Non-Communicable Diseases

FACTSHEET

In Summary
- Non-communicable diseases (NCDs) kill 38 million people worldwide each year.
- Almost three quarters of NCD deaths, about 28 million, occur in low- and middle-income countries.
- Sixteen million NCD deaths occur before the age of 70; 82 percent of these ‘premature’ deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.5 million people annually, followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million).
- These four groups of diseases account for 82 percent of all NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diet all increase the risk of dying from an NCD.

Source: World Health Organization

The 4 major categories of non-communicable diseases (NCDs)

Cardiovascular Diseases
Diabetes
Chronic Respiratory Diseases
Cancer

NCDs are chronic diseases that are not passed from person to person. They are of long duration and generally slow progression. The main types of NCDs—cardiovascular diseases (e.g., heart attack and stroke), cancer, chronic respiratory disease (e.g., chronic obstructed pulmonary disease and asthma), and diabetes—have an enormous impact on people, health systems, and societies around the world.

NCDs disproportionally affect low- to middle-income countries as the result of higher rates of premature death, lack of detection and treatment for NCDs, and their contribution to poverty for people who lack healthcare. In these regions, nearly three quarters of NCD deaths, or 28 million, occur. In these countries, NCDs manifest differently and often at an earlier age as compared to developed nations.

In 2013, 38 million people died from NCDs. Though these diseases are often associated with older age groups, all age groups in all regions are affected. Evidence shows that 16 million of all deaths attributed to NCDs occur before age 70, and of these ‘premature’ deaths, 82 percent occur in low- and middle-income countries. But the conditions that cause NCDs are largely avoidable.

Source: Population Reference Bureau (www.prb.org)
The rising burden of global NCDs
Despite the prevalence and mortality rates of these chronic diseases, NCDs receive almost no donor funding or attention on the global agenda. There is a large gap between the burden of NCDs and funding: NCDs constituted 50 percent of the global disease burden in 2013, but only received 2 percent of development assistance for health funding in 2014. $475 million was disbursed for NCDs in 2015, the least of any health focus area.

NCDs have a large economic impact around the world. Globally, it is estimated that diabetes, cancer, and cardiovascular and chronic respiratory diseases will together account for nearly $47 trillion in lost economic output between 2011–2030.

NCDs influence several factors that result in decreased productivity, including (1) higher premature mortality of working-age individuals, (2) increased early retirement within the population, and (3) increased rates of absenteeism and presenteeism, the act of attending work while sick. In addition, diverting resources to healthcare decreases capital investment.

Collaborating to reduce the global burden of NCDs
Earlier this year, RTI launched a new initiative—led by Rachel Nugent, Ph.D., Vice President, Chronic Non-communicable Diseases Global Initiative—to address the large and growing burden of global NCDs. RTI's Global NCDs team is collaborating with countries in a variety of ways, including generating new evidence to guide global and national decision-making, to reduce the burden of NCDs.

RTI is committed to addressing the large and growing burden of NCDs worldwide by working with countries to achieve Sustainable Development Goal Target 3.4, which aims to reduce premature mortality from NCDs by one third by 2030.

Learning from successful, scalable pilots to establish blueprints
Later this month, RTI is releasing a book, Improving Outcomes for Noncommunicable Diseases in Low and Middle Income Countries, aimed at highlighting existing collaborations in low- to middle-income countries that can be leveraged for larger-scale projects that will help us understand, prevent, and treat disease.

In Kenya, RTI is working with the Ministry of Health to assess the costs of providing NCD services to the population. This is the first step toward including NCDs in the country’s health priorities.

In Mongolia, RTI is working with the United Nations NCD Task Force to build the “business case” for why the global community should invest in NCD prevention and control.

In India, RTI has partnered with the local community to implement a number of unique and innovative programs to address the threat of cancer and diabetes. These include partnering with universities to research more rapid breast cancer diagnosis and designing a pilot cervical cancer screening and treatment program.