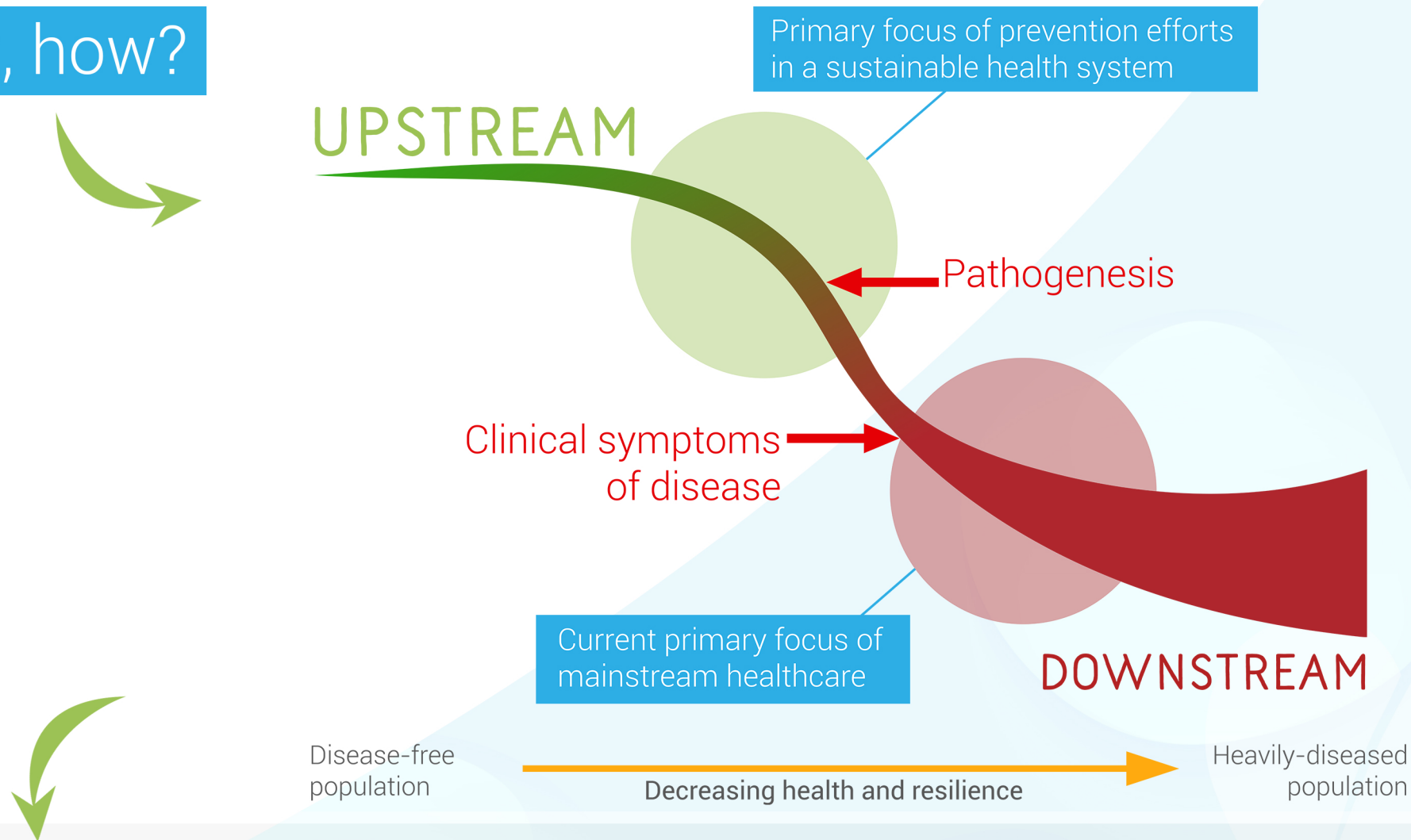
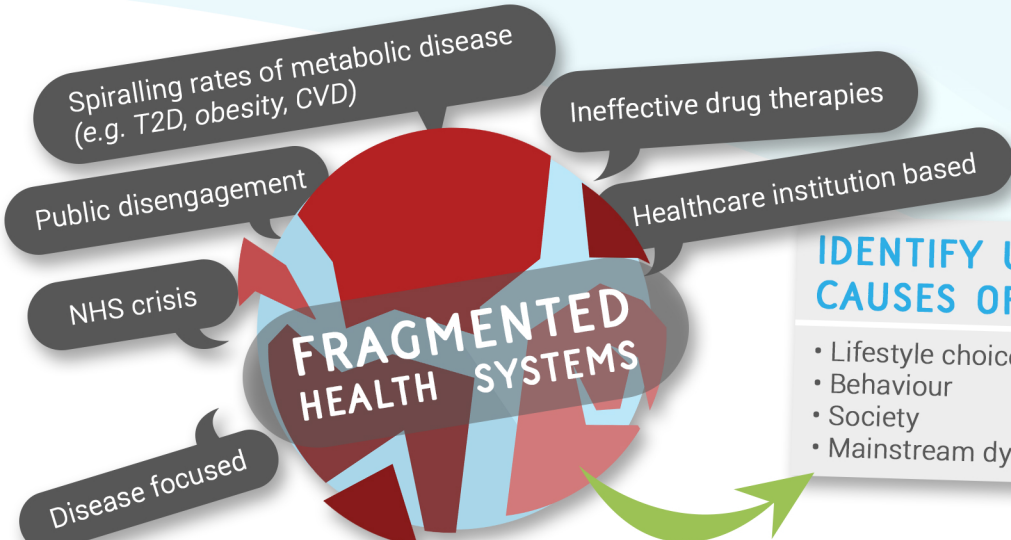


# WE NEED TO GO UPSTREAM TO FIX OUR BROKEN HEALTH CARE SYSTEM

But, how?

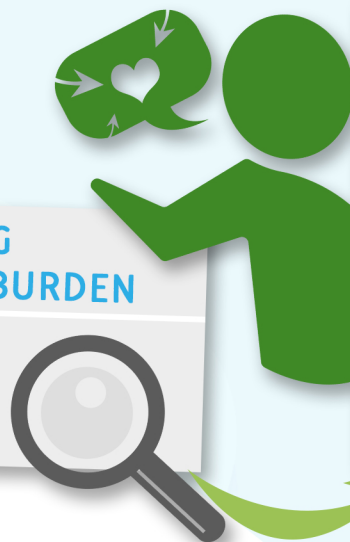


ANH INTERNATIONAL BLUEPRINT FOR HEALTH SYSTEM SUSTAINABILITY PROVIDES THE ANSWER:



## IDENTIFY UNDERLYING CAUSES OF DISEASE BURDEN

- Lifestyle choice
- Behaviour
- Society
- Mainstream dysregulation



## PREREQUISITES TO A BOTTOM-UP SOLUTION

- Engagement of individuals & communities
- Support from outside the mainstream healthcare system
- Agreement over a universal language & conceptual approach (= 'ecological medicine')
- Identity impediments (e.g. social, economic, political, regulatory)
- Shift towards a personalised, more predictive, preventative and participatory model of healthcare

## IDENTIFY KEY ELEMENTS OF THE HUMAN BIOLOGICAL TERRAIN

1. Genetic & epigenetic background
2. Glycaemic control & metabolic flexibility
3. Optimal gastrointestinal & microbiome function
4. Optimise mitochondrial function
5. Optimise immune system and inflammatory response function
6. Avoid persistent oxidative stress
7. Optimise neuroendocrine function
8. Optimise cardiovascular function
9. Minimise toxic burden & enhance biotransformation
10. Psycho-social stress levels & recalibrate natural biorhythms
11. Enhance psychological & emotional well-being
12. Enhance social/familial environment and life purpose



## IDENTIFY HALLMARKS OF A SUSTAINABLE HEALTHCARE SYSTEM

1. Minimise reliance on pharmacological agents including deprescription
2. Prioritise non-pharmaceutical approaches
3. Fiscal, economic and environmental sustainability
4. Individual-centred approach
5. Fully informed consent
6. Disease prevention and upstream focus
7. Routine evaluation and screening
8. Personalised to optimise biological and genetic potential
9. Empowered self-care
10. Informed guidance from health and fitness professionals



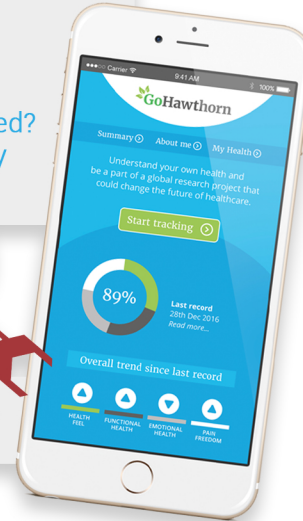


## ESTABLISH 12 DEMONSTRATION TRIALS

- Identify criteria for 'best case' examples of community-based healthcare collaborations (e.g. in GP clinics, CAM clinics, outside clinical settings)
- Implement trials and surgery evaluation using agreed biomarkers and outcome measures
- Recommend larger scale evaluation of successful collaborations
- Dissemination of advocacy

## REACH A CONSENSUS VIA WORKING GROUPS\*

- Which systems are dysregulated in metabolic diseases?
- What fixes are available?
- Who/how to implement?
- Which biomarkers of the biological terrain will be evaluated?
- How to measure total effect (outcomes) in multi-modality health systems? (e.g. Hawthorn Tracker)



\*Between policy makers, healthcare decision makers, academics, clinicians and the public

# SUSTAINABLE INTEGRATED HEALTH SYSTEMS

Health creation and resilience focused

Vastly reduced NHS burden

Low rates of metabolic disease

Diverse therapeutic and preventative options

Community based

High levels of public engagement



ANHINTERNATIONAL.ORG



anhinternational



anhcampaign



ANHintl