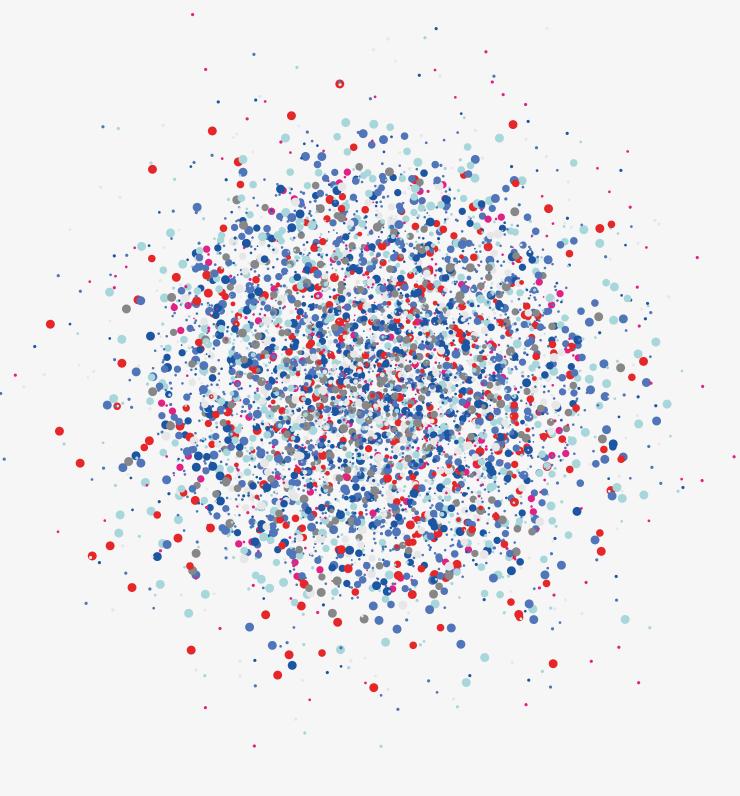
NONCOMMUNICABLE DISEASES

COUNTRY PROFILES 2018







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FOREWORD



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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 16 of the WHO "best buys" in all 194 Member States, a total of 9.6 million premature deaths could be avoided by 2025.

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 guarter 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% in 2016. While smoking among women remains under 10% in most WHO regions, one in three men currently

¹ "4x4" refers to the four main NCDs: cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, and their four shared behavioural risk factors, namely harmful use of alcohol, tobacco use, unhealthy diet and physical inactivity.

smoke and men's smoking rates have reduced only 10% over 16 years. Low- and middle-income countries are, on average, seeing slower declines than high-incomes countries.

The profiles also provide data on the key metabolic risk factors, namely raised blood pressure, raised blood glucose and obesity. Globally, one in four men and one in five women (22% of adults aged 18 years and over) had raised blood pressure in 2015. Prevalence of raised blood pressure in adults has declined in high-income countries over the last few decades, however it has been stable or increasing in many low-and middle-income countries. The prevalence of raised blood glucose worldwide in 2014 was estimated at 9%. The number of people with diabetes has nearly quadrupled since 1980. All WHO regional figures closely approximate the global figure, with the exception of the WHO Eastern-Mediterranean Region which is markedly higher at 14%. In 2016, there were 650 million obese adults aged 18 years and over, a global prevalence of 13%. Worldwide, the prevalence of obesity has almost tripled since 1975.

Ambient and household air pollution are key underlying causes for NCD deaths from ischemic health disease, chronic lung diseases, and cancers. In 2016, 91% of the world's population lived in places where the air was unsafe to breathe, according to the WHO Air quality quidelines.

The national systems responses component of the profiles highlight country preparedness to effectively identify those at risk of developing NCDs and manage those with an existing NCD. Less than one in five countries had available data on the proportion of highrisk persons receiving drug therapy and counselling to prevent heart attacks and strokes. Data available from recent national studies show wide variability across countries, from just over 5% of the at-risk population to over 90%. In 2017, around a third of countries reported having more than 50% of health care facilities offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke. Almost one in five countries reported having no health facilities offering cardiovascular disease risk stratification. While just over half of countries globally reported having cardiovascular disease guidelines that are widely utilized, this was less than a quarter for low-income countries. In 2017, only a third (35%) of countries had all essential NCD medicines and technologies generally available.

These Country Profiles detail where national targets have been set as of 2017. The most commonly set targets were for tobacco (57% of countries), physical inactivity (51% of countries) and obesity (50% of countries), while just a third of countries had set targets for each of the two national health systems elements. 37% of countries had set no targets in line with the Global Monitoring Framework and an additional 11% had set fewer than 5 of the 9 targets.

OVERVIEW

Introduction

Noncommunicable diseases (NCDs) are the leading cause of death globally, and one of the major health challenges of the 21st century. In September 2011, at the United Nations General Assembly in New York, a political declaration was made to strengthen global and national responses to prevent and control NCDs (1). As part of the declaration, WHO was given a leadership role, and subsequently established the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (Global NCD Action Plan) adopted by the World Health Assembly in 2013 (1-3). The Global NCD Action Plan included a global monitoring framework and nine voluntary global targets to be attained by 2025 (2). These targets are aligned to those for NCDs included in the 2030 Agenda for Sustainable Development adopted at the United Nations Summit on Sustainable Development in September 2015 and the WHO 13th General Programme of Work 2019–2023 (GPW13) adopted by the World Health Assembly in May 2018 (4-7).

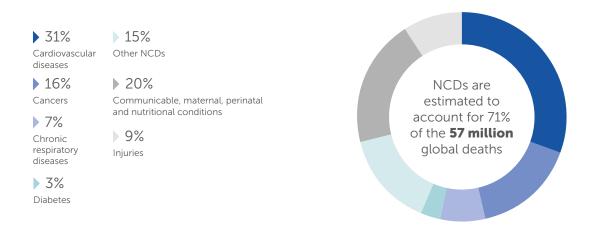
The first global target is a 25% relative reduction in overall mortality from the four major NCDs (cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases). Further targets relate to the reduction in NCD risk factors including both behavioural risk factors (the harmful use of alcohol, physical inactivity, salt/sodium intake and tobacco use) and metabolic risk factors (raised blood pressure, raised blood glucose and obesity). Targets were also set regarding country capacity to deal with NCDs, in particular the availability of technologies and medicines to treat NCDs, and access to drugs and counselling to prevent heart attacks and strokes (2).

WHO is systematically tracking global and national progress towards attaining these NCD targets. This third Country Profiles report follows on from earlier 2011 and 2014 reports (8, 9), and aims to provide an overview of the current status of NCDs in each WHO Member State, to assess progress against the nine global targets, and identify where further action is required. Each profile provides for each Member State, updated data, where available, on the current burden and recent trends in NCD mortality, prevalence and some trends in major NCD risk factors, as well as the national systems response capacity to prevent and respond to major NCDs. In addition, a global snapshot of each of these key areas is highlighted in the following text.

Mortality

NCDs are by far the leading cause of death worldwide. In 2016, they were responsible for 71% (41 million) of the 57 million deaths which occurred globally (10). The major NCDs responsible for these deaths included cardiovascular diseases (17.9 million deaths, accounting for 44% of all NCD deaths and 31% of all global deaths); cancers (9 million deaths, 22% of all NCD deaths and 16% of all global deaths); chronic respiratory diseases (3.8 million deaths, 9% of all NCD deaths and 7% of all global deaths); and diabetes (1.6 million deaths, 4% of all NCD deaths and 3% of all global deaths) (Figure 1). An even higher proportion (75%) of premature adult deaths (occurring in those aged 30-69 years) were caused by NCDs, demonstrating that NCDs are not solely a problem for older populations. The global probability of dying from one of the four main NCDs in 2016 was 18%, with a slightly higher risk for males (22%) than for females (15%) (10).

FIGURE 1: GLOBAL MORTALITY (% OF TOTAL DEATHS), ALL AGES, BOTH SEXES, 2016



A clear relationship is evident between premature NCD mortality and country income levels. In 2016, 78% of all NCD deaths, and 85% of premature adult NCD deaths, occurred in low- and middle-income countries (LMICs). Adults in low- and lower-middle-income countries faced the highest risk of dying from an NCD (21% and 23% respectively) – almost double the rate for adults in high-income countries (12%). Likewise, in high-income countries, the proportion of all NCD deaths that were premature was almost half (25%) that of low-income (43%) and lower-middle-income (47%) countries (Figure 2). The probability of premature adult

NCD mortality also varied by WHO region (Figure 3), with a greater probability observed in the African (22%), Eastern Mediterranean (24%) and South-East Asian (23%) regions, compared with the Region of the Americas (15%), and the European (17%) and Western Pacific (16%) regions. In all WHO regions, the probability of dying from an NCD was greater for males than for females.

Encouragingly, the risk of dying from any one of the four main NCDs for those aged 30–69 years, decreased from 22% in 2000 to 18% in 2016 (10).

FIGURE 2: **PROPORTION OF NCD DEATHS OCCURRING AMONG THOSE AGED 30 - 69 YEARS, BY INCOME GROUP, 2016**

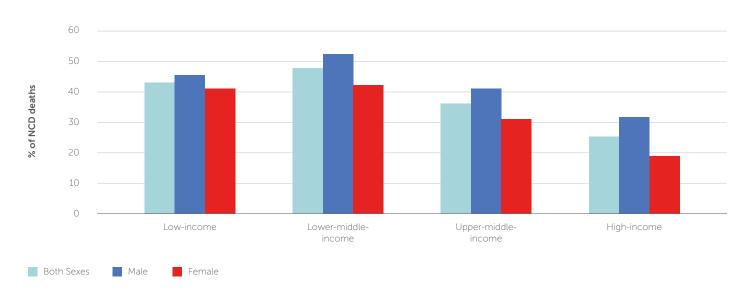
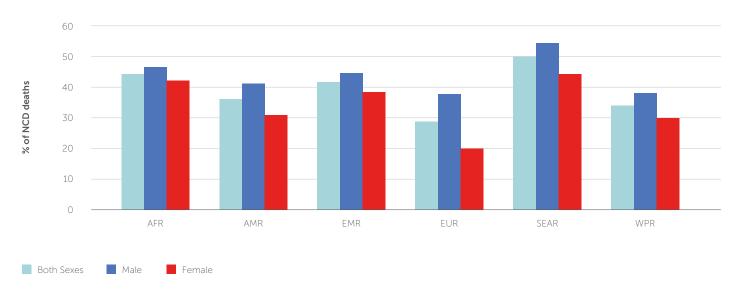


FIGURE 3: PROPORTION OF NCD DEATHS OCCURRING AMONG THOSE AGED 30 - 69 YEARS, BY WHO REGION, 2016



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; SEAR: WHO South-East Asia Region; WPR: WHO Western Pacific Region.

Suicide mortality

Across all WHO regions, close to 800 000 people died by suicide in 2016 (10). Suicide rates were highest in the European, South-East Asia and African regions. Suicides among young people aged 15 - 29 years accounted for nearly a third of all suicides globally; suicide was the second leading cause of death among 15-29-yearolds, and girls aged 15-19-years. It is estimated that for each person who died by suicide, there are likely more than 20 others who attempt suicide (11). A prior suicide attempt is an important risk factor for suicide. Nearly half of global suicides occurred in low- and lowermiddle-income countries, however, only close to 10% of these countries had a stand-alone, governmentadopted national suicide prevention strategy, while about one third of upper-middle-income and highincome countries reported having such a strategy (12).

Lives saved from implementing the "best buys" for NCDs

To address the growing burden of NCDs, WHO identified a package of 16 "best buy" interventions that are cost-effective, affordable, feasible and scalable in all settings (Table 1). The "best buys" were first designated in 2011, and were updated in 2017 based on the latest evidence of intervention impact and costs (13). From a financing perspective, these interventions are a practical and achievable starting point for incorporating NCD interventions into health benefit packages for universal health coverage, costing as little as \$1 per person, per year, in lower-income settings between 2018 and 2025, and in the case of taxation not only delivering health benefits but also generating additional government revenues (14).

Implementing all 16 "best buys" in all countries between 2018 and 2025 would avoid 9.6 million premature deaths, thus moving countries appreciably towards the NCD mortality reduction targets.

TABLE 1: NONCOMMUNICABLE DISEASE "BEST BUYS"

Risk factor/ disease to be addressed	Intervention	Detailed description	
Reduce Tobacco use	Tax	Increase excise taxes and prices on tobacco products	
	Packaging	Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages	
	Advertising, promotion and sponsorship	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship	
	Smoke-free public places	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport	
	Educate	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke	
Reduce harmful use of alcohol	Tax	Increase excise taxes on alcoholic beverages	
	Advertising	Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)	
	Availability	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)	
Reduce unhealthy diet	Reformulate food	Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals	
	Supportive environments	Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided	
	Educate	Reduce salt intake through a behaviour change communication and mass media campaign	
	Packaging	Reduce salt intake through the implementation of front-of-pack labelling	
Reduce physical inactivity	Educate	Implement community-wide public education and awareness campaigns for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels	
Manage cardiovascular disease and diabetes	Drug therapy and counselling	Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk ² approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (\geq 30%) of a fatal and non-fatal cardiovascular event in the next 10 years	
Manage cancer	Vaccinate	Vaccination against human papillomavirus (2 doses) of 9-13 year old girls	
	Screening	Prevention of cervical cancer by screening women aged 30–49, either through: Visual inspection with acetic acid, linked with timely treatment of precancerous lesions; Pap smear (cervical cytology) every 3–5 years, linked with timely treatment of precancerous lesions; or	
		 Human papillomavirus test every 5 years linked with timely treatment of precancerous lesions 	

² Total risk is defined as the probability of an individual experiencing a cardiovascular disease event (for example, myocardial infarction or stroke) over a given period of time, for example 10 years.

Current status and trends in risk factors

Driving much of the increase in NCDs are high levels of common, preventable risk factors. The four major NCDs (cardiovascular disease, cancer, chronic respiratory disease, and diabetes) are causally linked with four leading behavioural risk factors: tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet. In turn, these behaviours lead to four key metabolic/physiological changes: raised blood pressure, overweight/obesity, raised blood glucose, and raised blood lipids. Environmental air pollution is also a key risk factor.

Harmful use of alcohol

The harmful use of alcohol is a major risk factor for premature deaths and disabilities in the world, and is known to cause heart diseases, cancers, liver diseases, a range of mental and behavioral disorders, other noncommunicable conditions, and communicable diseases (15). Both total consumption of alcohol and drinking patterns, such as heavy episodic drinking, contribute to alcohol-related harm. In 2010, the World Health Assembly endorsed a global strategy to reduce the harmful use of alcohol which highlighted areas for multisectoral action to reduce the alcohol-attributable disease burden (16). These areas for action were also outlined in the Global NCD Action Plan, which set a global NCD target of at least a 10% relative reduction in the harmful use of alcohol as appropriate, within the national context, by 2025 (2).

In 2016, the level of alcohol consumption worldwide was 6.4 litres of pure alcohol per person aged 15 years or older (15), with consumption levels and trends varying across WHO regions. Since 2010, the consumption level in the European Region has decreased by 12%, while consumption levels have increased by almost 30% in the South-East Asia Region during the same period. Despite the reduction, levels in consumption in the European

Region, remained the highest in the world in 2016, at 9.8 litres of pure alcohol per person aged 15 years or older. Worldwide, a quarter of all alcohol consumed was in the form of "unrecorded" alcohol, i.e. not accounted for in official statistics on alcohol taxation or sales. Spirits were the most commonly consumed type of alcoholic beverage, accounting for almost half of the recorded alcohol consumed; beer was second, and wine third (15). In 2016, just over half (57%) of the world's population aged 15 years or older had not consumed alcohol in the past 12 months.

Physical inactivity

Physical inactivity is also driving the increasing magnitude of NCDs. People who are insufficiently physically active have an increased risk of all-cause mortality, compared with those who engage in at least 30 minutes of moderate-intensity physical activity most days of the week (17). Additionally, physical activity lowers the risk of stroke, hypertension and depression (17). Recognizing these strong links between physical activity and physical and mental health, a global target of a 10% reduction in levels of physical inactivity by 2025 was adopted by Member States at the Sixty-sixth World Health Assembly in 2013 (2). In 2018, WHO launched a global action plan to promote physical activity, to provide updated guidance to countries and promote a framework of effective and feasible policy actions to increase physical activity at all levels (18).

Globally in 2016, 28%³ of all adults aged 18 years and older were insufficiently physically active – defined as not meeting the WHO recommendation to perform at least 150 minutes of moderate-intensity physical activity per week, or the equivalent (19). More than one third of the population was insufficiently physically active in one third of countries (55 of 168 countries). Women were less active than men, with 32% of women and 23% of men not achieving the recommended levels for physical activity. This was not only the case globally but also in 159 out of the 168 countries analysed, and in nearly all WHO regions.

³ All global risk factor estimates as well as estimates for WHO regional groupings and World Bank income groupings are age-standardized.

A clear relationship was also observed between physical inactivity and country income group. High-income countries had more than double the prevalence of physical inactivity (37%) than low-income countries (16%) in 2016. Globally, levels of physical inactivity have not decreased in the past 15 years (29% in 2001; 28% in 2016) and currently, the world is not on track to meet the global 2025 target for reduced physical inactivity (19).

Salt/sodium intake

Consuming a diet high in salt contributes to raised blood pressure and increases the risk of heart disease and stroke (20). To reduce the risk, the recommended daily intake of sodium is less than 2 grams of sodium or 5 grams of salt. The global NCD targets include a sodium reduction target of a 30% relative reduction in mean population salt intake by 2025 (2).

Currently, data on mean population intake of sodium are not widely available, although there is encouraging progress among countries to measure and report on this. Estimates from 2010 show that globally people consume an average of 9–12 grams of salt each day – twice the recommended daily intake (21).

Tobacco use

Tobacco use, including smoking and use of smokeless tobacco, is currently one of the leading global risk factors for illness and death from major NCDs. These poor health outcomes are not only caused by the direct consumption of tobacco, but also by exposure of non-smokers to second-hand smoke. In order to reduce the health threat of tobacco, the global target included in

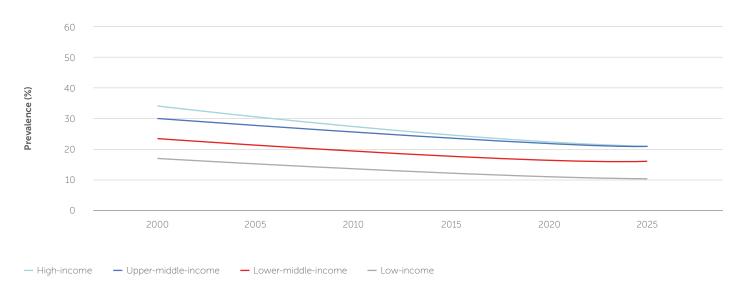
the Global NCD Action Plan was a 30% relative reduction in the prevalence of current tobacco use in individuals aged 15 years and older by 2025 (2).

Globally in 2016, around 34% of men and 6% of women aged 15 years and older were current smokers of tobacco. While smoking among women was uncommon (≤ 3%), in most WHO regions, it was significantly more prevalent in the European Region (21%) and Region of the Americas (12%). Likewise, high-income countries had the highest prevalence of tobacco smoking among women (19% of women versus 29% of men), whereas in all other income groups, the average smoking rate for women was below the global average (6%). In comparison, the average smoking rates for men ranged between 20% in low-income countries and 41% in upper-middle-income countries (22).

Analysis of trend data between 2000 and 2016 indicates that the global prevalence of tobacco smoking⁴ in individuals aged 15 years and older decreased from 27% (in 2000) to 20% (in 2016). This comprises reductions from 43% to 34% in males, and from 11% to 6% in females. Prevalence rates have been decreasing in all income groups, and the gap has narrowed appreciably between highincome countries and other income groups (Figure 4). However, despite the decrease in tobacco smoking in many countries, projections of the trend data show that, collectively, countries are unlikely to reach the global voluntary target set for 2025. Although females are well on track to achieving, and even exceeding, a 30% relative reduction between 2010 and 2025, this is not the case for males. Likewise, none of the income groups, and only 24 of the 146 countries with available trend estimates, are on track to achieving the target. Countries must intensify effective tobacco control initiatives for there to be a chance of achieving a global reduction of 30% in tobacco prevalence by 2025 (22).

⁴ Note that the global reduction target is for all use of tobacco, not only smoking. Smoking rates are presented here due to the data being more readily available. All rates of tobacco use will be substituted in future reports once sufficient data become available.

FIGURE 4: AGE-STANDARDIZED, FITTED AND PROJECTED GLOBAL PREVALENCE OF SMOKING AMONG PEOPLE AGED > 15 YEARS, BY WORLD BANK COUNTRY INCOME GROUP, 2000–2025



Source: WHO 2018, WHO global report on trends in prevalence of tobacco smoking 2000-2025 - Second edition

Raised blood pressure

Raised blood pressure, also known as hypertension, is a major risk factor for coronary heart disease, chronic kidney disease, and ischaemic, aswellashaemorrhagic, stroke (23). If left uncontrolled, complications from raised blood pressure include heart failure, peripheral vascular disease, renal failure, retinal hemorrhage, visual impairment, stroke and dementia (23). Although, in the majority of cases, the exact cause of raised blood pressure is unknown, several modifiable risk factors increase its likelihood, such as a high salt intake, being overweight or obese, the harmful use of alcohol, physical inactivity, stress, air pollution and smoking (23). The global NCD target for hypertension is a 25% relative reduction in the prevalence of raised blood pressure by 2025 (2).

Globally, in 2015, one in four men, and one in five women (i.e. 22% of the adult population aged 18 years and older) had raised blood pressure – defined as systolic and/or

diastolic blood pressure greater than, or equal to, 140/90 mmHG (24). The prevalence of raised blood pressure varied across WHO regions and by country income groups. The highest prevalence of raised blood pressure was seen in the African Region (27%); the Region of the Americas had the lowest (18%). Prevalence of raised blood pressure in adults has declined in high-income countries over the past few decades and is also now declining in some middle-income countries. In contrast, it has been stable or increasing in other low-and middleincome countries. In 2015, 28% of the population in lowincome countries had high blood pressure, compared with 18% of the population in high-income countries. A review of current trends shows that the number of adults with raised blood pressure increased from 594 million in 1975, to 1.13 billion in 2015, with the increase seen largely in low- and middle-income countries. This increase in the number of adults with raised blood pressure is a net effect of increasing population and ageing despite declining age-specific prevalence (24).

Diabetes

Diabetes is a chronic disease caused either because the pancreas does not produce enough insulin (type 1 diabetes) or because the body is unable to effectively use the insulin it produces (type 2 diabetes) (25). Since insulin is a hormone which regulates blood sugar, both types of diabetes result in raised blood glucose, and over time this can cause serious damage to the body. The heart, blood vessels, eyes, kidneys and nerves are all especially affected, with possible complications including heart attack, stroke, kidney failure, lower limb amputation, blindness and nerve damage (25). Diabetes is therefore a serious threat to public health, and an important cause of morbidity, mortality, and health-system costs across the world (25); it is one of the four priority NCDs targeted for action by world leaders in the 2011 political declaration on the prevention and control of NCDs. The global NCD target is to halt, by 2025, the rise in diabetes at its 2010 levels (2).

Blood glucose is used as a measure of diabetes since many people with diabetes remain undiagnosed. Globally, the number of people with diabetes has nearly quadrupled since 1980 from 108 million to 422 million in 2014 (26). Some 9% of the global population had raised blood glucose levels in 2014 (26). The Eastern Mediterranean Region showed the highest levels (14% of the population), while 7–9% of the population from other regions had high levels of blood glucose. The upper-middle-income group tended to have higher levels (9%); however, all income groups ranged between 7–9% of the population.

Obesity

Throughout the life course, being overweight and obese is associated with multiple adverse health consequences. Obesity is linked to an increased risk of hypertension, many NCDs (such as diabetes, coronary heart disease,

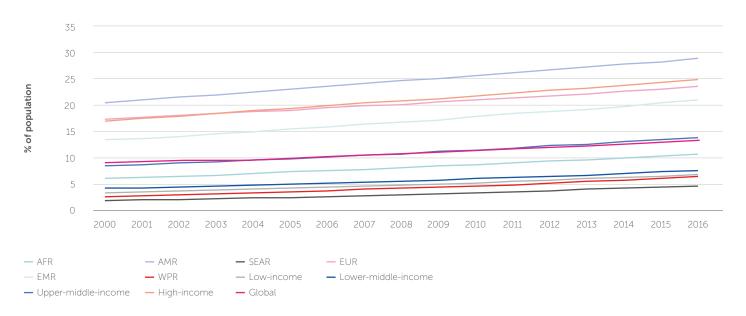
stroke, and cancers), and conditions including obstructive sleep apnoea and osteoarthritis (27).

Between 1975 and 2016, the worldwide prevalence of obesity nearly tripled, and continues to rise in low- and middle-income countries, although it was once considered a problem of high-income countries (28). Most of the world's population live in countries where overweight and obesity kill more people than underweight. Shifts in eating behaviour towards diets containing energy-dense foods, high in fat and sugars, and less physical activity due to the sedentary nature of many forms of work and modes of transportation are contributing to the rise in obesity. Obesity is largely preventable, and one of the global NCD targets is to halt its rise (2).

In 2016, more than 1.9 billion people aged 18 and older were overweight, with more than 650 million considered obese. Obesity is not solely an issue for adults: in 2016, 340 million children and adolescents aged 5–19 years, and around 40 million children under the age of 5 years, were considered overweight or obese (28). Gaining excess weight in childhood and adolescence is associated with an increased likelihood of obesity, type 2 diabetes, and premature death in adult life (27).

Adult obesity rates were highest among the Region of the Americas (29%), the European Region (23%), and the Eastern Mediterranean Region (21%). Obesity prevalence also increased with increasing income group (Figure 5). Some 7% of the population in low-income countries were obese, compared with 25% of the population in high-income countries. Between 2000 and 2016, obesity trends showed a steady increase in all WHO regions and income groups, with global prevalence increasing from 9% in 2000 to 13% in 2016. The largest increase in obesity was seen in the Region of the Americas (29% of the population in 2016, compared with 20% in 2000) (28).

FIGURE 5: PERCENTAGE OF ADULTS WITH A BODY MASS INDEX (BMI) OF 30 KG/M² OR HIGHER, BY WHO REGION AND WORLD BANK INCOME GROUP, 2000–2016



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; SEAR: WHO South-East Asia Region; WPR: WHO Western Pacific Region.

Air pollution

Air pollution, both indoor and outdoor, is a major public health problem and one of the key underlying causes for millions of deaths due to ischemic health disease, chronic lung diseases, and cancers. In 2016, air pollution caused 7 million deaths globally. Among these deaths, about 80% were caused by NCDs, making air pollution a major risk factor for NCDs, comparable to current tobacco smoking. About 29% of adult deaths from lung cancer, 24% from stroke, and 25% from heart disease were attributable to air pollution (29).

Ambient air pollution is caused mainly by inefficient energy production, industry, the domestic/residential sector, waste management and transportation, and is measured as the mean air pollution level a person is exposed to during the year as measured outdoors. In 2016, 91% of the world's population lived in places where the air was unsafe to breathe, according to the

WHO Air quality guidelines. While air pollution levels from particulate matter have decreased in the past decades in most high-income countries of Europe and the Americas, they remain high in countries across all income groups among other WHO regions.

Household air pollution is largely generated by inefficient household fuel combustion for cooking, heating and lighting purposes, leading to air pollution in and around the home. Household air pollution "leaking" outdoors is also an important source of ambient air pollution. Billions of people still rely on simple stoves, or open fires, burning solid fuels and kerosene for cooking. These polluting cooking practices produce harmful smoke in the home. While the percentage of the population with access to clean fuels and technologies is increasing in most parts of the world, the rate of increase in access is not commensurate with population growth, particularly in sub-Saharan Africa.

National Systems Response to NCDs

The response of national systems to NCDs is a critical component of the global response to NCD prevention and control. Because of major gaps in the affordability and availability of basic health technologies and essential medicines, patients often delay seeking care and develop complications unnecessarily. Many NCDs and their complications are preventable, making their high rates unacceptable. Heart attacks and strokes, in particular, can be prevented if high-risk individuals are detected early and treated. However, for reasons such as poor access to basic services in primary health care; lack of affordability of laboratory tests and medicines; inappropriate patterns of clinical practice; and poor adherence to treatment, gaps also exist in the intervention coverage to prevent heart attacks and strokes.

The national systems response to NCDs is addressed through the global targets to ensure that those eligible receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes, and an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities (2). Progress towards these targets aims to prevent heart attacks and strokes in people with a raised risk for cardiovascular disease as well as established disease, and to ensure the minimum requirements are met in terms of medicines and technologies, without which even basic NCD interventions cannot be implemented in primary care. The 10 essential NCD medicines include aspirins, statins, angiotensin-converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, beta-blockers, insulin, metformin, bronchodilators, and steroid inhalants. The six basic technologies include blood pressure measurement device, weighing scales, height measuring equipment, blood sugar and blood

cholesterol measurement devices with strips, and urine strips for albumin assay.

In 2017, around a third of all countries had more than 50% of health-care facilities offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke (30). This was most common among countries in the European Region and in the high-income group. Of countries worldwide, 18% had no health-care facilities offering cardiovascular risk stratification. Just over half of all countries in 2017 reported having cardiovascular disease guidelines that were utilized in at least 50% of health facilities. These guidelines were available and utilized the most among countries in the European Region (74% of countries) and the upper-middle-income group (65% of countries). Fewer guidelines were available and utilized in the African Region (28% of countries) and the low-income group (23% of countries) (30).

Globally, in 2017, nearly half of all countries reported having all ten essential NCD medicines "generally available" in primary care facilities of the public health sector (30). Steroid inhalers were the least available (in 58% of countries), while thiazide diuretics were most commonly available (in 90% of countries). Regarding essential NCD technologies, almost half of all countries reported having all six essential NCD technologies "generally available" in 2017. Technologies to measure blood pressure were the most common among all countries (97%), while technologies to measure total cholesterol were the least common (in 59% of countries). Despite these figures, the majority of countries in 2017 did not have all essential NCD medicines and technologies, with only 35% of countries worldwide having all of them. Only the European Region and the high-income group had more than half of countries reporting all NCD medicines and technologies as "generally available", while no countries from the lowincome group reported that all essential medicines and technologies were "generally available" (30).

^{1 &}quot;Generally available" is defined for technologies as "available in 50% or more health care facilities" and as "available in 50% or more pharmacies" for medicines.

EXPLANATORY NOTES

Background

The 2018 NCD Country Profiles reflect the structure of the NCD Global Monitoring Framework (GMF) and as such include, for each WHO Member State, the current status for a number of GMF indicators or related indicators, as well as the existence of national targets modelled after the nine GMF targets. Trend data have also been included for premature deaths due to NCDs and for three NCD risk factors. Finally, the Country Profiles extend beyond the GMF to include data on mental health (suicide mortality) and air pollution. The data presented in each of the profiles were derived from several sources, each of which is explained in the following notes. All data are rounded to nearest whole number.

Demographics

The total population estimates for the year 2016 were taken from the most recent United Nations Population Division World Population Prospects (31).

Mortality

Mortality estimates were taken from the WHO Global Health Estimates 2016 (10). Age- and sex-specific allcause mortality rates were estimated for 2000-2016 from revised life tables, published in World Health Statistics 2018 (32). The total number of deaths by age and sex were estimated for each country by applying these death rates to the estimated resident populations

prepared by the United Nations Population Division in its 2017 revision (31).

Causes of death were estimated for 2000-2016 using data sources and methods that were specific for each cause of death (33). Vital registration systems which record deaths with sufficient completeness, and quality of cause of death were used as the preferred data source. Mortality by cause was estimated for all Member States with a population greater than 90 000 in 2016. Those countries with an asterisk (*) on their profile had mortality data not based on any national NCD mortality data. These NCD mortality estimates were based on methods for mortality and causes of death estimates described in the Global Health Estimates 2016 methodology document (33).

Proportional mortality (% of total deaths, all ages, and of both sexes) for communicable, maternal, perinatal and nutritional conditions; injuries; cardiovascular disease; cancer; chronic respiratory disease; diabetes; and other NCDs, was reported for 2016.

The probability of dying from one of the four main NCDs for people between the ages of 30 and 70 years, was estimated using age-specific death rates (in 5-year age groups, e.g. 30-34 ... 65-69, for those between 30 and 70) of the combined four main NCD categories, for each Member State (33). Using the life table method, the risk of death between the exact ages of 30 and 70, from any of the four causes, and in the absence of other causes of death, was calculated using the equation below. The ICD codes used were: cardiovascular disease: 100-199; cancer: C00-C97; diabetes: E10-E14; and chronic respiratory disease: J30-J98.

Total deaths from four NCD causes between exact age (x) and exact age (x+5)

Total population between exact age (x) and exact age (x+5)

Five-year death rates were then translated into the probability of death for each NCD using the following formula:

$$_{5}^{*}q_{x}=\frac{_{5}^{*}M_{s}*5}{1+_{5}^{*}M_{x}*2.5}$$

The unconditional probability of death, for the 30-70-year age range, was the last to be calculated:

$$_{40}^{*}q_{30} = 1 - \prod_{x=30}^{65} (1 - _{5}^{*}q_{x})$$

The estimates for premature death for each year from 2000 through 2016 are shown in the graph along with simple linear projections from 2017 to 2025. The global target of a 25% relative reduction of this indicator is also shown in the graph, using the 2010 estimate as the baseline.

Suicide rates were calculated from estimated total suicide deaths per 100 000 population. The ICD-10 codes used for suicide are: X60–X84, Y87.0.

Lives saved

Definition of indicator

Number of avoided deaths among people between the ages 30 and 70 years by 2025 due to implementation of the WHO "best buys" for NCD prevention and control.

Method of estimation

The NCD impact module of the inter-UN agency OneHealth Tool (OHT) was used to calculate the health benefits of scaling up the 16 "best buy" interventions for NCDs (Table 1) (13, 34). OHT was designed to strengthen health system analysis and costing and to develop

financing scenarios at the country level. The impact modules developed for cardiovascular disease, diabetes, asthma, chronic obstructive pulmonary disease and cancers follow the structural format of the population models previously used in WHO's cost-effectiveness modelling. These are multistate, dynamic population life tables, taking account of competing risks among diseases, causes of death, and interventions (35). A full list of epidemiological parameters used to populate the modules is available online (36).

Two alternative scenarios were projected in the OneHealth Tool NCD impact module. In the first scenario, intervention coverage was scaled up to the target coverage levels, defined as 50% of unmet need, in a linear fashion from 2018 to 2025 for clinical interventions; population-level interventions were implemented from 2019 to 2021, depending on the existing evidence of the potential rapidity of implementation (14). In the counterfactual scenario, coverage remained at the baseline level until 2025, and assumed no additional investment would be made to NCD prevention and treatment within that time period. The difference in the number of projected NCD deaths between the two scenarios represented the health gain attributed to additional investment in NCDs. Estimates were not possible for 11 countries with population sizes below 90 000 where mortality estimates were unavailable.

Risk factors

Definition of indicators

Prevalence estimates are given for the following behavioural and metabolic risk factors:

- Total alcohol per capita consumption (APC), in litres of pure alcohol (2016): total (sum of recorded APC and unrecorded APC) amount of alcohol consumed per person (15 years and older) over a calendar year, adjusted for tourist consumption, in litres of pure alcohol.
- Insufficient physical activity (2016): the percentage of the population aged 18 years and older who were physically inactive defined as not meeting the WHO recommendations on physical activity for health: 150 minutes of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity per week or an equivalent combination of moderate- and vigorous-intensity physical activity.
- **Salt intake** (2010): the mean population salt intake in grams per day among adults aged 20 years and older.
- **Current tobacco smoking** (2016): the percentage of the population aged 15 years and older who smoke any tobacco products.
- Raised blood pressure (2015): the percentage of the population aged 18 years and older having systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥90 mmHg.
- Raised blood glucose (2014): the percentage of the population aged 18 years and older who have fasting plasma glucose of 7.0mmol/L or higher, or a history of diagnosis with diabetes, or use of insulin or oral hypoglycaemic drugs.
- **Obesity** (2016):
 - Adults: the percentage of the population aged 18 years and older having a body mass index (BMI) ≥30 kg/m²
 - Adolescents: the percentage of the population aged 10–19 years who are more than 2 SD above

the median of the WHO growth reference for children and adolescents.

- Ambient air pollution (2016): the exceedance of the WHO guideline level for annual mean concentration of particles of ≤ 2.5 micrometres in the air (proportion).
- Household air pollution (2016): the percentage of the population with primary reliance on polluting fuels and technologies.

Methods of estimation

The primary data source for the estimates for total alcohol per capita consumption (APC) was government data on recorded alcohol per capita consumption supplied by the respective Member States. If these data were not available, data from economic operators and the Food and Agriculture Organization of the United Nations statistical database (FAOSTAT) were used. The total per capita consumption of alcohol in 2016 was calculated from a three-year average of recorded (for 2015, 2016, and 2017) per capita consumption and applying unrecorded proportion (for 2016) and tourist consumption (for 2016) of tourists visiting the country and inhabitants visiting other countries. For male and female per capita consumption, the proportion of alcohol consumed by men versus women, plus the UN Population Division population estimates for 2016 (31), were used. Further details on the estimation methods are published in the Global Status Report on Alcohol and Health 2018 (15).

For the adult insufficient physical activity crude-adjusted estimates, data were pooled from population-based surveys reporting on insufficient physical activity prevalence, which included self-reported physical activity at work, at home, for transport, and during leisure time. Regression models were used to adjust survey data to a standard definition and standard age groups. In order to derive a standard year, time trends were estimated using multilevel mixed-effects modelling. Full methodological details have been published (19).

Age-standardized estimates for sodium intake (grams per day) were estimated using hierarchical Bayesian estimation models based upon available data from urine-based and diet-based national and regional surveys.

The full methodology has been published (21). The sodium intake estimates were then converted to salt intake estimates by multiplying by 2.54.

Crude-adjusted prevalence for current tobacco smoking was estimated from national surveys that met the following criteria: i) that the survey provided national summary data for one or more of four tobacco use definitions - daily tobacco smoker, current tobacco smoker, daily cigarette smoker, or current cigarette smoker; ii) that the survey included randomly selected participants who were representative of the national population; and iii) that the survey presented prevalence rates by age and sex. Countries with no surveys, or insufficient surveys (e.g. only one survey in total, or no survey during the previous 10 years), were excluded from the analysis. Regression models were run at the UN subregional level to obtain age- and-sex-specific prevalence rates for current tobacco smoking for the years 2010-2025 (22).

Crude-adjusted estimates for raised blood pressure, raised blood glucose and obesity were based on aggregated data provided by countries to WHO or obtained through a review of published and unpublished literature. The inclusion criteria for estimation analysis stipulated that data had to come from a random sample of the general population, with clearly indicated survey methods and risk factor definition. Detailed estimation methods have been published (24, 26, 28).

The indicator of exposure to outdoor air pollution was estimated by dividing the annual mean concentration of fine particulate matter (particles with diameters < 2.5 micrometers) (PM2.5) in a country by the recommended annual mean concentration level of PM2.5 found in WHO Air Quality Guidelines: Global Update 2005 (37). Country-level estimates of PM2.5 were derived using a mathematical model that used ground-level measurements of PM compiled in the WHO outdoor air pollution database (38), data from satellite remotesensing, and other demographic data (39).

The proportion of the population in a country relying mainly on polluting fuels and technologies for cooking was used as a proxy indicator for estimating population exposure to household air pollution. Currently,

households using mainly coal, wood, charcoal, dung, crop residues and kerosene are considered exposed. Information on the types of fuels and technologies used by households for cooking has been regularly reported in household surveys or census, and compiled in the WHO Household energy database (40). The data were further modelled to derive point estimates for a particular country in a particular year at the national, urban and rural levels (40).

Risk Factor Trends

Trend plots for smoking, obesity and blood pressure were provided for males and females separately for the years 2000-2025. Each plot contained past estimates from 2010 through to the most recent year (2016 for tobacco; 2014 for obesity; and 2015 for raised blood pressure) which were taken from larger sets of estimates produced using the same estimation methods described earlier. Additionally, smoking projections to 2025 were taken from the same modelling methods as the estimates for past years. For obesity and raised blood pressure projections to 2025, a simple linear projection was created using the estimations from 2010 to the most recent year for which estimates exist for each.

Each plot also showed what the prevalence of each risk factor would be if the global target from the NCD Global Monitoring Framework was met. The global target for 2025 for each of the three risk factors is as follows:

- A 30% relative reduction in prevalence of current tobacco use¹ in persons aged 15 and more years
- A 25% relative reduction in the prevalence of raised blood pressure, or containing the prevalence of raised blood pressure, according to national circumstances²
- Halt the rise in diabetes and obesity

The year 2010 served as the baseline. Thus, the targets were calculated using the 2010 estimate for each indicator and a linear dotted line was drawn connecting these two points in each graph.

¹ Current smoking prevalence is used in lieu of current tobacco use due to a lack of estimates on current tobacco use.

² The target of a 25% relative reduction has been used for all WHO Member States on the Country Profiles

National systems response to NCDs

For the proportion of the population at high risk for cardiovascular diseases or with existing cardiovascular diseases, data were taken from recent, national STEPS surveys. These were country-reported estimates and not comparable estimates. All survey participants aged 40–69 years (69 years being the maximum age covered by the surveys) were scored using the WHO/ISH¹ cardiovascular risk prediction charts for the appropriate WHO subregion (41). The proportion of the population shown on the profiles reflected the percentage of survey respondents that scored a risk of 30% or greater on the risk prediction charts, or reported having cardiovascular disease. Percentages were weighted and adjusted to reflect the entire population aged 40–69 years.

The data for the proportion of high-risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes were taken from the same recent, national STEPS surveys. "High-risk persons" were defined as for the indicator above: the proportion of the population aged 40-69 years with a 30% or greater risk of cardiovascular disease or with existing cardiovascular disease. "Counselling" was defined as receiving advice from a doctor or other health worker to guit using tobacco, or to not start; reduce salt in diet; eat at least five servings of fruit and/or vegetables per day; reduce fat in diet; start, or do more, physical activity; and maintain a healthy body weight, or lose weight. Drug therapy included current use of any of the following: blood pressure medication; medication for diabetes, including insulin; medication for raised cholesterol; and statins, or aspirin (used regularly to prevent or treat heart disease). An individual reporting taking at least one of the aforementioned medications and reporting having received at least one of the

aforementioned types of counselling from a health worker, would be counted as "receiving any drug therapy and counselling".

The remaining four indicators on national systems response were drawn from the responses of Member States to the 2017 NCD Country Capacity Survey (CCS) (30). The 2017 CCS was a web-based survey of NCD focal points or designated colleagues within the Ministry of Health or a national institute or agency in all WHO Member States. In order to improve the quality and breadth of information provided, instructions requested that a team of people, led by the NCD focal point, complete the responses so that topic-specific experts could provide more detailed assessment. Although all Member States responded to the 2017 CCS, the values "Don't know" and "No response" appear on the profiles of some countries as these countries either replied "Don't know" to the relevant question or did not respond to the relevant question.

National targets

The data on the existence of national targets modelled after the GMF targets were drawn from the Member State responses to the 2017 NCD Country Capacity Survey (CCS) in which countries responded to a guestion on the existence of national targets and provided a copy of the document(s) containing these targets. These documents were reviewed to check for national targets aligned with each of the nine GMF targets. A check mark indicates that a national target exists; an "X" indicates that a national target does not exist; and a dash is used throughout the column for countries who did not provide any data on their national targets through the CCS. A dash is also used where there is no global target for the indicator (i.e. suicide mortality and ambient and household air pollution) and thus national targets for that indicator were not reviewed.

¹ ISH: The International Society of Hypertension

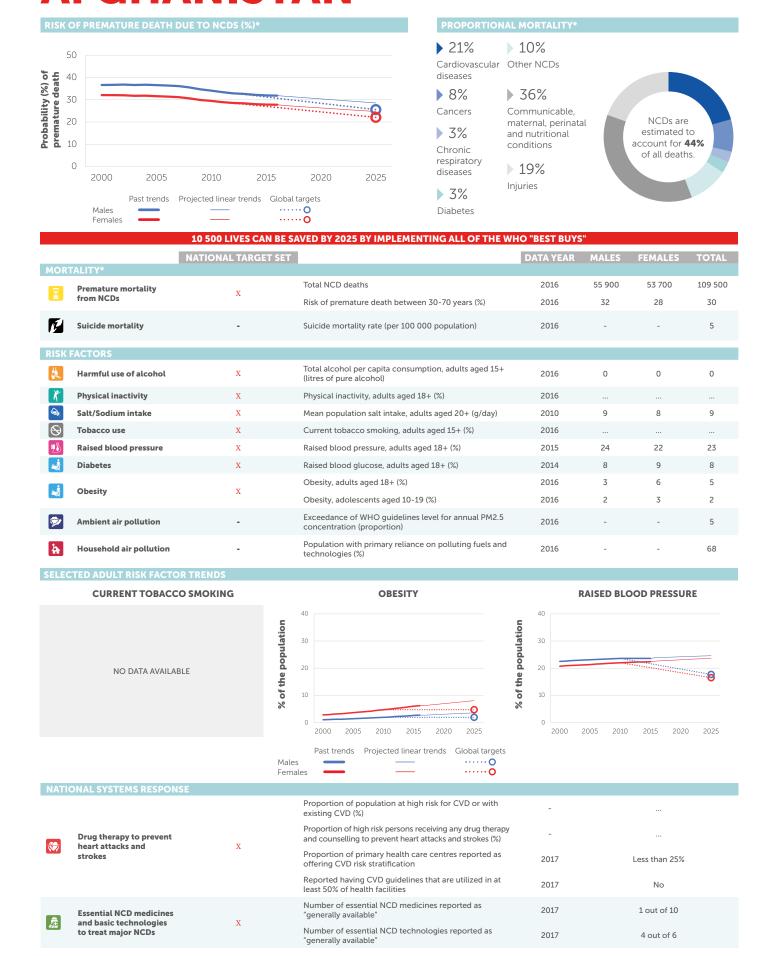
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COUNTRY PROFILES

AFGHANISTAN

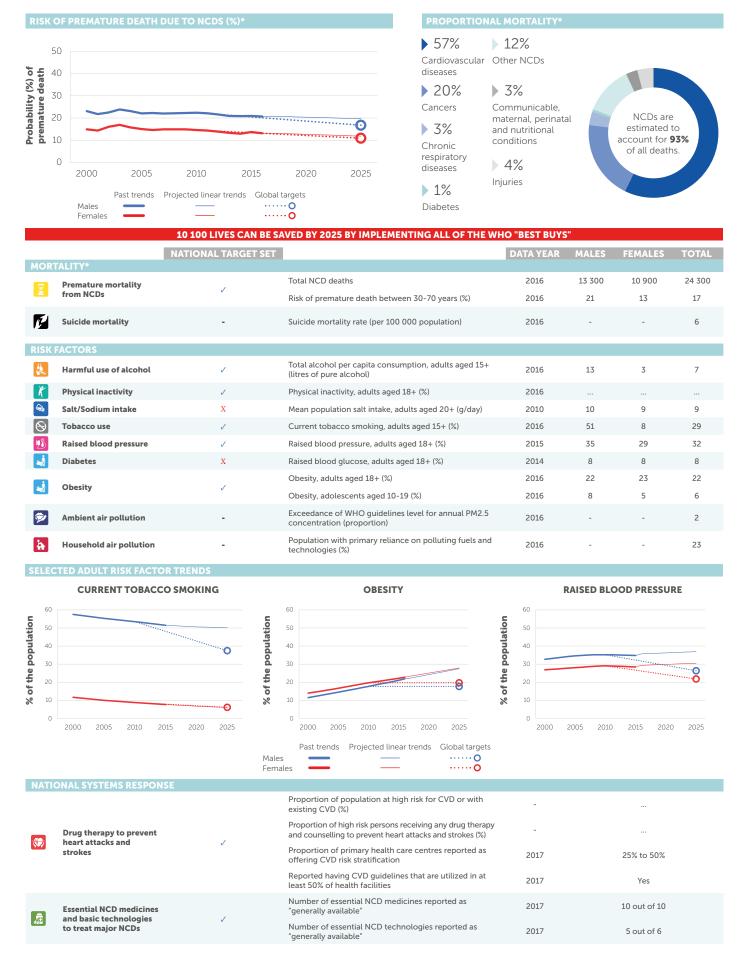


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

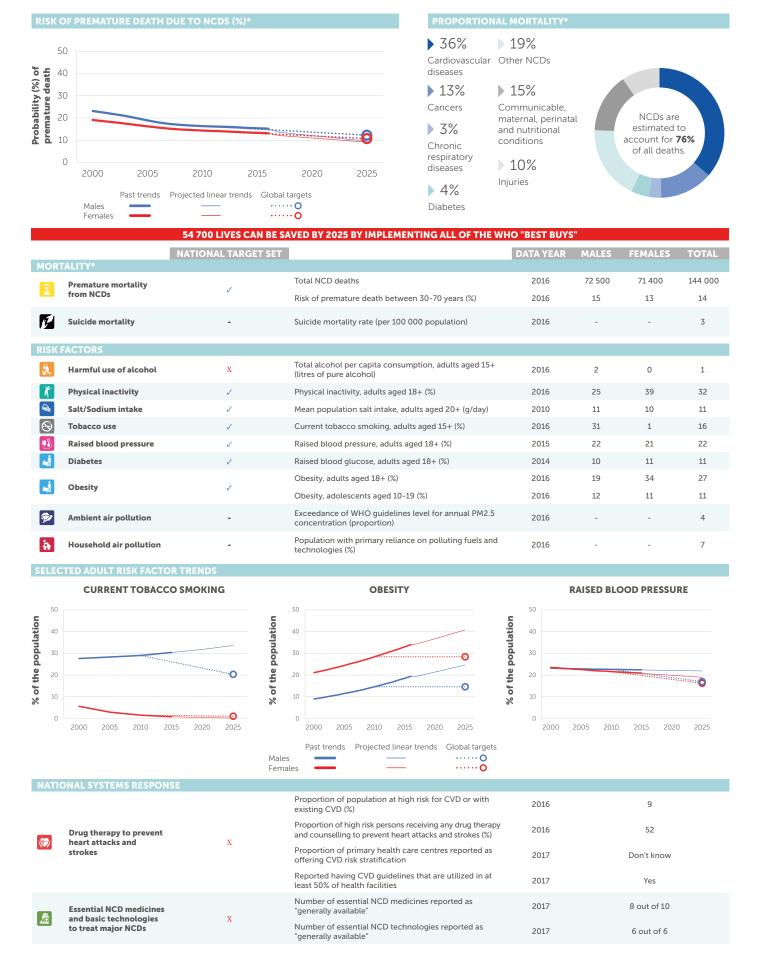
ALBANIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

ALGERIA



 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

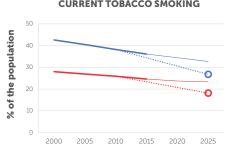
 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

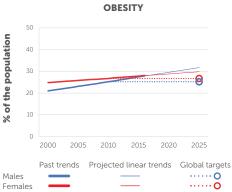


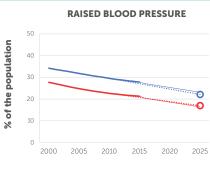
RISK OF PREMATURE DEATH DUE TO NCDS (%)[†] NO DATA AVAILABLE

PROPORTIONAL MORTALITY[†] NO DATA AVAILABLE

		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MORT	ΓALITY [†]		Total NCD deaths	2016			
\mathbb{Z}	Premature mortality from NCDs	X	Risk of premature death between 30-70 years (%)	2016			
Œ.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
ISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	18	5	11
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	41	44	43
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	10	9	10
8	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016	36	24	30
!	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	28	21	25
i.	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	10	8	9
	Obesity	X	Obesity, adults aged 18+ (%)	2016	28	28	28
			Obesity, adolescents aged 10-19 (%)	2016	13	9	11
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)°	2016	-	-	-
ia.	Household air pollution	-	Population with primary reliance on polluting fuels and technologies $(\!\%\!)$	2016	-	-	<5
ELEC	TED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACO	CO SMOKING	OBESITY	RAISED BLOOD PRESSU		RE	
50		ation	50	50 40			







NATIONAL SYSTEMS RESPONSE

Drug therapy to prevent heart attacks and strokes

Essential NCD medicines and basic technologies to treat major NCDs х

Proportion of population at high risk for CVD or with existing CVD (%)

Proportion of high risk persons receiving any drug therapy

and counselling to prevent heart attacks and strokes (%)
Proportion of primary health care centres reported as
offering CVD risk stratification
Reported having CVD guidelines that are utilized in at
least 50% of health facilities

Number of essential NCD medicines reported as "generally available"

Number of essential NCD technologies reported as

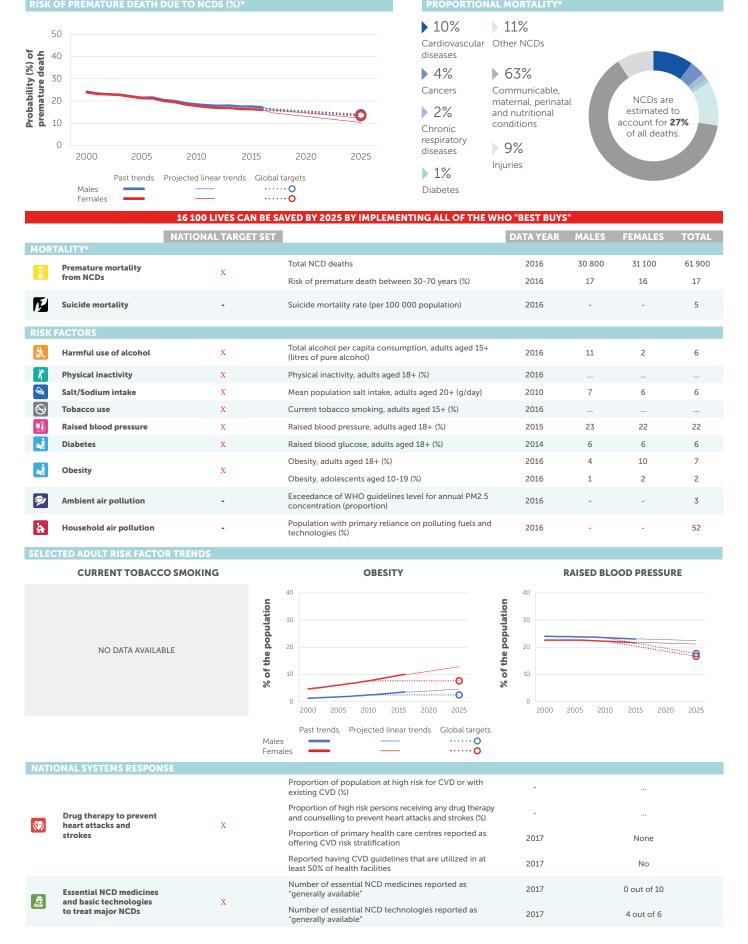
- 2017

- ...
2017 Don't know
2017 No

2017 No
2017 10 out of 10
2017 6 out of 6

... = no data available ° not exceeding † See Explanatory Notes World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

ANGOLA

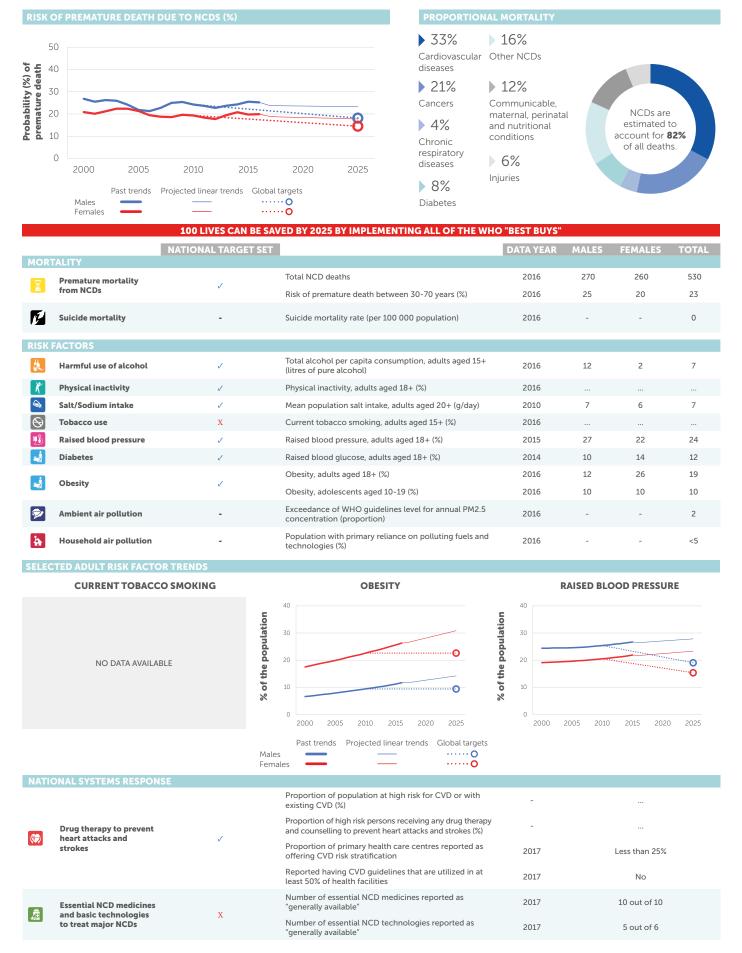


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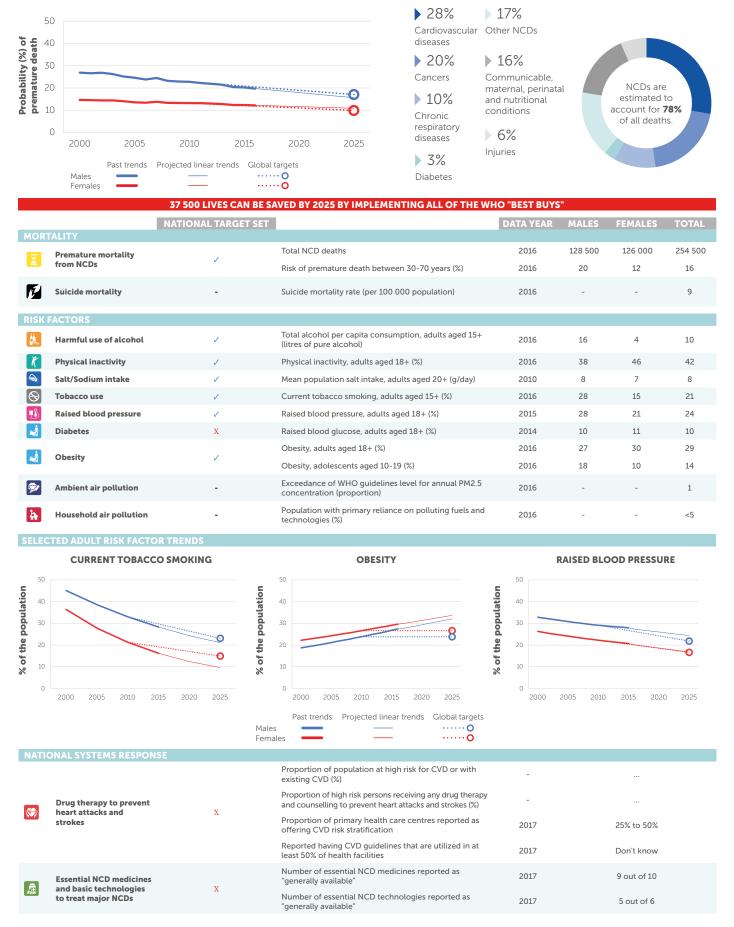
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

= no data available

2016 TOTAL POPULATION: 101 000 **2016 TOTAL DEATHS:** 650

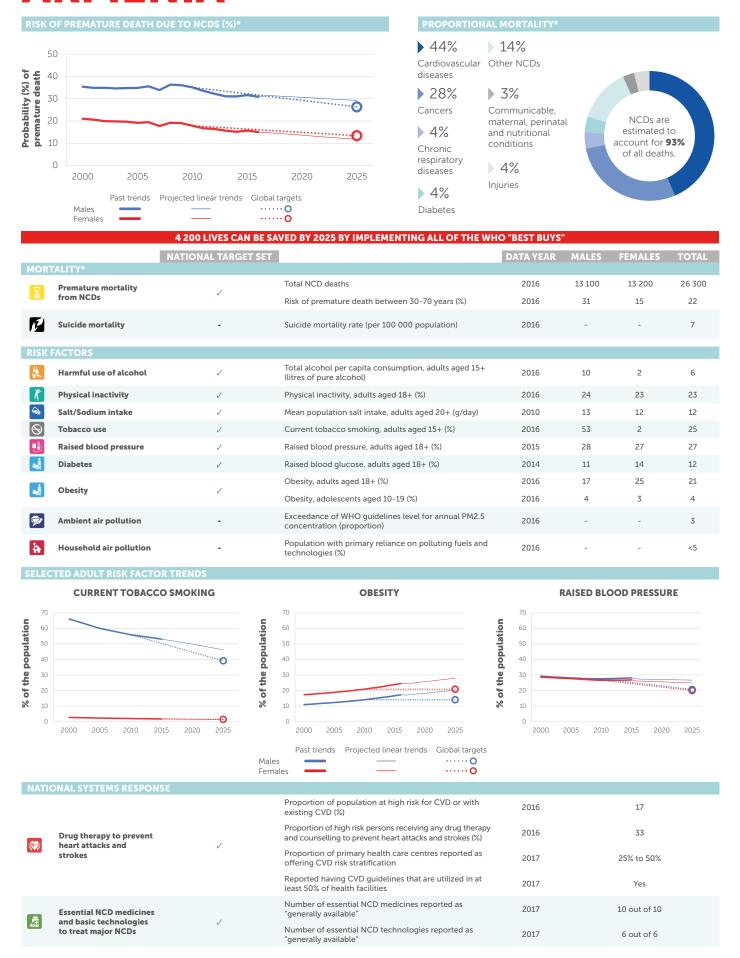


ARGENTINA



= no data available

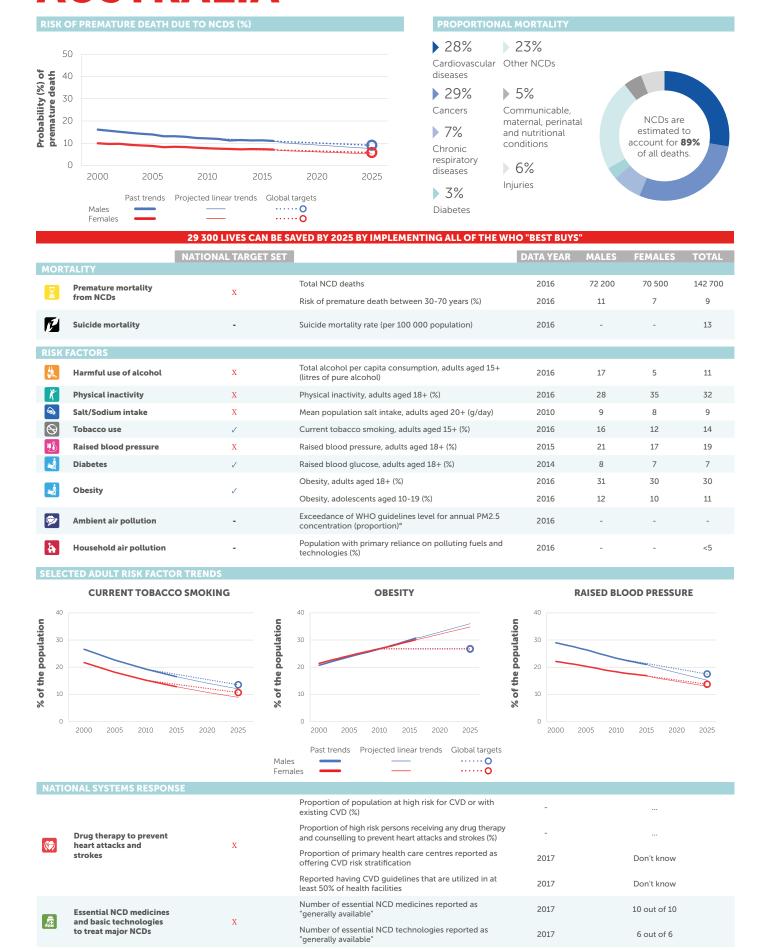
ARMENIA



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

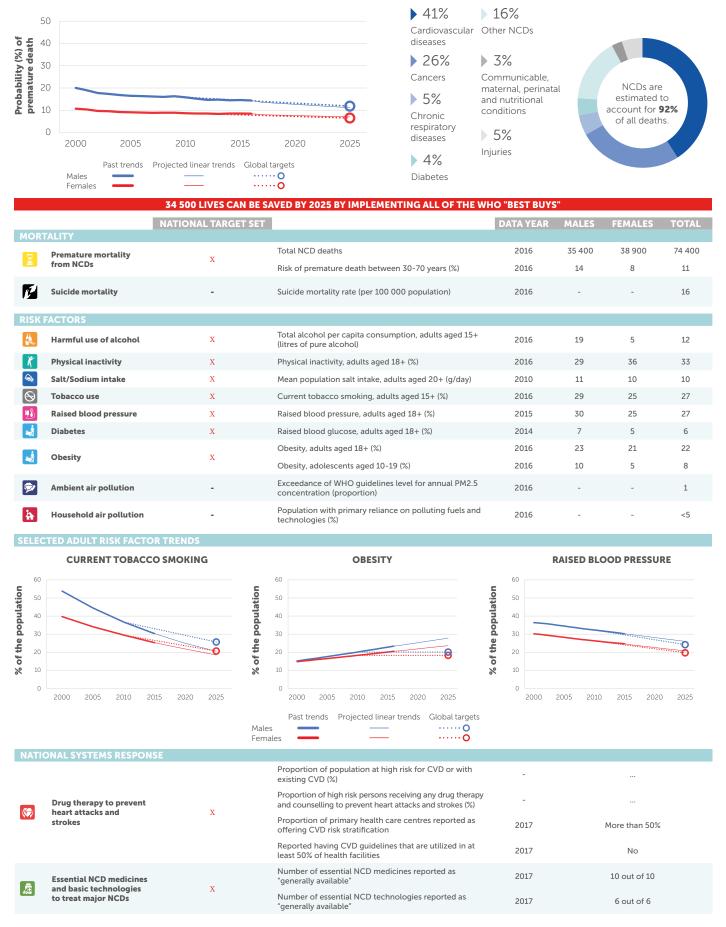
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

AUSTRALIA

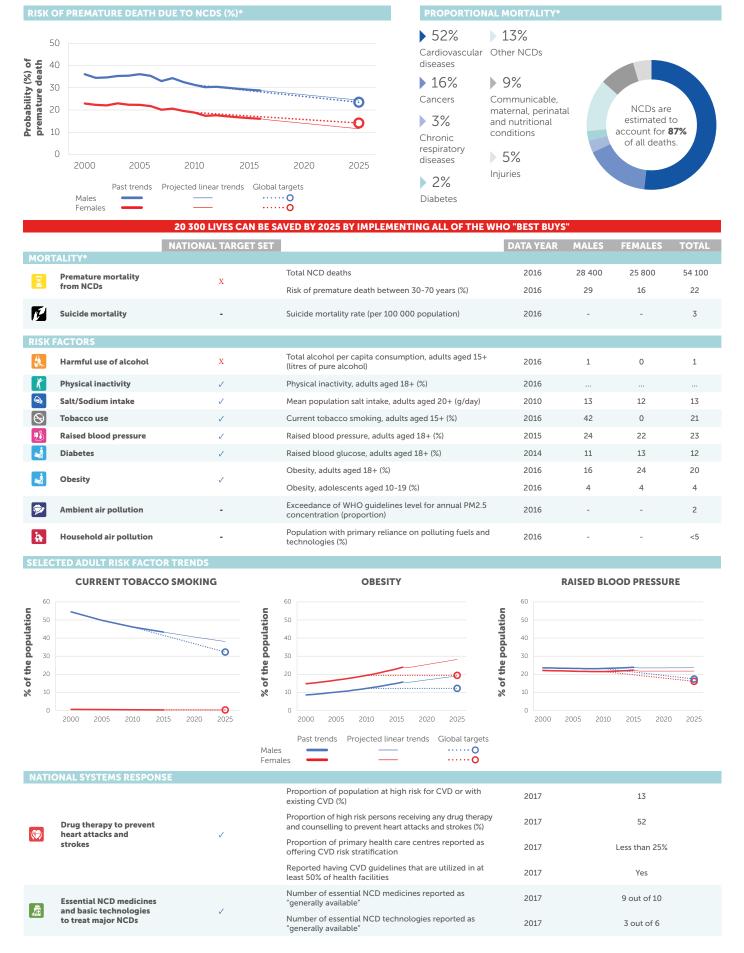


^{... =} no data available o not exceeding

AUSTRIA



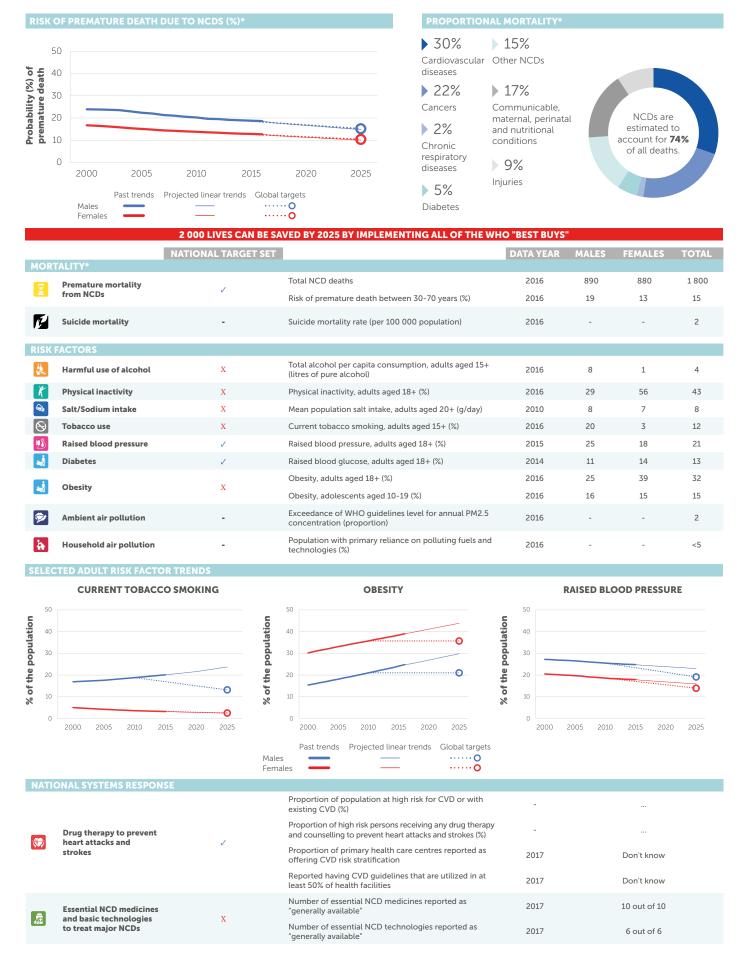
AZERBAIJAN



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

BAHAMAS

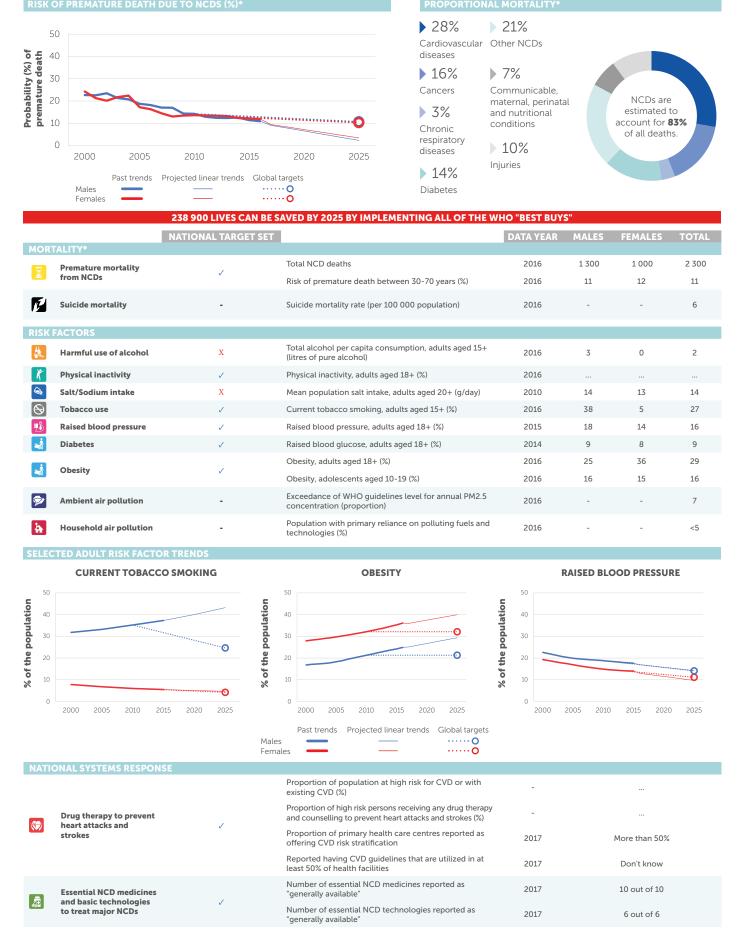


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

BAHRAIN

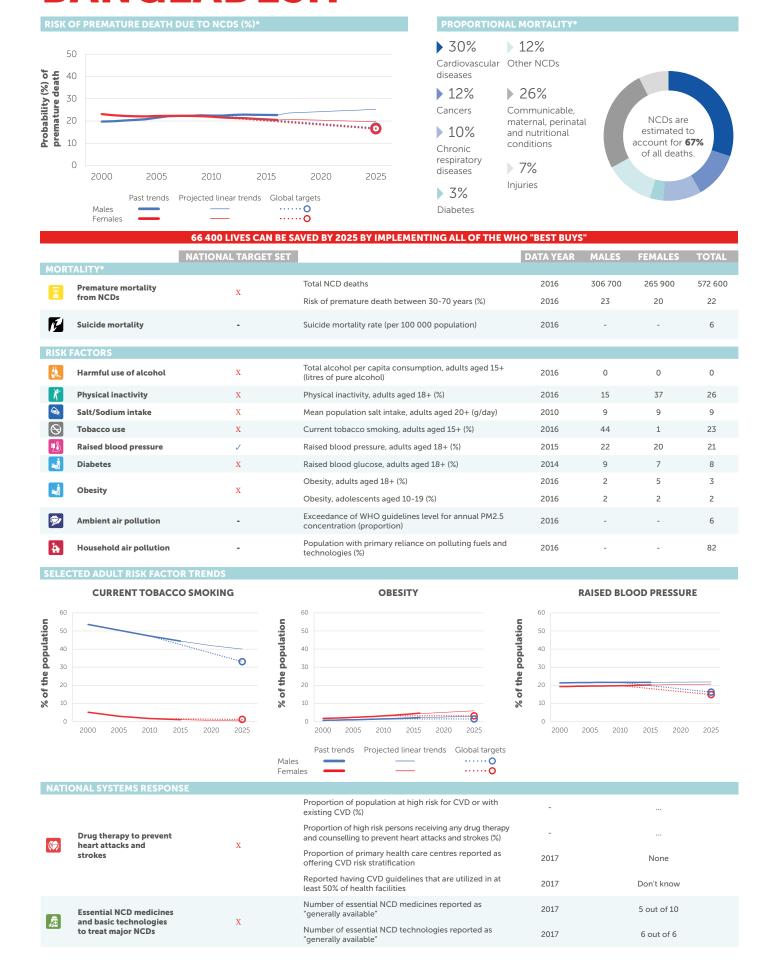


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

2016 TOTAL POPULATION: 163 000 000 **2016 TOTAL DEATHS: 856 000**

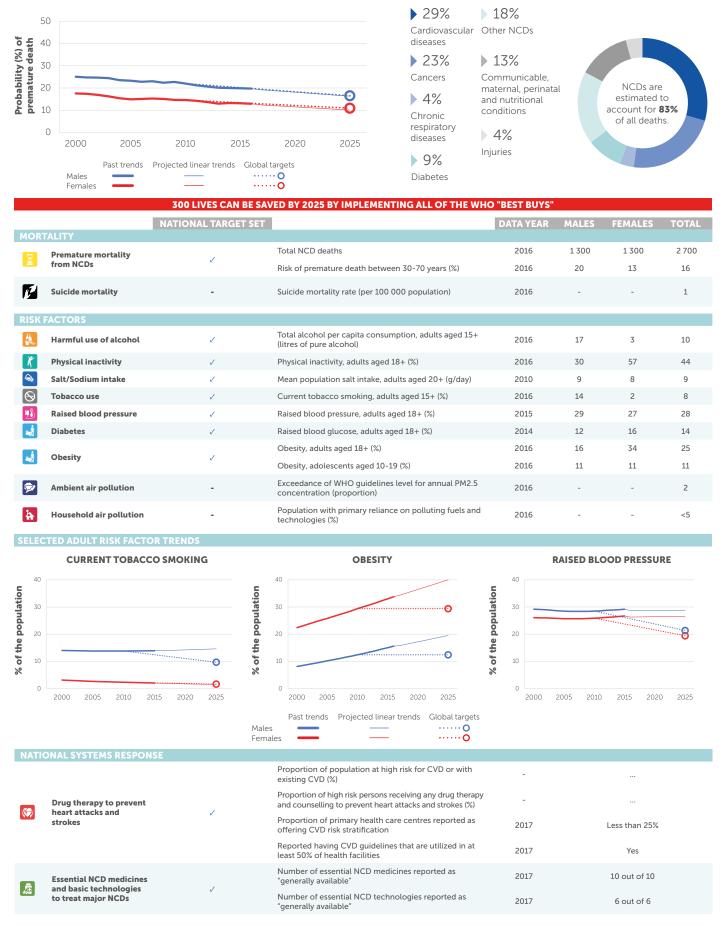
BANGLADESH



⁼ no data available

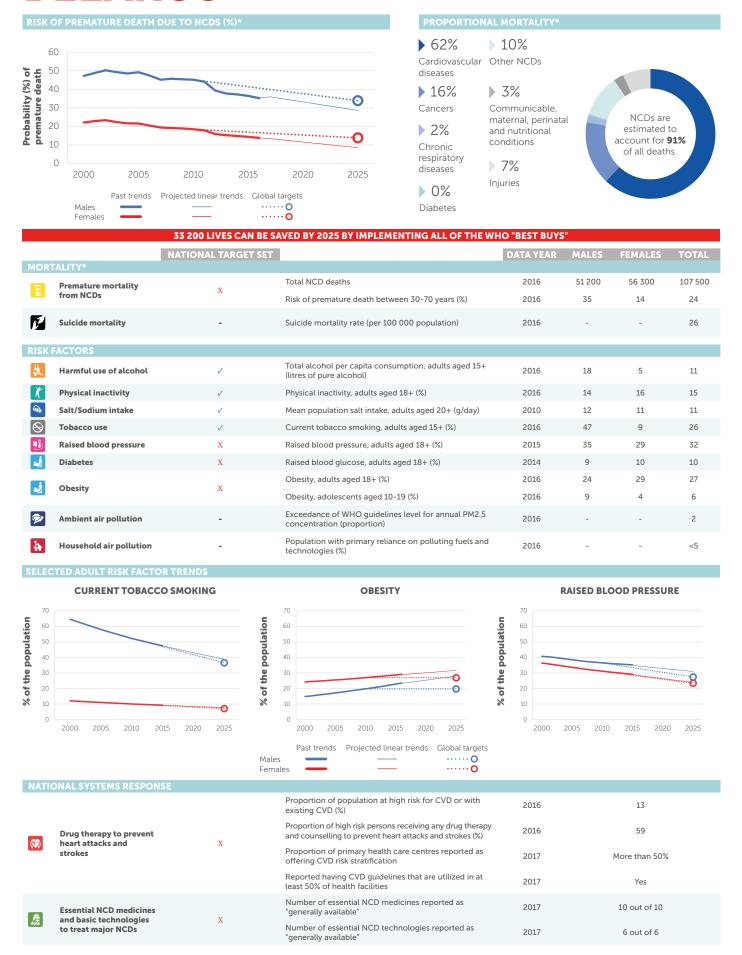
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BARBADOS



= no data available

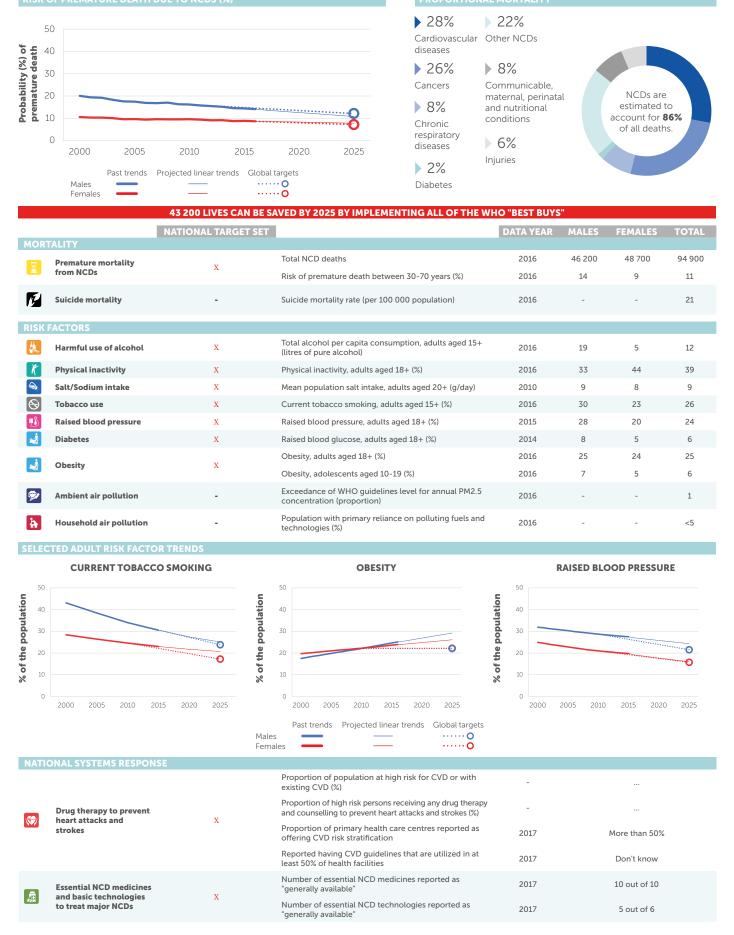
BELARUS



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

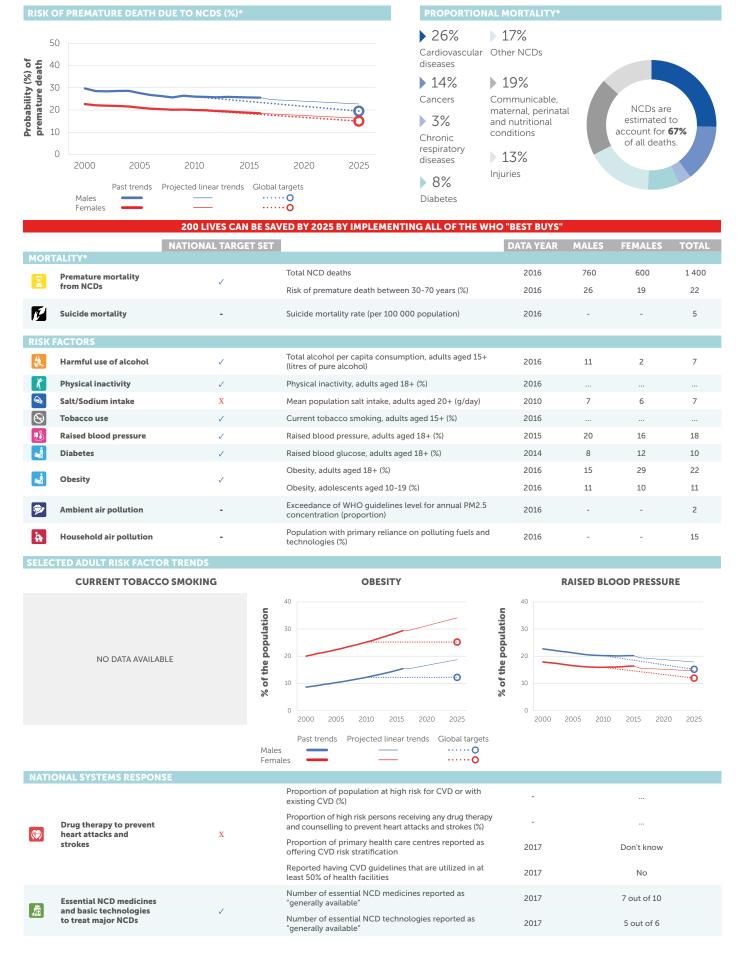
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BELGIUM



= no data available



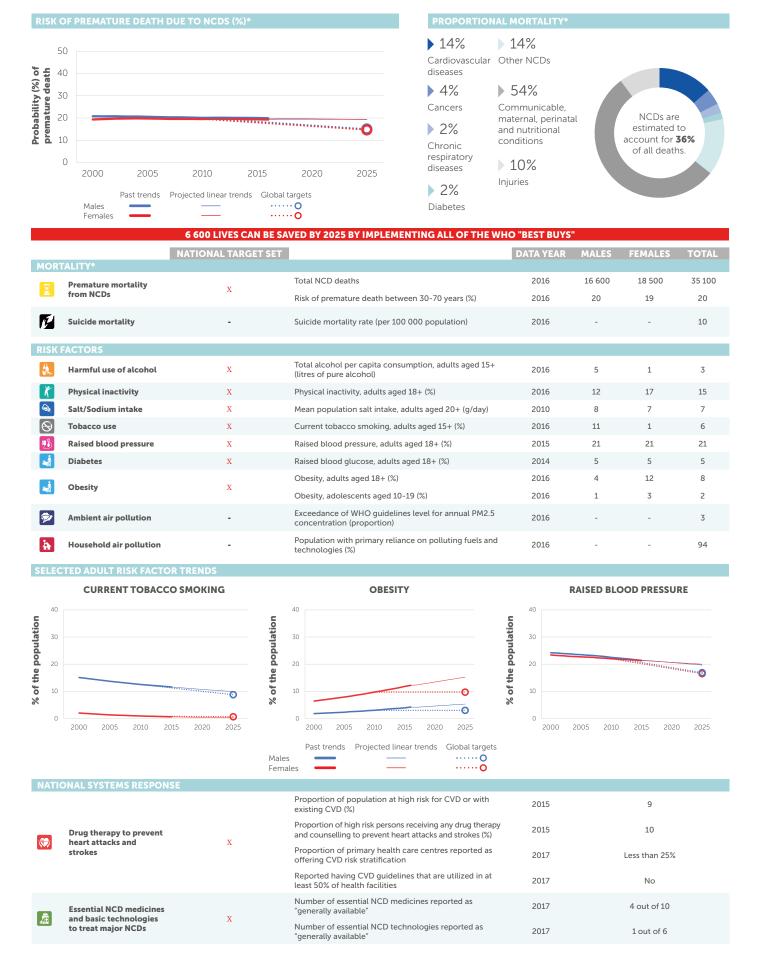


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{**} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

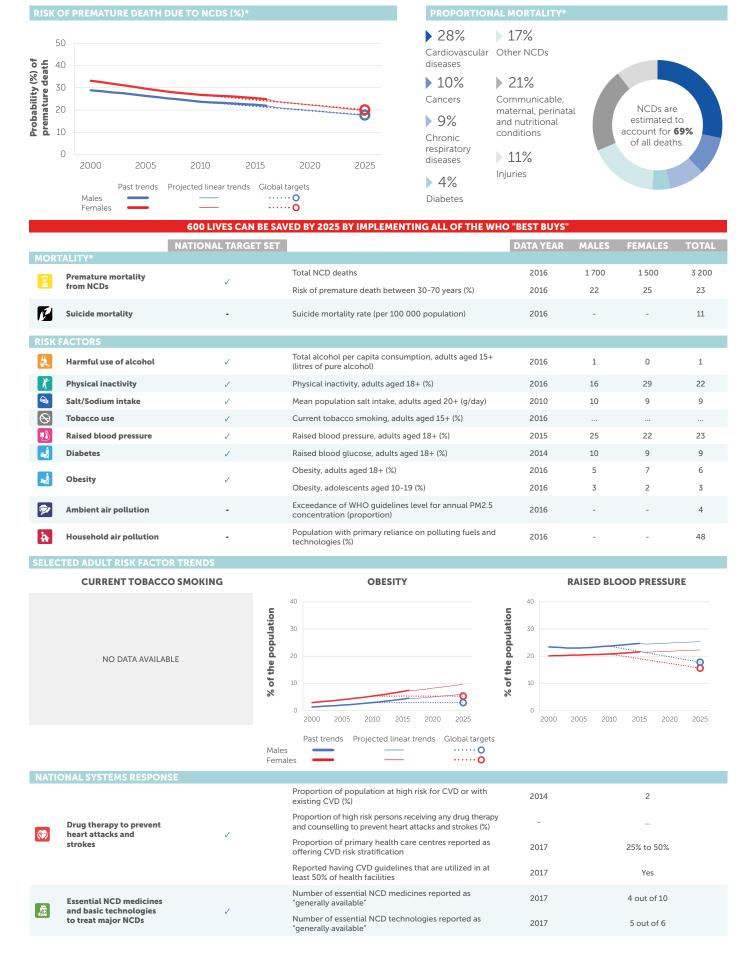




 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BHUTAN

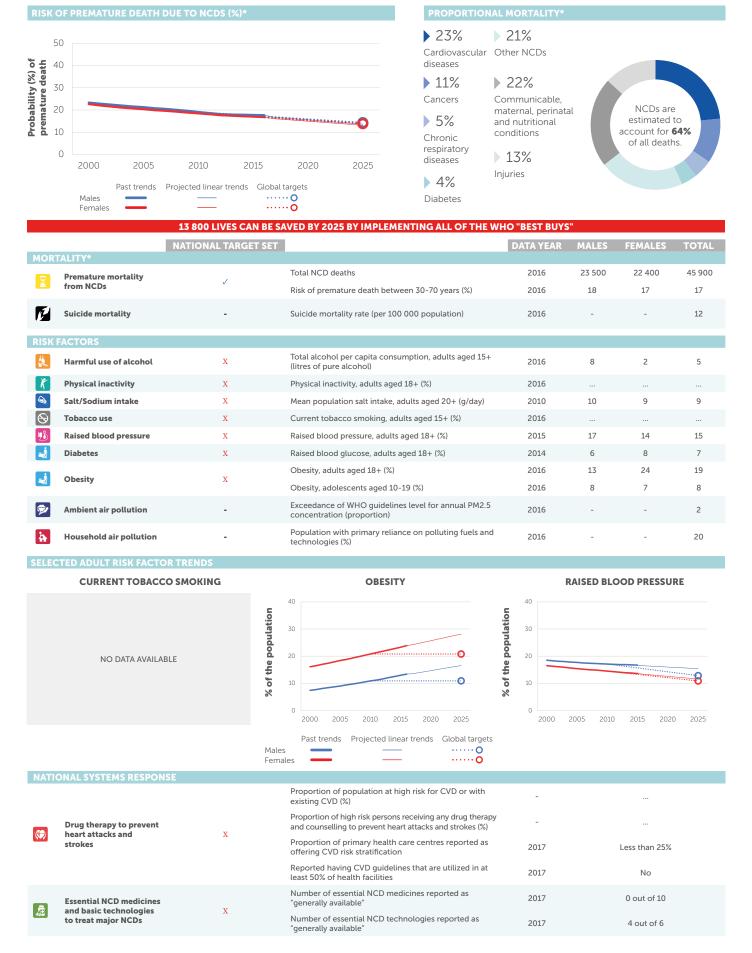


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BOLIVIA (PLURINATIONAL STATE OF)

2016 TOTAL POPULATION: 10 888 000 **2016 TOTAL DEATHS:** 71 000

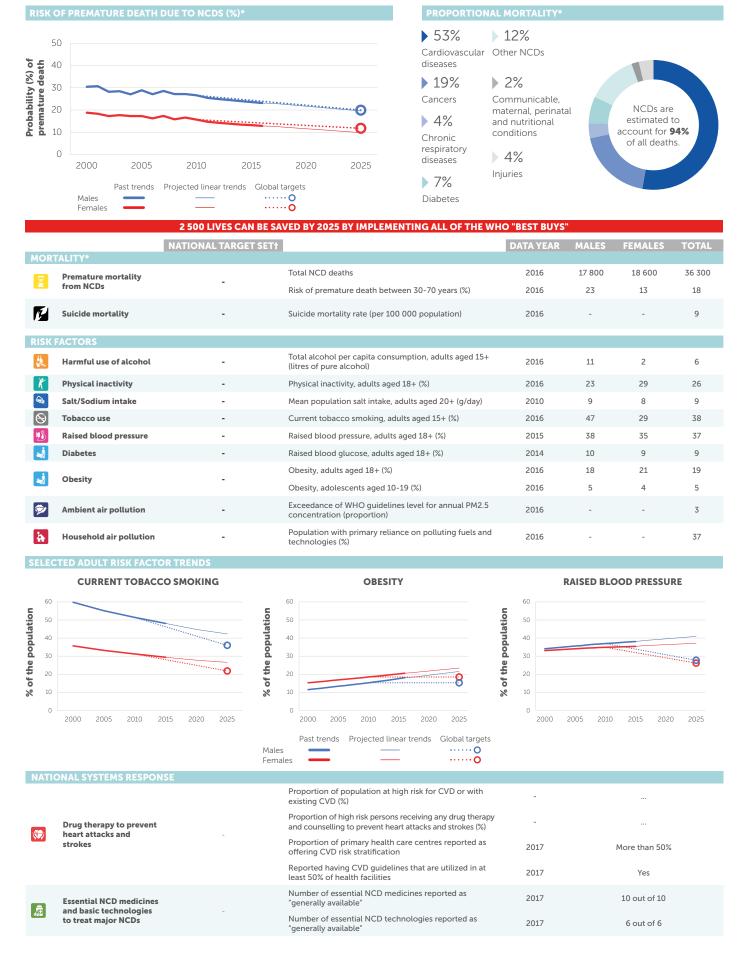


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BOSNIA AND HERZEGOVINA

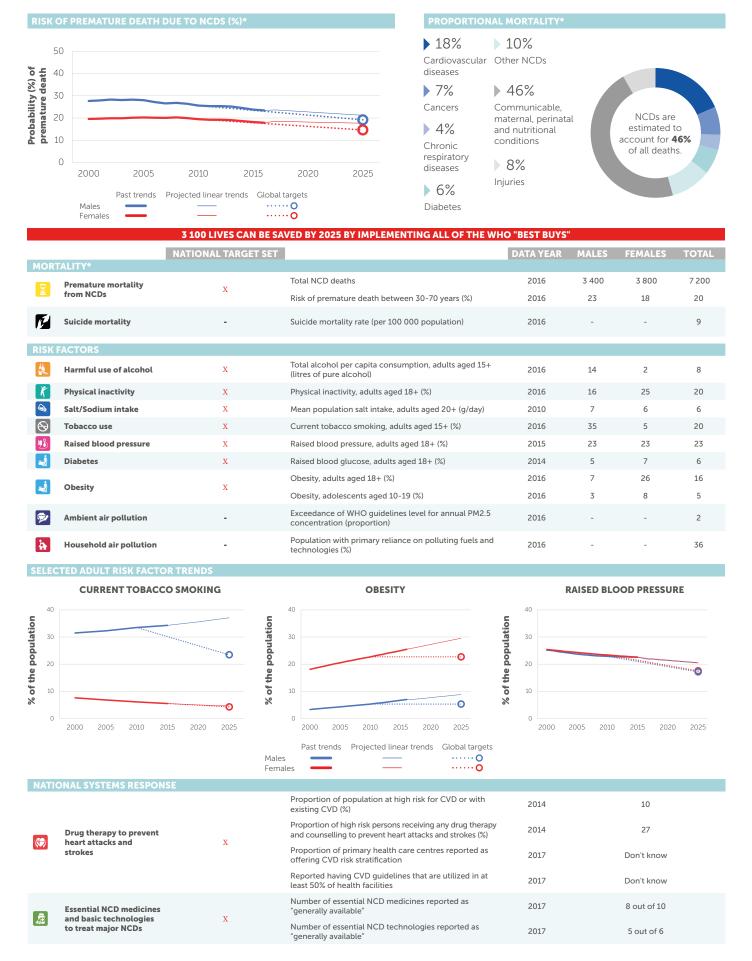
2016 TOTAL POPULATION: 3 517 000 **2016 TOTAL DEATHS: 38 000**



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes) † See Explanatory Notes

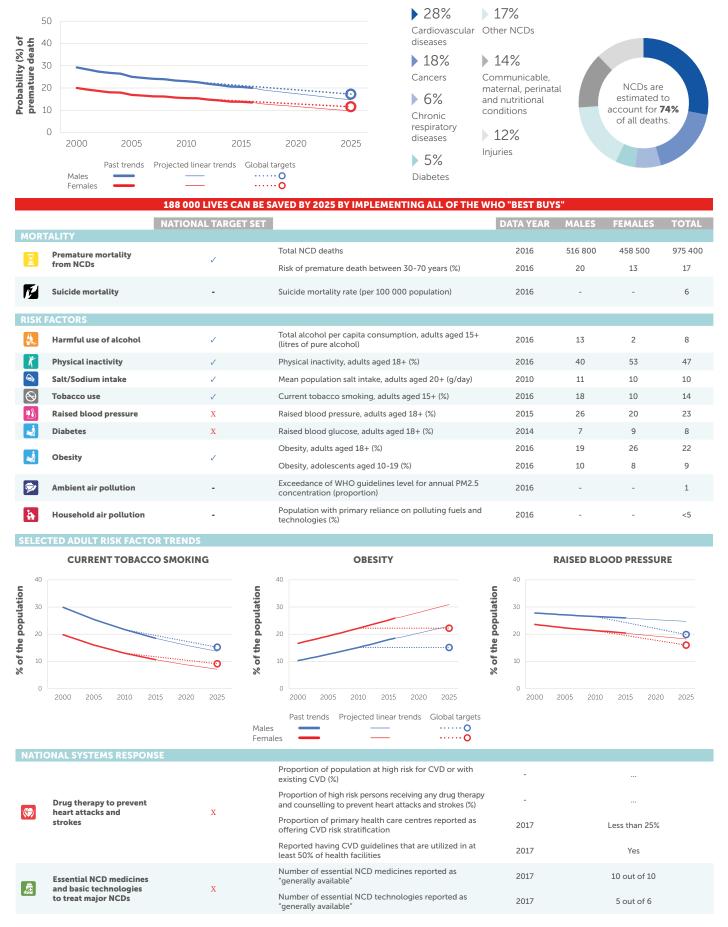
BOTSWANA



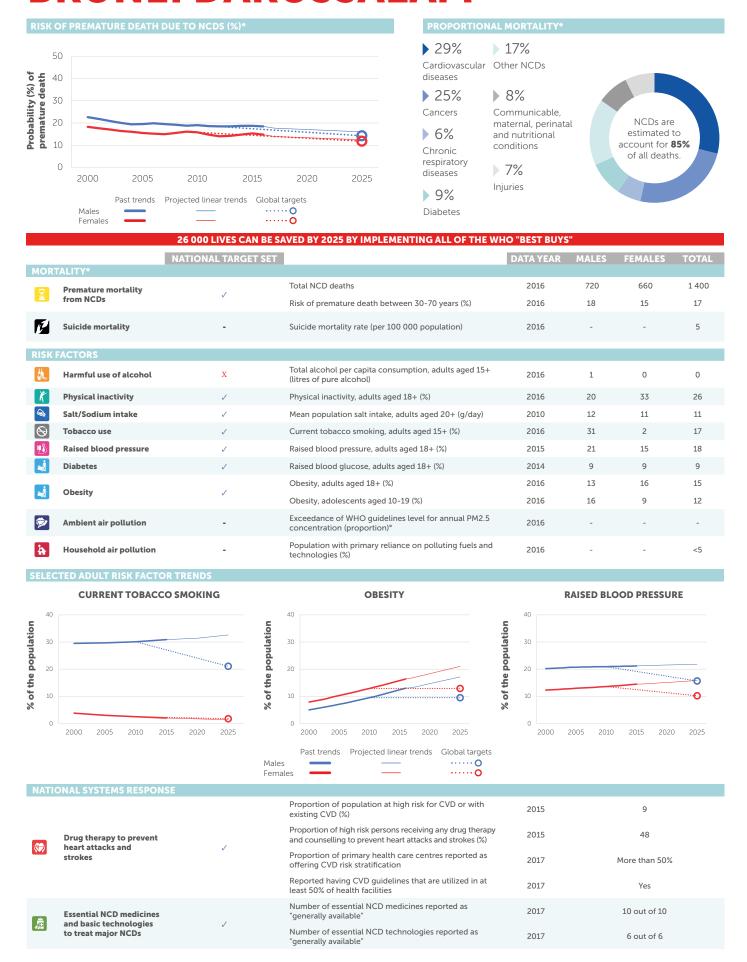
 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles, 2018.$





2016 TOTAL POPULATION: 423 000 **2016 TOTAL DEATHS:** 1 600

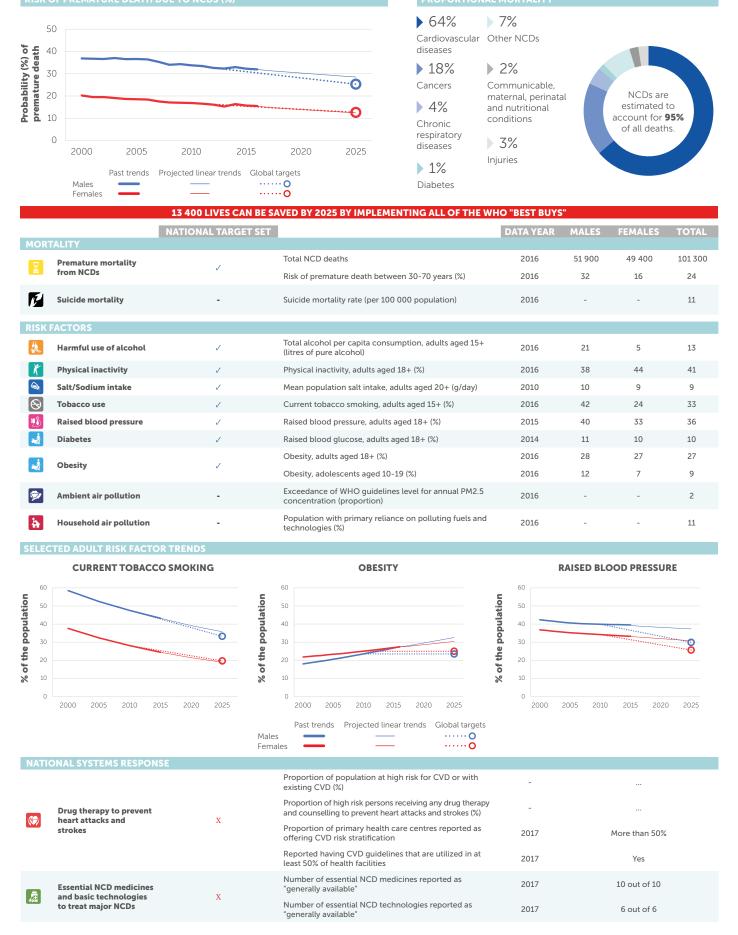


^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

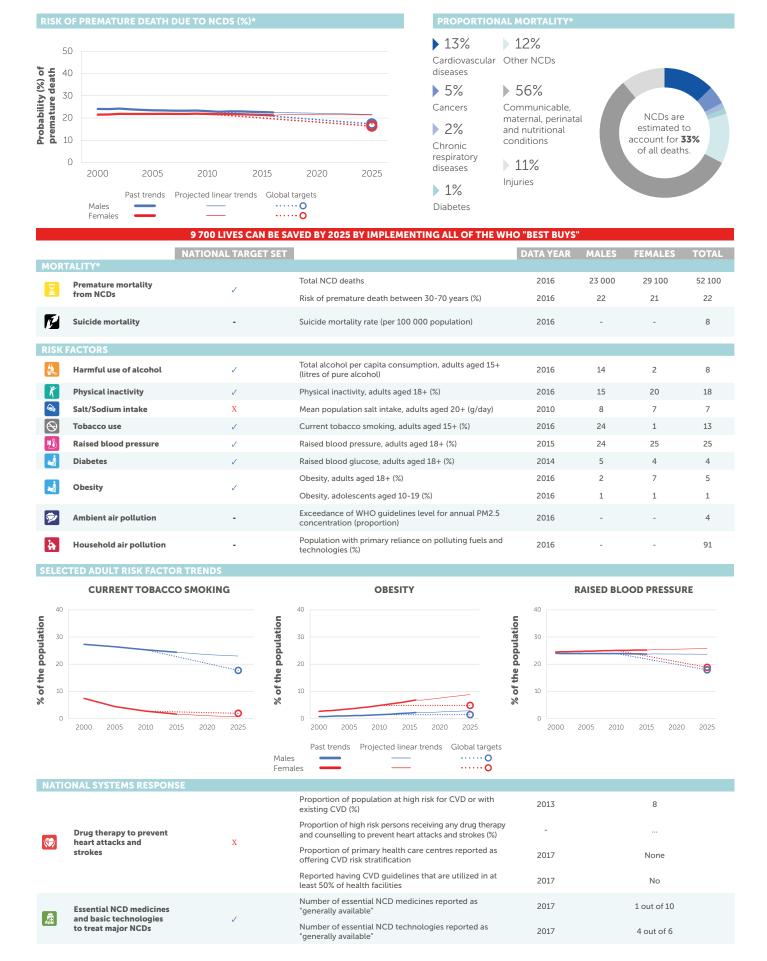
* not exceeding

* World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

BULGARIA



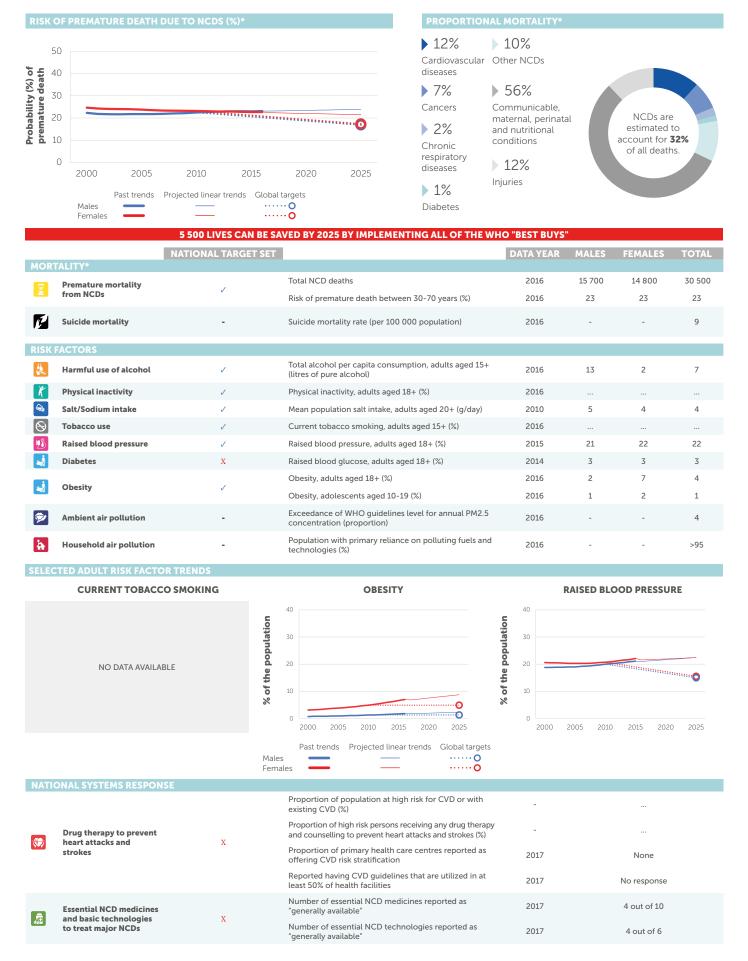
2016 TOTAL POPULATION: 18 646 000 **2016 TOTAL DEATHS:** 159 000



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

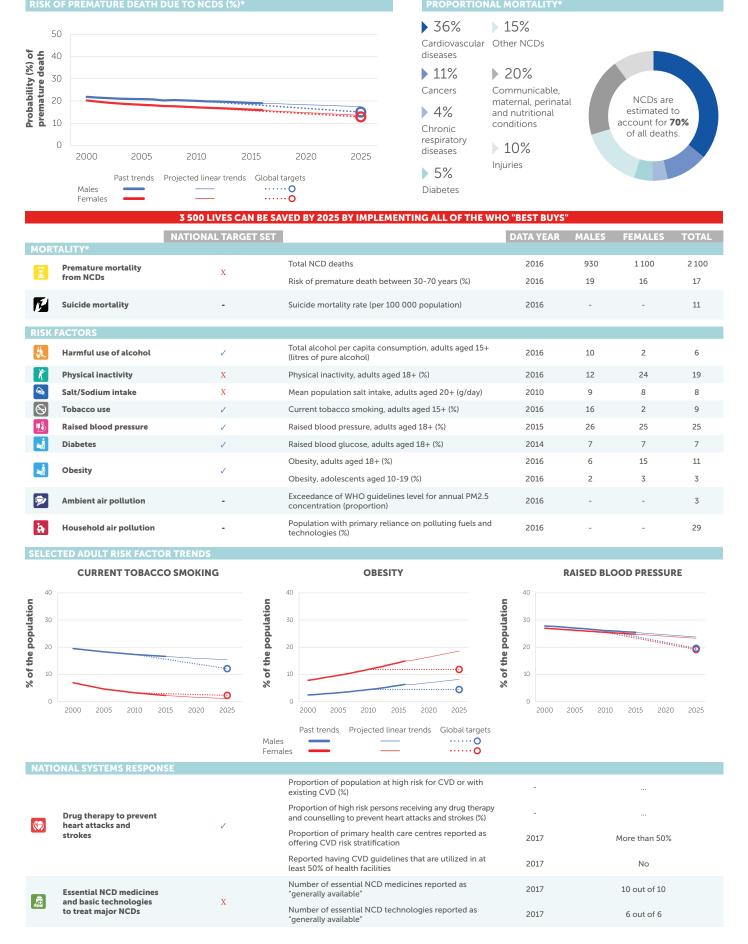
BURUNDI



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

CABO VERDE

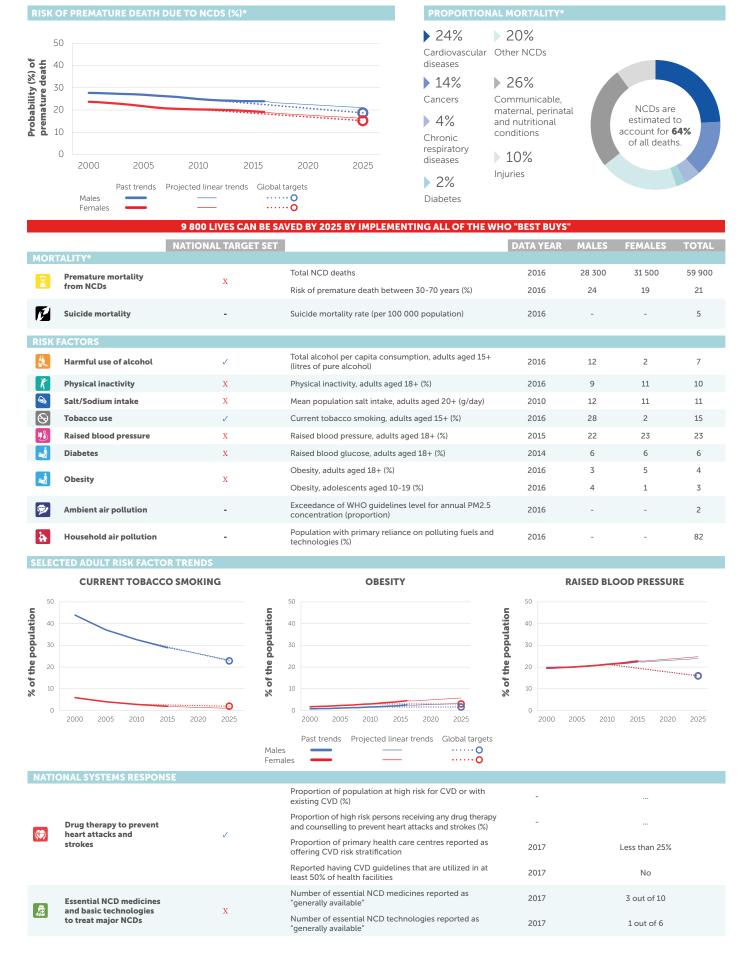


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

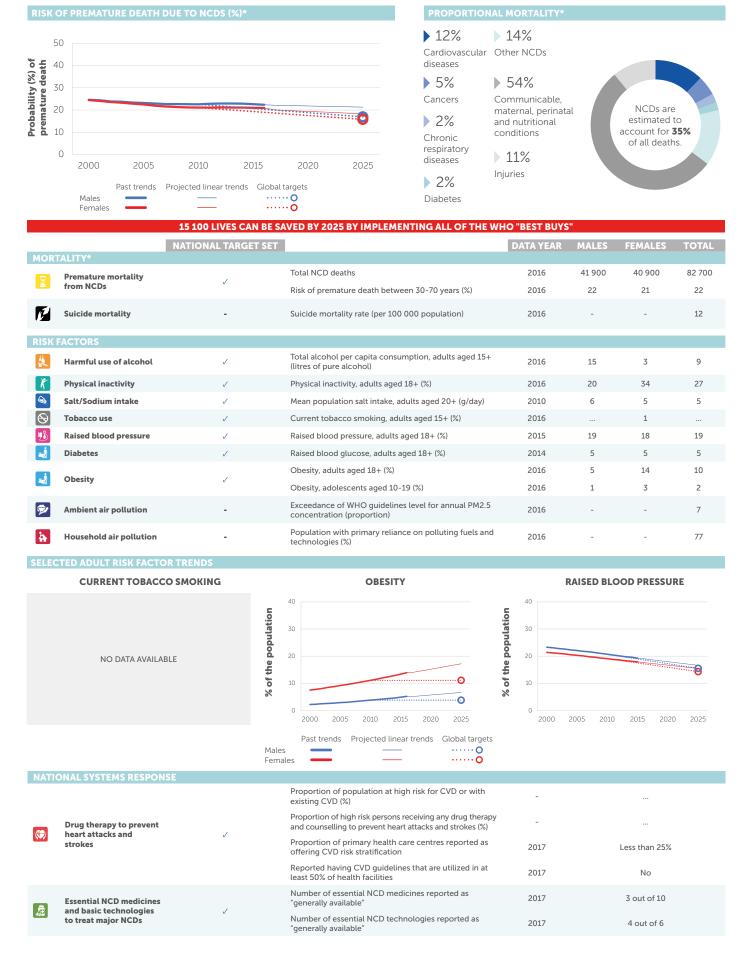
CAMBODIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

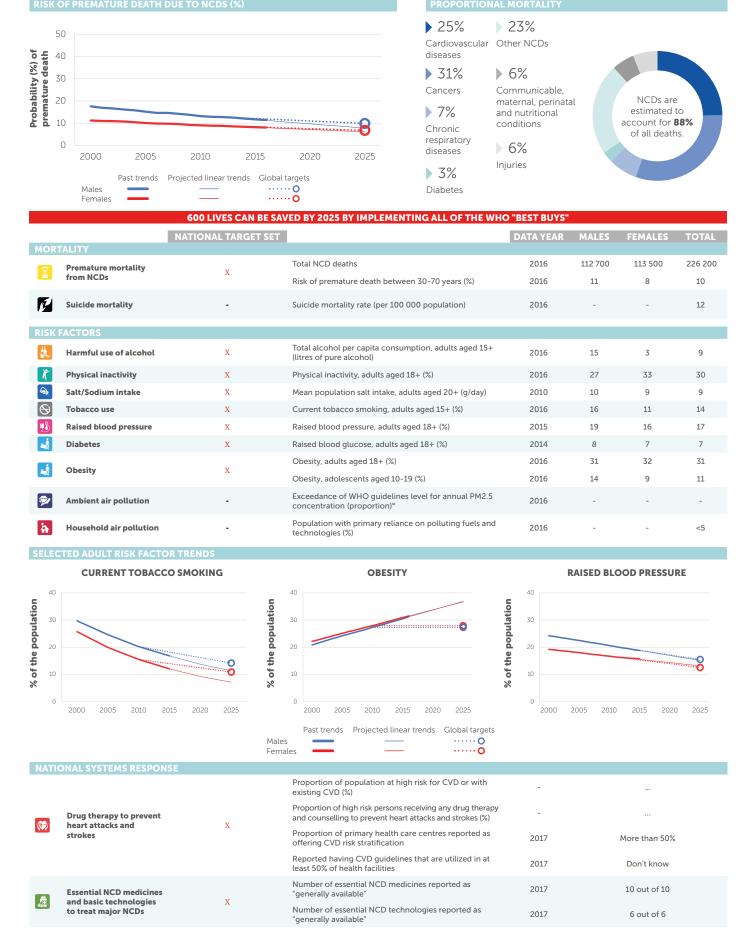
CAMEROON



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

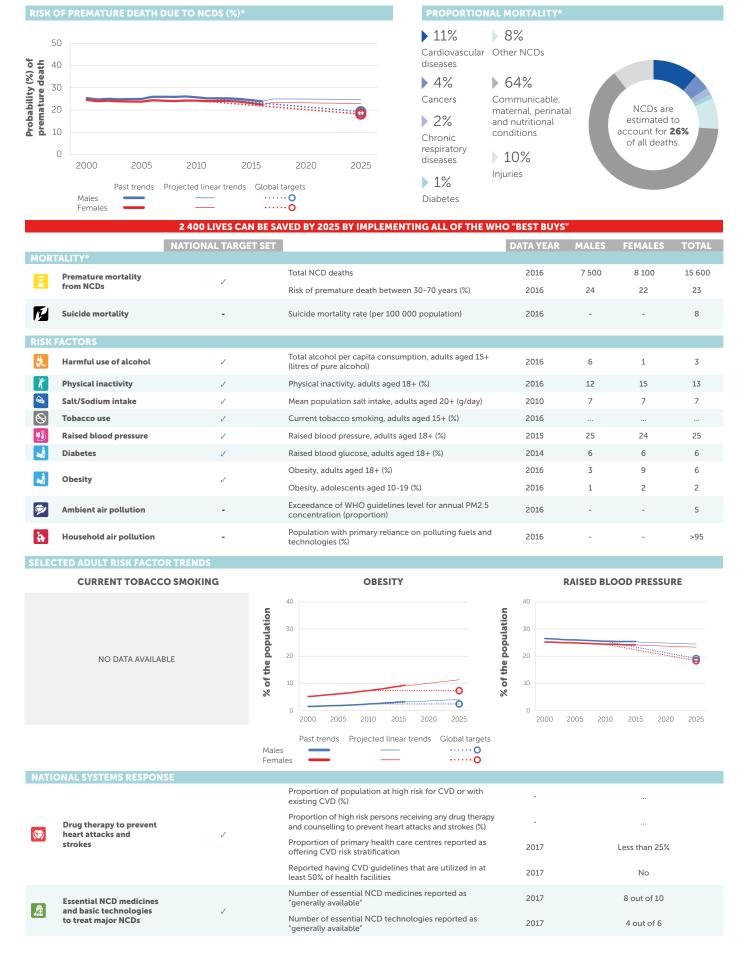
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

CANADA



^{... =} no data available o not exceeding

2016 TOTAL POPULATION: 4 595 000 **2016 TOTAL DEATHS:** 60 000

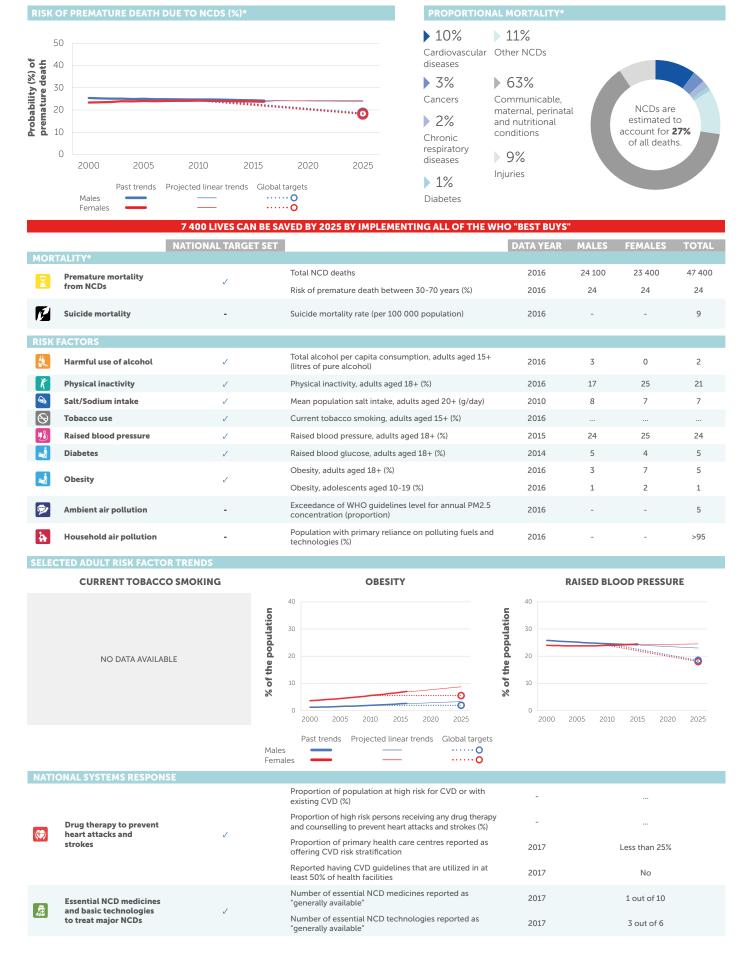


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{**} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

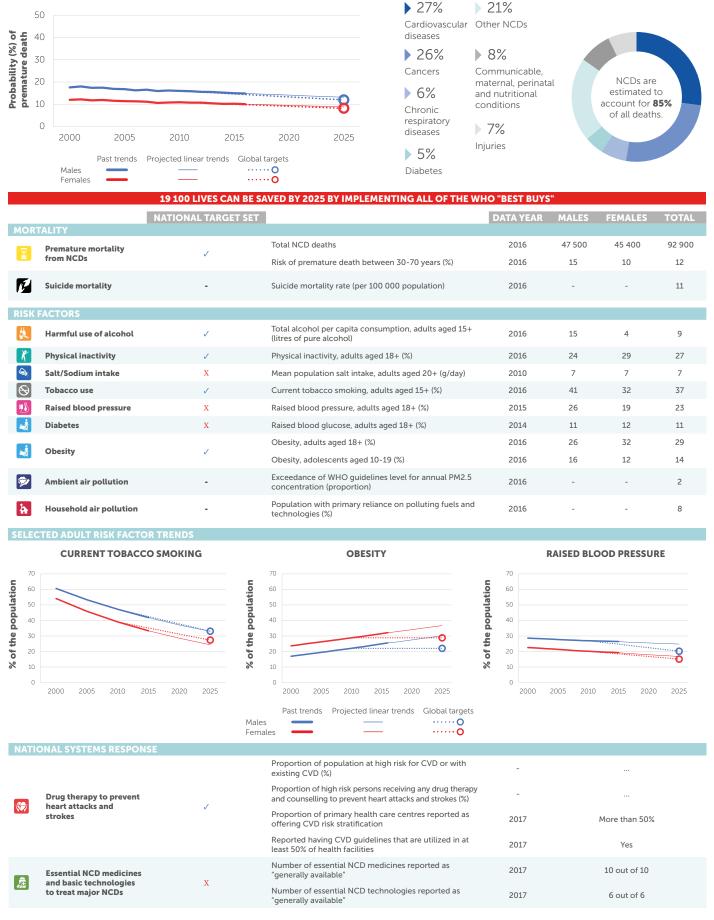




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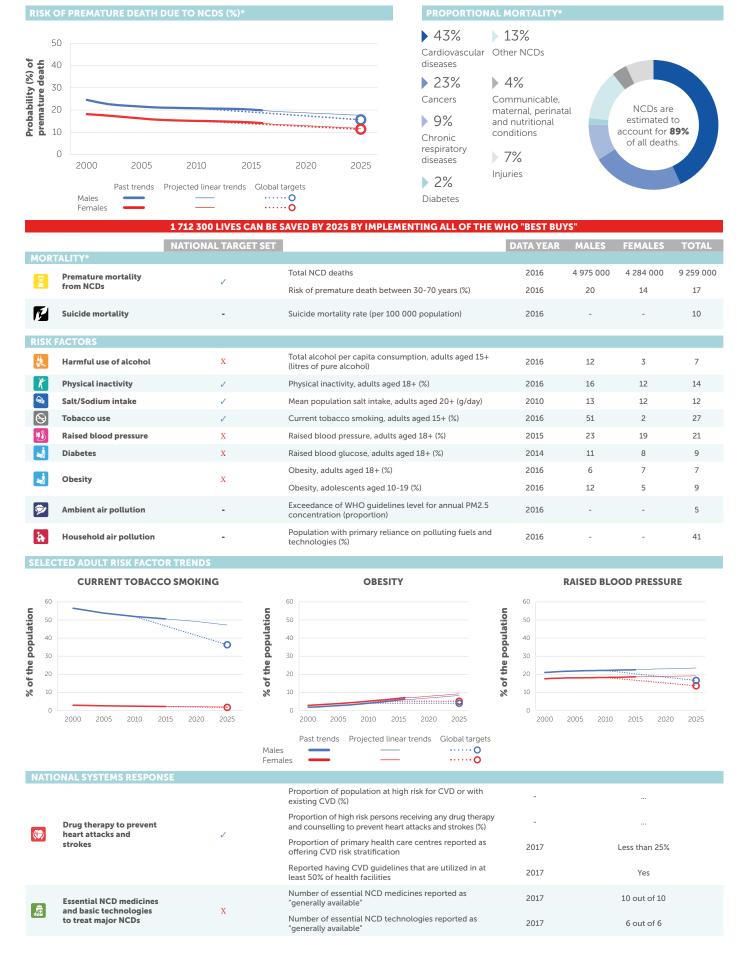
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.





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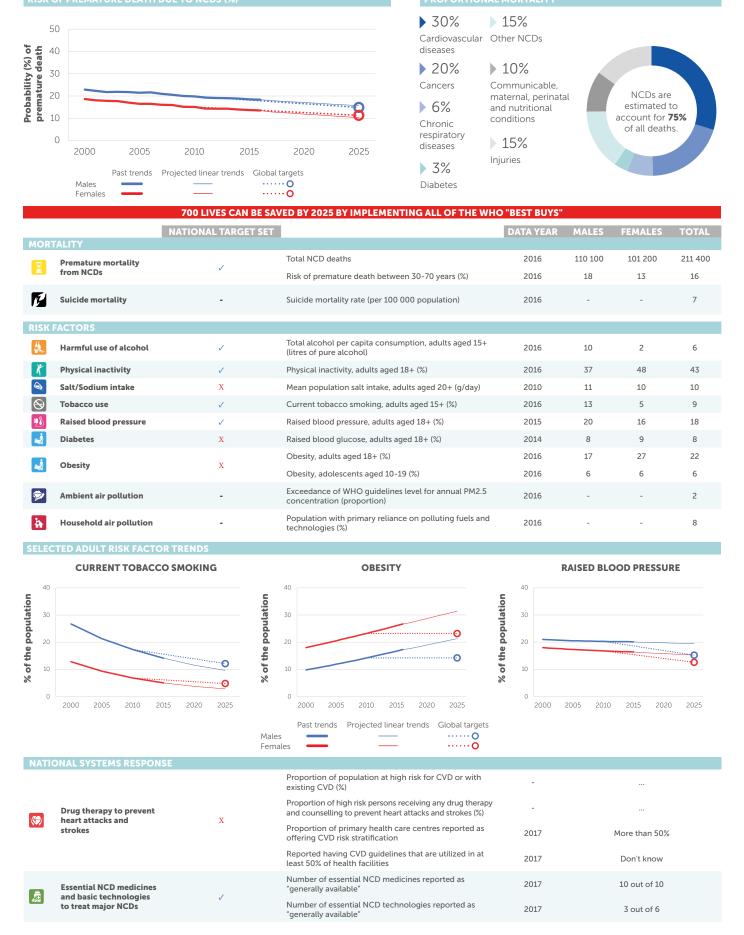




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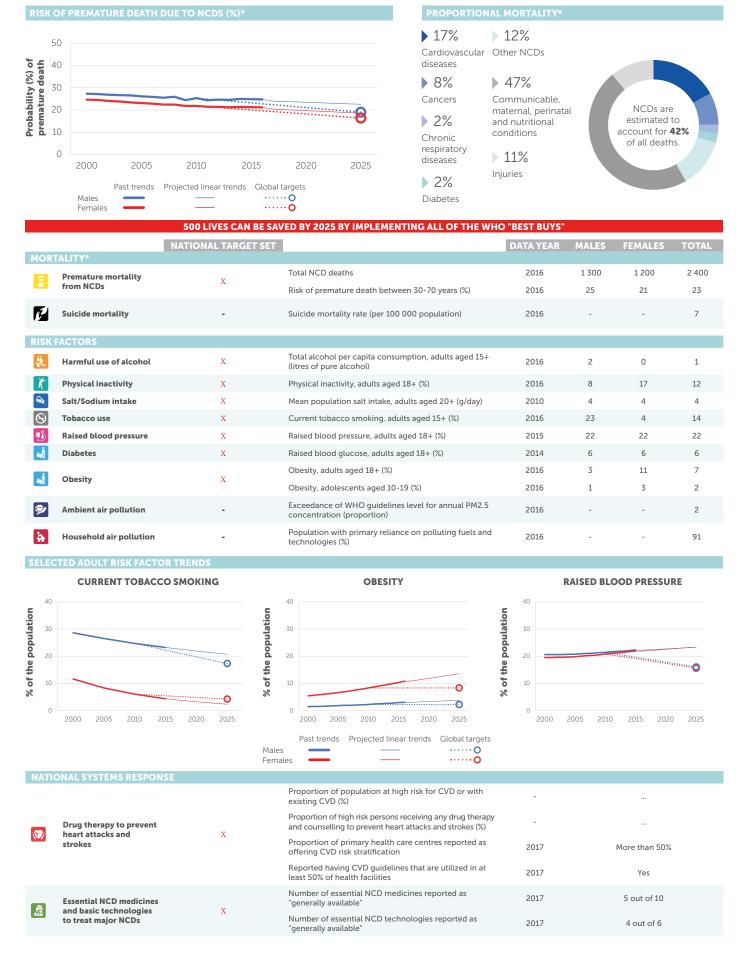
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

COLOMBIA



= no data available

COMOROS

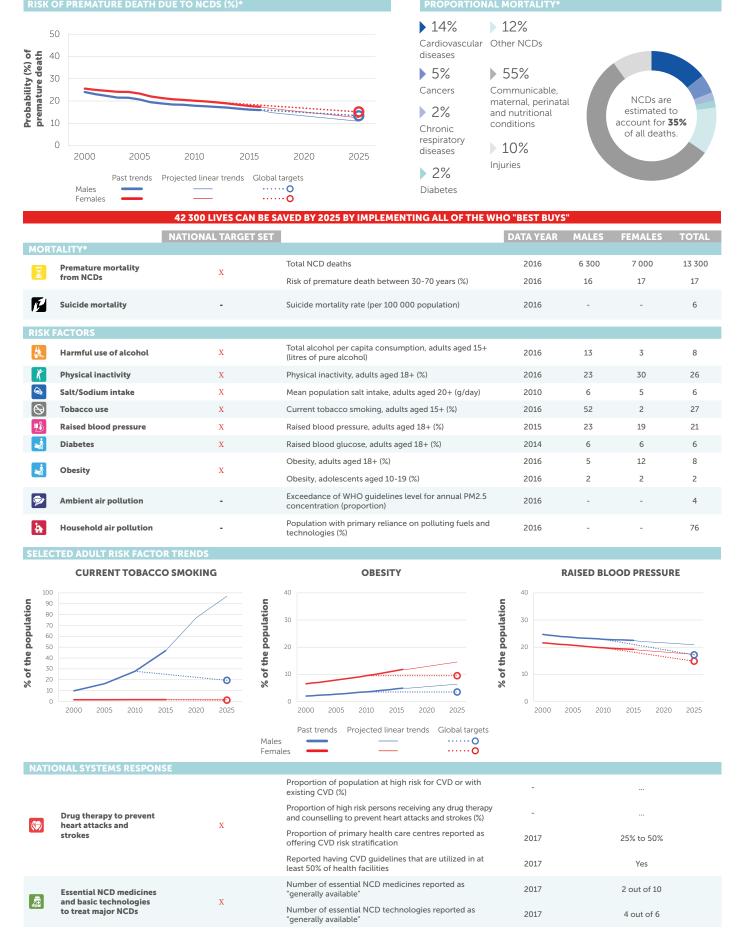


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{**} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

CONGO

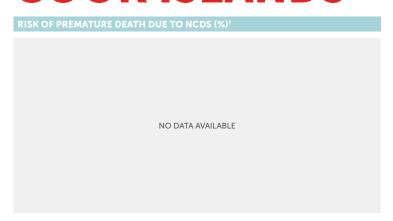


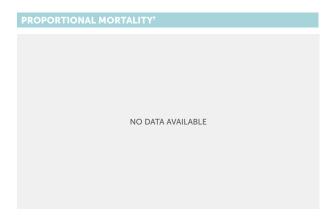
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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

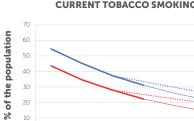
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

COOK ISLANDS





MOR	TALITY [†]	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MOR	Premature mortality		Total NCD deaths	2016			
	from NCDs	X	Risk of premature death between 30-70 years (%)	2016			
N.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	18	4	11
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	11	30	21
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010		***	***
8	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	30	21	26
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	24	19	21
À	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	27	26	27
À	Obesity	✓	Obesity, adults aged 18+ (%)	2016	52	59	55
			Obesity, adolescents aged 10-19 (%)	2016	32	29	30
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
4	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	16
SELECTED ADULT RISK FACTOR TRENDS							
	CURRENT TOBACCO SMOKING		OBESITY	RAISED BLOOD PRESSURE			RE



50

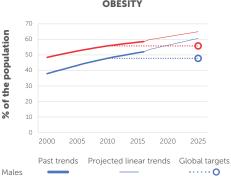
40

20

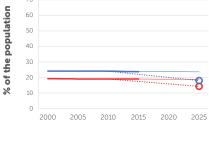
10











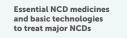
2005

2010

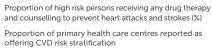
2015

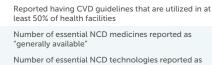
2020







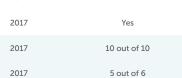






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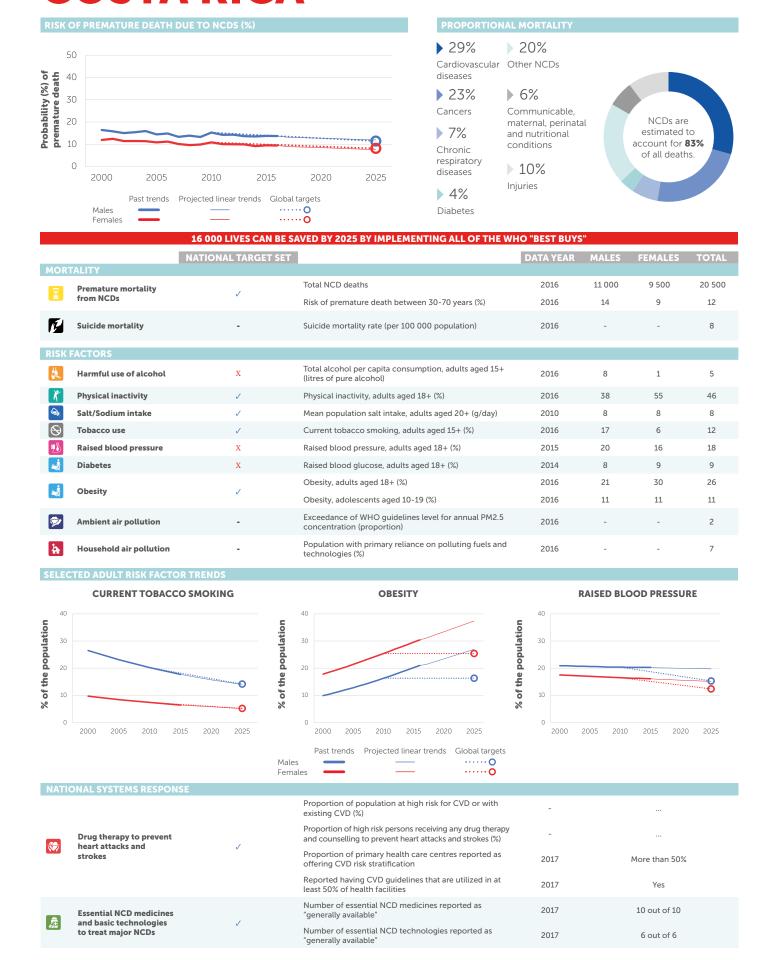




... = no data available † See Explanatory Notes

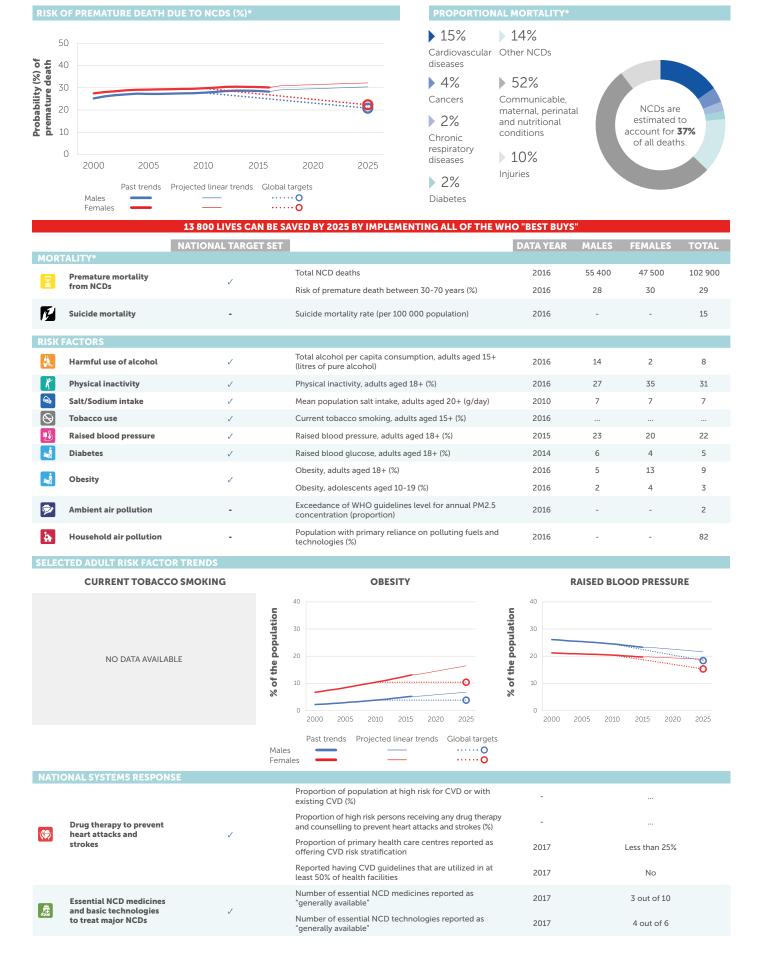
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

COSTA RICA



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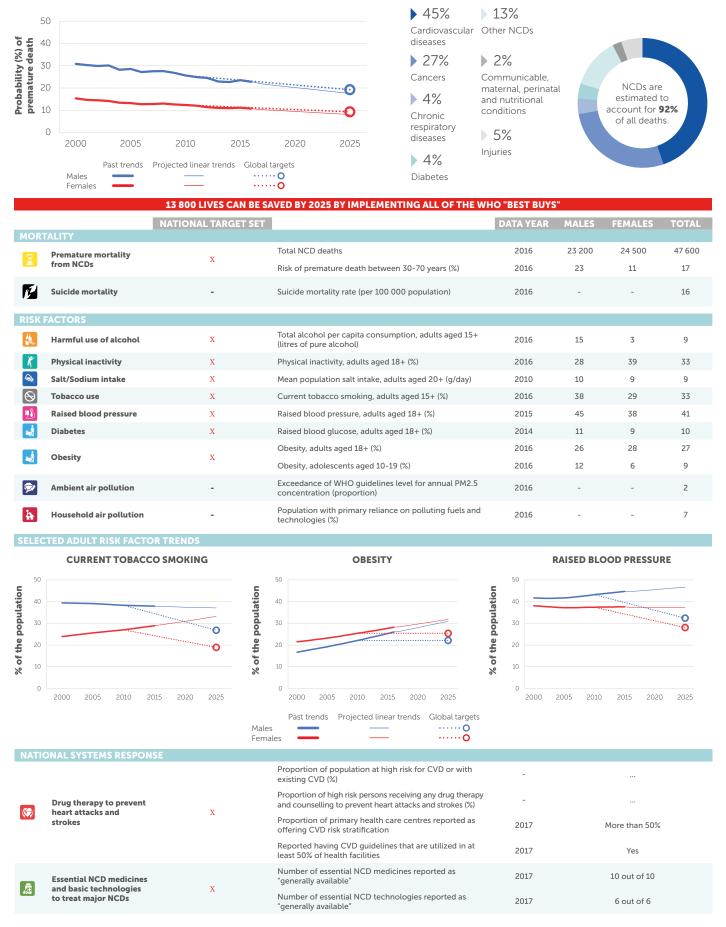
CÔTE D'IVOIRE



^{... =} no data available

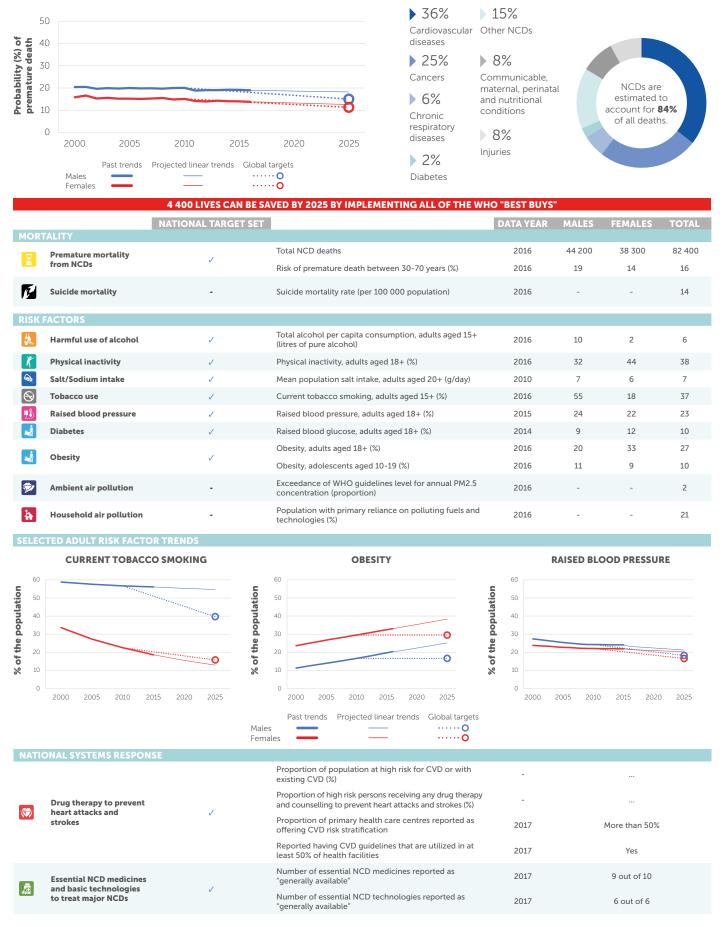
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

CROATIA

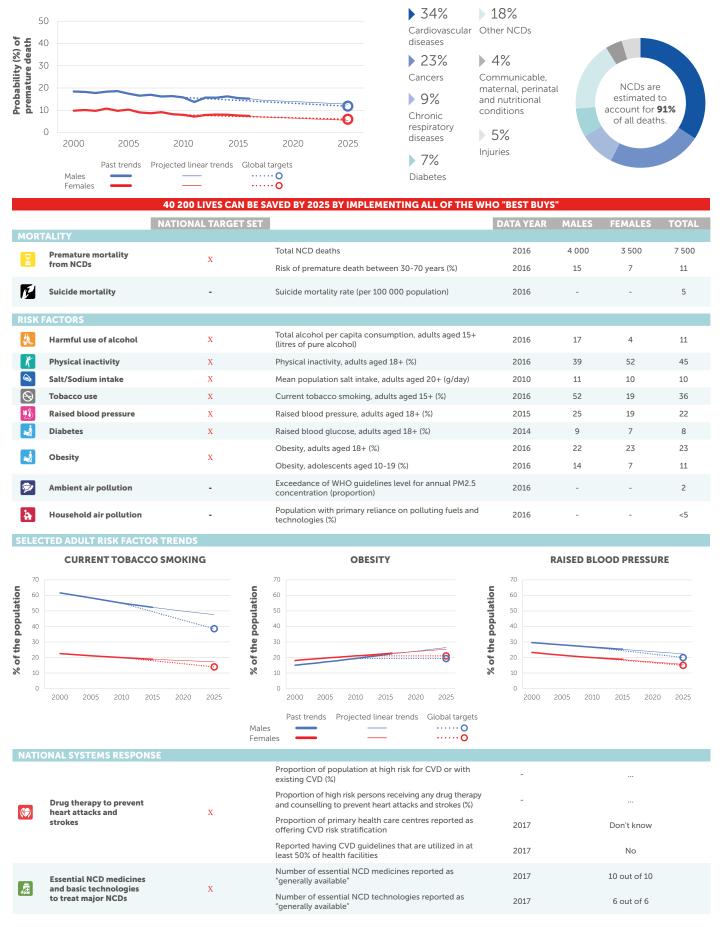


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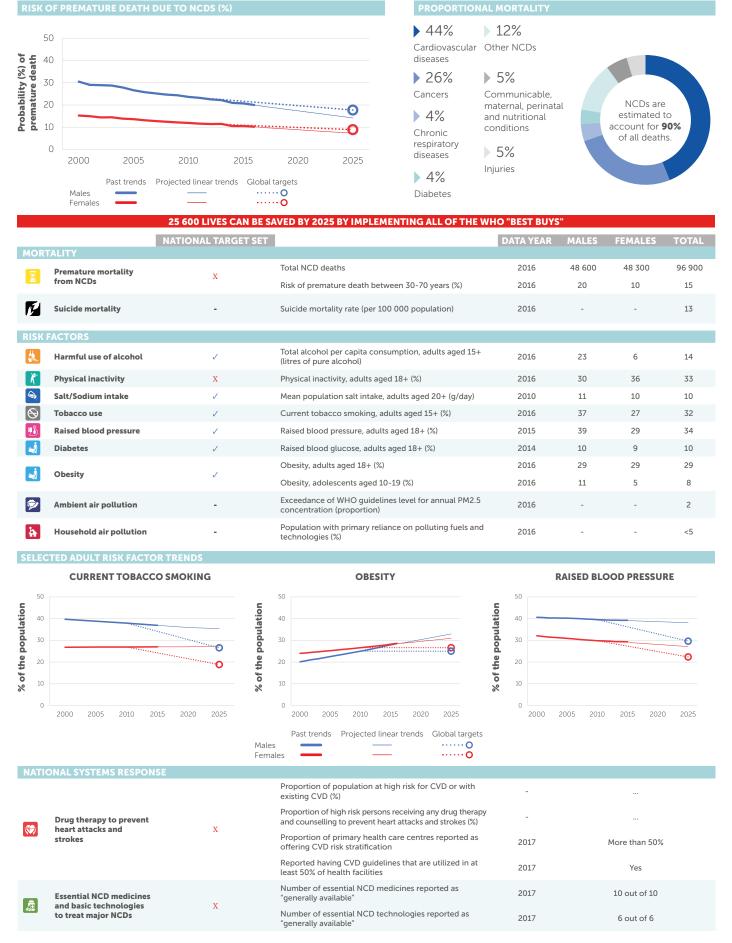


CYPRUS



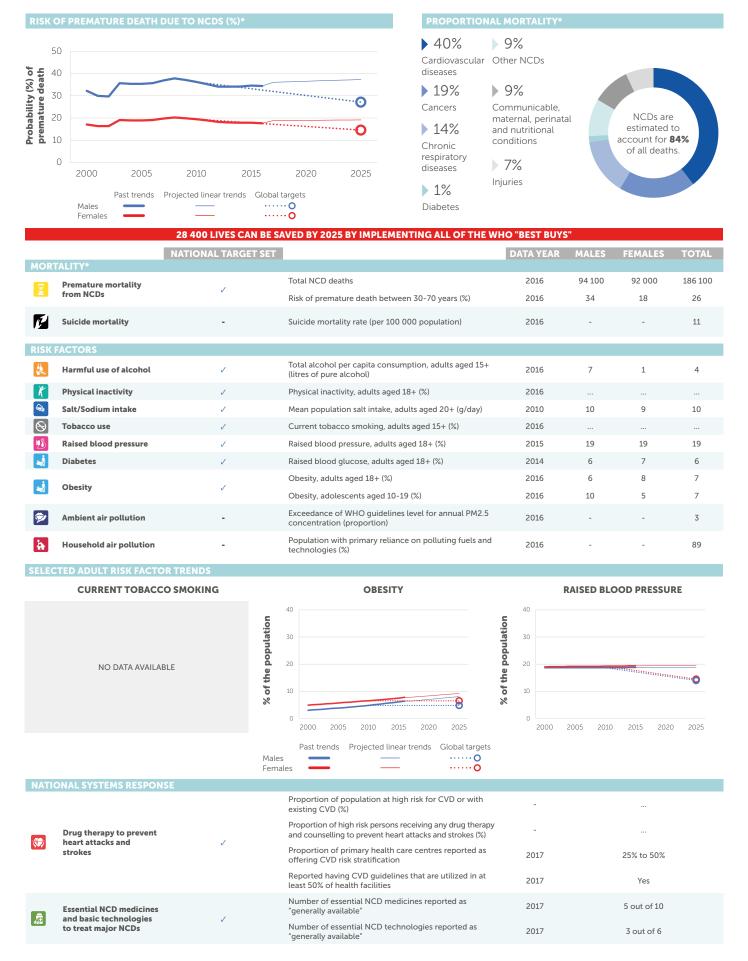
= no data available

CZECHIA



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

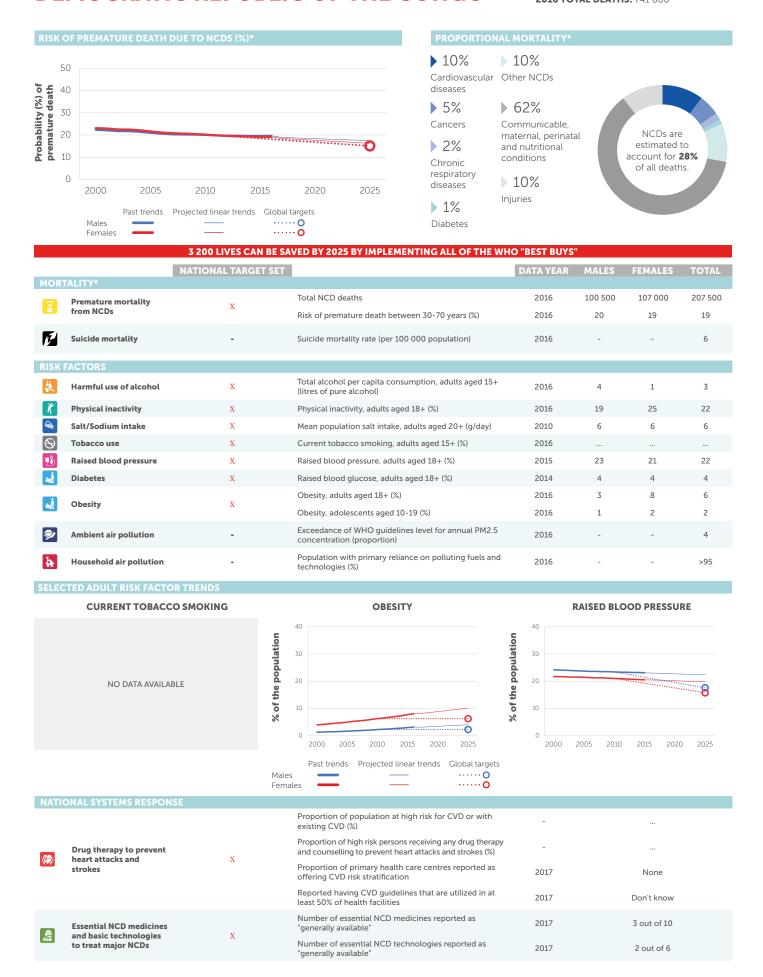
2016 TOTAL POPULATION: 25 369 000 **2016 TOTAL DEATHS:** 223 000



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

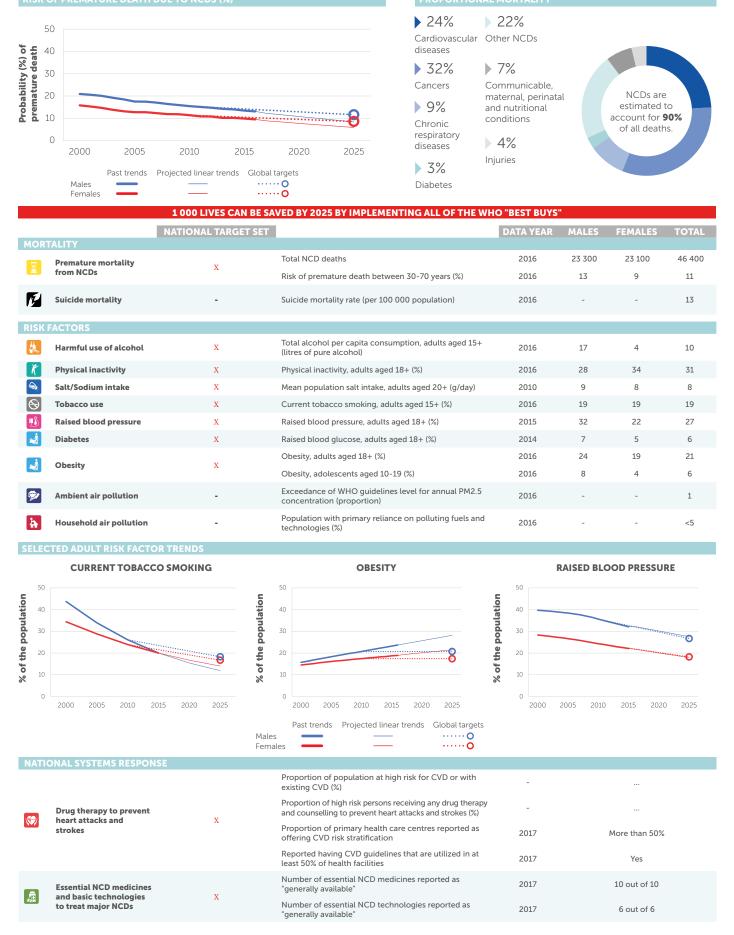
2016 TOTAL POPULATION: 78 736 000 **2016 TOTAL DEATHS:** 741 000



^{... =} no data available

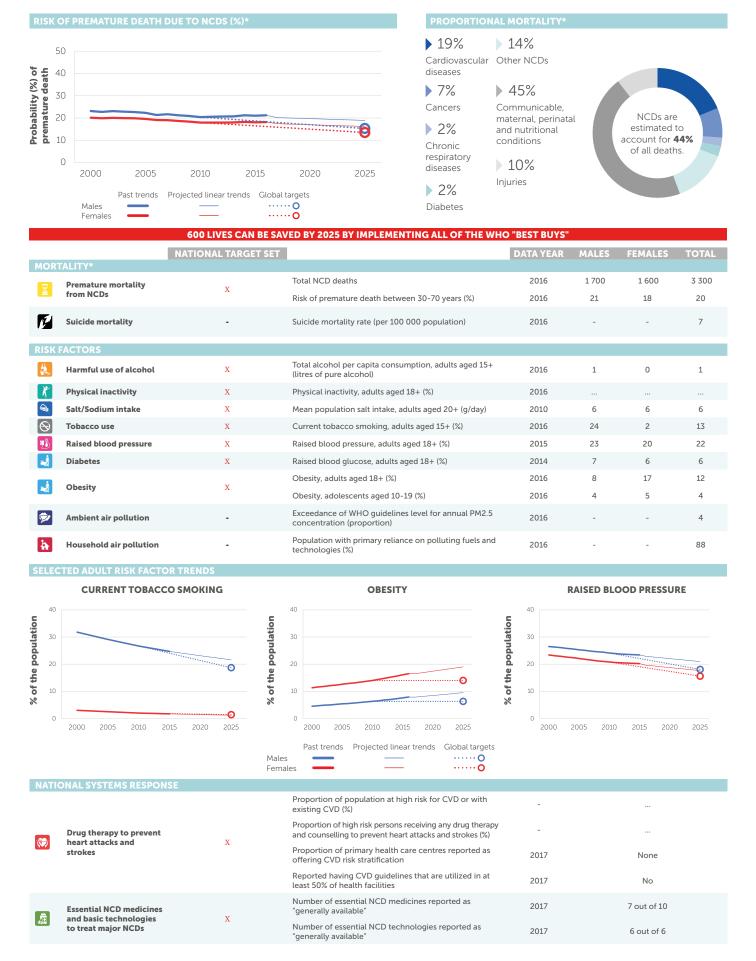
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

DENMARK



= no data available

DJIBOUTI

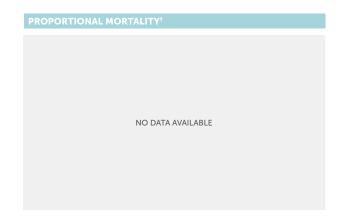


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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

DOMINICA

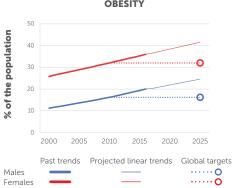
NO DATA AVAILABLE



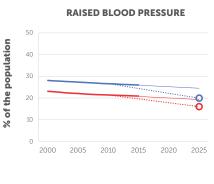
		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MOR	TALITY						
	Premature mortality from NCDs	✓	Total NCD deaths	2016			•••
	Irom NCDs		Risk of premature death between 30-70 years (%)	2016		***	***
E.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	14	3	8
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	16	34	25
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010	7	7	7
8	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	26	21	23
À	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	9	14	11
Å	Obesity	✓	Obesity, adults aged 18+ (%)	2016	20	36	28
			Obesity, adolescents aged 10-19 (%)	2016	13	14	13
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
4	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	9
SELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACCO SMOKING		OBESITY		RAISED BLOOD PRESSURE		RE
			50	50			



NATIONAL SYSTEMS RESPONSE



Females

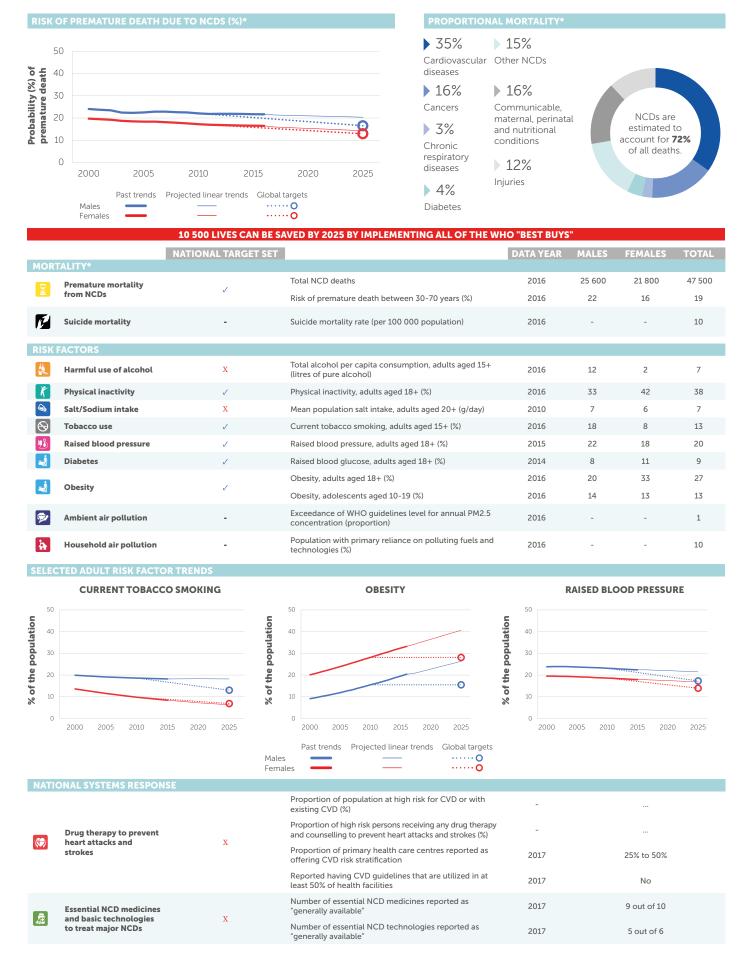


(\$)		✓	Proportion of population at high risk for CVD or with existing CVD (%)	-	
	Drug therapy to prevent heart attacks and strokes		Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	None
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	Yes
	Essential NCD medicines	✓	Number of essential NCD medicines reported as "generally available"	2017	9 out of 10
	and basic technologies to treat major NCDs		Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

... = no data available † See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

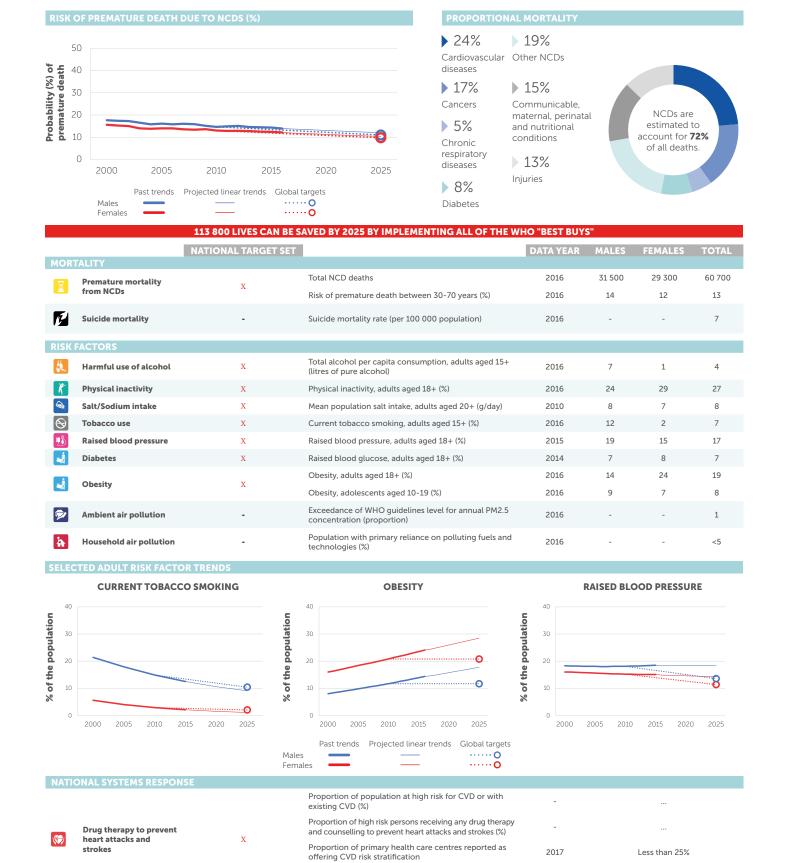
2016 TOTAL POPULATION: 10 649 000 **2016 TOTAL DEATHS:** 66 000



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

ECUADOR



Reported having CVD guidelines that are utilized in at least 50% of health facilities

Number of essential NCD medicines reported as

Number of essential NCD technologies reported as

... = no data available

Essential NCD medicines and basic technologies

to treat major NCDs

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

No

9 out of 10

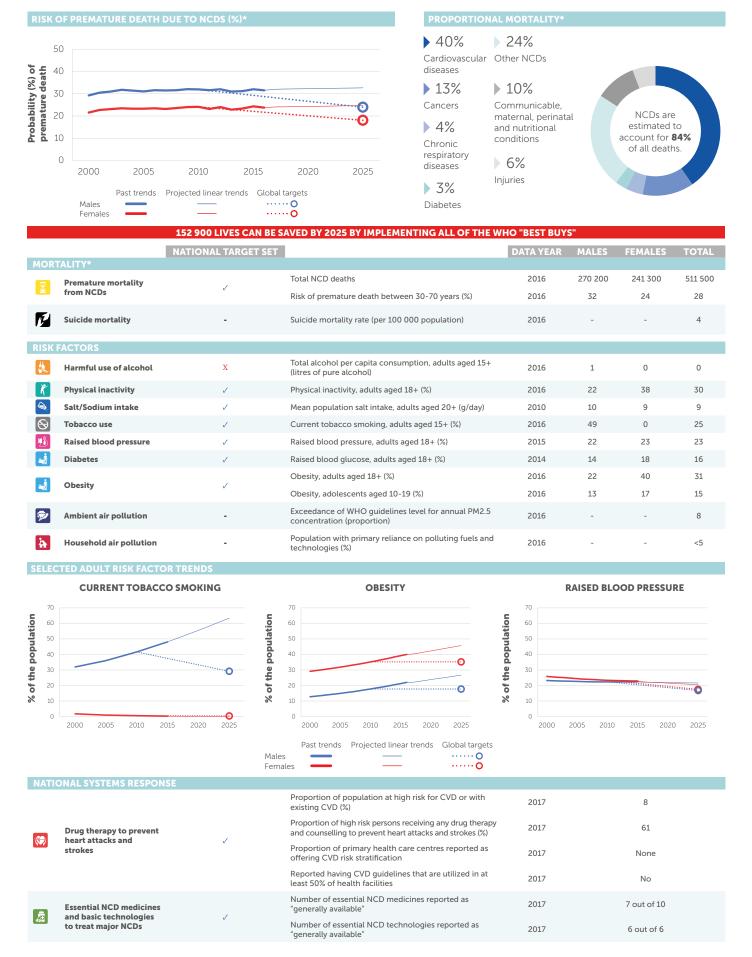
6 out of 6

2017

2017

2017

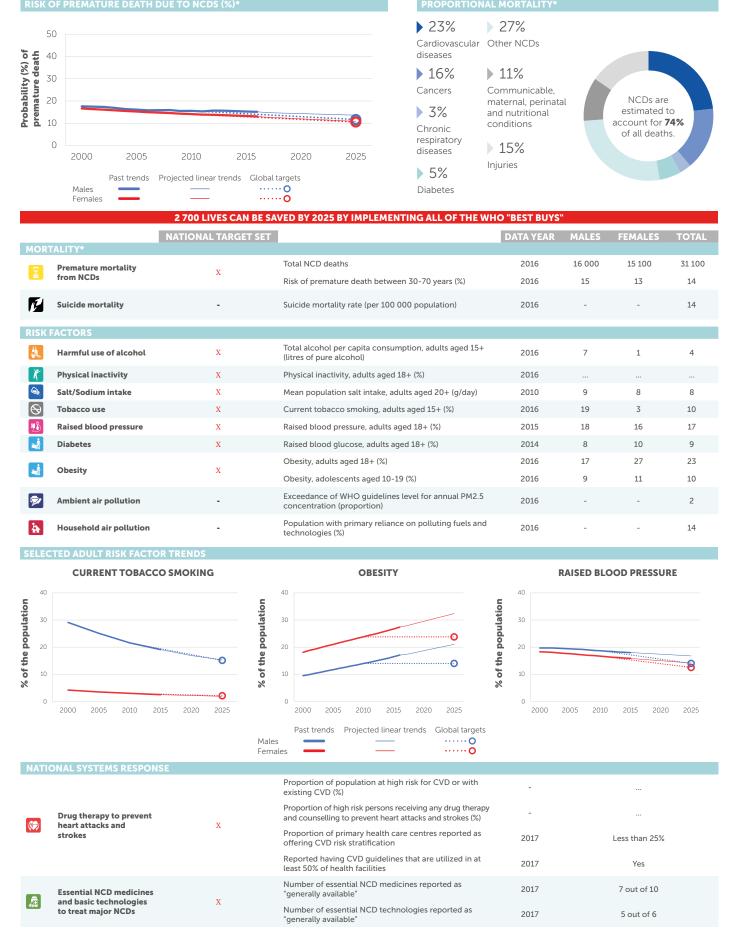




^{*}The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

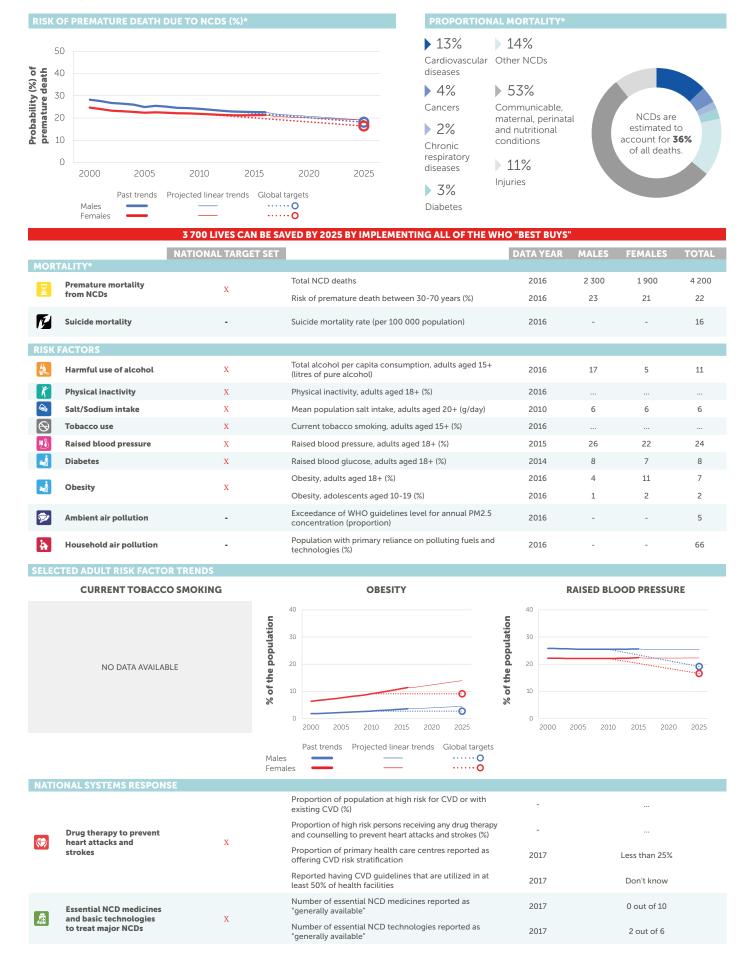
EL SALVADOR



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

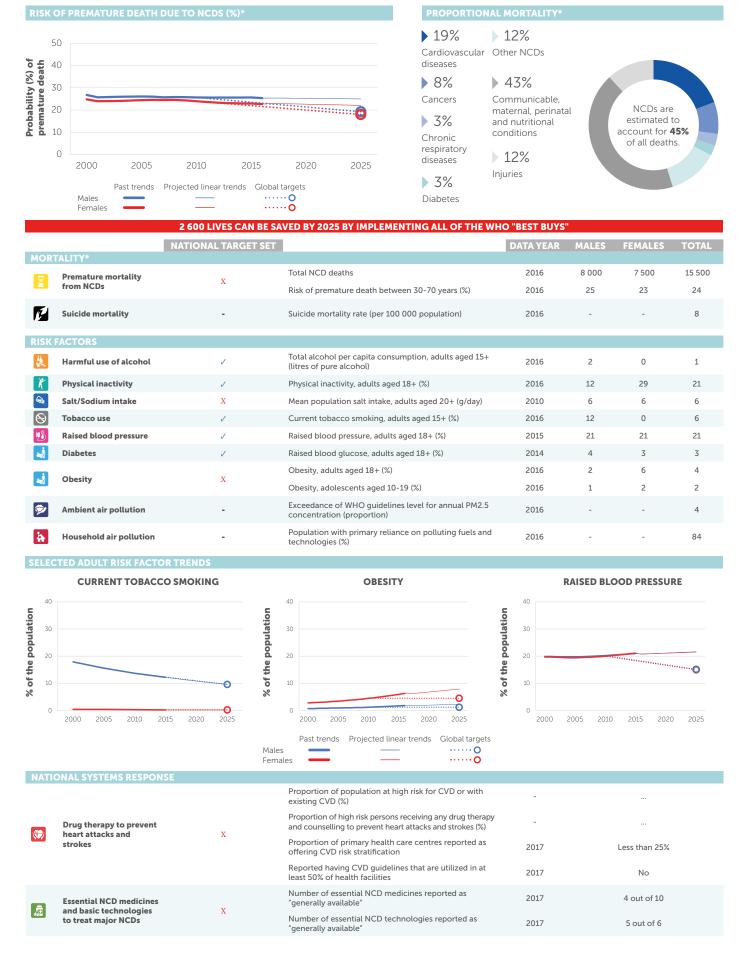
2016 TOTAL POPULATION: 1 221 000 **2016 TOTAL DEATHS:** 11 600



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

ERITREA

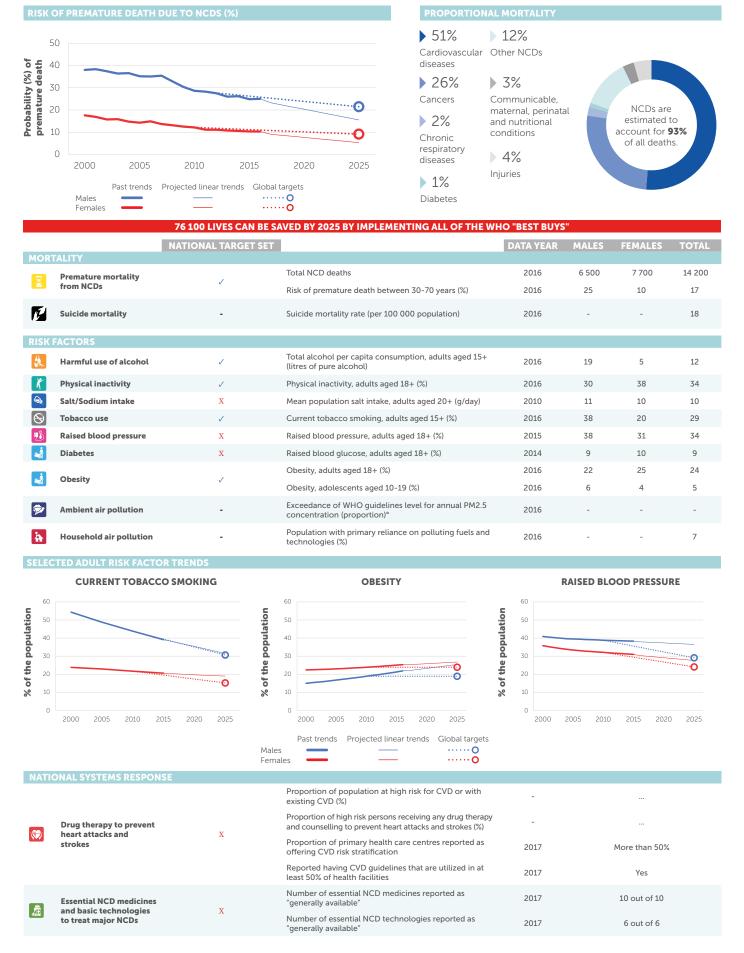


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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

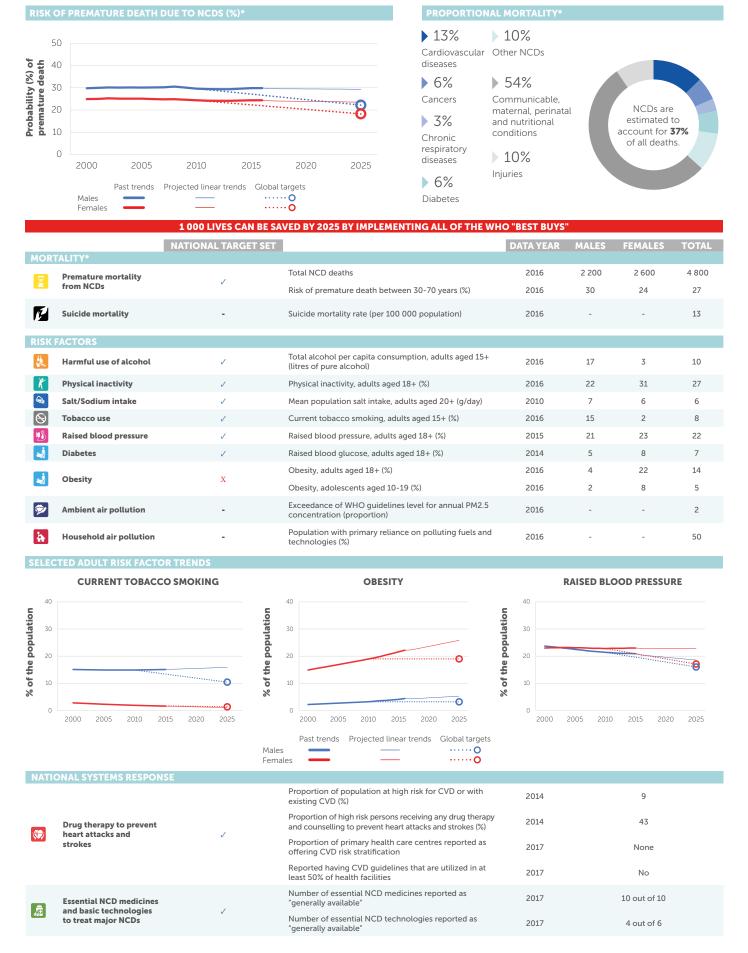
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

ESTONIA



^{... =} no data available o not exceeding

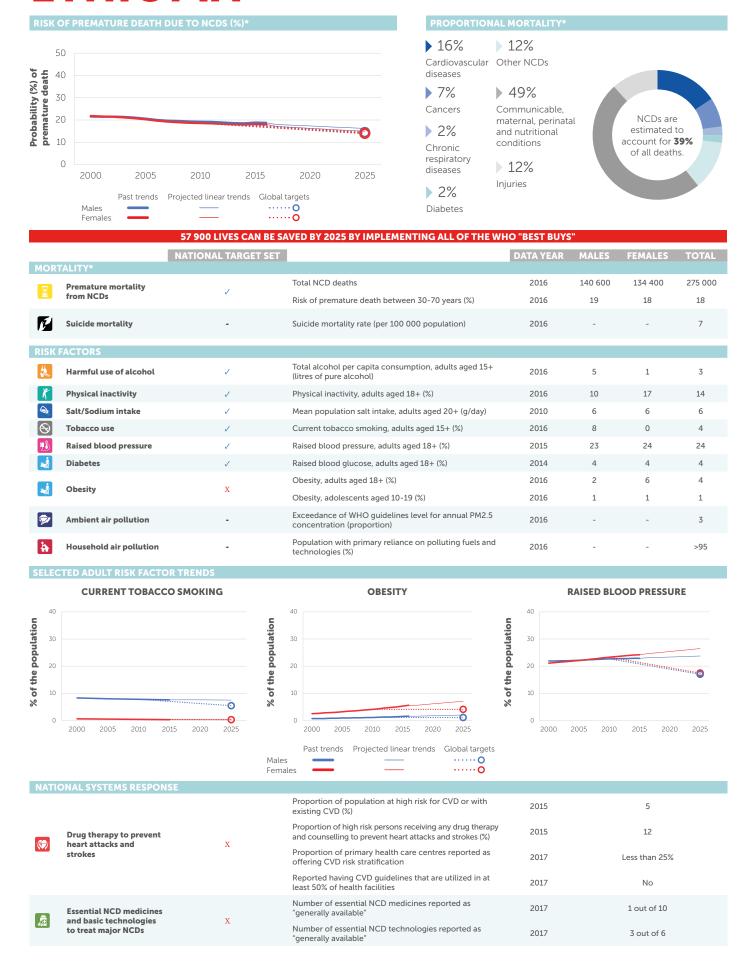
ESWATINI



 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

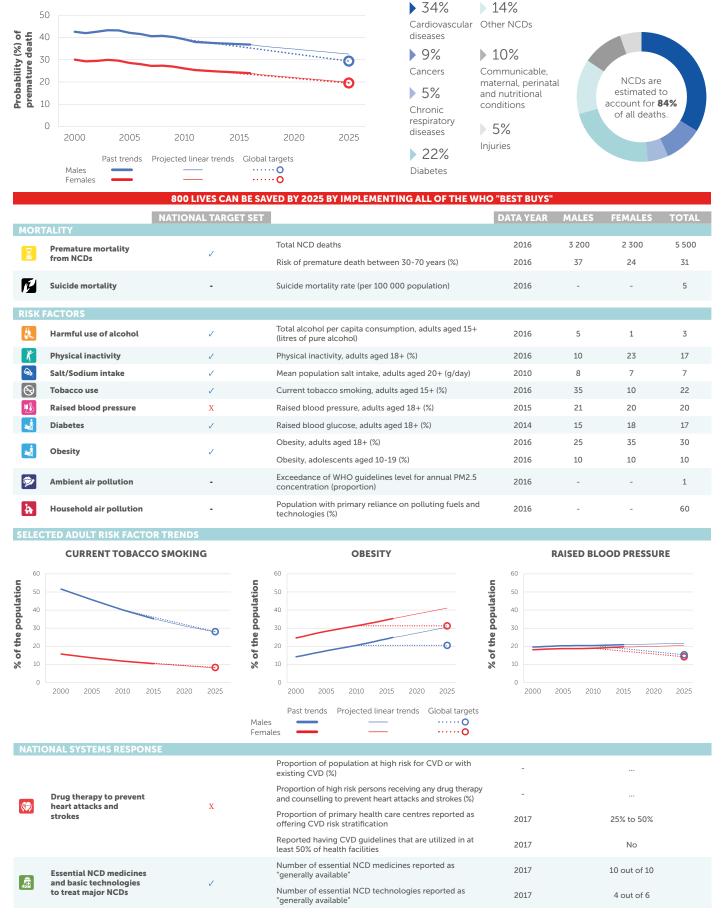
ETHIOPIA



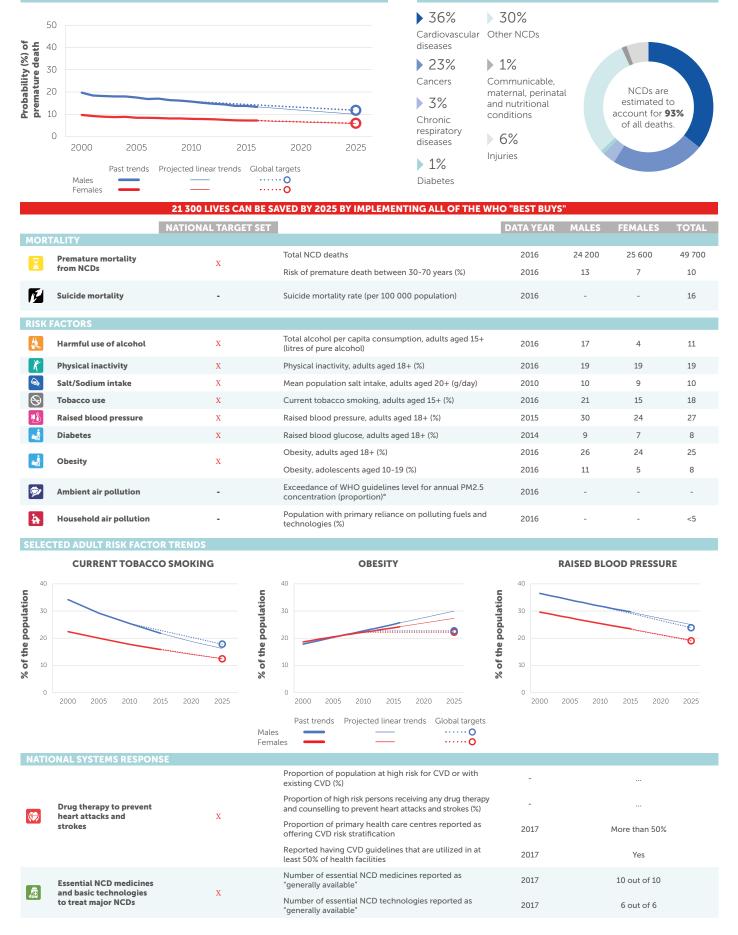
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.



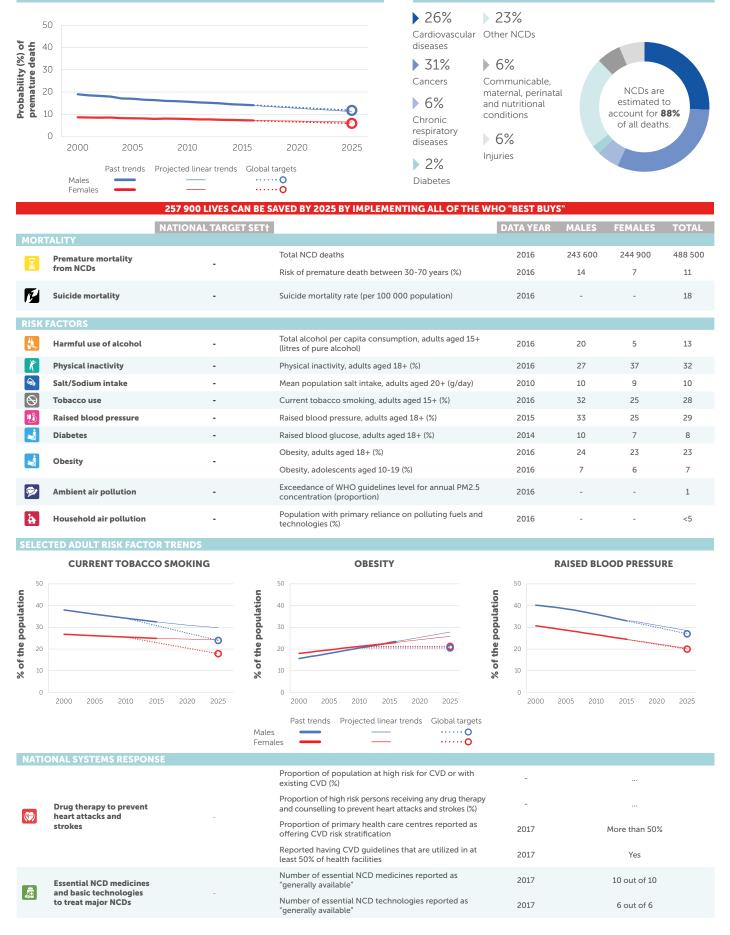


FINLAND



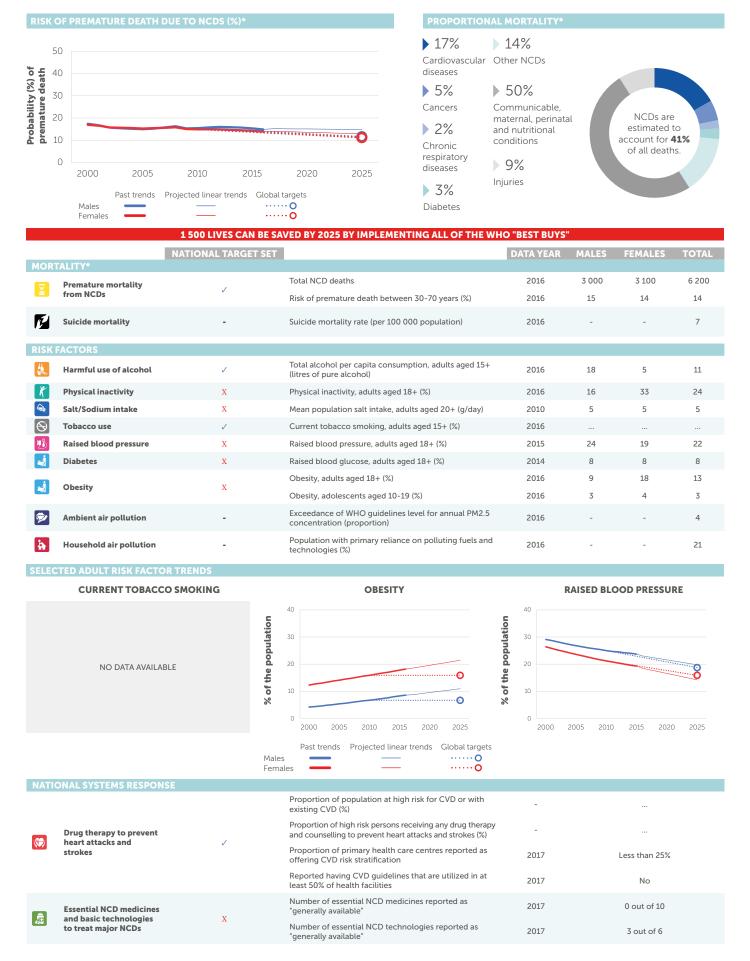
^{... =} no data available o not exceeding

FRANCE



... = no data available † See Explanatory Notes

GABON

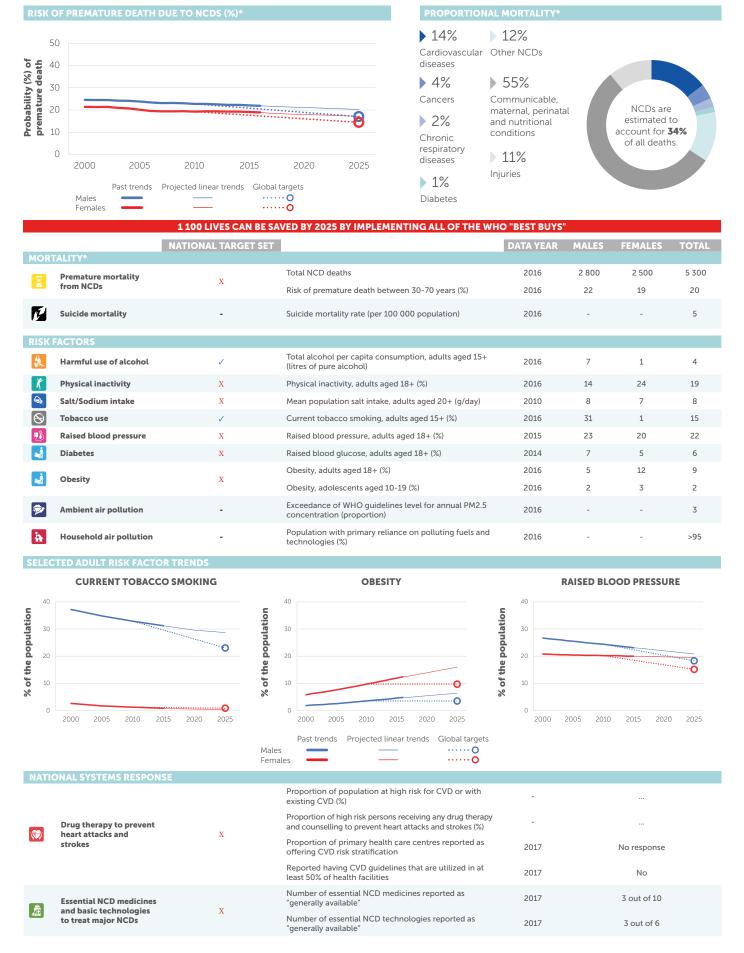


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

GAMBIA

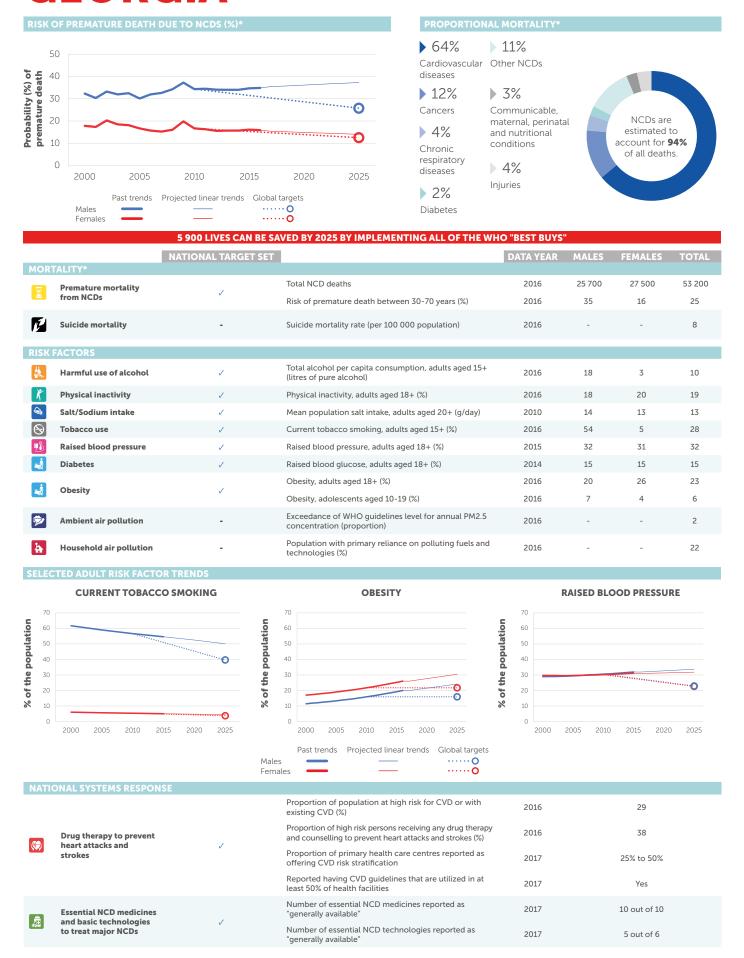


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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

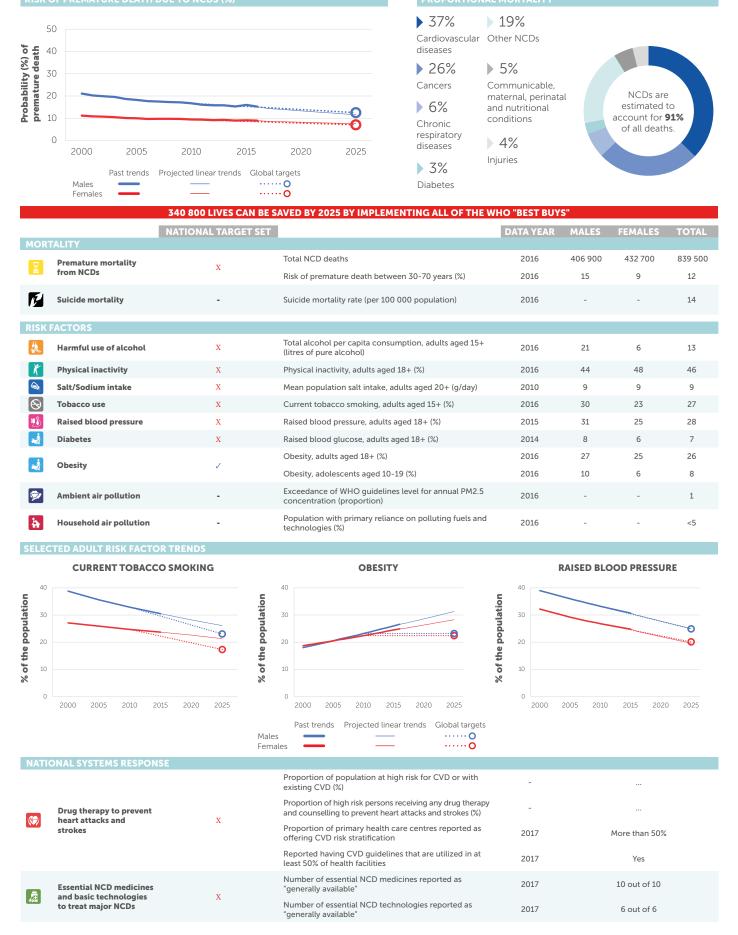
GEORGIA



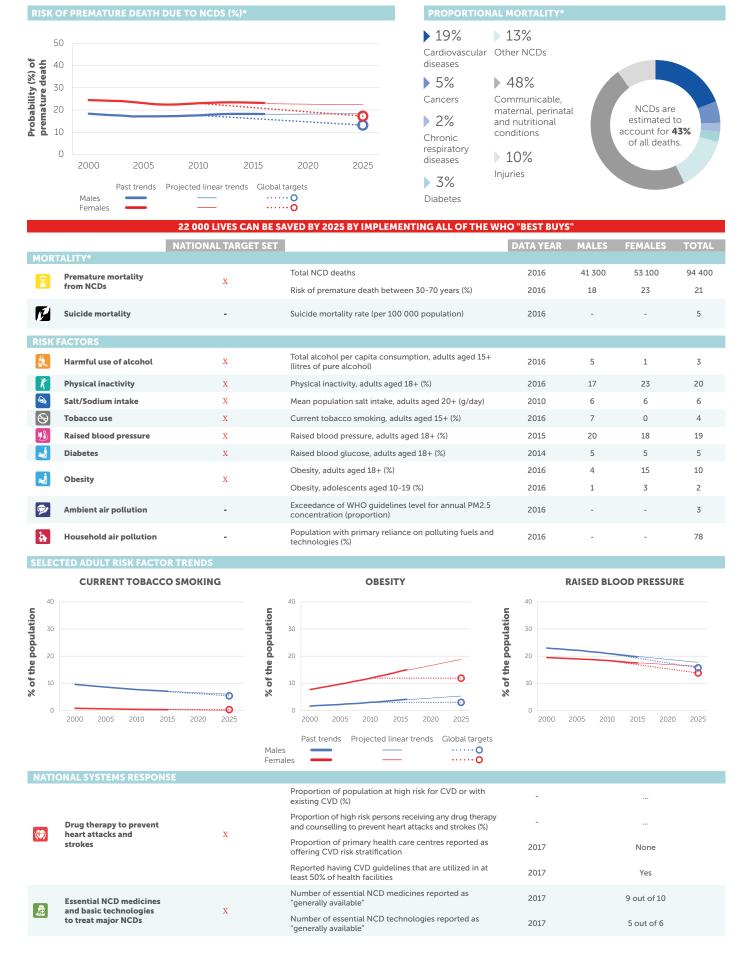
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

GERMANY



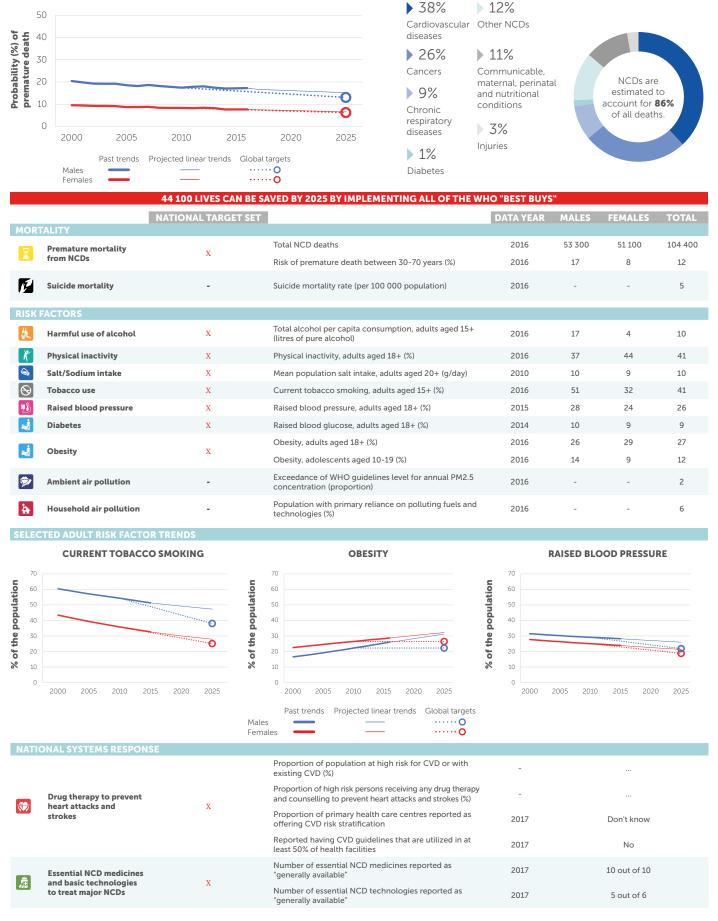




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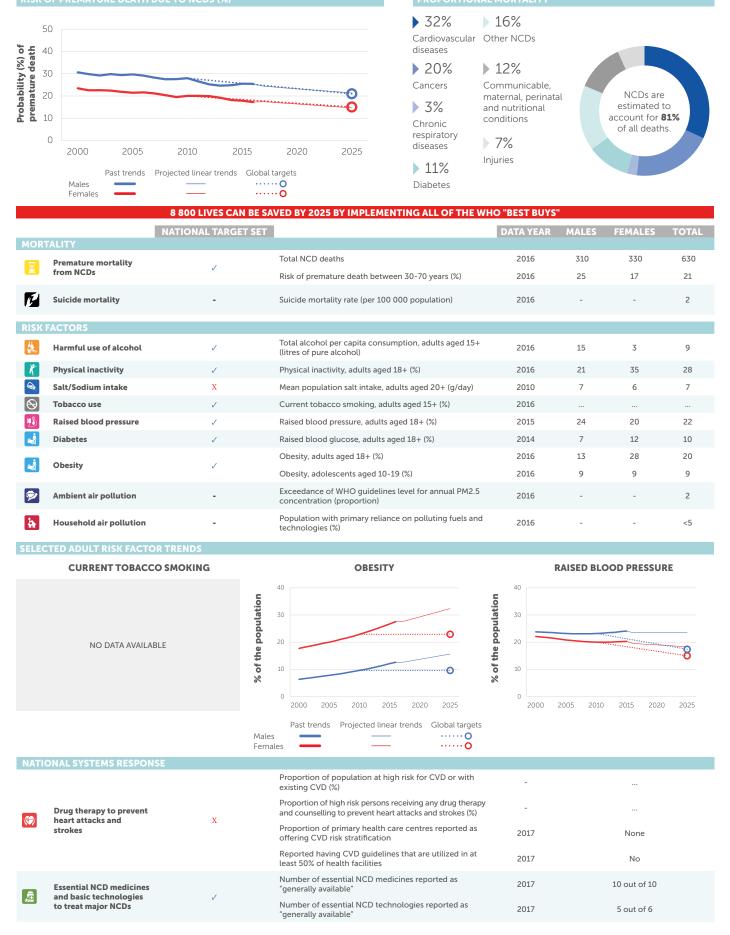
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

GREECE

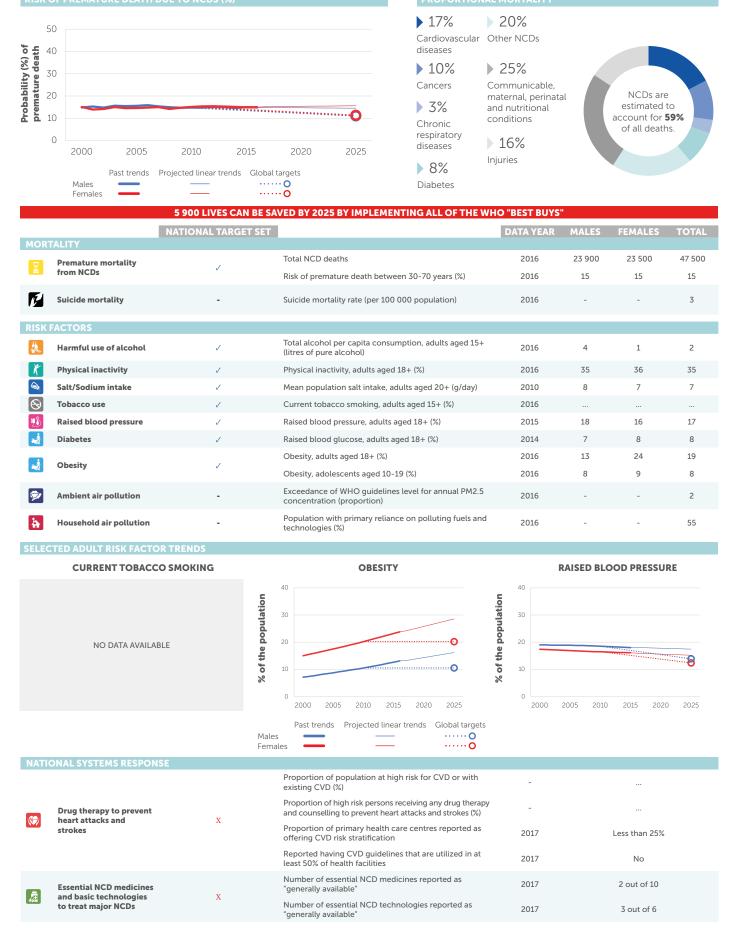


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GRENADA

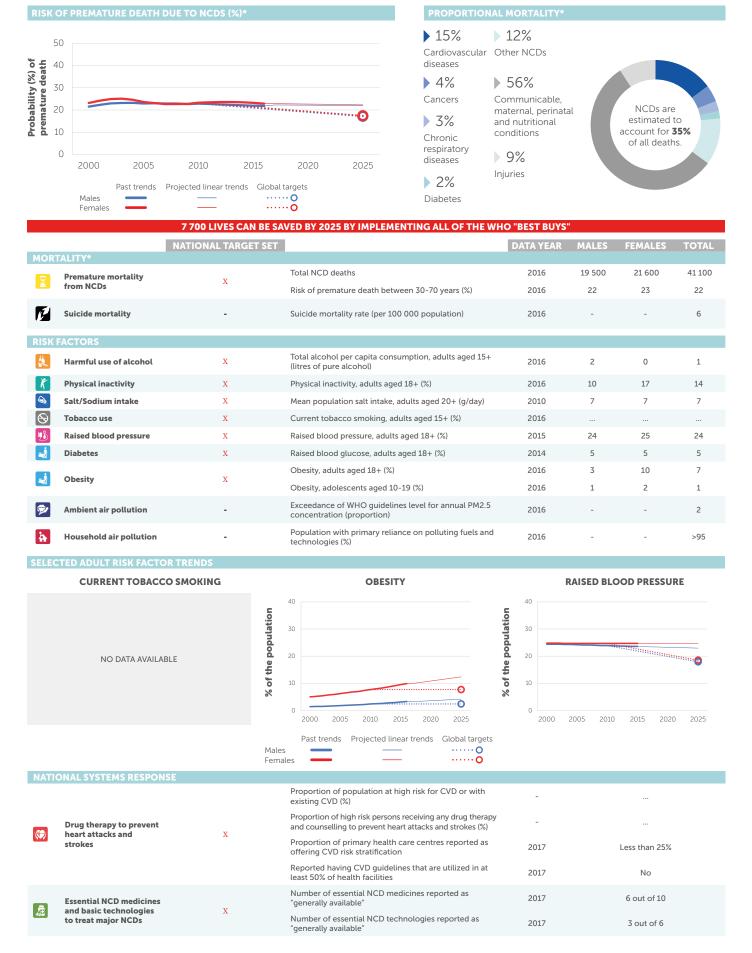


GUATEMALA



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GUINEA

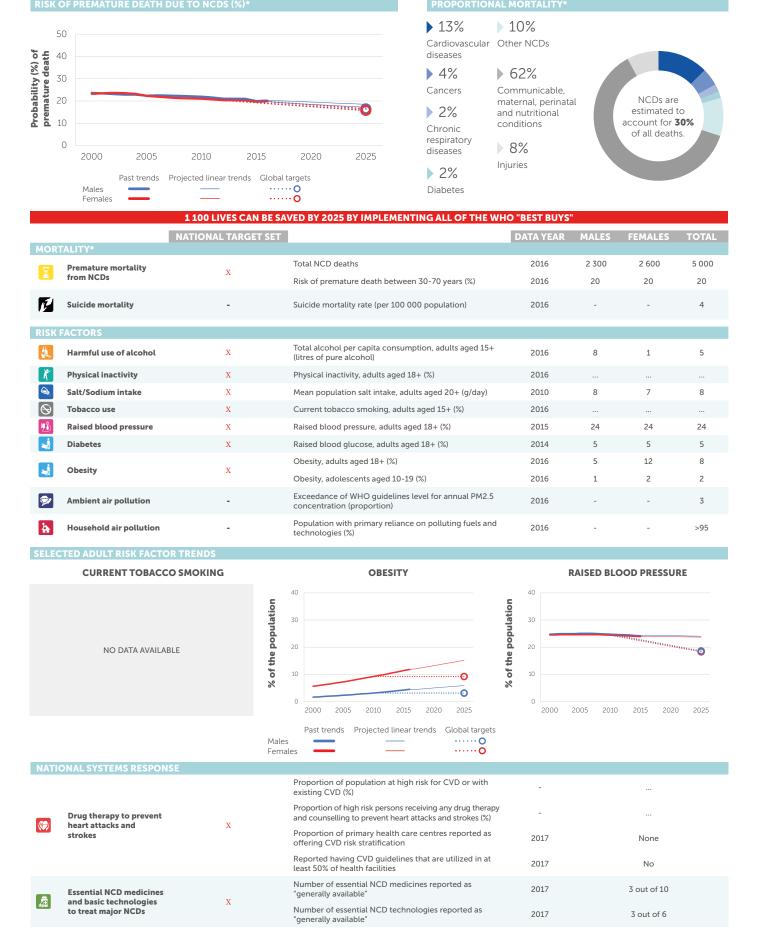


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

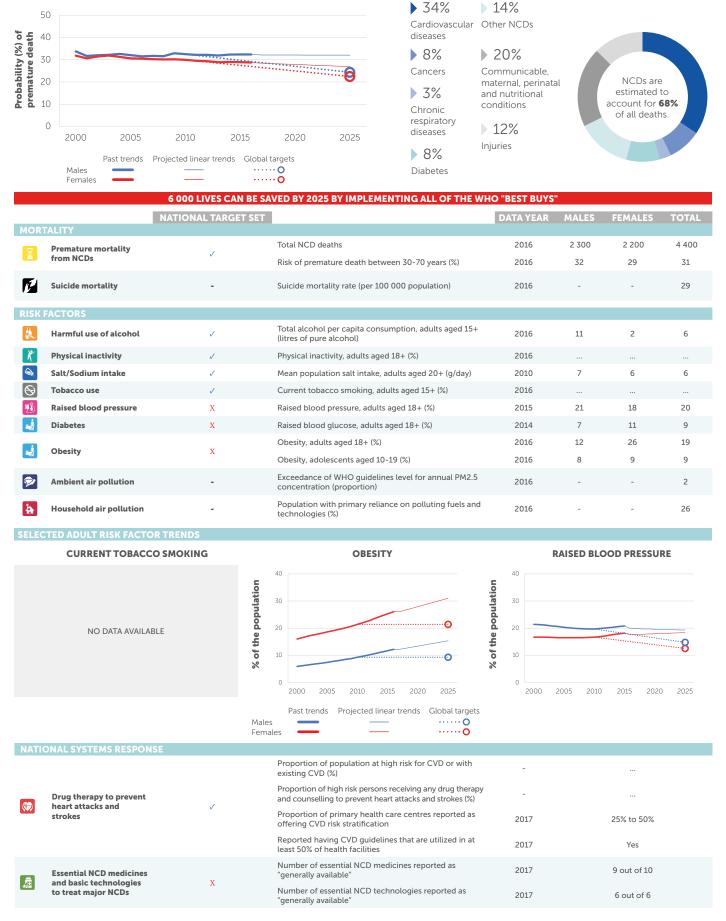
2016 TOTAL POPULATION: 1 816 000 **2016 TOTAL DEATHS:** 16 000



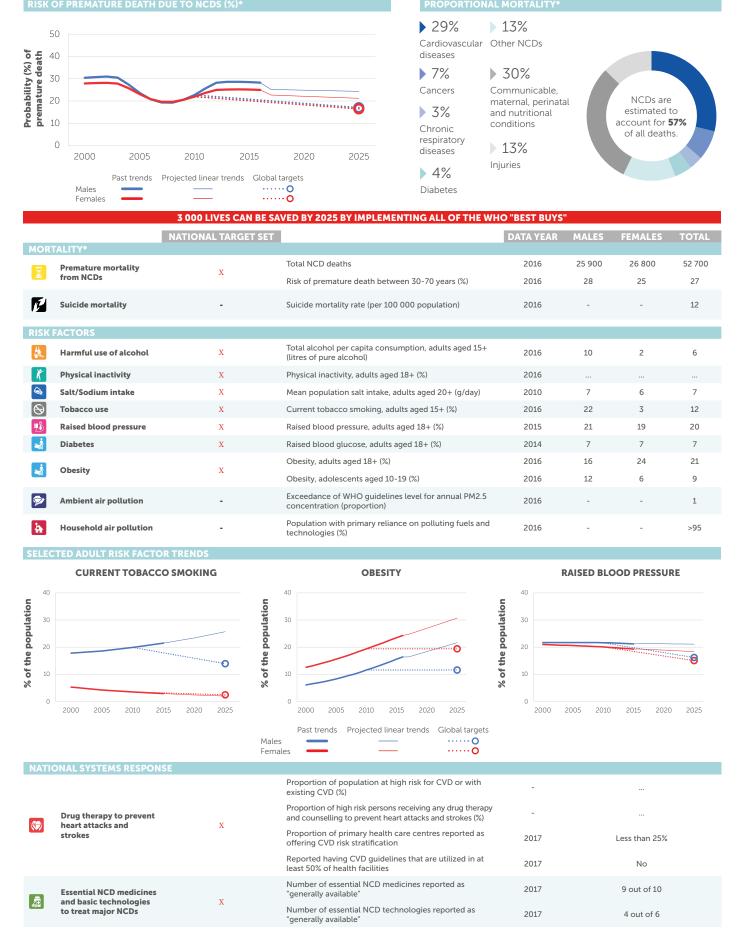
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

GUYANA

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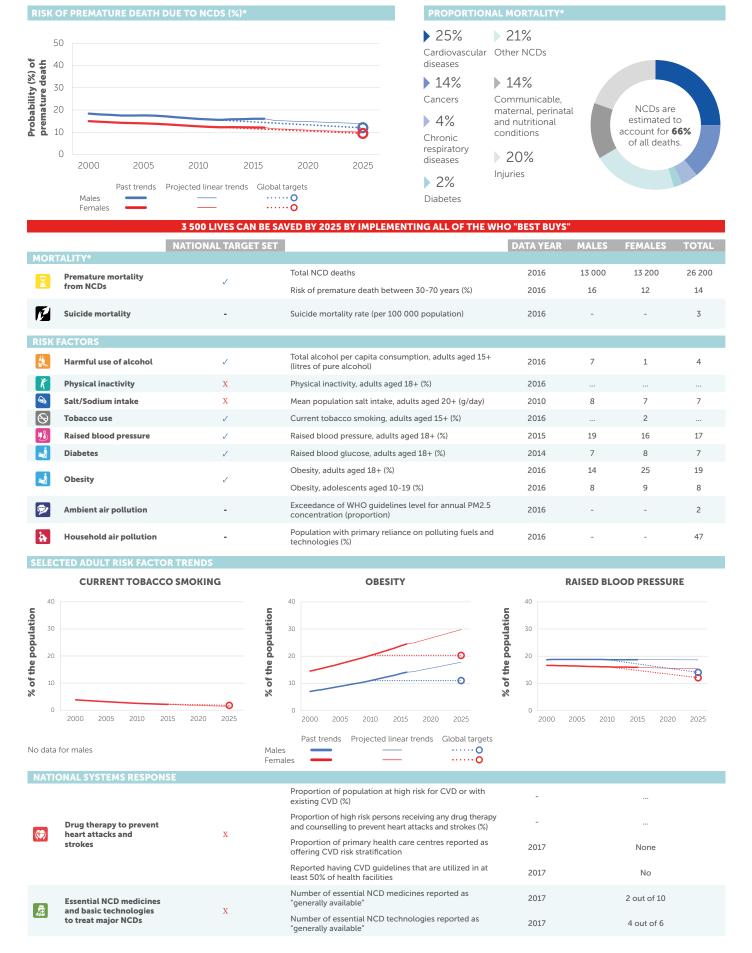




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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

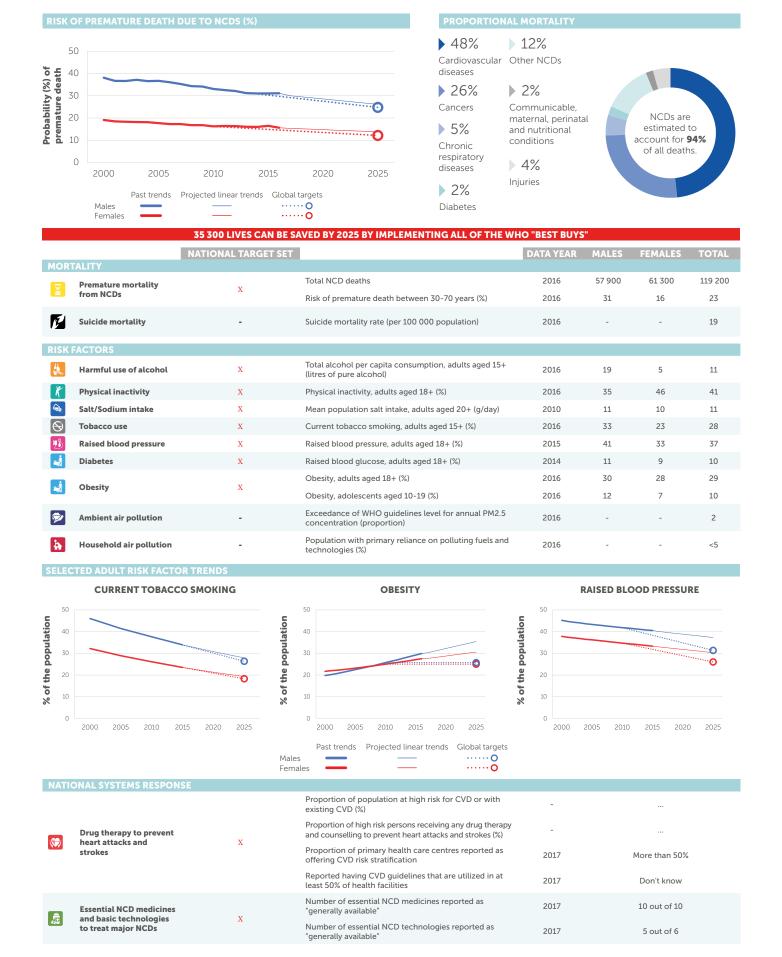
HONDURAS



^{... =} no data available

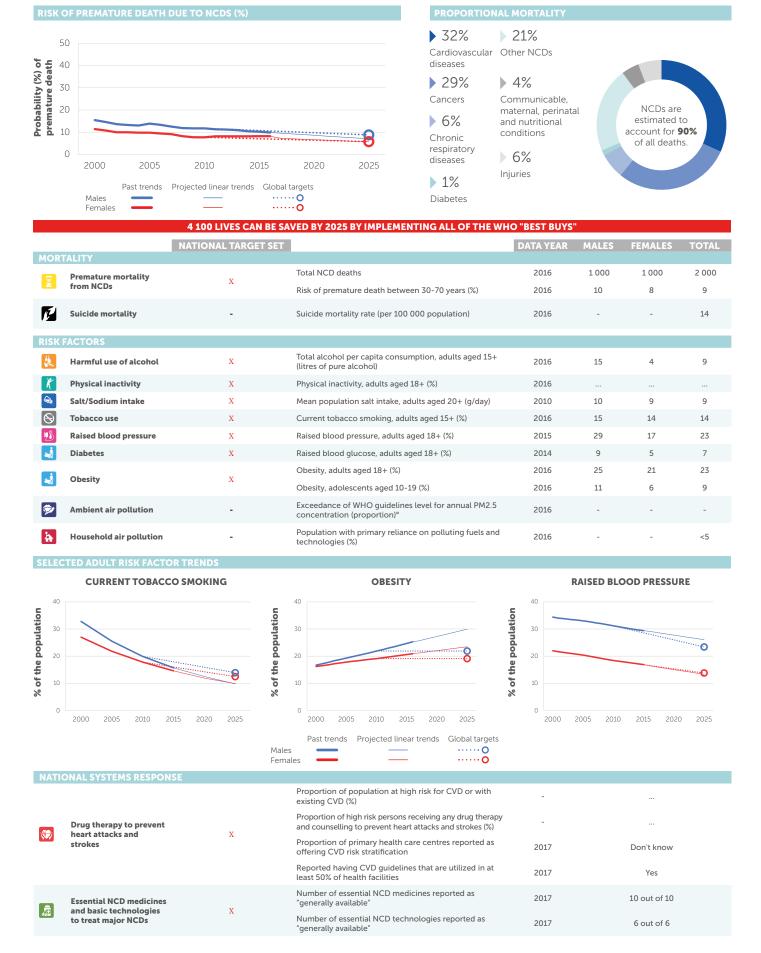
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

HUNGARY



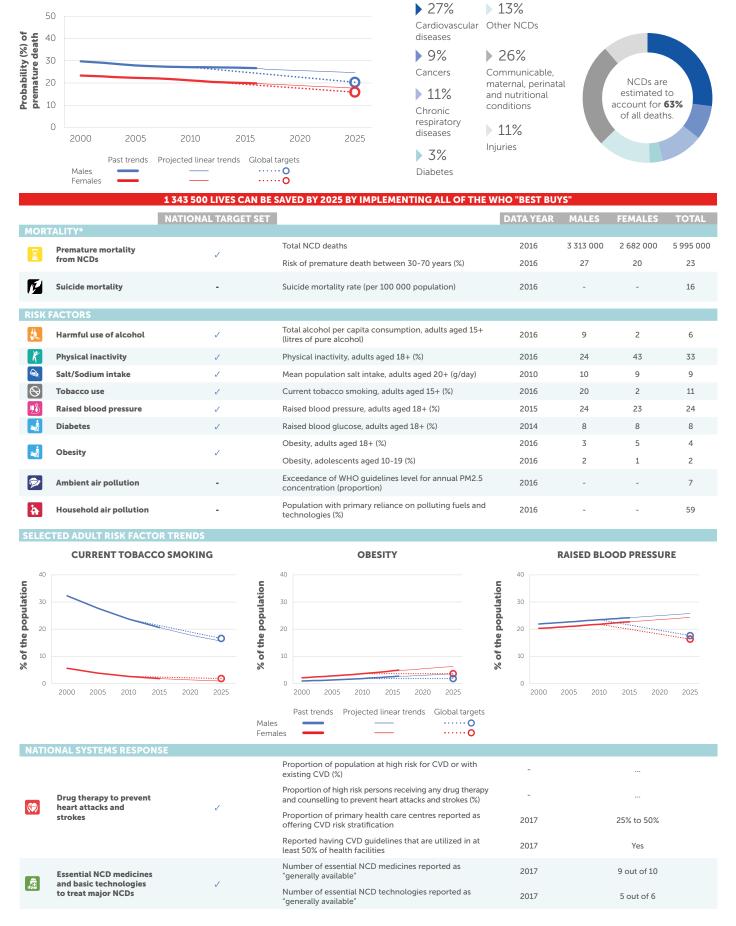
.. = no data available

ICELAND



^{... =} no data available o not exceeding

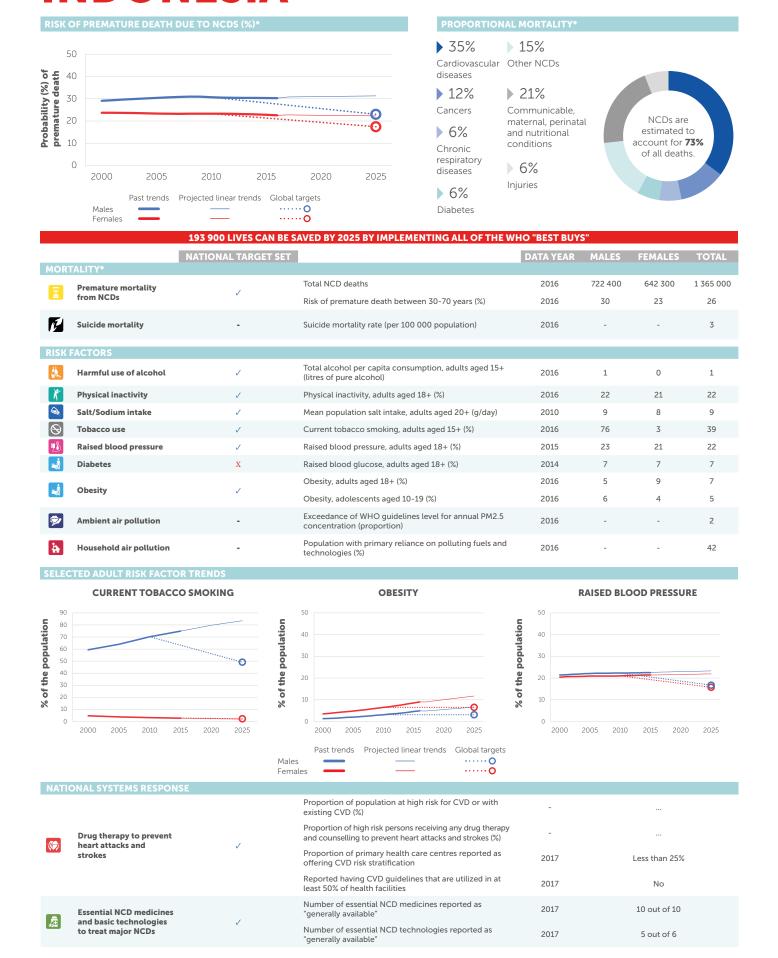




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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

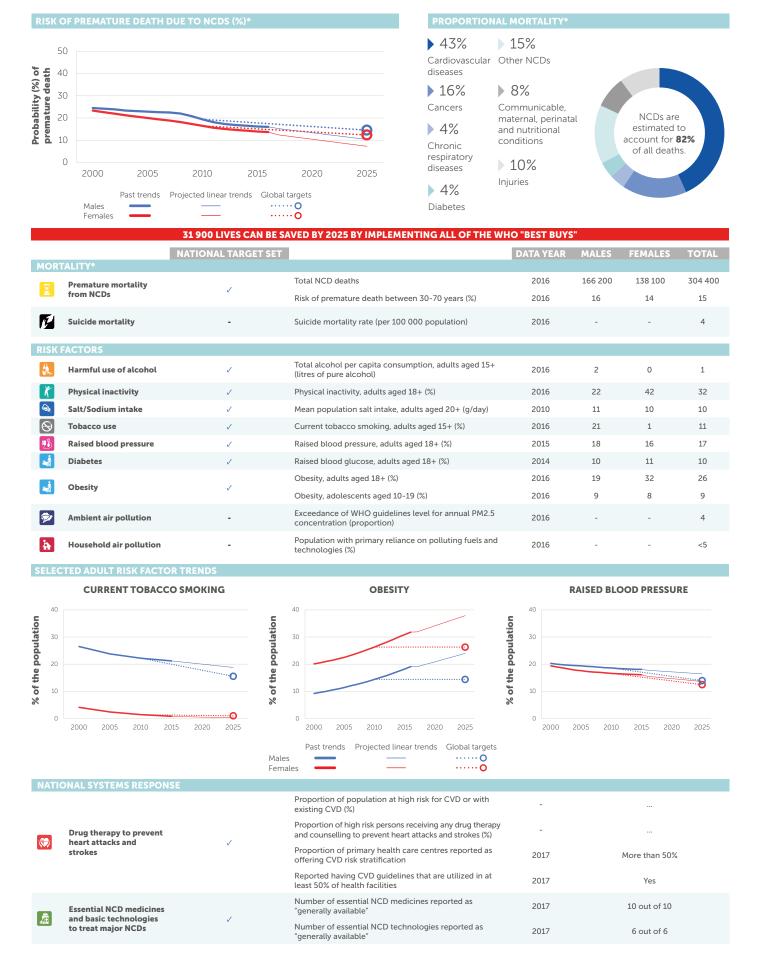
INDONESIA



^{... =} no data available

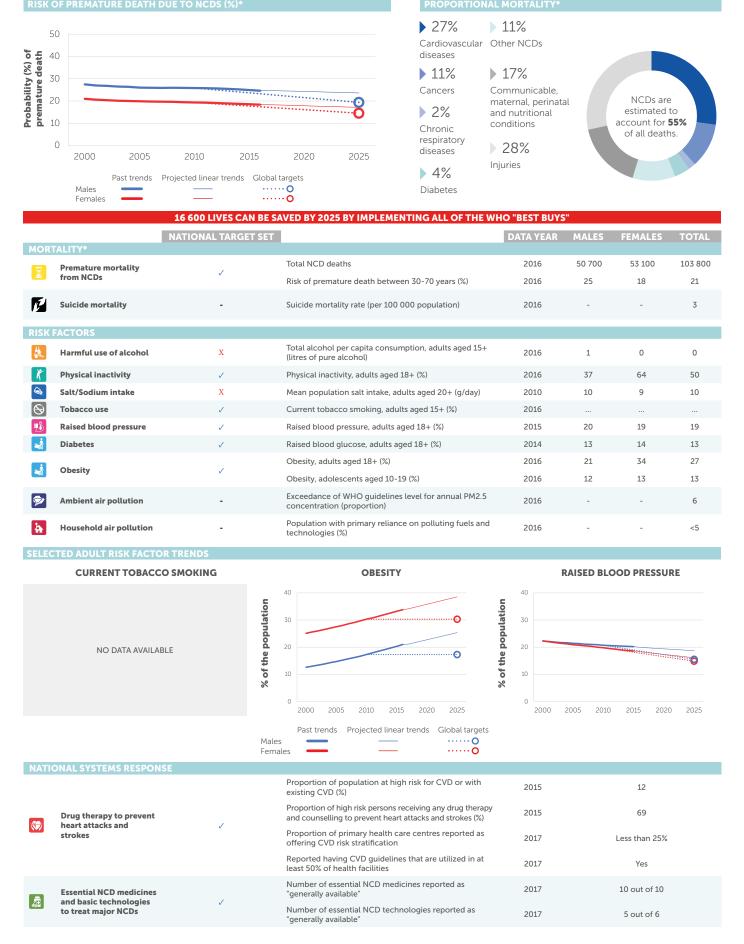
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

2016 TOTAL POPULATION: 80 277 000 **2016 TOTAL DEATHS:** 371 000



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

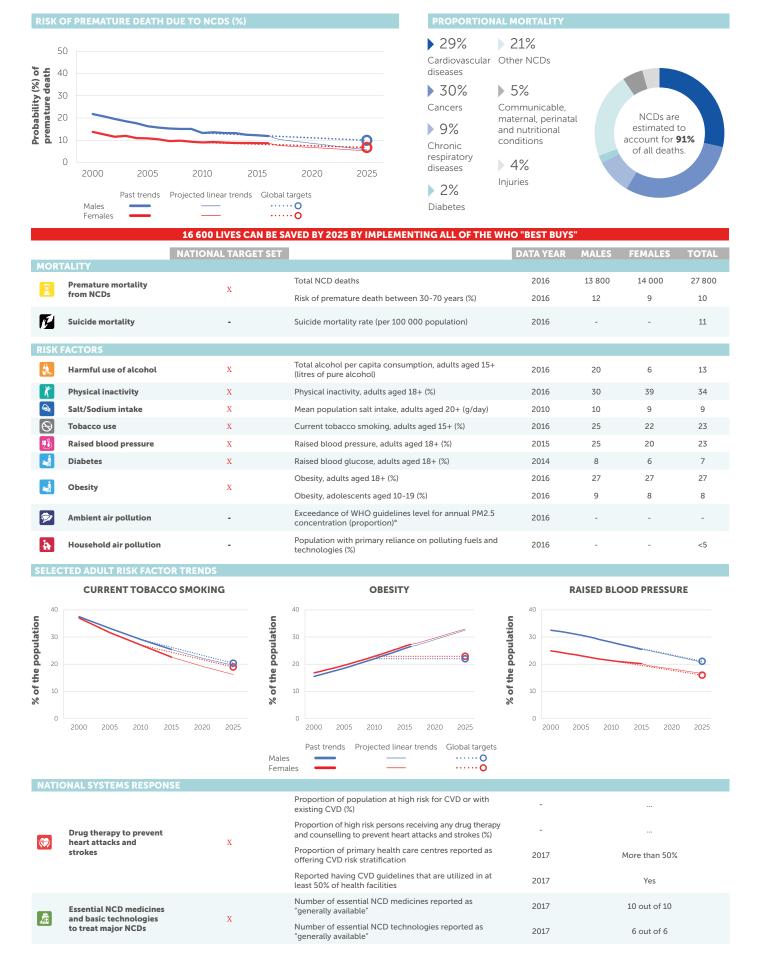




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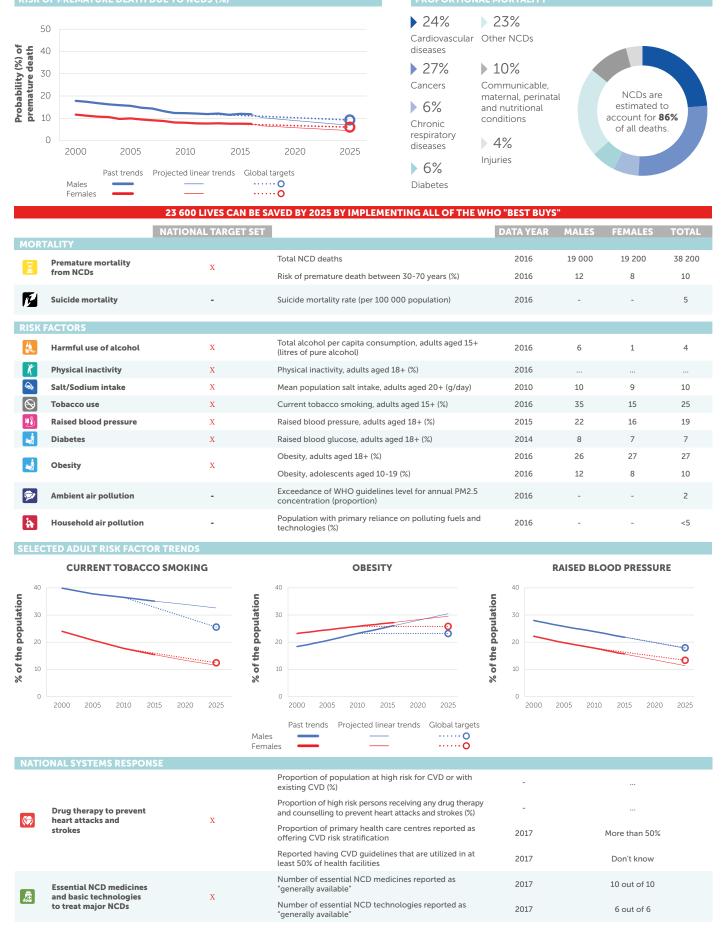
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

IRELAND

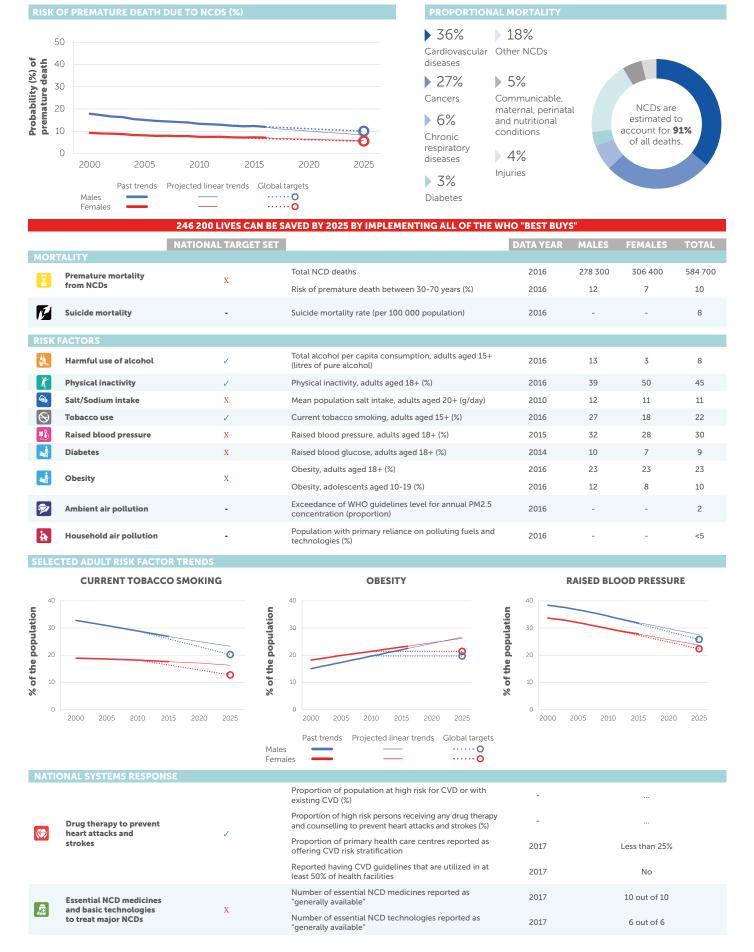


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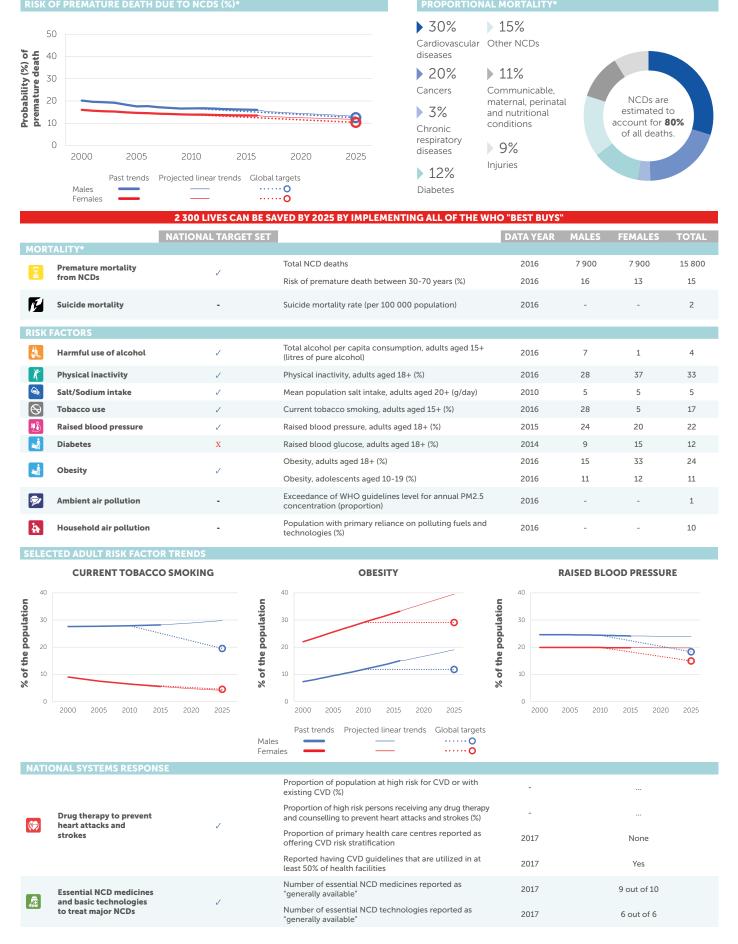
ISRAEL







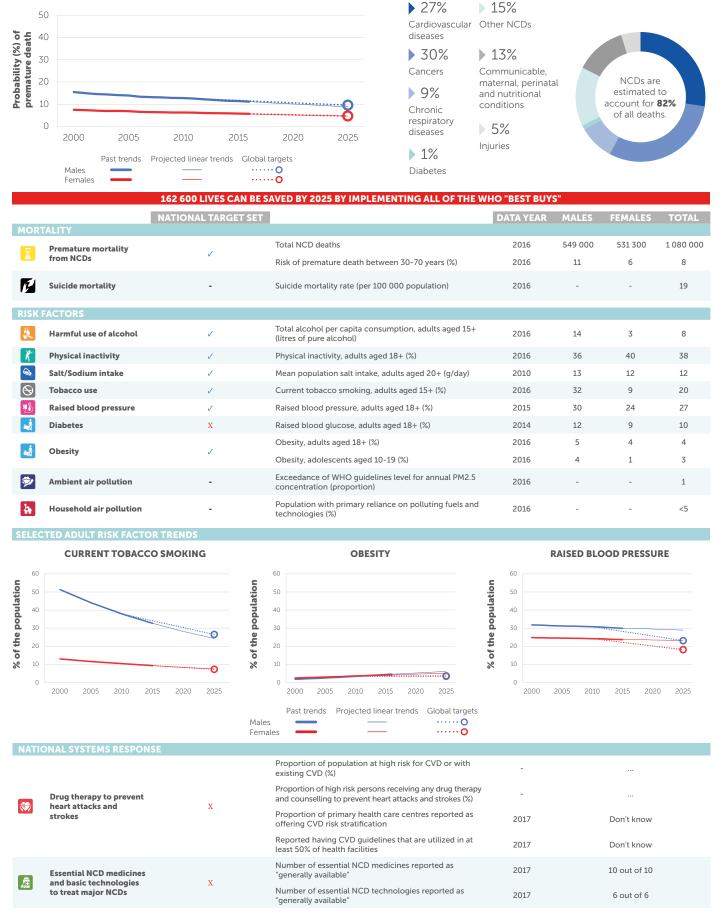
JAMAICA



^{... =} no data available

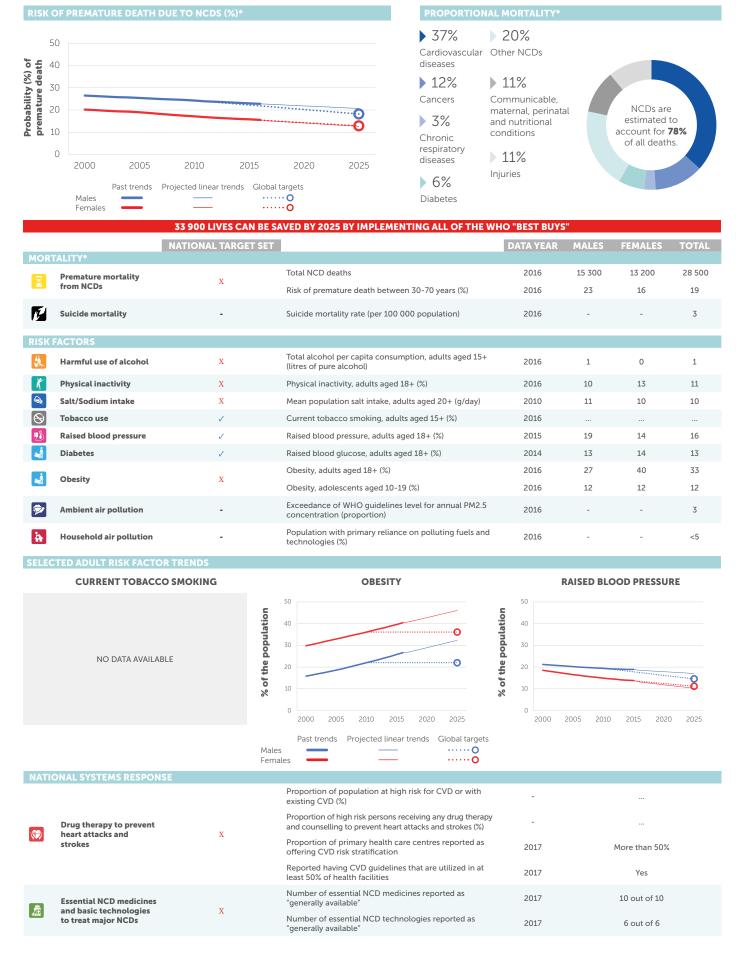
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.





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JORDAN

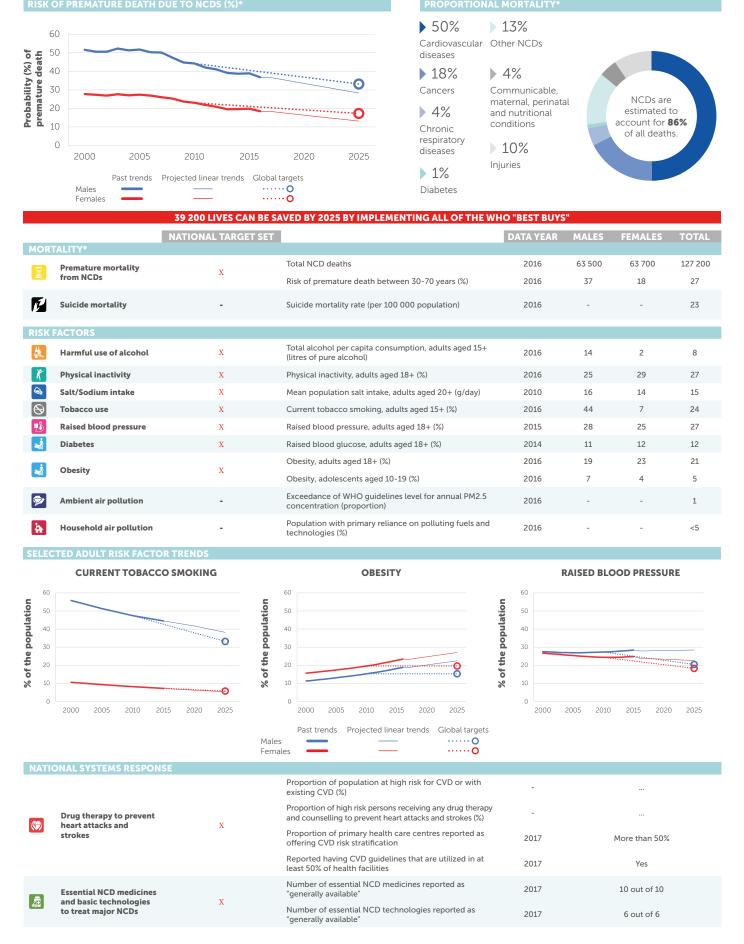


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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

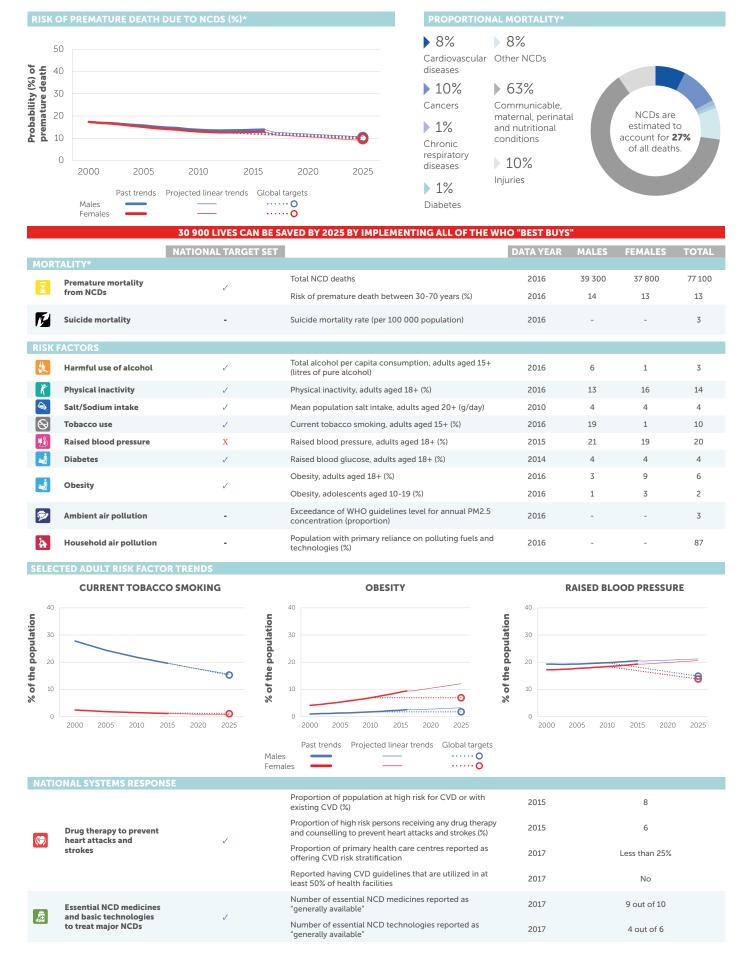
^{**} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

KAZAKHSTAN



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

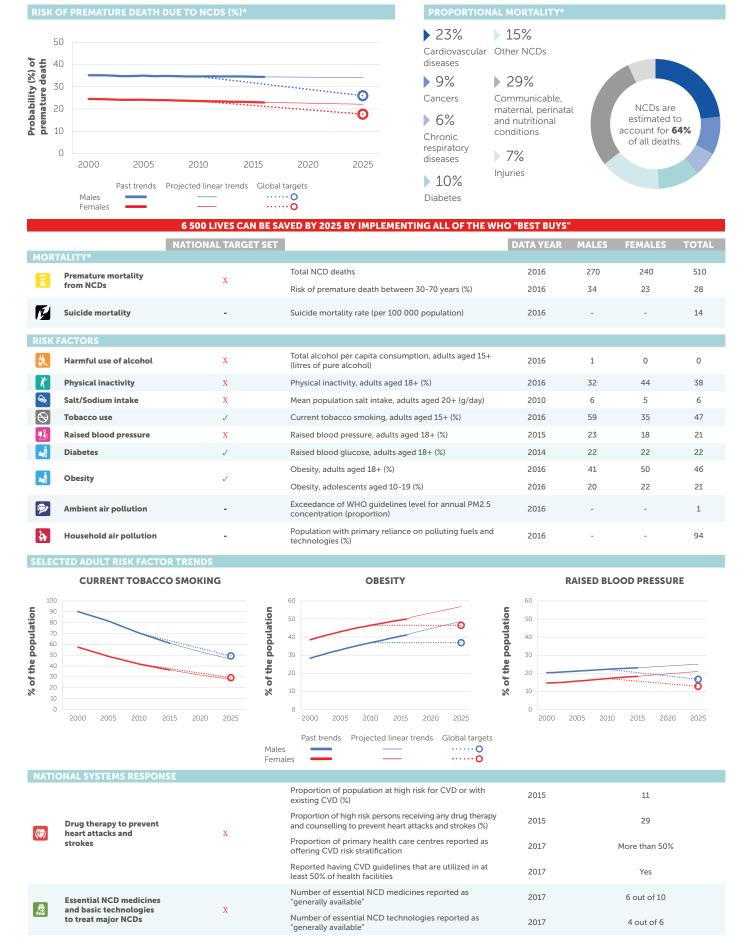




^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

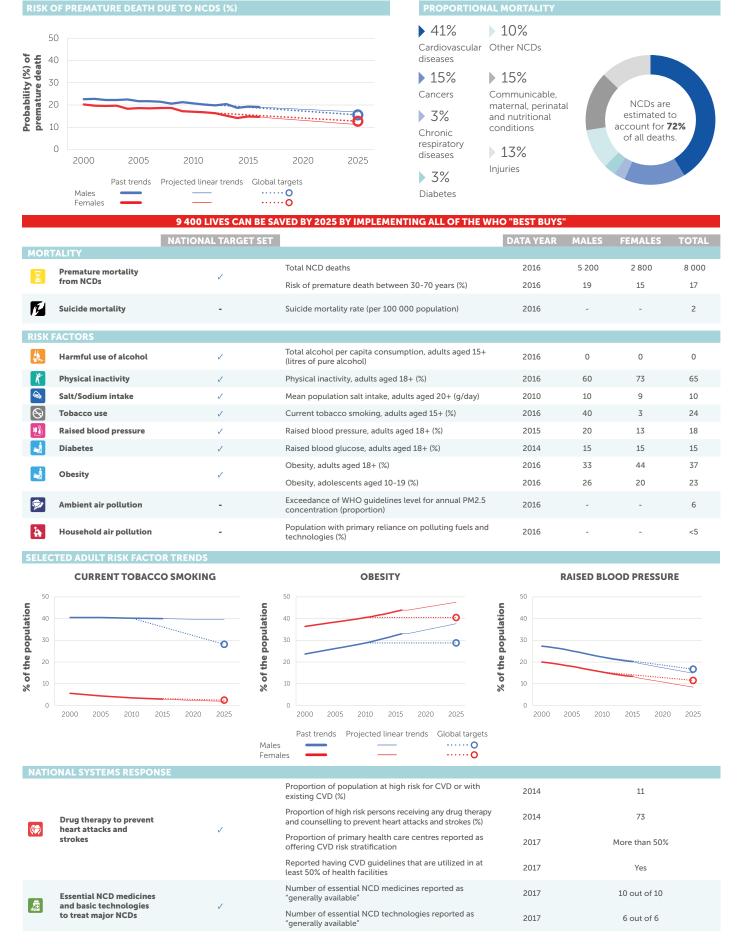
KIRIBATI



 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

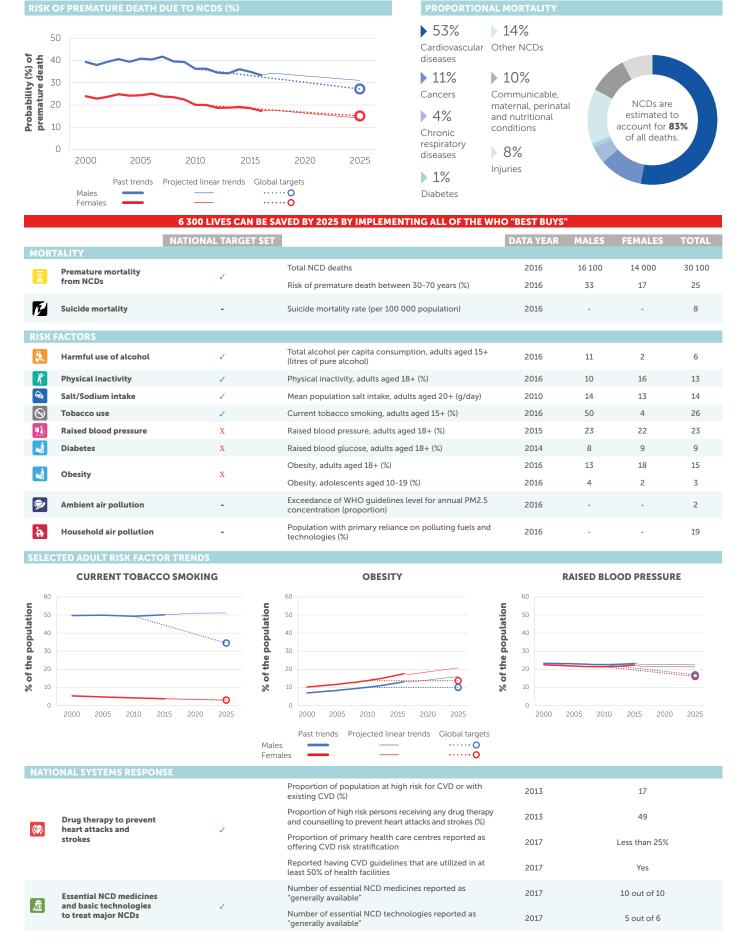
 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles, 2018.$

KUWAIT



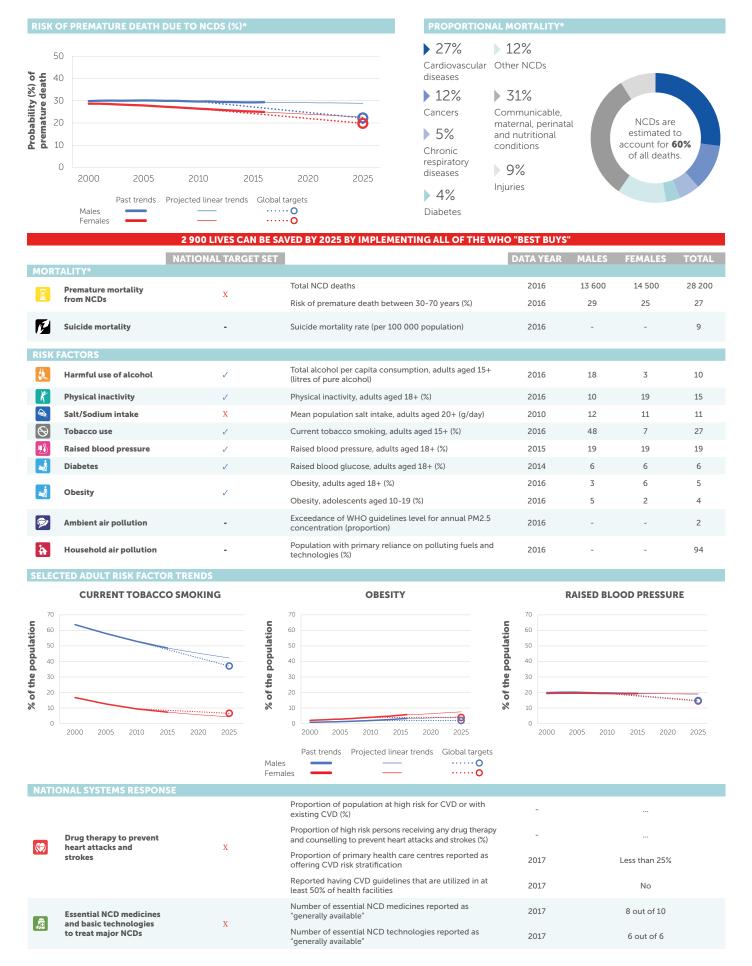
KYRGYZSTAN

2016 TOTAL POPULATION: 5 956 000 **2016 TOTAL DEATHS:** 36 000



LAO PEOPLE'S DEMOCRATIC REPUBLIC

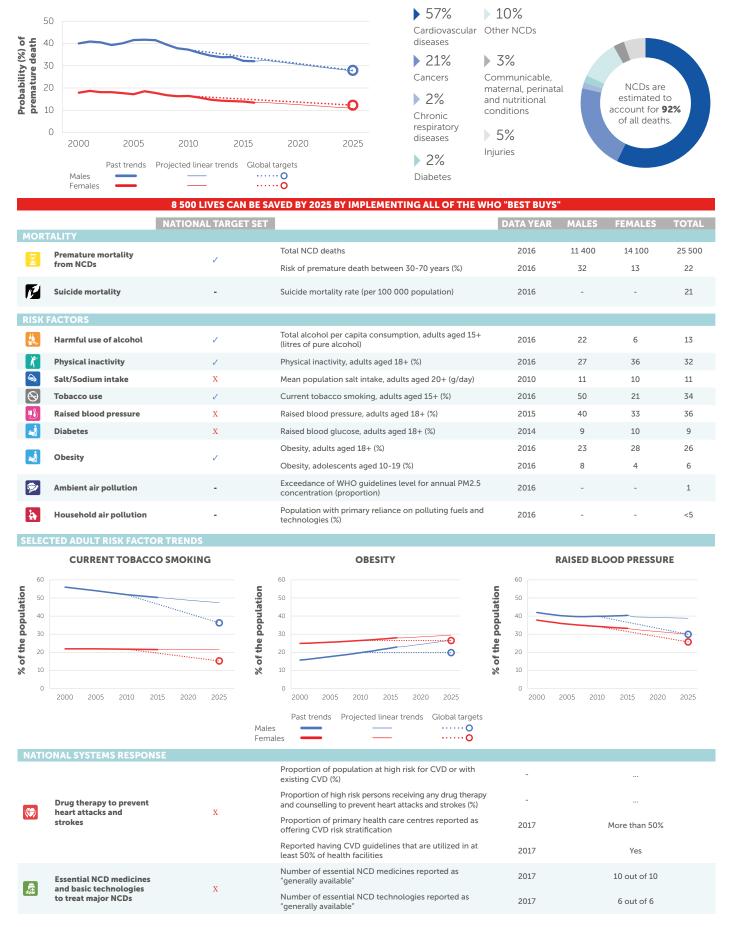
2016 TOTAL POPULATION: 6 758 000 **2016 TOTAL DEATHS:** 47 000



^{... =} no data available

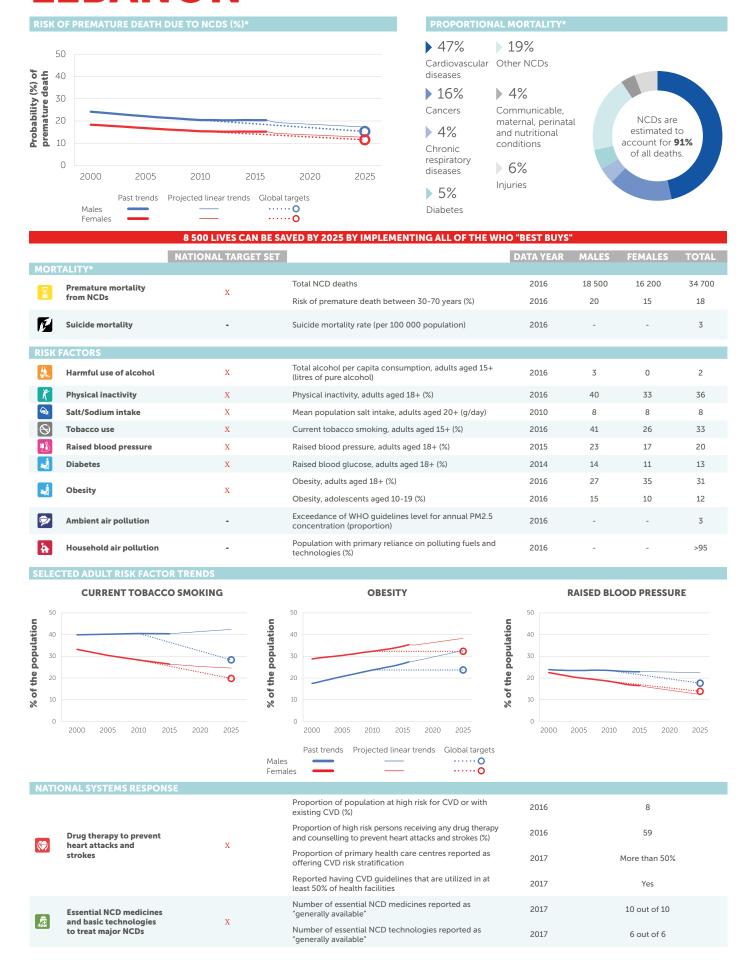
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.





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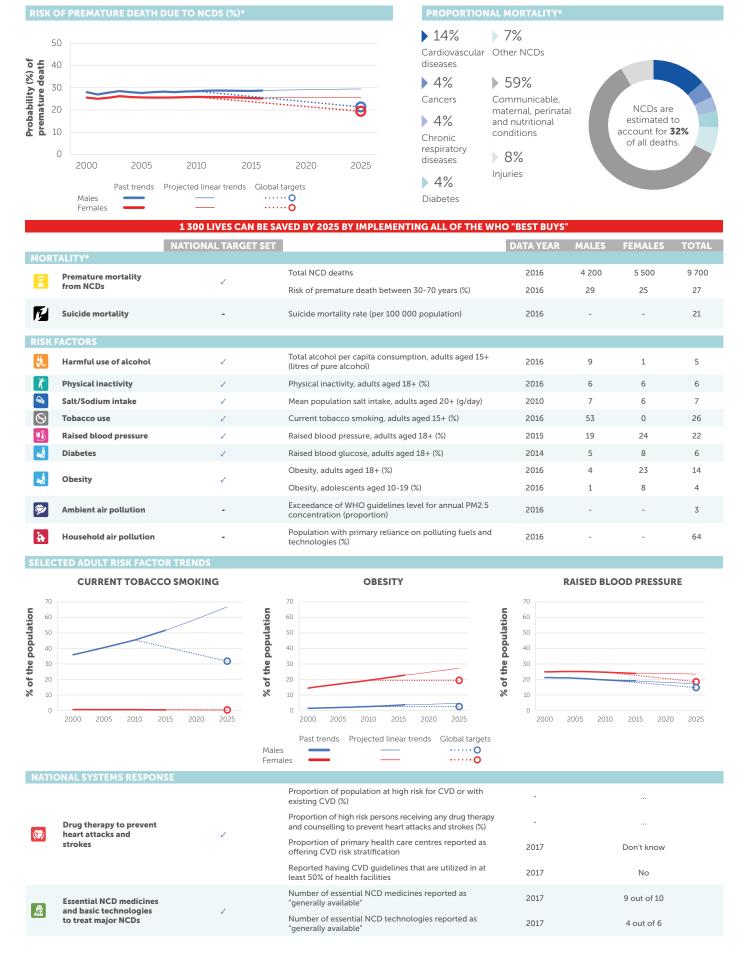
LEBANON



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

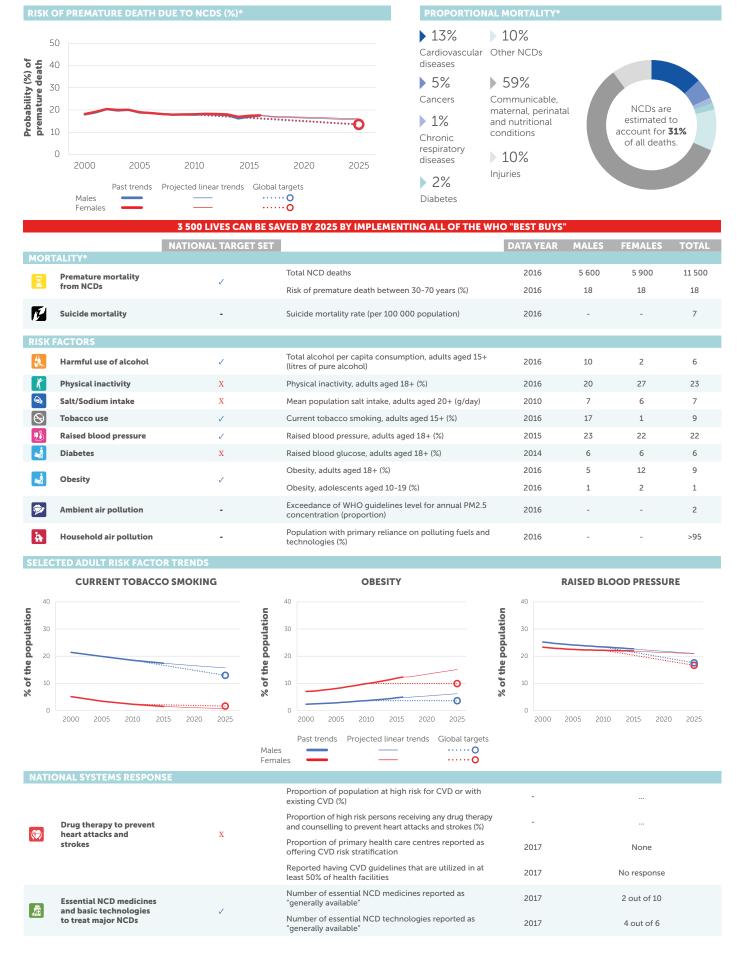
LESOTHO



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

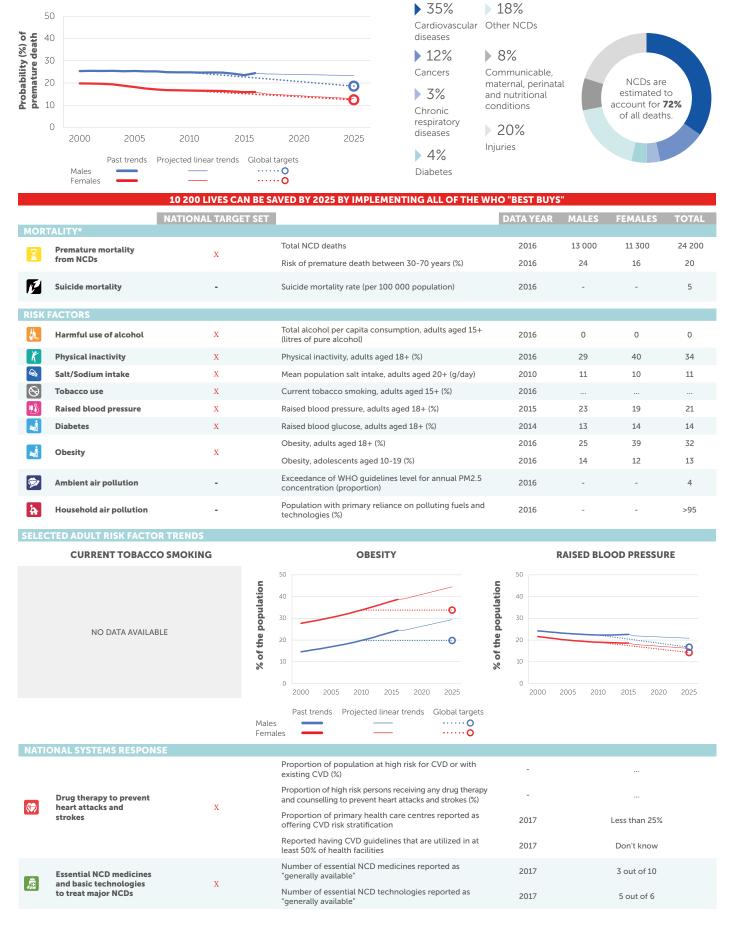
LIBERIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

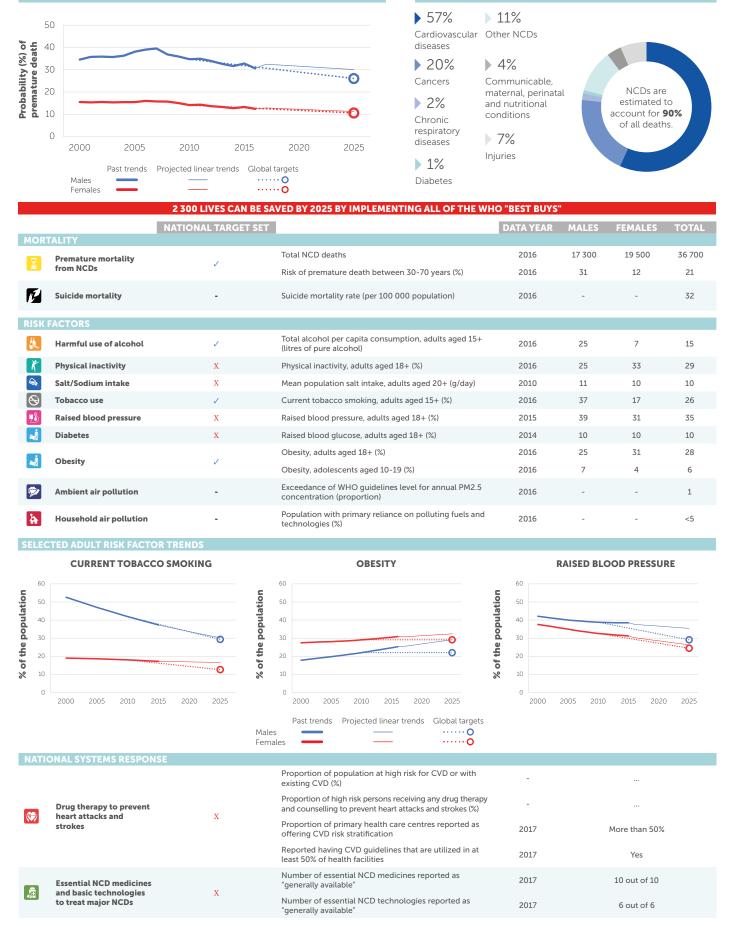




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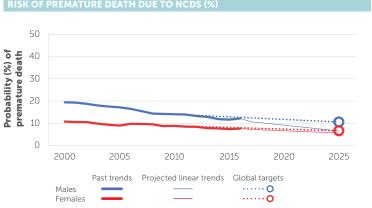
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

LITHUANIA



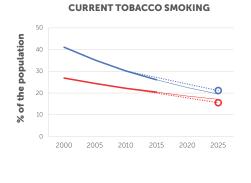
2016 TOTAL POPULATION: 576 000 **2016 TOTAL DEATHS:** 3 900

LUXEMBOURG



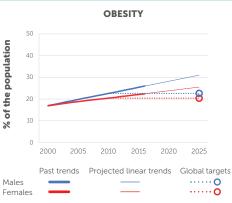
> 30% 20% Cardiovascular Other NCDs diseases 29% > 5% Communicable, Cancers NCDs are maternal, perinatal 7% and nutritional estimated to account for 88% conditions Chronic of all deaths. respiratory 7% diseases Injuries 2% Diabetes

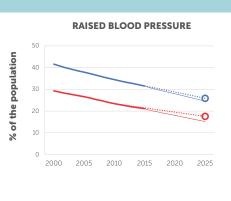
	21 500 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"							
		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL	
MORT	TALITY							
	Premature mortality	X	Total NCD deaths	2016	1700	1700	3 500	
	from NCDs	A	Risk of premature death between 30-70 years (%)	2016	12	8	10	
Ē	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	13	
RISK	FACTORS							
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	20	6	13	
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	28	32	30	
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	11	10	10	
8	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016	25	20	23	
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	32	21	26	
i	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	8	5	7	
	Objective	V	Obesity, adults aged 18+ (%)	2016	26	22	24	
	Obesity	X	Obesity, adolescents aged 10-19 (%)	2016	9	5	7	
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1	
h	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	<5	



NATIONAL SYSTEMS RESPONS

SELECTED ADULT RISK FACTOR TRENDS





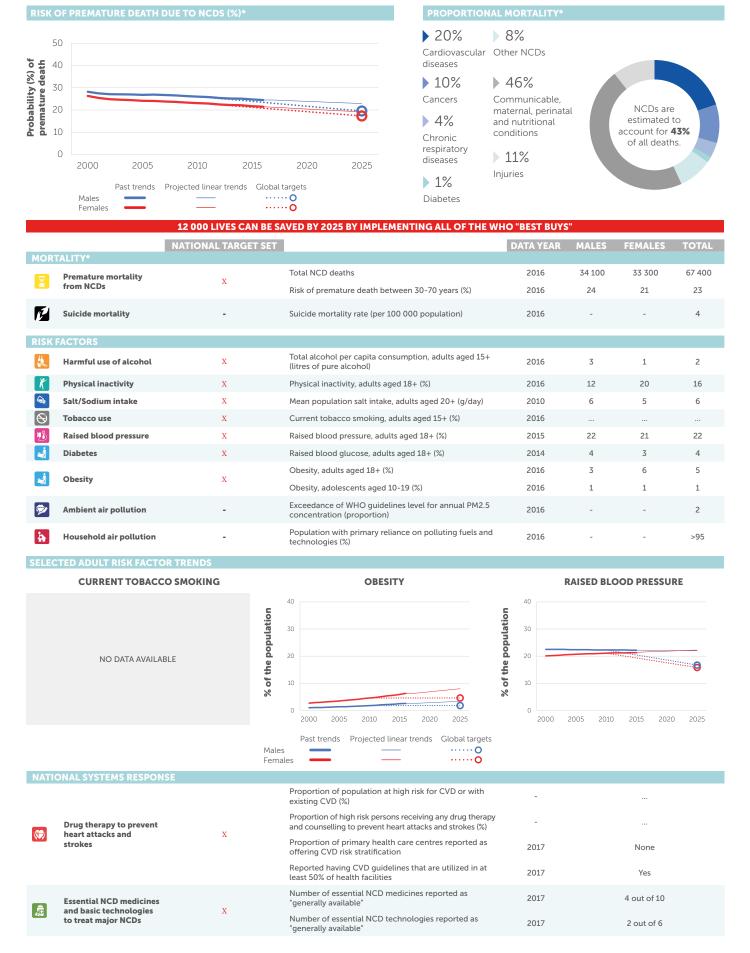
		Proportion of population at high risk for CVD or with existing CVD (%)	-		
1	Drug therapy to prevent heart attacks and	V	Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	
	strokes	X	Proportion of primary health care centres reported as offering CVD risk stratification	2017	Don't know
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
B	Essential NCD medicines	X	Number of essential NCD medicines reported as "generally available"	2017	10 out of 10
瘟	and basic technologies to treat major NCDs	Χ	Number of essential NCD technologies reported as	2017	4 out of 6

"generally available"

... = no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

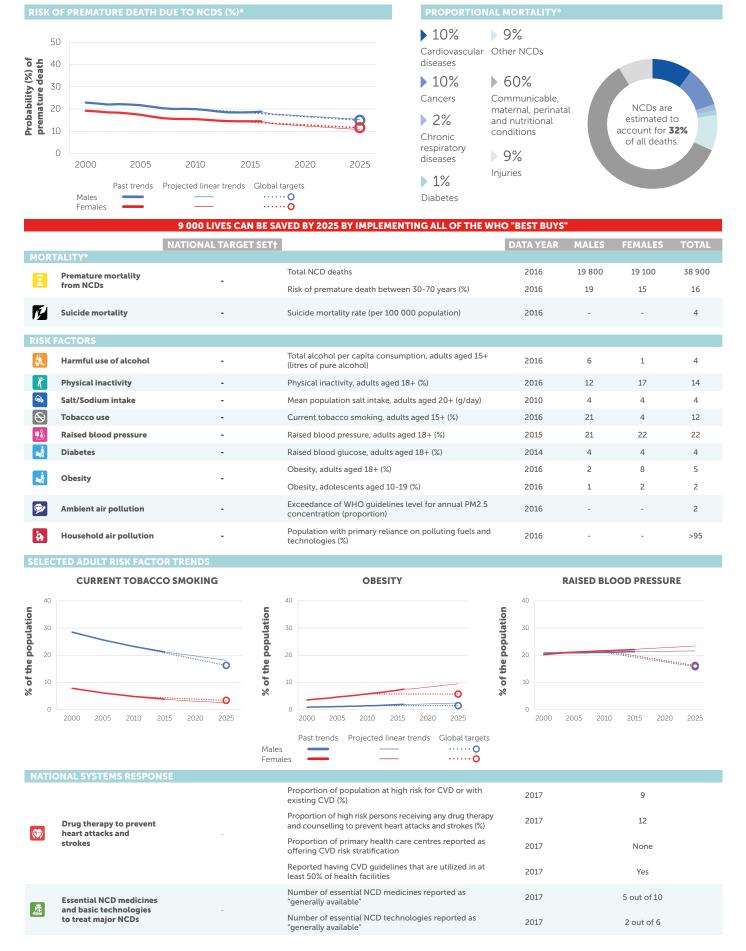
MADAGASCAR



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

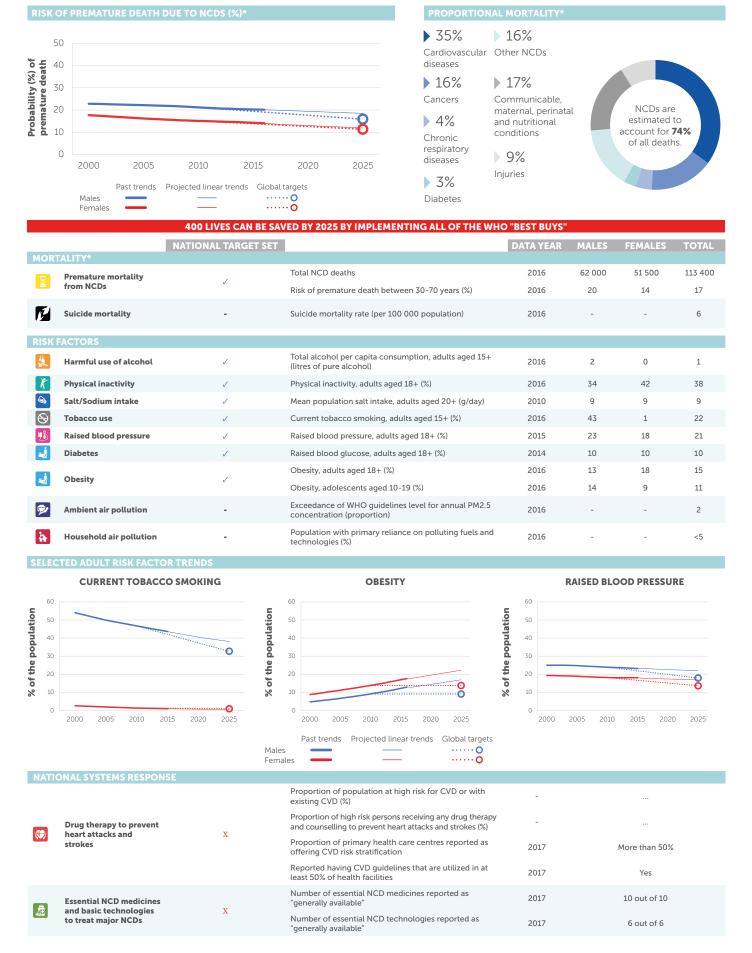




^{*}The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes) † See Explenatory Notes

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

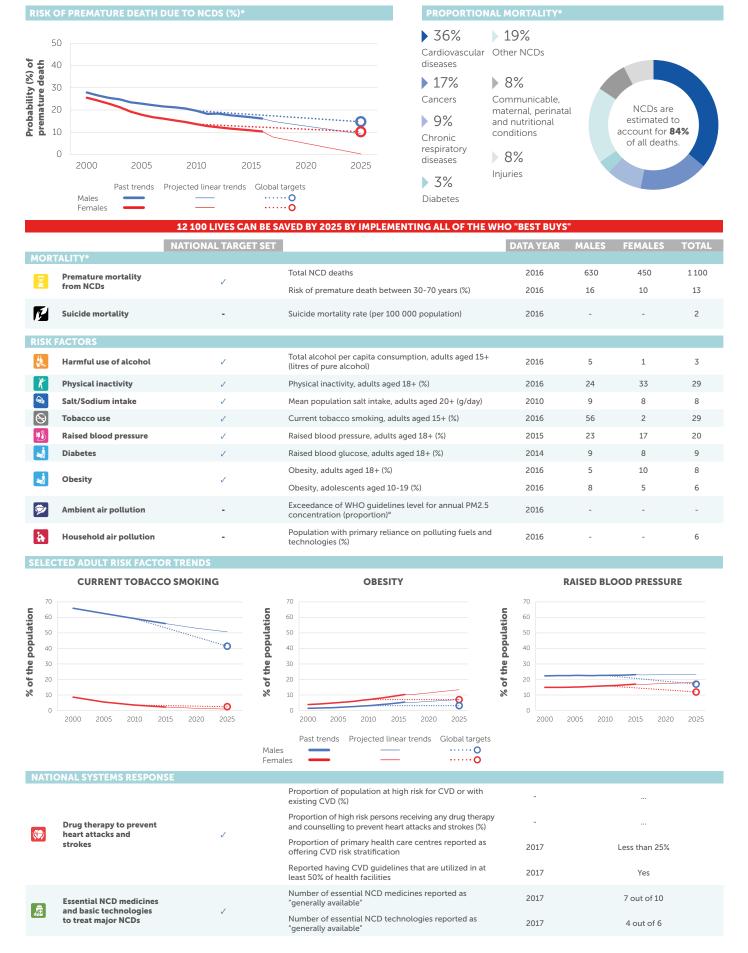
MALAYSIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

MALDIVES



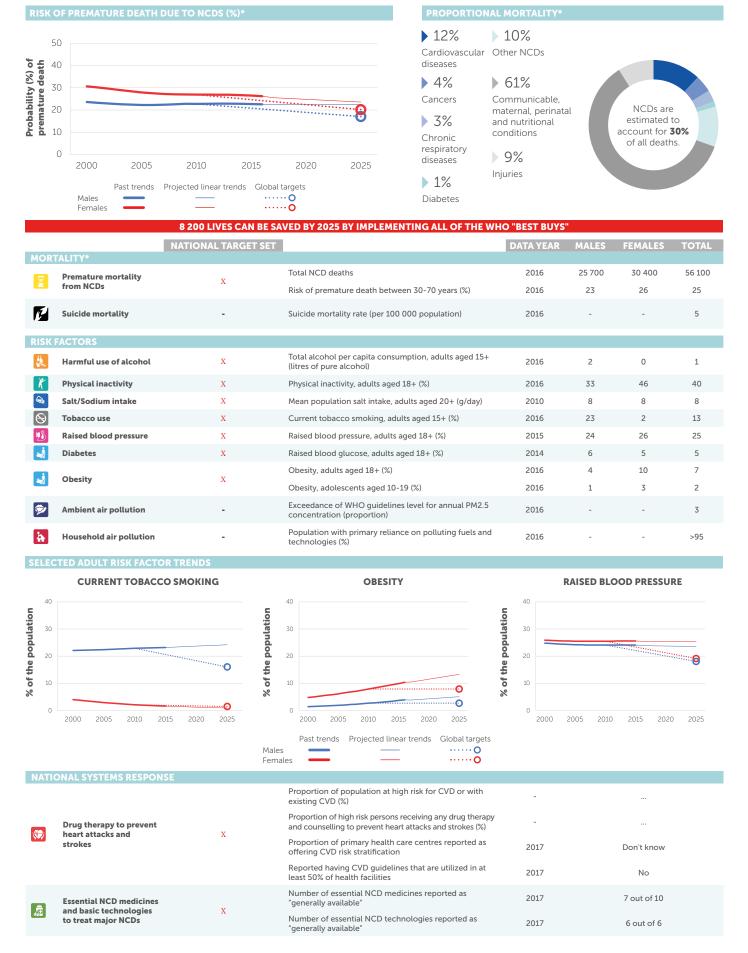
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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

[°] not exceeding

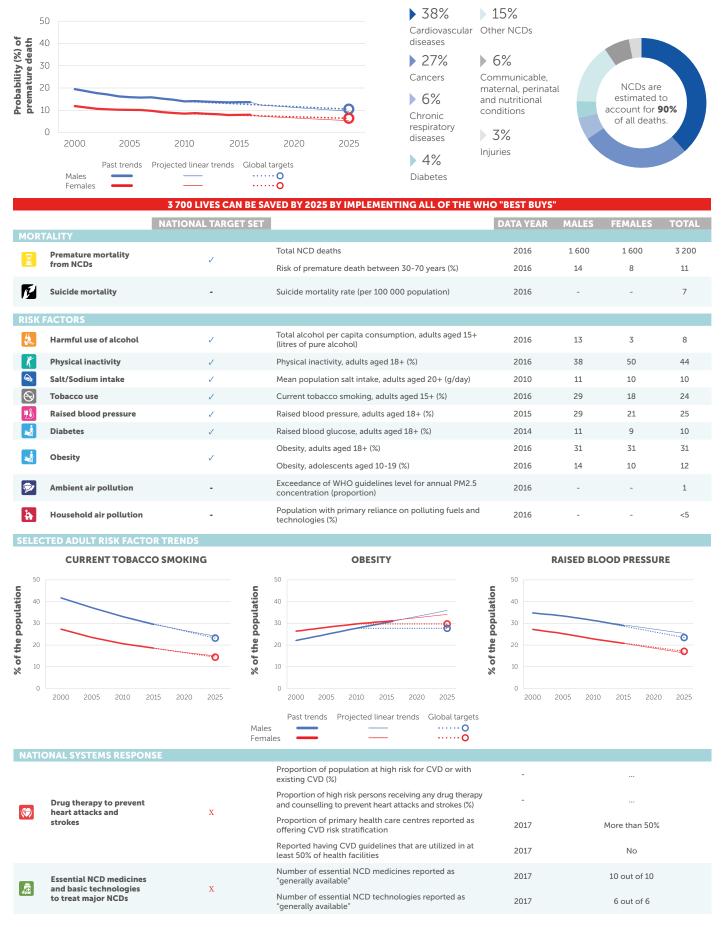




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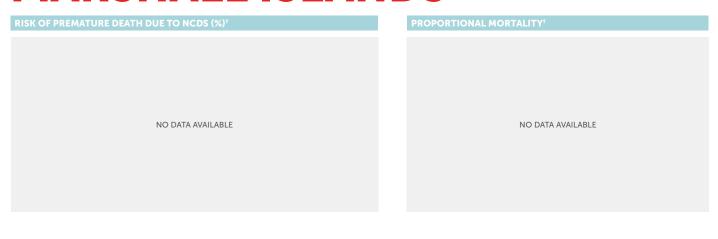
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.





= no data available

MARSHALL ISLANDS



		NATIONAL TARGET SET		DATA VEAD	1441 56	EELAAL EG	TOTAL
MOR'	TALITY [†]	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality		Total NCD deaths	2016			
	from NCDs	✓	Risk of premature death between 30-70 years (%)	2016			
M	Suicide mortality		Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 1! (litres of pure alcohol)	5+ 2016			
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	41	54	47
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010	7	6	6
⊗	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	23	18	20
į.	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	20	21	21
	Obosity	X	Obesity, adults aged 18+ (%)	2016	48	57	52
4 0	Obesity	A	Obesity, adolescents aged 10-19 (%)	2016	23	25	24
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2 concentration (proportion)°	2016	-	-	-
4	Household air pollution	-	Population with primary reliance on polluting fuels a technologies (%)	and 2016	-	-	35
ELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACC	CO SMOKING	OBESITY		RAISED BLO	OOD PRESSUI	RE
	NO DATA AVAILA	of the population	70 60 50 40 30	70 60 40 40			
		% of th	20 200 2005 2010 2015 2020 2025	20 8 10 0 2000	2005 2010	2015 2020	2025
		% Mai	2000 2005 2010 2015 2020 2025 Past trends Projected linear trends Global target	% 10 0 2000	2005 2010) 2025
NATI	ONAL SYSTEMS RESPON	% Mai Fer	Past trends Projected linear trends Global targ	% 10 0 2000	2005 2010		2025
NATI	ONAL SYSTEMS RESPON	% Mai Fer	Past trends Projected linear trends Global targes Global targes Proportion of population at high risk for CVD or with existing CVD (%)	% 10 2000 ets	2005 2010) 2025
	Drug therapy to prevent heart attacks and	% Mai Fer	Proportion of population at high risk for CVD or with existing CVD (%) Proportion of high risk persons receiving any drug then and counselling to prevent heart attacks and strokes (?	2000 ets	2005 2010		2025
	Drug therapy to prevent	Mai Fer	Proportion of population at high risk for CVD or with existing CVD (%) Proportion of piph risk persons receiving any drug ther and counselling to prevent heart attacks and strokes (%) Proportion of primary health care centres reported a offering CVD risk stratification	2000 ets	2005 2010		2025
	Drug therapy to prevent heart attacks and	Mai Fer	Proportion of population at high risk for CVD or with existing CVD (%) Proportion of piph risk persons receiving any drug ther and counselling to prevent heart attacks and strokes (%) Proportion of primary health care centres reported a offering CVD risk stratification Reported having CVD guidelines that are utilized in a least 50% of health facilities	2000 ets	2005 2010	2015 2020	2025
NATI	Drug therapy to prevent heart attacks and	Mai Fer	Proportion of population at high risk for CVD or with existing CVD (%) Proportion of primary health care centres reported a offering CVD risk stratification Reported having CVD guidelines that are utilized in a	2000 ets 2017	2005 2010	2015 2020 Don't know	2025

... = no data available ° not exceeding † See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

2016 TOTAL POPULATION: 4 301 000 **2016 TOTAL DEATHS:** 32 000

16% 13% 50 Cardiovascular Other NCDs Probability (%) of premature death 40 diseases 5% 53% 30 Cancers Communicable 20 NCDs are maternal, perinatal 2% estimated to and nutritional 10 account for 37% conditions Chronic of all deaths. respiratory 0 9% diseases 2000 2005 2010 2015 2020 2025 Injuries 2% Past trends Projected linear trends Global targets Males Diabetes Females 3 600 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS" DATA YEAR MALES FEMALES TOTAL NATIONAL TARGET SET Total NCD deaths 2016 5 700 6 400 12 000 **Premature mortality** from NCDs Risk of premature death between 30-70 years (%) 2016 18 18 18 Suicide mortality Suicide mortality rate (per 100 000 population) 2016 4 Total alcohol per capita consumption, adults aged 15+ Harmful use of alcohol х 0 0 0 2016 (litres of pure alcohol) Physical inactivity Physical inactivity, adults aged 18+ (%) 2016 34 45 39 **Q** Salt/Sodium intake Mean population salt intake, adults aged 20+ (g/day) 2010 8 7 8 8 2016 Tobacco use Current tobacco smoking, adults aged 15+ (%) 48 Raised blood pressure Raised blood pressure, adults aged 18+ (%) 2015 26 25 26 Diabetes Raised blood glucose, adults aged 18+ (%) 2014 6 7 7 Obesity, adults aged 18+ (%) 2016 6 17 11 Obesity Obesity, adolescents aged 10-19 (%) 2016 2 5 3 Exceedance of WHO guidelines level for annual PM2.5 Ambient air pollution 2016 4 concentration (proportion) Population with primary reliance on polluting fuels and Household air pollution 2016 53 technologies (%) **SELECTED ADULT RISK FACTOR TRENDS OBESITY CURRENT TOBACCO SMOKING RAISED BLOOD PRESSURE** 40 40 of the population % of the population 30 **6** 20 NO DATA AVAILABLE 10 .0 2015 2020 2005 2010 2015 2020 2025 2010

Proportion of population at high risk for CVD or with existing CVD (%) Proportion of high risk persons receiving any drug therapy Drug therapy to prevent and counselling to prevent heart attacks and strokes (%) heart attacks and Proportion of primary health care centres reported as strokes 2017 Less than 25% offering CVD risk stratification Reported having CVD guidelines that are utilized in at least 50% of health facilities 2017 No Number of essential NCD medicines reported as 2017 7 out of 10 **Essential NCD medicines** generally available â and basic technologies Number of essential NCD technologies reported as to treat major NCDs 2017 2 out of 6

Past trends Projected linear trends Global targets

....0

NATIONAL SYSTEMS RESPONS

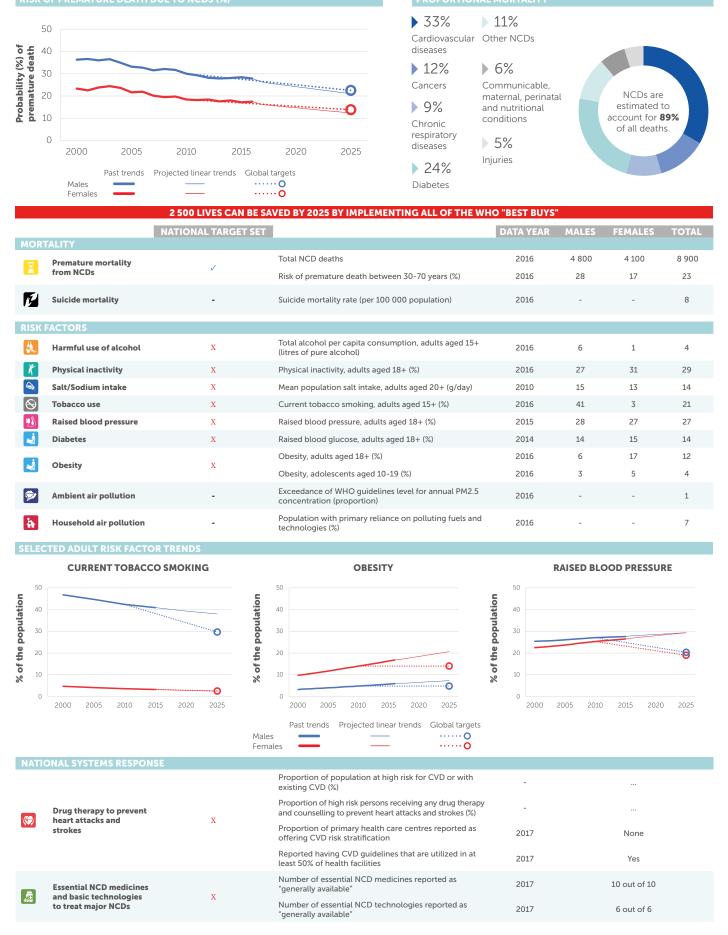
Males

Females

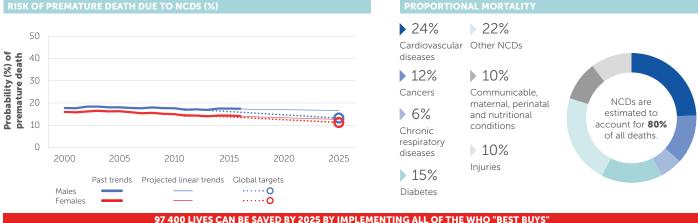
^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

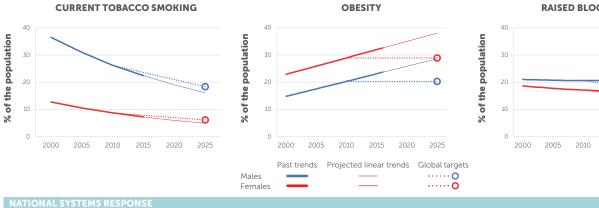
MAURITIUS

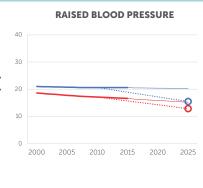


MEXICO



	Males Females						
		97 400 LIVES CAN BE SA	VED BY 2025 BY IMPLEMENTING ALL OF THE W	/HO "BEST BUYS	"		
		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MORT	TALITY						
\square	Premature mortality from NCDs	X	Total NCD deaths	2016	272 700	249 000	521 800
	11011111023		Risk of premature death between 30-70 years (%)	2016	17	14	16
Œ.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	5
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	11	2	7
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	25	32	28
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	7	7	7
8	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016	22	7	14
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	21	17	19
À	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	10	11	10
	Obseiter	X	Obesity, adults aged 18+ (%)	2016	24	33	28
	Obesity	X	Obesity, adolescents aged 10-19 (%)	2016	15	12	14
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
is a	Household air pollution	-	Population with primary reliance on polluting fuels and technologies $(\!\%\!)$	2016	-	-	15
ELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACO	CO SMOKING	OBESITY	1	RAISED BLO	OOD PRESSU	RE
40		u	40	5			
30		population	30	30 and a source of the source			
20		od od od	20	20		***************************************	





			existing CVD (%)	-	
(%)	Drug therapy to prevent heart attacks and	,	Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	
	strokes	V	Proportion of primary health care centres reported as offering CVD risk stratification	2017	Less than 25%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	Yes
ā	Essential NCD medicines	,	Number of essential NCD medicines reported as "generally available"	2017	9 out of 10
@ *	and basic technologies to treat major NCDs	V	Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

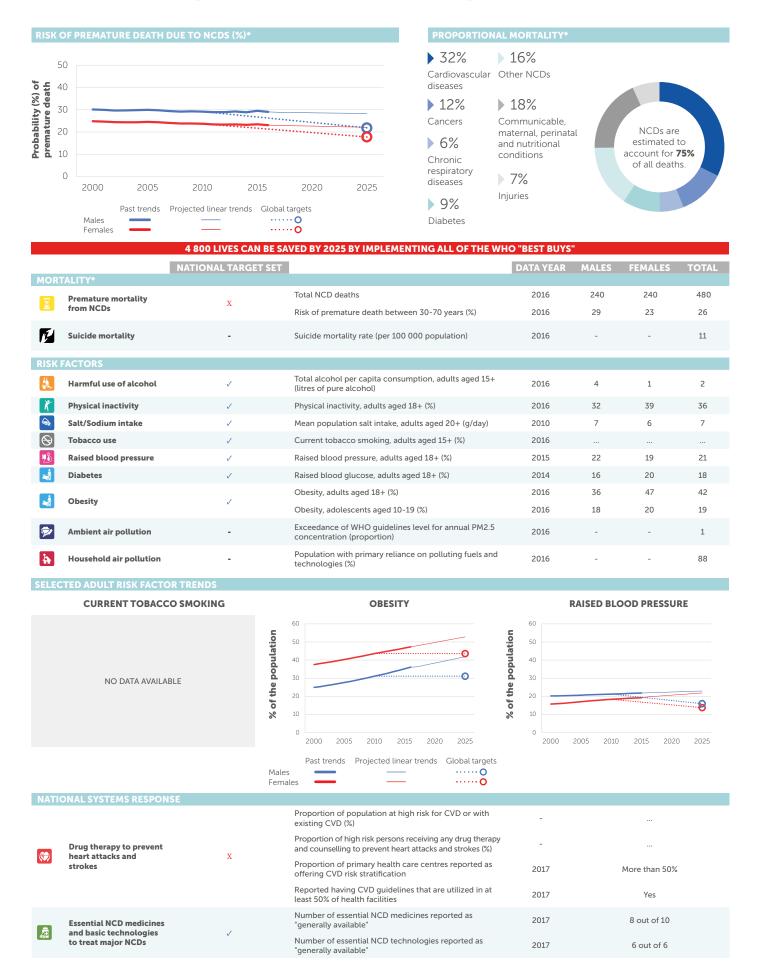
Proportion of population at high risk for CVD or with

... = no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

MICRONESIA (FEDERATED STATES OF)

2016 TOTAL POPULATION: 105 000 **2016 TOTAL DEATHS:** 640



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

MONACO

RISK OF PREMATURE DEATH DUE TO NCDS (%)†	
NO DATA AVAILABLE	

PROPORTIONAL MORTA	ALITY [†]
	NO DATA AVAILABLE

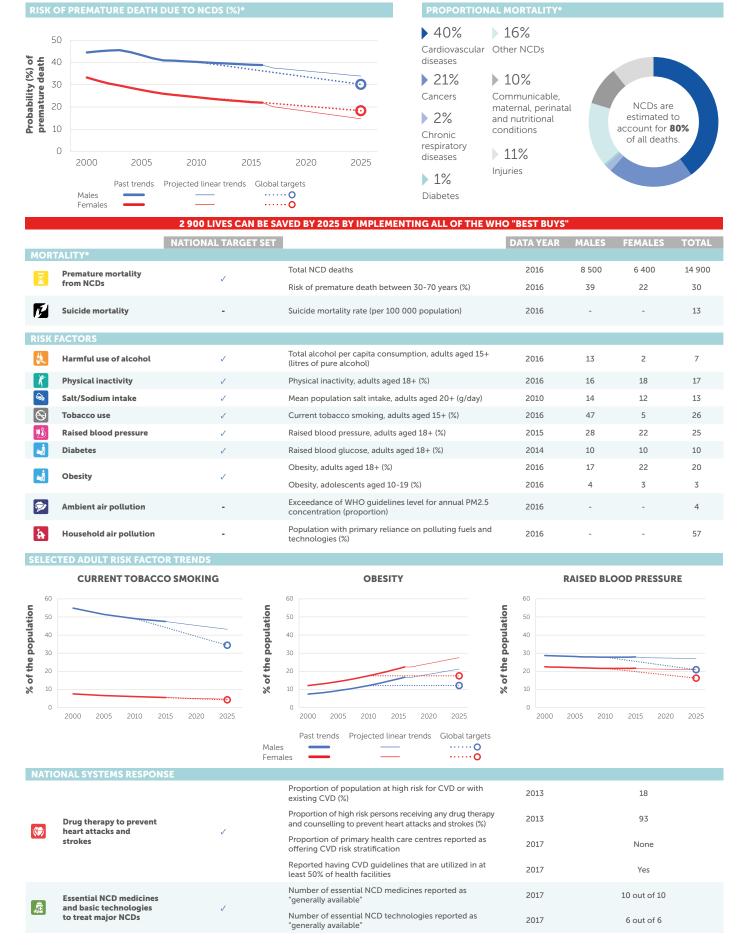
MOR'	TALITY [†]	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality	v	Total NCD deaths	2016			
	from NCDs	X	Risk of premature death between 30-70 years (%)	2016		***	
P.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016			
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016			
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010			
8	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015			
À	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014			
	Obesity	X	Obesity, adults aged 18+ (%)	2016			
	Obesity	A	Obesity, adolescents aged 10-19 (%)	2016			
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
各	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	<5
SELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACO	CO SMOKING	OBESITY	ı	RAISED BLO	OOD PRESSUI	RE
	no data availa	BLE	NO DATA AVAILABLE		NO DATA A	V AILABLE	

NATI	ONAL SYSTEMS RESPONSE				
		Proportion of population at high risk for CVD or with existing CVD (%)		-	
(ma)	Drug therapy to prevent heart attacks and	X	Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	
	strokes	X	Proportion of primary health care centres reported as offering CVD risk stratification	2017	More than 50%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	Yes
B	Essential NCD medicines	ial NCD medicines "generally available"	Number of essential NCD medicines reported as "generally available"	2017	10 out of 10
	and basic technologies to treat major NCDs	X	Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

... = no data available † See Explanatory Notes

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

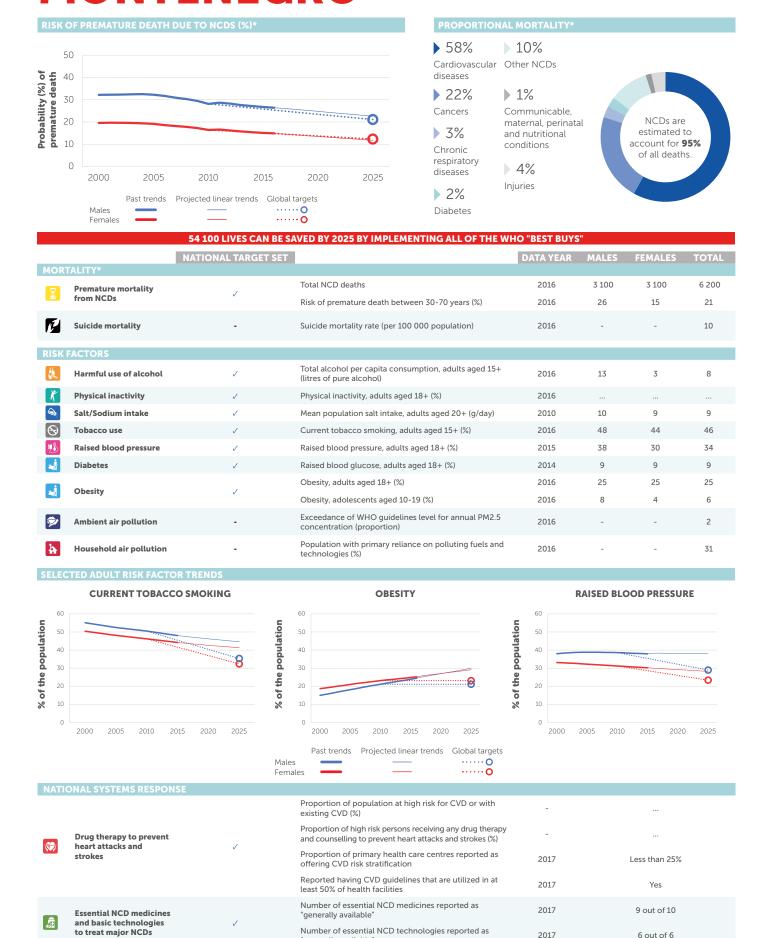
MONGOLIA



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

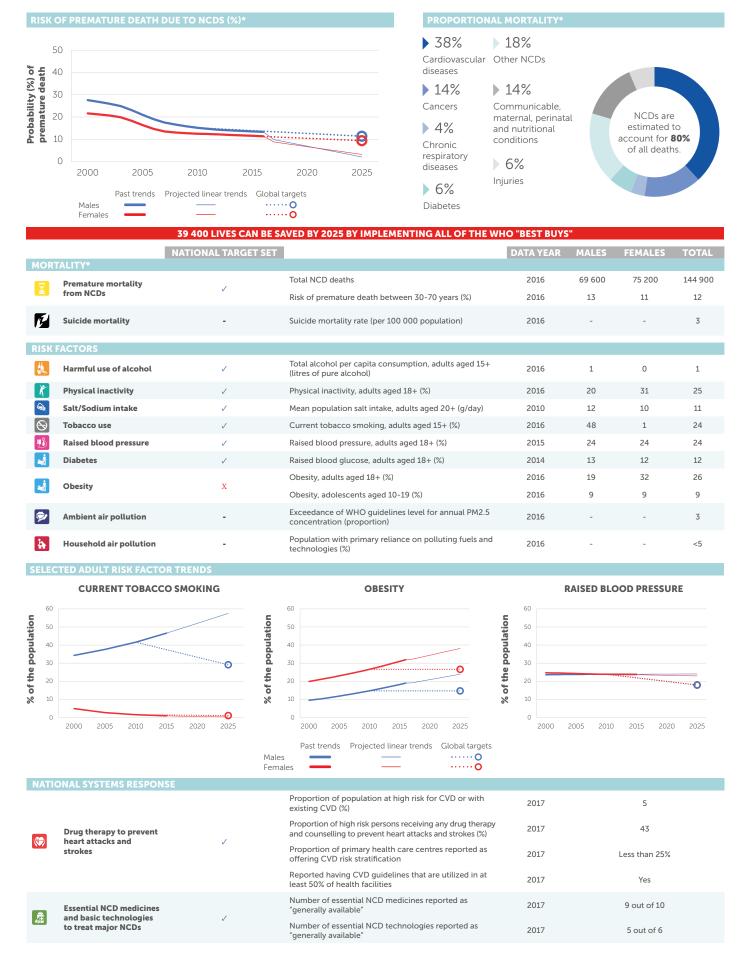
MONTENEGRO



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

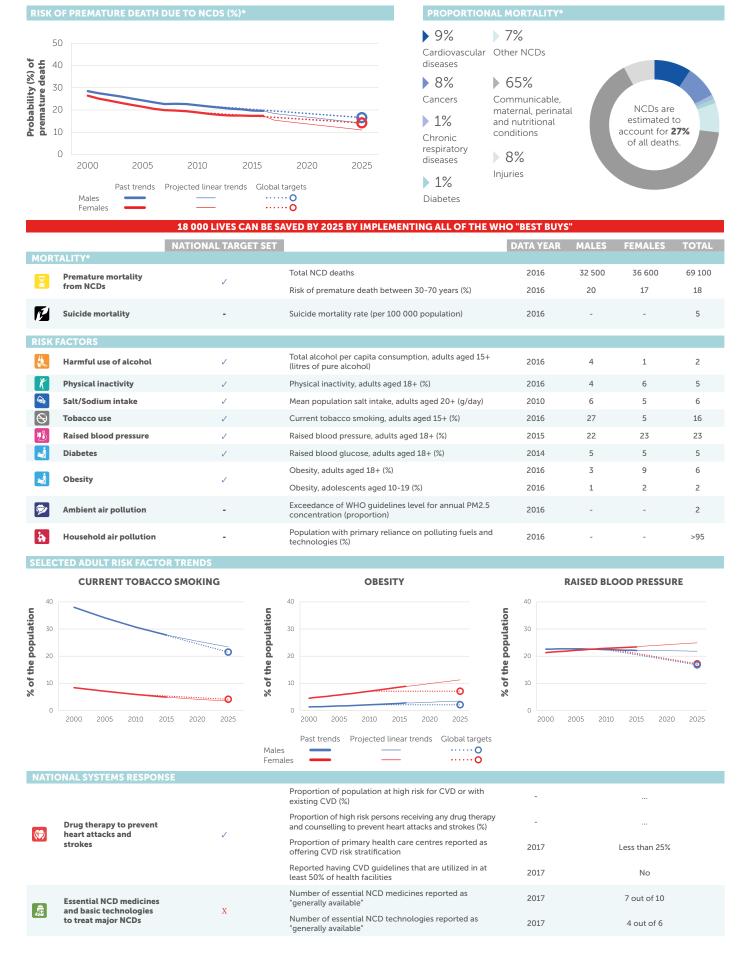
MOROCCO



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

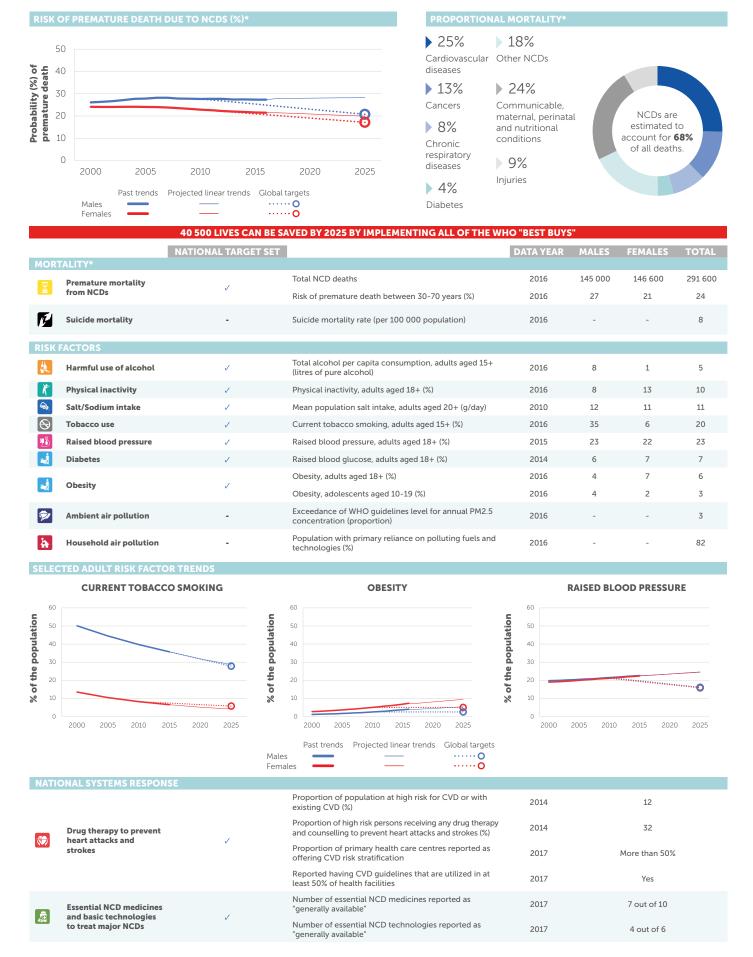
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

MOZAMBIQUE



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

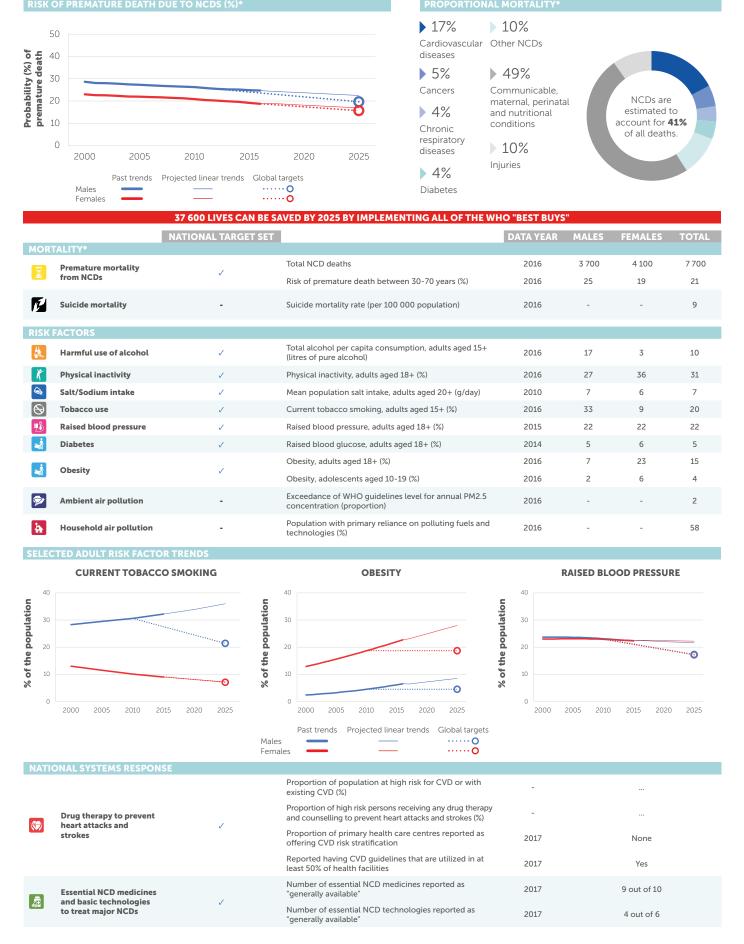
MYANMAR



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

NAMIBIA

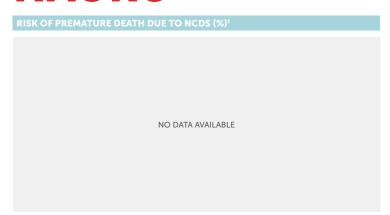


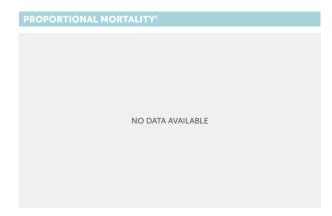
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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

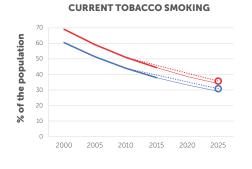




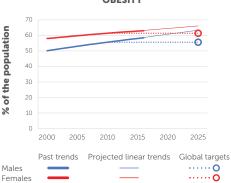


		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MORT	TALITY [†]						
	Premature mortality	/	Total NCD deaths	2016			
	from NCDs	V	Risk of premature death between 30-70 years (%)	2016			
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	11	2	6
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	39	52	46
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010	***		
(S)	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	37	43	40
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	23	17	20
i	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	30	28	29
	Observation		Obesity, adults aged 18+ (%)	2016	59	63	61
	Obesity	✓	Obesity, adolescents aged 10-19 (%)	2016	32	32	32
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
备	Household air pollution	-	Population with primary reliance on polluting fuels and technologies $(\!\%\!)$	2016	-	-	9

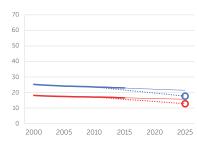
SELECTED ADULT RISK FACTOR TRENDS



OBESITY

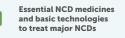


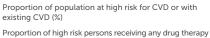


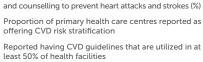


NATIONAL SYSTEMS RESPO

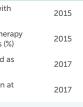












% of the population

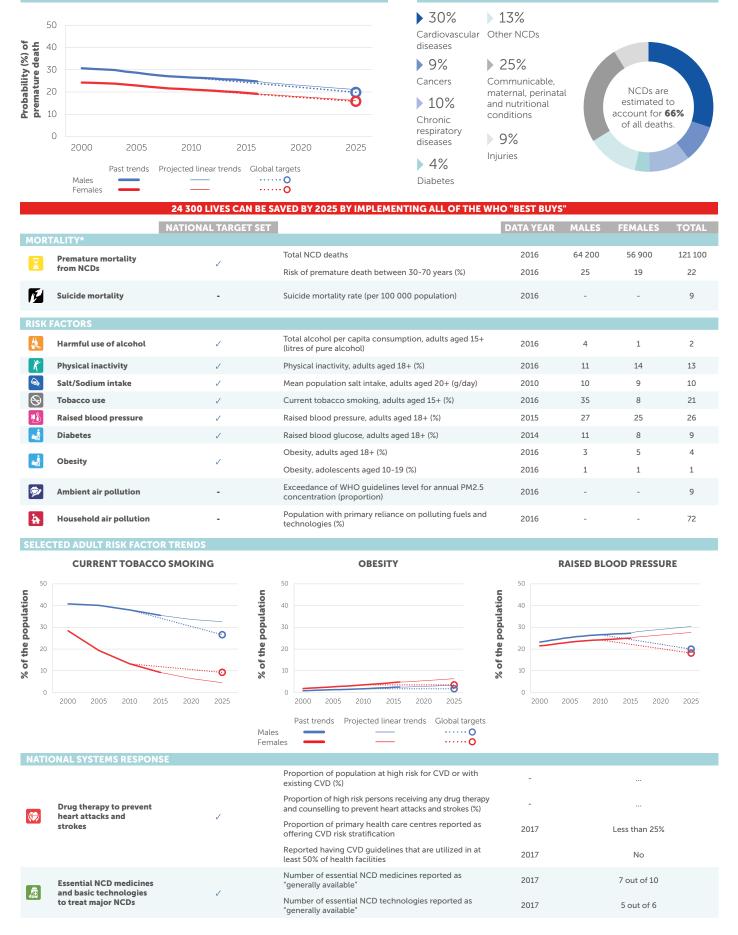




... = no data available † See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

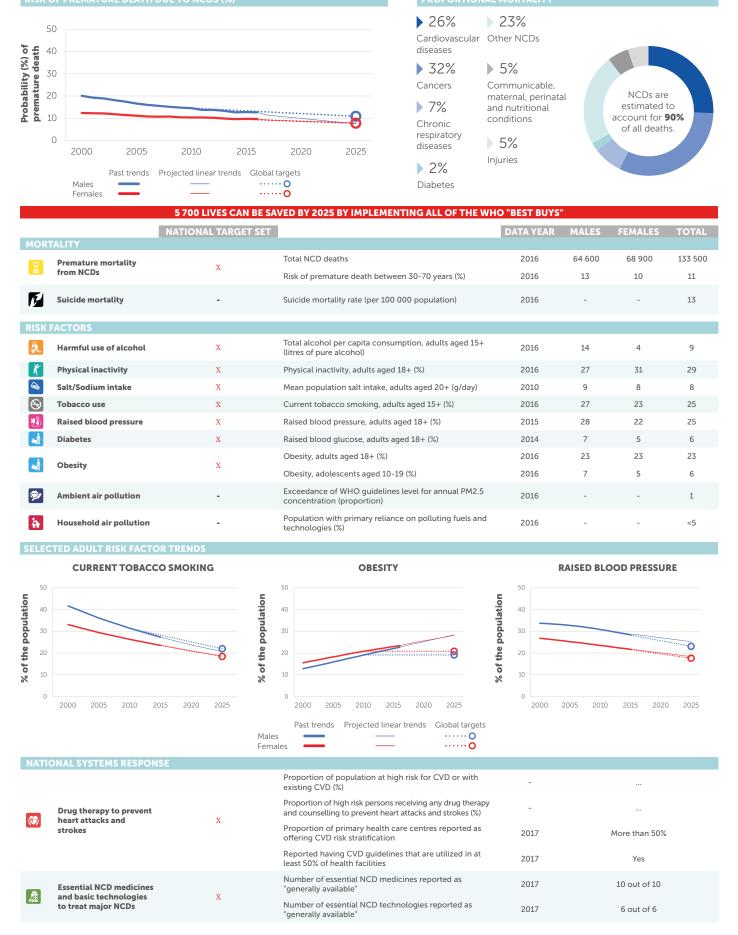
NEPAL



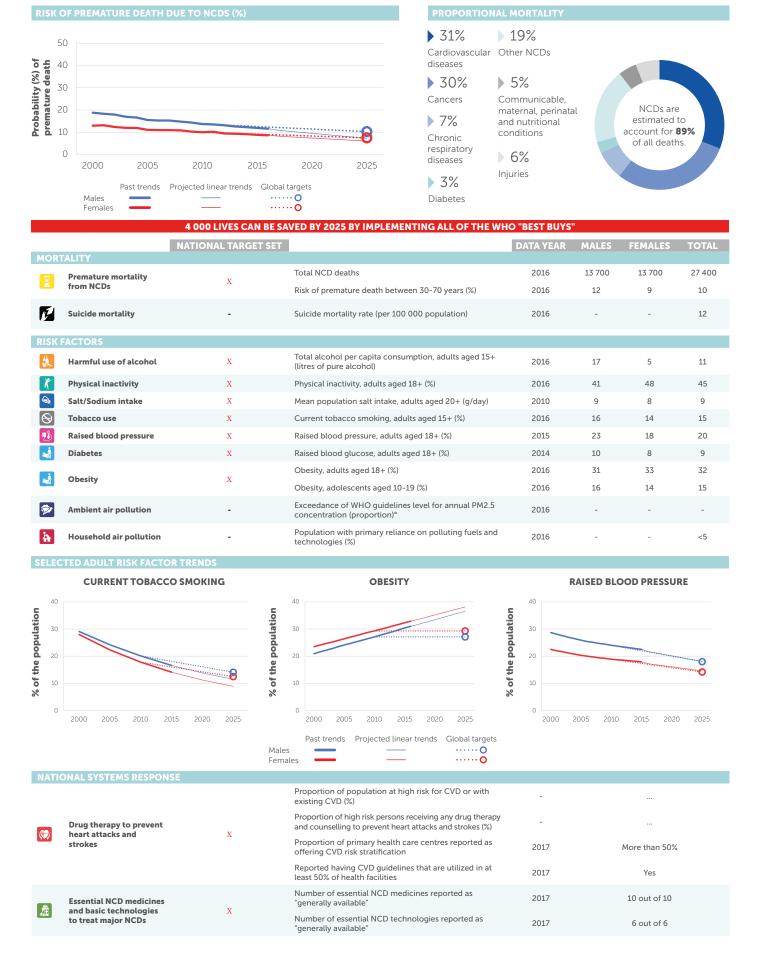
^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

NETHERLANDS

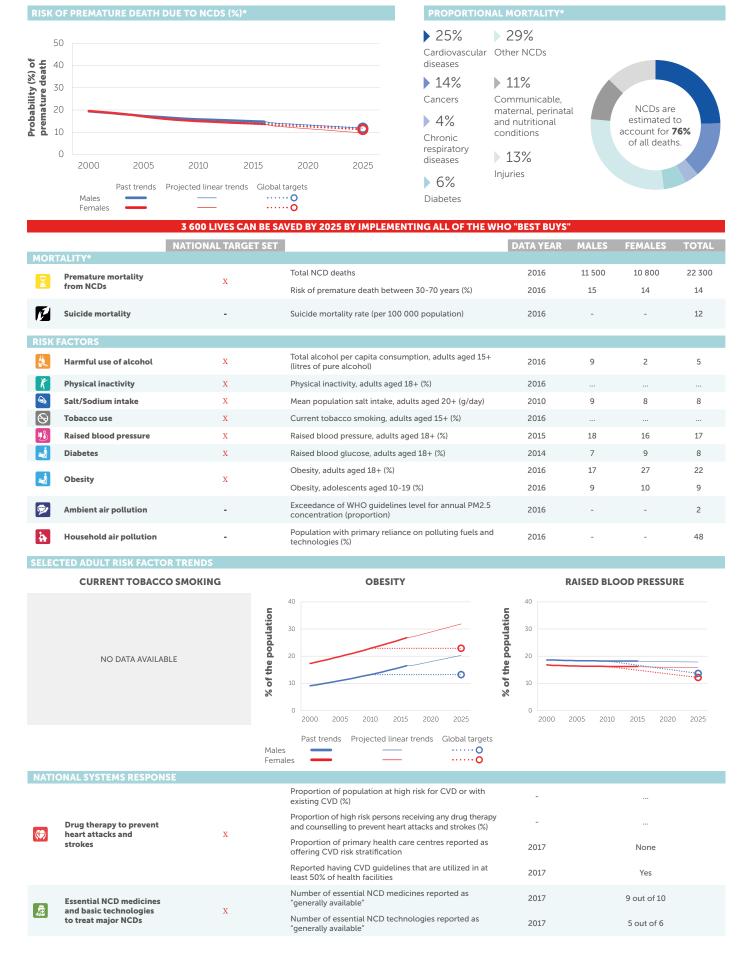


NEW ZEALAND



^{... =} no data available ° not exceeding

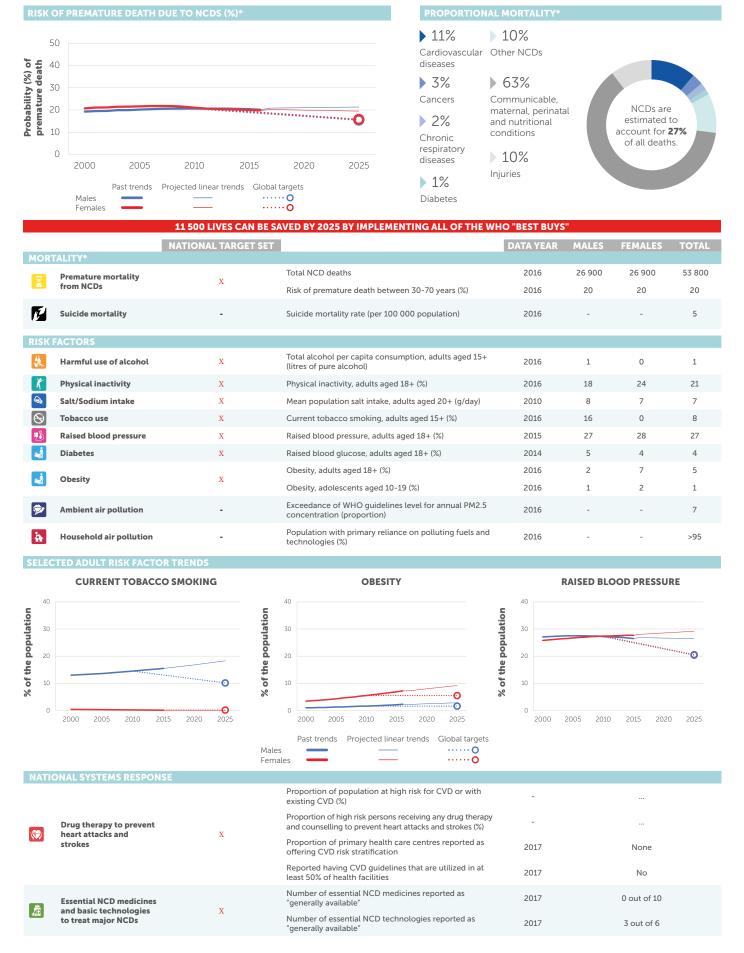
NICARAGUA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

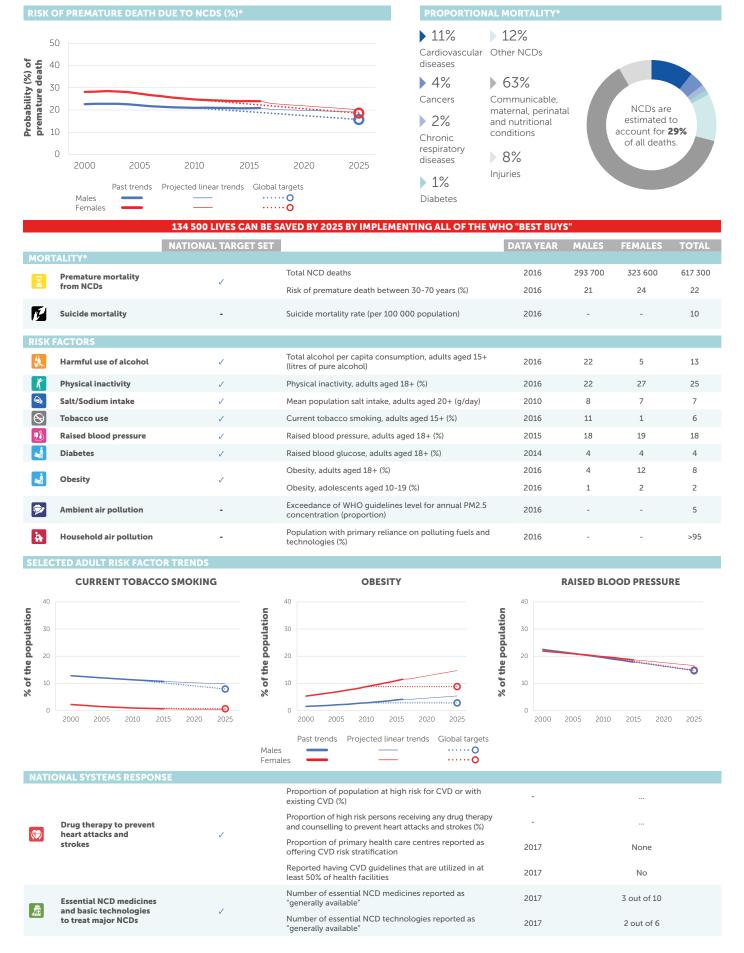
NIGER



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

NIGERIA

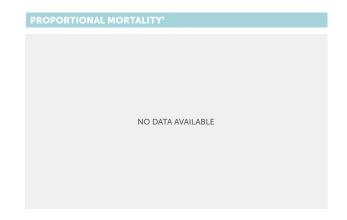


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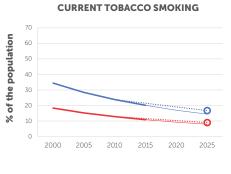
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

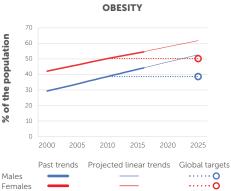


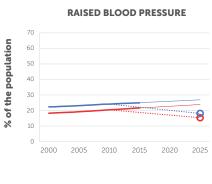
RISK OF PREMATURE DEATH DUE TO NCDS (%)[†] NO DATA AVAILABLE



		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MORT	TALITY						
	Premature mortality	X	Total NCD deaths	2016			
	from NCDs	A	Risk of premature death between 30-70 years (%)	2016			•••
<u>F</u>	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	12	2	7
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	9	7	8
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010			
\odot	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016	19	11	15
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	25	22	23
	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	26	27	26
			Obesity, adults aged 18+ (%)	2016	44	55	49
A	Obesity	X	Obesity, adolescents aged 10-19 (%)	2016	29	26	28
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
h	Household air pollution	-	Population with primary reliance on polluting fuels and technologies $(\!\%\!)$	2016	-	-	7
SELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TORACO	SO CHOVING	ORESITY		AICED DI	OD DDESSIII	0.5







NATIONAL SYSTEMS RESPONSE

Drug therapy to prevent heart attacks and strokes

Essential NCD medicines and basic technologies to treat major NCDs

х

Proportion of population at high risk for CVD or with existing CVD (%)

Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)

Proportion of primary health care centres reported as

Proportion of primary health care centres reported as offering CVD risk stratification

Reported having CVD guidelines that are utilized in at least 50% of health facilities

Number of essential NCD medicines reported as "generally available"

Number of essential NCD technologies reported as "generally available"

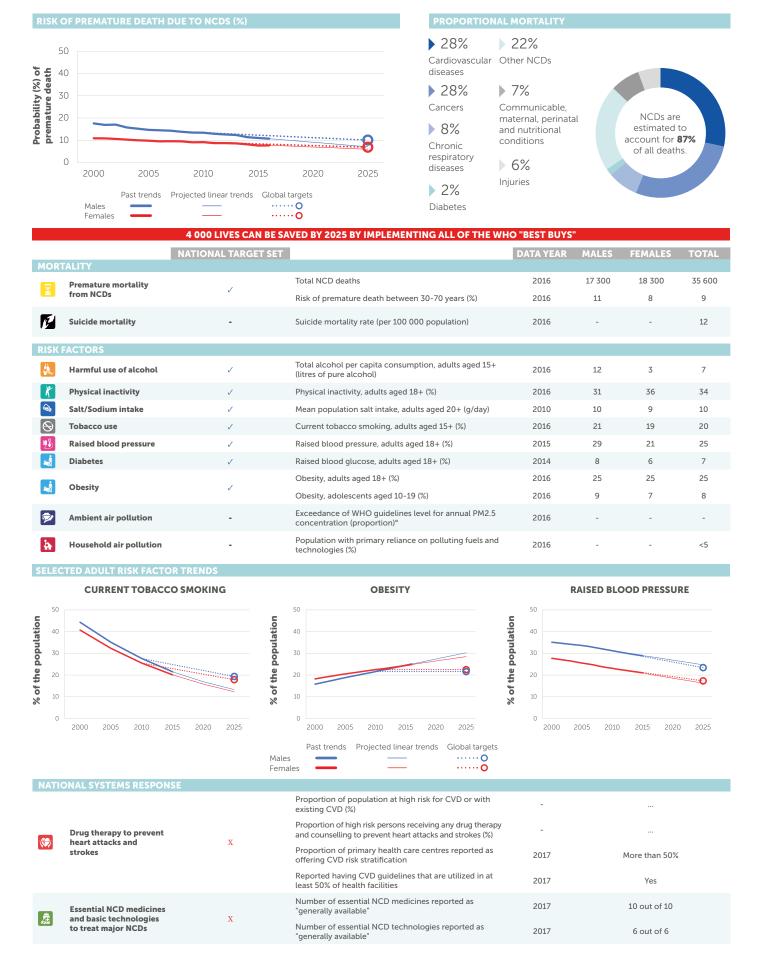
-2017 2017

2017 Yes
2017 10 out of 10
2017 6 out of 6

25% to 50%

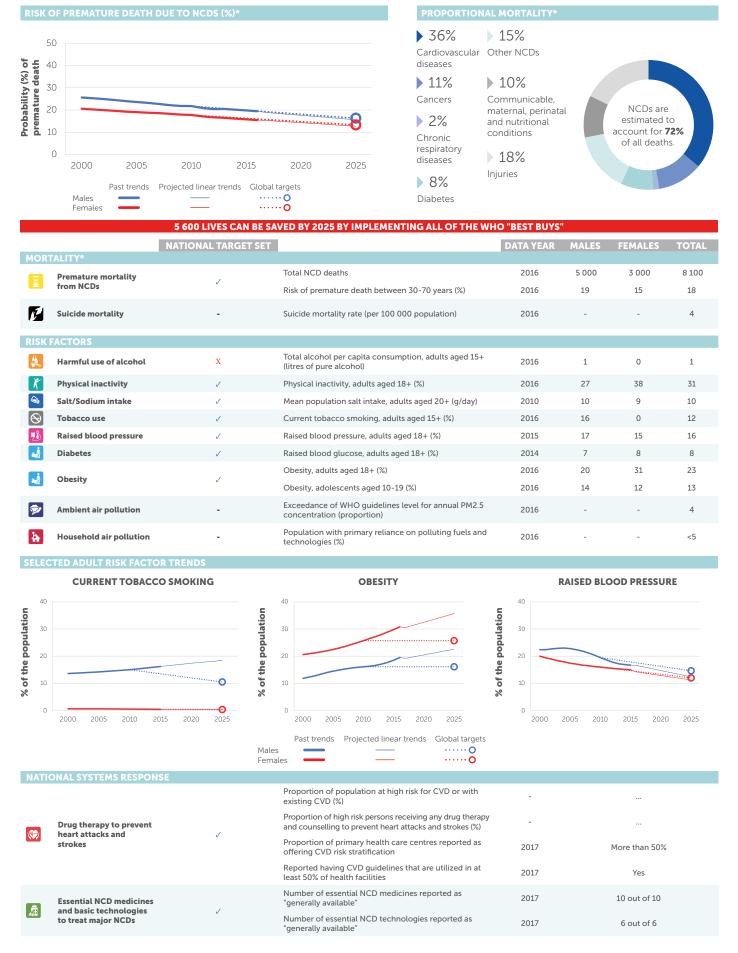
... = no data available † See Explanatory Notes $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

NORWAY



^{... =} no data available o not exceeding



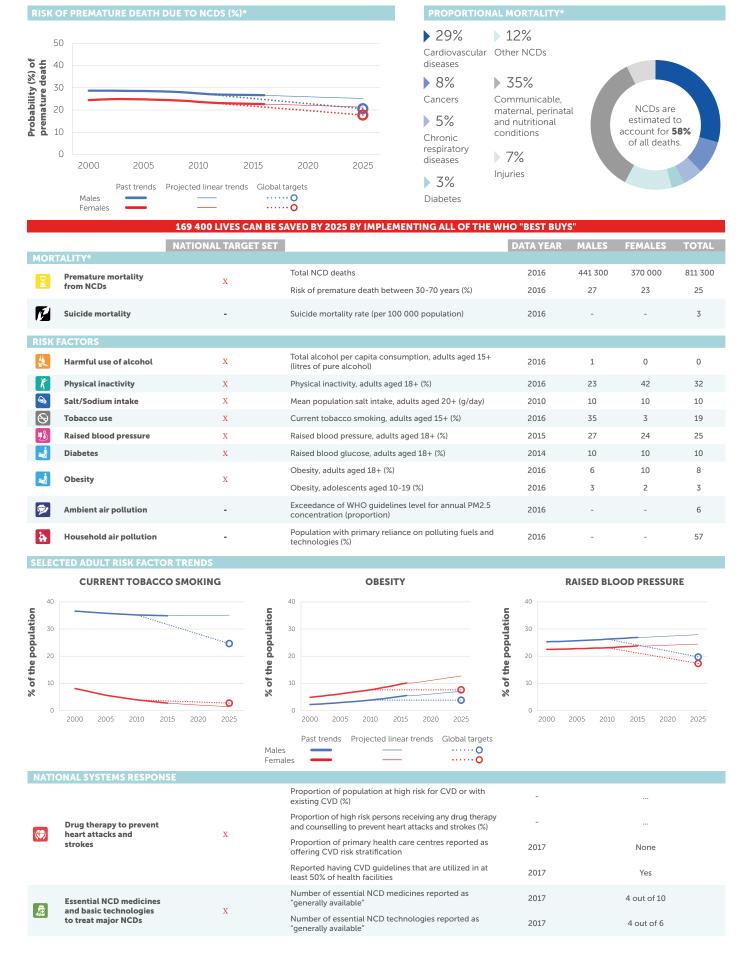


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{**} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

PAKISTAN



^{... =} no data available

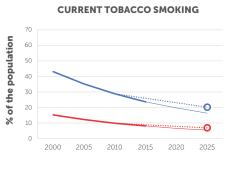
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

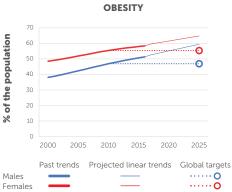


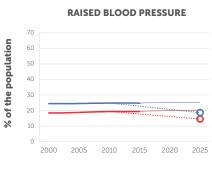
RISK OF PREMATURE DEATH DUE TO NCDS (%)[†] NO DATA AVAILABLE

PROPORTIONAL MORTALITY[†] NO DATA AVAILABLE

		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MOR	TALITY						
	Premature mortality	X	Total NCD deaths	2016			
	from NCDs	A	Risk of premature death between 30-70 years (%)	2016			
<u>r</u>	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016			
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	33	57	45
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010		***	
(S)	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	23	8	16
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	25	19	22
<u>"i</u>	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	25	21	23
	Obesity	,	Obesity, adults aged 18+ (%)	2016	51	58	55
~ 11	Obesity	✓	Obesity, adolescents aged 10-19 (%)	2016	30	29	29
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
4	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	13
SELEC	CTED ADULT RISK FACTO	OR TRENDS					
	CURRENT TOBACO	CO SMOKING	OBESITY	F	RAISED BLO	OOD PRESSU	RE







NATIONAL SYSTEMS RESPONSE

Drug therapy to prevent heart attacks and strokes

Essential NCD medicines and basic technologies to treat major NCDs

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Proportion of population at high risk for CVD or with existing CVD (%)

Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)

Proportion of primary health care centres reported as offering CVD risk stratification

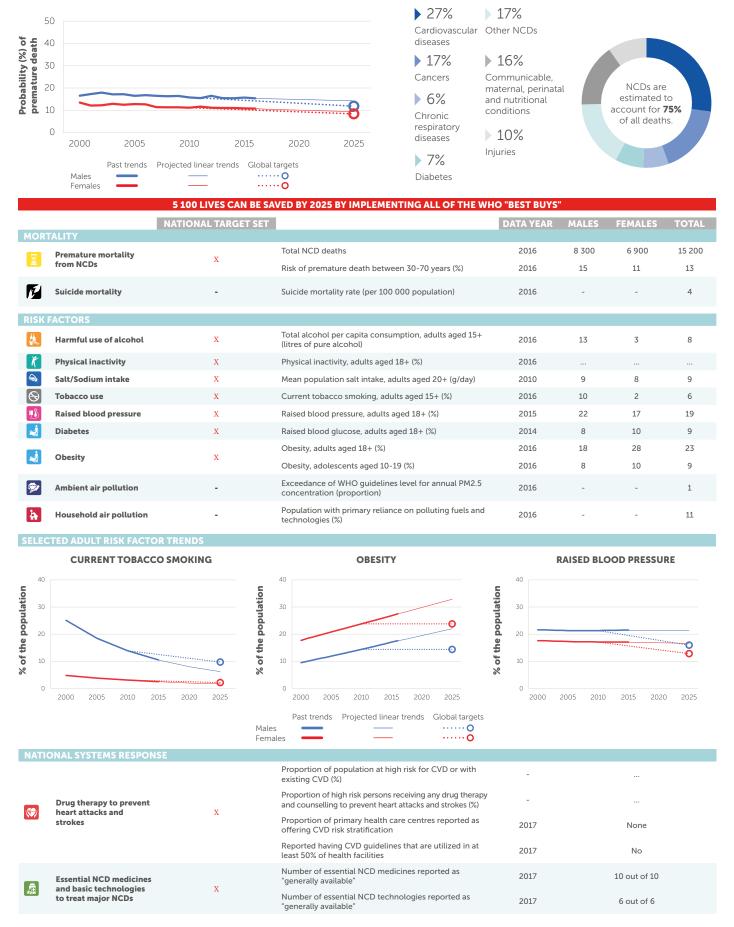
Reported having CVD guidelines that are utilized in at least 50% of health facilities Number of essential NCD medicines reported as "generally available" Number of essential NCD technologies reported as - ...
- ...
2017 More than 50%
2017 Yes
2017 10 out of 10

6 out of 6

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

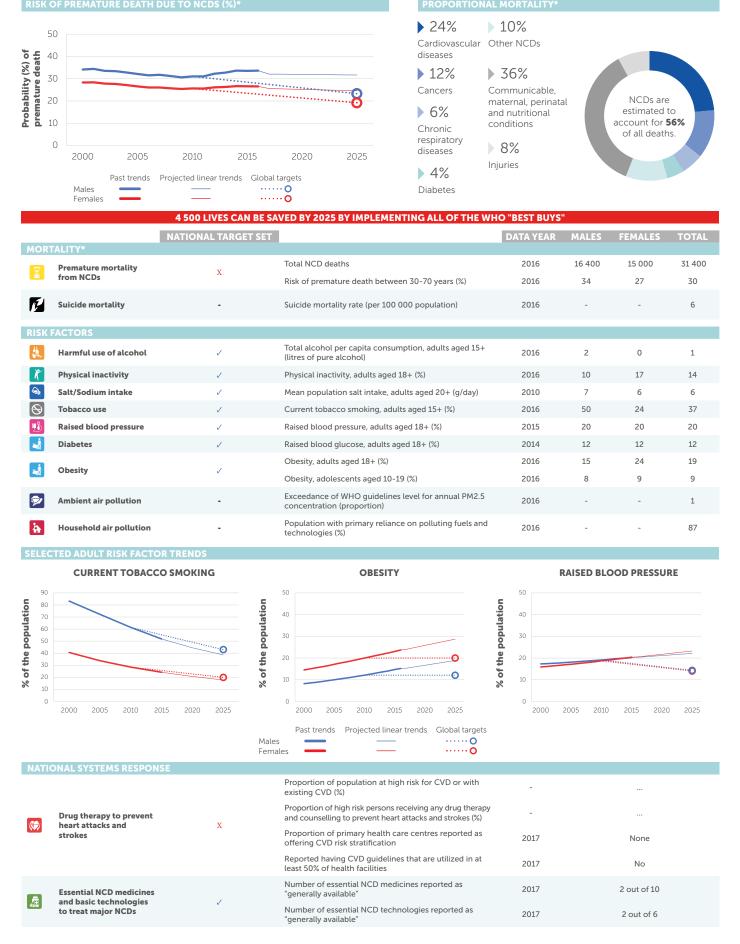
2017





PAPUA NEW GUINEA

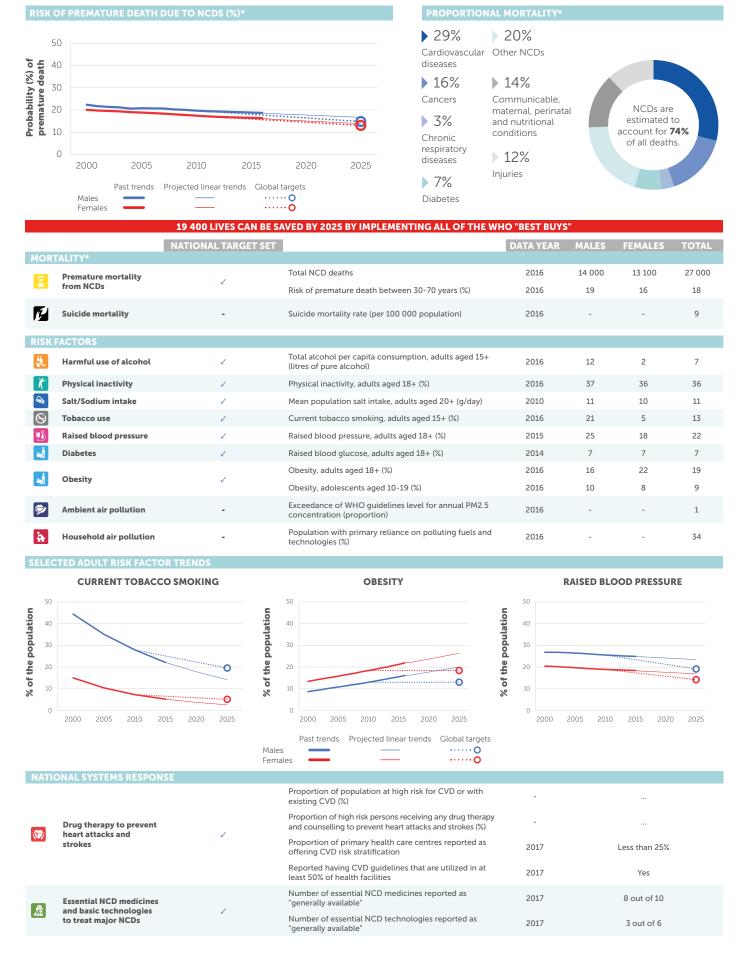
2016 TOTAL POPULATION: 8 085 000 **2016 TOTAL DEATHS: 56 000**



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

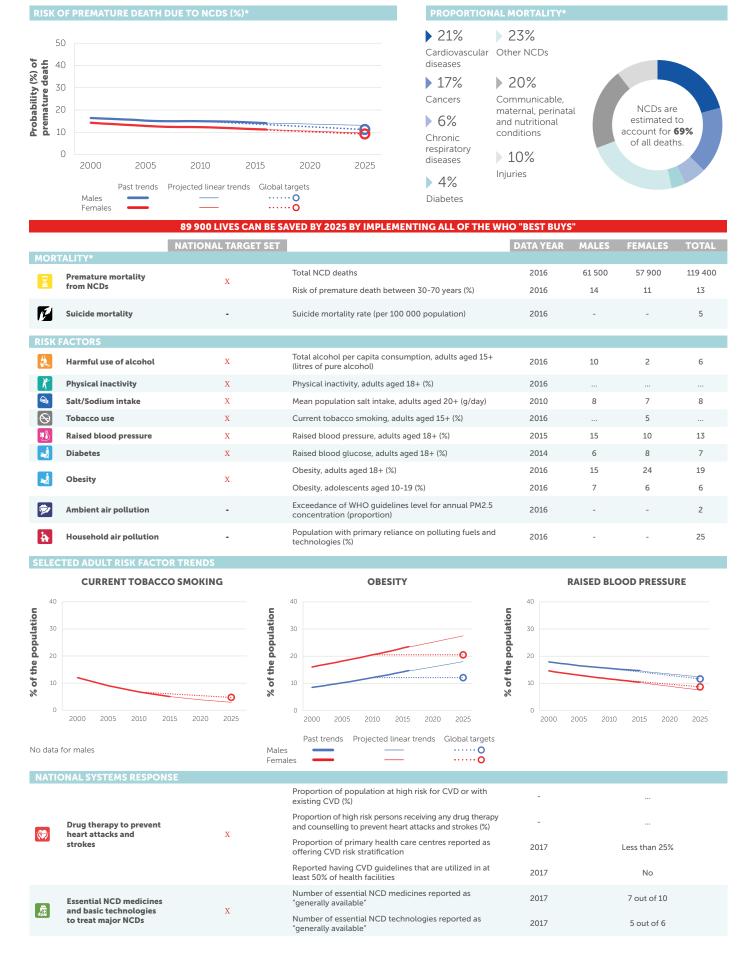
PARAGUAY



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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.



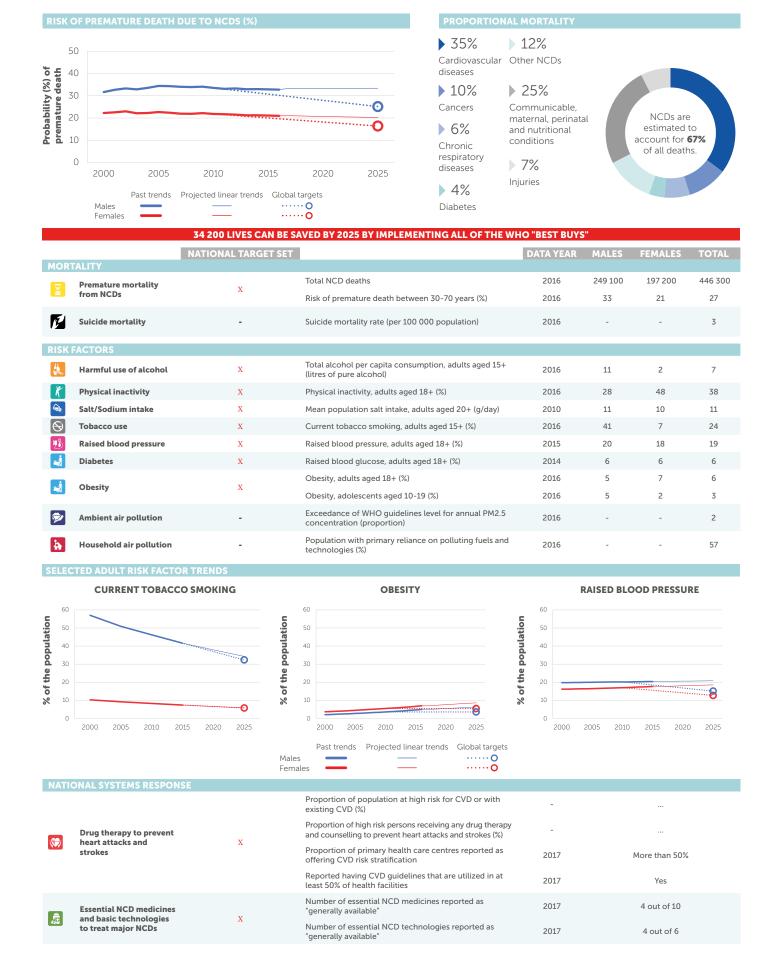


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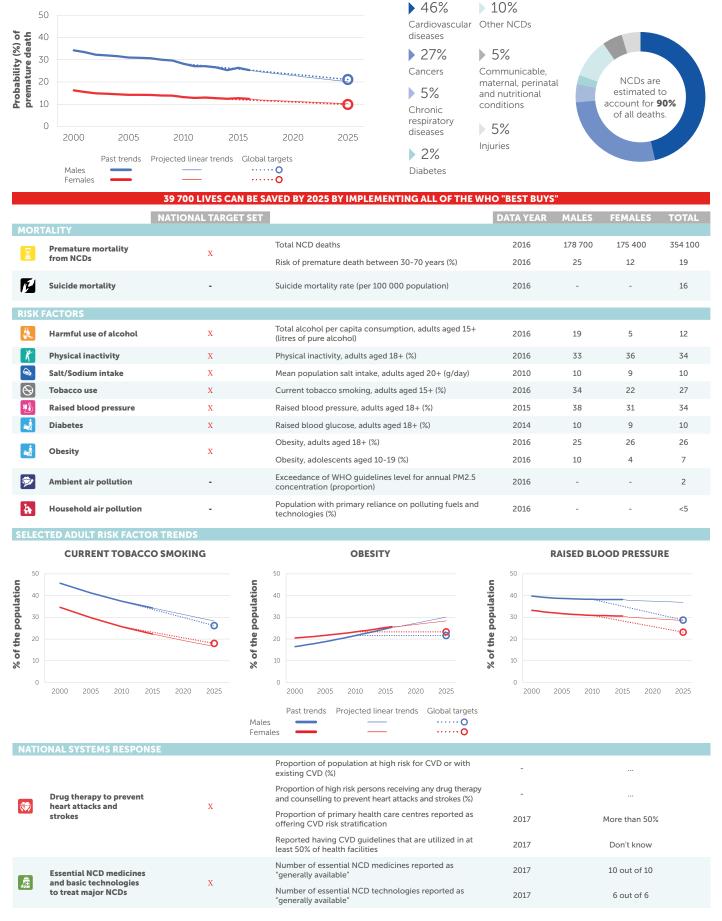
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

PHILIPPINES

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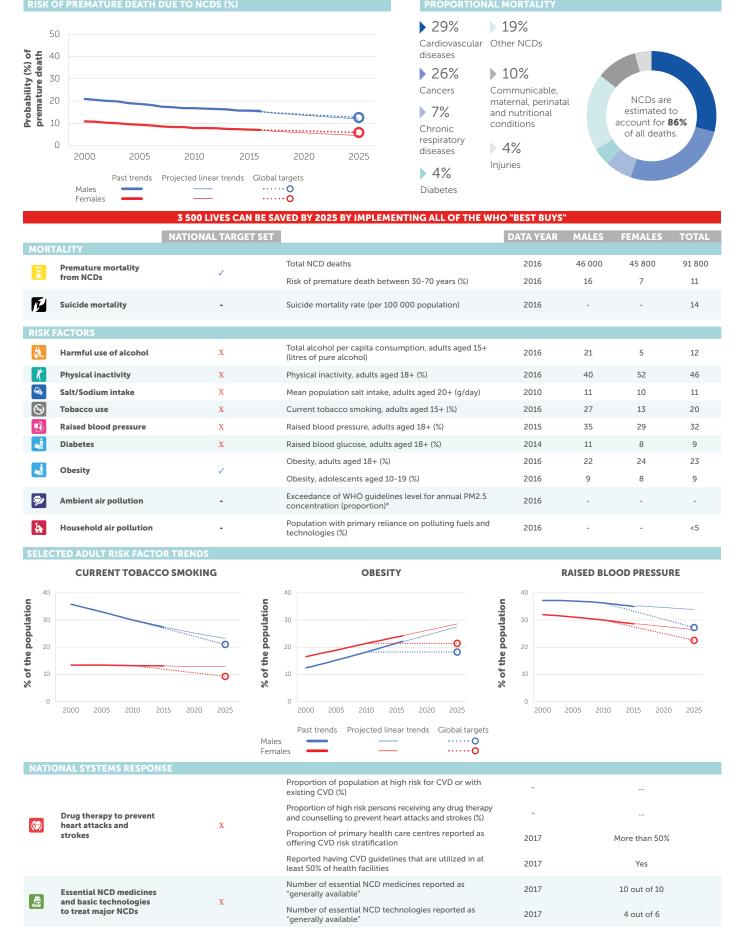


POLAND



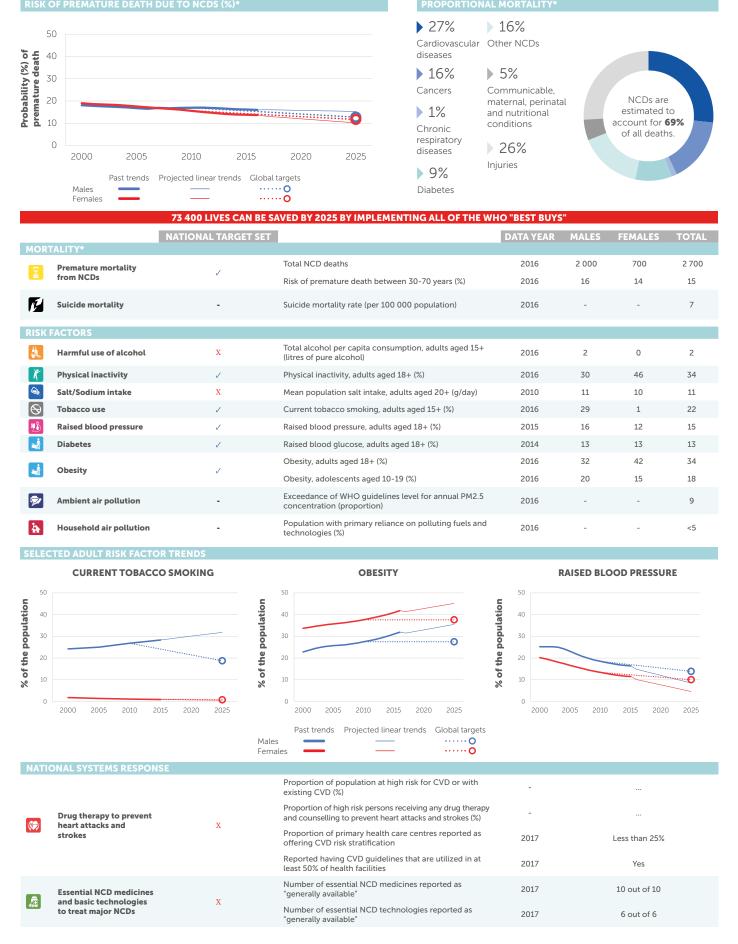
= no data available

PORTUGAL



^{... =} no data available o not exceeding



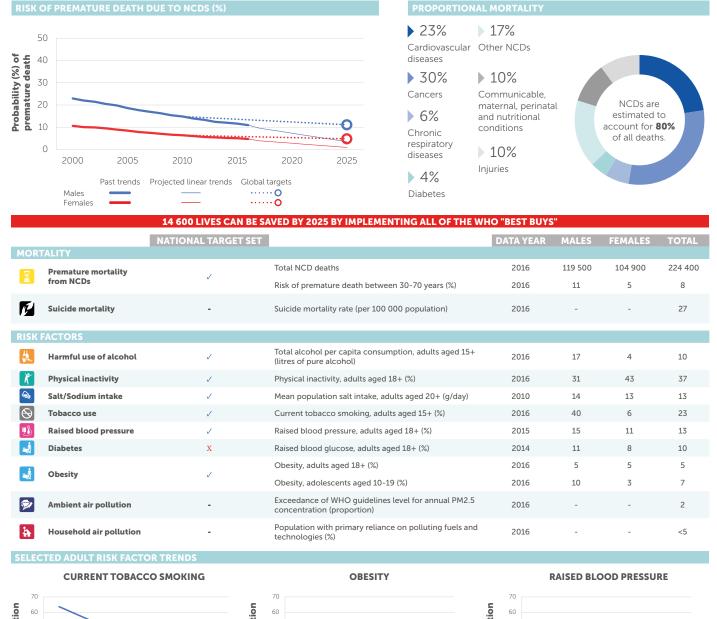


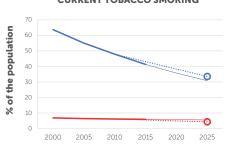
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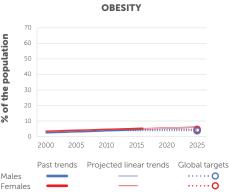
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

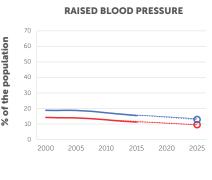
The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

2016 TOTAL POPULATION: 50 792 000 **2016 TOTAL DEATHS:** 281 000









Drug therapy to prevent heart attacks and strokes
heart attacks and

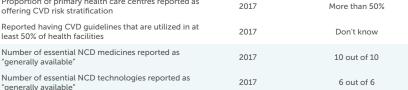
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NATIONAL SYSTEMS RESPO



Proportion of population at high risk for CVD or with existing CVD (%)
Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)
Proportion of primary health care centres reported as offering CVD risk stratification
Reported having CVD guidelines that are utilized in at least 50% of health facilities

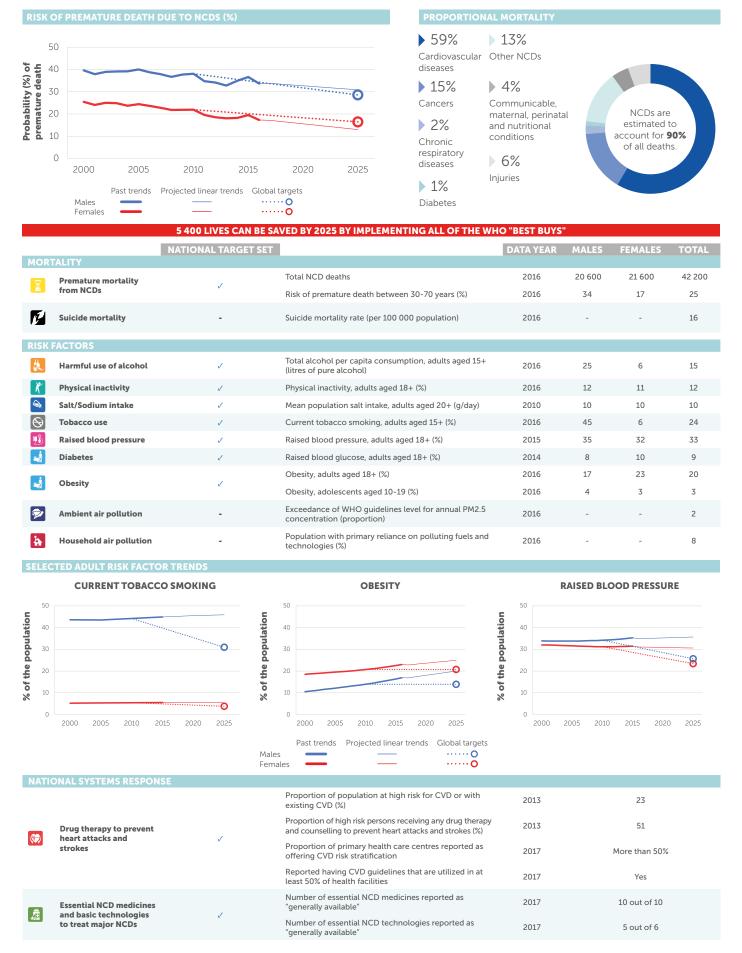
х



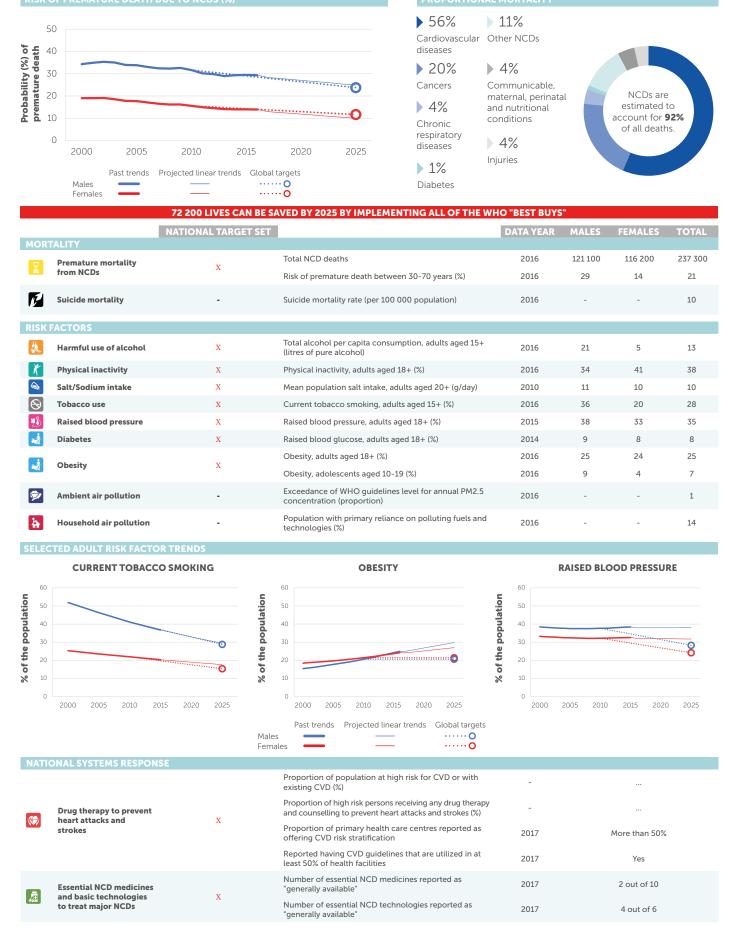
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

REPUBLIC OF MOLDOVA

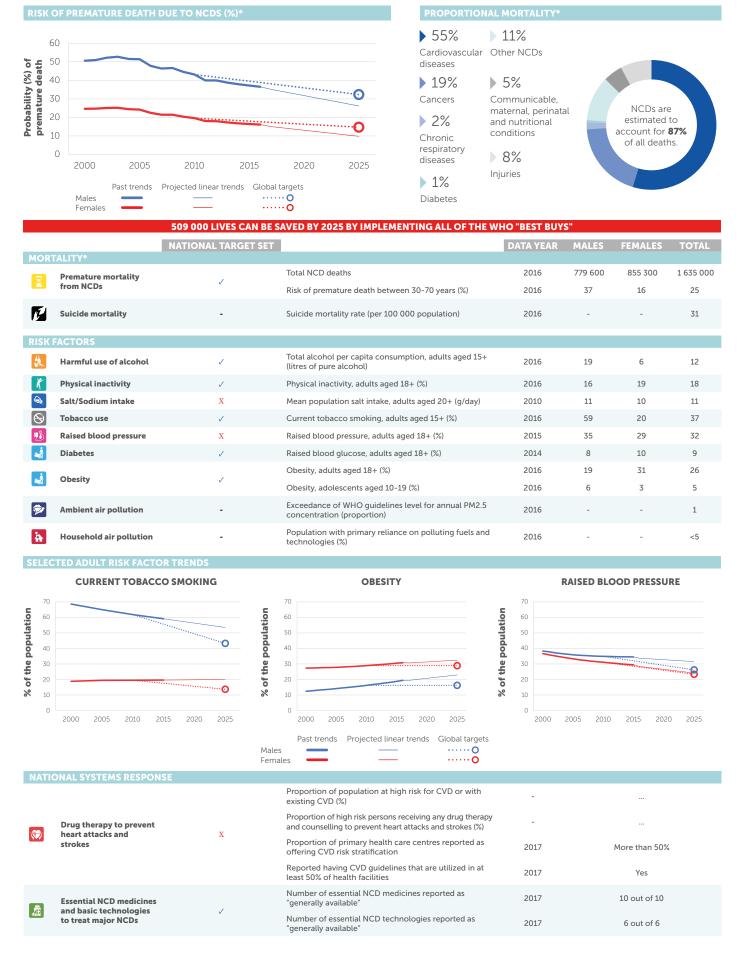
2016 TOTAL POPULATION: 4 060 000 **2016 TOTAL DEATHS:** 47 000



ROMANIA

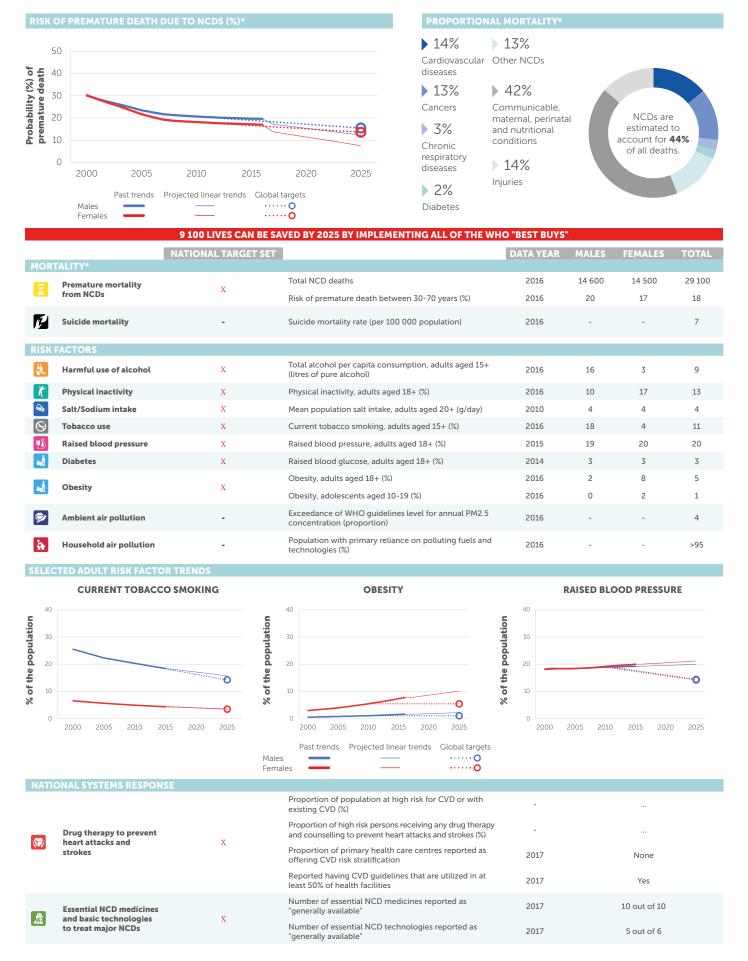


2016 TOTAL POPULATION: 144 000 000 **2016 TOTAL DEATHS:** 1 870 000



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

RWANDA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

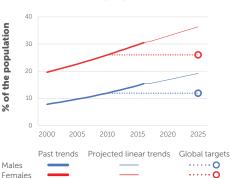
2016 TOTAL POPULATION: 55 000 2016 TOTAL DEATHS: ...

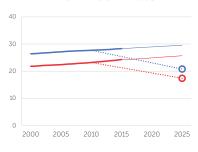
NO DATA AVAILABLE NO DATA AVAILABLE

		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MORT	TALITY [†]						
	Premature mortality	X	Total NCD deaths	2016			
	from NCDs	A	Risk of premature death between 30-70 years (%)	2016			
<u>F</u>	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	15	3	9
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	28	44	36
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010		***	
⊗	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	28	24	26
À	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	13	17	15
	Obseite	V	Obesity, adults aged 18+ (%)	2016	15	31	23
~ //	Obesity	X	Obesity, adolescents aged 10-19 (%)	2016	11	11	11
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
in the	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%) $$	2016	-	-	<5
SELEC	TED ADULT RISK FACT	OR TRENDS					
	CURRENT TOBACCO SMOKING		OBESITY	RAISED BLOOD PRESS		OOD PRESSUI	JRE

NO DATA AVAILABLE







NATIONAL SYSTEMS RESPONSI





Proportion of population at high risk for CVD or with







% of the population

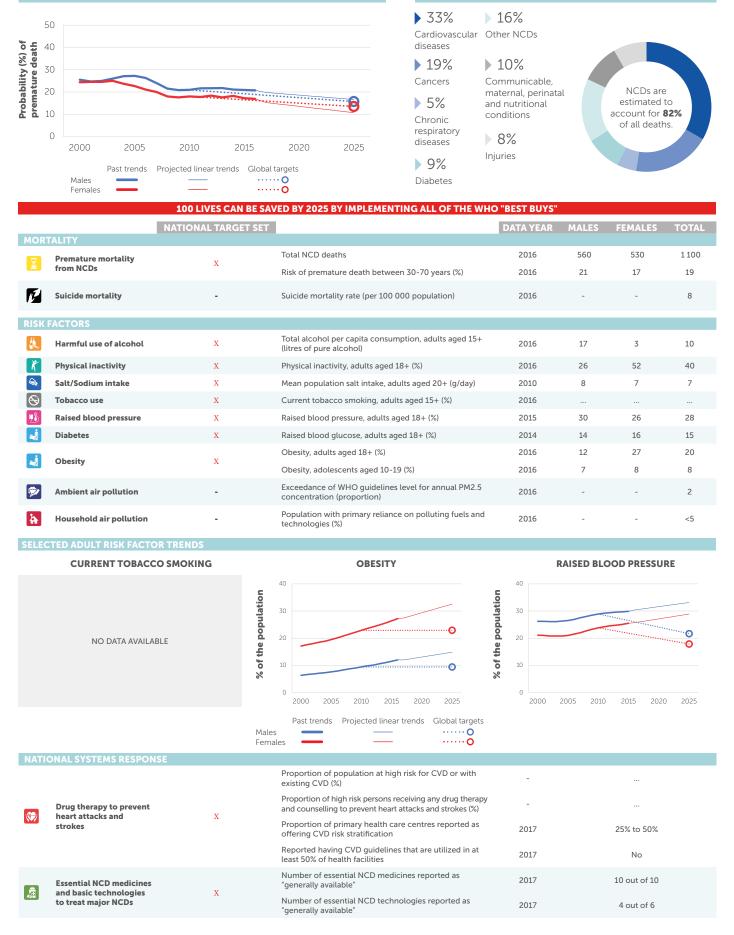




... = no data available † See Explanatory Notes

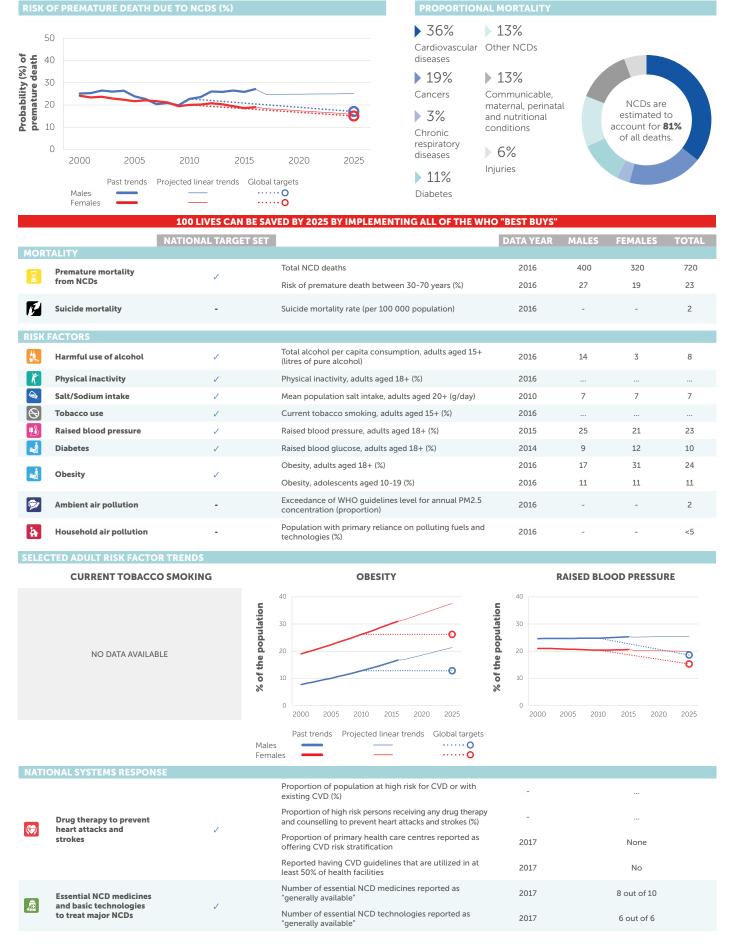
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SAINT LUCIA



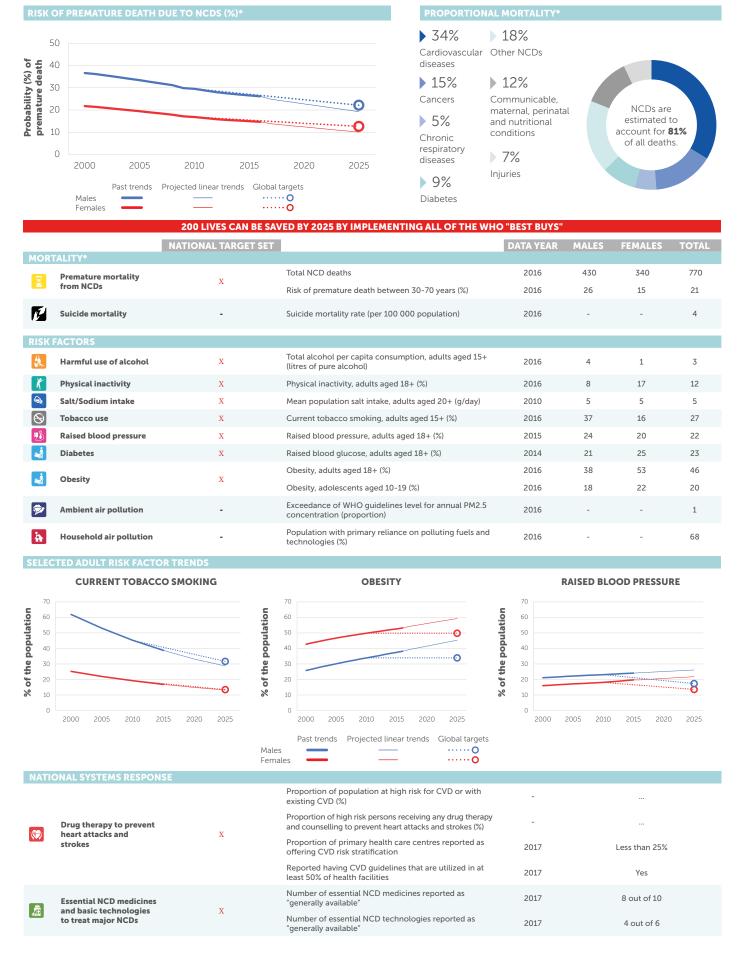
SAINT VINCENT AND THE GRENADINES

2016 TOTAL POPULATION: 110 000 **2016 TOTAL DEATHS:** 890



= no data available

SAMOA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

SAN MARINO

RISK OF PREMATURE DEATH DUE TO NCDS (%)†
NO DATA AVAILABLE
NO DATA AVAILABLE

PROPORTIO	AL MORTALITY [†]	
	NO DATA AVAILABLE	

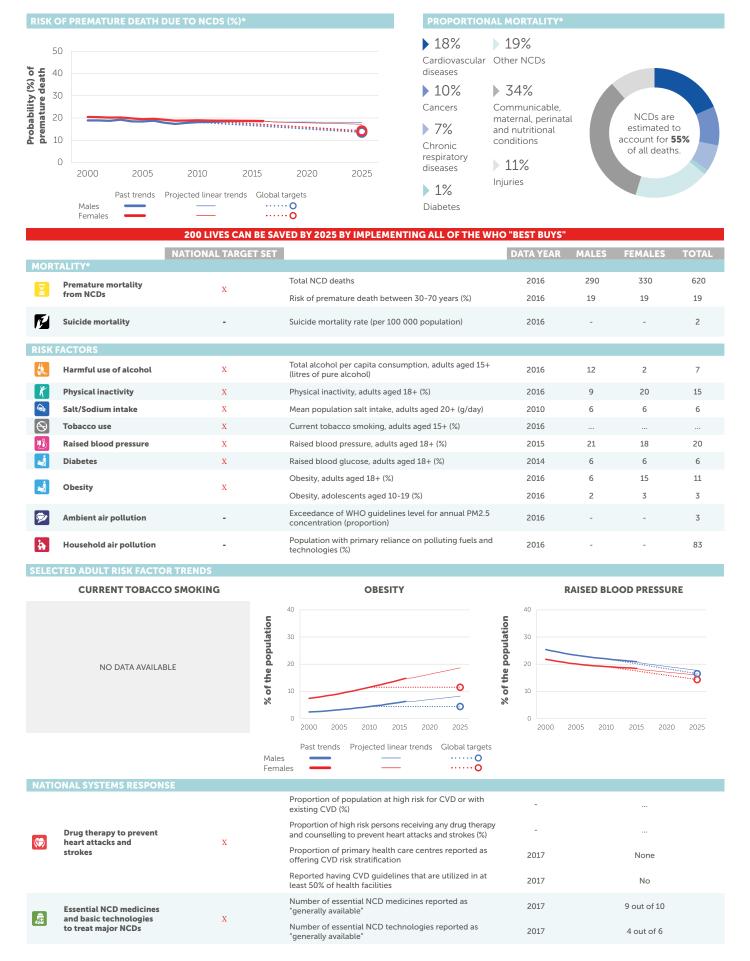
		NATIONAL TARGET SET	ı	DATA YEAR	MALES	FEMALEC.	TOTAL			
MOR	TALITY [†]	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL			
	Premature mortality		Total NCD deaths	2016						
	from NCDs	X	Risk of premature death between 30-70 years (%)	2016						
N.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-				
RISK	RISK FACTORS									
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016						
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016						
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010						
\odot	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016						
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015						
À	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014						
	Observitor	V	Obesity, adults aged 18+ (%)	2016	***	***				
~ /0	Obesity	X	Obesity, adolescents aged 10-19 (%)	2016						
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1			
b	Household air pollution	-	Population with primary reliance on polluting fuels and technologies $(\!\%\!)$	2016	-	-	<5			
SELEC	CTED ADULT RISK FACTO	OR TRENDS								
	CURRENT TOBACO	CO SMOKING	OBESITY	F	RAISED BLO	OOD PRESSU	RE			
	no data availa	NBLE	NO DATA AVAILABLE		NO DATA A	VAILABLE				

NATIO	DNAL SYSTEMS RESPONSE				
		X	Proportion of population at high risk for CVD or with existing CVD $(\%)$	-	
(na)	Drug therapy to prevent heart attacks and		Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	
	strokes		Proportion of primary health care centres reported as offering CVD risk stratification	2017	Don't know
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
ā	Essential NCD medicines	X	Number of essential NCD medicines reported as "generally available"	2017	10 out of 10
	and basic technologies to treat major NCDs		Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

... = no data available † See Explanatory Notes

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

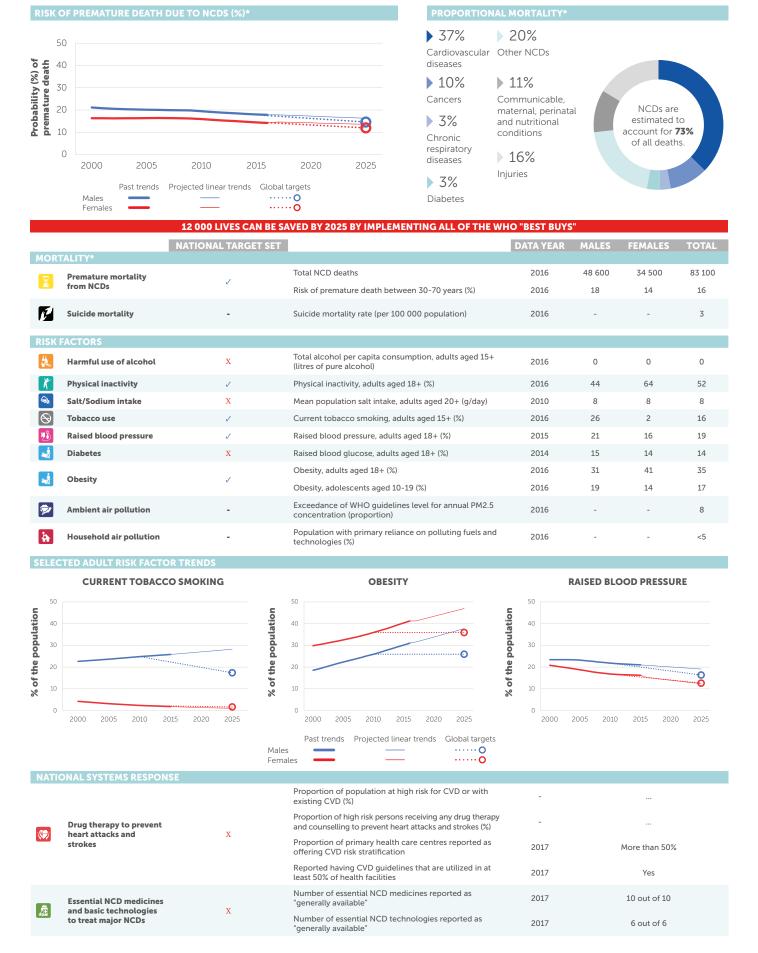
2016 TOTAL POPULATION: 200 000 **2016 TOTAL DEATHS:** 1 100



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

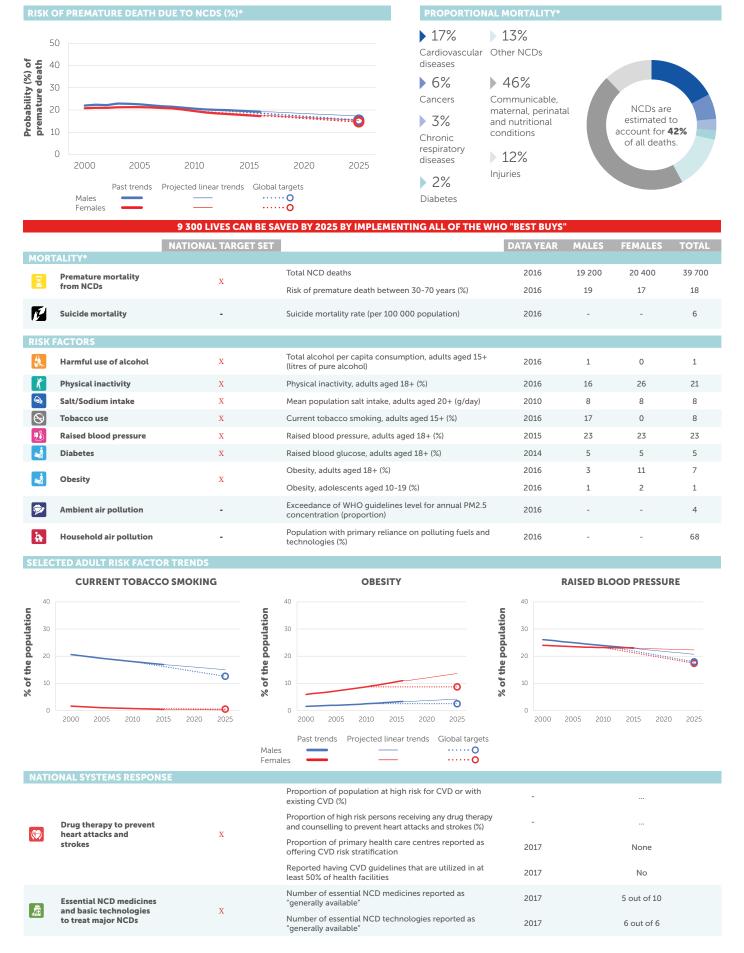
2016 TOTAL POPULATION: 32 276 000 **2016 TOTAL DEATHS:** 114 000



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

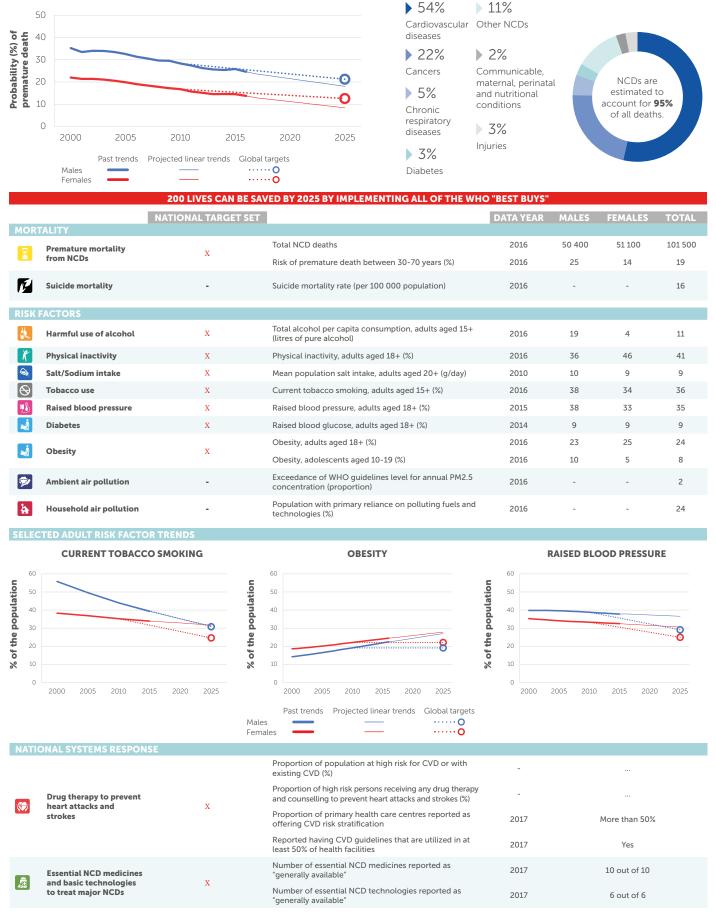
SENEGAL



^{... =} no data available

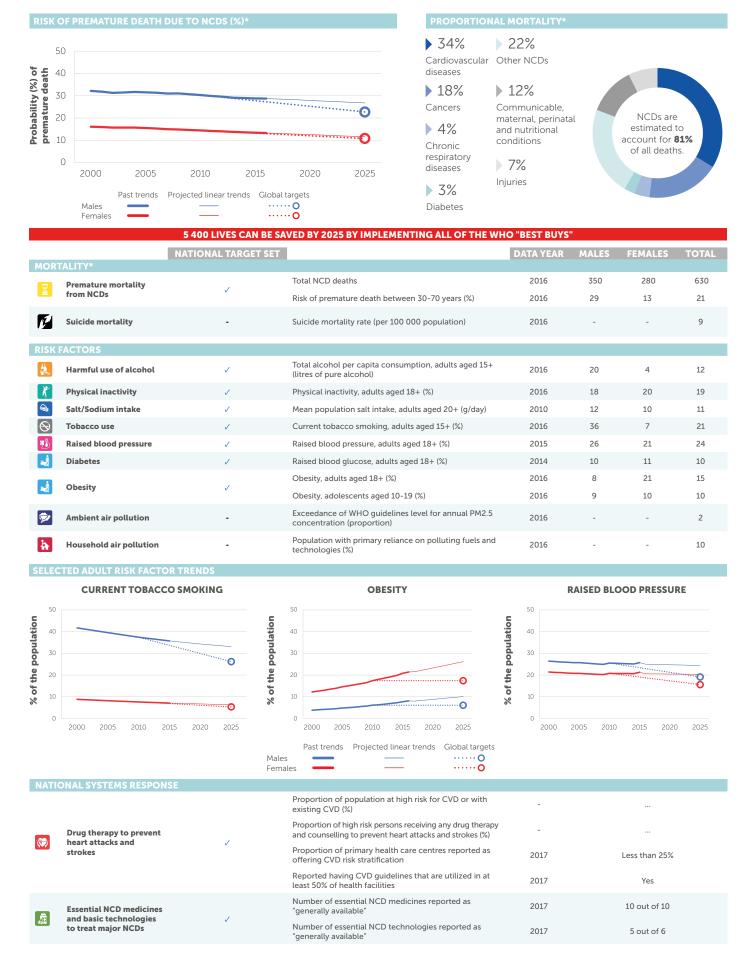
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SERBIA



= no data available

SEYCHELLES

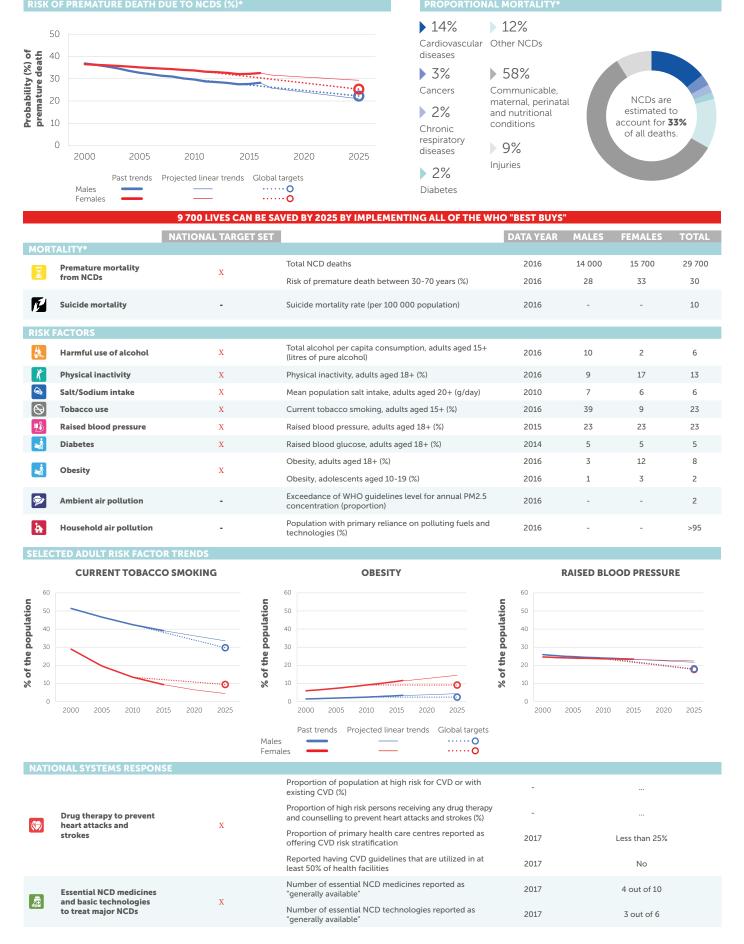


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

2016 TOTAL POPULATION: 7 396 000 **2016 TOTAL DEATHS:** 89 000

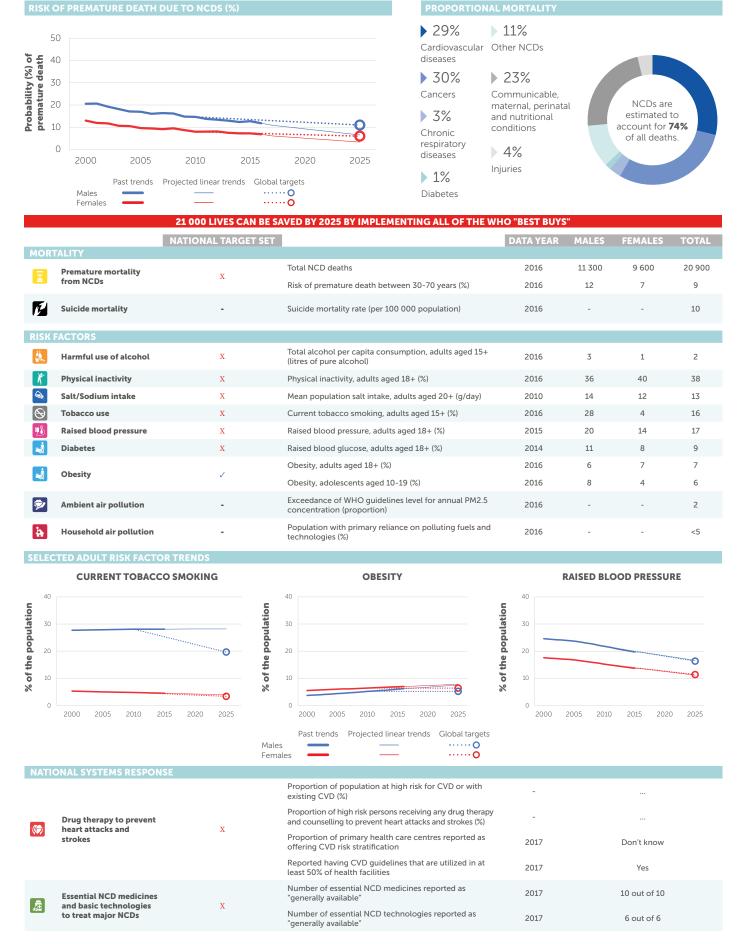
SIERRA LEONE



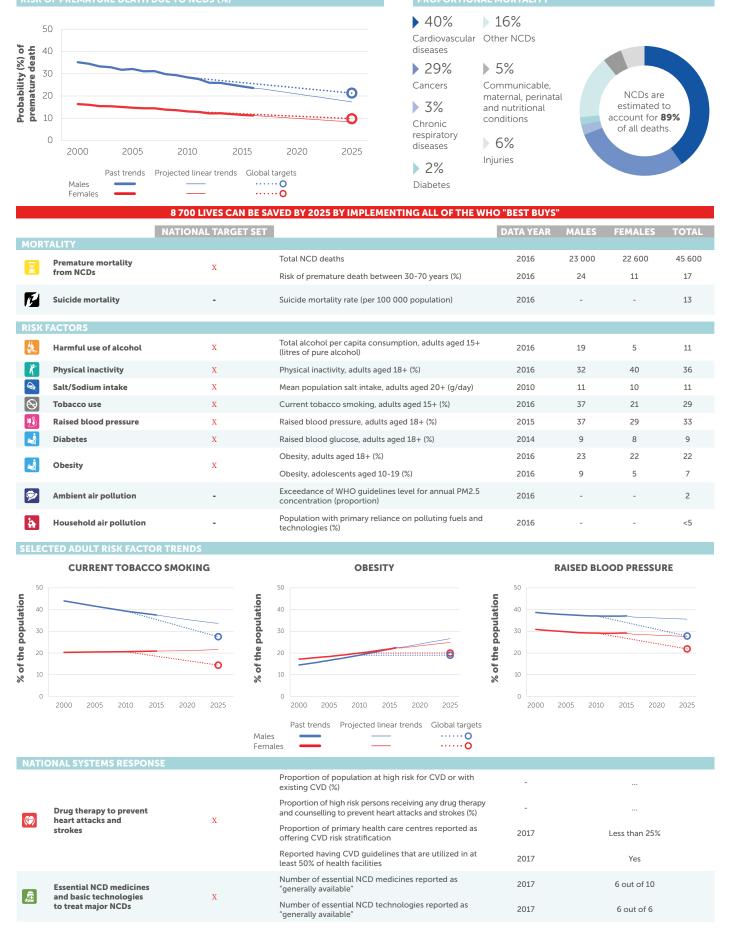
^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SINGAPORE

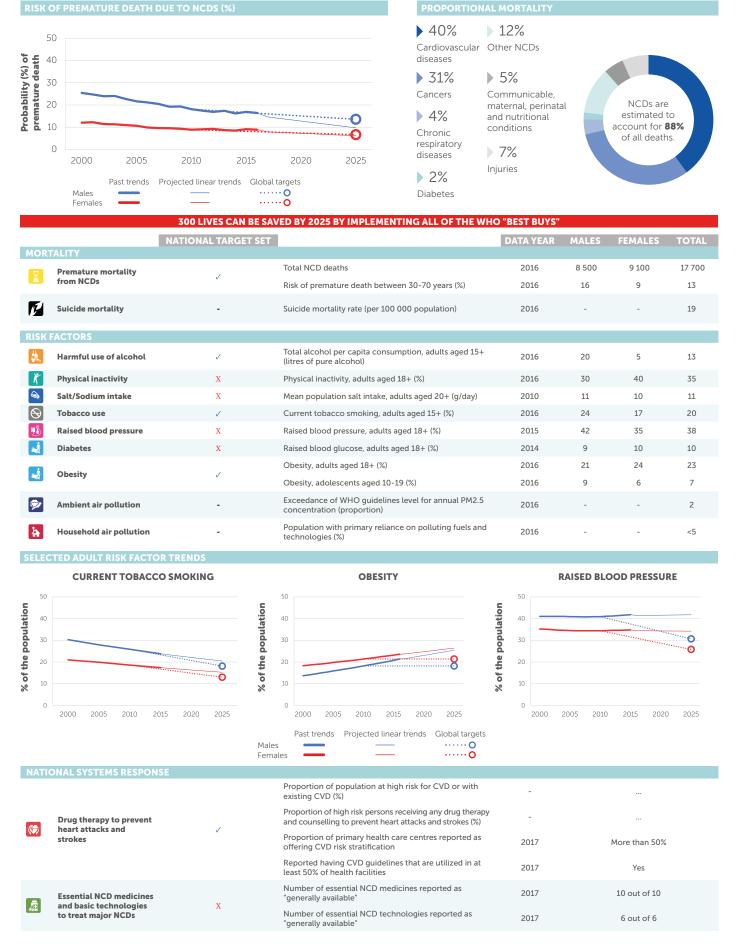


SLOVAKIA

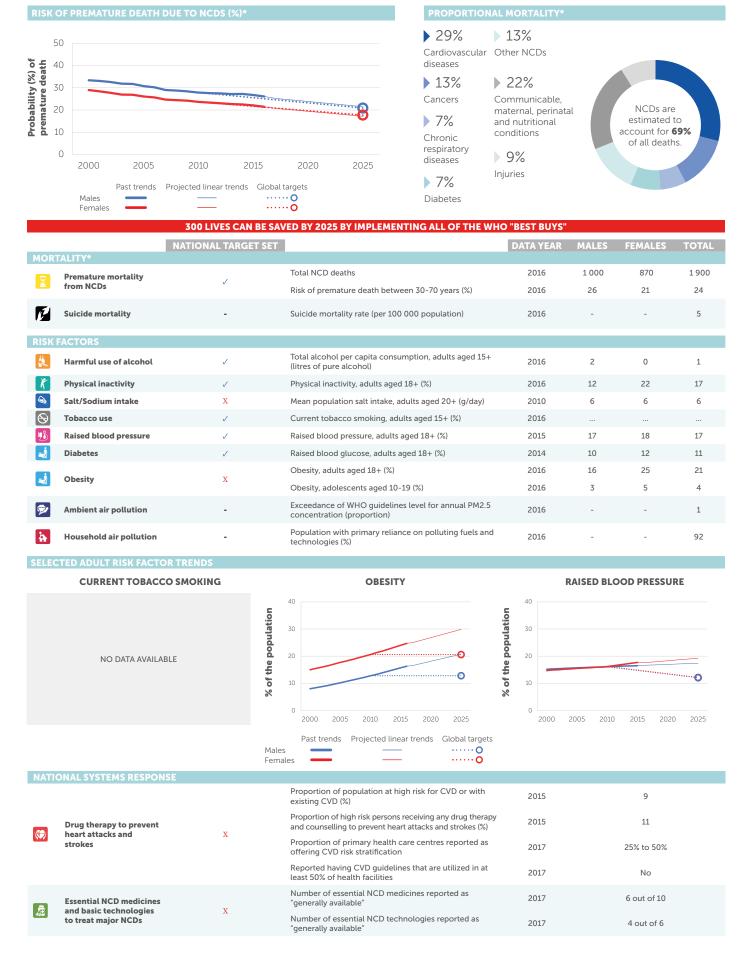


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SLOVENIA



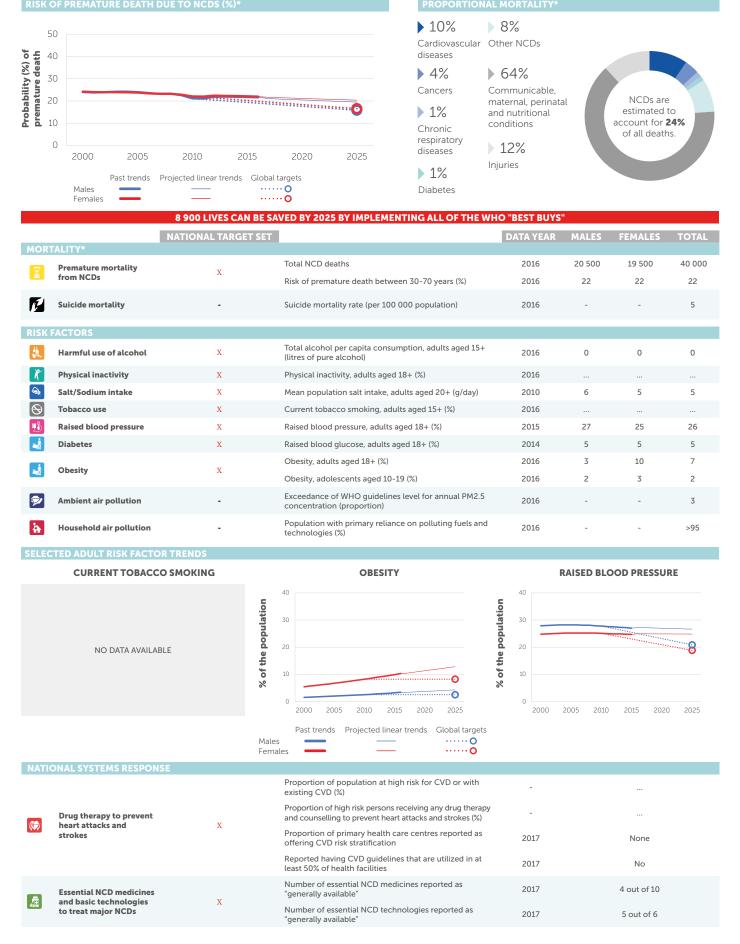
2016 TOTAL POPULATION: 599 000 **2016 TOTAL DEATHS:** 2 800



⁼ no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

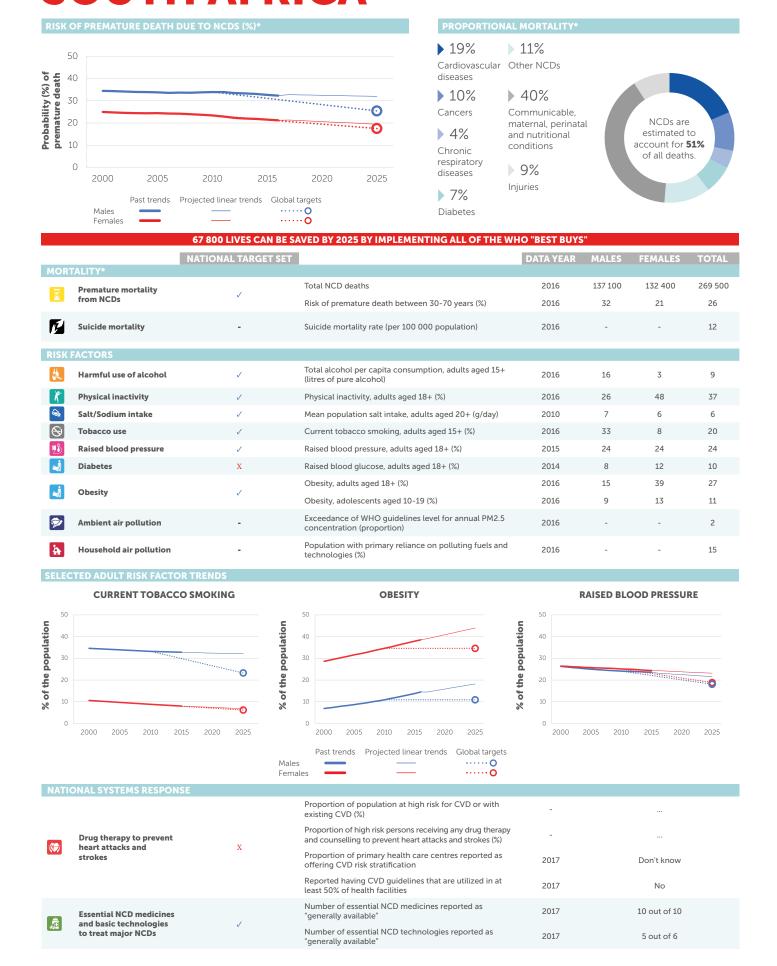
SOMALIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

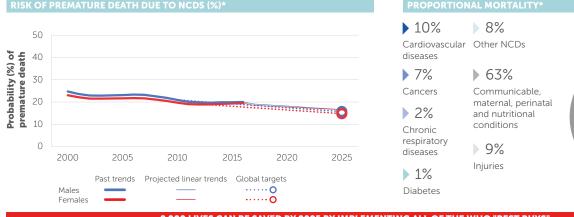
2016 TOTAL POPULATION: 56 015 000 **2016 TOTAL DEATHS:** 526 000

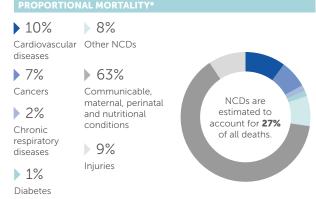


World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SOUTH SUDAN

2016 TOTAL POPULATION: 12 231 000 **2016 TOTAL DEATHS:** 121 000





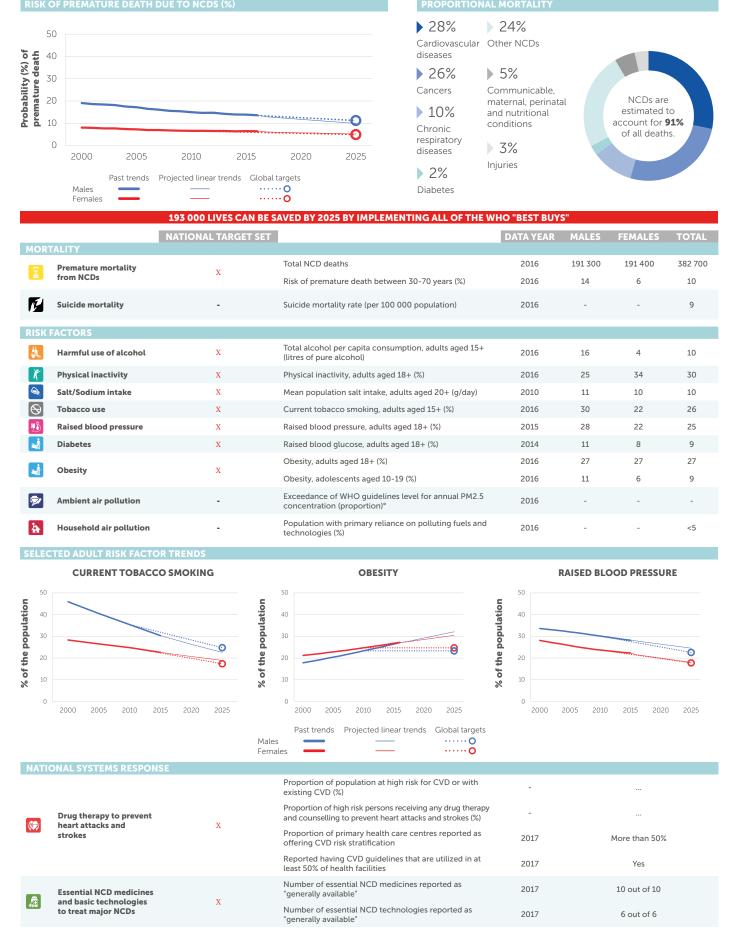
8 000 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"							
		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
MOR	TALITY*						
	Premature mortality	X	Total NCD deaths	2016	16 600	16 500	33 100
	from NCDs	X	Risk of premature death between 30-70 years (%)	2016	20	20	20
<u>r</u>	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	4
RISK	FACTORS						
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016			
K	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016			
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010			
\odot	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015			
	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014			
	Obesity	X	Obesity, adults aged 18+ (%)	2016			
	Obesity	A	Obesity, adolescents aged 10-19 (%)	2016			
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	4
à	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	>95
SELECTED ADULT RISK FACTOR TRENDS							
	CURRENT TOBACC	CO SMOKING	OBESITY	1	RAISED BLO	OOD PRESSUI	RE

CURRENT TOBACCO SMOKING	OBESITY	RAISED BLOOD PRESSURE
NO DATA AVAILABLE	NO DATA AVAILABLE	NO DATA AVAILABLE

NATIONAL SYSTEMS RESPONSE						
		х	Proportion of population at high risk for CVD or with existing CVD (%)	-		
(na)	Drug therapy to prevent heart attacks and		Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-		
	strokes		Proportion of primary health care centres reported as offering CVD risk stratification	2017	None	
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No	
ā	Essential NCD medicines	X	Number of essential NCD medicines reported as "generally available"	2017	0 out of 10	
	and basic technologies to treat major NCDs		Number of essential NCD technologies reported as "generally available"	2017	3 out of 6	

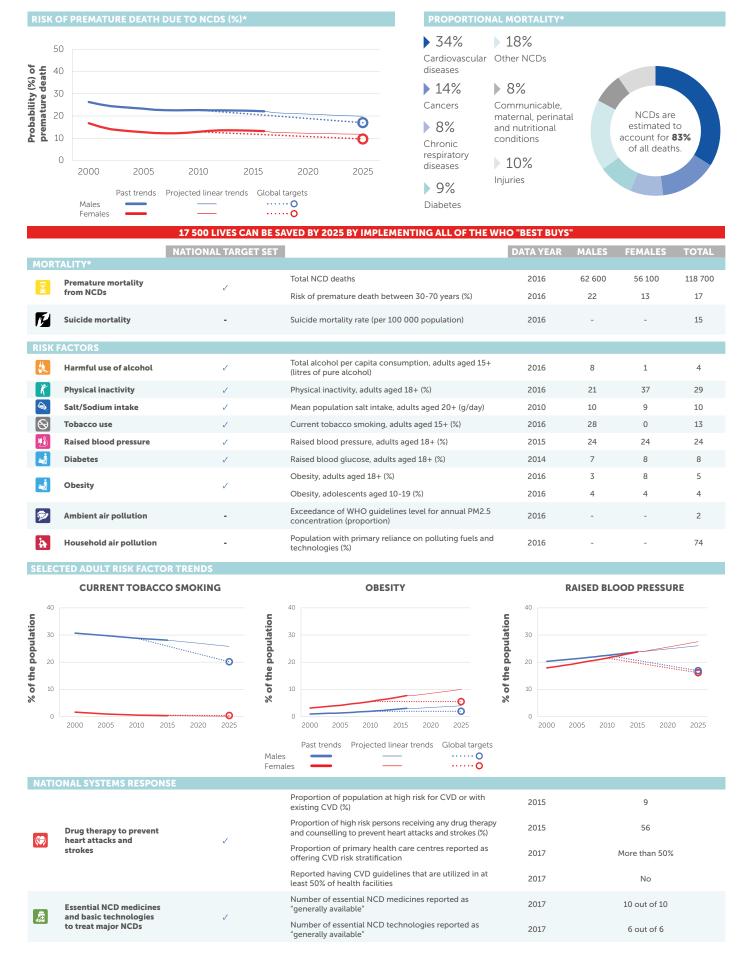
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SPAIN



^{... =} no data available o not exceeding

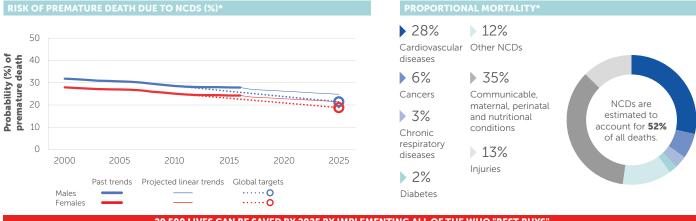
SRI LANKA



^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SUDAN



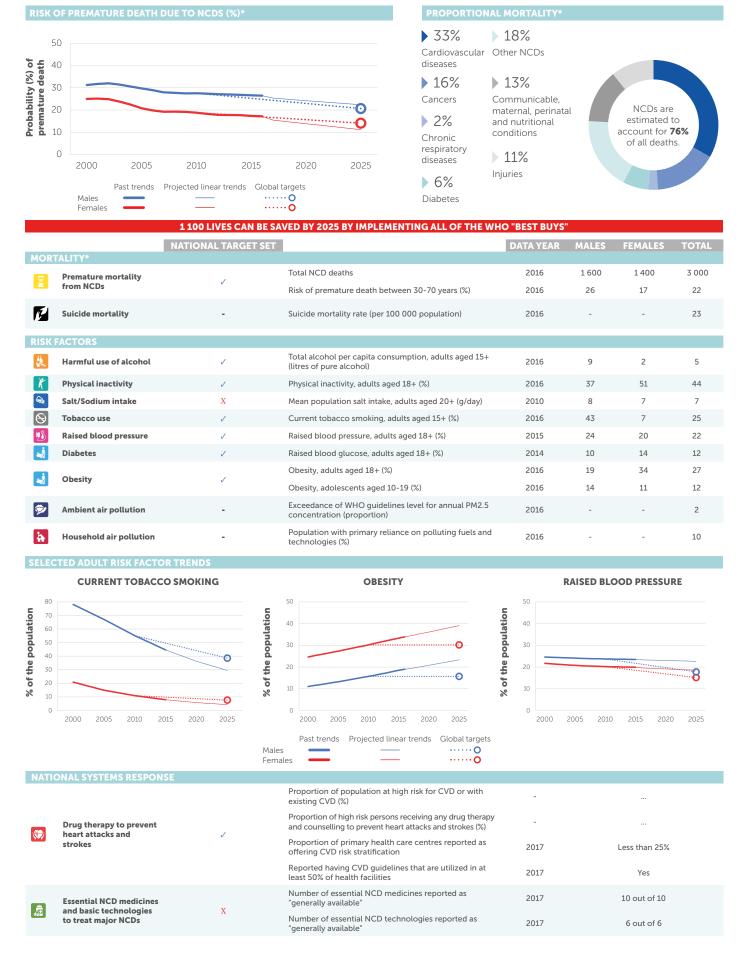
	29 500 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"							
		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL	
MOR	TALITY*							
	Premature mortality from NCDs	✓	Total NCD deaths	2016	74 400	72 700	147 100	
			Risk of premature death between 30-70 years (%)	2016	28	24	26	
E.	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	8	
RISK	FACTORS							
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	1	0	1	
X	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016				
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010				
8	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016				
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015				
À	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014				
-i	Obesity	✓	Obesity, adults aged 18+ (%)	2016				
	Obesity	V	Obesity, adolescents aged 10-19 (%)	2016				
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	5	
4	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	59	
SELEC	CTED ADULT RISK FACTO	OR TRENDS						
	CURRENT TOBACC	CO SMOKING	OBESITY	RAISED BLOOD PRESSURE			RE	
	NO DATA AVAILABLE		NO DATA AVAILABLE	NO DATA AVAILABLE				

NATIONAL SYSTEMS RESPONSE							
(%)	Drug therapy to prevent heart attacks and strokes	X	Proportion of population at high risk for CVD or with existing CVD (%)	2016	4		
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	2016	41		
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	None		
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	Yes		
ā	Essential NCD medicines and basic technologies to treat major NCDs	,	Number of essential NCD medicines reported as "generally available"	2017	0 out of 10		
		V	Number of essential NCD technologies reported as "generally available"	2017	3 out of 6		

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

 $[\]dots$ = no data available * The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

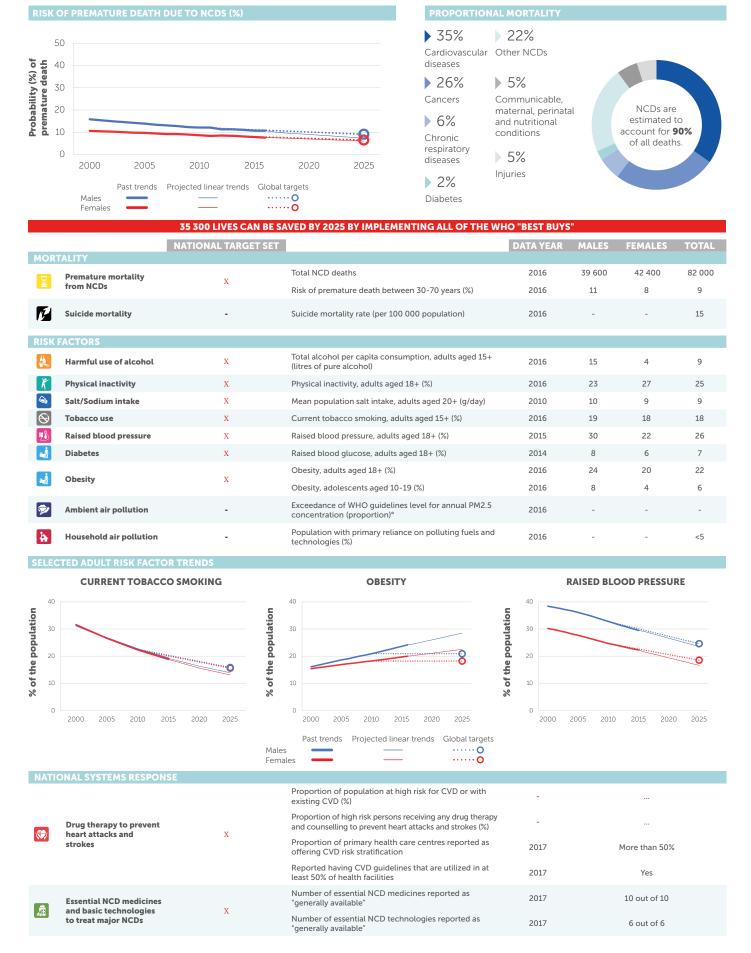
SURINAME



^{... =} no data available

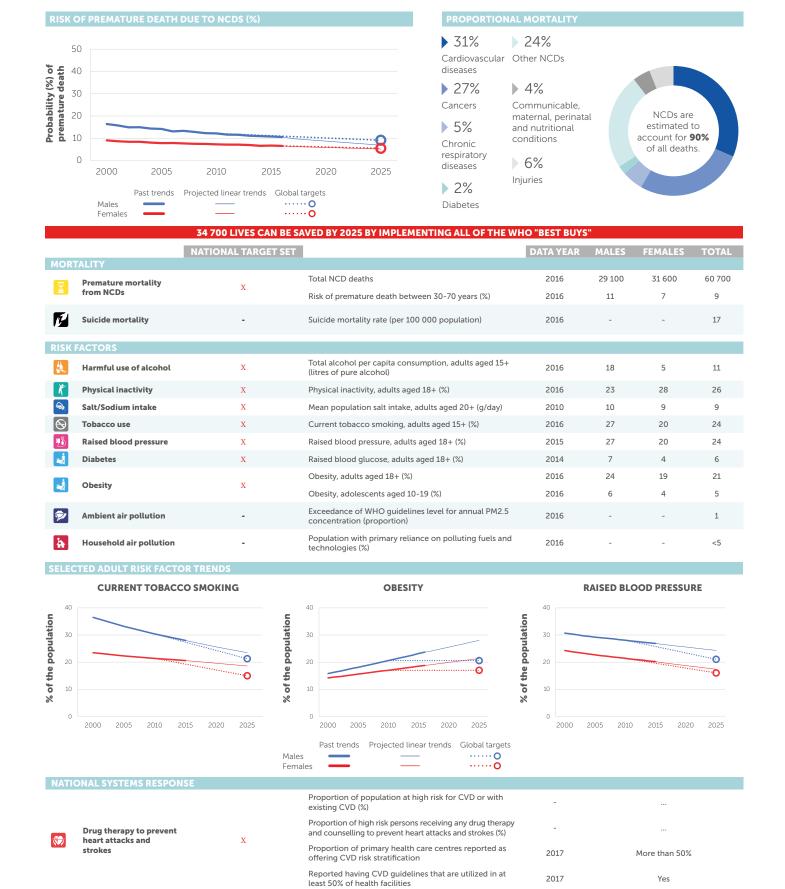
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

SWEDEN



^{... =} no data available o not exceeding

SWITZERLAND



Number of essential NCD medicines reported as

Number of essential NCD technologies reported as

... = no data available

Essential NCD medicines and basic technologies

to treat major NCDs

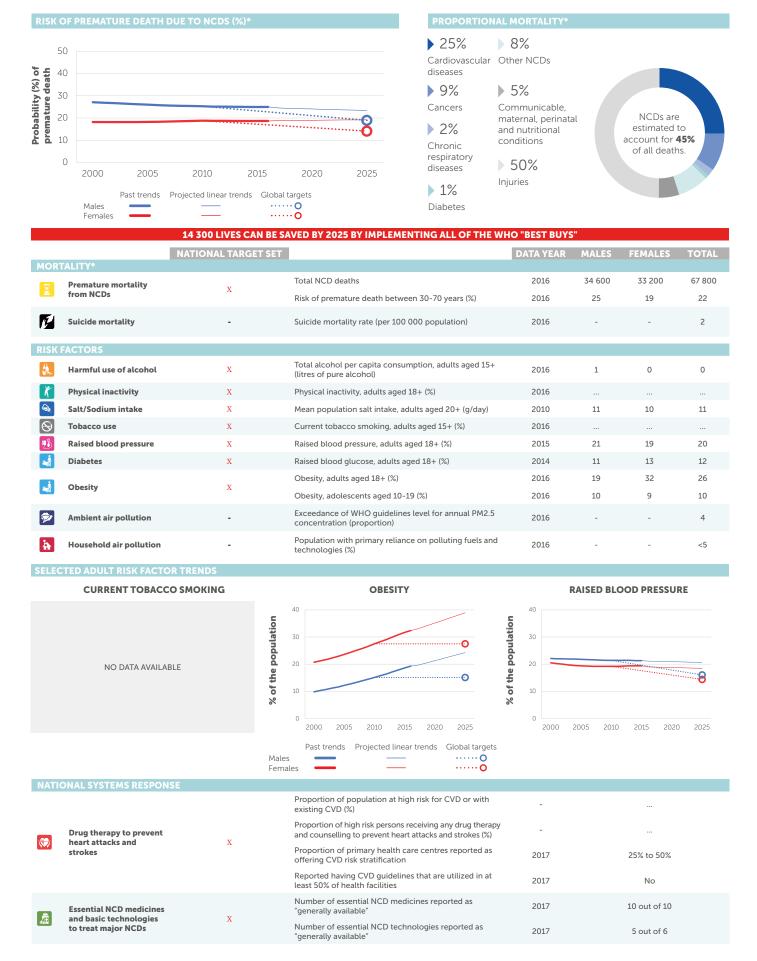
2017

2017

10 out of 10

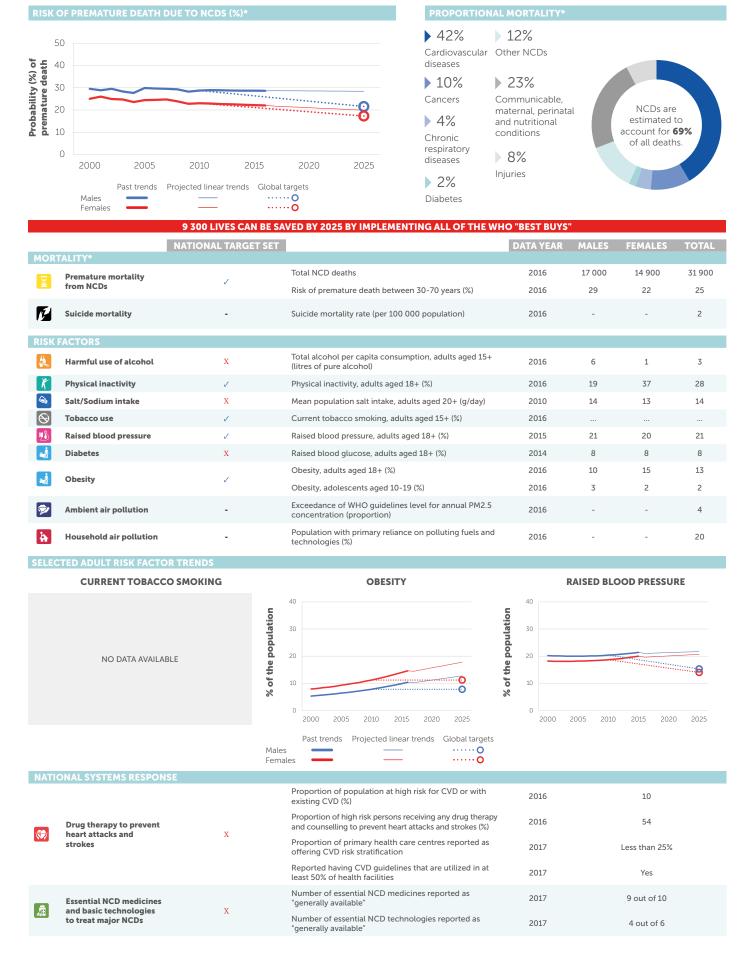
6 out of 6

2016 TOTAL POPULATION: 18 430 000 **2016 TOTAL DEATHS:** 150 000



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

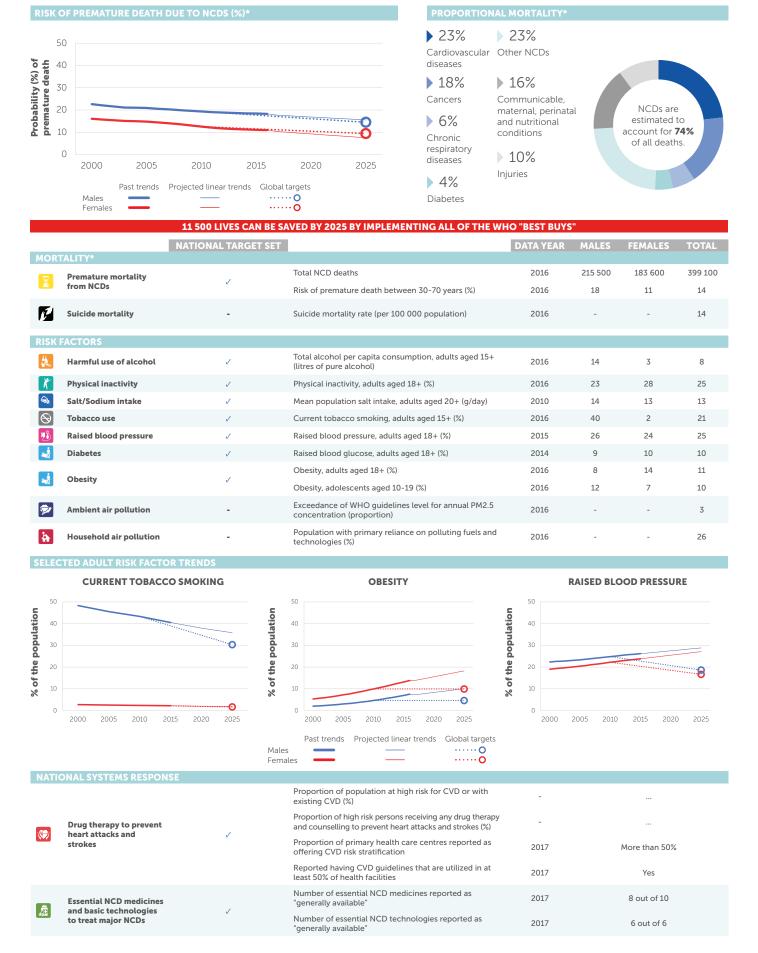
TAJIKISTAN



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

THAILAND

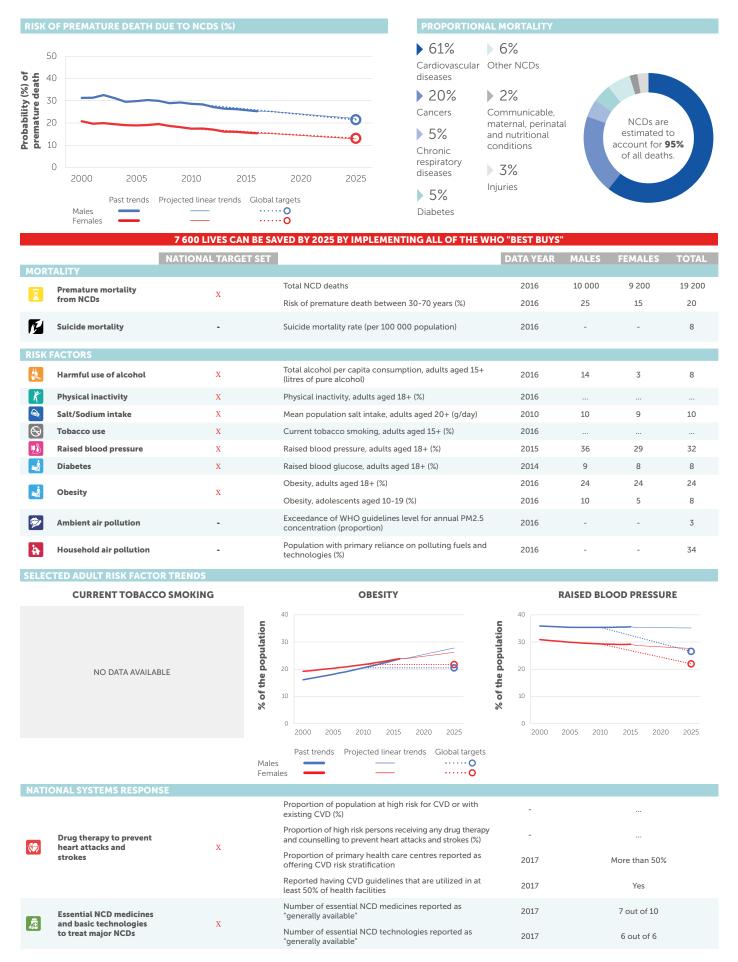


^{... =} no data available

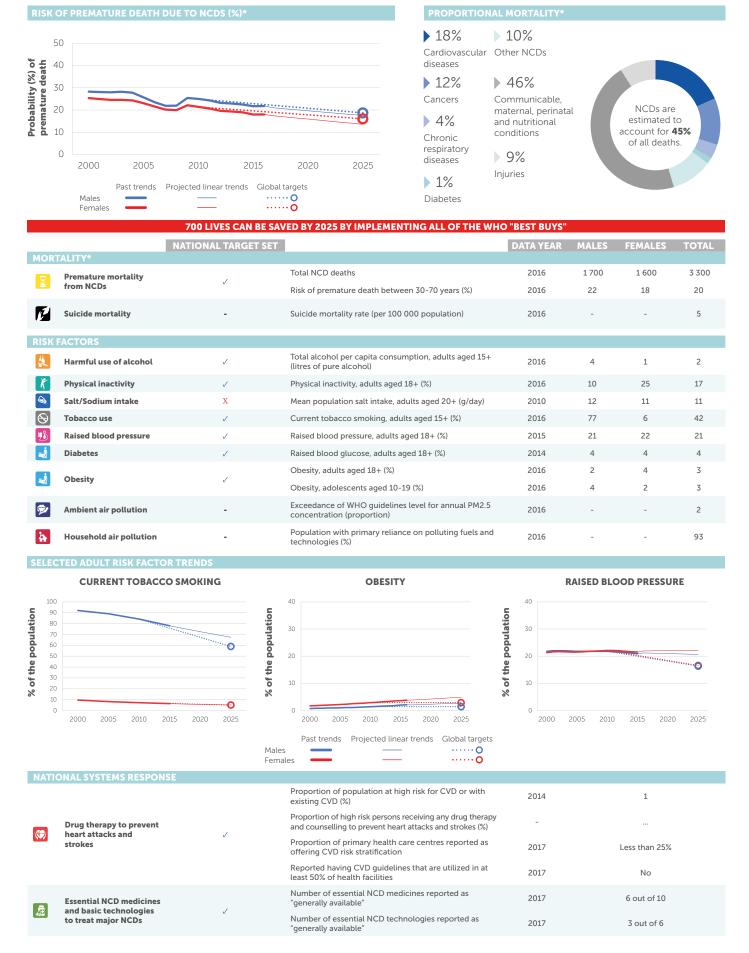
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

2016 TOTAL POPULATION: 2 081 000 **2016 TOTAL DEATHS:** 20 000



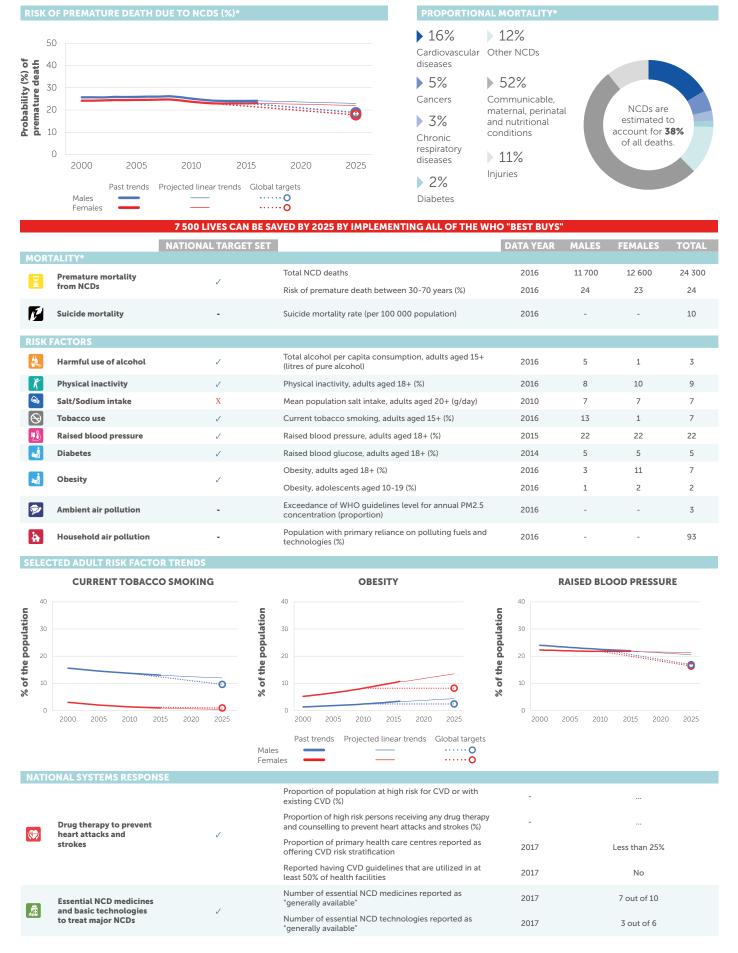
TIMOR-LESTE



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

TOGO

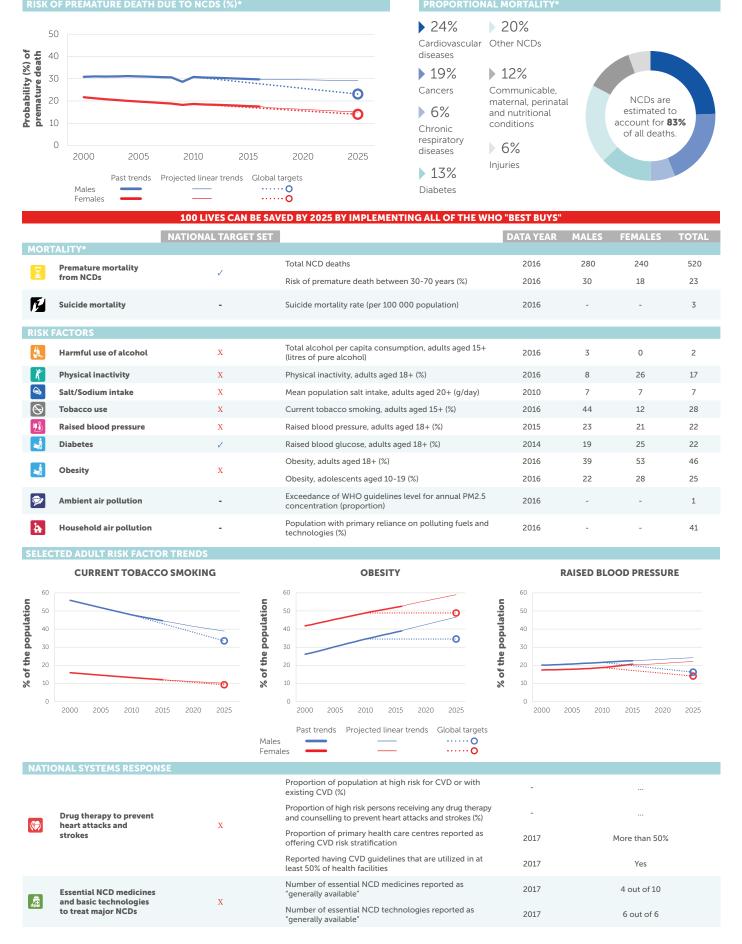


^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

TONGA



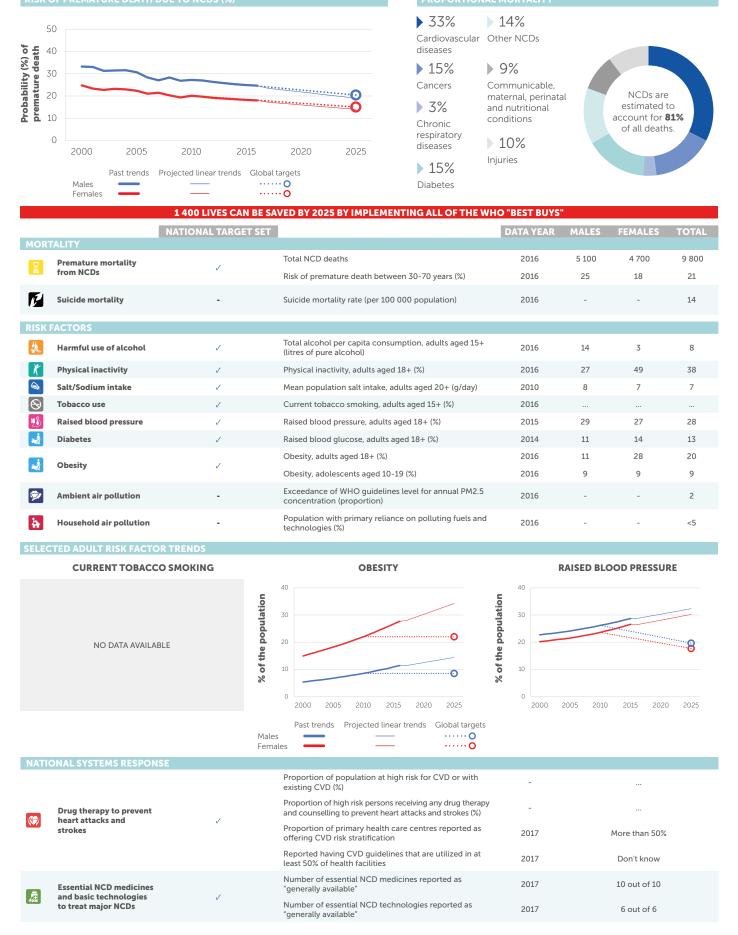
^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

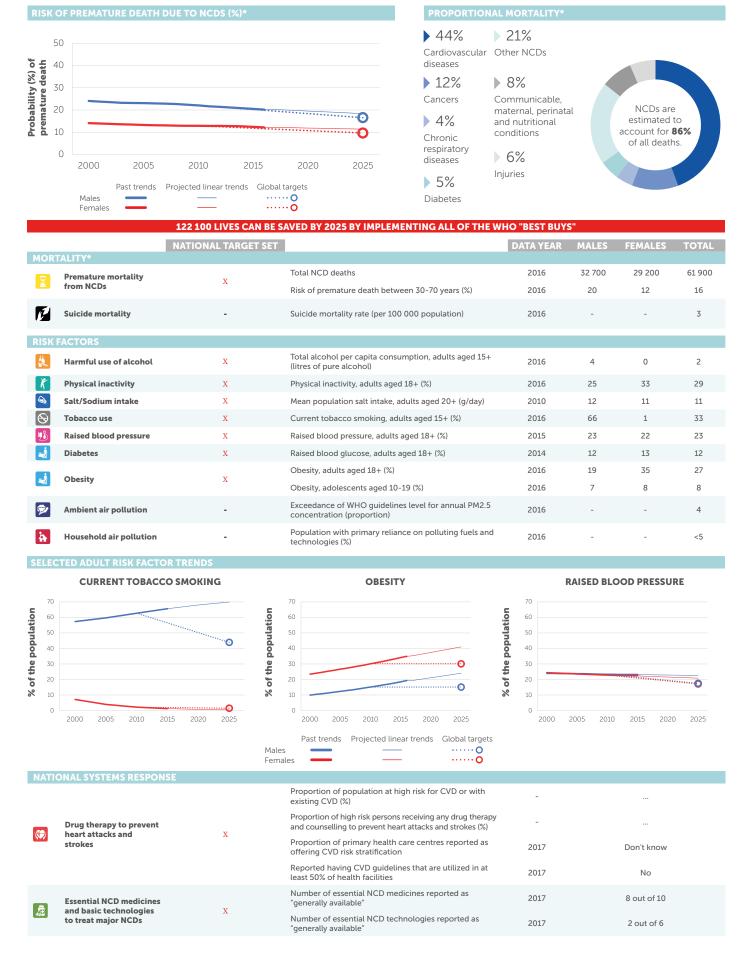
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

TRINIDAD AND TOBAGO

2016 TOTAL POPULATION: 1 365 000 **2016 TOTAL DEATHS:** 12 100



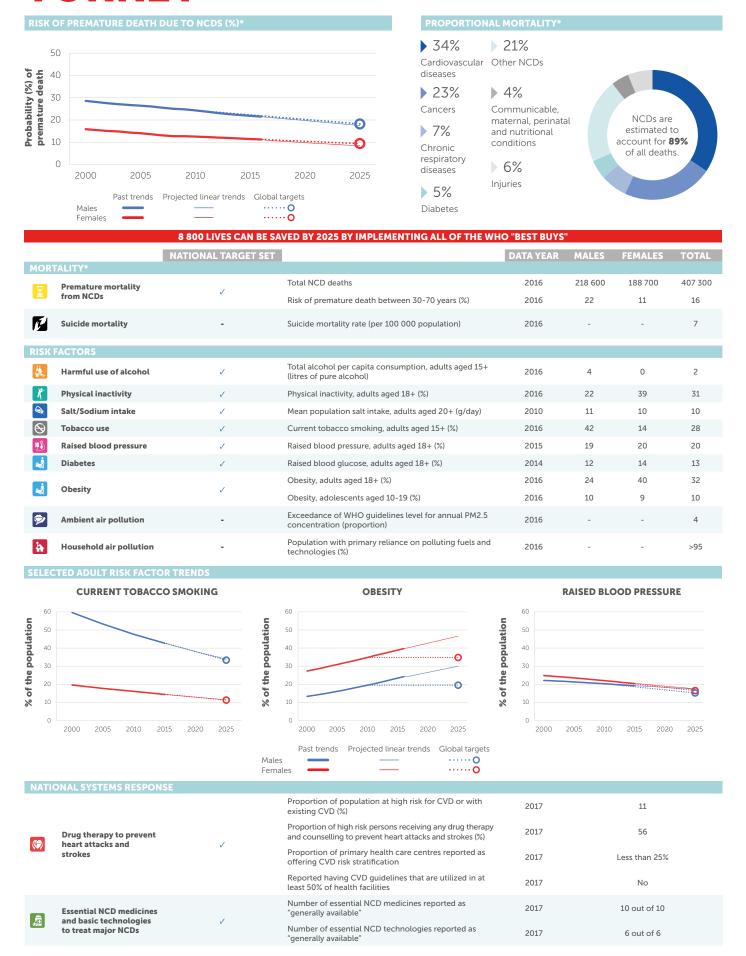
TUNISIA



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

TURKEY

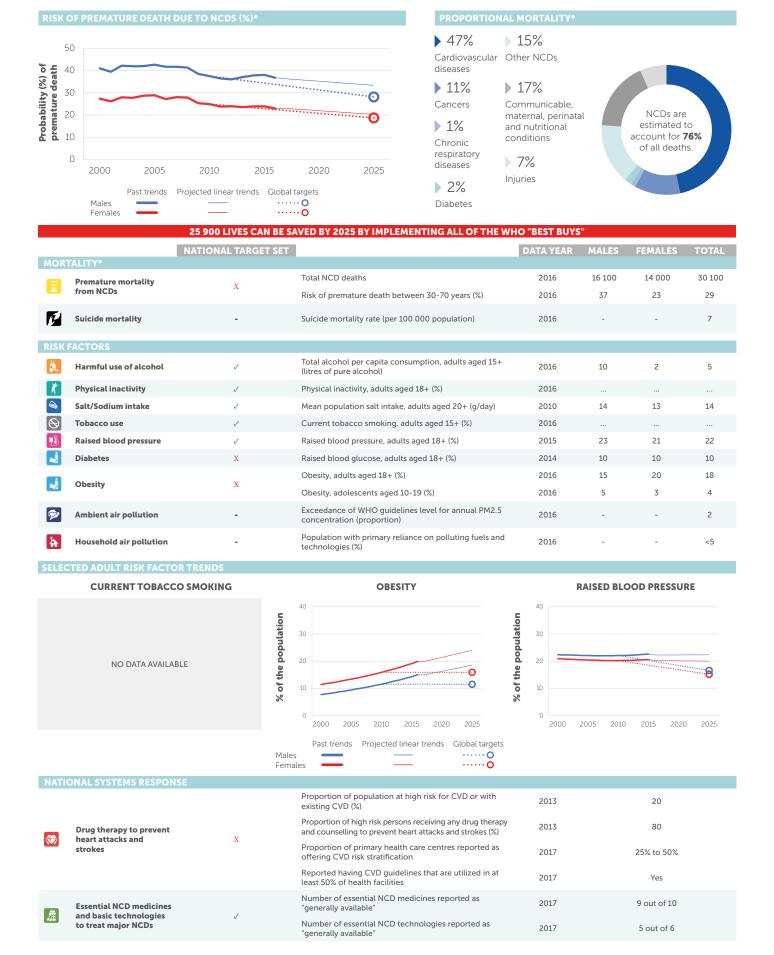


^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

2016 TOTAL POPULATION: 5 663 000 **2016 TOTAL DEATHS:** 40 000

TURKMENISTAN

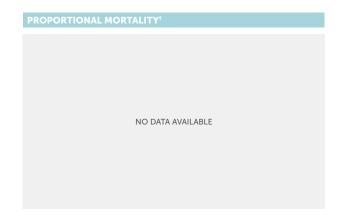


World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)



NO DATA AVAILABLE

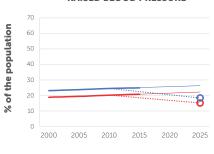


		NATIONAL TABOFT OF		DATA VEAD	MAI E6		TOTAL
MOR	TALITY [†]	NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality		Total NCD deaths	2016			
	from NCDs	X	Risk of premature death between 30-70 years (%)	2016			
<u>F</u>	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	
RISK	FACTORS						
	Harmful use of alcohol	/	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	3	0	2
K	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	20	41	30
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010		***	***
8	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016			
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	25	21	23
į.	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	22	24	23
	Observition .		Obesity, adults aged 18+ (%)	2016	46	56	51
~ A	Obesity	✓	Obesity, adolescents aged 10-19 (%)	2016	24	27	25
%	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	1
4	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	50
SELECTED ADULT RISK FACTOR TRENDS							
	CURRENT TOBACCO SMOKING		OBESITY	F	RAISED BLO	OOD PRESSU	RE



NO DATA AVAILABLE

70 % of the population 60 50 40 30 20 10 2010 2015 2020 2025 Past trends Projected linear trends Global targetso Males Females0



NATIONAL SYSTEMS RESPONSE

Drug therapy to prevent heart attacks and strokes

Essential NCD medicines and basic technologies

to treat major NCDs

х

Proportion of population at high risk for CVD or with existing CVD (%) Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)

Proportion of primary health care centres reported as offering CVD risk stratification Reported having CVD guidelines that are utilized in at least 50% of health facilities

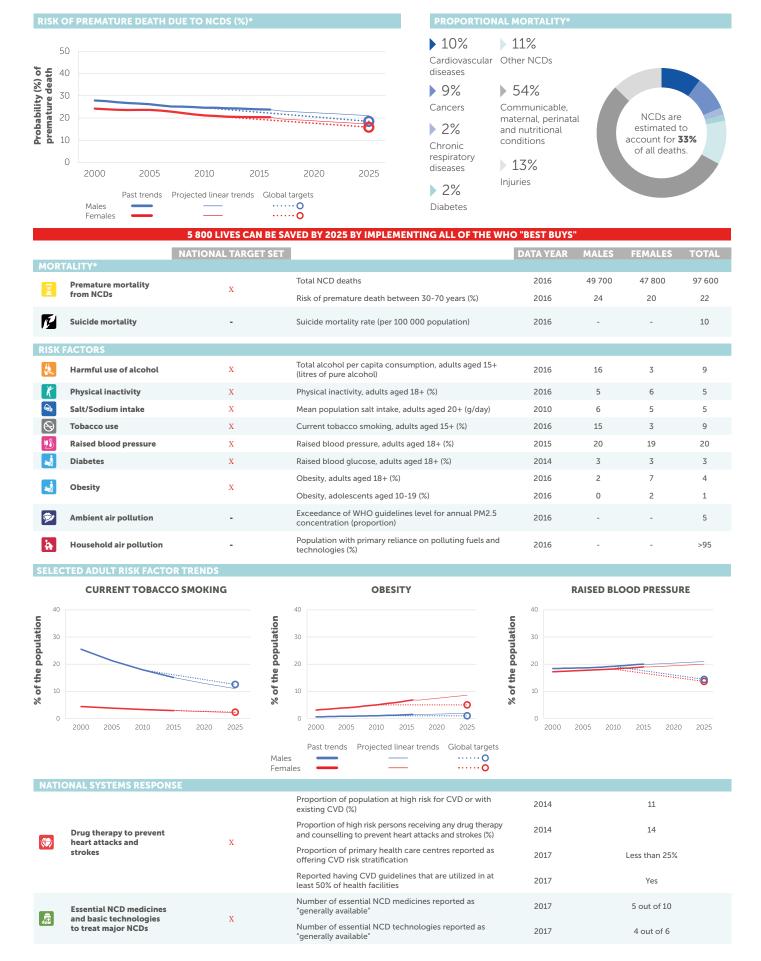
Number of essential NCD medicines reported as Number of essential NCD technologies reported as 2015 13 2015 43 2017 25% to 50%

2017 Yes 10 out of 10 2017 2017 5 out of 6

... = no data available † See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

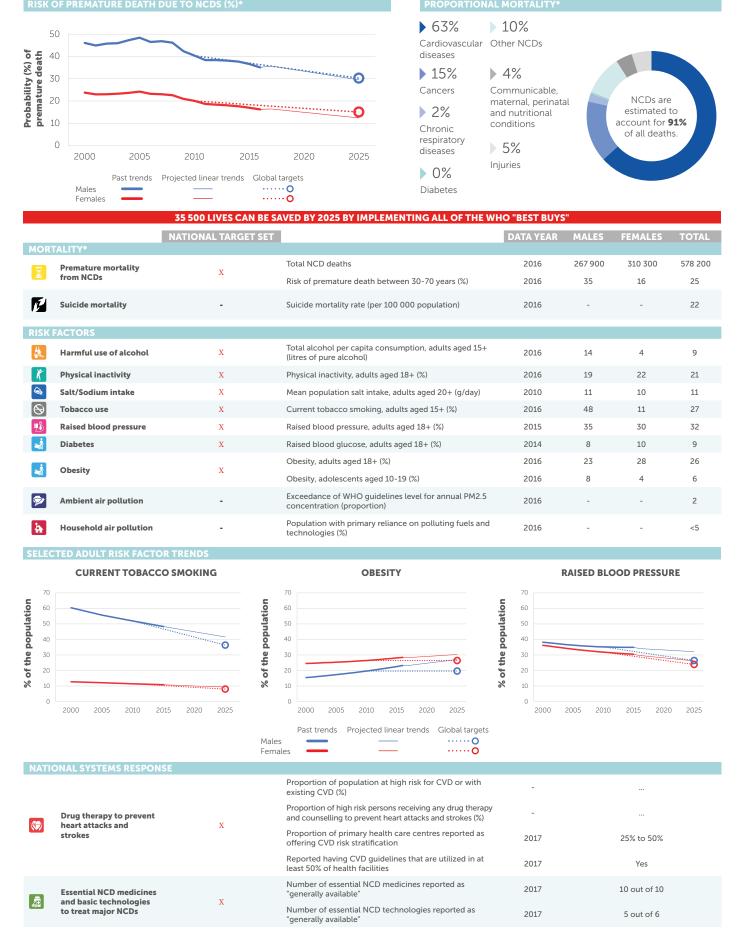
UGANDA



 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

UKRAINE

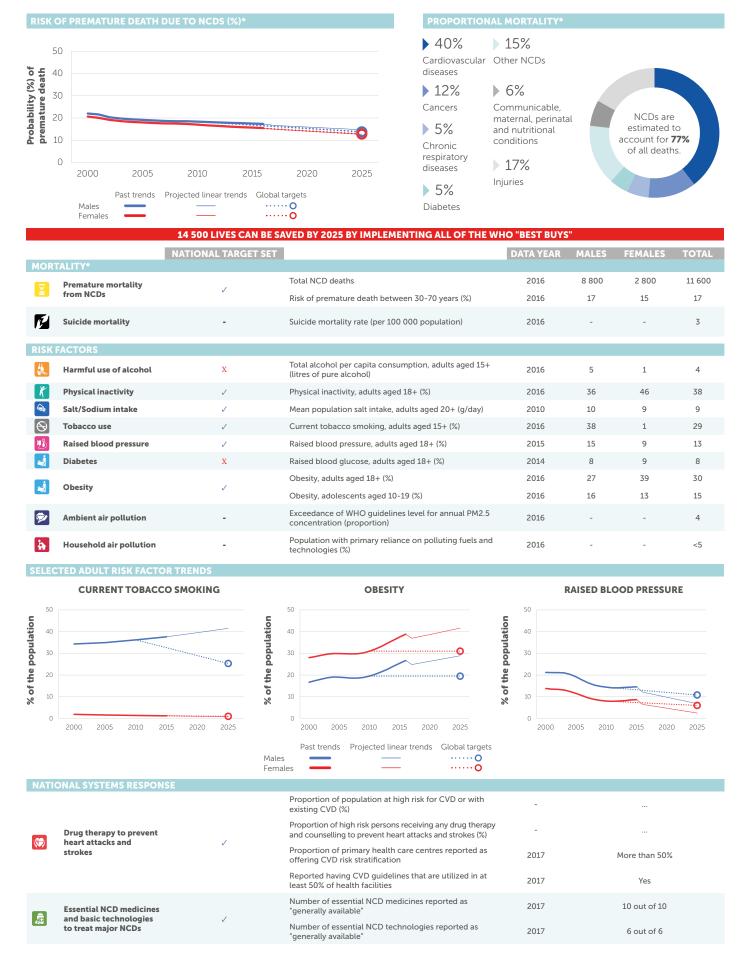


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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

UNITED ARAB EMIRATES

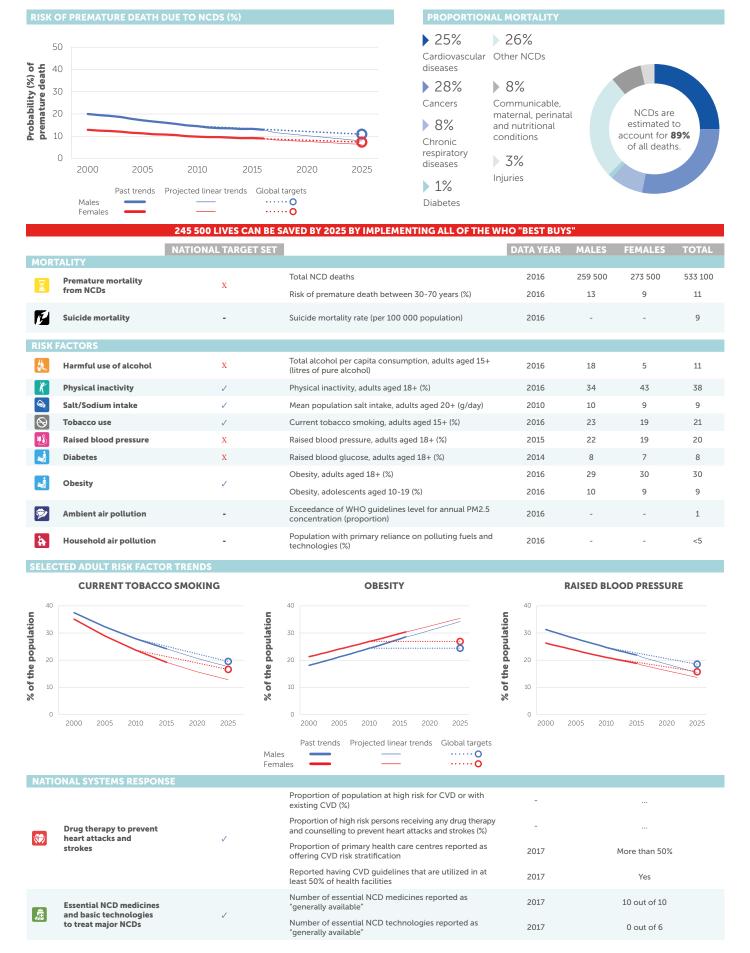
2016 TOTAL POPULATION: 9 270 000 **2016 TOTAL DEATHS:** 15 000



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

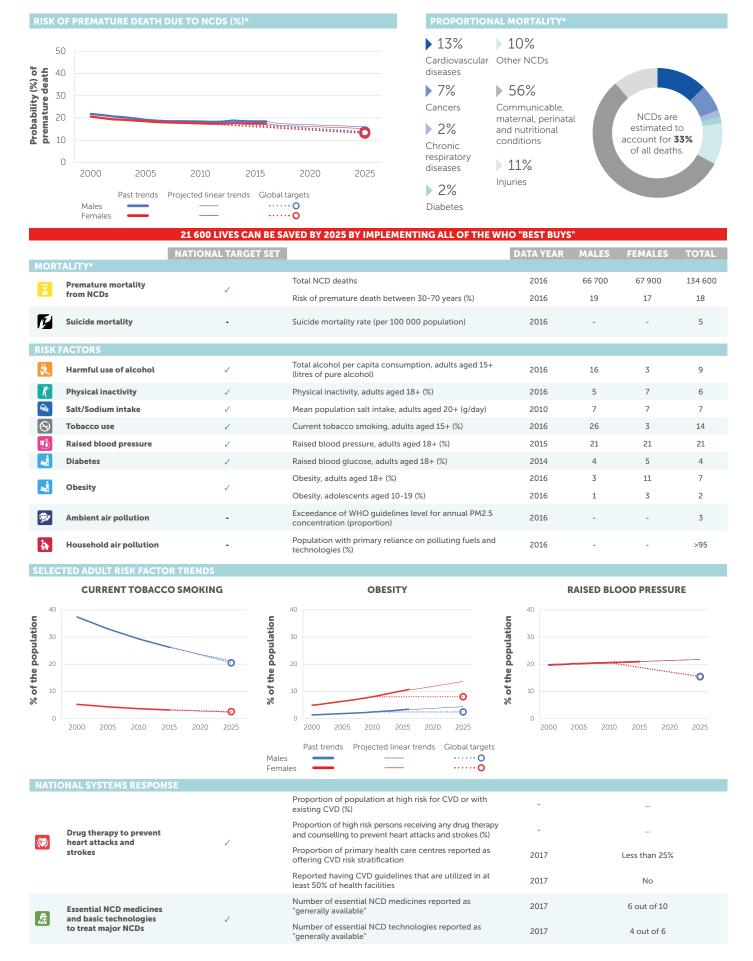
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2016 TOTAL POPULATION: 65 789 000 **2016 TOTAL DEATHS:** 600 000



UNITED REPUBLIC OF TANZANIA

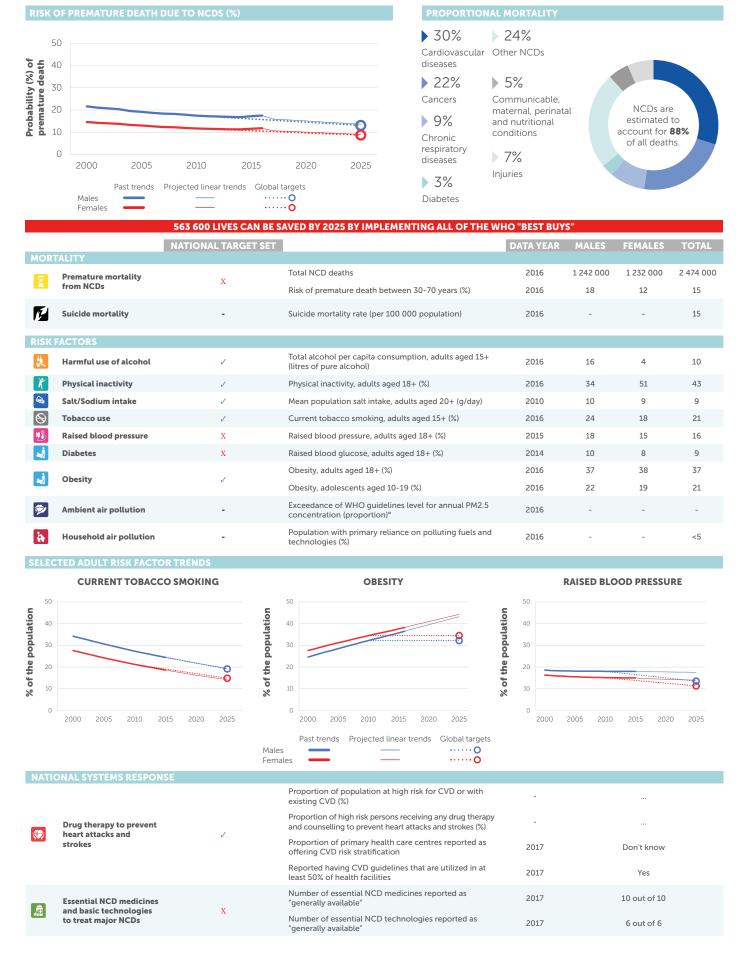
2016 TOTAL POPULATION: 55 572 000 **2016 TOTAL DEATHS:** 409 000



World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

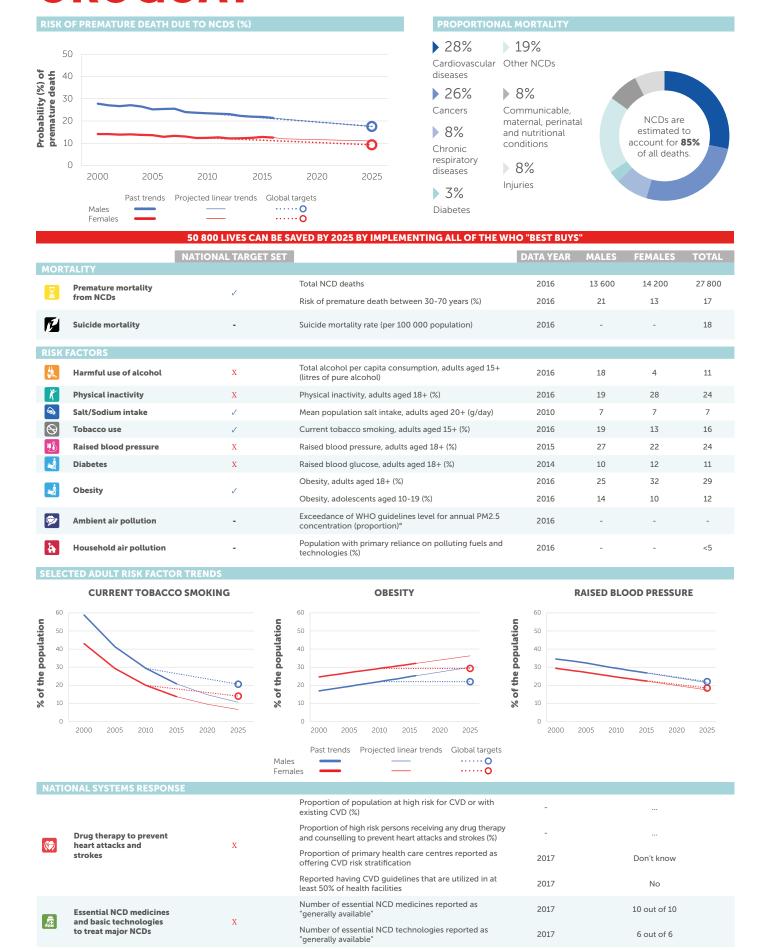
UNITED STATES OF AMERICA

2016 TOTAL POPULATION: 322 200 000 **2016 TOTAL DEATHS:** 2 802 000



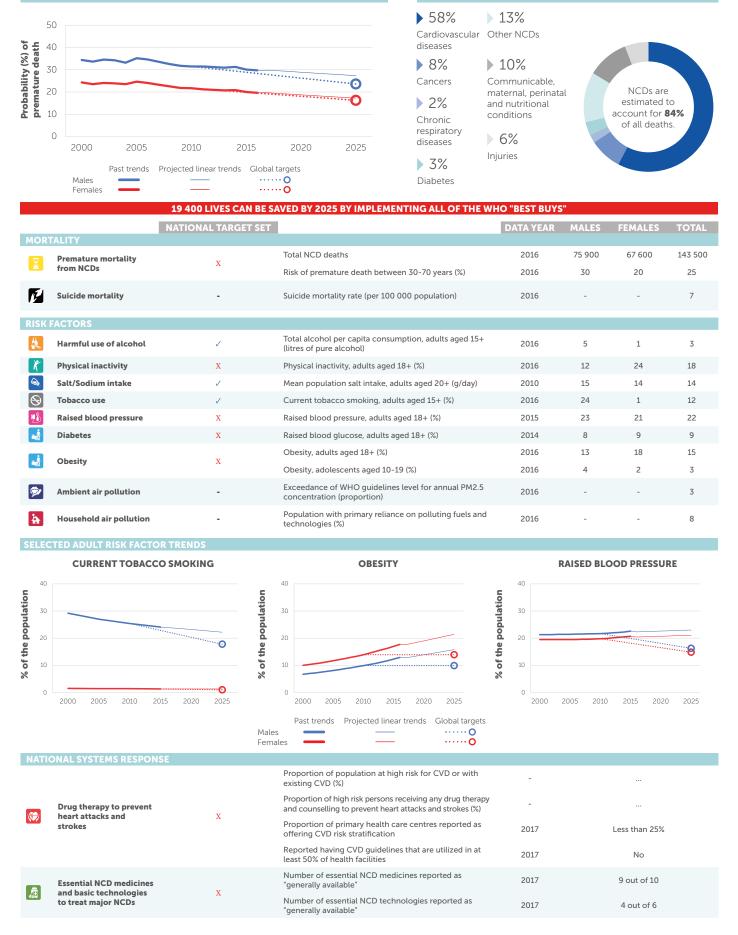
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URUGUAY

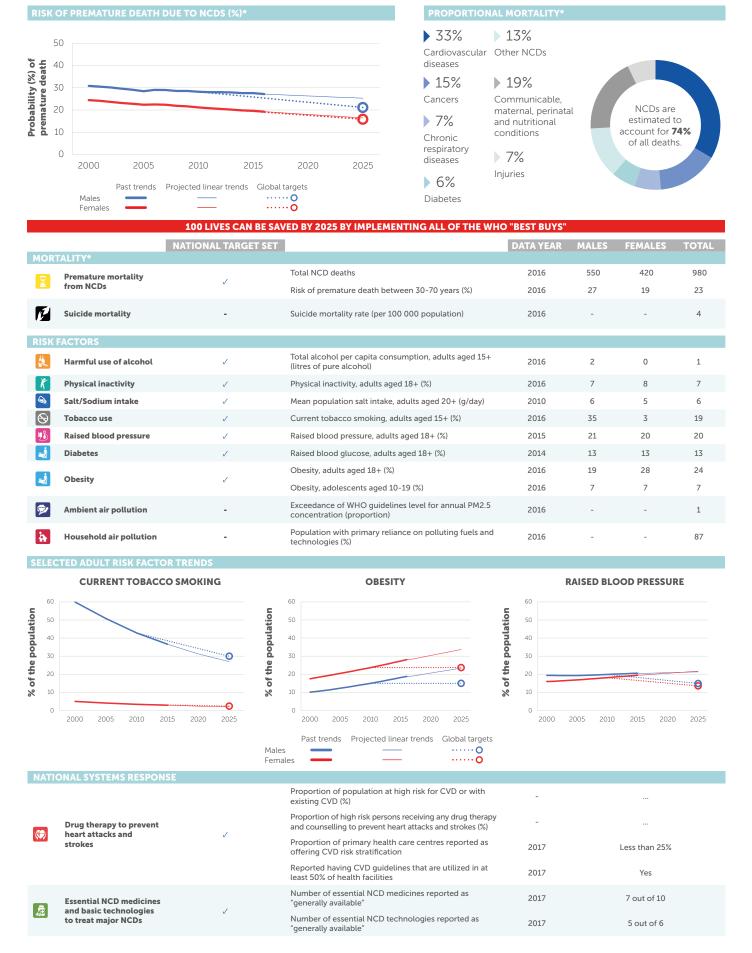


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UZBEKISTAN



VANUATU



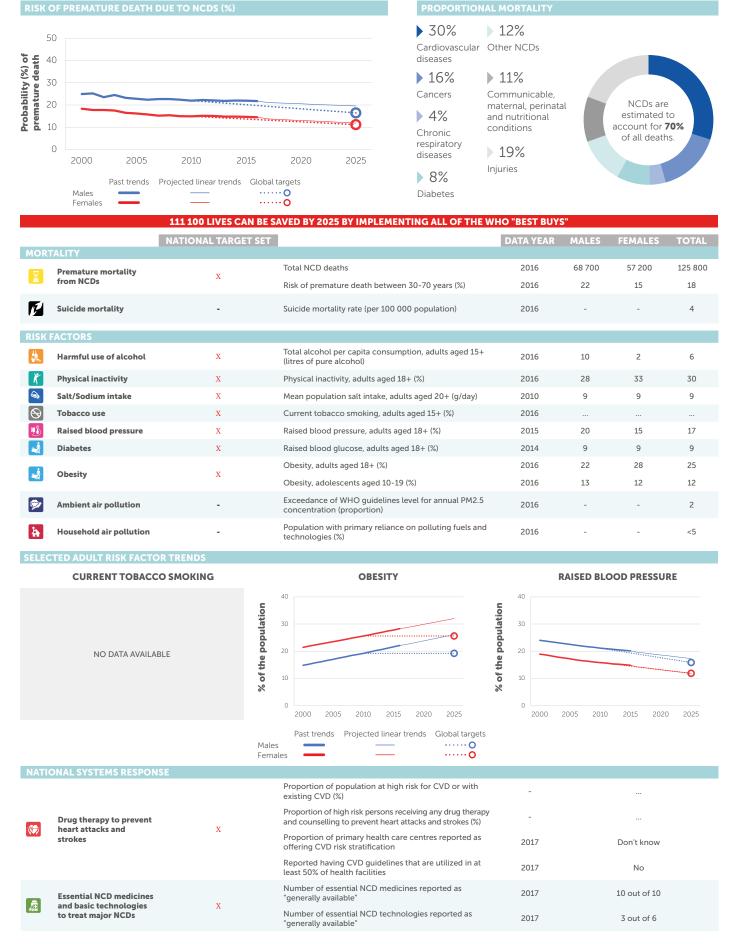
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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

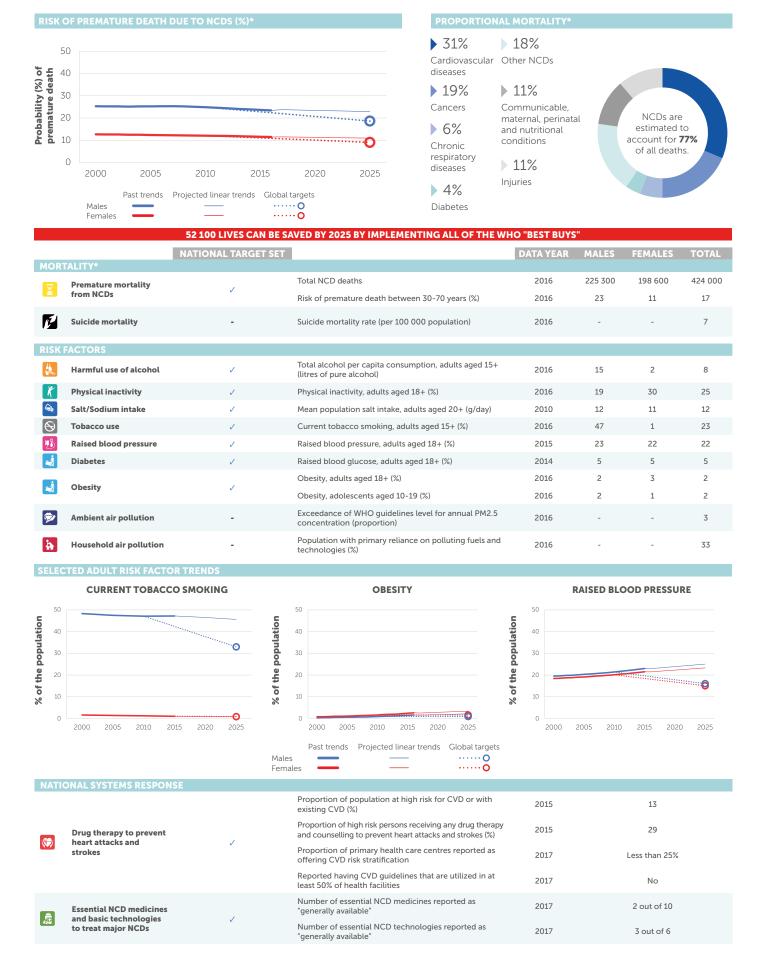
^{*} The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

VENEZUELA (BOLIVARIAN REPUBLIC OF)

2016 TOTAL POPULATION: 31 568 000 **2016 TOTAL DEATHS:** 181 000



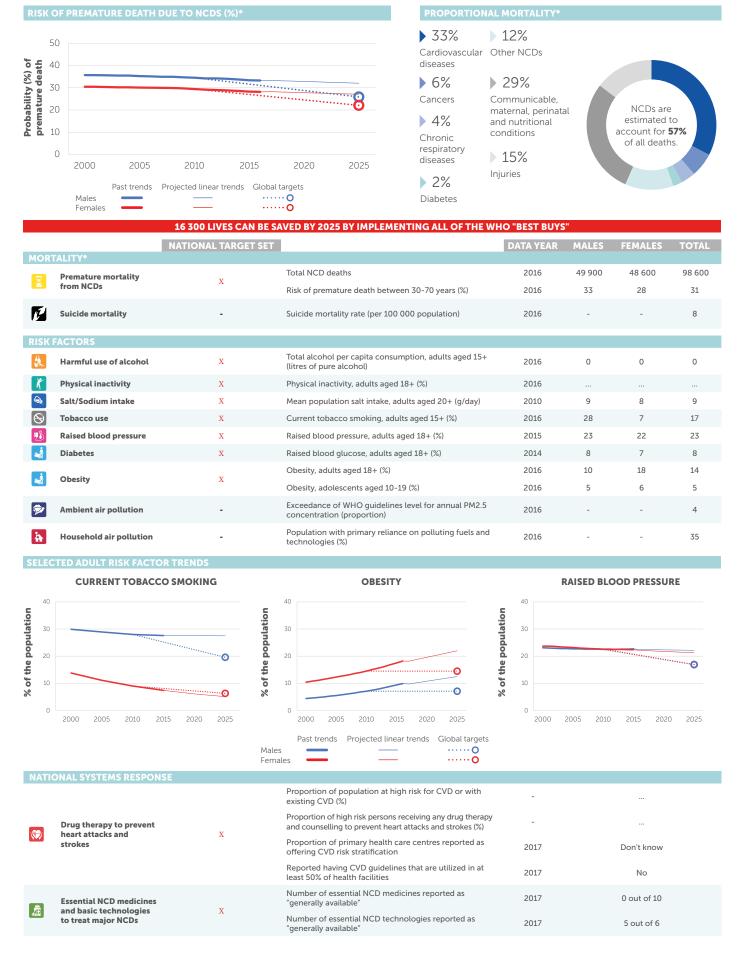
VIET NAM



 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

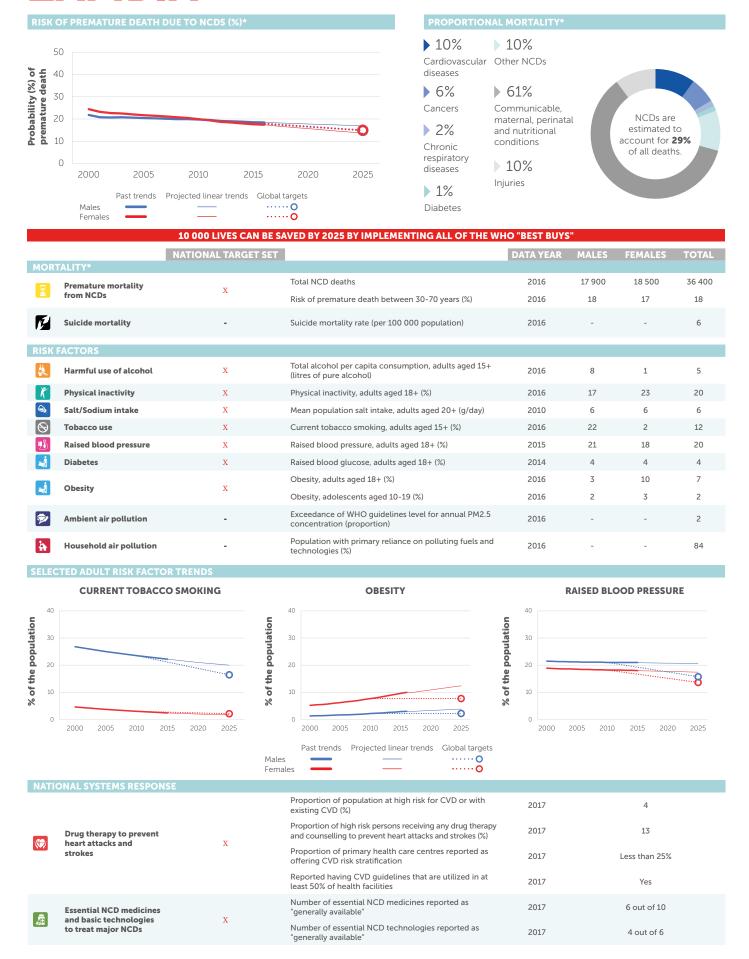




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World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

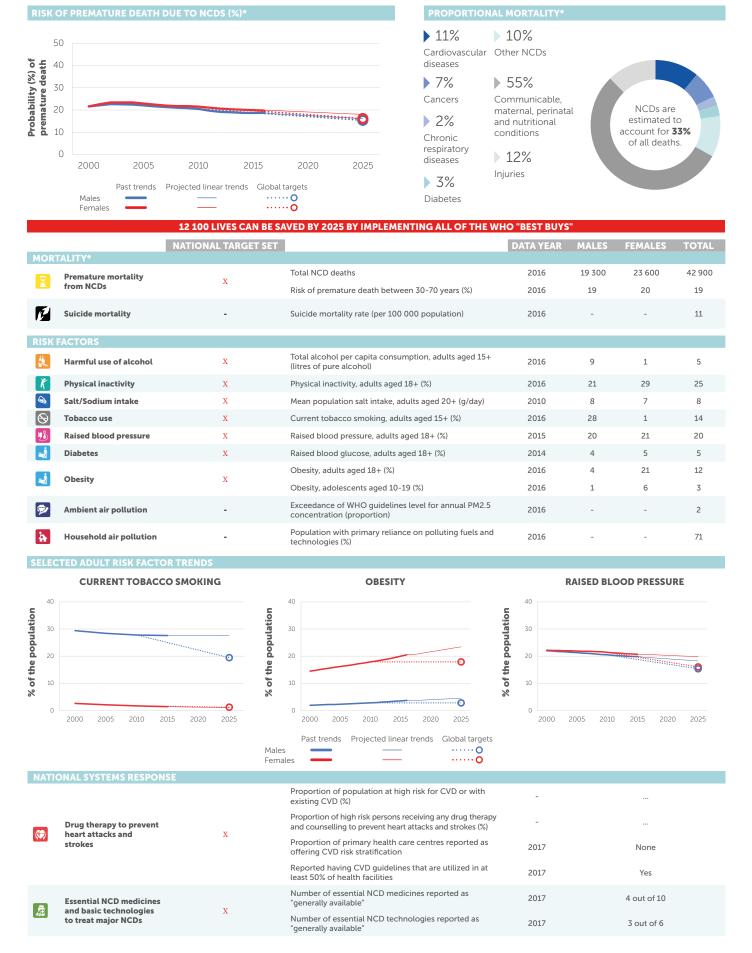




 $^{^{\}star}$ The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

 $World\ Health\ Organization\ -\ Noncommunicable\ Diseases\ (NCD)\ Country\ Profiles,\ 2018.$

ZIMBABWE



^{... =} no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.





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