

The neglected epidemic of chronic disease

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The reduction of chronic disease is not a Millennium Development Goal (MDG). While the political fashions have embraced some diseases—HIV/AIDS, malaria, and tuberculosis, in particular—many other common conditions remain marginal to the mainstream of global action on health. Chronic diseases are among these neglected conditions.

Chronic diseases represent a huge proportion of human illness. They include cardiovascular disease (30% of projected total worldwide deaths in 2005), cancer (13%), chronic respiratory diseases (7%), and diabetes (2%). Two risk factors underlying these conditions are key to any population-wide strategy of control—tobacco use and obesity. These risks and the diseases they engender are not the exclusive preserve of rich nations. Quite the contrary.¹ Chronic diseases are a larger problem in low-income settings. Research into chronic diseases in resource-poor nations remains embryonic. But what evidence there is²⁻³ shows just how critical it will be to intervene early in the epidemic's course. There is an unusual opportunity before us to act now to prevent the needless deaths of millions. Do we have the insight and resolve to respond?

With a new series of articles,⁴⁻⁷ for which we thank the superb efforts of Robert Beaglehole, *The Lancet* aims to fill a gap in the global dialogue about disease. It is a surprising and important gap, one that health workers and policymakers can no longer afford to ignore. The call by Kathleen Strong and colleagues⁴ for the world to set a target to reduce deaths from chronic disease by 2% annually—to prevent 36 million deaths by 2015—deserves to be added to the existing eight MDGs.

Without concerted and coordinated political action, the gains achieved in reducing the burden of infectious disease will be washed away as a new wave of preventable illness engulfs those least able to protect themselves. Let this series be part of a new international commitment to deny that outcome.

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