It is a great honor for ECLAC to be part of the Inter-American Task Force on Non Communicable Diseases. We look forward to build on previous work and collaborate with other agencies in facing this urgent common challenge.

ECLAC’s contribution to the Task Force will be to bring a demographic perspective to our understanding of current and future challenges of NCDs. We will be analyzing the economic impact of NCDs based on projected population trends.

Population aging is transforming our region. Population aging is fundamentally altering our economies, our societies, and our health care. Within the next 25 years, there will be more older persons (over age 60) than children (under age 15). Economies, too, will age within a decade, for the first time in history, more economic resources will be devoted to older persons than to children in Latin America and the Caribbean.

The rise of NCDs is a direct result of this aging of the population coupled with notable reductions in general mortality (with the exception of accidents and violent deaths).

The combined impact of this shift in the population age distribution toward older ages and continued economic growth in the region is likely to lead to a near doubling in the size of the health sector relative to GDP within the next 45 years. While public debate has traditionally focused on pensions, health care financing will likely emerge as the central topic of fiscal concern among governments.

In addition to increasing in size, health care systems will also undergo a profound re-direction of resources toward NCDs.

Examining the age distribution of health spending in the region, we find that the median amount of health care spending devoted to older persons (over age 60) is currently 17%. We expect this proportion to double within the next 35 years.

Our contribution to the task force will be to explicitly measure the projected increases in NCD spending in each country in the region based on these projected population trends.

As well, we will continue working on developing indicators of the socio-economic dimensions of NCDs and measures of the affordability of a healthy diet. Our recent collaborative project on NCDs with PAHO and the Chilean Ministry of Health is an example. This pilot project developed indicators of the socio-economic dimensions of NCDs.
The usual method for measuring poverty is based on food baskets defined by caloric needs. By this traditional poverty measure, about 1 out of every 7 Chileans (or 14% of the population) are poor and have difficulty affording a diet which meets their caloric needs.

But in confronting the NCD challenge, we need a new measure that looks at the affordability of a healthy diet, one based on dietary recommendation for boosting fruit and vegetable consumption – since healthier diets are key to reducing premature deaths from cancer, diabetes, and cardiovascular disease.

By this new measure, our preliminary results indicate that more than 1 out of every 4 Chileans (28% of the population) have difficulty affording a healthy diet. With this new methodology we will be able to assess the affordability of healthy diets throughout the region.

We look forward to working together on the task force on other such innovations needed to meet the challenges of NCDs.