

Check Against Delivery.
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Equitable Global Health

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Session 10, Keynote Lecture
Our Common Future, Essen, November 6th, 2010

Our Common Future, Hannover/Essen, 2-6 November 2010 (www.ourcommonfuture.de)

Equitable Global Health



global
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faculty



First meeting

At the beginning was chaos

Second meeting

A self-organizing process started

- We elected a speaker and a vice speaker
- We found a working title for our group:
“Equitable Global Health”
- 4 subgroups formed:
 - Global Perspectives on Cancer
 - Fighting Pandemic Infectious Diseases
 - Improving Health Systems
 - Tackling Social Inequalities in Health

International Symposium

Equitable Global Health

October 7th - 8th 2010, Bergbau-Museum Bochum (Germany)

**Fighting Pandemic Infectious Diseases – Global Perspectives on Cancer
Tackling Social Inequalities in Health – Improving Health Systems**



Eveline Bleiker Netherlands Cancer Institute, Amsterdam (NL)

Georg Bohn Imperial College London (UK), *Medicina Sans Frontières*

David Canter University of Michigan (USA)

Nico Dragano University of Düsseldorf (Germany)

Andrea Fischer former Federal Minister of Health, Healthcare policy and management consultant (Germany)

Michael Kramer German Federal Ministry of Health (Germany)

Michael T. Lotze University of Pittsburgh Cancer Institute (USA)

Tobias Luppe Odum (Germany)

Nisar Malek Hannover Medical School (Germany)

Lyle R. Peterson Centers for Disease Control and Prevention (USA)

Ulrike Ravens-Sieberer University Medical Center Hamburg-Eppendorf (Germany)

Heinz J. Schmitt former Head of the German Federal Commission for Vaccination, Novartis-Vaccines (Germany)

Daniel Strech Hannover Medical School (Germany)

Torsten Strohmeier GlascoSmithKline GmbH & Co. KG (Germany)

Organized by the Global Young Faculty - Equitable Global Health Group

Info and Registration: www.equitable-global-health.de



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Improving
Health systems

Global perspectives
on Cancer



Combination of topics probably unique



Fighting
Pandemic Infectious
Diseases

Tackling Social
Inequalities
In Health

11 GYF Theses on Global Health



1. Viral diseases need to be globally controlled by vaccination

No established alternative strategy exists for overcoming insect-vector reproduction.

The only realistic measure to control viral diseases is vaccination.

Vaccination is the most cost effective and long-term effective mean of preventing disease and holds the potential of virus eradication.



2. An efficient eradication of virus infections by vaccination is hampered by many obstacles

Difficulties in the logistics of allocating vaccines in the developing world.

Lack of compliance of the people in developed countries.

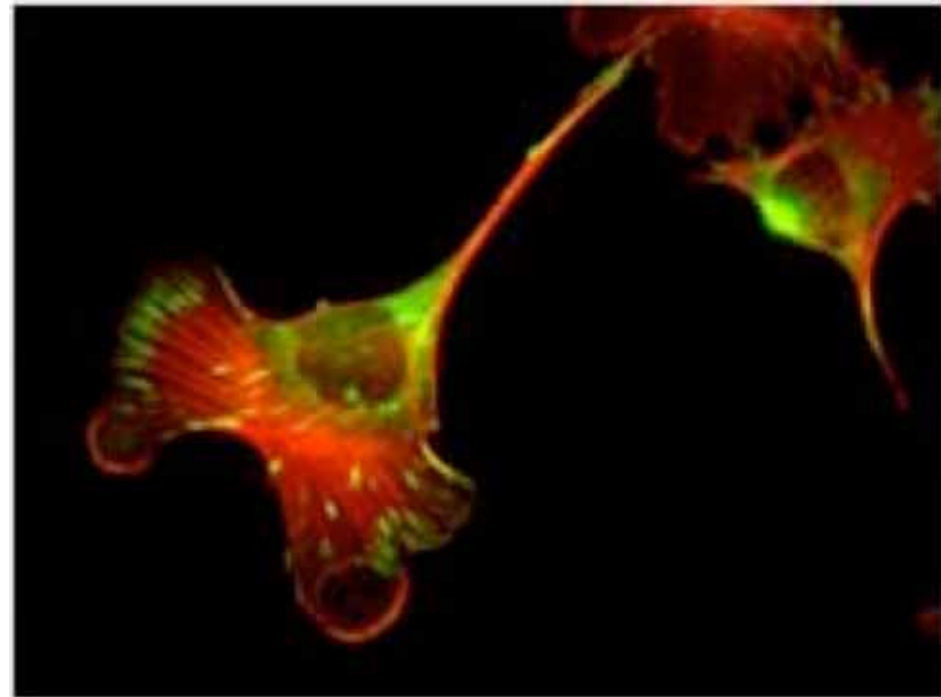
Financial support and efforts (both public and private) for the development, clinical testing and production of novel vaccines must be increased.

Accelerated approval procedures by the authorities ought to be implemented.

3. Investment in cancer prevention

Reducing risk factors: change of lifestyle as global challenge.

Increasing global prevention by promotion of
health education,
healthy diet,
reducing environmental risks
risks of tobacco/ alcohol abuse.



4. Further basic and clinical research to understand the mechanisms of specific cancer types

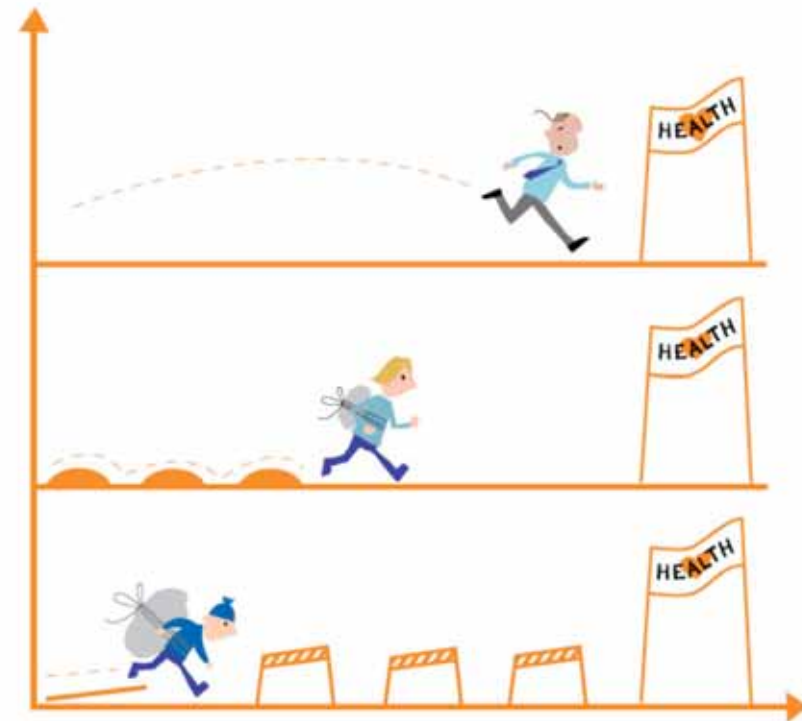
Fundamental understanding of cancer biology and immunology is essential to making progress in Clinical Oncology.

Further development of targeted therapies to combine immunotherapy with conventional therapy and psychosocial counseling within a multimodal concept.



5. Unequal societies are unhealthy societies

Reducing social inequalities is no zero sum game: It does not only improve the health status of disadvantaged population groups, but of all classes and social milieus in a society.



6. There is much potential for tackling social inequalities in health

Concrete living environments (“settings”) like schools, enterprises, local communities and neighborhoods play a key function to improve living conditions and to strengthen health competences.

Concentrate on the “big four” of prevention: better diet, more exercise, less alcohol and tobacco.



7. In Germany, policy makers and other stakeholders are not well prepared for tackling social inequalities in health

There is still backlog demand concerning methodical skills, professional education and efficient policy measures.

Health is not only 'produced' in the health care system but also in the educational system, in labor market policy or in urban development.

8. We need to develop a common ground for prioritization of healthcare

The ultimate goal should be to reach consensus on prioritization criteria and possibly to develop concrete treatment guidelines.

9. Improving health in developing countries will require a holistic approach

Health in developing countries is closely linked with poverty, malnutrition, access to clean water, and education.

These problems need to be addressed in parallel. This will only be possible if these issues will become the main priority of governments.



10. Improvement of healthcare in developing countries will need to be driven from within communities

Access to and quality of basic healthcare in developing countries needs to improve.

The number of healthcare professionals has to increase and their education and working conditions have to improve.

Projects to improve the system should take into account the local living conditions and customs.

11. Increasing access to vaccines and medicines in developing countries

Vaccines and medicines need to be made available at affordable prices to the poor.

Pharmaceutical industry is making efforts in that direction e.g. by licensing products for local production and offering products at lower prices.

To optimize access to vaccines and medicines we encourage unconventional partnerships for research into tropical and neglected diseases.

Please check our homepage: www.equitable-global-health.de

