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THE COST OF PREVENTING CHRONIC DISEASES IS CLEAR AND URGENT.

“The lives of far too many people in the world are being blighted and cut short by chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes.”
The lives of far too many people in the world are being blighted and cut short by chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes. This is no longer only happening in high income countries. Four out of five chronic disease deaths today are in low and middle income countries. People in these countries tend to develop diseases at younger ages, suffer longer – often with preventable complications – and die sooner than those in high income countries.

Globally, of the 58 million deaths in 2005, approximately 35 million will be as a result of chronic diseases. They are currently the major cause of death among adults in almost all countries and the toll is projected to increase by a further 17% in the next 10 years. At the same time, child overweight and obesity are increasing worldwide, and incidence of type 2 diabetes is growing.

This is a very serious situation, both for public health and for the societies and economies affected. Until recently, the impact and profile of chronic disease has generally been insufficiently appreciated. This ground-breaking report presents the most recent data, making clear the actual scale and severity of the problem and the urgent need for action.

The means of preventing and controlling most chronic diseases are already well-established. It is vital that countries review and implement the interventions described, taking a comprehensive and integrated public health approach.

The cost of inaction is clear and unacceptable. Through investing in vigorous and well-targeted prevention and control now, there is a real opportunity to make significant progress and improve the lives of populations across the globe.

LEE Jong-wook
Director-General, World Health Organization
As the leader of the most populous country in Africa, I carry a responsibility to safeguard and improve the health, security and prosperity of Nigeria’s people. I have looked at the facts contained in this report and I can see that to meet these challenges I will have to address chronic diseases.

It is widely known that HIV/AIDS, malaria, tuberculosis and child and maternal health problems cost our nation dearly. But it is less well understood that diseases such as heart disease, stroke, cancer and diabetes already have a significant impact and that, by 2015, chronic diseases will be a leading cause of death in Nigeria. In the majority of cases these are preventable, premature deaths and they are undermining our efforts to increase life expectancy and the economic growth of our country.

We cannot afford to say, “we must tackle other diseases first – HIV/AIDS, malaria, tuberculosis – then we will deal with chronic diseases”. If we wait even 10 years, we will find that the problem is even larger and more expensive to address. Prosperity is bringing to our nation many benefits, but there are some changes that are not positive. As our diets and habits are changing, so are our waist-
lines. Already, more than 35% of women in Nigeria are overweight; by 2010 this number will rise to 44%.

We do not need to say, “we are a poor nation, we cannot afford to deal with chronic diseases”. As this report points out, there are low-cost, effective measures that any country can take. We must tackle this problem step by step and we must start now.

Governments have a responsibility to support their citizens in their pursuit of a healthy, long life. It is not enough to say, “we have told them not to smoke, we have told them to eat fruit and vegetables, we have told them to take regular exercise”. We must create communities, schools, workplaces and markets that make these healthy choices possible.

I believe, and the evidence supports me, that there are clear links between health, economic development and poverty alleviation. If my government and I are to build a strong Nigeria, and if my brothers and sisters throughout Africa are to create a strong continent, then we must include chronic diseases in our thinking. Let us use this report as a wake-up call. If we take action now, it could be that the predictions outlined in these analyses never come true.

I will join with the World Health Organization to implement the changes necessary in Nigeria, in the hope that we, too, can contribute towards achieving the global goal of reducing chronic disease death rates by 2% per year over the next 10 years, saving 36 million lives by 2015. That would be the most important inheritance we could pass on to our children.

Olusegun OBASANJO
President, Federal Republic of Nigeria
In India, as in many developing countries, public health advocacy to date has been mainly devoted to infectious diseases. However, we now have major public health issues due to chronic diseases that need to be addressed with equal energy and focus.

This World Health Organization report, *Preventing chronic diseases: a vital investment*, is of relevance to me, as Indian Minister for Health, as my country tackles the increasing number of issues relating to chronic disease. The scale of the problem we face is clear with the projected number of deaths attributable to...
chronic diseases rising from 3.78 million in 1990 (40.4% of all deaths) to an expected 7.63 million in 2020 (66.7% of all deaths).

A number of my fellow citizens are featured within this report, as *Faces of Chronic Disease*. You will read about K. Sridhar Reddy, who, like a huge proportion of Indians, consumed tobacco and battled both serious cancer and associated financial debts. His story is all too familiar in a country which is the world’s second largest producer, as well as consumer, of tobacco, where we consequently experience huge rates of cancer, including the largest numbers of oral cancer in the world. This costs the country dearly, for the individuals affected, but also in terms of treatment costs for tobacco-related diseases, estimated at US$ 7.2 billion just for the year 2002–2003.

Stories of hope include Menaka Seni, who faced potential tragedy when she suffered a heart attack. However, this proved to be the wake-up call she needed and she is now changing her health behaviour to tackle the weight and high blood pressure that have contributed to her heart disease and diabetes. Her diabetes problem is all too common in India, where we are at the top of the global league table for the number of people with the disease – an estimated 19.3 million in 1995, projected to rise to 57.2 million by 2025.

Some of the strategies for battling chronic disease have already been put in place. A National Cancer Control Programme, initiated in 1975, has established 13 cancer registries and increased the capacity for therapy. A comprehensive law for tobacco control was enacted in 2003. An integrated national programme for the prevention and control of cardiovascular diseases and diabetes is under development. But all these need to be scaled up. Additionally, we need to initiate comprehensive action to promote healthy diet and physical activity; and health services need to be reoriented to accommodate the needs of chronic disease prevention and control.

I believe that, if existing interventions are used together as a part of a comprehensive integrated approach, the global goal for preventing chronic disease can indeed be achieved and millions of lives saved. All segments of the society must unite across the world to provide a global thrust to counter this global threat. Governments must work together with the private sector and civil society to make this happen. This is a brighter future we can dedicate to children all around the world.

Dr Anbumani RAMADOSS
Minister of Health & Family Welfare, Government of India
As the Vice-Minister for Health responsible for the prevention and control of all disease in China, I welcome this World Health Organization report, which aptly reinforces our current action strategies and will help guide future developments.

Like so many developing and developed countries around the world, China is facing significant health challenges, not just with infectious diseases but now with the double burden of chronic disease.

300 million of our adult males smoke cigarettes; 160 million adults are now hypertensive. Chronic disease death rates in our middle-aged population are higher than in some high income countries. We have an obesity epidemic, with more than 20% of our 7–17 year old children in urban centres tipping the scales as either overweight or obese.
These risk factors will cause an unacceptable number of people to die prematurely and often after years of needless suffering and disability, and tragically, so many who have recently escaped poverty will be plunged back, due to the burden of health care costs. This situation is especially tragic considering that at least 80% of all heart disease, stroke and diabetes are preventable.

And our global economies will also suffer severe consequences from societies battling chronic diseases. We can measure the loss of income to the Chinese economy alone at a staggering US$ 550 billion over the next 10 years, due to the effects of just heart disease, stroke and diabetes.

In response to these facts, the Ministry of Health of China, with the support of WHO, has been developing the first medium and long-term high level national plan for chronic disease control and prevention (2005–2015). In 2002 we established the National Centre for Chronic and Non-communicable Disease Control and Prevention (NCNCD), to be responsible for surveillance and population-based interventions. Currently a national chronic disease control network is being built to comprehensively survey our population. This is the type of comprehensive and integrated action that will achieve success in combating chronic diseases.

These programmes represent a long-term investment in our future, in the future of our children. We are committed to implementing the strategies outlined in this report to effectively prevent chronic disease and urge the same scale of commitment from others.

WANG Longde
Vice-Minister of Health, the People’s Republic of China