

CHRONIC DISEASES IN LOW AND MIDDLE INCOME COUNTRIES



80% OF CHRONIC DISEASES OCCUR IN LOW AND MIDDLE INCOME COUNTRIES

Heart disease, stroke, cancer and other chronic diseases are often thought to be public health issues only for high income countries. In reality, only 20% of chronic disease deaths occur in high income countries – while 80% occur in low and middle income countries, where most of the world's population lives. Moreover, as described in detail in the WHO publication *Preventing chronic diseases: a vital investment*, the impact of chronic diseases in many low and middle income countries is steadily growing.

CONSIDER THAT:

- » In low and middle income countries, around 28 million people will die in 2005 from a chronic disease. Cardiovascular disease alone will kill five times as many people as HIV/AIDS in these countries.
- » In low and middle income countries, middle-aged adults are especially vulnerable to chronic disease. People in these countries tend to develop disease at younger ages, suffer longer, and die sooner than those in high income countries. This undermines countries' economic development.

WHY IS THIS HAPPENING?

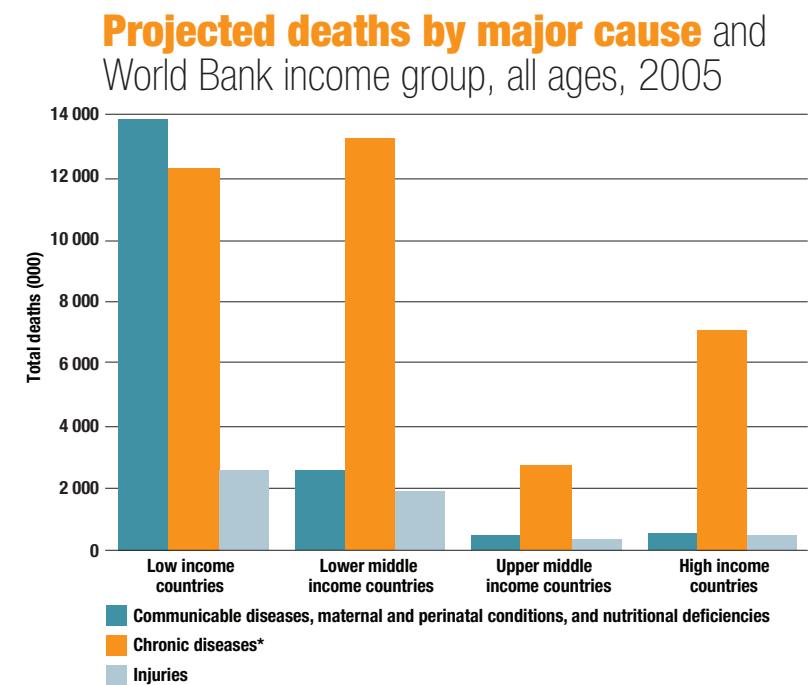
Low and middle income countries are at the centre of old and new public health challenges. While many have unfinished agendas around infectious diseases, at the same time they are experiencing a rapid upsurge in chronic diseases, especially in urban settings. The projected increase in the burden of chronic diseases in these countries is largely driven by the underlying determinants of globalization, urbanization, and rapid population ageing. These determinants in turn contribute to the common chronic disease risk factors of unhealthy diet, physical inactivity, and tobacco use.

WHAT CAN BE DONE?

A full range of chronic disease interventions are very cost-effective for all regions of the world, including sub-Saharan Africa. Many of these solutions are not only very cost-effective, they are also inexpensive to implement.

WHO has developed a comprehensive public health approach for helping low and middle income countries to implement chronic disease policies and programmes in a stepwise manner: the WHO Stepwise Framework. This framework is described in detail in Part Four of the WHO publication *Preventing chronic diseases: a vital investment*.

In low income countries, it is vital that supportive policies are in place now to reduce risks and curb the chronic disease epidemics before they take hold. In countries with established chronic disease problems, additional measures will be required, not only to prevent disease, but also to manage illness and disability.



* Chronic diseases include cardiovascular diseases, cancers, chronic respiratory disorders, diabetes, neuropsychiatric and sense organ disorders, musculoskeletal and oral disorders, digestive diseases, genito-urinary diseases, congenital abnormalities and skin diseases.

BARRIERS TO HEALTH CARE

Maria Saloniki can hardly remember how many times she went to the local traditional healer, how many doctors in clinics and dispensaries she consulted between two hospitalizations, how many words she used to describe her pain. But one thing she clearly remembers is that each time she returned home without receiving adequate treatment and care.

Today, this livestock keeper and mother of 10 children is fighting for her life at the Ocean Road Cancer Institute in Dar es Salaam. It took Maria more than three years to discover the words to describe her pain – breast cancer – and to receive the treatment she desperately needs. “It all started with a swollen armpit and a bad fever,” she recalls.

In fact, between these first symptoms and chemotherapy treatment, Maria was prescribed herb ointments on several occasions, has been on antibiotics twice and heard from more than one health professional that they couldn’t do anything for her. The 60-year-old even travelled to Nairobi, Kenya to seek treatment, but it wasn’t until later, in Dar es Salaam, that a biopsy revealed her disease.

Maria’s story is sadly common in the understaffed and poorly equipped hospital ward she shares with 30 other cancer patients. Her husband, who now works day and night to pay for her medicine and feed their children, can’t afford both the treatment costs and the bus fare to come and visit her. The family has one year to pay back a substantial loan to its tribe.

face to face
WITH CHRONIC DISEASE

