# FUNDAMENTALS OF GLOBAL HEALTH: The Future of Global Health Spring 2014

How will the GBD shift by 2030?

 What are the best GH strategies to meet these shifts and get results?

 What is Dr. Boyd's secret weapon against the future GBD?

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### Top 10 Global Mortality: 2015-2030

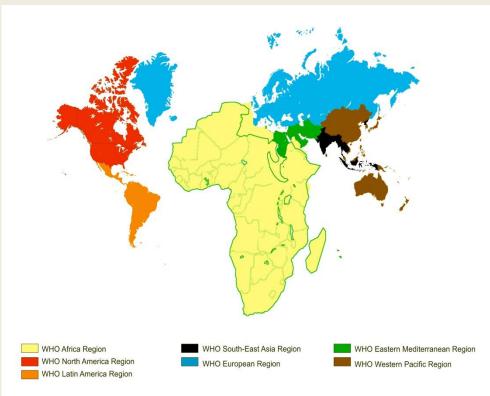
### **2015**

- Ischaemic heart disease
- Stroke
- LRI
- · COPD
- Diarrhea
- HIV/AIDS
- Lung Cancer
- Diabetes mellitus
- Road injury
- Hypertension

#### 2030

- Ischaemic heart disease
- Stroke
- COPD
- LRI
- Diabetes mellitus
- Lung Cancer
- Road injury
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## **AFRO: Mortality 2030**



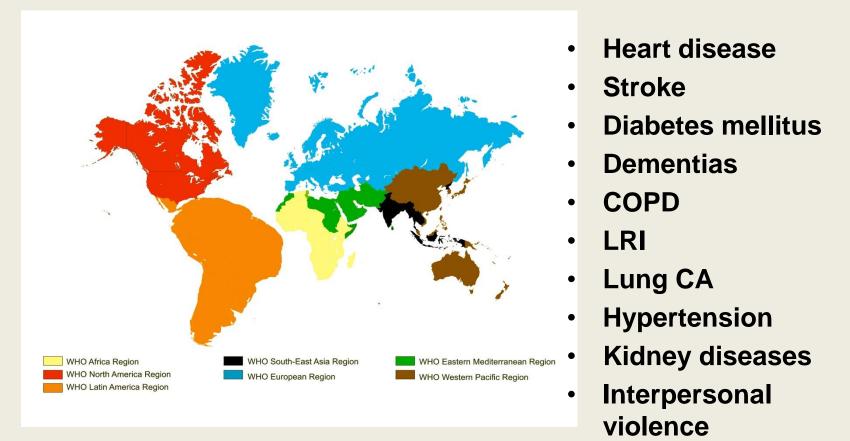
- HIV/AIDS
- LRI
- Stroke
- Heart Disease
- Diarrhea
- Road Injury
- Preterm Birth CX
- Malaria
- Diabetes
- Birth Asphyxia/Trauma

## **SEARO: Mortality 2030**



- Ischaemic heart disease
- Stroke
- COPD
- LRI
- Diarrhea
- Diabetes mellitus
- Road injury
- Falls
- Self-harm
- Kidney diseases

## PAHO: Mortality 2030



### Why Might We See This Scenario?

### **Mortality 2030**

- Ischaemic heart disease
- Stroke
- COPD
- LRI
- Diabetes mellitus
- Lung Cancer
- Road injury
- HIV/AIDS
- Diarrhea
- Hypertension

#### **DALYs 2030**

- Depression
- Heart Disease
- Traffic Accidents
- Stroke
- COPD
- LRI
- Hearing & Vision Loss
- HIV/AIDS
- Diabetes Mellitus
- Diarrhea

## Our GH Future in Chock-a-Block

Demographic shift:
increase in NCDs;

Climate change and population growth will increase competition for land and water, increasing violence and conflict

> Climate change will reduce food supplies, increase natural disasters, and displace coastal populations

including dementias Malaria, B. HIVIAIDS,

**Gender inequity & child morbidity/mortality** will attenuate but still cause major harm.

Malnutrition, lack of hygiene/cleanH2O/sanitation, And indoor/outdoor environmental pollution will remain major underlying determinants of disease.

ncreased traffic

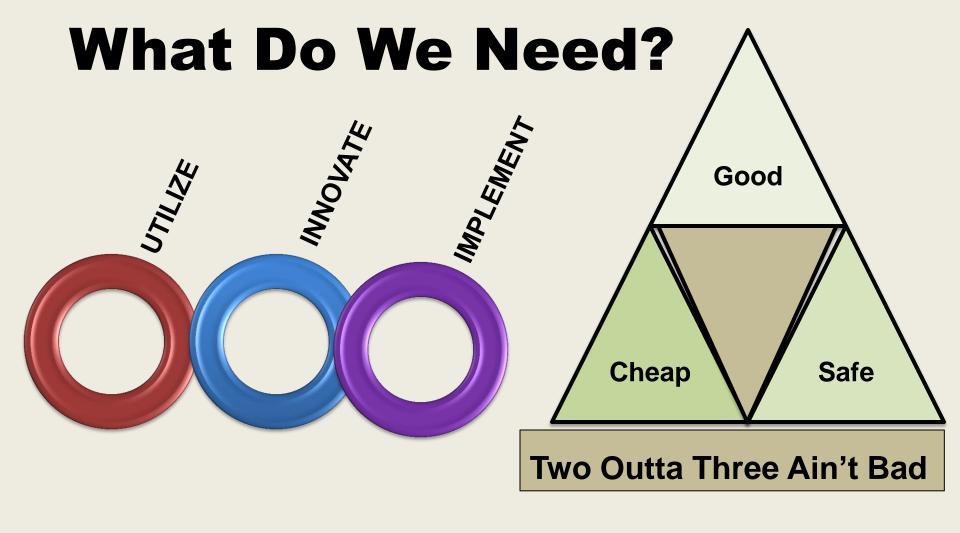
## Take-Away:

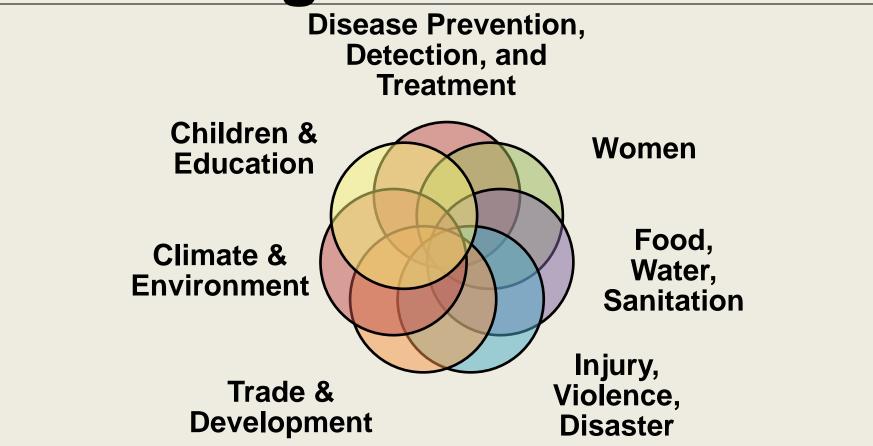
 Future global health trends will see an increase in Type II and III disorders, with Type I disorders remaining a significant burden, especially in the Global South.

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## Strategic Disease Prevention, Detection, Treatment

- ✓ Expanded Child Immunization (EPI), incl. pneumococcus & rotavirus
- ✓ More/Better TB Drugs & Case ID (inc. MDR)
- ✓ Access to cheap heart attack drugs (e.g. aspirin)
- ✓ Lay mental health counselors

- ✓ Malaria prevention packages (ITNs, DDT, education, drugs)
- ✓ Tobacco & soft drink taxes
- ✓ HIV prevention and early treatment, inc. male circumcision
- ✓ Investment in hospitals/systems

### Strategic Focus:

✓ Increase R&D incentives & funding for HIV, malaria, NTD vaccines & medications, inc. simplified "delivery"

✓ Vector control, inc. preventing reproduction & maturation

✓ New technologies & mhealth for telemedicine & health promotion

✓ Old technologies: training traditional healers in primary prevention & researching traditional medicines

## Disease Prevention, Detection, Treatment

✓ Increased LMIC surgical capacity

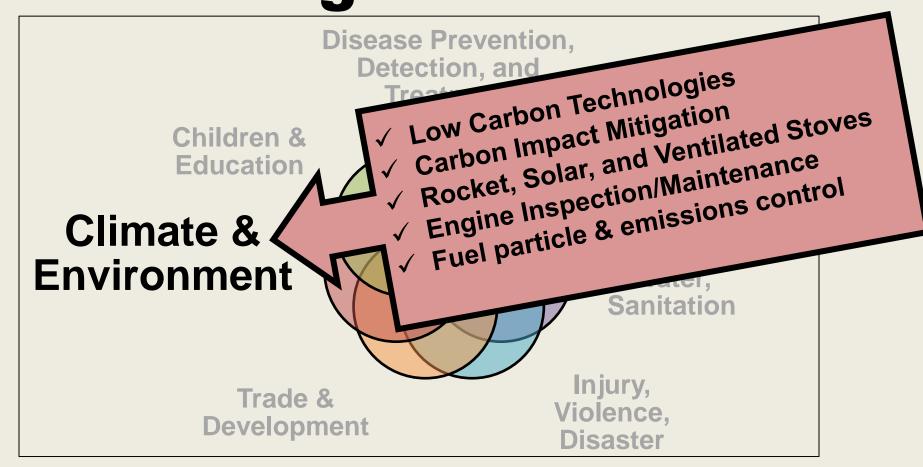
✓ Hep B & C vaccines, detection, TX

✓ Education campaigns & regulation for sodium reduction

✓ Kangaroo care & breastfeeding

✓ Encourage innovation in products, design, strategies, delivery





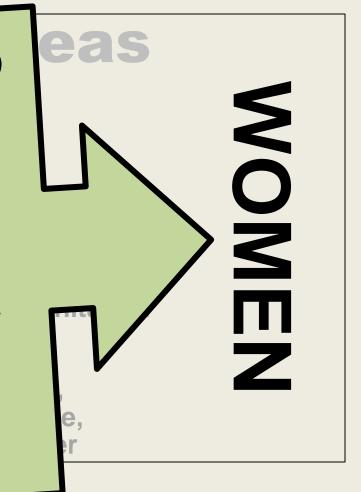


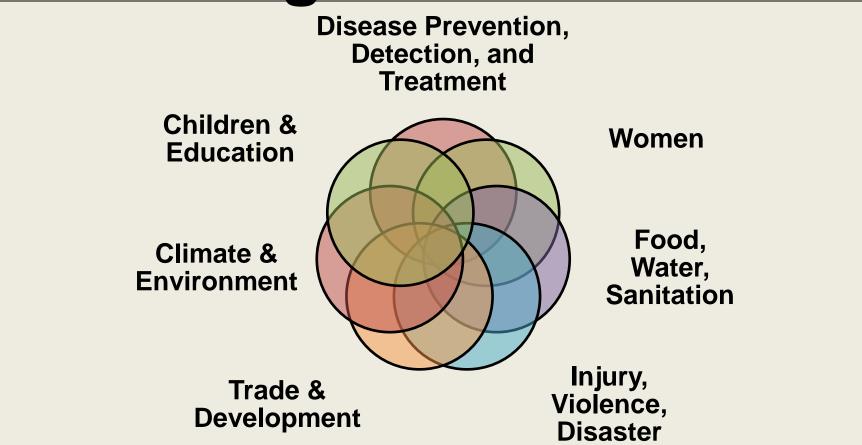


- ✓ Micronutrient supplementation & fortification
- ✓ Biofortification for increased yields & nutrient density, disease & drought resistance
- ✓ Nutritional education campaigns
- Water filters (e.g. biosand) & chemical disinfection (e.g. chlorine dispensers)
- ✓ Increase Rural Water Access/Supply with deep boreholes and hand pumps
- ✓ Total Sanitation Campaigns, with education on handwashing & open defecation,
- ✓ Toilets (esp. composting ones)



- ✓ Girl's Education (esp. SEARO & AFRO)
  - ✓ Reproductive health and agency
  - √ Microfinance
  - ✓ Normalization of gender equity
  - ✓ Prophylactic malaria TX in pregnancy
  - ✓ Train/equip Skilled Birth Attendants
  - ✓ HIV medications for PMTCT





### **Global Health 2035:**

### A 'Post MDG' Grand Convergence for LMICs

#### The 16-8-4 ID Goal:

- Reduce child mortality rate (under-5) to 16/1000 live births
- Reduce AIDS deaths to 8/100,000 population
- Reduce TB deaths to 4/100,000 population
- Scale-up to prevent & treat HIV, TB, Malaria, NTDs, MCH
- Health system "diagonal approach" to target these burdens

#### **Other Goals:**

- Global: Increased R&D
- Global: Increased Externality
   Management and Preparedness
- LMIC: Higher tobacco & alcohol taxes
- LMIC: Reduce subsidies for fossil fuel and other air pollutant
- LMIC: Universal Health Coverage, beginning with free coverage for poor ('progressive universalism')

## Global Health 2035:

invergence for LMICs

3's, Injuries, Acces

## A 'Post MDG' Grand

The 16-8-4 ID Goal

- Costs: US \$60-\$80 billion dollars/year, 2016-2035.
- Middle Income Countries: Self-Funded Low Income Countries: Partial Assistance
- Estimated Economic Pay-off: over 9 to 1! Health: Responsible for +/- 25% of development!

  - See www.globalhealth2035.org mg with free coverage for poor ('progressive universalism')

## Take-Away:

 Shifting trends in the GBD will require a concerted focus on all bio-psycho-social components, with an emphasis on utilization, innovation, and implementation to achieve a Grand Convergence in Global Health

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## This Week's Take-Aways:

- Future global health trends will see an increase in Type II and III disorders, with Type I disorders remaining a significant burden, especially in the Global South.
- Shifting trends in the GBD will require a concerted focus on all bio-psycho-social components, with an emphasis on utilization, innovation, and implementation.