

Chronic Neglect

*Meet the developing world's new health emergency:
The rich world's diseases.*

By Michael P. Birt

The forgotten diseases of the poor world are finally getting some attention. Warren Buffett's \$31 billion donation to the Bill and Melinda Gates Foundation is just the latest and most spectacular milestone in an increasingly aggressive campaign against infectious diseases, including tuberculosis, malaria, and HIV/AIDS. But even as the rich world finally grapples with this challenge, a new and more menacing threat to the developing world's health is gathering.

Chronic ailments such as diabetes, cancer, and heart and respiratory disease are hitting poor countries faster and harder than expected. Perversely, economic growth and development is hastening the arrival of rich-world diseases before poor countries' health systems can prepare.

Revolutionary changes in transportation, advertising, and food production have conspired to alter lifestyles abruptly in many parts of the developing world. Popular Western junk food, cheap cigarettes, and a flood of new automobiles mean that many citizens of poor countries eat worse and exercise less than they did only a decade ago. The movement of people from the countryside to more

lucrative jobs in the cities has exacerbated the trend. Public health awareness in most poor countries hasn't caught up. This new affluence means that the poorest countries are now fighting a two-front war on disease.

Diabetes—a disease usually associated with affluent societies—is particularly dangerous. In countries with weak health infrastructures, it is anything but the manageable condition it can be in the rich world. A person in Mozambique who requires insulin injections, for example, will probably live no more than a year. In Mali, the average lifespan after onset is 30 months. According to the International Diabetes Federation, the number of people around the world suffering from the disease has jumped in the past two decades from 30 million to 230 million. Almost 40 million Chi-

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nese over the age of 20 have diabetes. Neighboring India ranks second with an estimated 30 million, or 6 percent of its population. In some countries in the Caribbean and the Middle East, 12 to 20 percent of the population is diabetic. Seven of the 10 countries with the most diabetics are in the developing world.

The world's leading killer, cardiovascular disease, is also stalking poor countries. Eighty percent of all deaths from heart disease now occur in low- to middle-income countries.

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Between 1990 and 2020, heart disease is expected to increase by 120 percent for women and 137 percent for men in developing countries, compared with increases of only 30–60 percent in developed countries.

When it comes to chronic diseases, the trend lines in the rich world and the developing world are moving in opposite directions. In highly industrialized countries, aggressive public-health measures and medical intervention have cut cardiovascular mortality dramatically. Death rates for heart disease have fallen by as much as 70 percent in Australia, Britain, Canada, and the United States during the past 30 years. Last year, the United States saw the first decline in the number of cancer deaths in more than 70 years.

By contrast, the victims of heart disease in the developing world are growing younger and more numerous. In China, 300 million men smoke cigarettes and 160 million adults are hypertensive. Many of them will contract chronic diseases at young ages, and the economic consequences will be profound. China alone lost an estimated \$18 billion in national income in 2005 to heart disease, stroke, and diabetes. The cumulative loss between 2005 and 2015 will likely be \$556 billion, a staggering sum for an economy that is still modernizing.

The causes of the looming health storm are not mysterious: The risk factors for chronic disease are the same in every country. What is so surprising is the speed with which

chronic diseases are storming the developing world. The poor and uneducated in developing countries are increasingly smoking, eating diets rich in saturated fats, and leading sedentary lives. The body-mass index (BMI) and total cholesterol levels increase rapidly as the national income of poor countries rises. In China, BMI and cholesterol levels have spiked sharply in urban areas. One study found that between 1984 and 1999, mean total cholesterol levels among 25- to 64-year-olds in Beijing jumped 16 percent. A

similar story is unfolding in Vietnam, where 15 percent of people in the Hanoi area are now overweight.

Overhauling the public-health systems of poor countries is an obvious solution. But that kind of change can take decades and often depends as much on politics as on money. International aid agencies and private donors should focus on cheap and effective tools, such as tobacco advertising bans, public information campaigns, and simple medical intervention. A recent study in India, for example, found that treating suspected heart attacks with aspirin could save millions of lives at a mere \$3 per life saved. In Mauritius, substituting soybean oil for palm oil has slashed cholesterol levels. Vietnam, which faces an acute dual challenge of infectious and chronic diseases, is working with the World Health Organization on a chronic disease control plan that emphasizes reducing tobacco use and increasing physical activity. International funds and expertise can help launch similar programs elsewhere.

The money and minds of the rich world are finally focusing on the health of the poor. That is a good thing. But when the rich world looks to fight the diseases of the developing world, it may be surprised to encounter enemies it knows all too well. **FP**

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