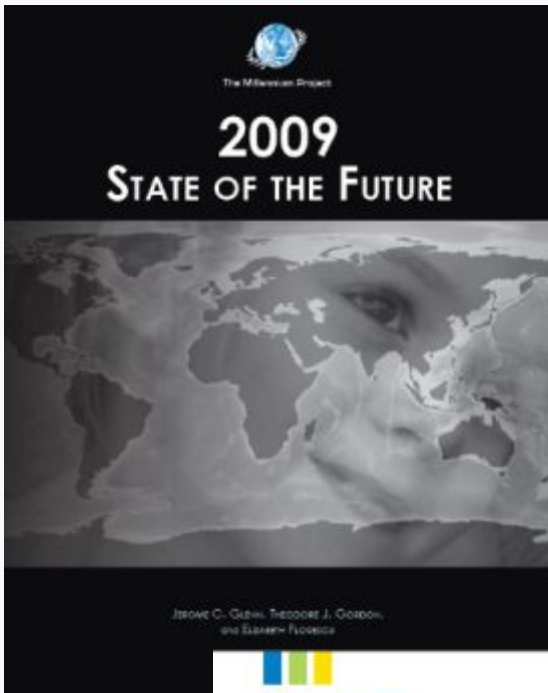


# Future Health

Online discussion



# 3FOUR50

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Home T1: Healthy Living T2: Weight-loss surgery T3: Universal integrated care T4: Low-cost innovation

## Future health: an introduction to the online debate

In a fast-changing world of diverse cultures and vastly differing resources and capacity, what is the future of health? In 20 years' time, priorities for prevention and medical care may look very different from 2010.

C3 has developed some key themes on this issue, provoked by 'scenario planning' by futurists. In 2030, what health challenges – particularly around obesity and chronic diseases such as diabetes – will be faced by developed and developing countries? How can they best be planned for, starting now? How will they be dealt with by individuals, societies and governments?

C3's aim is to provoke an online discussion – among academics, business people, insurers, patients, young people, and all those who have a stake in the future of health – focusing particularly on four deliberately contentious themes, identified by C3 as being particular touchstones for debate.

- 1 Theme 1: Healthy living – is there cause to be optimistic?
- 2 Theme 2: Weight-loss surgery – is this going to be a silver bullet?
- 3 Theme 3: Universal integrated care – is this even possible?
- 4 Theme 4: Low-cost innovation – will the developing world lead the charge?

This debate will be open until mid-April, when the themes and debate will be reported on and discussed at the Oxford Health Alliance Summit in New Delhi.



## Join the discussions



### Theme 1: Healthy living

Can we be optimistic about the future ability of public-health interventions to control obesity and prevent chronic diseases?

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### Theme 2: Weight-loss surgery

How will the relative effectiveness of different kinds of interventions dictate how obesity and chronic diseases are controlled and prevented – and is weight-loss surgery really a silver bullet?

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### Theme 3: Universal integrated care

Is it possible to expand the few good-practice examples where care for people with chronic conditions can be provided better by crossing the traditional divide between hospital and community services to have much wider application and impact?

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### Theme 4: Low-cost innovation

Where will the innovations emerge in chronic disease prevention and care, particularly for developing countries?

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Website created by JooseTV

## Some health scenario projects

Foresight (UK Government): Tackling Obesities [\[link\]](#)

Institute for Alternative Futures: Foresight for Smart Globalization, Accelerating and Enhancing Pro-Poor Development Opportunities [\[link\]](#)

Institute for the Future: Health Horizons [\[link\]](#)

NHS Sustainability Development Unit: Fit for the Future [\[link\]](#)

Novo Nordisk: Diabetes towards 2030 [\[link\]](#)

The Millennium Project: State of the Future [\[link\]](#)

World Economic Forum: Future of Pensions and Healthcare, Scenarios to 2030 [\[link\]](#)



## Theme 1: Healthy living



Can we be optimistic about the future ability of public-health interventions to control obesity and prevent chronic diseases?

### Futurists' reasoning:

- People in the most-developed countries will continue to resent government interference in their lives (although 'nudging' may be more acceptable), and anti-obesity campaigns will have little success – we will not be mobilised to take responsibility for our own weight.
- Asian cultures will continue to take a more holistic and integrative approach (tackling issues in schools, workplaces etc.).
- In future, the Asian health market may have a stronger focus on comprehensive – and compulsory – approaches.
- African and Latin American countries will have neither the wealth of developed countries, nor the approach of many Asian governments that seek to influence personal behaviour.

C3 would like to begin a debate on the following controversial statement:

**Compulsory, state-driven enforcement of healthy living is the only public-health approach that can reduce obesity, and will only work in societies with a strong respect for authority.**

**What do you think?**

# Theme 1 Healthy living

## Statement

- Compulsory, state-driven enforcement of healthy living is the only public-health approach that can reduce obesity, and will only work in societies with a strong respect for authority.

## Discussion points include:

- Obesogenic environments – quick fixes, fast cultures
- Health versus economic growth
- Health embedded in all government policies and programmes
- Engagement at every level, including employers – top down and bottom up
- Unintended consequences
- Complex “wicked” problems require broad multipronged solutions



## Theme 2: Weight-loss surgery

How will the relative effectiveness of different kinds of interventions dictate how obesity and chronic diseases are controlled and prevented – and is weight-loss surgery really a silver bullet?

### Futurists' reasoning:

- Behaviour modification has not – and will not – been an effective tool in encouraging healthy living, and there are even signs that obesity is becoming the norm in some societies.
- Safe and effective weight-loss medicines will appear in the 2020s, but cost will greatly restrict their use.
- In contrast, new weight-loss surgery techniques will be safe, convenient, effective – and highly cost-effective.

C3 would like to begin a debate on the following controversial statement:

**Health systems will not pay for long-term lifestyle drugs/interventions for people who eat too much and exercise too little – but they will invest in weight-loss surgery capacity.**

**What do you think?**

# Theme 2 Weight-loss surgery

## Statement

- Health systems will not pay for long-term lifestyle drugs/interventions for people who eat too much and exercise too little – but they will invest in weight-loss surgery capacity.

## Discussion points include:

- bariatric surgery is clinically and cost effective but should not be seen as an alternative to a search for a healthier lifestyle
- individual responsibility for obesity
- need for adequately resourced services to support lifestyle change and behaviour modification, including professionals properly trained in lifestyle medicine
- health systems still focussing on treatment rather than prevention.



## Theme 3: Universal integrated care



Is it possible to expand the few good-practice examples where care for people with chronic conditions can be provided better by crossing the traditional divide between hospital and community services to have much wider application and impact?

### Futurists' reasoning:

- Care for those with chronic conditions will become more standardised, and will be better able to deal with co-morbidities.
- New, innovative medicines will compete with health-care reform for increasingly scarce resources.
- Funding and reimbursement will depend on measured, positive health outcomes.

C3 would like to begin a debate on the following controversial statement:

**Only IT systems combined with financial incentives from government and insurers will succeed in making integrated care that crosses traditional boundaries more universal: professionals and patients alone cannot achieve more than improvised local examples.**

**What do you think?**

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# Theme 3 Universal integrated care

## Statement

- Only IT systems combined with financial incentives from government and insurers will succeed in making integrated care that crosses traditional boundaries more universal: professionals and patients alone cannot achieve more than improvised local examples.

## Discussion points include:

- can developing countries leapfrog the systems and approaches that have been tried in the western models for managing health care?
- barriers to community and home based care models
- “deeply entrenched traditions and strong political forces” may prevent change taking place
- how to communicate about future risk to healthy people
- new coalitions of citizen/patient/carer could generate needed change.



## Theme 4: Low-cost innovation

Where will the innovations emerge in chronic disease prevention and care, particularly for developing countries?

### Futurists' reasoning:

- It is inconceivable that the best available solutions will be available to the millions of people with diabetes and other chronic conditions.
- Large-scale, market based basic care services provide consistent quality, and are accepted by most patients in low-resource settings.
- Collaboration between organisations with ingenuity and local knowledge of working in low-resource settings and multinational companies with skill and experience in large-scale execution, could lead to solutions that are both viable and sustainable in low-resource settings.

C3 would like to begin a debate on the following controversial statement:

**Most countries will not be able to afford the expensive treatments that have worked in developed countries, so it will be new providers – such as Walmart – that will develop the low-cost, 'good enough' solutions that will be needed.**

**What do you think?**

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# Theme 4 Low-cost innovation

## Statement

- Most countries will not be able to afford the expensive treatments that have worked in developed countries, so it will be new providers – such as Walmart – that will develop the low-cost, ‘good enough’ solutions that will be needed.

## Discussion points include:

- “low-cost social innovation” can come from grass roots movements and self organisation
- need for innovations designed for “hard to reach” populations
- “How much health is enough? How much life is enough?”

# Future Health

- The discussion has started – please contribute