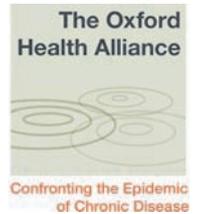


The Oxford Health Alliance: a risky business?

Ruth Colagiuri, Stig Pramming and Stephen R Leeder



The Alliance continues to tackle the problem of chronic disease by bringing the right people together

With its self-described goal of “confronting the epidemic of chronic diseases”, the Oxford Health Alliance aims to fill the leadership void decried by Beaglehole and Yach,¹ the *Lancet*² and others. To this end, the Alliance enlists key thinkers and doers, to harness, shape and amplify the energy that is converging worldwide, to address socially and environmentally generated determinants of chronic diseases. It concentrates on high-level approaches, through government and industry, to tobacco control, physical inactivity and unhealthy diets. These, via chronic illness, are responsible for over 50% of the world’s mortality.³ Two years after the launch of the Oxford Health Alliance’s Asia Pacific Regional Centre,⁴ it is timely to review its progress.

Locally, the Alliance is gradually reaching the consciousness of the public health, food and beverage, media and pharmaceutical industries, health departments, non-government organisations (NGOs), and urban designers and planners. Its progress will, no doubt, be accelerated by the global Oxford Health Alliance summit, scheduled for Sydney in February 2008, to debate issues concerning environmental determinants of chronic diseases and make recommendations about “building a healthy future”.

Internationally, the Alliance has achieved surprising penetration, participating in World Health Organization, World Economic Forum, Youth Forum and similar high-level meetings and advising governments. It has a formidable network of academic institutions and public health luminaries (see <http://www.oxha.org>) and is currently conducting an innovative multi-country demonstration program, Community Interventions for Health, to illustrate models for successfully translating the evidence on chronic disease prevention into real life. The Oxford Health Alliance will shortly release the results of an international Delphi survey — spearheaded by the University of Toronto — of 200 international experts to identify “grand challenges” for chronic disease research. It has no qualms about drama, as exemplified by its full-page “global warning” against chronic diseases in *The Times* (London) last year (Box).

Since the launch of its hub in Sydney, the Oxford Health Alliance board, headed by the Regius Professor of Medicine, John Bell from Oxford University, has focused the organisation on six work streams:



- mounting the economic case for action against chronic diseases;
- the physical environment (especially urban design) and health;
- health and wellness protection in the workplace and the role of industry and business in health promotion and prevention;
- youth — “20% of the present, 100% of the future” (an intention to engage young people, who can contribute to determining the kind of societies they will inherit as adults);
- the law and health policy; and
- community interventions for health, and barriers to chronic disease prevention in research.

Interaction among these themes promotes rather different

thinking about strategies for preventing chronic disease. To develop and promulgate this thinking, the Alliance brings together, through its annual summit meetings and to a lesser extent a series of smaller, local Oxford Dialogue meetings, players who are central to achieving change. Its primary method centres on:

- Finding the right people:
 - looking outside health systems to other government administrations and the private sector;
 - including people and organisations that influence health but do not often participate in the health debate;
 - engaging those whose business activities are health determinants (eg, food and building design);
 - choosing people who are at the cutting edge of their businesses and can influence colleagues, peers and decision-makers; and
 - finding and fostering champions of chronic disease prevention.
- Encouraging debate from a diversity of perspectives:
 - respecting and taking account of differing views;
 - being unafraid to mix youth with experience, left with right, establishment with alternative, and developed with developing world; and
 - bringing to the planning table those who do not normally sit at the same table (eg, grouping food, building and other industries with organisations such as the WHO and the People’s Health Movement).
- Fostering a collaborative approach:
 - avoiding “good guys versus bad guys” attitudes and approaches; and
 - transforming combatants into collaborators.

The Oxford Health Alliance is equally interested in the developed and the developing world and is currently working with Ovation (an arm of the largest private health insurer in the United States, United Healthcare) to establish three to five clusters of excellence to combat chronic diseases in developing countries.

Yes, the Oxford Health Alliance works with industry and thereby incurs a risk, but firmly believes that the risk of not doing so is far greater. The Alliance is a United Kingdom-registered charity but, as the progeny of an academic–commercial collaboration between Oxford University and NovoNordisk A/S, Denmark, has sought to work with industry. It is under no illusions about the importance of the bottom line to business, and, like its own law work stream, does not consider that a legislative framework is irrelevant to confronting the problems of chronic disease. For example, the Alliance is a fierce defender of the WHO Framework Convention on Tobacco Control. However, it sees its role not as a legislator or enforcer, but as seeking commitment and involvement from the business sector, through discussion and debate and through recognising and working with companies that are prepared to embrace the necessary changes.

The origins of the current chronic disease and environmental crises are located deep in society, suggesting that their resolution will require a complex and inclusive response from society, spanning business, government, academia, and civil society more generally. Hence, the 2008 Sydney summit will bring a diverse group of people together for 2 days to design and issue a formal challenge to government, business, industry, unions, universities, activists and bilateral and multilateral funders to progress the Alliance's ambition of "healthy people and a healthy environment".

There are risks, but the potential gains are great, and as the Sydney summit will attest, the Oxford Health Alliance is ready to take the gamble.

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