



PACIFIC HEALTH SUMMIT  
SEATTLE-LONDON

*Connecting science, industry, and policy for a healthier world*



## Maternal and Newborn Health

The Crux of a Decent Humanity

A report from the Pacific Health Summit  
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PHOTOS THIS PAGE: **Kevin Jenkins, Lily Kak, Francis Collins, Mutinta Muyuni, Paul Stoffels** (left to right)

PAGE 1 PHOTOS: **Joy Lawn, Saudatu Sani, Jeremy Shiffman** (left to right)



## Contents

<b>When Unlike Minds Come Together .....</b>	<b>2</b>
<b>Game Changers: Past Summit Results (2005-2009) .....</b>	<b>4</b>
<b>Mobilizing Industry: A Social License to Operate ..</b>	<b>6</b>
<b>Prioritizing MNH: A Social Good with Investment Edge? .....</b>	<b>9</b>
<b>Innovative Technology: A Linchpin to Overcoming MNH Challenges .....</b>	<b>14</b>
<b>Financing a Credible, Long-Term Plan .....</b>	<b>16</b>
<b>Changing the Game in 2010: A Departure Point for Partnerships .....</b>	<b>20</b>
<b>Summit Leadership.....</b>	<b>24</b>
<b>Summit Participants .....</b>	<b>25</b>



# When Unlike Minds Come Together

“Amazing things happen when unlike minds come together,” noted **Vikram Kumar**, Chairman, Dimagi Inc., speaking to international thought leaders gathered at the opening plenary session of the sixth annual Pacific Health Summit. “I urge all of you to take in the value of this room.”

The energy and productive tension generated by the Summit’s diverse mix of high-level individuals—leaders in science, policy, medicine, and industry—was evident as they met in London on June 22-24, 2010, to address the theme “Maternal and Newborn Health: The Crux of a Decent Humanity.”

Recent figures attest that remarkable improvements have yielded important advances in maternal and newborn health (MNH), yet significant gaps in progress still exist. Every year, approximately 350,000 women die in pregnancy or childbirth and at least 3.6 million



Jerry Wilson, Ali Mufuruki, Leslie Mancuso, Martin Riant (left to right)

babies die in the first four weeks of life. The dangers surrounding pregnancy and childbirth continue to haunt the developed and developing world alike, making MNH truly a global health issue.

“We should remember those numbers, they should be etched indelibly in our minds as unacceptable,” said **Tachi Yamada**, President, Global Health Program, Bill & Melinda Gates Foundation.

## Impact: New Common Ground

One of the Summit’s founding beliefs is that the business sector has a vital role to play in global health. Participants remarked that the 2010 Summit represented a “historic conversation” and opened unprecedented dialogue between the private sector and the policy, non-profit, and donor communities.

Leaders in the room agreed that this unique discussion with peers from other sectors transformed their priorities and perspectives. For 95% of respondents to a post-meeting survey, this dialogue is



Jacqueline M. Koch for Merlin

Lapputta, Myanmar

## VOICES OF THE SUMMIT



*“In my area, a baby girl is born malnourished, grows into a malnourished adolescent, gets married at a very young age, and has children who are also malnourished. Many of them die from lack of access to healthcare. . . . Our adolescent sexual health education program emphasizes responsible parenthood and our home-based newborn care program has brought down the infant mortality rate from 120 per 1,000 to now 25 per 1,000 in 40 villages.”*

**Rani Bang, Co-Founder**, Society of Education, Action, and Research in Community Health (SEARCH)



## Summit Background

The Pacific Health Summit launched in 2005 to connect science, industry, and policy for a healthier world. The invitation-only gathering provides a unique opportunity to engage diverse stakeholders around a theme of critical importance and has a track record of fostering innovative partnerships and meaningful action. The Summit addressed the theme of multidrug-resistant TB as a global health threat in 2009, malnutrition in 2008, and pandemic influenza 2007.

The Pacific Health Summit is co-presented by the Fred Hutchinson Cancer Research Center, Bill & Melinda Gates Foundation, Wellcome Trust, and The National Bureau of Asian Research, which serves as the Summit Secretariat. The Summit was established in Seattle, Washington, and now alternates between Seattle and London.

leading to significant, promising collaborations and initiatives. The most important outcome: new comfort with a rare, frank, cross-sector conversation that identifies common ground for all present.

Aiming to create a special environment for this cross-sector conversation, the 2010 Pacific Health Summit sought to reinforce the implementation of high-level commitments to MNH, build the foundation for creative approaches to long-term collaboration and investment by engaging industry and key stakeholders, and contribute to the momentum of an arc of related health meetings and global initiatives in 2010.

With a goal of “changing the game,” discussions spanned from innovations in technology and investment planning to the integration of other health agendas with MNH and beyond. Recounting the Summit’s legacy of achievements and outcomes, and observing that the 2010 Summit held even greater promise, **Paul Stoffels**, Company Group Chairman, Global Research and Development, Pharmaceuticals, Johnson & Johnson, appealed to the leaders in the room, “It’s up to us to do it, to make a difference in maternal and newborn health.”

## Deep Waters, or Just Froth at the Top of the Wave?

“We are at a tipping point,” declared **Sally Davies**, Chief Medical Officer (Interim) & Director-General, Research and Development, UK Department of Health and National Health Service. “Are we just the froth that goes at the top of a wave ... a wave that then falls down and dissipates? Or is this going to be a wave which involves the deep waters—the real and influential people—that moves forward and, because it involves the deep waters, can make a real change?”

Exciting new energy for MNH comes from many directions. To effectively harness this renewed determination requires the insight and active participation of individuals who have motivation and resources, but to date have yet to be fully included in the discussion.

In acknowledging the significant gains in the field, the 2010 Summit sought to push the envelope to achieve greater success. “This is an agenda that really has something in it for *absolutely* everyone,” said

*“In order to make a difference in MNH, we need to deal with issues that affect women when they are delivering in the hospitals. We need to make sure there’s clean water, that there’s lighting in the wards, and that we have clean deliveries. These are things that industry can impact very effectively, along with community-level participation.”*

**Jotham Musinguzi**, Regional Director, Partners in Population and Development, Uganda





Lapputta, Myanmar — An infant born in the Lapputta Township Hospital awaits the arrival of his mother from the delivery room, where she is recovering from an emergency C-section. There are a total of two hospitals for the entire Lapputta Township and two government-employed doctors serving a population of 350,000.

## Game Changers: Past Summit Results (2005-2009)

The Summit presents an **unequaled opportunity for networking with a purpose**, where potential collaborators can meet and find common ground. Since the first meeting in 2005, the Summit has engaged in strategic “friend-raising” among participants, while supporting and contributing momentum to important, existing global health fora. The meeting effectively aligns interests to clear real pathways for “**nucleating partnerships**,” explained **Mark Feinberg**, Vice President, Medical Affairs & Policy, Vaccines & Infectious Diseases, Merck & Co. This, he continued, has extraordinary value in successfully steering a company toward making important contributions to the global health arena. As a result, the Summit has been the departure point for many innovative partnerships. Several notable examples are detailed below.

At the 2009 Summit, Merck & Co. and the molecular diagnostics company Qiagen began talks for collaboration. By bringing together new human papillomavirus (HPV) infection prevention and DNA testing technologies—developed in isolation—the two companies

were able to expand into the world’s poorest countries, those facing the greatest impact of the disease. Since that time, the partnership has led to a major new initiative to implement **comprehensive cervical cancer prevention efforts**, including vaccination, screening, and treatment programs.

A discussion at the 2009 Summit also forged a successful **MDR-TB drug partnership**. Publicly launched in 2010, this landmark alliance, now known as the Critical Path to TB Drug Regimens (CPTR), represents the first-ever agreement between major drug companies to make their formulas available for combination testing.

Another valuable Summit result for the vaccine field was an announcement in 2007 by **Margaret Chan**, Director-General of the World Health Organization, that the WHO would create a **global avian influenza vaccine stockpile**. GlaxoSmithKline simultaneously announced a donation of 50 million doses of pre-pandemic influenza vaccine to help establish the WHO stockpile;



**Mark Walport**, Director, Wellcome Trust. “We could do better, and we must do better.”

Beyond convening unlike minds and mobilizing new players for MNH, Davies identified an additional—and key—impetus needed for pushing discussions toward meaningful action: We have to feel uncomfortable enough to do things differently.”

*“This is an agenda that really has something in it for absolutely everyone. We could do better, and we must do better.”*

**Mark Walport**, Director, Wellcome Trust



Peter Piot, Christopher Whitty (left to right)



Jotham Musinguzi,  
Alice Kang'ethe,  
Ali Mufuruki  
(left to right)

three other pharmaceutical companies—Baxter International, Sanofi Pasteur, and Omnicell—also pledged to contribute. In 2009, sanofi-aventis CEO **Chris Viehbacher** announced a 100-million dose donation to the stockpile.

At the 2007 Summit, conversations between leaders from the Wellcome Trust and Merck & Co. led to another **groundbreaking cross-sector partnership**: the MSD Wellcome Trust Hilleman Laboratories in India, which publically launched in 2009. This \$145 million **non-profit vaccine research institute** is working to develop promising vaccines to address unmet medical needs in developing countries and optimize current vaccines to make them more affordable and effective in resource-limited settings. The 2007 Summit was also the launching pad for an additional important collaboration between industry, academia, and government: the Eli Lilly Not-For-Profit Partnership for TB Early Phase Drug Discovery.

Given the Summit's emphasis on cross-sector collaboration, building trust and friendship is an important goal. In 2010, following up on

his pledge at the 2008 Summit, **Peter Singer**, Director, McLaughlin-Rotman Centre, University Health Network and University of Toronto and CEO, Grand Challenges Canada, outlined a new framework to **promote trust among sectors** working toward optimal infant and child nutrition in the developing world. The Gates Foundation, Wellcome Trust, and Global Alliance for Improved Nutrition (GAIN) also gained ground on a 2008 Summit commitment to develop an **Access to Nutrition Index**. Following research into the nutrition practices of the food and beverage industry, this index will rate food and beverage companies on their performance in providing nutritious, affordable products to consumers. The initial launch of this index is scheduled for 2011.

Building on six years of success, the Summit will continue to play a significant role in motivating and energizing important new players to join the global health arena, fostering **game-changing alliances** and collaborations with clear, immediate deliverables.

# Mobilizing Industry: A Social License to Operate

"When I first joined the WHO in 2003, I was told that I could not work with industry," recalled **Margaret Chan**, Director-General, WHO. "I said 'I'd better pack up and go home. Working with industry to find public health solutions is part of my job, and if you do not give me that flexibility I cannot work.'"

With considerable know-how, buy-in, and the agility to move large projects forward within short deadlines, the business sector has much to contribute in the arena of global health. "We have the people in the room who can make a serious difference," said Peter Singer, indicating that industry has clearly demonstrated its willingness to engage and be creative, with extraordinary successes that can inspire further action.

"This is an outstanding new generation of healthcare leaders who understand that their corporations will only be accepted in the world if they demonstrate the relevance of their skills to the global citizen,"

**William Castell**, Chairman, Wellcome Trust, remarked. "I'm looking to the industrial sector for clues in this partnership equation. What technologies can they convert into the developing market to bring about the reality of diagnosis and therapy for the poorest?"

Working at the local level is a proven strategy to successfully reach a broader audience, said **Sheri McCoy**, Worldwide Chairman, Pharmaceuticals Group, Johnson & Johnson. "The best way to execute is to have champions in the markets and champions in the region to be able to pick it up



and go ... you're not going to figure out the complexities of the local context from corporate headquarters."

The Summit sought to leverage new voices and expertise to offer diverse perspectives, while seeking solutions to help those who are frequently under-represented. Women and children, noted **Jeremy Shiffman**, Associate Professor of Public Administration and Policy, American University, often lack the political, economic, or social



**Kulsoom Ally**



*"I had a personal experience around this issue, when I had a complication delivering my daughter, and that complication is what turned the light on for me. I had resources, so I set out to make a film, and I'm hoping that I can help fill a gap here, with my efforts and advocacy."*

**Christy Turlington Burns**, Founder, [everymothercounts.org](http://everymothercounts.org)





Andrew Witty

*"I challenge my organization and others to not do just the easy thing, which is to write checks, but to do the difficult thing, and that is to understand how we can best put our people and skills to work."*

**Andrew Witty**, CEO, GlaxoSmithKline

Summit participants recognized that there is considerable common ground across sectors and a critical task before them: to specifically identify and respond to needs for MNH. "I'm very pleased to see that, increasingly, corporations are being taken seriously as global actors," observed **Kulsoom Ally**, Corporate Social Investment Manager for Africa & the Middle East, Nokia.

She pointed to an alternative approach, shifting the focus beyond large industry and working within an "innovation ecosystem," adding that "small and medium enterprises in developing countries really have the potential to enact change at the local levels."

Recounting successful examples of local action that have resulted in significant change, leading corporate figures in the room made the case for stepping up and playing a greater part in global health. "We have to have a social license from our communities to operate," said **James Allen**, Asia Pacific Medical Director, Chevron Corporation. "We see a natural link [to MNH] . . . We hire many of the local people. We want our communities to thrive."

power to motivate politicians or CEOs to action. "Thankfully, there are many CEOs here who have chosen not to ignore them."

When queried what the global community should ask of the business sector, Shiffman noted that MNH advocates held the initial responsibility of "formulating a clear ask" to effectively engage industry in MNH. "We can't expect corporations to do everything. We also need to tell them what is needed and how they can truly help."

*"We need to be real. It's not about fixing a problem. It's really about creating a system that knows how to fix a problem—all the time. This is a very different way of doing partnerships."*

**Maharaj Bhan**, Secretary of Biotechnology, Ministry of Science & Technology, India

## VOICES OF THE SUMMIT



In Africa, the hiring of 3,000 independent operators for micro-distribution centers has employed an additional 13,500 people—40 percent of whom are women or couples in some markets—explained **Jerry Wilson**, Senior Vice President & Chief Consumer and Commercial Officer, The Coca-Cola Company. “A more sustainable idea for us is to take our capabilities and actually build sustainable living platforms for women and communities.”

A commitment to improving the lives of mothers and babies can take a company beyond philanthropy, said **Martin Riant**, President, Global Baby Care, P&G. “It leads us to find business opportunities and partnerships; it inspires employees, and makes contributions sustainable.”

**Andrew Witty**, CEO, GlaxoSmithKline, outlined another foundation for Summit conversations, specifying the important role of business. “It’s not simply about having a technology intervention or a drug or a vaccine intervention; it’s about how to make that intervention available at the right moment.”

This, many agreed, also involved going beyond simple fixes, and Witty’s advice resonated with participants while also succinctly underscoring the Summit’s mission. “I challenge my organization and others to not do just the easy thing, which is to write checks, but to do the difficult thing, and that is to understand how we can best put our people and skills to work.”



Sheri McCoy



Hans Rosling

## Bubbles of Life: We Need Utilities

Transforming statistics into colorful bubbles, choreographed seamlessly across a screen, **Hans Rosling**, Director, Gapminder Foundation and Professor, Global Health, Karolinska Institutet, set the stage for Summit discussions.

His presentation underscored the complexity of the task ahead, explicitly highlighting the roles played in MNH outcomes around the world by fertility rates, investments in vaccines, improved nutrition, family planning, per capita income, and even access to electricity.

Although having fallen in some developing countries, maternal and newborn mortality rates are on the rise in industrial nations such as the United States—a poignant reminder that MNH is truly a global health issue.

In addition to the basic need for electricity, Rosling emphasized the value of building on cell phone technology. “I think they may represent the sector that has done the most for maternal mortality in the last few years in Africa,” he said, referring to cell phone companies. Rosling noted that these companies in Africa have made it possible for rural villagers to arrange transportation and raise money, which he called “an enormous innovation, especially when it reaches all villages.”

## VOICES OF THE SUMMIT



*“I would love to have a situation where women actually demand services; the provider and client interaction, especially when we’re talking about poor women, is such that women don’t tend to demand for services.”*

**Nyovani Madise**, Professor of Demography and Social Statistics & Deputy Head of School Research and Enterprise, University of Southampton

# Prioritizing MNH: A Social Good with Investment Edge?

“A meeting of ‘unlike minds’ is uncomfortable, but this discomfort has great potential for change—the key is to find an intersection between the greatest problems for mothers and babies, and the greatest strengths of the private sector,” said **Joy Lawn**, Director, Global Policy and Evidence, Saving Newborn Lives Program, Save the Children.

While many countries are at “the tipping point of progress,” Lawn added, more innovation is needed, both innovation in technology and innovation in how to deliver care. “Can we do better for simpler antibiotics for treating almost a million babies dying of infection? Can we do better in simplifying the equipment that we need for looking after women in labor and detecting problems earlier?”

The 2010 Summit plenary sessions prompted participants to find new ways to join the needs identified for improving MNH outcomes—scaling up proven interventions; effective, sustainable delivery of services; working, accessible health facilities; training for and investment in health workers; and basic infrastructure like roads—with the core capabilities and strengths at the heart of successful business models: market research and marketing tools, new technology, distribution channels and delivery systems, storage, and management.

“What is holding us back?” Margaret Chan asked. “Are we still staying in areas where we feel comfortable?” Her question prompted sugges-



Mobile clinic in Pho Na Ko, Myanmar — In traditional dress and wearing a natural sunscreen made of tree bark on her cheeks, a worried mother with a sick infant is waiting to see a doctor in a rural village where there is very little access to healthcare. Mothers crowd a schoolroom where growth monitoring and vaccination programs are provided by a mobile clinic. The mobile clinic visits this ethnic and marginalized Karen village of 120 households each month and is staffed by trained volunteer community health workers, midwives, auxiliary midwives, and health assistants.

*“Pick a building block for health systems strengthening that harmonizes with your business mission. That’s the place to get engaged.”*

**Brian Brink**, Chief Medical Officer, Anglo American





tions from a number of Summit participants who proposed bold, new frameworks for addressing MNH.

“We need to be thinking of health not as a right, but as an investment. What we’ve done before is to drive it as a social good, but without the investment edge,” said **Babatunde Osotimehin**, Nigeria’s former Minister of Health and Professor of Medicine, University of Ibadan.

Delivery of successful interventions, participants agreed, requires efficient use of resources to make real, sustainable impact, and this rests largely on the truism “one size does not fit all.” Participants spoke up to offer anecdotes, emphasizing that a profound understanding of different country contexts is fundamental to real problem-solving.

**Qing Yang**, Director-General, Department of Maternal and Child Health and Community Health, Ministry of Health, China, underscored the size of China’s population of 1.3 billion, which is facing disparities between urban and rural health service and challenges in service

*—the key is to find an intersection between the greatest problems for mothers and babies, and the greatest strengths of the private sector.”*

**Joy Lawn**, Director, Global Policy and Evidence, Saving Newborn Lives Program, Save the Children



Qing Yang

capacity. Outlining a new health reform program accelerating women’s access to maternal health that has been developed in response to this prioritization, he predicted that China would be at the forefront of MNH progress by 2015.

With a booming economy, China is in a unique position: the country has the funds to meet the public health goals it chooses to set. MNH, however, is not necessarily determined by dollar amounts.

“I come from a country where there’s a lot of money, yet the priority is not on women—not because [leaders] don’t want to save women—but because they don’t understand the issue,” said **Saudatu Sani**, Member, House of Representatives and Chair, House of Representatives’ Committee on Millennium Development Goals, Nigerian National Assembly. “We have malaria, we have tuberculosis, we have HIV/AIDS; so many health challenges which make women’s issues not an issue,” she added.

## VOICES OF THE SUMMIT



*“We tend to launch public health policies from the top down. If [a project or policy] starts from the grassroots and then gradually scales up, it probably is accepted.”*

**Abhay Bang**, Director, Society of Education, Action and Research in Community Health (SEARCH)

Other participants illustrated how the maternal, newborn, and child health funding gap—currently estimated to be between \$15 billion to \$28 billion for low-income countries over the next five years—manifests in the developing world.

Sometimes even basic tools that make a world of difference are unavailable. “In my country [Zambia] you may have only one suction machine to tend to the whole labor ward, but up to three asphyxiated babies come to that suction machine at a time. This means one or all of them may be compromised,” said **Mutinta Muyuni**, Registrar, Department of Obstetrics and Gynecology, University Teaching Hospital.

The bottlenecks extend from the maternity wards to the corridors of government ministries, explained Babatunde Osotimehin. “At the time I became minister there were probably more than 250 partners in Nigeria working with us and each one of them had a particular program and outcomes, which they wanted attribution for, and it was so difficult to get around.”

*“We need to be thinking of health not as a right, but as an investment. What we’ve done before is to drive it as a social good, but without the investment edge.”*

**Babatunde Osotimehin**, Nigeria’s former Minister of Health and Professor of Medicine, University of Ibadan



## Empowering the Next Generation of Frontline Workers

“I urge and challenge you to work with us, support us,” said **Hellen Kotlolo**, Midwife and Nurse, Ashoka Young Champion, Ashoka Foundation, speaking on behalf of young people and health workers to the CEOs and international and government leaders in the room. “HIV/AIDS is wiping out people my age, people who want to be young mothers, people who are economically active. Please . . . give us a voice so that we can be heard.”

Kotlolo, 26, is a midwife in South Africa and on the frontline of keeping mothers and babies healthy. She, alongside 32-year-old Mutinta Muyuni from Zambia, who also participated at the

Summit, are poised to lead the next generation of midwives and professional health workers.

In bringing together a diverse audience, from developing countries and industrial nations alike, the Summit seeks to support and inspire the next generation of global health leaders, like Kotlolo and Muyuni.

*“It’s more than just using the products. It’s the intellectual capital that industry comes up with that adds greater value to proposition.”*

**Michael Barber**, Vice President, healthymagination, GE





Kusum Thapa, Rani Bang (left to right)

*“I want to ask that we look at this as an incredible business opportunity.”*

Ali Mufuruki, President & CEO, Infotech Investment Group

Women, a number of participants added, are also faced with limited access to reproductive health options, such as contraception and safe abortions. Innovation is needed for all aspects of MNH, said **Kusum Thapa**, Secretary, Nepal Society of Obstetricians and Gynaecologists. “We need to think about cheap, effective family planning methods which could be used in the developing world.”

Many of these methods do exist and should be provided over-the-counter, offering women options “without fear or favor,” noted Glenda Gray.

Summit participants agreed that MNH cannot be separated from reproductive health and family planning. Underlying economic and social circumstances must also be taken into account when formulating solutions. Extreme poverty, for example, is a phenomenon that truly underscores the need for comprehensive solutions, remarked **Hernan Garrido-Lecca**, Former Minister of Health and Former Minister of Housing, Construction, and Water Services, Peru. “It’s not that they are facing infant or maternal mortality, lack of water services, or any other health problem. They are facing poverty.”



Nyovani Madise, Yu Wang, Franklin Apfel, Paul Stoffels, Brian Brink (left to right)

## Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS: A Gateway for Better Health

“There’s growing awareness amongst healthcare providers and civil society that the PMTCT program is a gateway into healthcare,” explained **Ashraf Coovadia**, HIV Services Department of Paediatrics and Child Health, Rahima Moosa Mother and Child Hospital.

Participants explored the different ways health literacy—an individual’s ability to obtain, understand, and use health information—can support successful PMTCT strategies. “Oftentimes the reason the child is infected is that the healthcare system has failed the mother,” offered **Glenda Gray**, Executive Director, Perinatal HIV Research Unit, Chris Hani Baragwanath Hospital, University of the Witwatersrand.

Participants focused on capacity-building, uptake, health communications, and messaging as key determinants in driving positive outcomes. “We’ll have to work hard, so parents can see their own kids grow up,” commented Paul Stoffels. “We can’t give up before we are at that point . . . and I am convinced we’ll get there.”



## No Small Country, No Small Product

How then, do we realign agendas and strategies to bring in more new and experienced players to the table? Are there enough incentives for industry to move into new areas, such as vaccine production in low-income countries or training of birth attendants in rural areas—markets, which might not be very profitable or directly related to core business models?

A number of participants suggested that reframing the discussion was fundamental to effecting change across the spectrum of global health issues. “I choose not to see this as a catastrophe,” said **Ali Mufuruki**, President & CEO, Infotech Investment Group, referring to vast disparities in access to health services in his home country of Tanzania. He challenged the audience to do the same. “I want to ask that we look at this as an incredible business opportunity.”

“Why is it that in countries where the markets are ruthless, healthcare systems seem to be working relatively well, and in countries where healthcare is approached more or less like a missionary kind of duty, healthcare systems are failing?” Mufuruki added.

The challenges are varied, but not insurmountable, and they should encourage action and creative business models, observed **Chris Viehbacher**, CEO, sanofi-aventis. “There is no small country, there is no small product,” he said, reaffirming the company’s vision.



Mark Dybul, Margaret Chan, Chris Viehbacher,  
Anthony Costello (left to right)

By investing in local vaccine companies, he added, “We provide a technology transfer to make them competitive on a world-class scale and ensure that they have access to the same level of quality.”

**Mark Dybul**, Distinguished Visiting Scholar & Co-Director, Global Health Law Program, O’Neill Institute for National and Global Health Law, Georgetown University, echoed the sentiment: “You can start small and go big. We have to remember 10 years ago everyone said we couldn’t do anti-retroviral therapy in Africa, and now over 4 million people are receiving treatment.”

Saving a pregnant woman’s life with anti-retroviral therapy, however, will have little impact if she dies in childbirth, he added. “She’s certainly no better off, her child is no better off, her family and the community are no better off.”

## VOICES OF THE SUMMIT

*“The research and evidence are conclusive: there are many interventions, strategies, and practices that can improve the lives of women worldwide. The time is now for us to mobilize commitment, resources, and energy amongst those of us in the NGO community, those of us in the academic world, all of the communities and countries, corporations, and individuals in the countries where we work. The time is now to improve MDG 4 and 5.”*

**Leslie Mancuso**, President & Chief Executive Officer, Jhpiego



# Innovative Technology: A Linchpin to Overcoming MNH Challenges

Engaging industry functions as just one component of the bigger MNH equation, where the challenges of MNH require innovative—as well as the adaptation of existing—technology. As Hans Rosling noted, technology can be many things: a machine, a device, a process, a piece of paper, or a vehicle. With representatives from the world's leading telecommunications, manufacturing, and information technology companies in the room, participants had an unprecedented opportunity to work together to build synergy across sectors to enhance MNH outcomes.

"To make further progress we must have innovation," said Tachi Yamada. "There's a lot of opportunity for further innovation, especially in areas where we don't know what we don't know."



Judith Helzner and Summit participants engaged in discussion at the Plenary Breakfast "Technologies for MNH: Innovation, Creation, and Delivery"

At a Summit working breakfast, "Technologies for MNH: Innovation, Creation, and Delivery," leaders from all sectors shared their vision for new discovery and new solutions and the roles they can play in transforming MNH.

"I'm looking across the spectrum of maternal and neonatal health interventions—some of them are very simple, some of them are highly complex—that we

can adapt and further develop to make available at peripheral levels of the health system," offered **Gary Darmstadt**, Director, Family Health, Bill & Melinda Gates Foundation.

MNH is largely a matter of bridging gaps—literally and figuratively, reflected **Chris Elias**, President & CEO, PATH. "As we innovate and create new solutions, we have to think not just about new tools for prevention, diagnosis, and treatment, but of new tools for reducing distance, whether that is the physical distance from a health facility and a trained health worker, or whether it's the social distance from some of the new potential tools in information and communications technology."

Looking at technology within the context of MNH, we can better visualize a strategy to transform potential into reality, commented **Andrew Thompson**, CEO, Proteus Biomedical. "Globalization requires a cost structure that the technology industry has already consciously built, and this cost structure is enabling them to reach the bottom billion. It's not an accident. It's a conscious strategy."

Prior to the June meeting, a number of participants responded to a survey circulated by the Summit Secretariat, citing information and communication technology (ICT) and mobile phone technology applications as transformative forces across sectors and, therefore, possibly the linchpin to overcoming many intractable MNH challenges.

Moreover, ICT holds the potential of unlimited partnership opportunities with providers and handset makers to reach, engage, and empower a woman "in the journey of her pregnancy," said **Tina Sharkey**, Chairman & Global President, BabyCenter. "Find that moment that matters and motivate a pregnant woman so that she'll come to the clinic, talk to her healthcare worker, then ask intelligent questions of her doctor or midwife." Engaging mothers through personalized SMS messages can build communities—both real and virtual, Sharkey added. "Advice leads to friendship, friendship leads to support, and support leads to better outcomes."

## A Conscious Strategy

Inspired by the exciting prospects in new technology, Summit participants explored ways to link solutions to longstanding problems. Participants discussed a series of innovative ideas and approaches

## VOICES OF THE SUMMIT



*"For almost every child, newborn, and mother who dies, we should be able to prevent this with currently existing technology. But the fact is, the delivery of very cheap and relatively straightforward interventions is appalling in many areas, and we often don't know why."*

**Christopher Whitty**, Chief Scientific Adviser & Director, Research and Evidence, UK Department for International Development (DFID)

*“... we have to think not just about new tools for prevention, diagnosis, and treatment, but of new tools for reducing distance, whether that is the physical distance from a health facility and a trained health worker, or whether it’s the social distance from some of the new potential tools in information and communications technology.”*

**Chris Elias**, President & CEO, PATH

generating considerable anticipation, such as the development of a handheld ultrasound device.

“It allows us to reach out and do real-time diagnosis in rural medicine,” said **Omar Ishrak**, President & CEO, Healthcare Systems, GE Healthcare, adding that “ultrasound imaging is the most reliable predictor used for early detection of preeclampsia,” which, combined with eclampsia, is one of the top five causes of maternal and infant illness and death.

New technology clearly offers great promise. But it can also have limitations, especially in developing countries and in rural areas, where it is often needed most.

Participants agreed that in order to provide communities with tools for better health management, a delicate balance must be struck between medical innovation and the basic, proven interventions we know work. In considering new products, and ensuring that they are socially, culturally, and contextually specific and sensitive, participants also exchanged perspectives on how to address new technology’s higher cost, maintenance, and user training.

*“In the part of the world where I come from, there is industry which is national and local, as well as a growing number of entrepreneurs who are on a growth trajectory that is just as fast as that of the multi-nationals that you see across the globe. And that’s a group that we need to influence and a power that we need to capture.”*

**Zulfiqar Bhutta**, Professor & Chair, Division of Women and Child Health, Aga Khan University



**Tore Laerdal, Koji Omi, William Castell** (left to right)

“Cost is obviously an issue,” Ishrak acknowledged, but he cautioned against allowing price points to prevent progress and creativity. “Our philosophy is to get cost in the ballpark, so if we’re close, then we’ll work the cost . . . we can get [it] down to where it has to be.”

In addressing new technology, innovation, and affordability, discussions also explored the MNH gaps that remain in industrialized countries, despite ready access to technologically sophisticated healthcare. Health delivery, participants recognized, must be equally addressed in the developing and developed world. “No nation has unlimited resources for healthcare,” said **Rodney Hochman**, CEO, Swedish Medical Center. “We want to powerfully influence the health of our communities, and to do so, we must think creatively about how to invest existing resources in new and different ways.”



**Tina Sharkey**





# Financing a Credible, Long-Term Plan

“How do you ask anybody to prioritize with such limited budgets?” asked **Julian Lob-Levyt**, CEO, GAVI Alliance, observing that low-income countries operate with an average \$12 USD per capita for health. His question prompted insightful exchanges among Summit participants during a plenary session dedicated to financing MNH that explored how sectors can come together to channel more money to health in a way that returns more health for the money.

How can funding levels keep up with the accrued momentum in the field and translate global commitments and political will into better outcomes for mothers and babies around the world? And who will lead the charge? Donors, governments, or the private sector?

All of the above, according to **Anne Mills**, Head, Faculty of Public Health and Policy & Professor, Health Economics and Policy, London School of Hygiene & Tropical Medicine. However, donors, governments, and the private sector each need to step up as reliable partners, she said.

As an example, Mills noted the tensions that emerge when donor requirements create enormous inefficiencies in countries struggling to place resources, communications, and infrastructure across remote and large populations. “Why, for example, should countries invest in greater training capacity if they don’t know from one year to the next how much money they will have available to spend on health?” she asked.



Hernan Garrido-Leca, Jamie Cooper-Hohn,  
Armin Fidler (left to right)

## VOICES OF THE SUMMIT



*“To identify technology gaps to further IT for health, we should be thinking about cell phone technologies. How are they being powered? How do we actually bring solar power to rural communities to connect with those mobile phones that are bringing information?”*

**Martha Newsome**, Partnership Leader, Health and WASH, World Vision International

Participants at the June 24 Working Breakfast. Peter Singer (center)



**Jamie Cooper-Hohn**, Co-Founder, President & CEO, The Children's Investment Fund Foundation, agreed. To realize programmatic success from the hedge fund management fees that support her foundation, she insisted that an innovative financing model be coupled with cost-effective, high-value interventions. "We're very serious in bringing the best of business, along with the best of development, to get the biggest impact."

Many successful and high-impact interventions stem from the advent of vaccines, and participants agreed on the critical need for ongoing discovery and improved delivery to reverse mortality rates worldwide. However, the cost of development requires inventive funding mechanisms that make life-saving discoveries accessible in low-income markets, explained **Michael Watson**, Vice President, Global Immunization Policy, Sanofi Pasteur.

"Moving forward, how can we balance the short-term need to get the best value for money out of the program with the long-term need: money to ensure quality, reliability of supply, and the innovation that's needed for the future?"

*"Maternity is not a disease, so we asked ourselves: 'How can we run a chain of hospitals providing the same quality of service across institutions, where at every customer contact point or touch point the customer gets the same level of experience or satisfaction?' It's about building efficiency in the system, and it's a profitable model."*

**Anant Kumar**, CEO, LifeSpring Hospitals Pvt. Ltd.



## An Entry Point for Universal Health Coverage

"Universal health coverage (UHC) is a vehicle to achieve more health for the money," said **Mushtaque Chowdhury**, Associate Director, The Rockefeller Foundation. If done right, it could also help prevent 25 million people from falling into poverty annually, paying for health out-of-pocket.

But it is very difficult to come up with one UHC formula for use across the board, noted Armin Fidler. "What is a no-brainer in some countries is a very difficult sell in others."

A Summit workshop explored the opportunities and strategies for successful implementation of UHC, focusing on the health of mothers and newborns as an entry point. **Mickey Chopra**, Chief of Health & Associate Director of Programs, UNICEF, noted that the workshop succeeded in convening an exceptional collection of top policymakers and leading economists.

Cesar Victora, Mickey Chopra (left to right)





Port-au-Prince, Haiti Nurse — Takazwida Dzuda with 21-day old baby boy who is still unnamed. The newborn is in the care of his grandmother, Lala Joseph, 49, (not pictured) as his father died in the earthquake and his mother was unable to take care of him. Lala Joseph came to the Delmas 33 Surgical Field Hospital outpatient treatment services to get the infant weighed and a medical check up.

Jacqueline M. Koch for Merit

Emphasizing the need to focus on the long-term, Ali Mufuruki reinforced the importance of investing in infrastructure. “A motorcycle ambulance is great—it is taking care of a problem today, but who’s going to put the fuel or buy a new tire for that motorcycle tomorrow? Who’s going to pay the driver tomorrow, who’s going to replace the motorbike when it breaks down?”

Achieving successful program results often remains an uncertain science, even when adequate funding is available, **Armin Fidler**, Lead Advisor for Health Policy and Strategy, Human Development Network, The World Bank Group, reminded participants. “I think it’s almost as important to remember that financing is not always the key binding constraint for programs to work.”

Offering the perspective from a ministry of finance, **Andrew Donaldson**, Deputy Director-General, Public Finance, National Treasury, South Africa, returned to a Summit theme: “What turns a wave into something more sustainable?” Answer: “A credible, long-term plan.”

To improve health financing is to improve discourse across sectors, Donaldson remarked. “Try to develop criteria to sort [out] what should be done by governments, what should be done through market-like arrangements, what should be done through competitive processes, and what are the respective roles of government, the corporate sector, and NGOs. Those are not easy questions to answer.”

Anne Mills suggested a starting point: Donors need to provide ongoing, coordinated, and consistent support to rebuild health systems, while recipient governments must increase domestic resources to and strengthen the function of their health systems. “The private sector’s challenge is to identify, in close collaboration with governments who are accountable for the health of their populations, how specific strengths and expertise can best be deployed.”



Andrew Donaldson

## VOICES OF THE SUMMIT



*“What we really want to look at is not just getting medicines out there, but how we make sure that forecasting is done better, so that we can have a more global, holistic impact.”*

**Ponni Subbiah**, Vice President, Global Access, Emerging Markets Business Unit, Pfizer, Inc.



*"The Summit isn't just where things start, it's where they pick up speed."*

**Wim Leereveld**, Chair & Founder, Access to Medicine Foundation

## Better Practice: An Invitation to Compete

Where else can the business sector help bridge gaps for MNH? Highlighting the second launch of the Access to Medicine Index, **Wim Leereveld**, Chair & Founder, Access to Medicine Foundation, announced that new trends were leading to promising developments in the private sector. "Companies want to compete on good practice; companies are ambitious and are willing to learn from their peers." A working example was offered by **Tore Laerdal**, Director, Laerdal Foundation on Acute Medicine and Chairman of the Board, Laerdal Medical: "If we can do a good job our company will benefit, if not directly on the bottom line, then through strengthening our brand and through motivating our employees."

Laerdal transformed a commercial product into the cornerstone of "Helping Babies Breathe," a broad partnership, including the American Academy of Pediatrics, Save the Children, NIHCD, USAID, and Laerdal Medical. Available at cost, Laerdal's \$50 neo-natal CPR simulator has already been introduced in 28 African, Asian, and Latin American countries to prevent neonatal asphyxia.

There are unlimited ways in which businesses can help fill the gaps in MNH, and one example was announced at the Summit by Dimagi, Inc. Noting the growing need for more communications tools for field workers, Dimagi, Inc., announced at the Summit that they would



**Mark Walport, Babatunde Osotimehin, Maharaj Bhan** (left to right)

offer a free cloud-hosted platform to groups of up to 200 workers to strengthen their work. The platform empowers community health workers with mobile phones that run specific guideline-driven applications such as a Safe Pregnancy module. Pilots have been implemented in Tanzania, Bangladesh, Mexico, and Afghanistan.

After listening to and reflecting on the successes of these cross-sector developments, Wim Leereveld stated: "The Summit isn't just where things start, it's where they pick up speed."

These examples also served as a reminder to each participant that, indeed, a deep sea-change is already underway for MNH. More is possible. Greater success is truly within reach.

*"If you have a good district health team, they usually get mobilization of community leaders to help them. And that's where the private sector can help again. With management and leadership training and, perhaps, mentoring and shadowing from the private sector, we can really energize [that mobilization]."*

**Anthony Costello**, Co-Director, Institute for Global Health, University College London



# Changing the Game in 2010: A Departure Point for Partnerships



Rani Bang, Alice Kang'ethe, Elizabeth Mason,  
Glenda Gray (left to right)



Vikram Kumar

"All of us have a role to play in changing this game," Tachi Yamada reminded participants early in the Summit. He called on industry leaders to commit to the space of maternal and newborn health: "Translate the discoveries that are made in the halls of academia into real products that can have real impact, and be willing to sell those products to the poorest of the poor for an affordable price. We each have a responsibility to hold our leaders accountable to the standard of living in a world where women and children don't die unnecessarily."

Recognizing that achieving these goals requires strategic alliances among players across the spectrum, the Summit offers leaders an intimate setting for frank discussions—a rare and valuable opportunity.

"Partnerships are very complicated, so if a business is going to get into a partnership with you, they have to really be persuaded it's a good fit, that somehow you're a reliable partner," observed **Kevin Jenkins**, President & CEO, World Vision International.

Shedding a light on the development process for a successful alliance, **Lily Kak**, Senior Maternal and Newborn Health Advisor, USAID, said:

*"All of us have a role to play in changing this game. We each have a responsibility to hold our leaders accountable to the standard of living in a world where women and children don't die unnecessarily."*

**Tachi Yamada**, President, Global Health Program, Bill & Melinda Gates Foundation

"We negotiated details of the USAID Global Development Alliance on handwashing with Unilever for nine months," she said. "It takes just as long to develop a partnership as it does to have a baby."

## Practical Results: Picking Up Speed and Catching Fire

A gathering of diverse expertise and experience allows ideas not only to pick up speed, but also to catch fire, explained **John Donnelly**, Vice President & Senior Editor, Burness Communications. Donnelly outlined his work—coaching health ministers to help them communicate better internally and to the media about national health issues and challenges they face—for a policymaker attending the Summit. "[The policymaker] said he wanted to expand such an idea to cover many more people in health ministries . . . If it happens, the spark started in London at the Summit."

Innovative, cross-sector ideas and collaborations are among many of the important outcomes that result from the Summit's frank and thought-provoking discussions. Encouraging participants to get comfortable with going beyond "writing a check," the Summit focuses on broader, deeper engagement in the field. This process honors the unique context and objectives of each individual and organization, as well as the time these sustainable relationships take to take root.

"The most important outcomes of the Pacific Health Summit are often unknown," reflected **Lee Hartwell**, President, Fred Hutchinson Cancer Research Center. "They derive from the relationships developed year after year between world leaders with the vision, determination,



Port-au-Prince, Haiti — Mothers with infants and children under 5 years of age are given priority at an emergency field hospital outpatient treatment center in Delmas 33, a suburb of Port-au-Prince. For those who are struggling to cope with life in displacement camps and vulnerable to the many health risks associated with lack of sanitation and clean water, access to free primary healthcare is an opportunity that attracted over 300 patients per day.

## Global Commitments: The UN and the G8 in 2010

"Everybody has a role to play, everyone can do more, and everyone can contribute. Time is short but the opportunity is huge," said **Rebecca Affolder**, Advisor, Global Health Policy & Coordination, Executive Office of the Secretary-General, United Nations.

In 2010, the UN Secretary-General Ban Ki-Moon made women and children's health a main priority through the newly launched Global Strategy for Women and Children's Health. At the same time, the G8, under Canadian presidency, moved MNCH to the top of the G8 agenda. The day after the Pacific Health Summit, the G8 Summit in Canada brought renewed vigor to global MNCH commitments in the form of the Muskoka Initiative on MNCH, which will provide additional funding of \$7.3 billion dollars for women and children in the developing world.

"The Pacific Health Summit provides a platform to reach non-traditional donors that reflect the changing landscape of the development community," said **James Wright**, High Commissioner to the United Kingdom, Government of Canada. He added, "As everybody in this room knows, the Muskoka Initiative reflects the efforts of many, and all of you are a part of this very important commitment."

## VOICES OF THE SUMMIT

*"Universal health coverage is humanity, and contributing to this movement should thus be [represented by] a collective social spirit. The movement of the Pacific Health Summit to discuss UHC is an important starting point to involve and inform the private sector, and all sectors, about how they can contribute positively to this public spirit, in addition to making a profit."*

**Suwit Wibulpolprasert**, Senior Advisor on Disease Control, Office of the Permanent Secretary, Ministry of Health, Thailand







Tachi Yamada, Anthony Mbewu, Glenda Gray,  
Muhammad Ali Dhansay (left to right)

and resources to solve major health problems. Many solutions and collaborations develop in the hallways.”

Reporting back in the weeks following the 2010 meeting, a number of participants indicated that the Summit not only helped define and galvanize personal commitments to MNH, but that new collaborative efforts were already underway. Emerging results, many noted, mirrored a key theme that surfaced in Summit discussions: the transformative forces of ICT and mobile phone technology applications.

One international agency has indicated it has been in discussions with a multinational technology company to develop a global health technology network specifically for developing economies. A number of other participants reported back that they are now exploring partnerships with a major mobile phone technology company, and the 2010 Calls for Collaboration are also gaining traction; among them, a multi-sector effort to tackle eclampsia worldwide.

Additional practical results for MNH are evolving for a census data-gathering system, SMS mobile technology support to pregnant mothers, mapping of health projects, crowdsourcing translations of maternal and newborn consumer health information, and adapting life-saving medical equipment for rural settings. As in previous years,



Sally Davies, Margaret Chan  
(left to right)



Tatum Anderson, Nyovani Madise, Jimmy Whitworth (foreground, left to right)

*"It's up to each of you, as individuals, to walk up to someone, shake their hand, and make something happen. That is what the Pacific Health Summit is about."*

**Michael Birt**, Executive Director, Pacific Health Summit and Director, Center for Sustainable Health, Biodesign Institute, Arizona State University.

Summit results are primarily based in core business models and long-term strategies; those outcomes take significant time to solidify, and updates will be issued regularly. Subsequent Summits will also follow up on 2010 results, encouraging report-ins on MNH discussions.

"In the months to come, we'll be getting in touch and asking you as individuals: 'Tell us what you did, who did you meet, where did you find opportunities to make a difference.' It's what you report back—the new collaborations or initiatives—these are the measures of success for us," **Michael Birt**, Executive Director, Pacific Health Summit and Director, Center for Sustainable Health, Biodesign Institute, Arizona State University, reminded Summit participants. "Many things have happened but it's up to each of you, as individuals, to walk up to someone, shake their hand, and make something happen. That is what the Pacific Health Summit is about."



Ashraf Coovadia, Barry Kistnasamy, Muhammad Ali Dhansay, Nigel Crisp (left to right)

# Pacific Health Summit 2010 Leadership

## Executive Director



**Michael Birt**  
*Director*  
Center for Sustainable Health,  
Biodesign Institute,  
Arizona State University

## Executive Committee



**Richard Ellings**  
*President*  
The National Bureau  
of Asian Research



**Lee Hartwell**  
*President and Director*  
Fred Hutchinson Cancer  
Research Center



**Peter Neupert**  
*Corporate Vice President*  
Health Solutions Group,  
Microsoft Corporation

## Senior Advisory Group

**Leszek Borysiewicz**  
*Vice-Chancellor*  
University of Cambridge  
*Former Chief Executive*  
UK Medical Research Council

**Sally Davies**  
*Chief Medical Officer (Interim) &  
Director-General, Research and  
Development*  
UK Department of Health and  
National Health Service

**Christopher Elias**  
*President & CEO*  
PATH

**Christine Gregoire**  
*Governor*  
State of Washington

**King Holmes**  
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Department of Global Health,  
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**Christopher Murray**  
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Institute of Health Metrics and  
Evaluation, *Professor,*  
Department of Global Health,  
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**Peter Piot**  
*Director*  
London School of Hygiene &  
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*Former Director*  
Institute for Global Health,  
Imperial College

## Managing Director



**Claire Topal**  
*Director*  
Center for Health  
and Aging, The National  
Bureau of Asian Research



**Mark Walport (Chair)**  
*Director*  
The Wellcome Trust



**Tachi Yamada**  
*President*  
Global Health Program,  
Bill & Melinda Gates Foundation

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**Susan Bassam**  
*Conference Organiser*

**Philip Green**  
*Executive Assistant to the Director*

**Michelle Honey**  
*Conference Organiser*



# Summit Participants

**Rebecca Affolder**, Advisor, Global Health Policy & Coordination, Executive Office of the Secretary-General, United Nations

**Kaosar Afsana**, Programme Head, Health Programme, BRAC

**Koki Agarwal**, Director, Maternal and Child Health Integrated Program, Jhpiego

**James Allen**, Asia Pacific Medical Director, Chevron Corporation

**Kulsoom Ally**, Corporate Social Investment Manager for Africa & the Middle East, Nokia

**Warwick Anderson**, CEO, National Health and Medical Research Council, Australia

**Franklin Apfel**, Managing Director, World Health Communications Associates

**Rhona Applebaum**, Vice President, Beverage Institute for Health & Wellness; Chief Scientific & Regulatory Officer, Scientific & Regulatory Affairs, The Coca-Cola Company

**Tom Arnold**, CEO, Concern Worldwide

**Rifat Atun**, Director, Strategy, Performance & Evaluation, The Global Fund to Fight AIDS, Tuberculosis and Malaria

**David Aylward**, Executive Director, mHealth Alliance

**Monisha Bahri**, Attending Physician, Department of Neonatology & Pediatrics, Washington Hospital Center

**Abhay Bang**, Co-Founder & Director, Society of Education, Action and Research in Community Health (SEARCH)

**Rani Bang**, Co-Founder, Society of Education, Action and Research in Community Health (SEARCH)

**Michael Barber**, Vice President, healthymagination, GE

**Andrew Barrer**, Executive Director, U.S. Coalition for Child Survival

**Massee Bateman**, Director, Saving Newborn Lives Program, International Program Leadership, Save the Children

**Nicole Bates**, Senior Program Officer, Global Health Policy & Advocacy, Bill & Melinda Gates Foundation

**Sarah Beeching**, Senior Policy Adviser, UK Department for International Development (DFID)

**Seth Berkley**, President & CEO, International AIDS Vaccine Initiative

**Jorge Bermudez**, Executive Secretary, UNAIDS Secretariat

**Paul Bernstein**, Managing Director, Absolute Return for Kids

**Mitchell Besser**, Founder & Medical Director, mothers2mothers

**Maharaj Bhan**, Secretary, Department of Biotechnology Ministry of Science and Technology, India

**Zulfiqar Bhutta**, Professor & Chair, Division of Women and Child Health, Aga Khan University

**Michael Birt**, Director, Center for Sustainable Health, Biodesign Institute, Arizona State University; Executive Director, Pacific Health Summit

**Robert Black**, Chairman, Department of International Health, Bloomberg School of Public Health, The Johns Hopkins University

**Ann Blanc**, Director, Maternal Health Task Force, EngenderHealth

**Leszek Borysiewicz**, CEO, UK Medical Research Council

**Sarah Boseley**, Health Editor, *The Guardian*

**David Boyd**, Director, European Government & Public Affairs, GE Healthcare

**Brian Brink**, Chief Medical Officer, Anglo American plc

**Barbara Bulc**, Advisor, The Partnership for Maternal, Newborn & Child Health

**Philip Campbell**, Editor-in-Chief, *Nature*

**William Castell**, Chairman, Wellcome Trust

**Joe Cerrell**, Director, Europe Office, Bill & Melinda Gates Foundation

**Margaret Chan**, Director-General, World Health Organization

**Tsung-Mei Cheng**, Host, International Forum, International Center, Woodrow Wilson School, Princeton University

**Jiayi Cheng**, Deputy Director General, Bureau of International Cooperation, Chinese Academy of Engineering

**Mickey Chopra**, Chief of Health & Associate Director of Programs, UNICEF

**Mushtaque Chowdhury**, Associate Director, Rockefeller Foundation

**Jayakumar Christian**, National Director, World Vision India

**Jocalyn Clark**, Senior Editor, *Public Library of Science (PLoS)*

**Sian Clayden**, Vice President, Government Affairs and Public Policy & Office of the President, GlaxoSmithKline



Summit Concluding Lunch at the House of Lords Terrace, hosted by Lord Nigel Crisp (at podium).

## Summit Participants, continued

**Lisa Cohen**, Director, Washington State Global Health Alliance

**Francis Collins**, Director, U.S. National Institutes of Health

**Jamie Cooper-Hohn**, President & CEO, The Children's Investment Fund Foundation

**Ashraf Coovadia**, Director, Empilweni Clinic, Enhancing Childhood HIV Outcomes (ECHO); Head of Paediatric HIV Services, Rahima Moosa Mother and Child Hospital

**Larry Corey**, Co-Director, Vaccine and Infectious Disease Institute, Fred Hutchinson Cancer Research Center

**Anthony Costello**, Co-Director, Institute for Global Health, University College London

**John Coulthard**, Director, Healthcare, Microsoft Corporation

**Nigel Crisp**, Independent Member, UK House of Lords

**Richard Currie**, Director of Public Affairs & EU Affairs, United Parcel Service

**Sharon D'Agostino**, Vice President, Corporate Contributions & Community Affairs, Johnson & Johnson

**Carol Dahl**, Director of Staff, Global Health Program, Bill & Melinda Gates Foundation

**Gary Darmstadt**, Director, Family Health Division, Global Health Program, Bill & Melinda Gates Foundation

**Sally Davies**, Chief Medical Officer (Interim) & Director General, Research and Development, Department of Health and National Health Service, UK

**Alan Davies**, Chief Medical Officer, Europe, Middle East & Africa, GE

**David de Ferranti**, Principal & President, Results for Development Institute

**Andres de Francisco**, Team Coordinator & Special Adviser, Strategy, The Partnership for Maternal, Newborn & Child Health

**Shilpa Deshpande**, President, ICICI Centre for Child Health and Nutrition

**Muhammad Ali Dhansay**, Acting President, South African Medical Research Council

**Ashwani Dhaul**, Advisor, Reliance Communications

**Dan Dixon**, Vice President, External Affairs, Swedish Health Services

**Andrew Donaldson**, Deputy Director-General, Public Finance, National Treasury, South Africa

**France Donnay**, Senior Program Officer, Maternal Health, Family Health Division, Global Health Program, Bill & Melinda Gates Foundation

**John Donnelly**, Vice President & Senior Editor, Burness Communications

**Mark Dybul**, Distinguished Visiting Scholar & Co-Director, Global Health Law Program, O'Neill Institute for National and Global Health Law, Georgetown University; Inaugural Health Fellow, George W. Bush Institute

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**Anas El Turabi**, Special Assistant to Director-General of Research and Development, UK Department of Health

**Christopher Elias**, President & CEO, PATH

**Richard Ellings**, President, The National Bureau of Asian Research

**Wendy Ewart**, Director of Strategy, UK Medical Research Council

**Richard Feachem**, Professor of Global Health & Director, Global Health Group, Global Health Sciences, University of California, San Francisco

**Mark Feinberg**, Vice President, Policy, Public Health, and Medical Affairs, Vaccine Division, Merck & Co.

**Armin Fidler**, Lead Advisor, Health Policy and Strategy, Human Development Network, The World Bank Group

**Lynn Freedman**, Director, Averting Maternal Death and Disability Program, Mailman School of Public Health, Columbia University

**Julio Frenk**, Dean of the Faculty, School of Public Health, Harvard University; Chair, The Partnership for Maternal, Newborn & Child Health

**Sebastian Fries**, Director, Global Access, Pfizer, Inc.

**Linda Gainer**, Vice President, External Relations and Communications, Fred Hutchinson Cancer Research Center

**Hernan Garrido-Lecca**, Economist, H&W Inversiones SAC; Former Minister of Health and Housing, Construction & Water Services, Peru

**Stefan Germann**, Director, Learning & Partnerships, Global Health & HIV Team, World Vision International

**Roger Glass**, Director, Fogarty International Center & Associate Director, International Programs, U.S. National Institutes of Health

**Tore Godal**, Special Adviser to the Prime Minister, Ministry of Foreign Affairs, Norway

**Wendy Graham**, Principle Investigator & Founder, Impact; Professor, Obstetric Epidemiology, University of Aberdeen

June 23 evening reception at Buckingham Palace hosted by His Royal Highness The Duke of York, UK Special Representative for International Trade and Investment. Tachi Yamada, Koji Omi, The Duke of York, Mark Walport (left to right)



**Glenda Gray**, Executive Director, Perinatal HIV Research Unit, Chris Hani Baragwanath Hospital, University of the Witwatersrand

**Philip Green**, Executive Assistant to the Director, Wellcome Trust

**Lee Hartwell**, President & Director, Fred Hutchinson Cancer Research Center

**Judith Helzner**, Director, Population and Reproductive Health, John D. and Catherine T. MacArthur Foundation

**Stefan Herm**, Chief Operating Officer, McKesson

**David Heymann**, Chairman of the Board, Health Protection Agency, Department of Health, UK

**Rodney Hochman**, CEO, Swedish Health Services

**Adrian Hodges**, Vice President, Corporate Social Responsibility, GlaxoSmithKline

**Graeme Holland**, Healthcare Policy, Europe, GE Healthcare

**Jennifer Howse**, President, March of Dimes Foundation

**Ken Hughes**, Chair, Alberta Health Services

**Jessica Hughes**, Director, Corporate Public Policy, GlaxoSmithKline

**Sumie Ishii**, Executive Director, Japanese Organization for International Cooperation in Family Planning

**Omar Ishrak**, President & CEO, Healthcare Systems, GE Healthcare

**Andrew Jack**, Pharmaceuticals Correspondent, *The Financial Times*

**Alan Jackson**, Professor, Institute of Human Nutrition, University of Southampton

**Scott Jackson**, Vice President, External Relations, PATH

**Kevin Jenkins**, President & CEO, World Vision International



**Jacques Jeugmans**, Practice Leader, Health, Asian Development Bank

**Michelle Jimenez**, Science Portfolio Adviser, Wellcome Trust

**Lily Kak**, Senior Maternal and Newborn Health Advisor, USAID

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**Nobuko Kato**, Senior Partnership Specialist, Concessional Financing & Global Partnership, Multilateral Trusteeship & Innovative Financing, The World Bank Group

**Susan Keese**, Vice President, Market Development, MDx, EMEA Qiagen Inc.

**Stephen Kennedy**, Co-Director, Oxford Maternal & Perinatal Health Institute, University of Oxford

**Ann Kimball**, Director, APEC Emerging Infections Network; Professor, Epidemiology, University of Washington

**Betty Kirkwood**, Professor in Epidemiology & International Health, London School of Hygiene & Tropical Medicine

**Barry Kistnasamy**, Executive Director, National Institute for Occupational Health, South Africa

**Jonathan Klein**, Associate Executive Director & Director, Julius B. Richmond Center, American Academy of Pediatrics

**Hellen Kotlolo**, Young Champion, Ashoka Young Champions Program, Ashoka Foundation

**Vikram Kumar**, Chairman, Dimagi Inc.

**Anant Kumar**, CEO, LifeSpring Hospitals

**Seema Kumar**, Vice President, Global R&D Communications, Pharmaceutical Communication & Public Affairs, Johnson & Johnson

**Tore Laerdal**, Chairman Laerdal, Medical AS

**Pin Woon Lam**, CEO, Health Promotion Board, Singapore

**Heidi Larson**, Head, Vaccine Programmes and Policy Group, Institute for Global Health, Imperial College

**Joy Lawn**, Director, Global Policy and Evidence, Saving Newborn Lives Program, Save the Children

**David Lawrence**, Chairman & CEO (Ret.), Kaiser Foundation Health Plan and Hospitals, Inc.

**Wim Leereveld**, Chair & Founder, Access to Medicine Foundation

**Rob Lin**, Deputy Director, Financial Planning and Analysis, Global Health Program, Bill & Melinda Gates Foundation

**Sam Lister**, Health Editor, *The Times*

**Jilan Liu**, Special Advisor, The National Bureau of Asian Research

**Depei Liu**, President, Chinese Academy of Medical Sciences & Peking Union Medical College

**Julian Lob-Levyt**, CEO, Global Alliance for Vaccines and Immunisations (GAVI)

**Karen Lowry Miller**, Senior Program Officer, Communications, Global Health Program, Bill & Melinda Gates Foundation

**Rafael Lozano**, Professor, Global Health Institute, for Health Metrics and Evaluation

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