Most countries are likely to fail to meet global targets on tackling noncommunicable diseases (NCDs), according to the second Global Status Report on Noncommunicable Diseases 2014 released by the World Health Organization on January 19, 2015. "Attaining the nine global NCD targets; a shared responsibility" is the theme of this global report. The report aims to inform Ministries of Health and all stakeholders of the progress made on targets set in 2013, 2 years after world leaders agreed to tackle this global health problem at a United Nations high-level meeting. In May 2013, the World Health Assembly adopted a global NCD action plan monitoring framework with 25 indicators and 9 voluntary global targets set for 2025.

According to the latest statistics in the report, NCDs continue to be the leading cause of deaths worldwide and were responsible for 38 million of the world’s 56 million deaths in 2012. An estimated 17.5 million NCD deaths were caused by cardiovascular disease, including 6.7 million from strokes. Some 16 million of NCD deaths occurred in people aged <70 years of age and are eminently preventable. Of these premature deaths, 82% occurred in low- and middle-income countries. For stroke, mortality is not the only outcome that counts: a large proportion of those with a stroke survive but with long-lasting disabilities. Globally, there are 33 million of stroke survivors (about half of which are in high-income countries and half are in low-/middle-income countries) that need long-term follow-up and secondary preventive measures.

Now is the opportunity to alter the course of stroke and the NCDs. Data from some high-income countries have already shown that rates are declining much because of government policies and other actions, which facilitate the adoption of healthier lifestyles and provision of equitable health care. The proof of principle is established—stroke is a prototype for a highly preventable NCD. Efforts need to be accelerated in developed countries and replicated in low- and middle-income countries.

All 9 NCD targets are closely linked to prevention and control of stroke. The overarching target is a 25% relative reduction in premature mortality from NCDs by 2025. There are also 8 other targets. Six of them focus on reducing the rates of tobacco use, harmful use of alcohol, physical inactivity, salt consumption, hypertension, and preventing a rise in obesity and diabetes mellitus rates. Target 8 aims for at least 50% of eligible people receive drug therapy and counseling to prevent heart attacks and strokes. Target 9 is to improve access to essential technologies and medicines. Importantly, the best buy actions to attain the 9 targets are all cost-effective and contribute to prevention and control of stroke as well.

A previous WHO report from the Director General recognized that progress in implementing the 2011 Political Declaration was insufficient and highly uneven. The outcome document of the July 2014 UN review included setting of national NCD targets consistent with global targets, developing national NCD multisectoral plans by 2015, and starting implementation of those plans by 2016 to achieve the national targets. The present Global Status report found that, as at December 2013, only 70 countries had at least one operational national plan in line with the global action plan on NCDs. Just 56 countries had a plan to reduce physical inactivity; only 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; and just 42 countries had monitoring systems to report on the 9 global targets.

The WHO Global Status Report has 7 important key messages: (1) noncommunicable diseases act as key barriers to poverty alleviation and sustainable development; (2) although some countries are making progress, the majority are off course to meet the global NCD targets; (3) countries can move from political commitment to action by prioritizing high-impact, affordable interventions; (4) all countries need to set national NCD targets and be accountable for attaining them; (5) structures and processes for multisectoral and intersectorial collaboration need to be established; (6) investment in health systems is critical for improving NCD outcomes; (7) institutional and human resource capacities and financial resources for NCD prevention and control require strengthening.

To support the implementation of the Global NCD Action Plan, WHO has established a Global Coordination Mechanism, which will enhance coordination of NCD
activities, multi-stakeholder engagement, and actions across different sectors. Additional support for the implementation of the Global Action Plan will be provided by the United Nations Interagency Task Force on the Prevention and Control of NCDs, which will coordinate relevant United Nations organizations and other intergovernmental organizations. Both groups have started their work and will hold several meetings during this year. The World Stroke Organization will participate actively in the Global Coordination Mechanism.

The international community, including nongovernmental organizations, such as the World Stroke Organization, has a key role to play in strengthening the national capacity of countries to attain the NCD targets.

Disclosures

None.

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