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ORGANIZATION & APPROACH

Connecting Science, Industry, and Policy for a Healthier World... Where Unlike Minds Come Together to Act

The Pacific Health Summit brings together leaders from science, industry, and policy to share ideas and form collaborations to realize a healthier future. We join scientific advances and industrial innovation with policies for prevention, early detection, and early treatment of disease to achieve results.

ORIGINS OF THE PACIFIC HEALTH SUMMIT

In early 2004, Lee Hartwell, President Emeritus of the Fred Hutchinson Cancer Research Center; George F. Russell, Jr., then-Chairman of The National Bureau of Asian Research (NBR); William H. Gates, Sr., Co-Chair of the Bill & Melinda Gates Foundation; and Michael Birt, then Director of NBR's Center for Health and Aging (2004-2009), sketched out a vision for how emerging science and technology could link with global health policy to transform health and healthcare. They brainstormed on the need to prevent, detect, and treat illness early enough to drastically reduce the human and financial costs of disease, an intensely personal issue for each of them. From those discussions emerged the initial plan to organize and host the Pacific Health Summit.

With that vision, George Russell, Jr. and Bill Gates, Sr. took on the combined role of Co-Chairs of the Summit's Senior Advisory Group and provided the seed funding for the Pacific Health Summit. Michael Birt became the Executive Director of the Summit and established the Summit Secretariat team at NBR. Claire Topal, NBR's Vice President for International Health and current Director of the NBR Center for Health and Aging, served as the Summit's Managing Director, becoming Executive Director in 2012, and leads that Secretariat team. Nualchan Sakchalathorn is Project Director for the Summit and has been a core member of the Secretariat. Michael served as the Summit's Executive Director through June 2012 and is now based in Phoenix at the Center for Sustainable Health at Arizona State University's Biodesign Institute.

Building on this initial foundation of leadership in 2005–2006, the Summit has grown into one of the world's premier global health gatherings every year. Rich Ellings, NBR's President, was one of the first members of the Summit's Executive Committee, the decision-making body of the broader Senior Advisory Group. Linda Gainer, Vice President for External Relations and Communications at the Fred Hutchinson Cancer Research Center, provided essential guidance on the Summit's media approach.

Building on Bill Gates, Sr.'s strong personal support, Tachi Yamada, while he was President of Global Health at the Bill & Melinda Gates Foundation, took on a decisive leadership role in 2006 and formally established the Foundation as the Summit's third co-presenting organization in 2007. Importantly, he advocated strongly for the transition to a focused annual theme, which has become a hallmark of the Summit. He remained closely engaged throughout his career at the Gates Foundation, serving as Chair of the Executive Committee in 2011.

In 2008, the Wellcome Trust joined the Summit as the fourth official co-presenting organization, and the Trust's Director, Sir Mark Walport, joined the Executive Committee. Both Sir William Castell, Chairman of the Wellcome Trust, who has participated in the Summit since its inception, and Sir Mark provided crucial leadership as the Summit made its first rotation to London in 2010.

Lastly, Peter Neupert, former Corporate Vice President for Health Solutions Strategy at Microsoft, and Craig Mundie, Chief Research and Strategy Officer of Microsoft, have consistently provided a welcomed private sector voice to the Summit's strategic discussions. Peter served on the Summit's Executive Committee from 2007-2012. In 2012, two longtime advisors to the Summit formally joined our Executive Committee: Sally Davies, Chief Medical Officer for the UK, and Peter Piot, Director of the London School of Hygiene and Tropical Medicine.

The Summit has come to represent an indispensable opportunity for unparalleled high-level networking around a tangible purpose: a place for key leaders to meet their peers from across sectors for candid discussions and to make personal connections with individuals and organizations that would otherwise not convene around these themes. Although we feature an annual thematic lens to focus discussions, we are proud of the strong continuity of partnerships and relationships that transcend each year's topic.

“The Pacific Health Summit is a safe haven for people from different worlds to have a conversation they can’t have anywhere else.”

- Dame Sally Davies, Chief Medical Officer, UK Department of Health

ANNUAL THEMES

Each year the Summit tackles a critical global health issue, from exploring the role that science and technology play in early health in 2005 and 2006, to pandemic influenza in 2007, malnutrition in 2008, and multidrug-resistant tuberculosis in 2009.

In 2010, we addressed maternal and newborn health. In 2011, the Summit focused on vaccines. The Summit’s annual theme is carefully selected by the Executive Committee to build momentum and impact for an area of global health that would benefit from the Summit’s unique approach and contribution. In 2012, the Summit addressed the theme of affordability and technologies for health.

The Summit has become the anchor for an entire week of invitation-only events, including a meeting of the Heads of International Research Organizations (HIROs)—who represent the world’s leading life sciences funders—at the front end, a gathering of the world’s leading scientific experts, and high-level meetings of the heads of international agencies and major donors to close the week. No matter what global health challenge our annual theme addresses, the Summit creates a fulcrum that brings leaders together, integrating critical policy and industry partners to make the collection of individuals unlike any other.





PROCESS

Each Summit represents the culmination of a carefully planned set of preparatory activities. As expressed in our annual *Summit Challenge* document, which outlines the context, aspirations, and expectations for each year's Summit, we “challenge” our attendees to engage proactively and make things happen throughout the process.

The Secretariat makes a deliberate effort to have an in-depth conversation with every single Summit invitee at least once—and often numerous times—in advance of the meeting to ensure that we are building a truly useful program and effectively preparing our participants to take advantage of Summit opportunities in June. Beyond one-on-one connections with participants prior to the June Summit, we also hold intimate brainstorming roundtables around the world with key leaders and experts from all sectors in order to garner input for our agenda and to identify the most interesting group of “unlike minds” for our annual program.

We often plan our activities in close coordination with others in the field who convene related forums, in order to build upon ongoing conversations within the community, avoid duplication, and grow momentum around the year's Summit theme. This approach allows us to integrate evolving perspectives and keep our program productive and forward-looking in the context of new developments.

Additionally, we gather critical input from all sectors so that we can identify intersections and opportunities to create new connections between stakeholders who would not otherwise meet, actively linking participants before, during, and after the June event to facilitate unique communication and collaboration.

“Why do I come to the Pacific Health Summit? I connect with people I would otherwise not meet, and it allows us to put all our needs on the table, identifying solutions together. The setting is more intimate, allowing for more profound friendships and partnerships to take root. The kind of peer pressure one experiences at the Summit helps everybody evolve.”

- M.K. Bhan, Secretary, Department of Biotechnology, Indian Ministry of Science & Technology

GOALS

A core goal of the Summit is to create a foundation for substantive cross-sector communication and collaboration. To that end, the Secretariat's role is not to create our own pledges or announcements but to instead focus on catalyzing strategic connections and personal relationships among our partners and participants that will result in long-term collaborations and partnerships. We also make a deliberate effort to support and build momentum for important existing global declarations and action plans, such as the UN Global Strategy for Women and Children's Health and the Group of Eight (G8) process in 2010 and the Decade of Vaccines Collaboration in 2011.

Because Summit outcomes often result from personal interactions and spontaneous brainstorming in June, our participants feel personally invested and committed to making something happen. It is this sense of ownership that leads to robust, sustainable engagements, which, coupled with institutional resources and buy-in at the highest levels, ultimately leads to enduring action and partnerships with meaningful impact. Through formal and informal discussions over two and a half days every year, we hope to:

- Bring together an unusual, effective mix of high-level individuals in an outcome-oriented, friendly setting to form new, integrated alliances
- Provide new insights on, and acknowledge the practical realities surrounding, critical global health challenges that help strengthen our participants' work and strategic direction
- Engage the business sector as a full partner, putting to use its valuable know-how and creativity
- Create a foundation for substantive, long-term personal communication and collaboration

Our annual themes are revisited in each subsequent Summit to maintain momentum and build additional support for tangible progress.

WHY SEATTLE AND LONDON?

Seattle was the venue for the first five Summits. The city where the Summit was conceptualized and launched, Seattle is also home to a thriving global health community and a large number of truly global companies. While Seattle will continue to be one of our venues, we have listened to feedback from participants who requested we consider other locations. London, the home of our co-presenting partner, the Wellcome Trust, was the natural selection. Additionally, London provides us with a central hub for participants attending from around the globe. The 2010 London Summit represented the first year of our now annual rotation between Seattle and London.

WHY WE ARE THE *PACIFIC* HEALTH SUMMIT

The vision for a Pacific Health Summit came out of our sense back in 2004 that what was happening in science and technology in the Asia-Pacific region could catalyze a transformation in healthcare from a reactive model to one based on prevention, early detection, and early treatment of disease. Over the years, this concept evolved and the Summit has expanded globally, focusing worldwide on opportunities, and recognizing that there are no borders around innovation or the human and financial costs of disease.

Leaders now recognize our name and associate it with our annual gatherings, a place for them to connect and collaborate. Though we have expanded beyond the Asia-Pacific region, we will remain the Pacific Health Summit.

The Summit logo expresses the timelessness of the hope for better health. The character chosen to represent the Summit, pronounced *sheng* in Chinese and *ikiru* in Japanese, means “life” or “to live.” In the same way that this character for “life” also combines easily with other characters to build hopeful and strong compounds, we, too, hope the Pacific Health Summit will become a cornerstone upon which to build partnerships and new understanding.

Much like those who aspire to climb the world’s tallest mountains, the arched line at the top of our logo represents the Summit we aim for in health—to prevent and detect disease early enough to save lives at a much lower human and financial cost. Whether the mountain ascent is attempted by an individual or by a team, success is the result of training, careful preparation, and the unsung work of hundreds and even thousands more who help a handful achieve the glory of the summit.



“The Summit represents for me that conscious moment in the year where I can sit down with colleagues to think as partners, to act as partners.”

- Paul Stoffels, Global Head, Research and Development, Pharmaceuticals, Johnson & Johnson

ATTENDEES

After the Executive Committee selects our theme, the Summit Secretariat carefully canvasses the landscape to search for leaders who have a unique approach, offer a fresh perspective, and have the ability to reach across sectors. One of our guiding principles is the belief that the business sector has a role to play in discussions and activities that will transform global health. To that end, one out of four participants hails from the private sector.

While we proactively aim for broad geographical, racial, gender, and sectoral representation, our primary focus is on identifying individuals with the will and resources to make a real impact and who will harness the opportunity of our approach, as well as those in the trenches who make things happen every day. Institutional affiliations are important, but we believe that the individual motivations and interactions among global leaders will lead to durable and significant collaborations between countries, sectors, and organizations.

Each Summit participant is personally recommended by other innovators and occupies a unique place in a global network of thinkers and doers. In the end, the Summit's results depend upon this growing community of engaged leaders to turn thoughtful discussion into transformative action. Relationships that begin at the Summit have made a monumental impact on global health. We also focus on identifying leaders and “movers and shakers” who are not traditionally featured at other events in order to bring new voices to the table, especially from the business sector and the developing world



NUMBERS AND INVITATIONS

The Summit convenes 250 leaders from science, industry, and policy from over 30 countries.

Each Summit welcomes a unique group of people. Our process of identifying invitees runs year-round. As a result, some attendees receive invitations in the fall and others in the months that follow, all the way through the spring.

As we finalize our agenda in the months leading up to June, we contact a small number of confirmed attendees to serve in panelist roles. Importantly, our attendees are enthusiastic about participating, regardless of whether they have a formal role in our program.

We deliberately maintain a select and distinct number of participants to cultivate the intimate atmosphere that allows individuals to make personal connections and build foundations for long-term relationships.

While some participants and organizations are invited to more than one Summit, our changing theme and space constraints mean that the mix of people and invitees naturally varies from year to year, and an invitation to one Summit does not constitute a standing invitation to subsequent Summits. Every year, the Secretariat creates an entirely new invitee list, unique to the current theme and context.

Our goal is to bring together as diverse an audience as possible; as a result, we are often only able to welcome one delegate per organization. We expect each participant to share the insights of the Summit with their group of peers or organization, allowing the ideas, collaborations, and networks developed every June to reach an exponentially larger group of global leaders than we are able to invite to the Summit event itself.

“The most important outcomes of the Pacific Health Summit are often not public. They derive from the relationships developed year after year between world leaders with the vision, determination, and resources to solve major health problems.”

- Lee Hartwell, Chief Scientist, Center for Sustainable Health, Biodesign Institute, Arizona State University

DISCUSSION FORMAT

The Summit’s plenary sessions and workshops are structured to foster dynamic panel discussions and highly interactive audience participation. Every session features a plenary panel that is thoughtful and exploratory and prompts action. We expect panels to be informal, friendly in tone, and very conversational. Accordingly, there is no need for prepared speeches or presentations. Our goal is that each session will be thought-provoking and engage the whole room, as well as being forward-looking and not duplicative of past meetings and discussions. The Summit is a non-technical meeting that focuses on the big picture while acknowledging practical, on-the-ground realities.

Panelists (our speakers) serve as “discussion catalysts” and are given just a few minutes at the start of each session to initiate lively and productive dialogue. Every participant at the Pacific Health Summit is an important and respected leader in his/her field; thus we impose strict time limits in order to give everyone enough time to interact and share their thoughts and expertise. We emphasize frank conversation between all the leaders in the room, and there is truly little distinction between those on stage and those who speak from the floor.

Our sessions focus on the question, “What actions can and should the people in the room take now?” and are not intended to produce broad, consensus-based declarations or to facilitate technical discussions about specific data sets. PowerPoint is not permitted. Two or three auxiliary workshops held adjacent to the plenary sessions allow participants to delve deeper into targeted, action-oriented conversations on specific “hot topics.”

MEDIA SUPPORT AND PARTICIPATION

Each year we invite thought leaders from the media as attendees because we value and look forward to their input as key stakeholders in our discussions.

Summit media reporting guidelines are based on a modified version of the Chatham House Rule, in which permission must be obtained from participants for attribution of paraphrasing and direct quotations.



IMPACT RETROSPECTIVES

RESULTS | WHAT COMES OUT OF THE SUMMIT?

The Summit aligns interests to clear real pathways for “nucleating partnerships,” which has extraordinary value in successfully steering companies, NGOs, and governments alike toward making game-changing, sustainable contributions to global health. Encouraging participants to get comfortable with going beyond simply writing—or asking for—a check, the Summit focuses on broader, deeper engagement across sectors. This process honors the unique context and objectives of each individual and organization, as well as the time these sustainable relationships need to take root. It also creates a foundation for long-term impact.

- 94% of 2010 and 2011 survey respondents noted that their Summit experience directly resulted in new connections, partnerships, and/or collaborations for them or their organization. The remaining 6% remarked on potential new partnerships or the strengthening of existing collaborations as a result of the Summit.
- 97% replied that the Summit was a tremendously useful experience—personally and professionally. Attendees remarked that the Summit was “extremely enriching” and “very valuable” because “the world’s top leaders stay in the room.”

CATALYZING AROUND COMPLEX PROBLEMS: EXAMPLES OF “NUCLEATING PARTNERSHIPS,” 2005-2010

In the weeks following the 2011 Summit on vaccines, participants began reporting back on new relationships forged at the meetings and novel initiatives sparked by the discussions. Ghana's Expanded Program on Immunization (EPI) and the healthcare informatics services company Dimagi are collaborating around mobile technologies for supply chain and EPI tracking. A multinational pharmaceutical company is exploring making its proprietary adjuvants available to an international vaccine research organization. A Fortune 500 health company is in discussions with a key vaccine research organization and other partners to organize a new coalition of private development partnerships around vaccines. Additionally, key Summit leaders from Merck and the Serum Institute of India Ltd. announced they would join forces to develop and commercialize a pneumococcal conjugate vaccine (PCV) for use in emerging economies and the developing world. The Access to Medicines Index also indicated interest in creating a “vaccines index,” ranking pharmaceuticals on their efforts to support immunization worldwide.

The decision to hold the 2011 Summit on the topic of vaccines helped motivate *Nature* to run a special issue on vaccines. Additionally, discussion on responsible communication in the Summit's second plenary session catalyzed an in-progress research paper, analyzing media coverage of vaccines, to be published in an African peer-reviewed academic journal.

Another valuable result for the vaccine field from a past Summit was an announcement in 2007 by Margaret Chan, Director-General of the World Health Organization (WHO), 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, and three other pharmaceutical companies—Baxter International, Sanofi Pasteur, and Omnivest—followed suit with contributions. In 2009, sanofi-aventis CEO Chris Viehbacher announced a donation of 100 million doses to the stockpile.

At the 2007 Summit, conversations between Sir William Castell, Chairman of the Wellcome Trust, and Mark Feinberg of Merck led to another ground-breaking cross-sector collaboration: the MSD Wellcome Trust Hilleman Laboratories in India, which was launched in 2009. The establishment of Hilleman Laboratories marks the first time that a research philanthropy and a pharmaceutical company have partnered to form a research and development joint venture with a not-for-profit mission entirely focused on the development of novel vaccines, as well as optimized versions of existing vaccines, that are specifically designed to address key unmet public health needs in developing countries.

At the 2009 Summit, Mark Feinberg, Vice President of Merck Vaccines, and Peer Schatz, CEO of Qiagen, met in person for the first time and began talks that resulted in a collaboration to advance comprehensive cervical cancer prevention efforts in low-income countries. Since that time, the partnership has led to a major new initiative to implement national comprehensive cervical cancer prevention efforts, including vaccination, screening, and treatment programs in developing countries. The first nationwide program was launched in Rwanda in April 2011.

*“The Pacific Health Summit isn’t just where things start.
It’s where they pick up speed.”*

- Wim Leereveld, Chair & Founder, Access to Medicines Foundation

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

The 2007 Summit was also the launching pad for another important collaboration between industry, academia, and government: the Eli Lilly Not-For-Profit Partnership for TB Early Phase Drug Discovery.

Participants from the 2010 Summit remarked that the meeting represented a “historic conversation,” opening unprecedented dialogue on maternal and newborn health (MNH) between the private sector, policy, nonprofit, and donor communities. Leaders in the room agreed that this unique discussion with peers from other sectors transformed their priorities and perspectives. The most important outcome: new comfort with a rare, frank, cross-sector conversation that identified common ground and compelling opportunities for all present.


An international agency is now working 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 company.

Additional, practical results for MNH are evolving toward a census data-gathering system, SMS mobile technology support for pregnant mothers, the mapping of health projects, crowd-sourcing maternal and newborn consumer health information, and adapting high-quality, low-cost, and life-saving medical equipment for rural settings.

The Summit also provides immediate entry points for new partnerships through Calls for Collaboration, which, beginning in 2010, are distributed to all participants. Hailing from all sectors, these detailed proposals seek innovative alliances to achieve specific outcomes. Importantly, they provided a springboard for nuanced discussion about all forms of engagement, yet none of the Calls ask for financial donations. Submitting organizations have reported positive results and the emergence of strong partnerships as a result of their Calls. By leveraging cross-sector expertise and providing specific platforms for involvement beyond financial support, the Summit creates new bonds between motivated players in global health and encourages creative solutions.





In 2011, two Calls specifically pertained to the cold chain and vaccine supply chain. Through the Immunization Innovation Fund, Project Optimize sought proposals for innovative solutions to address six critical areas of vaccine delivery in low- and middle-income countries. Home of the Global Good program and an innovative, passive cold chain device, Intellectual Ventures sought country partners for testing and feedback on the device's contribution in real-time to vaccine delivery. A Call spearheaded by the International Pediatric Association, American Academy of Pediatrics, and the London School of Hygiene & Tropical Medicine sought partners to grow public engagement in promoting immunization. Meanwhile, Swedish Medical Center and the Pacific Northwest Diabetes Research Institute appealed for support in using mobile information systems to address type 2 diabetes, specifically in underserved populations—extending the Summit's impact into another critical health area. 2010 featured twelve Calls, submitted by organizations such as Pfizer, Save the Children, and PATH.

Given the Summit's emphasis on cross-sector collaboration, building trust and friendship is an important goal. Following up on his pledge at the 2008 Summit, in 2010 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 forged ahead on a 2008 Summit commitment to develop the Access to Nutrition Index. Following extensive research into the nutrition practices of the food and beverage industry, the Index will rate food and beverage companies on their performance in providing nutritious, affordable products to consumers.

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.





REFLECTIONS FROM SUMMIT ALUMNI

2005-2006: Early Health

"The key challenge for us at the 2005 and 2006 Summits—as laid out implicitly by the electorates, patients, and stakeholders we represent—was to grapple in practical terms with how we best integrate opportunities presented by emerging, innovative science and technology into our healthcare systems. The Summit emphasized for all of us the necessity of not standing on the sidelines. ...The friendships and partnerships that resulted are helping to move healthcare from being our greatest modern cost to becoming our greatest modern asset."

- Sir William Castell, Chairman, Wellcome Trust

"Ever since attending the first meeting in 2005, I have come to think of these Summits as the 21st-century version of an 18th-century salon. Seasoned thought leaders from government, business, and a variety of academic disciplines from many countries come together to have elevated conversations on a topic at the intersection of health, healthcare, and technology. The Summit draws on the assembled expertise to explore how to better use modern biomedical and information technology and bioengineering to enhance human well-being around the globe. It is impossible to come away from the Summit without being stimulated to take one's research in new directions or to develop concrete projects to put into practice what was discussed."

- Uwe Reinhardt, James Madison Professor of Political Economy, Woodrow Wilson School, Princeton University



2007: Pandemic Influenza

“The Pacific Health Summit is more than a conversation among important stakeholders; it provides a process that leads to tangible outcomes. The 2007 Summit on avian flu—and the pre-meeting we co-hosted with the Summit organizers in Beijing—produced an important new response paradigm for fast-tracking regulatory vaccine approval in emergency situations. That represents a critical step forward.”

- Yu Wang, Director, China CDC

“In the lead-up to the 2007 Pacific Health Summit and in the years that followed, the world has been grappling with many complex questions. Among them: Will we have enough pandemic flu vaccine to protect enough people in time to avoid a catastrophe? Apart from ensuring equitable access to vaccines, which is, of course, a priority, how do we all provide leadership that will make efforts to avoid infection more rational and better coordinated? This leadership, of course, will need to be based on evidence and a firm understanding of the connection between science and policy. The deliberations of the 2007 Summit, and the collaborations that resulted between individual leaders in the room there, made major contributions to this objective. These commitments strengthen our collective security.”

- Margaret Chan, Director-General, WHO



2008: Malnutrition

"From a public health standpoint, malnutrition is one of the largest contributors to poor health outcomes. While good evidence exists about what can be done to address it, taking solutions to scale has proven difficult. The 2008 Pacific Health Summit provided a venue to bring together thought leaders not only from civil society and the public sector, but also, importantly, from industry. Ultimately, this dialogue laid the foundation for major movements and initiatives like the GAIN Business Alliance expanding its role, more projects from the private sector around the 1,000 Days campaign to focus on the most vulnerable populations, and the inception of the Access to Nutrition Index, which will benchmark market channels and industry's increasing role in improving nutrition impact at scale."

- Marc Van Ameringen, Executive Director, GAIN

“As a result of the Summit, we’ll see vital collaboration and fruitful partnerships emerge, bringing important progress and viable solutions.”

- Paul Farmer, Co-Founder, Partners In Health

2009: Multidrug-Resistant Tuberculosis (MDR-TB)

“Rarely, if ever, have so many top stakeholders gathered to ‘talk TB’—from prevention, diagnosis, and treatment, to social impact and innovation—as they did at the 2009 Summit. TB research and development had been moribund until just a few years prior, and the Summit clarified both how far we’ve come and how very far we still need to go. MDR-TB still threatens to take us back to the pre-antibiotic era. Academics, industry leaders, government officials, and technical and donor partners debated and brainstormed with an energy that had been lacking to date.

Important, concrete outcomes emerged. The U.S. NIH announced its ground-breaking intention to open up HIV clinical trial sites for urgently needed TB research. An unprecedented new collaboration among pharma partners also resulted: the Critical Path to TB Regimens, which promises to develop new drug regimens well before any anticipated deadline. Civil society representatives voiced their demand for new tools for the poor. Since June 2009, we have also seen remarkable steps forward in increasing access to MDR-TB treatment, in the introduction of a new rapid TB diagnostic, and in the expansion of drug and vaccine pipelines.

The Summit’s value was in catalyzing interest and enthusiasm among high-level people who had never before been engaged in this field. Driving down TB rates and halving TB deaths are key 2015 targets and necessary precursors to TB elimination—the 2009 Summit helped us focus our eyes on the prize.”

- Mario Raviglione, Director, Stop TB Department, WHO



“The Summit offered an unusual and much-needed opportunity for making new contacts, meeting new partners, and finding essential support. It’s about what I bring back—TB has no boundaries. I couldn’t not come to the Summit.”

- Colonel Vladimir Troitskiy, Head, Medical Department, Russian Federal Penitentiary Services

2010: Maternal and Newborn Health

“It was a true privilege to participate in the 2010 Summit. The experience catalyzed numerous unique collaborations for my company. For example, in response to a Summit ‘Call For Collaboration,’ we joined with another company to help bring to the market, manufacture, and distribute two innovative medical devices for [Millennium Development Goals] 4 and 5. Additionally, as a result of the Summit, we are also now collaborating with a leading international NGO to develop a healthcare worker training course on the control of postpartum hemorrhage, similar to our Helping Babies Breath program. Finally, we formed a new global health-focused company, Laerdal Global Health, which is partnering with two leading university departments for biomedical innovation for global health.”

- Tore Laerdal, Chairman, Laerdal Medical

“I left the 2010 Summit with an updated appreciation of the nuances of maternal and newborn health and the people shaping the field. My company focuses on mobile health technology, and we have been engaged in global health more broadly for years. The Summit gave me a new perspective on how our work can contribute to MNH efforts specifically, and was a practical refresher on the many ways that science, business, civil society, and policy can collaborate around these issues—reinforcing how amazing things can happen when unlike minds come together. The Summit also accelerated our urgency to do more for MNH, something I’m happy to report that we’ve done since.”

- Vikram Kumar, Chairman, Dimagi, Inc.

“I was unsure of what to expect and found the Summit to be a surprisingly invigorating meeting. The best summary I heard was ‘a meeting of unlike minds.’ For some people, this can be hard. If, however, you see it as an opportunity to understand a very different mindset and find a common goal, then it was exponentially more interesting than just another public health meeting. Global public health’s bottom line should be lives saved. Industry’s bottom line is mainly financial. But there are intersections of interest that will serve both. If we do not engage, then industry partners may not have the best data to pick priorities or may not design truly ‘fit for purpose’ products and initiatives. The key is in the follow-up and the relationships that formed at the Summit.”

- Joy Lawn, Director, Global Policy and Evidence, Saving Newborn Lives, Save The Children





“People here will leave with an action item. ... Things happen.”

- David Boyd, Director, European Government and Public Affairs, GE Healthcare

2011: Vaccines

"No doubt, this was a different kind of setting for us, ... definitely not the usual monotonous discussions. Rather, the interactive sessions were very interesting and showcased the Summit's unique ability to connect science, industry, and policy. ... The Pacific Health Summit has also given me an opportunity to interact and build synergies with people from really diversified fields.

- Suresh Jadhav, Executive Director, Serum Institute

"The nuanced things I learned at the Summit about the pharmaceutical industry and the importance of vaccines will forever percolate in my work as a science journalist and as an individual influencing decisions about myself, my family, and my community."

- Esther Nakkazi, Science and Health Reporter, *The East African*

"I was very impressed with the implementation of the Summit. I, and I know many others, learned a great deal about how we each organize and do things—things which are inexpressible on paper."

- K.O. Antwi-Agyei, National EPI Manager, Ghana Health Service

2012: Affordability and Technologies for Health

"There are no words to express how well the meeting was organized.... Indeed the experience was productive and enjoyable. I had opportunity to make a lot of good contacts which will help us to work on future affordable technologies in eye care."

- Rengaraj Venkatesh, Chief Medical Officer, Aravind Eye Hospital

"The opportunity the Summit created for me to engage and interact with my media colleagues from the North and South in an informal setting was very special and a first in many respects. ...being able to engage and share with colleagues from the developed world media was invaluable. We hardly ever get the time or platform to share in this way.... I have been to many health meetings and this was the first time other journalists and I were given the space to simply talk and share about what it is like to cover health in our vastly different settings."

- Anso Thom, Print Editor, Health-e News Service

"All the Summit participants showed such great motivation to improve the quality and accessibility of healthcare. I had not been exposed to many of the topics before the event, and I found them all to be very inspiring."

- Jie Liu, COO, Mindray Medical, China



www.pacifichealthsummit.org

