

**Written Testimony on the Fiscal Year 2014 Budget Request
United States House of Representatives
Appropriations Subcommittee on State, Foreign Operations, and Related Programs**

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Testifying on Behalf of the NCD Roundtable**

March 2013

Chairwoman Granger, Congresswoman Lowey, and Members of the Subcommittee:

My name is Loyce Pace Bass, and I am the director of health policy for the **LIVESTRONG** Foundation. I am testifying today on behalf of the NCD (non-communicable disease) Roundtable, a coalition of members that are committed to raising awareness about the global threat posed by NCDs and to mobilizing US and global resources for their prevention, diagnosis, treatment and care. Members of the NCD Roundtable include nonprofit organizations, academic institutions, and corporate and industry representatives.ⁱ The **LIVESTRONG** Foundation is a founding member of the NCD Roundtable and plays a leadership role that builds upon our global health engagements dating back to 2007. The NCD Roundtable requests that current funding levels for development assistance be maintained for Global Health Programs under the state and foreign operations budget so that existing resources can be leveraged to address the growing NCD burden. Thank you for the opportunity to testify today.

NCDs include, but are not limited to, cancer, diabetes, cardiovascular disease, chronic lung disease, and their associated risk factors – tobacco use, unhealthy diet, harmful use of alcohol, and lack of physical activity. NCDs are the leading cause of death globally, surpassing deaths from HIV/AIDS, malaria, and tuberculosis combined. In 2008, NCDs amounted to 36 million deaths worldwide – six times the number of deaths from HIV/AIDS, malaria, and tuberculosis that same year – with the majority occurring in the developing world.ⁱⁱ Despite these statistics, there is an extreme disparity between what is arguably the world's top global health crisis and the resources committed to that need.

LEVERAGING CURRENT FUNDS

While I recognize that the subcommittee faces the difficult task of allocating limited resources during these challenging economic times, the NCD Roundtable urges Congress to maintain funding for Global Health Programs at the US Department of Health & Human Services, US Department of State, and US Agency for International Development (USAID) so that these agencies can build upon successful global health initiatives to ensure a global response to NCDs. These diseases and their risk factors are linked to current global health priorities in a way that facilitates their inclusion in existing initiatives. Current funding streams and levels can be leveraged to strengthen public health and healthcare systems abroad and allow countries to integrate interventions across communicable and non-communicable disease priorities. The private sector has demonstrated success with this approach and offers low-resource models or pilots that promote collaboration across sectors and are scalable. By directing existing US government funds for this type of work, the agencies responsible have more flexibility to respond to the global NCD crisis in important ways, particularly by building on current US government investments in health systems globally. Such modest investments enable other countries to develop health programs or services that respond to their national NCD burden and limit its impact on the global economy. This approach, in turn, facilitates country ownership of the response to NCDs.

Maintaining support for existing global health initiatives can help address the growing burden of NCDs in many of the same settings; thus, efficiently leveraging substantial US investments for optimal returns. The Institute of Medicine (IOM) notes that, through the President's Emergency Plan for AIDS Relief (PEPFAR) program, health systems can be further strengthened to enable host countries to jointly address HIV/AIDS and NCDs.ⁱⁱⁱ Consequently, a continued US government investment in PEPFAR could also serve to support the global response to NCDs by building national capacities. We have already seen an example of this through the

Office of the Global AIDS Coordinator's Pink Ribbon Red Ribbon Initiative, which leverages the PEPFAR platform to expand screening and treatment for cervical cancer and promote breast cancer education.^{iv} USAID also has employed this model by leveraging its country programs to establish a cancer initiative with the US National Cancer Institute in Uganda.^v There are a myriad of other examples of smart investments demonstrating that addressing NCDs globally is feasible, two of which I am going to describe.

SUCCESS FROM THE PRIVATE SECTOR

The LIVESTRONG Foundation is working with Partners in Health (PIH) to support the creation of a cancer care delivery system in Haiti, an extremely low-resource setting fraught with challenges for development. The program is focused on strengthening capacity for the Haitian response to cancer within public sector facilities. Staff has trained clinical and lay health professionals, improved communications and procurement protocols, expanded patient support systems, and increased access to palliative care. To date, the program has screened nearly 8,000 women for breast and cervical cancer and treated over 600 women for breast, cervical, or other cancers. This, and other programs,^{vi} have been implemented with modest resources yet have produced meaningful outcomes.

Harnessing the power of sport and play can also have significant effects on stemming the tide of NCDs, especially among youth. Across the world, approximately 30% of children are obese. Research shows that children and youth who build physical activity into their daily lives will be more likely to grow into active adults with a lower risk for chronic illnesses. A healthy population also produces significant societal benefits such as reduced health care costs and increased productivity. The decline in physical activity globally is of particular concern because emerging economies have not had sufficient time to establish the levels of health care and social infrastructure necessary to handle the massive, inevitable consequences in terms of human life and economic productivity.

Ciclovias^{vii} is a joint initiative of the Pan American Health Organization, Centers for Disease Control and Prevention, health-promotion institutions, urban planners, and other stakeholders throughout the Americas. The goal of the effort is to increase access to roads free from motorized traffic for pedestrians and cyclists, resulting in improved public physical activity and reduced risk of NCDs. To date, the program has been adopted by 100 cities in 20 countries throughout the Americas. Other programs, like Grassroots Soccer, are working to prevent HIV in Africa by using the world's most popular game to break down barriers, build trust, and educate young people to adopt healthy behaviors. Additional case studies on addressing NCDs or their risk factors are available from the NCD Roundtable.^{viii}

GLOBAL IMPACT OF NCDs

NCDs account for almost two out of three deaths worldwide, and the bulk of this burden is carried by low- and middle-income countries that assume 80% of those deaths.^{ix} The World Economic Forum projects a cumulative loss of \$47 trillion to global GDP by the year 2030 as a result of NCDs^x and has ranked this pandemic as one of the top risks to global wellbeing on par with the international fiscal crisis.^{xi} According to recent estimates regarding the global burden of disease, NCDs and related disability will continue to rise, resulting in further strain on healthcare systems worldwide.^{xii} The global crisis of NCDs is a barrier to development goals including poverty reduction, health equity, economic stability, and human security. Despite these dire statistics, NCDs do not figure prominently among global health investments.

Comparing such investments according to disease burden yields an interesting picture. In 2007, approximately \$16 in development assistance funds were spent on each year of “healthy” life lost due to ill-health, disability or death for all conditions. However, for NCDs during this same time period, the investment was only 78 cents. The global resources committed to NCDs, which

includes multilateral, bilateral, and private-sector funding, are not on par with their impact on individuals, their communities, and our societies at large.^{xiii}

NCDs and their risk factors represent a growing global health problem that, if left unchecked, is a threat to current US development investments and overall global wellbeing. We urge the subcommittee to uphold the US government's commitments made at the United Nations High-level Meeting on NCDs in 2011^{xiv} and continue its global leadership toward collective action to meet the goal of reducing premature mortality from NCDs by 25% before the year 2025.^{xv} The **LIVESTRONG** Foundation and the NCD Roundtable are available as a resource as you consider this testimony and request. Thank you for the opportunity to address the subcommittee on this critically important global health investment opportunity.

ⁱ <http://www.ncdroundtable.org/about/members/>

ⁱⁱ http://www.who.int/gho/ncd/mortality_morbidity/en/index.html

ⁱⁱⁱ <http://www.iom.edu/Reports/2013/Evaluation-of-PEPFAR.aspx>

^{iv} <http://www.state.gov/r/pa/prs/ps/2011/09/172244.htm>

^v <http://blog.usaid.gov/2011/10/from-the-field-47/>

^{vi} <http://www.livestrong.org/DeliveringHope>

^{vii} <http://www.designedtomove.org>

^{viii} <http://www.NCDRoundtable.org>

^{ix} http://www.who.int/nmh/publications/ncd_report_full_en.pdf

^x http://www3.weforum.org/docs/WEF_GlobalRisks_Report_2010.pdf

^{xi} http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

^{xii} <http://www.thelancet.com/themed/global-burden-of-disease>

^{xiii} <http://www.cgdev.org/content/publications/detail/1424546>

^{xiv} <http://www.un.org/en/ga/ncdmeeting2011/>

^{xv} http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_DIV3-en.pdf