

Lancet Issue Highlights The State Of Health Of Americans

Next 3 Years Called A “Decisive Time”

“Americans deserve better health, particularly given the amount of money they spend on health care. We have made progress, but can do much better.” That’s how CDC Director Tom Frieden and Associate Director for Science Harold Jaffe conclude their commentary on the state of health in the US. They were writing at the invitation of The Lancet as part of a set of review papers on US health published in the July 5, 2014 issue by CDC authors.

Included in the series are reviews of

chronic diseases, infectious diseases, violence and injury, and health care. Also, numerous other papers by non-CDC authors on health topics in the US are included in the early July issue as well book reviews on a history of the role of the Surgeon General and on health care in the US.

The Good News First

While in some important respects it can be said that the health of Americans has never been better---
- *Lancet continues on page 2*

From Containment To Crisis In 5 Minutes---Ebola “Out Of Control” In West Africa Says Doctors Without Borders

Unexpected Failure To Contain The Outbreak Has Multiple Causes

“Given that surveillance and response measures have held this [Ebola] terrifying disease in check for the past decade, why has the situation gotten so far out of hand this time?”

This is the complex question raised by the West African Ebola outbreak in Guinea, Liberia, and Sierra Leone and posed so clearly by Dick Thompson, a former WHO communications official,

in National Geographic News. Several epidemiologists and health officials close to the outbreak have shared their insights in trying to answer this question.

From Control To Crisis in 5 Minutes

“Within five minutes, everything changed.” That’s how Hilde de Clerk,
- *Ebola continues on page 9*

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they have a life expectancy of 78.7 years which is the highest ever achieved---and age-adjusted death rates for the four leading causes of death are falling, commentators are always quick to point out that the US spends more money on health care than other high-income countries but is experiencing generally poorer health outcomes. Also, health outcomes are not uniform for all Americans with some sub-populations such as African Americans and some state populations experiencing much less favorable outcomes.

Strategies Called For

Frieden and Jaffe call for broadly applicable policies that protect health (not further defined in this article), improved access and quality of health care (some of which will occur with passage of the Affordable Health Care Act), increased delivery of preventive services, and individual behavior change to meet the challenges of US health. Also, combining both public health and clinical approaches to health is described as a useful strategy. Frieden and Jaffe point to the national initiative to reduce heart attacks as a promising example of this public- private approach.

Chronic Disease Challenges

Key observations by CDC's Ursula Bauer and colleagues in the Lancet series are that chronic diseases cause two-thirds of deaths worldwide and are the main causes of morbidity, disability, and health care costs

in the US. Well known risk factors such as high blood pressure, tobacco smoking, second-hand smoke exposure, high body mass index, physical inactivity, alcohol use, and diets low in fruits and vegetables and high in sodium and saturated fats are implicated in these chronic diseases. The reviewers highlight 1) the importance of epidemiology and surveillance to inform health policies and practices going forward, 2) greater focus on prevention services, 3) the use of "environmental" approaches to encourage healthy behaviors, and 4) effective management of chronic conditions.

Violence and Injury

In the paper by Tamara Haegerich and colleagues, the five largest causes of death in this category are identified as motor vehicle crashes, poisoning, falls, firearm suicides, and firearm homicides. The strategies proposed for addressing these are not unlike those for the major chronic diseases and include education, behavioral changes, policy, engineering, and environmental supports. There is no mention of the recent controversy surrounding the ban on CDC research on gun violence, however, one of the actions called for is continuing investments in research to further reduce the burden of injury and violence.

Infectious Diseases

CDC's Rima Khabbaz and co-authors remind us that infectious diseases present substantial challenges, particularly related to "high-burden" diseases such as HIV, chronic

WHO Says Progress On Noncommunicable Diseases Is “Insufficient And Uneven” In 194 Countries Committed To Reduce Premature Mortality By 25% By 2025

Every year 38 million die from noncommunicable diseases, nearly 16 million of them prematurely before they reach the age of 70. Meeting for the second time since 2011 in New York this month, UN Member States learned from the World Health Organization that progress in tackling major chronic diseases such as heart disease, cancer, diabetes, and chronic lung disease has been “insufficient and uneven” since 2011 when a UN political declaration was issued. The declaration was considered a watershed event at that time because 194 UN Member States pledged to combat avoidable noncommunicable diseases and preventable deaths.

At the high level meeting this month, countries renewed their commitment to take bold measures called for by the Secretary General of the UN [Ban Ki-moon](#). He told the delegates that “success will depend on finding new ways to strengthen the ability of countries to adopt bolder measures.”

Straight Talk From WHO Director

Just how bold and challenging the needed measures will be was made clear in some of the remarks made by WHO Director [Margaret Chan](#) in her opening address. In a candid and straightforward address, she made several sobering statements and painted several tough challenges ahead for the participating countries. Below are some of the key excerpts from her address.

of capacity to act, especially in the developing world. Our latest data show that 85% of premature deaths from NCDs occur in developing countries.

Fundamental Change Needed

The challenges presented by these diseases are enormous. They demand some fundamental changes in the way social progress is measured, the way governments work, the way responsibilities are assigned, and the way the boundaries of different government sectors are defined.

The fact that NCDs have overtaken infectious diseases as the world’s leading cause of morbidity and mortality has profound consequences. This is a seismic shift that calls for sweeping changes in the very mindset of public health...

Public health must shift its focus from cure to prevention, from short-term to long-term management, from delivering babies, vaccines, and antibiotics to changing human behaviours, from acting alone to acting in concert with multiple sectors and partners.

Progress As Cause of Illness

... Socioeconomic progress is actually creating the conditions that favour the rise of NCDs. Economic growth, modernization, and urbanization have opened wide the entry point for the globalization of unhealthy lifestyles. Risk factors for NCDs are becoming part of the very fabric of modern society.

"I see no lack of commitment."

"This is a seismic shift..."

I see no lack of commitment. I see a lack

- Progress continues on page 4

- Progress continues from page 3

Health Sector Can't Do It Alone

The health sector bears the brunt of these diseases but has very little control over their causes. The health and medical professions can plead for stronger tobacco and alcohol legislation, more exercise, and healthier diets. We can treat the diseases, but we cannot re-engineer social environments to promote healthy lifestyles.

This is another shift that needs to take place. Governments cannot assume that NCDs are a health problem and that the health sector can manage on its own. We cannot.

For prevention, the cornerstone of our response, governments need to take on a primary role and responsibility. Social environments need to change, population-wide, nation-wide. This will not happen without political commitment at the highest level of government.

Only high-level political commitment can orchestrate the kind of broad-based collaboration needed to make substantial progress, especially on prevention. Heads of state and government are best placed

to introduce coherent public policies, coordinate actions, and push for legislative support.

Unprecedented challenges need unprecedented commitments.

WHO Update

According to WHO, more than 190 of the participating governments have agreed to a global action plan to reduce premature deaths from chronic diseases by 25% by 2025. The action plan includes a menu of options for countries and partners to implement. (see next article in this issue.)

Encouraging Sign

An encouraging sign of the commitment to tackle chronic diseases is the accountability mechanism for all countries described in the Lancet's July 7 issue. Called NCD Countdown 2025, the mechanism is modeled on a process used successfully to monitor and improve actions related to achieving the maternal, newborn, and child survival goals for 2015. ■

" Governments cannot assume that NCDs are a health problem and that the health sector can manage on its own."

"Unprecedented challenges need unprecedented commitments."

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[Adapted from WHO]

GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2013–2020

Vision: A world free of the avoidable burden of noncommunicable diseases.

Goal: To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

Overarching principles:

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

Objectives

1. To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.
2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.
3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.
4. To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.
5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.
6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

-Plan continues on page 6

Voluntary global targets

- (1) A **25%** relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- (2) At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context
- (3) A **10%** relative reduction in prevalence of insufficient physical activity
- (4) A **30%** relative reduction in mean population intake of salt/sodium
- (5) A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years
- (6) A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
- (7) Halt the rise in diabetes and obesity
- (8) At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
- (9) An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities. ■

- Lancet continued from page 2
hepatitis, foodborne diseases, and health care associated infections. Perhaps the largest threat at present is related to antibiotic resistance which the reviewers characterize as “a global health crisis” needing urgent action.

Decisive Time

According to the Lancet editors who organized this special issue, “The

next three years—encompassing the remainder of President Obama’s term, an election, and the formation of a new administration—will be a decisive time in the history of health for the USA. There is an unprecedented opportunity to deliver health improvements for the least advantaged Americans. But there are dangers too—not the least of which is securing the sustainability of American health care.” ■

Private Groups Collaborate To Forecast Alternative Futures for Public Health in 2030

Strategies Recommended As Sound No Matter What The Future Holds

A collaboration between the Robert Wood Johnson Foundation, the Institute for Alternative Futures, and the Kresge Foundation has produced four recommendations for facing the future challenges of public health that are likely to be sound regardless of which future scenario emerges, according to the report from the group.

Entitled “Public Health 2030 – A Scenario Exploration”, the report constructs scenarios based on the forecasted behavior of six key drivers of public health. The purpose of these scenarios is to help public health agencies evaluate how well their organization’s strategies are likely to perform given these different futures to consider.

Key Recommendation

The key recommendation is to transform public health agencies into “health development agencies” with dedicated, sustainable, and sufficient funding. What does the concept of health development agency entail?

According to the report, the current “programmatic approach” of public health does not address the major drivers of health. This is a serious shortcoming and amounts to saying that public health is not effectively enough addressing the major causes of health. If so, what are these drivers that need rethinking and suggest new approaches from public health?

Future Trends/Drivers

The drivers/trends identified by the sponsors of the report are:

- 1) chronic diseases and the likely to grow demand for prevention, management, and reduction of these conditions,
- 2) climate change and environmental threats and the extent to which public health is able to expand its capacities to deal with environmental disasters and disease outbreaks,
- 3) the extent to which the nation adopts a community prevention approach that is focused on addressing the structural drivers of illness and injury,
- 4) economics and public health financing,
- 5) injury and violence and the extent to which they come to be seen as preventable, and
- 6) technology and information system advances.

Health Development Agencies

The first recommendation to transform health agencies into “health development agencies” will entail continuing some of the current roles of health agencies but also taking on new ones. Perhaps the most striking is the call for health agencies to become the “chief health strategists” in the

“... public health does not address the major drivers of health.”

“...the most striking is the call for health agencies to become the “chief health strategists”...”

community and lead in creating a culture of health through the promotion of prevention strategies. To achieve the status of a true “health development agency” the report calls for health agencies to develop sustainable and sufficient funding, be evidence and best practice oriented, and provide trusted leadership in promoting prevention strategies.

Chief Health Strategists

The second recommendation calls for health development agencies to facilitate the transformation of the US health care system into one more oriented to prevention. This appears to be a recommendation to help reinforce a trend already evident in American society moving favorably to think in terms of population health.

Dialogue Expertise

Third, the report recommends building the capacity for dialogue about inclusion, opportunity, and equity. This is prompted by the recognition that racism and other beliefs or prejudices are part of the root causes of health inequity. Addressing them is needed to advance community vitality, according to the report.

The fourth and final recommendation is another to create the capacity for dialogue, this time with other non-health sectors which are needed to support innovation. Basically, this recommendation calls for recognizing the legitimate priorities and needs of other players in the health system and learning lessons from other players to create innovations in public health. ■

“...the report recommends building the capacity for dialogue about inclusion, opportunity, and equity.”

“I have covered six previous Ebola outbreaks and this is unprecedented.”

a Doctors Without Borders/Medecins sans Frontieres (MSF) physician, has described the shift in thinking about the Ebola virus outbreak in Guinea. In an interview on the MSF website, de Clerk describes how MSF health officials in taking a small cluster of phone calls went from monitoring only two villages and thinking they were witnessing the end of the outbreak to having to monitor 40 villages with more than 500 potential contacts and realizing they were facing the largest epidemic of Ebola they had ever faced. MSF is now describing the Ebola outbreak in Guinea, Sierra Leone, and Liberia as “out of control”.

Epidemiologist Speaks Out

According to MSF epidemiologist Michel van Herp who spoke with the Telegraph, “I have covered six previous Ebola outbreaks and this is unprecedented. It is unique in terms of the number of cases, where they are and how they are spread, the difficulty of putting enough treatment centres where they are needed, and the fact that these people move around so much.”

WHO Update

The July 15 report from WHO covering the period July 8-12 has identified 79 new confirmed, probable, and suspect cases from all three countries with the majority coming from Sierra Leone (30 cases) and Liberia (49 cases).

The cumulative total of cases as of this report is 964 with 603 deaths (63% case fatality rate). WHO has recently established an outbreak coordination center in Conakry Guinea to coordinate technical support and help to mobilize resources from a vantage point closer to the outbreaks.

Communications Expert Speaks Out

According to Thompson, the Ebola outbreak in West Africa is presenting several familiar and many new challenges. His list is daunting and helps to understand more deeply why control is so difficult to achieve. This has not been the experience in other Ebola outbreaks.

1. The disease had almost never been seen before in West Africa. Also, patients presented initially without the characteristic hemorrhaging. These two facts meant that recognition of the disease was delayed and it slowed the initial response.

2. Officials initially gave inaccurate and sometimes contradictory information. Also, they have failed to communicate the true scope of the outbreak. Trust in government communication messages is low and this is a serious limitation because mobilizing the community is a key ingredient of successful containment.

3. The outbreak is occurring now or has occurred in multiple locations over a vast area. Also, the disease is spreading to urban areas for the first time. An outbreak on this scale exceeds the

current capacity of the organizations involved to respond effectively. MSF has said it can no longer send teams to new outbreak sites.

4. As Thompson reminds readers so vividly, treatment of patients is dangerous for staff, physically grueling in protective gear from head to toe, and emotionally draining because of the high death rates. It requires enormous physical and emotional stamina as well as courage to be involved in treatment and outbreak control work.

5. Rumors about sinister purposes for isolation wards cause patients to escape and hide and cause the non-ill population to hide from investigators seeking the names of close contacts of patients.

6. Some populations believe a curse is at work on Ebola patients and families, and they are often stigmatized. ■

"Trust in government communication messages is low..."

"It requires enormous physical and emotional stamina as well as courage..."

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PROGRAM AT A GLANCE



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[Measuring Intervention Coverage in Low Income Countries \(BMGF potential funder\)](#)

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[Maternal and Child Health - II: Free Papers](#)

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[Youth Alcohol and Substance Abuse Studies](#)

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[Richard Doll Lecture](#)



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