

- Developing research methods to quantify the burden of acute care diseases and injuries, including health economics and cost-effectiveness components, to justify integrating acute care within health systems.
- Holding national and international discussions to encourage better integration of acute care within local and national health systems.

This paper is a call to action for leaders, policy-makers and academics to acknowledge the key contribution

of acute care systems towards the care of patients with communicable and non-communicable conditions and injuries. However, the creation of such acute care systems should not be used as a pretext for diverting resources to the construction of poorly-resourced and ill-managed health facilities. Aligning key players, both within countries and across them, to support the development of the best mix of acute and preventive services needed to address the growing disease burden is an urgent priority for health systems and society. ■

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Corrigendum

In Volume 91, Issue 3, March 2013, on page 169: the incidence of hospitalization for viral pneumonia among children aged 1–4 years in the pre-vaccine era (July 1998 to June 2004) should be 770 per million person–years (originally published as 591).