Nothing to disclose
The 2009 Global Risk Report of the World Economic Forum rated chronic diseases as a more costly global risk than the global financial crisis, with potential costs estimated between $250 billion to $1 trillion dollars.
Projected Deaths by Cause in Low Income Countries

The Epidemic of Non-Communicable Diseases

FEATURE

Grand challenges in chronic non-communicable diseases

The top 20 policy and research priorities for conditions such as diabetes, stroke and heart disease.


Chronic non-communicable diseases (CNCDs) are reaching epidemic proportions worldwide. These diseases — which include cardiovascular conditions (mainly heart disease and stroke), some cancers, chronic respiratory conditions and type 2 diabetes — affect people of all ages, nationalities and classes.

The conditions cause the greatest global share of death and disability, accounting for around 60% of all deaths worldwide. Some 80% of chronic-disease deaths occur in low- and middle-income countries. They account for 44% of premature deaths worldwide. The number of deaths from these diseases
IOM Report on Global Cardiovascular Health

Promoting Cardiovascular Health in the Developing World

A Critical Challenge to Achieve Global Health

• Commissioned/funded by NHLBI in 2008
• Report released in March 2010

Report Brief, Report Summary, and Full Report can be downloaded for free:

www.iom.edu/globalcvd

Changing patterns of disease – age
We share common problems
Dependent on new solutions
Need for “implementation science”
Leapfrog technologies – mHealth, broadband-long distance learning
Multi-disciplinary approaches are key

Global is not the opposite of domestic.”
– Julio Frenk

Graphic from Research!America
“... as the cardiovascular epidemic spread to the emerging economies, the Framingham Heart Study has been a dominant force in causing the global health community to confront heart disease specifically and chronic disease generally.”
Opportunity for Prevention

- The major causes of chronic diseases are known.
- If these risk factors were eliminated,
  - Prevent at least 80 percent of all heart disease, stroke and type 2 diabetes
  - Prevent over 40 percent of cancer
Bridging The “Know-Do” Gap

**KNOW**

Interventions are effective in clinical & controlled-research settings

**DO**

Proven interventions are not implemented in practice
Global Health Leadership: Key Issues

- Policy and public health approaches are essential to crafting solutions.
- Economic factors have promoted spread of NCDs
- Prevention requires approaches which are not in the health care sector
- Research needs are poorly understood
The Ecological model approach to NCD prevention
Responding to Growing Global Burden of Chronic Disease

**NHLBI/UHG Centers of Excellence**
National Heart, Lung, and Blood Institute
Global Health Initiative
Preventing Chronic Disease

**Global Alliance for Chronic Diseases**

**GACD**
An Alliance of Health Research Funders

**2011 UN Non-Communicable Disease Summit**
NHLBI/UHG Collaborating Centers of Excellence (since 2009)
GACD Hypertension Program

- 15 community-based research projects that will focus on implementing effective approaches to control high blood pressure
- The projects represent an investment of more than US$21.8 million over three to five years
- Research in 15 different low- and middle-income countries:
  - Argentina
  - China
  - Colombia
  - Fiji
  - Ghana
  - India
  - Kenya
  - Malaysia
  - Nigeria
  - Peru
  - Rwanda
  - Samoa
  - South Africa
  - Tanzania
  - Uganda
Do you plan to pursue a career that involves some aspect of global health

- 31.4% Yes, I plan to pursue a career primarily focused in global health
- 18.6% Yes, I plan to pursue a career that is partially focused in global health
- 4.9% No
- 45.1% I don’t know

Data Source: 103 participants representing 19 US universities
Provides supportive mentorship, research opportunities and a collaborative research environment for early stage investigators from the U.S. and low- and middle-income countries (LMICs), to enhance their global health research expertise and their careers.
Support Centers (Phase III)

- **UJMT Fogarty Global Health Fellowship**
  - A consortium of The UNC at Chapel Hill, Johns Hopkins University, Tulane University and Morehouse Medical School
  - [http://www.fogartyglobalhealthfellows.org/](http://www.fogartyglobalhealthfellows.org/)

- **VECD Fogarty Global Health Fellowships**
  - A Consortium of Vanderbilt University, Emory University, Cornell University and Duke University
  - [http://www.vecd.org/](http://www.vecd.org/)

- **Northern Pacific Global Health Research Fellows Training Consortium**
  - Partnership between the Universities of Hawaii, Michigan, and Minnesota and international partners in Kenya, Uganda, Ghana, Cameroon, Peru, Thailand, and China
  - [http://fogartyfellows.org/](http://fogartyfellows.org/)

- **GHES Global Health Equity Scholars Fellowship Program**
  - A consortium of UC Berkeley, Florida International University, Stanford University and Yale University
  - [http://ghes.berkeley.edu/](http://ghes.berkeley.edu/)

- **GloCal Health Fellowship**
  - A consortium at the Global Health Institute (UCGHI) comprised of UCSF, UCSD, UCLA, USD, 25 affiliated international sites across 14 countries
  - [http://glocalfellows.org/Pages/default.aspx](http://glocalfellows.org/Pages/default.aspx)
Global Health Program Impact: Benefits to Americans

- Extensive benefits of US investments in international collaborations.
- New therapies and improvements in public health from scientific advancements.
- U.S. citizens benefit from insights into improving health care management.
- Better prevention and treatment approaches opens new markets to US companies in areas such as information technology, mobile health, agriculture, transportation, and education.
“International partnerships are crucial to fighting this massive epidemic. All nations are feeling the devastating impact of ...non-communicable diseases and, consequently, must be part of the solution. This convergence of interests presents exceptional opportunities - and enormous responsibilities - to those of us in the medical research community.”
Roger Glass, Director, FIC, 2011