


Department of Global Public Health and Primary Care (IGS)
Department Day 2016

Prize Winners

Article 2015

Vinner av årets publikasjon IGS 2015

Articles 

Avoiding 40% of the premature deaths in each country, 2010–30: review of national mortality trends to help quantify the UN Sustainable Development Goal for health



Ole F Norheim, Prabhat Jha, Kesetebirhan Admasu, Tore Godal, Ryan J Hum, Margaret E Kruk, Octavio Gómez-Dantés, Colin D Mathers, Hongchao Pan, Jaime Sepúlveda, Wilson Suraweera, Stéphane Verguet, Addis T Woldemariam, Gavin Yamey, Dean T Jamison, Richard Peto



Summary

Background The UN will formulate ambitious Sustainable Development Goals for 2030, including one for health. Feasible goals with some quantifiable, measurable targets can influence governments. We propose, as a quantitative health target, "Avoid in each country 40% of premature deaths (under-70 deaths that would be seen in the 2030 population at 2010 death rates), and improve health care at all ages". Targeting overall mortality and improved health care ignores no modifiable cause of death, nor any cause of disability that is treatable (or also causes many deaths). 40% fewer premature deaths would be important in all countries, but implies very different priorities in different populations. Reinforcing this target for overall mortality in each country are four global subtargets for 2030: avoid two-thirds of child and maternal deaths; two-thirds of tuberculosis, HIV, and malaria deaths; a third of premature deaths from non-communicable diseases (NCDs); and a third of those from other causes (other communicable diseases, undernutrition, and injuries). These challenging subtargets would halve under-50 deaths, avoid a third of the (mainly NCD) deaths at ages 50–69 years, and so avoid 40% of under-70 deaths. To help assess feasibility, we review mortality rates and trends in the 25 most populous countries, in four country income groupings, and worldwide.

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See Comment pages 206 and 208

Department of Global Public Health and Primary Care, University of Bergen, Norway (Prof O F Norheim PhD); Centre for Global Health Research,

Poster Winners

1st Prize

Førstepremie poster

1. premie:



Epidemiology of Home Death in Norway

Centre for Elderly and Nursing Home Medicine, Department of Global Public Health and Primary Care
Thoresen CK, Husebo, BS, Flo E, Sandvik H, Hunskaar S



A study protocol of a population-based retrospective registry trial

Background

Around 42 000 people die in Norway every year. The majority of people prefer to die at home, including elderly and terminally ill patients. 45% of the Norwegian population die in nursing homes, 32% in hospitals, but only 14% die at home – one of the lowest rates worldwide. At the same time 80% of deaths are not sudden or unexpected, and only 5–10% have a difficult dying process in need of specialised hospital treatment.

The types of health services available are likely to influence place of death. Home palliative care enables patients to die at home and reduces symptom burden without impacting caregiver grief.

Due to different health care systems, international study results are not necessarily applicable for Norwegian conditions. We have to find research based cost-effective and high quality services in order to meet the challenge of an



2nd Prize

Andrepremie poster

2. premie:

Improved diagnosis of extrapulmonary tuberculosis by antigen detection in extrapulmonary samples by immunochemistry-based assay

Melissa Davidson Jøstad^{1,2}, Maryam Ali Abdalla³, Meftih Marjani¹, Anne Margareta Dyrhol Riise⁴, Lisbeth Svilaug⁵, Tereza Mastafa^{1,2}
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Background: Extrapulmonary tuberculosis (EPTB) poses diagnostic challenges due to the paucibacillary nature of disease, leading to lower sensitivity of routine acid-fast microscopy and culture methods. Immunochemistry with an antibody against the *Mycobacterium tuberculosis* complex specific antigen MPT64 is a robust and easily applicable method, which has shown higher sensitivity and specificity in the diagnosis of EPTB. However, the feasibility of implementation and validation of the assay in the routine diagnostics remain to be evaluated.

Objective: The aim of this study was to improve the diagnosis of EPTB by implementation and validation of the sensitive and specific immunochemistry-based (IC) assay in the routine diagnostics in a resource-constrained setting, and compare the IC assay with Xpert MTB/RIF and conventional methods.

Figure 1: Flow chart representing patient groups

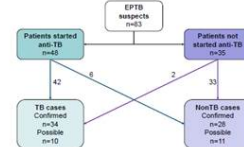
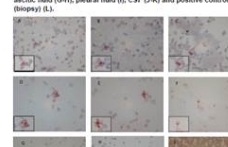


Figure 2: Immunostaining with anti-MPT64 in LJ aspirate (A-F), acidic fluid (G-H), pleural fluid (I), CSF (J-K) and positive control (liver) (L).



3rd Prize

Tredjepremie poster

3. premie:

Obstetric health system structure and perinatal mortality in Norway

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Background

Centralization can improve patient outcomes but also increase the frequency of interventions for low-risk mothers.

How the health system architecture relates to access and clinical outcomes is incompletely understood even in high income countries.

