

Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020

**EXTENDED
TO 2030**



World Health
Organization

South-East Asian Region

Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020

Addendum

The tenure of the Regional Action Plan for the prevention and control of NCDs in the WHO South-East Asia Region 2013–2020 was extended to 2030 by the Seventy-fourth session of the WHO Regional Committee, vide Decision SEA/RC74(2). The Regional Implementation Roadmap for the prevention and control of NCDs 2022–2030 will now also incorporate the targets set for 2030 as part of the Sustainable Development Agenda.

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Section 1. Situation analysis

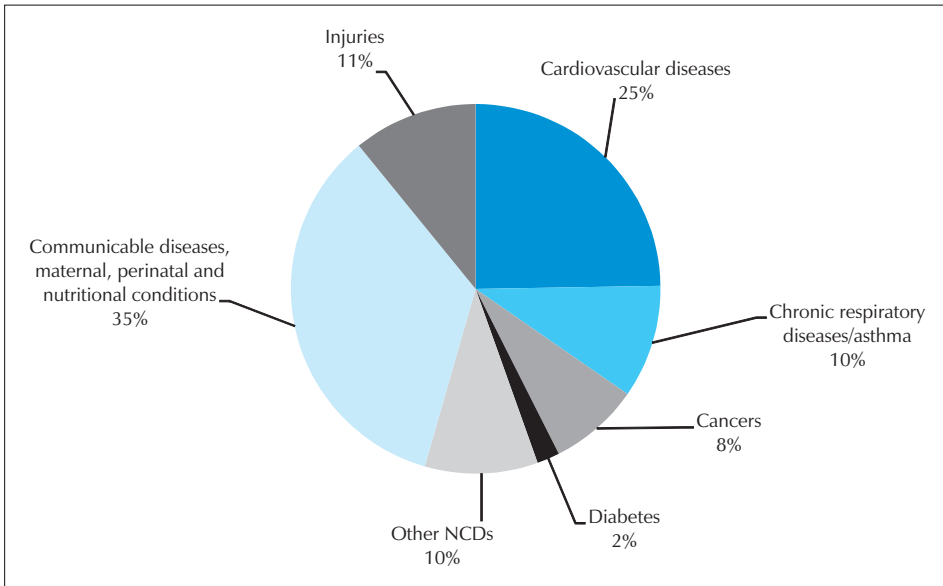
1.1 Regional burden of noncommunicable diseases

Noncommunicable diseases (NCDs) are the leading cause of death in the WHO South-East Asia Region. Each year, an estimated 7.9 million lives are lost due to NCDs, accounting for 55% of all deaths¹. Furthermore, NCDs claim lives at a younger age in the South-East Asia Region compared to the other WHO regions. In 2008, the proportion of NCD deaths occurring among people under the age of 60 was 34%, compared to 23% in the rest of the world. Cardiovascular diseases are the most frequent cause of NCD deaths, followed by chronic respiratory diseases, cancers, and diabetes (Figure 1).

In addition to the four main NCDs, many other chronic conditions and diseases contribute significantly to the NCD burden in the Region, such as renal, endocrinal, mental, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and genetic disorders, as well as oral diseases including dental caries, periodontal diseases and oral cancers. Thalassaemia is also a serious health problem in some Member States, especially in the Maldives where approximately 18% of the population carries the *Beta thalassaemia* trait.

Besides being an enormous health burden, NCDs have serious socioeconomic implications. They disproportionately affect the poor, leading to loss of household income from unhealthy behaviours, poor physical capacity and loss of wages. Due to long-term treatment costs and high out-of-pocket costs, NCDs can result in catastrophic health expenditures and impoverishment. In India, 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

Figure 1: Estimated proportion of deaths by cause, South-East Asia Region, 2008



Source: WHO Global Health Observatory 2011.

household borrowing and sale of assets.² In addition to exacerbating household poverty, NCDs and their risk factors exact a huge toll on national economies. In Thailand, for example, the economic burden of the harmful use of alcohol was estimated to be equivalent to 2% of the gross domestic product in 2006.³

1.2 Determinants and risk factors for NCDs

预览已结束，完整报告

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