

Non-communicable diseases

Non-communicable diseases (NCDs) are defined as conditions that are not transmissible from person to person; NCDs are chronic diseases, and behaviors like smoking and overuse of alcohol can increase the chance of developing one. NCDs include cardiovascular diseases, chronic respiratory diseases, and cancers.

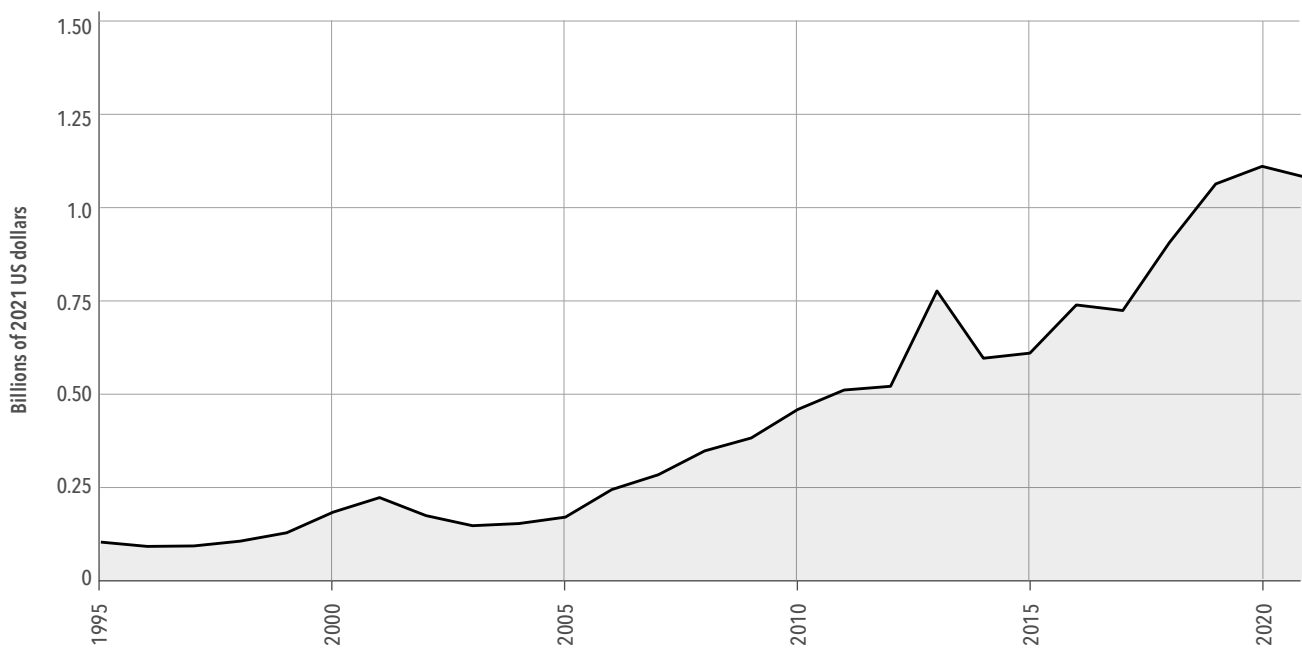
As a group, NCDs were the leading cause of disease burden globally in 2019, causing nearly three times as many deaths (more than 42 million) as communicable, maternal, neonatal, and nutritional diseases – plus injuries – combined. The leading types of NCDs include ischemic heart disease, stroke, and chronic obstructive pulmonary disease; NCD risk can be mitigated by modifying certain risk factors, like smoking. Globally, NCD burden is highest in many middle-income countries. For example, 31.5% of 2019 deaths in Russia were attributable to ischemic heart disease, and 18.3% to stroke. Moreover, the past 30 years have been marked by a shift away from communicable diseases (COVID-19 notwithstanding) and toward non-communicable

disease burden.

Though NCD-related DAH has grown over the past 30 years, spending on NCDs has not necessarily kept pace with the burden the group of conditions causes. A total of about \$1.1 billion was directed toward NCD DAH in 2021, reflecting little change over the 2020 total. Between 1990 and 2021, total NCD DAH grew 1,889.2%, while overall DAH grew 688.4%. Meanwhile, between 1990 and 2019, as a portion of total DALYS, NCDs grew 47.9%. For reference, between 1990 and 2019, the percentage of deaths attributable to NCDs grew almost 31%. In 1990, NCDs caused 56.8% of global deaths, while in 2019 NCDs caused 74.4% of global deaths.

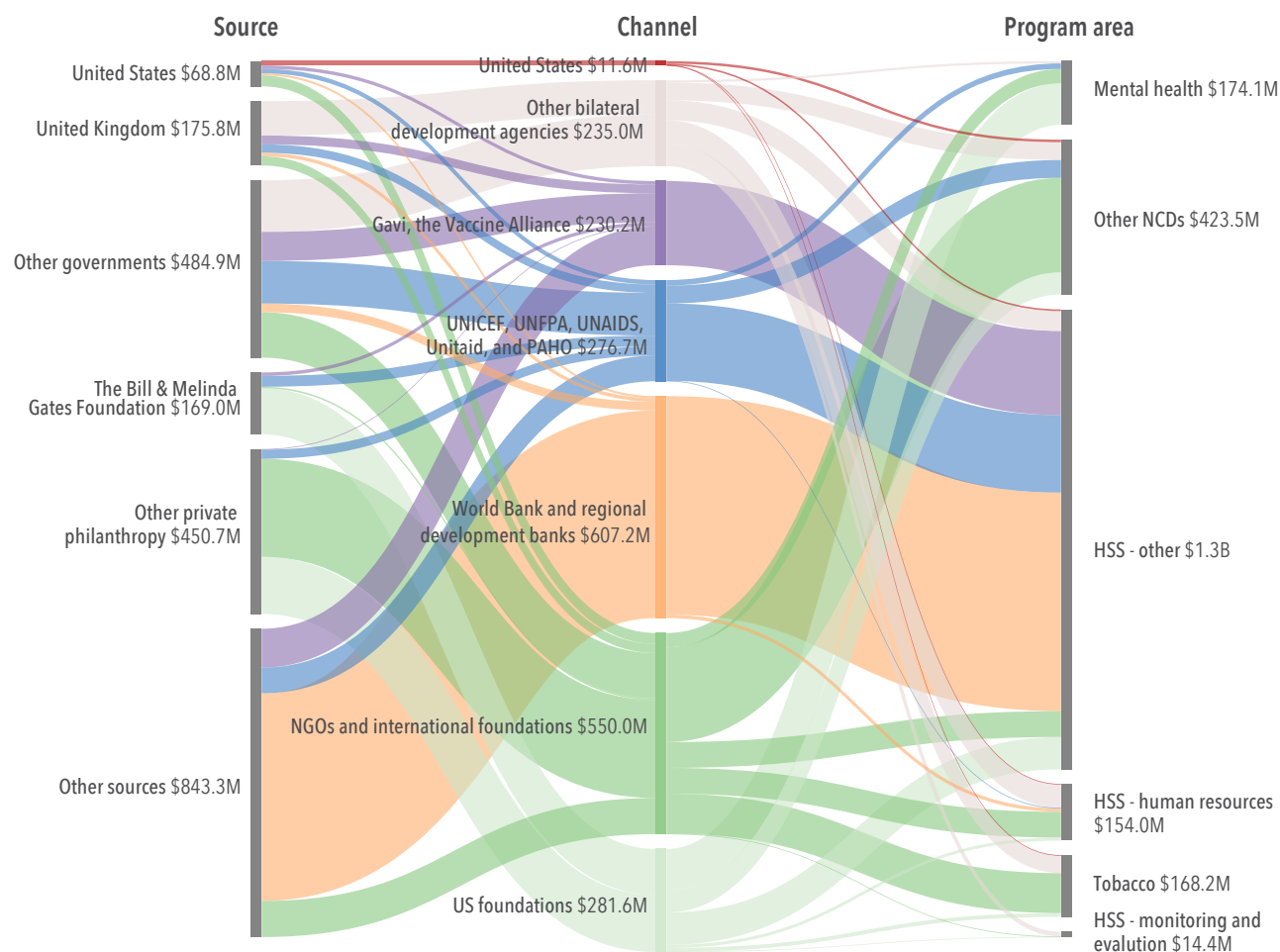
The NCDs profile illustrates the sources, disbursement channels, and program areas to which NCDs DAH was allocated. Figure A gives a high-level view of DAH for NCDs between 1995 and 2021, while Figure B illustrates how DAH for NCDs flowed from source to channel to program area in 2020–2021.

FIGURE A Development assistance for health for non-communicable diseases, 1995–2021*



*2021 estimates are preliminary.

FIGURE B Flows of development assistance for health for non-communicable diseases from source to channel to program area, 2020–2021



“Other sources” captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed.

Health assistance for which we have no source information is designated as “Unidentified.”

“Other governments” include Afghanistan, Angola, Argentina, Australia, Austria, Azerbaijan, Bangladesh, Belgium, Bhutan, Brazil, Brunei, Bulgaria, Cameroon, Canada, Central African Republic, Chad, China, Colombia, Côte d’Ivoire, Croatia, Czechia, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Gabon, Germany, Greece, Guinea, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Malta, Monaco, Myanmar, New Zealand, Nigeria, Norway, Oman, Pakistan, Palestine, Peru, Poland, Portugal, Qatar, Romania, Russia, São Tomé and Príncipe, Saudi Arabia, Serbia, Singapore, Slovakia, Slovenia, South Africa, South Korea, South Sudan, Spain, Sudan, Sweden, Switzerland, Syria, Taiwan (province of China), Thailand, the Netherlands, Togo, Turkey, Uganda, Ukraine, United Arab Emirates, Yemen, and Zimbabwe.

“Other bilateral development agencies” include Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, South Korea, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom, the European Commission, and EEA.

“Regional development banks” include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

“Other” captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

CEPI = Coalition for Epidemic Preparedness Innovations
 NGOs = Non-governmental organizations
 PAHO = Pan American Health Organization
 UNAIDS = Joint United Nations Programme on HIV/AIDS
 UNFPA = United Nations Population Fund
 UNICEF = United Nations Children’s Fund
 WHO = World Health Organization