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## Obesity, Diabetes, Heart Attacks, and Other Chronic Diseases Threaten Health and Economies in Poor and Middle-Income Countries – World Bank Report

*Africa, Eastern Europe, and Asia face alarming chronic disease levels, way above high-income countries*

WASHINGTON, September 15, 2011 – The World Bank warned today that heart disease, cancer, diabetes, chronic respiratory conditions, and other non-communicable diseases (NCDs) increasingly threaten the health and economic security of many lower- and middle-income countries, and that most countries lack the money and health services to be able to ‘treat their way out’ of the NCD crisis. On the eve of a special United Nations summit on NCDs in New York, the Bank said the rise of chronic diseases, especially among young working adults in these countries, was a danger that warranted immediate global attention.

According to the new report—*The Growing Danger of Non-Communicable Diseases: Acting Now to Reverse Course*—Africa, Eastern Europe, and Asia face alarming chronic disease levels, in excess of those in high-income countries where NCDs have long been the leading cause of death and illness.

For example, in South Asia, where cardiovascular disease is already a major cause of death and disability, people have their first heart attacks at an average age of 53 compared with 59 in the rest of the world. In the Middle East and North Africa, NCDs are growing among women and adolescents, driven by factors unrelated to age, such as growing rates of obesity and smoking. And ominously, one in four people in Ukraine between the ages of 18 and 65 has a chronic disease with growing numbers of young people being affected, prompting the conclusion that the country could ‘lose the next generation to chronic disease.’

If current trends persist, the new report says that Sub-Saharan Africa will be the region hardest-hit by the NCDs crisis. If left unchecked, chronic diseases will account for 46 percent of all deaths by 2030, up from 28 percent in 2008. South Asia could see the share of deaths from NCDs increase from 51 to 72 percent during the same period. More than 30 percent of these deaths will be premature and preventable. At the same time, these countries will continue to grapple with the widespread prevalence of communicable diseases such as HIV, malaria, tuberculosis, and mother and child conditions, thus facing a “double burden” of disease not experienced by wealthier nations.

*“What makes the development impact of chronic diseases so daunting for lower and middle income countries is that they don’t have the money and the health systems to treat their way out of this crisis, and they’re facing it at far earlier stages of economic progress than their better-off OECD neighbors had to,”* says **Tamar Manuelyan Atinc, the Bank’s Vice President for Human Development.**

### Prevention is vital to stop and reverse NCDs

The Bank reports says that much of the rise in chronic diseases in developing countries can be traced to individual risk factors such as physical inactivity, malnutrition in the first thousand days of life, unhealthy diet (including excessive salt, fat, and sugar intake), tobacco use, alcohol abuse, and exposure to environmental pollution.

Country evidence suggests that more than half of the NCD burden could be avoided through effective health promotion and disease prevention programs that tackle such risk factors. Particularly effective at very low costs are measures to curb tobacco, such as taxes, as indicated in the *WHO Framework Convention on Tobacco Control*, and to reduce salt in processed and semi-processed foods.

In India this has meant, among other things, subsidizing and promoting kitchen stoves that use clean fuels and do not cause respiratory disease. In Bogotá, Colombia, the city government has built cycle paths across the city and has started a community exercise program that takes place every Sunday and now draws the active participation of more than a million pedestrians and cyclists each week.

The report notes that a compelling OECD example comes from New York City, where the mayor brought the health sector and hospitality industries together to reduce smoking and ban the use of trans-fats. The proportion of restaurants using trans-fats fell from 50 percent to less than 2 percent in two years, while the percentage of adult New Yorker smokers fell from 21.5 percent to 15.8 percent during the same period.

*“The good news is that with prevention first, the reduction of risk factors such as smoking through the use of tobacco taxes, and the right political and community leadership in place, countries can stem the rise of chronic diseases and cushion their financial and social effects,”* says **Dr. Cristian Baeza, the Bank’s Director of Health, Nutrition, and Population**, whose team produced the new report.

Baeza says it will be vital to prepare health systems in developing countries to deliver cost-effective and fiscally sustainable health NCDs care for poor people, and that comprehensive prevention programs can target a number of risk factors at the same time. For example, a prevention program in Finland’s North Karelia province, which targeted diet, exercise, and smoking, showed that between 1972 and 2006, the province’s yearly deaths from chronic heart disease fell by some 85 percent. An anti-smoking effort in Uruguay, championed by the country’s president, banned smoking in public places and workplaces and reduced air nicotine concentrations in the capital city by 91 percent over five years.

### **Anti-NCD measures can work quickly**

On the eve of the special UN summit on NCDs in New York, the new Bank report says that the best examples of anti-NCD measures show that these can improve health faster than commonly thought—within a few years of eliminating people’s exposure to risk factors. As the report notes in conclusion, *“Leaders at the national and local level have the power to save many lives, avoid widespread suffering, and forestall major human and economic cost, all within a short space of time. Now is the time to act.”*

In fiscal year 2011, the Bank mobilized \$2.96 billion in financing for health, nutrition, and population. The portfolio is at a historic high of \$ 10.8 billion, more than half of which goes to the world’s poorest countries.

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*To read the new report, and see more of the World Bank’s work in non-communicable diseases, and its wider engagement in health, nutrition, and population, please visit: [www.worldbank.org/health](http://www.worldbank.org/health).*