Prevention is better than Cure

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Health promotion has been described by the World Health organization (WHO) as the process of enabling people to increase control over their health and its determinants, and thereby improve their health. The concept of optimal health reflects not merely the absence of disease, but also a level of vitality to maintain enjoyment and contentment with life¹.

Disease prevention encompasses activities focused on health risk profiling of asymptomatic persons and the appropriate use of screening and surveillance tests for early detection of disease, use of vaccination/immunisation for prevention of diseases from infectious agents, as well as creation of safe and healthy working and living conditions in the prevention of accidental injuries, communicable, chronic life style diseases and industries related diseases.

In her speech delivered at the launch of the World Health Report² 2013 in Beijing, China on 15 August 2013, Dr Margaret Chan, Director-General of the World Health Organization mentioned that the world spends more than USD100 billion on health research each year. The lion's share of this investment goes to the discovery and development of pharmaceutical and biotechnology products. However, research on health systems and service delivery receives only a tiny proportion of this investment. It is worthwhile noting that the return of investment (ROI) for prevention of diseases in general far outweighs that for treatment. For example, syphilis is easily screened, diagnosed and treated, with diagnostic tests and treatment each costing less than USD1.00, and yet, about two million pregnant women are infected with syphilis each year worldwide, with more than half transmitting the infection to new born children, not to mention the dire consequences of clinical complications of advanced syphilis on the individual, as well as the immense resources needed to treat such advanced diseases.

It is appropriate that two of our original articles in this issue highlight the prevention of Cervial Cancer³ and risk factors and prevention of visual loss in Primary angle closure glaucoma⁴.

With cervical cancer being the third leading cause of cancer among woman, it is indeed impressive to note that 100% of subjects under this trial achieved seropositivity one month after the third dose of this vaccine. This will undoubtedly lessen the burden of this disease in our future generations of women in the country, as it was found that persistent infection with oncogenic human papillomavirus (HPV) is an established necessary cause for cervical cancer development.

The retrospective study on Angle Closure Glaucoma patients highlighted how lack of public awareness about this disease accounted for the fact that about 30% of the patients under review were found to have advanced glaucoma, while 15% were actually blind from Primary Angle Closure Glaucoma at presentation. It is worthwhile noting that performing a laser/surgical peripheral iridotomy in both the seeing eyes of these patients confer a 10 fold reduction in the risk of progression of this disease and subsequent blindness. Vigilant follow up regime and aggressive anti-glaucoma treatment including cataract extraction certainly confer added benefits in the prevention of progression to optic nerve damage and blindness.

As the old English Idiom goes"Prevention is better than cure" 5, this is certainly very true for healthcare as a whole.

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