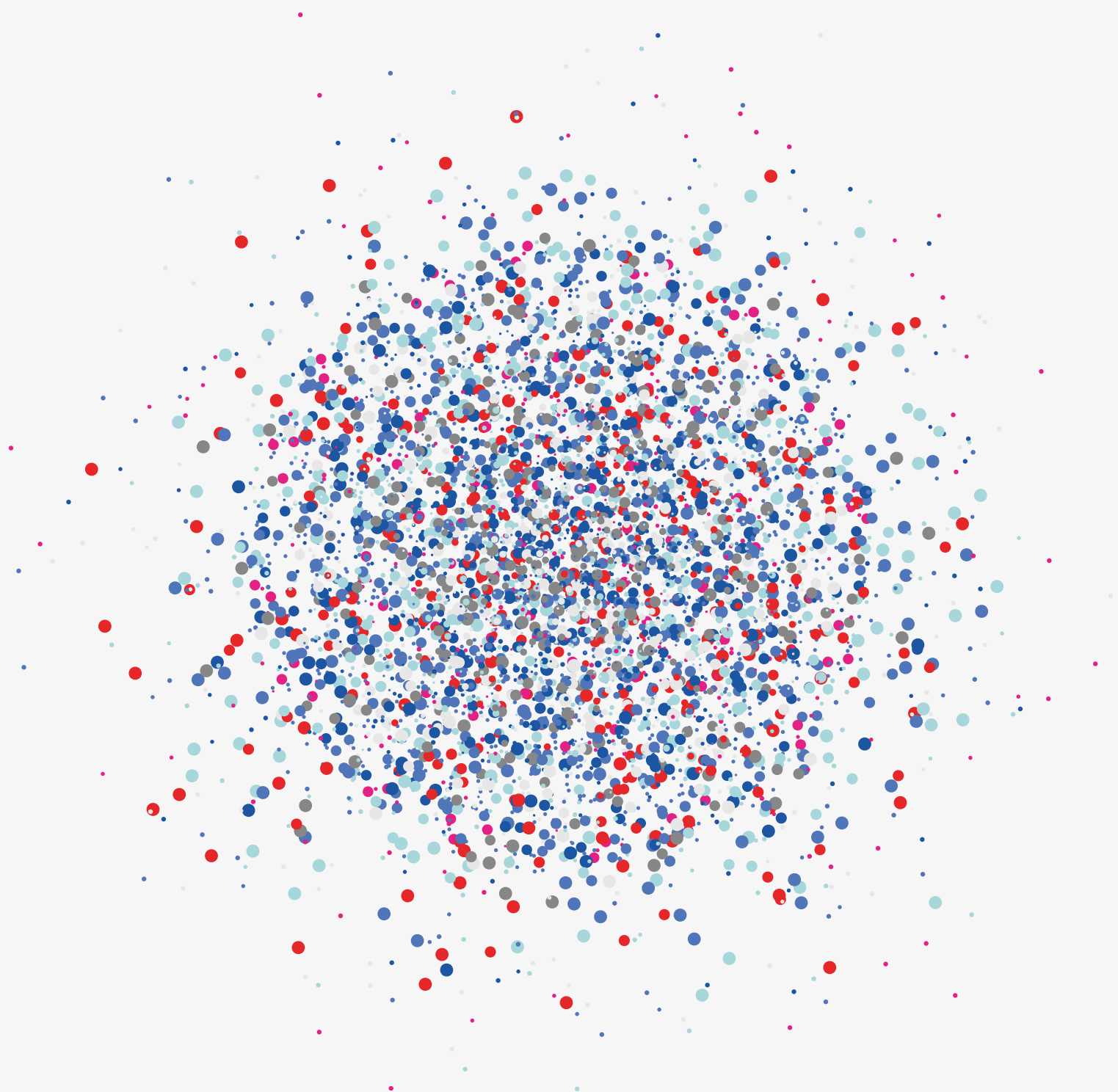


NONCOMMUNICABLE DISEASES

COUNTRY PROFILES 2018



World Health
Organization

NONCOMMUNICABLE DISEASES

COUNTRY PROFILES 2018

Noncommunicable diseases country profiles 2018

ISBN 978-92-4-151462-0

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Noncommunicable diseases country profiles 2018. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

CONTENTS

6

Acknowledgements

7

Foreword

8

Executive
Summary

10

Overview

20

Explanatory
notes

25

References

27

Country
profiles

ACKNOWLEDGEMENTS

This report was prepared by Leanne Riley and Melanie Cowan with assistance from Amber Abernethie, Rebecca Mozes and Kate Sheffer.

Contributions to the report were made by Heather Adair-Rohani, Melanie Bertram, Douglas Bettcher, Fiona Bull, Roberta Caixeta, Alison Commar, Jean-Marie Dangou, Hicham El Berri, Alexandra Fleischmann, Heba Fouad, Paul Garwood, Sophie Gumy, Regina Guthold,

Taskeen Khan, Warrick Junsuk Kim, Etienne Krug, Mary-Anne Land, Doris Ma Fat, Wahyu Retno Mahanani, Colin Mathers, Maria Neira, Dolores Ondarsuhu, Oyere Onuma, Vladimir Poznyak, Vinayak Prasad, Annette Pruss-Ustun, Ivo Rakovac, Nivo Ramanandraibe, Manju Rani, Dag Rekve, Stefan Savin, Hai-Rim Shin, Steven Shongwe, Wendy Snowden, Gretchen Stevens, Tamitza Toroyan, Menno Van Hilten, Nola Vanualailai, Cherian Varghese, Temo Waqanivalu and Juana Willumsen.

FOREWORD



Dr Svetlana Akselrod

Assistant Director-General
World Health Organization

Start from the top: It is time to deliver on NCDs and mental health, from capitals to villages

The human toll of noncommunicable diseases (NCDs) is unacceptable. These diseases are the leading causes of death worldwide, and carry a huge cost that extends beyond health to trap people in poverty, deny them a life of dignity, undermine workforce productivity, and threaten economic prosperity. NCDs are also becoming an issue by creating enormous disparities of opportunity, wealth and power. Their impact on low- and lower-middle-income countries is a key challenge. In all countries, the poorest and most vulnerable populations are those most at risk and the least likely to have access to the services they need to detect and treat NCDs.

It is also, however, a time of immense opportunity. Presidents and Prime-Ministers committed to “strengthen their commitment, as Heads of State and Government, to provide strategic leadership for the prevention and treatment of NCDs” during the third High-level Meeting of the United Nations General Assembly on NCDs which took place on 27 September 2018 in New York.

World leaders made this historic commitment because the responsibility for the NCD agenda can no longer be delegated solely to ministries of health. Many sectors, including finance, trade, agriculture, education and environment, have an impact on risk factors for NCDs, as well as on how governments and communities can tackle these, and therefore must be involved and coordinated for effective action. The political choice to ensure that the national universal health coverage public benefit

package includes NCDs and mental health services requires political leadership and responsibility at all levels.

The world is reaching an inflection point. This new publication explains that now is the time for government leaders to deliver on their time-bound promise to, by 2030, reduce, by one third, premature mortality from NCDs through prevention and treatment, and promote mental health and well-being. Without significant investments now, 15 million people will continue to die each year from NCDs in the prime of their lives, between the ages of 30 and 70. And almost 800 000 people will die from suicide, the second leading cause of death among young adults. Most of these deaths tomorrow can be avoided by Heads of State and Government making smart political choices today.

The overarching message is optimistic. Almost 10 million premature deaths from NCDs can be avoided by 2025 if governments decide, today, to implement the WHO “best buys” for NCDs, endorsed by the World Health Assembly in 2017. Doing so will prevent 17 million strokes and heart attacks by 2030 in the poorest countries, and generate US\$ 350 billion in economic growth. Every US\$1 invested in the proven interventions for NCDs will yield a return of at least US\$7 by 2030.

We have clarity of vision. This publication encourages Heads of State and Government to intensify efforts during the next 3–5 years to put their country on track to attain SDG target 3.4 on NCDs and mental health. This requires making bold political choices in the face of other interests.

EXECUTIVE SUMMARY

At the First and Second UN High-level Meetings on Noncommunicable 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, presenting key data on NCD mortality, risk factor prevalence, national systems capacity to prevent and control NCDs and existence of national targets based on the Global Monitoring Framework. Importantly, these profiles allow Member States to track their progress towards achieving the nine global targets, to be attained by 2025.

These new Country Profiles reflect a broadened scope from "4 x 4"¹ to "5 x 5", to include mental health and environmental air pollution. For the first time the profiles include Member State-estimates for the number of lives which could be saved by 2025 by implementing the 16 WHO "best buys".

Global NCD burden remains unacceptably high. In 2016, NCDs were responsible for 41 million of the world's 57 million deaths (71%). 15 million of these deaths were premature (30 to 70 years). Burden is greatest within low- and middle- income countries, where 78% of all NCD deaths and 85% of premature deaths occurred. Additionally, in 2016, suicide was responsible for almost 800,000 deaths. Risk of premature death from one of the four main NCDs has declined to 18% in 2016, a modest relative reduction of 6% from 2010. By implementing all

Efforts must be focused on reducing risk factor prevalence. Whilst for some risk factors regional reductions in prevalence have been observed, progress is mixed. If trends continue, it is unlikely the global targets will be reached. Key behavioural risk factors, including harmful use of alcohol, tobacco use, dietary behaviour and physical inactivity are presented in the profiles showing the latest country comparable estimates. The level of alcohol consumption worldwide in 2016 was estimated at 6.4 litres of pure alcohol per person aged 15 years and over. Consumption levels and trends vary across WHO regions. Despite significant decline in recent years, the European region remains the region with the highest rate of alcohol consumption. In 2016, over a quarter of adults (28%) aged 18 years and over were not meeting the WHO recommendations for physical activity. Prevalence of physical inactivity in high income countries was more than double that of low-income countries. Globally women are less active than men, and this is true for the vast majority of countries. Worldwide, levels of physical inactivity have not decreased in the past 15 years and currently, the world is not on track to meet the global 2025 target for reduced physical inactivity. Population data on sodium consumption (salt) remains scarce and so recent comparable estimates were not available. Estimates from 2010 show that most people consume an average of 9 to 12 grams of salt each day-twice the recommended daily intake. The global prevalence of tobacco smoking decreased from 27% in 2000 to 20%

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25599

