USAID: Standing By on NCD

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For more than 50 years, the U.S. Agency for International Development (USAID) has provided steadfast and generous support and leadership for global health. USAID's leadership has contributed to dramatic reductions in maternal and child deaths, broadened the reach of family planning services, transformed human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) into a chronic disease, helped to nearly eliminate polio, and delivered lifesaving innovations to millions worldwide.

While making many advances on those important priorities, USAID has largely stood by as the health and development costs of noncommunicable diseases (NCD) mount, undermining its achievements and putting previous U.S. government (USG) investments in global health at risk. In the USG's 49 priority countries (those receiving more than US$5 million in health assistance in 2013), premature deaths from NCD are approximately 1.6× higher than deaths caused by HIV/AIDS, tuberculosis, and malaria combined. Yet, USG investments addressing NCD in those countries are virtually nonexistent [1]. In 2012, shortly after the United Nations held its high-level meeting on NCD, USAID issued its "Global Health Strategic Framework: FY2012—FY2016 [2]," which recognized NCD as an "urgent and growing global public health concern" and noted that "USAID is considering how [it] can best leverage existing platforms" to address NCD, but work on advancing that objective seems to have stalled.

People inside and outside of USAID have put forth a host of reasons and rationales as to why the agency has not stepped up as a global leader on addressing NCD. Several of those reasons, and related misconceptions, are summarized herein, paired with the response and reality per the NCD community.

OUR CURRENT JOB IS NOT DONE

USAID's health programs are led by dedicated world-class experts who are committed to progress in their particular areas of expertise. From their perspectives, existing health priorities present plenty of persistent challenges. Despite impressive progress, that perspective holds that when even anemia during pregnancy has not been fully addressed, it is hard to move on to diabetes and secondhand smoke. So long as women are still dying during childbirth, children and adults are still dying from infectious diseases, and millions of couples lack access to modern contraceptives, other health topics are unwanted distractions that could rob attention or precious resources from their incomplete agendas.

NCD OCCUR IN HIGHER INCOME COUNTRIES AND POPULATIONS

Unfortunately, such myths persist, even among some global health professionals. A deeper understanding of NCD shows that, rather than diseases of affluence, NCD are especially diseases of poverty that affect poor countries and poorer populations in higher income countries. The poor, including those in urban areas, are exposed to a broader range of risk factors, including low-cost and high-calorie food, malnutrition, tobacco, limited opportunity for exercise, and exposure to environmental pollution. NCD tend to affect poor people earlier in life and result in much poorer outcomes. In fact, low- and middle-income countries are the most impacted, accounting for 80% of all NCD deaths.

The causes of NCD also may be different in those countries. As an example, whereas infection-related cancers are rare in higher income countries, in Africa, they account for about one-third of all cancers (e.g., cervical, liver, Epstein-Barr, Kaposi sarcoma), and infections cause other NCD (hepatitis, rheumatic heart disease). Further laying lie to the myth that NCD are diseases of affluence, according to the World Health Organization, the number of obese and overweight children in Africa has nearly doubled since 1990 and one-quarter of all obese and overweight children under 5 years of age live in Africa [2]. Many lower income countries in South Asia and Africa currently face a double burden, where communicable and NCD interact, further stressing already underdeveloped and under-resourced health systems.

NCD ARE NOT YET AN URGENT GLOBAL PROBLEM

USAID has consistently characterized NCD as a future health priority, rather than one impeding global health and development and demanding attention today. That perspective was reflected in the Department of State's USAID's report "2010 Quadrennial Diplomacy and Development Review (QDDR): Leading Through Civilian Power." Of NCD, it reads, "also, as economic wealth increases, chronic conditions such as heart disease, cancer, and diabetes will become more prominent in developing countries, demanding stronger links to U.S. expertise to mitigate rising human and financial costs" [3] And the same wording was repeated 5 years later in the Quadrennial Diplomacy and Development Review for 2015 [4]. Previous USAID leadership famously said that we can put the infectious disease "era of global health history to bed…[freeing] up resources for health systems and…that next frontier of non-communicable diseases" [5]. Such

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statements deny the current urgency of the NCD epidemic, unfortunately kick the NCD can down the road, and reflect an institutional inertia or inability to deal with the issue. Such statements also reflect a lack of understanding of major trends in global health and global mortality and morbidity in 2016.

OUR CURRENT FOCUS WORKS AND IS WELL-FUNDED. WHY CHANGE?

Although USAID's disciplined focus on infectious diseases, family planning, and maternal and child health has delivered impressive results and a reliable funding stream with bipartisan congressional support, the recent Ebola and Zika crises underscore the ever-dynamic face of global health. The core U.S. global health programs and budgets have remained largely constant for the past several years. Success on existing health priorities notwithstanding, global health needs change and evolve, and to remain most relevant, USAID's global health programs must change with them.

CONGRESS SAYS NO!

There is a long-standing perception and apprehension at USAID that Congress does not want USAID to explore any research or activities connected with NCD or NCD risk factors. These perceptions largely derive from years-old conversations and historical vestiges of a time when USAID struggled for congressional respect and support. It is as if the ghost of Senator Jesse Helms, legendary USAID opponent and tobacco supporter, still walks the halls at USAID. Though Congress provides no NCD-specific funding stream, Congress has also imposed no proscriptions against addressing NCD risk factors, such as controlling tobacco exposure during pregnancy, or against analyzing the growing impact of NCD on global health and development. Recent nongovernmental organizations' conversations, in fact, suggest growing congressional interest in addressing NCD.

WE DO NOT HAVE THE FUNDING

Given the current era of financial austerity, the NCD community appreciates that there is little appetite for large new or expensive USG-funded initiatives. Still, many useful NCD components could be easily integrated into existing programs and platforms, and a lot could be done that is safe, highly effective, and affordable, even in low-resource settings. Given the extensive inter-relationships between NCD and existing priorities such as HIV/AIDS, tuberculosis, and maternal and child health, this is not a zero-sum game. Efforts to address NCD are complementary to rather than competitive with those existing programs and integration can accelerate progress on existing priorities. NCD are largely preventable and some interventions, such as increased tobacco taxation, even offer the potential for significant generation of local resources that could be redeployed back to health and development objectives.

GOOD SOLUTIONS DO NOT EXIST AND NCD ARE NOT USAID'S COMPARATIVE ADVANTAGE

NCD do present a complex of diseases, interrelationships, causal patterns, risk factors, and approaches for prevention, screening, diagnosis, treatment, and care. And most agree that NCD are best addressed in a holistic, multisectoral approach. Yet, complexity and challenges are not sufficient reasons to ignore a significant global health and development concern. Moreover, there is good evidence as to what works well. The World Health Organization and other agencies have identified a number of NCD interventions as "best buys," including control of tobacco and alcohol, vaccinating against human papillomavirus and hepatitis B, screening for hypertension and diabetes, and ramping up awareness and prevention programs.

Just as USAID's expertise has grown on reproductive health and infectious diseases over the decades, so too can it grow expertise on NCD. That requires commitment and intentionality. Despite managing US$2.8 billion in global health programs, USAID currently does not have a single employee charged with tracking NCD, which account for an estimated two-thirds of all global deaths.

USAID IS CONTRIBUTING IN SOME WAY

Indeed, USAID already is making valuable contributions that help address NCD. For instance, the agency's new "Vision for Health Systems Strengthening (HSS) 2015—2019" illustrates USAID's significant and growing investments in HSS, which lay a foundation on which future NCD efforts could be built. USAID's extensive experience with HIV/AIDS, now a chronic condition, can be extended to other chronic diseases. USAID's emphasis on exclusive breastfeeding and improved nutrition during the first 1,000 days lowers the risk of NCD later in life. And a few pilot efforts are broadening USAID's understanding of the relationship between tobacco and secondhand smoke and neonatal health and the prevalence of NCD among refugee populations in the Middle East. And with Economic Support Funds, USAID/Jordan is designing a new project focused on NCD prevention, earlier diagnosis, and improved access to high-quality treatment. Whereas USAID's programs and platforms are well suited for expansion and integration of NCD components, attention to NCD will happen only with intentionality and focus.

THE NCD COMMUNITY HAS BEEN EASY TO IGNORE

Ideally, development agencies are persuaded by evidence, but sometimes change is imposed from the outside. USAID and USG reluctance to embrace HIV/AIDS in the late 1980s, ultimately was overcome by a very engaged and vocal American constituency. Unlike AIDS advocacy groups such as ACT UP, in the words of Richard Horton, "The NCD movement is too quiet, too pedestrian, and too polite to make the impact it deserves" [6]. The movement has generated little public outcry, no popular outrage, and to date, has failed to bridge the gap with the broader global

health community. Lacking the fear of HIV/AIDS and Ebola or the compelling images of child and maternal death, USAID has faced no imminent or spectacular cost to ignoring NCD.

Other factors contribute to the lack of progress at USAID. These include minimal pressure from the State Department, Office of Management and Budget, or the National Security Council, and the fact that few of the new generation of graduates from America's schools of public health have been trained in global NCD.

CONCLUSIONS

USAID was once the dominant player in global health, but today operates within an expanded universe of multisectoral and private global health organizations and funding streams. Still, USAID remains very influential, helping to set the global health agenda, leverage other donor resources, and encourage partner-country reform. In 2015, the United States committed to advance the United Nations' Sustainable Development Goals, including to reduce premature mortality from NCD by one-third. USAID has an essential role to play in helping meet that target.

The NCD epidemic continues. Each of USAID's hesitations can be addressed and it is unreasonable for USAID to overlook two-thirds of global deaths and deny proven, cost-effective, and lifesaving NCD interventions to underserved populations in low- and middle-income countries. Although there are no silver bullets or quick-fixes to NCD or other global health challenges, USAID and the United States have to begin to better understand and address the growing global health and development challenges of NCD. The longer we delay, the more costly and intractable the problems become.

The NCD community stands ready to help and invites USAID to boldly take ownership, exert leadership and begin to take necessary action addressing NCD as an urgent global health and development problem. The lives of millions of children and adults worldwide are a stake. It is time to take NCD seriously.

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