

NON-COMMUNICABLE DISEASES IN THE DEVELOPING WORLD



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Non-communicable diseases (NCDs) such as cardiovascular disease, cancer, respiratory disease and diabetes pose the biggest threat to human life across the world. Over 36 million people die every year from NCDs and 14 million of these die too young, between the ages of 30 and 70. Eighty-six per cent of these premature deaths are in developing countries and result in US\$ 7 trillion worth of economic loss. Furthermore, their impact means that millions of people are excluded from the labour market and ergo, from making a contribution to their national economies. In this way, NCDs are a direct opponent of economic growth in developing countries. Despite their obvious impact on development, NCDs were not directly combatted as part of the Millennium Development Goals. The post-2015 agenda must see a concerted and collaborative effort to combat NCDs, specifically in relation to cancer.

Cancer accounted for 13% of all deaths in 2008 (7.6 million people) and about 70% of these deaths occurred in low- and middle-income countries. This is projected to continue rising to an estimated 13.1 million deaths in 2030. The developing world is clearly suffering disproportionately due to a lack of education, treatment and preventative measures.

In a developed and progressive society we understand the risks we face when smoking a cigarette, eating a hamburger or drinking more than the recommended glass of wine a day. We are inundated with advice about the best foods to eat and avoid, how to cut down on unhealthy habits, the best and most effective way to exercise and the risks of not following this advice.

Poor lifestyle choices are one of the key contributors to cancer. About 30% of cancer deaths are due to obesity, poor diet, lack of physical activity, tobacco use and alcohol use. In many parts of the world, the challenge of sourcing food is more important than considering its nutritional value. If food is affordable and safe then millions of people would not question their luck by considering its health risks. However, the lack of education regarding lifestyle choices across the developing world is leading to a pandemic of NCDs which United Nations' Secretary-General Ban Ki-Moon has described as "a public health emergency in slow motion".

Tobacco use is the biggest risk factor for cancer, causing 22% of global cancer deaths in low- and middle-income countries. Despite the fact that the link between lung cancer

and tobacco was established more than 50 years ago, there are still an estimated 1 billion smokers in the world equating to about a quarter of all adults. It is hard to believe that there are still areas of the world where tobacco is considered to pose the same risk as breathing fresh air and yet the consumption of cigarettes in many developing countries is increasing rapidly amongst both men and women and many remain unaware of the risks that smoking carries. However, as recent news stories have highlighted, smoking is not just an issue which affects adults or even teenagers.

The image of two year old Ardi Rizal smoking a cigarette shocked the world in 2010. The Indonesian baby had developed a 40-a-day habit. Now Ardi, with the assistance of a rehabilitation programme set up by the Indonesian Government, has kicked the habit however he has only swapped one vice for another. Instead of smoking, five-year old Ardi now eats vast amounts of junk food and is dangerously overweight, weighing 53 pounds. This is not a unique incident. Data from the Central Statistics Agency showed that 25% of Indonesian children aged 3 to 15 have tried cigarettes, with 3.2% of those active smokers. Without international commitment and Government intervention, childhood tragedies such as these will not only continue but also increase.

Aside from cancer, tobacco related diseases prematurely kill more than 6.3 million people a year – more than AIDS, tuberculosis and malaria combined. Despite this huge cost to human life, the tobacco industry is permitted to aggressively

market tobacco in many parts of the developing world. Due to a distinct lack of tobacco control policies and little awareness of the health effects, they often target women and children and distribute free cigarettes at sports and music events. Tobacco is largely grown in developing countries and the industry exerts enormous influence over the presiding governments. According to the Bill & Melinda Gates Foundation, if current trends are allowed to continue, tobacco will kill more than 8 million people a year by 2030 and 80% of these will be in low- and middle-income countries. Governments should be encouraged to introduce strong restrictions on the tobacco industry and convince them of the economic benefits of tobacco taxes.

As developing countries experience rapid social and economic change they are likely to become “westernized”. This westernization effect can lead to a reduction in infection-related cancers but can also contribute to an increase in cancers associated with behavioural and life-style choices. In short, we run the risk of replacing old health challenges such as a lack of food and shelter with new western health risks such as poor diet and smoking. As diets and lifestyles become more westernized, the risks of cancer, and other NCDs such as diabetes and cardiovascular disease, may also rise. On a visit to Sierra Leone last year, I was struck by the fact that the closer we got to Freetown, from the remote Guinea border where people were fit and lean, that people, who were eating junk food from stalls in the street, became noticeably fatter as we approached the city environs. Currently overweight, those city dwellers are moving rapidly towards obesity with all the added health risks that, as we in the west know, pose massive problems in the future. We must offset this with a clear agenda aimed at educating populations about the risks of certain choices, just as we do with our own nationals. Now, as westernization begins to take hold, is the last opportunity to educate populations and prevent habits from developing.

Whilst we should not neglect the fact that much of the developing world is very young, the world’s population is also ageing. The world median age is expected to reach 38 years by 2050, an increase from 29 years in 2010, and the number of people in the world aged 60 and over is expected to almost triple to 2 billion by 2050. Whilst there is currently a large gap between age expectancies in the developed and developing countries, 80 years in Japan, 45 years in Afghanistan and Zimbabwe, the rapid development we are seeing in many countries will mean that populations grow and live longer. Cancer, and most other NCDs, are predominantly diseases of the elderly and ageing is a fundamental factor in the development of cancerous cells.

As people in the developing world start to see longer life-spans due to development, the incidence of NCDs will rise.

As well as threatening the lives of millions of people and the social development of the developing world, NCDs clearly pose a high risk to economic development. A recent report co-authored by the Harvard School of Public Health’s David Bloom, estimated the cumulative loss of output to the economy due to NCDs from 2011 to 2030 to be US\$ 47 trillion. In 2008, it is estimated that 169.3 million years of healthy life were lost globally because of cancer alone. In areas of the world that are desperately trying to increase their economic output, whilst facing extreme social pressures, this situation quite simply cannot be allowed to continue.

Since the introduction of the Millennium Development Goals we have seen the number of people living in poverty across the world halve, deaths from malaria have fallen by one quarter and child deaths have fallen by 30%. The global community, and Britain in particular, has much to be proud of. However, challenges still remain and as we look towards the post-2015 agenda, which the UK Prime Minister David Cameron is spearheading, I firmly believe that we must look closely at the impact of NCDs in the developing world.

The mortality and diseases burden from NCDs will continue to increase if they are not addressed imminently. The knowledge and vision exists to take the necessary action but it requires the commitment of the international community. Cancer can be reduced and controlled with relatively simple measures based on evidence-led strategies. If detected early, and treated adequately, cancers have a relatively high chance of cure. However, programmes remain under-funded and have been left off the development agenda. To this end, I hope that these matters will be fully debated over the next year and that consideration will be given to entrench measures to combat NCDs into the post-2015 agenda. ●

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