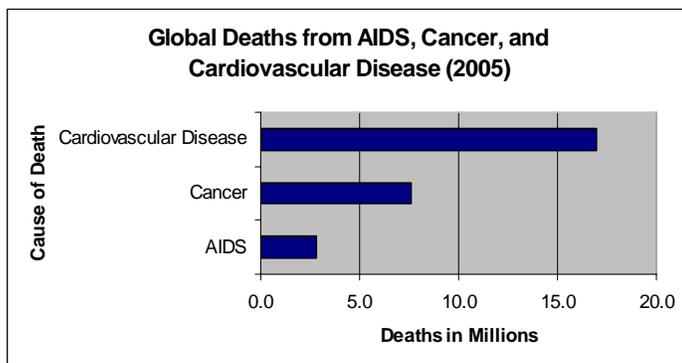


Assessing the Global Risk of Chronic Diseases

At a time when headlines are focused on the threat of avian influenza and when our attention is captured by other infectious diseases, most notably the ongoing tragedy of the HIV/AIDS pandemic, another less dramatic but ultimately more costly threat to human health is at work: chronic disease. Ironically, the level of policy attention paid to the challenge of combating noncommunicable diseases (NCDs) is significantly lower than the potential human and economic costs it engenders. Simply put, NCDs are not receiving the policy attention that they warrant.



Source: <http://www.avert.org/worldstats.htm>,
<http://www.2006conferences.org/pdfs/GlobalCancerFactSheetFinal.pdf>, and
<http://www.who.int/mediacentre/news/releases/2005/pr44/en/index.html>.

Note: Worldwide deaths caused by chronic diseases such as cancer and cardiovascular disease significantly outnumber those caused by AIDS.

Presently, NCDs such as cardiovascular disease (including heart disease and stroke), diabetes, chronic respiratory diseases, and cancer account for 60 percent of deaths worldwide, and by 2020, this percentage is expected to rise to 72 percent.¹ But this pandemic is not inevitable. For instance, 80 percent of premature heart disease, stroke, and diabetes can be prevented.² Because many chronic diseases are directly related to lifestyle choices like smoking, diet, and physical

inactivity, the implementation of informed policies and organized grassroots efforts to promote healthy living can reverse the worldwide growth of NCDs.

Absent Policy

According to the World Health Organization, three times as many people die annually from cardiovascular disease alone as compared to AIDS, tuberculosis, and malaria, combined. Nevertheless, the UN Millennium Development Goals fail to explicitly address NCDs, and the 2006 G-8 summit in St. Petersburg almost entirely ignored chronic diseases. The policy world has paid insufficient attention to this global epidemic, partly due to the widespread misconception that chronic diseases mostly affect the elderly and wealthy, and therefore they only yield limited economic consequences. But in reality, almost half of chronic disease deaths worldwide occurs in people under the age of 70, and one-quarter occurs in people under 60 years of age. In low and middle-income countries, NCD deaths occur at even earlier ages.³

Key Drivers of the Pandemic in the Developing World

With 80 percent of chronic disease deaths today occurring in low and middle-income countries, effective policy necessitates a clear understanding of the various risk factors—tied to globalization, industrialization, and urbanization—that propagate chronic disease. Globalization facilitates international trade, which brings new industries such as food, pharmaceuticals, and tobacco to the developing world. Also, industrialization has diminished the agricultural industry in many low and middle-income countries. Thus, manufactured, imported foods high in fats and sugars are often more affordable than the nutritious, locally grown options, and the economically wise

¹ *Tough Choices: Investing in Health for Development* (Geneva: World Health Organization, 2006).

² *Preventing Chronic Diseases: A Vital Investment* (Geneva: World Health Organization, 2005).

³ *Ibid.*

dietary choices are often unhealthy. Finally, urbanization leads to more sedentary lifestyles, which when compounded with poor diet and smoking, invites obesity, diabetes, cancer, and other NCDs.

The Price of Inaction

The costs associated with chronic diseases are escalating at a frightening rate. Not only do nations face direct costs of medical treatments, but they also must endure indirect costs like shrinking workforces due to the loss of sick employees as well as coping mechanisms like selling household assets and removing children from education to care for ailing relatives. The Oxford Health Alliance reports that the cost of NCDs ranges from 0.02 to 5.87 percent of countries' GDP worldwide.

The World Health Organization estimates that if the global rate of NCD deaths were to decrease by 2 percent over the next 10 years, China would experience \$36 billion of growth, Russia \$20 billion, and India \$15 billion. What does this mean for these governments? What level of financial investment and policy efforts are required to achieve this goal over the next 10 years?

Already, a number of countries have successfully experimented with policies to prevent chronic diseases, such as Poland, which achieved a 6 to 10 percent annual reduction in cardiovascular disease deaths in the 1990s by removing price subsidies from butter and increasing the availability of cheaper vegetable oils. Could similar policies be replicated with comparable results in other nations? If so, what is the explanation for the current international deficiency of government action?

Chronic diseases also present a major setback to the private sector. McKinsey predicts that by 2008, Fortune 500 companies' health care costs will exceed their total net profits. What are the ramifications for global business and what can be done to change this trajectory? Some corporations are beginning to implement employee "wellness" programs that have proven extremely cost-effective. For example, companies like Pfizer and PepsiCo have incorporated health promotion as a priority in their human resources strategies and seen an estimated return of \$3 for each \$1 spent. What will it take to get more corporations to follow suit?

Considering the profound economic consequences of chronic diseases, it is of utmost importance that the

international community—both the public and private sectors—begin a more coordinated and robust effort to alleviate this global health problem.

Looking Forward

In order to create sound international policies to prevent chronic diseases, more research is necessary to prove—for each unique risk factor—that if the market is left uninhibited, people will be inclined to make unhealthy lifestyle choices. For example, economic and consumer theories have proven enormously successful when applied to tobacco policies in raising prices, limiting marketing, and expanding education. These same policies might not always wield such power if applied to the more complicated risk factors related to food, nutrition, and physical activity.

In May 2004, under a mandate from the World Health Assembly, the World Health Organization presented a Global Strategy on Diet, Physical Activity, and Health. The strategy aims to integrate existing knowledge and science on the relationship between diet, physical activity, and chronic diseases as well as develop and inform decisionmakers of the proposed, customized policies for countries. Here at the CSIS Global Strategy Institute, we hope to increase our energy on this issue and help press chronic disease onto the U.S. foreign policy agenda.

The international community presently stands at a crossroads; this pandemic will only grow with greater vigor if insufficient action is taken. But if the public and private sectors invest in combating chronic diseases, steady improvements in life expectancy and the reduction of rising costs will ensue.

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