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# Gaps and Priorities in U.S. Contributions to Global Disease Challenges: What has the U.S. done well and not as well?

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## Noncommunicable Disease Prevention

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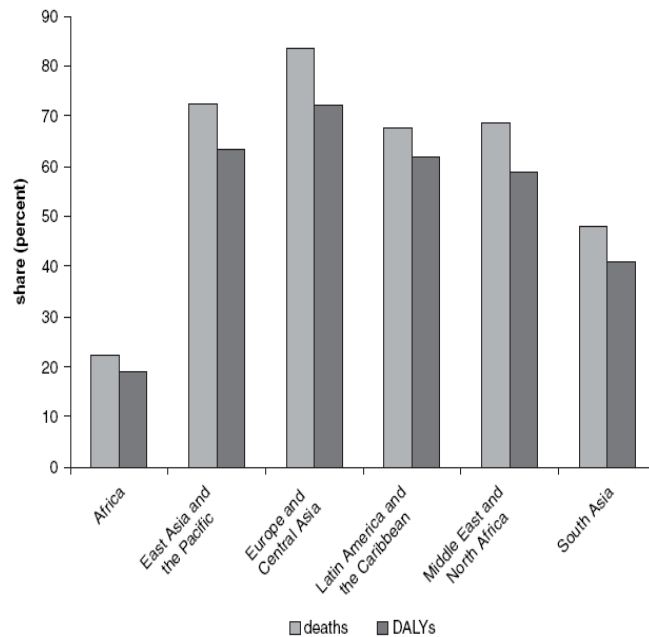
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# Challenges

Share of the Disease Burden Attributable to NCDs by World Bank region, 2002<sup>1</sup>



10 Leading Causes of Death by Broad Income Group, 2001<sup>2</sup>

Low- and middle-income countries		
Cause	Deaths (millions)	Percentage of total deaths
1 Ischemic heart disease	5.70	11.8
2 Cerebrovascular disease	4.61	9.5
3 Lower respiratory infections	3.41	7.0
4 HIV/AIDS	2.55	5.3
5 Perinatal conditions	2.49	5.1
6 Chronic obstructive pulmonary disease	2.38	4.9
7 Diarrheal diseases	1.78	3.7
8 Tuberculosis	1.59	3.3
9 Malaria	1.21	2.5
10 Road traffic accidents	1.07	2.2

Source: Authors' calculations.

<sup>1</sup>World Bank (2007) Public Policy and the Challenge of NCD's; <sup>2</sup>Lopez et al. (2006) Global Burden of Disease and Risk Factors



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# Major Findings

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- Prevention focuses on **three major risk factors**: obesity, lack of physical activity, tobacco use
- Prevention **can** be effective -- especially when interventions are comprehensive in scope, site, and scale
- What is cost-effective?
  - Salt reduction
  - Fat substitution
  - Screening of high-risk people opportunistically and cheaply; including multidrug regime
- What tools are available?
  - **Population-based**: mass education, legislation, manufacturing changes
  - **Individual**: lifestyle modification, multidrug regimen



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# U.S. Contribution

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- U.S. supports research on risk factors and individual NCDs
  - NIH funding for obesity research soared since 2003
  - RWJ Foundation \$500 million for child obesity research to 2015
  - Ovations/NHLBI providing \$15+ million for 8-12 NCD Centers of Excellence in developing countries
  - PepsiCo Foundation providing \$5 million to community interventions
- Missed opportunities:
  - Supporting WHO Global Strategy on Diet, Physical Activity, and Health
  - Increasing access to essential medicines through TRIPS
  - USAID and U.S.-based foundations lack a holistic, coherent approach to health



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# Gaps in Knowledge

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- ❑ Health professional and public's awareness of risk factors and healthy lifestyles
- ❑ Policy, hospital, and community-based intervention studies in developing countries, including cost-effectiveness
- ❑ Population-attributable risks for individual risk factors in DCs
- ❑ Estimating future health system costs



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# Recommendations

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- ❑ Improve knowledge base through DHS, and health surveillance systems
- ❑ Provide incentives to integrate care delivery via USAID, HHS, and private funding streams.
- ❑ Disseminate model PPP approaches
- ❑ Create cross-sectoral approaches to health promotion
- ❑ Translate and transfer knowledge across sites, both S-S and from U.S. successes

# Strengthening Health Systems

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- Exacerbating factors:
  - Developing country health systems rarely measure NCD risk factors or outcomes
  - Lack of awareness, few skilled health care personnel, little or no technology including basic drugs, inadequate facilities
  - Donor funding not for prevention nor integration of health messages or care delivery
- Recommendations support system strengthening through improving awareness and delivery of more integrated health care
- Cross-sectoral action is needed

Sector	Local	Regional	National
Food	Time/place restrictions	Taxation, distribution networks	Taxation, quality standards, labels, manufacturing rules, advertising
Agriculture	Land use	Water use	Commodity supports, trade
Transport	Walkability, built envt.	Public transit	Fuel taxes
Parks and Recreation	Public goods, zoning	Public goods, amenities	Public goods,

# Best buys in chronic disease prevention from OxHA Summit

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- ❑ Partner with environmental movement to promote physical activity linked to reduced carbon emissions, e.g. a car-free day
- ❑ Global fund for chronic diseases
- ❑ Restrict junk food advertising (e.g. on TV during children's viewing time)
- ❑ Internationally standardised food-labelling system

# Best Buys (cont)

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- ❑ Expand CIH initiative
- ❑ Create and/or improve public spaces for physical activity with PPPs
- ❑ Promotion of cycling (cycle routes, free bikes and tax advantage)
- ❑ Support for expanding the health-promoting schools programme (physical activity, nutrition, availability of facilities)