

Why it matters



100 million people a year fall into extreme poverty because of unaffordable health costs.

By 2030 the total global cost of CVD is set to rise from approximately US\$ 957 billion in 2015 to a US\$ 1,044 billion. 55 percent are direct healthcare costs, and 45 percent are due to indirect costs, mainly losses of productivity.

Circulatory diseases are the world's number 1 cause of disability and death.

Together, heart disease, stroke, diabetes and kidney disease lead to more than 20 million deaths each year.

Circulatory diseases strongly affect quality of life.

The global burden of CVD, diabetes and kidney disease, expressed in disability-adjusted life years (DALYs) amounted to almost half a billion years in 2016.

Global ageing trends will further add to the problem, as the risk of heart disease, stroke and other comorbidities increases with age. The risk of stroke doubles every decade after the age of 55.

Circulatory diseases place a heavy financial burden on individuals and on health systems.

Why action is worthwhile



Fighting circulatory diseases will lead to positive outcomes.

Investing US\$ 1.27 per person per year in low- and middle-income countries until 2030 can save an estimated 8.2 million lives, decrease premature mortality from NCDs by 15 percent, and yield a return on investment of at least US\$ 7.

Approximately 75 percent of CVD is attributable to modifiable risk factors such as high blood pressure, diabetes, high cholesterol and obesity, tobacco use, alcohol consumption, physical inactivity and unhealthy diet.

US\$1 invested in reducing tobacco use can yield a return of US\$ 7.43. Managing CVD and diabetes can yield a return of US\$ 2.8 and reducing unhealthy diet can bring a return of US\$ 12.82!

In low-income neighbourhoods in Berkeley, USA, sugary drink consumption declined by 21 percent after a tax on sugar-sweetened beverages was introduced. Conversely, sales of untaxed beverages rose.

In the Philippines, increased tobacco taxation decreased smoking prevalence among adults from 29.7 percent in 2009 to 23.8 percent in 2015. This represents a 19.9 percent relative decline of the tobacco use prevalence.