

Prevention 2030: what would the future bring?

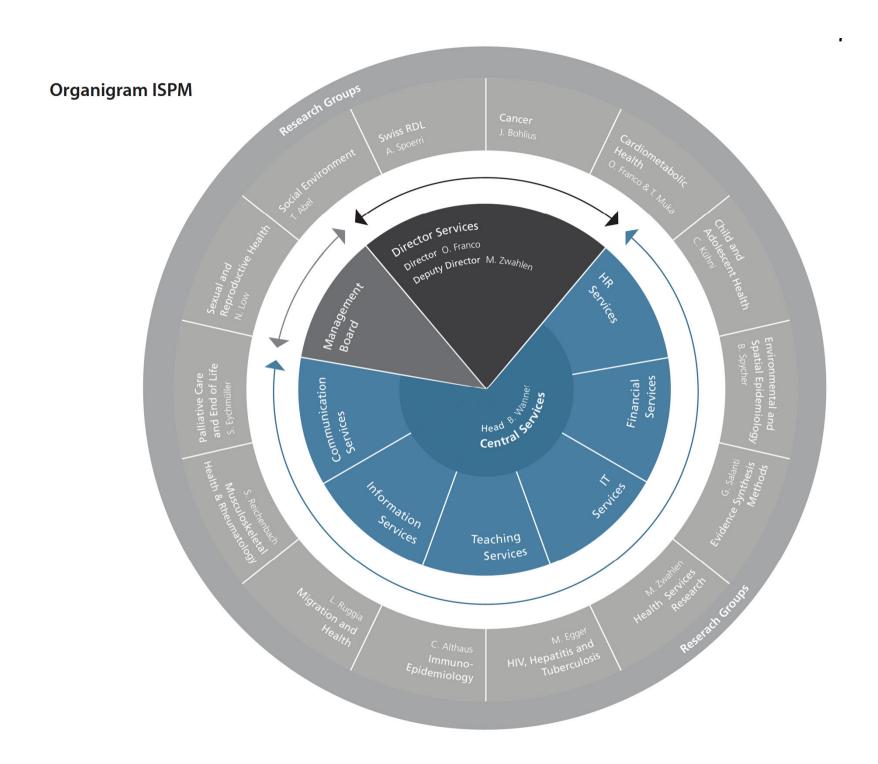
Prof.Dr. Oscar H Franco Director ISPM University of Bern





ISPM 2030

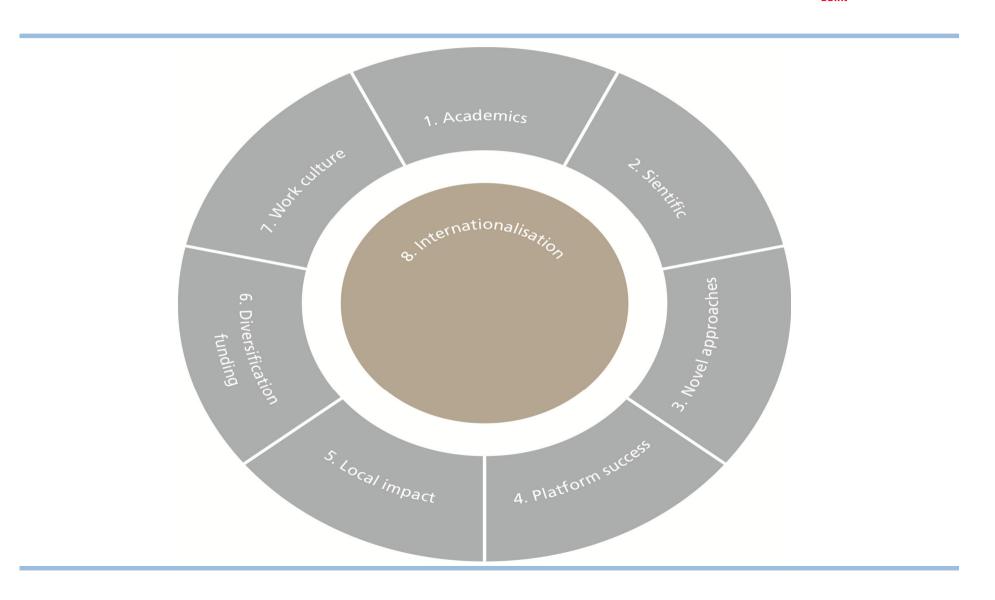






ISPM 2030: seven key pillars

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Prevention 2030:

what would the future bring?





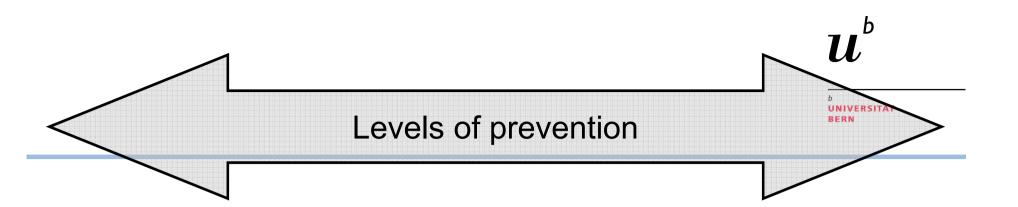


- 1. Integration and elimination of thought/barriers
- 2. Active adaptation to emerging needs and technologies
- 3. A new era of evidence-based prevention... And guidelines
- 4. Simplicity, unification and facilitation in translation
- 5. Dissemination at all levels of care
- New challenges, adaptive approaches





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PRIMARY PREVENTION:

Aim: prevent disease well before it develops. Reduce risk factors, maintain health.

Target population: all, selected groups, healthy individuals

How: general and primary care advice

SECONDARY PREVENTION:

Aim: early detection of

disease. For CVD secondary prevention generally to prevent secondary events in ill populations

Target population: high risk individuals and patients

How: primary care risk factor reduction, lifestyle modification, medication

TERTIARY PREVENTION:

medication

Aim: to treat established disease and prevent deterioration. For CVD improve survival (rehabilitation)
Target population: patients
How: rehabilitation.

Integrated prevention: ONE prevention

PRIMARY PREVENTION:

Aim: prevent disease well before it develops. Reduce risk factors, maintain health.

Target population: all, selected groups, healthy individuals
How: general and primary care advice

SECONDARY PREVENTION:

Aim: early detection of disease. For CVD secondary prevention generally to prevent secondary events in ill populations

Target population: high risk individuals and patients **How:** primary care risk

factor reduction, lifestyle modification, medication

TERTIARY PREVENTION:

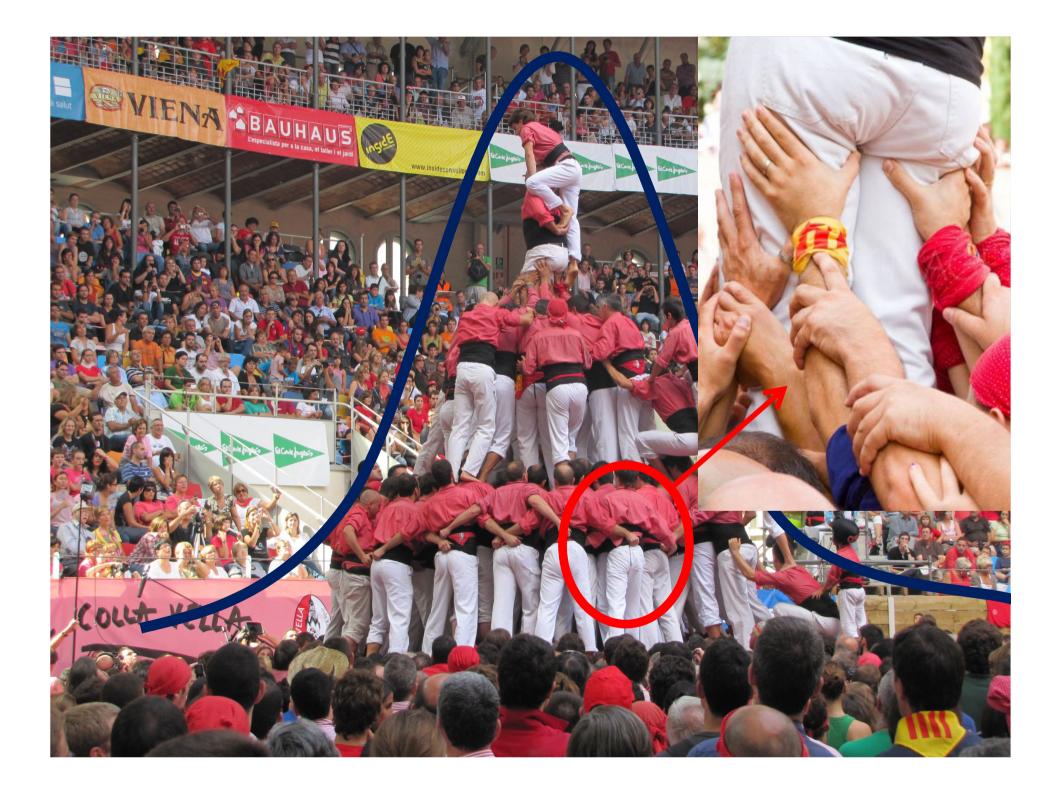
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Target population:

Target population:

patients

How: rehabilitation,

medication





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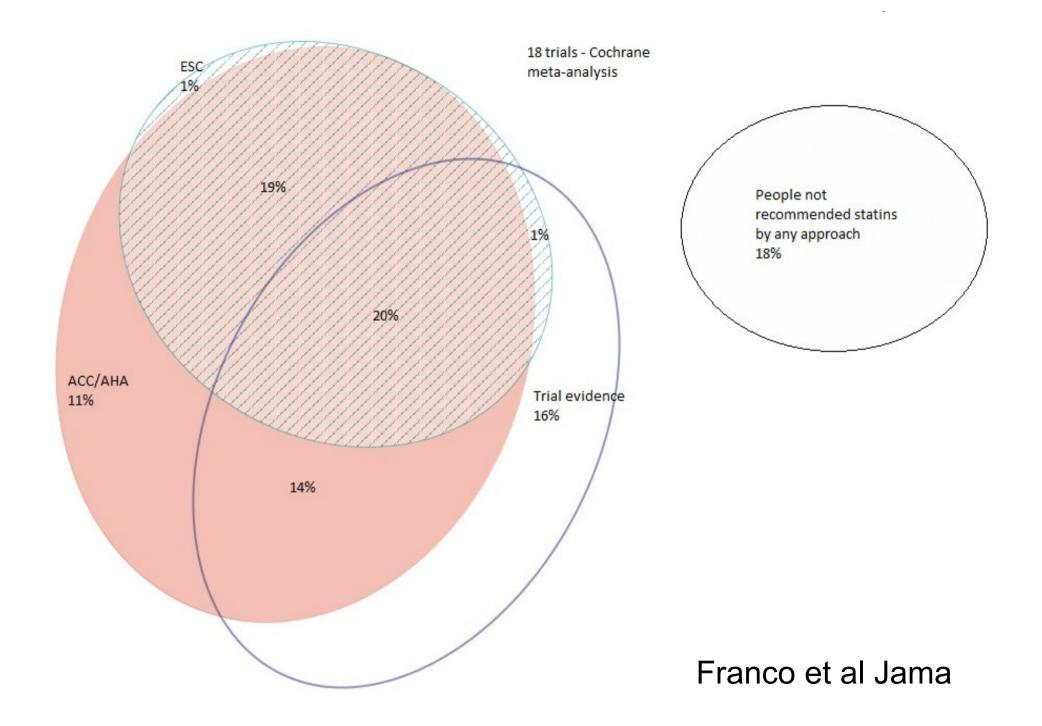
Government

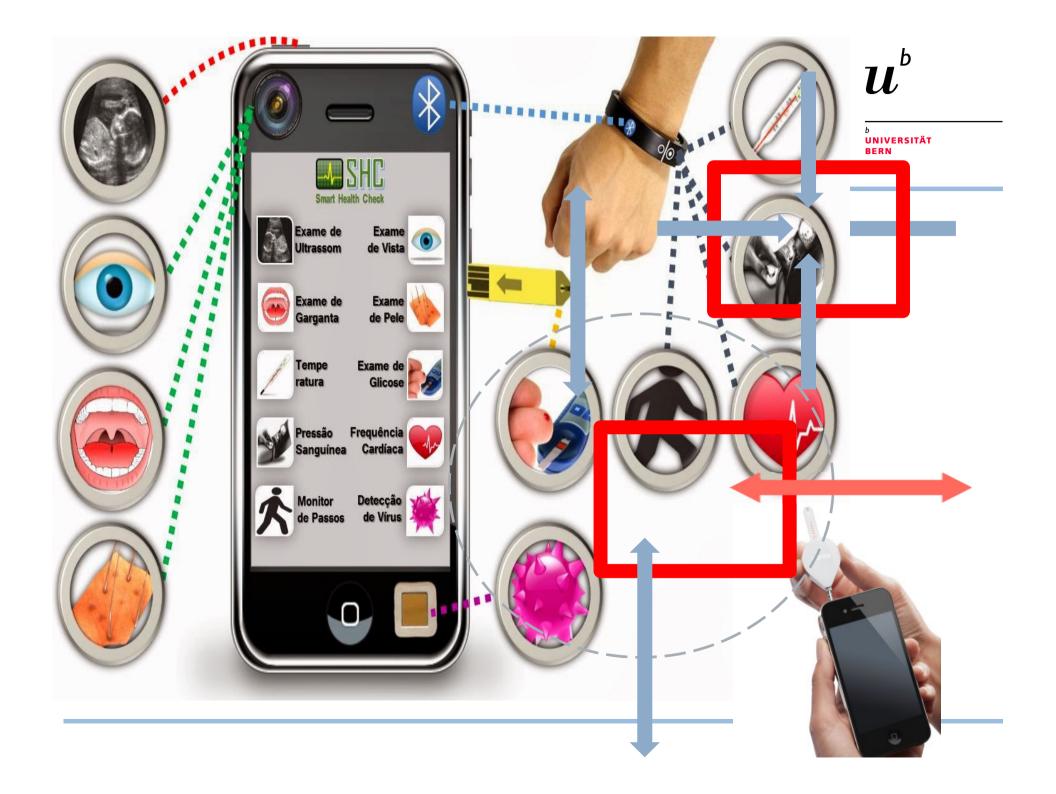






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HYGIENE

Invididual

- Cleaningness
- Healthy lifestyle:
 physical activity,
 adequate dietary
 habits, no smoking
 and no/low alcohol,
 adequate sleep

Societal

- Reduce contamination, pollution
- Sanitation
- Healthcare facilities
- Facilitation of healthy lifestyle
- Housing





- Integration and elimination of thought/barriers
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Preventive medicine 2030:

- 1. Integration and elimination of thought-barriers
- 2. Active adaptation to emerging needs and technologies
- A new era of evidence-based prevention
- 4. Simplicity, unification and facilitation in translation
- 5. Dissemination at all levels of care
- 6. New/old challenges, adaptive approaches

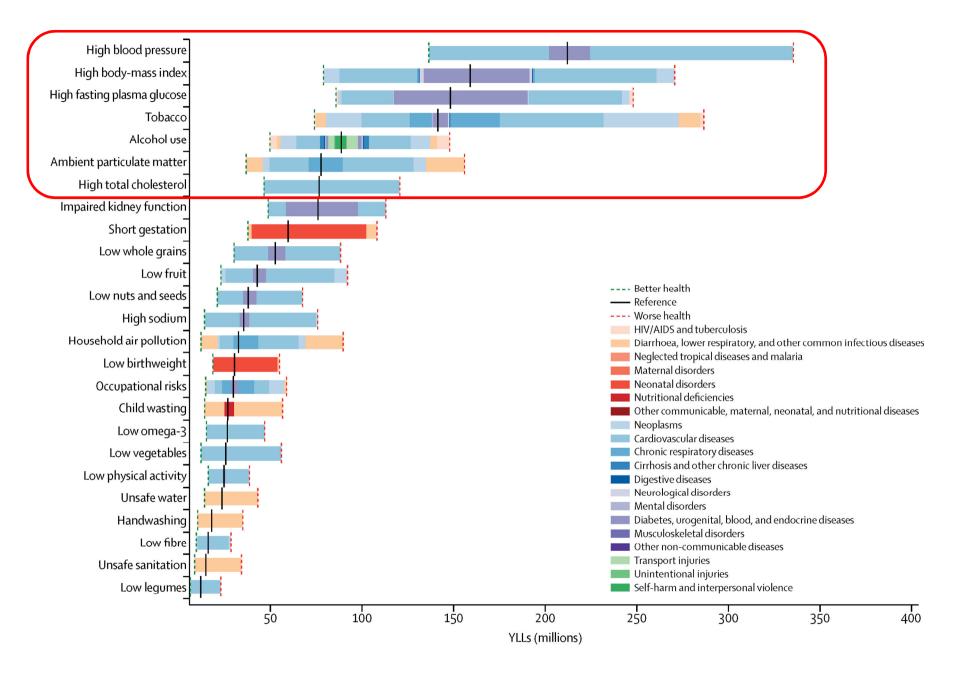


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21st C Great Challenges?

Leading causes 2016		Leading causes 2040	
1 Ischaemic heart disease		1 Ischaemic heart disease	
2 Stroke		2 Stroke	
3 Lower respiratory infections		3 Lower respiratory infections	
4 Diarrhoeal diseases		4 COPD	
5 Road injuries		5 Chronic kidney disease	
6 Malaria		6 Alzheimer's disease	
7 Neonatal preterm birth		7 Diabetes	
8 HIV/AIDS		8 Road injuries	
9 COPD		9 Lung cancer	
10 Neonatal encephalopathy		10 Diarrhoeal diseases	
11 Tuberculosis		11 Self-harm	
12 Congenital defects		12 HIV/AIDS	
13 Lung cancer		13 Liver cancer	
14 Self-harm		14 Hypertensive heart disease	
15 Diabetes		15 Colorectal cancer	
16 Chronic kidney disease		16 Tuberculosis	
17 Other neonatal		17 Congenital defects	
18 Alzheimer's disease		18 Neonatal preterm birth	
19 Neonatal sepsis		19 Breast cancer	
20 Liver cancer		20 Falls	
25 Falls	# 1	21 Neonatal encephalopathy	
26 Colorectal cancer		22 Malaria	
28 Hypertensive heart disease		27 Neonatal sepsis	
29 Breast cancer	/	·36 Other neonatal	

GBD. The Lancet 2018



GBD. The Lancet 2018





21st C Great Challenges

- 1. Non-communicable disease prevention (CVD, diabetes, cancer, COPD, dementia)
- 2. Improvement of populations trajectories of health and ageing
- 3. Reducing health (social, gender) inequalities
- 4. Sustainable population growth
- 5. Tackle/mitigate climate change



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Thank you

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