2nd German-East European Healthcare Symposium

„Comprehensive Health Care – Improving the Quality of Life"

Ost-Ausschuss Osteuropaverein der Deutschen Wirtschaft

Official Side Event of

WORLD HEALTH SUMMIT

GHA German Health Alliance

2nd German-East European Healthcare Symposium

Official side-event of WORLD HEALTH SUMMIT

10.00 a.m. – 10.20 a.m.	Opening and Introduction *(Room Asien, First Floor, OG)* **Ute Kochlowski-Kadjaia**, Executive Director, German Eastern Business Association, Berlin **Alexander Boxler**, Managing Director, GHA - German Health Alliance, Berlin
10.20 a.m. – 10.40 a.m.	*Outlook on Healthcare Sector in Uzbekistan* **H.E. Alisher Kaymovich Shadmanov**, Minister of Health of the Republic of Uzbekistan, Taschkent Discussion
10.40 a.m. – 10.55 a.m.	*New Projects on Healthcare Sector in Turkmenistan* **Mammed Annakov**, Head of Department for Investment, Ministry of Health of Turkmenistan, Aschgabat Discussion
10.55 a.m. – 11.15 a.m.	Coffee Break *(Room Europa, Ground Floor EG)*
11.15 a.m. – 12.35 a.m.	High-Level-Round-Table *(Room Asien, First Floor, OG)* *Technical Innovation and Digitalization in the Health Sector of Central Asia and Eastern Europe* Introduction and Moderation: **Amelie D'Souza**, Head of Unit Health Asia, KfW Development Bank, Frankfurt – **H.E. Alisher Kaymovich Shadmanov**, Minister of Health, Uzbekistan – **Dr. Iryna Mikhailova**, Sales and Community Manager, Raccoon.World, Kiyv/Berlin – **Dr. Olegas Niaksu**, Head of eHealth, AME International GmbH, Vienna – **Dr. Uladzimir Antonenka**, Program Manager Central Asia, Institute of Microbiology and Laboratory Medicine, WHO - Supranational Reference Laboratory of Tuberculosis, Gauting – **Anatoli Tirik**, Area Manager, Otto Bock SE & Co. KGaA, Duderstadt Discussion

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12.35 a.m. – 01.30 p.m.	Networking Lunch Break *(Room Europa, Ground Floor, EG)*
01.30 p.m. – 01.50 p.m.	Overview of Oncology Care in Eastern and South Eastern Europe *(Room Asien, First floor)* **Anja Nitzsche**, Head Resource Mobilisation, Programme of Action for Cancer Therapy (PACT), International Atomic Energy Agency, Vienna Discussion
01.50 p.m. – 03.10 p.m.	High-Level-Round-Table *Improving Cancer Patient Outcomes through Innovation and Modern Treatment Modalities* Introduction and Moderation: **Univ.- Prof. Dr. Dr.h.c. Christoph Zielinski**, President, Central European Cooperative Oncology Group (CECOG) and Chair, Vienna Cancer Center – **Svetlana Gerbel**, Head of Russia and Central Asia, Siemens Healthineers, Moscow – **Miva Berdymuradova**, Director of Scientific-Clinical Center for Oncology, Aschgabat – **Manfred Bruer**, CEO, Bruer Consulting and Speaker of the Working Group Healthcare, German Eastern Business Association, Hamburg – **Dr. Alexej Swerdlow**, CEO, OPASCA GmbH, Mannheim Discussion
03.10 p.m. – 04.00 p.m.	Networking Coffee *(Room Europa, Ground Floor, EG)*
From 04.00 p.m.	B2B and lunchtime snack

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AME International

HEINEMANN MEDIZINTECHNIK

with the kind support of

SIEMENS Healthineers

FRESENIUS

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GHA German Health Alliance

Opening and Introduction

Ute Kochlowski-Kadjaia

Executive Director, German Eastern Business Association, Berlin

Opening and Introduction

Alexander Boxler

Managing Director, GHA - German Health Alliance, Berlin

Outlook on Healthcare Sector in Uzbekistan

H.E. Alisher Kaymovich Shadmanov

Minister of Health of the Republic of Uzbekistan, Taschkent

Discussion

MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN

UNIVERSAL HEALTH COVERAGE - TOP PRIORITY

- The concept of universal access to services for all citizens is spelled out in the Constitution of the Republic of Uzbekistan
- In the country, the health issue is on the agenda at the highest political level
- Reforming the health care system to ensure access to high-quality services for all segments of the population, especially in remote rural areas
- Creation of perfect and modern conditions for further improvement of the quality of medical services
- More than 100 legal acts have been adopted to improve health care system and quality of medical services

DECREE OF THE PRESIDENT OF THE REPUBLIC OF UZBEKISTAN "ON COMPREHENSIVE MEASURES TO FUNDAMENTALLY IMPROVE THE HEALTH CARE SYSTEM OF THE REPUBLIC OF UZBEKISTAN FOR 2019-2025."

TASKS OF DEVELOPMENT OF THE HEALTH SYSTEM

1. Introduce mechanisms to ensure the financial stability of the health system and the transparency of its work.

2. Attract private investment in the industry, including foreign.

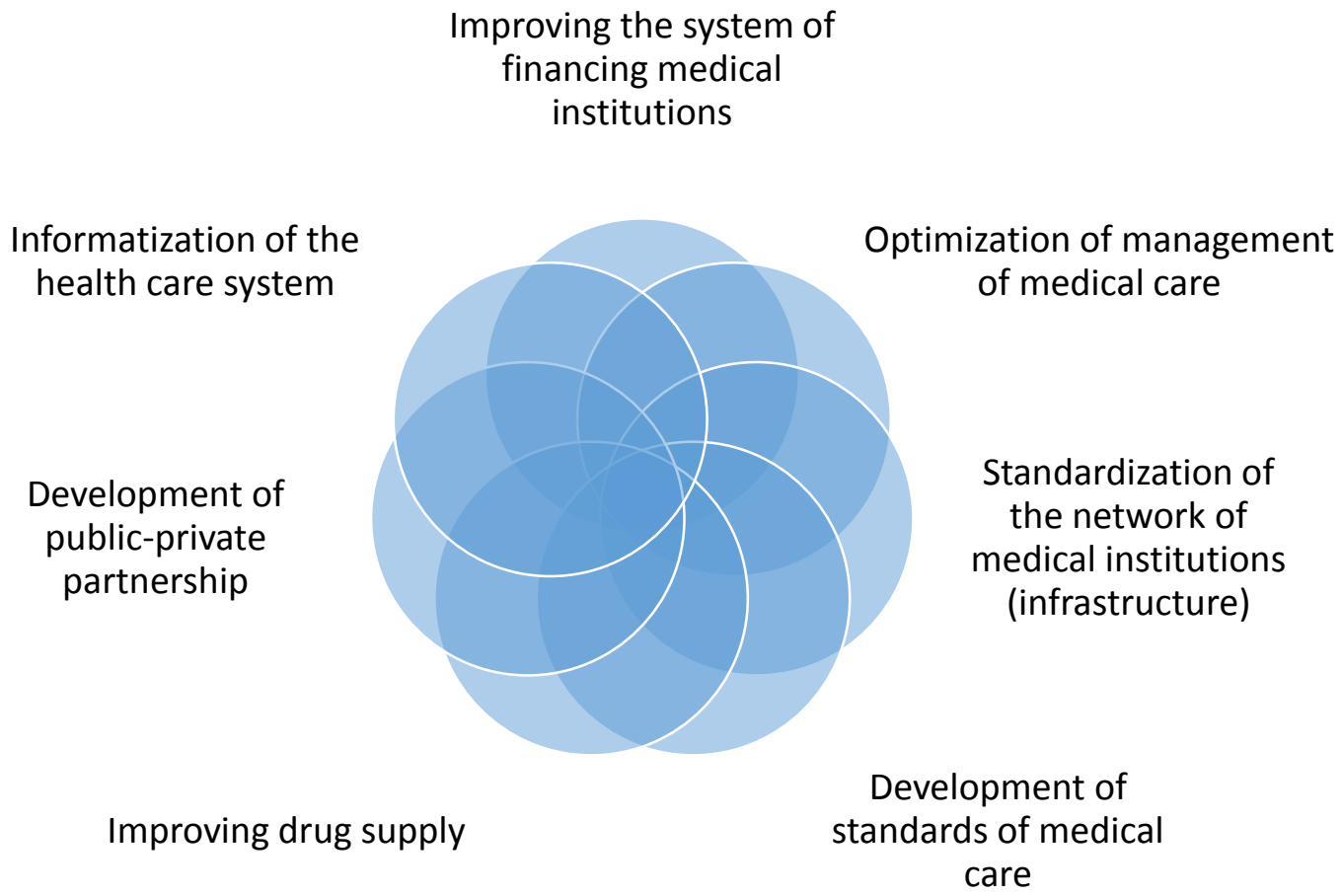
3. Create a modern infrastructure of healthcare institutions that meets international standards.

4. Develop and implement the concept of "smart medicine“.

5. Ensure the qualification level of medical personnel that meets international standards.

6. Ensure satisfaction of 70 percent or more of the population with medical care.

CONCEPT OF THE DEVELOPMENT OF THE HEALTH CARE SYSTEM OF THE REPUBLIC OF UZBEKISTAN FOR 2019-2025



THE MAIN PRIORITIES FOR THE DEVELOPMENT OF PRIVATE HEALTH SECTOR

- Creating favorable conditions for the revitalization and expansion of the network of private medical organizations;
- Strengthening the material and technical base of private medical organizations;
- Development of the medical services market;
- Development of medical tourism;
- Formation of an effective system of training, retraining and advanced training of personnel in the field of private medicine;
- Development of public-private partnership in healthcare.

BENEFITS OF PRIVATE SECTOR DEVELOPMENT

- Newly created microfirms and small enterprises in the provision of medical services located in rural areas are exempt from paying a single tax payment for a period of 10 years from the date of their state registration
- The maximum annual average number of employees of small enterprises in the health sector has been increased from 25 to 100 people
- Implemented at the “zero” redemption value of unused buildings, facilities and premises, especially state-owned facilities of liquidated health care institutions for the organization of private medical organizations
- The maximum lease term of state property for small businesses, including private medical organizations, has been increased from 5 years in accordance with current regulations to 10 years

BILATERAL COOPERATON

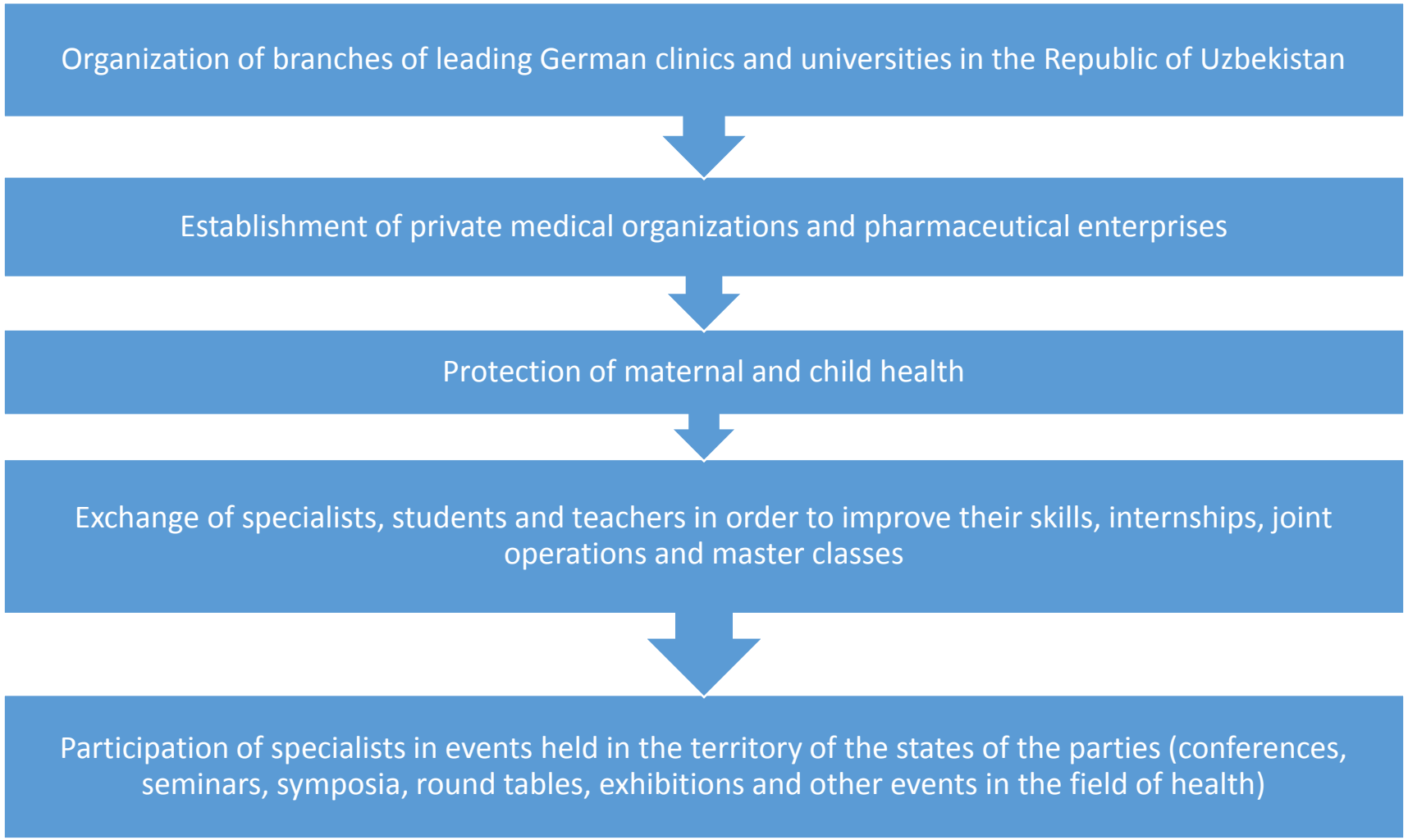
KFW: main focus on hard component, 78.8 m

- **Tuberculosis (TB) Control and Care :** Medical Equipment for TB laboratories in Tashkent and Samarkand
- **Modernization of Multiprofile Medical Centres (Regional Hospitals):** Medical equipment
- **Mother-Child-Health-Program:** Modernization of Multiprofile Pediatric Hospitals (Equipment and training)
- **Cardiac Center:** Modern medical equipment

GIZ: main focus on soft component, 12 m

- **AIDS Central Asian regional program**: Increasing awareness
- **Regional Mother-Child-Health- Program**: Strengthening delivery health services system and specialist training
- **Project „Your safety is in your clean hands”:** Health promotion
- **Project „Advanced training for medical and technical professionals to work with modern high-technology equipment in Uzbekistan”:** Establishment and equipment of training centers in the leading healthcare facilities
- **Project „Management of advanced medical technology in Uzbekistan“**: Impoving quality of medical education

PROMISING AREAS IN BILATERAL COOPERATION



THANK YOU FOR ATTENTION!

New Projects on Healthcare Sector in Turkmenistan

Mammed Annakov

Head of Department for Investment, Ministry of Health of Turkmenistan, Aschgabat

Discussion

Room Europa, Ground Floor EG

Coffee Break

Technical Innovation and Digitalization in the Health Sector of Central Asia and Eastern Europe

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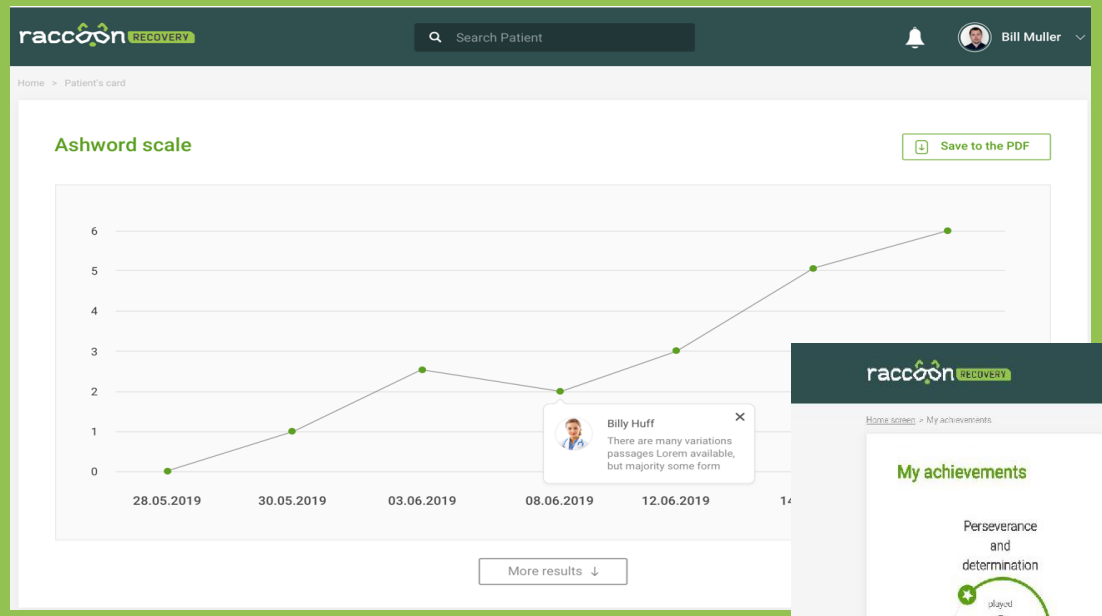
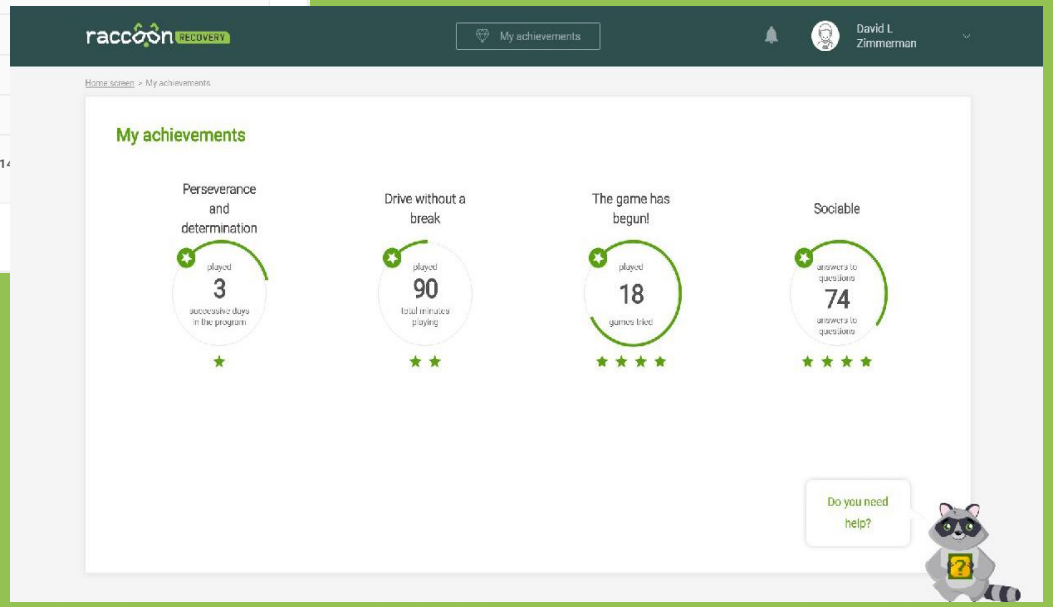
Discussion

raccoon RECOVERY

Iryna Mykhailova,
Sales & Community Manager
Raccoon.World
imykhailova@gmail.com
rehab.raccoon.world

Hauptquartier - Berlin, Deutschland
R&D - Kiew, Ukraine





raccoon RECOVERY

Der Digitale Physiotherapeut

Motivation im Mittelpunkt

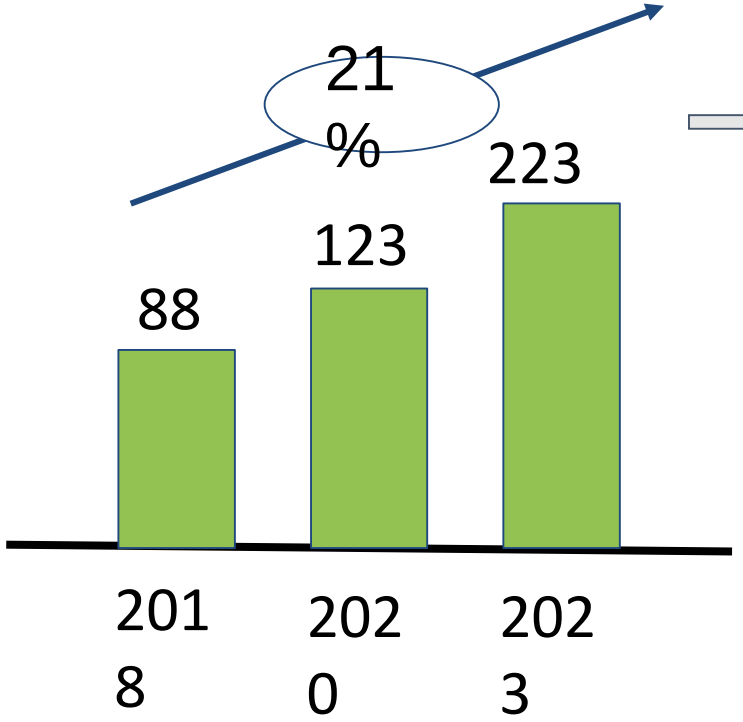
Wir haben ein motivierendes Werkzeug entwickelt, das für jeden Patienten in der Welt zugänglich ist

Raccoon.Recovery

Problem

60% aller Patienten brechen den Reha-Kurs ab

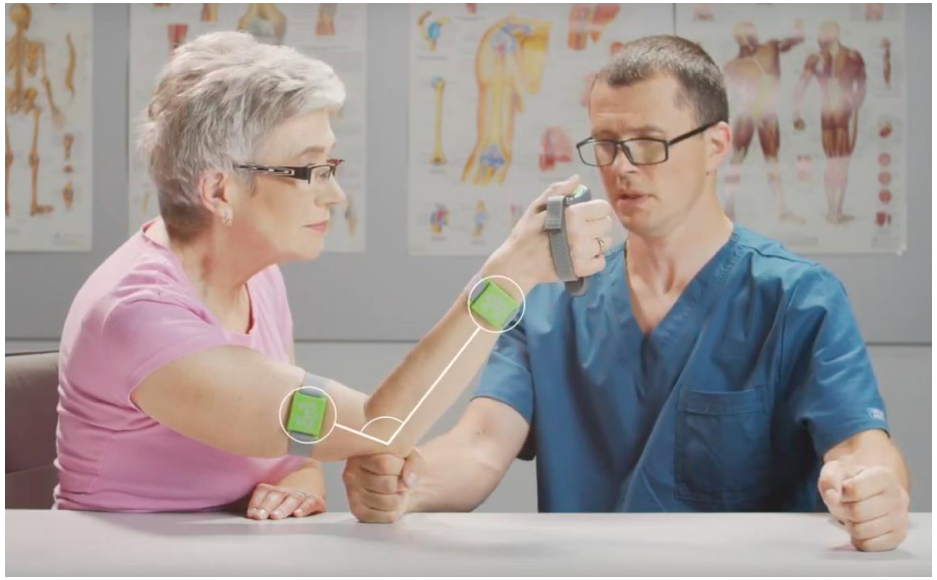
Marktwachstum (bn,€)

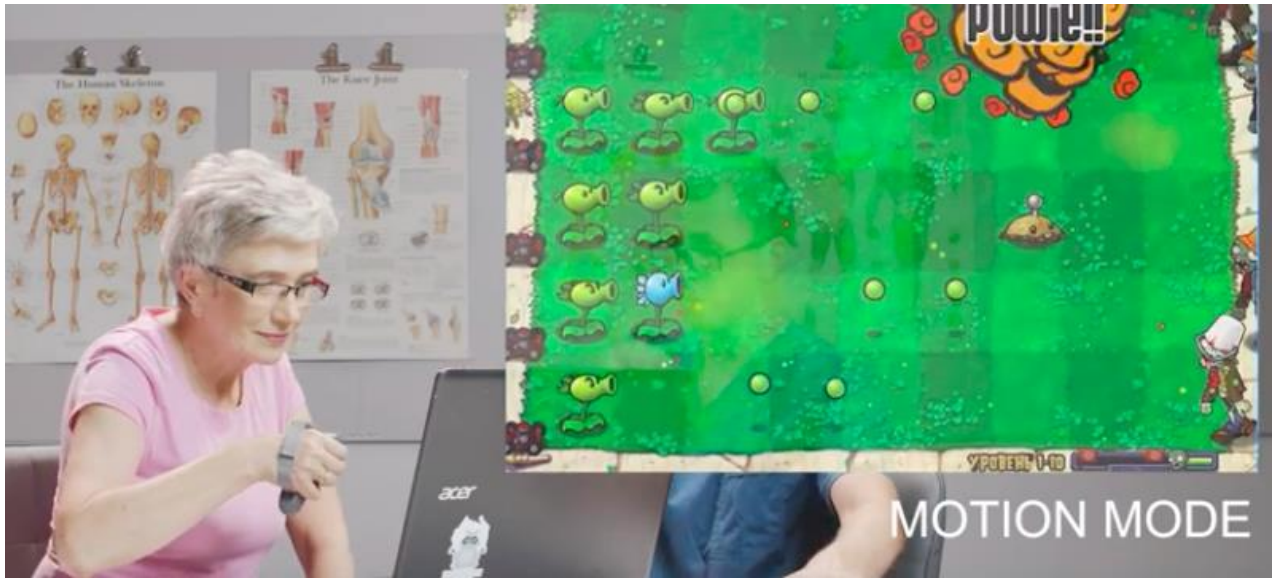


Fachkräftemangel bei Physiotherapeuten

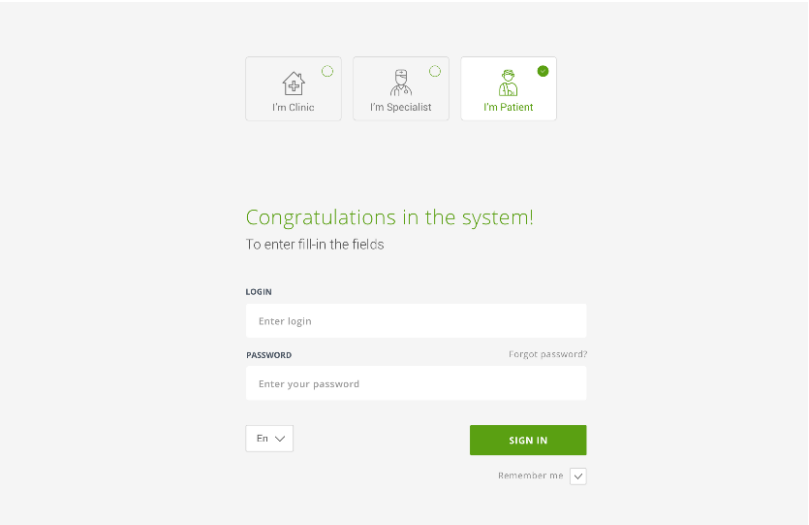
unzufriedene Patienten

Lösung





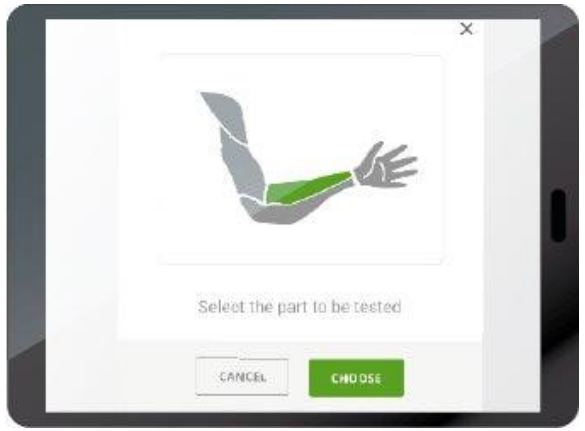
raccoon RECOVERY



Produkt

Steuerung + Sensoren
(für Vermessungen und zum Videospielen)

Spiele spielen = trainieren der motorischen Fähigkeiten
Multisize, passt für beide Hände
2 Modelle: für Kinder und Erwachsene

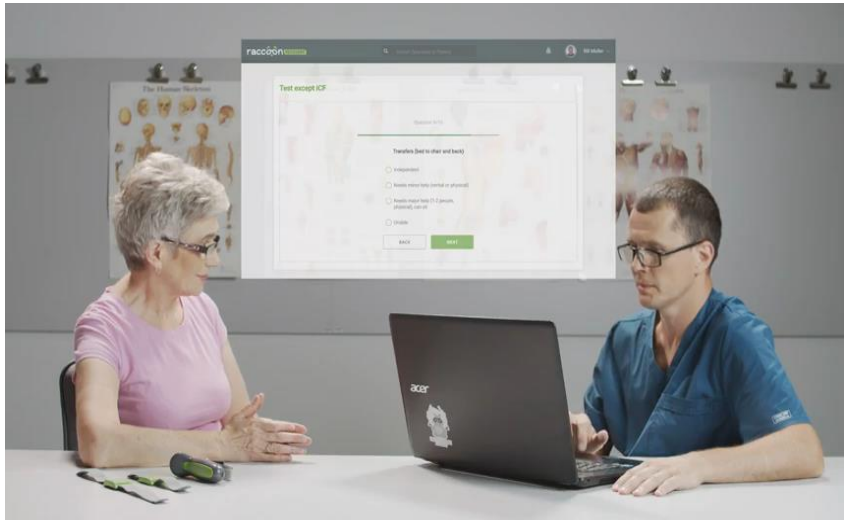


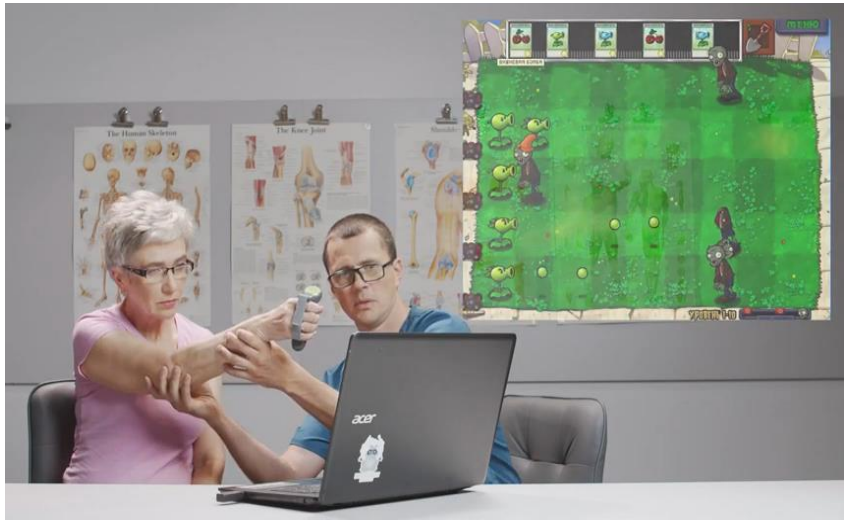
Software
für Reha-Therapeuten

Patientensystem
verarbeitet und analysiert Daten
Fernüberwachung auf der Dynamik

Ablauf der handspezifischen Rehabilitation

Schritt 1. Der Therapeut und der Patient setzen gemeinsam die **Reha Smart goals** (z.B. eigenständig essen nach 3 Wochen).
Schritt 2. Der Spezialist kann dann aus **20 verschiedenen von Racoon digitalisierten Tests** auswählen. Dank der Digitalisierung können Untersuchungen und die Befunderhebung **8 mal schneller** durchgeführt werde.
Schritt 3. Der Ablauf der HSR wird aufgebaut mit der Liste der Bewegungen, die man regelmäßig trainieren soll.
Schritt 4. Der Patient kriegt die Steuerung und den Zugang zu dem Account. Das Wiedererlangen einer Handfunktion erfolgt, **während der Patient Videospiele an einem beliebigen Ort** (in der Klinik oder zu Hause) **mit den ihm verordneten Bewegungen spielt**.
Schritt 5. Physiotherapeuten und Patienten **können den Fortschritt in zusammen mitverfolgen.**
Mehr Details in unserem Video:
www.youtube.com/watch?v=7LCkP8kGbh4





Technical Innovation and Digitalization in the Health Sector of Central Asia and Eastern Europe

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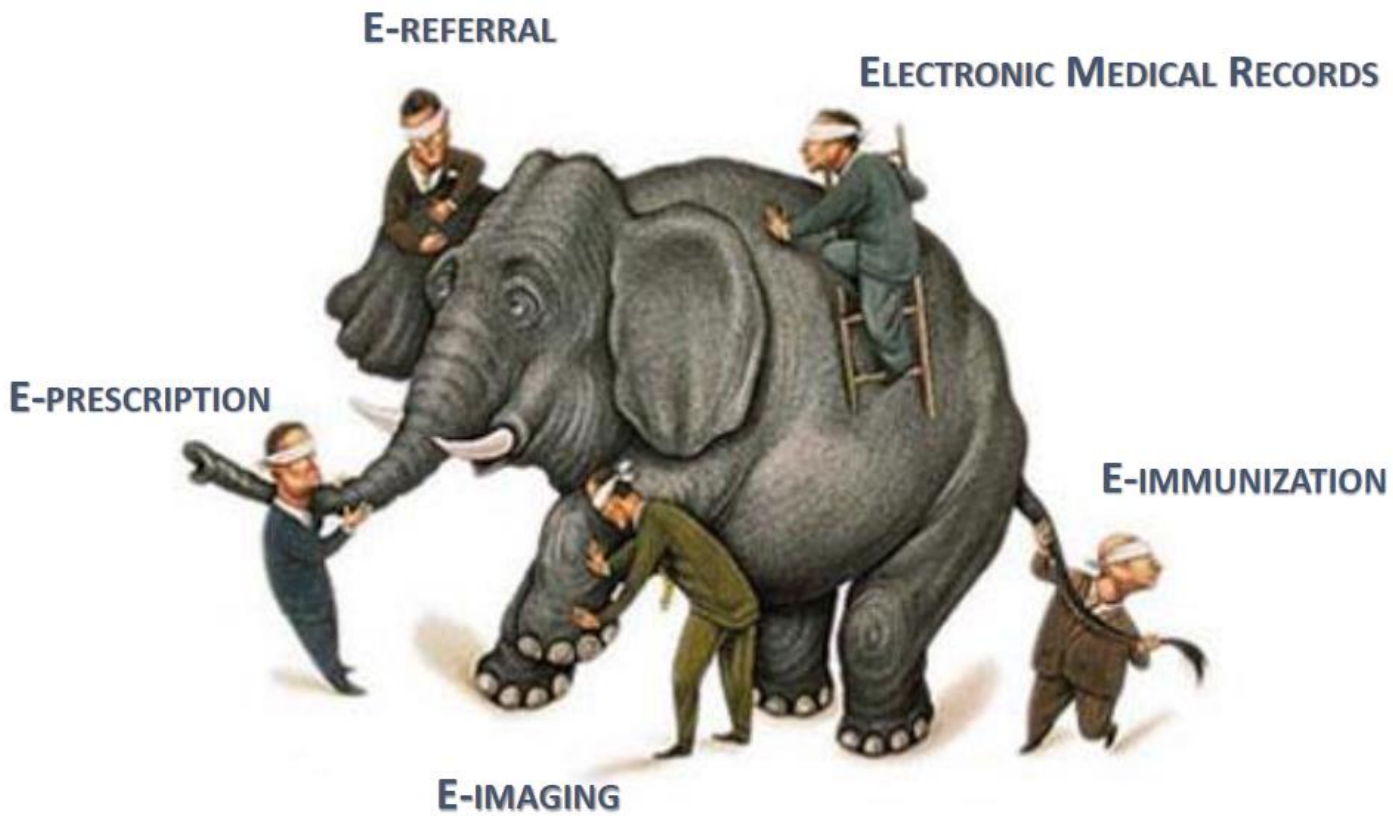
Discussion

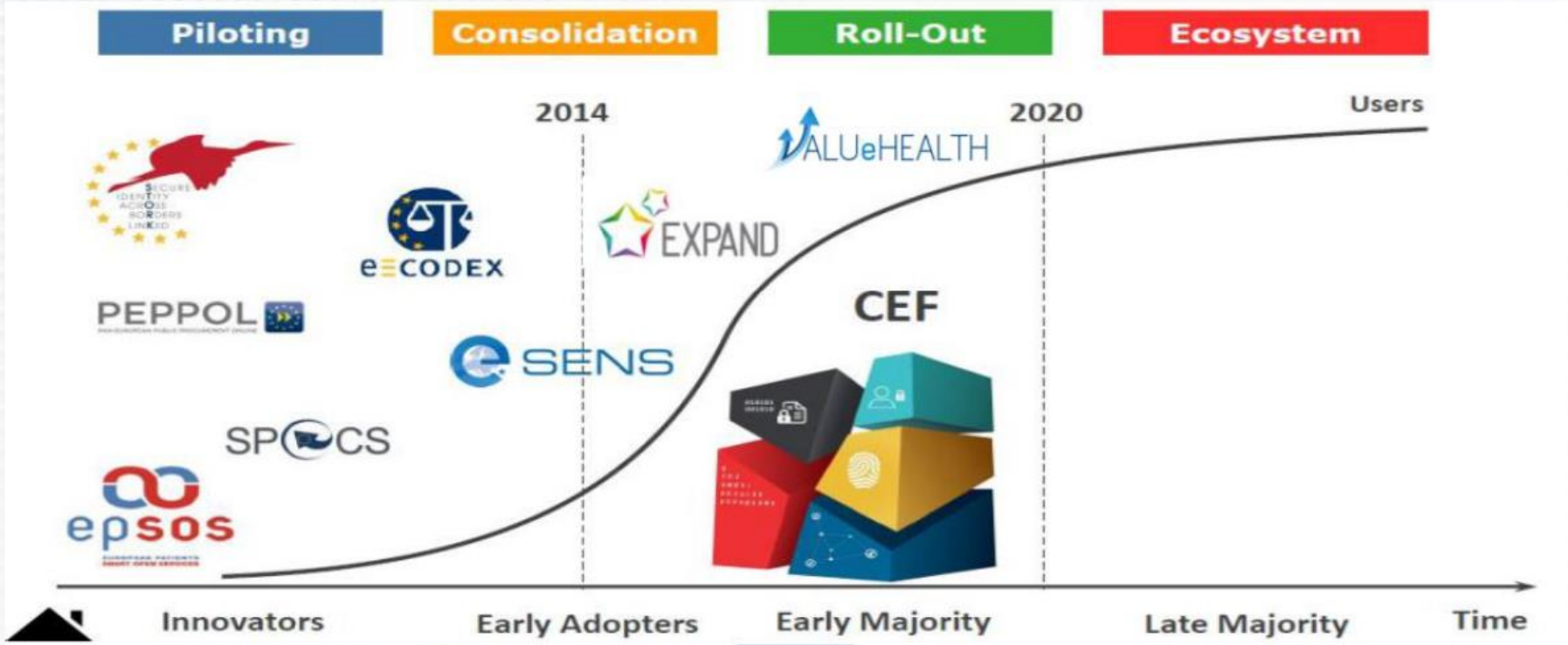
E-health: benefits and challenges

MEDICAL TECHNOLOGY AT ITS BEST

So, What does eHealth actually means?



EU global eHealth initiatives



IHE changing the way healthcare connects
www.ihe.net

EU Digital Single Market (DSM) strategy

Three priorities for EU actions were identified in the DSM mid-term :

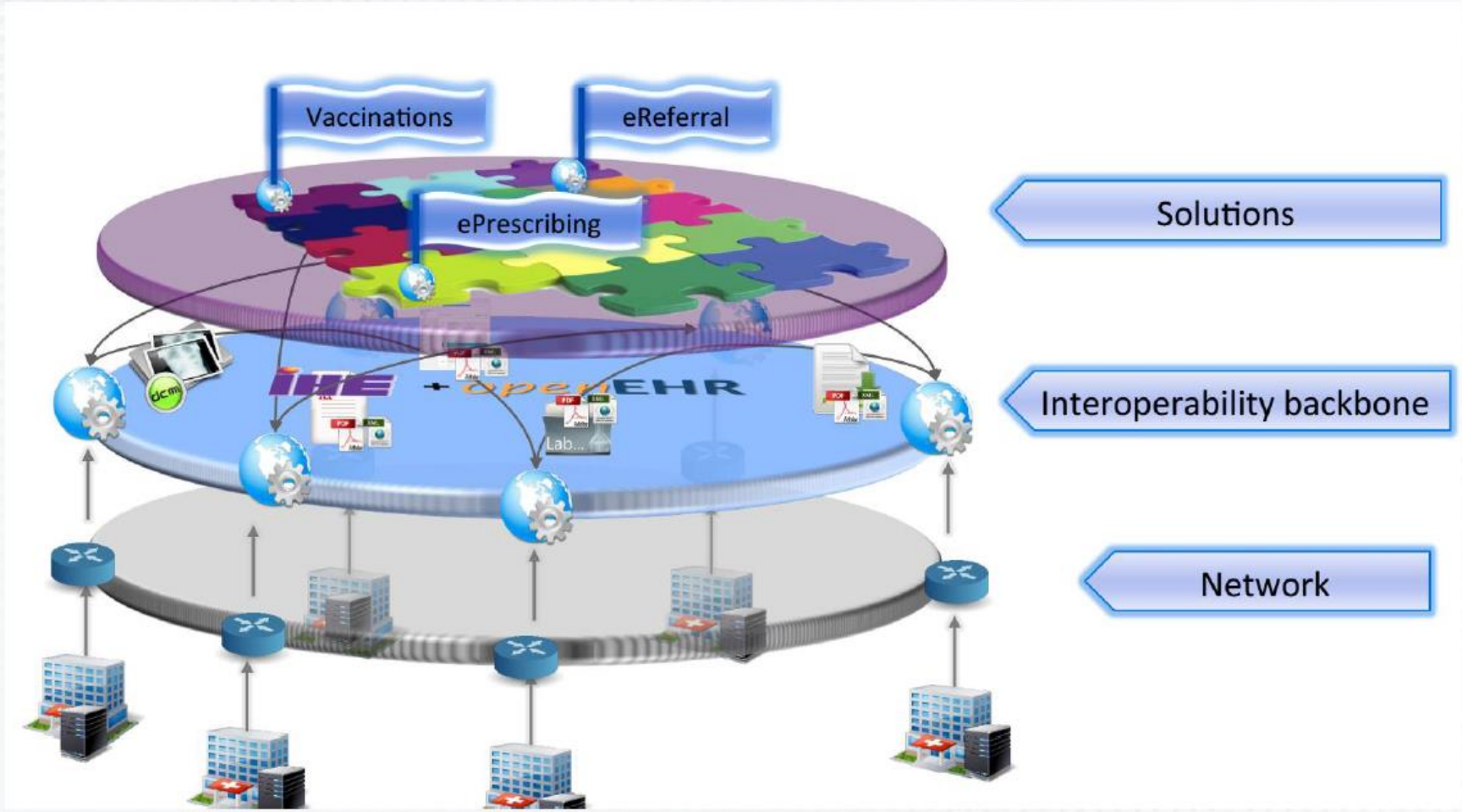
- **Enable citizen's secure access** to and use of health data across-borders;
- **Support a cross-border data infrastructure** to advance research and personalized medicine;
- **Facilitate feedback and interaction between patients and health care** providers, supporting citizen empowerment.

Interoperability is the fundamental challenge

The Strategic National Objective of health digitalization:

To provide a platform for secure standardized exchange and access of clinical data.

e-Health infrastructure for Future ready solution



WHO ARE WE? WHAT WE OFFER?

Based and **founded in Vienna** in 1995 with over 22 years experience as total solution provider in the healthcare sector
100% Austrian ownership
150 employees of AME Group worldwide in 4 offices
Line of business: Health Care
ISO-Certified (DIN EN ISO 9001)
Anti Bribery Management System (BS 10500:2011)
Awarded as best Austrian export company 2012

AME International

FAIR BUSINESS® COMPLIANCE CERTIFICATE

EXPORT PREIS2012

Consulting & Hospital Engineering	Medical Package and Turn-Key Solutions	eHealth Solutions
• Health System Studies • Project Development & Feasibility Studies • Strategic Business Consulting • Hospital Engineering & Equipment Planning	• Project Design • Medical Equipment Package • Procurement & Installation • Testing & Commissioning • Maintenance & Aftersales Services • Training	• eHealth Strategy Development • National / Regional EHR Solutions 6Infrastructure • eImaging & Teleradiology • Implementation & Project Management • Maintenance, Support & Operation

Digitalization of HealthCare Worldwide

- 1st Film- and Paperless Hospital in Asia
- 1st Film- and Paperless Hospital in Africa
- 1st Hospital PPP Project in Africa
- Implemented national and regional Electronic Health Records systems
- Prepared IT strategies and studies for healthcare management organizations
- Numerous Medical Equipment Projects in East and South East Asia (China, Vietnam) and Europe
- Feasibility Studies & Consulting Services in Europe, Middle East, South East Asia and Africa

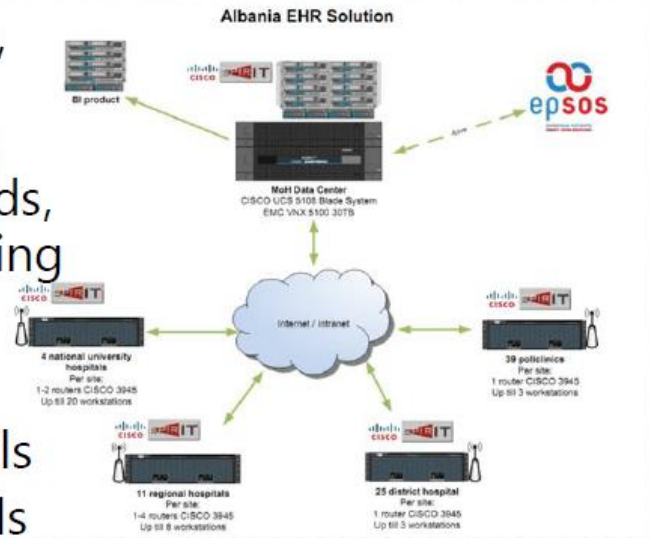
AME International

Case-study: Digitalization HealthCare in Albania

- **Nationwide EHR solution:**

  Network infrastructure, hardware, software solution for integrated electronic health records, licenses, support, training and maintenance.

- **Deployed in:**
  - 4 university hospitals
  - 11 regional hospitals
  - 25 district hospitals
  - 39 specialist out-patient clinics



- **Federated EHR solution**

Distributed solution, which performs in rural areas with unreliable internet connectivity

- **Healthcare providers portal**

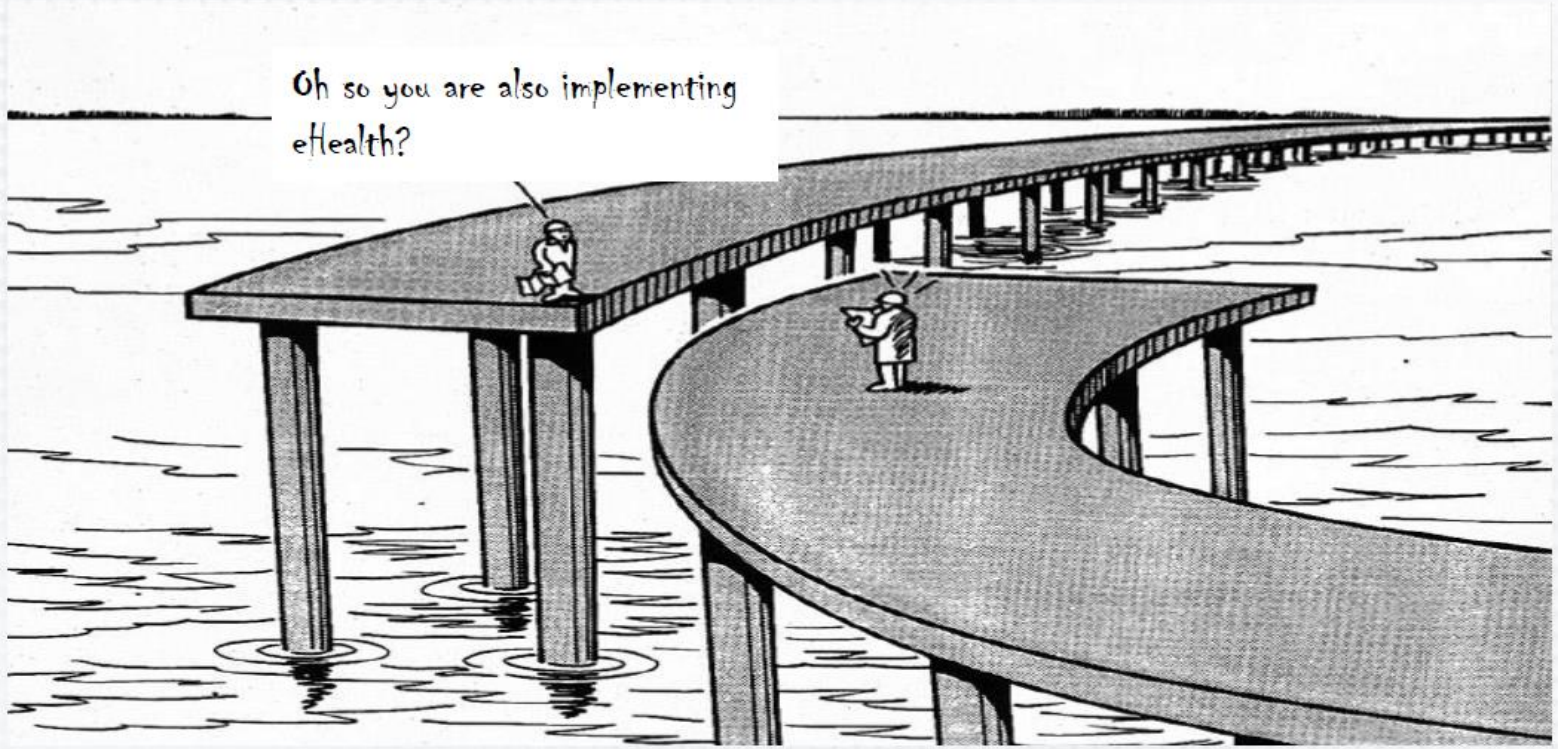
Gives quick access to doctors

- **Business Intelligence**

EHR for Nationwide Implementation - Benefits

- Relevant Patient information is timely available and easily accessible
- Provision of the optimum care in the right place at the right time
- Reduction of medical errors
- Elimination of duplicated diagnostic services
- Increased transparency and performance measures
- Adoption of international health data exchange standards secures vendor independence and secure investment

Are you also implementing eHealth..?



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Technical Innovation and Digitalization in the Health Sector of Central Asia and Eastern Europe

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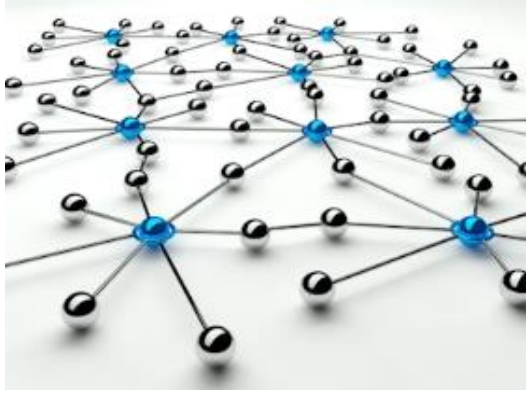
Discussion

Institute of Microbiology & Laboratory Medicine
IML red GmbH



SRLN
TB SUPRANATIONAL REFERENCE LABORATORY NETWORK

How can digitalization and technical innovation change the fight against tuberculosis?

Dr Uladzimir Antonenka

IML red GmbH

World Health Organization

WHO/Global Laboratory Initiative network of TB Supranational Reference Laboratories

Collaboration Agreement

Programmatic

1. Coordinate and prospecitvely communicate with Stop TB Partnership's workgroup, the Global Laboratory Initiative (GLI) and its technical partners, National TB Reference Laboratories (NRLs) and National TB Programmes (NTPs) to facilitate implementation of WHO policy guidance on TB diagnostics and laboratory norms and standards, while respecting relevant national laws and regulations.
2. Support the integration of quality TB diagnostic testing for the purpose of provding prompt and accurate results to patients according to the International Standard of Care with national laboratory strategic laboratory plans incorporating cross cutting laboratory issues including supply management, specimen transport, and referral and human resource development.
3. Advocate for TB laboratory worker protection with use of current WHO TB bio-safety recommendations.
4. Support development of monitoring and evaluation indicators starting with a good data management system
5. Provide guidance on and build capacity in quality management systems for a process towards NRLs achieving accreditation, nationally, internationally, or both.

Technical

Serve as the focal point for coordination of technical assistance to NRLs to enable:

1. Proficiency monitoring of the NRL performing drug susceptibility testing of *M. tuberculosis*
2. The provision of guidance to NRL microscopy networks on implementation of quality assured AFB microscopy
3. Support to countries with technical assistance to develop capacity and proficiency performing conventional and new WHO endorsed techniques including:
    a. Microscopy methods
    b. Culture and identification methods
    c. Drug susceptibility testing (phenotypic and molecular methods)
4. Assist and collaborate in the development drug resistance survey (DRS) protocols, data analysis, and quality assurance as required
5. Provision of testing against second-line drugs (for both patient management and surveillance purposes) as NRLs establish capacity
6. On-site technical training or in-house training of NRL staff as needed
7. Provision of operational research, if relevant, on the introduction of new laboratory tools

Support...

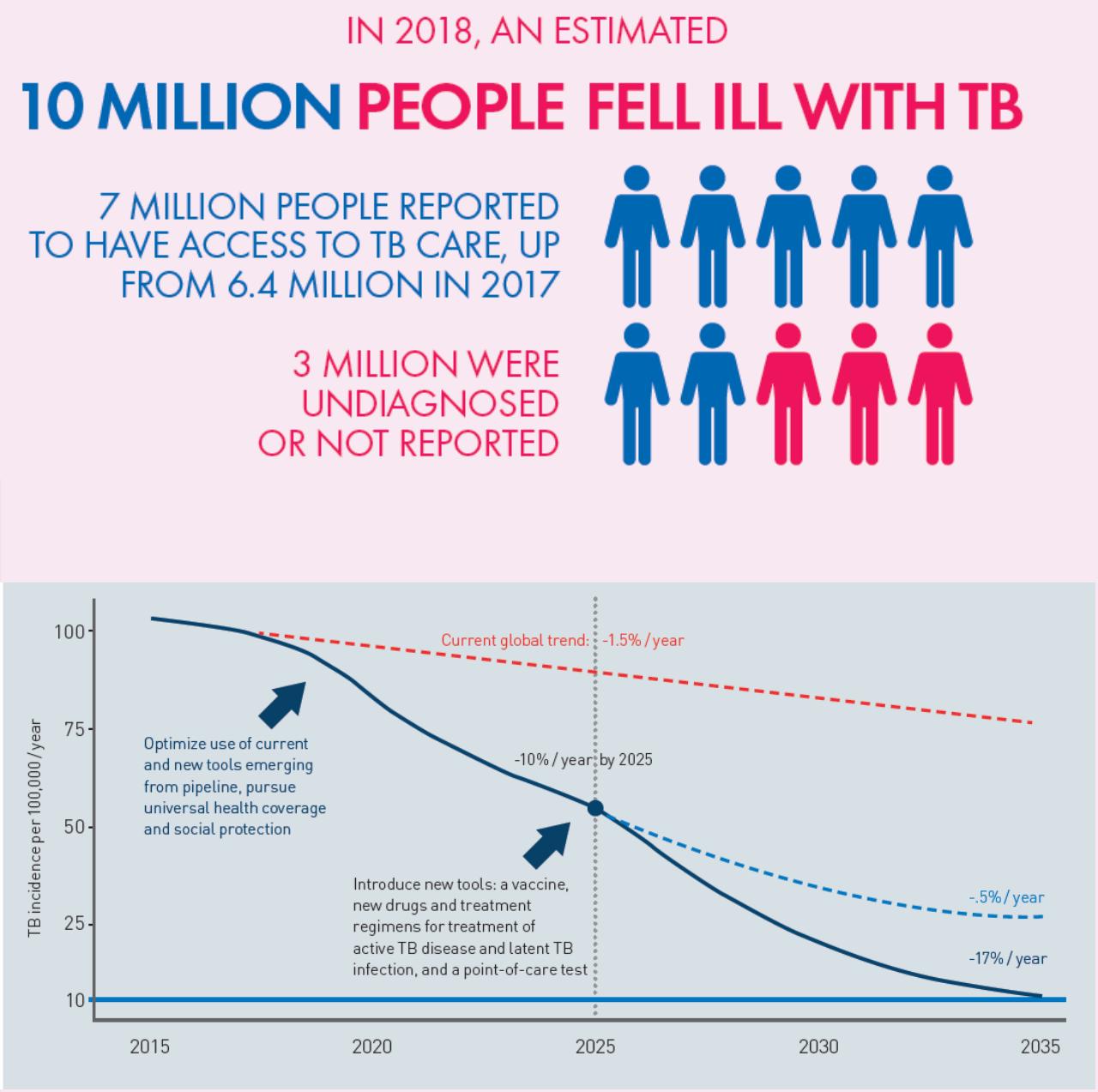
provding prompt and accurate results to patients

national TB laboratory strategy

laboratory worker protection / biosafety

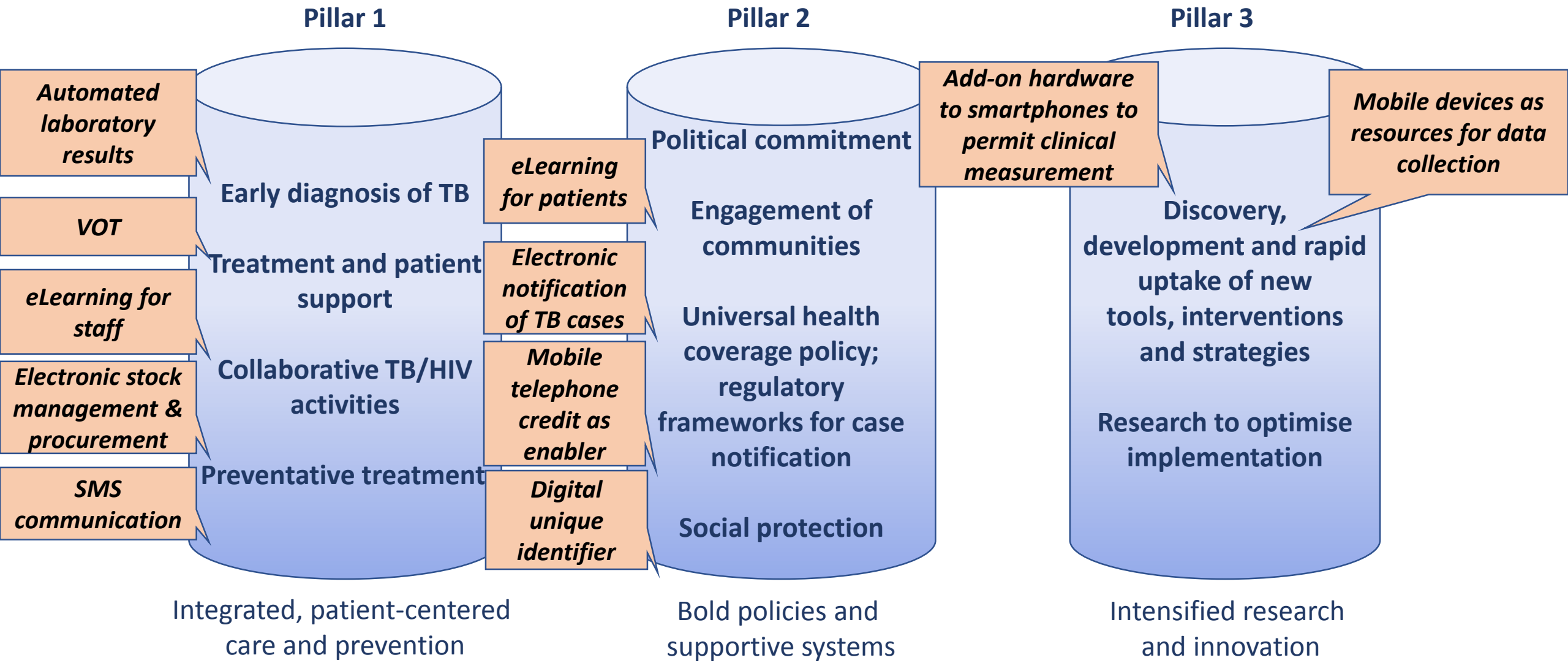
quality management systems

human capacity building



- TB is one of the top 10 causes of death and the leading cause from a single infectious agent.
- In 2014, the World Health Assembly resolved to end the global TB epidemic by 2035: elaboration of the End TB Strategy by the Global TB Programme of WHO.
- Innovative approaches to care and prevention are needed to achieve the ambitious goals of the End TB Strategy.
- In April 2015, WHO established a Global Task Force on Digital Health for TB to promote the integration of digital health into national operational plans to implement the End TB Strategy.
- A key outcome of this process is the development of a set of target product profiles (TPPs) by the Task Force

Digital health products and their link to the END TB Strategy



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Discussion

Room Europa, Ground Floor EG

Networking Lunch Break

Overview of Oncology Care in Eastern and South Eastern Europe

Anja Nitzsche

Head Resource Mobilisation, Programme of Action for Cancer Therapy (PACT), International Atomic Energy Agency, Vienna

Discussion

IAEA
International Atomic Energy Agency

Overview of Oncology Care in Eastern and South Eastern Europe

Anja Nitzsche, Section Head Resource Mobilization,
IAEA Programme of Action for Cancer Therapy (PACT)

2nd German-East European Healthcare Symposium
„Comprehensive Health Care – Improving the Quality of Life"
25th October 2019, Berlin, Germany

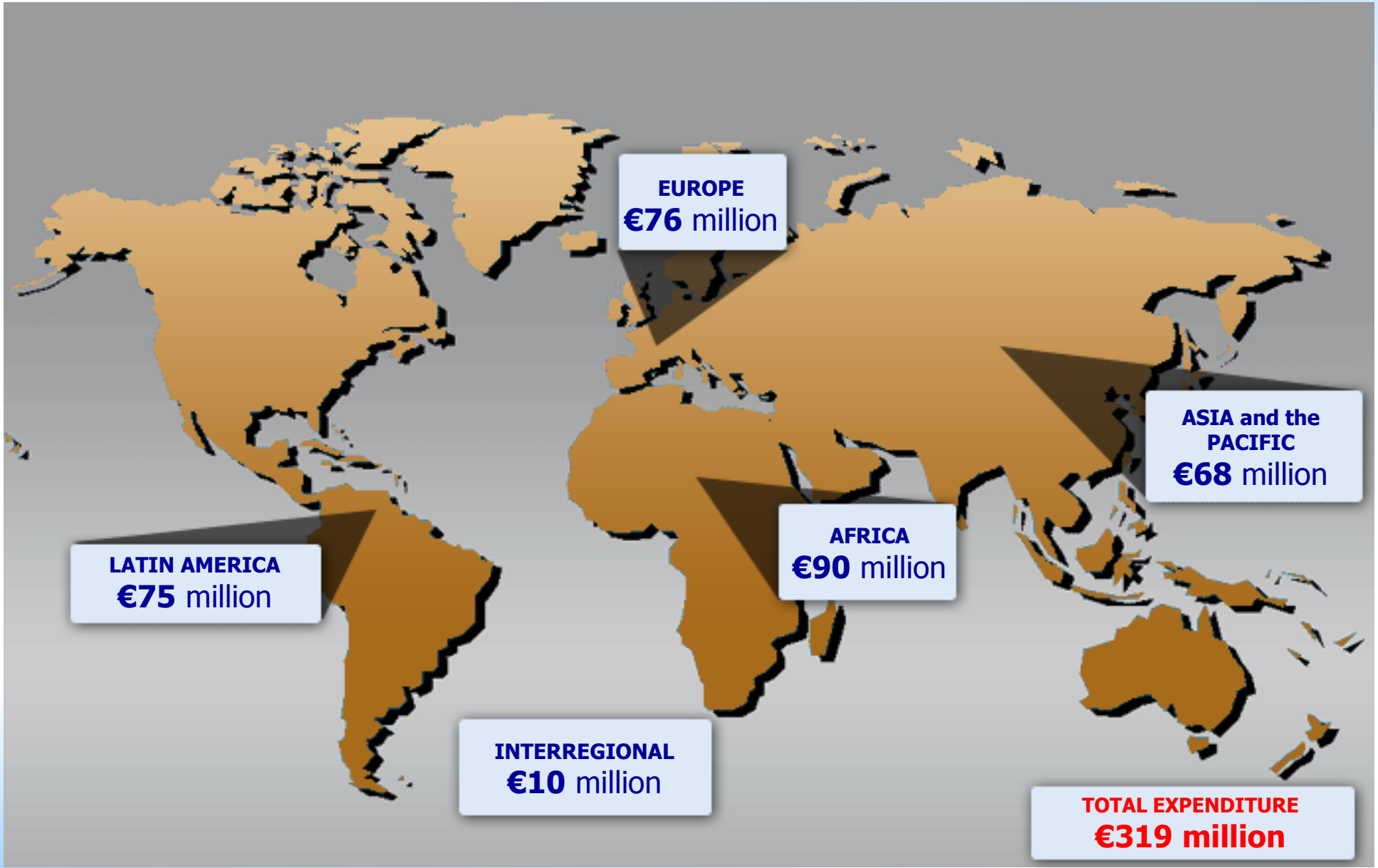
The Agency shall seek to accelerate and enlarge the contribution of **atomic energy** to peace, **health** and prosperity throughout the world.

Article II, IAEA Statute

IAEA assistance in comprehensive cancer control

- **Comprehensive cancer control assessments** (imPACT Review) and follow-up **support to National Cancer Control Plans**.
- **Feasibility assessments** of specific infrastructure projects: needs, architectural plans, bankable documents
- **Expert advice during construction:** focus on radiation protection (shielding)
- **Training of medical professionals** (long-term, short-term, scientific visits, re-training): radiation oncologists, medical physicists, radiotherapy technicians, nurses, maintenance engineers, etc.
- Assistance in **equipment procurement**.
- Assistance in **developing and implementing protocols**, guides and **quality assurance**.
- Strengthening **regulatory safety and security infrastructure**: medical, occupational and public exposures and security risks
- **Strategic partnerships** at country and/or regional level, including for **resource mobilization**.

IAEA expenditure on cancer-related TC projects (1980-2017)



Target 3.4: By 2030, reduce premature NCD mortality by 30%

IAEA
International Atomic Energy Agency

World Health Organization

SEVENTIETH WORLD HEALTH ASSEMBLY | WHA70.12

Agenda item 15.6 | 31 May 2017

Cancer prevention and control in the context of an integrated approach

World Health Organization

SEVENTIETH WORLD HEALTH ASSEMBLY WHA70.12

Agenda item 15.6 31 May 2017

Cancer prevention and control in the context of an integrated approach

URGES Member States,

1. To continue to implement the roadmap of national commitments (NCD) …
2. To implement the four time-bound national commitments (NCD) …
3. To integrate and scale up national cancer prevention and control (NCD) …
4. To develop and implement national cancer control plans that are inclusive of all age groups …
5. To collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer type …
6. To accelerate the implementation of WHO framework convention on Tobacco Control …
7. To promote the primary prevention of cancers
8. To promote increased access to cost-effective vaccinations …
9. To develop, implement, and monitor programmes for early diagnosis …
10. To develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care
11. To collaborate by strengthening regional and subregional partnerships …
12. To promote recommendations that support clinical decision-making and referral based on effective, safe and cost-effective … as well as training

SEVENTIETH WORLD HEALTH ASSEMBLY WHA70.12

Agenda item 15.6 31 May 2017

Cancer prevention and control in the context of an integrated approach

URGES Member States,

1. To continue to implement the roadmap of national commitments (NCD) …
2. To implement the four time-bound national commitments (NCD) …
3.
4. …To develop and implement **national cancer control plans** that are inclusive of all age groups…
5.
6. …To collect **high-quality population-based incidence and mortality data on cancer**, for all age groups by cancer…
7.
8. …
9.
10. To develop and implement **evidence-based protocols for cancer management**, in children and adults, including palliative care…
11.
12. To collaborate by **strengthening regional and subregional partnerships** …

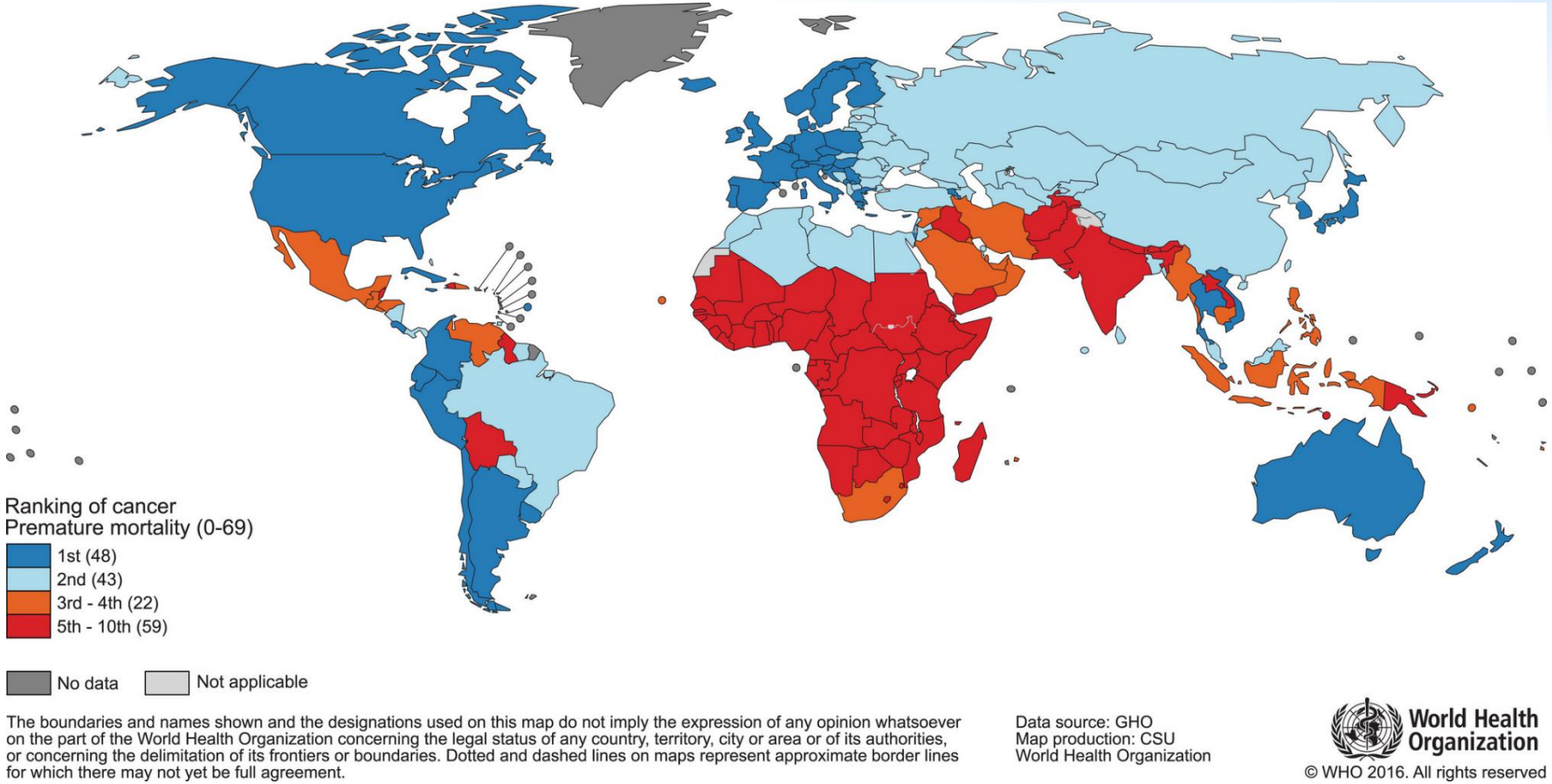
cost-effective … as well as training

http://www.who.int/iris/handle/10665/275676

General considerations

- There were **over 18 million new cases** of cancer and **9.5 million cancer related deaths** globally in 2018. Preventative measures such as tobacco interventions and vaccinations, early detection, and screening all reduce cancer incidence and mortality rates, although many causes of cancers are not currently preventable.
- **Breast cancer, cervical cancer, childhood cancers are common**, and, if diagnosed early, have good prognoses.
- **Developing countries consume only 5% of cytotoxic drugs**, with the remaining **90% being sold in richer nations**, where 39% of global cancer occurs.
- In high-income regions such as the EU, **15% of social welfare system costs and 20% of health systems costs go toward cancer care**.
- **Productivity costs due to premature cancer-related mortality** in the EU amount to **€42.6 billion** and lost working days to **€9.43 billion** a year.

Premature mortality due to cancer



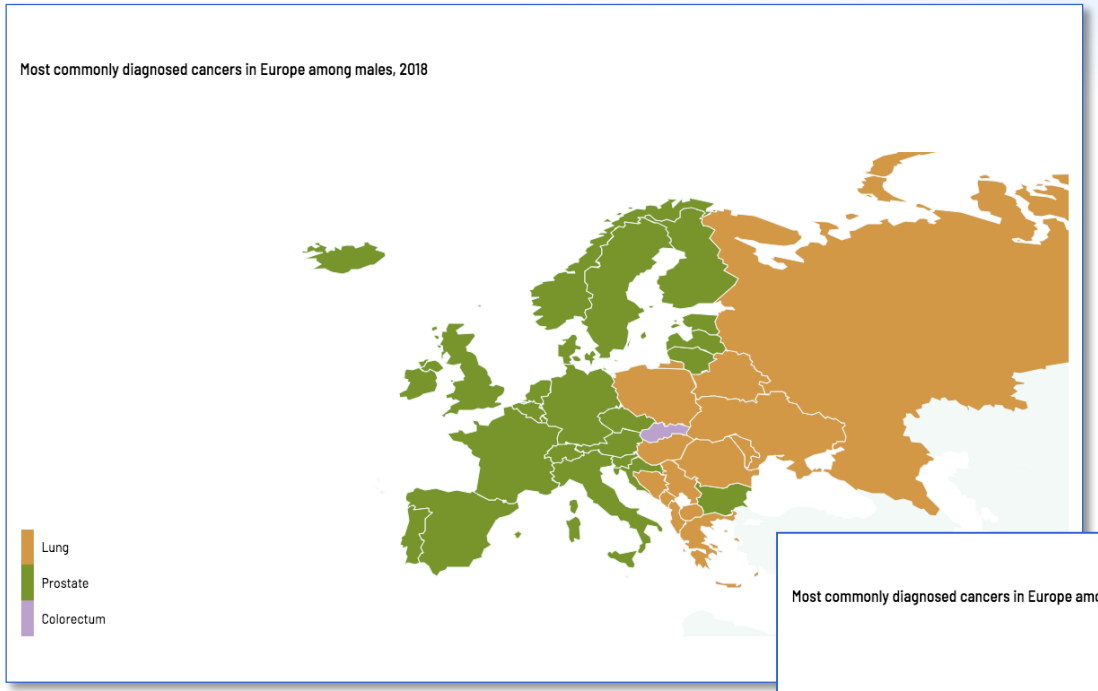
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

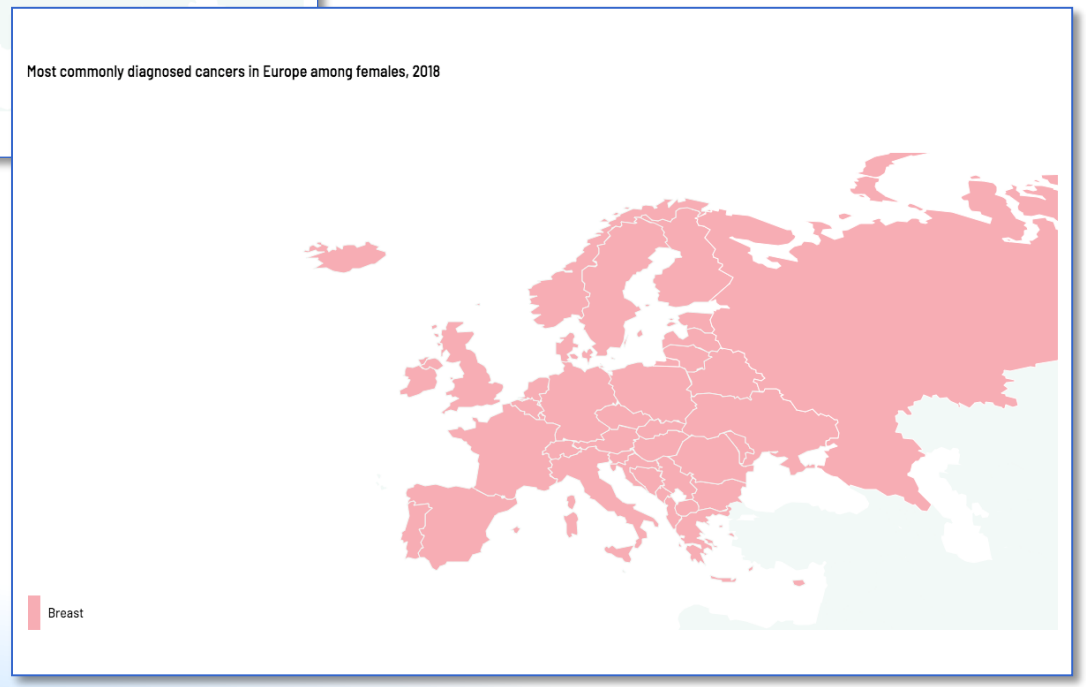
Data source: GHO
Map production: CSU
World Health Organization

World Health Organization

CA: A Cancer Journal for Clinicians, Volume: 68, Issue: 6, Pages: 394-424, First published: 12 September 2018, DOI: (10.3322/caac.21492)

Europe - most commonly diagnosed cancers





Europe - cancer burden

- An estimated **3.9 million new cancer cases** and **1.9 million cancer deaths** in 2018.
- Europeans represent about

of t 

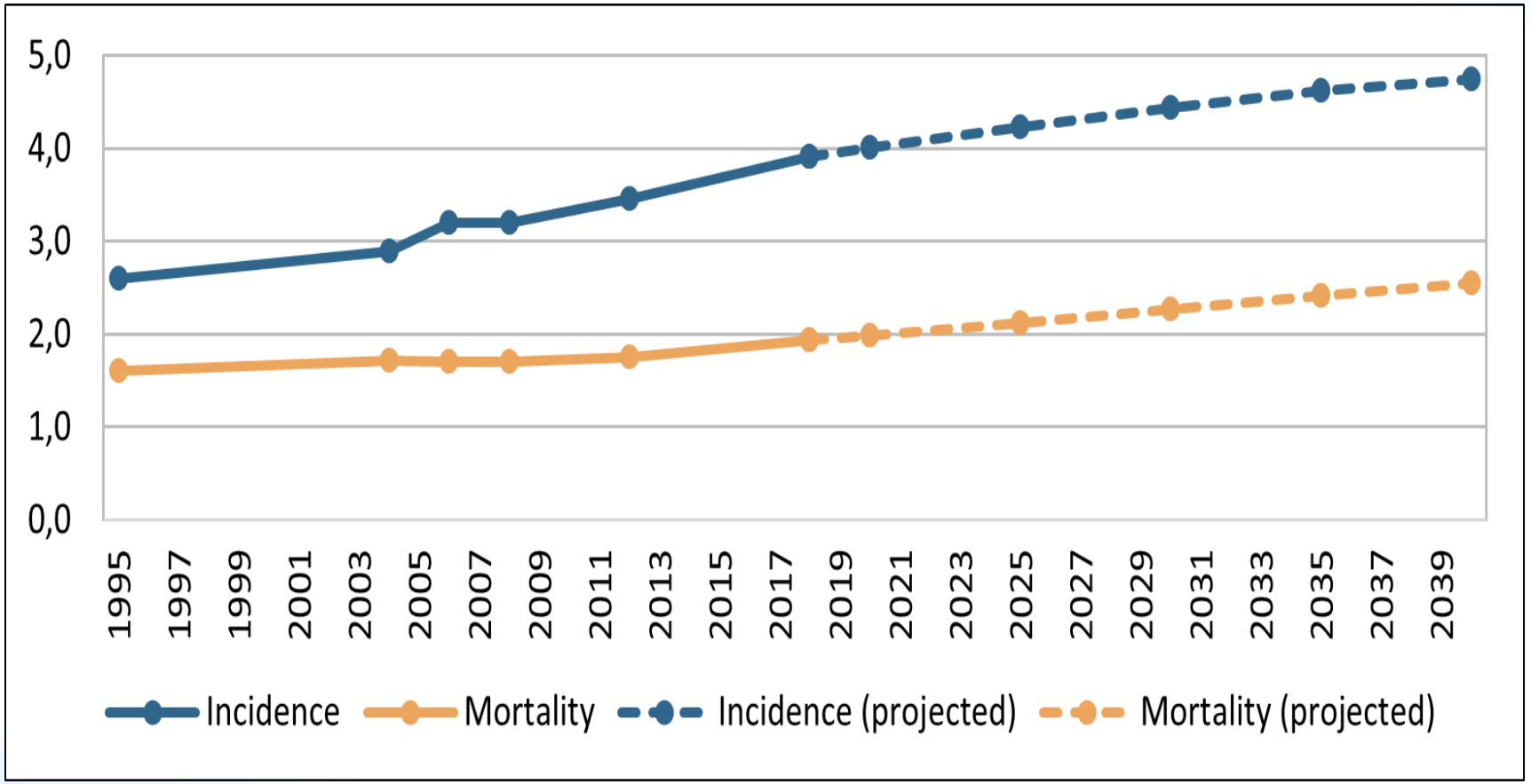
obal population, yet

of ancer diagnoses

occur in this re 

.

Cancer incidence and mortality (in million cases) in Europe, 1995–2018 and projection 2020–2040

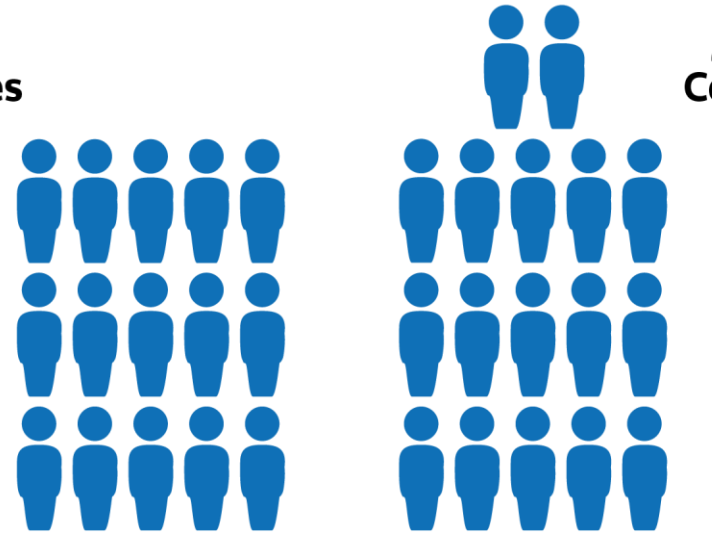


Sidfot

Eastern Europe and Central Asia – cancer incidence

1,500,000

people estimated to develop cancer in 28 Eastern Europe & Central Asian countries



2018

2030

1,700,000

people estimated to develop cancer in 28 Eastern Europe & Central Asian countries

Source: IARC GLOBOCAN 2018

Eastern Europe and Central Asia – cancer mortality

860,000

people estimated to die from cancer in 28 Eastern Europe & Central Asian countries

980,000

people estimated to die from cancer in 28 Eastern Europe & Central Asian countries

2018 2030

Source: IARC GLOBOCAN 2018

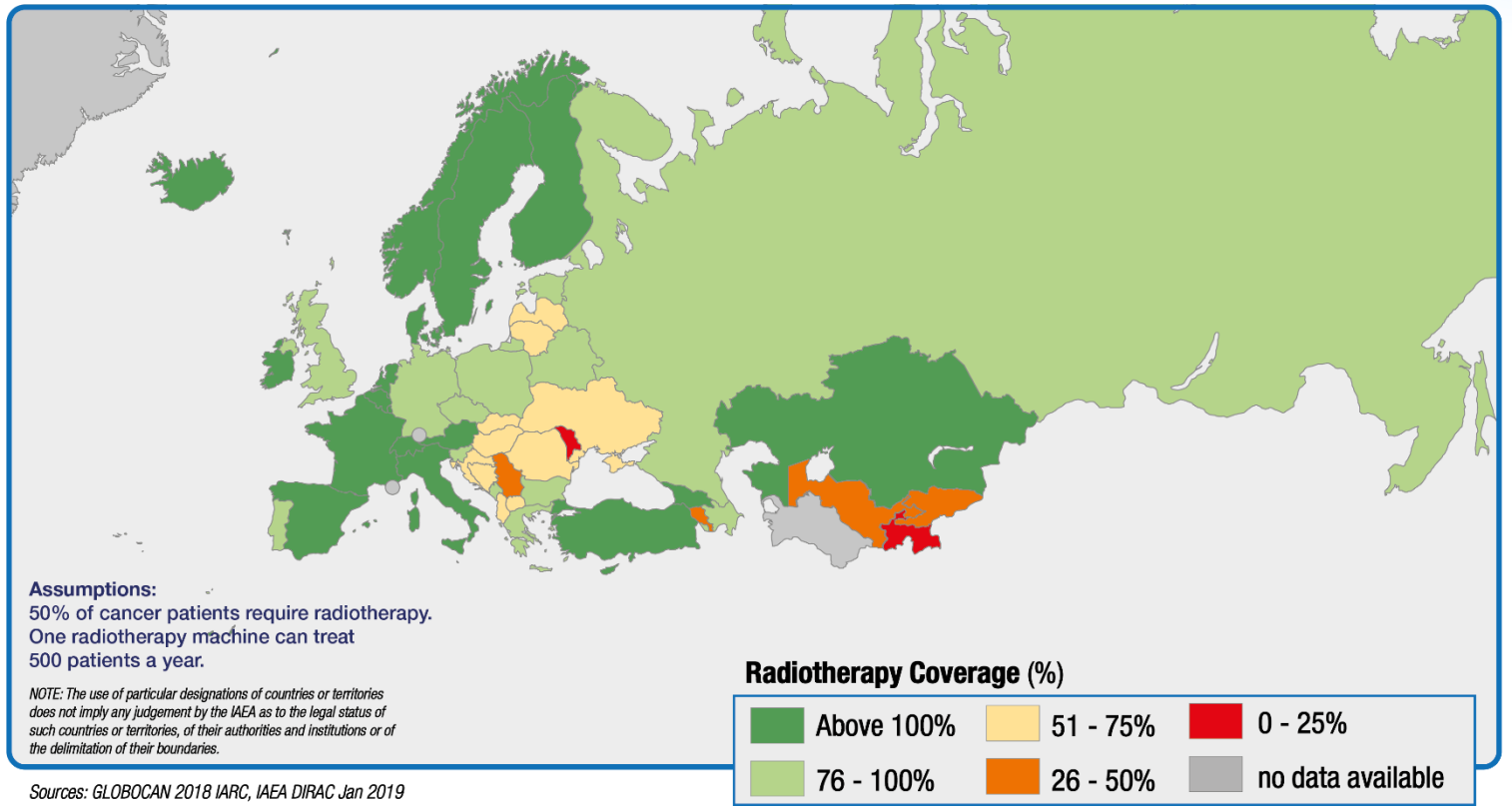
Inequality between CEE and Western Europe

CEE countries report **lowest incidence rates for cancer** in males and females yet **highest mortality rates** in comparison to Northern, Southern and Western Europe.

Attributable to:

- **Varied levels of cancer control and preparedness** among and within CEE countries.
- **Limitations in preventative measures**, screening and early detection programmes.
- **Shortage of adequate training and re-training programmes**.
- Significant **discrepancies in investment** in health systems and infrastructure.
- **Slow pace of adoption of advanced technologies** and services.

Radiotherapy coverage – Europe, Central Asia



Sources: GLOBOCAN 2018 IARC, IAEA DIRAC Jan 2019

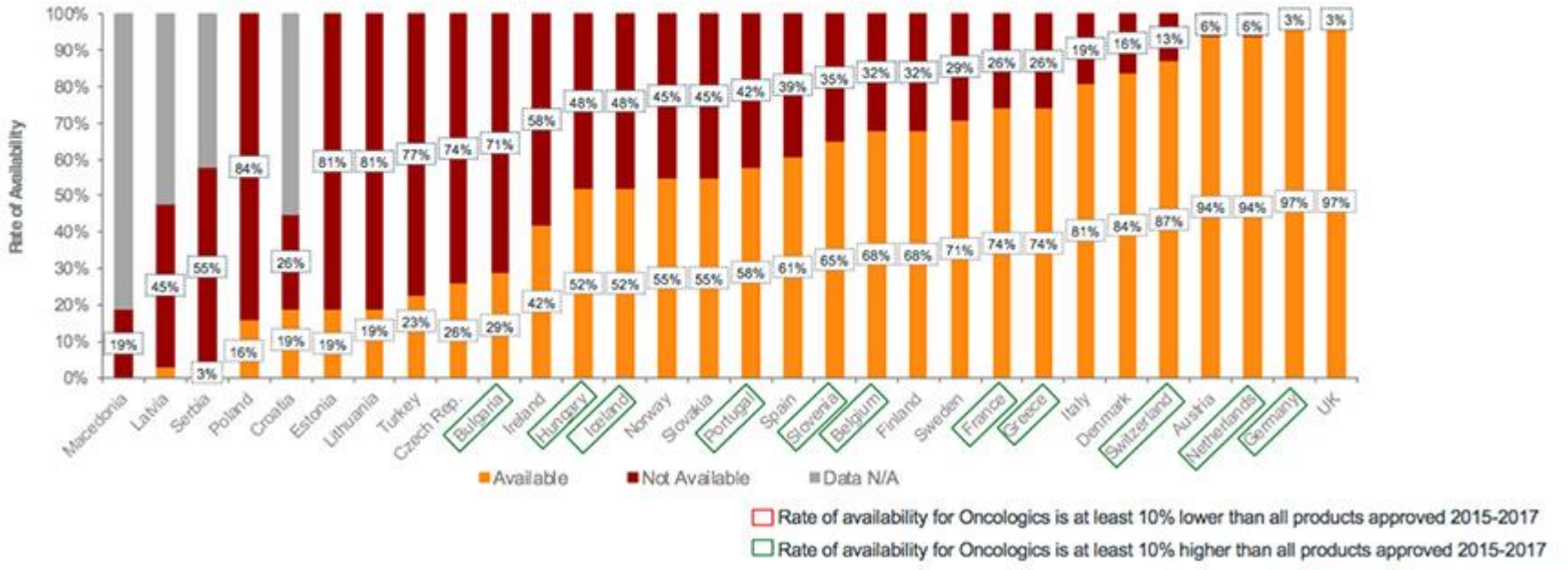
Access to and availability of newly approved cancer medicines

IAEA International Atomic Energy Agency

Oncology

Rate of Availability (%)

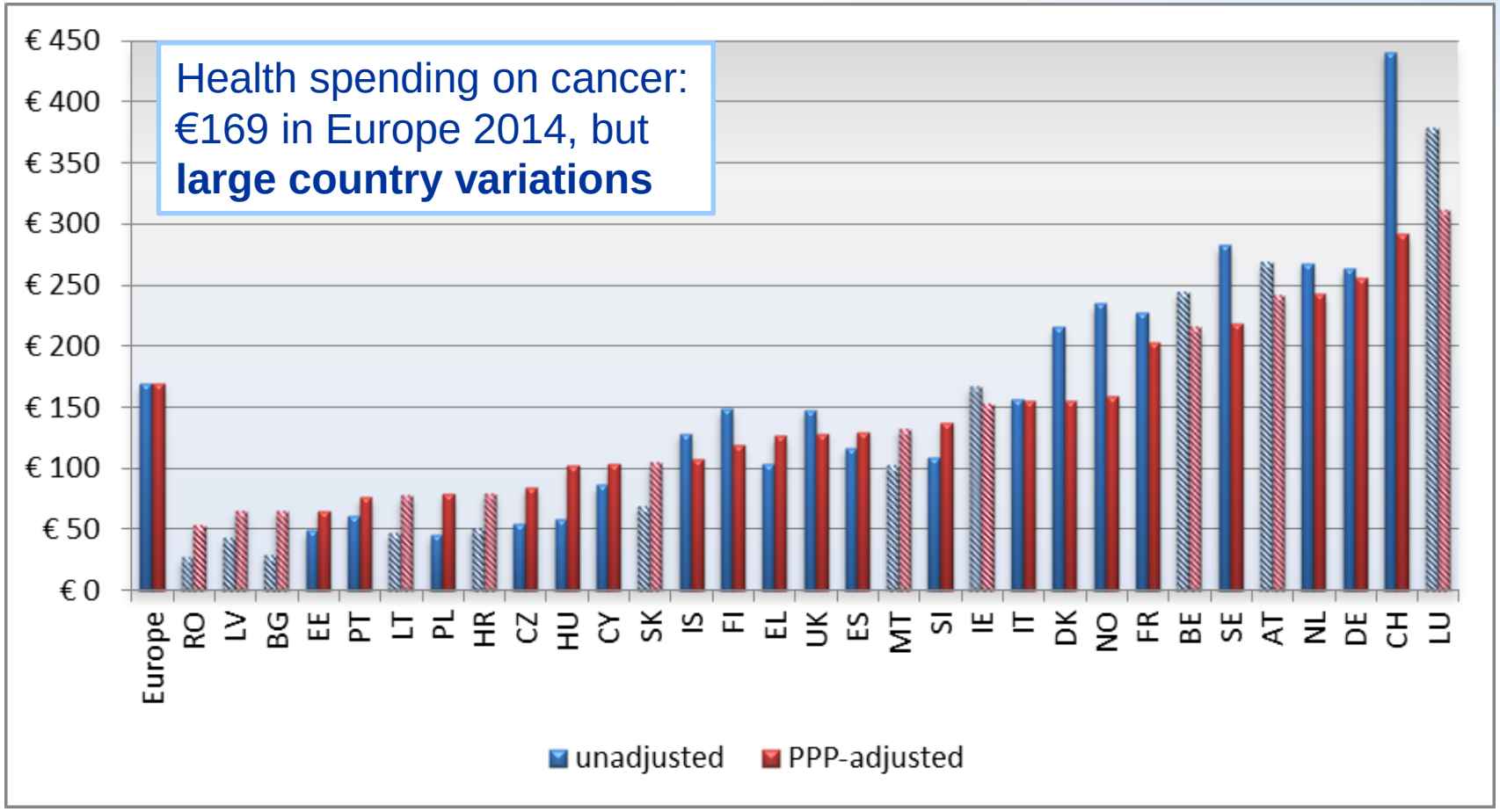
The **rate of availability**, measured by the number of medicines available to patients in European countries as of 2018: for most countries this is the point at which the product gains access to the reimbursement list.



Data N/A- data is not provided by associations (companies have not sent data or are not members of the association)
Oncology market definition: L1&L2&V3C&Revlimid&Xgeva&Proleukin&Pomalyst

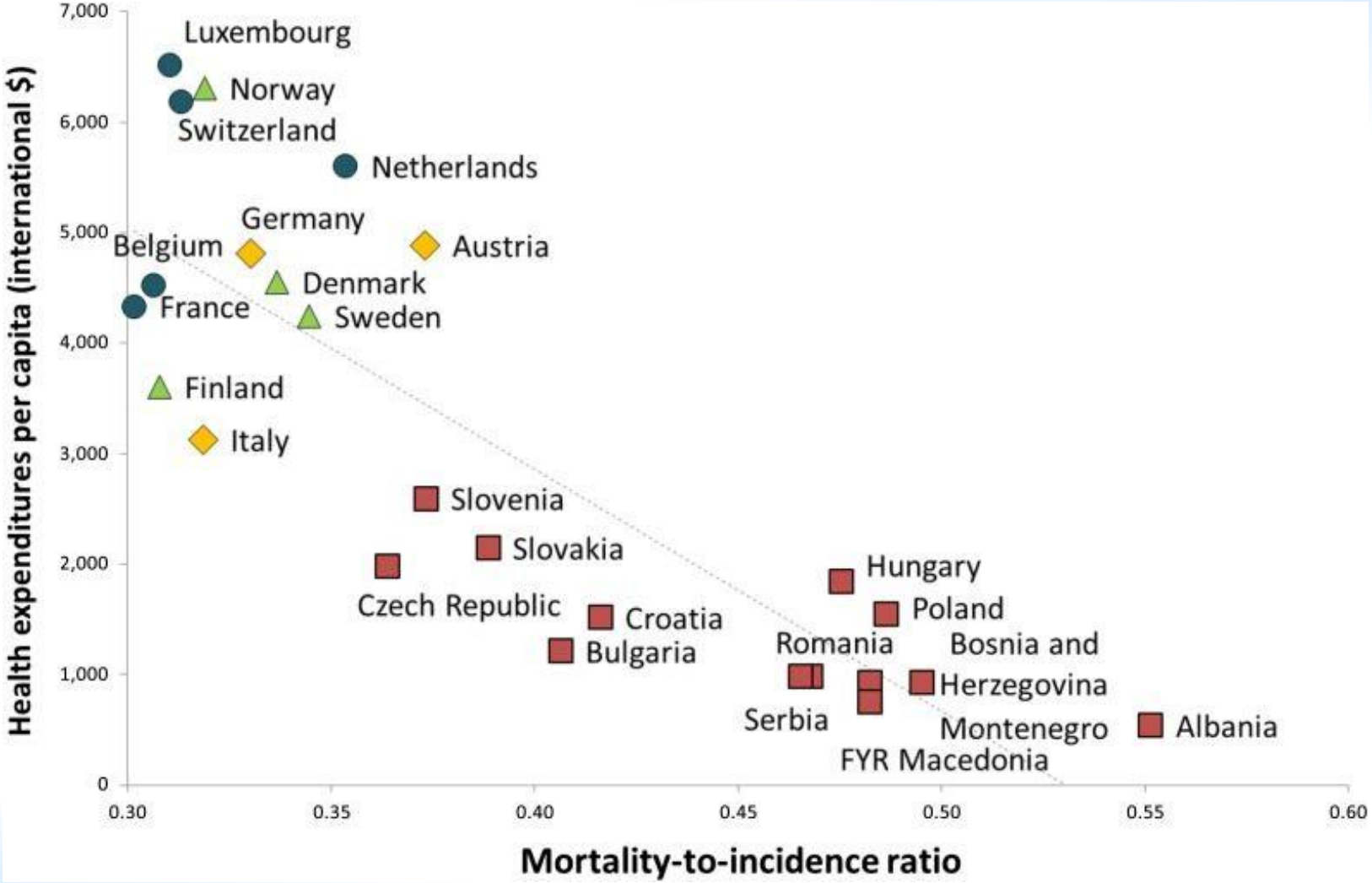
IQVIA

Large variations in spending on cancer per capita



Notes: Hatched bars indicate that the direct cost is estimated based on data from similar countries.

Cancer outcomes by per capita health spend



E Vrdoljak et al (2016), The Oncologist

“The diverging health trends (including cancer) in Europe are a testimony to both the **successes** and **failures of health policy** in Europe.”

Johan Mackenbach, Prof of Public Health at Erasmus MC, and Martin McKee, Prof European Public Health at LSHTM

What needs to be done?

- Develop and implement national cancer strategic plans to define priorities
- Establish and strengthen national cancer registries
- Consider establishment of comprehensive oncology centers with multidisciplinary teams
- Implement multidisciplinary approaches and use new communication technologies
- Institute nationwide primary prevention programs on smoking, obesity, alcohol consumption.
- Implement screening programmes for cervical, colorectal, and breast cancer, and centrally evaluate their cots-effectiveness and efficacy.
- Improve education for all involved in oncology care.
- Develop clinical guidelines and training for general practitioners for management and follow-up of cancer patients and survivors is needed.
- Increase access to early diagnostic and novel, clinically meaningful treatment modalities.
- Institute national independent evaluation systems of oncology care quality and outcomes.
- Increase financial allocation for oncology to address high mortality rates.
- Consider expansion of public-private partnerships.
- **Expand international, regional and sub-regional collaboration**.

IAEA
International Atomic Energy Agency

Anja Nitzsche
Head of Resource Mobilization
Programme of Action for Cancer Therapy (PACT)
International Atomic Energy Agency, Vienna, Austria

A.Nitzsche-Bell@iaea.org
+43 699 1652 5922

Thank you!

cancer.iaea.org **#CancerCare4All**

Improving Cancer Patient Outcomes through Innovation and Modern Treatment Modalities

Univ.- Prof. Dr. Dr.h.c. Christoph Zielinski, President, Central European Cooperative Oncology Group (CECOG) and Chair, Vienna Cancer Center
Svetlana Gerbel, Head of Russia and Central Asia, Siemens Healthineers, Moscow
Miva Berdymuradova, Director of Scientific-Clinical Center for Oncology, Aschgabat
Manfred Bruer, CEO, Bruer Consulting and Speaker of the Working Group Healthcare, German Eastern Business Association, Hamburg
Dr. Alexej Swerdlow, CEO, OPASCA GmbH, Mannheim

Discussion

Improving Cancer Patient Outcomes through Innovation and Modern Treatment Modalities

Christoph Zielinski

Chair, Vienna Cancer Center of the Vienna Hospital Association and Medical Univ. Vienna

President, Central European Cooperative Oncology Group (CECOG)

VCC Vienna Cancer Center

CECOG ACADEMY

Overview of Procedural Steps

- **International Coordination to Optimize Quality-Oriented Cancer Care**
- **Local Quality-Oriented Coordination of Educational, Clinical and Scientific Activities**

Overview of Procedural Steps

- **International Coordination to Optimize Quality-Oriented Cancer Care:**

  EXAMPLE: CENTRAL EUROPEAN COOPERATIVE ONCOLOGY GROUP GOIA INITIATIVE

- **Local Quality-Oriented Coordination of Educational, Clinical and Scientific Activities**

  EXAMPLE: THE VIENNA CANCER CENTER

CECOG GOIA Initiative Background

- **Central and Southeastern Europe is home of approximately 120 million inhabitants – who are to a large part citizens of the European Union**
- **Medical progress in this area is slow due a restricted reimbursement policies of EMA-registered drugs ➔**
  1. **Non-state of the art diagnosis and treatment**
  2. **Hesitant reimbursement decisions of the countries in the area**
  3. **Hesitant involvement of industry**

CECOG GOIA Initiative Overview I

Aim

- Reduce health inequalities
- Enable sustainable patient access to cancer care and innovative treatment in Central and Southeastern European countries

Community

- GOIA reconvenes policy makers, clinicians, patients, cancer survivors, representative of patient organizations, healthcare providers, members of the European parliament, government representatives and the industry

VCC Vienna Cancer Center

CECOG ACADEMY

CECOG GOIA Initiative Overview II

Objectives

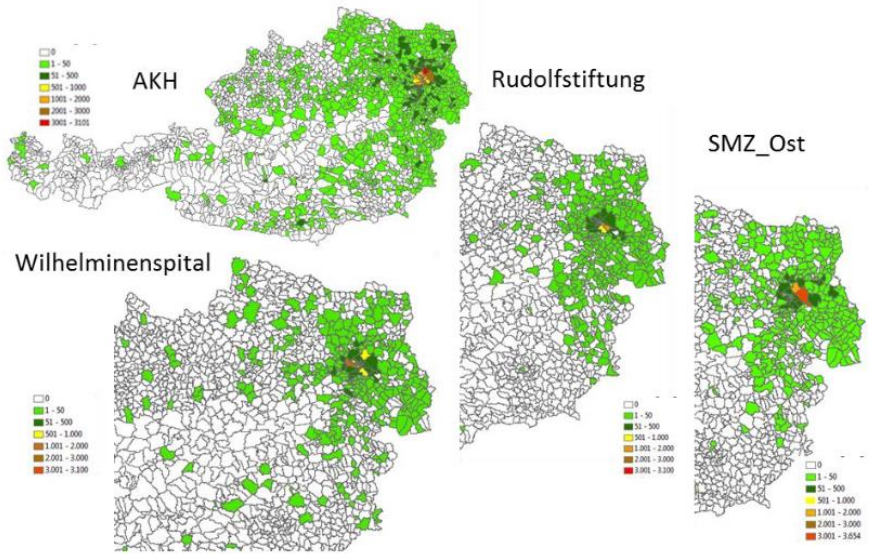
- **Raise awareness for need/secure patient access to cancer care**
- **Secure sustainable funding for cancer care in specific underprivileged countries**

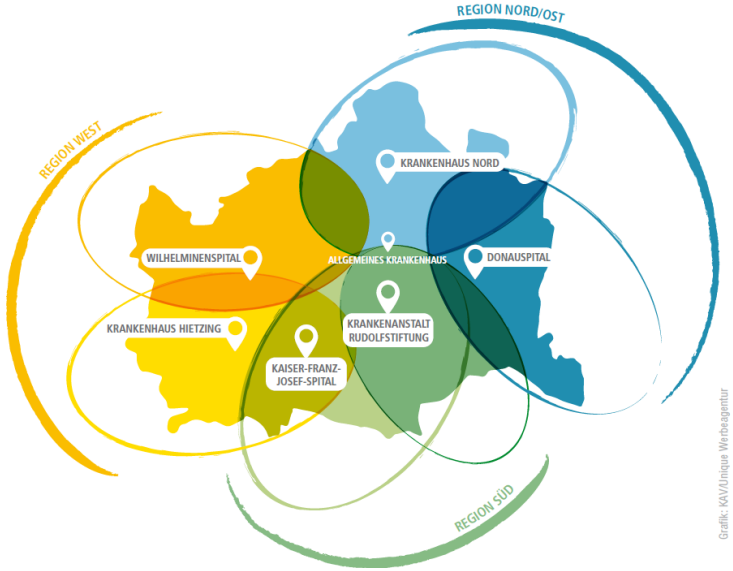
From science to access and from inequality to quality

Vienna Cancer Center

CECOG ACADEMY

THE VIENNA CANCER CENTER:
Geographic Circumstances





Vienna Cancer Center

CECOG ACADEMY

THE VIENNA CANCER CENTER Overview

- Coordination of Ressources of 4 Community Hospitals plus the University Hospital for an Area of 2 Million Inhhabitants
- Coordination of Medical Education
- Generation and Implementation of SOPs in Cancer Diagnosis and Treatment enabling
- Patient Care in their Living Vicinity
- Performance of Clinical Studies on a Community Level

VCC Vienna Cancer Center

CECOG ACADEMY

TOPICS FOR DISCUSSION

- **How do you provide quality-oriented cancer care in your country?**
- **How do you deal with prevention to reduce cancer burden?**
- **How do you provide center-oriented cancer care without overburdening cancer centers?**

Improving Cancer Patient Outcomes through Innovation and Modern Treatment Modalities

Univ.- Prof. Dr. Dr.h.c. Christoph Zielinski, President, Central European Cooperative Oncology Group (CECOG) and Chair, Vienna Cancer Center
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Discussion

SIEMENS Healthineers

Gestaltung der Zukunft des Gesundheitswesens

Siemens Healthineers ist ein zuverlässiger Partner von Krebsprogrammen in Russland und Zentralasien

Svetlana Gerbel, Generaldirektorin
von Siemens Healthineers in Russland und Zentralasien
25. Oktober 2019

Siemens Healthineers heute

120 Jahre
Firmengeschichte

Marktführer
in den meisten Geschäftsfeldern

~ 240.000
Patientenkontaktstellen stündlich

Zugang zu medizinischer Versorgung für
> 1,4 Mrd. Menschen
in den Entwicklungsländern

€ 13,4 Mrd.
Umsatz[1)]

> 70
Länder mit direkter Präsenz

> 70%
der Entscheidungen zu kritischen klinischen Fällen werden auf Basis der von uns angebotenen Technologien getroffen[2)]

~ 50.000
hochqualifizierte Mitarbeiter

> 90%
der weltweiten TOP-100-medizinischen Dienstleister sind unsere Partner

18.500 +
Patente in der Datenbank für geistige Eigentumsrechte[3)]

~ 600.000
installierte Basis

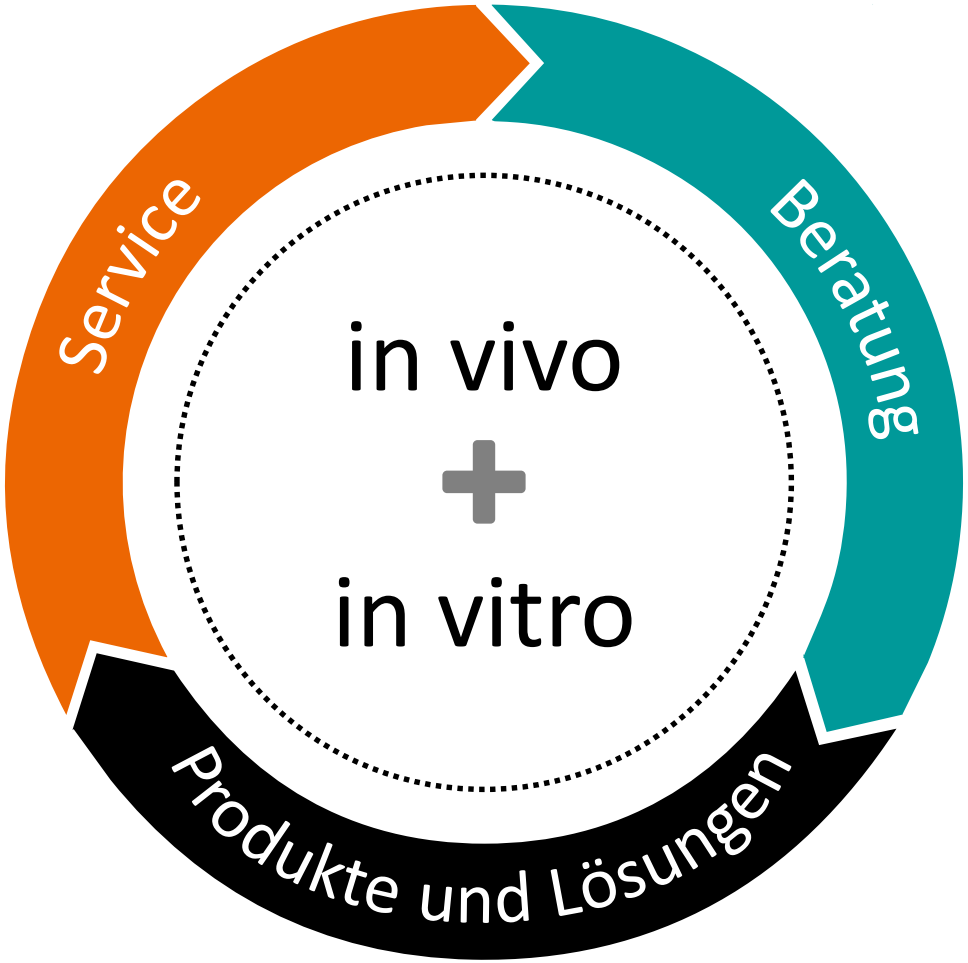
1) Umsatz FY 2018
2) AdvaMedDX, “A Policy Primer on Diagnostics”, Juni 2011, S. 3
3) Einschließlich Patente, Patentanmeldungen und Gebrauchsmuster in den Geschäftsbereichen

Siemens Healthineers in Russland und Zentralasien

Über 100 Jahre
in Russland und den GUS-Ländern

Über 300 Mitarbeiter
in Russland, Turkmenistan und Kasachstan

Lösungen für den gesamten Lebenszyklus im Bereich Onkologie für die Organisationen des Gesundheitswesens in Russland und Zentralasien



Beitrag zur Verbesserung der Qualität der Krebsbehandlung

SIEMENS Healthineers

Mammographie

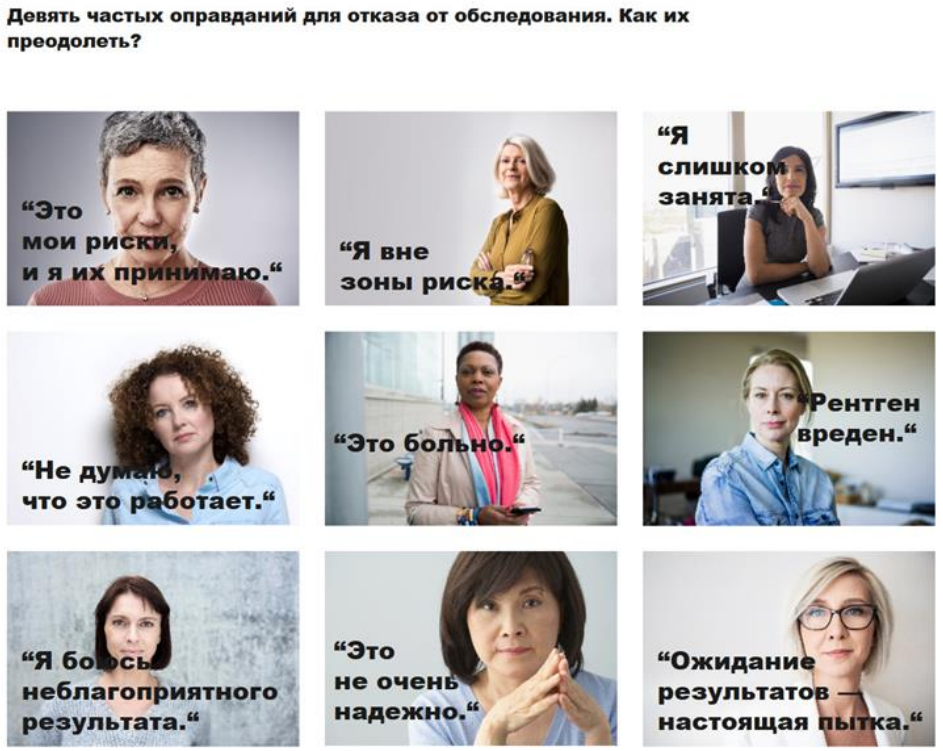
Computertomographie

Magnetresonanztomographie

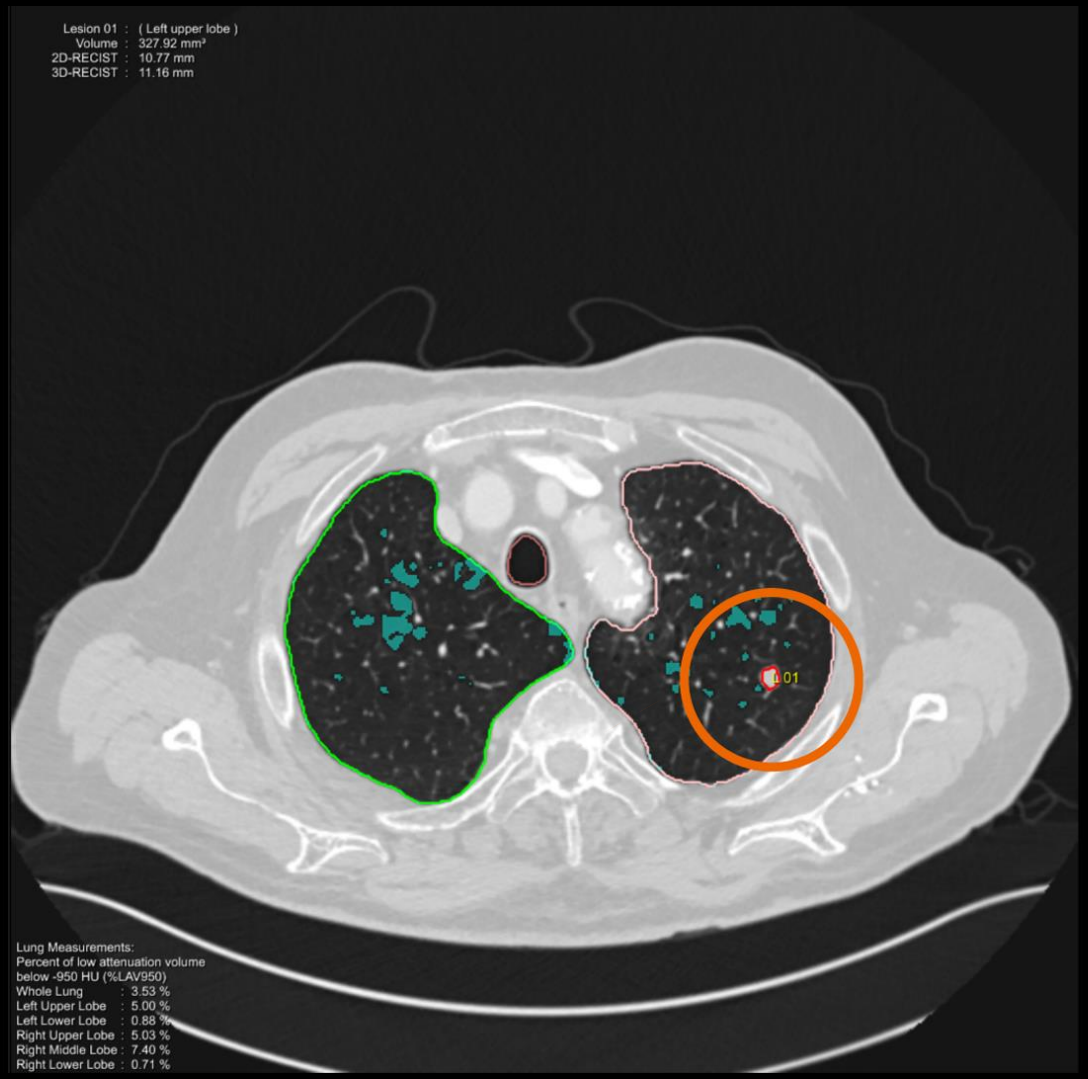
Förderung des Screenings zur Krebsvorsorge

Siemens Healthineers-Mitarbeiterinnen nehmen am Lauf „Gemeinsam gegen Brustkrebs“ in St. Petersburg teil

Breast Awareness Month, Aktion #getchecked



AI RAD Companion Chest CT-Programm zur CT-Diagnostik von Brustorganen mithilfe von künstlicher Intelligenz



Durch die Analyse von CT-Bildern des Brustkorbes kann künstliche Intelligenz pathologische Veränderungen in den Geweben des Herzens, der Lungen, der Aorta und der Wirbelsäule erkennen, einschließlich solcher, die nicht der ursprüngliche Zweck der Untersuchung waren. Das Programm markiert die festgestellten Änderungen und wandelt die Daten in einen Bericht für den Radiologen um

Vielen Dank für Ihr Engagement!

Siemens Healthineers RCA
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www.siemens-healthineers.com/ru

Svetlana Gerbel
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svetlana.gerbel@siemens-healthineers.com

Об организации онкологической помощи в Туркменистане

Директор Научно-клинического центра онкологии,
г. Ашхабад


Daşoguz
Daşoguz
Balkan
Balkanabat
Lebap
Türkmenabat
Ahal
Ashgabat
Anau
Mary
Mary
Turkmenistan

В Туркменистане организация онкологической помощи осуществляется в соответствии с « Национальной стратегией выполнения в 2014-2020 годах, задач, определённых в Ашхабадской декларации по профилактике и борьбе с неинфекционными заболеваниями в Туркменистане», а также Государственной программы «Здоровье»

В Туркменистане онкологическая помощь оказывается регионально-ступенчато. На первично-региональном уровне онкологическими и смотровыми кабинетами поликлиник.

На втором региональном уровне-областными онкологическими диспансерами, включая лучевую терапию, химиотерапию и хирургическое лечение.

На третьем региональном уровне- Научно-клиническим центром онкологии оказываются специализированная высокотехнологическая

В Туркменистане на всех региональных уровнях ведется противораковая пропаганда, направленная на повышение осведомленности населения о раке и предраке.

Организованное население ежегодно проходит профосмотр в медицинских учреждениях по месту жительства. В случае выявления рака и предрака приводится лечения и оздоровление этих лиц. Месячник осведомленности о раке лёгких, а также месячник осведомленности о раке простаты проводится ежегодно. А также в Туркменистане проводится вакцинация ВПЧ девочкам и мальчиком с 9 лет, вакцинация против гепатита (А.В).

Все лица с предраковыми заболеваниями находятся на диспансерном учете у семейных врачей, а с раковыми заболеваниями у врачей-онкологов онкологических кабинетов по месту жительства по-жизненно. В стране ежегодно с участием женской организации Туркменистана проводится месячники осведомленности о раке молочной железы, о раке шейки матки. Здесь также активно участвуют общественные организации Туркменистана

В Туркменистане специализированное лечение раковых больных осуществляется только в онкологических центрах (НКЦ онкологии, онкологических диспансерах).Больные нуждающихся в паллиативной помощи, а также раковые больные, нуждающихся в экстренней помощи, помощь получить и в не онкологических

В результате проведенного комплексного характера мер, за последние годы в стране отмечается снижение заболеваемости раком и улучшение показателей запущенности, годичной летальности и смертности.

Как представляете качественную помощь в борьбе с раком в Туркменистане.

В Туркменистане онкологическая помощь населению оказывается регионального - ступенчато. На первично-региональном уровне онкологическая помощь оказывается врачом-онкологом онкологического кабинета и акушеркой смотрового кабинета больниц.

На этом уровне помощь носит в основном профилактико-диагностикой характер и лечебный характер в отношении предраковых заболеваний.

Какие профилактическое меры предпринимаются, чтобы уменьшить бремя рака.

Чтобы уменьшить бремя рака в Туркменистане-проводтся следующие меры. На всех региональных уровнях обеспечивается проведение противораковой пропаганды через средства массовой информации (газеты, журналы, радио и телевидения), а также по месту работы, учебы и жительства граждан.

Второй региональный уровень, это областной онкологический диспансер, где оказывается специализированная онкологическая помощь с включением лучевой, а также и химиотерапии хирургического лечения.

Третий последний региональный уровень, это высокотехнологическая помощь, которая оказывается Научно-клиническим центром

- Второй региональный уровень, это областной онкологический диспансер, где оказывается специализированная онкологическая помощь с включением лучевой и химиотерапии и хирургического лечения.

Третий последний региональный уровень, это высокотехнологическая помощь оказываются Научно-клиническим центром онкологии.

В Туркменистане чтобы уменьшить бремя рака проводятся следующие меры. На всех региональных уровнях обеспечивается проведение противораковой пропаганды через средства массовой информации (газеты, журналы, радио и телевидения), а также по месту работы, учебы и жительства граждан. Для этого созданы лекторские группы, ежегодно составляется план проведения противораковой пропаганда на каждом региональном уровне.

- Граждане, обратившиеся в поликлинику впервые в соответствующим году, обязательно проходят осмотр в смотровом кабинете на обнаружение рака и предрака визуальной локализации.
- В случая выявлении предрака и рака обеспечивается направление этих граждан в к соответствующим специалистом, в том числе онкологам и обеспечивается их лечение и оздоровление.

- В Туркменистане ежегодно проводятся месяц осведомленности борьбы против рака молочной железы, рака шейки матки, рака легких и рака простаты. При проведении месяца осведомленности к этой работе привлекаются общественные организации: совет женщин и молодежи Туркменистана

- Каким образом предоставляется специализированное лечение рака, не перегружая онкологические учреждения (НКЦ Онкологии областные онкологические диспансеры).
  - Учитывая, что специализированную онкологическую помощь в комбинированно – комплексном виде имеют только онкологические учреждения (НКЦО, областные онкологические диспансеры) лечение раковых больных проводится в этих центрах. При необходимости оказание экстренной помощи, такая помощь может быть оказано и в не онкологическом учреждении. Больным, которые нуждаются в оказании паллиативной помощи, такая помощь оказывается и в не онкологических учреждения, прежде всего по месту жительства в поликлиниках и у семейных врачей.

Следует отметить, что больные раком после выявления, пожизненно находятся под диспансерном наблюдением врачей онкологов онкологических кабинетов по месту жительства. Больные раком, нуждающихся в паллиативной помощи находятся на учете у семейных врачей и под наблюдением онкологов онкологических кабинетов.


Diňläniňiz üçin
sag boluň!!!

OPASCA GOS
German Oncology Solutions

2nd German-East European Health Care Symposium

HIGH-LEVEL-ROUND-TABLE

"IMPROVING CANCER PATIENT OUTCOMES THROUGH INNOVATION AND MODERN TREATMENT MODALITIES"

Dr. Alexej Swerdlow, CEO

About OPASCA

Founded in 2011

Headquarter in Mannheim, Germany

60+ employees

83% of the company shares held by the founding shareholders

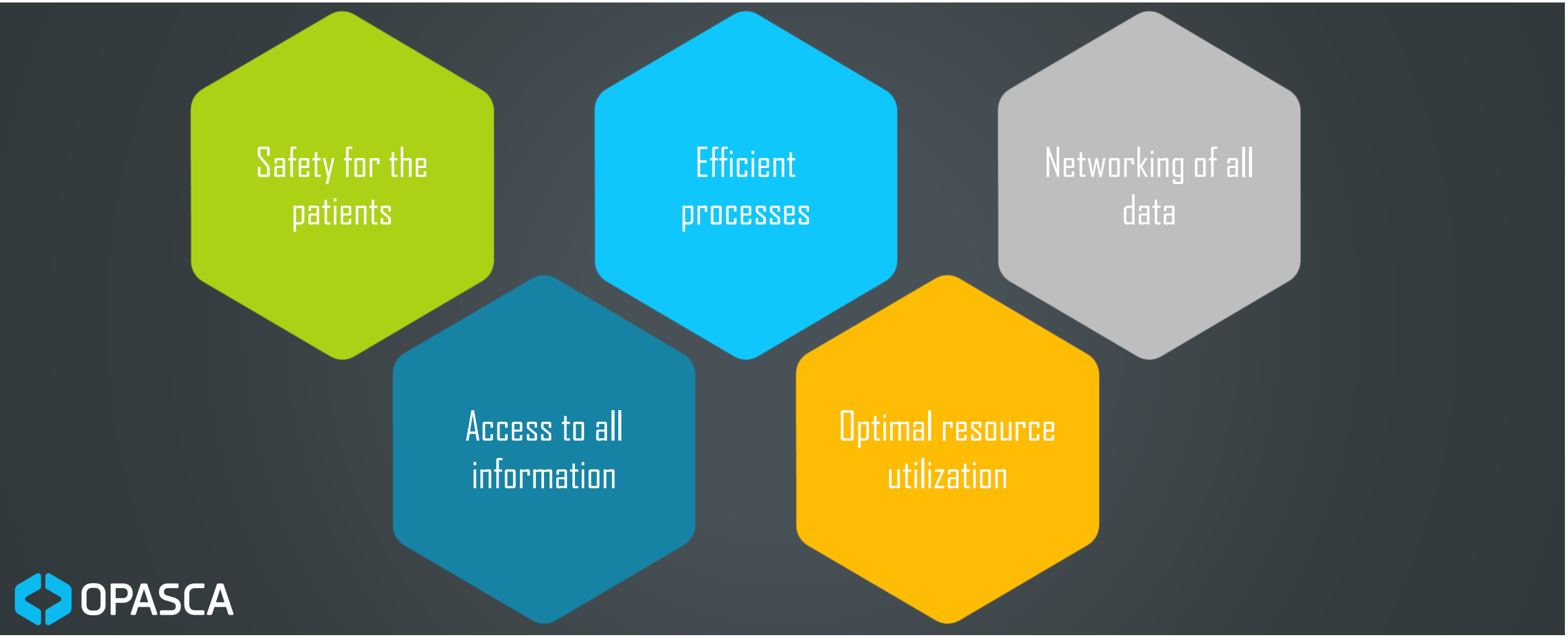
Inhouse R&D

Inhouse Service & Support

50+ large oncology clinics in Germany run OPASCA

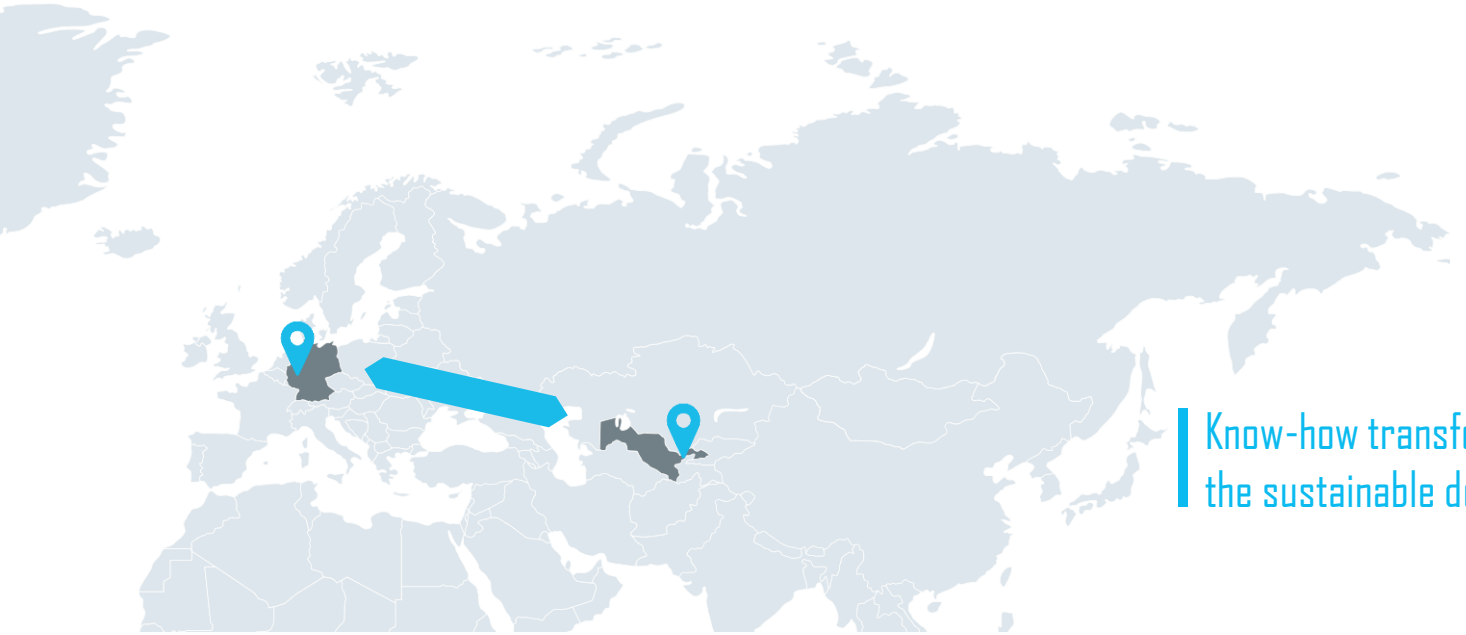
4 of the top 5 clinics in Germany are among our customers

About OPASCA



OPASCA and OPASCA GOS

OPASCA GOS
German Oncology Solutions



Promotion and sustainable expansion of oncology and radiotherapy in Central Asia.

Tashkent, Uzbekistan

Know-how transfer from Germany for
the sustainable development of health care for cancer patients

OPASCA

We establish oncology and health care processes making them efficient, smooth and safe to create a positive healing environment where clinicians dedicate time on what matters most to their patients.

Mannheim, Germany

Oncology development in Uzbekistan

Framework agreement between the Ministry of Health of the Republic of Uzbekistan and OPASCA

Main objectives:

- Introduction and adaption of **German oncology standards** in Uzbekistan
- Technical **support programmes** in private sector and state oncological centres in Uzbekistan
- Accompaniment of the **training and qualification** of Uzbek specialists for high-tech medicine
- **Know-how exchange** | CARO Congress

Dr Alisher Shadmanov (Minister of Health of the Republic of Uzbekistan) and Dr Alexej Swerdlow (OPASCA GmbH)

January 2019, Berlin

The “Masterplan” in Uzbekistan

Measures for the further development of information and communication technologies (**ICT**) in the Health Care system of the Republic of Uzbekistan (period: 2019-2021)

Responsibility: President of the Republic of Uzbekistan

Period: 2019-2021

Content:

- Development of **ICT-based e-health vision** and strategy
- Establishment of a legal framework and an **innovation management**
- Implementation of **modern information systems**, infrastructure, resources and databases
  Prior: Digitization of documents and forms, transparency, electronic interaction, citizen information, centralized knowledge base, telemedicine technologies, compulsory health insurance
- Ensuring **information security**
- **Training** and further development of personnel in the area of ICT
- **Sustainable and long-term investment plan** to ensure ICT in healthcare
- International **development cooperations**
- …

Project | German Oncology Clinic (GOC)

Creation of an interdisciplinary tumour centre according to German standards (CCC: Comprehensive Cancer Centre)

Organizer: OPASCA GOS, Epsilon

Expertise: University Clinics of Freiburg, Mannheim

UNIVERSITÄTS KLINIKUM FREIBURG

UMM UNIVERSITÄTSMEDIZIN MANNHEIM

Complex consists of:

- Oncology centre for **diagnostics**, early **cancer screening** and full spectrum state-of-the-art **therapy**
- 8 modern **radiotherapy units**
- Telemedicine, full digitalized, paperless
- Multivendor **training centre**

Capacity: 30.000 patients yearly

Total area: 25.000+ sqm

Patient treatment: January 2022

Model for the first oncology clinic according to German standards in Tashkent .

Construction has begun in September 2019.

International Cooperations

- **German Oncology Clinic (GOC) | Uzbekistan**
  Cooperation of OPASCA GOS and the Freiburg Medical University
  - Medical and functional **concept**
  - **Telemedicine**, second opinion, long-term **supervision**
  - Support of the **structural work**

- **Training Programme for Medical Physicists and for Paediatricians | Uzbekistan**
  Cooperation of OPASCA and the Mannheim Medical University (**UMM**), supported by the GIZ
  - Education and training of **Medical Physicists**
  - Education and training of **Paediatricians**
  - Strong cooperation with **Moscow State University**

FOCUS | Sustainable build-up of local expertise in Uzbekistan

CARO: Central Asian Radiooncology Congress

» Platform for the exchange of local parties in Central Asia and leading radiation therapists and medical physicists from Germany and other countries.

LAYNER Mountain Resort, Chimgon, Uzbekistan

Participating countries :

Central Asia: Uzbekistan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan

Germany, Russia, Belarus, Turkey, USA, Sweden, Belgium...

1st CARO-Congress: 5th to 7th of October 2018

2nd CARO-Congress: 27th to 29th of September 2019

GOAL | Support of the development of Radiooncology in Central Asia and platform for professional exchange.

Vielen Dank

Improving Cancer Patient Outcomes through Innovation and Modern Treatment Modalities

Univ.- Prof. Dr. Dr.h.c. Christoph Zielinski, President, Central European Cooperative Oncology Group (CECOG) and Chair, Vienna Cancer Center
Svetlana Gerbel, Head of Russia and Central Asia, Siemens Healthineers, Moscow
Miva Berdymuradova, Director of Scientific-Clinical Center for Oncology, Aschgabat
Manfred Bruer, CEO, Bruer Consulting and Speaker of the Working Group Healthcare, German Eastern Business Association, Hamburg
Dr. Alexej Swerdlow, CEO, OPASCA GmbH, Mannheim

Discussion

Room Europa, Ground Floor EG

Networking Coffee