

RETHINKING “DISEASES OF AFFLUENCE” THE ECONOMIC IMPACT OF CHRONIC DISEASES



CHRONIC DISEASES CREATE LARGE ADVERSE – AND UNDERAPPRECIATED – ECONOMIC EFFECTS ON FAMILIES, COMMUNITIES AND COUNTRIES

The widespread belief that chronic diseases are only “diseases of affluence” is incorrect. Chronic diseases can cause individuals and families to fall into poverty, create a downward spiral of worsening poverty and disease, and undermine the macroeconomic development of many countries.

ECONOMIC IMPACT FOR INDIVIDUALS AND FAMILIES

Chronic diseases and poverty are interconnected in a vicious cycle:

- » In almost all countries, the poorest people are most at risk of developing chronic diseases and dying prematurely from them. Poor people are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services.
- » At the same time, chronic diseases can push many people and their families into poverty, or deepen their poverty and damage the family’s long-term economic prospects.

ECONOMIC IMPACT FOR COUNTRIES

New estimates from the World Health Organization indicate that chronic diseases place a grave economic burden on countries, and that this burden will increase if no action is taken to curb the epidemics.

In 2005, the estimated losses in national income from heart disease, stroke and diabetes (reported in international dollars)¹ are \$18 billion in China, \$11 billion in the Russian Federation, \$9 billion in India and \$3 billion dollars in Brazil.

These losses will accumulate over time. China for example will lose \$558 billion over the next 10 years in foregone national income due to heart disease, stroke, and diabetes alone (see figure).

But the future is by no means without hope. With increased investment in chronic disease prevention, as outlined in the WHO publication *Preventing chronic diseases: a vital investment*, it will be possible to prevent 36 million premature deaths over the next 10 years. Some 17 million of these prevented deaths would be in people under 70 years of age. These averted deaths would also translate into substantial gains in countries’ economic growth. For example, achievement of the global goal would result in an accumulated economic growth of \$36 billion in China, \$15 billion in India, and \$20 billion in the Russian Federation over the next 10 years.

MAKING IT HAPPEN

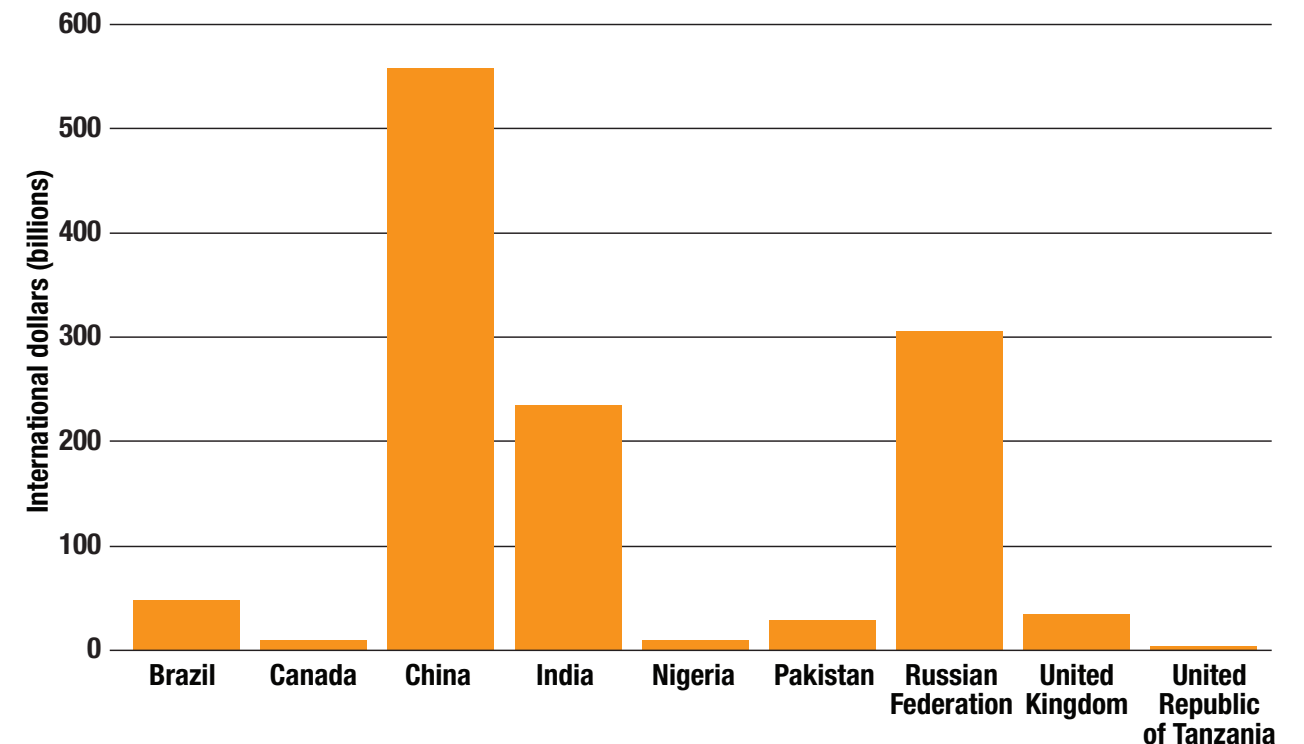
Chronic disease prevention and control can no longer be ignored as an important means of poverty reduction, and more generally, economic development. Investment in chronic disease prevention programmes is essential for many low and middle

income countries struggling to reduce poverty. There is important work to be done in countries at all stages of development. Several countries have adapted their Millennium Development Goal targets and indicators to include chronic disease. The

WHO stepwise framework, initiated by governments, allows a broad range of sectors to contribute to a unified approach for chronic disease prevention and control.

Projected foregone national income

due to heart disease, stroke and diabetes in selected countries, 2005–2015



¹ An international dollar is a hypothetical currency that is used as a means of translating and comparing costs from one country to the other using a common reference point, the US dollar. An international dollar has the same purchasing power as the US dollar has in the United States.

FACING ILLNESS AND DEEPENING POVERTY

Roberto Severino Campos lives in a shanty town in the outskirts of São Paulo with his seven children and 16 grandchildren. Roberto never paid attention to his high blood pressure, nor to his drinking and smoking habits. “He was so stubborn,” his 31-year-old daughter Noemia recalls, “that we couldn’t talk about his health”.

face to face WITH CHRONIC DISEASE

Roberto had his first stroke six years ago at the age of 46 – it paralysed his legs. He then lost his ability to speak after two consecutive strokes four years later. Roberto used to work as a public transport agent, but now depends entirely on his family to survive. Since Roberto’s first stroke, his wife has been working long hours as a cleaner to earn money for the family. Their eldest son is also helping with expenses. Much

of the family’s income is used to buy the special diapers that Roberto needs. “Fortunately his medication and check-ups are free of charge but sometimes we just don’t have the money for the bus to take us to the local medical centre,” Noemia continues.

But the burden is even greater: this family not only lost its breadwinner, but also a devoted father and grandfather, in whom each family member could confide. Roberto is now trapped in his own body and always needs someone to feed him and see to his most basic needs. Noemia carries him in and out of the house so he can take a breath of air from time to time. “We all wish we could get him a wheelchair,” she says.

Noemia and four of her brothers and sisters also suffer from high blood pressure.

