

Working to Reduce Mortality and Morbidity from Noncommunicable Diseases in the Developing World

Testimony Submitted to the House Committee on Appropriations, Subcommittee on State, Foreign Operations, and Related Programs, For Fiscal Year 2018

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The Noncommunicable Disease (NCD) Roundtable, a coalition of over 70 leading health organizations and companies committed to addressing the global burden of non-communicable diseases, thanks you and members of the Subcommittee for the opportunity to submit this testimony supporting the inclusion of statutory language under the International Affairs (Function 150) account. The requested language recognizes the rise of NCDs and the importance of addressing them within America's global health assistance program. No Fiscal Year 2018 funding is requested.

The NCD Roundtable respectfully asks that the bill include the following language:

“The Committee recognizes the rise in global morbidity and mortality from non-communicable diseases in U.S. health assistance countries, and the importance of addressing these problems to provide life-saving assistance and protect our national interests.”

NCDs – including but not limited to cancer, cardiovascular disease, diabetes, chronic lung diseases, mental and neurological disorders, and injuries – present a rapidly expanding worldwide public health and development crisis. Each year, 38 million people worldwide die from NCDs, with three-quarters (28 million) of those deaths occurring among people living in low- and middle-income countries (LMICs). The burden of NCD-related disabilities is even higher. NCDs constitute two-thirds of the global disability burden and far exceeds disabilities from other causes in LMICs.

Rather than diseases of affluence, NCDs are especially diseases of poverty, impacting poor countries and vulnerable populations in higher income countries early in life. People living in poverty are exposed to a broader range of risk factors, including low-cost, high-calorie food; malnutrition; tobacco; limited opportunity for exercise; and exposure to environmental pollution. Among the world's poorest populations, particularly in rural areas, the heavy burden of death and disability from NCDs is dominated by diseases – such as rheumatic heart disease, type 1 diabetes, Burkitt's lymphoma and cervical cancer – that are driven more by infections and environmental exposures than by behavioral and metabolic risk factors.

Limited access to quality-assured medicines and diagnostic technology contributes to the high mortality rates from NCDs in developing countries. A child diagnosed with cancer who lives in one of the poorest countries has an 80% probability of dying, compared to less than 30% in the U.S. and other wealthy countries, despite the existence of low-cost, curative drugs that can be

administered safely and effectively in low-resource settings. Additionally, risk factors such as raised blood pressure if left uncontrolled, can cause stroke, myocardial infarction, cardiac failure, dementia, renal failure and blindness. This alone accounts for 57 million disability adjusted life years (DALYS) or 3.7% of total DALYS. As noted above, NCDs can also cause disabilities that place significant strains on the individual and the economy.

Currently, NCDs in LMICs are pushing families into poverty, damaging productivity, threatening economic growth and national economies, further straining health budgets and health systems, and putting our substantial global health investments at risk. Barring intervention, this problem will only increase in the future. Today's 8.2 million annual cancer deaths worldwide are projected to increase to 13.1 million in 2030, with comparable increases in cardiovascular disease, unipolar depressive disorders, and other NCDs. With 16 million NCD-related deaths occurring before the age of 70 and more than 82% of these premature deaths occurring in developing countries, NCD-related deaths outnumber those caused by HIV/AIDS, tuberculosis, and malaria in U.S. global health assistance countries.

These diseases are sapping the economic strength and social capital of societies that are major U.S. partners for trade and development. The World Economic Forum continues to rank NCDs as one of the greatest risks to global well-being, similar to fiscal crises. Projections of future economic losses over the coming 15 years resulting from NCDs reach \$47 trillion. Much of this hampered economic growth is expected in LMICs, further threatening education outcomes and workforce productivity, and undermining progress toward global poverty eradication, including existing and future development goals.

Addressing NCDs within existing programs can increase program efficiency and impact. However, it cannot be done without adequately funding existing global health programs. For example, the Global Nutrition Coordination Plan 2016-2021 identified nutrition-related NCDs as a focus area that can enhance the impact of current nutrition-related investments. Furthermore, the Centers for Disease Control and Prevention's Strategic Framework for Global Immunization 2016-2020 recognizes that some cancers and other NCDs can be prevented with vaccines. We ask that funding for global health programs be maintained at levels similar to Fiscal Year 2016.

Integrating NCD-related objectives into existing health programs could include encouraging smoke-free pregnancies, screening and treating pregnant women for hypertension and gestational diabetes, and screening for and treating cervical cancer within the HIV population. By doing so, this would increase access to some of the most proven, sustainable, and cost-effective global health interventions and save millions of lives.

Thank you for considering the requested language. We look forward to working with the Committee as the Fiscal Year 2018 Appropriations process evolves.