World Health Statistics 2020: Monitoring health for the SDGs: Global Focus on Noncommunicable Diseases

Global Summary

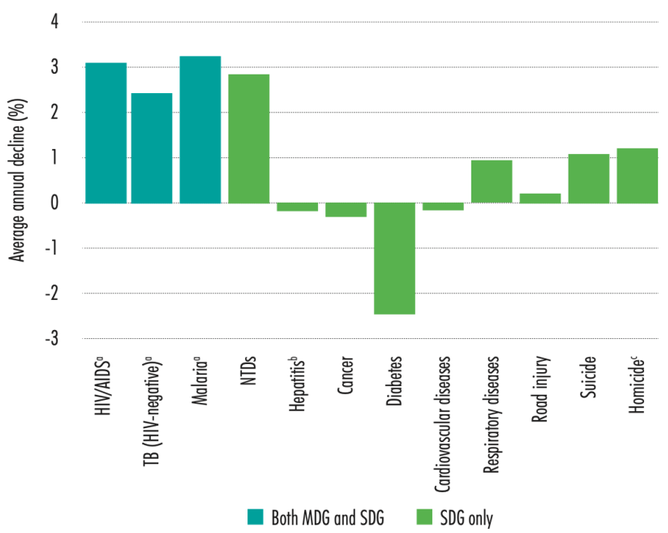
- **Average life expectancy at birth:** has increased by 5.5 years globally between 2000 and 2016 (from 66.5 to 72.0 years) but remains profoundly **influenced by income**. In 2016, life expectancy was 18.1 years lower in low-income countries (LIC) than in high-income countries (HIC).
- **Coverage of essential health services:** only 33 – 49% of the world's population was covered by essential health services in 2017. However, universal health coverage **"service coverage index"** has improved from 45 in 2000 to 66 in 2017. The strongest increase has been in low- and lower-middle income countries (LIC/LMIC) but pace of progress has slowed since 2010. Over 81% of all **births** globally now take place **in the presence of skilled health personnel**, up from 64% in 2000. **Key figures on health personnel:**
  - > 40% countries have **<10 medical doctors per 10,000 people**
  - > 55% have **<40 nurses and midwives per 10,000 people**
  - > 68% have **<5 dentists per 10,000 people**
  - > 65% have **<5 pharmacists per 10,000 people**
- **Access to essential medicines:** 22.4% of **primary health care (PHC) facilities** provided an affordable core set of relevant essential medicines for treatment, prevention and management of acute and chronic, communicable and noncommunicable diseases.
- **Catastrophic health expenditure:** 927 million people globally spent **>10% of household budgets on health care** in 2015. This is 12.7% of the global population and up from 9.4% in 2000, meaning an estimated 1 billion people will be spending over 10% of household budgets on healthcare in 2020. Most people pushed into extreme poverty (surviving on less than US$1.90/day/person) by this spending, live in lower-middle income countries (LMIC) and South-East Asia.
- **Data quality:** For around 20% of countries, there was **no recent primary or direct underlying** for over half the indicators.

Noncommunicable Diseases: Global Progress

- **Overview**: 41 million people died of NCDs in 2016. This was 71% of global deaths. Of these, 15 million were **premature deaths** (deaths in people aged between 30 – 70), with 85% of these occurring in LIC/LMIC/UMIC. The probability of dying from any one of the four main NCDs prematurely decreased by 18% globally between 2000 and 2016, but the rate of reduction has slowed since 2010. For example, between 2000-2016, premature mortality rate **due to**:
  - Chronic respiratory diseases has fallen by 40%;
  - Cardiovascular diseases and cancer has fallen by 19%;
  - **Diabetes has increased by 5%.**
- **Obesity**: 38.3 million (5.6%) **children <5 years** were **overweight** in 2019, up from 30.3 million in 2000 with the highest increase seen in upper-middle income countries (UMIC). Between 2000 and 2016, crude **prevalence of obesity in children (5-19 years)** has more than doubled, from 2.9% to 6.8% and **age-standardised prevalence among adults** has increased 1.5 times.
- **Violence**:
  - 478,000 people were **killed in homicides** in 2017, 80% of them boys or men. Homicide rate in **WHO Region of the Americas** is three times the global average.
  - **Suicide mortality rate** has decreased by 16% in men and 21% in women between 2000 and 2016. There were 800,000 suicides in 2016 and men were twice as likely to die of suicide than women.
  - **Road traffic injuries** remained constant between 2000 – 2016 with 18 deaths per 100,000 population in 2016 despite increasing numbers of motor vehicles used. Mortality rate was 3 times higher in LIC (27.5 deaths per 100,000 population) than in HIC (8.3 deaths per 100,000 population). > 50% deaths are among pedestrians, cyclists and motorcyclists.
  - Of **unintentional poisonings**, LIC had a death rate six times higher (2.8 per 100,000 population) than HIC (0.5 per 100,000 population).

Noncommunicable Diseases: Risk Factors

- **Physical inactivity:** 27.5% of **adults** globally were **physical inactive** in 2016 (31.7% women and 23.4% men) and 81% **school-going adolescents (11-17 years)** did not meet recommended activity levels.
- **Blood pressure: prevalence** decreased by 11% between 2000 and 2015. However, in 2015, hypertension was more prevalent in LIC (28.4%) than HIC (17.7%).
- **Tobacco:** 33.3% **reduction in global use of tobacco** between 2000 and 2018 with 23.6% adults (<15 years old) using tobacco in some form in 2018 (38.6% men and 8.5% women), equivalent to 1.3 billion people.
- **Alcohol:** 5.3% global **deaths** (3 million) were **caused by harmful use of alcohol** in 2016, three quarters in men. Worldwide alcohol **consumption remains relatively stable** since 2010 at 6.2 litres of pure alcohol per year per person aged 15 years or older. The highest per capita consumption is in **WHO European Region** but there have been relative increases in the Americas, South-East Asia and the Western Pacific regions.
- **Air pollution:** caused 7 million deaths in 2016 with 90% of the global population breathing air that did not meet the **WHO air quality guidelines** and >50% exposed to air pollution at least 2.5 times above the safety standard. People in **LIC/LMIC/UMIC** being disproportionally at risk and accounted for **90% deaths attributed to air pollution**. The number of **people without clean cooking** has remained constant over the past three decades with only 18% of **WHO African Region** mainly using clean fuels and technologies for cooking, compared with >90% in WHO European Region and Americas Region.



Note: Unless otherwise noted, the latest year is 2016. [a] Latest year is 2018. [b] Hepatitis includes acute hepatitis, cirrhosis due to hepatitis B and C, and liver cancer secondary to hepatitis B and C. [c] Latest year is 2017.

Source: Global AIDS update 2019: communities at the centre. Geneva: Joint UN Programme on HIV/AIDS; 2019 *(15)*; Global tuberculosis report 2019. Geneva: World Health Organization; 2019 *(16)*; World Malaria Report 2019. Geneva: World Health Organization; 2019 *(17)* Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 *(20)*; Global status report on road safety 2018. Geneva: World Health Organization; 2018 *(21)*; Global status report on preventing violence against children 2020. Geneva: World Health Organization [in press] *(22)*.

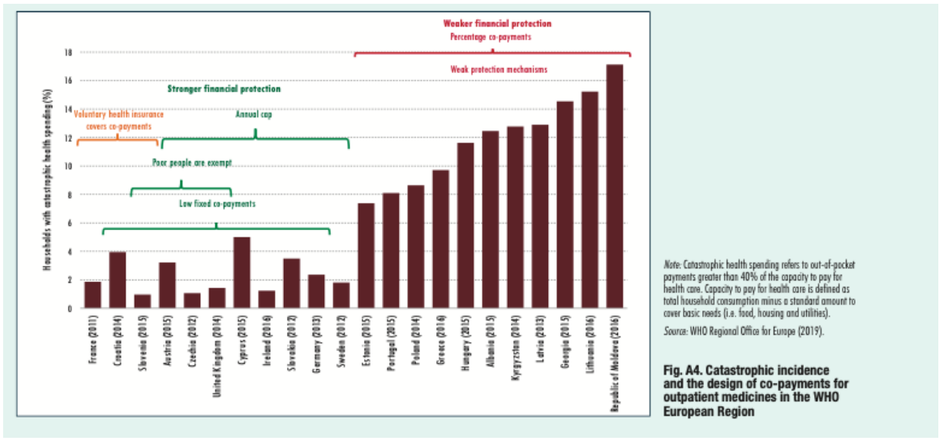
World Health Statistics 2020: Monitoring health for the SDGs: Regional Focus on Noncommunicable Diseases

Region of the Americas

- NCDs are major causes of death in the adult population. In 2016, the **probability of dying prematurely due to one of the four main NCDs** was 17.8% for men and 12.6% for women. In countries of this Region during the Millennium Development Goals (MDGs) era (2000–2015), the probability of dying between the ages of 30 and 70 years due to one of the four main NCDs **declined** by approximately 21% for both men and women (an annual average reduction for both sexes was 1.6%). Between 2015-2030, it is likely the risk will reduce by a further 23% for men and women. This would **amount to less than the one-third reduction called for in SDG 3.4.1**, therefore countries of the Americas need to intensify their prevention and treatment efforts to limit premature mortality due to NCDs.
- The **premature mortality** caused by NCDs continues to be **disproportionately concentrated in the most socially disadvantaged countries**, and that inequality is most apparent among **women**. There was little change in relative inequality between 2000-2010 but it appears to have reduced slowly from 2011.
- Since **income and wealth inequality in the Region** of the Americas is among the **highest in the world**, it is important to explicitly apply an equity lens when assessing progress towards the health-related SDGs. That **requires building the institutional capacity to measure and monitor social inequalities** in health, and making use of survey microdata as well as disaggregated national and subnational administrative data to strengthen accountability so that greater equity can be achieved, fulfilling the commitment to 'leave no one behind'.

European Region

- Recent analysis of **financial protection** in 24 countries has shown:
  - **Out-of-pocket (OOP) payments** push people into poverty or make them even poorer (even in Europe's richest countries) and are more likely to cause financial hardship in the poorest households;
  - OOP payments **for outpatient medicines** are the **main driver of financial hardship** and they lead to unmet need among poorer people; and
  - The **design of co-payments (user charges)** is a key determinant of financial protection.
- This shows that countries with a relatively **low incidence of catastrophic health spending** use a range of mechanisms to protect households against the impact of co-payments for outpatient medicines (including co-payment exemptions for poor people; annual caps on co-payments; and low, fixed co-payments instead of percentage co-payments). In contrast, countries with **high incidence of catastrophic health spending** consistently rely on percentage co-payments with inadequate protection mechanisms.
- By carefully **redesigning coverage policies**, countries can reduce both unmet need and financial hardship for people most in need of protection.



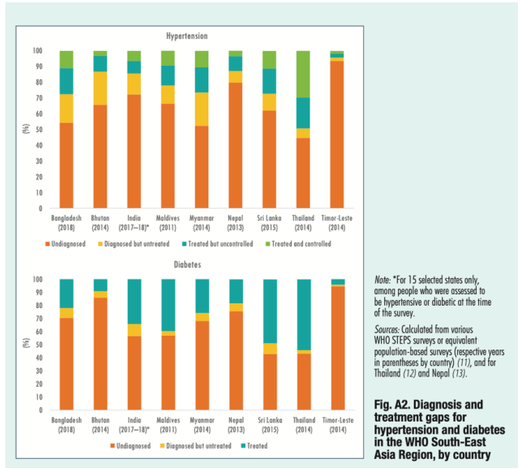
Note: Catastrophic health spending refers to out-of-pocket payments greater than 40% of the capacity to pay for health care. Capacity to pay for health care is defined as total household consumption minus a standard amount to cover basic needs (i.e. food, housing and utilities).

Source: WHO Regional Office for Europe (2019).

Fig. A4. Catastrophic incidence and the design of co-payments for outpatient medicines in the WHO European Region

South East Asia Region

- Prevention and control of NCDs has improved, with many Member States introducing **screening and treatment programmes** for selected NCDs, including **diabetes and hypertension**. However, **Member States are at different stages** in developing and implementing multisectoral NCD plans. For example, almost 30% of hypertension cases in Thailand have been treated and controlled, compared with less than 10% of cases in several other countries in the region. More than 50% of the diabetes cases in Thailand have been treated, compared with less than 10% in Bhutan or Timor=Leste.
- The overall progress in the region is being facilitated by the **increasing density of health workers**, which rose from 21.5 doctors, nurses and midwives per 10 000 population in 2014 to 27.1 per 10 000 population in 2017. Most countries in the region have surpassed the previous MDG-era WHO threshold of 22.8 health workers per 10 000 population.. However, the region is well short of the current SDG threshold of 44.5 per 10 000 population. Only two countries have surpassed the new threshold (Maldives and Democratic People's Republic of Korea).



Note: *For 15 selected states only, among people who were assessed to be hypertensive or diabetic at the time of the survey.

Sources: Calculated from various WHO STEPS surveys or equivalent population-based surveys (respective years in parentheses by country) *(11)*, and for Thailand *(12)* and Nepal *(13)*.

Fig. A2. Diagnosis and treatment gaps for hypertension and diabetes in the WHO South-East Asia Region, by country

Eastern Mediterranean Region

- To strengthen their **health information systems**, countries in the region are reporting on a list of **regional core indicators** endorsed by the WHO Regional Committee in 2014 focused on (1) monitoring health determinants and risks; (2) assessing health status, including morbidity and cause-specific mortality: and (3) assessing health system response. In 2019, 57-92% of the core indicators were reported on. Improvements between 2014 baseline to 2019 ranged from 3 – 30% with an average increase of 17%. However it is also revealing limitations in the national health information system in many countries so **work is to be conducted on improving national death certification and analysis as well as ICD coding** to enhance reporting of routine data.

Western Pacific Region

- The region is undergoing rapid changes with **unprecedented economic growth** creating opportunities for healthier and longer lives **however emergence of new health security threats**, an increase in NCDs and environmental changes put people's health at risks. Populations are rapidly **aging**, by 2030 at least 14% of the population in 6 countries in the region will be > 65 years. Rapid development has created new opportunities for some people but has left others behind, fuelling health- and gender-related **inequalities**.
- Number of **people benefiting from essential health services** has steadily increased during the past two decades. In the WHO Regional Office vision paper "*For the future: towards the healthiest and safest region*", 4 priorities have been set out: (1) health security including antimicrobial resistance; (2) NCDs and ageing; (3) climate change, the environment and health; and (4) reaching the unreached.