



Non-communicable diseases (NCDs): a global emergency

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NON-COMMUNICABLE DISEASES

NCDs – a fast-growing epidemic

- NCDs kill 36 million people a year – more than all other causes combined. They are the most frequent cause of death in most countries and account for nearly two thirds of all deaths globally.
- If current trends continue, NCD deaths will increase by 15 per cent over the next decade, reaching 44 million a year.
- While infectious disease deaths are projected to decline by about 7 million over the next 20 years, cardiovascular disease and cancer deaths are expected to increase by 10 million.
- The World Economic Forum identifies NCDs as a top threat to the global economy.

NCDs hit low- and middle-income countries hardest

- Nearly four out of five deaths (80%) from NCDs occur in low- or middle-income countries.
- If current trends continue, by 2030 NCDs in low- and middle-income countries will cause FIVE times more deaths than communicable diseases, maternal and newborn death and hunger combined.
- NCDs kill people at a younger age in low- and middle-income countries - on average 10 years younger than in high-income countries.
- While Africa is the one region where communicable diseases still kill more people than NCDs, even there NCDs are rising fast and it is expected that by 2030 the toll of NCDs will nearly equal the toll of communicable disease, maternal and newborn death and malnutrition combined.
- In a single decade, developing countries are expected to lose 84 billion dollars of productivity from the death and disability caused by NCDs.

NCDs can be prevented

- A large percentage of NCDs can be prevented by reducing the four main shared risk factors: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet.
- At least 80 per cent of premature heart disease, stroke and type 2 diabetes can be prevented.

We must take action now to:

- Target whole populations with a comprehensive approach that includes both prevention and treatment of NCDs.
- In low-resource settings, ensure that cost-effective interventions (“best buys”) are given highest priority (e.g. implementation of the Framework Convention on Tobacco Control, restrictions on use of alcohol, reduction of salt intake, replacement of trans-fats, mass media promotion of physical activity).
http://www.who.int/nmh/publications/ncd_report2010/en/
- Find out about risk factors in your country and influence policymakers to take measures to reduce the factors that affect your population most.
<https://apps.who.int/infobase/CountryProfiles.aspx>
http://gamapserver.who.int/gho/interactive_charts/ncd/mortality/cvd/atlas.htm
- Develop collaboration between governments, international agencies, civil society actors and the private sector to work together to adopt cost-effective measures that counter these threats.
- Join forces through the NCD Alliance and urge governments to make concrete commitments at the UN High-level Meeting on NCDs and beyond.
<http://www.ncdalliance.org/>



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What are NCDs, and what causes them?

Non-communicable diseases include: cancer, cardiovascular disease, chronic respiratory disease and diabetes. Tobacco use, unhealthy diet and physical inactivity are responsible for the vast majority of death and disability caused by NCDs. These threats have increased dramatically with recent global changes such as globalisation and urbanisation, and related demographic, economic and technological developments. Urbanisation, employment patterns, social trends and mass communication work together to create an environment that restricts choices and shapes the behaviours that influence health, including quality of diet and level of physical activity. In extremely low-income countries, many NCDs are linked to infections. These include rheumatic heart disease, cervical cancer, liver cancer and stomach cancer.

Why are the poor more vulnerable to NCDs?

NCDs affect men, women and children of all social and economic levels. The large majority of those suffering from NCDs live in low- and middle-income countries. In high-income settings, NCDs are most common among the poor. Poverty is both a cause and a consequence of NCDs. Limited access to healthcare, insurance and/or social benefits in low-income countries means that the death or disability of a breadwinner often impoverishes an extended family. The loss of productivity of workers killed or disabled by NCDs is enormous and it threatens to undermine the economic growth of many developing and emerging economies. NCDs impede progress toward the Millennium Development Goals, especially those on factors affecting health like poverty and education.

Why are NCDs neglected in low- and middle-income countries?

Many people still believe that NCDs primarily affect the wealthy. NCDs are seldom seen to be a health priority in low and middle-income countries. Because the behaviours that contribute so heavily to NCD risk are shaped by policy, norms and environmental factors, solutions require the commitment and collaboration of many sectors that are not accustomed to taking health needs into account.

What can be done?

Governments, civil society and elements of the private sector are beginning to recognise that we must invest in NCD prevention to protect socio-economic development. Policymakers, educators, health care providers, corporations, municipal authorities, the media and others are starting to work together to raise the priority given to non-communicable diseases, to increase resources allotted to them and to move people to action. Effective tobacco control policies, changes in food content, guidelines and policy on labelling and marketing, plus city planning that facilitates active (as opposed to motorised) transport are among the measures that will help get the NCD epidemic under control. The UN Summit on NCDs, to be held in 2011, will call on heads of state to fully recognise the burden imposed by NCDs and to show concrete commitment to overcoming it.

For detailed references visit
<http://www.worldheart.org/children>

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