

Non-Communicable Disease Countdown 2030



Premature deaths from non-communicable diseases (NCDs) still occur on a frightening scale in many parts of the world. NCDs have several social, environmental, behavioural, nutritional, and clinical determinants. Many of the nations beset with NCD and premature deaths tend to have other problems including poverty, lack of access to healthcare, lack of specialists, and poor nutrition.

A report from [NCD Countdown 2030](#) revealed that people with low income and those residing in middle-income countries like the Sub-Saharan, and men living in Eastern Europe and Central Asia had the highest risk of death from NCDs. This led to the development of the Sustainable Development Goal (SDG) target 3.4 which set a goal to reduce premature deaths from NCDs by at least 30% by 2030. The aim of this initiative is to also promote the wellbeing and mental health of people in these regions.

The goals of the SDG have been set after researchers collected data on cause-specific mortality to determine the trends and risks of NCD in each of these nations and assessed how NCDs caused death and how the SDG target 3.4 could be achieved. They report that the highest risk of premature death was ischaemic heart disease accounting for 50% of deaths in women and 75% of deaths in men. Other causes of NCD include stroke, other heart diseases, and some malignancies. In many regions, these other disorders were associated with a higher risk of premature deaths compared to ischaemic heart disease. Overall, premature deaths from NCDs are on the decline in most nations.

The researchers have identified several options available to each nation as to how they can meet the SDG target 3,4 and lower the risk of NCDs. However, the researchers note that no nation would be able to achieve the SDG target by only addressing a single disorder. Meeting this target would require improvements in the rate of decline in at least 7 causes for men and at least 5 causes for women.

The two most effective health system interventions identified have been the control of alcohol consumption and discontinuing tobacco. Other interventions proposed to reduce premature mortality include control of hypertension, effective treatment of diabetes, and secondary prevention of cardiovascular disasters in high-risk individuals. In addition, for asthmatics and patients with COPD, use of bronchodilators and low dose inhaled corticosteroids, screening for diabetic complications, and preventing exacerbations of asthma have also been deemed to be effective interventions. The establishment of effective screening programs for some cancers is also recommended.

Whether these goals can be met by 2030 remains to be seen because the strategies to prevent NCD require a national approach and an equitable health care system that can integrate population-based prevention and continue to provide a continuum of care. However, creating such a system will also require enormous funding. The challenge is big and the outcomes are dependent on how effectively strategies are implemented.

Source: [The Lancet](#)

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