



**Confronting** the Epidemic of Chronic Disease

# Status on the initiative



# 3th September '04, Saïd Business School, Oxford University

Oxford Vision 2020 is dedicated to stimulating action to prevent and control the global epidemics of cardiovascular disease (CVD), diabetes, cancer, chronic respiratory disease and obesity. We are deeply concerned that chronic diseases pose grave dangers. They harm the health of people now in most countries, the health of all children in future – and our economies. We find it unacceptable that effective health promotion and disease prevention interventions and policies are not better financed and implemented. For most people, healthy choices are tough choices, and for many patients access to quality care is inadequate.

We come from diverse backgrounds – government, universities and research groups, industry, nongovernmental organisations, youth and patients groups, international agencies and the media. We bring a shared vision of a healthier world, considerable expertise from many disciplines and access to people and processes that can make a difference. We can accelerate action by marshalling our collective power and expertise to address chronic disease prevention and control with a strong focus on children and youth.

Our shared vision, diversity and combined expertise empowers us to support the following goals:

We will catalyse actions by agenda setters to combat three major risk factors – tobacco, unhealthy diets and physical inactivity – that cause four major chronic diseases (CVD, diabetes, chronic respiratory diseases and some cancers), which together cause half of the deaths in the world today.

We will support innovative approaches to health promotion and disease prevention spanning many sectors as a social imperative that is both economically desirable and feasible. Existing knowledge if applied now could check the course of these global epidemics, especially in developing countries.\*

We commit to the following actions:

- To harness our voices and organisational resources through an ongoing global communications strategy that uses the best creative talents to deliver clear messages to decision-makers, patients and consumer groups about needed actions. Simultaneously, we will stimulate ongoing global dialogue aimed at promoting chronic disease prevention through an interactive web-based community.
- To synthesise, evaluate and disseminate knowledge about effective and ineffective actions at local and national levels, the impact of chronic diseases on disparities in health between and within countries, and to describe the human and economic costs of inaction.
- To initiate and actively participate in community-based demonstration projects to prevent chronic diseases that conform to rigorous scientific and ethical standards, provide compelling evidence of how to address the major chronic disease risks and inspire sustained change in the broader community.
- To engage academic and research communities in defining priorities for research that will lead to a reversal of current negative trends in chronic disease risk factor prevalence and disease burden; and to ensure that research outcomes lead to action.
- To advocate for stronger global and national institutional capacity for chronic disease prevention and control especially in developing countries.
- To support the broader public health community to make healthy choices the easy choices and to transform health systems to more effectively and ethically manage all chronic diseases.
- To convene our diverse members, including young people and patients, on a regular basis in order to stimulate innovative approaches, develop consensus about future policies and actions, and to monitor progress towards achieving our goals.
- To develop a transparent and flexible governance system managed by a small secretariat to execute these actions and to mobilise resources for their implementation. In developing these actions, special attention will be given to enhancing the participation of developing countries and young people.

\* WHO consensus on the optimal package of policies and actions to address tobacco (through the Framework Convention on Tobacco Control of 2003), diet and physical activity (through the Global Strategy on Nutrition, Physical Activity and Health of 2004) provide a firm basis for action now.



in support of:



# Who we are.....



**Confronting the Epidemic  
of Chronic Disease**



# The six areas

- OxHA is concentrating its efforts on six key areas in which there is scope for fruitful dialogue between our diverse stakeholders, and where we can foresee facilitating effective action.
  - The economic argument for prevention
  - Promotion of health in the workplace
  - Youth, children and future health
  - Environmental design for prevention
  - Industry's role in health promotion/prevention
  - Law & health



Economics



Workplace



Youth



Design



Industry



Law & Health

# There is confusion

**Balance**  
**Sugar free**  
**Diet**  
**Fat is fine**  
**Transfat are not**



# People don't understand the risk



# Getting the message across can be difficult



The message is simple...

**3:4:50**

**Oxford**

**Yale**

**Cape Town**

**Sydney**

# Engaging with the international media

**TheObserver**

**THE WALL STREET JOURNAL.**

**FT**

**Economist.com**

**guardian.co.uk**

**SCIENTIFIC  
AMERICAN.COM**

INTERNATIONAL  
**Herald Tribune**

International

Globalisation and health

## The maladies of affluence

Aug 9th 2007

From *The Economist* print edition

The poor world is getting the rich world's diseases



# The strategic partnerships

Clusters of excellence for CD prevention



Cross cultural Community interventions



Health and wellness at the workplace



Education in the community DENOSA

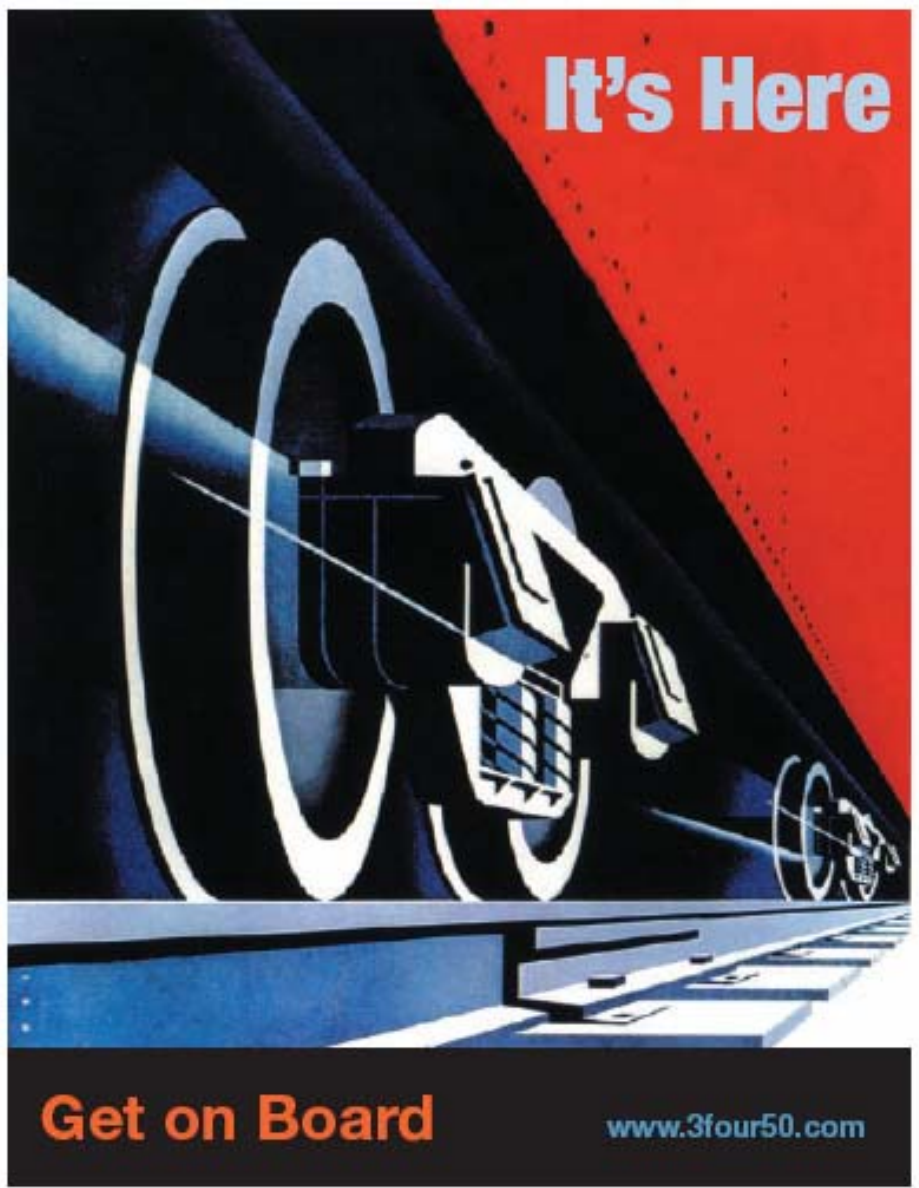


Intervention on childhood obesity

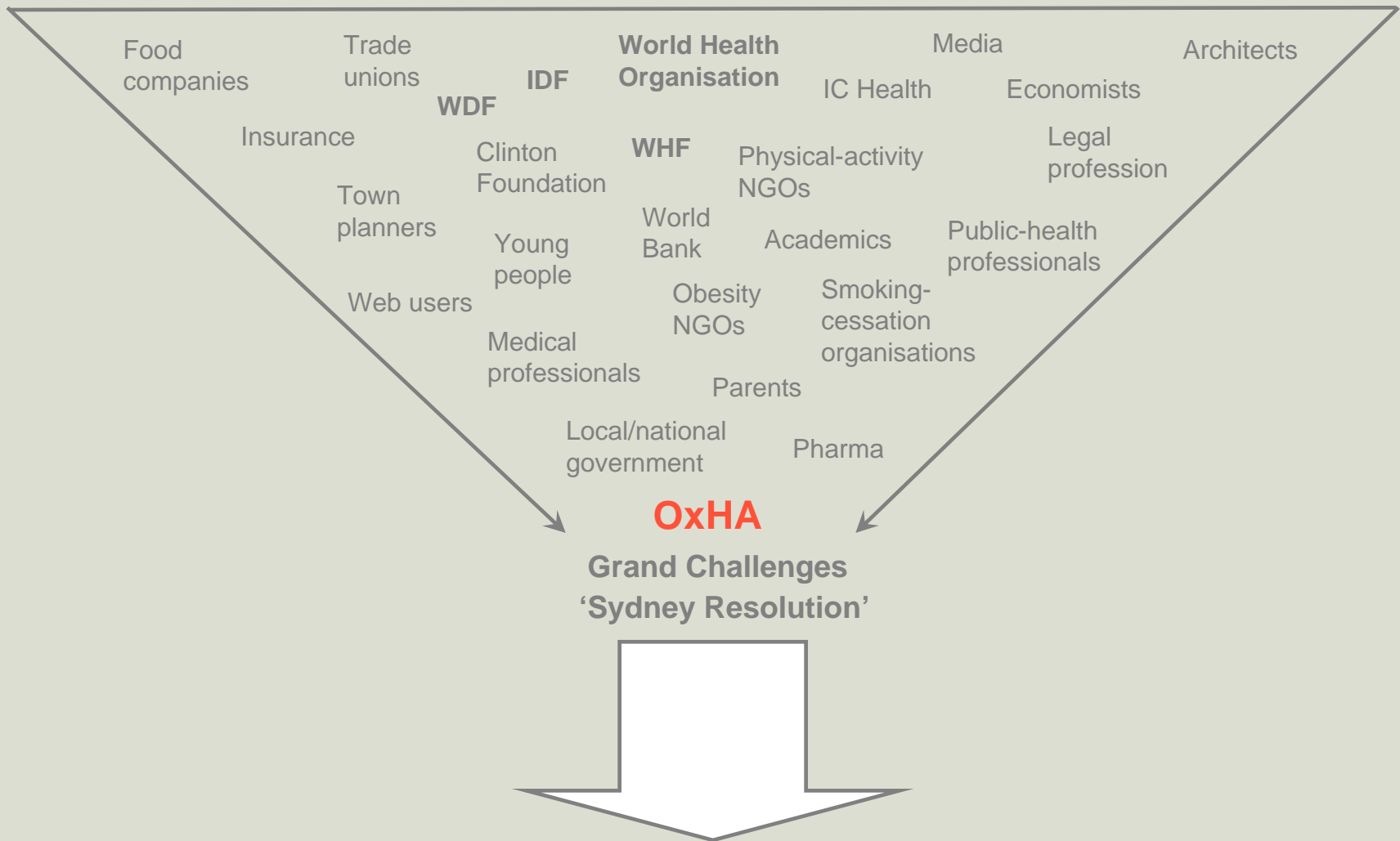


# ... and boundaries are eliminated

The screenshot shows a web browser window displaying the 3FOUR50 website. The browser's address bar shows the URL [http://www.3four50.com/v2/?page=display\\_network&PHPSESSID=4b0407f716](http://www.3four50.com/v2/?page=display_network&PHPSESSID=4b0407f716). The website header includes the 3FOUR50 logo, the tagline "CONNECT - COLLABORATE - CREATE a healthier future", and navigation links: Home, Network, Collaborate, Showcase, Blogs, Stories, Photos, Video Interviews, and Useful Links. Below the header, a search bar is present with the text "Search:" and "(min 4 characters)". A "FILTER PROFILES" button is located to the right of the search bar. The main content area displays a grid of 72 small profile thumbnails arranged in 8 rows and 9 columns. A vertical column of 8 yellow circular indicators is positioned to the right of the grid, corresponding to the rows. The text "Welcome to the 3FOUR50 Network" and "Click on a thumbnail to view detail" is visible above the grid.



# The alliance approach



**Global action to combat the epidemic of chronic disease**

# The Impact

Vol 450/22 November 2007

## FEATURE

### Grand challenges in chronic non-communicable diseases

The top 20 policy and research priorities for conditions such as diabetes, stroke and heart disease.

Abdallah S. Daar<sup>1</sup>, Peter A. Singer<sup>2</sup>, Deepa Leah Parasad<sup>3</sup>, Sgg K. Primmings<sup>4</sup>, David R. Matthews<sup>5</sup>, Robert S. Naguib<sup>6</sup>, Alan Bomsstein<sup>7</sup>, Leszek K. Borysiewicz<sup>8</sup>, Stephen Colagiuri<sup>9</sup>, Nirmal Ganguly<sup>10</sup>, Roger I. Glass<sup>11</sup>, Diane T. Fingwood<sup>12</sup>, Jeffrey Koplan<sup>13</sup>, Elizabeth G. Nabel<sup>14</sup>, George Saravali<sup>15</sup>, Nuzal Sarrafzadegan<sup>16</sup>, Richard Smith<sup>17</sup>, Derek Yach<sup>18</sup> and John Bell<sup>19</sup>

Chronic non-communicable diseases (CNCDs) are reaching epidemic proportions worldwide<sup>1</sup>. These diseases — which include cardiovascular conditions (mainly heart disease and stroke), some cancers, chronic respiratory conditions and type 2 diabetes — affect people of all ages, nationalities and classes.

The conditions cause the greatest global share of death and disability, accounting for around 60% of all deaths worldwide. Some 80% of chronic disease deaths occur in low- and middle-income countries. They account for 44% of premature deaths worldwide. The number of deaths from these diseases is double the number of deaths that result from a combination of infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies.

Over the coming decades the burden from CNCDs is projected to rise particularly fast in the developing world. Without concerted action some 288 million people worldwide will die of one or more CNCDs in the next ten years. With concerted action, we can avert at least 36 million premature deaths by 2015. Some 17 million of these prevented deaths would be among people under the age of 70 (ref. 2).

CNCDs have a huge negative economic impact<sup>3</sup>. In the next 10 years, China, India and the United Kingdom are projected to lose \$58 billion, \$237 billion and \$33 billion, respectively, in national income as a result of heart disease, stroke and diabetes, partly as a result of reduced economic productivity<sup>4</sup>.

Several factors are implicated in this increasing burden, including longer average lifespan, tobacco use, decreasing physical activity, and increasing consumption of unhealthy foods. Fortunately, CNCDs are largely preventable<sup>5</sup>. Up to 80% of premature deaths from heart disease, stroke and diabetes can be averted



Poor diet and smoking are two factors that contribute to the millions of premature deaths that occur each year.

with known behavioural and pharmaceutical interventions<sup>6</sup>.

Yet the prevention of disability and death from CNCDs gets scant attention worldwide. In sub-Saharan Africa it is understandable that governments, donors and research-funding agencies have channelled most resources into infectious diseases: 5.9% of adults between the ages of 15 and 49 are HIV positive<sup>7</sup> and malaria alone kills a million children per year under the age of five<sup>8</sup>. In most richer countries the focus of biomedical research on CNCDs has been on treatment rather than prevention.

A crucial aspect of establishing programmes for disease control globally is to identify priorities. To galvanise the health, science and public-policy communities into action on this epidemic, we present here an inventory of 20 grand challenges, grouped under 6 goals, arrived at through a global, structured consensus process.

The grand challenges approach  
Two previous 'grand challenge' exercises — the historical one by David Hilbert<sup>9</sup> in mathematics more than a century ago, and the 2002 Grand Challenges in Global Health initiative<sup>10</sup> spearheaded by the Bill & Melinda Gates Foundation<sup>11</sup> — showed that the approach focuses significant new attention on an area of study, energises

communities to rise to meet the challenges, and brings new talent to the field. Although there has been interest in CNCDs among governments in developed countries, research-funding agencies and others<sup>12</sup>, this has been incremental and rare in developing nations.

#### The Delphi method

The Grand Challenges in CNCDs we describe here are intended to reduce the global epidemic of these diseases by making the case for worldwide debate, support and funding, and by guiding policy and research in an evidence-based manner.

To develop the grand challenges, we used the Delphi method<sup>13</sup> — the structured, sequential questioning of a panel, with controlled feedback<sup>14,15</sup> — to distil knowledge and build reliable consensus among 155 geographically and culturally diverse stakeholders, from 59 countries. We used the following definitions.

A 'grand challenge' was defined as a specific critical barrier that if removed would help to solve an important health problem. The intervention(s) it could lead to might be innovative and, if successfully implemented, would have a high likelihood of impact and feasibility. Chronic non-communicable diseases were defined as diseases or conditions that occur in, or are known to affect, individuals over an



## Community Interventions for Health

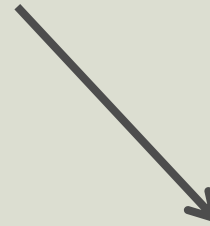
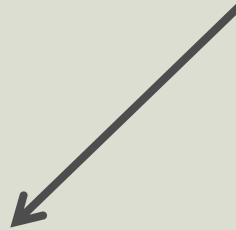
An Oxford Health Alliance Program



# The Impact

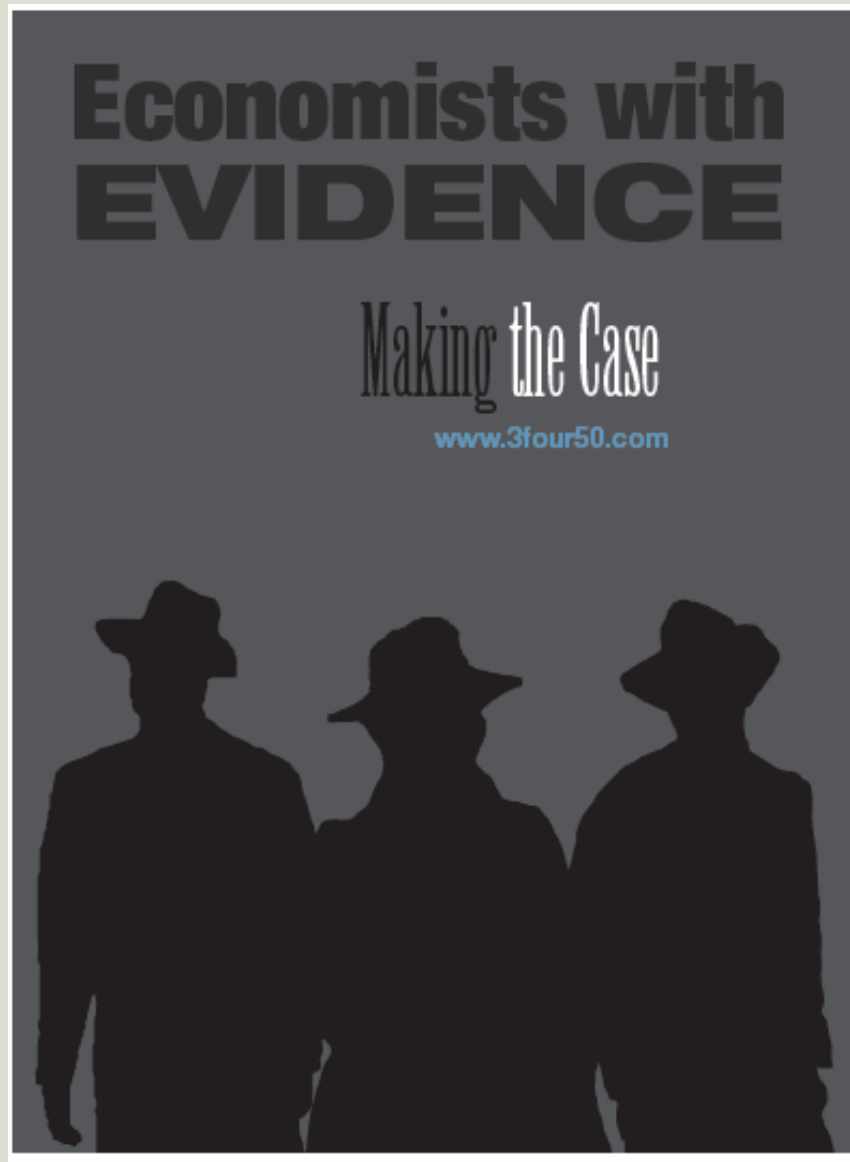


# The Impact

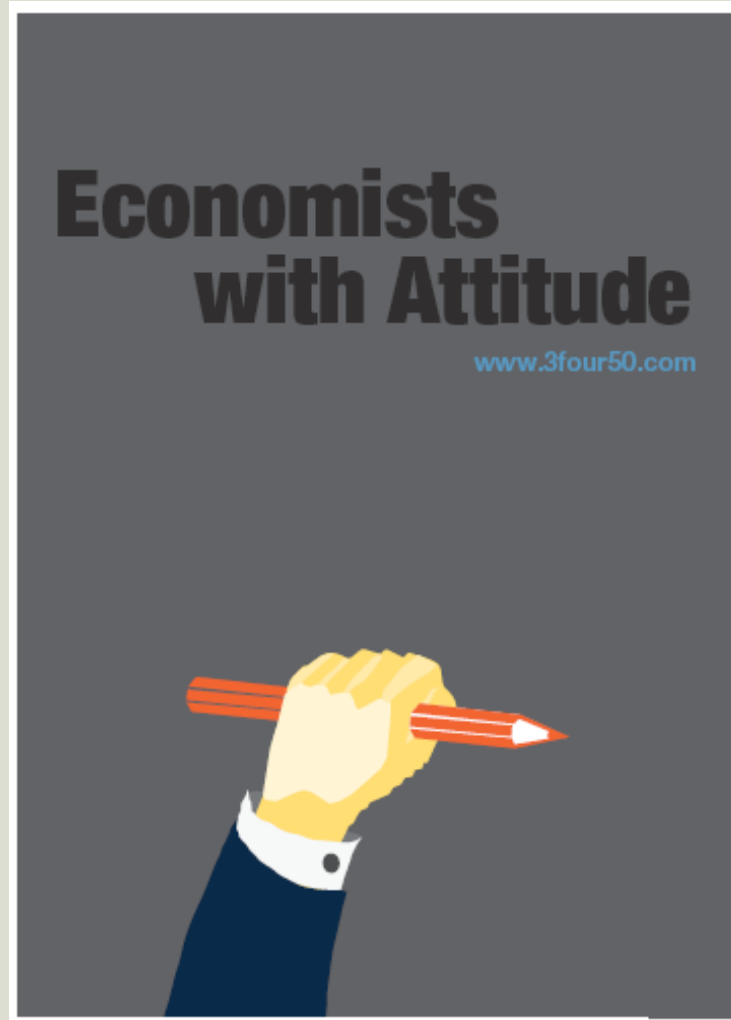


Two major new WB publication containing OxHA material  
Based on the economic papport

# The Impact



# The Impact



# The Impact



# The Impact



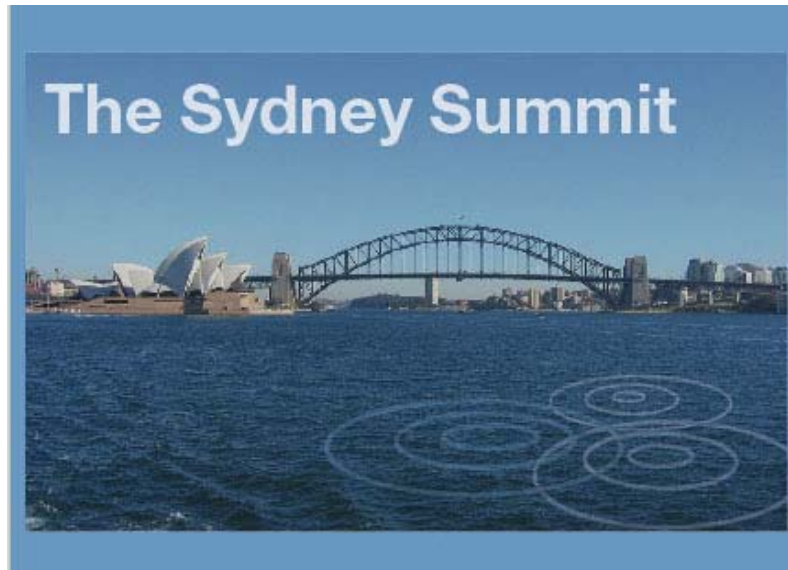
# The Impact

The screenshot shows the homepage of 3FOUR50, a website dedicated to alternative design. The browser address bar shows the URL <http://3four50.com/#>. The main header features the title "BACK TO THE DRAWING BOARD" in large, bold letters, with the subtitle "The Online Magazine Of Alternative Design" below it. The page is divided into several sections:

- high fit home**: A featured article with a photograph of a modern building. The title is "How the wealthy get healthy: part II". The text describes a book that illustrates how daily fitness can be integrated into contemporary home design, mentioning grand staircases, thoughtful floor plans, climbing walls, indoor pools, and other sporting facilities.
- PROJECT FOR PUBLIC SPACES**: A section featuring a photograph of a man in a green shirt. The text indicates it is a series of articles by architect Peter Park.
- Sponsored by Herman Miller**: A section with a photograph of an office chair and the text "REMINING YOU TO STAND UP TO THE EPIDEMIC".
- Rethinking human power**: A section with a photograph of a person using a tool to lift a weight. The text discusses concepts like "efficient use of space" and "sustainable architecture".
- DISCUSSION**: A section with a list of topics including "Efficient use of space", "Sustainable architecture", "New modern developments", and "Architecture and Urbanism".

## The Impact

- Partnership with **MEND**(10-15yrs)
- The three-year project consists of preventive effort towards **all young people** in the municipality and a specific intervention in the MEND programme for **overweight children** and their families. The general activities will reach the municipal kids from 6–16 years of age covering eight schools, eight after-school day-care centres and seven junior clubs for children attending 4th through 7th grade – totalling 3,600 children. ( Funded by grant 3.4 mill DKK)



**Building a healthy future  
Launching the Sydney Resolution**