WORLD HEALTH SUMMIT

REGIONAL MEETING
NORTH AMERICA
MONTREAL
MAY 8-9, 2017
REGIONAL MEETING
NORTH AMERICA
MONTREAL
MAY 8-9, 2017
HEALTH AND HEALTHCARE DELIVERY IN PLURALISTIC SOCIETIES

MAY 8, 2017

7:30-10:30
Symposium – Room 1
International Collaboration to Actualize Genomic Medicine for Rare Diseases

10:30-12:00
Symposium – Room 1
Malignant Health

11:30-12:00
Symposium – Room 1
Transforming Built Environments for Healthy Cities: Urban Planning, Policy and Research Perspectives

12:00-14:00
Symposium – Room 1
Café et Panache

14:00-16:00
Symposium – Room 1
The Role of Physicians and Patients

15:00-16:00
Symposium – Room 1
Café et Panache

16:00-17:10
Symposium – Room 1
Global Challenges of Viral Infections

17:10-18:00
Symposium – Room 1
The Threat of Threats

18:00-20:00
Symposium – Room 1
New Frontiers in Medical Treatment

MAY 9, 2017

8:30-10:00
Symposium – Room 2
Diabetes in Pluralistic Societies

10:30-11:30
Symposium – Room 2
Health Professionals in the 21st Century: What Will We Need Humans For?

11:30-12:00
Symposium – Room 2
Lunch Break

13:00-14:30
Symposium – Room 2
New Frontiers in Medical Treatment

14:30-16:00
Symposium – Room 2
Environmental, Social and Cultural Determinants of Health

16:00-17:00
Symposium – Room 2
Stem Cells and Genome Editing in Precision Medicine

17:00-18:30
Symposium – Room 2
digestive Health

18:30-20:00
Symposium – Room 2
New Frontiers in Medical Treatment
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GOALS

The M8 Alliance is improving global health through pursuit of five strategic goals:

Developing a worldwide network of academic health science centers, and bringing together universities and healthcare providers;

Facilitating dialogue through the World Health Summit, across a global network of stakeholders who are engaged with academic health science centers. These stakeholders include (among others) individuals and institutions active in government, industry and commerce, inter-governmental agencies, healthcare providers, academies of medicine and science, professional associations and the media;

Setting an agenda for global health improvement by addressing issues of interest to academic health science centers, and conveying findings and recommendations based on scientific evidence through the generation of key statements;

Positioning the M8 Alliance as an authoritative, credible and respected influence when it comes to decision-making in global health; and

Creating a knowledge base among M8 Alliance members, which directly involves the promotion of mutual learning, research collaboration, the enrichment of educational capabilities and enhanced clinical outcomes.

MISSION

The M8 Alliance’s vision is to harness academic excellence to improve global health.

The M8 Alliance of Academic Health Centres, Universities and National Academies is a collaboration between academic institutions committed to improving global health. Working together with political and economic decision-makers, its primary goal is to develop science-based solutions to health challenges all over the world.

This international network is the outstanding academic foundation upon which the World Health Summit – the pre-eminent annual forum for healthcare dialogue – is built. It functions as a permanent platform for framing the future considerations of global medical developments and health challenges in an equitable fashion.

The M8 Alliance promotes both “bench-to-bedside” translation of research and the transformation of current medical care approaches to treating the ill. It is seeking to accomplish this through the creation of a healthcare system focused on the effective prevention of diseases, as well as the adaptation of health-related solutions to rapidly changing living conditions through research in priority areas like shifting demographics, urbanization and climate.
M8 ALLIANCE: MEMBER INSTITUTIONS

24 MEMBERS, 17 COUNTRIES

M8 ALLIANCE EXECUTIVE COMMITTEE

HÉLÈNE BOISJOLY  
Acting International President  
Dean, Faculty of Medicine, Université de Montréal, Canada

DETLEV GANTEN  
Founding President  
Charité - Universitätsmedizin, Berlin, Germany

ANTOINE FLAHAULT  
Past International President  
Director, Institute of Global Health, University of Geneva, Switzerland

JOÃO GABRIEL SILVA  
Incoming International President  
Rector, University of Coimbra, Portugal

AXEL RADLACH PRIES  
Dean of Host Institution  
Charité - Universitätsmedizin Berlin, Germany

MICHAEL J. KLAG  
Strategic Co-operation and Stakeholder Liaison Dean  
Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

BEN CANNY  
Governance and Fundraising Head  
School of Medicine, University of Tasmania, Australia

JOSÉ OTÁVIO COSTA AULER JR.  
Officer at large  
Dean, University of São Paulo Medical School, Brazil
The World Health Summit (WHS) is the annual conference of the M8 Alliance of Academic Health Centers, Universities and National Academies. The InterAcademy Partnership for Health organizes the event with the collaboration of national science academies from over 67 countries. The WHS conference is held annually in Berlin, while the Regional WHS is held in the home city of an M8 Alliance member. The 2017 Regional WHS is hosted by the Université de Montréal and the Institut des recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute.

VISION
The vision behind the WHS is to improve health all over the planet, catalyzing that process through collaboration and open dialogue, and steering tomorrow’s agenda to improve research, education, healthcare, and policy outcomes.

MISSION
The WHS mission is to bring together researchers, physicians, key government officials, and representatives from industry – as well as from NGOs and healthcare systems all over the world – to address the most pressing issues facing every facet of healthcare and medicine in the upcoming decade and beyond.

GOALS
• To help define the future of medicine, research and healthcare
• To find answers to major health challenges – both today and tomorrow
• To make global recommendations and set health agendas worldwide

WHO ATTENDS THE WHS 2017?
• Top-level researchers and members of the scientific community
• High-profile political decision-makers
• Executives and representatives from the healthcare system
• Leaders of the health-related industry and technology sector
• Representatives of civil society and foundations
• Students and young professionals from all health-related fields
WORLD HEALTH SUMMIT

WHS PRESIDENTS

HÉLÈNE BOISJOLY
Dean
Faculty of Medicine,
Université de Montréal,
Canada

DETELV GANTEN
Chairman of the Board,
Charité Foundation
Charité – Universitätsmedizin,
Berlin,
Germany

FORMER PRESIDENTS

ANTOINE FLAHAULT
2016
Director
Institute of Global Health,
University of Geneva,
Switzerland

SHUNICHI FUKUHARA
2015
Dean
School of Public Health,
Kyoto University
Japan

JOSE OTÁVIO COSTA AULER JR.
2014
Dean
University of São Paulo
Medical School,
Brazil

JOHN EU-LI WONG
2013
Chief Executive
National University Health System (NUHS),
Singapore

MICHAEL J. KLAG
2012
Dean
Johns Hopkins
Bloomberg School of
Public Health,
USA

STEVE WESSELINGH
2011
Dean
Monash University,
Melbourne,
Australia

STEVEN K. SMITH
2010
Pro Rector (Health)
Imperial College London,
United Kingdom

AXEL KAHN
2009
Dean
Sorbonne Paris Cité,
France
As the president of the 2017 World Health Summit, I am pleased to welcome you to Montreal as it celebrates its 375th anniversary.

The Faculty of Medicine of the Université de Montréal will host the first regional WHS meeting in North America, in partnership with the École de santé publique de l’Université de Montréal and the Institut de recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute.

As one of the most prestigious institutions in research and health education in Canada, the Faculty of Medicine of the Université de Montréal is proud to belong to the M8 Alliance, a vast network of leaders in global health that promotes collaboration and research in fields of study that will have a crucial impact on humanity’s future.

We aim to train healthcare personnel and to expand the horizons of knowledge in order to improve the health and quality of life of our fellow citizens so that they may lead healthy lives and attain their fullest potential. With this goal in mind, we have thrown ourselves into the organization of this great international annual assembly on health, since we know that we need to work together in order to succeed.

The subject of the 2017 Montreal gathering, “Health and Healthcare Delivery in Pluralistic Societies,” will give us the opportunity to create a forum for interdisciplinary discussion and to emphasize human diversity in the practice, education, research and public policy pertaining to healthcare.

This event is a tremendous scientific and political platform for the discussion of current issues such as immigrant and First Nations health, the appearance of new treatment-resistant viruses, the quality of life and safety of patients, health in large urban environments and the evolution of healthcare and medical education.

Happy Montreal Summit!

Hélène Boisjoly
President of the WHS
Dean of the Faculty of Medicine
Université de Montréal

We are very pleased to host the 2017 World Health Summit Regional Meeting in collaboration with our affiliated university, the Université de Montréal. And we are proud to welcome you to Montreal as our city celebrates its 375th anniversary.

This year also marks the 50th anniversary of our research centre, the Institut des recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute, which is an excellent opportunity to honour the numerous scientific achievements made by our researchers over the past five decades in various fields including cardiovascular and infectious disease, cancer and neurobiology. Founded in 1967 by Dr. Jacques Genest, the IRCM has been a Canadian leader in biomedical science, working to bridge the gap between basic research and the medical practice to provide better treatments for patients in need.

Improving our society’s health has always been our ultimate goal, and with an increasingly diversified world population, this year’s Summit subtopic on new frontiers in medical treatment is especially important to us. The future of healthcare lies in precision medicine and the ability to select the best therapy for each patient. Recent scientific breakthroughs and the advancement of technologies such as genomics and proteomics will soon make personalized medicine accessible to millions of individuals, which will not only reduce healthcare costs but also improve treatment effectiveness and prognosis, particularly for patients with rare diseases in dire need of individualized care.

The IRCM has undertaken strategic initiatives to make precision medicine a reality in the near future. We look forward to fueling discussions on this topic and participating in an inspiring forum with our colleagues from around the globe to foster collaborations and address important issues in research and medicine today.

Tarik Möröy, PhD
President and Scientific Director
Montreal Clinical Research Institute

Happy Montreal Summit!
Dear Participants,

Welcome to Montreal.

It is a great honour for the Université de Montréal to host the 2017 regional meeting of the World Health Summit, its first in North America.

It would be hard to find a better place to hold this summit. Montreal is built on a foundation of the peaceful coexistence of different cultures, and this makes it a living laboratory for observing the healthcare challenges faced by pluralistic societies. You are also in a leading university town, and indeed the Université de Montréal, its Faculty of Medicine, its École de santé publique, and their numerous affiliated healthcare institutions, including the Institut des recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute, are major factors in making Montreal the research capital of Canada.

We share the view that universal healthcare is one of the most important objectives of our time – a prerequisite for the advancement of the humanity that unites us all, for everything starts with good health. Achieving this goal demands mobilization that transcends disciplines and nations – a global exercise requiring constant dialogue between researchers, practitioners, decision-makers, and civil society stakeholders.

That is why the meetings of the World Health Summit and M8 Alliance are so very important. The Université de Montréal is very proud to be the only Canadian university that is part of this prestigious alliance.

I wish you a most rewarding summit and an excellent stay in Montreal, where I hope you will feel welcome to take part in the city’s 375th anniversary celebrations.

Yours very truly,

Guy Breton
Rector
Université de Montréal

I would like to welcome to Montreal all the researchers, doctors, government officials and representatives attending the first North American edition of the World Health Summit.

As an international centre for health, Montreal focuses its development on knowledge through local universities and major research centres. Montreal was recently named Best Student City, and I am pleased to welcome the M8 Alliance, which brings together 24 world-renowned universities and centres of excellence in health care.

Montreal is very proud of its researchers. These passionate professionals will discuss health-related issues and accessibility with delegates attending the Summit.

I hope that Montreal will become a strong base for improved cooperation in the development of research, training, medical practices and health policies.

I wish you a productive meeting, extensive reflection and discussions, as well as creative exchanges on health, life and the future.

Have an informative and successful conference!

Denis Coderre
Mayor of Montreal
It is a pleasure to welcome you to Montreal for the World Health Summit’s first regional meeting in North America. This summit is a wonderful opportunity to bring together researchers and members of the global scientific community, policymakers, health professionals, leaders in health-related and technology sectors, students, and others. By sharing ideas and putting them to work, we can address some of the most pressing issues facing our health care systems in the future. I look forward to learning about the outcomes of this summit, with its theme of Health and Health Care Delivery in Pluralistic Societies, and its focus areas of new frontiers in medical treatments; health and healthcare delivery for specific groups; environmental, social and cultural determinants of health; and medical education for optimal health care.

If we are to succeed in tackling the health challenges we face here in North America and around the world, we must collaborate. As Canada’s Minister of Health, I am committed to working with my provincial and territorial colleagues, as well as experts in the health care community, to improve the health of Canadians and strengthen our health care systems. In addition, I believe we must listen to the voices of patients and work collaboratively with them.

I congratulate the Université de Montréal and the Institut de recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute for their leadership in hosting this important international meeting. I extend my best wishes to all participants and your hosts for a successful summit.

Jane Philpott
Minister of Health
Government of Canada

I’d like to welcome the participants in this very first World Health Summit (WHS) of the M8 Alliance to be held in North America. This is a very special meeting, where knowledge is showcased and shared. Quebec is proud to host such a distinctive event. In an era where knowledge knows no borders and travels at lightning speed, it goes without saying that opportunities to come together are always highly stimulating.

Research is a key sector in the field of health. It moves medicine forward and has spurred us to further advocate for preventive treatment. Quebec is a leading innovator in health research. I am convinced that during your time here you will have a chance to put forward your own exciting initiatives, as well as explore innovative potential solutions to today’s health challenges in our respective pluralistic societies, for the benefit of our fellow citizens.

Enjoy the summit!

Gaétan Barrette
Minister of Health and Social Services
Government of Quebec
The Université de Montréal and its two affiliated schools, École Polytechnique (engineering) and HEC Montréal (business) are among the world’s top 100 universities, according to international rankings. Founded in 1878, the campus today has over 66,000 students and 2,600 professors, making The Université de Montréal the second largest university in Canada. Its students are drawn to the university by its deep roots in cosmopolitan Montreal and in consideration of its tenacious dedication to its international mission.

The Faculty of Medicine of the Université de Montréal has a threefold mission: the teaching, research, and improvement of healthcare in the fundamental sciences, clinical sciences, and health sciences sectors. Boasting sixteen departments and two schools, it trains one third of doctors in Quebec, as well as a significant number of the health professionals in the province.

With its widespread hospital network, numerous affiliated institutes and the important responsibilities it has been given by the government of Quebec, the Faculty of Medicine of the Université de Montréal plays a prominent role in Canadian society.

The École de santé publique de l’Université de Montréal (ESPUM) is the only institution of its kind in Quebec and a leader in Canada and in the francophone world. It strives to be a locus of excellence and critical reflection in the teaching, research and promotion of knowledge pertaining to the public health fields. Fuelled by scientific innovation and excellence, the ESPUM offers widely recognized high-level graduate study programs.

Founded in 1967, the Institut de recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute is a non-profit organization that conducts fundamental and clinical biomedical research in addition to training high-level young scientists. With its cutting-edge technology facilities, the institute brings together 33 research teams, which work in cancer, immunology, neuroscience, cardiovascular and metabolic diseases, systems biology and medicinal chemistry.

The IRCM also operates a research clinic specialized in hypertension, cholesterol, diabetes and cystic fibrosis, as well as a research centre on rare and genetic diseases in adults. The IRCM is affiliated with the Université de Montréal and associated with McGill University. Its clinic is affiliated with the Centre hospitalier de l’Université de Montréal (CHUM). The IRCM is supported by the Quebec ministry of Economy, Science and Innovation.
REGIONAL MEETING

CENTRAL TOPICS 2017

NEW FRONTIERS IN MEDICAL TREATMENT
Development of precision medicine to treat rare and genetic diseases, viral infections, diabetes, and antibiotic resistance.

HEALTH AND HEALTHCARE DELIVERY FOR SPECIFIC GROUPS
First Nations health, health and immigration, health in the workplace, healthcare quality, and patient safety.

ENVIRONMENTAL, SOCIAL AND CULTURAL DETERMINANTS OF HEALTH
Transformation of the urban environment and its impact on the health of city dwellers, the promotion of healthy lifestyle habits and its influence on healthcare costs.

MEDICAL EDUCATION FOR OPTIMAL HEALTHCARE
Medical education and the evolution of the physician’s role in society, the global health curriculum, and the accreditation of medical schools.
Rare genetic diseases (RDs) can be chronically debilitating, even life-limiting. Although the individual conditions are rare (defined as affecting fewer than 200,000 or 1 in 2,000 people in the United States and Europe, respectively), they are collectively common, affecting millions of individuals worldwide. The fact that these disorders are caused by single highly penetrant mutations makes an RD patient’s genomic sequence of greater clinical relevance and more readily interpretable than is the case for many more common disorders. As a result, RD is being increasingly recognized as a global exemplar of genomic medicine: the application of an individual’s genomic sequence to enable the diagnosis, prevention, and treatment of disease. Despite this promise, significant challenges remain; the extreme rarity of most of the approximately 3,000 unsolved RDs (out of approximately 7,000 total) calls for: (i) robust standardized means of clear phenotyping given the profound clinical heterogeneity of RD; (ii) effective means of capturing and comparing the complexity of exomic and genomic sequence; and, (iii) effective international links to share this information. The successful RD gene identification in recent years achieved by these means only serves to underscore the comparative dearth of effective therapies; only about 400 RD medicinal products are currently on the market. New ways of thinking about and undertaking therapeutic RD research are clearly needed: the number and difficulty of the therapeutic challenges for each condition calls for a degree of sharing transparency and openness often missing in more traditional drug discovery. Even when promising therapies are identified, carefully designed trials are needed to show efficacy in often very small numbers of patients. If RD is to become the successful case study in genomic medicine as promised, it is clear that collaborative international approaches to diagnosis and treatment will be needed.

We bring together in this workshop leaders who over the past several years have been tackling various aspects of this challenge, developing and applying standards, guidelines, tools, and platforms to advance the genomic medicine/RD agenda. International initiatives and collaborative networks will be discussed, underlining what has worked well and delineating what new directions may be needed to permit the maximal diagnoses and effective therapies for the RD community. Ultimately, what we learn from RDs in these early days of the genomic medicine era, will impact all areas of medicine.
The aim of this session is to highlight the links between migration, the consequences for living conditions and the impact on health and health systems in the countries of origin and in hosting countries.

Civil or military conflicts, as well as climate change, particularly when it causes extreme weather events, pose a real threat to populations and have consequences for the living conditions of people with potential for migrations. Migrants who fled recently to Europe do not pose a threat to the health systems, they rather need continuing efforts to enable them to access medical and psycho-social treatment. In general migration takes place mainly within countries. Women are, as examples of areas in Sub-Sahara show, the most vulnerable and the most affected group. Programs and offers of help from non-profit and governmental organizations will be presented. Needs for further research will be argued and detailed.
This session will go over the transformations that take place in the built environment of large cities in order to improve the population’s health. More specifically, it will give us the opportunity to examine the urban transformation process, as well as the impact that these transformations will have on the behaviour of individuals regarding their health.

The built environment can have a significant impact on the population’s health. Some environments promote physical activity by facilitating walking and biking. They therefore have an influence on excess weight and obesity. Other environments discourage physical activity, for instance, because they do not feature sidewalks, or because the distances to cover are too great. Urban planning policies designed to facilitate transportation by car have contributed to urban spread and to low density. Moreover, in areas where automobile traffic is high, the use of active transportation methods is a challenge.

Over the last few decades, many cities have attempted to modify the built environment in order to encourage active transportation. The need for change is clearly felt both in the middle of the great cities and in the suburbs. The previous success stories have become a powerful source of inspiration as we seek to create a new urbanism that promotes active transportation.

This session will give us the opportunity to explore these questions and to identify the factors that can help us change the social norms concerning space. Three speakers have agreed to address these issues. During their research, these three speakers have focused on the health impact of built environments. Basile Chaix, researcher at the French National Institute of Health and Medical Research (INSERM), has explored the role of daily mobility in environmental health studies. Gordon Price, former city councillor in Vancouver and now director of the City Program at Simon Fraser University (Vancouver), has focused on transportation planning and urban renewal. James F. Sallis, Distinguished Professor in the Department of Family Medicine and Public Health at the University of California in San Diego and director of Active Living Research, has developed an important research program on environments with a positive health impact.
Societal expectations about the role of doctors are changing significantly, and the way they are trained must adapt to this new reality. First, with the rise of chronic illness, the needs of patients and their families are evolving rapidly and they are challenging the traditional curative (often paternalistic) approach that characterizes clinical practice. Strengthening care at the front and the links with communities, both often dictated by public policies, is also a challenge for highly specialized medical institutions and practitioners that are not always adapted to the full spectrum and complexity of healthcare. Finally, the arrival in force of personalized medicine, supported by the success of genomics and big data analysis capacity, also requires the future doctor to become a key player in research. To summarize, at the intersection of human technological and scientific dimensions, our panelists will address these critical changes and help us to reconcile them with the future of medical education.

Caroline Canfield will address the patient perspective, the evolution of patient needs, key issues and challenges they live with in everyday life and the impact on current medical practices. Dr. Lisa Richardson will speak from the perspective of communities and the importance of the humanities in medical education as an essential lever of understanding and analysis. Dr. Marie-Josée Hébert will present the perspective of research and the technologies that will profoundly change the doctor’s work in relation to patients and also to populations.
CONFERANCE LUNCHEON

HEALTH AND HEALTHCARE DELIVERY IN PLURALISTIC SOCIETIES

WELCOMING ADDRESSES
ROOM 710
12:00 – 13:00

Hélène Boisjoly
President of the WHS
Dean, Faculty of Medicine, Université de Montréal, Canada

Chirfi Guindo
President and Managing Director, Merck Canada Inc.

Guy Breton
Rector, Université de Montréal, Canada

KEYNOTE

The Honourable Gaétan Barrette
Minister of Health and Social Services, Quebec, Canada

Dr. Gaétan Barrette is Quebec’s Minister of Health and Social Services, since 2014. A 1985 graduate in medicine of the Université de Montréal, Dr. Barrette became a member of Royal College of Physicians and Surgeons of Canada in 1989. In 1991, he pursued a Fellowship in Vascular and Surgical Radiology at the University of California, San Diego. He currently practises at Maisonneuve-Rosemont hospital where he has been an active member since 1990.

Dr. Barrette was President of the Fédération des médecins spécialistes du Québec between 2006 and 2014. He was also chairman of the board of the Financière des professionnels inc. which manages a $2 billion portfolio. He was also a member of the Boards of the Régie de l’assurance maladie du Québec (RAMQ).

Dr. Barrette participates regularly in various conferences and forums on the subject of specialized medicine throughout Quebec, across Canada, and abroad.
STRIVING TOWARDS A CENTRE OF EXCELLENCE IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTHCARE DELIVERY: THE INALA MODEL

HEALTH AND HEALTHCARE DELIVERY FOR SPECIFIC GROUPS

KEYNOTE SPEECH

SPECIAL GUEST

Noel Hayman
Clinical Director, Inala Indigenous Health Service, Australia

Dr. Noel Hayman was one of the first two indigenous medical students to graduate from the University of Queensland in 1990. Dr. Hayman is Clinical Director of the Inala Indigenous Health Service in Brisbane. In developing this service, he has been instrumental in demonstrating how mainstream primary health care services can be made appropriate to the needs of urban Aboriginal and Torres Strait Islander people through high quality primary health care services. For every 26 health checks completed a new diabetic is diagnosed. High prevalence rates of CVD risk factors were found. The high quality primary health care service delivery provided by the IHS has been recognised by Queensland Health. Queensland Health in 2010 provided $7M to build a Centre of Excellence delivery provided by the IIHS has been recognised by Queensland Health. Queensland Health in 2010 provided $7M to build a Centre of Excellence IIHS, a mainstream health service has been in operation since 1995. In the first year of operation only 12 indigenous patients were identified. Today the service has over 10,000 patients registered with around 6,000 regular patients. The IHS has been analysing Adult Health Check data aged 15-54 years since 2009. The Adult Health Checks provide an opportunity to evaluate health status, identifying chronic disease risk factors and for implementing preventive care. For every 26 health checks completed a new diabetic is diagnosed. High prevalence rates of CVD risk factors were found.

ABSTRACT

Lack of appropriate health service provision for Aboriginal and Torres Strait Islander people through high quality primary health care service delivery. 2. Provide an integrated structure to address the current shortfalls in workforce development in indigenous settings. This will be achieved by establishing strong links with the faculties of health sciences at universities to deliver high quality teaching to health science students (medical, nursing and allied health). Training advanced trainees from colleges will also be a priority.

1. Improve health outcomes for Aboriginal and Torres Strait Islander people through high quality primary health care service delivery.

2. Provide an integrated structure to address the current shortfalls in workforce development in indigenous settings. This will be achieved by establishing strong links with the faculties of health sciences at universities to deliver high quality teaching to health science students (medical, nursing and allied health). Training advanced trainees from colleges will also be a priority.

3. To develop a research agenda focusing on indigenous chronic disease and child and maternal health.

4. To integrate specialist care in a primary health care setting.

5. Establish a health team that will provide expert outreach clinics to areas where indigenous access to primary health care is problematic.

Since establishing the Centre of Excellence a range of specialties have been integrated into our service delivery, including cardiology, ophthalmology, endocrinology, pediatrics, hepatology, and geriatrics. All specialist clinics have over a 90 percent attendance rate.

Aims of the Centre of Excellence

1. Improved health outcomes for Aboriginal and Torres Strait Islander people through high quality primary health care service delivery.

2. Provide an integrated structure to address the current shortfalls in workforce development in indigenous settings. This will be achieved by establishing strong links with the faculties of health sciences at universities to deliver high quality teaching to health science students (medical, nursing and allied health). Training advanced trainees from colleges will also be a priority.

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5. Establish a health team that will provide expert outreach clinics to areas where indigenous access to primary health care is problematic.

Since establishing the Centre of Excellence a range of specialties have been integrated into our service delivery, including cardiology, ophthalmology, endocrinology, pediatrics, hepatology, and geriatrics. All specialist clinics have over a 90 percent attendance rate.
The history of mankind intersects with numerous viral epidemics and pandemics, often associated with high rates of morbidity and mortality. According to the World Health Organization (WHO), viral diseases are still among the ten leading causes of death worldwide and the first in developing countries. In the last three decades, various novel viruses causing newly emerging infections have been identified, while several viral diseases supposedly under control in many areas of the world are reappearing causing multiple epidemic outbreaks. In an era of profound environmental perturbations caused by climate change, wars, and alterations to the ecology, there is an increasing convergence of conditions favoring the emergence of new infections. These converging events are occurring in the context of a globalized world where mass transportation of people, animals and goods across the world provides opportunities for the rapid spread of viruses and the diseases they cause to every place on earth. While the recent dramatic spread of disease caused by Ebola, yellow fever and Zika viruses have highlighted our global vulnerability to epidemics, they have also overshadowed many advances in management of endemic and pandemic infections previously thought to be incurable. Potent antiviral drugs can now cure hepatitis C virus (HCV) infection, a blood-borne virus responsible for chronic hepatitis in 130 to 150 million (M) people globally. Human immunodeficiency virus (HIV), a virus responsible for more than 39M deaths and currently infecting nearly 37M people worldwide, has now become a long-term chronic viral illness for those infected who have access to optimal antiretroviral therapy, and research towards an HIV cure is the focus of intense global efforts. This workshop will offer a unique opportunity to bring about the next advances in HIV cure research as a new tool to build an AIDS-free world. It will also delineate the challenges and opportunities of highly effective acting antivirals against HCV to eliminate this infection and the associated morbidity and mortality, especially in marginalized populations. The case study of Ebola virus will highlight the immense value of simple infection control practices and how new technologies have enabled the development of rapid novel candidate vaccines and treatments, bringing promises and hope for future epidemics. Lastly, through lessons learned from emerging threatening viral infections, an overall perspective of the current Zika virus outbreak will be presented.
This symposium will deal with different models of indigenous-led health services. Throughout the history of colonization of indigenous lands, indigenous peoples’ health suffered through a combination of racism, marginalization, and devaluation of indigenous ways of knowing and doing. Reconciliation in the context of health services requires re-setting the relationship between indigenous peoples and mainstream society. This includes acceptance and promotion of indigenous leadership and active community involvement in setting health system priorities and health service delivery, and renewing respect for indigenous knowledge and practice in the mix of health services available to indigenous peoples.

Different models of indigenous-led health services will be contextualized, and the facilitated discussion will include what resources need to be in place, and what approaches need to be considered to ensure that indigenous-led health services achieve their aim of improving the health and maintaining the wellness of indigenous peoples.

**PANEL DISCUSSION**

**INDIGENOUS PEOPLES’ HEALTH SERVICES**

**HEALTH AND HEALTHCARE DELIVERY FOR SPECIFIC GROUPS**

**CHAIRS**

- Noel Hayman
  Clinical Director, Inala Indigenous Health Service, Australia
- Malcolm King
  Health researcher and professor at Simon Fraser University, Fellow of the Canadian Academy of Health Sciences, Canada

**SPEAKERS**

- Karen Hill
  Indigenous Ways of Healing and Primary Care
  Lead Physician at Juddah’s Place, Canada
- Ghislain Picard
  Our Path, Our Health: Past and Present
  Chief of the Assembly of First Nations Quebec-Labrador, Canada
- Janet Smylie
  Our Health Counts: Unmasking and Addressing Unmet Health Needs of Urban Indigenous Peoples
  Research scientist in indigenous health, St. Michael’s hospital, Centre for Urban Health Solutions (CUHS), Canada
Today, Americans live three years less than their counterparts in Spain or Sweden. Scottish men live more than two years less than English men and Northerners in England live two years less than Southerners. Londoners living in Canning Town at one end of the Jubilee tube line live seven years less than those living eight stops along in Westminster. There is a 25 year gap in life expectancy between residents of the Iberville and Naverre suburbs of the US city of New Orleans — although they are just three miles apart. This talk examines these inequalities in life and death, showing that geographical health divides are longstanding and universal, present to a greater or lesser extent across both time and space.

Drawing on case studies of the US health disadvantage, the Scottish health effect, the North South health divide in England and local health inequalities across the towns and cities of wealthy countries, this talk explores the historical and contemporary nature of geographical inequalities in health. It looks at how they have evolved over time, what they are like today, and their social, environmental, economic and — ultimately — political causes. It examines what has been and what could be done by governments to reduce these inequalities and how health divides might develop in the future. The talk presents a wealth of international, historical and contemporary data to demonstrate how and why geography is a matter of life and death.
There is growing interest in ensuring that all health professionals receive an appropriate grounding in global health to enable them to function in an increasingly diverse society. While there is some debate about exactly what constitutes “global health”, and its intersections with the concepts of public and planetary health, there is no doubt that for a full understanding of health and the causes of, and solutions to, ill-health, a thorough appreciation of “non-medical” concepts is required.

A significant challenge for educators is how one incorporates global health concepts into an already overpacked curriculum. This is amplified if one restricts thinking about global health to events and problems that occur offshore or elsewhere. In this session, speakers from a range of backgrounds will discuss how they have used local opportunities with various populations to inculcate principles of global health into curricula. These will include working with First Nations, disadvantaged and refugee populations, the development of skills on evidence-based medicine and epidemiology and formal instruction on understanding local health systems, all of which have incorporated principles of global health. It is anticipated that attendees will acquire new perspectives on how to integrate global health into their own health professional curricula.
Doctor Jane Philpott was appointed as Minister of Health of Canada November 4, 2015.

Prior to entering politics, Dr. Philpott led an extensive career in family medicine, public health, medical education and global advocacy for HIV/AIDS. Dr. Philpott studied medicine at the University of Western Ontario, completed a family medicine residency at the University of Ottawa, and a tropical medicine fellowship in Toronto. In 2012, she completed a Master of Public Health degree at the University of Toronto. Between 1989 and 1998, Dr. Philpott lived in Niger Republic, West Africa, where she practiced general medicine and helped to develop a training program for village health workers.

She practiced as a family physician at Markham Stouffville Hospital for more than 15 years and served as Chief of Family Medicine from 2008 to 2014. She also led the opening of the Health for All Family Health Team, a new primary care home for 10,000 patients in Markham-Stouffville, and the Markham Family Medicine Teaching Unit that has trained 45 new family physicians in the community since 2010. Additionally, she is an Associate Professor in the University of Toronto’s Department of Family and Community Medicine.

Some of her global advocacy work includes founding Give a Day to World AIDS in 2004, which has raised over $4 million to help those affected by HIV/AIDS in Africa. Dr. Philpott was the first family medicine lead for the Toronto Addis Ababa Academic Collaboration, where she was instrumental in helping Addis Ababa University develop Ethiopia’s first training program for family medicine.
KEYNOTE SPEECH

THE THREAT OF THREATS

KEYNOTE

Joanne Liu
International President
Doctors Without Borders, Switzerland

Dr. Joanne Liu commenced her term as International President of Médecins Sans Frontières (MSF) on 1 October 2013. Her time with MSF started in 1996, when she worked with Malian refugees in Mauritania. Since then, she has provided support after the tsunami in Indonesia, assisted people affected by the earthquake and the cholera epidemic in Haiti, and worked with Somali refugees in Kenya and displaced populations in North Kivu, Democratic Republic of Congo (DRC).

She has worked in many conflict zones, including in Palestine, Central African Republic, DRC and Sudan's Darfur region. Born in Quebec City, Canada, Dr. Liu trained at McGill University School of Medicine, and specialised in paediatrics at Montreal’s Sainte-Justine Hospital. She holds a fellowship in paediatric emergency medicine from New York University School of Medicine, and an International Master’s in Health Leadership from McGill University. She is also an associate professor at the Université de Montréal and a professor in practice at McGill University.

CHAIR

Hélène Boisjoly
WHS President
Dean, Faculty of Medicine,
Université de Montréal, Canada

Appointed Dean of the Faculty of Medicine at the Université de Montréal in June 2011, Dr. Boisjoly is recognized as an accomplished corneal surgeon and ophthalmologist who has influenced a generation of students in ophthalmology, corneal and eye research. She obtained her MD and a post graduate training in ophthalmology from the Université de Sherbrooke. She was a cornea fellow at the Massachusetts Eye and Ear Infirmary and the Schepens Eye Research Institute (Harvard University) and holds a Master in Public Health degree from the Bloomberg School of Public Health (Johns Hopkins University).

In Canada, she was an FRSQ research scientist (1986-2000) and Scientific Director of the FRSQ Vision Research Network (1996-2000). She held a number of key positions in ophthalmology both at the Université Laval (1983-1993) and the Université de Montréal (since 1993) including Head of the Department of Ophthalmology at Maisonneuve-Rosemont Hospital (1993-1998) and Chair of the Department of Ophthalmology (2000-2008).

PROGRAM

MONDAY, MAY 8, 2017

REGIONAL MEETING
OPENING CEREMONY AND COCKTAIL RECEPTION
ROOM 710
19:00 – 22:00

Description: Fireworks Exhibition with Jacques-Cartier Bridge
Credit: © Adobe Stock, charlesknox

MONDAY, 8
The number of people with diabetes has increased dramatically in the last 30 years with more than 400 million people affected worldwide, eighty to ninety percent of them with type 2 diabetes. Obesity and physical inactivity are obvious causes. There are however major differences between ethnic groups and these will be first explored and discussed by Sir George Alberti.

Professor David Nathan will then explore the translation of diabetes prevention established in clinical trials to the world stage. Indeed, the wealth of clinical trial data that supports the efficacy of diabetes prevention with lifestyle intervention or medications suffers from the generic weakness of most clinical trials: they examine selected populations and often treat in academic care settings. Whether the clinical trial data apply to the worldwide epidemic of diabetes, much of it occurring in developing countries, is of critical public health importance.

Professor Robert Hegele will further discuss that research with indigenous communities should be approached as a full partnership between communities and researchers. A respectful relationship is essential at all stages. Ideally the research is initiated by the community; questions and issues that are of interest to the community become the foundation of the collaboration. Examples in Canadian indigenous communities include research into the genetic determinants of type 2 diabetes and cardiovascular disease.

Finally, Professor Alex Brown will present the burden of type 2 diabetes in indigenous Australians; the determinants and contributors to type 2 diabetes in these populations; the phenotypes and patterns of complications; health system challenges; health policy; and responses to overcome inequalities in type 2 diabetes.
Due to the many innovations in occupational health and in the wider field of occupational health and safety, considerable improvements have been made in the prevention of workplace accidents and occupational diseases. However, additional research is still required in order to understand the challenges presented by the situations of specific groups of workers, extreme situations, and effective strategies for addressing health issues and wellbeing in the workplace.

During this workshop, Nancy Beauregard, from the Université de Montréal, will begin by going over the questions and issues raised by the occupational health and safety of farmers. Philippe Zawieja, from MINES ParisTech, will then analyze extreme situations and the key role that they play in the new occupational health issues, using trauma and occupational burnout as examples. Christian Voirol, from the University of Applied Sciences and Arts of Western Switzerland, will then explore workplace interventions regarding occupational health and the lessons that can be learned from previous experiences that could improve the success of these interventions. Finally, Steve Harvey from the American University of Beirut will comment on the presentations and conclude by reviewing the future challenges that await researchers in occupational health.
Addiction persists as a major challenge to public health worldwide. Large epidemiological studies have not only underlined the high prevalence of this problem, but have also provided the means to understand its impact from social, economic, political as well as physical and mental health standpoints. Despite considerable efforts for the advancement of knowledge pertaining to prevention, treatment and harm reduction strategies, people suffering from addiction typically remain marginalized. Access to treatment is often limited, due to the lack of resources and an incoherence in the organization of care. When individuals do have access to services, the strategies in place may only offer partially adapted approaches, such as programs that ignore certain comorbidities, or the absence of evidence-based interventions.

Other factors can also complicate the development of a coherent approach to addiction. On the one hand, certain phenomena or scientific developments can drastically change the landscape in which individuals consume and where intervention strategies should be deployed. For example, prescription patterns for pain have significantly changed in recent decades, in response to previously inadequate access to effective treatment for patients.

This change is also accompanied by an increase in access to opioids, which has at once been beneficial and controversial due to the negative consequences that have arisen from their inappropriate use. Moreover, we can also highlight the rapid improvement in the effectiveness of treatments for hepatitis C, a common comorbidity in substance users. The high prevalence of this disease and the high cost of treatment raise several questions about harm reduction strategies and the management of access to care. Finally, change in the legal status of substances is a source of debate in many parts of the world. The real consequences of modifying laws surrounding illegal substances are difficult to assess, but past experiences fuel the reflections that are rendered necessary given the imminent decisions to come on the subject in various countries.

This session offers a series of presentations on topics that illustrate the challenges surrounding the approaches and strategies available for people who suffer from addiction. The speakers will discuss the current opioid epidemic, issues surrounding hepatitis C, and harm reduction among people who use intravenous drugs, as well as the possible impacts of changes in cannabis policy.
PANEL DISCUSSION

THE CASE FOR NON-FORMAL EDUCATION IN MEDICAL CURRICULUM (STUDENT SESSION)
MEDICAL EDUCATION FOR OPTIMAL HEALTHCARE

CHAIR
Claudel Pétrin-Desrosiers
Medical student, Université de Montréal, Canada

SESSION OUTLINE
The session aims to highlight the contributions of non-formal education in the training of future health professionals.

Around the world, students are leading initiatives to complement the knowledge they receive in formal university settings. From peer education activities to high-level advocacy, they create opportunities to acquire additional skills that will be of utmost importance in their future careers. This makes them not only more competitive when they enter the work force, it also enables them to be more versatile and to better understand the multi-disciplinary field they are integrating.

The session will also provide insights on how universities can better support students' initiatives, and will offer ideas on how such activities can be integrated into a modern curriculum that helps shape health professionals in an inter-connected and globalized society.

The session will target four specific skills that are relevant for health professionals in the 21st century: advocacy, leadership, communication and management. They are recognized as part of the CanMEDs competencies.

SPEAKERS
Victoria Berquist
Student Leadership for Mental Health and Wellbeing — Nationally and Internationally
Medical student, Monash University, Australia
Chair of the Australian Medical Students’ Association
Junior Doctor, Alfred Hospital, Melbourne, Australia

Omar Cherkaoui
Changing International Policies with Students’ Advocacy
President of the International Federation of Medical Students’ Associations (IFMSA), Morocco

Toby Messier
OMEGA - Physicians Shaping Healthcare
President, Organization for Medical Education in Governance and Administration (OMEGA)
Student, Université de Montréal, Canada
Everywhere we look, dramatic shifts in technology are changing the way we conduct our lives. Banking and buying are online. We enter a concert, a movie or board a flight with a barcode. Inside our clinics and operating rooms, robotics and systems that employ artificial intelligence are augmenting, and in some cases will one day replace, the work of human health professionals. The word often used to describe this changing landscape is “disruption.”

Despite this, health professions’ education is proving very slow in preparing for the changes ahead. Though ripe for their own disruption, education models seem oddly resistant to change. Yet our students will be practicing in 2050 and need an education that will prepare them for this rapidly changing context. Equally important, healthcare professionals in practice today need help to prepare for what will be a very different workplace. Professional scopes of practice are going to change significantly and some professions may be reconfigured or made obsolete. It is time to take a hard look at what aspects of health care should remain firmly in human hands and hearts.
Bacteria have the natural capacity to develop resistance to antibiotics. Exchange of these traits between different bacteria and their distribution across the planet increasingly leads to the development of strains that resist many, if not all, antibiotics. Antibiotics are essential for the treatment of bacterial infectious diseases and important as preventative measures for many medical procedures such as surgeries.

The development of multi-resistant so-called “superbugs” creates important challenges for our health care system and leads to increasing morbidity and mortality. During this session the origins and molecular mechanisms of antibiotic resistance will be discussed as well as their distribution to and from farm animals. Agricultural practices that may lead to the spread of antibiotic resistance will be discussed as well as policy measures aimed at reducing further augmentations of this threat to public health.
Health systems treat patients with increasingly complex pathologies. For instance, in Canada, over 65% of the population aged 12 years and older and over 90% of the population aged 65 and older claim to suffer from at least one chronic illness. Some have over two chronic illnesses. These complex cases are seldom outlined in the clinical best practice guides provided to healthcare professionals, and practice recommendations that would help organisations optimise these patients’ progress are often lacking. The nature of this population’s needs requires increased coordination between different environments (hospitals, ambulatory care, home care, etc.) and actors (doctors, nurses, nutritionists, physiotherapists, psychologists, managers, patients, relatives, etc.). In order to support this coordination, the use of adapted information technologies such as electronic medical files and secure consulting platforms have allowed a better transfer of information between the parties concerned. However, these technologies can incur new risks, including ethical risks (data privacy), relational risks (reduced contact time with the patient), or social risks (geographic and social inequalities).

In addition, since healthcare systems have significant budget constraints, medical environments are increasingly forced to comply to accountability norms that evaluate their performance without taking into account the time required to establish a relation of trust, optimise communication and build interdisciplinary work relationships. Finally, since patients have increasing access to medical information through the Internet, they are more likely to acquire experiential knowledge about their illness and to ask for proactive access to their own healthcare. They therefore become involved participants that can be considered team partners in the fullest sense. In addition to known risks, such as infections caught in the healthcare environment, medication errors, falls, etc. there are also new risks and new ways of dealing with them.

During this session, we will analyze the role played by accreditation institutions in the improvement of healthcare quality and security, and we will explore the ways that healthcare professionals can familiarise themselves with these efforts and contribute to them. Finally, we will go over the reasons that patients or users of health services and their loved ones should be considered key actors in the promotion of a flexible healthcare system that mobilizes collective intelligence.
Indigenous peoples throughout the world feel a sense of connectedness to land and culture for achieving and maintaining health and wellness. Deterioration of environments, loss of land, and erosion of language and culture have all contributed to worsening health of indigenous peoples through the years of colonial history into the present. Approaches to accommodate and support these needs of connectedness to land and culture have value in helping indigenous peoples achieve improved health and maintain wellness in the context of the challenges of a changing world.

The symposium speakers will address different approaches to working with indigenous people and their communities to achieve wellness through connectedness and respect for indigenous ways of knowing and doing. Discussions will include how best to approach evaluating these deterministic approaches to health and wellness.
Accreditation ensures that physician training programs meet the quality education expected to produce doctors to meet the needs of the population they are to serve. During this session, participants will develop an understanding of the global landscape of medical school accreditation and current influences in its advancement. The international panel will discuss recent advances in accreditation of medical schools as conducted by established as well as by emergent official bodies in various countries. Thus, participants will learn about countries with well-established standards and processes and hear lessons learned from leaders who have recently established an accreditation system in their country. Geo-political, governance, leadership, expertise and resource requirements will be considered. Accreditation of physician training programs will be emphasized, but accreditation of residency specialty training programs will also be addressed.

For participants who are considering the implementation of such a process in their country, as well as those already involved in accreditation in medical education, this session promises to provide a state of the art overview of the topic. A significant question and answer period will be available to engage in a meaningful way with the audience.

**SPEAKERS**

**Danielle Blouin**
Accreditation of Undergraduate Medical Programs: The Canadian Experience
Secretary, Committee on the Accreditation of Canadian Medical Schools (CAMS), Committee on the Accreditation of Continuing Medical Education (CAME), Canada

**Peter Dieter**
European Perspectives of Accreditation of MD Education
President of Association of Medical Schools in Europe (AMSE), Germany
Professor of Biochemistry, Institute of Physiological Chemistry

**Chi-Wan Lai**
Accreditation of Medical Schools in Taiwan: Past, Present and Future
Taiwan Medical Accreditation Council, Taiwan

**John J. Norcini**
A Global Perspective on the Accreditation of Medical Schools
President and CEO of the Foundation for Advancement of International Medical Education and Research (FAIMER®), United States
The ability to generate induced pluripotent stem (iPS) cells from adult human cells has opened up new horizons for understanding human biology and disease mechanisms. Patient-specific iPS cells have the ability to differentiate into many different cell types that can be used to study disease in the petri dish, develop screens for novel drug therapies, test drug toxicity and eventually provide replacement cell types for personalized regenerative therapies. Individual responses to therapeutic interventions can be assessed in stem cell derivatives in the dish before treating the patient, thus providing the right drug to the right patient for the most effective, non-toxic treatments. This approach is now being applied to many diseases including heart disease, cystic fibrosis and brain diseases.

Exciting advances in gene editing have opened up the range of genetic alterations that can be made and studied in stem cells. The efficiency of CRISPR/Cas gene editing tools has also reignited interest in applying gene correction to treat genetic disease directly in patients. Already there are clinical trials underway to treat cancer, blood diseases and liver disease with gene editing tools and more trials will soon follow.

The power of new gene editing tools has also raised ethical challenges with the possibility of not just treating disease in adult cells but eliminating disease in the germ line. In this session, opportunities and challenges ahead in the application of gene editing to stem cells, somatic gene therapy and germ line modification will be discussed.

Tarik Möröy, PhD is the President and Scientific Director of the Institut des recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute, as well as Director of the Hematopoiesis and Cancer Research Unit and full IRCM research professor since 2006. He holds the Canada Research Chair in Hematopoiesis and Immune Cell Differentiation. He is also a full research professor at the Université de Montréal and adjunct professor at McGill University. Since 1991, he has trained over 50 postdoctoral fellows and graduate students and he has authored more than 150 scientific publications. Until 2006, he held several senior management positions in Germany. He is member of the board of directors of the Canadian Society for Molecular Biosciences (CSBM) and Research Canada. He is also appointed Honorary Guest Professor by the Capital University in Beijing for outstanding achievements in immunology.

Janet Rossant, CC, PhD, FRS, FRSC is Senior Scientist and Chief of Research Emeritus at the Hospital for Sick Children in Toronto and President and Scientific Director of the Gairdner Foundation. She is an internationally recognized developmental and stem cell biologist, exploring the origins of stem cells in the early embryo and their applications to understanding and treating human disease. She led the research institute at the Hospital for Sick Children from 2005 to 2015. She has received many honours and recognitions for her work; including four honorary degrees, and election to the Royal Societies of London and Canada, and the National Academy of Sciences in the United States.

The abstract of the keynote speech is as follows:

**ABSTRACT**

The ability to generate induced pluripotent stem (iPS) cells from adult human cells has opened up new horizons for understanding human biology and disease mechanisms. Patient-specific iPS cells have the ability to differentiate into many different cell types that can be used to study disease in the petri dish, develop screens for novel drug therapies, test drug toxicity and eventually provide replacement cell types for personalized regenerative therapies. Individual responses to therapeutic interventions can be assessed in stem cell derivatives in the dish before treating the patient, thus providing the right drug to the right patient for the most effective, non-toxic treatments. This approach is now being applied to many diseases including heart disease, cystic fibrosis and brain diseases.

Exciting advances in gene editing have opened up the range of genetic alterations that can be made and studied in stem cells. The efficiency of CRISPR/Cas gene editing tools has also reignited interest in applying gene correction to treat genetic disease directly in patients. Already there are clinical trials underway to treat cancer, blood diseases and liver disease with gene editing tools and more trials will soon follow.
KEY05
ROOM 511
16:00 – 17:00

POPCULAR CULTURE AND OUR HEALTH:
WHY IT MATTERS AND WHAT’S GOING WRONG...
ENVIRONMENTAL, SOCIAL AND CULTURAL DETERMINANTS OF HEALTH

CHAIR
Lise Gauvin
Full Professor and Vice-Dean for research at the École de santé publique de l'Université de Montréal and Associate Scientific Director for Population Health Research at the Centre de recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM)

She completed her doctoral work in physical activity sciences in 1985 at the Université de Montréal. In addition to her current academic position, she has held positions at Queen's University in Kingston, Ontario and Concordia University in Montreal, Québec. In September 2015, she was named a Fellow of the Canadian Academy of Health Sciences. Her research focuses on socio-environmental and individual determinants of involvement in physical activity and the reach, acceptability, and impact of interventions to promote physical activity and to prevent eating disorders. She uses innovative data collection and analysis techniques including real-time data capture, multilevel modeling, and natural experiments to gain new insights into intervention.

KEYNOTE
Timothy Caulfield
Trudeau Foundation Fellow and Professor, Faculty of Law and School of Public Health Research Director, Health Law Institute, University of Alberta, Canada

Timothy Caulfield is a Canada Research Chair in Health Law and Policy, a Professor in the Faculty of Law and the School of Public Health at the University of Alberta and Research Director of the Health Law Institute at the University of Alberta. He has been involved in many interdisciplinary research endeavours that have allowed him to publish over 300 academic articles. He is a fellow of the Trudeau Foundation and the principal investigator for a number of interdisciplinary projects that explore the ethical, legal and health policy issues associated with a range of topics. He is a fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences and is the author of two recent national bestsellers: The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness (Penguin 2012) and Is Gwyneth Paltrow Wrong About Everything? When Celebrity Culture and Science Clash (Penguin 2015).

ABSTRACT
There is a ridiculous amount of science-free health advice floating around in popular culture. And much of this information is conflicting, misleading or just plain wrong. Indeed, these are strange times. There is a growing amount of good science that can inform health and lifestyle decisions. But despite this reality, popular culture pushes inaccurate views about how and why we should get fit, what we should eat, and how we should address diseases.

Many of these narratives (“alternative facts”) dominate the popular press and, as a result, have a significant impact on the general public. In this provocative presentation, Professor Caulfield will explore the social forces that are contributing to this confused state, including the role of public trust in science, social media, celebrities, cognitive biases and the circulation of conflicting “expert” advice. The presentation will conclude with a consideration of evidence-informed strategies that can be utilized to counter the science-free noise.
HOW TO GET TO THE SUMMIT VENUE

BICYCLE or BIXI (Bixi is Montreal’s bike sharing system)

Getting to the Palais
Bicycle or Bixi:
Bicycle racks are available around the Palais.
There are several Bixi stations on and near the Palais site.
BUS
Bus lines 55 and 129 stop in front of the Palais des congrès. Visit the Société des transports de Montréal (STM) website to find the best bus route near you.

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There are several parking areas at or near the Palais des congrès, including:

• Indoor parking lot (400 spots) on Chenneville Street, via Viger Ave
• Indoor parking lot (1,200 spots) accessible via St-Antoine Street.

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Payments accepted: cash, Visa, MasterCard
All applicable taxes included.
All prices are in Canadian dollars and subject to change without notice.
Clear height: 1.8 m (5 ft 11 in)

Parking rates Quartier International of Montreal (QIM), 249 Saint-Antoine West:

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- Lucien-L’Allier station (commuter train terminal from Dorion/Rigaud, Delson/Candiac and Blainville/St. Jérôme), take the orange line towards Montmorency. Stop at Place-d’Armes and follow the directions to the Palais des congrès.
- From Gare Centrale (commuter train terminal from Mont-Saint-Hilaire and Deux-Montagnes and VIA Rail trains), follow the directions to get to the Bonaventure métro station. Take the orange line towards Montmorency until Place-d’Armes.

The Palais des congrès is located at the Place-d’Armes métro station on the orange metro line. Directions at the métro exit will guide you to our venue.

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Getting to the Palais des congrès from Montreal-Trudeau Airport:
- Limousines, taxis
- 747 bus/downtown and city buses
- Rental car
- Services for the disabled and taxis for handicapped persons
- Hotel shuttle buses

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Marked by its past, proud of its bicultural heritage, and further enriched by immigration, Montreal turns resolutely toward the future.

Today, Montreal is home to some 3.4 million inhabitants who represent no fewer than 80 different ethnic groups. Montreal lives up to its reputation as an international city.

The second-largest French-speaking city in the world, Montreal hosted one of the most impressive world fairs of the century in 1967 as well as the 1976 Summer Olympic Games. The city donned its finest to welcome visitors and has preserved and even improved several of the attractions that it built for the two occasions. Because Montreal always loves to celebrate, it has naturally become a city of dazzling international festivals (jazz, film, comedy, fireworks, fine dining, winter sports and so forth). The rhythm of events intensifies and visitors and Montrealers alike join in the dance. More than a few succumb to the city’s mixture of European and North American charm that both surprises and enchants.

Dynamic and modern, but respectful of its architectural heritage, Montreal successfully blends the old with the new. A trip through the past in Old Montreal and the Old Port lets you witness the origins and the growth of the colony. Museums and historical sites alternate with irresistible bistros in an atmosphere of yesteryear.

While venerating its past, Montreal also looks to the future, having earned a reputation as a world leader in leading-edge technologies such as aeronautics, information technologies and biotechnologies. Montreal is also an innovator, whether in the field of medical technology and equipment, the arts (for example, the Cirque du Soleil, modern dance and experimental theatre), information technology (software and multimedia productions) or in urban development (a unique underground city).

For those who wish to take a closer reading of Montreal’s pulse, what could be better than a stopover in some of the city’s most picturesque districts, such as the Jean-Talon Market in Little Italy, or along Saint-Denis Street in the Plateau Mont-Royal. Neighbourhood markets, boutiques, restaurants and cafés radiate the soul of Montreal, and the vitality and joie de vivre of its inhabitants.

On the occasion of Montreal’s 375th anniversary celebrations, let’s celebrate Montreal’s vivacity. If the downtown core and historic Old Montreal shine year-round with international festivals and events, summer 2017 will certainly be even more special. It’s time to celebrate Montreal’s roots — its history and heritage, its identity and diversity — in high style! Festivals, tastings, church bell concerts, neighbourhood tours... The list is long!
John Lennon and Yoko Ono held their legendary Bed-In in Montreal at the Fairmont the Queen Elizabeth hotel from May 26 to June 2, 1969.

A popular local snack is “poutine” (French fries with cheese curds topped with gravy) – absolutely delicious!

Our “underground city” has over 30 km (18 miles) of pedestrian walkways, indoor areas and tunnels linking 8 subway stations, 5 train stations and termini, 63 buildings, 9 major hotels, 2,000 businesses, 1,700 boutiques, 37 cinemas, theatres and exhibition halls, 10 university buildings and 43 indoor parking areas.

The legal drinking age in Montreal is 18. Bars and restaurants can serve beer and alcohol from 11 a.m. to 3 in the morning.

What others call “pastrami”, we call “smoked meat”. (By the way, our smoked meat sandwiches are to die for!)

Montreal is among the 10 best cities in the world for outdoor dining, according to American travel guide publisher, Frommers.

In total, 80 languages are spoken in the Montreal region, including French, English, Italian, Spanish, Arabic, Greek, Chinese, German, Portuguese, Creole and Vietnamese.

Montreal ranks second to Halifax for the number of Titanic victims buried in its cemeteries (12 in all).

Eye contact in Montreal differs from that in other major cities. Whereas discretion is the order of the day elsewhere, Montrealers do not shy away from making eye contact with strangers.

With the highest number of tango dancers and dance halls on the continent, Montreal is the tango capital of North America.

Greeting a French-speaking person from Montreal can be confusing for visitors. The customary way to greet friends in Montreal is to kiss them on both cheeks, starting with the right, whereas Canadians in other provinces tend to keep their distance and simply shake hands.
**AVAILABILITY**

Please note that the capacity of the venue and of single session rooms is limited. If the maximum number of participants is reached, the organizers reserve the right to refuse access.

**COFFEE BREAKS**

Refreshments will be served during the coffee breaks.

**CURRENCY**

The currency used in Montreal is the Canadian Dollar (CAN$). Automated teller machines (ATMs), are located everywhere in Montreal and they accept most main credit cards such as Visa, Mastercard and American Express.

**CASH POINT / ATM**

There are 2 ATM machines located in the Galeries du Palais commercial mall (Ground Floor level); one is located inside the Couche-Tard convenience store and another one is located at Café Van Houtte.

See: congresmtl.com/pdf/Galeries-EN.pdf

**EMERGENCY NUMBERS**

Fire/Ambulance/Police: 911

On site at the Palais, dial 555 on the wall-mounted house phones for immediate assistance.

**HOMEPAGE**

For up-to-date information regarding the World Health Summit, please visit:
worldhealthsummit.org/regional-meeting.html

**INTERNET / WIRELESS LAN**

Complimentary Wi-Fi will be available within the venue:
Name: WHS2017
Password: whsmtl2017

**INSURANCE AND LIABILITY**

The organizers cannot accept liability for personal injury, loss of or damage to belongings of participants, either during or as a result of the Summit. Please check the validity of your own insurance. Attendees are advised to arrange their own adequate travel and medical insurance for medical treatment, accidents, cancellation of bookings etc. No responsibility will be accepted by the World Health Summit organizers.

**LANGUAGE**

The official World Health Summit language is English, but there will be simultaneous translation in French for the keynote sessions.
**MEDIA INFORMATION**

Media representatives have access to all official sessions of the World Health Summit. Prior accreditation is required via:

Louis Tremblay  
Communications Officer  
Faculty of Medicine, Université de Montréal  
l.tremblay@umontreal.ca  
Cell: +1 514 466-0323

**MOBILE PHONES**

As a courtesy to speakers and other attendees, we kindly request that all mobile phones and similar devices will be turned to silent mode before entering a session.

**NAME BADGE**

A badge is required for admittance to all World Health Summit sessions and events. Each participant is asked to present the badge in order to gain access to the Summit.

**PROGRAM CHANGES**

The organizers cannot assume liability for any changes to the program due to external or unforeseen circumstances. Please check the website for regular updates. The organizers reserve the right to cancel, postpone, relocate or change any of the sessions.

**REGISTRATION**

The registration desk is open during the following times:

Monday 7:30 AM to 5:30 PM  
Tuesday 7:00 AM to 3:00 PM

**SMOKING POLICY**

It is forbidden to smoke in any part of the World Health Summit venue.

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**CONTACTS**

**FOR ALL INQUIRIES RELATING TO THE WHS IN MONTREAL**

Marie-Christine Fiset  
Project Manager, WHS 2017  
Université de Montréal  
mc.fiset@umontreal.ca  
+1 514 343-6586

**MEDIA CONTACT FOR THE MONTREAL MEETING**

Louis Tremblay  
Communications Officer  
Faculty of Medicine, Université de Montréal  
l.tremblay@umontreal.ca  
+1 514 343-6111, ext. 3048  
Cell: +1 514 466-0323

**SUBSCRIPTION AND ACCOMMODATIONS**

Marie-Eve Hamon  
Project Coordinator  
OPC Events  
mehamon@opcevenements.com
GOVERNMENT KEYNOTE SPEAKERS

THE HONOURABLE JANE PHILPOTT
Minister of Health of Canada

Prior to entering politics, Dr. Philpott led an extensive career in family medicine, public health, medical education and global advocacy for HIV/AIDS. Dr. Philpott studied medicine at the University of Western Ontario, completed a family medicine residency at the University of Ottawa, and a tropical medicine fellowship in Toronto. In 2012, she completed a Master of Public Health degree at the University of Toronto. Between 1989 and 1998, Dr. Philpott lived in Niger Republic, West Africa, where she practiced general medicine and helped to develop a training program for village health workers. She practiced as a family physician at Markham-Stouffville Hospital for more than 15 years and served as chief of family medicine from 2008 to 2014. She also led the opening of the Health for All Family Health Team - a new primary care home for 10,000 patients in Markham-Stouffville, and the Markham Family Medicine Teaching Unit that has trained 45 new family physicians in the community since 2010. Additionally, she is an associate professor in the University of Toronto’s Department of Family and Community Medicine. Some of her global advocacy work includes founding Give a Day to World AIDS in 2004, which has raised over $4 million to help those affected by HIV/AIDS in Africa. Dr. Philpott was the first family medicine lead for the Toronto Addis Ababa Academic Collaboration, where she was instrumental in helping Addis Ababa University develop Ethiopia’s first training program for family medicine.

Dr. Gaétan Barrette has been Quebec’s Minister of Health and Social Services since 2014. A 1985 graduate in medicine of the Université de Montréal, Dr. Barrette became a member of Royal College of Physicians and Surgeons of Canada in 1989. In 1991, he pursued a fellowship in vascular and surgical radiology at the University of California, San Diego. He currently practices at Maisonneuve-Rosemont hospital where he has been an active member since 1990. Dr. Barrette was president of the Fédération des médecins spécialistes du Québec between 2006 and 2014. He was also chairman of the board of the Financière des professionnels inc. which manages a $2 billion portfolio. He was also a member of the boards of the Régie de l’assurance maladie du Québec (RAMQ). Dr. Barrette participates regularly in various conferences and forums on the subject of specialized medicine throughout Quebec, across Canada, and abroad.
GEOFFREY KELLEY
Minister responsible for Native Affairs of Quebec, Canada

Geoffrey Kelley holds a bachelor’s degree in history and a master’s degree in modern Canadian history from McGill University.

He taught for 15 years before joining Alliance Québec for several years, then became a political attaché and chief of staff. He oversaw questions such as education, higher education, the Charter of the French language, municipal affairs and public security.

He was initially elected MNA for Jacques-Cartier in 1994. He subsequently chaired a number of committees, including the Committee on Public Administration, the Committee on Social Affairs, the Committee on Education, the Committee on Health and Social Services, and the Select Committee on Dying with Dignity. He served several times as official opposition critic for Aboriginal affairs, the Far North and the family and was also responsible for relations with the English-speaking community.

He has achieved recognition above all for his role as Minister for Native Affairs and Minister responsible for Native Affairs, a position that he has occupied several times.

He is serving his seventh consecutive mandate as MNA for Jacques-Cartier. In April 2014, he was appointed Minister responsible for Native Affairs for the third time.

CHIEF CHRISTINE ZACHARY-DEOM
Mohawk Council of Kahnawà:ke, Canada

Christine Zachary-Deom has been with the Mohawk Council of Kahnawà:ke since 2001. Her main function with the MCK has been varied. She initially worked on subject matters arising from the proposed Canada Kahnawà:ke Relationship (Justice, Membership, and the proposed Indian Act replacement process). She was assigned any political files that required the drafting of letters and advisory actions (e.g. Hydro and Hwy. 30 archaeological intervention, response to Conservative Party platform, Kahnawà:ke Visioning Project).

The Seigneurie file required constant legal drafting and process consideration.

As an elected Chief, Chief Zachary-Deom portfolios are Justice, Kahnawà:ke Legislative Coordinating Committee, Health, Seigneury of Sault St Louis land claim, Consultation Committee Chair, Tourism and Saint. Kateri Tekakwitha, the War of 1812-15 Historical Informant, and the Queen’s Diamond Jubilee Celebration Coordinator.

Previously, she was a teacher at Kahnawà:ke for eleven years, and a lawyer at Cornwall and Kahnawà:ke for twenty years.
NOEL HAYMAN
Clinical Director, Inala Indigenous Health Service, Australia

Dr. Noel Hayman was one of the first two indigenous medical students to graduate from the University of Queensland in 1990. Dr. Hayman is the Clinical Director of the Inala Indigenous Health Service in Brisbane. In developing this service, he has been instrumental in demonstrating how mainstream primary health care services can be made appropriate to the needs of urban Aboriginal populations. Noel’s interests include improving indigenous access to mainstream health services and supporting medical education in indigenous health. Dr. Hayman received the 2003 Centenary Medal for his long service to primary health care in Aboriginal communities and the 2007 inaugural Close the Gap Indigenous Health Award (Australians for Native Title and Reconciliation Queensland). In 2011 he was Queensland Australian of the Year. Noel is on numerous national and state committees.

BRIAN D. HODGES
Executive Vice-President Education, University Health Network, Canada

Brian D. Hodges MD, PhD, FRCPC is a Professor in the Faculty of Medicine and Faculty of Education (OISE/UT) at the University of Toronto; the Richard and Elizabeth Currie Chair in Health Professions Education Research at the Wilson Centre for Research in Education and Executive Vice President Education at the University Health Network (Toronto General, Toronto Western Princess Margaret and Toronto Rehab Hospitals). He leads the AMS Phoenix Project: A Call to Caring, an initiative to rebalance the technical and compassionate dimensions of healthcare.
Dr. Joanne Liu commenced her term as International President of Médecins Sans Frontières (MSF) on 1 October 2013. Her time with MSF started in 1996, when she worked with Malian refugees in Mauritania. Since then, she has provided support after the tsunami in Indonesia, assisted people affected by the earthquake and the cholera epidemic in Haiti, and worked with Somali refugees in Kenya and displaced populations in North Kivu, Democratic Republic of Congo (DRC). She has worked in many conflict zones, including in Palestine, Central African Republic, DRC and Sudan’s Darfur region. Born in Quebec City, Canada, Dr. Liu trained at McGill University School of Medicine, and specialised in paediatrics at Montreal’s Sainte-Justine Hospital. She holds a fellowship in paediatric emergency medicine from New York University School of Medicine, and an International Master’s in Health Leadership from McGill University. She is also an associate professor at the Université de Montréal and a professor in practice at McGill University.

Janet Rossant, CC, PhD, FRS, FRSC is Senior Scientist and Chief of Research Emeritus at the Hospital for Sick Children in Toronto and President and Scientific Director of the Gairdner Foundation. She is an internationally recognized developmental and stem cell biologist, exploring the origins of stem cells in the early embryo and their applications to understanding and treating human disease. She led the research institute at the Hospital for Sick Children from 2005 to 2015. She has received many honours and recognitions for her work, including four honorary degrees, and election to the Royal Societies of London and Canada, and the National Academy of Sciences, USA.
CHRISTIAN BARON
Vice-Dean of Research and Development, Faculty of Medicine, Université de Montréal, Canada

Christian Baron received a Ph.D. in Microbiology at the Ludwig-Maximilians University in Munich in August Böck’s group in the Department of Microbiology in 1993, followed by postdoctoral research with Patricia C. Zambryski at UC Berkeley (CA, USA). In 1997 he returned to Munich as University Assistant to build his independent research group in the Department of Microbiology and in 2002 he was recruited as Associate Professor in the Biology Department at McMaster University in Hamilton (ON, Canada). In 2008 he joined the Department of Biochemistry at the Université de Montréal (QC, Canada) as Full Professor and Chair. In 2015 he was nominated as Vice-Dean of Research and Development at the Faculty of Medicine.

MARCEL A. BEHR
Director of the McGill International TB Centre and Microbiologist-in-Chief, McGill University Health Centre, Canada

Dr. Marcel Behr is Professor of Medicine at McGill University where he is Director of the McGill International TB Centre and Microbiologist-in-Chief of the McGill University Health Centre. His training included BSc (Biochemistry) from the University of Toronto, MD from Queen’s University, residency training in infectious diseases and medical microbiology at McGill, an MSc (Epidemiology) from McGill and then post-doctoral studies of molecular epidemiology and bacterial genomics at Stanford. Dr. Behr’s research interest is the application of bacterial genetics to study the epidemiology and pathogenesis of mycobacterial diseases, specifically, M. tuberculosis, BCG, and non-tuberculous mycobacteria, including members of the M. avium-intracellular complex. This work has been recognized by numerous awards in Quebec (Chercheur National of the Fonds de la Recherche en Santé du Québec) and beyond (Fellow of the Canadian Academy of Health Sciences, 2016 and election to the American Society for Clinical Investigation, 2010).

HÉLÈNE BOISJOLY
Dean of Faculty of Medicine, Université de Montréal, Canada

Appointed Dean of the Faculty of Medicine at the Université de Montréal in June 2011, Dr. Boisjoly is recognized as an accomplished corneal surgeon and ophthalmologist who has influenced a generation of students in ophthalmology, corneal and eye research. She obtained her MD and a post graduate training in ophthalmology from the Université de Sherbrooke. She was a cornea fellow at the Massachusetts Eye and Ear Infirmary and the Schepps Eye Research Institute (Harvard University) and holds a Master in Public Health degree from the Bloomberg School of Public Health (Johns Hopkins University). In Canada, she was a FRQS Research Scientist (1986-2000) and Scientific Director of the FRQS Vision Research Network (1996-2000). She held a number of key positions in ophthalmology both at Université Laval (1983-1993) and the Université de Montréal (since 1993) including Head of the Department of Ophthalmology at Massonmetne-Rosemont Hospital (1993-1998) and Chair of the Department of Ophthalmology (2000-2008).

KYM BOYCOTT
Medical Geneticist, Children’s Hospital of Eastern Ontario (CHEO), Professor of Pediatrics, University of Ottawa, Canada

Kym Boycott is a medical geneticist at the Children’s Hospital of Eastern Ontario (CHEO), Senior Scientist at the CHEO Research Institute, and Professor of Pediatrics at the University of Ottawa. Dr. Boycott’s research program in rare diseases bridges clinical medicine to basic research and is focused on understanding the molecular pathogenesis of these disorders, enabling the design of new therapies to ultimately benefit patients and their families. She is the principal investigator of Canada’s national genome-wide sequencing platform for rare disease, Care4Rare Canada, and of the Rare Diseases: Models and Mechanisms Network, established to catalyze connections between clinical investigators discovering new genes in patients with rare diseases and basic scientists who can analyze equivalent genes and pathways in model organisms. Dr. Boycott moves the international rare disease agenda forward through her role as the Chair of the Diagnostics Committee of the International Rare Diseases Research Consortium.
FABRICE BRUNET
CEO of the Centre hospitalier de l’Université de Montréal (CHUM) and of the Centre hospitalier universitaire Sainte-Justine (CHU Sainte-Justine), Canada

Dr. Brunet is the Chief Executive Officer of the Centre hospitalier de l’Université de Montréal (CHUM) and of the Centre hospitalier universitaire Sainte-Justine (CHU Sainte-Justine), a role he has occupied since September 7, 2015. From 2009 to 2015, he was the Director General of the CHU Sainte-Justine, before becoming its CEO. He is President of the Integrated University Health Network of the Université de Montréal (RUIS) and a full clinical professor in the Department of Pediatrics at the Université de Montréal. He is also a professor of resuscitation medicine at the University of Toronto. Dr. Fabrice Brunet studied medicine at the Faculté de Cochin Port-Royal, University of Paris V. He later specialized in cardiology, medical resuscitation and emergency medicine. He has also occupied several roles in the medical field across Europe and America, with a particular focus on research and teaching. Early in his career, he attended the École Supérieure de Commerce de Paris (ESCP), where he completed his medical education by studying management in a healthcare context, and eventually became a professor of hospital management. Dr. Brunet completed his management studies at Harvard University and at the University of Toronto and became a professor of healthcare at the HEC Montréal. Before he started working at the CHU Sainte-Justine, he was Director of the Department of Resuscitation and Intensive Care at the St. Michael’s Hospital in Toronto and Medical Director of its telemedicine program. The experience that Dr. Brunet has garnered over the course of his career will be used to continuously improve the care that is provided to the residents of the CHUM and CHU Sainte-Justine and to respond to their needs, from birth until death.

BEN CANNY
Professor and Head of the School of Medicine, University of Tasmania, Australia

Ben Cann is Head of the School of Medicine at the University of Tasmania, where he has responsibility for medicine, pharmacy and paramedicine. Prior to this he was the convenor of the Medical Degree at Monash University. Ben has always had a vital interest in medical education and medical science, and has led the Medical Education Initiative of the MB Alliance. At present, he is leading the development of a harmonized curriculum of Global Health Education for Health Professionals to be shared by members of the MB Alliance. He is also Vice-President of the Australian and New Zealand Association for Health Professional Educators.

ÉRIC A. COHEN
Director of the Laboratory of Human Retrovirology, Montreal Clinical Research Institute (IRCM), Canada

Éric Cohen is Director of the Laboratory of Human Retrovirology at the Institut de recherches cliniques de Montreal (IRCM)/Montreal Clinical Research Institute. He is also Professor of Virology at the Department of Microbiology, Infectiology and Immunology at the Université de Montréal and recipient of the IRCM-Université de Montréal Chair of Excellence in HIV Research. Dr. Cohen's research aims to better understand HIV-host interactions regulating viral replication, transmission, and persistence. His studies on the interactions between HIV and antiviral effectors of the host innate immune response have fostered a transforming understanding of HIV persistence and opened new avenues for the development of HIV curative strategies. Dr. Cohen is a fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences and a member of the editorial board of Retrovirology. Since 2014, he leads the Canadian HIV Cure Enterprise (www.cancurehiv.org), a pan-Canadian multidisciplinary research consortium dedicated to HIV cure research.

VINCENT DUMEZ
Co-director of the Centre of Excellence on Partnership with the Patients and Public (CEPPP), Faculty of Medicine, Université de Montréal, Canada

Vincent Dumez holds a finance degree and a master in science of management from Montreal’s international business school Hautes Études Commerciales (HEC). Up until 2010, Mr. Dumez was an associate in one of Montreal’s most influential consulting firms where he acted as a senior strategic consultant. Suffering from severe chronic diseases for more than three decades, M. Dumez has been actively involved in the promotion of the “patient partner” concept at the Université de Montréal. This involvement has come forward over the recent years through the completion of his master’s dissertation on the patient-doctor relationship, his contribution to the training of patients, his work on boards of healthcare organizations and his involvement as a speaker in healthcare conferences. Since 2010, Mr. Dumez has developed the patient partnership program at the Faculty of Medicine. He is now co-leading with Dr. Antoine Boivin the Centre of Excellence on Partnership with the Patients and Public.
ANTOINE FLAHAULT
Director of the Institute of Global Health, Switzerland

Antoine Flahault MD, PhD in biomathematics, is professor of public health at Faculty of Medicine, University of Geneva where he is the Director of the Institute of Global Health, at Campus Biotech (since Jan. 2014). He has been appointed founding director of the French School of Public Health (EHESP, Rennes, 2007-2012), co-director of Centre Virchow-Villermé for Public Health Paris-Berlin (Université Descartes, Sorbonne Paris Cité), co-director of the European Academic Global Health Alliance (EAGHA), president of the Agency for Public Health Education Accreditation (APHEA). He has conducted his research in mathematical modelling of communicable diseases; has chaired the WHO collaborative centre for electronic disease surveillance; has coordinated research on Chikungunya in the Indian Ocean and in French Caribbean Islands (Inserm Prize, 2006; was scientific curator of a large exhibition Epidemik, la Cité des Sciences et de l’Industrie, Paris, Rio and Sao Paulo, 2009-2013). He was elected corresponding member at Académie Nationale de Médecine (Paris). He was the President of the World Health Summit and the M8 Alliance in 2016, and is the President of the WHO collaborative centre for electronic disease surveillance; has coordinated research on Chikungunya in the Indian Ocean and in French Caribbean Islands (Inserm Prize, 2006; was scientific curator of a large exhibition Epidemik, la Cité des Sciences et de l’Industrie, Paris, Rio and Sao Paulo, 2009-2013). He was elected corresponding member at Académie Nationale de Médecine (Paris). He was the President of the World Health Summit and the M8 Alliance in 2016, and is the President of the Geneva Health Forum. Last July 2016, he had 257 scientific publications referenced in Medline.

PIERRE FOURNIER
Dean of the Ecole de santé publique de l’Université de Montréal, Canada

Pierre Fournier studied in medicine (Nice, France), in biostatistics (Paris VI, France), in tropical medicine (Aix-Marseille, France) and in public health (Montreal, Canada). Before joining the Université de Montréal in 1986, he worked at the African Development Bank (Abidjan, Côte d’Ivoire), at the Faculty of Medicine of the University of Nice (France) and in Burkina Faso as Deputy Regional Health Officer. He works in the areas of maternal health, health systems analysis, program evaluation and human resources development, in various countries: developed (Canada, Europe), transitional (Central Europe and Balkans) and developing (Africa, Latin America). He is a Professor (Department of Social and Preventive Medicine), and a Researcher of the Global Health Research Group (Centre de recherche du Centre hospitalier de l’Université de Montréal). He was director of the leadership program in population and health (funded by the Bill and Melinda Gates Foundation) and a consultant for the major national and international health organizations (WHO, UNFPA, UNICEF, IDRC, CIDA). He was the founding director of the International Health Unit (1989-1996) and Director of the Department of Social and Preventive Medicine of the Université de Montréal (1996-2002). He was appointed in 2013 as the first Dean of the Ecole de santé publique de l’Université de Montréal.

LISE GAUVIN
Full Professor and Vice-Dean Research, École de santé publique de l'Université de Montréal, ESPUM, Researcher and Associate Scientific Director for Population Health Research, Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM), Canada

Lise Gauvin is a Full Professor and Vice-Dean for research at the Ecole de santé publique de l’Université de Montréal and a researcher and Associate Scientific Director for Population Health Research at the Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM). She completed her doctoral work in physical activity sciences in 1985 at the Université de Montréal. In addition to her current academic position, she has held positions at Queen’s University in Kingston, Ontario and Concordia University in Montreal, Quebec. In September 2015, she was named a fellow of the Canadian Academy of Health Sciences. In August 2016, she was named a member of the new Institute Advisory Board on Health Promotion and Disease Prevention of the Canadian Institutes of Health Research. Her research focuses on socio-environmental and individual determinants of involvement in physical activity and the reach, acceptability, and impact of interventions to promote physical activity and prevent eating disorders. She uses innovative data collection and analysis techniques including real-time data capture, multilevel modeling, and natural experiments to gain new insights into intervention.

STEVE HARVEY
Dean, and Professor of Management, Suliman S. Olayan School of Business, American University of Beirut, Lebanon

Dr. Steve Harvey is Dean of the Suliman S. Olayan School of Business, American University of Beirut. Harvey was appointed dean and professor of management in 2016, after having served as Dean of the John Molson School of Business, Concordia University; and Dean of the Williams School of Business and Associate VP, Research at Bishop’s University. Harvey earned his doctorate from the University of Guelph in 1996. Since then, he has been an active scholar, professor, senior executive, and consultant in management and human resources. Harvey’s research has been recognized by various awards, subsidized by several funding agencies, and presented at multiple conferences worldwide. As a strong advocate of the view that practice and research inform teaching, he has been regularly conveying his research findings and practical knowledge within the classroom. He has won several awards for teaching in areas of human resource management, organizational behavior, organizational conflict, and negotiations.
DIDIER JUTRAS-ASWAD
Addiction Psychiatrist and Researcher at the Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM), Canada

Didier Jutras-Aswad is an addiction psychiatrist and researcher at the CRCHUM Research Centre. He is a Clinical Associate Professor at the Université de Montréal and is also affiliated with Mount Sinai School of Medicine in New York. He is the director of the Addiction Psychiatry Unit at the Centre Hospitalier de l’Université de Montréal (CHUM), a specialized program for patients with addiction, mental health disorders and physical comorbidities. His research focuses on developing new interventions for addiction and comorbid conditions. He is particularly interested in cannabinoids, both for their deleterious effects and their therapeutic properties. He holds several research grants from funding agencies and is the principal investigator for various clinical trials in the addiction field. He is also involved in several research networks around themes affecting vulnerable populations such as substance misuse, HIV, hepatitis C and suicide.

YAN KESTENS
Associate Professor at the École de Sante Publique de l’Université de Montréal and a researcher at the Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM), Canada

Yan Kestens is an Associate Professor at the Ecole de Sante Publique de l’Université de Montréal and a researcher at the CRCHUM. He holds a Canadian Institutes of Health Research Applied Public Health Chair in Urban Interventions and Population Health. His program of research is exploring how urban change impacts health profiles and health inequities. Through methodological innovations that improve our capacity to assess urban interventions as well as people’s interactions with urban spaces, the Chair contributes to understanding how “environments get under the skin”, and works in collaboration with local and regional decision makers to generate relevant evidence helping design healthier and more equitable cities.

ILONA KICKBUSCH
Director, Global Health Centre. Associate Professor at the Graduate Institute of International and Development Studies, Switzerland

Ilona Kickbusch is the Director of the Global Health Centre and associate professor at the Graduate Institute of International and Development Studies in Geneva. She was a member of the independent Ebola interim assessment panel of the WHO. She was recently awarded the Cross of the Order of Merit of the Federal Republic of Germany in recognition of her contributions to innovation in governance for global health and global health diplomacy. She is a senior advisor to the regional directors of the WHO regional offices for Europe and the Eastern Mediterranean, and serves on the executive board of the Careum Foundation and on the expert panel advising the Swiss federal councillor responsible for health. She has worked with the WHO at various levels, as well as in academia, and has contributed to innovation in health with a strong commitment to the empowerment of women throughout her career.

MALCOLM KING
Health Researcher and Professor at Simon Fraser University, Fellow of the Canadian Academy of Health Sciences, Canada

Dr. Malcolm King, a member of the Mississaugas of the New Credit First Nation, is a health researcher at Simon Fraser University, joining the Faculty of Health Sciences in September 2012. Over a long career in pulmonary research, Malcolm has developed new approaches to treat mucus clearance dysfunction in chronic lung disease, and continues to work on addressing issues in airborne disease transmission. From 2009 to 2016, he led the CIHR Institute of Aboriginal Peoples’ Health as its Scientific Director, spearheading the development of a national health research agenda aimed at improving wellness and achieving health equity for First Nations, Inuit, and Métis Peoples in Canada. His international indigenous health interests include improving indigenous health through workforce development and provision of culturally appropriate care, and developing indigenous health indicators to monitor progress in programs aimed at achieving wellness and health equity. Dr. King was honoured with a National Aboriginal Achievement Award in 1999, and in 2016 was named a Fellow of the Canadian Academy of Health Sciences.
MICHAEL KLAG
Dean of the Johns Hopkins Bloomberg School of Public Health, United States

Dr. Michael Klag is a pioneering chronic disease epidemiologist whose scientific contributions have been in the prevention and epidemiology of kidney disease, hypertension and cardiovascular disease. He was one of the earliest investigators to apply epidemiologic methods to the study of kidney disease, answering important questions about the incidence, prevalence, causes and optimal treatment of kidney disease. Dr. Klag also directed one of the longest running longitudinal studies in existence, the Precursors Study, which began in 1946, investigating risk of cardiovascular disease and other outcomes associated with characteristics in young adulthood and later life. Dr. Klag was the inaugural Vice Dean for Clinical Investigation at the JHU School of Medicine, rebuilding its human research subjects protection system. Since 2005, Dr. Klag has served as Dean of the Johns Hopkins Bloomberg School of Public Health, the oldest, largest independent graduate school of public health with funded programs in over 100 countries.

GARY KOBINGER
Director of the Research Centre on Infectious Diseases, Faculty of Medicine, Université Laval, Canada

Gary Kobinger is a professor in the Department of Microbiology and Infectious Diseases and the Director of the Research Centre on Infectious Diseases, Faculty of Medicine at Université Laval. He is also an adjunct professor in the Department of Pathology and Laboratory Medicine at the University of Pennsylvania, and an associate professor in the Department of Medical Microbiology at the University of Manitoba. His work focuses on developing and testing new vaccine platforms and immune treatments against emerging and re-emerging viruses of high consequences to public health. Between 2013-2016, 60 minutes, National Geographic, BBC Horizon, NOVA, France 2, PBS and others featured the leading work on successful treatment of Ebola infection that was developed by Gary and his team. In July 2016, Gary Kobinger initiated a new chapter of his career as the Director of the Centre de Recherche en Infectiologie de l’Université Laval.

PAUL LEWIS
Professor and Dean of the Faculty of Environmental Design, Université de Montréal, Canada

Paul Lewis is a full professor of urban planning at the Université de Montréal, where he lectures about transportation and health. In 2014, he became the Dean of the Faculty of Environmental Design, which brings together three schools: the school of architecture, the school of design, and the school of urban planning and landscape architecture. Before joining the Université de Montréal, he worked as an urban planner for the Hull and Gatineau municipalities, as well as the Ministry of Municipal Affairs in Quebec, at the head of Land Use Planning. He has also worked at the Council of Universities as a researcher. His main fields of interest include urban planning, transportation planning and human mobility. Among other subjects, he has studied the evolution of retail and the development of traditional commercial districts. He has also researched transit-oriented development and its impact on human mobility. More recently, he has studied the mobility of primary school students in the Montreal and Trois-Rivières regions, the development of intermodal transport hubs, and parking policies.

ALEX MACKENZIE
Pediatrician at the Children’s Hospital of Eastern Ontario (CHEO), Canada

Alex MacKenzie, an attending pediatrician at the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa, Canada and has served as the CEO and Science Director of the CHEO Research Institute as well as Vice President of Research for both CHEO and Genome Canada in addition to being founding scientist of the AeGera biotech company. Dr. MacKenzie’s laboratory has conducted translational research on the rare pediatric disorder spinal muscular atrophy over the past 25 years, and in recent years has broadened its focus with its involvement in the Enhanced Care for Rare project to search for therapies for a larger number of rare diseases. He is also looking at means of identifying and possibly preventing fetal alcohol syndrome disorders.
ALAIN MARCHAND
Director of the Research Team on Work and Mental Health (ERTSM), Université de Montréal, Canada

Alain Marchand is a full professor in the School of Industrial Relations at the Université de Montréal, Canada, and a research associate at the Institut de recherche en santé publique de l’Université de Montréal (IRSPUM). He is the Director of the Research Team on Work and Mental Health (ERTSM), and he is in charge of the Social Determinants of Health research area at IRSPUM. Supported by grants from CHIR, SSHRC, and FRQS, his research interests focused on the understanding and prevention of the role of occupation and pathogenic work organizations on the stress response, the occurrence of mental health problems, alcohol abuse, and the taking of psychotropic drugs.

GENEVIEVE MOINEAU
President and CEO of the Association of Faculties of Medicine of Canada (AFMC), Canada

Dr. Geneviève Moineau, MD, FRCPC, is President and CEO of the Association of Faculties of Medicine of Canada (AFMC). She previously served as Associate Dean, Undergraduate Medical Education, at the University of Ottawa Faculty of Medicine. She practices pediatric emergency medicine at the Children’s Hospital of Eastern Ontario. Dr. Moineau joined the AFMC in 2011 as VP Education and Secretary to CACMS and CACME. Since 2013 as President and CEO, she has led the development of a memorandum of understanding with the Association of American Medical Colleges (AAMC), the American Medical Association, and the Canadian Medical Association on the Canadianization of medical school accreditation, has initiated the transfer of the Canadian Graduation Questionnaire and all AAMC data on Canadians to the AFMC, and has supported the implementation of the AFMC Student Portal. She has also recently negotiated a collaboration agreement with the Conférence Internationale des Doyens et des Facultés de Médecine d’Expression Française (CIDMEF).

TARIK MÖROY
President and Scientific Director, Montreal Clinical Research Institute (IRCM), Canada

Tarik Möröy, PhD is the President and Scientific Director of the Institut des recherches cliniques de Montréal (IRCM)/Montreal Clinical Research Institute as well as Director of the Hematopoiesis and Cancer Research Unit and full IRCM research professor since 2006. He holds the Canada Research Chair in Hematopoiesis and Immune Cell Differentiation. He is also full research professor at the Université de Montréal and adjunct professor at McGill University. Since 1991, he has trained over 50 postdoctoral fellows and graduate students and he has authored more than 150 scientific publications. Until 2006, he held several senior management positions in Germany. He is member of the Board of directors of the Canadian Society for Molecular Biosciences (CSBM) and Research Canada. He is also appointed Honorary Guest Professor by the Capital University in Beijing for outstanding achievements in immunology.

CLAUDEL PÉTRIN-DESROSIERS
Medical student, Université de Montréal, Canada

Claudel Pétrin-Desrosiers is a medical student at the Université de Montréal. She has spent a year abroad, where she worked for the World Health Organization (WHO) in Geneva. Following her profound involvement with the FMEQ and IFMSA-Quebec, she has become the vice-president of the International Federation of Medical Students’ Associations, which represents over one million students across 125 countries. While studying, she contributes to Stories for Humanity, an international participatory media project. She also will oversee the organization of a major international meeting in August 2017 in Montreal, which will gather over one thousand future doctors and residents. Her various involvements are fuelled by her profound interest in both local and universal issues: climate change, social determinants of health, Native populations, medical education, and politics. She is considering a career in public health.
VINCENT POITOUT
Professor of Medicine at Université de Montréal. Director of Research at the Centre Hospitalier de l’Université de Montréal (CHUM), Canada

Dr. Vincent Poitout received his Doctorate in Veterinary Medicine from the École Nationale Vétérinaire d’Alfort and his PhD degree from Université Paris 6. He did a post-doctoral fellowship at the University of Minnesota under the guidance of Dr. Paul Robertson. He is currently Professor of Medicine at the Université de Montréal. His laboratory is located within the Montreal Diabetes Research Center at the Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM). He is the Director of Research at the CHUM. He is a member of the editorial board of The Journal of Biological Chemistry, Associate Editor of Diabetologia, and Chair of the National Research Council of the Canadian Diabetes Association. Dr. Poitout received several awards including the 2003 Thomas R. Lee Career Development Award from the American Diabetes Association and the 2009 Young Scientist Award from the Canadian Diabetes Association. Dr. Poitout is a member of the editorial board of The Journal of Biological Chemistry, Associate Editor of Diabetologia, and Chair of the National Research Council of the Canadian Diabetes Association. Dr. Poitout holds the Canada Research Chair in Diabetes and Pancreatic Beta-cell Function and is a fellow of the Canadian Academy of Health Sciences.

MARIE-PASCALE POMEY
Associate Professor in the Department of Management, Evaluation and Policy in Healthcare at École de santé publique de l’Université de Montréal, ESPUM, Canada

Marie-Pascale Pomey is a physician and public health specialist. She is an associate professor in the Department of Management, Evaluation and Policy in Healthcare at ESPUM and a researcher at the Centre de recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM). She is also a physician at INESSS. Her research interests include the comparison of health care systems and public policy, particularly European, Canadian and US systems. Her research also focuses on the evaluation of quality and safety programs, and on the impact of accreditation systems on health institutions in terms of the dynamics of change and the implementation of continual quality and safety improvement programs and patient involvement at the different levels of the health care system.

LOUISE POTVIN
Professor in the Department of Social and Preventive Medicine, École de santé publique de l’Université de Montréal, ESPUM, Canada

Louise Potvin is currently a professor in the Department of Social and Preventive Medicine, ESPUM and a researcher at the Institut de recherche en santé publique de l’Université de Montréal, and at the Centre Léa-Roback sur les inégalités sociales de santé de Montréal. She holds the Canada Research Chair in Community Approaches and Health Inequalities. Her main research interests are population health intervention research and the role of social environments in the local production of health and health equity. In addition to having edited and co-edited 8 books, she has published more than 250 peer-reviewed papers, book chapters, editorials and comments. She is a Fellow of the Canadian Academy of Health Sciences and the Editor in Chief of the Canadian Journal of Public Health.

SERGE QUÉRIN
Professor in the Department of Medicine, Faculty of Medicine, Université de Montréal, Canada

Dr. Serge Quérin is a practicing nephrologist and professor in the Department of Medicine at the Université de Montréal. He has been involved in the accreditation of MD programs since 2010, first as Accreditation Lead at the Office of the Associate Dean, Undergraduate Medical Education, at the Faculty of Medicine of the Université de Montréal. When the Association of Faculties of Medicine of Canada launched an interim review process (IRP) at mid-point between two full accreditation visits in 2010, Dr. Quérin was named Interim Review Coordinator (IRC) for the Université de Montréal and led the first IRP at a Canadian medical school, which was completed in 2011. More recently, he has served as external IRC for IRPs at other Canadian schools, as well as a member and secretary within Committee on Accreditation of Canadian Medical Schools – Liaison Committee on Medical Education (CACMS-LCME) accreditation survey teams.
LUCIE RICHARD
Director of the Institut de recherche en santé publique de l’Université de Montréal (IRSPUM), Canada

Lucie Richard, Ph.D., is a professor in the Faculty of Nursing at the Université de Montréal. She is currently Director of IRSPUM, where she also holds a regular research position. Her research interests lie in health promotion and disease prevention. As a research scholar she received funding in the last twenty years (NHRDP, MRC, and FRQS) which allowed the development of a vast research program on the ecological approach in public health and on health promotion. Overall, her work has covered many perspectives, from etiological analysis to evaluative research, and a wide range of health issues and populations (Funding CIHR, CHSRF, FRSQ).
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