Several reports have been published recently on latest trends in noncommunicable diseases (NCDs) and the “best buys” to prevent and treat them. The reports also highlight the particular challenges now being faced by the 17 lower middle income countries, and 7 upper middle income countries, in the Asia and Pacific region. This blog, and a following one, highlight the key messages from these various recent reports, with a focus on the countries of the region.

On 21 September the Director General of the World Health Organization (WHO), Dr Tedros Adhanom Ghebreyesus, launched a new report at the United Nations calling on global leaders to take urgent action on NCDs. Any new WHO report on NCDs is relevant to both global health and international development. That is because NCDs – which include heart disease, stroke, cancer, diabetes and chronic lung disease, along with mental health – are already known to cause nearly three-quarters of deaths in the world. And the report’s relevance to international development? Almost three-quarters of all NCD deaths globally, and 82% of the 16 million people who die prematurely (before reaching 70 years of age), are in low and middle income countries.

The new report, *Invisible numbers: the true extent of noncommunicable diseases and what to do about them*, now adds further evidence as to why NCDs are an important development issue. For example, Figure 1 shows that NCDs are the leading cause of death in lower middle income countries as well as upper middle income countries. But there are common misunderstandings as to which NCDs are the biggest drivers of ill-health, disability and premature death. That, in turn, can distort public health priorities and community awareness.

For example, very recent surveys suggest that most people think cancer (dark blue line on the left in Figure 1) is the leading cause of death from NCDs. But the *Invisible numbers* report shows that cardiovascular disease and diabetes (mid-strength blue, second from left)
are, on average, the most significant cause of deaths globally, and in three of the four World Bank income groups – including upper middle income and lower middle income countries. Even in low income countries NCDs are, on average, the leading cause of around 40% of all deaths.

**Figure 1: Leading causes of death globally**

![Leading causes of death globally](source)

Furthermore, and worryingly, the *Invisible numbers* report states that almost half of people globally with hypertension (high blood pressure) are unaware of their condition. That is particularly the situation in lower middle income and low income countries.

The launch of the report was accompanied by the launch of a new WHO [NCD data portal](https://www.who.int). The portal is important because, as WHO notes, “for the first time, it brings together all WHO data related to NCDs for 194 countries. The report and portal highlight the extent of global NCD burden, risk factors, and the progress each country is making in their efforts to combat these diseases and conditions”.

Responding to NCDs is a particularly important and strategic challenge for low and middle income countries in Asia and the Pacific. That is because, as Figure 2 shows, NCDs already represent more than half of all deaths in every country of Asia and the Pacific, and more than two-thirds of all deaths for 24 of the 30 countries in the region for which data is available. This trend is likely to increase as populations age in each of these countries; become more urbanised and sedentary; and as long as countries have policies that are
conducive to increasing risk factors for NCDs, such as weak tobacco control and weak regulation or taxation of unhealthy food and drinks.

What is also noticeable in Figure 2 is that 15 countries in the Asia and Pacific region have a higher percentage of deaths from NCDs than the global average. By itself, that is not necessarily a cause for concern, as it can simply indicate that countries have been relatively successful in reducing communicable diseases compared to the global average. But it does confirm that NCDs are a key public health challenge in all countries of the region.

Of particular concern from a public health, and economic, perspective is that many of those NCD-related deaths are premature (in essence, below 70 years of age) and therefore often largely preventable. In many cases, people die from NCDs even while at working age, thereby reducing their capacity to provide income for their families and contribute to
economic growth nationally, including through paying taxes.

Figure 3 shows the probability of premature death from NCDs for countries in Asia and the Pacific. According to the WHO report, six of the top ten leading countries in the world for the probability of premature mortality from NCDs are in the Pacific (shown with darker blue bars). Three of the remaining four countries in the top ten are in Africa, and Mongolia is also in the top ten.

Other recent reporting confirms the importance of NCDs in terms of public health and the economy. The latest International Diabetes Federation Atlas for 2021 notes that by 2045 the world’s population is estimated to grow by 20% but the number of people with diabetes is estimated to increase by 46%. It also estimates that four of the five countries in the world
with the highest numbers of people with diabetes are in Asia: China, India, Pakistan and Indonesia, with 140, 74, 33 and 19.5 million people respectively. It also estimates that seven of the top ten countries in the world for the prevalence of diabetes are in the Asia-Pacific region: Pakistan, French Polynesia, New Caledonia, Northern Mariana Islands, Nauru, Marshall Islands and Kiribati.

My next blog will summarise latest research and thinking about the economics and financing of preventing and treating NCDs, including latest thinking on the “best buys” that low and middle income countries can use to address the challenges of NCDs.

*This is the first blog in a [two-part series](https://devpolicy.org/ncds-in-asia-and-the-pacific-recent-findings-and-key-challenges-20221116/).*

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