

Major global health challenges in the 21st century: What can universities do?

Ole Petter Ottersen, President Karolinska Institutet

Former President of the University of Oslo

Chair Lancet Commission Global Governance for Health



Nobel lectures Karolinska Institutet 2008



The Nobel Prize in Physiology or
Medicine 2008

"for his discovery of
human papilloma
viruses causing
cervical cancer"

"for their discovery of human
immunodeficiency virus"



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Springer Medizin Verlag

Harald zur Hausen



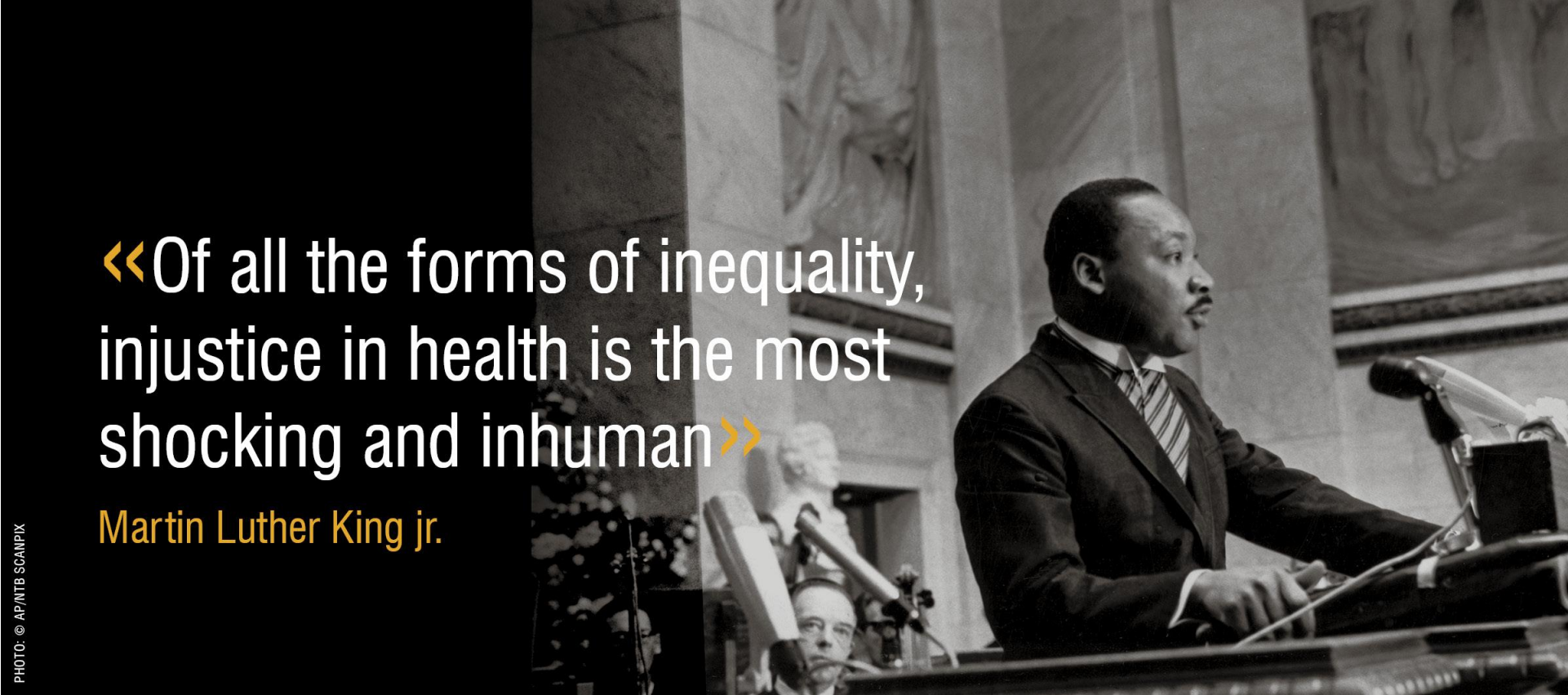
Photo: Sakutin/SCANPIX

Françoise Barré-
Sinoussi



Photo: Magunia/SCANPIX

Luc Montagnier



«Of all the forms of inequality,
injustice in health is the most
shocking and inhuman»

Martin Luther King jr.


PHOTO: © AP/NTB SCANPIX



THE LANCET Global Health

April 2015 www.thelancet.com/health

Global Surgery



"With changing epidemiological trends, the burden of non-communicable diseases and injuries is increasing at an ominous pace, making integration of surgery and anaesthesia care critical to achieving the newly evolving Sustainable Development Goals (SDGs) and the commitments to universal health coverage."

A Special Issue by The Lancet Global Health

PHOTO: © FRANK MAY/NTB/SCANPIX

5 billion people do not have access to safe, affordable surgical and anaesthesia care when needed

Meara et al. 2015


New Online

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Original Investigation

ONLINE FIRST 

September 27, 2019

Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017

A Systematic Analysis for the Global Burden of Disease Study

Global Burden of Disease Cancer Collaboration

JAMA Oncology 27 September 2019

“Cancer and other noncommunicable diseases (NCDs) are now widely recognized as a threat to global development.”

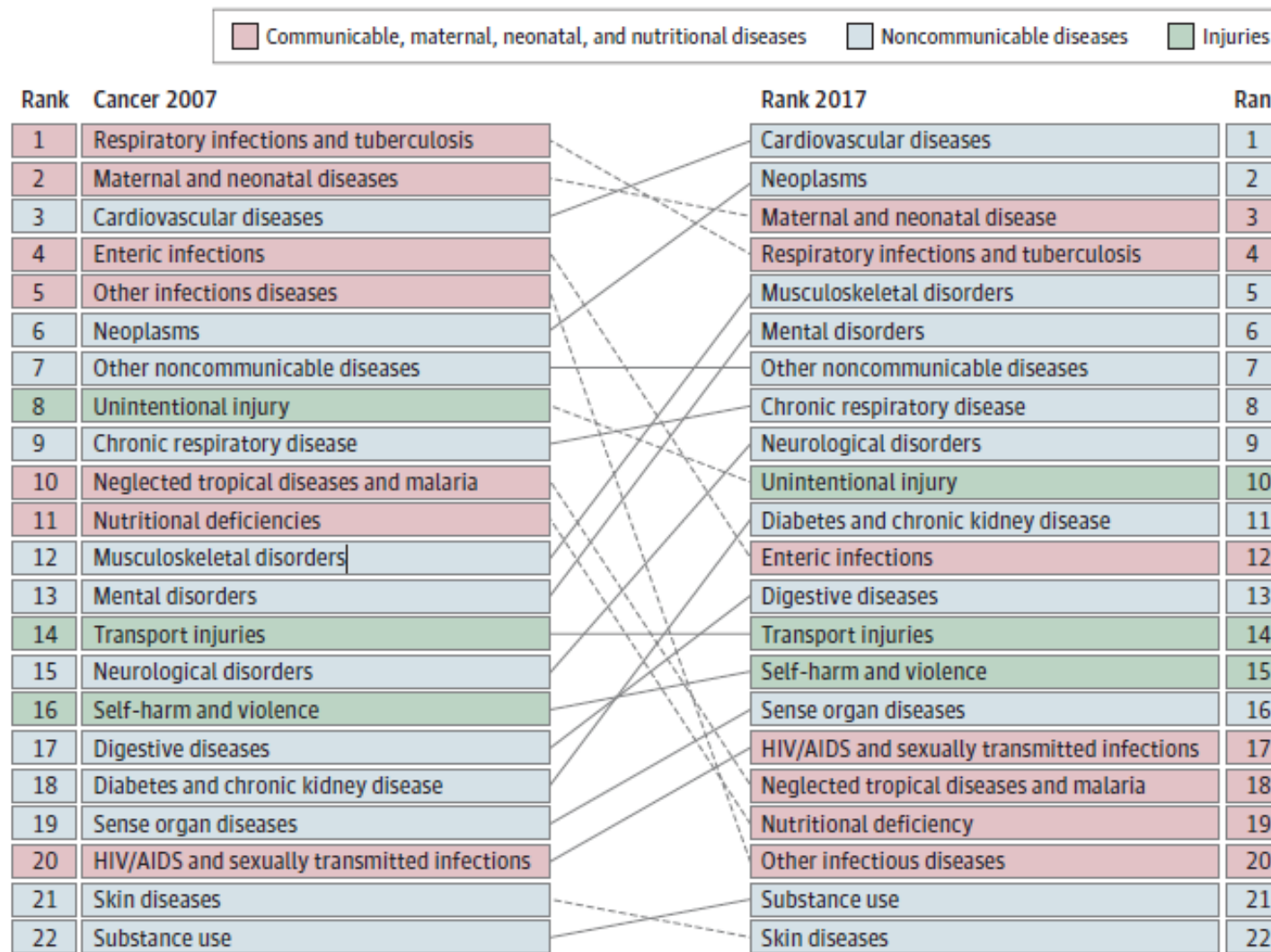
Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017

A Systematic Analysis for the Global Burden of Disease Study

Global Burden of Disease Cancer Collaboration



Figure 4. Change in the Absolute Number of Disability-Adjusted Life-Years (DALYs) Between 1990 and 2017 for Both Sexes at the Global Level for Global Burden of Disease Level 2 Causes^a



THE LANCET



Milken Institute School
of Public Health
THE GEORGE WASHINGTON UNIVERSITY

The Global Syndemic of Obesity, Undernutrition, and Climate Change: *The Lancet* Commission report

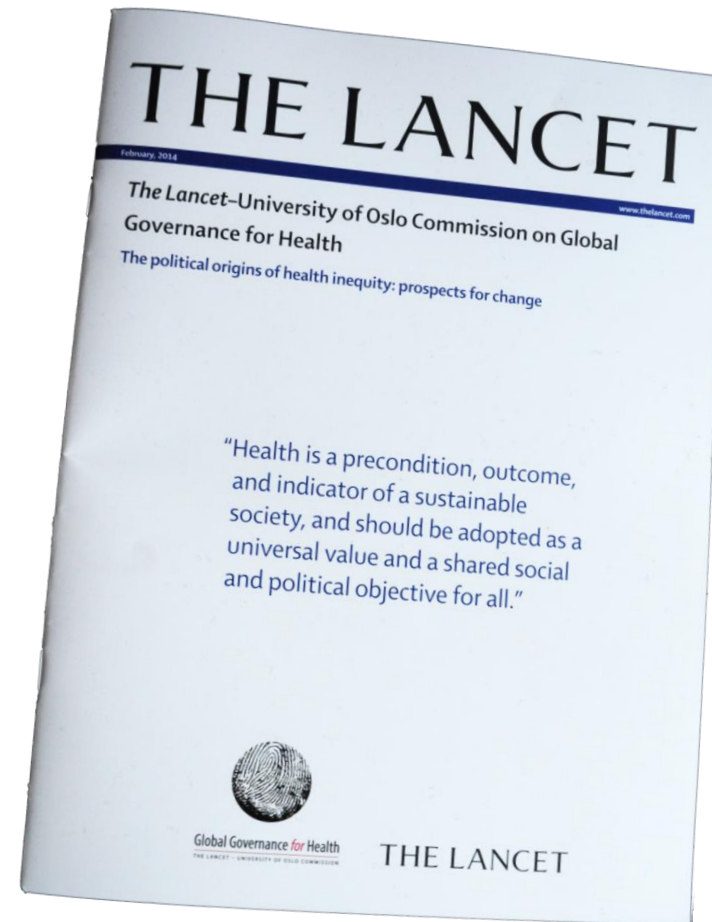


Boyd A Swinburn, Vivica I Kraak, Steven Allender, Vincent J Atkins, Phillip I Baker, Jessica R Bogard, Hannah Brinsden, Alejandro Calvillo, Olivier De Schutter, Raji Devarajan, Majid Ezzati, Sharon Friel, Shifalika Goenka, Ross A Hammond, Gerard Hastings, Corinna Hawkes, Mario Herrero, Peter S Hovmand, Mark Howden, Lindsay M Jaacks, Ariadne B Kapetanaki, Matt Kasman, Harriet V Kuhnlein, Shiriki K Kumanyika, Bagher Larijani, Tim Lobstein, Michael W Long, Victor K R Matsudo, Susanna D H Mills, Gareth Morgan, Alexandra Morshed, Patricia M Nece, An Pan, David W Patterson, Gary Sacks, Meera Shekar, Geoff L Simmons, Warren Smit, Ali Tootée, Stefanie Vandevijvere, Wilma E Waterlander, Luke Wolfenden, William H Dietz

27 Jan 2019

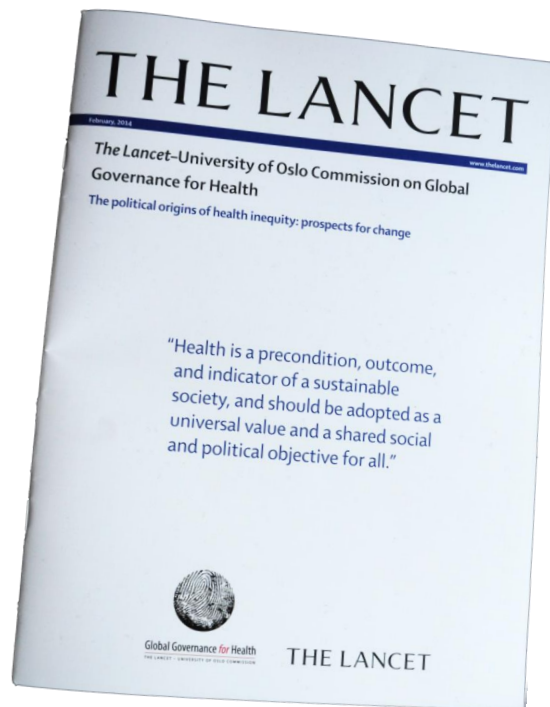
We must reach beyond the health sector to find effective solutions:

Lancet-University of Oslo Commission on Global Governance for Health



Karolinska
Institutet

•
Ottersen et al.: **The political origins of health inequity: prospects for change.** Lancet. 2014 Feb 15;383(9917):630-67.



Points raised in our Lancet Commission

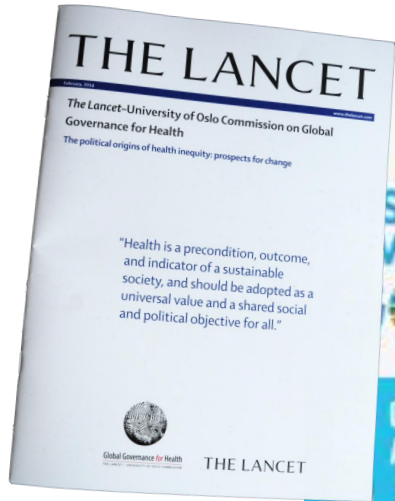
- Market supremacy – the commercial determinants of health
- Health subordinated to economic goals
- High cost of medicines
- Trade agreements and policy space of health
- Sticky institutions
- Access to knowledge

Health is increasing in complexity as we approach and transgress planetary boundaries

United Nations Agenda 2030



Karolinska
Institutet



HEALTH IN THE SDG ERA



***Karolinska
Institutet's vision:***

***We are advancing
knowledge about life
and strive towards
better health
for all***

2030

**Creating Karolinska Institutet's
future together**

Karolinska Institutet's new Vision (2019)

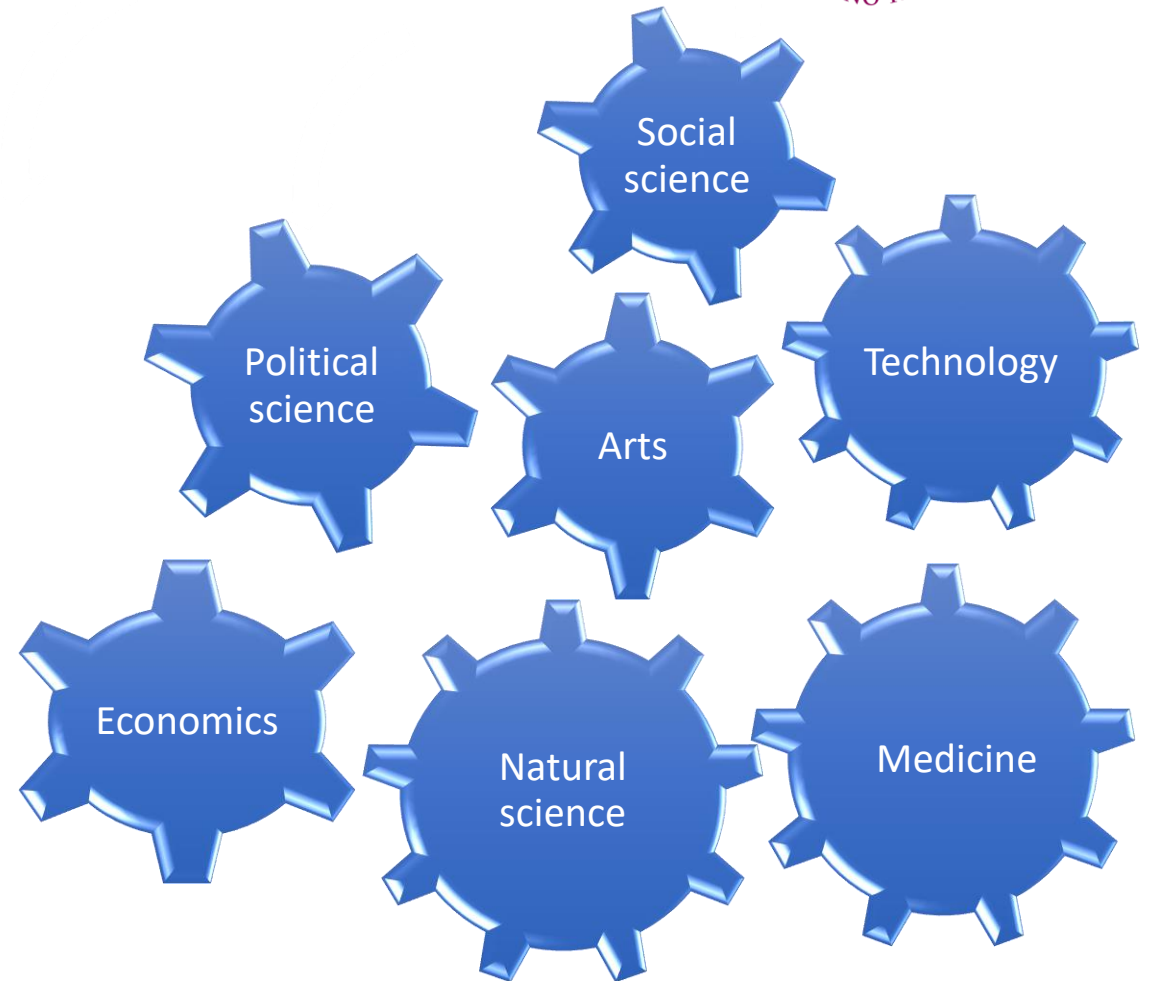
We are advancing knowledge about life and strive towards better health *for all*:

- Across generations
- Across borders
- Across social divides
- Across disciplines and sectors



Addressing major health challenges, inspired by the Sustainable Development Goals

- Interdisciplinarity
- Persuasiveness of facts
- Synergies and trade-offs among the SDGs
- Develop educational programs to better prepare tomorrow's leaders and citizens
- Design new modes of international co-operation



Synergies and trade-offs among the SDGs: The case of child health



Source: Blomstedt Y, Bhutta ZA, Dahlstrand J, Friberg P, Gostin LO, Nilsson M, Sewankambo NK, Tomson G, Alfvén T. *Capitalizing on the interlinkages between Sustainable Development Goals. BMJ* 2018

Develop educational programs to better prepare tomorrow's leaders and citizens



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Institutet**



Rethinking Higher Education

Inspired by the Sustainable Development Goals

Saturday 30 March 2019



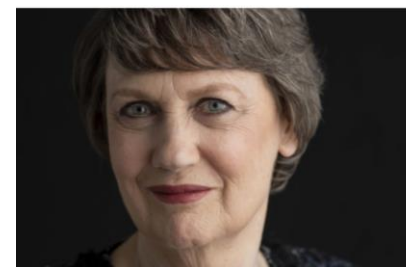
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**UNIVERSITY OF
GOTHENBURG**



CHALMERS



Helen Clark



THE GLOBAL GOALS
For Sustainable Development

Rethinking Higher Education

Inspired by the Sustainable Development Goals



Design new modes of international co-operation:

Centre for sustainable health

- Reverse innovation
- Community voices
- Focus on implementation
- Attentive to the socioeconomic, commercial, and political determinants of health
- Comprehensive health care services
- New alliances



MoMic Pop-Up Lab at Fogo Fogo Primary School, Tanzania

- AI-supported mobile digital microscope and algorithms that can detect parasites
e.g. Schistosomiasis even without access to electricity



PhD Student Oscar Holmström

J Lundin, MD, PhD

Emphasize prevention

Collaborations in Global Health

Coalition for Epidemic Preparedness Innovations (CEPI)

CEPI is a new alliance to finance and coordinate the development of new vaccines to prevent and contain infectious disease epidemics.

By enabling the development of suitable vaccines against pathogens, which may cause epidemics, CEPI aims to stop epidemics before they turn into large-scale health emergencies. In order to avoid future humanitarian disasters caused by epidemics, vaccines should be readily available where and when needed most.

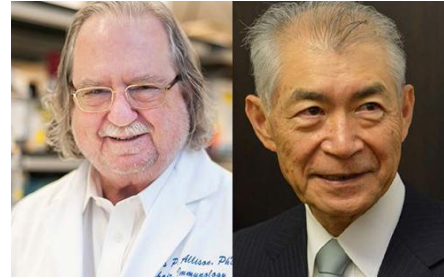
A similar strategy is urgently needed for the NCDs

OCTOBER 2018:



Nobelförsamlingen

The Nobel Assembly at Karolinska Institutet

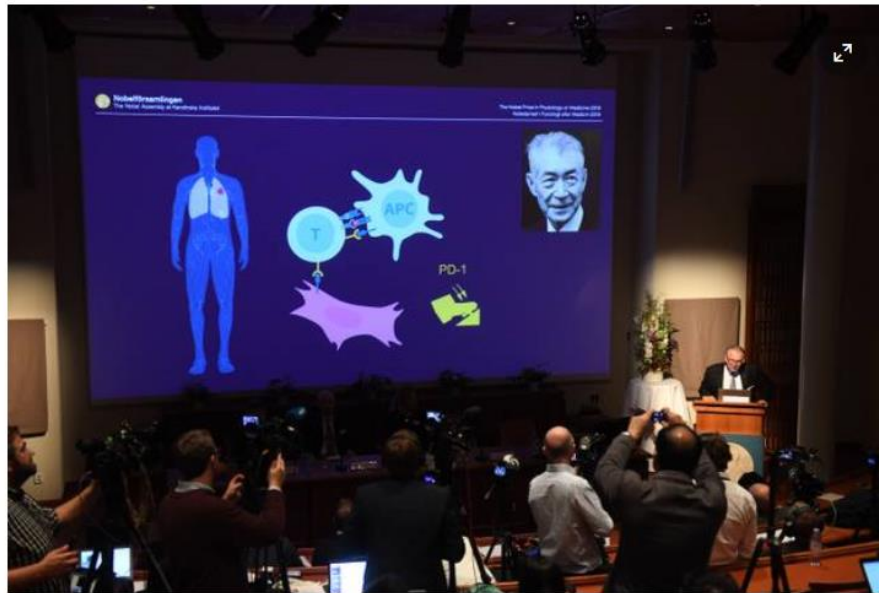


The Nobel Assembly at Karolinska Institutet
has today decided to award
the 2018 Nobel Prize in Physiology or Medicine
jointly to
James P. Allison and Tasuku Honjo

On my return from Kyoto:

Nobelmedicin spräcker Sahlgrenskas budget

Av Omni · Lör, 12.40 · Spara artikel



Arkivbild: Den 1 oktober tillkännagavs James P Allison och Tasuku Honjo som årets Nobelpristagare i medicin eller fysiologi vid en pressträff på Karolinska institutet i Stockholm. Foto: Fredrik Sandberg/TT / TT NYHETSBYRÅN

Sahlgrenska sjukhuset har överskridit sin budget för läkemedel med över 30 miljoner kronor för cancervården hittills i år. Det rapporterar P4 Göteborg.

”Nobel drugs kill hospital budget”

Global health challenges in the 21st century:

**The complexity can be crippling –
*universities must make it inspiring***



**Karolinska
Institutet**





Thank you



Sir Alexander Fleming

“...the thoughtless person playing with penicillin is morally responsible for the death of the man who finally succumbs to infection with the penicillin-resistant organism. I hope this evil can be averted” (1945)

Emphasizing multidisciplinary

Journal List > Emerg Infect Dis > v.9(10); 2003 Oct > PMC3033100



[Emerg Infect Dis](#). 2003 Oct; 9(10): 1242–1248.

doi: [10.3201/eid0910.020493](https://doi.org/10.3201/eid0910.020493)

PMCID: PMC3033100

PMID: [14609458](https://pubmed.ncbi.nlm.nih.gov/14609458/)

Cultural Contexts of Ebola in Northern Uganda

[Barry S. Hewlett](#)[✉] and [Richard P. Amola](#)[†]

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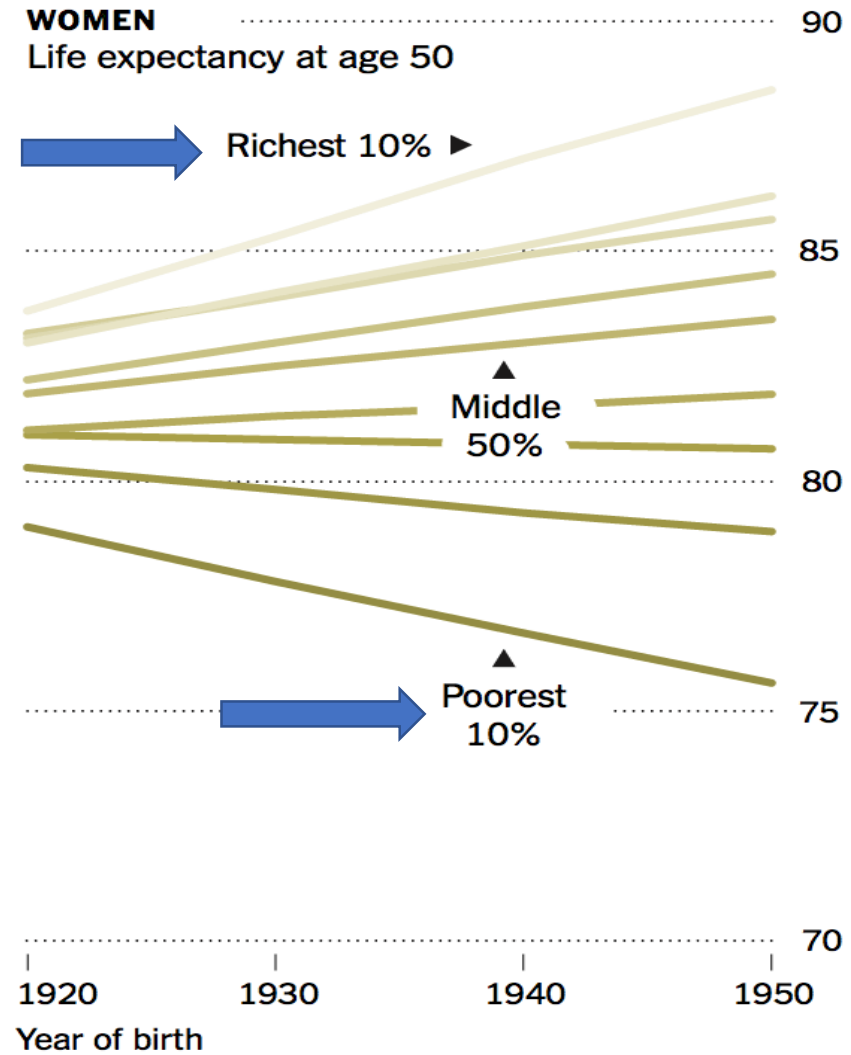
This article has been [cited by](#) other articles in PMC.

Abstract

[Go to:](#)

Technical guidelines for the control of Ebola hemorrhagic fever (EHF) indicate that understanding local views and responses to an outbreak is essential. However, few studies with such information exist. Thus, we used qualitative and quantitative methods to determine how local residents of Gulu, Uganda, viewed and responded to the 2000–2001 outbreak of EHF. Results indicated that Acholi people used at least three explanatory models to explain and respond to the outbreak; indigenous epidemic control measures were often implemented and consistent with those being promoted by healthcare workers; and some cultural practices amplified the outbreak (e.g., burial practices). However, most persons were willing to modify and work with national and international healthcare workers.

Life Expectancy for US women



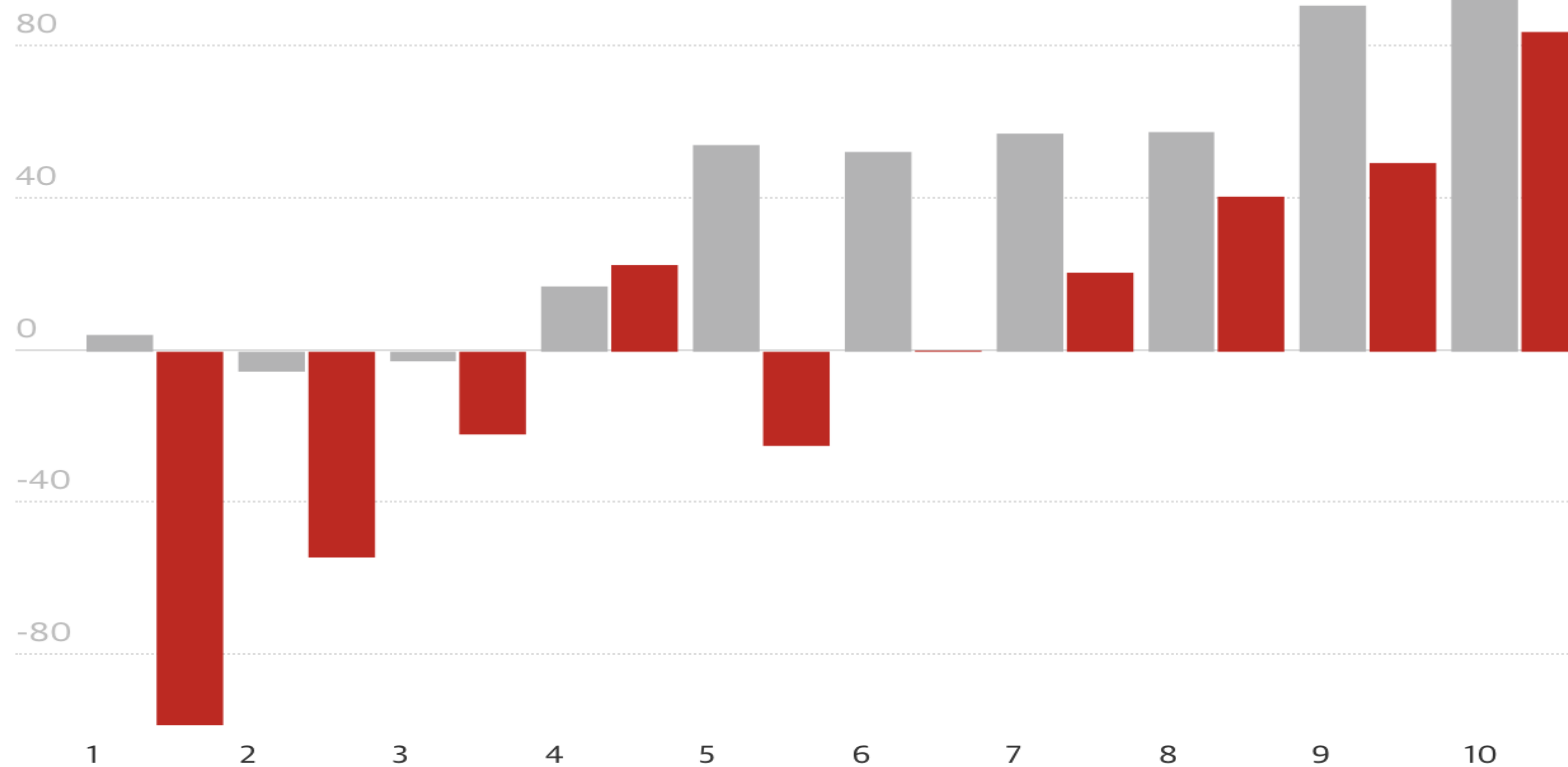
(Courtesy of Sir Michael Marmot)

Inequities persist throughout the world

Life expectancy at birth for England's poorest women has fallen significantly in recent years

Change to life expectancy in days, 2012-14 to 2015-17. 1 = poorest, 10 = richest decile

■ male ■ female



Guardian graphic. Source: ONS

Emphasizing prevention

Collaborations in Global Health

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By enabling the development of suitable vaccines against pathogens, which may cause epidemics, CEPI aims to stop epidemics before they turn into large-scale health emergencies. In order to avoid future humanitarian disasters caused by epidemics, vaccines should be readily available where and when needed most.

International efforts to fight the global threat of epidemics

Since some diseases offer little economic incentives for pharmaceutical companies to take on the high development costs for vaccines, public funding by the international community is needed.

CEPI is a new alliance between governments, industry, academia, philanthropy, intergovernmental institutions, such as the World Health Organization, and civil society. The initiative focuses on diseases which the World Health Organization (WHO) has identified as possible originators for future pandemics. For the first five years, CEPI strives to raise funds of up to US\$ 1 billion. By 2018 Australia, Belgium, Canada, Germany, Japan, Norway, the European Commission as well as the Bill and Melinda Gates Foundation and the Wellcome Trust are supporting CEPI financially.

Major global health challenges in the 21st century: What can universities do?

- **New alliances**
- **Foster interdisciplinarity**
- **Educating for systems leadership**
- **Build capacity, based on local ownership**
- **Harness innovativeness for sustainable health**

Health professionals for a new century

“Glaring gaps and inequities in health persist both within and between countries, underscoring our collective failure to share the dramatic health advances equitably.”

- New infectious, environmental, and behavioural risks
- Rapid demographic and epidemiological transitions
- Additional demands on health workers
- Fragmented, outdated, and static curricula producing ill-equipped graduates



Health professionals for a new century

“Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence...”

...What is clearly needed is a thorough and authoritative re-examination of health professional education...”

-- Julio Frenk et al



Reducing health inequities is cross-cutting throughout SDGs



Reduce inequality within and among countries



Achieve gender equality



End poverty



Ensure healthy lives and promote well-being for all at all ages / Achieve universal health coverage



Ensure inclusive and equitable quality education



Enhance capacity-building support to developing countries to increase the availability of disaggregated data

”Universities must lead on Sustainable Development Goals”

Lennart Levi and Bo Rothstein, University World News – Global, 09 November 2018, Issue No:528

IAU HESD Cluster



Why should academic institutions incorporate the pursuit of SDGs into their strategies and operations?

2030 as an incentive

- Think long term and strategically
- Answer “where do we want to be in 2030?”
- Develop strategies driven by SDGs, not perceived funding

Reduce traditional silos

- Eliminate Global North vs. Global South thinking
- Foster transnational learning in health service delivery
- Promote collaborations across disciplines and sectors

SDG3 partnerships as a catalyst

- Institutional capacity-building and transformation
- Facilitation of evidence-based metrics to track partnership success and sustainability

Getting started with SDGs in universities

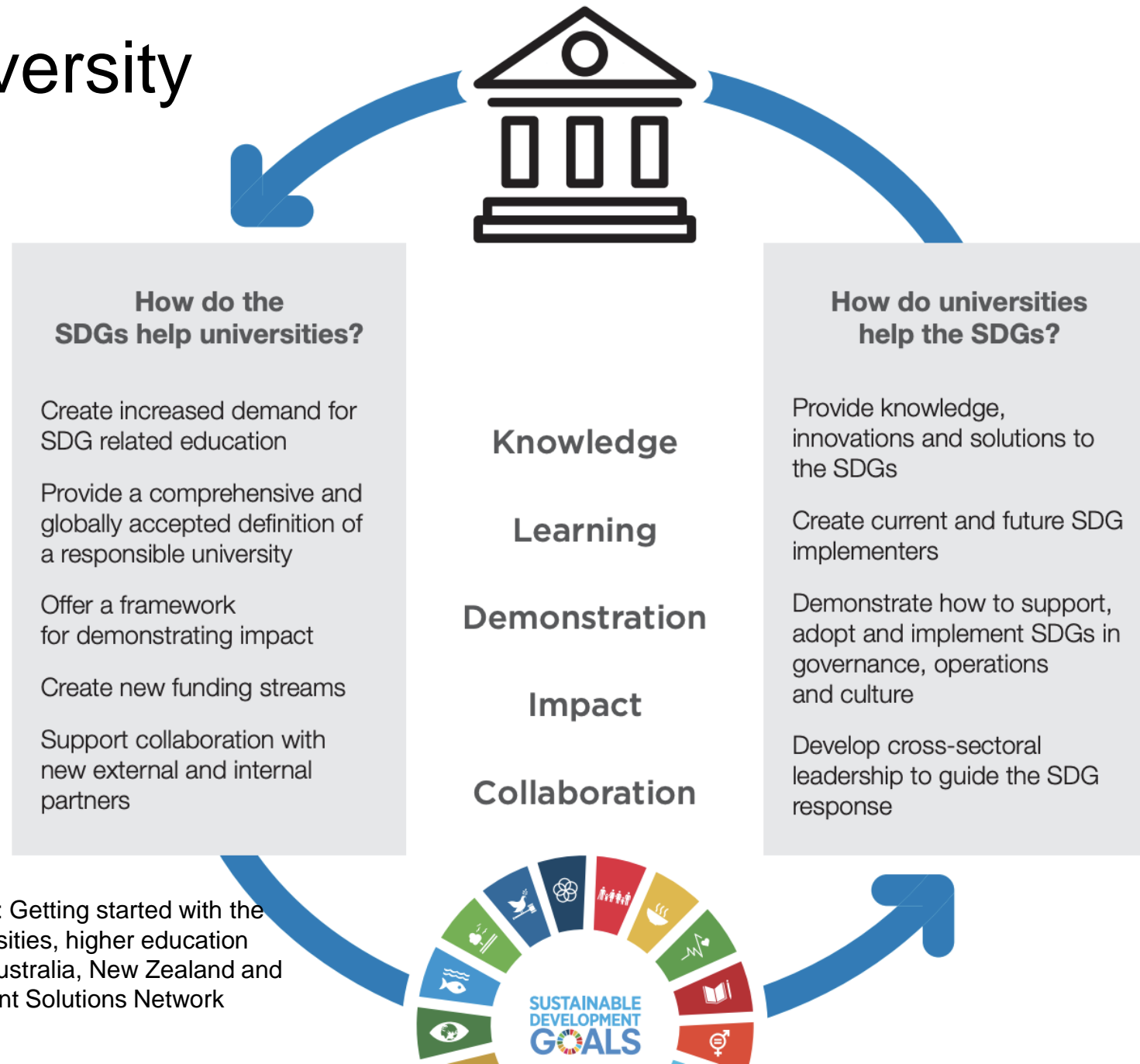
- A whole-of-university approach is essential
- Universities can use the following steps to start and deepen their engagement with the SDGs
 1. Mapping what they are already doing
 2. Building internal capacity and ownership of the SDGs
 3. Identifying priorities, opportunities and gaps
 4. Integrating, implementing and embedding the SDGs within university strategies, policies and plans
 5. Monitoring, evaluating and communicating their actions on the SDGs



Case for university engagement in the SDGs



Karolinska Institutet



Source: SDSN Australia/Pacific (2017): Getting started with the SDGs in universities: A guide for universities, higher education institutions, and the academic sector. Australia, New Zealand and Pacific Edition. Sustainable Development Solutions Network – Australia/Pacific, Melbourne.



Global ranking of SDG pairs with high shares of synergies (left) and trade-offs (right) from top to bottom

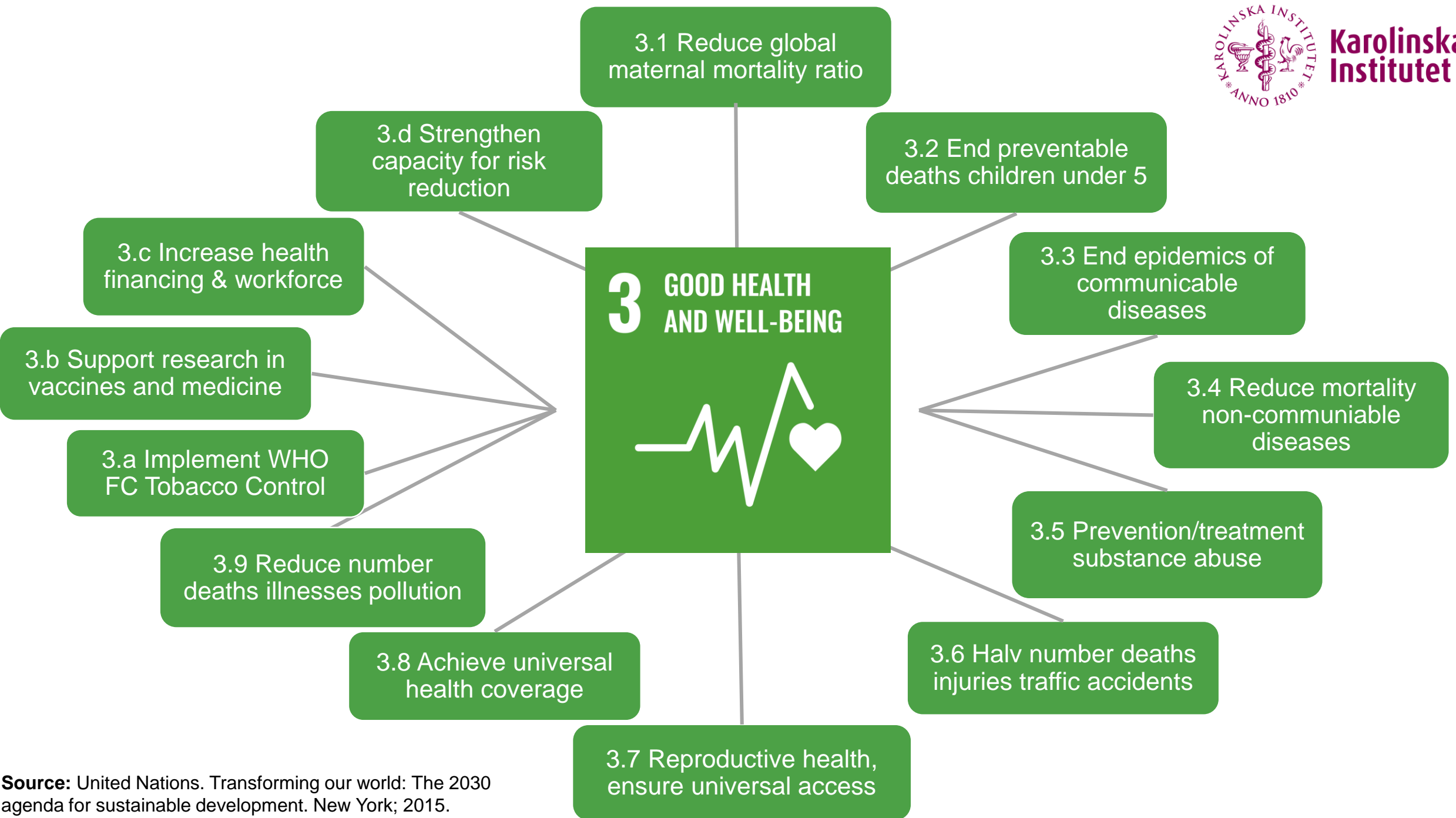
Global top 10 pairs with synergies:

- SDGs 1 (*No poverty*)
- SDG 3 (*Good health and well-being*)
- SDG 6 (*Clean water and sanitation*)

Global top 10 pairs with trade-offs either consist of:

- SDG 12 (*Responsible consumption and production*) or
- SDG 15 (*Life on land*)





3.1 Reduce global maternal mortality ratio

3.2 End preventable deaths children under 5

3.3 End epidemics of communicable diseases

3.4 Reduce mortality non-communicable diseases

3.5 Prevention/treatment substance abuse

3.6 Halv number deaths injuries traffic accidents

3.7 Reproductive health, ensure universal access

3.8 Achieve universal health coverage

3.9 Reduce number deaths illnesses pollution

3.a Implement WHO FC Tobacco Control

3.b Support research in vaccines and medicine

3.c Increase health financing & workforce

3.d Strengthen capacity for risk reduction

3 GOOD HEALTH AND WELL-BEING



Source: United Nations. Transforming our world: The 2030 agenda for sustainable development. New York; 2015.

Wind of Change – Health in All Goals



Open access: Better health through efficient dissemination

Lancet-UiO commission:

”Restrictions on access to knowledge can widen existing knowledge disparities, and constrain access to information that is central to improvement of health.”

- Although knowledge can in principle be made available to all as a global public good, in practice its benefits are often restricted through secrecy, paywalls, or intellectual property rights.
- In the ideal world, society should have free access to research while researchers should be free to publish in the journal of their choice. The art is to let these freedoms thrive side by side.



The screenshot shows the Science Europe website header with a navigation menu: Home, About Us, Policy, Scientific Advice, Legislation, Publications, News, and Contact. The main banner features the Science Europe logo, a stylized globe, and the tagline "Shaping the future of research". Below the banner, there is a news article titled "'Plan S' Making Open Access a Reality by 2020" with a sub-headline "Communication on 'Plan S'". The article text discusses a meeting between Carlos Moedas and Marc Schiltz regarding the plan to advance open access by 2020. On the right side, there are links for "Login Area", "News", and a vacancy announcement for a Senior Policy Officer at Science Europe.

Independent Monitoring Panel on Global Governance for Health

- Globalisation
- Development
- Health policy
- Food security
- Public health
- Sociology
- Geography
- Anthropology
- Health equity
- Innovation and health technology



With more to come...

[Global Agenda](#) | [Leadership in the Fourth Industrial Revolution](#) | [Sustainable Development](#)

Systems leadership can change the world - but what exactly is it?



Christina Figueres' leadership helped bring 195 countries together to sign the 2015 Paris Agreement

Image: REUTERS/Denis Balibous

Definition of Global Health

*"The area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide". **



**Koplan JP, Bond TC, Merson MH, et al. (June 2009). "Towards a common definition of global health". Lancet. 373 (9679): 1993–5.*

Why Breast-Feeding Scares Donald Trump

It comes down to public health abroad could hurt American companies' profits.

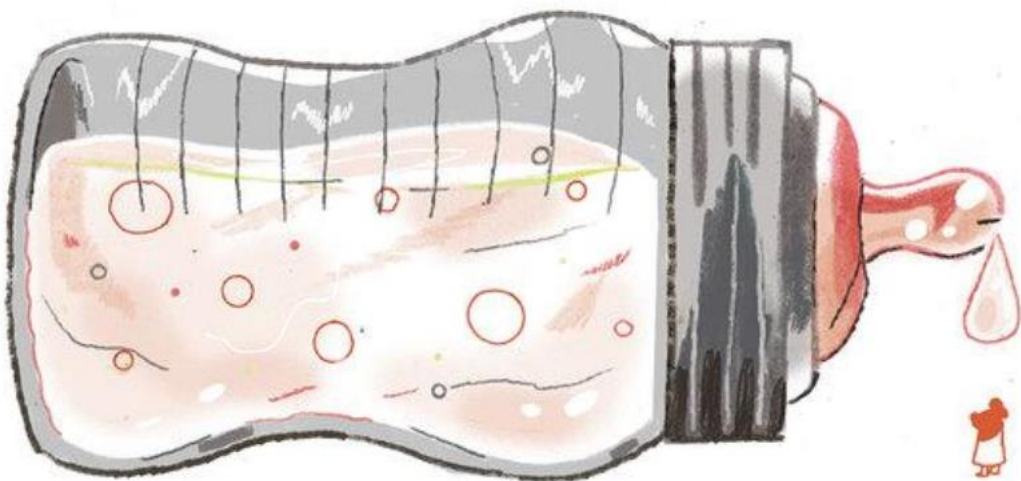
By **The Editorial Board**

The editorial board represents the opinions of the board, its editor and the publisher. It is separate from the newsroom and the Op-Ed section.

July 9, 2018



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*“But it was not surprising. In fact, it’s just one of several recent examples of the Trump administration’s zeal for badgering weaker countries into **tossing public health concerns aside to serve powerful business interests.** The baby formula industry is worth \$70 billion and, as breast-feeding has become more popular in more developed countries, the industry has pinned its hopes for growth on developing nations.”*



Tedros Adhanom Ghebreyesus
WHO Director-General

“Building strong systems is what will protect people, communities and the world.”

- Leadership
- Multi-sectoral collaboration
- Groundbreaking science
- Better data
- Evidence-based guidelines
- Better coordination among national and international actors to tackle the global burden of disease.

5 GLOBAL GOVERNANCE DYSFUNCTIONS

INADEQUATE
POLICY SPACE

INSTITUTIONAL
STICKINESS

DEMOCRATIC
DEFICIT

MISSING/WEAK
INSTITUTIONS

WEAK
ACCOUNTABILITY

Karolinska Institutet: New vision in Strategy 2030

*We are advancing knowledge about life
and strive towards better health for all*



Independent Monitoring Panel on Global Governance for Health



Karolinska
Institutet

Trade agreements and policy space

Trade agreements and policy space for achieving universal health coverage. UN Committee for Development Policy background paper, no. 38. Sakiko Fukuda-Parr and Kim Treaenor.

Trade and Investment Agreements: Implications for Health Protection. Journal of World Trade, 2017. Desmond McNeill, Pepita Barlow, Carolyn Deere Birkbeck, Sakiko Fukuda-Parr, Anand Grover, Ted Schrecker, David Stuckler.

Political origins of health inequities: Trade and investment agreements (TIA). Viewpoint in The Lancet, 2016. Desmond McNeill, Carolyn Deere Birkbeck, Sakiko Fukuda-Parr, Anand Grover, Ted Schrecker, David Stuckler.



Panel's Publications

Extractive industries and health

Canadian mining and ill health in Latin America: a call to action. Canadian Journal of Public Health (2018), p1-5. Anne-Emanuelle Birn, Leah Shipton & Ted Schrecker

How extractive industries affect health: Political economy underpinnings and pathways. Health & Place (2018), Vol 52, p135-147 (open access). Ted Schrecker; Anne-Emanuelle Birn & Mariajosé Aguilera

Extractive Industries and Health, A Bibliography for the Independent Panel on Global Governance for Health. Mariajosé Aguilera, Anne-Emanuelle Birn, Ted Schrecker, Leah Shipton.



Bibliography: Extractive Industries and Global Health

This bibliography compiles more than 1,000 publications on the extractive industries and health found through a thorough review of grey and peer-reviewed literature.

[Access the bibliography](#) →

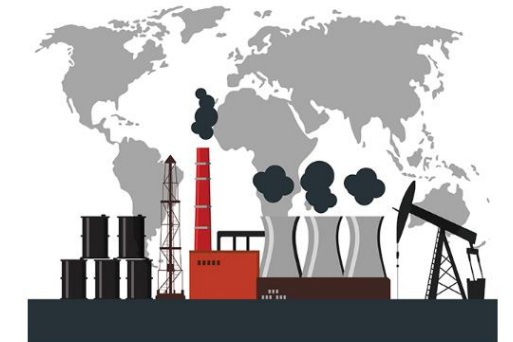
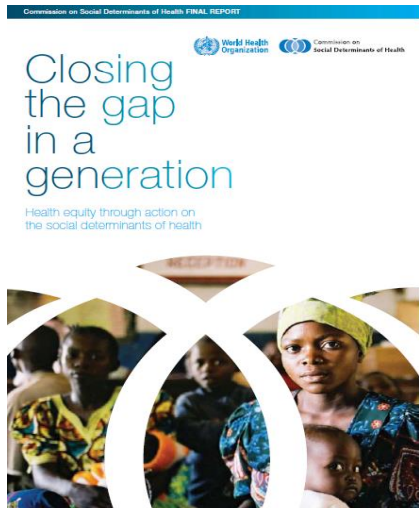
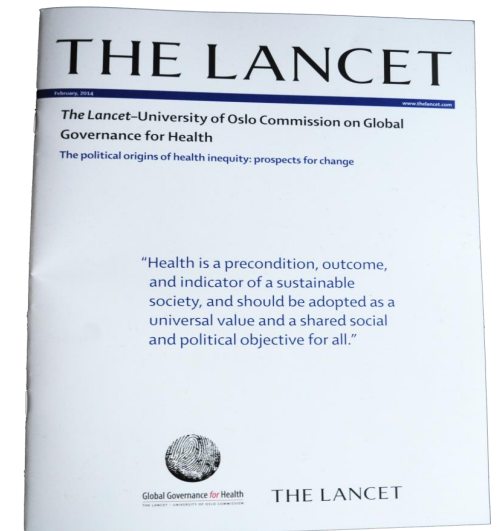
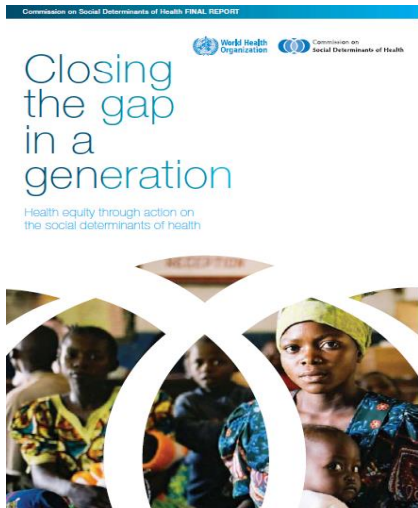


Photo: Colourbox

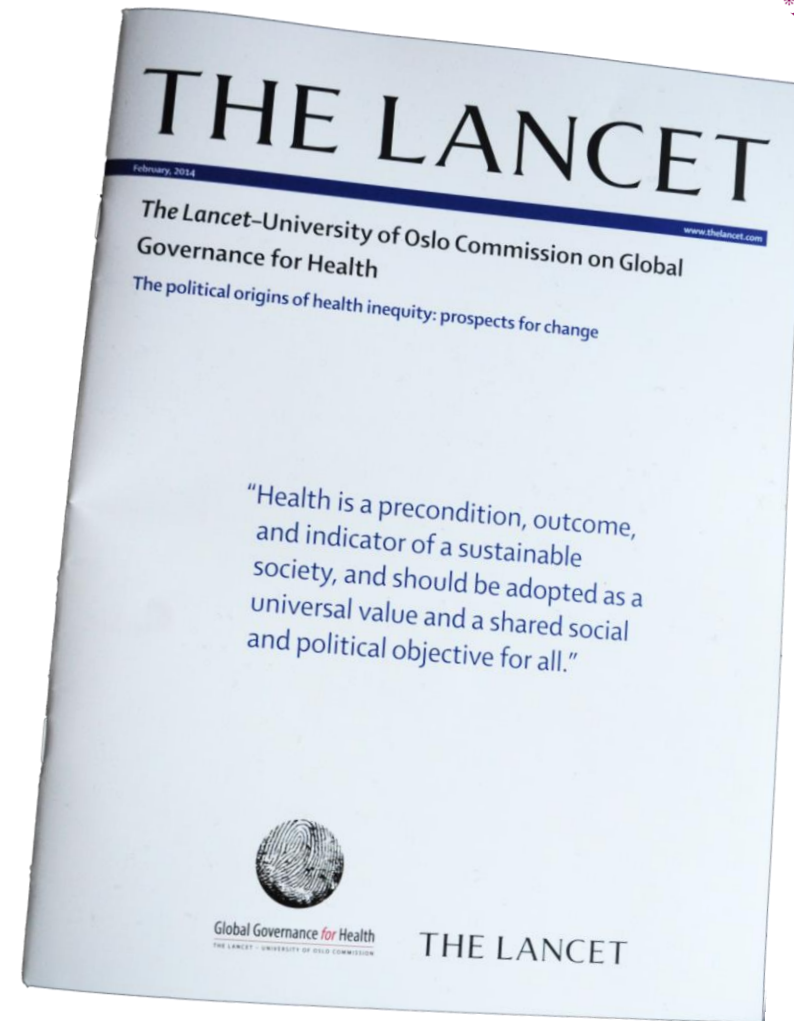
From social determinants of health (2008)



From social determinants of health (2008) to the political determinants of health



The root causes of inequity: *The political determinants of health*



The Lancet-University of Oslo
Commission on Global Governance for Health

Photo: UIO and Colourbox



A Global Commission



STS
meeting
Kyoto 10
October
2018:
Honoring
Allison and
Honjo

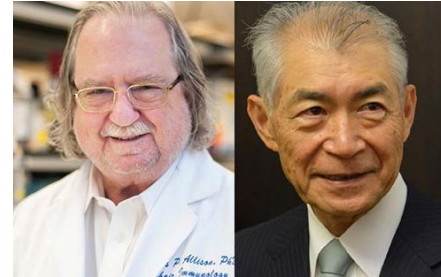


**Karolinska
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Nobelförsamlingen

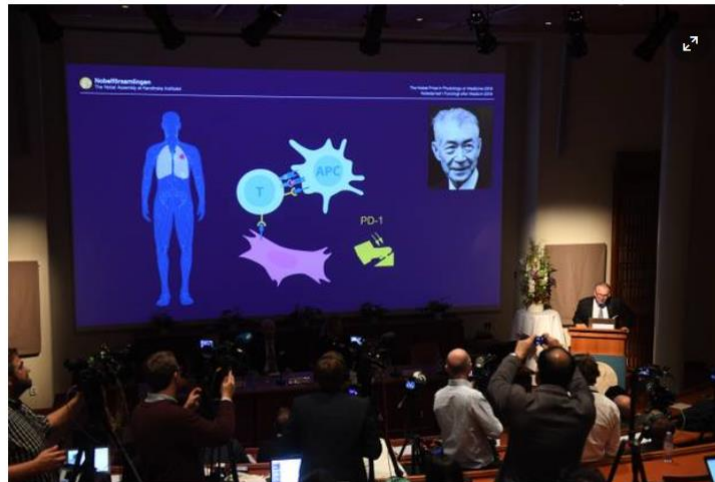
The Nobel Assembly at Karolinska Institutet



The Nobel Assembly at Karolinska Institutet
has today decided to award
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jointly to
James P. Allison and Tasuku Honjo

Nobelmedicin spräcker Sahlgrenskas budget

Av Omni · Lör, 12.40 · Spara artikel



Arkivbild: Den 1 oktober tillkännagavs James P Allison och Tasuku Honjo som årets Nobelpristagare i medicin eller fysiologi vid en pressträff på Karolinska institutet i Stockholm. Foto: Fredrik Sandberg/TT / TT NYHETSBYRÅN

Sahlgrenska sjukhuset har överskridit sin budget för läkemedel med över 30 miljoner kronor för cancervården hittills i år. Det rapporterar P4 Göteborg.

The solution: Center
of Sustainable
Medicine?



African Population and
Health Research Center

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OUR VISION
Transforming lives in Africa through research

OUR MISSION
To generate evidence, strengthen research capacity and engage policy to inform action on population health and wellbeing

VALUES
Fairness: We are impartial and committed to equity **Integrity:** We are transparent and accountable **Excellence:** We deliver quality, consistently



[ABOUT APHRC](#)



**Karolinska
Institutet**

KI Infection Retreat

Ole Petter Ottersen, President, Karolinska Institutet

3-4 September 2019

2030

**Creating Karolinska Institutet's
future together**



KI:s Strategy 2030 is inspired by UN's Agenda 2030

Wind of Change – Health in All Goals





Rethinking Higher Education

Inspired by the Sustainable Development Goals

Saturday 30 March 2019



UNIVERSITY OF
GOTHENBURG




CHALMERS



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Agenda 2030



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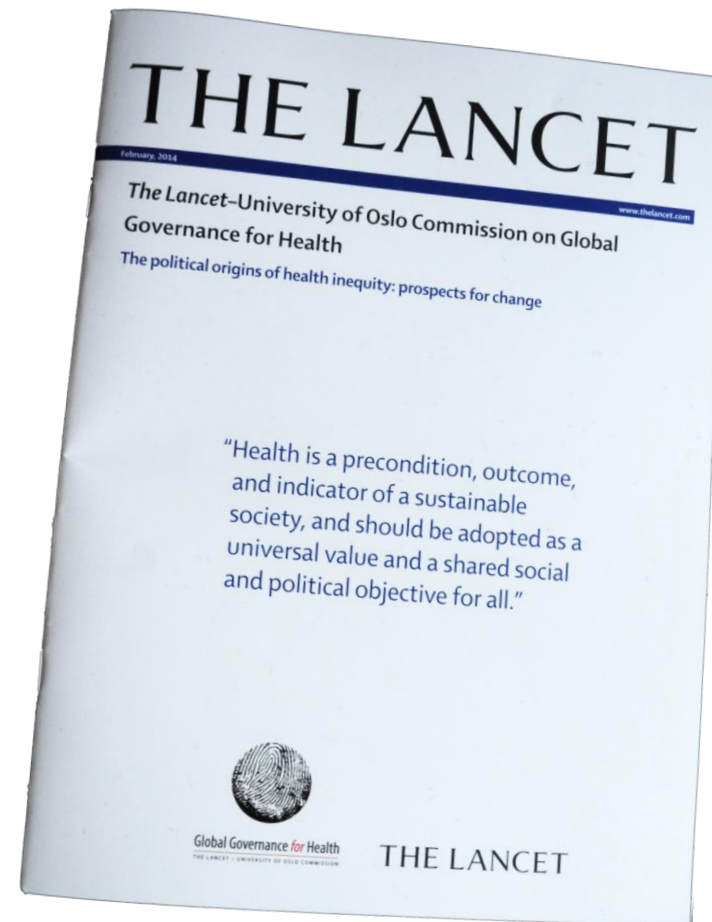
A Special Issue by The Lancet Global Health

PHOTO: © FRANK MAY/NTB/SCANPIX

5 billion people do not have access to safe, affordable surgical and anaesthesia care when needed

Meara et al. 2015

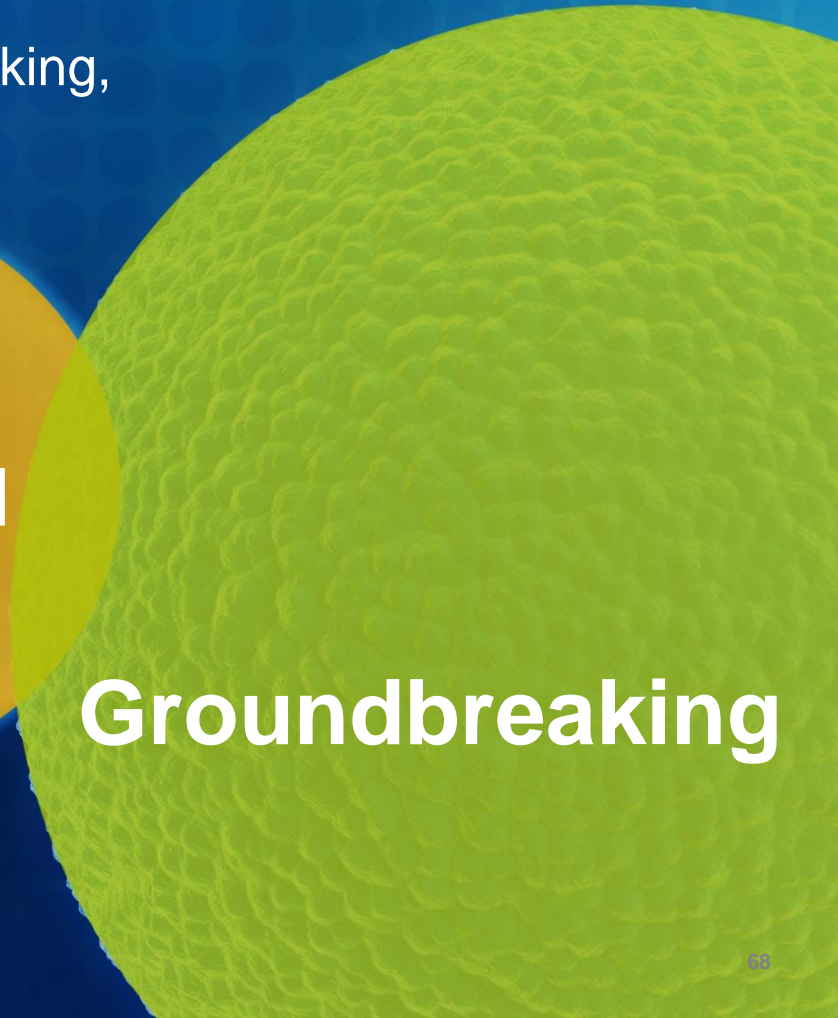
Lancet-University of
Oslo Commission on
Global Governance
for Health



•
Ottersen et al.: **The political origins of health inequity:
prospects for change.** [Lancet](#). 2014 Feb 15;383(9917):630-67.

Our strategic choices

KI shall approach 2030 as a groundbreaking, engaged, and global university.





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By enabling the development of suitable vaccines against pathogens, which may cause epidemics, CEPI aims to stop epidemics before they turn into large-scale health emergencies. In order to avoid future humanitarian disasters caused by epidemics, vaccines should be readily available where and when needed most.

International efforts to fight the global threat of epidemics

Since some diseases offer little economic incentives for pharmaceutical companies to take on the high development costs for vaccines, public funding by the international community is needed.

CEPI is a new alliance between governments, industry, academia, philanthropy, intergovernmental institutions, such as the World Health Organization, and civil society. The initiative focuses on diseases which the World Health Organization (WHO) has identified as possible originators for future pandemics. For the first five years, CEPI strives to raise funds of up to US\$ 1 billion. By 2018 Australia, Belgium, Canada, Germany, Japan, Norway, the European Commission as well as the Bill and Melinda Gates Foundation and the Wellcome Trust are supporting CEPI financially.

Emphasizing prevention



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Business Markets World Politics TV More

HEALTH NEWS SEPTEMBER 2, 2019 / 4:37 PM / UPDATED 19 HOURS AGO

U.S. records 19 new cases of measles as of last week

1 MIN READ





Sir Alexander Fleming

“...the thoughtless person playing with penicillin is morally responsible for the death of the man who finally succumbs to infection with the penicillin-resistant organism. I hope this evil can be averted” (1945)

影响力 **IMPACT**

SINO-SWEDISH INTEGRATED MULTI-SECTORIAL PARTNERSHIP
FOR ANTIBIOTIC RESISTANCE CONTAINMENT

IMPACT – A One Health collaboration on antibiotic resistance for sustainable change

PROJECT SUMMARY



Colleagues involved in the IMPACT project 2014–2018

Zhejiang University

Yonghong Xiao (PI)

Lihua Guo
Chen Huang
Tianshui Niu
Ping Shen
Hao Xu
Xiao Yu
Beiwen Zheng
Kai Zhou

Public Health Agency of Sweden

Otto Cars (PI)

Anette Hulth (PI)

Saga Alvring
Sara Byfors
Malin Grape
Sonja Löfmark
Martha Melin

China Agricultural University

Jianzhong Shen (co-PI)

Run Fan
Nansong Jiang
Jiyun Li
Shizhen Ma
Hongwei Ren
Zhangqi Shen
Chengtao Sun
Shaolin Wang
Yang Wang
Xi Xia
Ke Xiao
Wenjuan Yin

Shandong University

Qiang Sun (co-PI)

Xiaohui Chi
Lilu Ding
Xiang Ji
Xuewen Li
Yao Liu
Pan Sun
Huiyu Xia
Ding Yang
Xiwei Yang
Jia Yin
Qian Zhao
Ziyu Zhou
Huiyun Zou

Karolinska Institutet

Cecilia Stålsby Lundborg (co-PI)

Oliver Dyar
Nada Hanna
Gaetano Marrone
Ashok Tamhankar
Göran Tomson
Karin Wikander
Tianyang Zhang

Linköping University

Lennart E Nilsson (co-PI)

Björn Berglund
Maud Nilsson
Maria Tärnberg
Hong Yin

Shandong Academy of Agricultural Sciences

Ming Hu
Baohua Huang
Yuqing Liu
Yanbo Luo

Shandong Center for Disease Control and Prevention

Zhenqiang Bi
Zhenwang Bi
Baoli Chen
Yan Li
Miaomiao Wang
Yiqing Zhu

Swedish National Food Agency

Mia Egervärn
Jakob Ottoson

Swedish National Veterinary Institute

Stefan Börjesson
Christina Greko
Marie Sjölund

Emphasizing multidisciplinary



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Journal List > Emerg Infect Dis > v.9(10); 2003 Oct > PMC3033100



[Emerg Infect Dis](#). 2003 Oct; 9(10): 1242–1248.

doi: [10.3201/eid0910.020493](https://doi.org/10.3201/eid0910.020493)

PMCID: PMC3033100

PMID: [14609458](https://pubmed.ncbi.nlm.nih.gov/14609458/)

Cultural Contexts of Ebola in Northern Uganda

[Barry S. Hewlett](#)[✉] and [Richard P. Amola](#)[†]

▶ [Author information](#) ▶ [Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Abstract

[Go to:](#)

Technical guidelines for the control of Ebola hemorrhagic fever (EHF) indicate that understanding local views and responses to an outbreak is essential. However, few studies with such information exist. Thus, we used qualitative and quantitative methods to determine how local residents of Gulu, Uganda, viewed and responded to the 2000–2001 outbreak of EHF. Results indicated that Acholi people used at least three explanatory models to explain and respond to the outbreak; indigenous epidemic control measures were often implemented and consistent with those being promoted by healthcare workers; and some cultural practices amplified the outbreak (e.g., burial practices). However, most persons were willing to modify and work with national and international healthcare workers.

Emerg Infect Dis



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Stockholm Trio launched April 2019

MoMic Pop-Up Lab at Fogo Fogo Primary School, Tanzania

- AI-supported mobile digital microscope and algorithms that can detect parasites
e.g. Schistosomiasis even without access to electricity



PhD Student Oscar Holmström

J Lundin, MD, PhD



Tedros Adhanom Ghebreyesus
WHO Director-General

“Building strong systems is what will protect people, communities and the world.”

- Leadership
- Multi-sectoral collaboration
- Groundbreaking science
- Better data
- Evidence-based guidelines
- Better coordination among national and international actors to tackle the global burden of disease.

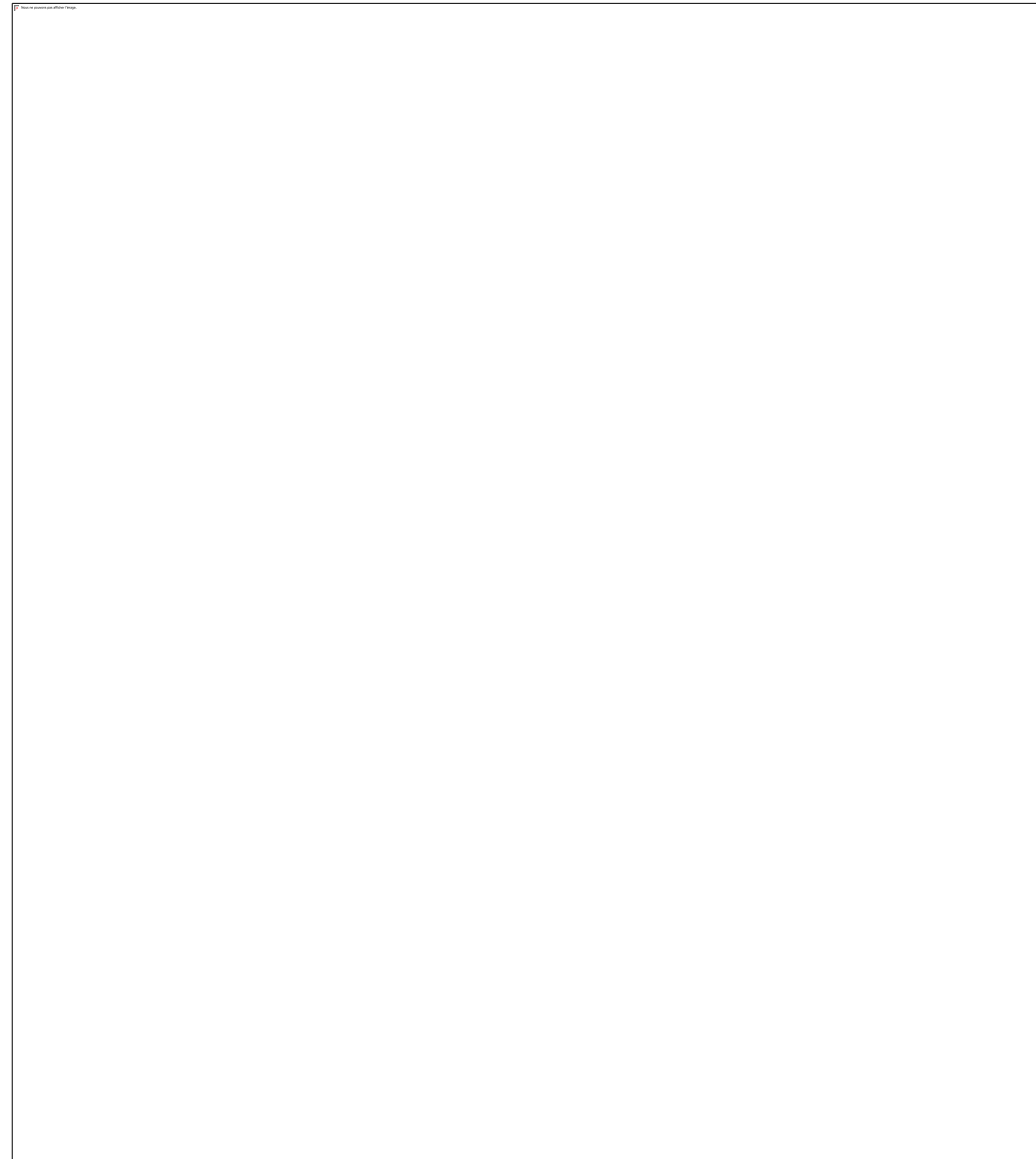
Strategy 2030

- Data
- Region Stockholm
- Infrastructure
- Adm. support
- Horizon Europe
- Medicine and technology
- Open Science
- Implementation
- Ethics
- Economy

Core values



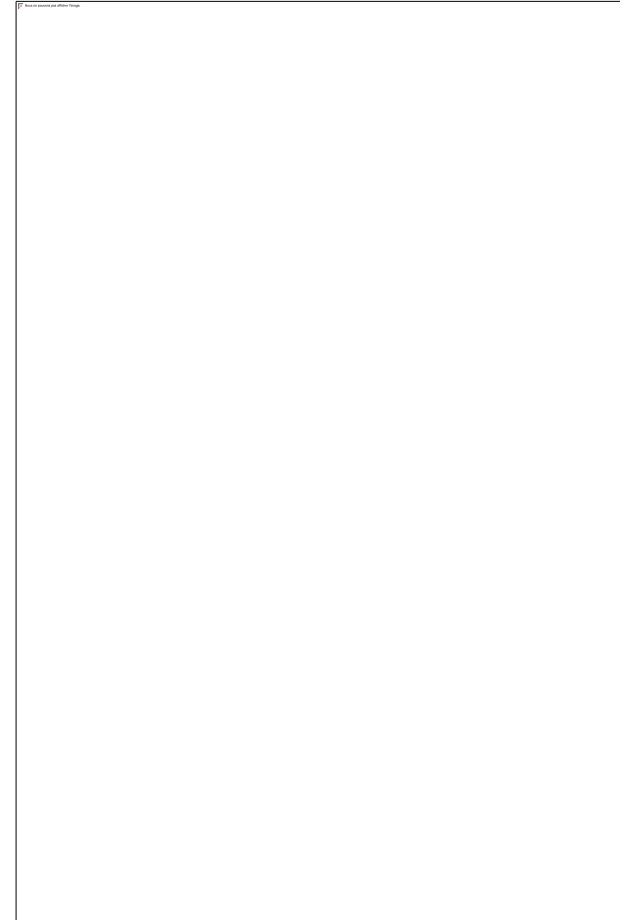
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”The Pandemic Century”

“We might say that infectious diseases nearly always have wider environmental and social causes. Unless and until we take account of the ecological, immunological, and behavioral factors that govern the emergence and spread of novel pathogens, our knowledge of such microbes and their connection to disease is bound to be partial and incomplete”.

- *Mark Honigsbaum*






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Thank You

A woman with blonde hair and glasses, wearing a white lab coat with yellow stripes, is looking through a microscope in a laboratory setting. The background is slightly blurred, showing other laboratory equipment.

Global Health Research and Education in Europe – How can Clinical Pharmacology contribute?

Ole Petter Ottersen, President Karolinska Institutet

We all need to have a global mindset

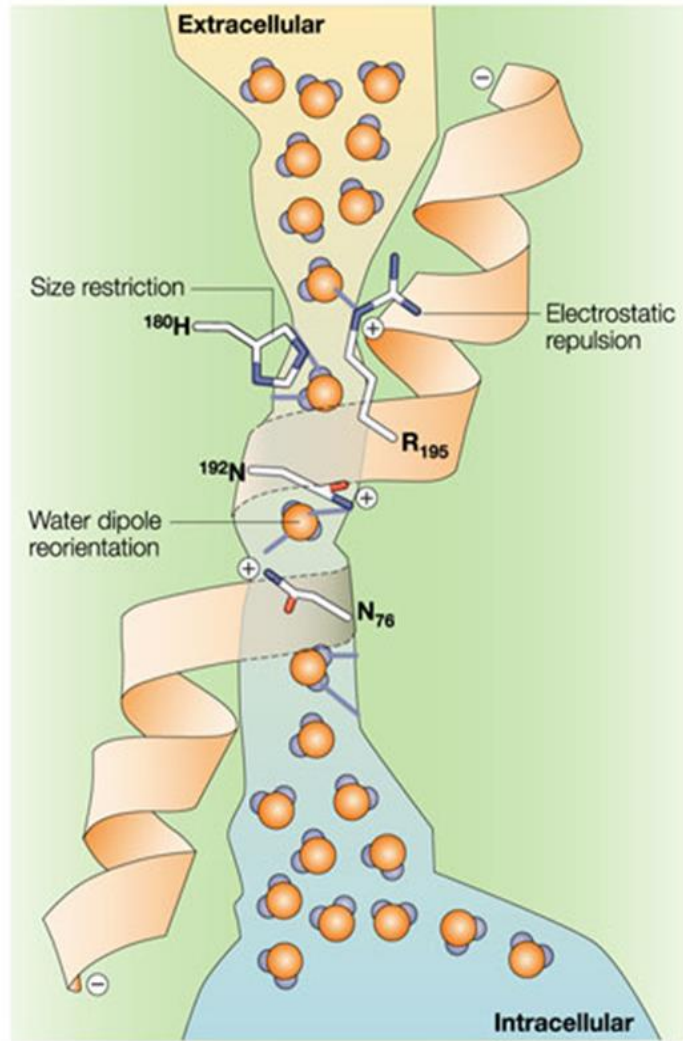


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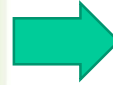
Hans Rosling (1948-2017) and Bill Gates

Clinical pharmacology at KI: Sune Bergström (1916 – 2004) and Folke Sjöqvist



Ottersen & Amiry-Moghaddam

Nature Reviews | Neuroscience

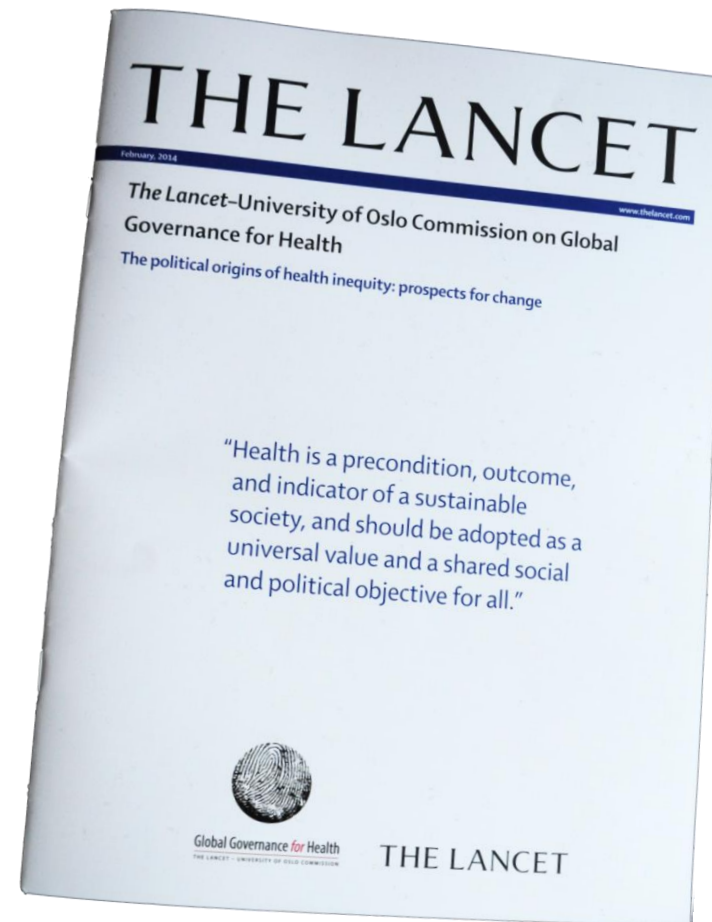


President University
of Oslo 2009 – 2017



President Karolinska Institutet 2017 -

Lancet-University of
Oslo Commission on
Global Governance
for Health



•
Ottersen et al.: **The political origins of health inequity:
prospects for change.** [Lancet](#). 2014 Feb 15;383(9917):630-67.

2015: United Nations Agenda 2030 with its 17 sustainable development goals (SDGs)



Clinical Pharmacology is instrumental for realizing the SDGs
To contribute we need to get out of our comfort zone



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United Nations Development
Programme

SUSTAINABLE DEVELOPMENT GOALS

OUR FOCUS

MORE

Q

DONATE

Goal 12: Responsible consumption and production

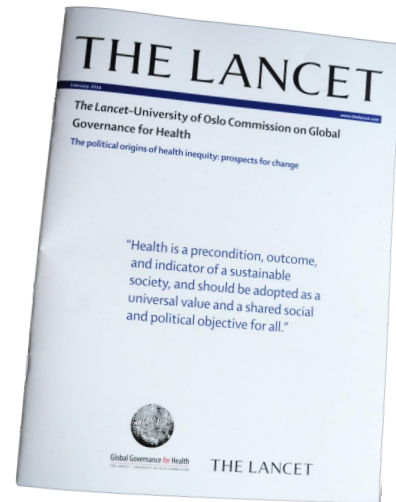
Achieving economic growth and sustainable development requires that we urgently reduce our ecological footprint by changing the way we produce and consume goods and resources. Agriculture is the biggest user of water worldwide, and irrigation now claims close to 70 percent of all freshwater for human use.

The efficient management of our shared natural resources, and the way we dispose of toxic waste and pollutants, are important targets to achieve this goal. Encouraging industries, businesses and consumers to recycle and reduce waste is equally important, as is supporting developing countries to move towards more sustainable patterns of consumption by 2030.

A large share of the world population is still consuming far too little to meet even their basic needs. Halving the per capita of global food waste at the retailer and consumer levels is also important for creating more efficient production and supply chains. This can help with food security, and shift us towards a more resource efficient economy.

Good Manufacturing Practice (GMP) guidelines lack environmental considerations

How to ensure environmentally safe production and use of medicines?



Points raised in our Lancet Commission

- Market supremacy – the commercial determinants of health
- High cost of medicines
- Trade agreements and policy space of health
- Extractive industries and health
- Intellectual property rights
- Migrant health
- Sticky institutions
- Access to knowledge

'Plan S' Making Open Access a Reality by 2020

A plan to decisively advance towards the Open Access of scholarly publishing by 2020 was the topic of discussion at a meeting yesterday between Carlos Moedas, European Commissioner for Research, Science and Innovation, and Marc Schiltz, President of Science Europe. The plan, currently called 'Plan S', was jointly developed by Science Europe, a group of heads of national research funding organisations, and Robert-Jan Smits, Senior Advisor on Open Access within the European Political Strategy Centre at the European Commission. It foresees that from 1 January 2020, all scholarly publications resulting from public research funding must be published in Open Access journals or on Open Access platforms.

 [Communication on 'Plan S'](#)

[Login Area](#)

[News](#)

Science Europe join together to protect academic freedom... [read more](#)

(19/02/19) Vacancy for a Senior Policy Officer at Science Europe... [read more](#)

Lancet-UiO commission: "Restrictions on access to knowledge can widen existing knowledge disparities, and constrain access to information that is central to improvement of health."

Although knowledge can in principle be made available to all as a global public good, in practice its benefits are often restricted through secrecy, paywalls, or intellectual property rights.

In the ideal world, society should have free access to research while researchers should be free to publish in the journal of their choice. The art is to let these freedoms thrive side by side.



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We are advancing knowledge about life
and strive towards better health *for all*

© Erik Cronberg



Strategy 2030

Core values

Strategy 2030 Goals

1. **An ethical approach**, academic freedom, critical reflection, high quality and high ambitions must permeate and constitute a foundation for all our activities.
2. **A deep commitment to human health globally**, nationally and locally should characterize our education and research.
3. **A rich diversity of perspectives** and clear synergies should characterize our education and research
4. **Inter-professional learning**, life-long learning and internationalization should characterize our education.
5. **Curiosity-driven search for knowledge** about life processes and disease mechanisms, world class scientific breakthroughs, reproducibility and modern methodology will characterize our research.

A long history

On 13 December 1810, King Karl XIII establishes an “Academy for the training of skilled army surgeons”.

Fierce opposition from Lund and Uppsala
Alfred Nobel’s bequest, 1895



The Nobel prize

Alfred Nobel's will, 1895

The foundation was established to manage
Nobel's assets

The Nobel Prize is awarded in six categories

[The Nobel Assembly at Karolinska Institutet](#)
awards the Nobel Prize in Physiology or
Medicine

The prize is awarded on 10 December, the
anniversary of Nobel's death

The prize has been awarded since 1901

*Alfred Nobel was a one man distillation of the
global approach to science*



© © The Nobel Foundation

One university – two campuses

Campus Solna

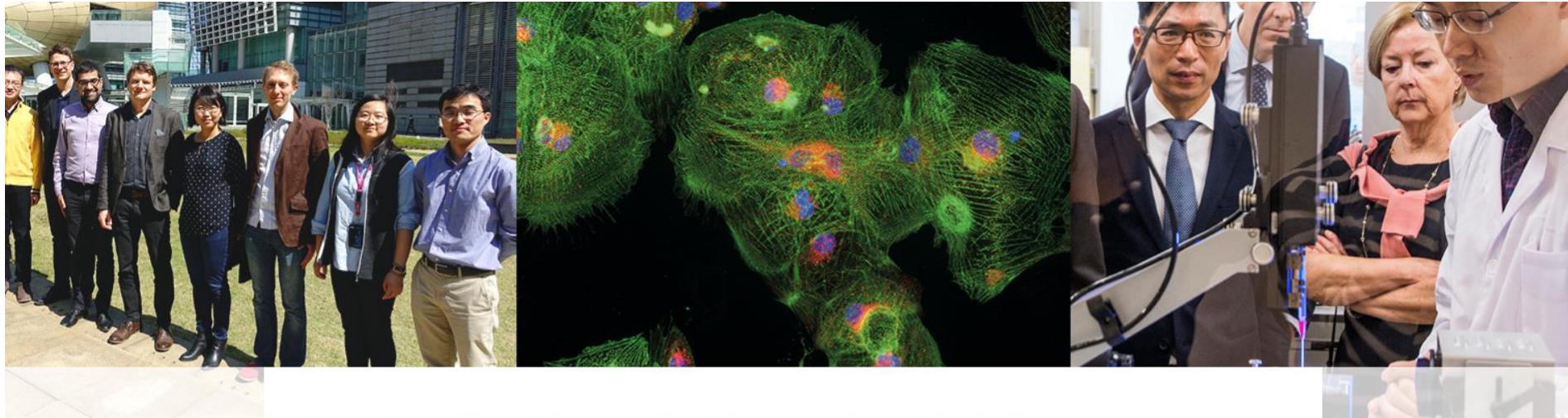
Campus Flemingsberg

Collaboration with and
presence

at the main hospitals, local
health authorities and primary
care facilities in the
Stockholm region.



The 3rd campus in Hong Kong



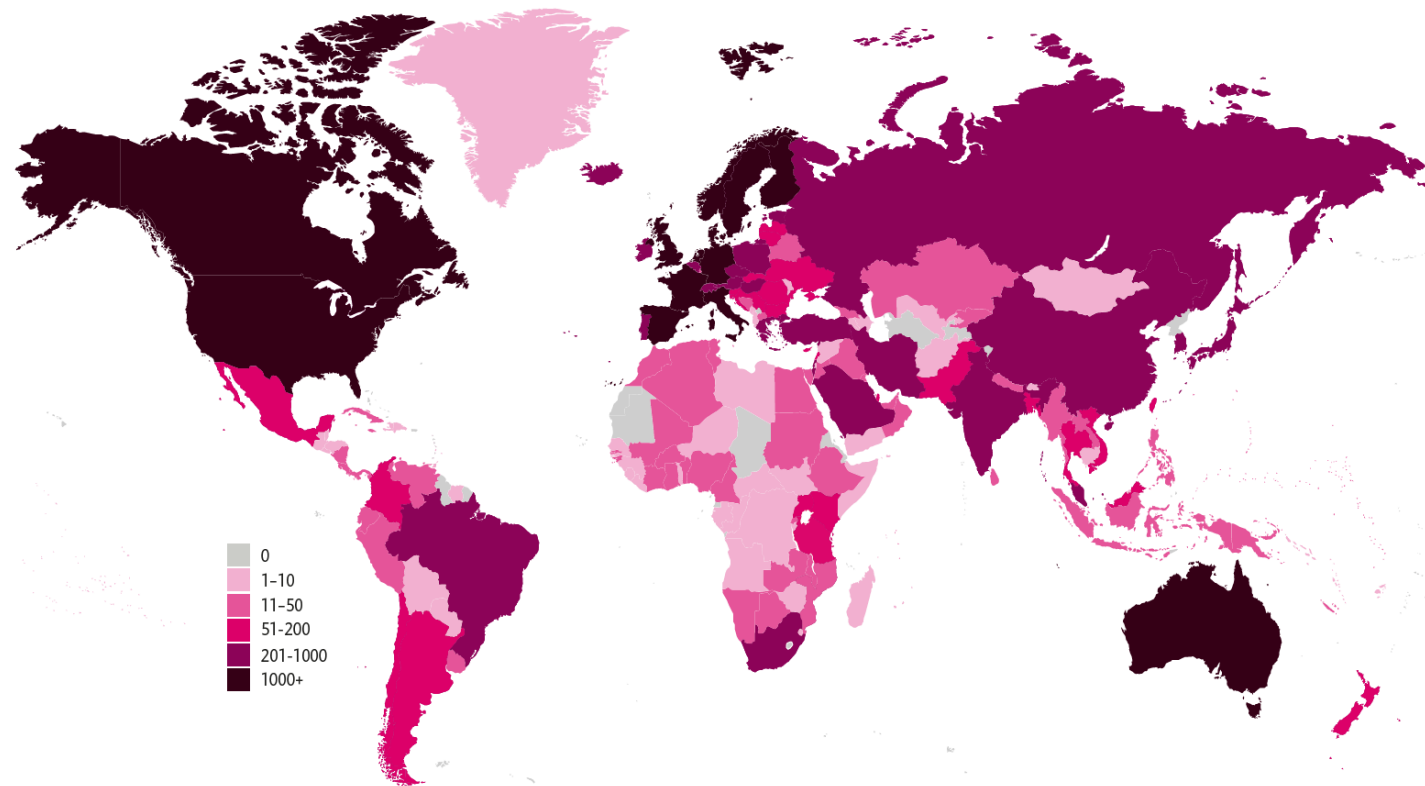
Ming Wai Lau Centre for Reparative Medicine

Ming Wai Lau Centre for Reparative Medicine is established to further accelerate research in stem cell biology, biomedical engineering, biotechnology, and regenerative medicine at Karolinska Institutet.

[Visit the Hong Kong node](#)

[Visit the Stockholm node](#)

International joint publications 2013–2016




The number of academic articles published by Karolinska Institutet's researchers in collaboration with one or more researchers from each country or territory.

Definition of Global Health

*"The area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide". **




**Koplan JP, Bond TC, Merson MH, et al. (June 2009). "Towards a common definition of global health". Lancet. 373 (9679): 1993–5.*



THE LANCET Global Health

April 2015 www.thelancet.com/lanhgh

Global Surgery



"With changing epidemiological trends, the burden of non-communicable diseases and injuries is increasing at an ominous pace, making integration of surgery and anaesthesia care critical to achieving the newly evolving Sustainable Development Goals (SDGs) and the commitments to universal health coverage."

A Special Issue by The Lancet Global Health

PHOTO: © FRANK MAY/NTB/SCANPIX

5 billion people do not have access to safe, affordable surgical and anaesthesia care when needed

Meara et al. 2015



Global trends in antimicrobial use in food animals

Thomas P. Van Boeckel^{a,1}, Charles Brower^b, Marius Gilbert^{c,d}, Bryan T. Grenfell^{a,e,f}, Simon A. Levin^{a,g,h,1}, Timothy P. Robinsonⁱ, Aude Teillant^{a,e}, and Ramanan Laxminarayan^{b,e,j,1}

^aDepartment of Ecology and Evolutionary Biology, Princeton University, Princeton, NJ 08544; ^bCenter for Disease Dynamics, Economics & Policy, Washington, DC 20036; ^cUniversité Libre de Bruxelles, B1050 Brussels, Belgium; ^dFonds National de la Recherche Scientifique, B1000 Brussels, Belgium; ^ePrinceton Environmental Institute, Princeton, NJ 08544; ^fFogarty International Center, National Institutes of Health, Bethesda, MD 20892; ^gBeijing Institute of Ecological Economics, 10405 Stockholm, Sweden; ^hResources for the Future, Washington, DC 20036; ⁱInternational Livestock Research Institute, 00100 Nairobi, Kenya; and ^jPublic Health Foundation of India, New Delhi 110070, India

Contributed by Simon A. Levin, February 18, 2015 (sent for review November 21, 2014; reviewed by Delia Grace and Lance B. Price)

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Volume 69, Issue 3
March 2014

Correlation between veterinary antimicrobial use and antimicrobial resistance in food-producing animals: a report on seven countries FREE

Ilias Chantziaras ✉, Filip Boyen, Bénédicte Callens, Jeroen Dewulf

Journal of Antimicrobial Chemotherapy, Volume 69, Issue 3, March 2014, Pages 827–834,






<https://doi.org/10.1093/jac/dkt443>

Published: 11 November 2013 [Article history ▼](#)

THE LANCET COMMISSIONS | VOLUME 392, ISSUE 10164, P2606-2654, DECEMBER 15, 2018

    
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The UCL–*Lancet* Commission on Migration and Health: the health of a world on the move

Prof Ibrahim Abubakar, FRCP   • Robert W Aldridge, PhD  • Delan Devakumar, PhD  • Miriam Orcutt, MSc 
Rachel Burns, MSc • Prof Mauricio L Barreto, MD • et al. [Show all authors](#) • [Show footnotes](#)

Published: December 05, 2018 • DOI: [https://doi.org/10.1016/S0140-6736\(18\)32114-7](https://doi.org/10.1016/S0140-6736(18)32114-7) •  Check for updates




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With one billion people on the move or having moved in 2018, migration is a global reality, which has also become a political lightning rod. Although estimates indicate that the majority of global migration occurs within low-income and middle-income countries (LMICs), the most prominent dialogue focuses almost exclusively on migration from LMICs to high-income countries (HICs). Nowadays, populist discourse demonises the very same individuals who uphold economies, bolster social services, and contribute to health services in both origin and destination locations. Those in positions of political and economic power continue to restrict or publicly condemn migration to promote their own interests. Meanwhile nationalist movements assert so-called cultural sovereignty by delineating an us versus them rhetoric, creating a moral emergency.

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STUDY PROTOCOL

Million Migrants study of healthcare and mortality outcomes in non-EU migrants and refugees to England: Analysis protocol for a linked population-based cohort study of 1.5 million migrants [version 1; referees: 2 approved, 2 approved with reservations]

Rachel Burns ¹, Neha Pathak ^{1,2}, Ines Campos-Matos ³, Dominik Zenner^{4,5}, Srinivasa Vittal Katikireddi ⁶, Morris C. Muzyamba³, J. Jaime Miranda ^{7,8}, Ruth Gilbert^{2,9}, Harry Rutter ¹⁰, Lucy Jones¹¹, Elizabeth Williamson ¹², Andrew C. Hayward², Liam Smeeth¹³, Ibrahim Abubakar⁵, Harry Hemingway¹⁴, Robert W. Aldridge ^{1,3}

¹Centre for Public Health Data Science, University College London, London, UK

²Institute of Epidemiology and Healthcare, University College London, London, UK

³Public Health England, London, UK

⁴Migration Health Division, International Organization for Migration, Brussels, Belgium

⁵Institute for Global Health, University College London, London, UK

⁶MRC/CSO Social and Public Health Sciences Unit, Institute of Health and Wellbeing, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow, UK

⁷CRONICAS Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Lima, Peru

⁸School of Medicine, Universidad Peruana Cayetano Heredia, Lima, Peru

⁹Administrative Data Research Centre for England, University College London, London, UK

¹⁰Faculty of Humanities and Social Sciences, University of Bath, Bath, UK



¹¹UK programme manager, Doctors of the World, London, UK

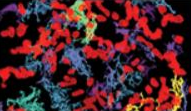
¹²Faculty of Epidemiology & Population Health, London School of Hygiene and Tropical Medicine, London, UK

¹³Department of Non-Communicable Diseases Epidemiology, London School of Hygiene and Tropical Medicine, London, UK

¹⁴Institute of Health Informatics Research, Faculty of Population Health Sciences, University College London, London, UK

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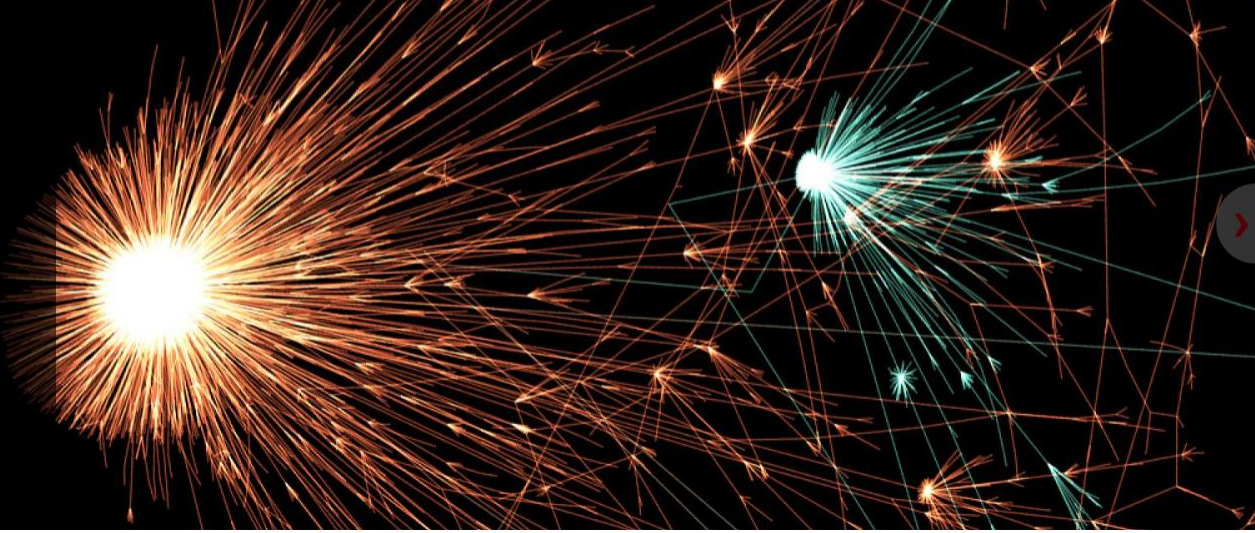
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How lies spread
On social media, false news
beats the truth

(IMAGE) PETER BESHAI, (DATA) SOROUSH
VOSOUGHI, DEB ROY, AND SINAN ARAL



Pharmacoepidemiol Drug Saf. 2016 January ; 25(1): 35–44. doi:10.1002/pds.3911.

ASSESSMENT OF YOUTUBE VIDEOS AS A SOURCE OF INFORMATION ON MEDICATION USE IN PREGNANCY

Craig Hansen^{1,2}, Julia D Interrante^{2,3}, Elizabeth C Ailes², Meghan T Frey², Cheryl S Broussard², Valerie J Godoshian^{2,4}, Courtney Lewis², Kara ND Polen², Amanda P Garcia^{2,3}, and Suzanne M Gilboa²

¹South Australian Health and Medical Research Institute, Adelaide, Australia

²National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA

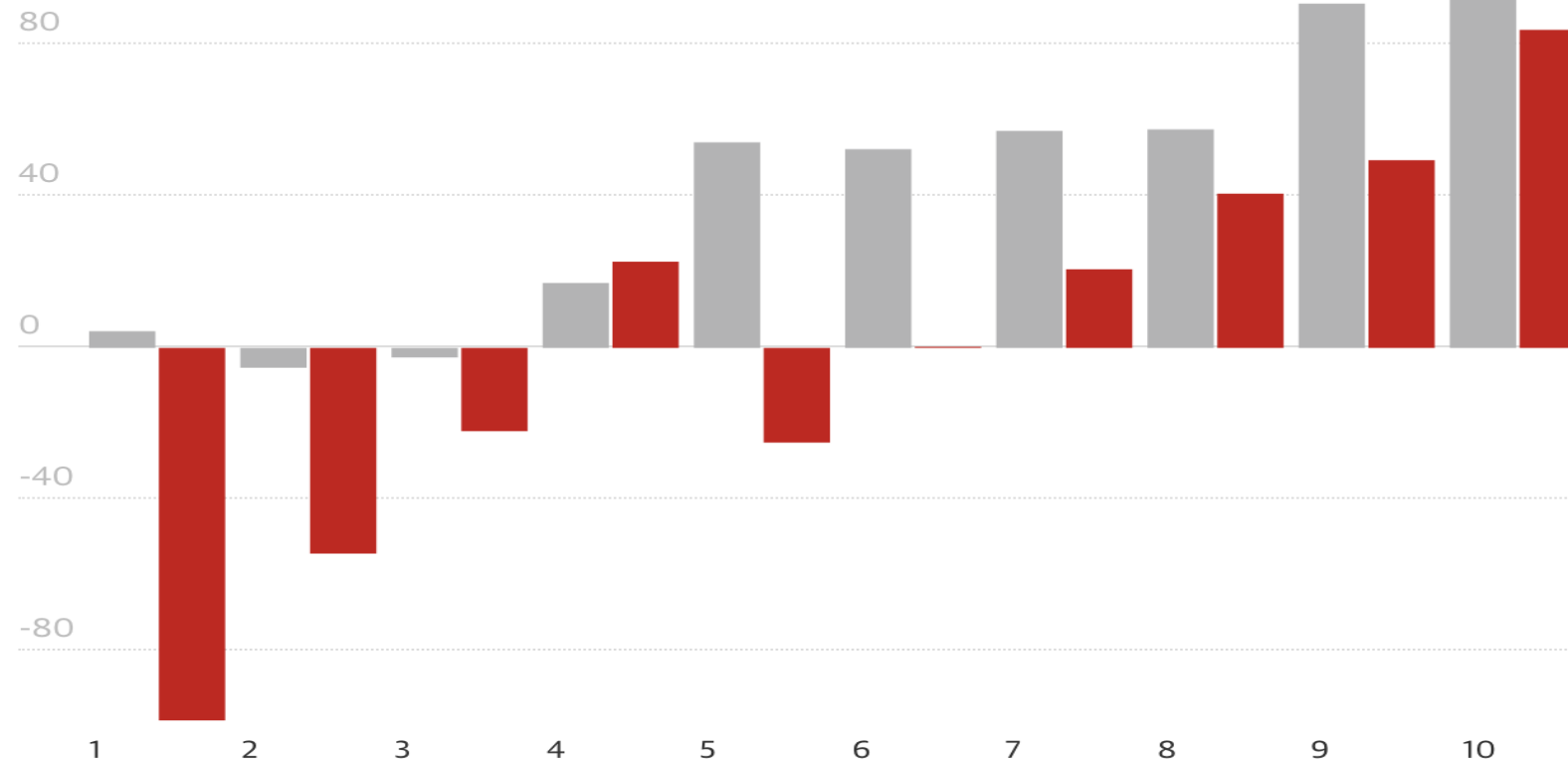
³Oak Ridge Institute for Science and Education, Oak Ridge, TN

⁴Rollins School of Public Health, Emory University, Atlanta, GA

Life expectancy at birth for England's poorest women has fallen significantly in recent years

Change to life expectancy in days, 2012-14 to 2015-17. 1 = poorest, 10 = richest decile

■ male ■ female



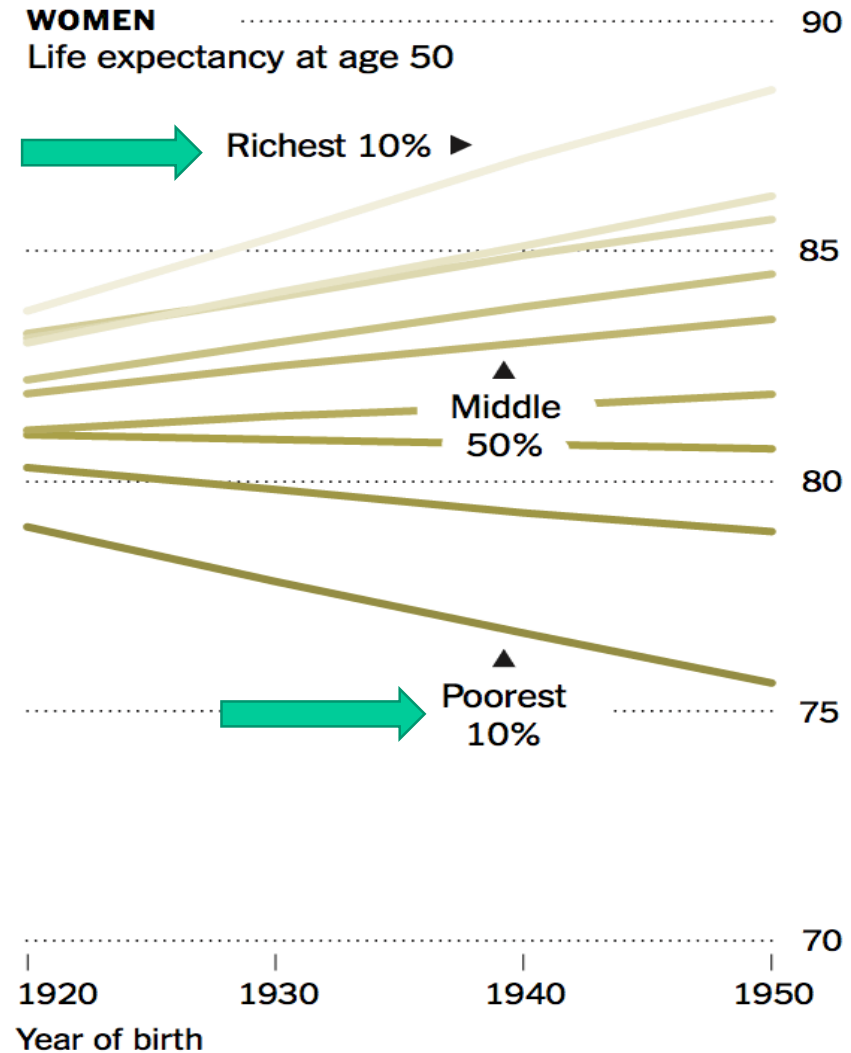
Guardian graphic. Source: ONS

(Courtesy of Sir Michael Marmot)

Life Expectancy for US women

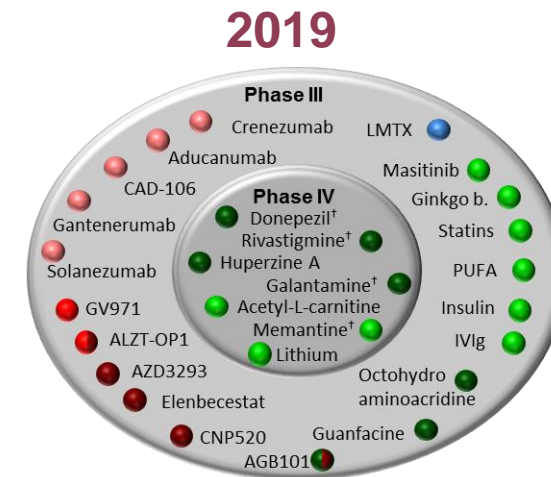
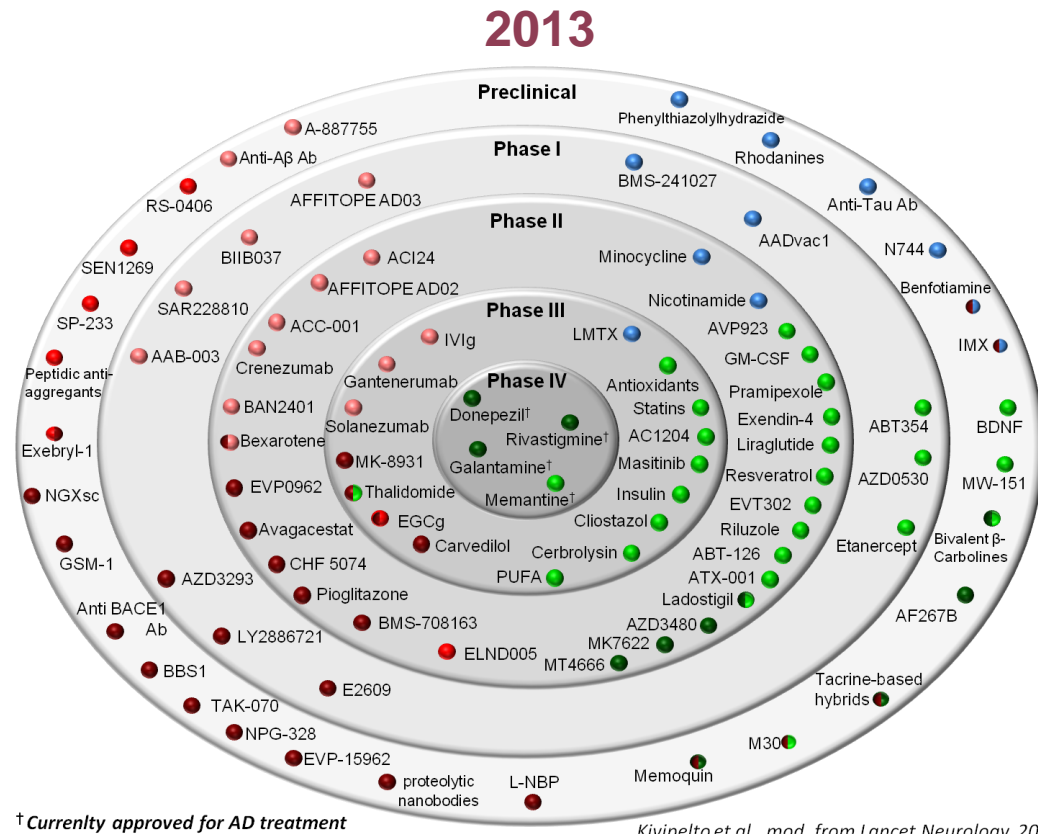


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(Courtesy of Sir Michael Marmot)

Treatment of Alzheimer's disease – in the offing or not?



e-platform

↓ Aβ production	Tau
↓ Aβ aggregation	Cholinergics
↑ Aβ clearance	Others

09 April 2019



Karolinska
Institutet

DMK https://www.dagensmedicin.se/artiklar/2019/04/09/vi-stalls-inför-mer-komplexa-hälsoutmaningar Du er nå logget ... Nytt sätt att hitt... we WeTransfer we WeTransfer we WeTransfer DMK "Vi ställs info... x

DAGENS Medicin Specialistområden Opinion Seminarier Utbildning Mer

Rekommenderat

- "Vi ställs inför mer komplexa hälsou...
- Medlemstal i nytt barnmorskeförbu...
- Sjukhus får miljardskuld avskriven
- Företag överger vårdvalen i Stockho...
- Nytt magisterprogram ska ge fler sp...



Dr Tedros Adhanom Ghebreyesus, generaldirektör för världshälsorganisationen, WHO. Lena Hallengren (S), socialminister och Peter Eriksson (MP), minister för internationellt utvecklings-samarbete **Bild:** WHO, Erik Simander/Bildbyrå, Ninni Andersson/Regeringskansliet

DEBATT

"Vi ställs inför mer komplexa hälsoutmaningar"

Health is becoming more complex





Rethinking Higher Education

Inspired by the Sustainable Development Goals

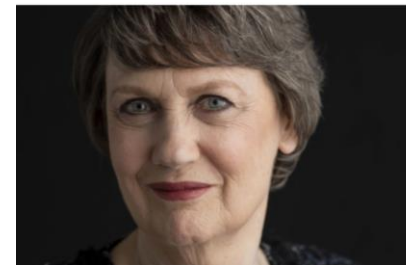
Saturday 30 March 2019



UNIVERSITY OF
GOTHENBURG



CHALMERS



Helen Clark



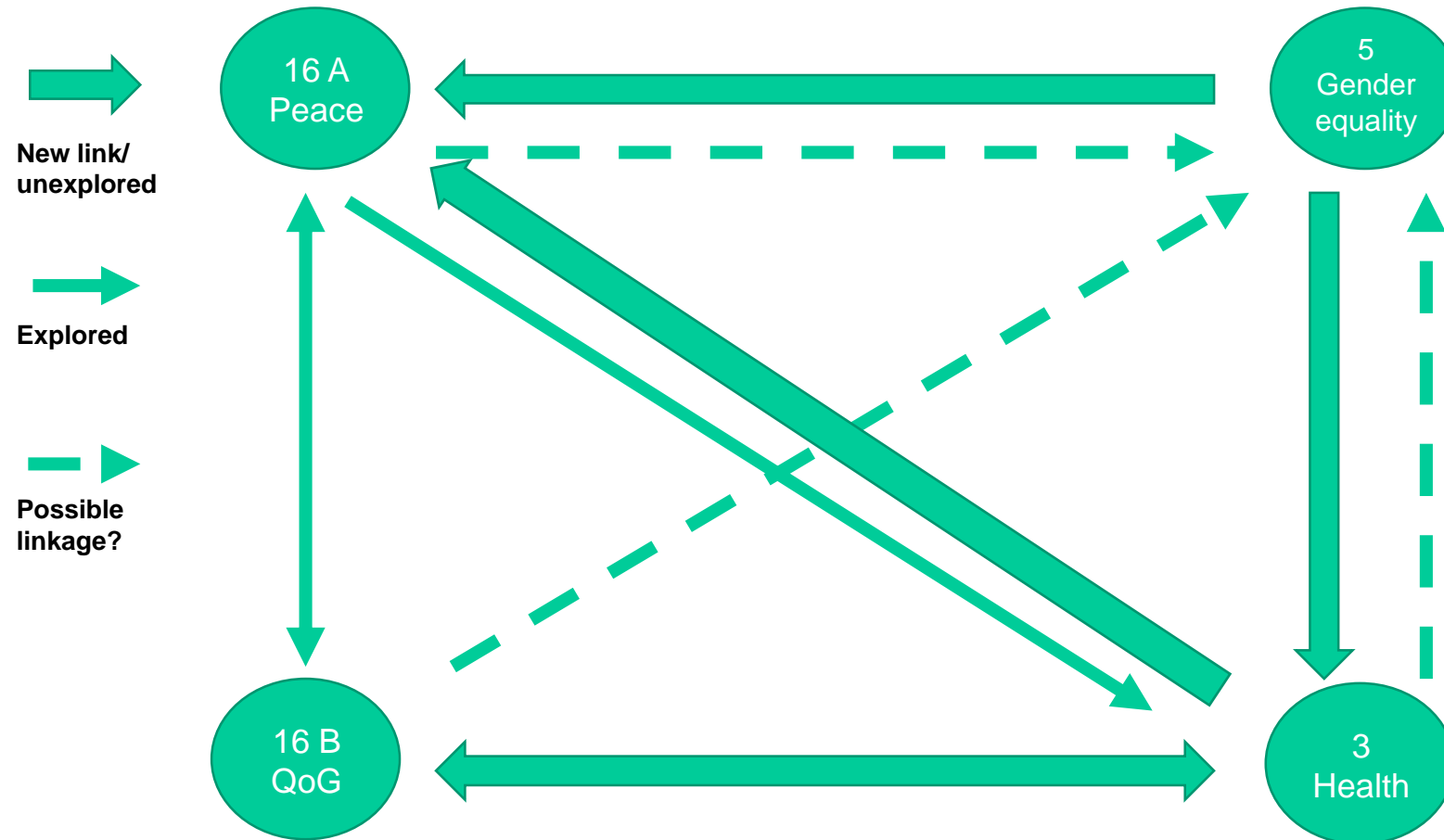
Sweden

Delivering health where it is needed most

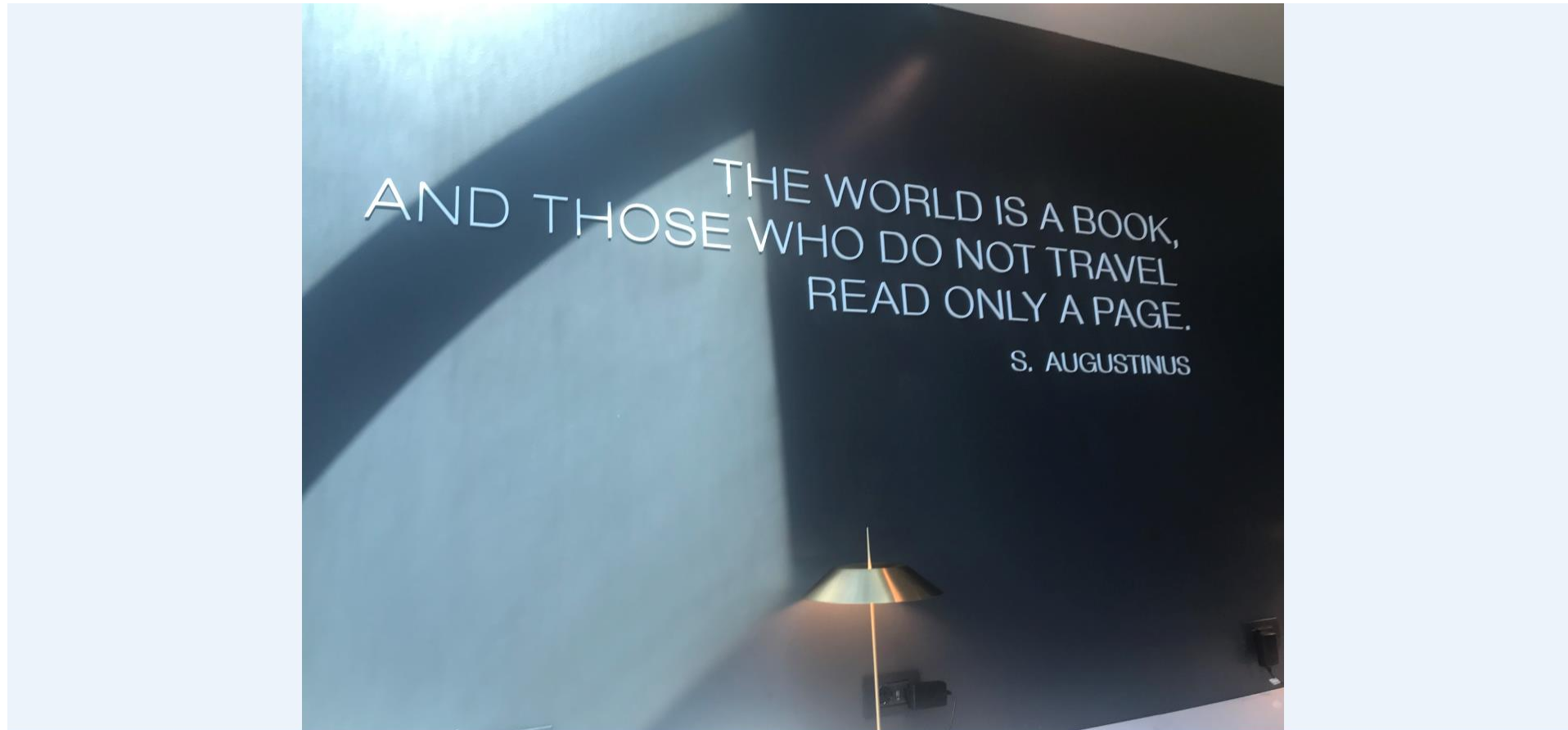
Partners in global health

WHO and Sweden have a longstanding partnership that has made the world a healthier and safer place for all of us. Sweden plays a key role in global health, as a leader in advocating for sexual and reproductive health and rights and mainstreaming gender in policy and in programmes. The country also hosts and contributes to important global health institutions that collaborate with WHO, such as the [Swedish Institute for Global Health Transformation \(SIGHT\)](#), [the Karolinska Institute](#), and [Lund University](#), to mention a few.

Impact on conceptualization of new commissions



Courtesy of Göran Tomson & Johan Dahlstrand, KVA, SIGHT



Rome 27 March 2019



Karolinska
Institutet

UiO  University of Oslo

THE LANCET

«Of all the forms of inequality,
injustice in health is the most
shocking and inhuman»

Martin Luther King jr.

PHOTO: © AP/NTB SCANPIX

Global Governance *for* Health

THE LANCET – UNIVERSITY OF OSLO COMMISSION



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Thank You

KI discoveries and innovations

Rolf Sivert 1890s – measurement of ionizing radiations

Robin Fåraeus 1915 - blood sedimentation reaction

Erik Jorpes 1920s - preparation of pure insulin

Yngve Eriksson 1940s - fluoridation for dental health

Sixten Franzén 1950s - puncture cytology

Svem Ivar Seldinger 1952 - angiography

Arne Tiselius & Hugo Theorell 1955 - oxidation enzymes

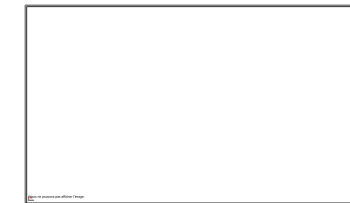
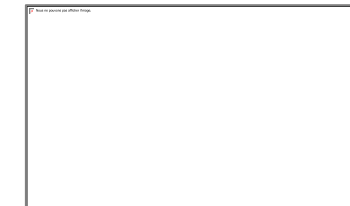
Åke Senning & Rune Elmqvist 1958 - the pacemaker

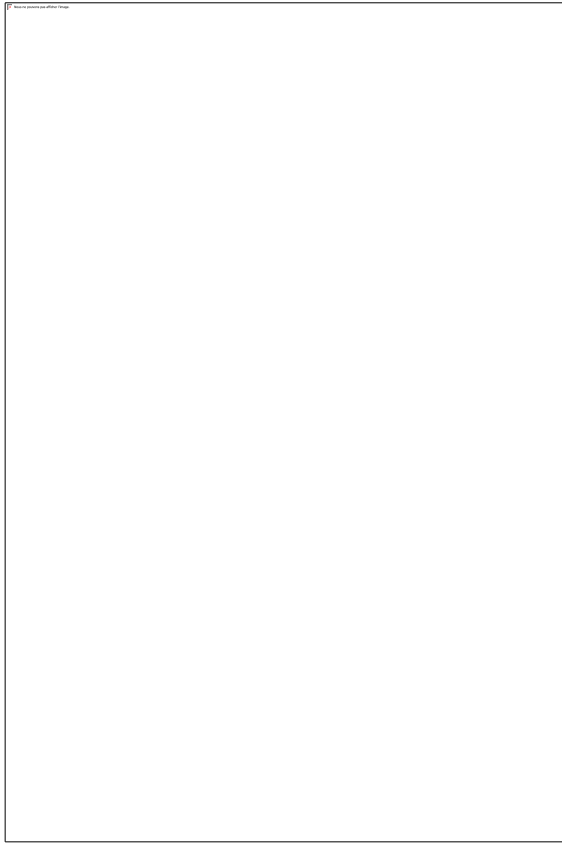
Ragnar Granit 1967- retinal functions

Lars Leksell 1968 - the gamma knife

Rolf Luft 1960s - mitochondrial medicine

Sune Bergström & Bengt Samuelsson 1982 - prostaglandins





Battle for the Soul of Universities

Health embedded in most of the SDGS

Health more complex than ever before (see my blog) Need for interdisciplinarity and cross sectoral governance (horizontal thinking and action at the levels of science as well as governance/politics Educational programmes must be revised (our rethinking meeting in march)

Narratives (from blogs): need for expertise on history, culture, society etc to understand how to fight ebola Commercial determinants of health hamper preventive medicine Equity in health: a major challenge with new and costly treatments

Responding to this challenge: our plan for a center for sustainable health, with Makerere

Commercial determinants

Interdisciplinary ebola

Equity

Sustainable health

Sdg

Trade agreements – Michelle Bachelet

Eisenhower – military industrial

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Original Investigation

ONLINE FIRST [lock]

September 27, 2019

Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017

A Systematic Analysis for the Global Burden of Disease Study

Global Burden of Disease Cancer Collaboration

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TECENTRIQ[®]
atezolizumab

Roche

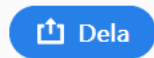
SAUL TRIAL IS THE LARGEST PROSPECTIVE TRIAL EVER RUN IN IMMUNOTHERAPY IN mUC.

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* Sternberg et al., Eur. Urol. 2019, 37: 95-105.
TECENTRIQ EU Summary of Product Characteristics, Roche, September 2019.
▼ This medicinal product is subject to additional monitoring.

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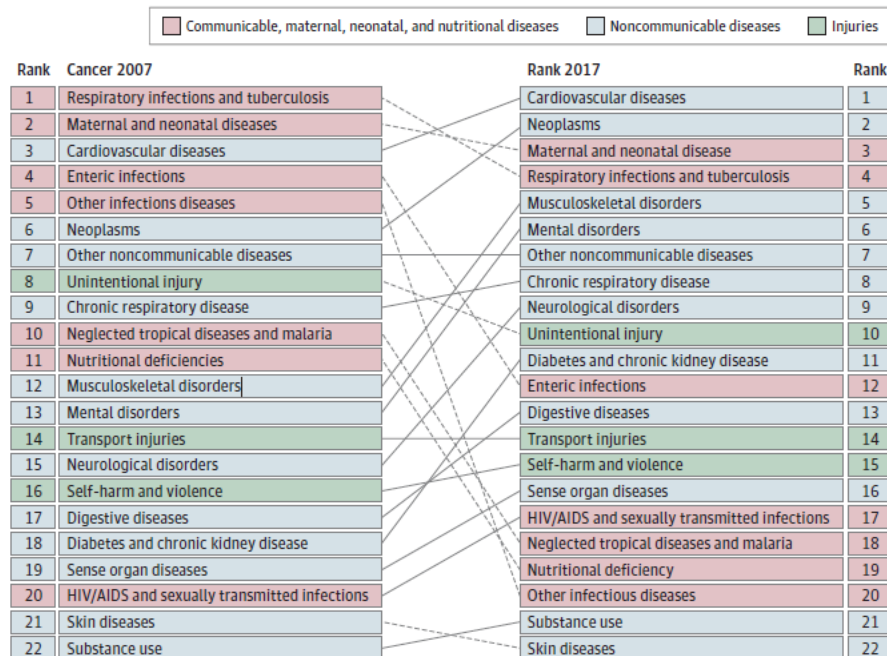
IMPORTANCE Cancer and other noncommunicable diseases (NCDs) are now widely recognized as a threat to global development. The latest United Nations high-level meeting on NCDs reaffirmed this observation and also highlighted the slow progress in meeting the 2011 Political Declaration on the Prevention and Control of Noncommunicable Diseases and the third Sustainable Development Goal. Lack of situational analyses, priority setting, and budgeting have been identified as major obstacles in achieving these goals. All of these have in common that they require information on the local cancer epidemiology. The Global Burden of Disease (GBD) study is uniquely poised to provide these crucial data.



Global Burden of Cancer, 1990 to 2017

Original Investigation Research

Figure 4. Change in the Absolute Number of Disability-Adjusted Life-Years (DALYs) Between 1990 and 2017 for Both Sexes at the Global Level for Global Burden of Disease Level 2 Causes^a



The cause neoplasms includes all cancers as defined under *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)* causes C00 through C96, as well as myelodysplastic, myeloproliferative, and other hematopoietic neoplasms (ICD-10 codes D45-D47.9).

^a All diseases are grouped into 22 mutually exclusive and collectively exhaustive causes.

The GBD 2017 results show that there are 24.5 million incident cancer cases worldwide (16.8 million without NMSC) and 9.6 million deaths, which is similar to the latest GLOBOCAN estimates for 2018 that estimate 17.0 million cases (without NMSC) and 9.4 million deaths.¹⁵

The largest change in our estimates compared with the last iteration of the GBD study (GBD 2016) are the incidence estimates for NMSC, which have substantially increased

cer YLLs. To ensure sustainable global development, increased efforts are needed to reduce these health inequalities. Recognizing the strong interdependencies between socioeconomic status and health and the large contribution of cancer to the overall disease burden is a first step in making investments in cancer prevention and treatment a priority.¹⁸ Cervical cancer is likely the best example of inequalities in cancer with vast differences in burden by SDI

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The Nobel Prize in Physiology or Medicine 2008

"for his discovery of
human papilloma
viruses causing
cervical cancer"

"for their discovery of human
immunodeficiency virus"



© Klaus Rüzchhoff,
Springer Medizin Verlag

Harald zur Hausen



Photo: Sakutin/SCANPIX

**Françoise Barré-
Sinoussi**



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Luc Montagnier

Oslo Ministerial Declaration on Global Health and Foreign Policy (2007)

The group of seven countries:

Brazil, Norway, France, Indonesia, Senegal, South Africa, and Thailand.

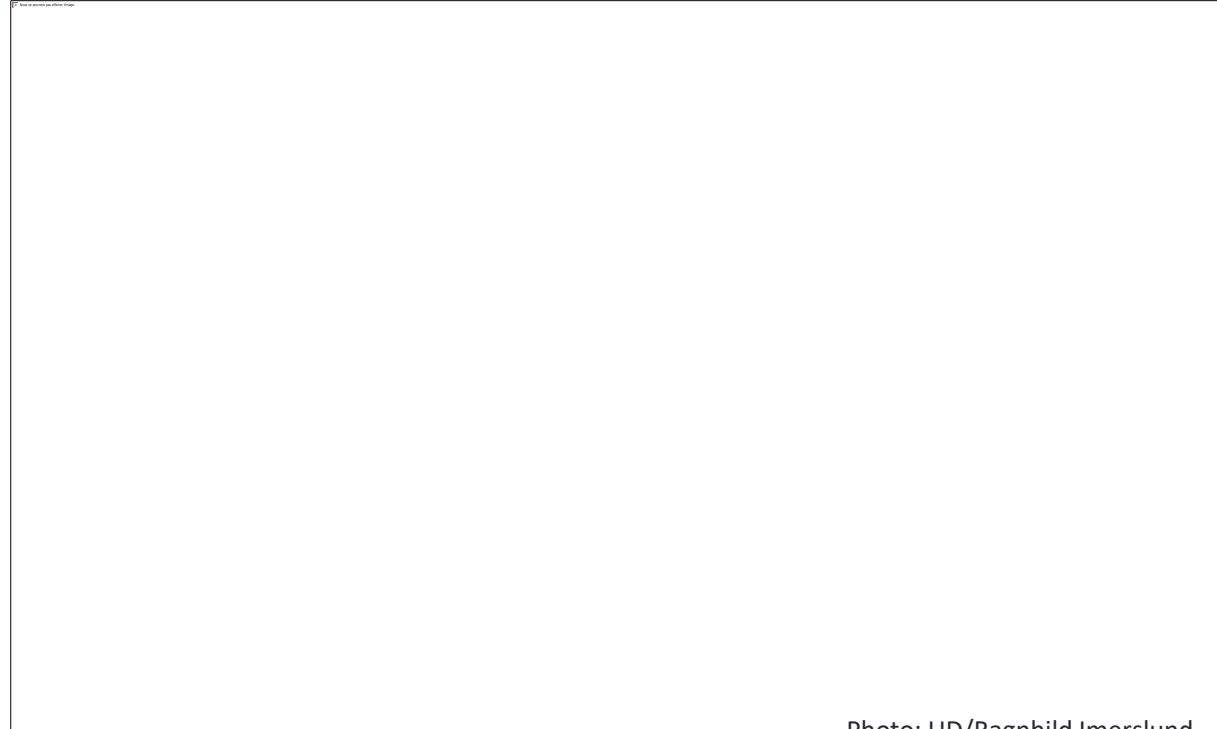


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Health as a major outcome of foreign policy



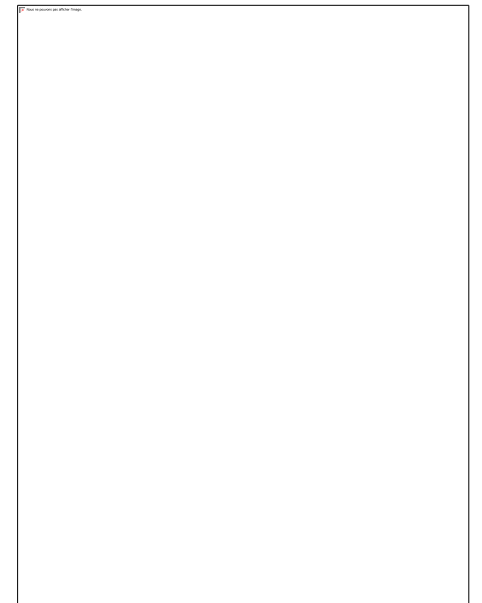
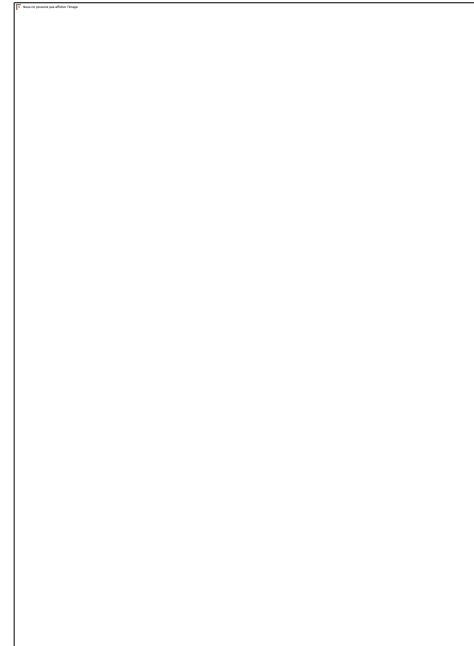
Independent Panel on Global Governance for Health

Panel's Publications

Political origins and change

The political origins of health inequity: prospects for change. The Lancet - UiO Commission on Global Governance for Health, 2014.

Global Governance for Health: how to motivate political change? Public Health, 2015.
Desmond McNeill and Ole Petter Ottersen.



Panel's Publications

~~Trade agreements and policy space~~
Trade agreements and policy space for achieving universal health coverage. UN Committee for Development Policy background paper, no. 38.

Sakiko Fukuda-Parr and Kim Treanor.

Trade and Investment Agreements: Implications for Health Protection. Journal of World Trade, 2017.

Desmond McNeill, Pepita Barlow, Carolyn Deere Birkbeck, Sakiko Fukuda-Parr, Anand Grover, Ted Schrecker, David Stuckler.

Political origins of health inequities: Trade and investment agreements (TIA). Viewpoint in The Lancet, 2016.
Desmond McNeill, Carolyn Deere Birkbeck, Sakiko Fukuda-Parr, Anand Grover, Ted Schrecker, David Stuckler.



Panel's Publications

Extractive industries and health

Canadian mining and ill health in Latin America: a call to action. Canadian Journal of Public Health (2018), p1-5. Anne-Emanuelle Birn, Leah Shipton & Ted Schrecker

How extractive industries affect health: Political economy underpinnings and pathways. Health & Place (2018), Vol 52, p135-147 (open access). Ted Schrecker; Anne-Emanuelle Birn & Mariajosé Aguilera

Extractive Industries and Health, A Bibliography for the Independent Panel on Global Governance for Health. Mariajosé Aguilera, Anne-Emanuelle Birn, Ted Schrecker, Leah Shipton.



Bibliography: Extractive Industries and Global Health

This bibliography compiles more than 1,000 publications on the extractive industries and health found through a thorough review of grey and peer-reviewed literature.

[Access the bibliography](#) →

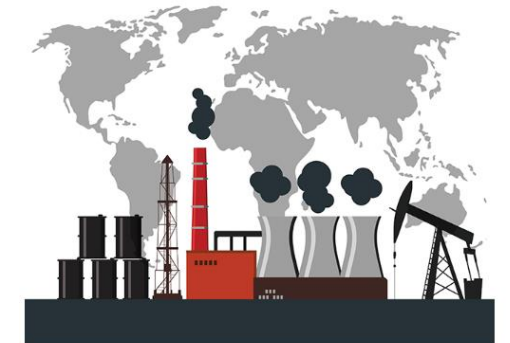
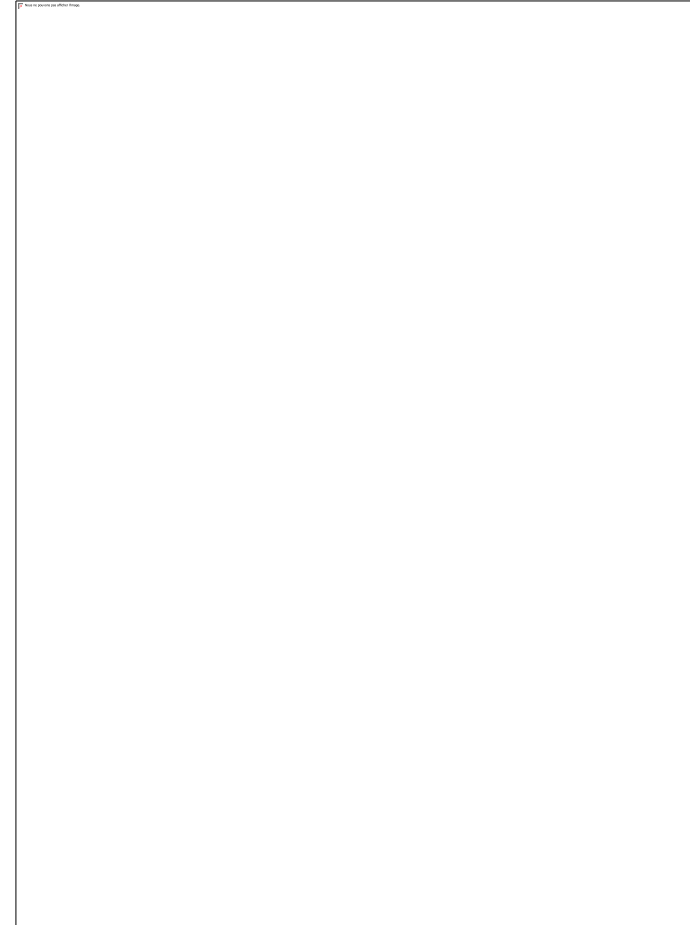


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Panel's Publications

~~Law and Human Rights~~
World Bank, Human Rights and Health: A Commentary. Global Health Governance, 2018. Desmond McNeill.

Promoting Global Health: Can Law be the Solution? Blog on Global Health Governance, 2014. Desmond McNeill.



A selection of panel members' publications

- Globalisation
- Development
- Health policy
- Food security
- Public health
- Sociology
- Geography
- Anthropology
- Health equity
- Innovation and health technology



With more to come...

Impact on institutions

Karolinska Institutet – New Vision Strategy 2030
(approved by the board October 2018)

*We are advancing knowledge about life
and strive towards better health for all*



Impact on national strategy

Målbilden för det svenska arbetet inom global hälsa



Att bidra till att människor kan leva långa, friska och hälsosamma liv

I.

Skapa samhällsliga
förutsättningar för god
och jämlik hälsa

II.

Hälsosystem som är
effektiva, hållbara och
motståndskraftiga
(resilienta)

III.

Ökat beredskap och
kapacitet att upptäcka och
hantera utbrott av
sjukdomar och andra
hälsot hot

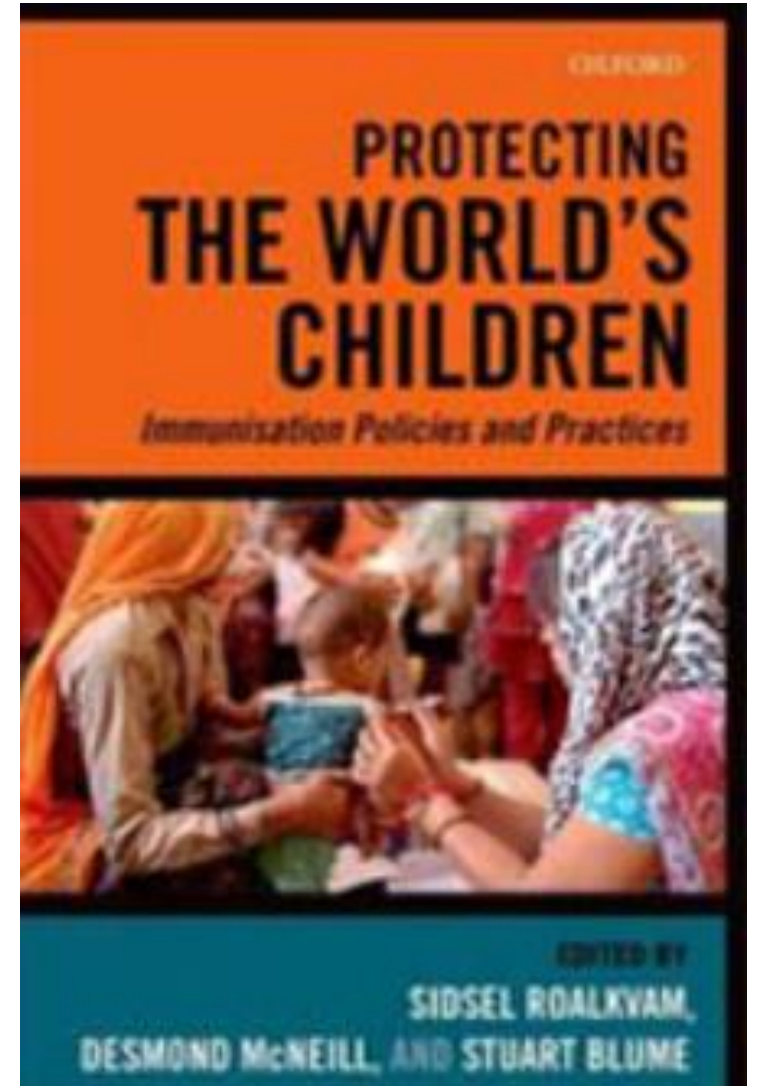


Impact on the evidence base

“The global politics of health: actors and initiatives” by Desmond McNeill

Selected as one of the ten best resources on power in health policy and systems in low- and middle-income countries by:

Veena Sriram et al. *Health Policy and Planning*, Volume 33, Issue 4, 1 May 2018, pp. 611–621,
<https://doi.org/10.1093/heapol/czy008>



Innovations...

...require responsible counter-innovations



Independent Panel on Global Governance for Health
Panel's Publications

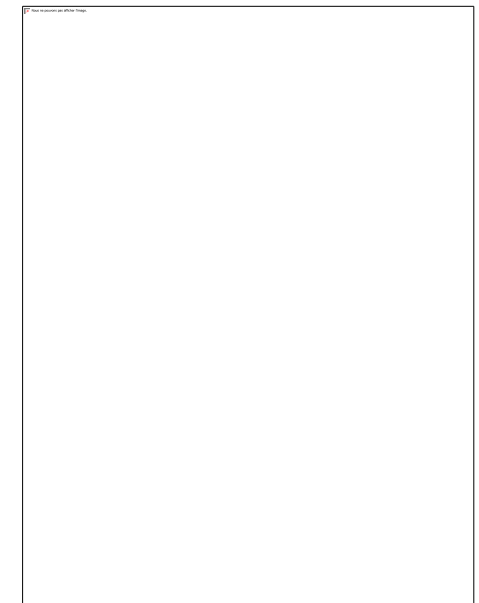


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