

News from NIH: Global Health

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The work of the CDC, National Institutes of Health (NIH), and other HHS agencies on communicable diseases in the developing world is well known. However, today, noncommunicable disease accounts for more than 60% of deaths around the world, of which 80% are in the developing world [1]. The epidemic of noncommunicable disease is growing and shifting from high-income countries to low- and middle-income countries (LMICs), where little research has been done, and minimal research capacity currently exists. Another challenge is the development of a “rapid learning science” grounded in methodology that is rigorous while also being responsive to short-term needs of communities, health systems, and policy makers [2]. There is a need to apply the lessons learned from HIV/AIDS, which ultimately converted erroneous myths that HIV was too complex, costly, and prevalent to prevent in the developing world into effective strategies to reduce costs, increase access to health services, and strengthen health systems [3]. This lesson from HIV/AIDS suggests that research conducted in LMICs could provide significant and innovative advancements in understanding, preventing, and treating chronic diseases for both developing and developed countries. Such research would likely include “disruptive innovations” as proposed by Paul Farmer [4], Clayton Christensen [5], and Santosh Krishna [6], providing needed services in innovative ways that bring a much more affordable product or service that is simple to integrate into a health service market. New international collaborations dedicated to an implementation and evaluation research agenda in chronic diseases are needed, and the behavioral and social sciences will be critical to advance research in global health.

NIH, and particularly the NIH Fogarty International Center (FIC), has long supported international collaborations for research, training, health communications, and other activities related to preventing and controlling disease. One of the goals in the new FIC strategic plan is to expand training in and application of implementation science [7]. NIH, and specifically the FIC and the National Heart Lung and Blood Institute, are members of the Global Alliance for Chronic Diseases [8]. This alliance has global reach and brings together six major national health research

councils. A major focus of the alliance is on chronic diseases in LMIC and among low-income and indigenous populations in developed countries. The goal is to support research on low-cost interventions and to build capacity in research, training, and healthcare delivery.

Another example of NIH involvement in global health is the National Cancer Institute’s (NCI) co-funding of the International Tobacco and Health Research and Capacity Building Program. This program supports transdisciplinary research and capacity-building projects that address the burden of tobacco consumption in LMICs and promotes international cooperation between scientists and institutions in LMICs and investigators in high-income nations. The International Tobacco Control Policy Evaluation Project (ITC Project), funded by NCI, will evaluate and improve the understanding of the effect of the tobacco control policies implemented as part of the Framework Convention on Tobacco Control (FCTC). The ITC Project includes more than 20 countries, including many LMICs. It is the only international study that is specifically evaluating the effectiveness of the FCTC policies, such as implementing clean indoor air policies and graphic health warnings on cigarette packages.

Disease-screening initiatives, such as the International Cancer Screening Network (ICSN) sponsored by NCI, are dedicated to collaborative research aimed at identifying and fostering efficient and effective approaches to disease control worldwide through population-based screening. ICSN is a voluntary consortium of 28 countries that meets biennially and has active population-based screening programs.

The 4th Annual NIH Conference on the Science of Dissemination and Implementation: Policy and Practice, held on March 21–22, 2011, provided a forum for communicating and networking with international experts about the science of dissemination and implementation. One of the goals of this year’s conference was to facilitate international partnerships and expand the research base focused on global health issues. In parallel with the conference, NIH offered a workshop on impact evaluation, focused on how to incorporate rigorous impact evaluation meth-

odologies into operations and implementation research, particularly when operating in a LMIC context.

Past research suggests that international collaborations can inform efforts to identify solutions to the US health challenges in two major ways. First, the evaluation of major differences in health policy, context, and the effect of health policies on health and behavioral outcomes can inform future policies in the USA as well as LMICs. Second, study of health policy factors and outcomes within a given country likely underestimates the effect of policies because of the restricted range of policies within any given country. International comparisons can provide a better sense of multi-level effects within various contexts.

The programs and activities summarized above are promising beginnings, but there are many remaining opportunities for behavioral and social sciences to address global health needs. The examples in this column are illustrative but not inclusive of all NIH global health initiatives. Global health is

one of NIH Director Francis Collins's five primary areas of focus [9], so new and continued opportunities for global health research are likely.

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