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Noncommunicable diseases prematurely take 16 million lives annually, WHO urges more action

19 January 2015 | GENEVA – Urgent government action is needed to meet global targets to reduce the burden of noncommunicable diseases (NCDs), and prevent the annual toll of 16 million people dying prematurely—before the age of 70 – from heart and lung diseases, stroke, cancer and diabetes, according to a new World Health Organization report.

“The global community has the chance to change the course of the NCD epidemic,” says WHO Director-General Dr Margaret Chan, who today launched the *Global status report on noncommunicable diseases 2014*. “By investing just US\$1-3 dollars per person per year, countries can dramatically reduce illness and death from NCDs. In 2015, every country needs to set national targets and implement cost-effective actions. If they do not, millions of lives will continue to be lost too soon.”

The report states that most premature NCD deaths are preventable. Of the 38 million lives lost to NCDs in 2012, 16 million or 42% were premature and avoidable – up from 14.6 million in 2000.

Nearly five years into the global effort to reduce premature deaths from NCDs by 25% by 2025, the report provides a fresh perspective on key lessons learned.

Premature NCD deaths can be significantly reduced through government policies reducing tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, and delivering universal health care. For example, in Brazil the NCD mortality rate is dropping 1.8% per year due in part to the expansion of primary health care.

But the report calls for more action to be taken to curb the epidemic, particular in low- and middle-income countries, where deaths due to NCDs are overtaking those from infectious diseases. Almost three quarters of all NCD deaths (28 million), and 82% of the 16 million premature deaths, occur in low- and middle-income countries.

“Best buys” to reduce the burden

The WHO report provides the baseline for monitoring implementation of the *Global action plan for NCDs 2013-2020*, aimed at reducing the number of premature deaths from NCDs by 25% by 2025. Outlined in the action plan are nine voluntary global targets that address key NCD risk factors including tobacco use, salt intake, physical inactivity, high blood pressure and harmful use of alcohol.

“Our world possesses the knowledge and resources to achieve the nine global NCD targets by 2025,” says Dr Oleg Chestnov, WHO’s Assistant Director-General for Noncommunicable Diseases and Mental Health. “Falling short of the targets would be unacceptable. If we miss this opportunity to set national targets in 2015 and work towards attaining our promises in 2025, we will have failed to address one of the major challenges for development in the 21st century.”

The report provides “best buy” or cost-effective, high-impact interventions recommended by WHO, including banning all forms of tobacco and alcohol advertising, replacing trans fats with

polyunsaturated fats, promoting and protecting breastfeeding, and preventing cervical cancer through screening. Many countries have already had success in implementing these interventions to meet global targets.

Examples of regional and country “best buy” successes listed in the report:

- Turkey was the first country to implement all the “best-buy” measures for tobacco reduction. In 2012, the country increased the size of health-warning labels to cover 65% of the total surface area of each tobacco product. Tobacco taxes now make up 80% of the total retail price, and there is currently a total ban on tobacco advertising, promotion and sponsorship nationwide. As a result, the country saw a 13.4% relative decline in smoking rates from 2008 to 2012.
- Hungary passed a law to tax food and drink components with a high risk for health, such as sugar, salt and caffeine. A year later, 40% of manufacturers changed their product formula to reduce the taxable ingredients, sales decreased 27% and people consumed 25-35% fewer products.
- Argentina, Brazil, Chile, Canada, Mexico and the USA have promoted salt reduction in packaged foods and bread. Argentina has already achieved a 25% reduction in the salt content of bread.

Working on the ground in more than 150 countries, WHO is helping develop and share “best buy” solutions so that they can be implemented more widely. WHO is also helping countries understand the dimensions that influence NCDs outside the health sector, including public policies in agriculture, education, food production, trade, taxation and urban development.

Meeting global targets

Though some countries are making progress towards the global NCD targets, the majority are off course to meet the 2025 targets. While 167 countries have operational NCD units in the ministry of health, progress on other indicators has been slow, especially in low- and middle-income countries.

As of December 2013¹ only:

- 70 countries had at least one operational national NCD plan in line with the Global NCD action plan
- 56 countries had a plan to reduce physical inactivity
- 60 countries had national plans to reduce unhealthy diets
- 69 countries had a plan to reduce the burden of tobacco use
- 66 countries had a plan to reduce the harmful use of alcohol
- 42 countries had monitoring systems to report on the nine global targets

NCDs impede efforts to alleviate poverty and threaten the achievement of international development goals. When people fall sick and die in the prime of their lives, productivity suffers. And the cost of treating diseases can be devastating – both to the individual and to the country’s health system.

From 2011-2025, cumulative economic losses due to NCDs under a “business as usual” scenario in low- and middle-income countries is estimated at US\$ 7 trillion. WHO estimates the cost of reducing the global NCD burden is US\$ 11.2 billion a year: an annual investment of US\$ 1-3 per capita.

¹ The latest NCD country capacity survey

High rates of death and disease, particularly in low- and middle-income countries, are a reflection of inadequate investment in cost-effective NCD interventions. WHO recommends all countries move from commitment to action, by setting national targets and implementing the “best buy” interventions starting in 2015.

Editors notes:

The report provides the most current estimates on NCD mortality (2012) and risk factors in 194 countries. The nine global voluntary targets are outlined in the report.

The first UN General Assembly high-level meeting on NCDs took place in 2011 and resulted in the adoption of a Political Declaration that put the prevention and control of NCDs high on the development agenda. The second high-level meeting took place in 2014 where countries committed to setting national NCD targets in 2015. In 2018, the UN General Assembly will convene a third high-level meeting to take stock of national progress in attaining the voluntary global targets by 2025.

The nine global NCD targets are:

Target 1

A 25% relative reduction in risk of premature mortality from CVDs, cancer, diabetes, chronic respiratory diseases

Target 2

At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

Target 3

A 10% relative reduction in prevalence of insufficient physical activity

Target 4

A 30% relative reduction in mean population intake of salt/sodium

Target 5

A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

Target 6

A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances

Target 7

Halt the rise in diabetes and obesity

Target 8

At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes

Target 9

An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

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Global status report on noncommunicable diseases 2014 (need link)

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