



Fact Sheet:

Chronic Diseases in the Americas

(30 November 2009)

1. In the Americas, chronic diseases are now the leading cause of premature mortality and disability in the vast majority of countries. In 2002, they accounted for 44% of deaths among men and women under 70 and were responsible for two out of three deaths in the total population.
2. At least 80% of all heart disease, stroke, and type 2 diabetes – as well as 40% of all cancer – can be prevented through a range of cost-effective interventions, many of them inexpensive (e.g, reduction of tobacco use and salt intake and the use of multidrug regimens delivered through primary health care as a clinical approach to high-risk individuals).
3. There is a strong evidence base for the cost-effectiveness of disease prevention and early detection interventions. Cardiovascular diseases, some cancers, and diabetes can be prevented or delayed by:
 - a. Changes in diet and lifestyle
 - b. Screening for risk or early manifestation of disease
 - c. Treatment of precursor lesions or earlier treatment of disease
 - d. Pharmacological interventions.
4. Effectively addressing risk factors that are prevalent at different stages of life and are affected by socioeconomic circumstances requires a reorientation of current policies and programs toward a focus on prevention and an integrated/comprehensive approach.
5. In 2006–2007, the Pan American Health Organization's (PAHO) Directing Council approved the [*Regional Strategy for Chronic Disease Prevention and Control, Including Diet, Physical Activity and Health*](#). Its goal is to reduce chronic disease death rates by at least 2% annually, thereby preventing an estimated 2 million premature deaths, saving billions in economic losses, and improving productivity.
6. PAHO has adopted the following strategic approaches to achieve this goal:
 - a. Advocacy for policy change
 - b. Development of effective public policies
 - c. Capacity-building for community-based action



- d. Strengthening health services for integrated prevention and management of chronic diseases (a new model of treatment for chronic diseases).
 - e. Reinforcement of the health-care work force's competence in chronic disease prevention and management.
 - f. Creation of multisectoral partnerships and networks for chronic diseases, i.e., the Global Non-communicable Disease Network (NCDnet) and the Partners' Forum for Action against Chronic Diseases in the Americas.
 - g. Capacity-building for chronic disease information and knowledge management.
7. Although 80% of deaths due to chronic diseases occur in developing countries, chronic disease is not specifically included among the Millennium Development Goals (MDGs) and consequently is not currently part of the global agenda for health.
8. Chronic disease is now the overall major health challenge facing the countries of the Americas when measured in terms of premature loss of life and avoidable health costs. Examples include:
- a. A total of \$448.5 billion spent on cardiovascular diseases (CVDs) in the United States in 2008.
 - b. In Chile, \$200 million spent annually on dialysis, due mostly to diabetes and hypertension.
 - c. In Central America, catastrophic diseases account for the largest share of health expenses.
 - d. An estimated \$65 billion spent annually, in direct and indirect costs, on diabetes in Latin America and the Caribbean.
 - e. In the Caribbean, studies commissioned by the special CARICOM Heads of Government Summit on chronic diseases estimate the economic impact of diabetes and hypertension alone to be at 5-8% of GDP.
 - f. The World Economic Forum's 2009 *Global Risks* report puts the global risk of chronic disease on a par with or above major fiscal crises.

Contact: Dr. James Hospedales, Coordinator of the PAHO/WHO Chronic Disease Project.
Phone: (+1-202) 974-3695. E-mail: hospedaj@paho.org.



Chronic Disease Prevention and Control in the Americas