

The Business Case for Cancer Prevention in Low- and Middle-Income Countries

National Cancer Policy Forum Workshop October 25-26, 2015

COUNCIL *on*
**FOREIGN
RELATIONS**

First CFR Task Force Devoted to Global Health

COUNCIL on
FOREIGN
RELATIONS

Independent Task Force Report No. 72

Mitchell E. Daniels Jr. and Thomas E. Donilon, Chairs
Thomas J. Bollyky, Project Director

The Emerging Global Health Crisis

*Noncommunicable Diseases in
Low- and Middle-Income Countries*

Task Force Members

David Agus

Barbara Bryne

Dan Glickman

Betsy Nabel

J. Brian Atwood

Jean- Paul Chretien

Eric Goosby

David Satcher

Sandy Berger

Mitchell Daniels*

Vanessa Kerry

Donna Shalala

Karan Bhatia

Steve Davis

Michael Klag

Ira Shapiro

Tom Bollyky

Thomas Donilon*

Risa Lavizzo-
Mourey

Tommy
Thompson

Nancy Brinker

Ezekiel Emanuel

Christopher Murray

Questions

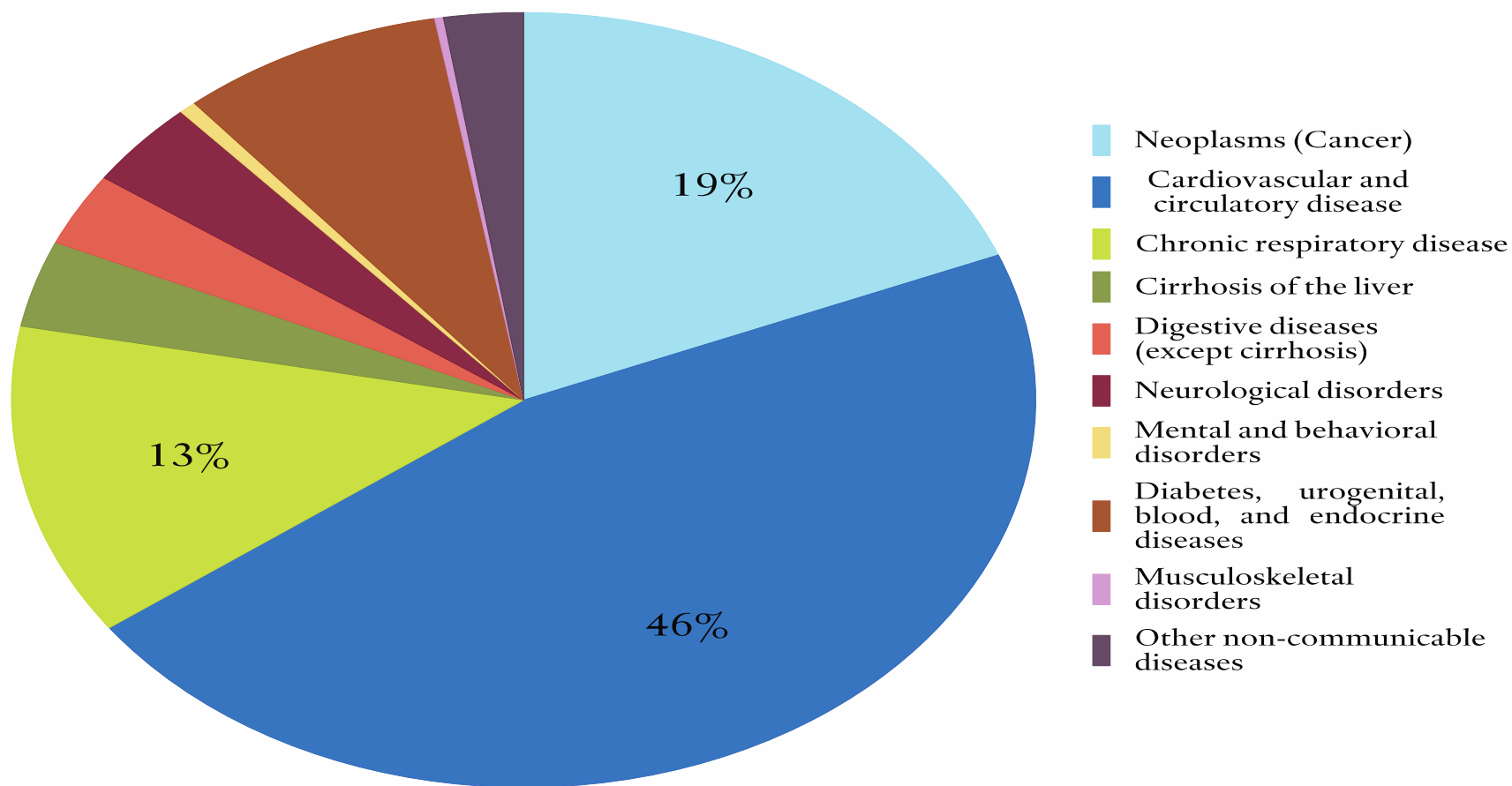
- Are cancers and other NCDs a crisis in low- and middle-income countries?
- The United States interest in addressing that crisis
- What is the practical, cost-effective role for collective action?

Are NCDs an emerging crisis in low- and middle-income countries?



Causes of NCD deaths in LMICs

NCD Deaths in All Low- and Middle-Income Countries: 2013



Deaths Caused by NCDs in Low- and Middle-Income Countries

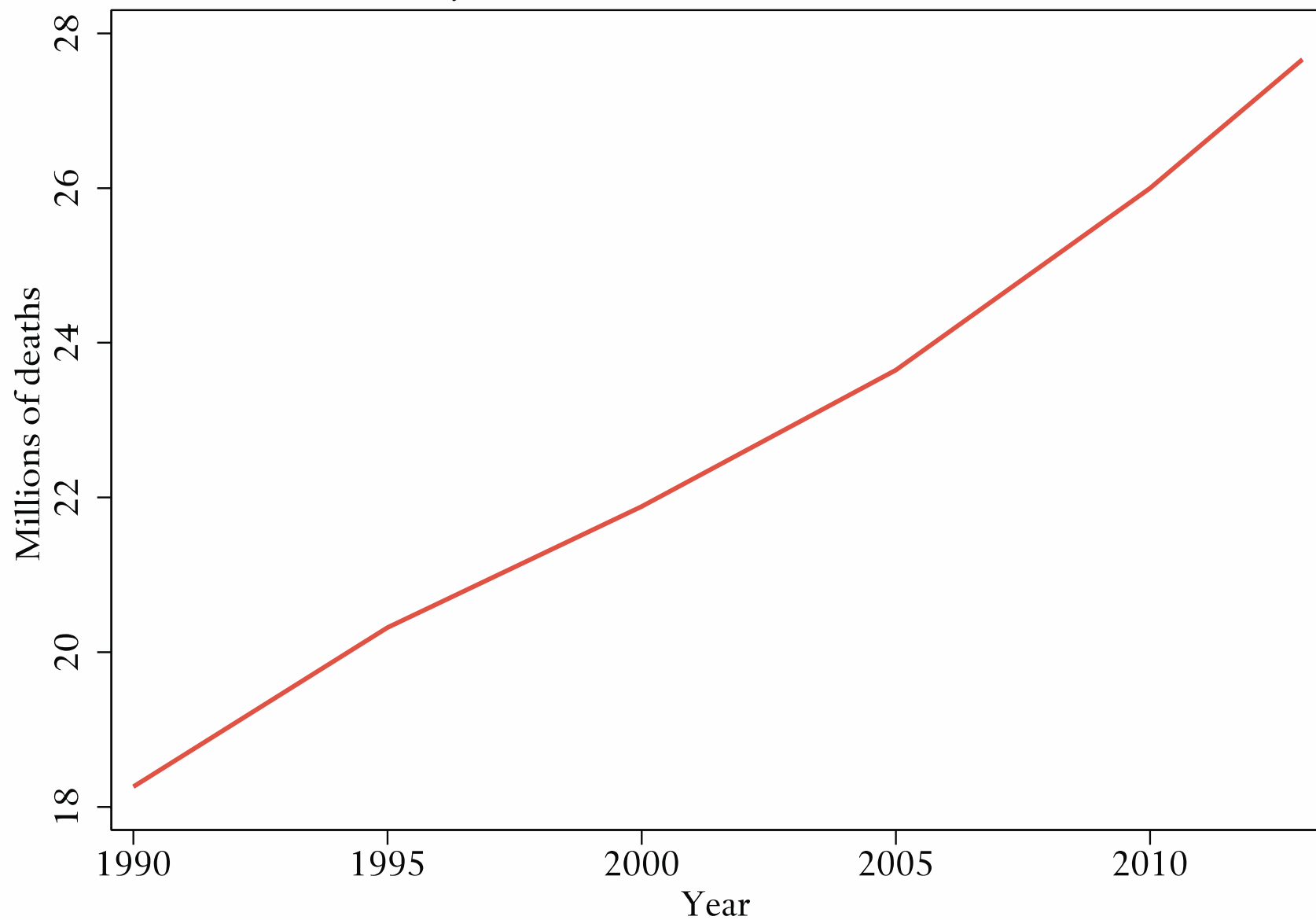
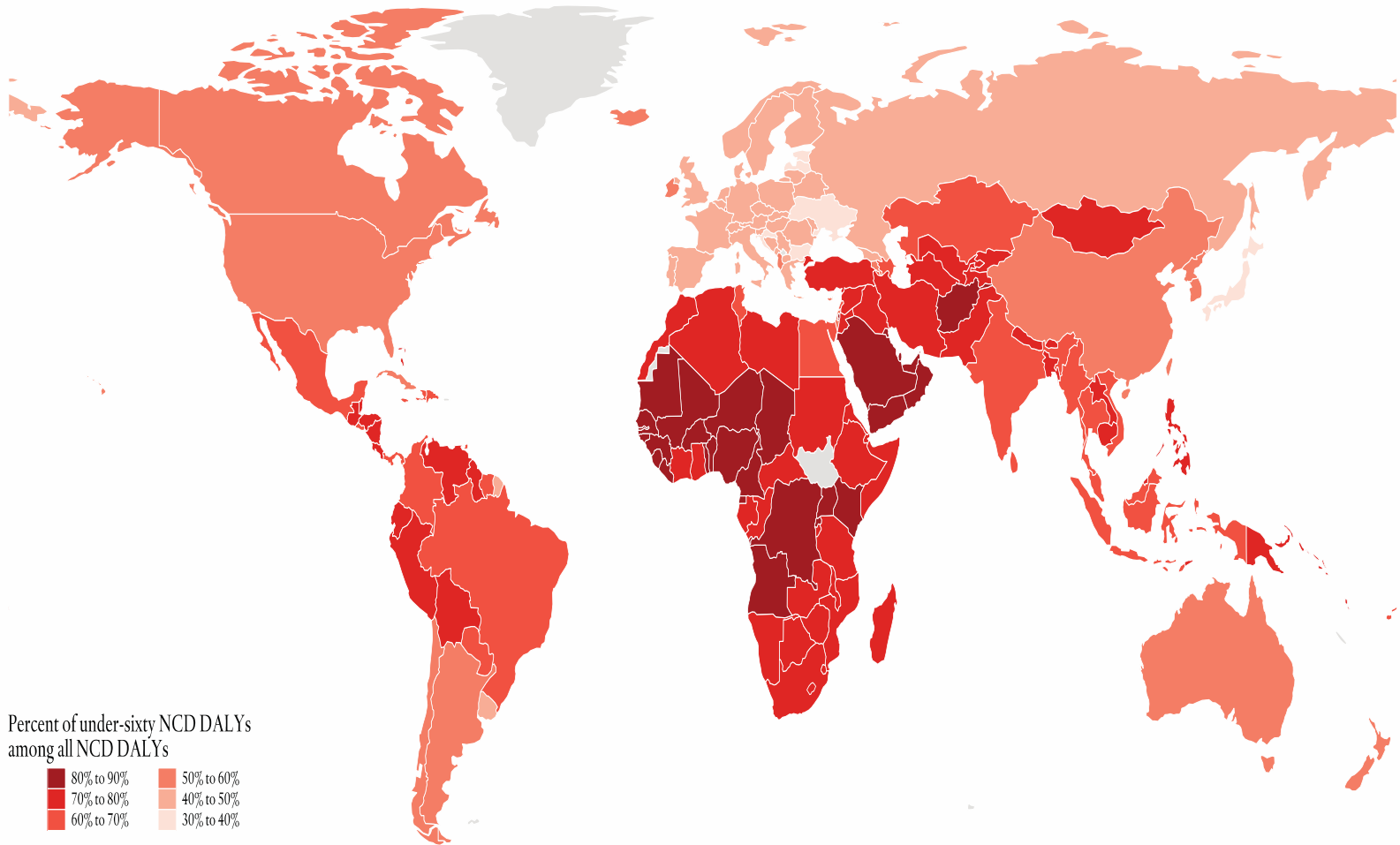


Table 1: Percentage change in DALYs: 1990-2010

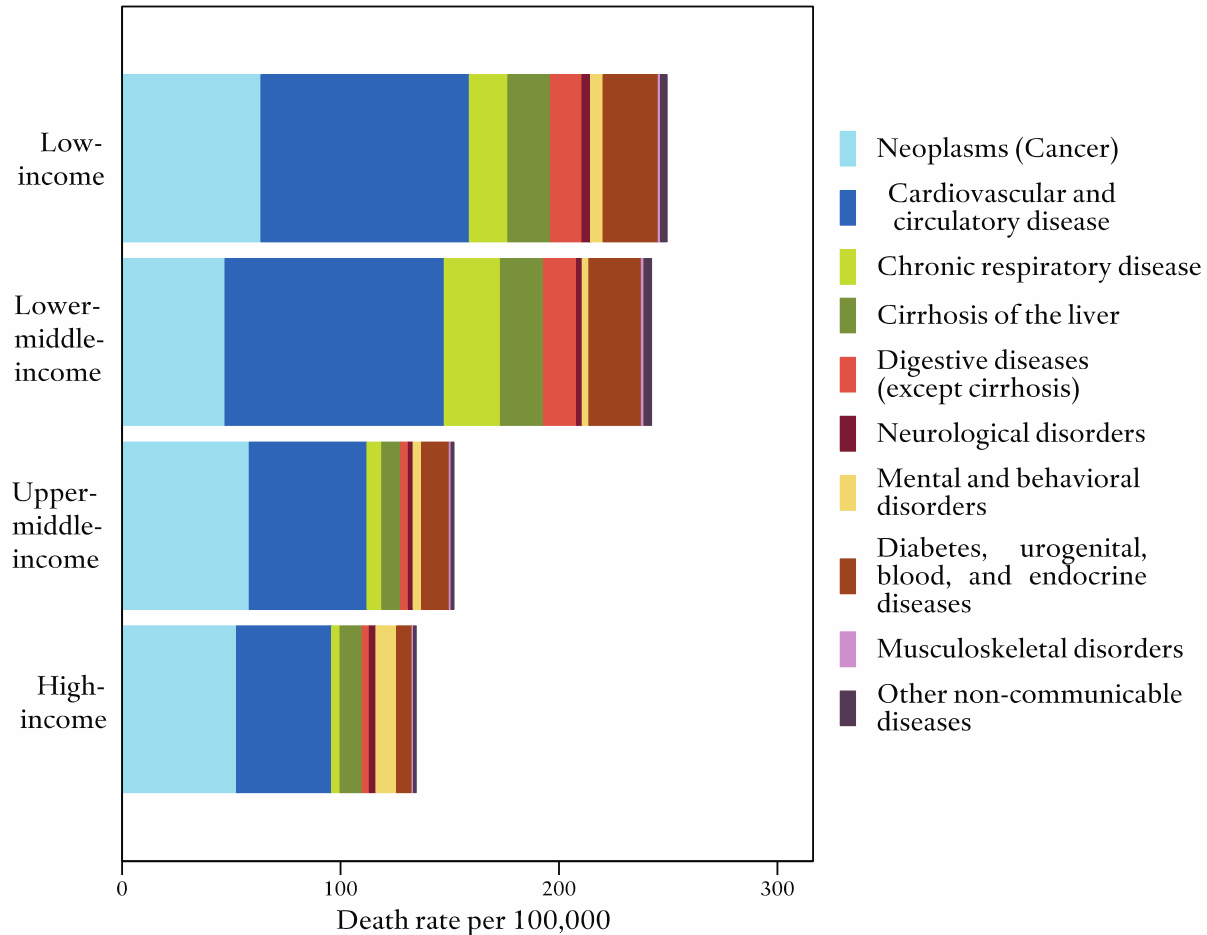
	Low income	Lower-middle income	Upper-middle income	High income
All communicable diseases	-14%	-27%	-47%	-23%
All NCDs	42%	38%	18%	9%
Lung cancer	78%	56%	52%	7%
Breast cancer	124%	58%	55%	1%
Cervical cancer	28%	19%	18%	-16%
Leukaemia	54%	30%	-7%	1%

Data source: Institute for Health Metrics and Evaluation, Global Burden of Disease Study 2010

Proportion of NCD Death & Disability that Arises under 60

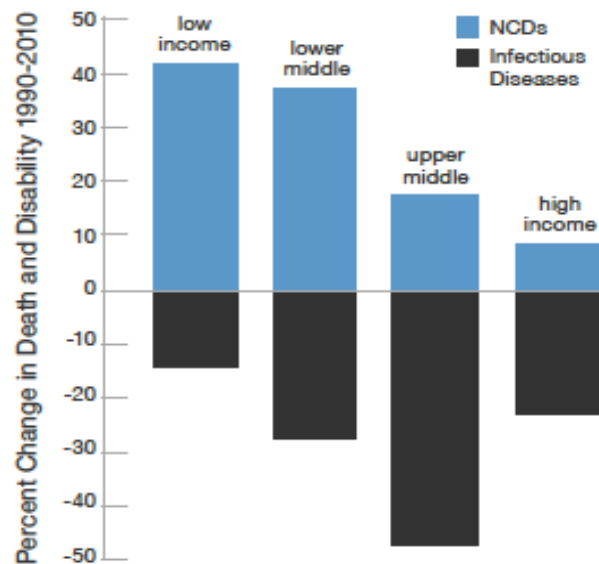


Worse Outcomes



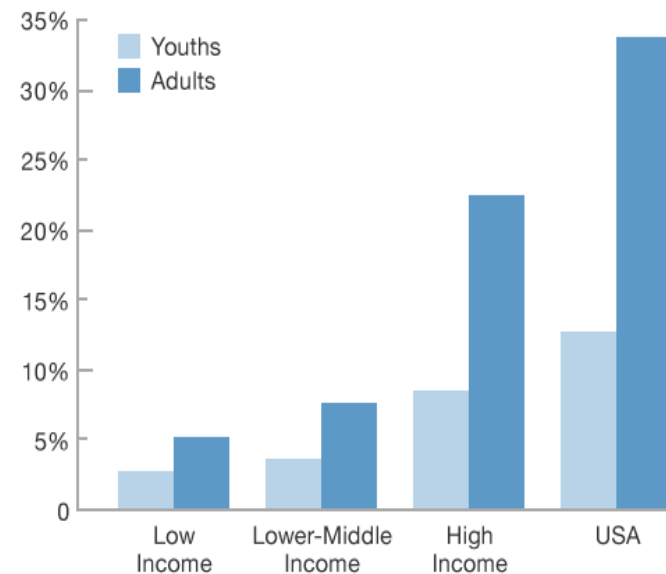
Not Merely a Byproduct of Success & Unhealthy Lifestyles

Rise of NCDs exceeds
decline of infectious diseases
in developing countries

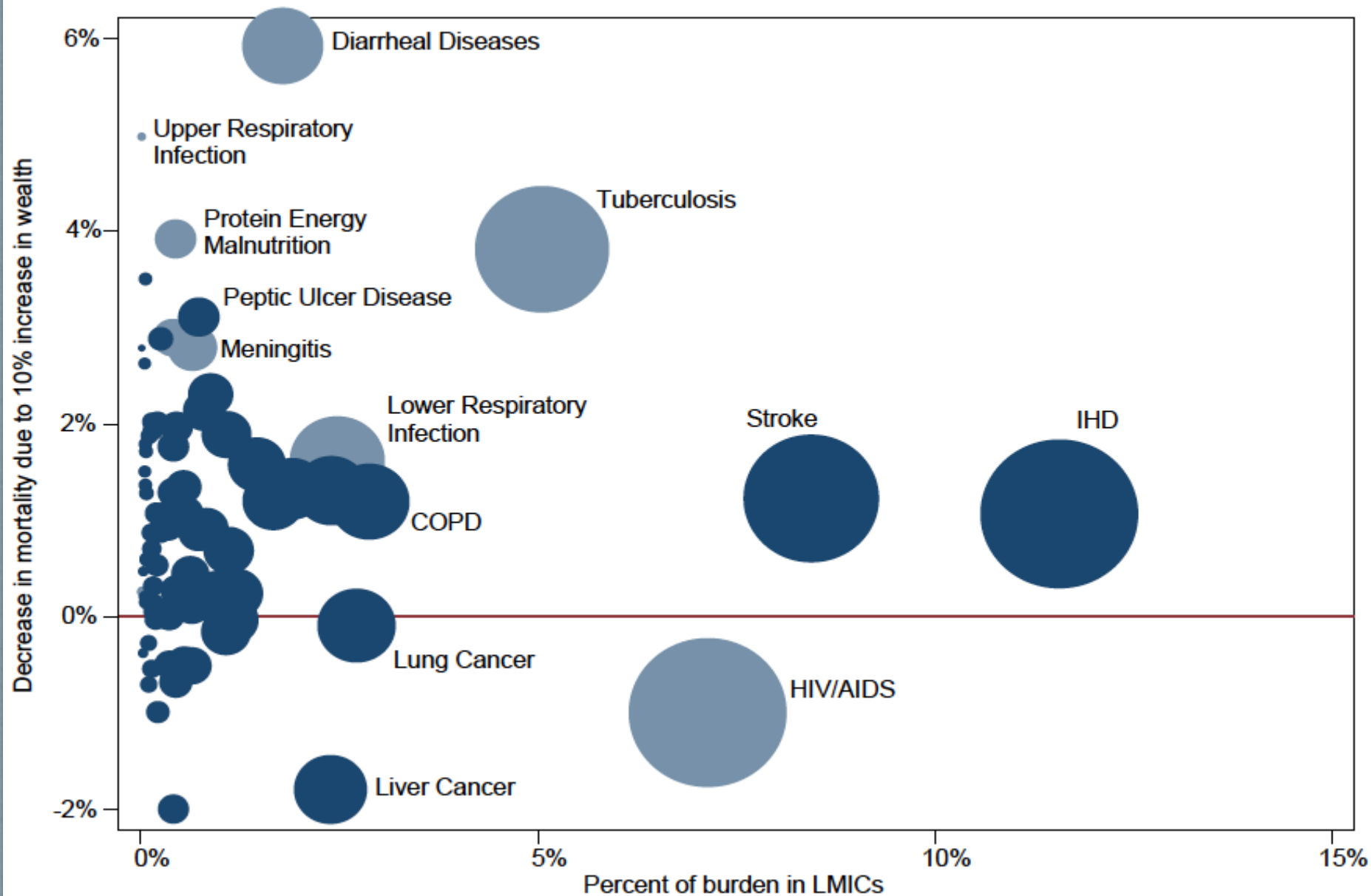


Source: Institute for Health Metrics and
Evaluation, Global Burden of Disease Study
(2010)

Rates of obesity are rising,
but still relatively low
in developing countries



Source: Institute for Health Metrics
and Evaluation, Overweight and Obesity
Viz.



Country Wealth And Its Association With Premature Adult Mortality From Major Noncommunicable Diseases

Cause	Total effect: wealth on mortality (%)	Direct effect: wealth on mortality (%)
Noncommunicable diseases	-1.0****	-1.2****
Rheumatic heart disease	-2.1****	-2.5****
Asthma	-1.9****	-2.4****
Hypertensive heart disease	-1.6****	-1.8****
Chronic kidney diseases	-1.3****	-1.5****
Diabetes mellitus	-1.3****	-1.6****
Cerebrovascular disease	-1.2****	-1.6****
Stomach cancer	-1.2****	-1.5****
Chronic obstructive pulmonary disease	-1.2****	-1.3****
Ischemic heart disease	-1.1****	-1.5****
Cervical cancer	-0.9****	-1.0****
Cirrhosis of the liver secondary to hepatitis B	-0.7**	-0.8**
Cardiomyopathy and myocarditis	-0.3	-0.6**
Cirrhosis of the liver secondary to hepatitis C	-0.2	-0.3
Cirrhosis of the liver secondary to alcohol use	-0.2	-0.4
Esophageal cancer	-0.1	-0.3
Leukemia	-0.1	-0.5**
Breast cancer	0.0	-0.2

Per capita GDP when
the median life expectancy
reached 59 years old

\$4,334 OECD countries
(1946)

\$

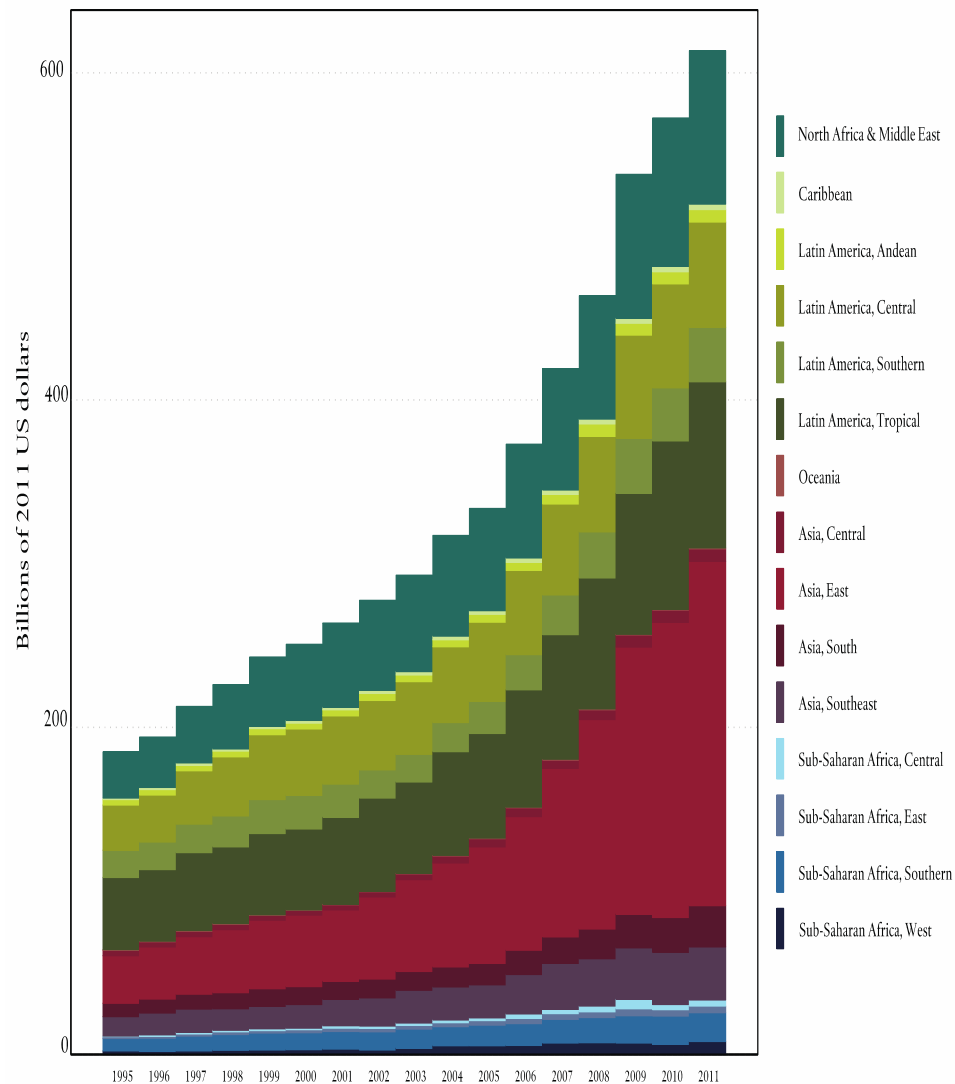
\$2,211 Lower-middle income
countries (1986)

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

\$1,072 Low-income
countries (2012)

\$\$\$\$\$\$

Source: The Gapminder Foundation

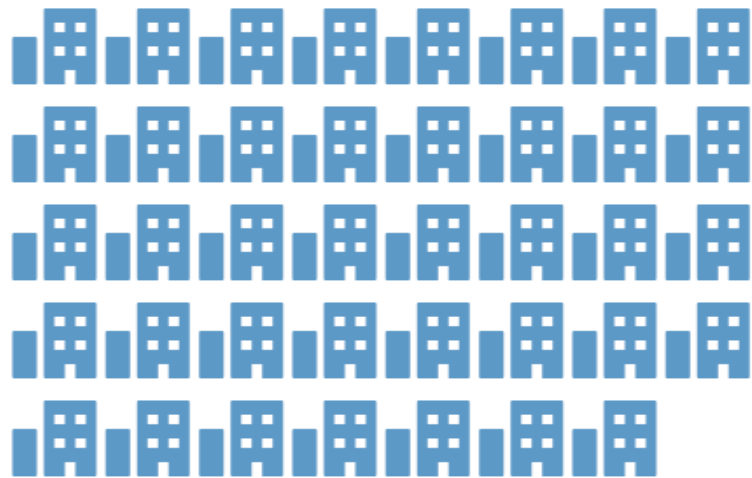


Source: Institute for Health Metrics and Evaluation, Global Health Spending Database (2013).

The world is urbanizing
at an unprecedented rate



1950 746 million urban dwellers



2014 3.9 billion urban dwellers

The rate of urbanization
is fastest in Asia and Africa



0.2%

North
America

0.3%

Europe

1.1%

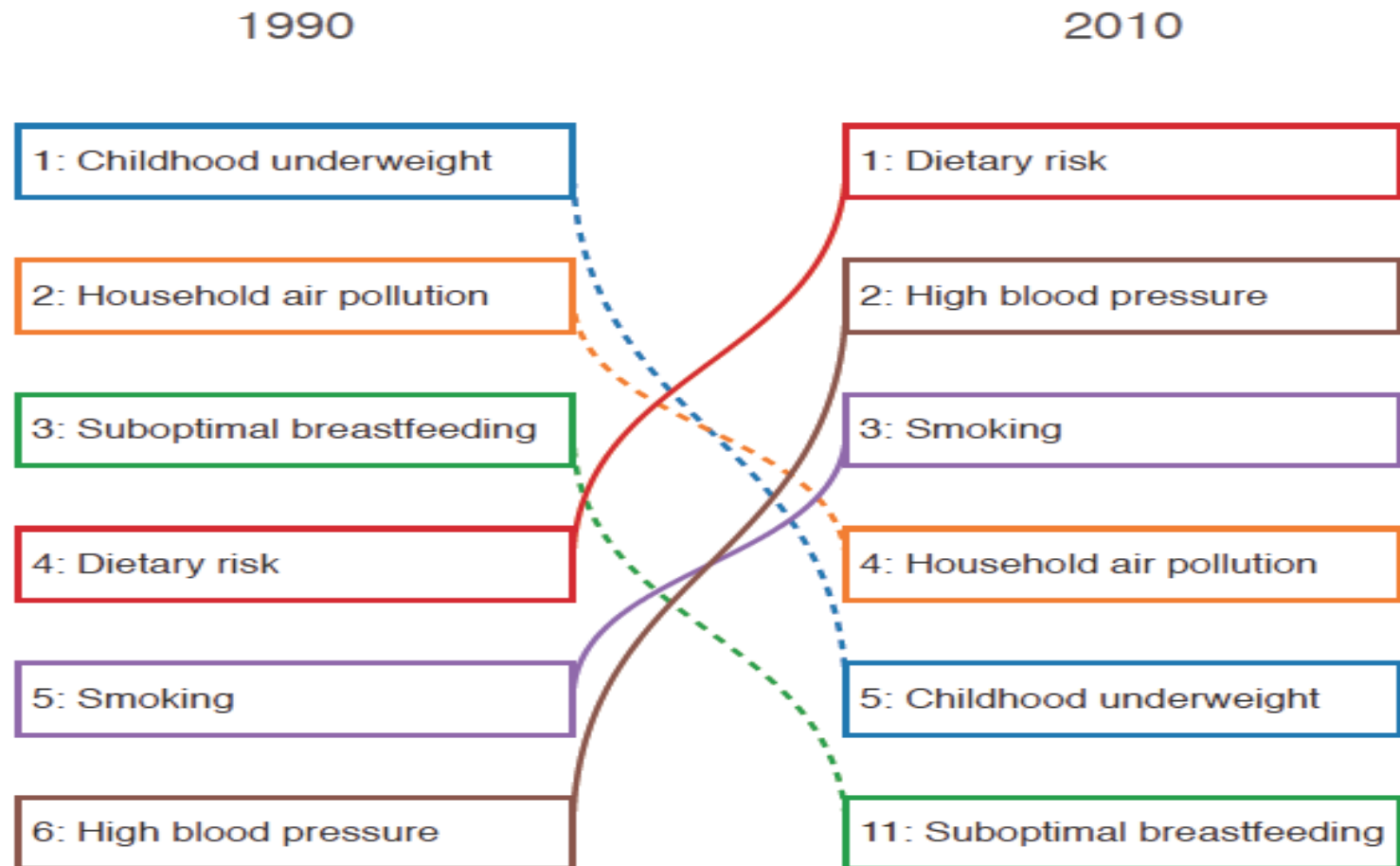
Africa

1.5%

Asia

Source: United Nations, World
Urbanization Prospects (2014)

Top Health Risks in LMICs



The Case for Greater Engagement on NCDs



Current US Engagement on NCDs

- No dedicated programs or budget
- Small scale & ad hoc efforts to integrate objectives into existing US global health programs
- \$10.8 million spent in 2013
- Other bilateral donor investments on NCDs similar

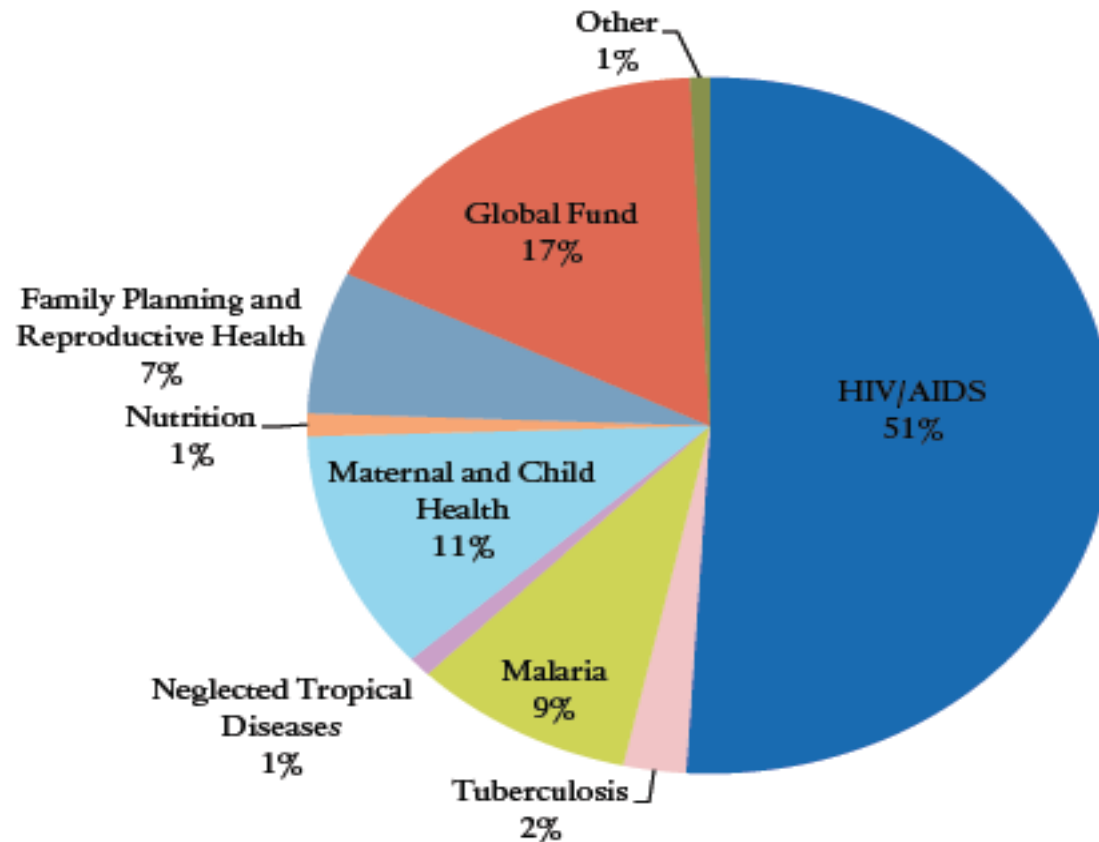
**Bloomberg
Businessweek**

September 24 • October 1, 2019 • bloomberg.com

**EBOLA
IS
COMING**

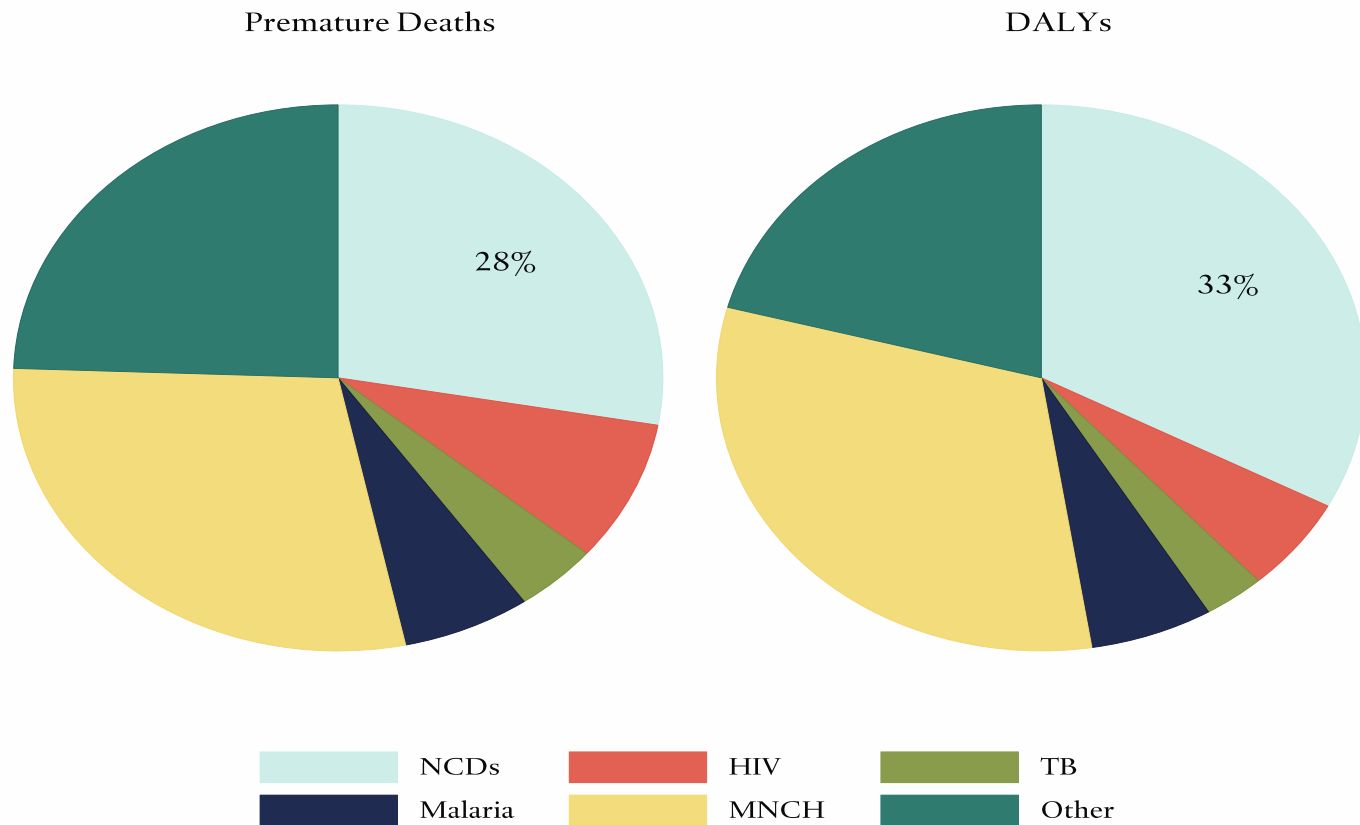
The U.S. had a chance
to stop the virus in its tracks.
It missed.

US FY13 Global Health Budget

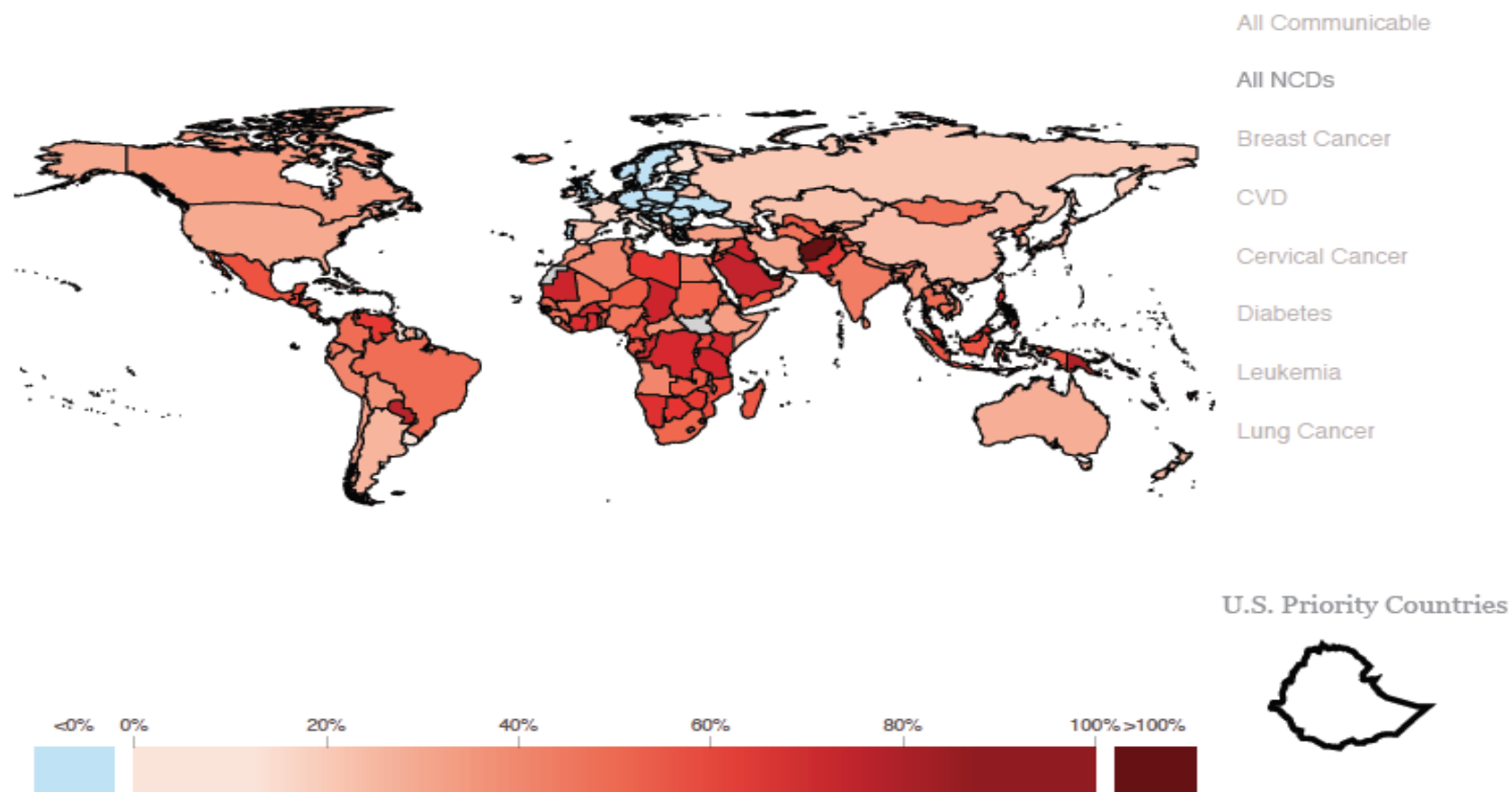


Data Source: Henry J. Kaiser Family Foundation, 2014.⁷⁷

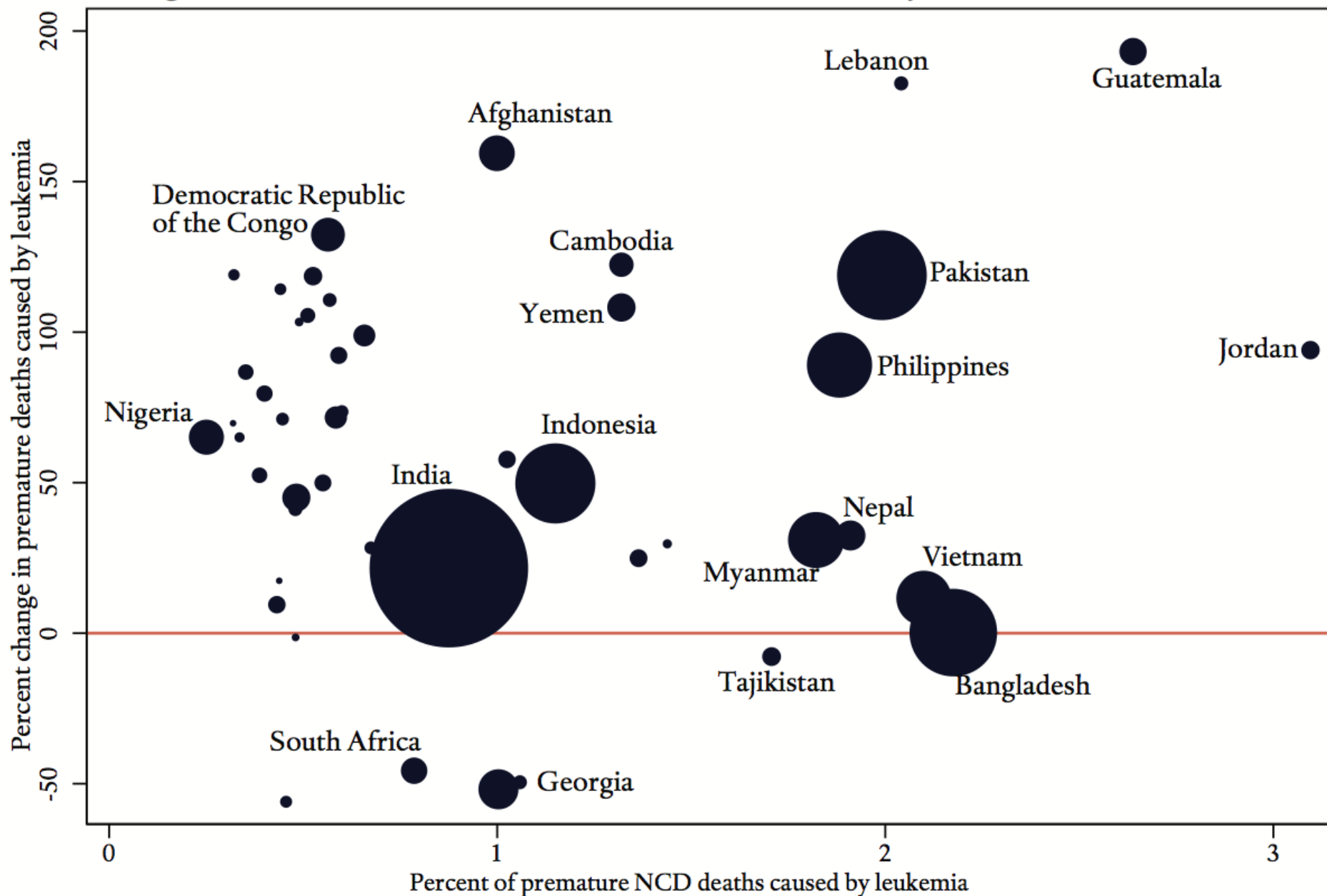
Health Burden in U.S. Priority Countries



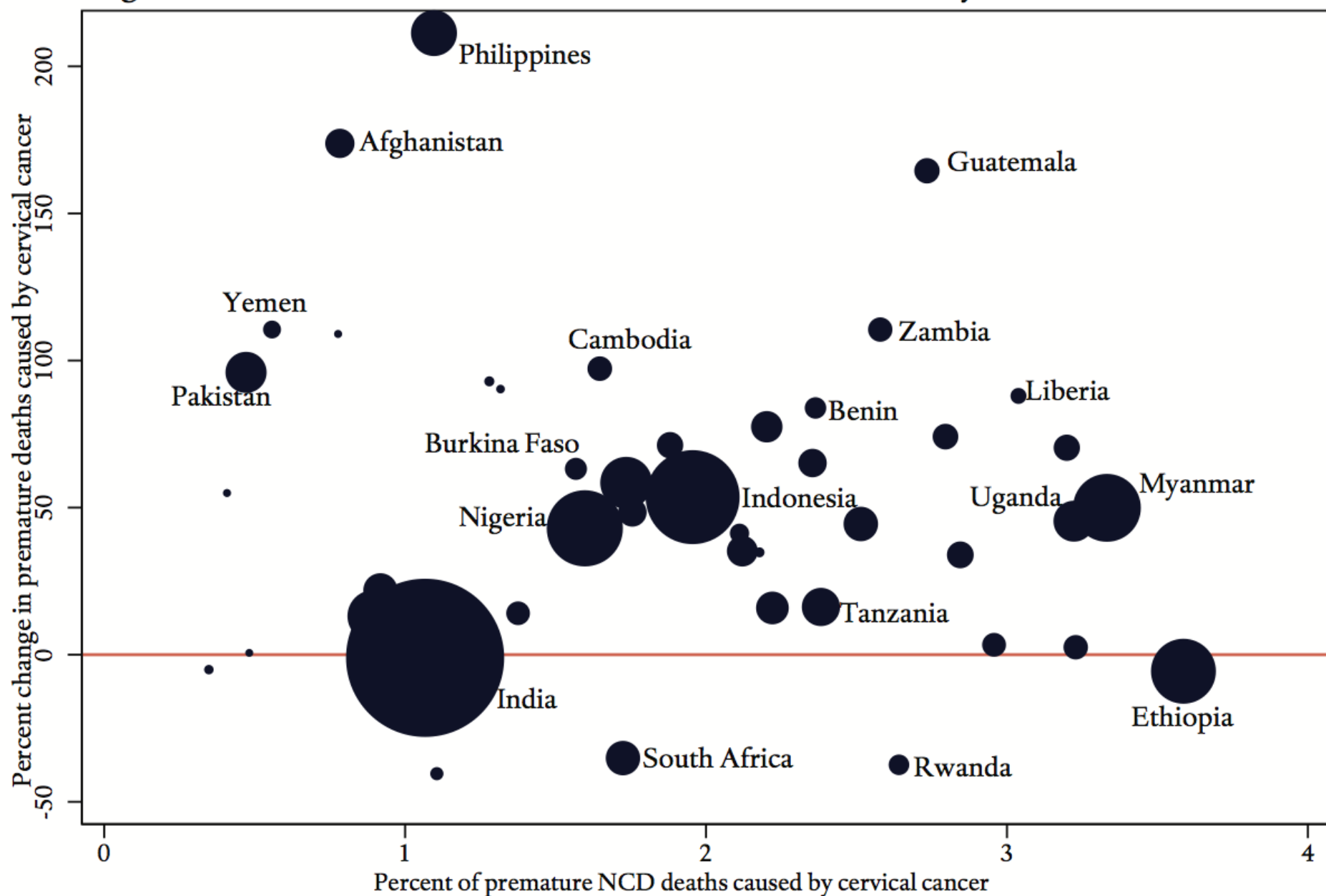
Change in NCD DALYs, 1990-2010



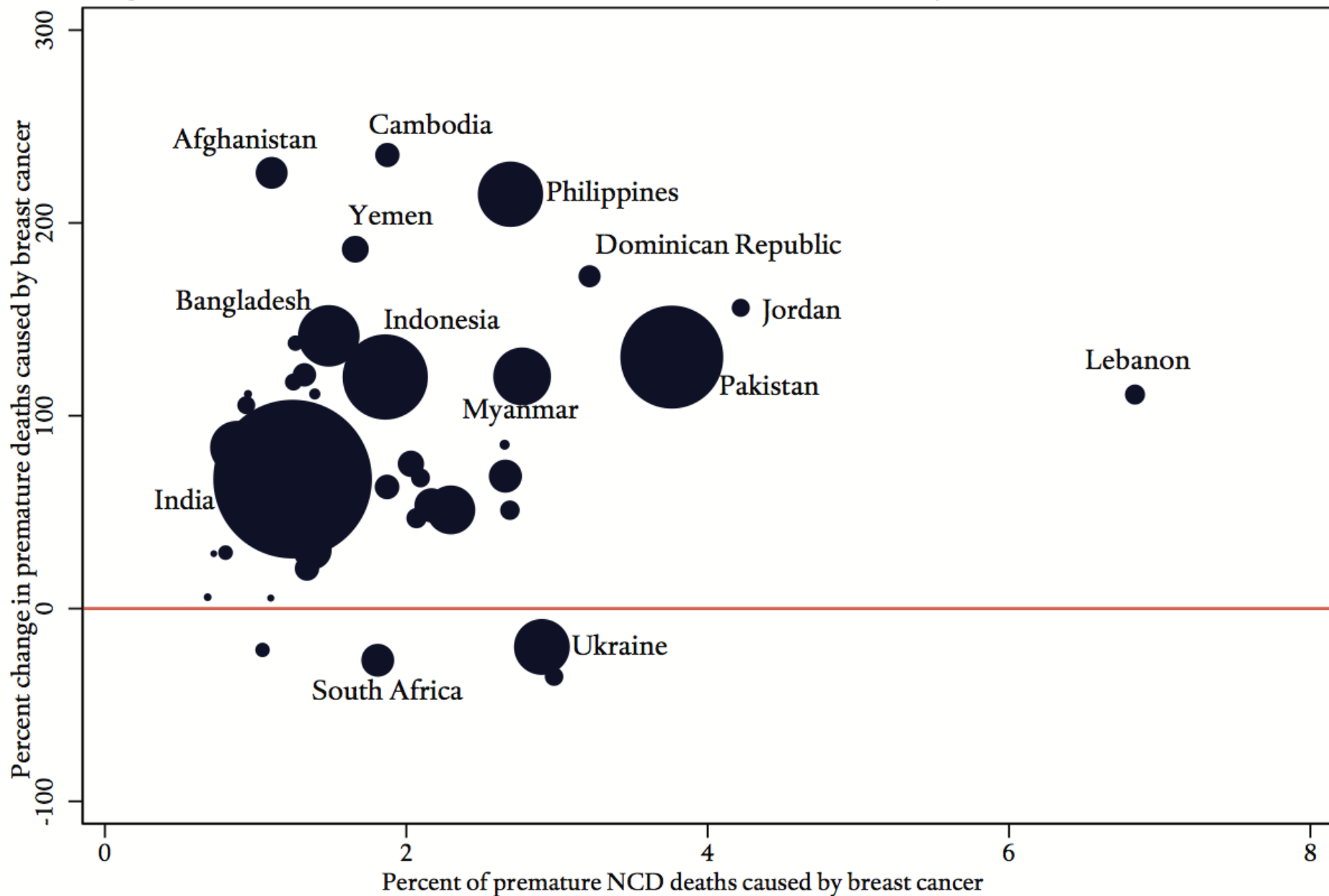
Change in Premature Leukemia Deaths in U.S. Priority Countries, 1990-2013



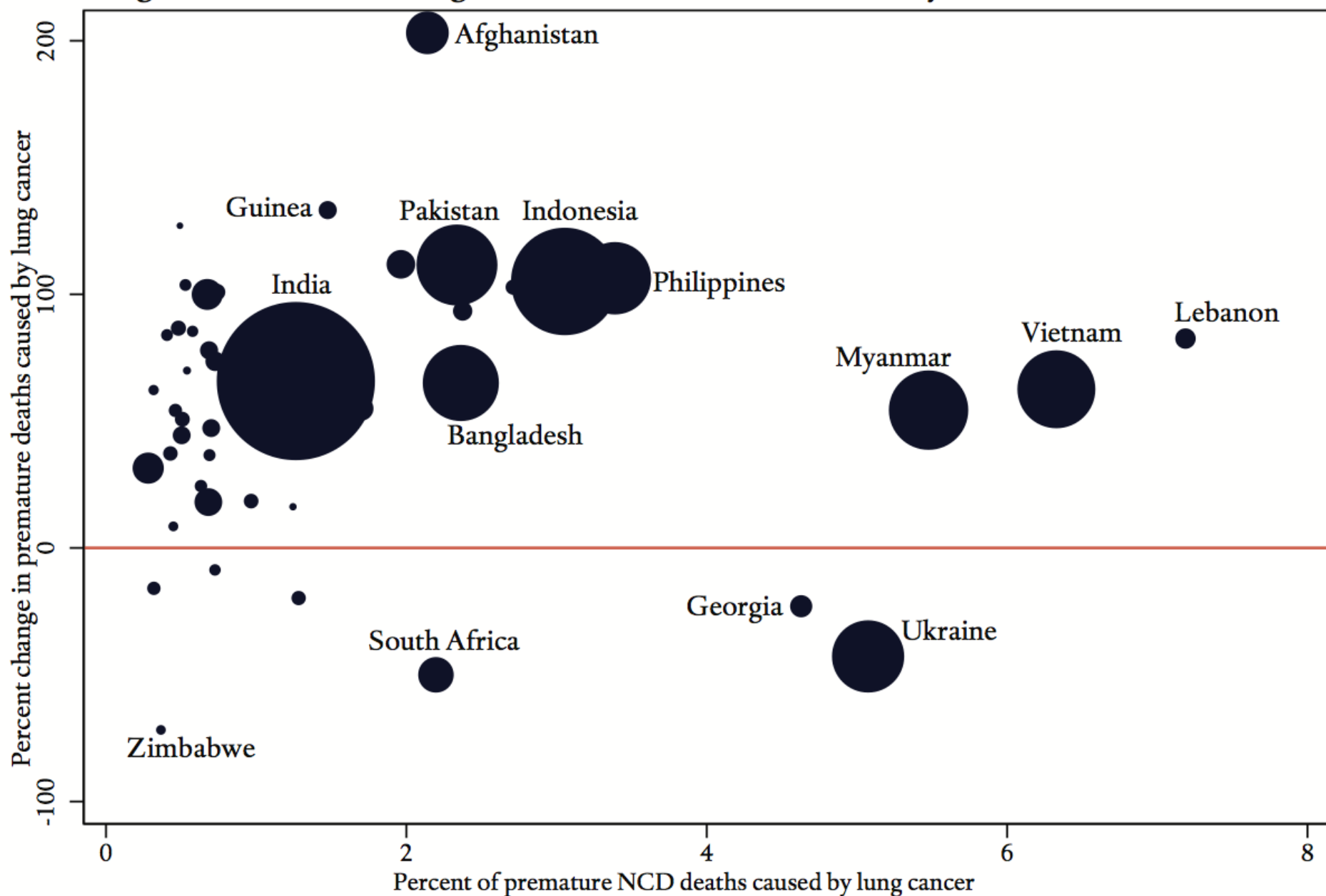
Change in Premature Cervical Cancer Deaths in U.S. Priority Countries, 1990-2013



Change in Premature Breast Cancer Deaths in U.S. Priority Countries, 1990-2013



Change in Premature Lung Cancer Deaths in U.S. Priority Countries, 1990-2013

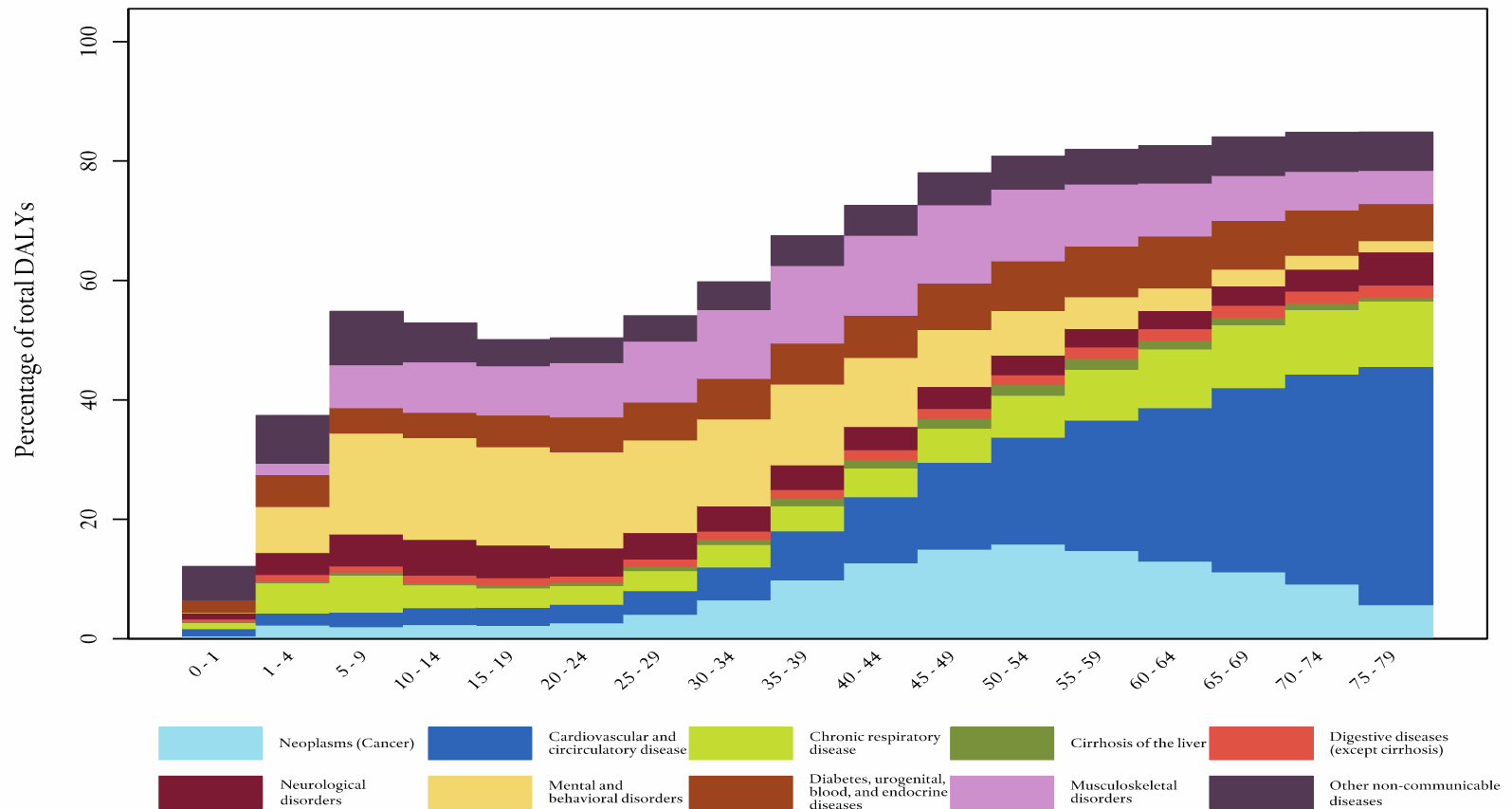


Economic Interests

- Investments to address NCDs support economic development and trade
 - Low- and middle-income countries have represented roughly half of global growth since the 2008 financial crisis.
- Investments to address NCDs are means of building fruitful partnership with allies and rising powers

NCDs by Age

All low- and middle-income countries



Individuals and Households

- Premature death and disability
- Lost household income, potential impoverishment
- Health expenditures, including catastrophic
- Loss of savings and assets
- Greater likelihood of children developing NCDs

Health Systems

- Poor health outcomes
- Diminished capacity to address other health needs
- Resources to retool health systems to chronic, preventative care
- Health labor force and training demands
- Increased demand for high-cost medical interventions

National Economies and Governments

- Reduced labor supply
- Lower productivity and competitiveness
- Lower tax revenues
- Increased health and social welfare expenditures
- Lost demographic dividend
- Eroded institutional capacity
- Political pressure from unmet population needs



GLOBAL AND REGIONAL EFFECTS

Poorer Global Health

Reduced International Trade and Development

Potential for Political Instability



Source: Bloom et al., World Economic Forum (2011)

Potential Strategies for U.S. Engagement

Strategies

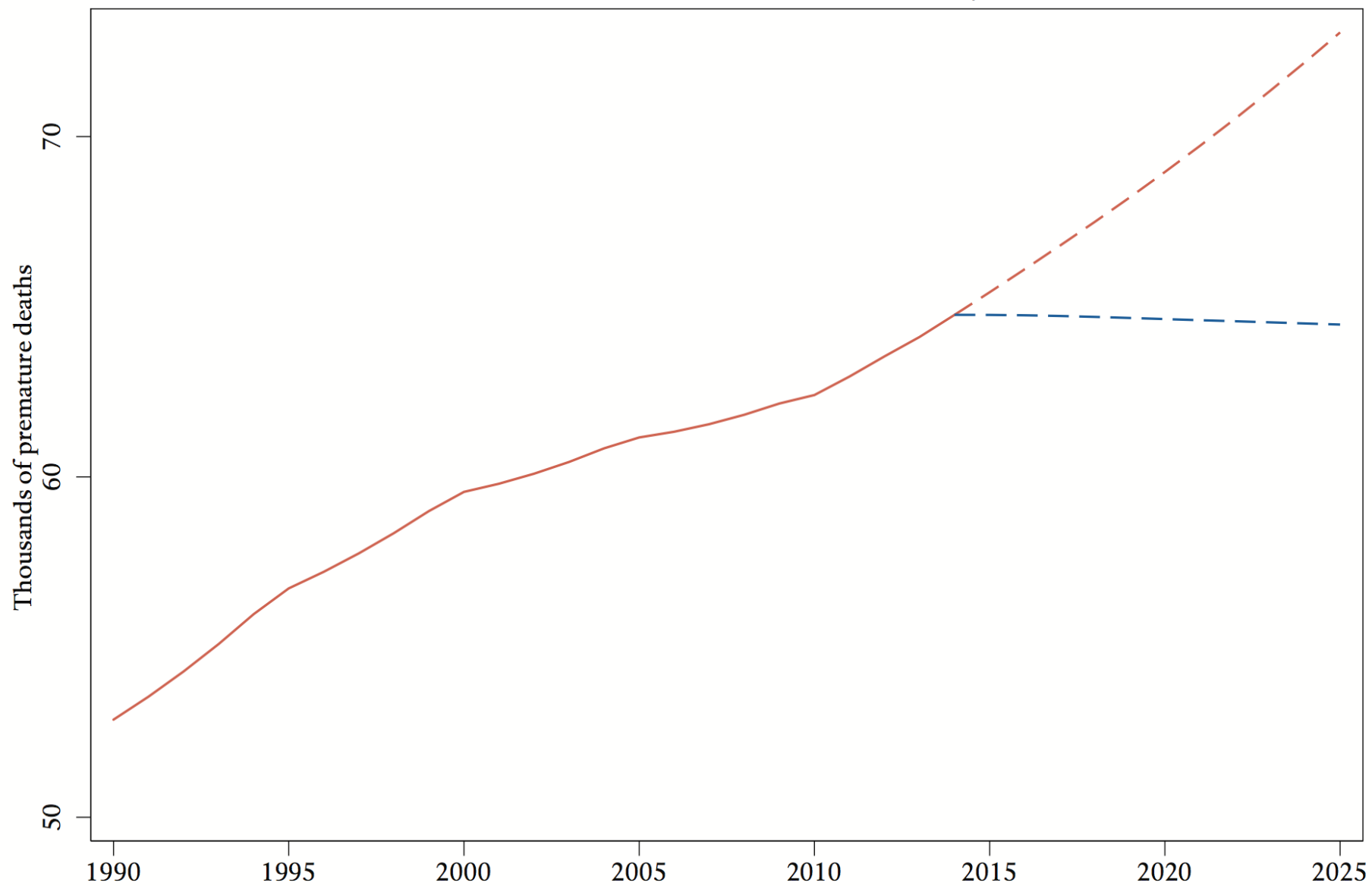
- Challenges where interventions exist & can leverage existing infrastructure
 - Tobacco
 - HPV vaccine & screening
 - Hepatitis B vaccine
- Challenges where interventions exist but require adaptation for low resource setting
 - Breast, stomach cancers, leukemia, children's cancers
- Shared challenges where cooperation between developed & developing countries and with private sector could help

Associations Among Country Wealth, Noncommunicable Disease Risk Factors, And Premature Adult Mortality

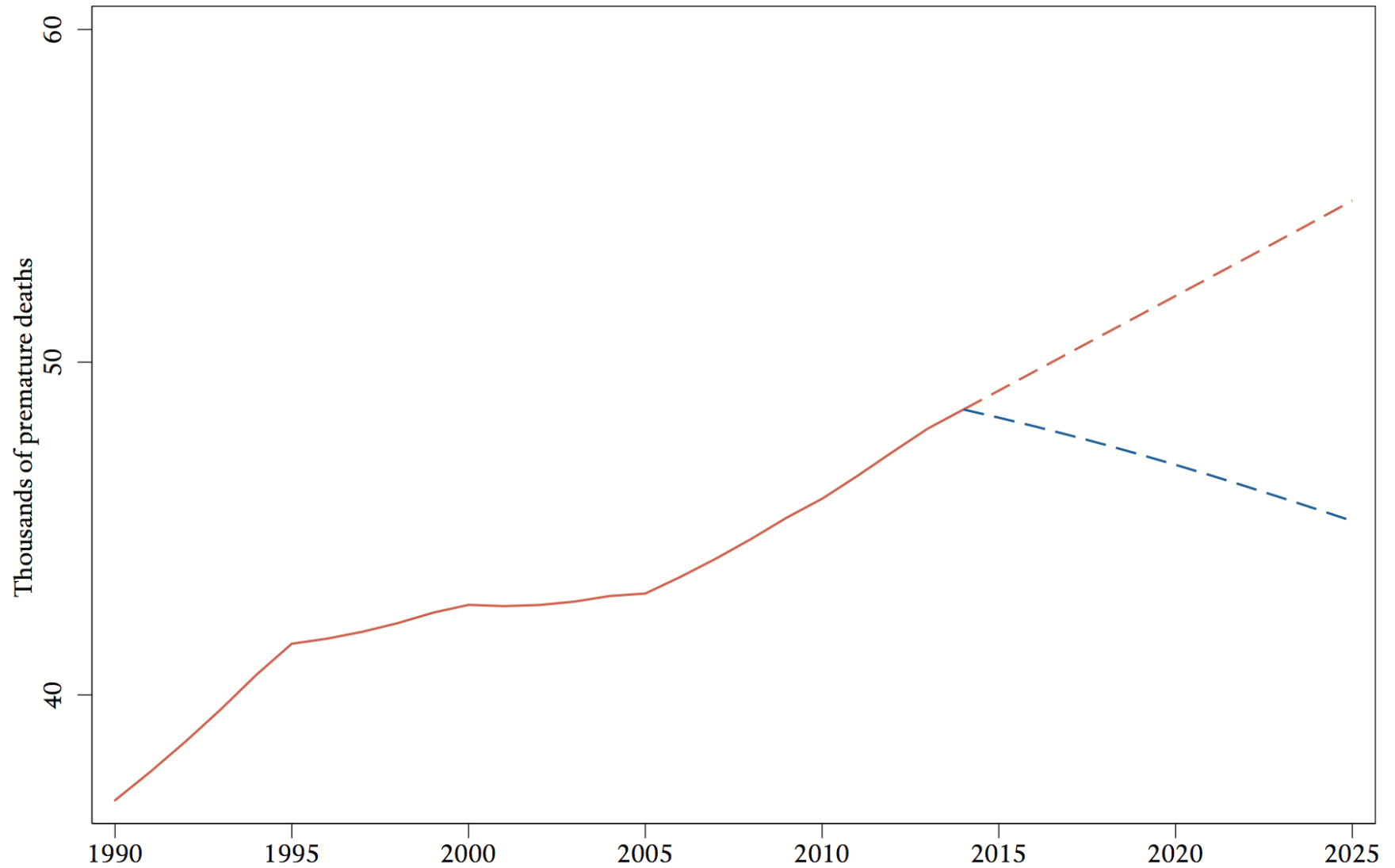
Risk factor	Effect of a 10% increase in GDP per capita on risk factor (%)	Effect of a 10% increase in risk factor on adult mortality (%)
Household air pollution	-0.3	0.3*
Inactivity	0.0	-0.5
Sodium intake	0.0	0.7
Binge drinking	2.3****	0.5***
Ambient particulate matter	0.6***	1.3****
Obesity	0.2*	1.1***
Smoking	-0.1	1.7****

SOURCE Authors' calculations. **NOTE** GDP is gross domestic product. * $p < 0.10$ *** $p < 0.01$ **** $p < 0.001$

Premature Cervical Cancer Deaths in 49 Priority Countries



Premature Leukemia Deaths in 49 Priority Countries



The red dashed line is a linear projection based on country-specific rates. The blue dashed line is a counterfactual based on observed average historic rates of high-income countries

Thank you!

tbollyky@cfr.org

**COUNCIL *on*
FOREIGN
RELATIONS**