

WHO: NCDs biggest killer in South East Asia

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An estimated 7.9 million lives, 55% of all deaths in the South-East Asian region, are lost every year due to noncommunicable diseases (NCDs) making it the biggest killer in WHO's South-East Asia Region. Four major NCDs - cardiovascular diseases, chronic respiratory diseases, cancers and diabetes together kill the largest number of people in the region. These NCDs share four behavioral risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

Therefore, eleven countries from the region including Bangladesh, Bhutan, South Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste, are expected to adopt 10 targets to prevent and control noncommunicable diseases by 2025. The Health Ministers will meet at the Sixty-sixth Session of the WHO Regional Committee for South-East Asia in New Delhi on September 10 to 13 to discuss key health issues.

The increase in NCDs is attributed to factors such as population ageing, rapid and unplanned urbanization, negative effects of globalization (such as trade and irresponsible marketing of unhealthy products), low literacy, and poverty.

"Noncommunicable diseases exact a huge toll on national economies. NCDs disproportionately affect poor, impoverished families and are a growing burden on health systems," said Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia. "These 10 targets are ambitious goals and they demonstrate that governments are serious about reducing the disease burden from NCDs" he added.

The macroeconomic impact of NCDs is profound, resulting in loss of productivity and gross domestic product. Due to long-term treatment costs and high out-of-pocket costs, NCDs can result in catastrophic health expenditures and impoverishment. In India, for example, the share of out-of-pocket expenditure due to NCDs increased from 32% in 1995 to 47% in 2004; of this NCD-related expenditure, 40% was financed by household borrowing and sale of assets. In Thailand, the economic burden of the harmful use of alcohol was estimated to be equivalent to 2% of the gross domestic product in 2006. According to a recent analysis by Harvard School of Public Health, the cumulative economic loss due to the four major NCDs in India for 2012 - 2030 is estimated as 3.9 trillion dollars.

The United Nations General Assembly galvanized global momentum and commitment to address NCDs at a high-level meeting in 2011. In May 2013 the World Health Assembly unanimously adopted a resolution endorsing the Global Action Plan for Prevention and Control of NCDs. The global action plan covers the period 2013-2020. The Assembly also adopted the global monitoring framework and a set of nine voluntary global targets. At the WHO Regional Committee Meeting, countries of the South-East Asian Region are expected to endorse all nine global targets. The Region is also endorsing a tenth target to address household air pollution which remains a neglected issue especially affecting poor rural women. The target calls for a 50% reduction in households using solid fuels like wood, crop residue, dried dung, coal and charcoal, as the primary cooking source.

Household air pollution (HAP), also known as indoor air pollution is a major contributor to death due to lower respiratory tract infections in children and chronic obstructive pulmonary disease in adults. Other adverse effects of HAP include tuberculosis, cataracts, cerebrovascular diseases and poor maternal outcomes including stillbirth. An estimated 3.5 million deaths in 2010 were attributed to household air pollution globally. According to WHO estimates, while 50% of the global population uses solid fuels for their energy needs, 61% of households in the Region use solid fuels, which is second only to Africa at 77%. Household air pollution is largely a problem of poverty and lack of access to clean fuels. Therefore it requires committed actions by multiple sectors including the governments, industry, NGOs and the private sector.

The Regional Committee is expected to adopt a Regional Action Plan for Prevention and Control of NCDs. The action plan is intended to provide a roadmap of actions for developing and implementing policies and programmes to reduce the burden of NCDs. It also provides a roadmap to achieve a 25% reduction in deaths from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases by 2025. Implementation of the plan will be monitored through a set of indicators which are consistent with the global monitoring framework. Reports on progress in implementing the action plan will be submitted to the WHO Regional Committee sessions in 2016, 2018 and 2021.

10 Targets to be achieved by 2025

- 1) 25% relative reduction in overall mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases.
- 2) 10% relative reduction in the harmful use of alcohol.
- 3) 30% relative reduction in prevalence of current tobacco use in persons aged over 15 years.
- 4) 10% relative reduction in prevalence of insufficient physical activity.
- 5) 30% relative reduction in mean population intake of salt/sodium.
- 6) 25% reduction in prevalence of raised blood pressure.
- 7) Halting the rise in obesity and diabetes.
- 8) 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- 9) 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

10) 50% relative reduction in the proportion of households using solid fuels as the primary cooking source.