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Media Advisory

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Heart Disease and Stroke hit younger in developing countries, new report shows toll rises as treatment and prevention lags in developing countries

Toll rises as treatment and prevention lags in developing countries

A new report released at Columbia University's Earth Institute on April 26, 2004, suggests that heart disease and stroke are far more urgent threats to global health than commonly appreciated. They are causing hundreds of thousands of deaths each year in young people of productive age. This is far greater than has previously been understood, disrupting families and the work force in developing countries. While cardiovascular diseases (CVD) are often portrayed in the West as diseases of affluent and older people, CVD mortality rates among working age people in India, South Africa, and Brazil are one-and-a-half to two times that of the U.S.

Why is the rate of cardiovascular diseases higher in rapidly developing countries? Says co-author and visiting professor Stephen Leeder of the Center for Global Health and Economic Development, a joint initiative of The Earth Institute at Columbia and the Mailman School of Public Health, "Not only is treatment often unavailable, but lifestyle programs that have made a big impact in the U.S. over the last 40 years, such as diet and exercise awareness and anti-smoking campaigns or tobacco taxes, have not yet occurred" in most developing countries.

Dr Susan Raymond, * another of the report's co-authors, said that she had been "surprised, even shocked, by what we found when we looked at the effects of CVD on the productive workforce aged 35-65 years in developing countries." In India, for instance, where 5 million people die of CVD each year, 28% of the deaths occurred among people aged less than 65. "This rate of death among younger people exceeds even what we saw in the U.S. in the 1950s before we started to prevent and treat heart disease and stroke aggressively," Dr. Raymond said.

Cardiovascular disease is an often-unrecognized cause of impaired health among women. In South Africa, for example, the report notes that "despite the predominance of HIV/AIDS, the proportion of deaths occurring among people aged 35-44 due to chronic disease, mainly CVD, is 12% for men, and an amazing 17.2% for women."





Jeffrey D Sachs, director of the Earth Institute, explained why the impact of heart disease and stroke is particularly devastating in rapidly developing societies. "These diseases exact a crippling toll on more vulnerable countries, hitting not only individuals and their families, but the economies of nations," Dr. Sachs said in launching the report. "While fighting communicable diseases such as AIDS and Malaria in these countries is crucial, we must not forget to address these other potentially devastating and preventable conditions. In 2020, the less developed nations will have 500 million people aged over 65 years. By 2040 there will be a billion people of this age in these countries. They are the ones most susceptible to these conditions."

A team at Columbia University, led by Professor Leeder*, an Australian epidemiologist and former dean of the University of Sydney medical school, prepared the report, entitled *A Race against Time*, supported by the Initiative for Cardiovascular Health Research in The Developing Countries and the Australian Health Policy Institute at the University of Sydney. The team studied five countries: Brazil, South Africa, Tatarstan, India and China. The researchers combined population estimates for the five countries with current death rates and workforce data to calculate the future effects of CVD both on society and on the workforce.

"In just the five countries surveyed," said Dr. Leeder, "our conservative estimates are that at least 21 million years of future productive life are lost because of CVD each year." This number is set to rise to 34 million years of life lost by 2020. In South Africa, even with the overwhelming presence of HIV/AIDS as the leading cause of death, CVD ranks third in terms of women's disease burden, whereas it is sixth for men. Moreover, among South Africa's non-communicable diseases, the CVD burden comes to rest most heavily on poor women. In South Africa, CVD causes the highest portion of years of life lost due to non-communicable diseases for poor women, 46%

Dr Henry Greenberg,* another of the report's co-authors, has a longstanding interest in the treatment of people at high risk of CVD in the Russian republic of Tatarstan.

"In Tatarstan, CVD death rates among young men have gone up by 70% in 20 years," he said. "We see an increase in risk factors among them, including high blood pressure, smoking, poor diet and increasingly sedentary lifestyles."

"We can offer these people effective and cheap treatment for blood pressure and cholesterol, which will have an immediate effect, while helping them quit smoking and also encouraging change in the community toward healthier lifestyles," he said.

The report *A Race against Time* will soon be available in PDF format at www.earth.columbia.edu/raceagainsttime. The Center for Global Health and Economic Development is a joint project of The Earth Institute at Columbia (www.earth.columbia.edu) and Columbia's Mailman School of Public Health. It includes the Access Project for the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is funded by the Glaser Progress Foundation and the U.S. Agency for International Development. In addition to the Access project, CGHED staff members have





worked with health officials to establish a national Task Force on Macroeconomics and Health. The Task Force seeks to implement the recommendations of the World Health Organization's Commission on Macroeconomics and Health, which was chaired by Professor Sachs. The Commission's 2001 report, "Investing in Health for Economic Development," shows that, in addition to reducing suffering and improving well being, investing in health can be a concrete input to economic development, and indeed is essential for economic and social development in the world's poorest countries.

*A member of the research team that produced the report. Biographical notes follow:

Stephen Leeder, MB, PhD, is Professor of Public Health and recently dean of the Faculty of Medicine at the University of Sydney. He is on study leave at Columbia University. He is a public health physician with a longstanding research interest in cardiac and respiratory diseases and the development of policies for their control. He has had extensive experience with health policy development with Australian federal and state governments.

Susan Raymond, PhD, is a global health and economic development consultant. She has been a senior advisor to the US Agency for International Development and was Director of Strategic Planning for the New York Academy of Sciences. She has published widely on the changing economic and health care conditions of middle-income countries. She is currently a consultant to the Center for Global Health and Economic Development at the Earth Institute, Columbia University.

Henry Greenberg, MD, is Associate Director of Cardiology, St. Luke's Roosevelt Hospital and Associate Professor of Clinical Medicine at Columbia University College of Physicians and Surgeons. He has a longstanding interest in international aspects of cardiovascular health, especially in the Russia Federation. He is currently a consultant to the Center for Global Health and Economic Development at the Earth Institute, Columbia University.

Hui Liu, MB, MS, MPH, is a graduate of Shandong University (China) and was a resident in medical oncology with the Chinese Academy of Medical Science/Peking Union Medical College. In the US, she obtained a Master of Science in Microbiology and Molecular Genetics from Rutgers University, and recently her Master of Public Health from Columbia University. She worked on this project as a research associate.

Kathy Esson, PhD, is a social science researcher with special interests in public policy relating to education and health, equity and women's development and welfare. She has also worked as a psychologist and public servant in Australian federal health bureaucracies, health promotion programs and public inquiries. Her most recent project was as a senior member of a team conducting an independent inquiry into public education in schools in New South Wales, Australia.

