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Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

## Chronic disease

Health reporter, 13 May 2008

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## Feature: Chronic disease

Globally, the greatest burden of disease, whether measured by mortality or morbidity is accounted for by chronic diseases. The World Health Organization defines chronic diseases as having long duration and generally slow progression. The four major chronic non-communicable diseases are cardiovascular diseases, cancers, chronic respiratory

diseases and diabetes.

Of the 58 million deaths from all causes in 2005, chronic diseases accounted for over 60 per cent. This is double the number of deaths from all infectious diseases, maternal and perinatal conditions, and nutritional deficiencies combined. Only in sub-Saharan Africa is the burden of infectious disease greater than chronic diseases, but even here, the trend is towards a dual burden, with deaths from chronic diseases projected to overtake those from infectious diseases in the next ten years

Chronic diseases are largely caused by three major risk factors - tobacco use, poor diet and lack of physical activity. Many of the risk factors are themselves exacerbated by underlying socioeconomic determinants, such as lack of education and poverty. These underlying determinants are a reflection of the major forces driving social, economic and cultural transition, including globalisation, urbanisation and aging populations.

The human and economic costs of the emerging epidemic are immense. In developed countries, the costs of treating chronic diseases already put a heavy burden on health systems, and developing countries, given their lower levels of resources, will find it even harder to cope in the future.

The prevention of chronic diseases requires an approach that involves all levels and sectors of government, and other stakeholders including industry, young people, development agencies and civil society organisations. Future patterns of health will be fundamentally determined by the way in which society develops - how individuals and communities share opportunities, interact with the natural environment, and design cities, transport systems, food systems, workplaces and housing.

This health reporter is based on the recently updated chronic disease section of the Eldis health resource guide. It was written by Katy Cooper from the Oxford Health Alliance

### More information:

- Eldis health resource guide section on chronic disease  
[www.eldis.org/go/topics/resource-guides/health/chronic-disease](http://www.eldis.org/go/topics/resource-guides/health/chronic-disease)
- Oxford health alliance  
<http://www.oxha.org/>

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## Recommended readings on chronic disease

### **1. Chronic disease: an economic perspective**

Authors: M. Suhrcke; R.A. Nugent; D. Stuckler; L. Rocco

Publisher: Oxford Health Alliance, 2006

This paper, by the Oxford Health Alliance, evaluates the economic impact of chronic diseases (heart and lung disease, cancer and diabetes), with a focus on low and middle income countries. It finds that chronic diseases and related risk factors impose a significant burden on poor people both across and within countries. Chronic diseases account for the largest share of overall mortality in all regions of the developing world except sub-Saharan Africa. It also finds that these diseases have economic consequences at the individual, family and economy wide level. It impacts on consumption and savings decisions, labour market performance and decisions about education and training.

The paper concludes that, given the health and social costs associated with chronic diseases, some interventions to reduce the incidence of disease are justified. Interventions include programmes to help people stop smoking; tobacco taxes; mass-media education campaigns to improve diet; and community-based physical activity programmes. The authors recommend that economic research on the impact of chronic disease in developing countries should be expanded and strengthened so that policies directed at reducing chronic diseases are more effective.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=24137&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=24137&type=Document)

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## **2. A race against time: the challenge of cardiovascular disease in developing economies**

Authors: S. Leeder; S. Raymond; H. Greenberg; H. Liu

Publisher: The Earth Institute, Columbia University, 2004

This report from the Earth Institute at Columbia University in the United States warns of a major global health crisis that is about to happen due to rising levels of cardiovascular disease (CVD) in developing countries. As it will affect the working population most severely, this health crisis will also have serious economic consequences.

CVD includes a range of diseases, including heart attack, stroke and kidney failure. It is set to become the leading cause of death and disability in the world by 2020. The report examines the current social and economic impact of CVD in five middle and low income countries (Russia, Brazil, China, South Africa and India) and the projected impact up to 2040.

Findings include the following:

- Heart disease and stroke kill 17 million people every year, compared to 3 million due to HIV and AIDS. 80 per cent of these deaths occur in low and middle income countries.
- Even if the risk factors for CVD remained as they are now, there will be a major increase in levels of CVD in developing countries in the next 30 years due to the rising populations in these countries. However, the risk factors will also increase

substantially over this time due to increased levels of urbanisation and industrialisation.

- The group which will be most affected will be those aged between 34 and 65. Experience from developed countries show that the rise in the prevalence of CVD in developing countries will affect the poor disproportionately.
- The extent to which women are affected by CVD is often ignored in favour of a focus on reproductive health. In Brazil, twice as many women aged between 15 and 34 die due to CVD than due to pregnancy-related causes.
- The economic consequences of CVD include the loss of workers due to disability and death, the loss of experience and skills since those most affected are those in mid-life, the direct health costs, the cost of disability payments, and the loss of workers, especially women, who have to leave the workforce to take care of sick relatives.
- The problem of CVD in developing countries receives very little international attention, particularly in comparison to communicable diseases. This is partly because it affects older adults rather than children and because it is mistakenly thought of as a disease of affluence.

The causes of CVD include those which cannot be prevented (age, gender and genetic predisposition) and those which are social and environmental (smoking, diet, exercise, stress) and therefore can be modified. The interventions which are needed to help prevent CVD are all currently available and have been very successful in developed countries. The report warns that there is a very limited opportunity available to implement these interventions in developing countries if the predicted crisis is to be avoided. Key recommendations include:

- Putting CVD in the developing world on the international health and development agenda
- Further work of the type done for this report to accumulate more extensive and detailed data on the prevalence of CVD in developing countries and its projected economic costs
- Advocacy and partnership work with governments of developing countries to ensure that CVD becomes a priority in health and related areas of policy
- Providing specialist training in prevention and treatment of CVD to health professionals in developing countries
- Undertaking trial treatment and prevention interventions
- Long-term research to monitor the effectiveness of CVD prevention interventions and other health system changes.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=18750&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=18750&type=Document)

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### **3. Preventing chronic diseases: a vital investment**

Publisher: World Health Organization , 2005

In this report, the World Health Organization (WHO) presents data which shows that 80 per cent of the 35 million premature deaths from chronic diseases (including heart disease, stroke and cancer) during 2005 will occur in low and middle income countries. Projected figures also suggest that the number of deaths from chronic disease is growing, with men and women equally affected. In China, India and the Russian Federation, the cost of treating chronic disease is estimated at ten billion dollars over the next decade, likely to significantly hinder economic development in those countries. As the number of people with chronic disease increases, more families and communities are becoming impoverished as a result - the situation is made worse by the fact that chronic disease typically affects those in their most economically productive years. Despite this, it remains unrecognised as a cause of poverty.

The report presents information about chronic diseases and their risk factors, dispelling some of the myths which contribute to their global neglect, alongside regional and country specific data. It emphasises that effective, low-cost interventions to prevent chronic disease already exist and can be implemented in a step-wise manner even in the poorest settings. What is needed is the political will to ensure a comprehensive, integrated approach to this growing crisis.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=20840&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=20840&type=Document)

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### **4. Public policy and the challenge of chronic noncommunicable diseases**

Authors: O. Adeyi; O. Smith; S. Robles

Publisher: Health, Nutrition and Population Division, Human Development Department, World Bank, 2007

This World Bank report contains an agenda for action in response to the growing economic, social and health problems posed by non-communicable diseases (NCDs). The report addresses the global non-communicable disease trends and offers a framework for improving outcomes in relation to the prevention and control of NCDs. It warns that poor countries are catching up with wealthier nations in terms of cancer, diabetes, obesity, and heart disease. By 2015, these chronic illnesses will be the leading cause of death in developing countries. In addition NCDs impose a significant economic burden, not just on patients, but also on households, communities, employers, health care systems, and government budgets.

The report calls for actions to slow down the trend in NCD mortality, and to prepare for subsequent heavy demand on health care budgets. In particular, it recognises that service delivery issues will be central to achieving better NCD outcomes. Future World Bank support for the control of NCDs will focus on achieving sustainable outcomes in prevention and treatment. The emphasis will be on affordable and highly effective

interventions at the levels of the population and the individual. [adapted from author]

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## **5. Grand challenges in chronic non-communicable diseases**

Authors: A. S. Daar

Publisher: Oxford Health Alliance, 2007

This briefing paper from Oxford Health Alliance identifies 20 policy and research priorities, or 'grand challenges', for chronic non-communicable diseases (CNCs). Agreed by a panel drawn from 50 countries, these challenges focus on heart disease, stroke, chronic respiratory disease, type 2 diabetes and certain forms of cancer, which together make up the largest burden of disease worldwide. The main risk factors for these diseases are poor diet, physical inactivity and tobacco smoking.

Key policy goals in the paper include improving public education about healthy lifestyle choices, developing trade agreements and regulations to discourage consumption of alcohol, tobacco and unhealthy foods, and developing and monitoring codes of responsible conduct with the food, drink and restaurant industries. The paper also recommends moving health training and practice towards prevention and health promotion, increasing the number and skills of professionals working on CNCs, and increasing access to medications for preventing complications of CNCs. The authors stress the need for long-term financing and interdisciplinary research, for example to explore how behaviour, environment and genetics influence disease. With co-ordinated action by countries and multiple funding agencies, they argue that it is possible to prevent at least 36 million premature deaths by 2015.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=35109&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=35109&type=Document)

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## **Latest additions from the Health resource guide**

### **1. Tracking progress in maternal, newborn and child survival: countdown to 2015 - the 2008 report**

Publisher: World Health Organization , 2008

This World Health Organization report tracks coverage for interventions needed to attain the Millennium Development Goals 4 and 5. The report is based on data drawn from national surveys and global databases. It measures the coverage of basic health services proven to reduce maternal and child mortality. It also assesses the strength of health systems, the status of policies related to maternal, newborn and child health and how

equitably health services are distributed.

The report finds that most countries are rapidly increasing coverage for some preventative interventions including vaccinations, vitamin A supplementation and insecticide-treated bed nets to prevent malaria. However, few are making progress reaching women and children with clinical care services including skilled treatment at delivery. Undernutrition is also an area where little or no progress has been made. Factors obstructing progress towards the effective delivery of many interventions and progress towards achieving the millennium development goals include weak health systems, insufficient numbers of health workers, inequalities. The paper recommends that aid for child, newborn and maternal health needs to increase and become more predictable.

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## **2. Health and civil war in rural Burundi**

Authors: T. Bundervoet; P. Verwimp; R. Akresh

Publisher: Microcon, 2008

This Microcon research working paper examines the impact of Burundi's civil war on children's health status, focusing on early childhood malnutrition and stunting. The paper uses household survey data with event data on timing and location of armed conflicts between 1994 and 1998 to examine if and how shocks, such as conflict, affect the health of those exposed children.

The paper finds that exposure to war during early childhood significantly affects children's health outcomes. The major channels through which war impacts on child health are violence-induced displacement and the theft and burning of crops. Both channels affect nutrition and displacement also makes exposed children more vulnerable to water and vector-borne diseases. The paper also finds that the longer children's exposure to war, the larger the health impact. An additional month of war exposure decreases children's height for age z-scores by 0.047 compared to non-exposed children. This finding could have implications for these war-exposed children's future schooling and productivity as adults.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=36829&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=36829&type=Document)

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## **3. Guidelines and mindlines: why do clinical staff over-diagnose malaria in Tanzania? A qualitative study**

Authors: C. I. R. Chandler; C. Jones; G. Boniface

Publisher: Malaria Journal, BioMed Central, 2008

This paper published in the Malaria journal examines the reasons behind malaria over-diagnosis in Tanzania. Malaria over-diagnosis in Africa is widespread and costly both financially and in terms of morbidity and mortality from missed diagnoses. It is based on a study of clinical practice in two hospitals in Tanzania involving over 2000 patients and 34 clinicians. The paper identifies four spheres of influence on malaria over-diagnosis: initial training; the influence of peers; pressure for doctors to conform to perceived patient preferences; and the quality of diagnostic support.

The paper finds that rather than following national guidelines for the diagnosis of fever, clinical decisions appeared to follow 'mindlines' - these are shared rationales constructed from the different spheres of influence. It finds that clinicians over-diagnosed malaria because: it is easier to diagnose than alternative diseases, it is a more acceptable diagnosis, and missing malaria is indefensible. The paper recommends that interventions to move 'mindlines' closer to guidelines need to take the variety of social influences into account. [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=36828&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=36828&type=Document)

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#### **4. Renewing primary health care in the Americas**

Authors: J. Macinko; H. Montenegro; C. Nebot

Publisher: Pan American Health Organization , 2007

This document states the position of the Pan American Health Organization on the proposed renewal of primary health care (PHC) in the Americas. It highlights reasons for adopting this renewed approach. These include: the rise of new epidemiologic challenges that PHC must evolve to address, and the growing recognition that PHC can strengthen society's ability to reduce inequities in health. The document examines the concepts and components of PHC and the evidence of its impact. It finds that PHC represents a source of inspiration and hope for most health personnel and also the community at large. There is a need to reinvigorate PHC in the region so that it can realise its potential to meet current and future health challenges.

The proposed mechanism for PHC renewal is the transformation of health systems so that they incorporate PHC as their basis. This system entails an overarching approach to the organisation and operation of health systems that makes the right to the highest attainable level of health its main goal. The health system should be composed of a core set of functional and structural elements that guarantee universal coverage and are equity enhancing. This requires a sound legal, institutional, and organisational foundation as well as adequate and sustainable human, financial and technological resources.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=36836&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=36836&type=Document)

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## **5. The Unite for Diabetes campaign: overcoming constraints to find a global policy solution**

Authors: K. Siegel; K. M. Venjat Narayan

Publisher: Globalization and Health, 2008

Despite the fact that diabetes and other non-communicable diseases represent a significant proportion of the global burden of diseases, there remain constraints to the implementation of effective policies to curb non-communicable disease epidemics. This article, published in the Globalisation and Health journal discusses these constraints including a lack of global advocacy, insufficient attention from funding agencies and governments, as well as orientation of health services to acute care. The paper reviews the progress that has been made with regards to each constraint, focusing on the International Diabetes Federation's Unite for Diabetes campaign and United Nations resolution on diabetes.

The paper concludes by outlining what still needs to happen for globalisation to be an effective solution for diabetes and non-communicable diseases prevention and control. It highlights new actors and organisations that are working towards these goals and some countries that are beginning to shift health systems to be more prevention focused. The authors anticipate that these events will result in more global initiatives, sustained funding increases, media and policy attention, and to change attitudes and behaviours.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=36619&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=36619&type=Document)

See the complete list of latest additions at: [www.eldis.org/health](http://www.eldis.org/health)

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## **Announcements**

### **HDI at the Geneva Health Forum**

The IDS Health and Development Information Team will be attending the Geneva Health Forum from the 25-28 May, 2008. Please come and meet members of the Team and learn more about our services in the Forum's marketplace. A range of HDI resources and other materials will be available at the booth.

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### **Conference: Other Borders, International Women's Health Conference, 29-30 May 2008, The Everglades Hotel, Derry, Northern Ireland**

The aim of this conference is to raise awareness and open up debate on the need to improve health status and reduce health inequalities. The conference will focus on the

following themes:

- Women and exclusion
- Maintaining women's roles in determining health and well-being when societies move from conflict to post-conflict
- Meeting health needs on a cross border basis.

The conference objectives are;

- to bring together speakers from around the world to disseminate/share information and experience of working with women and exclusion, the role of women in maintaining health and well-being in post conflict societies, and meeting health needs on a cross border basis
- to develop and strengthen international links between health and social care professionals, academics, researchers, development workers and politicians interested in the key role women play in determining population health status
- to lobby politicians and decision makers for action against health inequalities and social exclusion in border areas.

More information: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=36871&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=36871&type=Item)

See the complete list of announcements at: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements)

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The Health Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can

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