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Who non communicable diseases report 2018

Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths — 32million — occur. People from all age groups, regions and countries are affected by NCDs. These conditions are often associated with older age groups, but evidence shows that 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these premature deaths, more than 85% are estimated to be placed in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoking or the harmful use of alcohol. These diseases are driven by forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles and population aging. Unhealthy diets and lack of physical activity may appear in people as increased blood pressure, increased blood glucose, increased blood lipids and obesity. These are called metabolic risk factors that can lead to cardiovascular disease, the leading NCD in terms of premature deaths. Modifiable behaviors, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs. Tobacco kills for more than 7.2 million deaths each year (including from the effects of exposure to secondhand smoke), and are projected to increase markedly over the coming years. (1) 4.1 million annual deaths were attributed to excess salt/sodium intake. (1) More than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer. (2) 1.6 million deaths may be attributed annually to inadequate physical activity. (1) Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs: increased blood pressure overweight/obesity hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of blood fat). In terms of attributable mortality, the leading metabolic risk factor worldwide is increased blood pressure (to which 19% of global mortality is attributed), (1) followed by overweight and obesity and increased blood glucose. NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by a third by 2030. Poverty is closely linked with NCDs. The rapid rise in NCDs is forecast to hamper poverty reduction initiatives in low-income countries, especially by increase costs associated with healthcare. Vulnerable and socially disadvantaged people get sicker and die earlier people from higher social positions, especially since they are at greater risk of being exposed to harmful products, such as tobacco, or unhealthy dietary practices, and have limited access to health services. In low-resource settings, health care costs for NCDs are quickly draining household resources. The exorbitant cost of NCDs, including often long and costly treatment and loss of breadwinners, force millions of people into poverty and stall development annually. An important way to control NCDs is to focus on reducing the risk factors associated with these diseases. Low-cost solutions exist for governments and other stakeholders to reduce the common modifiable risk factors. Monitoring progress and trends of NCDs and their risk is important for leading policies and priorities. To reduce the impact of NCDs on individuals and society, a comprehensive approach is needed that requires all sectors, including health, finance, transport, education, agriculture, planning and others, to work together to reduce the risks associated with NCDs and promote interventions to prevent and control them. Investing in better management of NCDs is critical. Management of NCDs includes detecting, screening and treating these diseases, and providing access to palliative care for people in need. High impact essential NCD interventions can be delivered through a primary healthcare approach to strengthen early detection and timely treatment. Evidence shows such interventions are excellent economic investments because, if provided to patients early, they can reduce the need for more expensive treatment. Countries with inadequate health insurance coverage are unlikely to provide universal access to essential NCD interventions. NCD management interventions are essential for achieving the global target of a 25% relative reduction in the risk of premature deaths from NCDs by 2025, and the SDG targets a one-third reduction in premature deaths from NCDs by 2030. The 2030 Agenda for Sustainable Development recognises NCDs as a major challenge to sustainable development. As part of the Agenda, heads of state and government have committed to developing ambitious national responses by 2030 to reduce with one-third premature deaths from NCDs through prevention and treatment (SDG targets 3.4). This target comes from the High Level Meetings of the UN General Assembly on NCDs in 2011 and 2014, which reaffirmed the WHO's leadership and coordination role in promoting and monitoring global action against NCDs. The UN General Assembly will convene a third high-level meeting on NCDs in 2018 to review progress and forge consensus on the road covering the period 2018-2030. To support countries in their national efforts, the WHO has a global action plan for the prevention and control of NCDs 2013-2020, which includes nine global targets that have the greatest impact on global NCD deaths. These targets address prevention and management of NCDs. (1) GBD 2015 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 79 behavioral, environmental and occupational and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*. 2016; 388(10053):1659-1724. doi:10.1016/S0140-6736(16)00448-0. How are you affected by non-communicable diseases? Do you feel inspired? Start your own national or local campaign to raise awareness among the general public about the impact of non-communicable diseases, their costs and the actions that can now be taken to beat NCDs. This global status report on the prevention and control of NCDs (2014), is estimated around the nine voluntary global targets. The report provides data on the current situation, identifying bottlenecks as well as opportunities and priority actions for achieving the targets. The 2010 baseline estimates on NCD deaths and risk factors are provided so countries can report on progress, starting in 2015. In addition, the report also provides the latest available estimates on NCD deaths (2012) and risk factors, 2010-2012. All health ministries must set national NCD targets and guide the development and implementation of policies and interventions to reach them. There is no single pathway to reaching NCD targets that suit all countries as they are at different points in their progress in preventing and controlling NCDs and at different levels of socio-economic development. However, all countries can benefit from the comprehensive response to achieving the voluntary global targets offered in this report. At the First and Second UN high-level meetings on non-communicable diseases (NCDs) in 2011 and 2014, the World Health Organization released country profiles, highlighting the latest data on NCDs in each WHO member state. This third set of country profiles provides an update on each member state, which presents key data on NCD deaths, risk factor appearance, national system capacity to prevent and control NCDs and existence of national targets based on the Global Monitoring Framework. These profiles allow member states to track their progress towards achieving the nine global targets, to be reached by 2025. 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