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Co-building public health capacity: Considering spatial and temporal dynamics of public health challenges

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ABSTRACT The major causes of death are not infectious diseases any more, but chronic, noninfectious causes of death are prevalent and increasing not only in affluent countries, but also in lower-income and middle-income countries. RAND corporation scanned the challenges for public health over the next 20 years and summarized that although integration of data will play a significant role, there is no single technology or capability that dominates the field. In the coming decade, advanced therapies, such as genome editing techniques, are expected to deliver cures for a variety of inherited genetic diseases. However, in this era of unprecedented optimism and increasing efforts toward making advanced therapies standard treatment in developed countries, it is also a common reality for those living in lower-income and middle-income countries that the path from vaccine licensure to vaccination has been long and uncertain. For example, pneumococcal vaccines have been shown to be safe and effective in preventing lower respiratory diseases, but the potential of the vaccine has not been fully realized due to lack of widespread use. Through China's efforts of co-building public health capacity in the coming decades with its partners around developing and developed countries, these spatial and temporal dynamics of public health challenges of infectious, noninfectious, and genetic diseases require an arduous balancing act in setting priorities. Particularly, we public health practitioners should remind ourselves that the greatest global health achievements in the previous century are all population-level interventions. The general public and policy makers should be reminded that the global public health capacity must be adequate to sustain global health achievements and prepare well for future challenges.

Keywords: Public Health; Capacity building; Vaccination; Prevention

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