



'Research for Health and Sustainable Development'

To:

Leaders in Academia, Politics,
Private Sector & Civil Society

From:

World Health Summit Presidents:
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Summary

The World Health Summit proved again its status as the pre-eminent annual forum of the scientific community, high profile decision makers in politics, executives and representatives of health care systems, leaders of the health related industry, representatives from civil society, students and young professionals.

The World Health Summit acts as a catalyst for setting the global health agenda and provides an excellent forum for formal and informal discussions, and for new connections amongst participants from around the world.

Providing an academic foundation for the World Health Summit is the **"M8 Alliance" of Academic Health Centers, Universities and National Academies**, a network of prestigious medical institutions dealing with scientific, political, and economic issues related to medicine and global health. With 15 members from 5 continents, the M8 Alliance acts as a permanent platform for framing future considerations of global medical development and health challenges. It is the M8's vision to harness academic excellence to improve global health and to bring medical progress to the people.

"The biggest health challenge is the inexorable rise of non-communicable diseases. With increasing urbanization and an ageing population, we are experiencing a tsunami – the emergence of a massive global epidemic of cancers, obesity, diabetes and heart disease".

Peter Piot (Director, London School of Hygiene and Tropical Medicine)

>>> Research Capacity Strengthening in Low and Middle Income Countries is advocated as a prerequisite for improving health.



‘Research for Health and Sustainable Development’ was the theme of the World Health Summit 2012, articulating the urgent need of finding novel solutions for non-communicable diseases and conditions of global concern, like obesity, diabetes, and mental illness. Unhealthy lifestyles, including smoking, alcohol and nutrition, are a main cause of these epidemics in both rich and poor, developed and developing countries. Hence, central demands are:

- Greater awareness and efficient programs are urgently needed for facing the caused global economic risks and human suffering.
- Improvement of the epidemiologic demographic transition is mandatory.
- Sustainable solutions for healthcare systems must be found.
- Research capacity strengthening in low and middle income countries is advocated as a prerequisite for improving health.
- The transformation of the existing “sick care systems” into “health care systems” with an emphasis on prevention is to be achieved.

The decision for the theme **‘Research for Health and Sustainable Development’** was borne out of the results of the 2011 Summit which focused on Non-Communicable Diseases and the Impact of Climate Change on Health, and the outcomes of the Rio+20 Conference on Sustainable Development (UNCSD) held in June 2012 in Brazil. This latter conference was mandated to assess progress 20 years on from the historic Earth Summit and to renew political commitment to sustainable development. Although health and research are the basis for development, these issues did not figure prominently in the Rio agenda. We strongly believe that research for health has to be an essential part of the development agenda.

“One of the biggest challenges for health in the globalized world is the privatization of the health sector and the lack of access of the poor to quality health services”.

Sima Samar (Chairperson of the Afghan Independent Human Rights Commission)



Five Program Tracks for 2012

Governments around the world face increasing financial constraints, and the challenge to provide quality healthcare is an increasing struggle. The economic crises affecting many nations and regions pose many challenges, but also represent an opportunity to reform health systems and to rethink the direction and nature of financing for research and health, resulting in more money for health and more health for the money.

Science must be sensitive to financial realities, so that scarcity of resources will be considered an enabler of – not an impediment to – sustainable innovation. Maximizing the benefits from limited resources ensures that the gains of medical progress reach as many people as possible. Important



topics that need to be discussed are priorities for research, public and private sector partnerships, intellectual property rights, regulatory procedures for health products, conventions on biomedical research and development and the place of information technology in health care systems.



Accordingly, the World Health Summit 2012 was organized into five Program Tracks:

1. **Diseases of Modern Environments**
2. **Translating Research into Policy**
3. **Health and Economy**
4. **Educating Health Professionals**
5. **Information Technology for Health.**

Track 1: 'Diseases of Modern Environments' included topics such as Globalization of Non-Communicable Diseases (NCDs); the Obesity Challenge; Urban Development and Mental Health; Governance for a Healthy Planet and Vaccines for Neglected Diseases. These are separate but intertwined global health care concerns.

In the past, life expectancy has continued to rise steadily. Longer life expectancy, as well as unhealthy lifestyles, has resulted in the transition of global predominance of non-communicable diseases as both the leading cause of death and disease burden. Serious socio-economic consequences can now be seen in both developed and developing countries. There has been significant progress in putting these new issues on the global health agenda, but governance for a healthy planet can only be sustainable if neglected diseases as well as future pandemics are also given attention.

"The World Health Summit provides wide visibility and a forum for participants to actively seek areas for productive engagement. I expect all to leave the meeting with a renewed sense of purpose for the greatest challenge facing humanity".

Peter Agre (Nobel Prize Laureate in Chemistry 2003)

Track 2: 'Translating Research into Policy' reinforced the idea that research and innovation for health are the basis for sustainable development. Public health interventions are often implemented without consideration of the issues of delivery and access, ignoring capacity building and collaboration as a building block to success.

Highly technical research areas such as of biomedical and genome research must filter down to usable building blocks to influence policy and practice to better impact global health and preparedness for infectious disease treatments. A needs driven research approach rather than market driven approach was highlighted by outlining the Global Strategies and Plan of Action of Public Health, Innovation and Intellectual Property.



“To develop the political will for a health policy based on scientific data; in the tobacco epidemic, what works and what doesn't work has been proven for decades – it only requires political will to act in the short, medium and long-term interests of the health of the people”.

Judith Mackay (Senior Advisor, World Lung Foundation)



Track 3: ‘Health and Economy’ reflects an interlinking relationship. The impact of Global Financial Crisis on Health Systems has been argued as “catastrophically vulnerable”. Health equity in a world moving beyond aid is highlighted through research and innovation. More cooperation between the public and private sectors, as well as sustaining investment and financing in health and social structures is an essential priority to maintain stability and security as well as improve performance.

Behavioral economics and the partnerships between consumer and lifestyle behaviors that impact health must influence research and policy direction. Solutions to dealing with the challenges of drug development and production must also translate into action.

There are too many barriers that limit access to healthcare for people throughout the world. Affordability or price is a burden in some nations, while low awareness of preventive healthcare and poor education create barriers in others. Lowering or removing these barriers is a shared responsibility, one that must be pursued more creatively and intensively in collaboration with healthcare stakeholders worldwide – including governments, healthcare providers and industry.

Severin Schwan (CEO, Roche Group)

Track 4: ‘Educating Health Professionals’ included topics such as Workforce Crisis, Transformative Education, and Global Health Education as key focus areas. Profound changes are needed to maintain efficient health systems. Changing patterns of health threats in the 21st century such as those due to population movements and financial flows require a transformative educational approach of health professionals that are better attuned to the pressing needs for both global awareness and local sensitivity.



“It is against such a backdrop that one of the biggest challenges we face is getting people to work together – across agencies, governments, disciplines, and other boundaries, as well as changing human behavior. Although individual countries may be able to successfully develop strategies to counter some of the above, many global health issues defy borders and would require a collective strategy if we are to be successful.”

John Wong (Vice Provost (Academic Medicine) of the National University of Singapore)

Track 5: ‘Information Technology for Health’ spans all areas of health care research, policy and practice.

The vast amount of data, which is produced in the health sector every day, creates huge challenges. Data is produced, transformed into information and translated into decisions. The specifics of this sequence in health research and in health care play an important role which is linked intrinsically to all other areas of health governance, research and innovation, politics and economics, and in the education of health care professionals.

“Globalization accelerates the pace of change. The political healthcare systems in the world need to keep up with all the emerging opportunities. The biggest challenge here is to meaningfully remodel the international political healthcare structure making it as dynamical as the world with all its novel problems and opportunities.”

Gerd Binnig (Nobel Prize Laureate in Physics 1986)

Young Professionals

In accordance with the objective of the World Health Summit to progress and advance scientific sources for innovation and evidence-based focus, The Lancet together with the M8 Alliance have started an initiative to empower participants with global health advocacy skills. The **New Voices in Global Health** (NVGH) program is a competitive abstract submission and selection program designed to highlight important research, policy and advocacy initiatives of new and future leaders in global health. This program will now become a regular part of the World Health Summit and its regional meetings.





For the 2nd time the **IAMP Young Physician Leaders Meeting Program** took place during the WHS: 20 outstanding young physician leaders were selected and nominated by IAMP members for a specific workshop to develop their leadership skills during mentoring sessions with an international group of physician leaders. Eligible physicians for the Leadership Program were under 40 years of age, have demonstrated outstanding accomplishments in clinical medicine, medical education, public health or health policy and show significant promise for leadership in their fields in the future.

The World Health Summit has also launched the first competition for young science journalists.

Key Facts 2012 and Outlook to 2013

Some 1200 participants from around 80 countries converged on the historic campus of the Charité – Universitätsmedizin Berlin to experience 278 speakers in over 50 sessions at the World Health Summit 2012. **The Johns Hopkins Bloomberg School of Public Health** exercised the co-presidency of the 2012 Summit, Dean Michael J. Klag sharing duties with Detlev Ganten of the Charité.

In 2013 the Co-Presidency will be bestowed upon John Wong of the National University of Singapore, an M8 Alliance Member, which will also host the **World Health Summit Regional Meeting in Singapore, April 8 – 10, 2013**. Changing population dynamics and the rising prevalence of chronic disease require new and innovative, regional approaches to health, along with sustainable financing mechanisms to deal with costs. Refreshingly, a view to draw from lessons learned around the world is sought at this meeting, which is likely to generate discussion and outcomes relevant beyond the Asia-Pacific region.

We encourage you to become involved, to contribute and to share your knowledge and experience for the **5th World Health Summit in Berlin, October 20-22, 2013**.

Thanks to all who have participated and who have been engaged with the World Health Summit in 2012. We are looking forward to welcome you next year!

