzig | Medical Psychology and Medical Sociology and Division of Psychosocial Oncology | Chair | Germany

Isabel Mestres
City Cancer Challenge | Global Public Affairs | Director | Switzerland
WS 09
SAAL 4 | AFRICA
11:00 – 12:30

WORKSHOP

EVIDENCE-BASED DECISION-MAKING IN GLOBAL HEALTH

What is Evidence and How is it Used in Making Decisions about COVID-19

HOSTS

German Alliance for Global Health Research

German Federal Ministry of Education and Research (BMBF)

COVID-19 has sparked a lively societal discourse about the relationship between science and policy in numerous countries affected and on a global level. The session examines the role and contributions of different research disciplines (virology, intensive care medicine, epidemiology, sociology, economy, ethics, etc.) at different stages of the pandemic as well as the different types of evidence that researchers provide and politicians and authorities base their decision on (e.g. individual publications and reviews). It furthermore sheds light on different models of research- policy relationships and mutual influence.
CHAIRS

Eva Rehfuess
Ludwig-Maximilians-Universität München (LMU Munich) | Chair of Public Health and Health Services Research | Germany

Maike Voss
German Institute for International and Security Affairs (SWP) | Scientist | Germany

SPEAKERS

Yvonne Doyle
Public Health England | Medical Director and Director for Health Protection | United Kingdom

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

Fernando Simón
Ministry of Health | Coordination Centre for Health Alerts and Emergencies | Director | Spain

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Frode Forland
Norwegian Institute of Public Health | Infectious Diseases and Global Health | Specialist Director | Norway

Eva Rehfuess
Ludwig-Maximilians-Universität München (LMU Munich) | Chair of Public Health and Health Services Research | Germany

Maike Voss
German Institute for International and Security Affairs (SWP) | Scientist | Germany

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

Fernando Simón
Ministry of Health | Coordination Centre for Health Alerts and Emergencies | Director | Spain

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Frode Forland
Norwegian Institute of Public Health | Infectious Diseases and Global Health | Specialist Director | Norway

Eva Rehfuess
Ludwig-Maximilians-Universität München (LMU Munich) | Chair of Public Health and Health Services Research | Germany

Maike Voss
German Institute for International and Security Affairs (SWP) | Scientist | Germany

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

Fernando Simón
Ministry of Health | Coordination Centre for Health Alerts and Emergencies | Director | Spain

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Frode Forland
Norwegian Institute of Public Health | Infectious Diseases and Global Health | Specialist Director | Norway

Eva Rehfuess
Ludwig-Maximilians-Universität München (LMU Munich) | Chair of Public Health and Health Services Research | Germany

Maike Voss
German Institute for International and Security Affairs (SWP) | Scientist | Germany
Why is it necessary that medical doctors and infection biologists join forces with veterinarians, architects, climate-, material- and communication scientists to fight infections?

The workshop gives an overview about the German-wide, BMBF-funded research program InfectControl and introduces some of its flagship projects. It is a unique collaboration in Germany involving experts from a wide range of disciplines and specialist areas. Together, they fight infections that affect Germany and Europe in particular following the One Health approach with the aim to sustainably prevent infectious diseases, to detect them faster and to fight them comprehensively.

To prevent infectious diseases, InfectControl supports educational campaigns as well as the development of new techniques and standards, e.g. for patient rooms in hospitals. For a better and faster diagnosis of infectious diseases the consortium is developing new rapid tests for specific pathogens and new analysis methods.

InfectControl also promotes the development of vaccines and drugs. In collaboration with the German Center for Infectious Research (DZIF), InfectControl currently develops a new tuberculosis drug (clinical phase IIa) that has a completely new mode of action and is also effective against resistant strains.

In the workshop, members of the consortium will present prominent results from their interdisciplinary projects. Following the presentations the InfectControl consortium will discuss with the audience the hurdles and future perspectives for One Health initiatives that are necessary to fight infectious diseases.
CHAIR
Axel Brakhage
Leibniz Institute for Natural Product Research and Infection Biology – Hans Knöll Institute (Leibniz-HKI) | Director |
Germany

SPEAKERS

Petra Gastmeier
Charité – Universitätsmedizin Berlin | Institute for Hygiene and Environmental Medicine | Director of the Institute | Germany

Oliver Kurzai
Leibniz Institute for Natural Product Research and Infection Biology – Hans Knöll Institute (Leibniz-HKI) | Professor and Chair | Germany

Thomas C. Mettenleiter
Friedrich Loeffler Institute (FLI) | President | Germany

Peter Schmid
CEVA Animal Health | Pharma Innovations | Director of Pharma Innovations | France

Wolfgang Sunder
Technical University of Braunschweig | Institute for Industrial Construction and Structural Design | Head of Research | Germany

Lothar H. Wieler
Robert Koch Institute (RKI) | President | Germany
There are many pathways, direct and indirect, mediating the effects of climate change on human health. There is significant variation within and between regions and amongst different population groups. While there is also increasing political awareness of the issues and a rapidly accumulating evidence base, there has been less focus on solutions: how to develop resilience, adaptation in health systems and health co-benefits of climate change mitigation.

The IAP project (https://www.interacademies.net/project/climate-change-and-health), aiming to inform policy-makers and other stakeholders, is progressing in parallel with the regional academy networks in Africa (NASAC), Asia (AASSA) and the Americas (IANAS), building on previous work done in Europe (EASAC). The regional outputs will all be published by early 2021, to be followed by a global synthesis report to explore regional similarities and differences, inter-regional issues and global priorities.

The session invites regional perspectives (virtual) from academy network experts on emerging issues and on key points that require further exploration. Discussion with the audience worldwide will be encouraged to help ensure that a wide range of inputs is captured by the project, also providing national, regional and global perspectives in preparation for COP 26.
CHAIR

Volker ter Meulen  
Julius Maximilians University of Wuerzburg | 
President of IAP and Co-Chair of IAP Project | 
Germany

SPEAKERS

Khairul Abdullah  
MAHSA University | 
AASSA Working Group Chair | 
Malaysia

Robin Fears  
InterAcademy Partnership (IAP) | 
Project Coordinator | 
Italy

Sir Andrew Haines  
London School of Hygiene and Tropical Medicine (LSHTM) | 
IAP Project Co-Chair | 
United Kingdom

Jeremy McNeill  
University of Western Ontario | 
IANAS Working Group Chair | 
Canada

Volker ter Meulen  
Julius Maximilians University of Wuerzburg | President of IAP and Co-Chair of IAP Project | 
Germany

Caradee Wright  
South African Medical Research Council (SAMRC) | 
NASAC Working Group Chair | 
South Africa
PANEL DISCUSSION

YOUTH PERSPECTIVES ON HEALTH
COVID-19 and Gender Engagement

HOST
International Federation of Medical Students’ Associations (IFMSA)

Today, youth constitute more than 1.8 billion people living on earth, representing one-third of the population and a high percentage of the health workforce.

The session will bring together young and senior stakeholders from academia, international development, government, NGOs and private sector, who work on initiatives tackling the uncertainty of COVID-19 crisis. It will have two parts:

First an interactive panel will serve as both a space to share the challenges youth face amidst the unprecedented pandemic as well as best practices on youth taking the lead on COVID-19 response not only in healthcare but also in the communities.

In the second part of the event, the speakers will share their reflections on the most urgent questions in the face of pandemic, including the gender lens and exacerbation of inequalities revealed. Moreover, the event will allow young people to network and participate in the “meet-and-greet” session as the official closing of the session.
CHAIR

Eglė Janušonytė
International Federation of Medical Students’ Associations (IFMSA) | Vice President for External Affairs 2020/2021 | Denmark

SPEAKERS

Hera Ali
International Pharmaceutical Students’ Federation | Chairperson of Public Health | United Kingdom

Ieva Berankytė
International Federation of Medical Students’ Associations (IFMSA) | Liaison Officer for Sexual and Reproductive Health and Rights Issues | Denmark

Martin Blohmer
Young Leaders for Health | Representative | Germany

Nicole De Paula
Women Leaders for Planetary Health - IASS Potsdam | Executive Director and Founder | Germany

Omnia El Omrani
International Federation of Medical Students’ Associations (IFMSA) | Liaison Officer for Public Health Issues | Denmark

Shymaa Enany
Suez Canal University | Department of Microbiology and Immunology | Associate Professor | Egypt

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

Tugce Schmitt
Global Health Next Generation Network | Representative | Belgium

Zsófia Szlamka
Global Shapers Community | Global Shapers Cambridge | Curator and Co-founder of VOICES | United Kingdom
COVID-19 has called our global pandemic preparedness into question. But building on experience with other coronaviruses, including SARS and MERS, and learning lessons from combatting outbreak diseases including Ebola, progress is being made with unprecedented speed to develop the tests, treatments and vaccines needed to keep the world safe. New forms of collaboration and strengthened partnerships have emerged as central to the response. From science and research to policy and implementation, the world has shifted in terms of our ability to react. How can we build back better after COVID-19, and ensure preparedness for the future?
CHAIR

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

SPEAKERS

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

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

Tom Frieden
Resolve to Save Lives | President and CEO | United States of America

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

Peter Piot
London School of Hygiene and Tropical Medicine (LSHTM) | Director and Professor of Global Health | United Kingdom
PANEL DISCUSSION

RADIATION THERAPY AS AN ESSENTIAL COMPONENT OF CANCER CONTROL

Understanding how Innovations are Driving Uptake and Impact in Low- and Middle-Income Countries (LMICs)

HOSTS

International Atomic Energy Agency (IAEA)
Varian Medical Systems

The 43.8 million persons living with cancer who were diagnosed within the last 5 years demonstrate that cancer is a substantial global social and economic burden in all countries, regardless of development. The International Agency for Research on Cancer (IARC) projects that (by 2030), over 24 million people will be diagnosed with cancer worldwide and 13 million will die from the disease every year. The rising cancer burden hits low and middle income countries (LMICs) the hardest, many of which are ill-equipped to deal with the present situation, reflected in disparities in cancer survival and survivorship. The extent of implementation of national cancer control plans has increased in recent years, allowing access to health technologies such as radiotherapy for quality and cost-effective treatment for millions of cancer patients for the first time. This is particularly pertinent for women in LMICs countries who suffer over 90% of all global deaths due to cervical and 70% due to breast cancer (Globocan 2018).

Mobile technology, artificial intelligence (AI) and other emerging technologies are rapidly changing the delivery of healthcare worldwide. This panel discussion will share experiences of implementing essential radiotherapy services and explore how innovative healthcare solutions in this domain are contributing to increasing access to safe, effective, affordable and sustainable treatment services for cancer patients in LMICs. Successful strategic partnerships between Governments, international institutions and the private sector will be showcased and representatives from the IAEA, Varian, Ministries of Health and clinical experts will describe how new technologies can further close
the access gap and improve outcomes for patients as well as address the challenge of shortage of medical cancer care professionals, in support of the Agenda 2030 and the newly adopted WHO Global Strategy towards elimination of cervical cancer as a public health problem.

CHAIR

Julie Torode
Union for International Cancer Control (UICC) | Deputy CEO and Director of Advocacy and Networks | Switzerland

SPEAKERS

Supriya Chopra
Tata Memorial Centre | Associate Professor Radiation Oncology | India

Rafael Mariano Grossi
International Atomic Energy Agency (IAEA) | Director-General

Bello Abubakar Mohammed
Consultant Clinical Oncologist | National Hospital | Nigeria

Dow R. Wilson
Varian Medical Systems | President and CEO | United States of America
The COVID-19 pandemic has affected the progress towards elimination of Neglected Tropical Diseases (NTDs) in a dramatic way: Following the initial recommendations of WHO, the implementation of NTD-programs had been suspended but a differentiated decision-making framework for recommencing mass treatment and other NTD interventions is now in place. This means that annual mass drug administration cycles were interrupted, no monitoring and evaluation was done, and little to no operational research implemented. If COVID-19 disrupts NTD-interventions for a longer period, the likelihood that the burden of NTDs will increase again and many years of efforts will be lost, is high. The NTD-community has to adapt programs and guidelines facing the challenges of the COVID-19 pandemic and continue the pathway to elimination of NTDs at the same time. Since NTD-programs are providing unique platforms that are reaching out to all communities in their target areas, assuring prevention and treatment including to those who often don’t have access to health care can also benefit the fight against COVID-19.
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

**Irene Ayakaka**
Makerere University College of Health Sciences | Uganda Tuberculosis Implementation Research Consortium (U-TIRC) | Project Manager | Uganda

**Constanze Bönig**
Vétérinaires Sans Frontières Germany | Desk Officer HQ for Humanitarian Aid & Development Cooperation | Germany

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

**Johannes Waltz**
Merck | Global Schistosomiasis Alliance (GSA) | Head of Merck Schistosomiasis Elimination Program | Germany

**Makoy Yibi Logora**
CBM South Sudan | National NTD Coordinator | South Sudan

**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

**Irene Ayakaka**
Makerere University College of Health Sciences | Uganda Tuberculosis Implementation Research Consortium (U-TIRC) | Project Manager | Uganda

**Constanze Bönig**
Vétérinaires Sans Frontières Germany | Desk Officer HQ for Humanitarian Aid & Development Cooperation | Germany

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

**Johannes Waltz**
Merck | Global Schistosomiasis Alliance (GSA) | Head of Merck Schistosomiasis Elimination Program | Germany

**Makoy Yibi Logora**
CBM South Sudan | National NTD Coordinator | South Sudan
VACCINATION AND TRANSMISSION CONTROL

What’s New and What Works in Preventing Infections

Vaccination against and control of vector-borne transmission of infectious agents are prime staples of infection control. The speakers in this session will present their exemplary experience with the development of novel vaccines (tuberculosis, ebola), the acceptance of vaccination in the population, or with implementing vector control measures (dengue, malaria). The goal is to distill, from these diverse experiences, a consensus on what works best and what doesn’t work in infection control, and to discuss best practice examples for overcoming obstacles identified by the speakers.
CHAIR

**Stefan Ehlers**  
Research Center Borstel – Leibniz Lung Center | CEO | Germany

**SPEAKERS**

**Marylyn Addo**  
Medical Center Hamburg-Eppendorf | Head of Division of Infectious Diseases | Germany

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

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

**Steven Sinkins**  
University of Glasgow | Centre for Virus Research | Professor in Microbiology and Tropical Medicine | United Kingdom
Despite the huge societal costs of Antibacterial Resistance (AMR), there is no viable market for new antibiotics. As a result, important antibiotics in the early stages of development may never reach patients due to a lack of funding for the later stages of clinical research. To bridge this funding gap, over 20 leading pharmaceutical companies recently launched a ground-breaking partnership to invest nearly $1 billion through a new AMR Action Fund that aims to bring 2 to 4 new antibiotics to patients by the end of the decade.

Both COVID-19 and AMR are significant global health threats that necessitate action by all stakeholders in order to be tackled successfully. Yet there are differences—unlike COVID-19, AMR is a predictable and preventable threat that is not new. Continuous innovation in time, and in preparation of, a global pandemic to address current and future global health crises is therefore essential.

Stepping up to the challenge of AMR, the Fund will invest in smaller biotech companies focused on developing novel antibiotics that address the highest priority public health needs, make a significant difference in clinical practice, and save lives. While the Fund seeks to make significant tangible progress in the fight against AMR, it alone will not be sufficient to solve the challenge, and broader policy reforms will be necessary to create an environment that encourages long-term investment into antibiotic R&D and rewards innovation.

This session will explore the new bio-pharmaceutical industry initiative, the importance of innovation to maintain global health security as also evidenced by COVID-19, as well as foster discussion on what is needed for a sustainable antibiotic innovation ecosystem.
CHAIR

Astrid Frohloff
Journalist | Germany

SPEAKERS

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

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

Tim Jinks
Wellcome Trust | Head of Drug Resistant Infections Priority Program | United Kingdom

Stefan Oelrich
Bayer AG | Member of the Board of Management President Pharmaceuticals | Germany

Lord Bethell of Romford
Parliament of the United Kingdom | Parliamentary Under Secretary of State | Minister for Innovation | United Kingdom

Astrid Frohloff

Lord Bethell of Romford
Now more than ever before, the world has been awakened to the threat posed by diseases which are closely linked to human-animal-environment interaction, and which have far-reaching global health and socio-economic implications. There is overwhelming consensus on the components of One Health involving human animals, non-human animals, and the environment. As both human and non-human animals fundamentally cannot exist outside of an environment, which they are an integral part of and share, shared spaces need to be managed. Therefore, an imbalance in activity by any party within a shared space puts that space in jeopardy of unsustainability.

Destructive human and animal (often via humans) activity within the shared environment has been shown to have direct impact on climate, which in turn impacts negatively and directly on the shared environment, animals and humans. This complex negative cycle links Climate Change very tightly to One Health.

In this session, we propose to discuss in-depth, the importance of climate change, considering the current global awareness and movement around the subject, to One Health within the context of global pandemics. The discussion will explore how the linkages extricated between One Health and Climate Change can be translated into global, regional and national policies and actions to promote a healthy and sustainable reconnected future for our planet.
CHAIR

Gerald Haug
German National Academy of Sciences Leopoldina | President | Germany

SPEAKERS

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

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

Sabine Gabrysch
Charité - Universitätsmedizin Berlin | Professor for Climate Change and Health | Germany

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

Andrea Winkler
Lancet Commission on One Health | Co-Chair | Germany
Although increasingly recognized as an indivisible, indispensable part of Universal Health Coverage, limited progress has been made in recent years to advance surgical care around the world. Surgical conditions make up over five times the mortality of HIV/AIDS, tuberculosis, and malaria combined, yet funding for surgical care remains inequitably small in terms of international funding. This despite the fact that today, over five billion people remain without access to safe surgical care.

The result: over 17 million preventable deaths annually and 30% of the global burden of disease is attributable to surgical conditions. Furthermore, trauma and injury accounts for 5.8 million deaths and around 50 million permanently disabled persons per year. 90% of this mortality and morbidity occurs in LMICs. To address this, we need integrated and holistic approaches to build up health systems that includes increased emphasis on surgical delivery, an emphasis that is currently lacking.

We must recognize that the old-fashioned myth that access to emergency and essential surgical care is a luxury item has been debunked. On the contrary, emergency and essential surgical interventions are cost-effective and absolutely essential for Universal Health Coverage.
CHAIR

John G. Meara
Harvard Medical School | Professor of Surgery | United States of America

Geoffrey Ibbotson
Global Surgery Foundation | Executive Lead | Switzerland

SPEAKERS

Jim Harrison
AO Alliance Foundation | African Regional Director | Switzerland

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

Teri Reynolds
World Health Organization (WHO) | Clinical Services and Systems - Integrated Health Services | Unit Head

Lubna Samad
Indus Health Network | Director of Center for Essential Surgical and Acute Care | Pakistan

H.E. Ifereimi Waqainabete
Fijian Government | Minister for Health and Medical Services | Fiji
At the same time, while health systems are facing the most serious global pandemic crisis in a century, the latter has amplified the historical investment gap in NCDs and the underlying shortcomings of health systems to respond to the healthcare need of people living with or at risk of NCDs. It has highlighted the urgent need of political will to invest in NCD prevention and in strong health systems and primary healthcare as the best defence against outbreaks like COVID-19.

In this context, this workshop will bring the unique expertise of governments, civil society, people living with NCDs and industry around the table to discuss the lessons learned from the crisis and the breadth of the long-term approach and investments needed to ensure a sustainable respond to NCDs.
CHAIR

Nina Renshaw
The NCD Alliance | Director of Policy and Advocacy | Switzerland

SPEAKERS

Funmi Adewara
Mobihealth International | Founder and CEO | United Kingdom

Christopher Agbega
People Living with NCDs (PLWNCDs) | Representative | Ghana

Ricardo Baptista Leite
UNITE | Founder and President | Portugal

Marc-Antoine Lucchini
Sanofi | Head of International General Medicine | France

Bente Mikkelsen
World Health Organization (WHO) | Division of Noncommunicable Diseases and Promoting Health through the Life-course | Director
Sustainable peace is the central aim of the Sustainable Development Goals (SDGs) and a necessary basis for all SDGs, including “Good Health and Well-being”. The initiative “Respect and Dialogue” by the InterAcademy Partnership (IAP) intends to give science a stronger voice and take more responsibility in this regards. Many global crises are born or worsened by the lack of comprehension, and limited interest and courage to reach out across borders. Using health as an entry point, the “Respect and Dialogue” initiative wants to tackle barriers of different natures—gathering different sectors, disciplines and cultures—and address how they can be overcome to achieve progress towards the SDG objectives.

In response to the ongoing COVID-19 pandemic, we have witnessed instances of dialogue and respect for each other’s perspectives, and at times a noticeable lack thereof. In this year’s session we will look at these instances, and more importantly what lessons are to be learned in the continuous efforts to handle this pandemic and other global health challenges.
CHAIRS

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

Roberto Francesco Monti  
Respect and Dialogue | Senior Advisor | Italy

SPEAKERS

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

Clara Cruz Santos  
Coimbra University | Professor of Social Work | Portugal

Neera Tanden  
Center for American Progress | President and CEO | United States of America

Justin Vaïsse  
Paris Peace Forum | Director-General | France

Moneef R. Zou’bi  
InterAction Council | Science Advisor | Jordan
PROGRAM

TUESDAY, OCTOBER 27
Gender equality makes global health stronger. This session will explore women’s leadership and gender-responsive health systems during COVID-19. Most countries report higher COVID-19 mortality amongst men than women but women face greater risks because they are the majority of frontline health workers, are typically the primary caregivers of the sick, and have a greater socioeconomic vulnerability. Women leaders tend to be decisive, listen to expert evidence, focus on people and communicate honestly with the public. Yet, few women are included in health security decision-making, including task forces, working groups, and political and scientific committees for the pandemic response. The participation of women, their leadership and the breadth of their experience and perspectives is critical to the response. Analysis of women leaders during COVID-19 has shown that women have used a more collaborative, transparent and whole of society approach.
CHAIRS

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

Sarah Hillware
Women in Global Health | Deputy Director | United States of America

SPEAKERS

Margaret Chan
Boao Forum For Asia | President

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

Ester Cedeira Sabino
University of São Paulo | Faculty of Medicine | Associate Professor | Brazil

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

Clare Wenham
London School of Economics and Political Science | Assistant Professor of Global Health Policy | United Kingdom
By committing to the Global Action Plan for Healthy Lives and Well-being for All (GAP), the signatory agencies signaled their readiness to better support countries during the decade of action on the SDGs. COVID-19 has set countries back on their path to achieving the health-related SDGs and has further emphasized the importance of joint support to countries. 

The GAP’s comparative advantage is to strengthen continuous, effective, long-term collaboration and alignment among a set of UN and non-UN multilateral agencies in support of countries’ nationally defined needs, priorities and plans. Country ownership and leadership lie at the heart of GAP’s success and clear priorities for action to accelerate progress towards the health-related SDGs have been identified by around a dozen countries under the auspices of the GAP, with expressions of interest from many more.

This panel debate will present what countries are doing to get back on track and/or accelerate progress towards health-related SDGs as they respond and recover from COVID-19. It will feature representatives of countries engaged or interested in the implementation of the GAP and hear about their experiences so far and what they expect from the GAP agencies in terms of joined-up support. The panel will share updates on the collaboration; review lessons learned and challenges encountered in the implementation of the GAP to date and discuss how successful approaches could be replicated in more countries. The debate will also highlight how other stakeholders at country level can engage and contribute to the process.
CHAIR

Suraya Dalil
World Health Organization (WHO) | PHC Special Programme | Director

SPEAKERS

Kwaku Agyeman-Manu
Minister for Health | Ghana

Cecilia Lodunu-Senoo
Founder and Executive Director of Hope for Future Generations (HFFG) | Ghana

Muhsinzoda Gafur Muhsin
Ministry of Health and Social Protection | First Deputy Minister | Tajikistan

Fawziya Abikar Nur
Ministry of Health | Minister of Health and Human Services | Federal of the Republic of Somalia

Malik Muhammad Safi
Director General Health | Ministry of National Health Services, Regulation and Coordination, Government | Pakistan
Limited access to essential medicines is one of the key barriers to health. This is particularly true for the majority of low-and middle-income countries (LMICs). The barriers are varied and include weak health systems, no or lack of proper infrastructure, insufficient numbers of health workers, insufficient knowledge among health workers, no surveillance systems, lack of diagnostics. Price, of course, is a key barrier.

The price of patented medicines is becoming an increasing challenge in all countries, but in LMICs the proportion of healthcare spend on medicines is higher, at least a quarter and up to 67% of the entire healthcare budget, and this continues to increase. As a result, the price of medicines could make the implementation of Universal Health Coverage (UHC) unaffordable.

The answer to this challenge is to make medicines available and affordable, but the next question is how. A number of access models have been tried, including voluntary public health licensing, donation programs, tiered pricing, bilateral deals between originators and generic companies, and as a last resort compulsory or government licensing. The appropriateness of each model will depend on the specific circumstances but all should be judged against the major public health standards of transparency, sustainability, and benefit.
CHAIR

Charles Gore
Medicines Patent Pool (MPP) | Executive Director | United Kingdom

SPEAKERS

Graham Cooke
Imperial College | Wright-Fleming Institute | NIHR Research Professor of Infectious Diseases | United Kingdom

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

Maurine Murenga
Lean on Me Foundation | Executive Director | Kenya

Mariangela Simao
World Health Organization (WHO) | Assistant Director General, Access to Medicines, Vaccines and Pharmaceuticals

Marisol Touraine
Unitaid | Chair of the Executive Board
Cardiovascular disease represents one of the major threats to human health. As longevity and prosperity increase globally, changing nutrition and a more sedentary lifestyle drive increasing risk for acute and chronic cardiovascular disease. Whilst the costs for societies are steadily growing, research budgets and the emergence of new therapies do not keep pace. Consequently, the medical need and societal importance to advance both our understanding of fundamental pathomechanisms and to develop effective means to prevent and treat a ‘pandemic’ of heart failure and multiorgan damage associated with poor microvascular health is greater than ever before.

From the perspective of the individual, understanding the particular link between genetic predisposition, epigenetic imprinting of environmental and lifestyle related influences on cardiovascular tissues, and the specific manifestation or phenotypic spectrum appears to be paramount for the development of personalized and highly effective/tailored treatments. From a population perspective, however, understanding global correlations, risk factors and preventive opportunities as well as generic treatment opportunities for this systems-wide pathology, with particular attention to the differing conditions in the regions of the world appears the most urgent demand.

This workshop therefore aims to portray on the one hand state-of-the art science approaches that unravel the epidemiology and population genetics/genomics, risk factors and global treatment options to benefit ‘the many’ and on the other hand those that dig deeper into the disease mechanisms of the individual to optimally treat ‘the few’. Perspectives from international medical experts, epidemiologists, experimental researchers and pharma industry leaders will shape the discussion on emerging issues in cardiovascular health research.
CHAIRS

Holger Gerhardt
Max Delbrück Center for Molecular Medicine in the Helmholtz Association (MDC) | Head of Integrative Vascular Biology | Germany

Joël Ménard
University of Paris Descartes | Emeritus Professor of Public Health | France

SPEAKERS

Ann Aerts
Novartis Foundation | Head | Switzerland

Sir Rory Edwards Collins
University of Oxford | Clinical Trial Service Unit | Professor of Medicine and Epidemiology | United Kingdom

Gina Portella
EMERGENCY | Medical Division Coordinator | Italy

Karen Sliwa-Hahnle
The Hatter Institute for Cardiovascular Research in Africa | Director | South Africa
Even pandemics with global dimensions have local and regional origins. This high-level event under the patronage of the German Federal Ministry for Economic Cooperation and Development (BMZ) and Charité Universitätsmedizin Berlin is therefore intended to gather and exchange international experience from the fight against these kinds of risks. An international and multisectoral expert panel will identify, present and discuss both technical principles and concrete operational measures from practice. As a result, a range of recommendations for future action will be formulated. Addressing the One Health approach, which especially in the course of the current pandemic, as multisectoral and holistic approach, has gained increasing attention, will be one practical example of the session.
CHAIR

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

SPEAKERS

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

Monique Eloit
OIE – World Organisation for Animal Health | Director-General |
France

Thomas C. Mettenleiter
Friedrich Loeffler Institute (FLI) | President |
Germany

Gerd Müller
Federal Ministry for Economic Cooperation and Development (BMZ) |
Federal Minister for Economic Cooperation and Development |
Germany
PANEL DISCUSSION

GOARN 2020: CHANGING THE FACE OF OUTBREAK SUPPORT
20 Years of Global Outbreak Alert and Response Network

HOSTS
Global Outbreak Alert and Response Network (GOARN)
Robert Koch Institute (RKI)
World Health Organization (WHO)

In April 2000, outbreak response partners—UN agencies, international and Non-Governmental Organizations, public health agencies, technical networks and academia—were brought together by WHO to set up the Global Outbreak Alert and Response Network (GOARN). Based on experience in the field, partners recognized the need to strengthen operational and technical coordination, and rapid deployment of multidisciplinary multi-agency response teams to support local communities and health authorities.

Over the past 20 years, achievements have been made in responding to major outbreak; and major challenges have been identified. In addition, the global landscape of outbreak response has become more multisectoral, with new regulations, agencies and networks having also been established. The numbers of partners and stakeholders has increased dramatically and international coordination and funding has become more complex. In all of this, keeping the affected communities at the centre of the response, has not always been easy, or successful.

The COVID-19 pandemic has a devastating impact on health, and on society; and presents unprecedented challenges for countries, international coordination, and solidarity. GOARN partners and technical networks are heavily involved directly in domestic and international response to the COVID-19 pandemic.

This panel debate will bring together representatives of GOARN partners and networks to reflect the highly interconnected multidisciplinary and operational nature of outbreak response.
Most importantly, the panel will discuss the major operational gaps and technical challenges that have been exposed by the pandemic; the steps needed now as our pandemic response evolves, and to accelerate national and global preparedness and rapid response for further emerging disease threats.

For GOARN, this panel will be part of a developing process of review and improvement in technical and operational areas of global pandemic prevention, preparedness, and response, and will help direct how GOARN will contribute to the COVID-19 pandemic response, and to future similar events.

**CHAIRS**

**Dale Andrew Fisher**  
World Health Organization (WHO) | Global Outbreak Alert and Response Network | Chair

**Johanna Hanefeld**  
London School of Hygiene and Tropical Medicine | Lead LSHTM Berlin and Associate Professor Health Policy and Systems | Germany

**SPEAKERS**

**Omar Abdi**  
UNICEF | Deputy Executive Director for Programmes

**Emanuele Capobianco**  
International Federation of Red Cross and Red Crescent Societies (IFRC) | Director Health and Care | Switzerland

**Xiaoping Dong**  
Chinese Center for Disease Control and Prevention (China CDC) | Center for Global Public Health | Director | China

**Rebecca Martin**  
Centers for Disease Control and Prevention (CDC) | Center for Global Public Health | Director | United States of America

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

**Amadou Sall**  
Institut Pasteur de Dakar | Director | Senegal

**Micaela Serafini**  
Médecins Sans Frontières (MSF) | Task Force Leader – Access to COVID-19 Tools | Germany
Global migration is one of the most compelling human experiences of our time. It has increased as a result of conflict, persecution, environmental degradation and change, and a profound lack of human security and opportunity. The IOM estimates that currently 278 million people (approximately 1 in every 30) are international migrants. Global displacement reported by UNHCR includes nearly 80 million being forced from their homes as a result of persecution, conflict or generalized violence. The number of refugees is estimated currently at more than 26 million, 68% coming from Afghanistan, Myanmar, South Sudan, the Syrian Arab Republic and Venezuela. The UNHCR also has information for 3.9 million stateless people, although there may be many more denied nationality and access to basic rights such as education, health care, employment and freedom of movement. Refugees and migrants remain among the most vulnerable members of society despite existing and ratified international human rights standards and conventions that protect the rights of refugees and migrants—including their right to health—many lack access to health services and financial protection in health for themselves and their family members. They often suffer from discriminatory migration policies and have limited access to health and social services despite being exposed to many health risks, including exploitation, dangerous working and substandard living conditions.

COVID-19 has shown us that our health system is as strong as our weakest link. Investing in the health of refugees and
migrants is therefore key to not only controlling and managing the pandemic but addressing the health needs of migrants improves their health and integration and advances global public health and UHC.

In this session, after an update from the European Commissioner for Home Affairs about the recent regulations of the European Union related to immigration, well known experts in the field will present and discuss migrant and refugee health issues in Europe and beyond.

**CHAIR**

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

**SPEAKERS**

**Ibrahim Abubakar**
UCL Institute for Global Health (IGH) | Director | United Kingdom

**Ylva Johansson**
European Commission | European Commissioner for Home Affairs | Belgium

**Dominique Kerouedan**
Sciences Po Paris | Concentration in Global Health | Founder, Lecturer and Scientific Advisor | France

**Akihiro Seita**
UNRWA | Health Department | Director of the Department

**Santino Severoni**
World Health Organization (WHO) | Director of Health and Migration Program
Giving primary prevention a key role is one of the main lessons that can already be drawn from the management of the COVID-19 health crisis. High population acceptance of primary prevention measures and high-quality primary care is essential to keep hospital care systems functional and to save lives. Only collective behavior changes can lead to substantial health impact. In analogy to women cancers and NCD in general, primary prevention such as HPV vaccination and screening programs by innovative testing technologies are known to be effective. However, this will reduce hospital care workload only if collective health behavior changes are achieved and high-quality primary care services are accessible for all.

In the post COVID-19 era, hospital care systems will be overwhelmed because of major backlogs in the management of non-COVID-19 related health conditions. This will be most relevant in low- and middle-income countries. It is the right timing to use the momentum of the COVID-19 crisis for a paradigm change in health systems design where primary prevention and innovative primary health care systems will play a prominent role by building upon experiences from the women health agenda.

The mandate given to national governments by the UN General Assembly to develop stepwise universal health coverage is a great challenge and requires an adaptation of health agendas. The post
COVID-19 era is a unique opportunity to increase aid effectiveness by overcoming institutional barriers between the operating health agencies national governments, NGOs, and academia. Innovation in knowledge transfer will enable the development of a global community of healthcare providers who will lead the necessary changes in primary care level and where women health will spearhead health system changes.

**CHAIRS**

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

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

**SPEAKERS**

**Teresa Graham**  
Roche Pharmaceuticals |  
Head of Global Product Strategy |  
Switzerland

**Shannon Hader**  
Joint United Nations Programme on HIV and AIDS (UNAIDS) |  
Deputy Executive Director

**Anja Langenbuecher**  
Gates Foundation |  
European Office | Director |  
Germany

**Princess Nothemba Simelela**  
World Health Organization (WHO) |  
Special Advisor to the Director-General, Strategic Programmatic Priorities
The fight against falsified and substandard medicines in low- and middle-income countries (LMICs) is a major challenge. With constrained access to essential medicines, weak technical capacity for medicine quality assurance and control, and challenges in appropriate governance both in health care facilities and in national medicines regulatory authorities, many LMICs show the conditions which WHO has identified as favoring the occurrence of substandard and falsified medicines. Additionally, the COVID-19 crisis led to a disruption of the production and supply chains of medicines worldwide, and some countries stopped the export of medicines. Newly developed medicines and vaccines against COVID-19 will be in very high demand. All this creates increased opportunities for the distribution of falsified medicines by criminals.

In this session we will try to assess the situation from the viewpoints of different stakeholders, and discuss possible strategies to counteract the proliferation of falsified medicines, with a focus on Africa.
CHAIR

Lutz Heide
Eberhard Karls University Tuebingen | Professor of Pharmaceutical Biology | Germany

SPEAKERS

Moji Christianah Adeyeye
National Agency for Food & Drug Administration and Control (NAFDAC) | Director-General | Nigeria

Karim Bendhaou
Merck | Head of Africa Bureau | Germany

Pierre Claver Kayumba
National University of Rwanda | Faculty of Medicine | Senior Lecturer and Researcher | Rwanda

Richard Neci
Ecumenical Pharmaceutical Network (EPN) | Executive Director | Kenya

Sachiko Ozawa
University of North Carolina | Eshelman School of Pharmacy | Associate Professor | United States of America
Even pandemics with global dimensions have local and regional origins. This high-level event under the patronage of the German Federal Ministry for Economic Cooperation and Development (BMZ) and Charité Universitätsmedizin Berlin is therefore intended to gather and exchange international experience from the fight against these kinds of risks. An international and multisectoral expert panel will identify, present and discuss both technical principles and concrete operational measures from practice. As a result, a range of recommendations for future action will be formulated. Addressing the One Health approach, which especially in the course of the current pandemic, as multisectoral and holistic approach, has gained increasing attention, will be one practical example of the session.
CHAIR

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

SPEAKERS

Andrea Ammon
European Centre for Disease Prevention and Control (ECDC) | Director | Sweden

Gerd Müller
Federal Ministry for Economic Cooperation and Development (BMZ) | Federal Minister for Economic Cooperation and Development | Germany

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

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Elhadj As Sy
Kofi Annan Foundation | Chair of the Board | Switzerland
The 25 years since the visionary Beijing Declaration and Platform for Action for Women have seen dramatic changes globally. While there has been important, albeit chequered, progress on some fronts, new challenges have emerged, including the current COVID-19 pandemic. Demographic, epidemiological, technological and socio-economic transitions have evolved the nature of risks and drivers of women’s health, their access to healthcare services, experience of ill health and quality of life. Climate change, migration, and humanitarian crises are precipitating new risk factors. Rapid urbanization, greater economic participation of women and rising socio-economic inequalities coupled with advances in health and medical technologies are affecting women’s health and underlying gender inequalities in different ways.

At the same time, the concerns outlined 25 years ago remain deafeningly relevant for women’s and girls’ health. Millions of women continue to have an unmet need for contraceptives, for example, and adolescent girls still lack sufficient information or quality services to prevent pregnancies, STIs or HIV. This unfinished agenda highlights the lack of real political commitment to women’s health and gender equality, as well as the power of the conservative backlash. The COVID-19 pandemic has heightened many of women’s health risks, in particular for women healthcare providers, survivors of violence, and women with unintended pregnancies. It has also exacerbated the burden of formal and informal care placed on women and girls. This session will draw on evidence and lessons on advancing women’s health since Beijing
to rethink how to better meet their needs, now and in a post-COVID-19 world.

Based on a series of papers commissioned by the British Medical Journal, as part of a joint collection with the United Nations University and the World Health Organization, panelists will reflect on progress, emerging opportunities, risks, and a forward-looking agenda for women and health towards 2030 and beyond.

**CHAIR**

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

**SPEAKERS**

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

**Claudia Garcia-Moreno**  
World Health Organization (WHO) |  
Department of Sexual and Reproductive Health and Research |  
Unit Head

**Asha George**  
University of the Western Cape |  
School of Public Health |  
Professor |  
South Africa

**Paul Simpson**  
The British Medical Journal |  
International Editor |  
United Kingdom

**Lavanya Vijayasingham**  
United Nations University |  
International Institute for Global Health |  
Postdoctoral fellow |  
Malaysia
The UN General Assembly 75 has seen extraordinary commitments expressed by many leaders for SDG achievement and global health. The warnings by the UN Secretary General and the Director-General of the World Health Organization (WHO) on the need to support for global cooperation and multilateralism must be heeded at a time when in many countries public trust in traditional institutions is in decline and human rights are disregarded. As relations between countries come under strain, dialogue and action on global issues—nearly all of which directly and indirectly affect health—could not be more urgent. How do we support the UN in its aim to build a global vision of 2045 (its centenary) and support enhanced international cooperation to realize that vision.
CHAIR

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

SPEAKERS

Inger Ashing
Save the Children International | CEO | United Kingdom

Michelle Bachelet
United Nations | High Commissioner for Human Rights

Seth Berkley
Gavi, the Vaccine Alliance | CEO | Switzerland

Rafael Mariano Grossi
International Atomic Energy Agency | Director-General

Natalia Kanem
United Nations Population Fund (UNFPA) | Executive Director

Bernhard Schwartländer
World Health Organization (WHO) | Chief of Staff
Digital Health and Artificial Intelligence (AI) are the future of health protection, delivery and emergency management. Like HIV/AIDS in 2000 and the Ebola and Zika outbreaks in 2014 and 2016, the novel coronavirus pneumonia (COVID-19) pandemic is a defining moment in global health security leadership. Marshalling a concerted global and regional effort for risk, resilience, response, reconstruction and recovery must this time include full multi-stakeholder engagement as essential to pandemic preparedness in the digital era. This will extend to future essential innovative funding mechanisms, R&D networks and Centers of Excellence. China’s COVID-19 response employed a strengthened national health system after the SARS 2003 and H1N1 2009 outbreaks, and widespread use of ubiquitous mobile and digital health and finance technologies in government and business partnership. All lack global standardization today, and COVID-19 has shockingly laid bare the fragmentation and chronic under-funding of national health systems across the world. Employing winning strategies with amplified ambition needs to be defined and disseminated for shared use at scale in the current planetary pandemic and beyond. COVID-19 is much more than a wake-up call for systemic and sustainable digital health ecosystem transformation. It has cruelly exposed the chasm in mind-sets and modalities between not only the global health and financial communities, but also between global technology and pharmaceuticals industries. WHO, UN Member States, civil society and the private sector must radically rethink their anemic and anachronistic stratagems for pandemic preparedness, UHC 2030 and Chronic NCDs in the Digital Economy & Society of the 21st Century.
CHAIR

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

SPEAKERS

George F. Gao
Chinese Center for Disease Control and Prevention | Director | China

Florence Gaudry-Perkins
Digital Health Partnerships (DHP) | Founder & CEO | France

Joann O’Brien
TM Forum | Digital Ecosystems | Vice President | United States of America

Bernd Ohnesorge
Siemens Healthineers AG | President EMEA | Germany

Soumya Swaminathan
World Health Organization (WHO) | Chief Scientist

Denis Gilhooly

Joann O’Brien

Florence Gaudry-Perkins

Bernd Ohnesorge

Soumya Swaminathan
In the wake of COVID-19, the need for concerted action for health in Europe led the European Commission to propose an ambitious program for health for 2021–2028. There is little doubt that to address the needs in health, whether pandemic preparedness, chronic disease, child health or environment, global and multi-sectoral collaboration is necessary. MEPs and major organizations have called for European leadership in health, addressing inequity in Europe and bridging health, research and innovation. A European Council for Health Research as a multi-stakeholder platform could be a first step. Panel members will discuss potential scenarios on the road to a European Health Union.
CHAIRS

Laurent Degos  
French Academy of Science | Corresponding Member | France

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

SPEAKERS

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

Hans Hofstraat  
Philips Research | Vice President Research | The Netherlands

Susanna Palkonen  
EFA - European Federation of Allergy and Airways Diseases Patients’ Associations | Director | Belgium

John-Arne Røttingen  
Chief Executive | Research Council | Norway
Members of Young Academies and similar early to mid-career scientist networks share their perspectives and responses to the coronavirus pandemic. Speakers will give a concise input in the format of a lightning talk. Each lightning talk will provide a defined input to create a common basis for discussion, which will be a key element of the session to hear New Voices in Global Health among the audience and speakers.
CHAIRS

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

Arya Shalini Subash  
Global Young Academy |  
Executive Committee Member | India

Wibool Piyawattanametha  
Global Young Academy |  
Alumnus | Thailand

SPEAKERS

Monir Ahmed  
Global Young Academy |  
Qassim University |  
Department of Medical Laboratories | Assistant Professor | Saudi Arabia

Shymaa Enany  
Egyptian Young Academy of Sciences |  
Suez Canal University |  
Department of Microbiology and Immunology | Associate Professor | Egypt

Sri Fatmawati  
Indonesian Young Academy of Sciences |  
Institut Teknologi Sepuluh Nopember | Department of Chemistry | Lecturer | Indonesia

Abul Bashar Mir Md Khademul Islam  
National Young Academy of Bangladesh |  
University of Dhaka | Department of Genetic Engineering and Biotechnology | Associate Professor | Bangladesh

Paramdeep Singh  
Indian National Young Academy of Science |  
Baba Farid University of Health Sciences | Department of Radiology | Associate Professor | India

Daniel De Jesus Limonta Velazquez  
Global Young Academy & Academy of Sciences for the Developing World Young Affiliate Alumnus |  
University of Alberta | Department of Cell Biology | Postdoctoral Fellow | Canada
The Global Action Plan for Healthy Lives and Well-Being for All brings together 12 multilateral health, development, and humanitarian agencies to better support countries and accelerate progress towards health-related Sustainable Development Goals. Under the Global Action Plan, the agencies are better aligning their work to reduce inefficiencies and provide more streamlined support to countries and forums for international commitments to health, such as the UN High-Level Meeting on Universal Health Coverage and the Astana Conference on Primary Health Care. At the World Health Summit, representatives of the signatory agencies will present updates on the Action Plan, and its challenges and successes.
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

Jeremy Farrar
Wellcome Trust | Director | United Kingdom

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

Muhammad Pate
Global Financing Facility (GFF) | Director | United States of America

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

Marisol Touraine
Unitaid | Chair of the Executive Board

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

Tedros Adhanom Ghebreyesus
Muhammad Pate
Jeremy Farrar
Peter Sands
Henrietta H. Fore
Marisol Touraine
Ilona Kickbusch
GENERAL INFORMATION
GOOD TO KNOW

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. All sessions will be broadcast online; the links are available in the program.

CAPACITY LIMITS

Due to the pandemic-induced regulations regarding distancing and hygiene, 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.

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.

• Hygiene: Disinfectants are available throughout the venue
• Distance: At least 1.50 meter between individual participants in seating
• Masks: It is mandatory to wear a mouth and nose protection in the entire venue and at all times.

DIGITAL PARTICIPATION

You are cordially invited to take part in the World Health Summit 2020 digitally:

All sessions will be broadcast online with Q&A opportunities for all digital participants.

• Access is possible worldwide via PC, tablet, smartphone
• High reliability through load-balancing features for low-bandwidth situations
• Interactive formats through Q&A function, screen, and document sharing
• One proper entry link per session available in the program: www.conference.worldhealthsummit.org/Program/WHS2020

EMERGENCY NUMBERS (Germany)

Ambulance/Fire: 112
Police: 110

INTERNET

WiFi is available throughout the venue.

Network: WorldHealthSummit
Password: #WHS2020
MEDIA

The World Health Summit is fully open to the press, but due to COVID-19, 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.

End of Accreditation for on-site participation: Wednesday, Oct. 21: www.worldhealthsummit.org/media/accreditation.html

Digital participation is possible without accreditation via: www.worldhealthsummit.org or www.conference.worldhealthsummit.org/Program/WHS2020.

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. After the summit, unclaimed items will be held by the venue for a limited time only.

PARKING

Parking is available at the venue in an underground lot.

PEOPLE WITH DISABILITIES

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

PROGRAM CHANGES

The program is subject to changes due to unforeseen circumstances. Please check the interactive online program planner on our website for regular updates.
www.conference.worldhealthsummit.org/Program/WHS2020

REGISTRATION

The registration desk is open during the following times:
Sunday, October 25 9:00 – 17:30
Monday, October 26 8:00 – 18:00
Tuesday, October 27 8:00 – 18:00

SOCIAL MEDIA

#WHS2020
Follow us on
www.twitter.com/worldhealthsmt
www.facebook.com/worldhealthsummit
www.linkedin.com/company/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 25 10:00 – 18:00
Monday, October 26 8:00 – 18:00
Tuesday, October 27 8:00 – 18:00

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 a health capital reflects a 300-year tradition as a healthcare and scientific centre. More than a dozen Nobel Prize winners worked here, including researchers such as Rudolf Virchow and Robert Koch. One of Berlin’s most famous medical institutions is the renowned Charité, Europe’s largest university hospital and one of Germany’s leading hospitals. World-renowned scientists of the Charité cooperate closely with recognised research organisations such as the Massachusetts Institute of Technology in Boston. The Berlin Institute of Health is an important third pillar alongside health care and the medical faculty. The aim is to transfer the research results from the laboratory to clinical care as quickly as possible and thus to provide patients in Berlin with the best possible care.

Other outstanding hospitals are the German Heart Centre—a top-level hospital for heart and vascular diseases under the leadership of world famous heart surgeon Professor Dr. med. Volkmar Falk, or Vivantes—with its nine clinics and several rehabilitation centres being Germany’s largest 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.

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 represented in Berlin, and successful technology parks like the tech-hub Adlershof or biotech park Campus Berlin-Buch are established here.

More information at www.berlin-health-excellence.com
BERLIN—
CAPITAL OF CULTURE

Apart from the excellent quality of medical services in Berlin, the city’s many green spaces, parks and leisure amenities offer high-quality relaxation to support a patients’ recovery. The German capital is also well known for its diversity of cultural events and venues.

Berlin’s museums and galleries offer everything, from ancient art to world-class old masters and avant-garde design, from classical opera to musicals and pop concerts. Culture and art enthusiasts can admire outstanding works from down the centuries to today’s cutting-edge art styles. The five museums on the Museum Island in the historic city centre are home to world-renowned collections. Here, you can admire exceptional treasures and artefacts from 3,000 years of human history—for example, in the Neues Museum with the famous bust of Nefertiti. In contrast, the nearby 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 Berlin marked a very special centenary. In 1920, modern Berlin was created more or less overnight. Formed from eight towns and numerous local authorities, Greater Berlin became the world’s second largest metropolitan city after New York. In 2020, Berlin has held various exhibitions to celebrate this centenary, including Chaos & Renewal—Berlin 1920/2020 in the Märkisches Museum and 100 Years of (Greater) Berlin: An Uncompleted Project in the Kronprinzenpalais. These exhibitions not only showcase the historical event, but create an arc to present-day Berlin and present visions of the future city.

In December this year, the new Humboldt Forum in the reconstructed Berlin Palace is opening its first sections to the public, including an exhibition on the history of the site and the Schlosspassage with the museum shop. The Asian Art Museum and the Ethnological Collections are scheduled to open in 2021. Not only will the new Humboldt Forum then be showing world-class cultural works, but this will also complete Berlin Mitte, the cultural heart of the city.

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.
The World Health Summit Scientific Committee consists of the M8 Alliance Executive Committee (see page 140) and selected members of the World Health Summit Council.

**CO-CHAIRS**

**STEFAN KAUFMANN**
Director Emeritus
Max Planck Institute for Infection Biology, Germany

**DETLEV GANTEN**
President
World Health Summit, Germany

**MEMBERS**

**TILL BÄRNIGHAUSEN**
Director
Heidelberg Institute of Global Health, Germany

**DETLEV GANTEN**
President
World Health Summit, Germany

**CARLOS SANTOS**
Chairman of the Board of Directors
Coimbra University Hospital Center, Portugal

**THOMAS METTENLEITER**
President
Institute of Molecular Virology and Cell Biology, Friedrich-Loeffler-Institut, Germany
COUNCIL

CO-CHAIRS

ILA ALWAN
University of Washington, Department of Global Health

RALF ATUN
Harvard T.H. Chan School of Public Health

TIL BÄRNIGHAUSEN
Heidelberg University

GUNTER BEGNER
German Federal Ministry for Economic Cooperation and Development

INGO BEHNEL
German Federal Ministry of Health

CHRISTOPH BEIER
Deutsche Gesellschaft für Internationale Zusammenarbeit

CHRISTOPH BENN
Director Global Health Diplomacy, The Joep Lange Institute

TOBIAS BERGNER
German Federal Foreign Office

ARNAUD BERNARDET
World Economic Forum

CATHERINE BÖHME
Foundation for Innovative New Diagnostics

THOMAS B. CUNNI
Int. Federation of Pharmaceutical Manufacturers & Associations (IFPMA)

MEMBERS

MANFRED DIETEL
Charité - Universitätsmedizin Berlin

KLAUS DUGI
Ferring Pharmaceuticals

TIMOTHY EVANS
World Bank

ROLAND GÖHDE
GHA - German Health Alliance

JÖRG HACKER
German National Academy of Sciences Leopoldina (until 2020)

SHANNON HADER
UNAIDS

ANDREW HAINES
London School of Hygiene & Tropical Medicine

ALEXANDER HEWER
Klinikum Stuttgart

ZSUZSANNA JAKAB
World Health Organization

ASHISH JHA
Brown University

STEFFAN KAUFMANN
Max Planck Institute for Infection Biology

SUSANNA KRÜGER
Save the Children Germany

BÄRBEL KURTH
Robert Koch Institute

STEVE LANDRY
Bill & Melinda Gates Foundation

YVES LEVY
French Institute of Health and Medical Research Inserm (until 2018)

MARION LIESER
Oxfam Germany

KLAUS LINDPAINTNER
InterVenn Biosciences

JÜRGEN MLYNEK
Falling Walls Foundation

MATSHIDISO REBECCA MOETI
World Health Organization

BERND MONTAG
Siemens Healthineers

ARNAUD BERNAERT
World Economic Forum

CATHERINE BÖHME
Foundation for Innovative New Diagnostics

THOMAS B. CUNNI
Int. Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
AMBASSADORS

HEINZ RIEDERER
iNG innovation. Nachhaltigkeit.
Gesundheit

MAIKE RÖTTGER
Association Development and
Humanitarian Aid

MATTHIAS SCHELLER
Albertinen-Diakoniewerk

HANS J. SCHELLNHUBER
Potsdam Institute for
Climate Impact Research
(.until 2018)

GÜNTER STOCK
ALLEA - All European
Academies

VERONIKA VON MESSLING
German Federal Ministry
of Education and Research

LOTHAR WIELER
Robert Koch Institute

EDELGARD BULMAHN
Former Federal Minister
of Education and Research
Germany

MANFRED DIETEL
Former Director
Institute of Pathology,
Charité – Universitätspmediizin Berlin,
Germany

ECKART VON
HIRSCHHAUSEN
Physician,
TV Host, Comedian
Germany

MICHAEL RABBOW
Senior Advisor
E&P Focus Africa
Consulting,
Germany

HEINZ RIEDERER
Managing Director
iNG innovation.
Nachhaltigkeit.
Gesundheit,
Germany

REINHARD SCHÄFERS
Former Ambassador
Federal Republic
of Germany

ANSGAR TIETMEYER
Former Head
of Public Affairs
Deutsche Bank AG,
Germany

CHARLES YANKAH
Chairman
Afrika Kulturinstitut e.V.,
Berlin, Germany
EXECUTIVE COMMITTEE

CHARLES IBINGIRA
International President 2020 & 2021
Principal
Makerere University
College of Health Sciences, Uganda

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

EUGENIO GAUDIO
International President 2022
Rector
Sapienza University of Rome, Italy

AXEL RADLACH PRIES
Dean
Charité - Universitätsmedizin Berlin, Germany

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

BEN CANNY
Former Head
School of Medicine, University of Tasmania, Australia

ALI JAFARIAN
Former Chancellor
Tehran University of Medical Sciences, Iran

TARCÍSIO ELOY PESSOA DE BARROS FILHO
Dean
Faculty of Medicine, University of Sao Paulo, Brazil
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position/Title</th>
<th>Institution/Institutional Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>CHRISTINA MITCHELL</td>
<td>Dean</td>
<td>Monash University, Melbourne</td>
</tr>
<tr>
<td>Brazil</td>
<td>TARCÍSIO ELOY PESSOA DE BARROS FILHO</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Sao Paulo</td>
</tr>
<tr>
<td></td>
<td>EDUARDO KRIEGER</td>
<td>Former President</td>
<td>Brazilian Academy of Sciences</td>
</tr>
<tr>
<td>Canada</td>
<td>PATRICK COSSETTE</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Montreal</td>
</tr>
<tr>
<td></td>
<td>MAX FEHLMANN</td>
<td>President and Scientific Director</td>
<td>Montreal Clinical Research Institute</td>
</tr>
<tr>
<td>China</td>
<td>XUETAO CAO</td>
<td>President</td>
<td>Chinese Academy of Medical Sciences &amp; Peking Union Medical College</td>
</tr>
<tr>
<td></td>
<td>DEPEI LIU</td>
<td>Co-Chair</td>
<td>InterAcademy Partnership (IAP)</td>
</tr>
<tr>
<td>France</td>
<td>GÉRARD FRIEDLANDER</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Paris Descartes</td>
</tr>
<tr>
<td></td>
<td>FRANCOIS HOULLIER</td>
<td>Acting President</td>
<td>Université Sorbonne Paris Cité</td>
</tr>
<tr>
<td>Germany</td>
<td>HEYO KROEMER</td>
<td>Chief Executive Officer</td>
<td>Charité – Universitätsmedizin Berlin</td>
</tr>
<tr>
<td></td>
<td>AXEL RADLACH PRIES</td>
<td>Dean</td>
<td>Charité – Universitätsmedizin Berlin</td>
</tr>
<tr>
<td>Iran</td>
<td>ALI JAFARIAN</td>
<td>Former Chancellor</td>
<td>Tehran University of Medical Sciences</td>
</tr>
<tr>
<td></td>
<td>AMIRHOSSEIN TAKIAN</td>
<td>Chair</td>
<td>Department of Global Health and Policy, Tehran University of Medical Sciences</td>
</tr>
<tr>
<td>Italy</td>
<td>EUGENIO GAUDIO</td>
<td>Rector</td>
<td>Sapienza University of Rome</td>
</tr>
<tr>
<td></td>
<td>LUCIANO SASO</td>
<td>Vice-Rector for European University Networks</td>
<td>Sapienza University</td>
</tr>
<tr>
<td>Japan</td>
<td>SHUNICHI FUKUHARA</td>
<td>Former Dean</td>
<td>School of Public Health, Kyoto University</td>
</tr>
<tr>
<td>Portugal</td>
<td>AMÍLCAR FALCÃO</td>
<td>Rector</td>
<td>University of Coimbra</td>
</tr>
<tr>
<td></td>
<td>DUARTE NUNO VIEIRA</td>
<td>Dean</td>
<td>Faculty of Medicine, University of Coimbra</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>IVAN DEDOV</td>
<td>President</td>
<td>Russian Academy of Medical Sciences</td>
</tr>
<tr>
<td></td>
<td>EVGENY SIDORENKO</td>
<td>Vice-President</td>
<td>Russian Academy of Medical Sciences</td>
</tr>
<tr>
<td>Singapore</td>
<td>JOHN EU-LI WONG</td>
<td>Chief Executive Officer</td>
<td>National University Health System</td>
</tr>
<tr>
<td></td>
<td>KHAY GUAN YEOH</td>
<td>Dean</td>
<td>Yong Loo Lin School of Medicine, National University of Singapore</td>
</tr>
<tr>
<td></td>
<td>TEO YIK YING</td>
<td>Vice-Dean (Research)</td>
<td>Saw Swee Hock School of Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National University of Singapore</td>
</tr>
<tr>
<td>Country</td>
<td>Name</td>
<td>Title/Position</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>ANTOINE FLAHAULT</td>
<td>Director Institute of Global Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CEM GABAY</td>
<td>Dean Faculty of Medicine, University of Geneva</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BERTRAND LEVRAT</td>
<td>Chief Executive Officer Geneva University Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VINH-KIM NGUYEN</td>
<td>Director Global Health Center, The Graduate Institute Geneva</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICOLE ROSSET</td>
<td>Deputy Director Geneva University Hospitals, External Affairs and Executive Management Member</td>
<td></td>
</tr>
<tr>
<td>Taiwan</td>
<td>CHANG-CHUAN CHAN</td>
<td>Associate Dean National Taiwan University</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>MAHMET AK</td>
<td>Rector Istanbul University</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BAHÄÜDDIN ÇOLAKOĞLU</td>
<td>Dean Istanbul University, Faculty of Medicine</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>CHARLES IBINGIRA</td>
<td>Principal Makerere University College of Health Sciences</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>DEBORAH ASHBY</td>
<td>Director of the School of Public Health Imperial College London</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PETER PIOT</td>
<td>Director London School of Hygiene &amp; Tropical Medicine</td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>ADNAN HYDER</td>
<td>Senior Associate Dean for Research Milken Institute School of Public Health at George Washington University</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MICHAEL J. KLAG</td>
<td>Former Dean Johns Hopkins Bloomberg School of Public Health, Baltimore</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELLEN MACKENZIE</td>
<td>Dean Johns Hopkins Bloomberg School of Public Health, Baltimore</td>
<td></td>
</tr>
<tr>
<td>International Associations</td>
<td>STEVEN L. KANTER</td>
<td>President &amp; CEO Association of Academic Health Centers (AAHC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ANN KURTH</td>
<td>Chair Consortium of Universities for Global Health (CUGH)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LEONEL VALDIVIA</td>
<td>President World Federation of Academic Institutions for Global Health (WFAIGH)</td>
<td></td>
</tr>
<tr>
<td>Individual Members</td>
<td>RIFAT ATUN</td>
<td>Director Global Health Systems Cluster, Harvard T.H. Chan School of Public Health, USA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BEN CANNY</td>
<td>Former Head School of Medicine, University of Tasmania, Australia</td>
<td></td>
</tr>
</tbody>
</table>
### SPEAKERS INDEX

#### A
- Abdi, Omar 109
- Abdullah, Khairul 75
- Abubakar, Ibrahim 111
- Addo, Marylyn 85
- Adewara, Funmi 93
- Adeyeye, Mojo Christianah 115
- Adomakoh, Nicholas 23
- Aerts, Ann 105
- Agbega, Christopher 93
- Agyeman-Manu, Kwaku 101
- Ahmed, Monir 127
- Ali, Hera 77
- Allotey, Pascale 119
- Ammon, Andrea 31, 41, 117
- Amuasi, John 65, 85, 89
- Annen, Niels 59
- Ashing, Inger 121
- Asiedu-Bekoe, Franklin 27
- Ayakaka, Irene 83
- Azadzoy, Hila 45

#### B
- Bachelet, Michelle 121
- Balaji, Lakshmi Narasimhan 37
- Balasegaram, Manica 23
- Baptista Leite, Ricardo 21, 45, 93
- Baum, Christopher 39
- Bendhaou, Karim 115
- Berankytė, Ieva 77
- Berkley, Seth 121
- Bethell of Romford, Lord 87
- Beyer, Peter 25
- Bhola, Mukul 61

#### C
- Caleffi, Maira 69
- Campbell, Jim 33
- Campe, Sabine 29
- Capobianco, Emanuele 109
- Capon, Tony 89
- Chan, Chang-Chuan 57
- Chan, Margaret 57, 99
- Charmeil, Olivier 41
- Chataway, Mark 41
- Chopra, Supriya 81
- Cocero, Nanette 51
- Collins, Sir Rory Edwards 105
- Colombo, Francesca 21, 47, 87, 99
- Cooke, Graham 103
- Costa, Alex 23
- Cubelo, Floro 33
- Cueni, Thomas 79, 87

#### D
- Dalil, Suraya 101
- Davies, Dame Sally 25, 55
- Debré, Patrice 49
- Degos, Laurent 125
- De Paula, Nicole 77
- de Szolnok, Jean Scheftsik 65
- de Witte, Bart 21
- Dhatt, Roopa 99
- Dirnagl, Ulrich 21, 39
- Dong, Xiaoping 109
- Doole, Claire 23
- Doyle, Yvonne 71
- Draghia-Akli, Ruxandra 43
- Drosten, Christian 71, 79, 107, 125
- Dzau, Victor J. 43

#### E
- Ehlers, Stefan 85
- El-Fadil, H.E. Amira El-Fadil Mohammed 61
- Eloot, Monique 107
- El Omrani, Omnia 77
- Enany, Shymaa 77, 127

#### F
- Farrar, Jeremy 129
- Fatmawati, Sri 127
- Fears, Robin 75
- Fisher, Dale Andrew 109
- Fitchet, Martin 57
- Flachsbarth, Maria 65, 107, 117
- Fore, Henrietta H. 129
- Forland, Frode 71
- Foster, Juliette 61
- Frieden, Tom 79
- Frohloff, Astrid 87

#### G
- Gabrysch, Sabine 59, 89
- Gantar, Tomaž 67
- Ganten, Detlev 47, 51
- Gao, George F. 31, 123
- Garcia-Moreno, Claudia 119
- Garm, Thomas 25
- Ghebreyesus, Tedros Adhanom 51, 55, 129
- Ghosh, Shiulie 69
- Gilhooly, Denis 123
- Gill, Amandeep Singh 55
- Göhde, Roland 45
- Goldacre, Ben 39
- Gore, Charles 103
- Gostin, Lawrence O. 35
- Graham, Teresa 69, 113
- Grossi, Rafael Mariano 81, 121
- Guterres, António 51
| H | Hader, Shannon 113  |
| Haines, Sir Andrew 59, 75  |
| Hanefeld, Johanna 63, 109  |
| Harrison, Jim 91  |
| Hatchett, Richard 43  |
| Haug, Gerald 89  |
| Heide, Lutz 115  |
| Heyder, Ralf 49  |
| Hillware, Sarah 99  |
| Hofstraat, Hans 125  |
| Hörauf, Achim 63, 83  |
| Htwe, H.E. Myint 61  |
| Hudson, Paul 51  |
| Huxley, Rachel 59  |
| Hyder, Adnan A. 57  |
| I | Ibbotson, Geoffrey 91  |
| Ibingira, Charles 51  |
| Iro, Elizabeth 33  |
| Islam, Abul Bashar Mir Md Khademul 127  |
| Iyer, Jayasree K. 29, 79, 103  |
| J | Jafarian, Ali 91  |
| Janušonytė, Eglė 77  |
| Jinks, Tim 87  |
| Johansson, Ylva 111  |
| K | Kanem, Natalia 121  |
| Katuta, Hon. Given 45  |
| Kaufmann, Stefan H.E. 43, 85  |
| Kayumba, Pierre Claver 115  |
| Kennedy, Annette 33  |
| Kerouedan, Dominique 111  |
| Kickbusch, Ilona 31, 67, 129  |
| Kieny, Marie-Paule 37  |
| Kinnair, Dame Donna 33  |
| Klapper, Bernadette 37  |
| Köhler, Carsten 83  |
| Kohler, Stefan 127  |
| Krause, Gérard 27  |
| Kurzai, Oliver 73  |
| Kyriakides, Stella 55  |
| L | Langenbucher, Anja 113  |
| Larsson, Joakim 25  |
| Leitner, Carl 27  |
| Liu, Depei 43  |
| Lodunu-Senoo, Cecilia 101  |
| Logora, Makoy Yibi 83  |
| Lucchini, Marc-Antoine 93  |
| M | Malecela, Mwelecele Ntuli 83  |
| Mariano Jr., Bernardo 35, 55  |
| Martin, Rebecca 109  |
| Mattar, Caline 77  |
| McNeill, Jeremy 75  |
| Meara, John G. 91  |
| Mehnert, Anja 69  |
| Ménard, Joël 105  |
| Mestres, Isabel 69  |
| Mettenleiter, Thomas C. 73, 107  |
| Mikkelsen, Bente 61, 93  |
| Miller, Jeni 59  |
| Miribel, Benoit 47  |
| Mohammed, Bello Abubakar 81  |
| Montag, Bernd 35  |
| Monti, Roberto Francesco 95  |
| Muhsin, Muhsinzoda Gafur 101  |
| Müller, Gerd 107, 117  |
| Müller, Jürgen 41  |
| Munday, Dagmar 21  |
| Mundel, Trevor 43  |
| Murenga, Maurine 103  |
| N | Neci, Richard 115  |
| Neumaier, Michael 21  |
| Ngamije, H.E. Daniel 61  |
| Nimmegs, Ermel 23  |
| Nkengasong, John 31, 117  |
| Nobre, Carlos A. 59  |
| Nsiah-Asare, Anthony 65  |
| Nur, Fawziya Abikar 101  |
| Nurse, Joanna 57  |
| O | Obiero, Christina 23  |
| O’Brien, Joann 123  |
| Oelrich, Stefan 87  |
| Ohnesorge, Bernd 123  |
| Oni, Tolullah 37, 95  |
| Ozawa, Sachiko 115  |
| P | Palkonen, Susanna 125  |
| Pate, Muhammad 129  |
| Pickel, Birgit 63  |
| Piot, Peter 79  |
| Piyawattanametha, Wibool 127  |
| Portella, Gina 105  |
| Pulcini, Céline 25  |
| R | Rehfuess, Eva 71  |
| Reis, Andreas Alois 39  |
| Riehenbach, Dagmar 23  |
| Renshaw, Nina 93  |
| Reynolds, Teri 91  |
| Roche, Benjamin 89  |
| Røttingen, John-Arne 125  |
| Rupp, Jochen 49  |
| Ryan, Michael 109  |
| S | Sabino, Ester Cedeira 99  |
| Safi, Malik Muhammad 101  |
| Sall, Amadou 109  |
| Samad, Lubna 91  |
| Samiya, Aishath 55  |
| Sands, Peter 129  |
| Santos, Clara Cruz 95  |
Saso, Luciano 111
Schmid, Peter 73
Schmitt, Tugce 77
Schmutte, Caroline 63
Schwartländer, Bernhard 67,121
Seeberger, Peter H. 49
Sehouli, Jalid 113
Seita, Akihiro 111
Serafini, Micaela 109
Severoni, Santino 111
Seydoux, Stéphanie 31
Shah, Rajiv 55
Shaikh, Mujaheed 37
Sillanaukee, Päivi 35
Simão, Mariângela 103
Simelela, Princess Nothemba 113,119
Simón, Fernando 71
Simpson, Paul 119
Singh, Paramdeep 127
Sinkins, Steven 85
Sipido, Karin R. 125
Sliwa-Hahnle, Karen 105
Snower, Dennis J. 47
Sørensen, Kristin 37
Soucat, Agnés 47
Spahn, Jens 67
Starke, Dagmar 27
Steinmeier, Frank-Walter 51
Stoffels, Paul 29
Stoltenberg, Camilla 65
Strech, Daniel 39
Streeck, Hendrik 45
Subash, Arya Shalini 127
Sunder, Wolfgang 73
Swaminathan, Soumya 43,55,71,117,123
Sy, Elhadj As 99,117
Szlamka, Zsófia 77
Takian, Amirhossein 57
Tanden, Neera 95
Temido, Marta 67
Ter Meulen, Volker 75
Torode, Julie 81
Touraine, Marisol 103,129
Ullmann, Andrew 45
Ullrich, Andreas 113
Vaïsse, Justin 95
Vayena, Effy 35
Vehviläinen-Julkunen, Katri 33
Velaphi, Sithembiso 23
Velazquez, Daniel De Jesus Limonta 127
Véran, Olivier 41
Vijayasingham, Lavanya 119
Vives, Lauro 27
Von Baumbach, Hubertus 61
Von der Leyen, Ursula 51
Waltz, Johannes 83
Waqaínabete, H.E. Ifereimi 91
Wenham, Clare 99
Were, Miriam K. 55
Wieler, Lothar H. 31,41,65,73
Wilson, Dow R. 81
Winkler, Andrea 65,89
Witty, Sir Andrew 29
Wright, Caradee 75
Zou’bi, Moneef R. 95
INSTITUTIONS INDEX

A
AO Alliance Foundation 90
Association of Academies and Societies of Sciences in Asia (AASSA) 74
Association of Research-based Pharmaceutical Companies (vfa) 82,114

B
Berlin Institute of Health (BIH) 38,48
Boehringer Ingelheim Pharma GmbH & Co.KG 60

C
Charité – Universitätsmedizin Berlin 38,42,78,112,124

E
Eberhard Karls University Tuebingen 82

F
Fondation Botnar 34
Foundation for Innovative New Diagnostics (FIND) 78

G
German Alliance for Global Health Research 70
German Federal Ministry for Economic Cooperation and Development (BMZ) 64,106,116
German Federal Ministry for Economic Affairs and Energy (BMWi) 114
German Federal Ministry of Education and Research (BMBF) 62,70,72
German Federal Ministry of Health (BMG) 66,100,120,128
German National Academy of Sciences Leopoldina 88
German Network against Neglected Tropical Diseases (DNTDs) 82
German Society for Tropical Medicine and International Health (DTG) 82
Germany’s Presidency of the Council of the European Union 66
GHA – German Health Alliance 44
Global Antibiotic Research & Development Partnership (GARDP) 22
Global He@lth 2030 Innovation Task Force 122
Global Outbreak Alert and Response Network (GOARN) 108
Global Solutions Initiative 46
Global Young Academy (GYA) 126

H
Helmholtz Centre for Infection Research (HZI) 26

I
InfecControl 72
InterAcademy Partnership (IAP) 74,88,94
Inter-American Network of Academies of Science (IANAS) 74
International Atomic Energy Agency (IAEA) 80
International Federation of Medical Students’ Associations (IFMSA) 76
International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) 86

J
Johnson & Johnson 28

L
Leibniz Association 84
London School of Hygiene & Tropical Medicine (LSHTM) 58,78
M
M8 Alliance 30, 50, 56, 58, 78, 94, 110, 112, 124
Max Delbrück Center for Molecular Medicine (MDC) 104
Max Planck Institute for Infection Biology 42
Medicines Patent Pool (MPP) 102
Milken Institute School of Public Health 56

N
NCD Alliance 92

P
Program in Global Surgery and Social Change
  of the Harvard Medical School 90

Q
QUEST Center 38

R
Research Center Borstel - Leibniz Lung Center 84
Robert Bosch Foundation 36
Robert Koch Institute (RKI) 108
Roche 68

S
Sanofi 40, 92
Sapienza University of Rome 110
Siemens Healthineers AG 20

T
Tehran University of Medical Sciences (TUMS) 56
The BMJ 118
The Defeat-NCD Partnership 60
The George Washington University, Milken Institute School
  of Public Health 56
The Graduate Institute of International
  and Development Studies 30
The Lancet One Health Commission 64, 88
The Network of African Science Academies (NASAC) 74

U
UNAIDS 44
UNITE 44
University Hospital Tuebingen 82
University of Eastern Finland 32
UNU International Institute for Global Health (UNU-IIGH) 118

V
Varian Medical Systems 80

W
Women in Global Health 98
World Health Organization (WHO) 24, 54, 100, 108, 118, 120, 128
World Health Summit 50
POLICY MAKERS

- European Commission
- Federal Foreign Office
- World Health Organization

ACADEMIA

- Berlin-Brandenburgische Akademie der Wissenschaften
- bvmd
- Centre Vichow-Villerme
- DFG Deutsche Forschungsgemeinschaft
- DZD German Center for Diabetes Research
- DZHK Deutscher Zentrum für Herz-Kreislauß-Forschung e.V.
- DZL Deutsches Zentrum für Lungforschung
- DZNE German Center for Neurodegenerative Diseases within the Helmholtz Association
- ESMT Berlin
- GSCN German Stem Cell Network
- GJU German Jordanian University
- IFMSA International Federation of Medical Student Associations
- IMI Innovative Medicines Initiative
- Klinikum Stuttgart
- Koch Mitschnikow Forum
- MRC Medical Research Council
- NIH National Institutes of Health
- Program in Global Surgery and Social Change
- Robert Koch Institute
- UNEM
- WMC
ASSOCIATES

Afrika-Verein
der deutschen Wirtschaft

Deutschland
Land der Ideen

FALLING WALLE

FLYING HEALTH

GERMAN ACCELERATOR
Life Sciences

GHA
German Health Alliance

GLOBE
Global Media
Forum

hosted by Deutsche Welle

GLOBAL SOLUTIONS
The World Policy Forum

HUMOR HILFT HEILEN

IJP
Internationale Journalisten-Programme

REKLIM
Helmholtz-Verbund
Regionale Klimaänderungen

scienceOPEN.com

startupbootcamp
Digital Health

STIFTUNG CHARITÉ

Global Governance
Project

MEDIA PARTNERS

academics.de

arte

Deutsche Welle

Made for minds.

Deutsches Ärzteblatt

EUSJA

Medscape Deutschland

OSOZ

Pulitzer Center
On Crisis Reporting

TAGESSPIEGEL

DIE ZEIT
Verlagsgruppe
Photo Credits

Addo, Marylyn | Page 85  © C.D. Ketels
Bachelet, Michelle | Page 121  © UN Photo-Manuel Elias
Balasegaram, Manica | Page 23  © Laurent Egli
Bethell of Romford, Lord | Page 87  © Roger Harris Photographie
Beyer, Peter | Page 25  © Sunanda Deshapriya
Bloom, Theodora | Page 39  © Philippa Gedge, 2017
Bulmahn, Edelgard | Page 95, 139  © Deutscher Bundestag
Capon, Tony | Page 89  © The University of Sydney/Louise M. Cooper
Charmeil, Oliver | Page 41  © Peter Allan
Cocero, Nanette | Page 51  © 2015, Wendy Barrows
Colombo, Francesca | Page 21, 87, 99  © OECD/Andrew Wheeler
Degos, Laurent | Page 125  © Laurent Hou
Dirmagl, Ulrich | Page 21, 39  © BIH/Thomas Rafalzyk
Doyle, Yvonne | Page 71  © Greater London Authority
Dragha-Akli, Ruxanda | Page 43  © Merck & Co., Inc
Drosten, Christian | Page 71, 79, 125, 137  © Wiebke Peitz
Eloit, Monique | Page 107  © Maurine Tric
Flachsbarth, Maria | Page 65, 107, 117  © Thomas Trutschel/photothek.net
Fore, Henrietta | Page 129  © UNICEF-UNICEF/1504449-Nesbitt
Gantar, Tomaz | Page 67  © Bor Slana/STA
Gastmeier, Petra | Page 73  © Wiebke Peitz
Gore, Charles | Page 103  © CAP PHOTO
Grossi, Rafael Mariano | Page 81, 121  © Dean Calma
Guterres, António | Page 51  © UN Photo/Mark Garten
Heyder, Ralf | Page 49  © Wiebke Peitzl/Charité Universität medizin Berlin
Iyer, Jayasree | Page 29, 79, 103  © www.patriciawolf.nl
Kierny, Marie-Paule | Page 37  © Inserm/Patrick Delapierre
Klapper, Bernadette | Page 37  © www.michaelfuchs-fotografie.de
Köhler, Carsten | Page 83  © UKT
Kurth, Bärbel-Maria | Page 137  © Robert Koch-Institut/Dugnus
Kurzai, Oliver | Page 73  © Anna Schroll
Kyriakides, Stella | Page 55  © EU
Merkel, Angela | Page 8  © Bundesregierung/S. Kugler
Mettenleiter, Thomas | Page 73, 107  © Wolfram Maginot
Müller, Jürgen | Page 41  © Kay Herschelmann
Muhsin, Muhsin | Page 101  © Ruziev
Mundani, Dagmar | Page 21  © W. Geyer
Oelrich, Stefan | Page 87  © fotomanufaktur schnittfincke
Ohnesorge, Bernd | Page 123  © Steffen Kirschner/Viaframe
Ozawa, Sachiko | Page 115  © will kirk/the johns hopkins university
Portella, Gennarina | Page 105  © Gianluca Cecere
Rehfuess, Eva | Page 71  © Norman Pretschner
Sands, Peter | Page 129  © The Global Fund/Vincent Becker
Saso-Luciano | Page 111  © stephenbusuttil.com
Schmutte, Caroline | Page 63  © Bernhardt Link/Farbt onwerk
Sehouli, Jalid | Page 113  © Wiebke Peitz
Seydoux, Stéphanie | Page 31  © Judith Litvine
Shaikh, Mujahedd | Page 37  © Vincent Mosch
Stoffels, Paul | Page 29  © A.E. Fletcher Photography
Stoltenberg, Camilla | Page 65  © Marius Thalaidsen
Touraine, Marisol | Page 103, 129  © Elodie Grégoire
Véran, Olivier | Page 41  © Ministeres Sociaux/DICOM/
Nicolo Revelly Beaumont/SIPA PRESS
von Hirschhausen, Eckart | Page 139  © Camillo Wiz
Delphi-Saal | Page 134  © visitBerlin, Foto: Peter Gesierich
Humboldtforum | Page 134  © SHF/visitBerlin, Foto: Stephan Falk
Panorama Berlin | Page 135  © visitBerlin, Foto: Wolfgang Scholvien

Layout
Eta Friedrich, Berlin

Printer
Spree Druck, Berlin
World Health Summit

WHS Foundation GmbH
c/o Charité - Universitätsmedizin Berlin
Charitéplatz 1
10117 Berlin
Germany

Tel.: +49 30 450 572102
Fax: +49 30 450 572911

contact@worldhealthsummit.org
www.worldhealthsummit.org