

Annex 1.

OVERVIEW on non-communicable diseases and WHO work the area of non-communicable diseases

Noncommunicable 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 behaviours factors. The main types of NCDs are cardiovascular diseases (like 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 – 31 million – occur.

Key facts

- NCDs kill 40 million people each year, equivalent to 70% of all deaths globally.
- Each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.7 million people annually, followed by cancers (8.8 million), respiratory diseases (3.9million), and diabetes (1.6 million).
- These 4 groups of diseases account for over 80% of all premature NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

Risk factors

Modifiable behavioural risk factors

Modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs.

- Tobacco accounts for 7.2 million deaths every year (including from the effects of exposure to second-hand smoke), and is projected to increase markedly over the coming years.
- 4.1 million annual deaths have been attributed to excess salt/sodium intake.
- More than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer.
- 1.6 million deaths annually can be attributed to insufficient physical activity.

Metabolic risk factors

Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure
- overweight/obesity
- hyperglycemia (high blood glucose levels) and
- hyperlipidemia (high levels of fat in the blood).

In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed), (1) followed by overweight and obesity and raised blood glucose.

What are the socioeconomic impacts of NCDs?

NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by one-third by 2030.

Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because 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 quickly drain household resources. The exorbitant costs of NCDs, including often lengthy and expensive treatment and loss of breadwinners, force millions of people into poverty annually and stifle development.

Prevention and control of NCDs

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 guiding policy and priorities.

To lessen the impact of NCDs on individuals and society, a comprehensive approach is needed requiring all sectors, including health, finance, transport, education, agriculture, planning and others, to collaborate 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 health care approach to strengthen early detection and timely treatment. Evidence shows such interventions are excellent economic investments because, if provided early to patients, 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 mortality from NCDs by 2025, and the SDG target of a one-third reduction in premature deaths from NCDs by 2030.

WHO response

WHO's leadership and coordination role

The 2030 Agenda for Sustainable Development recognizes NCDs as a major challenge for sustainable development. As part of the Agenda, Heads of State and Government committed to develop ambitious national responses, by 2030, to reduce by one-third premature mortality from NCDs through prevention and treatment (SDG target 3.4). This target comes from the High-level Meetings of the UN General Assembly on NCDs in 2011 and 2014, which reaffirmed 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 ahead covering the period 2018-2030.

To support countries in their national efforts, WHO developed 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 mortality. These targets address prevention and management of NCDs.

WHO Country Office in Republic of Moldova work in the area of NCDs

The WHO Country Office in Republic of Moldova is coordinating and implementing the EU funded initiative regarding technical assistance and capacity building activities in the health sector between both banks of the Nistru River. It is an comprehensive project of the Confidence-Building measures (CBM) Programme supported by EU, UNDP, WHO, etc.

One of the project specific objectives refers to improving public health services and actions on non-communicable diseases (NCDs) applying international guidelines and standards. Development and adaption of communication materials, trainings in communication and media relations, health promotion, etc. are part of the activity.

In the frame of the action was implemented 1-year Awareness campaign directed to reduce the alcohol consumption and tobacco use in Transnistrian region (May 2016 – May 2017), which included video and audio spots, distribution of thematic flyers,

brochures and posters, outdoor campaign, trainings, community events, flash mobs, etc. The campaign pursued to raise the population knowledge on tobacco use and harmful consumption of alcohol, as major risk factors of non-communicable diseases; to engage people in adopting healthy lifestyle and decrease harmful alcohol consumption and smoking; and to engage the media in responsible reporting on tobacco and alcohol topics in order to support behavior changes.

A series of communication activities with distribution of information materials in the area of NCDs were planned for late 2017 (class hour in schools on health promotion; community events with participation of family doctors, young people, volunteers, etc.); capacity building events for health professionals and distribution of materials. For this purpose, WHO needs to select a design/communication agency or printing house for content development, design and printing of information materials on NCDs.