

Global Trends: Non-Communicable Diseases

Noncommunicable diseases (NCDs) are chronic diseases resulting from a combination of risk factors including environmental and behavioral risk factors. The four main categories of noncommunicable diseases are cardiovascular diseases, respiratory diseases, cancers, and diabetes¹. Behaviors that increase risk of NCDs include smoking, alcohol consumption, poor diet, and lack of exercise. Additionally, environmental factors influence the development of NCDs like air quality. The threat of noncommunicable diseases is so great that United Nations has dedicated sustainable development goal 3.4 to reducing premature death due to NCDs by 1/3. Most countries are not on track to meet this goal as the prevalence of NCDs increases¹. There is a strong correlation between poverty and development of an NCD with NCDs disproportionately affecting low-middle income countries (LMIC). Of the 41 million people who die from an NCD yearly, 77% of these deaths are in (LMIC)¹. The disproportionate burden NCDs have on LMIC is significant and a cause for concern due to the double burden of disease. LMIC often have less resources in their healthcare system and share a disproportionate burden of communicable diseases like malaria and tuberculosis¹. The demand for healthcare systems to treat communicable diseases and NCDs overwhelms healthcare systems and results in worse patient outcomes and patient deaths. Failing to address the rising incidence of NCDs will be detrimental, especially in LMICs where healthcare systems lack resources.

To address the rise in NCDs and the double burden of disease there are cost-effective interventions available. The Lancet ran a scenario proposing several interventions include better screening for common cancers and diseases, so diagnosis and treatment begins earlier and is more effective. Policy wide measures include excise taxes on risk factors including alcohol and tobacco, sodium reduction efforts, educational campaigns, and banning of trans fat². While these interventions require a financial input, they are ultimately cost effective for countries effected by double burden of disease given the number of lives saved². Despite evidence for cost effective interventions, it can be difficult to raise money for prevention rather than cure. Although there are prevention methods for NCDs, there is more funding for the treatment of NCDs rather than prevention. Until there is a shift in focus from treatment to prevention, the rise in NCDs will continue and the double burden of disease remains a global threat to healthcare systems and its patients.

Resources:

1. *Noncommunicable diseases*. (n.d.). Retrieved February 11, 2023, from <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
2. Watkins, D. A., Msemburi, W. T., Pickersgill, S. J., Kawakatsu, Y., Gheorghe, A., Dain, K., Arne Johansson, K., Said, S., Renshaw, N., Tolla, M. T., Twea, P. D., Varghese, C., Chalkidou, K., Ezzati, M., Frithjof Norheim, O., & Countdown, N. (2022). NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries. *The Lancet*, 399(10331), 1266–1278. [https://doi.org/10.1016/S0140-6736\(21\)02347-3](https://doi.org/10.1016/S0140-6736(21)02347-3)