The Changing Landscape of Global Public Health
Kaiser Family Foundation
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MALE SPEAKER: Just take a comfortable seat somewhere, just for a few last minutes. I'll quickly go around the room and if you have something to say from the discussion, please feel free to grab the microphone to particularly talk to that action.

So colleagues, can I just encourage you to sit down. Just for the last 20 minutes, half an hour.

We're looking at issues around changing health and prevention needs. We don't need to go through every point I know there were some particular issues. I'm interested to hear what were the key ideas of key actions that could be taken forward over the short to medium term that found popularity in the group.

I'm sorry, can we have mic one on please?

PAT: Very quickly and you can see that we were still actively engaged in this by putting colored dots.

MALE SPEAKER: Sorry Pat. Can we just have people's attention? I know it's hard at the end of the meeting but we want to capture this as best we can. Thank you. Sorry Pat.

PAT: So our group really built on the discussion that took place in the same corner earlier this morning. I think probably the core of the discussion was the idea of mapping. The need for mapping the burdens, cost effective responses and the maximal opportunities for cost effective global action, so

that was that table that Sondra showed earlier. We're picking up on that as a starting point.

We also felt that it was important to build in some measures, both of the social and environmental determinates of these things as well as continuing to enhance the health indictors so that we can do a better job. Then ultimately figure out a way to translate all this emerging knowledge into policy action, which was a thing we struggled with at the end.

MALE SPEAKER: Thank you. Anyone from group one want to add any detail to that, in terms of things that people feel particular interest or commitment to taking forward in the next little while?

PAT: They feel like I did a very good job of it [laughter].

MALE SPEAKER: Okay, that's fine. Group two who were looking at signs to innovation. Again there are a whole range of issues, some particular ones prioritized. Jennifer and/or others just give us a flavor of some of the key issues, again particularly in terms of tractable actions in the short to medium-term to take some of this agenda forward.

JENNIFER: Given the size of our group we generated a disproportionate number of possibilities. I would say that a big theme was integrating innovations and sciences from existing innovations and scientific insights, from across multiple levels, including lab science, social science, policy

science, bench science, engineering science and also existing communication innovations. Whether it's web or social media, but to really draw more effectively on what's already out there.

We also talked about road blocks to uptake and addressing more directly the ways in which all sorts of innovations are not integrated, training, whether it's managers or ourselves in how to address the new innovations and technologies.

We were very democratic so I'm going to hold out the Mic.

FEMALE SPEAKER: We thought also to develop a minimum curriculum of what a global public health professional tools should have in order to be able to assess the needs of innovation. We also discussed that we may have a top ten list of global health issues that could be benefited by innovation and technology.

Also, discuss a set of criteria. That we could agree on a set of criteria with which to filter the innovations to be considered valid for a public health's point of view.

We also comment I think on ethics.

MALE SPEAKER: Just one more and then we'll move on.

FEMALE SPEAKER: Also we should discuss ethics of the process of innovation and how the relationship with the private sector should be handled.

MALE SPEAKER: Okay. Thank you. Just to comment that was really nice building, I think some of the deliberations of group one in terms of particular health risks and particular investments and challenges. I think that's the connections and the interdependency between groups that we're looking for.

Group three looking at globalization and global health governments. What were the sorts of key issues, I think it was a nice list you came up with and to just show us and just draw attention to some of the key issues that came up for you.

FEMALE SPEAKER: Thank you. I'm just gonna quickly go through sort of where our group was and then ask them to build on it. We spent a lot of time really trying to figure out the what and I think like everybody we also got distracted pretty quickly into the how and the who.

It was pretty equal across the board. With six, I think the three that really got the most votes, like on American Idol, were accountability, thinking about a post-MGD vision and the issue of rights. I think it's worth mentioning that we also spent a bit of time talking about the mechanisms of enforcement, in terms of accountability.

I think that there was agreement that as ideal as it would like to be, to think about having a global governance structure that everyone would get on board, that will never happen. So to really just think about accountability for what, to who.

There was also a lot of talk about really how to make this practical and recognizing that there's some real milestones coming up. Whether it's the elections 2012 of WHO, and using that as an opportunity to set forth some ideas of what WHO could or should look like and then envisioning a leader for that. The post-MGD world, 2015 is pretty soon and so what is that next big vision that will sort of govern how we operate.

Rights and the Human Rights Commission, and really trying to build on existing bodies of work, then also the implementation of the Commission on Social and Determinates of Health and really using that. So I think I'll leave it at that.

A short action step was really to think about a paper of some sort coming out of this group, maybe building on the background paper of Governance. Then also looking at some initiatives around governance, we're not the first group to be questioning this, so whether it's a group at Georgetown, Larry Gossen's [misspelled?] or some other initiatives to really build on that. Anyone else?

MALE SPEAKER: Linking into other initiatives and the things that are going on, and also across groups in terms of the issues of social determinates that group one were looking at, at one stage. Group four around health systems.

FEMALE SPEAKER: Thank and just first of all to thank this group. I think there's an incredibly rich discussion. We got into some really interesting discussions. I denied my group little dots and I feel really bad that I'm looking around and everybody had little dots and I denied you them so, we could hand them out afterwards and you could be creative.

We had this very large area around health systems and we started off saying, really focusing on what new can we bring in terms of a knowledge network and that's really where most of the discussion went. We quickly also established that some of the principles and values that we were working from, is that we're talking about a functioning health system. We're talking about a health system based on the concept of a rights based approach, and one of universal health care.

Some of the issues that really were very important, that as we're thinking about key things to bring up in a knowledge network, is to maintain the one the ground practical approach, but then also thinking about how health systems can really lead to wider transformation. How it can actually lead a wider transformation in society, a wider system of government, a governance and linking those to this notion of health in all policies, health in sectors. So that's the background.

In terms of what issues we felt would be important as different, new perhaps to add an additive thinking if that's

how we conceptualize health systems, I'm just going to list them. The first is really, we talk a lot about how HIV health services, how maternal health services can really lift health systems if we were to implement them properly.

And yet we're not sure that the evidence for that is out there. So to develop a knowledge network, develop some thinking around what is the evidence base that we can move from a vertical to a diagonal approach to health systems.

I think the second big area of discussion was what do we really mean about public, private engagement and negotiation and how can we strengthen those processes if we hold onto our values of a rights based approach.

The third area was very much around quality. While we think we know what we're saying and how we measure, there really are big issues and unknowns around issues of quality and what is the knowledge and knowledge creation and networking around that.

And linked very closely to that was most of our discussion around a notion of quiet corruption, or small corruption, or understanding how it becomes normative for there to be high levels of absenteeism, in health system. Why it becomes normative for what seems to be very ordinary things that are actually completely undermining the health system. How do we think about that and how do we develop research and

scholarship around some of those. I'm hoping that my group will add to those discussions.

Then as we're thinking about understanding this kind of corruption in this very small but important way, how do we link accountability? What tools do we have to hold both health services providers but also ministries of health accountable? Can we use some of the budget analysis tools that are out there? How do we think about using management and financing tools to improve that accountability?

Finally we also spoke about the actors and what is the knowledge and the knowledge networking to better understand how we bridge this gap between policy and action and between the professional divides. How do we break down some of those professional divides in ideas like task shifting, my word? So, one of the how's. We didn't talk a lot about what is this network gonna look like, or how are we gonna do this.

One of the things that we thought that could very easily come out of a grouping such as this is that each one of these areas needs some real development and scholarship about how both to teach that. Many of us here are in a school of public health. How do we teach these kind of health principles, beyond the WHO building blocks?

How do we develop a scholarship or research methodology around some of these issues? Most important, how do we do it in a way that is inclusive of the health activists who are out

there, of the policy makers, of the people that are in this room? That's really where we ended up and I'm sorry if I've sort of hashed some of it, and if anyone would like to add.

MALE SPEAKER: Does anyone in the group just want to add any concrete detail in terms of particular elements of that?

FEMALE SPEAKER: Sorry and then there's one and my apologies. There was very much about how do we think about a health system that is forward looking, that is looking at the future, and is able to be flexible enough to manage the transition from an infectious roots or chronic care model. How do we understand that transition and how do we understand implementation as a way to that. Geeta [misspelled?] please. Very much around the fundamental role of human rights and how we think about that, I'm not capturing this right, Geeta please. Look who I had in my group.

GEETA: No it was just about how can human rights tools and mechanisms be really used to improve and strengthen health systems? To force changes in health systems that you won't get without those.

MALE SPEAKER: Okay. Thanks Geeta and thank you group four. I want to come to group five who had a very thorough brainstorming sessions. There's no way we either expect them or probably want them to go through every item on the wall.

I'm particularly encouraging the group to identify two or three key issues that you'd pull out of that.

MARNIE: Okay. Let me come over here so I can see what we voted for. We were the global health initiative centers and university and it was a terrific group with lots of different experiences, which we went around the room and heard about.

Then we did our bulleting exercise, which I think I just want to focus on, cause that highlights what we came together on.

I think everybody felt it was critical that for these new global health centers that exist or that are being created, that we be very clear about global health content. What should be in it and what is not in it and sort of going through an exercise that specifies and tries to tease some of them out.

There was some consensus that some of the existing centers or projects or institutes that have a country specific or operational focus does not equal global health. However one that is aimed at building norms and standards that tackle global health issues, does fall within the purview of global health as do transnational issues.

There was strong consensus that there should be rights and ethical based approach inside any global health institute or center and we talked about the political dimensions that come into play. Be it either for funding or what falls into the tent of a global health center institute.

There was some disagreement and I think that's healthy about whether there should be a foundation of public health skills that everybody working in global health should have. Or if the tent was larger and a global health center should bring in a whole different range of backgrounds where you could take some classes, but not necessarily complete all of what might traditionally expected as the foundations of public health. A rich appreciation for the diversity of backgrounds that feed into what we do that is global health.

I think there was also consensus that there are existing centers that focus mostly on sending students to another country and then they come home again. But that is not necessarily what we were conceptualizing, is a curriculum or an institute that's really struggling to analyze some of the transnational trends, some of the global issues that are out there. There was also I think, much consensus that people coming from the various regions should be sufficiently trained within their public health curricula to engage at the global level.

So if you have your MPH in Mozambique or your MPH in New Orleans or wherever it may be that if you do engage at WHO or with some of the global health actors that you are well prepared.

MALE SPEAKER: Just a couple more, Marnie [misspelled?].

MARNIE: One more or we done?

MALE SPEAKER: Give me one more.

MARNIE: One more, which one do you want me to do. Oh right, then some actionable items. We all agreed that at the Global Health Counsel next year, it was convenient that we had Jeff in our group; there should be a session to continue this topic and pick up on it.

The other interesting actionable item that came out of it is a number of the southern global health institutes and centers talked about writing a letter, a commentary to the Lancet to talk about their perspective on what their global health institutes and centers are doing.

MALE SPEAKER: That's great, thank you very much. Can I come to group six I think it is which is looking at curriculum, again quite a broad ranging discussion. If you just pull a few things out.

MITCH: Our discussions were more directly focused on how a learning network maybe beneficial in what could be considered curriculum development or better still towards work force development in global health.

In the beginning we made sure that it was clear that there was a little bit of a distinction in terms of the constraints that exist for schools in the north. That we were constrained but what the expectation were by our accrediting body and that was an important constraint that may be different

than what other institutions outside of United States may not have. We were clear that the existence of an activity through a learning network might deepen the curricula and create better uniformity and allow for dissemination of information about curricular materials

We all agreed that this was a very early stage in the development of these ideas and that having some kind of a working group of interested partners, to work on this in terms of how to infuse the learning network as a vehicle, was going to be important and we weren't quite sure how that would happen but would like some assistance in that. It was clear that none of us when we went back to our offices were going to immediately engage or impale ourselves upon the learning network in order to make this work.

So we said somebody has to be responsible for it and help us with this but we all agree that it is a viable vehicle.

One of the things that came up was that creating an inventory or mapping of existing global health educational material would be very valuable to institutions around the world. There were a very clear voice that in many institutions around the world there are gaps that need to be filled.

So it's not like they need the entire curriculum from a school or a college or university in another part of the world, but there were very specific skills. For example research

skills where African students would benefit very much from the availability of such material to them.

Also it was agreed that a network like this could have a brokerage function, making it clear what opportunities exist for students or the need for faculty on short-term periods, where we can have a free exchange amongst our institutions in order to enrich each other's experiences.

MALE SPEAKER: One more Mitch.

MITCH: One last was the question of information sharing about existing training, but also about perhaps performance of graduates and the needs within the work force and very finally in red was added the question of quality control. That having an assembly of interested parties that prioritized quality in education and training, and we said not just educational students but also training of people in the field would be part of what we would aspire to use this network for.

MALE SPEAKER: Thank you Mitch. Finally let's come to group seven, I think by far has the neatest of dots, so it's a nice place to finish. Group seven looking at learning networks.

MARY: We did look at learning networks and initially I thought this was a difficult feedback assignment because this wasn't a group that had met earlier in the day. We discovered we had a very wide range in conversation but also a lot of the

things that we brought up have already been commented on, but some of the other groups.

So I think in the interest of time, with the groups permission what I'll do it just highlight a couple of the things that seem specific to this idea of learning networks.

Those were the recognition that there is a lot of information about governance and best practices of learning networks. Some of the important themes, by no means an exhaustive list, but some of the themes that came out of our brief conversation were issues about representation and access to learning networks from the very prosaic that they probably shouldn't all be in English to issues of bandwidth and also to issues of institutional homes, that they shouldn't necessarily come out of a northern institution. That there might be southern hubs, there might be ways to organize networks that would improve this issue of access.

We also talked about the need for open source types of networks and the need to balance the sort of free market, uncensored, sort of market place of ideas with the idea of some sort of peer review or quality control that other people have mentioned.

We talked about active knowledge management and made what were alternately described as good analogies or bad analogies to things like Amazon.com or Netflix, or shopping

networks where they say, you were interested in this, maybe you'd be interested in that.

Or people who like that article, like this article. The idea that another passive information network where you have to go and sort of ask it question is going to have so much competition without an active element of knowledge management that it might not be successful.

We talked about the uses of the network for lots of different activities and I think the one that I'll highlight is the idea of support for enterprise level collaboration. To use it as a vehicle to create partnerships and new partnerships.

We emphatically agreed with the idea of mapping other networks because there are a quite a few that exist from Pahu's Virtual Schools of Public Health [misspelled?], which has a tremendous amount of information on the internet to the ISHA Network [misspelled?] that Duke is organizing, which has schools of medicine, public health and business.

There are a lot of things out there and many of our own institutions have mini-networks. So the idea of a meta-network was raised. Since I can't really define that, I'm going to stop there and see if anyone wants to add any comments from our group.

MALE SPEAKER: Thank you very much Mary. Collin, just briefly, yes.

COLLIN: Just adding one thing to the Amazon metaphor that was proposed, is the possibility that consumers have to rate and rank and the reviews of the books. So the whole idea is that you have other possibilities of the user of the network to also give feedback to people who produce knowledge to see how it's being used, and know what could be improved.

MALE SPEAKER: Final word from Carlos and then we'll move on, thank you.

CARLOS: Another thing in the discussion in the group was that this is actually field in constitution and that a lot of the attentions are about what actually global public health is, or is going to be. So actually the constitution of the field discussion and reflecting the tensions may still exist to our extended public health, we need public health of note. I think that was a strong idea. That a network, at least at the beginning in terms of constituting the field, could be a good goal, an important goal of [inaudible]

MALE SPEAKER: Thank you Carlos and thank you everyone for working so hard, productively and concretely late into the afternoon. It's my delight now to ask Linda, Pierre Buekens and Peter Piot to come to the stage as we move into our closing session.

LINDA: Well with that catchy backdrop hopefully we all woke up, although we've been awakened by big ideas, which is fabulous. I seem to be holding the mic, so what I'll do just

try and frame the goal for this last 23 minutes or so and then turn it over to Pier and Peter.

We're up here because we were asked as the collaborating group for the last two to two and a half years in trying to think about what we thought the next generation discussions needed to be. So we get to maybe try and reflect on what we got out of this and next steps, with the hope that then we're doing something that would actually speak to the discussions that have been going on.

The original planning for this came both from the faculty at Columbia's Mailman School of Public Health, the Association of School of Public Health, particularly the Global Health Committee, which Pier Buken chairs and Peter Piot in another time of his life actually, a couple of years ago and in our joint discussions.

We were going to try and summarize where we think we are, this is very off the cuff, since we're coming out of this fabulous discussion. So obviously there hasn't been a lot of time for reflection, but I'd like to maybe ask Pier and Peter if you want to just try and summarize and see if you have recommendations about next steps.

PIERRE BUEKENS: First, thank you Linda and thank you to the entire team of Columbia for a superb meeting. And thank you Peter also for facilitating this. I think it was such a great.

Is the slide still there? I would like to comment on this slide if I can. Just to check a few metro objectives. So, what do I see there? First I see global. Was this a global meeting? I think so. It's pretty balanced. I mean there is a mix of people from many, many regions of the world.

So I think that this is not usual for global health meetings. They're often U.S. driven and not very diverse. So I think that was very nice. Now looking at the map I mean I was hoping, because this was so high-tech. I mean the audio-visual was so perfect. I was hoping that the globe would move so I would see Louisiana.

FEMALE SPEAKER: It does.

PIERRE BUEKENS: It does? Not at the moment, yes, okay. Because it moves a little bit now, indeed, indeed. So it will come soon, so I think that's very global too. No you had public health in caps and I think this was really about global public health. Oh it's moving now, okay good, so I can see Louisiana, fantastic. I never know if Louisiana is in which part of the world it is.

So public health in caps and I think this was really about global public health and that's so important. We believe that global health is public health. We understand it might be a bit more than that, but to have here the London School, ASFR [misspelled?] with Antoine, many colleagues from other schools of public health around the world and ASPH with many deans, all

together. What was very important I think to me, so I think you met your objective there to not only be global but to have a focus on public health and I think that was great.

ASPH is really committed to global health and we're trying to globalize our organization also, which is not easy, when you're a U.S. organization. I'm not sure that colleagues from Mexico and France are really enjoying our meetings, because we invited them to join, but we keep talking about U.S. affairs only.

So it's not easy to globalize but we are committed to it. And very committed to globalize our teaching and that's what we do. So I think it's really about, in the global public health, in changing landscape again, I mean the way this was organized, was really changing all the time, which was really good and positive. So, I think you met your objective.

Now Julio Frank always emphasizes the fact that we have to globalize global health. That I think we still have a lot of work to do, to do that. To really have this reciprocity in what we do, but this is a good beginning. So, from what I see on the school, and especially know that the globe is moving, you met your objectives, so congratulations Linda.

PETER PIOT: Thank you Pier and first of also let me thank you Linda for your leadership and your well quazi high risk behavior for really taking on something that we should have taken on quite a while ago. I was thinking when Alison

said that the game is over, it reminded me of when I was child when we had been playing and then when my mother would call me and say we had to eat and so on and so forth.

Now it's really getting really interesting now and we're really enjoying ourselves. Because the last session that I was in, was really where a lot of the discussions that were going all over the place until let's say this morning, came together and crystallized, because it was about something very concrete.

So I'm glad that we didn't stop at noon, at lunchtime and that we had that opportunity.

So it was really very good. I would like to support what Pier said and that it is unusual to have this kind of diversity and expertise and collective experience in one room for two days. All this complicates things but also I think, I'm a strong believer in the end the product is much better.

So really a fantastic job there, Linda, Richard and then Alison our entertainer, master of ceremonies, but also keeping us on track.

I've been thinking about what are the next steps and the five points. I looked at these two days mainly through my bifocals of my new job. Here, I have different bifocals. I am more of a global health guy than a public health guy if you use what people sometimes time to antagonize it, which I think is very wrong.

On the other hand, I'm now the Director of the largest school of public health outside the United States. Looking at it from a perspective also of academic public health, which is now my job, but before I was what I guess you could call a policy maker and so on and is a very different environment.

Nobody cares the slightest how many papers you have, nothing. Impact factor, all these kind of things, people don't even know what it is, but impact that's what we're looking for. But in academia impact in the real world is not a major factor in your promotion or promotion committee. So, I come from very different worlds and sometimes I think I am a bit of a split personality.

Now five points, the first one is that it clarified for me the actual role of public health however we define it, in global health, however we define it. I think we should not shy away. There are two traps. One is to say that all global health is public health, because maybe in that I'm colored by my AIDS experience but it's difficult to say that antiretroviral therapy for an individual that that's a public health activity.

Without that we would never have been able, I believe to have this impact; one on people lives, to save lives, but also it was really an enormously important factor in the global AIDS movement and in the local AIDS movement.

So and I think the other trap would be to think that anybody can really lead, that we should lead by example. Because at the end of the day the biggest impact and that comes from former professor at the London School of Hygiene and Tropical Medicine, Jeffrey Rose, who showed that a slight difference in the right sense, in the right direction of a risk factor at the population level, will save far more lives than a few spectacular let's say interventions and surgeries and transplants.

So it is by providing, either you can you say large access to some services or to modify behaviors, or to intervene in structural way or change diet or so, none of that is simple. We had a discussion the other day and I said okay, reducing salt intake is very simple. It's simple to say, it's not simple to do.

It requires and enormous effort for people coming together. So, what I think we should continue the reflection is the contribution of public health, and for me that's mostly health for populations as a whole, in contrast to the individual treatment and care. Both are necessary but what can we contribute, and it is absolutely essential.

Secondly is that I think we should now go back and reflect, that's what I'm going to do, for each of our constituencies. We have people here who come from academia; I think it's about the majority. Other's come from public health

institutions, nationally or internationally or private sector, NGOs.

What we can contribute, each of us, is a bit different and I've seen it so often that we try to play a role which is not really our best role in that not our strength. We in academia, we are strong in some things, but we are very weak in others. Business can do things etcetera. So that's probably sometimes what I think at the origin of a bit of confusion in the discussions, but that's fine because at the end of the day it told us to take.

I like to cook, so I said in order to make my own eggs, as we say in Belgium, you have different ingredients and sometimes it takes and sometimes it doesn't but the end product requires different ingredients, so that's what we should do.

Thirdly and this will follow up on Richards proposal for some knowledge networks and some. I would say yes, but virtual networks are very powerful. We still are looking for the equivalent of the social networks, virtual networks in academia or in public health practice.

I see several niches and I think we have to define what is the niche and what will stimulate people. I have no time for Facebook and all these things but I may be interested in some things. There is, for example, a grey zone in the literature, and that grey zone is the one between the anecdotes

and the blogs and the peer reviewed scientific papers and that's real life experiences.

The business schools, they know this very well. Because the whole training in business school is not to learn quantitative math, it is to make sure that you get the skills to solve problems. It's the case study method that is being used. I think in public health and in community development and so on, that's what we also need.

It's not the same thing as demonstrating causality or efficacy or effectiveness and so on but there is a niche. We talk a lot about implementation signs and all that, it would be very hard to publish these experiences in high impact factor journals and to do randomized trials on all of these things.

The nature of it just doesn't lend. Maybe that's something that we can have and then if we say we're going to do it that on two or three issues. We talked a lot about the emerging pandemic of non-communicable diseases, again whatever we define it. So maybe we could exchange experiences.

Fourth point, we all go to plenty of meetings and I think this meeting format was really good. Again, that was probably high risk to go for it that way, but it was quite unique and I have so many contacts. Also the fact that we had to change, we took different cuts of our personality which was great.

What I would say is that most meetings in our type of world are made of presentations, papers, in the best case a panel or so, and there isn't that kind of very informal dialogue. That's happening in the corridor, but it could be structured with more.

Maybe what we need is a kind of, what I would call a divorce or world social forms of global health and public health. What do I mean by that is that a minimal number of plenary and of speeches that go into really in depth, but then we can't please everybody because there is only a few slots, and the rest are kind of conversations in a sofa and in smaller groups. The Pacific Health Summit tries to do that to a certain extent but is a very limited scope.

So, that will require also there's only place for one forum like that so we'll have to reach out also to the global health community which in this country is organized in the Consortium for University Global Health. It wouldn't make sense, at once reminded that redundancies are sometimes they are, I think necessary and not bad, but in general should avoid them. And so in Europe you're trying to bring the various communities together.

And finally communication of all what's been going on and beyond this room will be important. Thanks to the Kaiser Family Foundation we will have already more people than are in

the room can follow the debates and so thank you for that. Kaiser has a fantastic track record on this.

Also I think some of the papers, and I'm not saying that because I author one of the papers, but I think would be good to revise them in light of the debates here and then publish them. I already agreed my two discussants that we will jointly author the paper, rewrite it, on the innovation and technology and I don't know, Richard I think you happen to be the editor and chief of Global Public Health so why not make a special issue. I know publications are not everything but even in our electronic age it is important that something is left and not only in the agenda and the program book of this meeting.

So that's about all. I'm very energized and inspired. It probably will take weeks to realize what went on here and when I'll be back in London and people ask me, was this a good meeting, I say, ask me again in a month, but I think so. I think so. So, thanks again everybody who came from far from here and this is not the end of the story but it's really another step in redefining not only public health, global health, but also to see what is the next agenda for the future. Thank you very much.

LINDA: Thank you both. Not atypically I agree with both of you, so I'd like to add a few other thoughts in

addition. First one someone repeat is just a profound thank you to everyone in the room.

This has been a process of several years in the making. Propelled really by an amazing planning meeting in March which over 40 of you were at, where you really dictated what this meeting should be. I deeply hope that it met the aspirations of the planning group, but my sense is that there's a sense that we did.

The sense of the planning group as well as the organizing group and I have to particularly thank Richard Parker who has carried us through this whole process fabulously, thank you. Has been that this should be the opening of a long-term process.

That there was a need for a group that would really shepherd that in different configurations, through different processes and I think the group in the room is just that group. It is remarkable, not just for all the reasons mentioned before but because first of all you came. It's not often that you invite 126 world leaders who most of us generally only show up if we're gonna give the plenary talk, and this time none of us did.

To have a group that was so engaged that when it was time for a break you didn't stop. In which I think you really grabbed onto the goal, which was to ask the big critical

questions, find the areas of convergence and go for bold ideas. I heard all of those, all of those.

It certainly, to me, in those ways this meeting met our goals. We started perhaps with three sponsors who are on the stage, but my sense is that we now have 126 leaders who are going to work together in different configurations, on different problems and can take this forward in different ways. That the multisectoral nature of this group is completely well matched to the multisectoral vision of health in all sectors and joint responsibility to accomplish health for populations.

If there was one theme that I think was a real driving theme here, that there was agreement about, it was that there is a core responsibility and ability of a public health perspective to actually accomplish the health of populations because of this marriage that many people mentioned of public health, of the intersection between ideas, knowledge, evidence, values, of social justice and human rights. And the ability and commitment to translate that into impact and that's a very potent combination.

So many big ideas, also many areas where I think there were questions and divergence perhaps or multiplicity of interpretations, based on our own experience, knowledge and context. Even in terms of what public health is.

I learned a lot over the last two days about how many different definitions of public health we might find in the

room, all of which probably are quite valid and important. What is a health system?

Many definitions in the room, but a real rising to the question of if the world is changing in so many ways, do we need to learn to affect the health of populations in new ways as well and should the knowledge of that combined with the potential of science new ways to think and technology in form the next generation of what a health system is and what global governance we need and the many levels of structural interventions, etcetera.

So very, very powerful conversations. In terms of next steps I think, I'm very excited because I think there's a consensus, at least among the people I heard speaking that this is a process that shouldn't end here, and that if it did end here it would be a waste of the fabulous time and the thoughts of the people in the room. I don't know that there's just one product but we've already heard proposals for many products.

The two other things I would add in is that this is a very innovative group. With the potential to think very big for the public good, and in the spirit of ongoing innovation and thinking, I'm wondering, going back to Peter's Stavos [misspelled?] like suggestion, about whether we should have periodic opportunities for stimulating the kind of innovative thinking and convergence as well as recognition of divergences.

Innovation benefits from brainstorming, from people of many backgrounds and I saw a lot of it in the last two days, so that might be one other question. Then of course the bottom line question that generated this meeting was if the world is changing in so many ways, how do we ensure that public health leadership is at the table at the least in terms of shaping the responses and the ways we address the health and wellbeing of populations to do the best in short.

So what shapes that leadership should take could be all of the shapes that were mentioned just now or through the day, but could be many others. I think the will to ensure thought and action leadership based on principles and values at a global level as well as a local level is a key underpinning of why we came together.

So again, I thank you personally tremendously. I learned an immense amount in the last two days and am inspired by what everybody in the room does and also by the potential power of continuing to work together. Thank you very much [applause].

[END RECORDING]