European Academic Global Health Alliance

Comments on Global Health Research Needs provided at the EU Global Health Policy Forum
June 12 2014

ASPHER
Association of Schools of Public Health in the European Region

WFAIGH
World Federation of Academic Institutions for Global Health

About EAGHA:

- The Alliance comprises 50 academic institutions in Europe with involvement in Global Health and various disciplinary backgrounds
- EAGHA provides a platform to exchange views and ideas, so as to develop a European academic voice on Global Health issues and to advice relevant policies
- EAGHA facilitates and supports partnerships between European institutions and their counterparts in low- and middle-income countries (including the issues of intellectual property and data sharing)

Global Health Research critical for Policiy Coherence for Development (PCD)

Discussion within the UN Open Working Group on priority areas and specified targets are in a crticial phase and science is expected to contribute to a global partnership for achieving sustainable development

Some Priority Areas:

- Universal Health Coverage
- Population Dynamics
- Equity

Big Data Analysis for Global Health

Should the GBD risk factor rankings be used to guide policy?

See Comment pages 2053, 2054, 2055, 2058, 2062, and 2063
See Special Report page 2067
See Articles pages 2071, 2095, 2129, 2144, 2163, 2197, and 2224

The Global Burden of Disease Study 2010 (GBD 2010) estimates provide important new insights. Alongside estimates of health burden attributable to 291 diseases and injuries,[1] Stephen Lim and colleagues[2] estimate the health burden associated with 67 risk factors, organised into a hierarchy of clusters. So as to distinguish real changes in global burden and risk factors from changes in methods, they not only estimated the burden and risk factor ranking for 2010, but also recalculated estimates for 1990. This study represents the work of several expert working groups, who led systematic reviews of the health effects and prevalence of each risk factor.

In such a complex and ambitious exercise, trade-offs between rigour and policy relevance are inevitable. Judgment calls have to be made when data are not reliable or consistent, and these will sometimes be contentious. In the long term, the work's value will depend on whether the findings are internally consistent, complete, and supported by scientific consensus.

Although many of the rankings of disease burden and risk factors are internally consistent, discrepancies exist because of the incompleteness of risk factors analysed. For example, diarrhoea and HIV/AIDS are leading causes of global disability-adjusted life years (DALYs), but their associated risk factors do not feature strongly (figure). For diarrhoea, in 2010 the associated risk factors of sanitation and unsafe water only ranked 26 and 33, respectively, and estimates for poor hygiene were not included.[2] For HIV, unsafe sex was not included as a risk factor, by contrast with the previous Global Burden of Disease analysis (GBD 2006).[3]

More generally, the 1990–2010 comparison of risk factors suggests that alcohol, tobacco smoking, and several dietary factors have moved up the rankings, whereas others, such as being underweight, suboptimal breastfeeding, poor sanitation, vitamin A deficiency, zinc deficiency, and unsafe water, have decreased in importance.[2] These changes portray real demographic

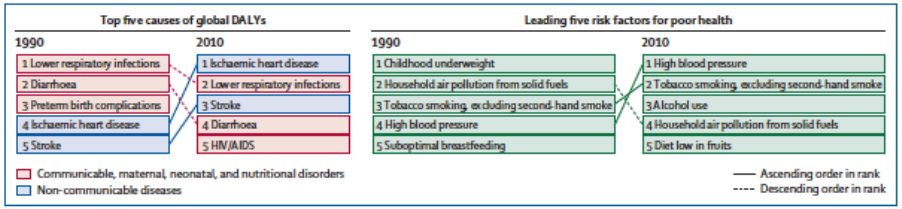
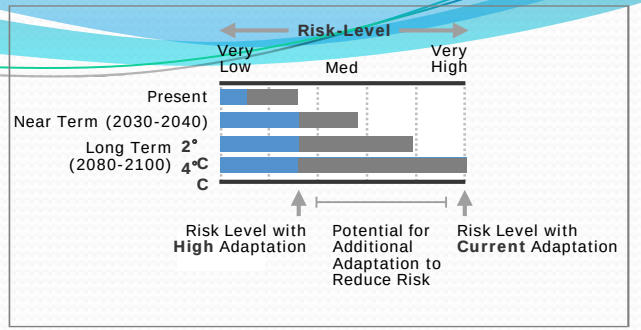


Figure: Main causes of global DALYs and top five risk factors for poor health in 1990 and 2010
Data from Murray and colleagues[1] and Lim and colleagues.[2] DALYs=disability-adjusted life years.

Effect of Regional Climate Changes on Success of Post-2015 Agenda



POLAR REGIONS

Risks for Ecosystems

Risks for Health and Well-Being

Unprecedented Challenges, Especially from Rate of Change

NORTH AMERICA

Increased Risks from Wildfires

Heat-Related Human Mortality

Damages from River and Coastal Urban Floods

EUROPE

Increased Flood Losses and Impacts

Increased Losses and Impacts from Extreme Heat Events

Increased Water Restrictions

ASIA

Increased Flood Damage to Infrastructure, Livelihoods, and Settlements

Heat-Related Human Mortality

Increased Drought-Related Water and Food Shortage

THE OCEAN

Distributional Shift & Reduced Fisheries Catch Potential at Low Latitudes

Increased Mass Coral Bleaching and Mortality

Coastal Inundation and Habitat Loss

CENTRAL AND SOUTH AMERICA

Reduced Water Availability and Increased Flooding and Landslides

Reduced Food Production and Quality

Spread of Vector-Borne Diseases

N/A

N/A

AFRICA

Compounded Stress on Water Resources

Reduced Crop Productivity and Livelihood and Food Security

Vector- and Water-Borne Diseases

SMALL ISLANDS

Loss of Livelihoods, Settlements, Infrastructure, Ecosystem Services, and Economic Stability

Risks for Low-Lying Coastal Areas

AUSTRALASIA

Significant Change in Composition and Structure of Coral Reef Systems

Increased Flood Damage to Infrastructure and Settlements

Increased Risks to Coastal Infrastructure and Low-Lying Ecosystems

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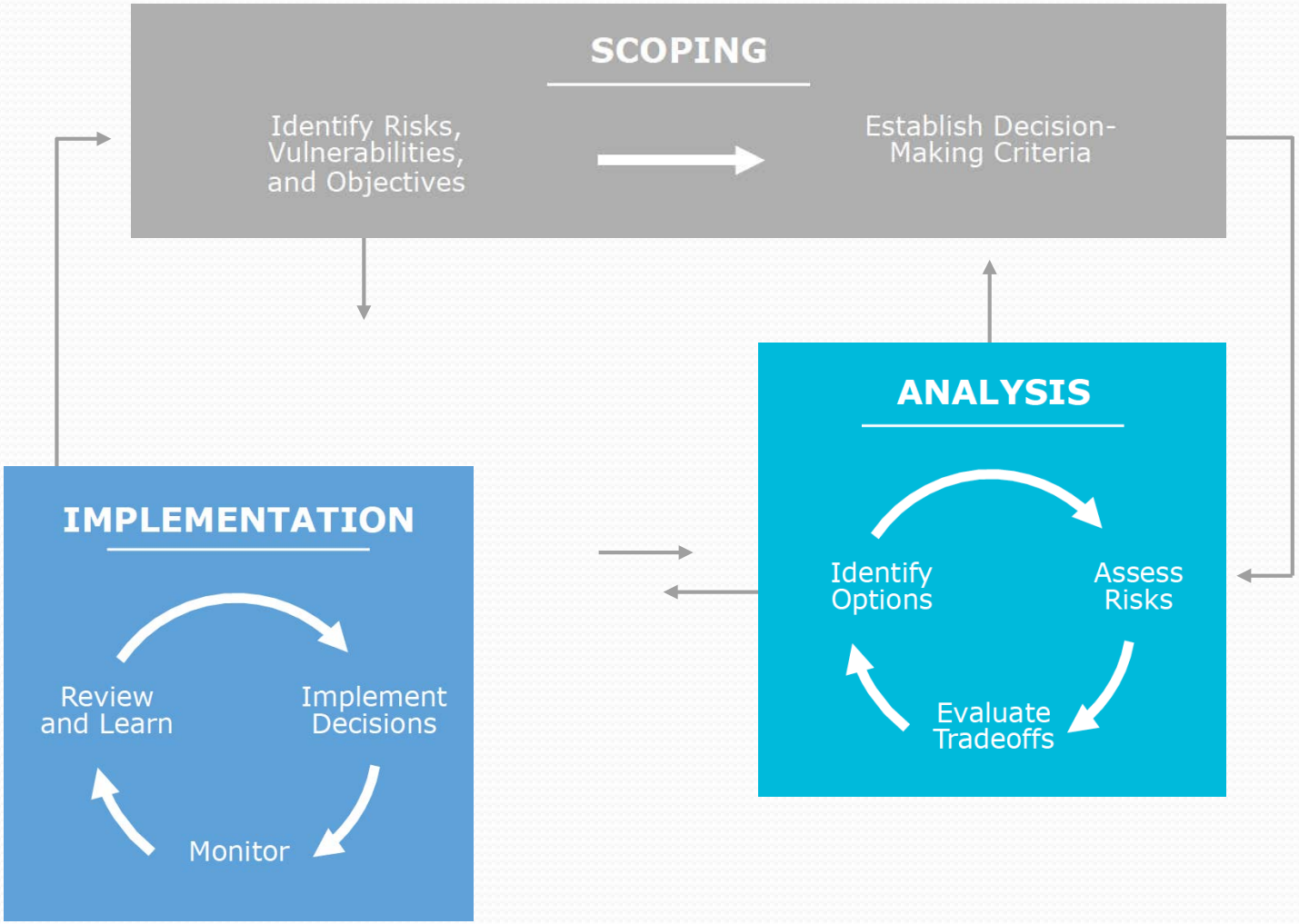
Addressing Knowledge Gaps in Climate Change Research



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INTERGOVERNMENTAL PANEL ON climate change

Strengthening Links between Global Health Research on SDG with major International Reseach Programmes

- Ecosystems
- Sustainable Cities and Human Settlements
- Land Degradation, Biodiversity
- Water & Sanitation

ICSU
International Council for Science


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