

# Noncommunicable Diseases Country Profiles 2014







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### Foreword

Current global mortality from noncommunicable diseases (NCDs) remains unacceptably high and is increasing. Thirty-eight million people die each year from NCDs, mainly from cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. Over 14 million deaths from NCDs occur between the ages of 30 and 70, of which 85% are in developing countries. These premature deaths are largely preventable by governments implementing simple measures which reduce risk factors for NCDs and enable health systems to respond.

In September 2011, world leaders adopted the Political Declaration on NCDs at the United Nations General Assembly in New York and committed to develop national multisectoral plans to prevent and control NCDs, and to consider the development of national targets to focus efforts and assess progress made. At the same time, the 2011 Declaration gave WHO a leadership role, together with several time-bound assignments.

These assignments, which have been completed, established a global infrastructure and a roadmap based on nine concrete global targets for 2025, organized around the WHO Global NCD Action Plan 2013-2020. The Global Action Plan comprises a set of actions which, when performed collectively by Member States, international partners and WHO, will help to attain a global target of a 25% reduction in premature mortality from NCDs by 2025 and achieve the commitments made by world leaders in September 2011. WHO's Programme Budget 2014-2015 includes a dedicated budget line to provide technical assistance to countries in their efforts to set national targets for NCDs, develop national action plans, and monitor results. The UN Interagency Task Force on NCDs, which the UN Secretary-General established in July 2013 and placed under the leadership of WHO, has started to provide support to countries in mobilizing sectors beyond health to address NCDs. The WHO Global Coordination Mechanism on NCDs, established in May 2014, will facilitate engagement among Member States and non-State actors. The global infrastructure will accelerate national efforts to address NCDs.

Progress within countries matters most. Some striking achievements emerge from a survey conducted by WHO last year. Of the 178 countries reporting data, 95% have a unit or department in the Ministry of Health responsible for NCDs. Half now have an integrated operational plan with a dedicated budget. The number of countries conducting recent surveys of risk factors jumped from 30% in 2011 to 63% last year. In other words, more and more countries are getting the basics in place.

To provide the foundation for further advocacy, policy development and action, this report provides an overview of the current status of NCDs in each WHO Member State. The report assesses each Member State's unique situation in face of the growing threat posed by NCDs.

It includes for each country, where available, estimates on the current burden and recent trends in NCD mortality, prevalence of selected major risk factors, and the national systems capacity to respond to the NCD challenge of epidemic proportions. Data in this report are drawn from multiple sources including data provided by countries, estimates developed by WHO and the results of the global survey on assessment of

national capacity for the prevention and control of NCDs which was conducted in 2013. Every effort has been made to incorporate the most comprehensive, recent and reliable data and to validate these data with countries and other sources. However, where data were scarce there is greater uncertainty around these estimates.

The report illustrates that, while many countries have started to align their policies and resources with the nine global targets and the WHO Global NCD Action Plan 2013-2020, progress in countries has been insufficient and highly uneven. Bolder measures are urgent to accelerate efforts to address NCDs and mitigate their impacts. I hope that the information contained in this second edition of the WHO NCD Country Profiles will be useful to governments and non-State actors in identifying areas for priority action.

WHO is launching this report on the occasion of the high-level meeting of the United Nations General Assembly to undertake the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs (New York, 10-11 July 2014). The meeting will provide a timely opportunity for rallying political support for bolder measures. WHO, as a global beacon of solidarity, will continue to build a future that ensures that globalization becomes a positive force for all the world's peoples of present and future generations.

**Dr Oleg Chestnov** Assistant Director-General World Health Organization

# **Explanatory Notes**

#### BACKGROUND

In September 2011 the World Health Organization released the first set of Noncommunicable Diseases Country Profiles, highlighting the status of NCDs in each WHO Member State. This second set of profiles builds on this earlier report and provides an updated overview of the NCD situation for each country. The focus in these new profiles is on presenting information for each country related to their NCD mortality, risk factors and national systems capacity to prevent and control NCDs. The profiles include the number, rates and causes of deaths from NCDs and trends in NCD mortality since 2000; the prevalence of selected risk factors; and information describing current national responses to prevention and control of NCDs. The data presented in each of the profiles are derived from several sources, each of which is explained in the following notes.

#### DEMOGRAPHICS

The 2012 population estimates from the most recent United Nations Population Division World Population Prospects (1) are reported in each profile for both total population as well as the population proportion between ages 30 and 70 years. World Bank income group data are based on 2012 gross national income (GNI) per capita, calculated using the World Bank Atlas method (2). The 2011 percentage of population living in urban areas was taken from the UN World Urbanization Prospects: The 2011 Revision (3).

#### MORTALITY

Age- and sex-specific all-cause mortality rates were estimated for 2000-2012 from revised life tables, published in *World Health Statistics 2014* (4). 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 2012 revision (1).

Causes of death were estimated for 2000-2012 using data sources and methods that were specific for each cause of death (5). Vital registration systems which record deaths with sufficient completeness and quality of cause of death information were used as the preferred data source. Mortality by cause was estimated for all Member States with a population greater than 250,000. Those countries with an asterisk (\*) on their profile have mortality data which are not based on any national NCD mortality data. These NCD mortality estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS programme estimates for some major causes of death (not including NCDs). Detailed information on methods for mortality and causes of death estimates were published previously (5).

Age-standardized death rates for cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes were calculated using the WHO standard population (5, 6). 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 is reported for 2012 (5).

The 2012 probability of dying between ages 30 and 70 years from the four main NCDs 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 (5). 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 are: Cardiovascular disease: I00-I99, Cancer: C00-C97, Diabetes: E10-E14, and Chronic respiratory disease: J30-J98.

$$_{5}^{*}M_{x} = \frac{\text{Total deaths from four NCD causes between exact age (x) and exact age (x+5)}}{\text{Total population between exact age (x) and exact age (x+5)}}$$

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 age range, was calculated last:

$$q_{40}^* q_{30} = 1 - \prod_{x=30}^{65} (1 - {}_5^* q_x)$$

#### **ADULT RISK FACTORS**

#### Definition of indicators

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

- *Current tobacco smoking (2011):* the percentage of the population aged 15 or older who smoke any tobacco products.
- Total alcohol per capita consumption, in litres of pure alcohol (2010): consumption of pure alcohol (recorded and unrecorded) per person aged 15+ during one calendar year.

- Raised blood pressure (2008): the percentage of the population aged 25 or older having systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥90 mmHg.
- Obesity (2008): the percentage of the population aged 20 or older having a body mass index (BMI) ≥30 kg/m2.

#### Methods of estimation

Crude adjusted estimates for raised blood pressure and obesity for 2008 are 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 previously (7, 8).

Age-standardized prevalence for current tobacco smoking were estimated from national surveys that met the following criteria: provides national summary data for one or more of four tobacco use definitionsdaily tobacco smoker, current tobacco smoker, daily cigarette smoker, or current cigarette smoker; includes randomly selected participants who were representative of the national population; and presents 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 sub-region level to obtain age-and-sex-specific prevalence rates for current tobacco smoking for the year 2011. The estimated rates were then age-standardised to calculate average rates by sex for each country (9).

The primary data source for the estimates for total alcohol per capita consumption (APC) was official 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 (FAO) statistical database (FAOSTAT) were used. The recorded three-year average APC for 2008–2010 and the unrecorded consumption for 2010 were added to arrive at the total consumption in litres of pure alcohol. For male and female per capita consumption, the proportion of alcohol consumed by men versus women plus the UN Population Division population estimates for 2010 (1) were used. Further detail on the estimation methods have been published previously (10).

#### NATIONAL SYSTEMS RESPONSE TO NCDS

All data in this section of the profile were taken from Member State responses to the 2013 NCD Country Capacity Survey (CCS). The 2013 CCS questionnaire was sent in electronic (Excel) format to the NCD focal points or designated colleagues within the Ministry of Health (MOH) or a national institute or agency in all WHO Member States (194 countries). The questions were developed in a manner intended to obtain objective information about adequacy of capacity and were reviewed in relation to the development of the objectives of the second Global NCD Action Plan. The 16 countries that did not respond to the survey have "ND" (No Data) for all CCS related fields in this section of the profile.

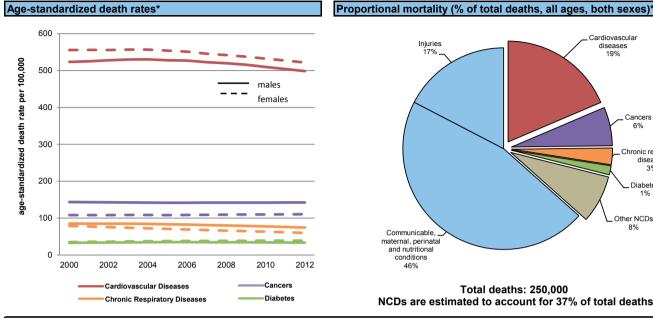
Responses related to the NCD surveillance and monitoring systems were checked against three separate sources. The information on mortality was checked against data on vital registration systems held within WHO in the Department of Health Statistics and Informatics. The responses on cancer registries were checked against information held at the International Agency for Research on Cancer (IARC). Information on recent NCD risk factor surveys were checked against internal survey tracking systems for WHO-supported risk factor surveys, including WHO STEPS (adult risk factor survey) (GSHS), and the Global Youth Tobacco Survey (GYTS) held in WHO's Prevention of Noncommunicable Diseases Department. Where discrepancies were noted between the country response and these other sources, a clarification request was returned to the country for their consideration and an updating of their response.

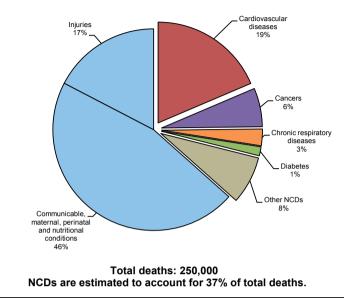
#### REFERENCES

- 1. World Population Prospects 2012 revision. New York, United Nations Population Division, 2013.
- 2. World Development Indicators. Washington, DC, International Bank for Reconstruction and Development/ The World Bank, 2014.
- 3. World Urbanization Prospects: The 2011 Revision, CD-ROM Edition. New York, United Nations Population Division, 2012.
- 4. World Health Statistics 2014. Geneva, World Health Organization, 2014.
- 5. WHO methods and data sources for country-level causes of death 2000-2012. Geneva, World Health Organization, 2014.
- 6. Ahmad OB et al. Age Standardization of Rates: A New WHO Standard (Technical Report). *GPE Discussion Paper Series:* No.31. Geneva, World Health Organization, 2001.
- Finucane MM et al. National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9.1 million participants. *The Lancet*, 2011, 377:557-67.
- 8. Danaei G et al. National, regional, and global trends in systolic blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants. *The Lancet*, 2011, 377:568-77.
- 9. WHO report on the global tobacco epidemic, 2013. Geneva, World Health Organization, 2013.
- 10. Global status report on alcohol and health 2014. Geneva, World Health Organization, 2014.

# Afghanistan

Total population: 29 825 000 Income Group: Low



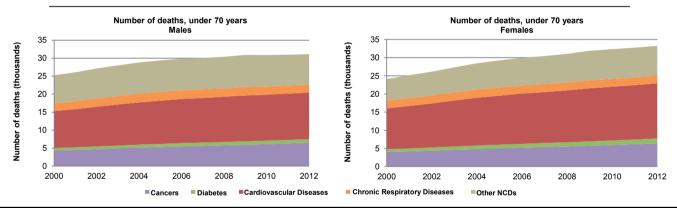


Percentage of population living in urban areas: 23.5%

Population proportion between ages 30 and 70 years: 24.4%

Premature mortality due to NCDs\*





Adult risk factors						
	males	females	total			
Current tobacco smoking (2011)						
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.2	0.1	0.7			
Raised blood pressure (2008)	22.8%	22.1%	22.5%			
Obesity (2008)	1.4%	3.0%	2.2%			

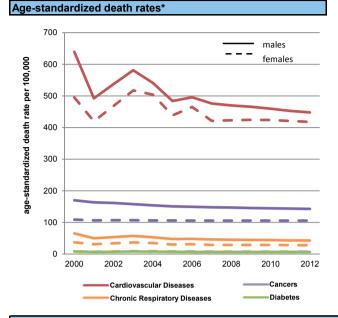
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

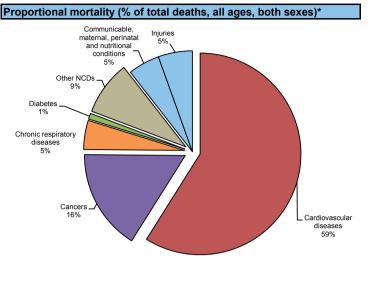
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

. = no data available

#### Albania

Total population: 3 162 000 Income Group: Upper middle





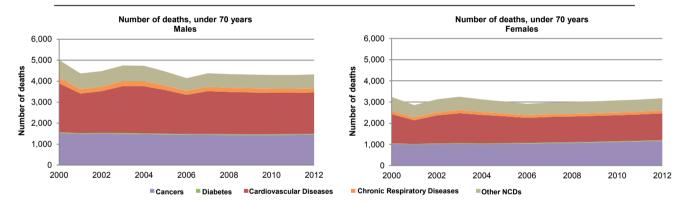
Percentage of population living in urban areas: 53.4%

Population proportion between ages 30 and 70 years: 46.2%

Total deaths: 30,000 NCDs are estimated to account for 89% of total deaths.

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19% .



	males	females	total
Current tobacco smoking (2011)	48%	5%	26%
otal alcohol per capita consumption, in litres of pure alcohol (2010)	10.6	3.4	7.0
Raised blood pressure (2008)	40.4%	32.9%	36.5%
Dbesity (2008)	21.8%	20.8%	21.3%

Has an operational policy, strategy or action plan to reduce the harmful use of alcohol

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* 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, 2014.

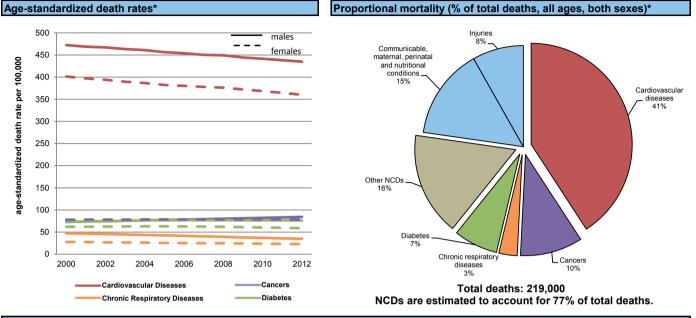
Yes

No

No

# Algeria

Total population: 38 482 000 Income Group: Upper middle

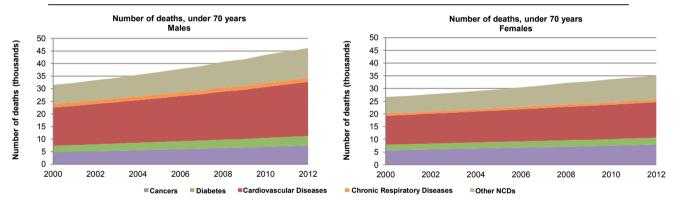


Percentage of population living in urban areas: 73.0%

Population proportion between ages 30 and 70 years: 40.0%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.



	males	females	total
Current tobacco smoking (2011)	28%	2%	15%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.6	0.4	1.0
Raised blood pressure (2008)	29.1%	28.7%	28.9%
Obesity (2008)	9.6%	22.4%	16.0%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).



Total population: 78 000 Percentage of population living in urban areas: 87.3% Income Group: High Population proportion between ages 30 and 70 years: 55.7% Age-standardized death rates\* Proportional mortality (% of total deaths, all ages, both sexes)\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 650 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 2000 2002 2004 2006 2008 2010 2012 Other NCDs Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases

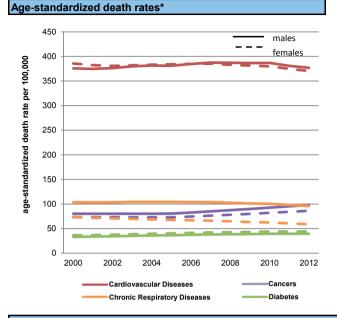
Adult risk factors males females total Current tobacco smoking (2011) . . . Total alcohol per capita consumption, in litres of pure alcohol (2010) 19.5 8.2 13.8 Raised blood pressure (2008) 31.5% 21.9% 26.5% Obesity (2008) 26.7% 23.9% 25.2% National systems response to NCDs

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

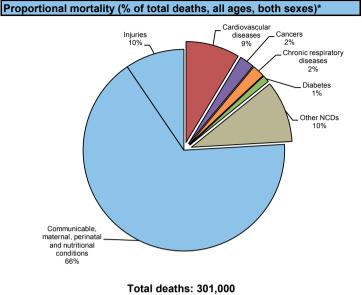
\* See Explanatory Notes ... = no data available

## Angola

Total population: 20 821 000 Income Group: Upper middle



Percentage of population living in urban areas: 59.2% Population proportion between ages 30 and 70 years: 24.4%



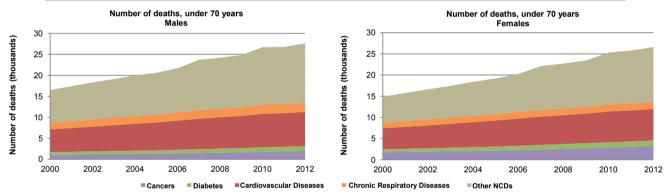
NCDs are estimated to account for 24% of total deaths.

ND

ND

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.0	3.0	7.5
Raised blood pressure (2008)	33.3%	27.4%	30.3%
Obesity (2008)	3.5%	9.1%	6.4%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	, ,		ND
Has an operational multisectoral national policy, strategy or action plan that integrates several	NCDs and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote hea	althy diets		ND
Has evidence-based national guidelines/protocols/standards for the management of major NC	Ds through a primary care approad	ch	ND

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Has a national, population-based cancer registry

\* 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

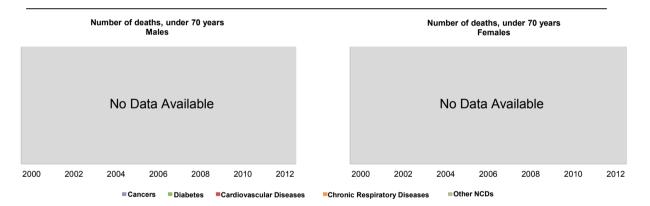
#### **Antigua and Barbuda**

Total population: 89 000 Income Group: High

Percentage of population living in urban areas: 29.8% Population proportion between ages 30 and 70 years: 43.1%

Age-standard	dized dea	ath rates	*				Proportional mortality (% of total deaths, all ages, both sexes)*
		No Da	ıta Avai	ilable			No Data Available
2000	2002	2004	2006	2008	2010	2012	
		rdiovascular Ironic Respira		ses	Cane Diab		Total deaths: 610

Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.7	3.1	5.4
Raised blood pressure (2008)	38.0%	27.9%	32.8%
Obesity (2008)	17.9%	33.0%	25.6%

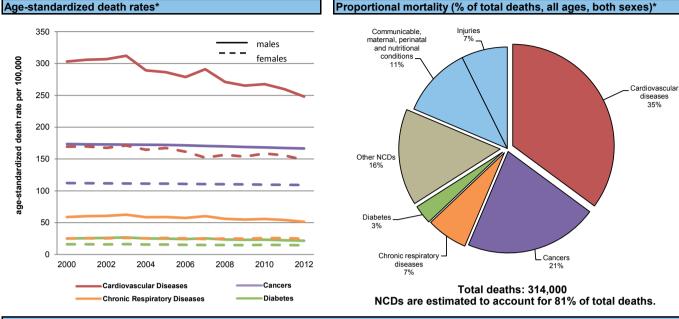
Has an operational policy, strategy or action plan to reduce the harmful use of alcoholNoHas an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachDKHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* See Explanatory Notes ... = no data available

DK = Country responded "don't know"

### Argentina

Total population: 41 087 000 Income Group: Upper middle

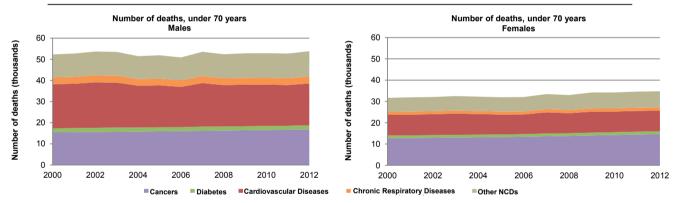


Percentage of population living in urban areas: 92.5%

Population proportion between ages 30 and 70 years: 43.9%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17% .

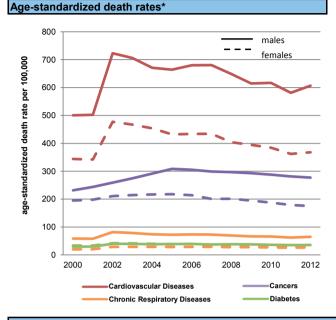


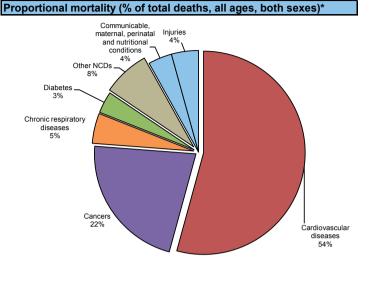
Adult risk factors				
	males	females	total	
Current tobacco smoking (2011)	30%	16%	23%	
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.6	5.2	9.3	
Raised blood pressure (2008)	31.1%	19.7%	25.1%	
Obesity (2008)	27.1%	32.0%	29.7%	
lational systems response to NCDs				
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors			No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol				
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity				
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy di	iets		Yes	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs the	rough a primary care approac	h	No	
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	NCD targets		Yes	
Has a national, population-based cancer registry			Yes	

\* 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).

#### Armenia

Total population: 2 969 000 Income Group: Lower middle



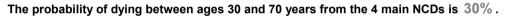


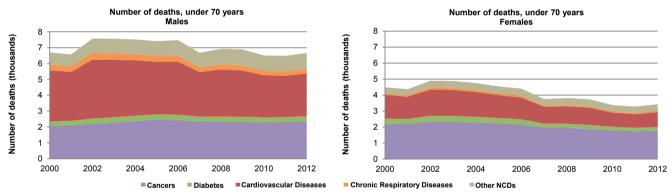
Percentage of population living in urban areas: 64.1%

Population proportion between ages 30 and 70 years: 45.3%

Total deaths: 37,000 NCDs are estimated to account for 92% of total deaths.

Premature mortality due to NCDs\*





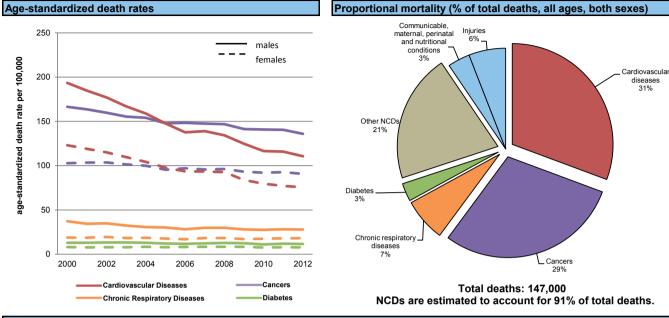
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	47%	2%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.0	2.6	5.3
Raised blood pressure (2008)	43.5%	40.7%	41.9%
Obesity (2008)	14.3%	31.7%	24.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCI	Ds and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phys	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs t	through a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glob	al NCD targets		Yes
Has a national, population-based cancer registry			No

\* 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).

on any national NCD mortality data (see Explanatory Notes).

### Australia

Total population: 23 050 000 Income Group: High

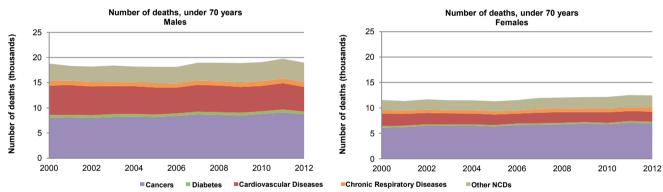


Percentage of population living in urban areas: 89.2%

Population proportion between ages 30 and 70 years: 50.2%

Premature mortality due to NCDs



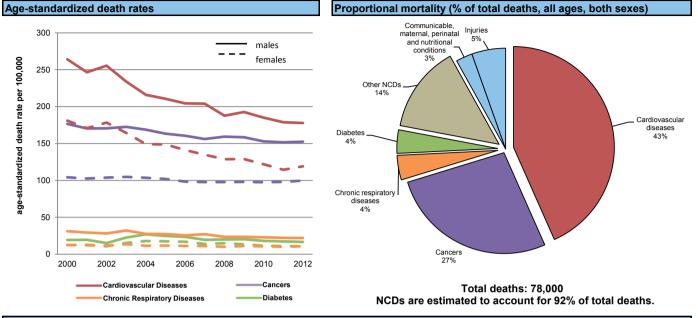


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	21%	19%	20%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.3	7.2	12.2
Raised blood pressure (2008)	25.5%	17.5%	21.4%
Obesity (2008)	26.4%	27.1%	26.8%
National systems response to NCDs			
			Vee
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs an	d shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	ctivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	h a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	D targets		No
Has a national, population-based cancer registry			Yes

#### Austria

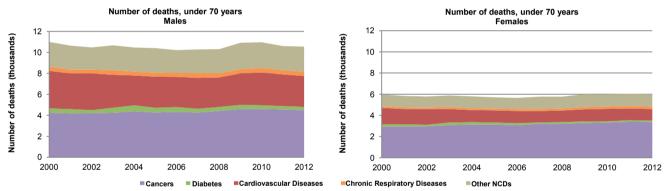
Total population: 8 464 000 Income Group: High

Percentage of population living in urban areas: 67.7% Population proportion between ages 30 and 70 years: 54.0%



Premature mortality due to NCDs

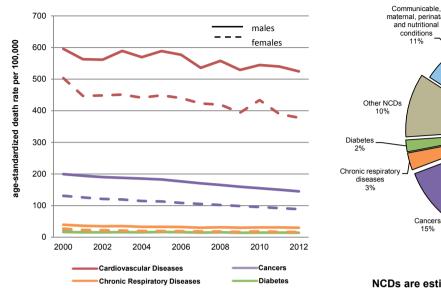
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .



	males	females	total
Current tobacco smoking (2011)	46%	47%	46%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.4	6.3	10.3
Raised blood pressure (2008)	31.4%	25.5%	28.4%
Obesity (2008)	21.0%	20.9%	20.9%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
National systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	vsical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	y diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		No
Has a national, population-based cancer registry			Yes

## Azerbaijan

Total population: 9 309 000 Income Group: Upper middle Age-standardized death rates



Chronic respiratory diseases 3%

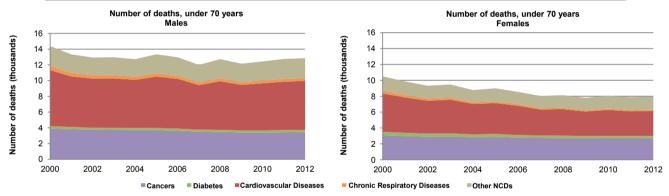
Percentage of population living in urban areas: 53.6%

Population proportion between ages 30 and 70 years: 44.3% Proportional mortality (% of total deaths, all ages, both sexes)\*

> Total deaths: 58,000 NCDs are estimated to account for 84% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.

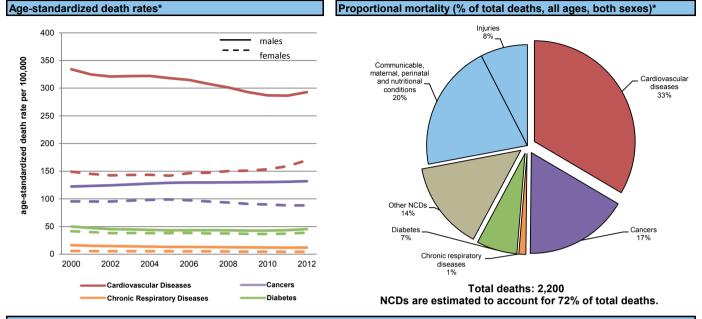


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	34%	<1%	16%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.6	1.1	2.3
Raised blood pressure (2008)	34.5%	29.8%	31.9%
Obesity (2008)	15.1%	31.4%	23.8%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No
Has a national, population-based cancer registry			No

\* 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).

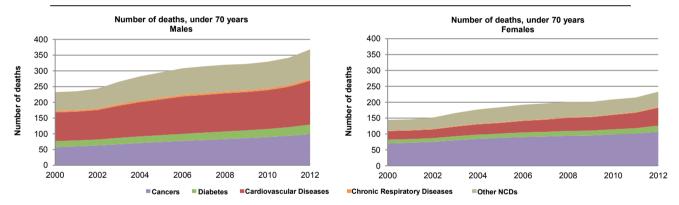
#### Bahamas

Total population: 372 000 Income Group: High Percentage of population living in urban areas: 84.3% Population proportion between ages 30 and 70 years: 47.7%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 14%.



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.1	3.9	6.9
Raised blood pressure (2008)	35.5%	24.7%	29.8%
Obesity (2008)	26.4%	42.4%	34.7%

Has an operational policy, strategy or action plan to reduce the harmful use of alcoholNoHas an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryNo

\* 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).

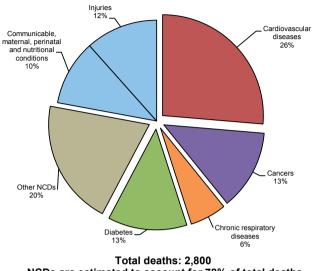
... = no data available

### Bahrain

Total population: 1 318 000 Income Group: High

Age-standardized death rates\*

350 males \_ females age-standardized death rate per 100,000 300 250 200 150 100 50 0 2000 2002 2004 2006 2008 2010 2012



Percentage of population living in urban areas: 88.7%

Population proportion between ages 30 and 70 years: 49.1% Proportional mortality (% of total deaths, all ages, both sexes)

NCDs are estimated to account for 78% of total deaths.

Premature mortality due to NCDs\*

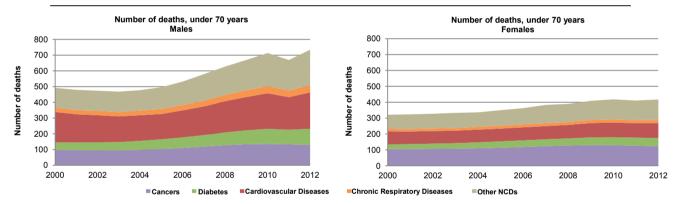
Cardiovascular Diseases

Chronic Respiratory Diseases

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 13%.

Cancers

Diabetes



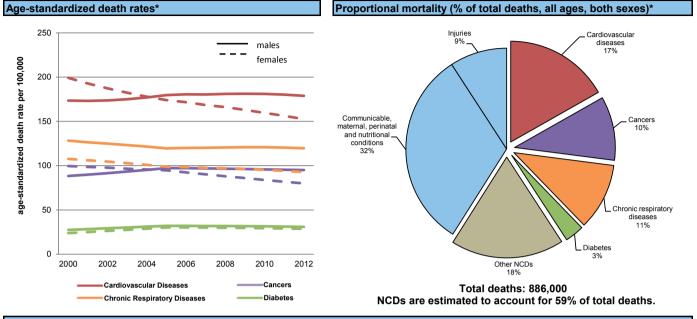
	males	females	total
Current tobacco smoking (2011)	35%	8%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.7	1.0	2.1
Raised blood pressure (2008)	29.1%	26.6%	28.1%
Obesity (2008)	29.5%	38.0%	32.9%

National Systems response to NCDS	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

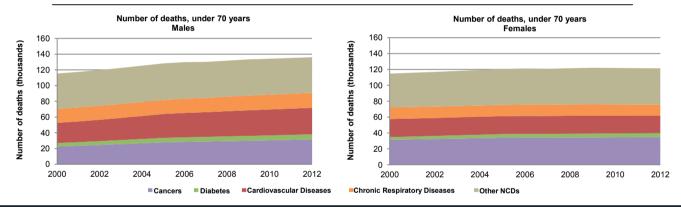
#### Bangladesh

Total population: 155 000 000 Income Group: Low Percentage of population living in urban areas: 28.4% Population proportion between ages 30 and 70 years: 37.3%



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18%.



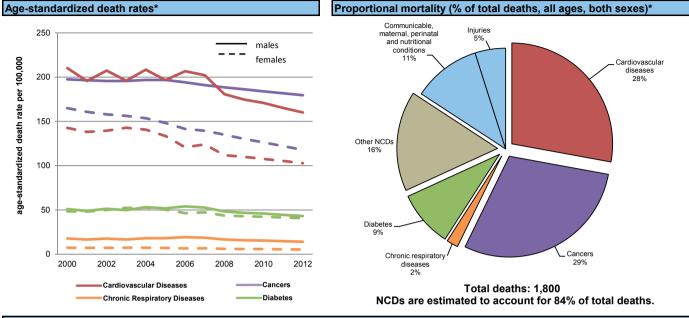
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	48%	2%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.3	0.0	0.2
Raised blood pressure (2008)	24.0%	23.6%	23.8%
Obesity (2008)	0.9%	1.3%	1.1%
Has an operational NCD unit/branch or department within the Ministry of Health, or equiva	lent		Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equiva	lent		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates sev	eral NCDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or prom	ote physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* 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).

### Barbados

Total population: 283 000 Income Group: High

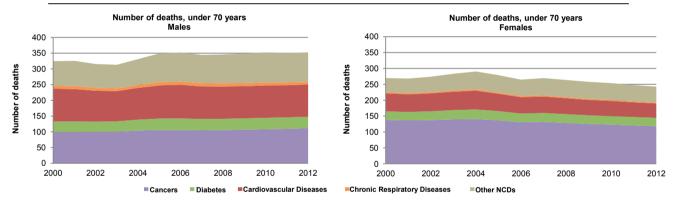


Percentage of population living in urban areas: 44.4%

Population proportion between ages 30 and 70 years: 52.4%

Premature mortality due to NCDs\*



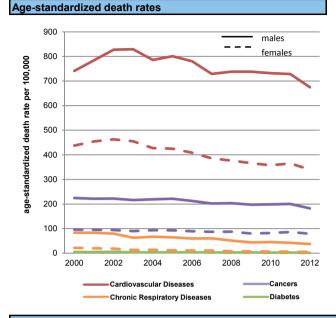


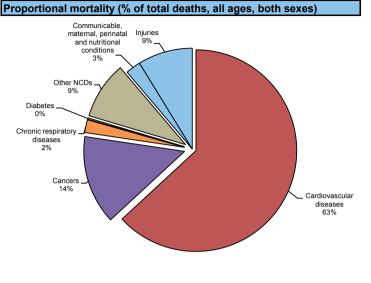
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	13%	2%	7%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.8	4.0	6.8
Raised blood pressure (2008)	34.8%	31.7%	33.2%
Obesity (2008)	22.5%	45.9%	34.7%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NO	CDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	ysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	y diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	s through a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		Yes
Has a national, population-based cancer registry			Yes

\* 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).

#### **Belarus**

Total population: 9 405 000 Income Group: Upper middle





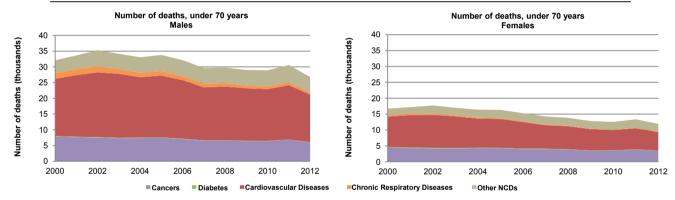
Percentage of population living in urban areas: 75.0%

Population proportion between ages 30 and 70 years: 53.2%

Total deaths: 122,000 NCDs are estimated to account for 89% of total deaths.

Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26% .



	males	females	total
Current tobacco smoking (2011)	50%	11%	29%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	27.5	9.1	17.5
Raised blood pressure (2008)	45.0%	39.3%	41.8%
Obesity (2008)	20.0%	27.8%	24.3%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	ND
Has a national, population-based cancer registry	ND

ND = Country did not respond to country capacity survey

## Belgium

250

200

150

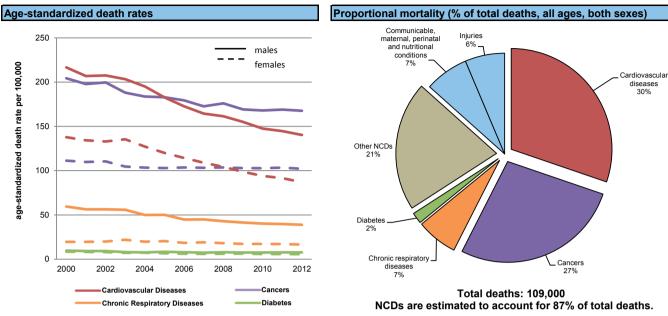
100

50

0

age-standardized death rate per 100,000

Total population: 11 060 000 Income Group: High

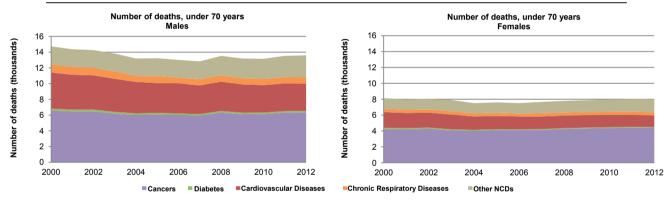


Percentage of population living in urban areas: 97.5%

Population proportion between ages 30 and 70 years: 52.0%

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .



	males	females	total
Current tobacco smoking (2011)	31%	23%	27%
Fotal alcohol per capita consumption, in litres of pure alcohol (2010)	15.0	6.3	11.0
Raised blood pressure (2008)	27.8%	22.3%	24.9%
Dbesity (2008)	23.3%	21.0%	22.1%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCD	s and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physic	cal activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy d	iets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs th	rough a primary care approac	:h	DK

Yes

Has a national, population-based cancer registry

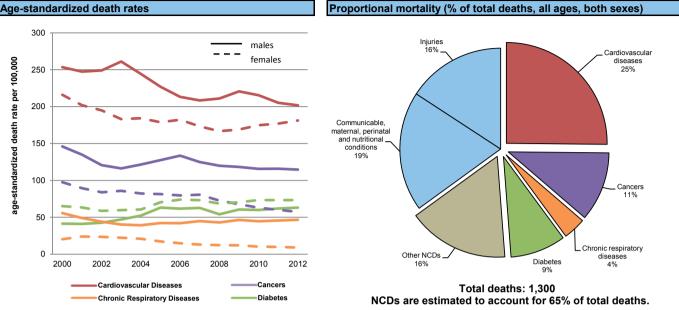
DK = Country responded "don't know'

#### Belize

Total population: 324 000 Income Group: Upper middle

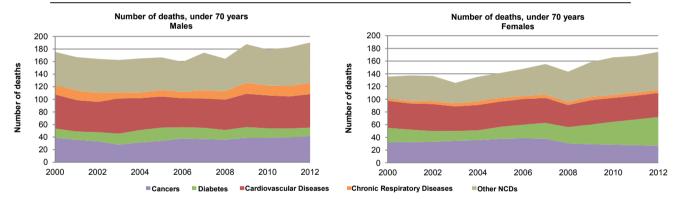
Percentage of population living in urban areas: 44.7% Population proportion between ages 30 and 70 years: 34.1%

Age-standardized death rates



Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 15% .

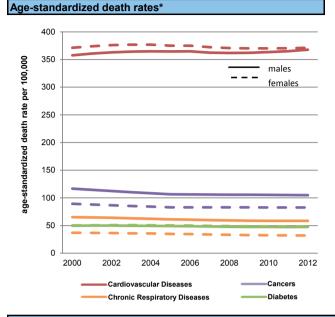


	males	females	total
Current tobacco smoking (2011)	22%	2%	12%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.5	2.5	8.5
Raised blood pressure (2008)	26.0%	18.3%	22.2%
Obesity (2008)	23.7%	43.8%	33.7%
National systems response to NCDs			
ž i			No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	NCDs and shared risk factors		No No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several f	NCDs and shared risk factors		
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several f Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote p			No

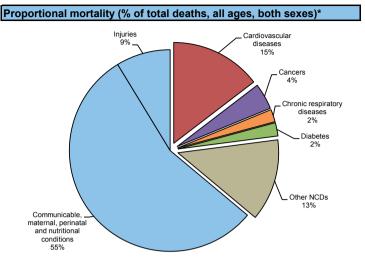
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

### **Benin**

Total population: 10 051 000 Income Group: Low



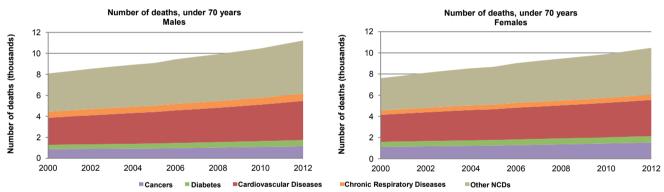
Percentage of population living in urban areas: 44.9% Population proportion between ages 30 and 70 years: 27.9%



Total deaths: 90,000 NCDs are estimated to account for 36% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	21%	3%	12%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.4	0.9	2.1
Raised blood pressure (2008)	32.2%	28.6%	30.4%
Obesity (2008)	3.2%	8.8%	6.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approac	h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global I	NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

#### Bhutan

Total population: 742 000 Income Group: Lower middle

Age-standardized death rates\*

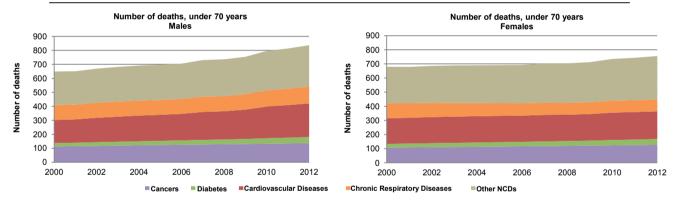
Percentage of population living in urban areas: 35.6% Population proportion between ages 30 and 70 years: 37.0%

Proportional mortality (% of total deaths, all ages, both sexes)\*

300 Cardiovascular diseases 18% males Injuries 19% \_ \_ females age-standardized death rate per 100,000 250 200 Cancers 8% 150 Communicable. 100 maternal, perinatal and nutritional Chronic respiratory diseases 10% conditions 24% 50 abetes 3% 0 Other NCDs 18% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 4,800 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 56% of total deaths.

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.2	0.1	0.7
Raised blood pressure (2008)	25.5%	23.7%	24.7%
Obesity (2008)	4.3%	6.4%	5.3%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	I activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ts		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global I	NCD targets		No
Has a national, population-based cancer registry			No

\* 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

### **Bolivia (Plurinational State of)**

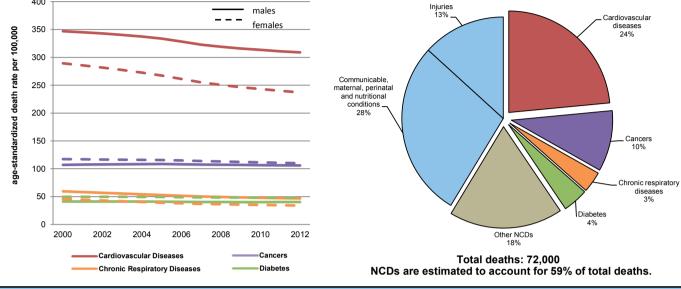
Total population: 10 496 000 Income Group: Lower middle

Age-standardized death rates

400

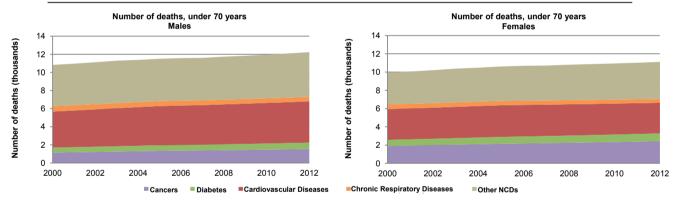
Percentage of population living in urban areas: 66.8% Population proportion between ages 30 and 70 years: 33.6%

Proportional mortality (% of total deaths, all ages, both sexes)



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	42%	18%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.1	2.7	5.9
Raised blood pressure (2008)	27.8%	21.2%	24.4%
Obesity (2008)	9.6%	25.9%	17.9%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No

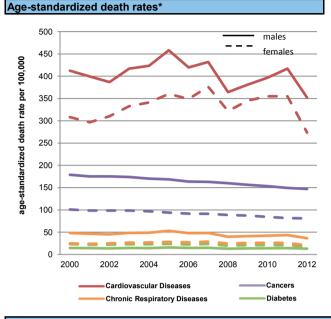
No

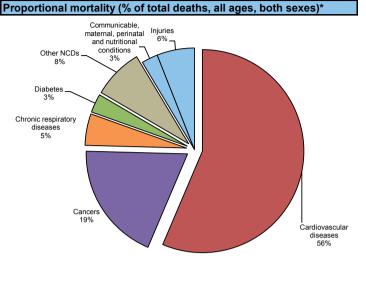
Has a national, population-based cancer registry

\* 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).

#### **Bosnia and Herzegovina**

Total population: 3 834 000 Income Group: Upper middle





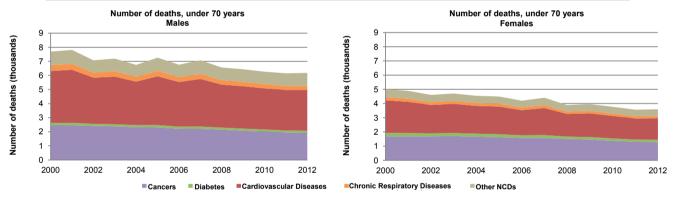
Percentage of population living in urban areas: 48.3%

Population proportion between ages 30 and 70 years: 51.2%

Total deaths: 35,000 NCDs are estimated to account for 91% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



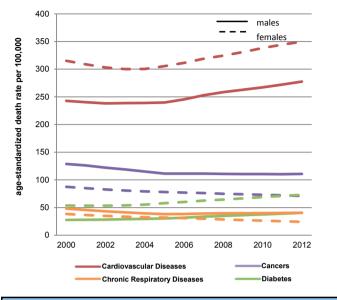
	males	females	total
Current tobacco smoking (2011)	44%	27%	35%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.1	1.4	7.1
Raised blood pressure (2008)	41.2%	45.0%	43.2%
Obesity (2008)	23.8%	28.9%	26.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physica	al activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approac	h	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global I	NCD targets		ND
Has a national, population-based cancer registry			ND

\* 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).

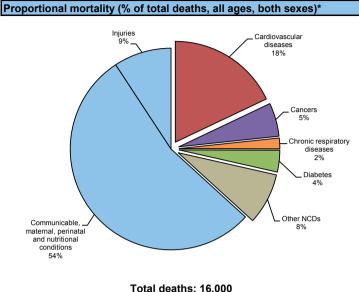
ND = Country did not respond to country capacity survey

#### Botswana

Total population: 2 004 000 Income Group: Upper middle Age-standardized death rates



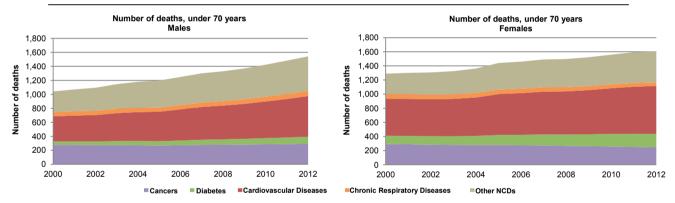
Percentage of population living in urban areas: 61.7% Population proportion between ages 30 and 70 years: 31.2%



Total deaths: 16,000 NCDs are estimated to account for 37% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	36%	7%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.3	2.5	8.4
Raised blood pressure (2008)	33.3%	32.6%	32.9%
Obesity (2008)	2.6%	19.6%	11.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	1		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No

 Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity
 No

 Has an operational policy, strategy or action plan to reduce the burden of tobacco use
 No

 Has an operational policy, strategy or action plan to reduce the burden of tobacco use
 No

 Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets
 No

 Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
 No

 Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets
 No

 Has a national, population-based cancer registry
 Yes

\* 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).

## Brazil

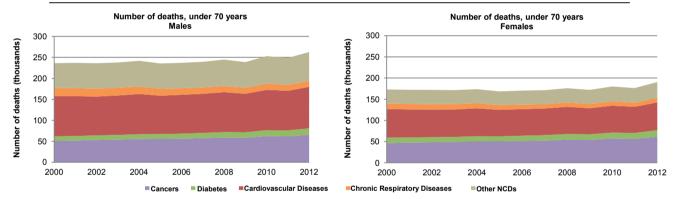
age-standardized death rate per 100,000

Total population: 199 000 000 Income Group: Upper middle

Age-standardized death rates Proportional mortality (% of total deaths, all ages, both sexes) 350 Injuries 12% males \_ females 300 Communicable, maternal, perinatal and nutritional Cardiovascular diseases 31% 250 conditions 13% 200 150 100 Other NCDs 15% 50 Cancers 17% 0 Diabe 6% Chronic respiratory 2000 2002 2004 2006 2008 2010 2012 diseases 6% Cardiovascular Diseases Cancers Total deaths: 1,318,000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 74% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19% .



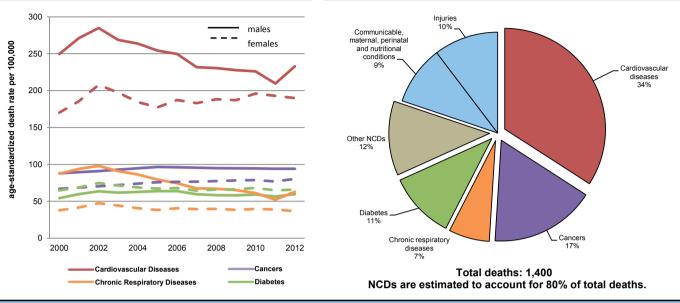
	males	females	total
Current tobacco smoking (2011)	22%	13%	17%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.6	4.2	8.7
Raised blood pressure (2008)	36.8%	25.3%	30.8%
Obesity (2008)	16.0%	21.4%	18.8%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical act	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approac	;h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	) targets		No
Has a national, population-based cancer registry			No

Percentage of population living in urban areas: 84.6% Population proportion between ages 30 and 70 years: 45.0%

## Brunei Darussalam

Total population: 412 000 Income Group: High

Age-standardized death rates\*

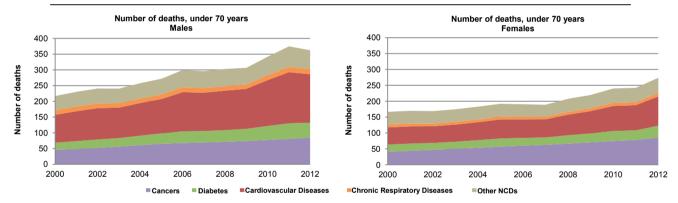


Percentage of population living in urban areas: 76.0%

Population proportion between ages 30 and 70 years: 47.8% Proportional mortality (% of total deaths, all ages, both sexes)\*

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.

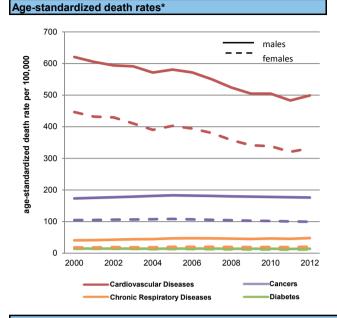


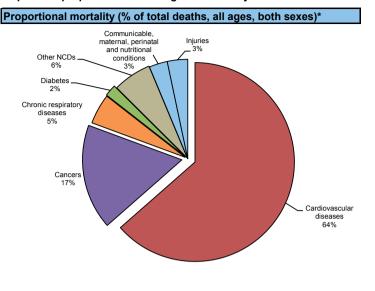
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	32%	4%	18%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.6	0.1	0.9
Raised blood pressure (2008)	20.1%	12.2%	16.3%
Obesity (2008)	8.2%	6.6%	7.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physic	cal activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy d	liets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs th	rough a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine globa	I NCD targets		No
Has a national, population-based cancer registry			Yes

\* 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).

### **Bulgaria**

Total population: 7 278 000 Income Group: Upper middle





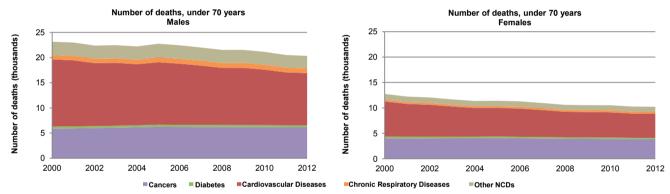
Percentage of population living in urban areas: 73.1%

Population proportion between ages 30 and 70 years: 55.8%

Total deaths: 106,000 NCDs are estimated to account for 94% of total deaths.

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	48%	31%	39%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.9	5.3	11.4
Raised blood pressure (2008)	44.3%	39.5%	41.8%
Obesity (2008)	23.1%	24.3%	23.7%
National systems response to NCDs			
ž i			DK
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			DK
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	8		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	igh a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global No	CD targets		No

Has a national, population-based cancer registry

\* 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, 2014.

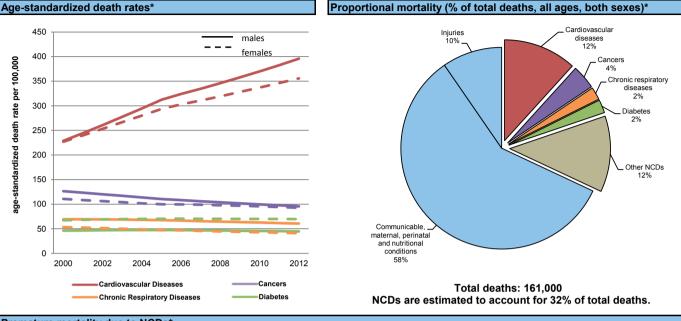
Yes

## **Burkina Faso**

Total population: 16 460 000 Income Group: Low

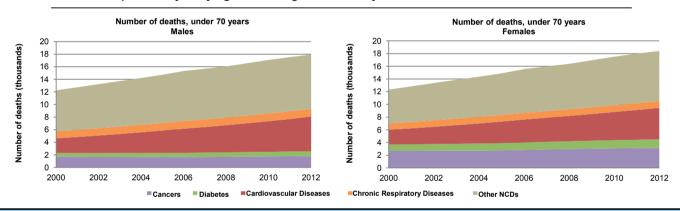
#### Age-standardized death rates\*

Percentage of population living in urban areas: 26.5% Population proportion between ages 30 and 70 years: 25.3%



Premature mortality due to NCDs\*





Adult risk factors				
	males	females	total	
Current tobacco smoking (2011)				
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.2	2.8	6.8	
Raised blood pressure (2008)	29.9%	28.8%	29.4%	
Obesity (2008)	1.5%	3.0%	2.3%	

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

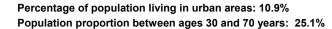
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes). ... = no data available

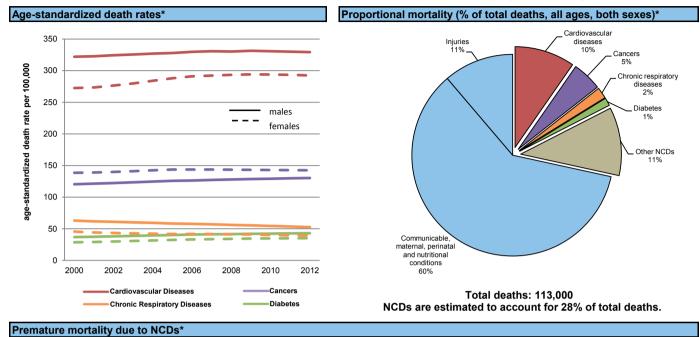
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles , 2014.

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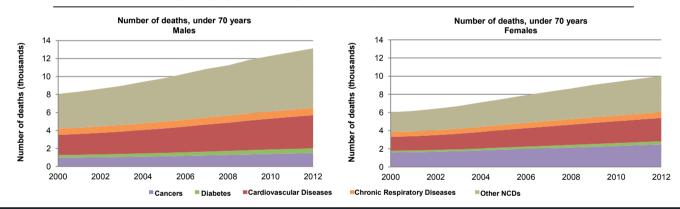
#### **Burundi**

Total population: 9 850 000 Income Group: Low









Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.9	4.8	9.3
Raised blood pressure (2008)	35.5%	33.2%	34.3%
Obesity (2008)	2.5%	3.4%	2.9%

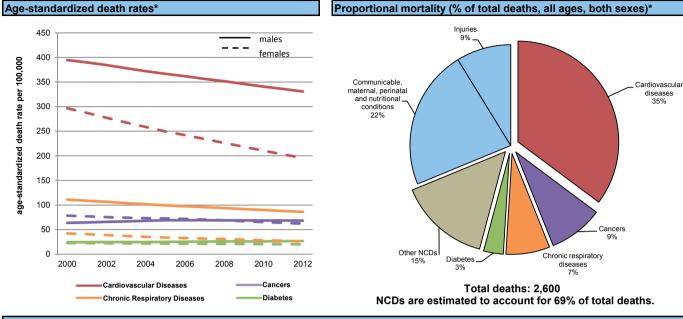
No
No
NR
NR
NR
NR
No
NR
No

\* 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 NR = Country replied to survey but did not give a response to specific question

Matternal event

# **Cabo Verde**

Total population: 494 000 Income Group: Lower middle



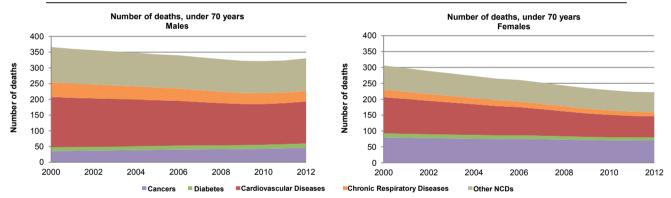
Percentage of population living in urban areas: 62.6%

Population proportion between ages 30 and 70 years: 33.4%

diseases 35%

Premature mortality due to NCDs\*





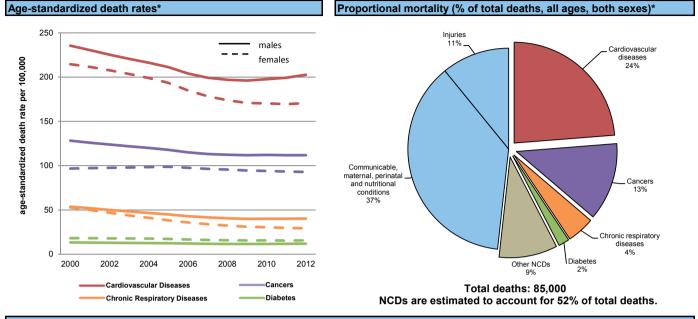
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	14%	3%	8%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.2	2.7	6.9
Raised blood pressure (2008)	41.6%	33.8%	37.3%
Obesity (2008)	5.7%	13.8%	10.0%
National systems response to NCDs			
ž · ·			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCD	s and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physic	cal activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy d	diets		ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs th	nrough a primary care approa	ch	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine globa	al NCD targets		ND
Has a national, population-based cancer registry			ND

\* 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).

ND = Country did not respond to country capacity survey

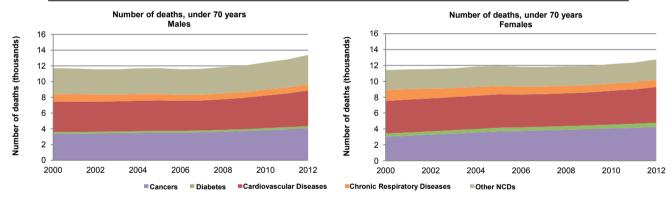
### Cambodia

Total population: 14 865 000 Income Group: Low Percentage of population living in urban areas: 20.0% Population proportion between ages 30 and 70 years: 33.8%



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18%.

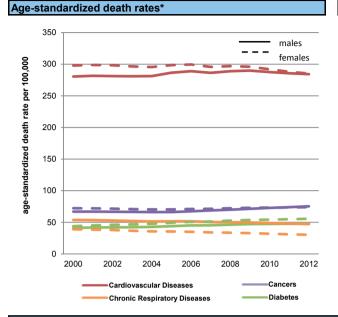


	males	females	total
Current tobacco smoking (2011)	42%	3%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.6	1.7	5.5
Raised blood pressure (2008)	19.4%	14.9%	17.0%
Obesity (2008)	1.5%	2.7%	2.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	S		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	ugh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	ICD targets		Yes
Has a national, population-based cancer registry			No

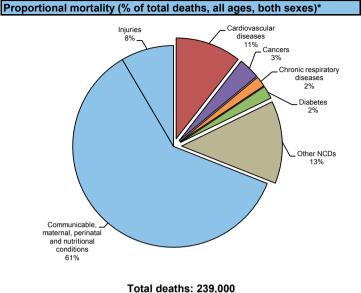
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Cameroon

Total population: 21 700 000 Income Group: Lower middle



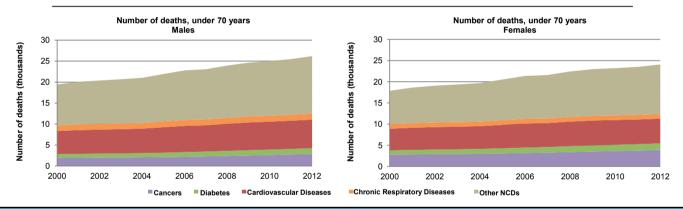
Percentage of population living in urban areas: 52.1% Population proportion between ages 30 and 70 years: 26.3%



Total deaths: 239,000 NCDs are estimated to account for 31% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20%.



Adult risk factors				
	males	females	total	
Current tobacco smoking (2011)				
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.3	3.5	8.4	
Raised blood pressure (2008)	30.9%	25.3%	28.1%	
Obesity (2008)	6.4%	14.1%	10.3%	

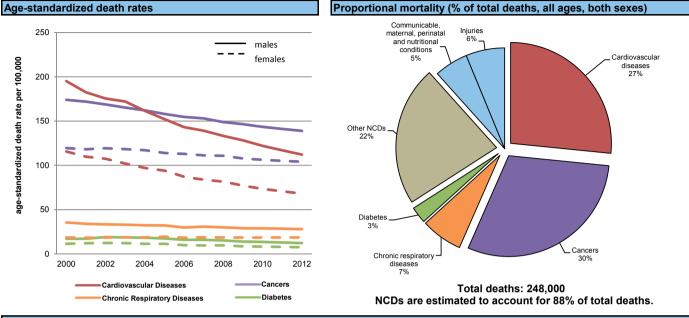
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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

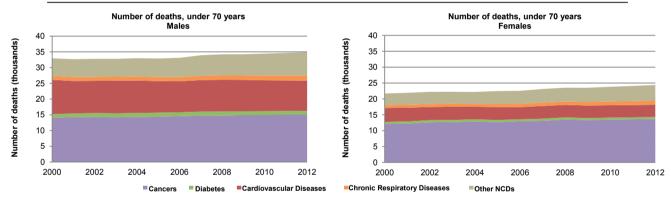
### Canada

Total population: 34 838 000 Income Group: High Percentage of population living in urban areas: 80.7% Population proportion between ages 30 and 70 years: 53.4%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11% .



	males	females	total
Current tobacco smoking (2011)	20%	15%	18%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.1	5.5	10.2
Raised blood pressure (2008)	18.8%	16.2%	17.4%
Obesity (2008)	26.0%	26.4%	26.2%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
National systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	and shared risk factors		Yes
			Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			res
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	l activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	ts		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	ugh a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	ICD targets		No
Has a national, population-based cancer registry			Yes

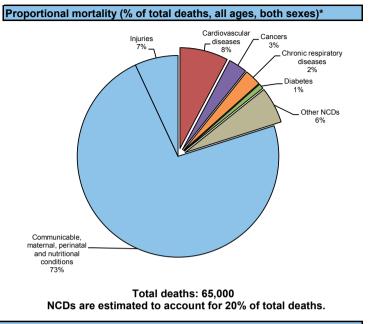
## **Central African Republic**

Total population: 4 525 000 Income Group: Low

Age-standardized death rates

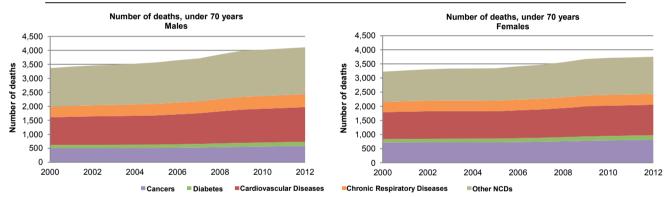
300 males \_ females age-standardized death rate per 100,000 250 200 150 100 \_ = 50 0 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes

Percentage of population living in urban areas: 39.1% Population proportion between ages 30 and 70 years: 28.6%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.7	1.9	3.8
Raised blood pressure (2008)	34.3%	31.0%	32.6%
Obesity (2008)	1.8%	5.1%	3.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	vsical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			DK
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	y diets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approac	:h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		No
Has a national, population-based cancer registry			No

\* 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). DK = Country responded "don't know

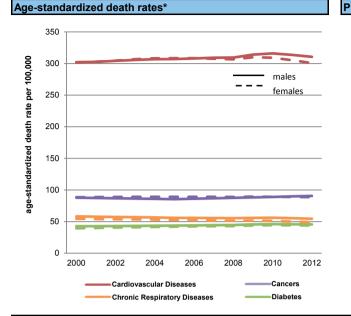
... = no data available

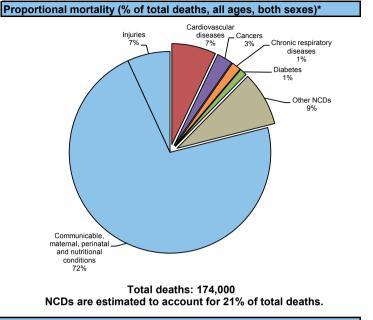
Percentage of population living in urban areas: 21.8%

Population proportion between ages 30 and 70 years: 22.9%

## Chad

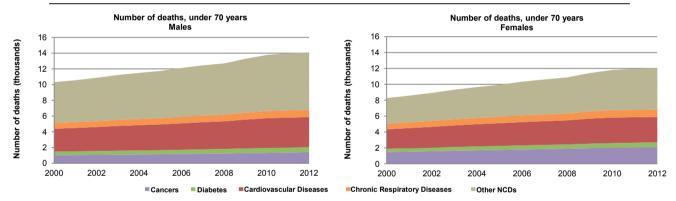
Total population: 12 448 000 Income Group: Low





Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



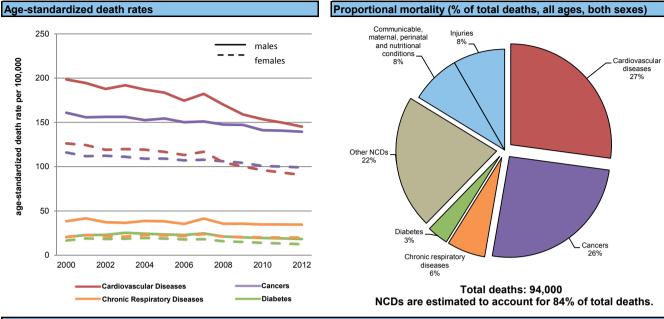
	males	females	total
Current tobacco smoking (2011)	20%	4%	12%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.1	1.8	4.4
Raised blood pressure (2008)	30.5%	26.0%	28.2%
Obesity (2008)	1.9%	3.4%	2.7%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
lational systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	ysical activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	y diets		ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	s through a primary care approa	ch	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		ND
Has a national, population-based cancer registry			ND

\* 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).

ND = Country did not respond to country capacity survey

## Chile

Total population: 17 465 000 Income Group: High



Percentage of population living in urban areas: 89.2%

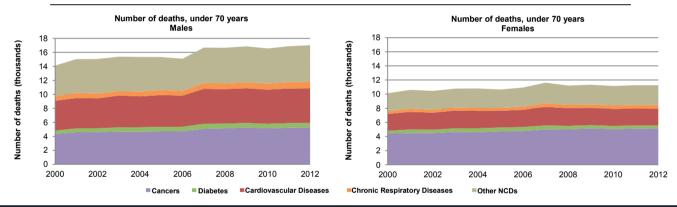
Population proportion between ages 30 and 70 years: 47.4%

Yes

Yes

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



	males	females	total
Current tobacco smoking (2011)	44%	38%	41%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.9	5.5	9.6
Raised blood pressure (2008)	39.0%	29.1%	33.9%
Obesity (2008)	24.6%	34.0%	29.4%

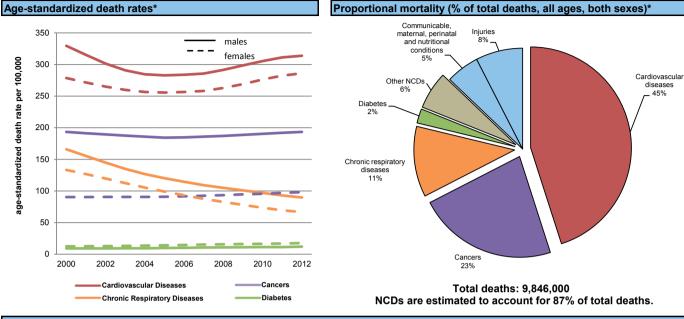
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Has an operational policy, strategy or action plan to reduce the burden of tobacco useYesHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryNo

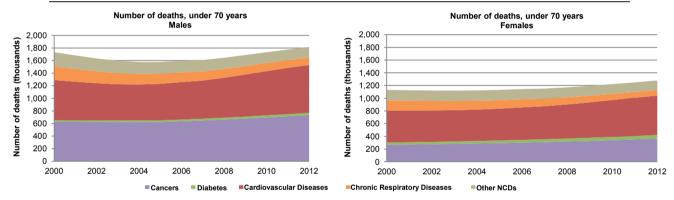
## China

Total population: 1 390 000 000 Income Group: Upper middle Percentage of population living in urban areas: 50.6% Population proportion between ages 30 and 70 years: 51.5%



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19% .



	males	females	total
Current tobacco smoking (2011)	47%	2%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.9	2.2	6.7
Raised blood pressure (2008)	29.0%	25.5%	27.3%
Obesity (2008)	4.7%	6.7%	5.7%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several N	CDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	nysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	ny diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCD	s through a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine gl	obal NCD targets		Yes
Has a national, population-based cancer registry			Yes

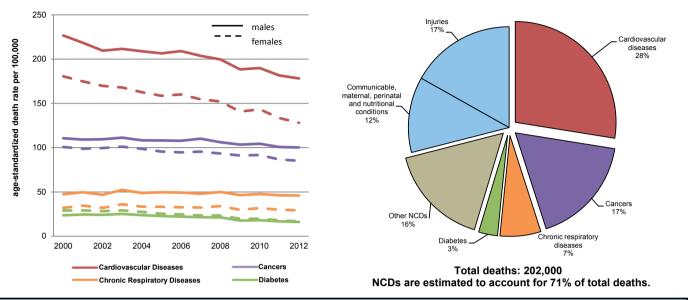
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Colombia

Total population: 47 704 000 Income Group: Upper middle Percentage of population living in urban areas: 75.3% Population proportion between ages 30 and 70 years: 42.0%

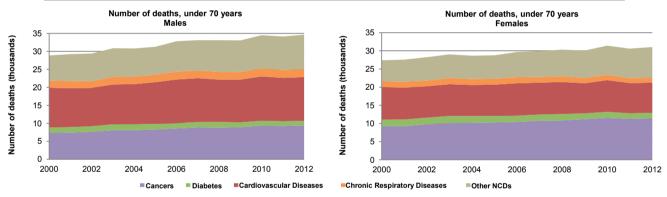
Proportional mortality (% of total deaths, all ages, both sexes)

Age-standardized death rates



Premature mortality due to NCDs

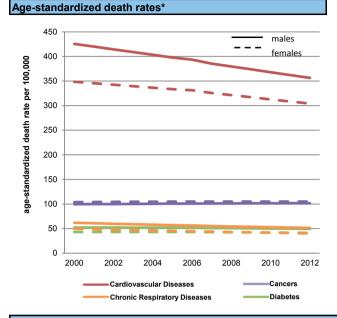
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



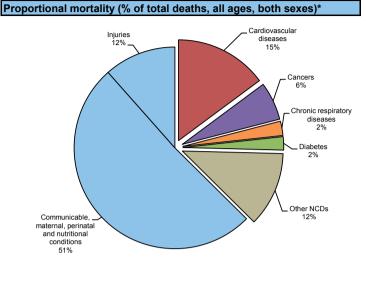
	males	females	total
Current tobacco smoking (2011)	31%	5%	18%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.1	3.5	6.2
Raised blood pressure (2008)	31.0%	24.2%	27.4%
Obesity (2008)	11.3%	22.9%	17.3%
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	ough a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	NCD targets		No
Has a national, population-based cancer registry			No

#### Comoros

Total population: 718 000 Income Group: Low



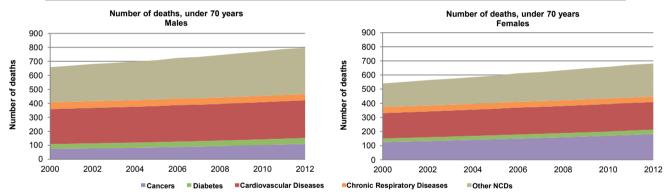
Percentage of population living in urban areas: 28.0% Population proportion between ages 30 and 70 years: 29.6%



Total deaths: 6,000 NCDs are estimated to account for 37% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.

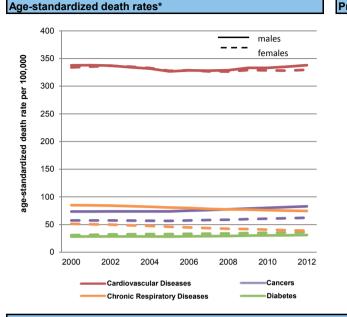


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	25%	2%	13%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.4	0.1	0.2
Raised blood pressure (2008)	34.3%	29.6%	31.9%
Obesity (2008)	3.2%	5.5%	4.4%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical acti	vity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	targets		No
Has a national, population-based cancer registry			No

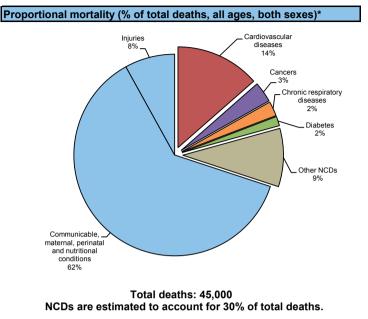
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Congo

Total population: 4 337 000 Income Group: Lower middle

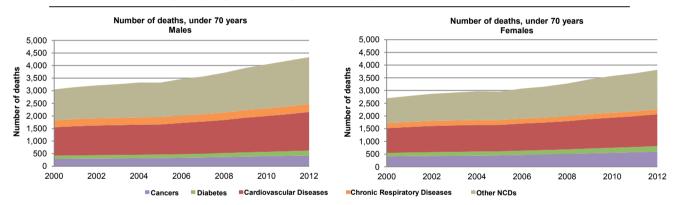


Percentage of population living in urban areas: 63.7% Population proportion between ages 30 and 70 years: 29.0%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20% .



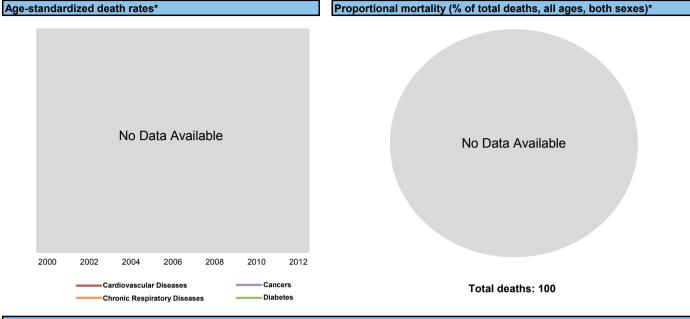
	males	females	total
Current tobacco smoking (2011)	9%	3%	6%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.2	1.6	3.9
Raised blood pressure (2008)	33.9%	30.5%	32.2%
Obesity (2008)	2.4%	6.9%	4.7%
tional systems response to NCDs			
	t		No
lational systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalen Has an operational multisectoral national policy, strategy or action plan that integrates severa			No No

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useYesHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

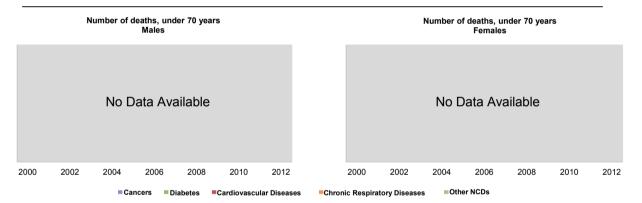
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## **Cook Islands**

Total population: 21 000 Income Group: Upper middle Percentage of population living in urban areas: 73.5% Population proportion between ages 30 and 70 years: 39.7%



Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)	41%	27%	34%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.5	2.1	6.4
Raised blood pressure (2008)	37.9%	26.7%	32.4%
Obesity (2008)	59.7%	67.9%	63.7%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	ets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thr	ough a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	NCD targets		No

Has a national, population-based cancer registry

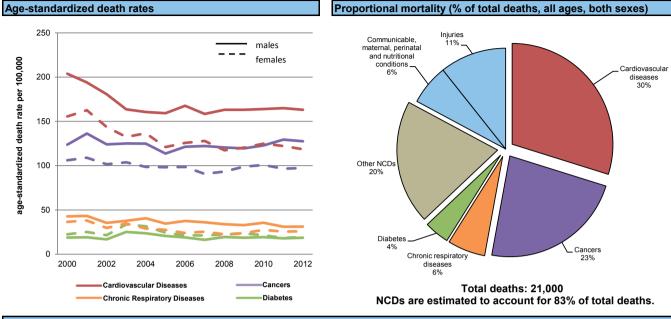
\* See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

## Costa Rica

Total population: 4 805 000 Income Group: Upper middle

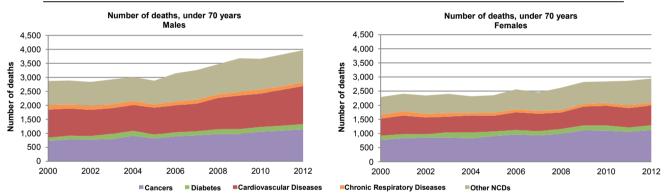


Percentage of population living in urban areas: 64.7%

Population proportion between ages 30 and 70 years: 44.1%

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	24%	8%	16%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.5	3.2	5.4
Raised blood pressure (2008)	29.7%	21.0%	25.4%
Obesity (2008)	20.4%	27.1%	23.7%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCD	os and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physi	ical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy of	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs the	hrough a primary care approad	ch	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine globa	al NCD targets		No
Has a national, population-based cancer registry			Yes

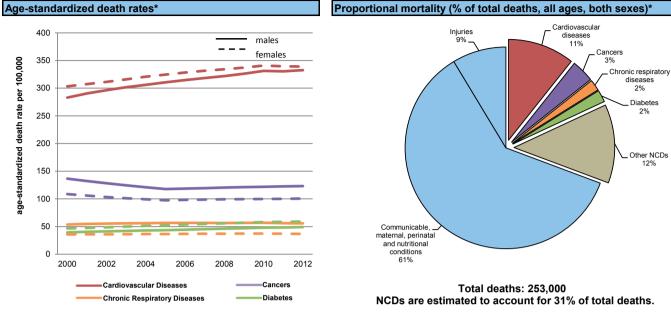
DK = Country responded "don't know"

## Côte d'Ivoire

Total population: 19 840 000 Income Group: Lower middle

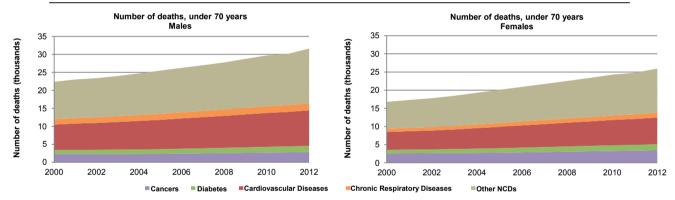
Age-standardized death rates\*

Percentage of population living in urban areas: 51.3% Population proportion between ages 30 and 70 years: 29.3%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23% .

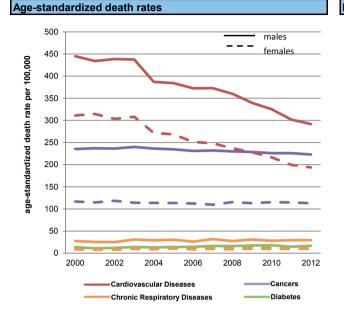


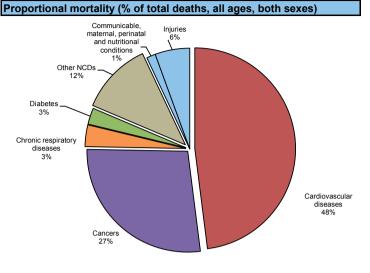
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	16%	9%	12%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.8	1.9	6.0
Raised blood pressure (2008)	36.9%	30.3%	33.7%
Obesity (2008)	3.6%	8.9%	6.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	d shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	ctivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	h a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCI	D targets		No
Has a national, population-based cancer registry			No

\* 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).

# Croatia

Total population: 4 307 000 Income Group: High





Percentage of population living in urban areas: 57.8%

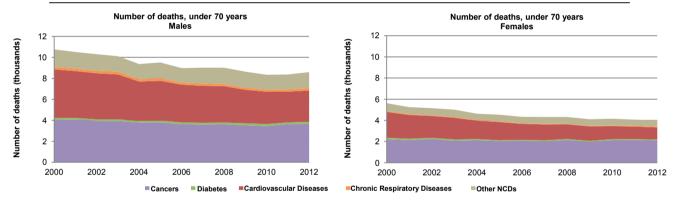
Population proportion between ages 30 and 70 years: 53.7%

Total deaths: 50,000 NCDs are estimated to account for 93% of total deaths.

Yes

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	36%	30%	33%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.7	7.1	12.2
Raised blood pressure (2008)	46.4%	43.2%	44.7%
Obesity (2008)	24.4%	23.9%	24.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equiva	alent		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates se	veral NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or pron	note physical activity		No

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry Yes

Percentage of population living in urban areas: 75.2%

Population proportion between ages 30 and 70 years: 54.0%

### Cuba

300

250

200

150

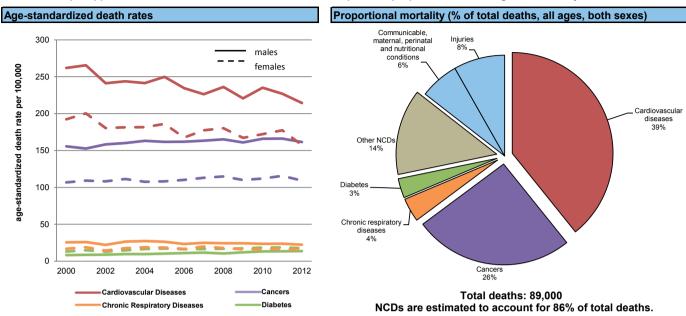
100

50

0

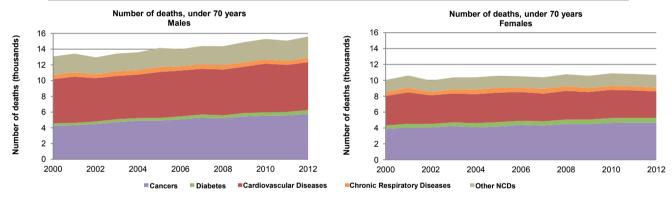
age-standardized death rate per 100,000

Total population: 11 271 000 Income Group: Upper middle



Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17% .

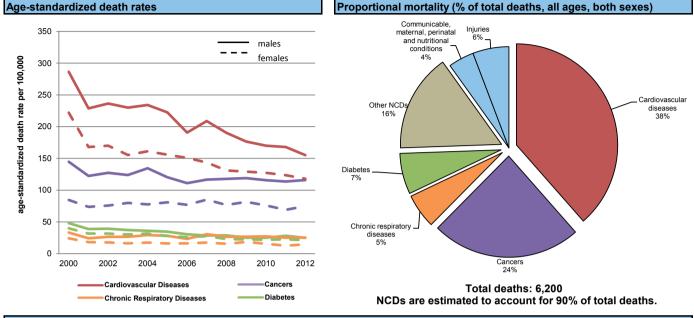


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.8	1.6	5.2
Raised blood pressure (2008)	34.4%	31.6%	33.0%
Obesity (2008)	13.7%	29.2%	21.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	Ds and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical inactivity and/or promote physical inactivity and/or promote physical inactivity and a strategy of a strate	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	/ diets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glot	bal NCD targets		No
Has a national, population-based cancer registry			Yes

= no data available

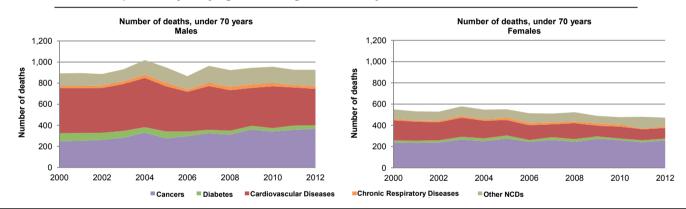
# Cyprus

Total population: 1 129 000 Income Group: High Percentage of population living in urban areas: 70.5% Population proportion between ages 30 and 70 years: 50.2%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 9% .



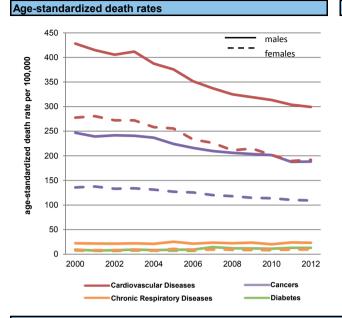
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	41%	18%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.5	5.7	9.2
Raised blood pressure (2008)	31.2%	21.3%	26.0%
Obesity (2008)	25.9%	25.1%	25.5%

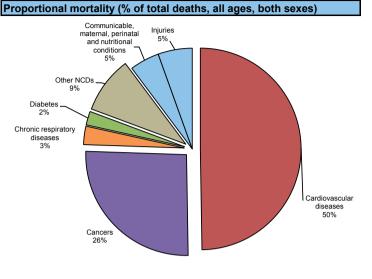
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	DK
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	DK
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	DK
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	NR
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

NR = Country replied to survey but did not give a response to specific question DK = Country responded "don't know"

## **Czech Republic**

Total population: 10 660 000 Income Group: High

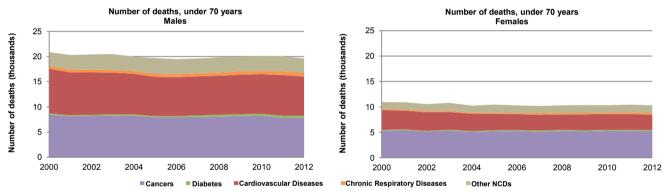




Total deaths: 107,000 NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.



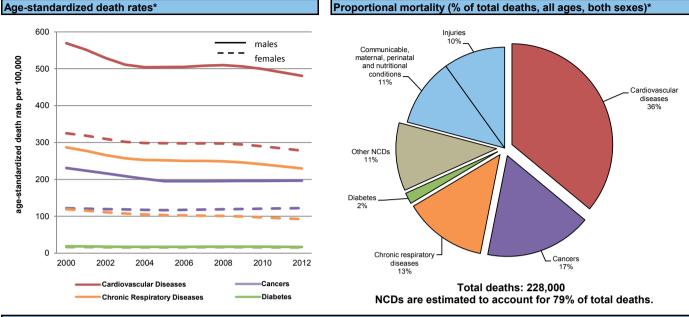
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	40%	32%	36%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	18.6	7.8	13.0
Raised blood pressure (2008)	42.3%	34.7%	38.4%
Obesity (2008)	32.6%	32.7%	32.7%
lational systems response to NCDs			
· · ·			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			res
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	s and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physic	cal activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy di	iets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thr	rough a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	I NCD targets		No
Has a national, population-based cancer registry			Yes

Percentage of population living in urban areas: 73.4% Population proportion between ages 30 and 70 years: 56.5%

## **Democratic People's Republic of Korea**

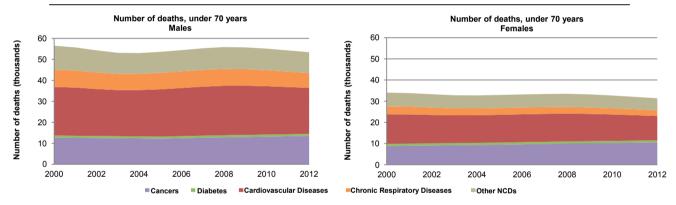
Total population: 24 763 000 Income Group: Low

Percentage of population living in urban areas: 60.3% Population proportion between ages 30 and 70 years: 49.0%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 27% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.4	0.4	3.7
Raised blood pressure (2008)	25.7%	25.3%	25.5%
Obesity (2008)	3.8%	4.0%	3.9%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several N	ICDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote ph	nysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	hy diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCD	s through a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	obal NCD targets		No

No

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets

Has a national, population-based cancer registry

\* 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

diseases 9%

Cancers

Chronic respiratory

Diabetes

1%

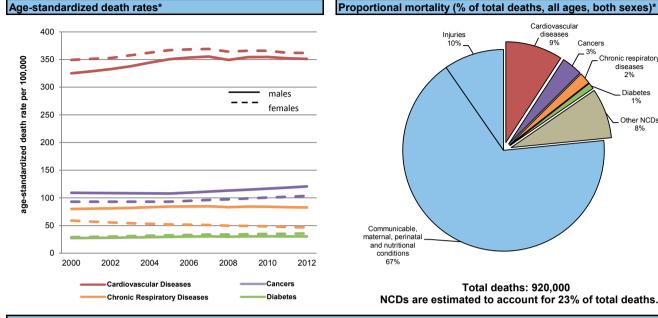
Other NCDs 8%

disea sease 2%

### **Democratic Republic of the Congo**

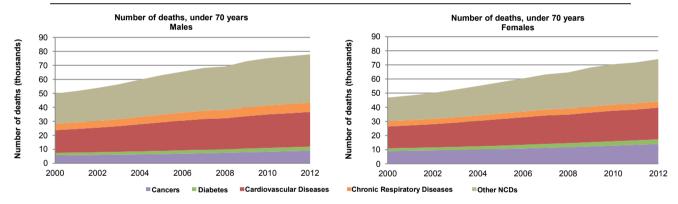
Total population: 65 705 000 Income Group: Low

Percentage of population living in urban areas: 34.3% Population proportion between ages 30 and 70 years: 26.1%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	16%	5%	10%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.8	1.5	3.6
Raised blood pressure (2008)	31.6%	27.4%	29.4%
Obesity (2008)	0.6%	2.8%	1.7%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several Network	CDs and shared risk factors		ND
	CDs and shared risk factors		ND ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			
Has an operational multisectoral national policy, strategy or action plan that integrates several Ne Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote ph Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND

Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach ND Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets ND Has a national, population-based cancer registry ND

\* 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).

ND = Country did not respond to country capacity survey

## **Denmark**

Total population: 5 598 000 Income Group: High

300

250

200

150

100

50

0

2000

age-standardized death rate per 100,000

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates Communicable. Injuries 4%. maternal, perinatal and nutritional males conditions \_ Cardiovascular diseases 26% females Other NCD 20% Diabete 3% Chronic respiratory diseases 8% Cancers 32% 2002 2004 2006 2008 2010 2012



Percentage of population living in urban areas: 86.9%

Population proportion between ages 30 and 70 years: 52.5%

NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs

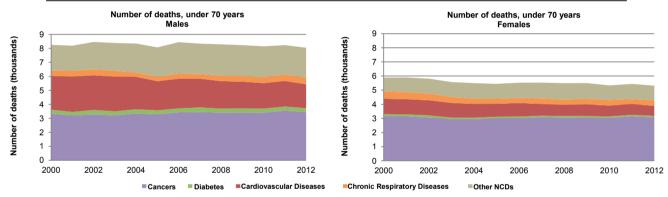
Cardiovascular Diseases

Chronic Respiratory Diseases

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 13% .

Cancers

Diabetes

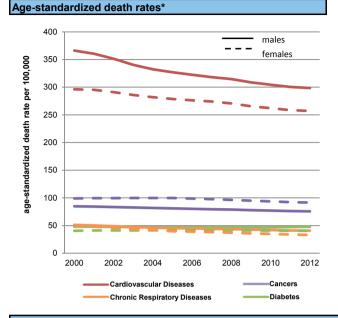


	males	females	total
Current tobacco smoking (2011)	30%	27%	29%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.1	6.9	11.4
Raised blood pressure (2008)	30.5%	21.0%	25.6%
Obesity (2008)	18.7%	17.6%	18.2%
Has an operational multisectoral national policy, strategy or action plan that integrates severa	al NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	e physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote he	althy diets		Yes
Has evidence-based national quidelines/protocols/standards for the management of major N	CDs through a primary care approa	ch	Yes

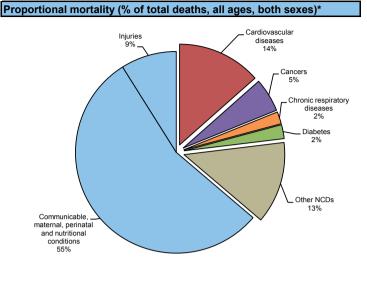
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry Yes

## Djibouti

Total population: 860 000 Income Group: Lower middle



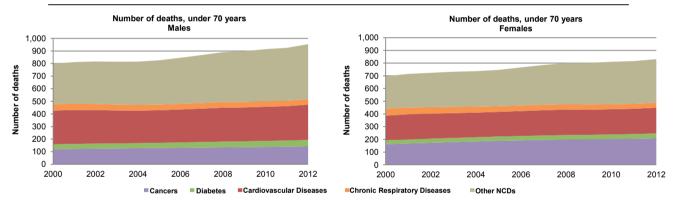
Percentage of population living in urban areas: 77.1% Population proportion between ages 30 and 70 years: 33.6%



Total deaths: 8,000 NCDs are estimated to account for 36% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.



	males	females	total
Current tobacco smoking (2011)			
otal alcohol per capita consumption, in litres of pure alcohol (2010)	2.4	0.3	1.3
Raised blood pressure (2008)	33.4%	27.1%	30.2%
Dbesity (2008)	6.2%	12.5%	9.4%

Has an operational policy, strategy or action plan to reduce the harmful use of alcohol

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* 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

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

No

No

## Dominica

Total population: 72 000 Percentage of population living in urban areas: 67.1% Income Group: Upper middle Population proportion between ages 30 and 70 years: 43.1% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 520 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors males females total Current tobacco smoking (2011) 4% 8% 11% 10.2 Total alcohol per capita consumption, in litres of pure alcohol (2010) 41 71 Raised blood pressure (2008) 41.4% 35.7% 38.5% Obesity (2008) 10.0% 39.0% 24.9% National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent No Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors No Has an operational policy, strategy or action plan to reduce the harmful use of alcohol No Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity No Has an operational policy, strategy or action plan to reduce the burden of tobacco use No Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No

 Has an operational policy, strategy or action plan to reduce unnealing diet and/or promote nealing diets
 No

 Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
 No

 Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets
 No

 Has a national, population-based cancer registry
 No

\* See Explanatory Notes

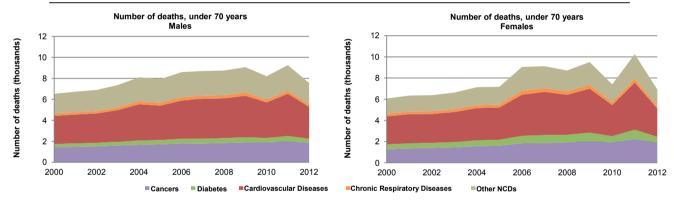
## **Dominican Republic**

Total population: 10 277 000 Income Group: Upper middle Percentage of population living in urban areas: 69.7% Population proportion between ages 30 and 70 years: 38.4%

Age-standardized death rates Proportional mortality (% of total deaths, all ages, both sexes) 400 Injuries 13% \_ males \_ \_ females 350 Cardiovascular age-standardized death rate per 100,000 diseases 1 300 Communicable. maternal, perinatal and nutritional conditions 16% 250 200 150 100 Other NCDs 12% 50 Diabetes 4% 0 Cancers Chronic respiratory diseases 3% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 49,000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 70% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 15% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	17%	16%	16%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.8	4.0	6.9
Raised blood pressure (2008)	33.0%	26.9%	29.9%
Obesity (2008)	14.0%	28.3%	21.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	S		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	ugh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	ICD targets		No
Has a national, population-based cancer registry			No

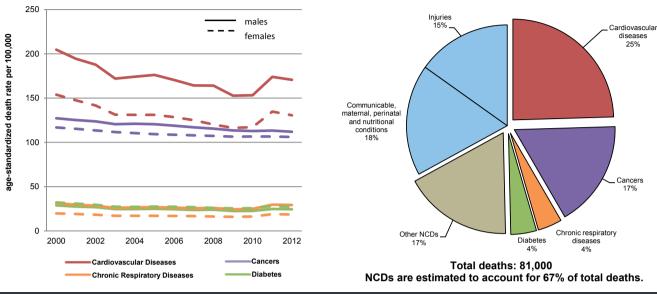
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Ecuador

Total population: 15 492 000 Income Group: Upper middle Percentage of population living in urban areas: 67.5% Population proportion between ages 30 and 70 years: 38.8%

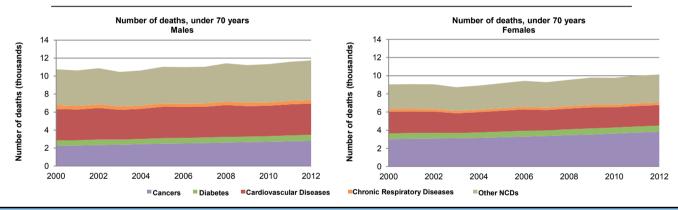
Proportional mortality (% of total deaths, all ages, both sexes)\*

Age-standardized death rates\*



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.1	3.4	7.2
Raised blood pressure (2008)	30.6%	22.8%	26.7%
Obesity (2008)	15.2%	27.4%	21.4%

No
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No

\* 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).

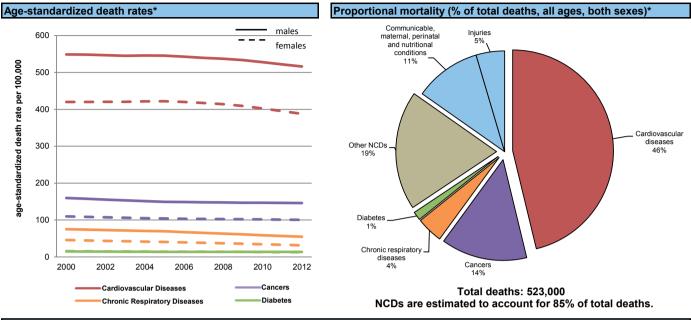
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Percentage of population living in urban areas: 43.5%

Population proportion between ages 30 and 70 years: 37.3%

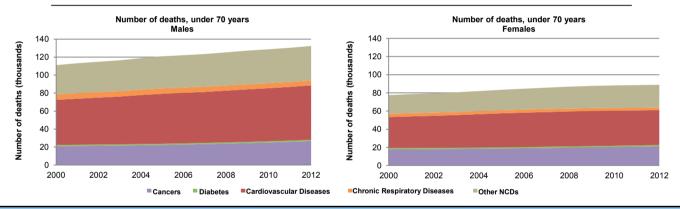
## Egypt

Total population: 80 722 000 Income Group: Lower middle



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 25% .



dult risk factors			
	males	females	total
Current tobacco smoking (2011)	46%	<1%	26%
otal alcohol per capita consumption, in litres of pure alcohol (2010)	0.7	0.0	0.4
Raised blood pressure (2008)	24.5%	24.7%	24.6%
Dbesity (2008)	21.4%	44.5%	33.1%

Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

\* 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, 2014.

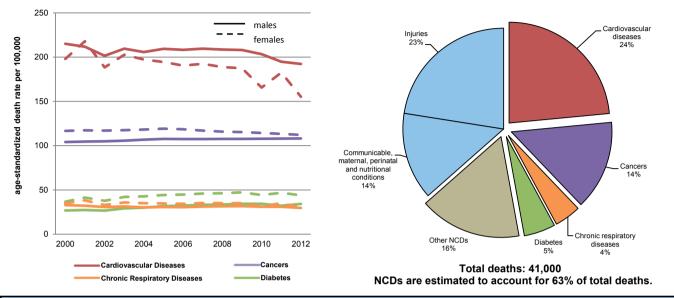
No

No

# **El Salvador**

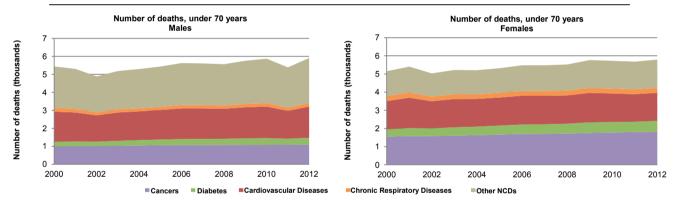
Total population: 6 297 000 Income Group: Lower middle Age-standardized death rates\* Percentage of population living in urban areas: 64.8% Population proportion between ages 30 and 70 years: 34.4%

Proportional mortality (% of total deaths, all ages, both sexes)



Premature mortality due to NCDs\*





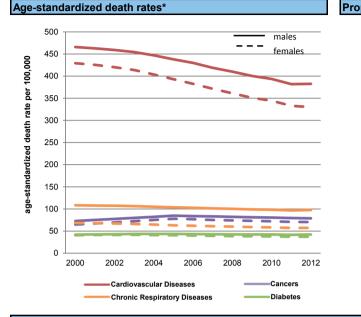
	males	females	total
Current tobacco smoking (2011)	24%	3%	13%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.0	1.7	3.2
Raised blood pressure (2008)	25.0%	18.8%	21.7%
Obesity (2008)	19.2%	31.8%	25.8%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalentNoHas an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factorsNoHas an operational policy, strategy or action plan to reduce the harmful use of alcoholYes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Yes	<b>,</b>
	2
The second sector Provides the second sector is a second second second second second sector is a second s	s
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity No	2
Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes	s
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No	2
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No	2
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No	2
Has a national, population-based cancer registry No	<b>)</b>

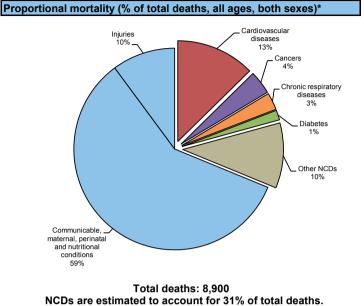
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## **Equatorial Guinea**

Total population: 736 000 Income Group: High

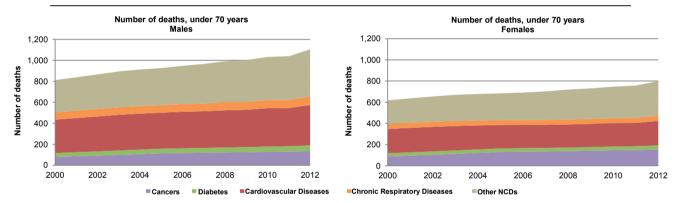


Percentage of population living in urban areas: 39.5% Population proportion between ages 30 and 70 years: 32.3%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.1	2.9	6.6
Raised blood pressure (2008)	39.6%	32.5%	36.0%
Obesity (2008)	7.3%	13.8%	10.6%
			No
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		No	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity		No	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use		No	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach		No	

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets

Has a national, population-based cancer registry

\* 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

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

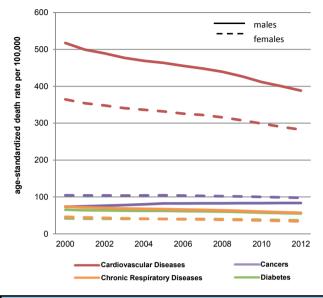
No

No

## Eritrea

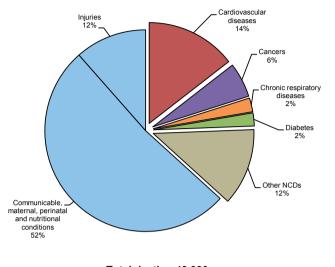
Total population: 6 131 000 Income Group: Low

Age-standardized death rates\*



Percentage of population living in urban areas: 21.3% Population proportion between ages 30 and 70 years: 26.6%

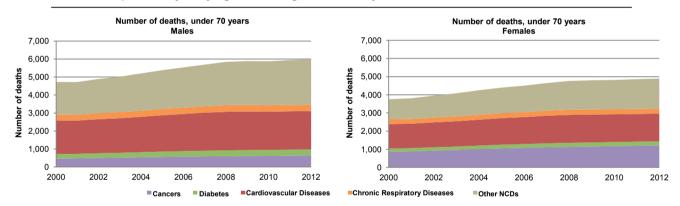




Total deaths: 40,000 NCDs are estimated to account for 37% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	13%	<1%	6%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.8	0.3	1.1
Raised blood pressure (2008)	25.2%	21.4%	23.2%
Obesity (2008)	1.1%	1.8%	1.5%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

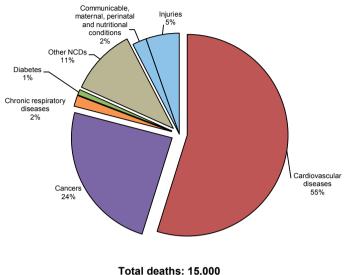
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

### Estonia

Total population: 1 291 000 Income Group: High

Age-standardized death rates

700 males \_ females age-standardized death rate per 100,000 600 500 400 300 200 100 0 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes



Percentage of population living in urban areas: 69.5%

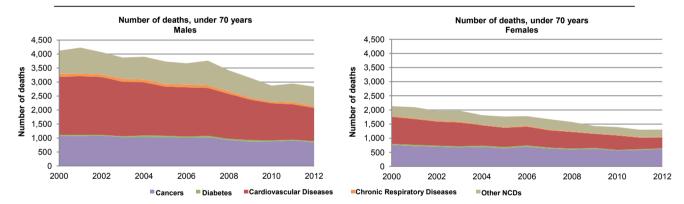
Population proportion between ages 30 and 70 years: 52.0%

Proportional mortality (% of total deaths, all ages, both sexes)

NCDs are estimated to account for 92% of total deaths.

Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .

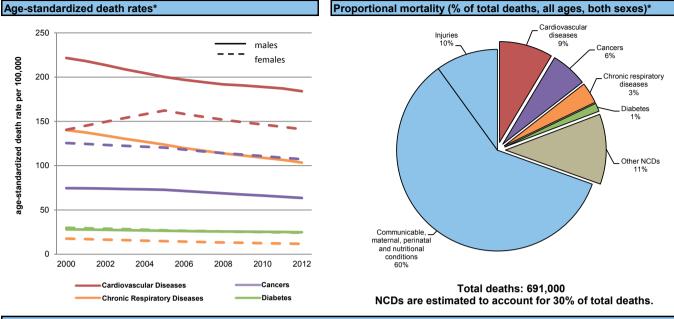


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	43%	21%	31%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.2	5.3	10.3
Raised blood pressure (2008)	50.6%	43.0%	46.3%
Obesity (2008)	20.9%	20.4%	20.6%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	Yes

# Ethiopia

Total population: 91 729 000 Income Group: Low



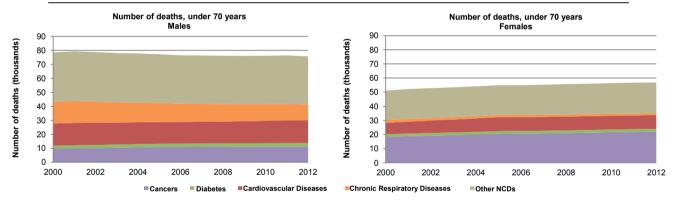
Percentage of population living in urban areas: 17.0%

Population proportion between ages 30 and 70 years: 26.4%

ND

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 15%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.2	2.2	4.2
Raised blood pressure (2008)	28.0%	23.9%	25.9%
Obesity (2008)	0.7%	1.5%	1.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	nd shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	8		ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	igh a primary care approad	ch	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	CD targets		ND

Has a national, population-based cancer registry

\* The mortality estimates for this country have a high degree of uncertainty because they are not based ND = Country did not respond to country capacity survey on any national NCD mortality data (see Explanatory Notes).

... = no data available

# Fiji

700

600

500

400

300

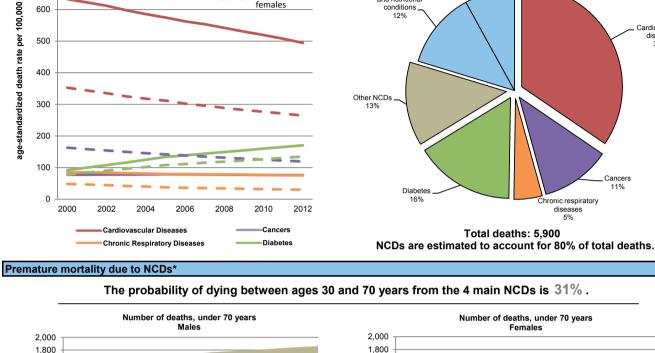
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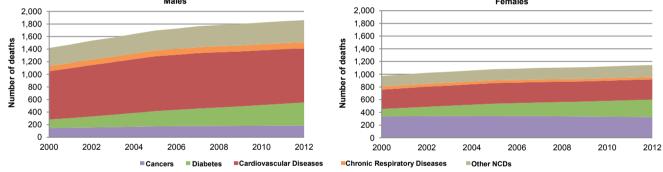
Total population: 875 000 Income Group: Upper middle Age-standardized death rates\*

Proportional mortality (% of total deaths, all ages, both sexes)\* Injuries 8% \_ Communicable. and nutritional conditions males \_\_\_\_ \_ females 12% Cardiovascular diseases 35% Other NCDs 13%

Percentage of population living in urban areas: 52.2%

Population proportion between ages 30 and 70 years: 41.7%





	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.5	0.5	3.0
Raised blood pressure (2008)	30.1%	27.8%	28.9%
Obesity (2008)	20.3%	41.1%	30.6%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

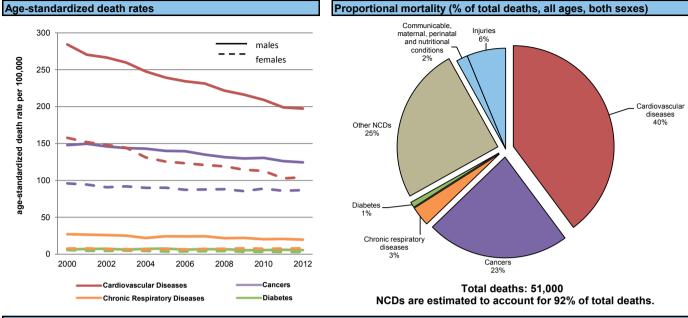
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

. = no data available

# Finland

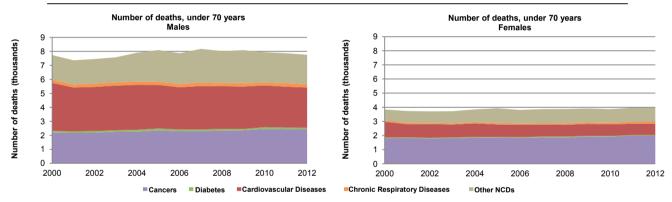
Total population: 5 408 000 Income Group: High

Percentage of population living in urban areas: 83.7% Population proportion between ages 30 and 70 years: 52.6%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11%.

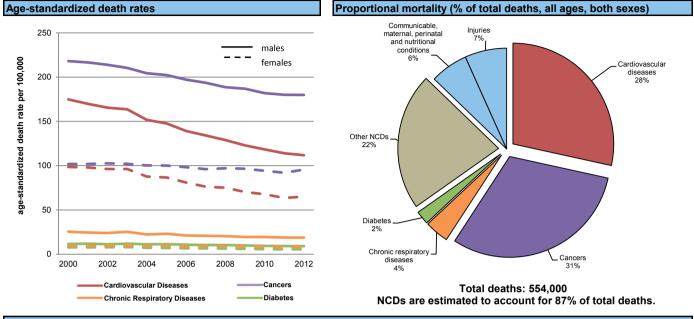


	males	females	total
Current tobacco smoking (2011)	27%	20%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.5	7.3	12.3
Raised blood pressure (2008)	38.9%	30.3%	34.5%
Obesity (2008)	23.3%	22.8%	23.0%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

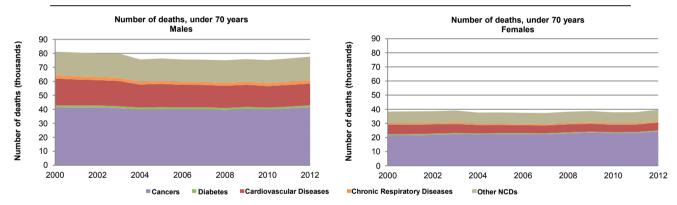
#### France

Total population: 63 937 000 Income Group: High Percentage of population living in urban areas: 85.8% Population proportion between ages 30 and 70 years: 50.3%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11% .



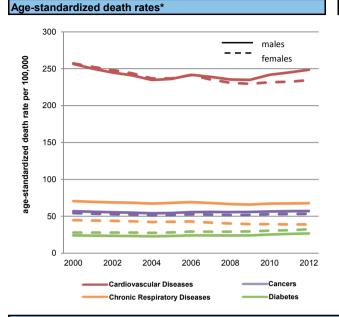
	males	females	total
Current tobacco smoking (2011)	39%	32%	36%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.8	7.1	12.2
Raised blood pressure (2008)	33.5%	22.5%	27.7%
Obesity (2008)	19.1%	17.4%	18.2%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

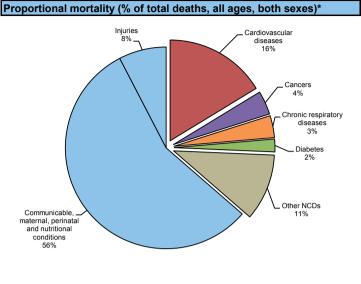
DK = Country responded "don't know"

# Gabon

Total population: 1 633 000 Income Group: Upper middle



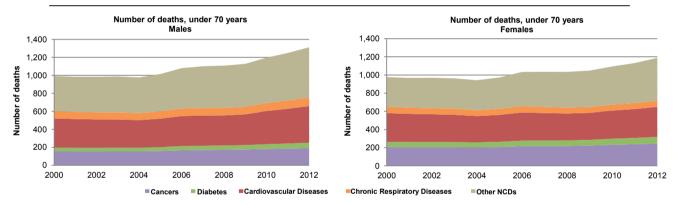
Percentage of population living in urban areas: 86.2% Population proportion between ages 30 and 70 years: 30.4%



Total deaths: 15,000 NCDs are estimated to account for 36% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 15%.



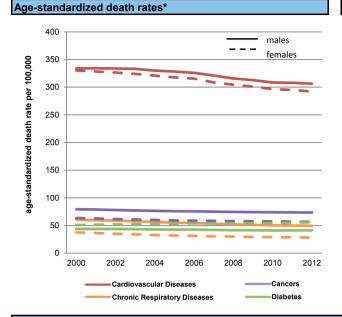
	males	females	total
Current tobacco smoking (2011)	19%	3%	11%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.3	4.6	10.9
Raised blood pressure (2008)	36.1%	29.6%	32.8%
Obesity (2008)	7.7%	20.0%	13.9%

Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

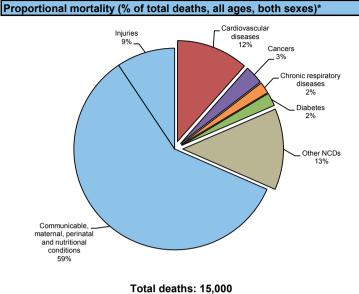
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

### Gambia

Total population: 1 791 000 Income Group: Low



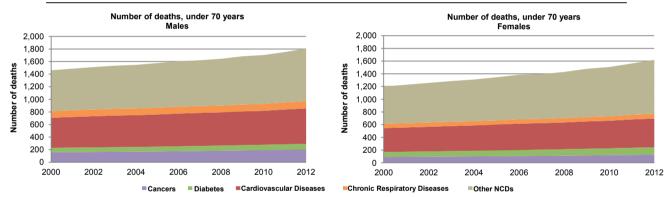
Percentage of population living in urban areas: 57.3% Population proportion between ages 30 and 70 years: 25.3%



NCDs are estimated to account for 32% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19% .



Adult risk factors				
	males	females	total	
Current tobacco smoking (2011)	32%	3%	17%	
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.5	1.4	3.4	
Raised blood pressure (2008)	35.7%	30.1%	32.9%	
Obesity (2008)	2.1%	13.6%	7.9%	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No	
National systems response to NCDs			Na	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No		
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		No	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	gh a primary care approac	h	Yes	
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	CD targets		No	

Has a national, population-based cancer registry

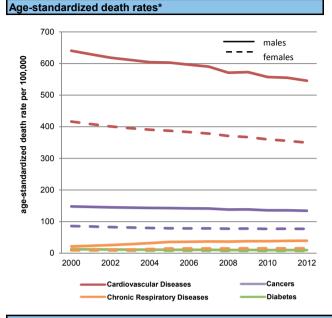
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

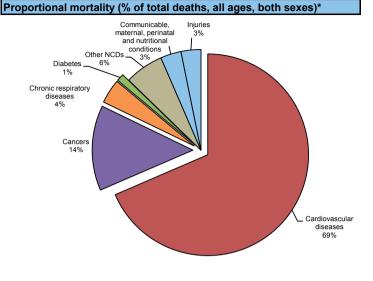
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

Yes

# Georgia

Total population: 4 358 000 Income Group: Lower middle





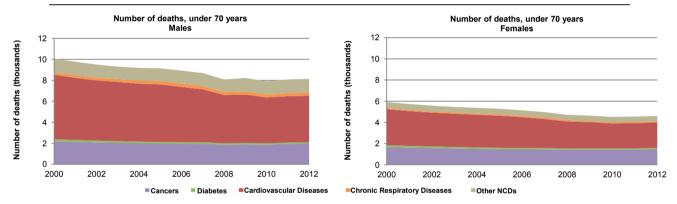
Percentage of population living in urban areas: 52.8%

Population proportion between ages 30 and 70 years: 49.1%

Total deaths: 50,000 NCDs are estimated to account for 93% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.



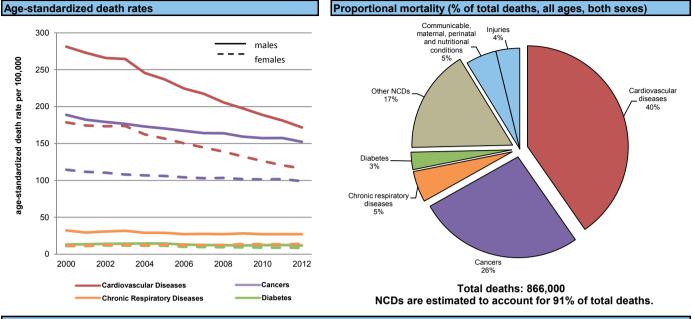
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	55%	3%	27%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.6	3.4	7.7
Raised blood pressure (2008)	45.4%	40.4%	42.7%
Obesity (2008)	16.2%	27.0%	22.1%

The arroportational responsibilition of department when the minibility of reduction in	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

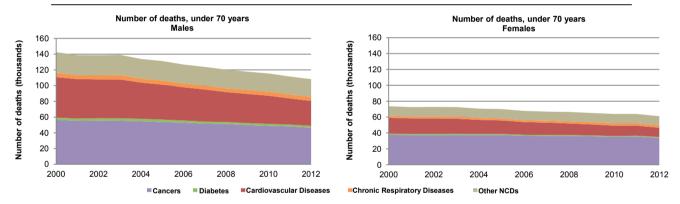
#### Germany

Total population: 82 800 000 Income Group: High Percentage of population living in urban areas: 73.9% Population proportion between ages 30 and 70 years: 54.0%



Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .

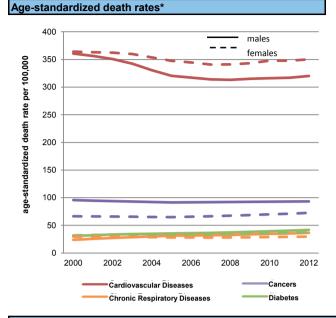


	males	females	total
Current tobacco smoking (2011)	35%	25%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.8	7.0	11.8
Raised blood pressure (2008)	34.9%	28.4%	31.5%
Obesity (2008)	25.9%	24.4%	25.1%

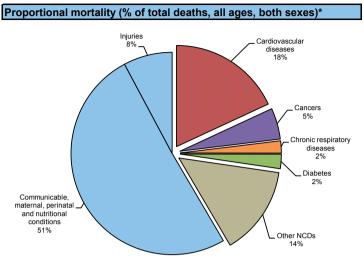
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	Yes

# Ghana

Total population: 25 366 000 Income Group: Lower middle



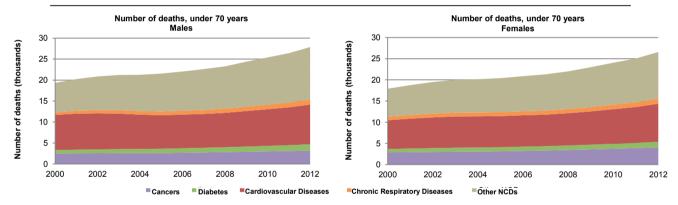
Percentage of population living in urban areas: 51.9% Population proportion between ages 30 and 70 years: 30.9%



Total deaths: 210,000 NCDs are estimated to account for 42% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20%.



Adult risk factors					
males	females	total			
14%	7%	10%			
7.8	1.9	4.8			
28.2%	26.5%	27.3%			
4.1%	10.9%	7.5%			
	14% 7.8 28.2%	14%7%7.81.928.2%26.5%			

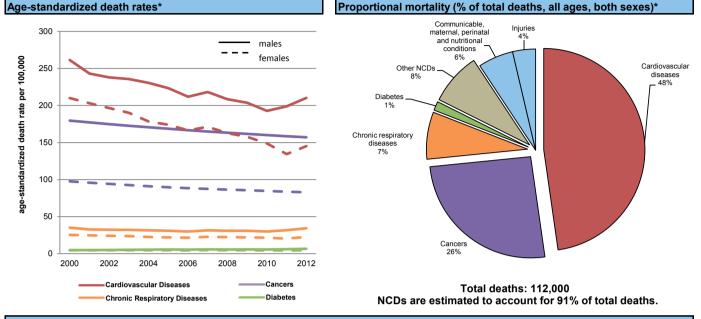
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	lo
··· · · · · · · · · · · · · · · · · ·	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors Ye	es
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Ye	es
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	es
Has an operational policy, strategy or action plan to reduce the burden of tobacco use Ye	es
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Ye	es
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach N	lo
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets N	lo
Has a national, population-based cancer registry	lo

\* 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).

#### Greece

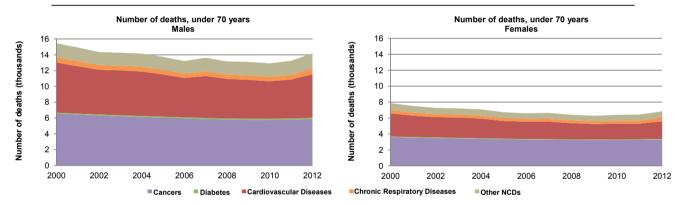
Total population: 11 125 000 Income Group: High

Percentage of population living in urban areas: 61.4% Population proportion between ages 30 and 70 years: 54.5%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 13% .



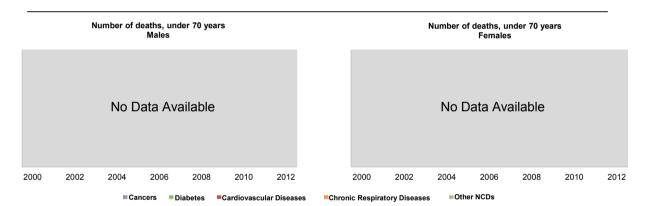
Adult risk factors				
	males	females	total	
Current tobacco smoking (2011)	46%	34%	40%	
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.6	6.2	10.3	
Raised blood pressure (2008)	28.5%	26.4%	27.4%	
Obesity (2008)	20.4%	19.9%	20.1%	

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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). DK = Country responded "don't know"

## Grenada

Total population: 105 000 Percentage of population living in urban areas: 39.1% Income Group: Upper middle Population proportion between ages 30 and 70 years: 36.5% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 730 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

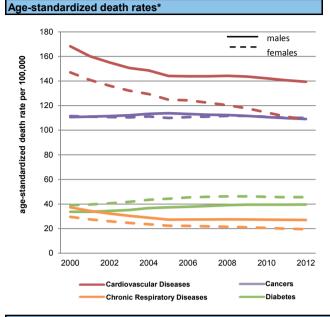


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	17.9	7.3	12.5
Raised blood pressure (2008)	33.4%	28.2%	30.7%
Obesity (2008)	13.7%	30.7%	22.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical acti	vity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	targets		No
Has a national, population-based cancer registry			No

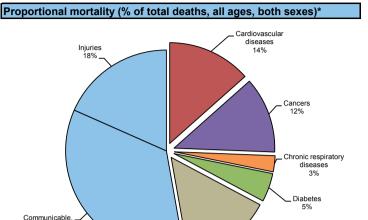
\* See Explanatory Notes ... = no data available

#### Guatemala

Total population: 15 083 000 Income Group: Lower middle



Percentage of population living in urban areas: 49.8% Population proportion between ages 30 and 70 years: 28.0%



Total deaths: 80.000 NCDs are estimated to account for 47% of total deaths.

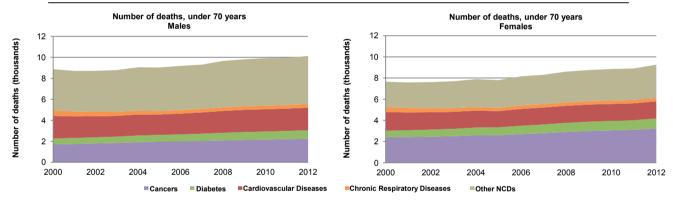
Other NCDs 14%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 14% .

maternal, perinatal and nutritional

conditions 34%



	males	females	total
Current tobacco smoking (2011)	20%	2%	10%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.5	0.5	3.8
Raised blood pressure (2008)	26.2%	19.2%	22.4%
Obesity (2008)	12.8%	24.8%	19.2%
lational systems response to NCDs			
· · ·			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several			
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes

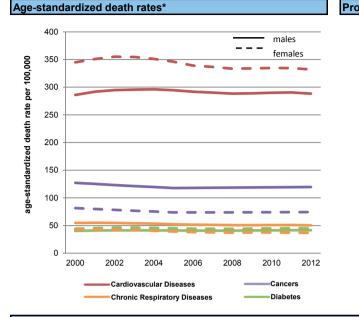
Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

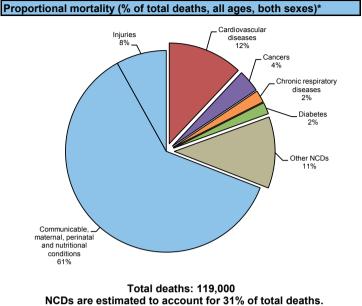
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Guinea

Total population: 11 451 000 Income Group: Low

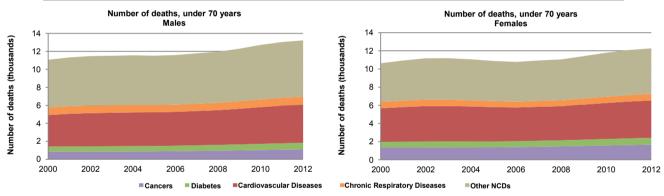


Percentage of population living in urban areas: 35.4% Population proportion between ages 30 and 70 years: 28.2%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	23%	2%	13%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.4	0.1	0.7
Raised blood pressure (2008)	33.4%	31.9%	32.7%
Obesity (2008)	3.9%	4.8%	4.4%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	gh a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	CD targets		No
Has a national, population-based cancer registry			No

\* 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).

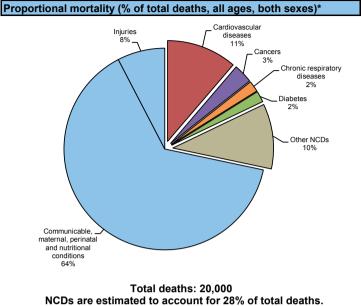
## Guinea-Bissau

Total population: 1 664 000 Income Group: Low

Age-standardized death rates

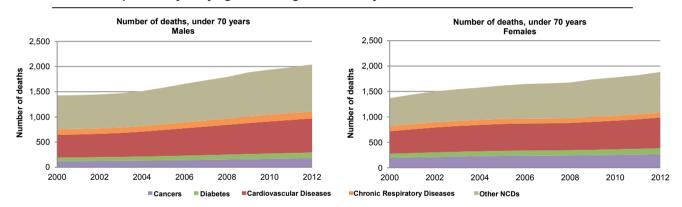
450 males \_ \_ \_ females 400 age-standardized death rate per 100,000 \_ 350 300 250 200 150 100 50 0 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes

Percentage of population living in urban areas: 43.9% Population proportion between ages 30 and 70 years: 29.0%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.4	1.7	4.0
Raised blood pressure (2008)	32.7%	29.9%	31.2%
Obesity (2008)	2.4%	7.4%	4.9%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several N	ICDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical inactivity and/or promote physical inactivity and/or promote physical inactivity and/or physical inactivi	nysical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	hy diets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCD	s through a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine gl	obal NCD targets		No
Has a national, population-based cancer registry			No

\* 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

## Guyana

800

age-standardized death rate per 100,000

Total population: 795 000 Income Group: Lower middle

Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates Injuries 15% males \_ \_ females Cardiovascular diseases 33% Communicable

Percentage of population living in urban areas: 28.4%

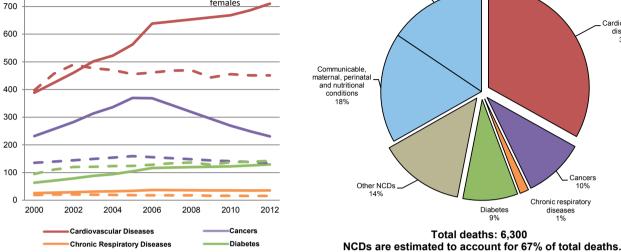
Population proportion between ages 30 and 70 years: 35.8%

ancers

10%

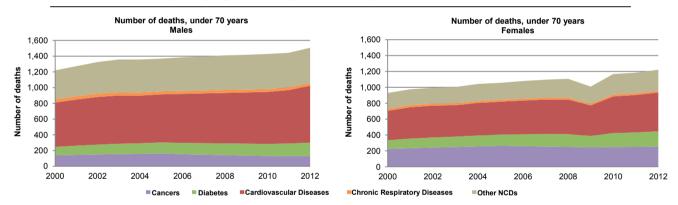
Chronic respiratory diseases 1%

Diabetes 9%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 37% .



Current tobacco smoking (2011) Total alcohol per capita consumption, in litres of pure alcohol (2010)	males 27%	females	total
	27%		
Total alcohol per capita concumption, in litres of pure alcohol (2010)		6%	16%
Total alconol per capita consumption, in litres of pure alconol (2010)	11.7	4.7	8.1
Raised blood pressure (2008)	31.4%	27.1%	29.4%
Obesity (2008)	8.6%	27.1%	17.2%

ND Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Has an operational policy, strategy or action plan to reduce the burden of tobacco use ND Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets ND Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach ND Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets ND Has a national, population-based cancer registry ND

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

ND = Country did not respond to country capacity survey

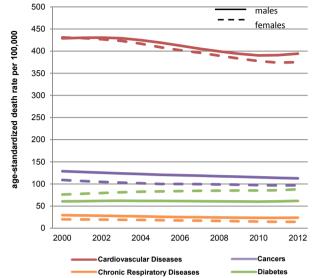
### Haiti

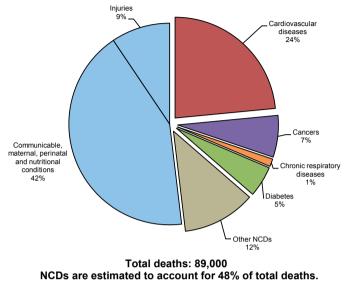
Total population: 10 174 000 Income Group: Low

Age-standardized death rates\*

Population proportion between ages 30 and 70 years: 32.2%
Proportional mortality (% of total deaths, all ages, both sexes)\*
males
females

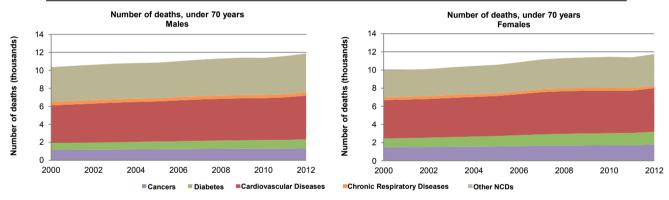
Percentage of population living in urban areas: 53.4%





Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.1	2.9	6.4
Raised blood pressure (2008)	30.0%	24.6%	27.2%
Obesity (2008)	7.7%	8.1%	7.9%
National systems response to NCDs			
ž i			ND
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	ysical activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	y diets		ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approa	ch	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		ND
Has a national, population-based cancer registry			ND

\* 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).

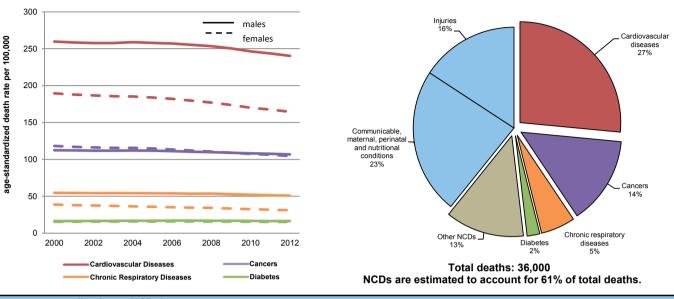
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## Honduras

Total population: 7 936 000 Income Group: Lower middle Percentage of population living in urban areas: 52.2% Population proportion between ages 30 and 70 years: 31.4%

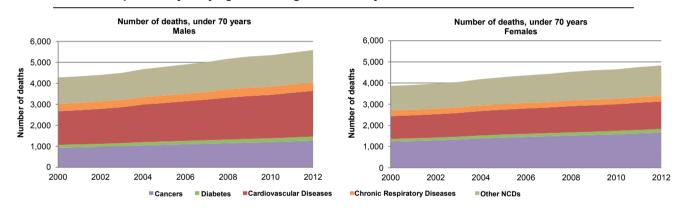
Proportional mortality (% of total deaths, all ages, both sexes)

Age-standardized death rates\*



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.7	2.3	4.0
Raised blood pressure (2008)	27.6%	21.2%	24.3%
Obesity (2008)	12.1%	24.3%	18.4%

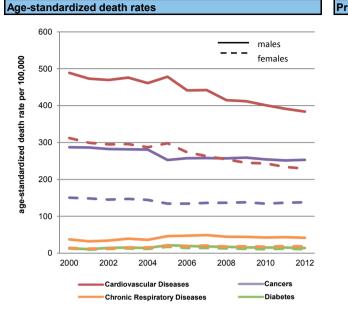
National systems response to NCDS	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

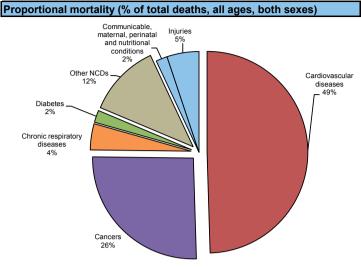
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

... = no data available

## Hungary

Total population: 9 976 000 Income Group: Upper middle Percentage of population living in urban areas: 69.5% Population proportion between ages 30 and 70 years: 55.0%

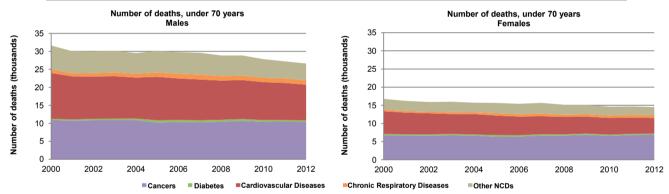




Total deaths: 129,000 NCDs are estimated to account for 93% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



	males	females	total
Current tobacco smoking (2011)	35%	27%	31%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	20.4	7.1	13.3
Raised blood pressure (2008)	45.2%	38.9%	41.8%
Obesity (2008)	27.6%	27.6%	27.6%
Has an operational multisectoral national policy, strategy or action plan that integra	ates several NCDs and shared risk factors		DK
Has an operational policy, strategy or action plan to reduce the harmful use of alco	hol		No
Has an operational policy, strategy or action plan to reduce physical inactivity and/	or promote physical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco	use		Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or p	promote healthy diets		Yes
Has evidence-based national quidelines/protocols/standards for the management	of major NCDs through a primary care approa	ch	No

 Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
 No

 Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets
 Yes

 Has a national, population-based cancer registry
 Yes

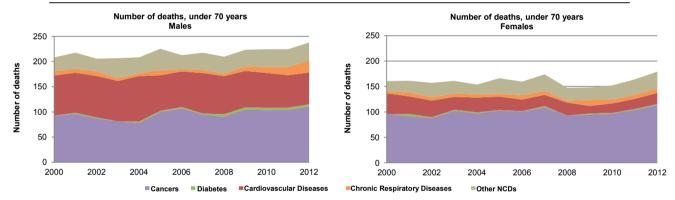
# Iceland

Total population: 326 000 Income Group: High

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates Communicable. Injuries 6% \_ 250 and nutritional conditions males \_ females 4% age-standardized death rate per 100,000 200 Cardiovascular diseases 33% Other NCDs 150 19% 100 Diabete 2% 50 Chronic respirate diseases 6% 0 Cancers 30% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 2,000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs



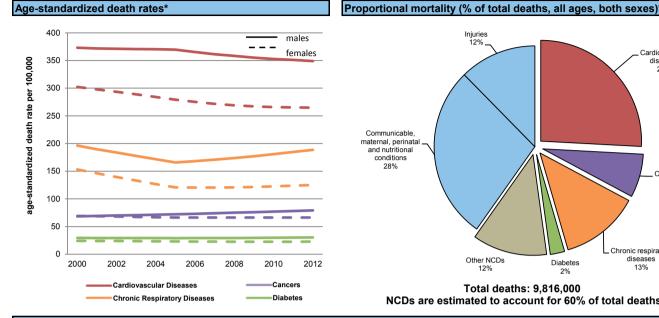


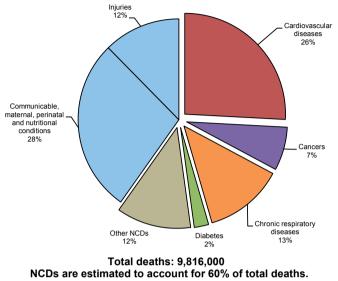
	males	females	total
Current tobacco smoking (2011)	19%	18%	19%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.8	4.3	7.1
Raised blood pressure (2008)	27.7%	17.0%	22.3%
Obesity (2008)	24.4%	22.1%	23.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical acti	vity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approac	;h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	targets		Yes
Has a national, population-based cancer registry			Yes

Percentage of population living in urban areas: 93.7% Population proportion between ages 30 and 70 years: 48.8%

## India

Total population: 1 240 000 000 Income Group: Lower middle



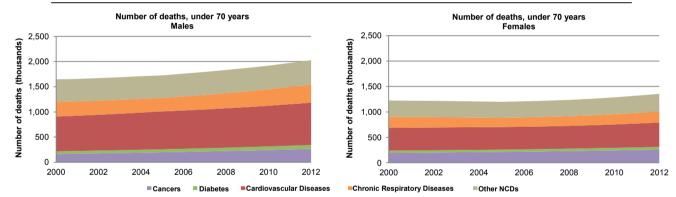


Percentage of population living in urban areas: 31.3%

Population proportion between ages 30 and 70 years: 40.1%

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26% .

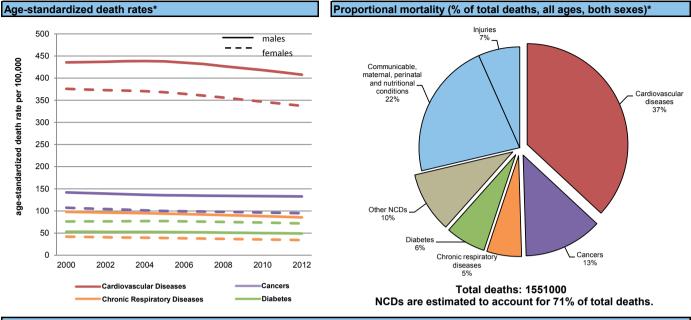


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	25%	4%	15%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.0	0.5	4.3
Raised blood pressure (2008)	21.3%	21.0%	21.1%
Obesity (2008)	1.3%	2.4%	1.9%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activi	ty		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD ta	argets		No
Has a national, population-based cancer registry			No

\* 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).

# Indonesia

Total population: 247 000 000 Income Group: Lower middle

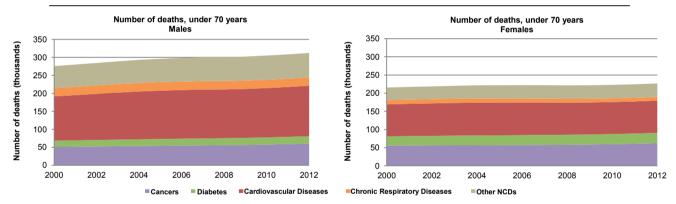


Percentage of population living in urban areas: 50.7%

Population proportion between ages 30 and 70 years: 42.6%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	67%	3%	35%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.1	0.1	0.6
Raised blood pressure (2008)	29.1%	26.6%	27.8%
Obesity (2008)	2.6%	6.9%	4.8%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	ysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	ly diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	s through a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	obal NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

### Iran (Islamic Republic of)

Total population: 76 424 000 Income Group: Upper middle

Age-standardized death rates

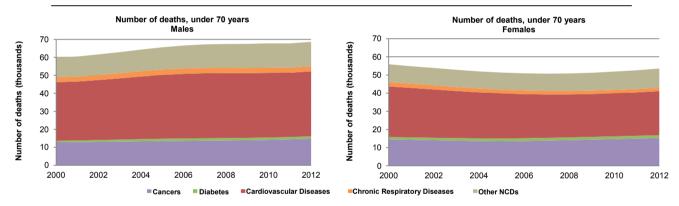
Percentage of population living in urban areas: 69.1% Population proportion between ages 30 and 70 years: 41.8%

Proportional mortality (% of total deaths, all ages, both sexes)

600 Injuries 14% \_ males \_ females age-standardized death rate per 100,000 500 Communicable, maternal, perinatal and nutritional conditions Cardiovascular 400 10% liseases 46% 300 Other NCDs 11% 200 100 Diabete 2% Chronic respirator 0 diseases 4% Cancers 13% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 395,000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 76% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.



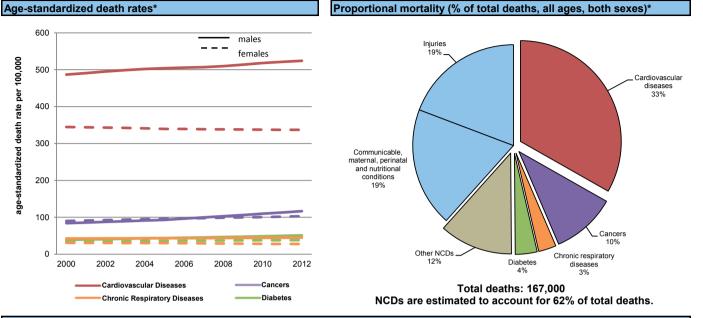
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	26%	<1%	14%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.7	0.3	1.0
Raised blood pressure (2008)	26.1%	22.4%	24.3%
Obesity (2008)	12.4%	26.5%	19.4%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical acti	vity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	targets		Yes
Has a national, population-based cancer registry			No

\* 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).

## Iraq

age-standardized death rate per 100,000

Total population: 32 778 000 Income Group: Upper middle

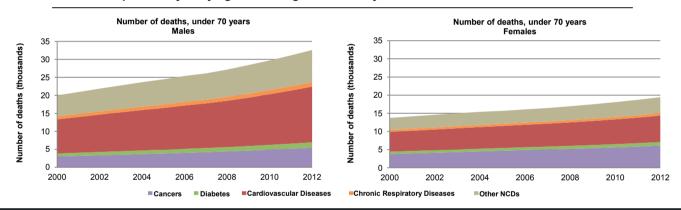


Percentage of population living in urban areas: 66.5%

Population proportion between ages 30 and 70 years: 29.5%

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



Current tobacco smoking (2011)31%4%Total alcohol per capita consumption, in litres of pure alcohol (2010)0.90.1	31%         4%         18%           0.9         0.1         0.5           25.5%         23.3%         24.4%	Adult risk factors			
Total alcohol per capita consumption, in litres of pure alcohol (2010)       0.9       0.1	0.90.10.525.5%23.3%24.4%		males	females	total
	25.5% 23.3% 24.4%	Current tobacco smoking (2011)	31%	4%	18%
		Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.9	0.1	0.5
Raised blood pressure (2008) 25.5% 23.3% 2	20.6% 33.4% 27.0%	Raised blood pressure (2008)	25.5%	23.3%	24.4%
Desity (2008)         20.6%         33.4%         2	20.070 00.170 21.070	Obesity (2008)	20.6%	33.4%	27.0%
		ational systems response to NCDs			
ational systems response to NCDs		Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			DK
ational systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	ivalent DK	Has an operational multisectoral national policy, strategy or action plan that integrates several N	CDs and shared risk factors		No
		Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			DK

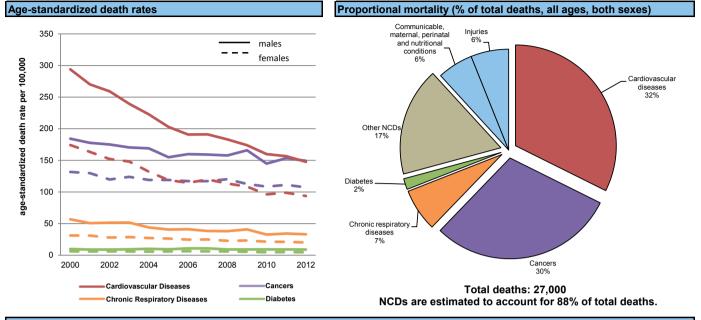
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

\* 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).

DK = Country responded "don't know

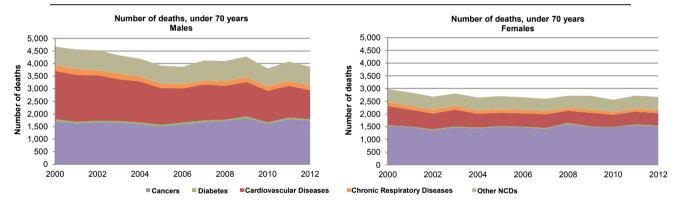
## Ireland

Total population: 4 576 000 Income Group: High Percentage of population living in urban areas: 62.2% Population proportion between ages 30 and 70 years: 50.5%



Premature mortality due to NCDs



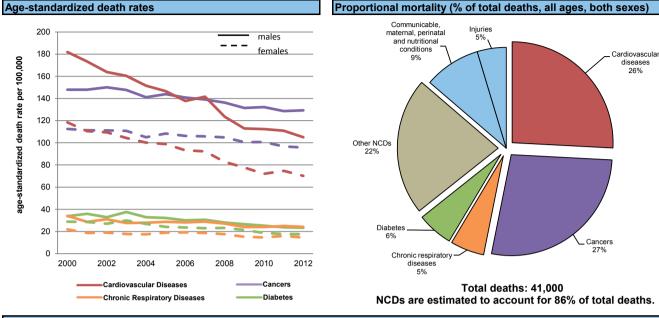


	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.8	7.1	11.9
Raised blood pressure (2008)	35.6%	23.0%	29.2%
Obesity (2008)	26.2%	24.2%	25.2%
National systems response to NCDs			
· · ·			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	S		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	ugh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	CD targets		No
Has a national, population-based cancer registry			Yes

... = no data available

## Israel

Total population: 7 644 000 Income Group: High

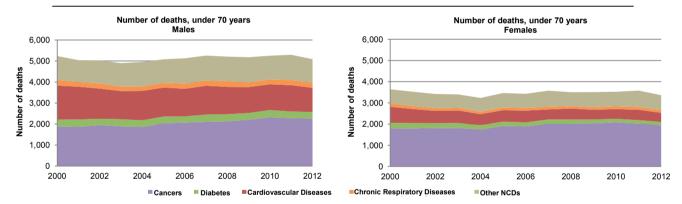


Percentage of population living in urban areas: 91.9%

Population proportion between ages 30 and 70 years: 42.8%

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 9% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	35%	17%	26%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.0	1.7	2.8
Raised blood pressure (2008)	23.8%	18.8%	21.2%
Obesity (2008)	23.2%	29.0%	26.2%
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Healt	th, or equivalent		DK
Has an operational multisectoral national policy, strategy or action plan that inf	tegrates several NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of	alcohol		Yes
Has an operational policy, strategy or action plan to reduce physical inactivity a	and/or promote physical activity		No

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry Yes

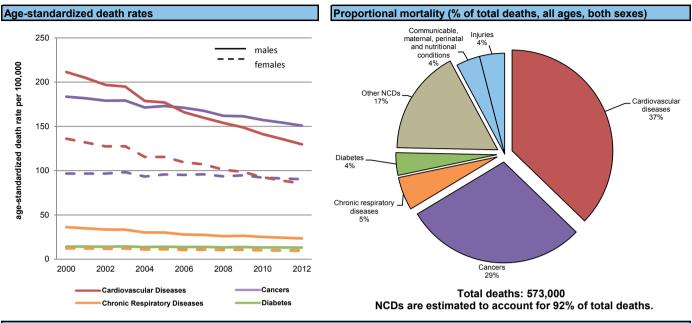
No

Percentage of population living in urban areas: 68.4%

Population proportion between ages 30 and 70 years: 55.0%

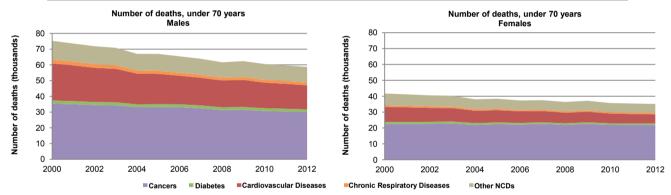
## Italy

Total population: 60 885 000 Income Group: High



Premature mortality due to NCDs

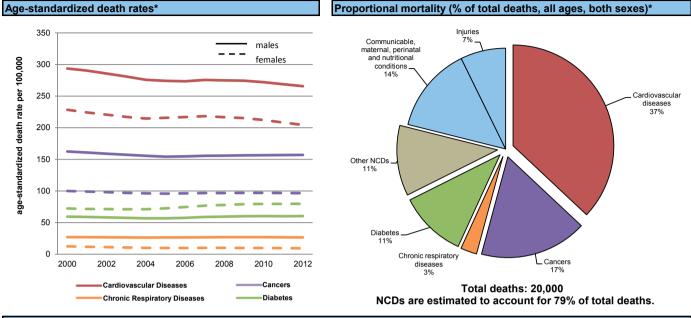
#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 10%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	31%	18%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.7	3.9	6.7
Raised blood pressure (2008)	33.4%	29.0%	31.1%
Obesity (2008)	21.2%	18.5%	19.8%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activi	ty		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD ta	irgets		Yes
Has a national, population-based cancer registry			No

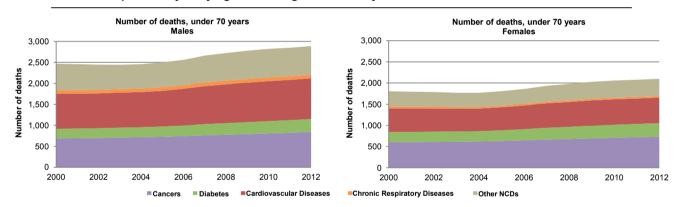
## Jamaica

Total population: 2 769 000 Income Group: Upper middle Percentage of population living in urban areas: 52.0% Population proportion between ages 30 and 70 years: 40.8%



Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.1	2.8	4.9
Raised blood pressure (2008)	31.7%	27.5%	29.5%
Obesity (2008)	9.7%	37.5%	24.1%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

\* 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).

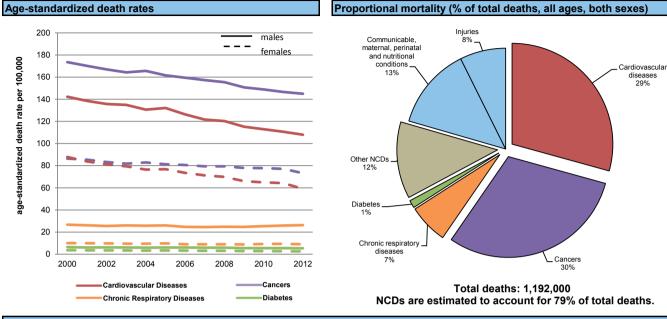
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Percentage of population living in urban areas: 91.3%

Population proportion between ages 30 and 70 years: 54.0%

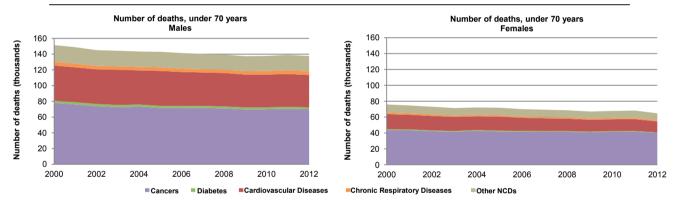
#### Japan

Total population: 127 000 000 Income Group: High



Premature mortality due to NCDs

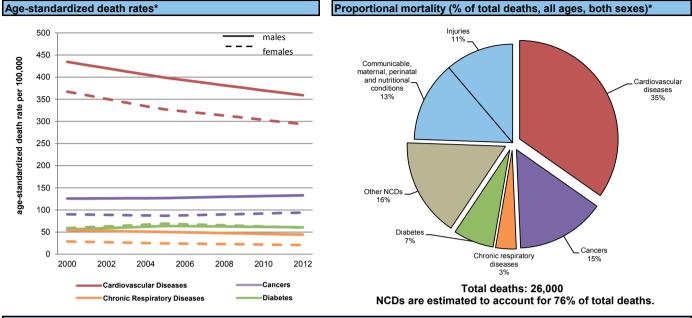
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 9% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	34%	11%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.4	4.2	7.2
Raised blood pressure (2008)	30.5%	23.2%	26.7%
Obesity (2008)	5.8%	4.4%	5.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs an	d shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	gh a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	CD targets		Yes
Has a national, population-based cancer registry			No

## Jordan

Total population: 7 009 000 Income Group: Upper middle

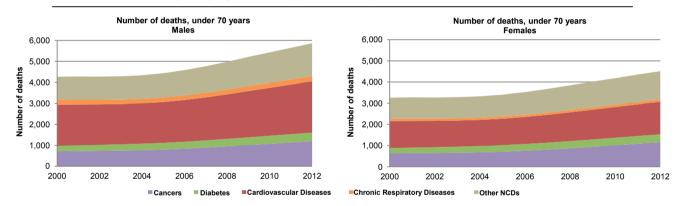


Percentage of population living in urban areas: 82.7%

Population proportion between ages 30 and 70 years: 35.1%

Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)	47%	6%	26%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.2	0.2	0.7
Raised blood pressure (2008)	21.1%	16.5%	18.9%
Obesity (2008)	24.0%	36.4%	30.0%

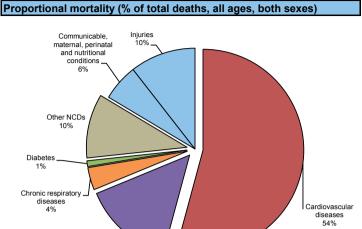
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	NO
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

\* 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

Total population: 16 271 000 Income Group: Upper middle Age-standardized death rates

1200 males \_\_\_\_ females age-standardized death rate per 100,000 1000 800 600 400 200 0 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes



Percentage of population living in urban areas: 53.6%

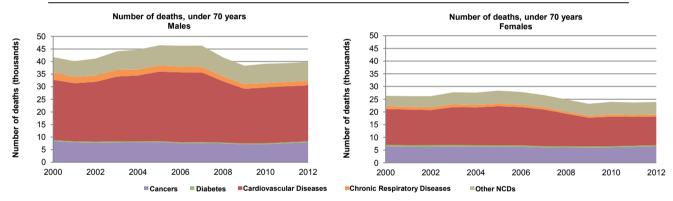
Cancers 15%

Population proportion between ages 30 and 70 years: 43.9%

Total deaths: 158,000 NCDs are estimated to account for 84% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 34% .



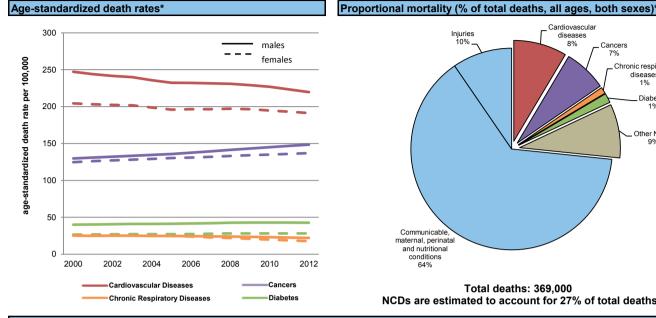
	males	females	total
Current tobacco smoking (2011)	40%	9%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.7	5.5	10.3
Raised blood pressure (2008)	37.8%	32.7%	35.0%
Obesity (2008)	19.1%	27.6%	23.7%

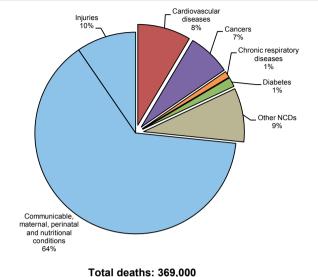
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	NR
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	NR
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	NR
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	NR
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

NR = Country replied to survey but did not give a response to specific question

# Kenya

Total population: 43 178 000 Income Group: Low





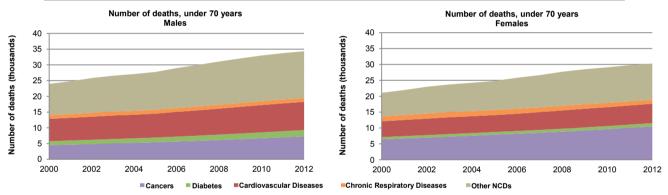
Percentage of population living in urban areas: 24.0%

Population proportion between ages 30 and 70 years: 27.3%

NCDs are estimated to account for 27% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	26%	<1%	13%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.4	1.3	4.3
Raised blood pressure (2008)	30.7%	26.7%	28.7%
Obesity (2008)	2.1%	6.2%	4.2%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	vsical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	y diets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	bal NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

## Kiribati

Total population: 101 000 Percentage of population living in urban areas: 43.9% Income Group: Lower middle Population proportion between ages 30 and 70 years: 40.7% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 820 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

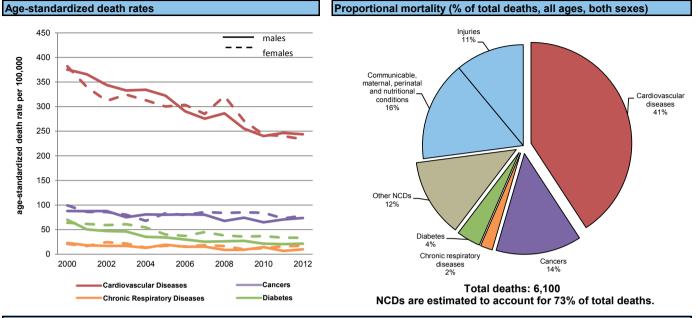
Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors males females total Current tobacco smoking (2011) 67% 37% 52% Total alcohol per capita consumption, in litres of pure alcohol (2010) 55 04 3.0 Raised blood pressure (2008) 28.7% 18.8% 23.6% Obesity (2008) 37.7% 53.8% 46.0% National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Yes Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors No Has an operational policy, strategy or action plan to reduce the harmful use of alcohol No Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

See Explanatory Notes

# Kuwait

Total population: 3 250 000 Income Group: High

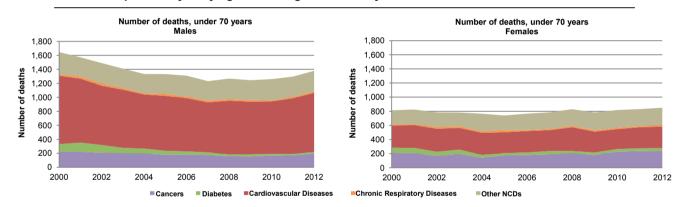


Percentage of population living in urban areas: 98.3%

Population proportion between ages 30 and 70 years: 45.8%

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



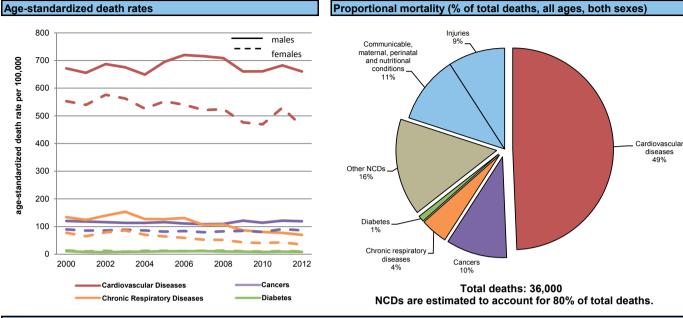
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	35%	4%	19%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.2	0.0	0.1
Raised blood pressure (2008)	21.9%	16.4%	20.0%
Obesity (2008)	37.5%	49.8%	42.0%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK	
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No	
Has a national, population-based cancer registry	Yes	

DK = Country responded "don't know"

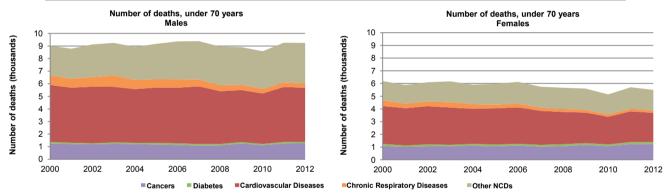
## Kyrgyzstan

Total population: 5 474 000 Income Group: Low Percentage of population living in urban areas: 35.3% Population proportion between ages 30 and 70 years: 35.9%



Premature mortality due to NCDs

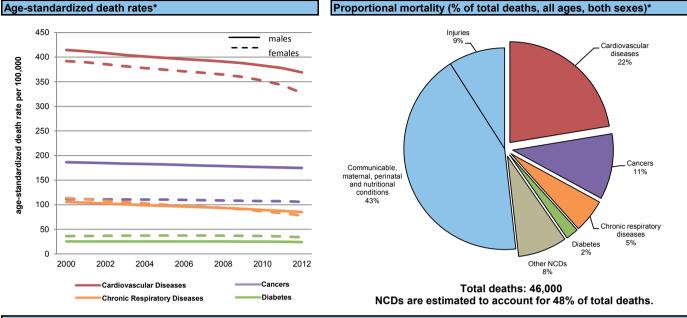
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 28% .



	males	females	total
Current tobacco smoking (2011)	45%	2%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.7	2.0	4.3
Raised blood pressure (2008)	34.5%	31.1%	32.7%
Obesity (2008)	10.9%	19.8%	15.5%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalen	t		No
National systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates severa	I NCDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote he	althy diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major Network	CDs through a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine	e global NCD targets		No
Has a national, population-based cancer registry			No

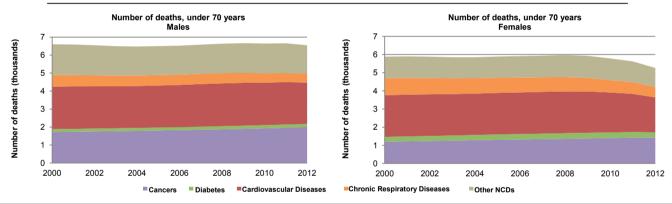
## Lao People's Democratic Republic

Total population: 6 646 000 Income Group: Lower middle Percentage of population living in urban areas: 34.3% Population proportion between ages 30 and 70 years: 30.4%



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



	males	females	total
Current tobacco smoking (2011)	48%	4%	26%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.5	2.3	7.3
Raised blood pressure (2008)	24.1%	20.4%	22.2%
Obesity (2008)	1.4%	3.7%	2.6%

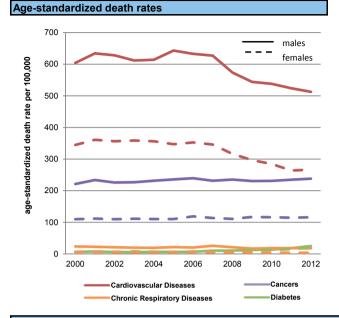
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

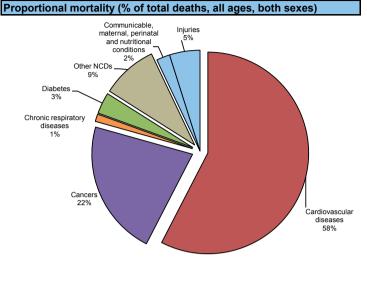
The mortality estimates for this country have a high degree of uncertainty because they are not based n any national NCD mortality data (see Explanatory Notes).

DK = Country responded "don't know

## Latvia

Total population: 2 060 000 Income Group: High





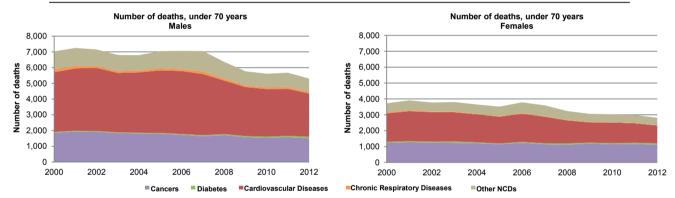
Percentage of population living in urban areas: 67.7%

Population proportion between ages 30 and 70 years: 52.2%

Total deaths: 29,000 NCDs are estimated to account for 93% of total deaths.

Premature mortality due to NCDs

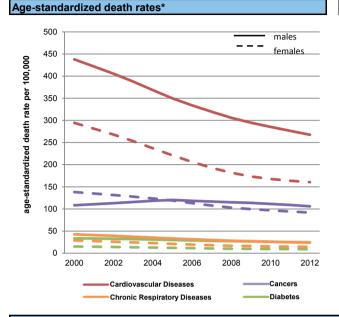
#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.

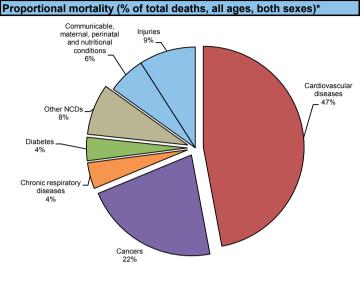


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	46%	20%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	19.7	6.3	12.3
Raised blood pressure (2008)	46.9%	41.8%	44.0%
Obesity (2008)	22.4%	27.0%	24.9%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	nt		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates sever	al NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	e physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote he	ealthy diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major N	ICDs through a primary care approac	h	Yes

## Lebanon

Total population: 4 647 000 Income Group: Upper middle





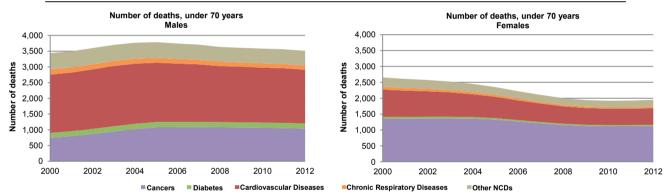
Percentage of population living in urban areas: 87.2%

Population proportion between ages 30 and 70 years: 43.2%

Total deaths: 21,000 NCDs are estimated to account for 85% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



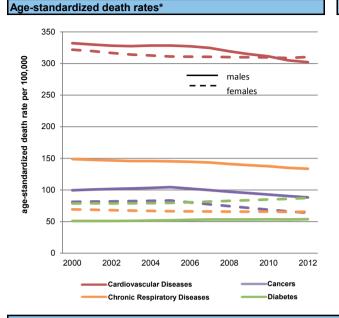
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	43%	22%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.9	0.8	2.4
Raised blood pressure (2008)	32.9%	25.1%	28.8%
Obesity (2008)	25.8%	29.0%	27.4%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors			DK
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			DK
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activi	ity		DK
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			DK
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach			Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD ta	argets		No
Has a national, population-based cancer registry			No

\* 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).

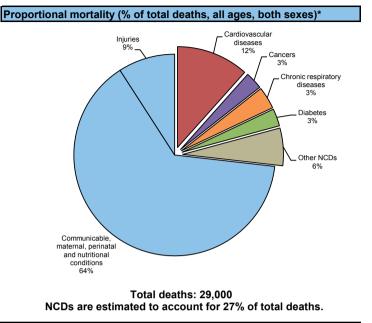
DK = Country responded "don't know"

## Lesotho

Total population: 2 052 000 Income Group: Lower middle

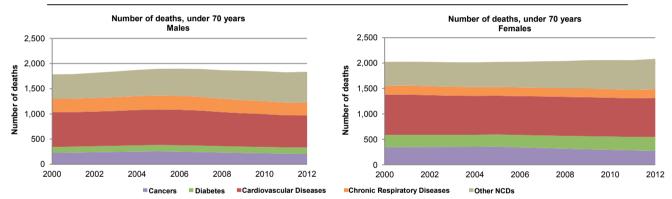


Percentage of population living in urban areas: 27.6% Population proportion between ages 30 and 70 years: 27.1%



Premature mortality due to NCDs\*





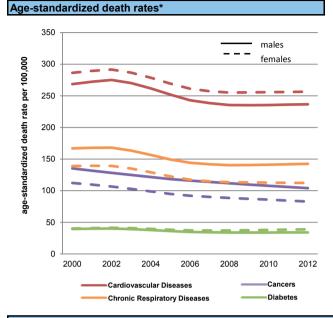
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.8	2.5	6.5
Raised blood pressure (2008)	32.9%	33.5%	33.3%
Obesity (2008)	2.6%	24.0%	14.6%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approac	:h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

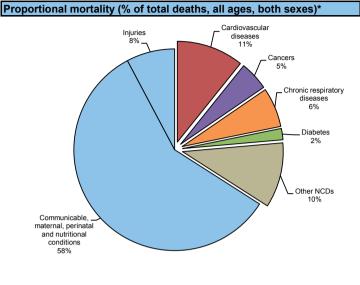
... = no data available

# Liberia

Total population: 4 190 000 Income Group: Low



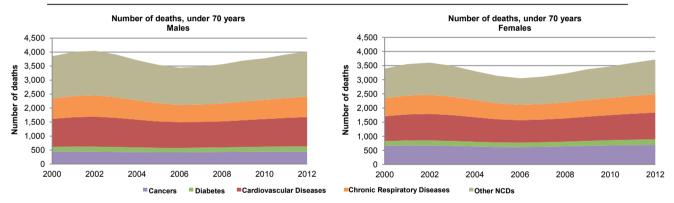
Percentage of population living in urban areas: 48.2% Population proportion between ages 30 and 70 years: 28.4%



Total deaths: 34,000 NCDs are estimated to account for 34% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	18%	2%	10%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.5	2.0	4.7
Raised blood pressure (2008)	32.0%	28.7%	30.3%
Obesity (2008)	2.8%	6.8%	4.8%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalentNoHas an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factorsNoHas an operational policy, strategy or action plan to reduce the harmful use of alcoholNoHas an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNo	National systems response to NCDs	
Has an operational policy, strategy or action plan to reduce the harmful use of alcoholNoHas an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNo	Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNo	Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNo	Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNo	Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach <b>No</b>	Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
	Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No	Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
	Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry No	Has a national, population-based cancer registry	No

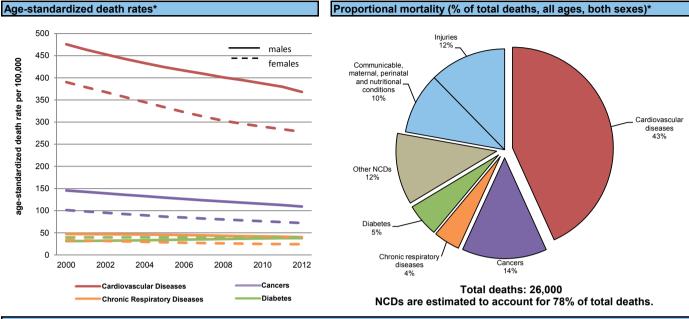
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

Percentage of population living in urban areas: 77.7%

Population proportion between ages 30 and 70 years: 39.7%

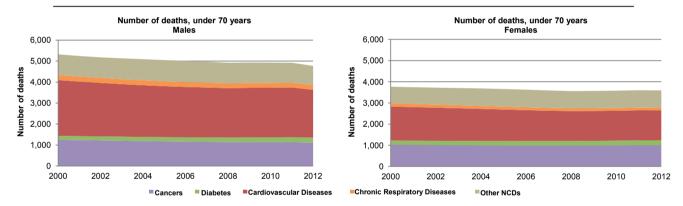
## Libya

Total population: 6 155 000 Income Group: Upper middle



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



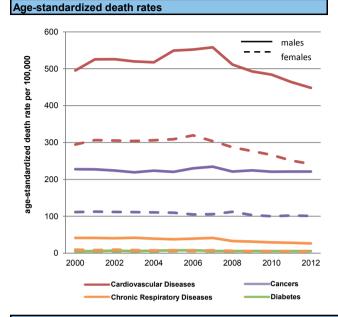
	males	females	total
Current tobacco smoking (2011)	45%	<1%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.1	0.0	0.1
Raised blood pressure (2008)	39.5%	31.4%	35.7%
Obesity (2008)	19.9%	36.4%	27.8%

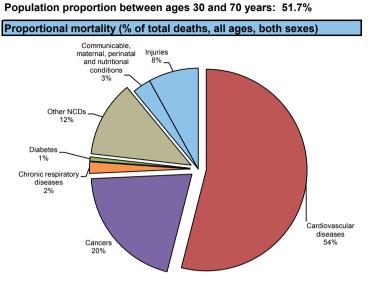
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

# Lithuania

Total population: 3 028 000 Income Group: High





Percentage of population living in urban areas: 67.1%

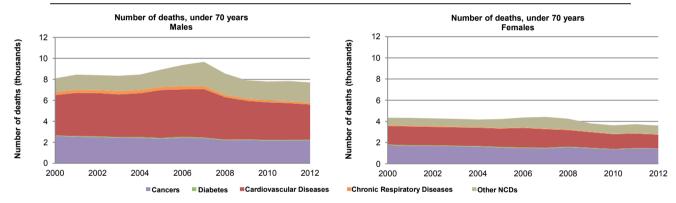
Total deaths: 35,000 NCDs are estimated to account for 89% of total deaths.

Yes

Yes

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.



	males	females	total
Current tobacco smoking (2011)	43%	25%	33%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	24.4	7.9	15.4
Raised blood pressure (2008)	47.5%	42.9%	45.0%
Obesity (2008)	24.8%	29.9%	27.6%

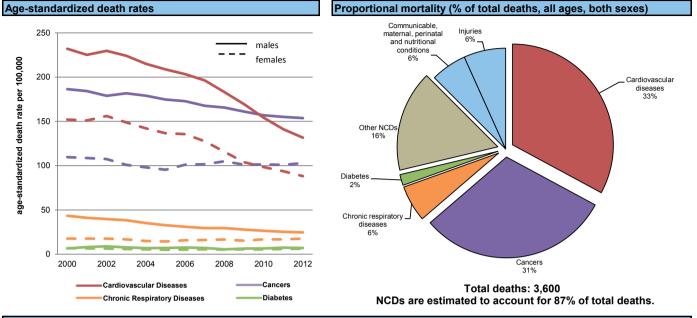
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Has an operational policy, strategy or action plan to reduce the burden of tobacco useYesHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryYes

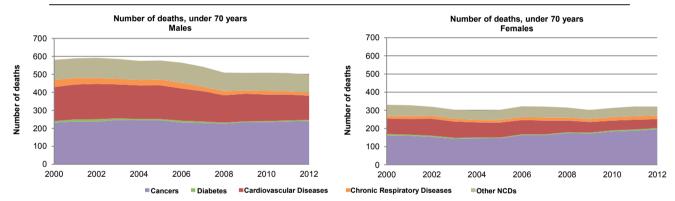
## Luxembourg

Total population: 524 000 Income Group: High Percentage of population living in urban areas: 85.4% Population proportion between ages 30 and 70 years: 53.4%



Premature mortality due to NCDs



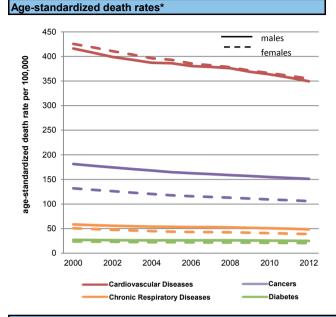


	males	females	total
Current tobacco smoking (2011)	22%	25%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.8	7.2	11.9
Raised blood pressure (2008)	30.5%	21.7%	26.0%
Obesity (2008)	26.3%	25.8%	26.0%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	110		No
Has an operational multisectoral national policy, strategy or action plan that integrates sever	al NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	e physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote he	ealthy diets		Yes

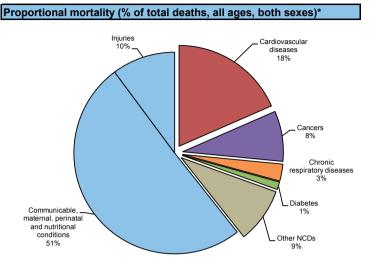
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryYes

# Madagascar

Total population: 22 294 000 Income Group: Low



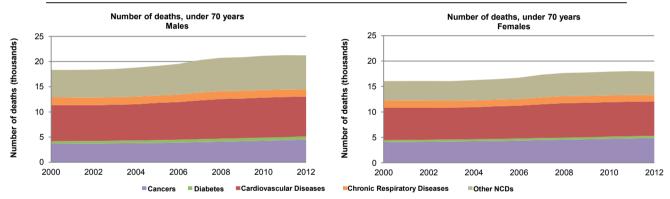
Percentage of population living in urban areas: 32.6% Population proportion between ages 30 and 70 years: 28.0%



Total deaths: 160,000 NCDs are estimated to account for 39% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



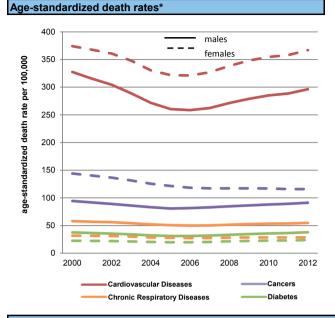
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.9	0.7	1.8
Raised blood pressure (2008)	35.6%	32.2%	33.9%
Obesity (2008)	1.7%	1.5%	1.6%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and share	d risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity			Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a principal of the management of major NCDs through a principal of the management of the man	mary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD target	ets		No
Has a national, population-based cancer registry			No

\* 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).

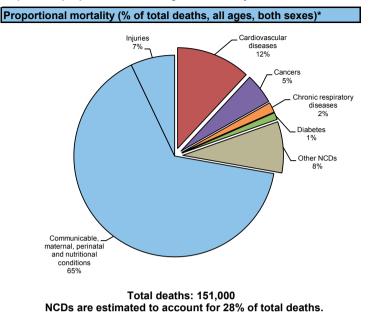
... = no data available

#### Malawi

Total population: 15 906 000 Income Group: Low

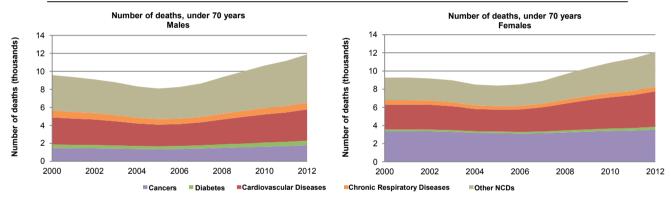


Percentage of population living in urban areas: 15.7% Population proportion between ages 30 and 70 years: 24.8%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.

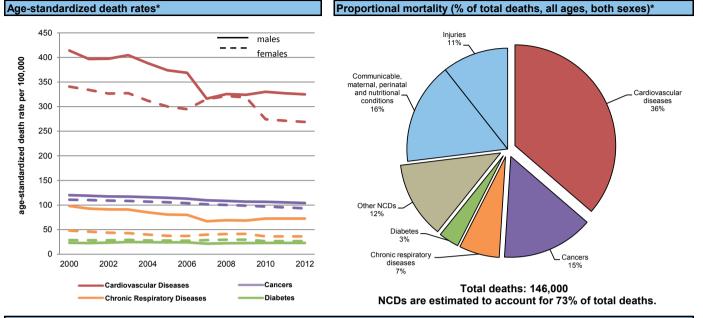


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	23%	5%	14%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.5	0.5	2.5
Raised blood pressure (2008)	39.4%	33.6%	36.4%
Obesity (2008)	2.6%	6.0%	4.3%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors			No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physica	l activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ts		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

# Malaysia

Total population: 29 240 000 Income Group: Upper middle



Percentage of population living in urban areas: 72.8%

Population proportion between ages 30 and 70 years: 41.0%

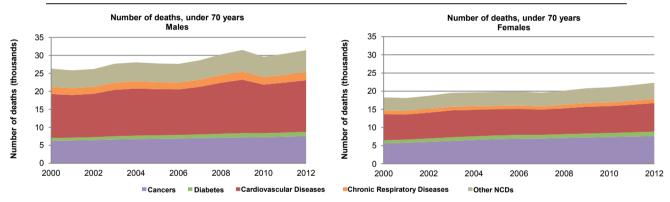
Yes

Yes

No

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20%.



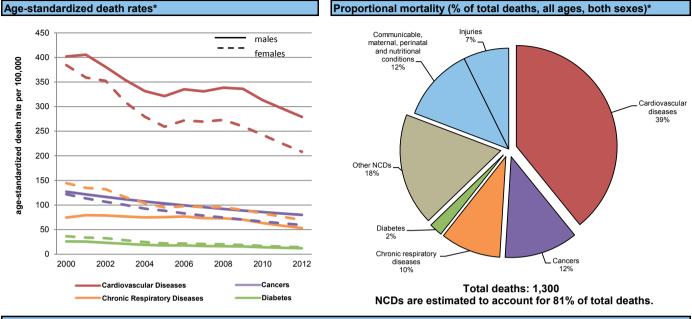
	males	females	total
Current tobacco smoking (2011)	43%	1%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.5	0.2	1.3
Raised blood pressure (2008)	26.2%	22.1%	24.2%
Obesity (2008)	10.4%	17.6%	14.0%
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	NCDs and shared risk factors		Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several t	NCDs and shared risk factors		No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several t Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several t			No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several t Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No No

Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Has a national, population-based cancer registry

\* 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).

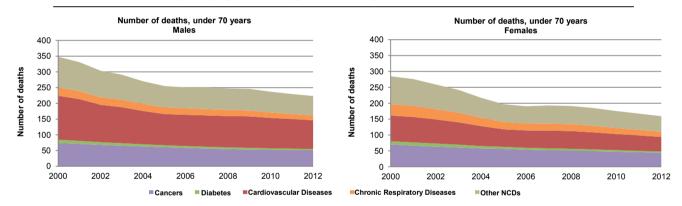
#### **Maldives**

Total population: 338 000 Income Group: Upper middle Percentage of population living in urban areas: 41.2% Population proportion between ages 30 and 70 years: 34.9%



Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)	42%	7%	25%
otal alcohol per capita consumption, in litres of pure alcohol (2010)	2.3	0.1	1.2
Raised blood pressure (2008)	26.6%	20.0%	23.4%
Dbesity (2008)	5.9%	20.2%	12.9%

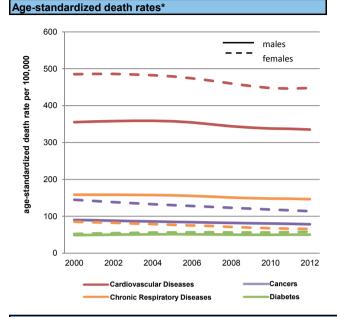
Has an operational policy, strategy or action plan to reduce the harmful use of alcoholNoHas an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activityNoHas an operational policy, strategy or action plan to reduce the burden of tobacco useNRHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryNo

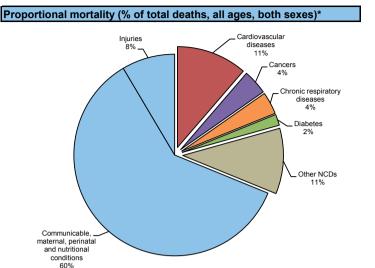
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

NR = Country replied to survey but did not give a response to specific question

## Mali

Total population: 14 854 000 Income Group: Low





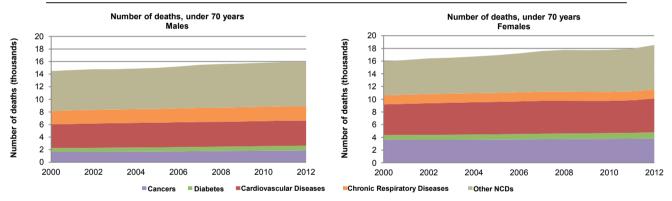
Percentage of population living in urban areas: 34.9%

Population proportion between ages 30 and 70 years: 24.8%

Total deaths: 170,000 NCDs are estimated to account for 31% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26%.



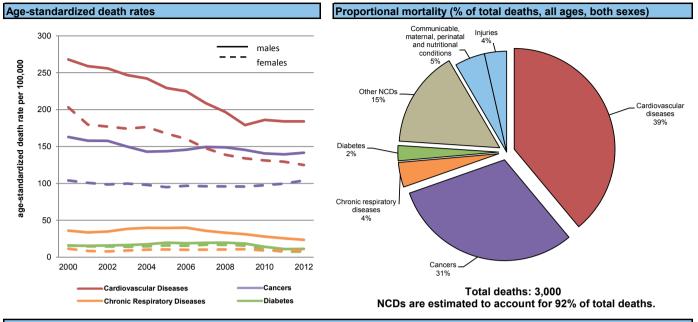
	males	females	total
Current tobacco smoking (2011)	28%	2%	15%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.2	0.0	1.1
Raised blood pressure (2008)	24.7%	26.7%	25.8%
Obesity (2008)	2.1%	6.3%	4.3%

Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

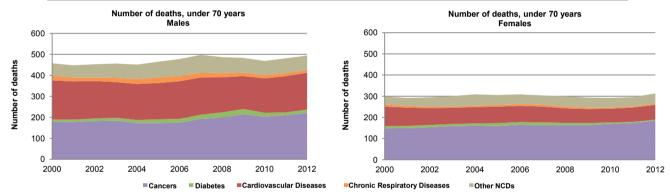
## Malta

Total population: 428 000 Income Group: High Percentage of population living in urban areas: 94.8% Population proportion between ages 30 and 70 years: 54.2%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12%.



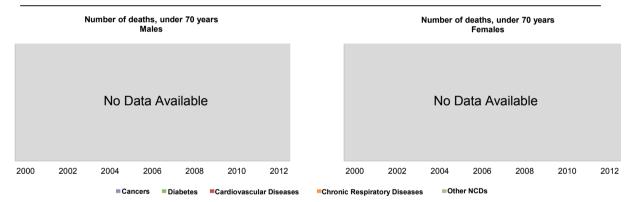
	males	females	total
Current tobacco smoking (2011)	31%	20%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.7	4.2	7.0
Raised blood pressure (2008)	32.6%	25.3%	28.9%
Obesity (2008)	27.3%	30.3%	28.8%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and share	ed risk factors		Yes Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity			Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a pri	mary care approac	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD target	ets		No

Has a national, population-based cancer registry

Yes

Total population: 53 000 Percentage of population living in urban areas: 71.8% Income Group: Upper middle Population proportion between ages 30 and 70 years: 40.7% Age-standardized death rates\* Proportional mortality (% of total deaths, all ages, both sexes)\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 350 Chronic Respiratory Diseases Diabetes

Premature mortality due to NCDs\*

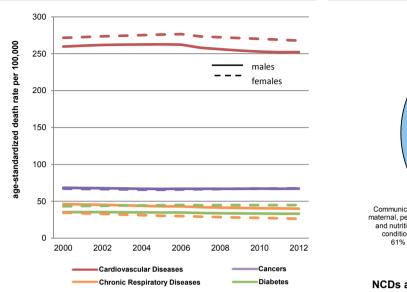


		<u> </u>	
	males	females	total
Current tobacco smoking (2011)	36%	7%	21%
Total alcohol per capita consumption, in litres of pure alcohol (2010)			
Raised blood pressure (2008)	26.9%	19.1%	22.8%
Obesity (2008)	37.9%	52.4%	45.4%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No
Has a national, population-based cancer registry			Yes

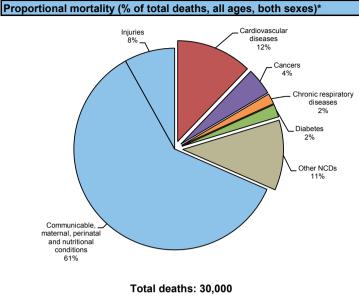
\* See Explanatory Notes ... = no data available

## Mauritania

Total population: 3 796 000 Income Group: Lower middle Age-standardized death rates



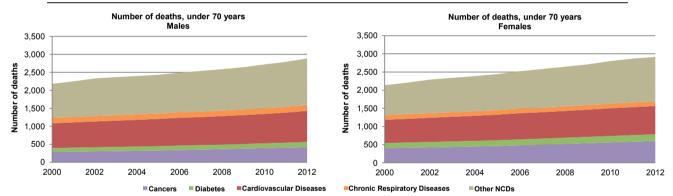
Percentage of population living in urban areas: 41.5% Population proportion between ages 30 and 70 years: 30.5%



NCDs are estimated to account for 32% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16% .

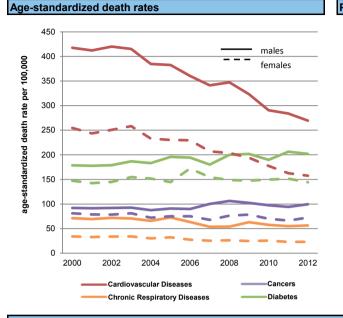


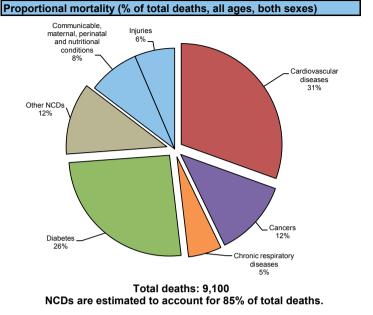
	males	females	total
Current tobacco smoking (2011)	29%	4%	17%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.2	0.0	0.1
Raised blood pressure (2008)	32.9%	29.1%	30.9%
Obesity (2008)	3.7%	21.7%	12.7%
			Na
Vational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	Ds and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical inactivity and physical in	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approac	:h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glob	oal NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

## Mauritius

Total population: 1 240 000 Income Group: Upper middle





ND

ND

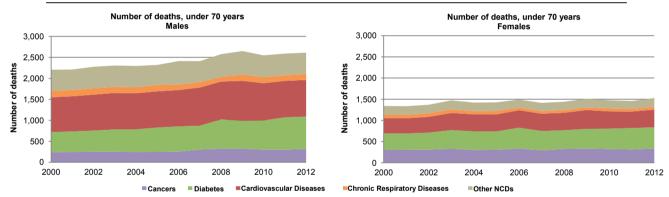
ND

Percentage of population living in urban areas: 41.8%

Population proportion between ages 30 and 70 years: 51.6%

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.



	males	females	total
Current tobacco smoking (2011)	39%	5%	21%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.9	1.4	3.6
Raised blood pressure (2008)	38.5%	34.2%	36.3%
Obesity (2008)	13.2%	23.6%	18.5%
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	CDs and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	ysical activity		ND
			ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND

Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Has a national, population-based cancer registry

ND = Country did not respond to country capacity survey

Percentage of population living in urban areas: 78.1%

Population proportion between ages 30 and 70 years: 40.5%

## Mexico

Total population: 121 000 000 Income Group: Upper middle

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates 200 Injuries 12% \_ males - - females ardiovascular 180 diseases age-standardized death rate per 100,000 Communicable. 24% maternal, perinatal and nutritional conditions 11% 160 140 120 100 80 Cancers 12% 60 40 Other NCDs 21% 20 Chronic respiratory diseases 6% 0 Diabete: 14% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers

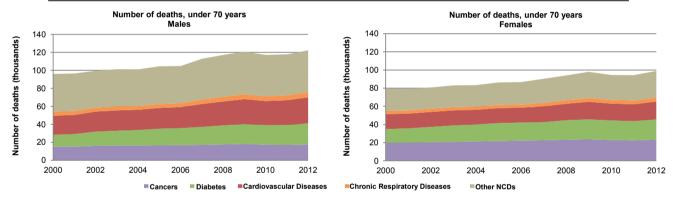
Diabetes

Total deaths: 605,000 NCDs are estimated to account for 77% of total deaths.

Premature mortality due to NCDs

Chronic Respiratory Diseases

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	27%	8%	17%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.4	2.6	7.2
Raised blood pressure (2008)	25.8%	20.1%	22.8%
Obesity (2008)	26.3%	37.4%	32.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity		Yes	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	h a primary care approa	ch	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	D targets		Yes
Has a national, population-based cancer registry			No

DK = Country responded "don't know"

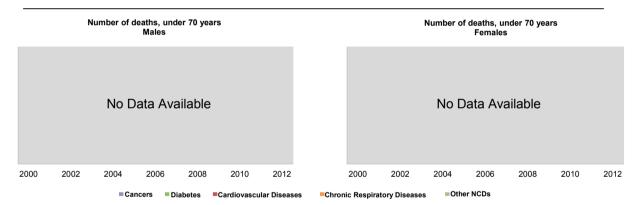
 2000
 2002
 2004
 2006
 2008
 2010
 2012

 Cardiovascular Diseases
 Cancers

 Chronic Respiratory Diseases
 Diabetes

Total deaths: 640

Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.0	0.5	3.3
Raised blood pressure (2008)	33.9%	24.3%	29.0%
Obesity (2008)	28.1%	53.2%	40.6%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No
Has a national, population-based cancer registry			No

\* See Explanatory Notes ... = no data available



Total population: 38 000 Percentage of population living in urban areas: 100.0% Income Group: High Population proportion between ages 30 and 70 years: 50.3% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 320 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

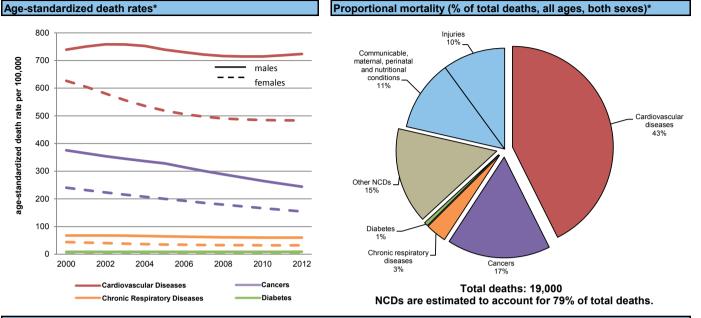
Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors males females total Current tobacco smoking (2011) . . . . . . Total alcohol per capita consumption, in litres of pure alcohol (2010) . . . . . . Raised blood pressure (2008) . . . . . . Obesity (2008) National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent No Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors No Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Yes Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

\* See Explanatory Notes ... = no data available

# Mongolia

Total population: 2 796 000 Income Group: Lower middle

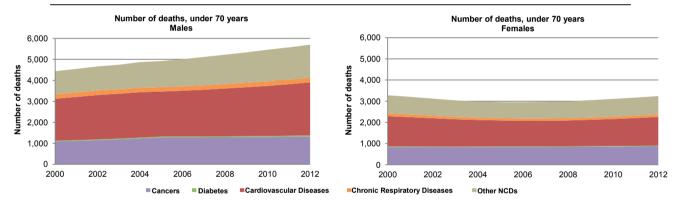


Percentage of population living in urban areas: 68.5%

Population proportion between ages 30 and 70 years: 40.5%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 32%.

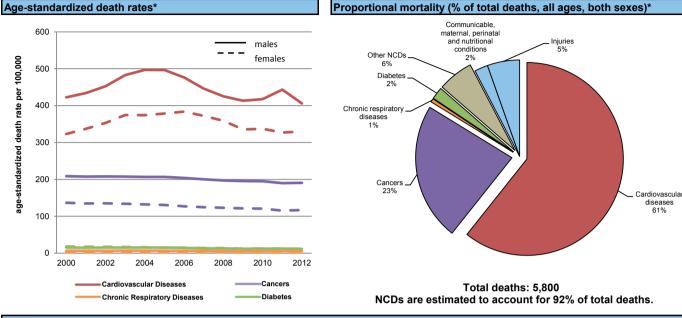


	males	females	tatal
Current tabaaaa amaking (2011)	48%	6%	total 27%
Current tobacco smoking (2011)	48%	2.2	6.9
Total alcohol per capita consumption, in litres of pure alcohol (2010)	38.1%	27.5%	32.7%
Raised blood pressure (2008) Obesity (2008)	10.4%	27.5% 18.3%	32.7% 14.4%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical act	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	) targets		Yes
Has a national, population-based cancer registry			No

\* 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).

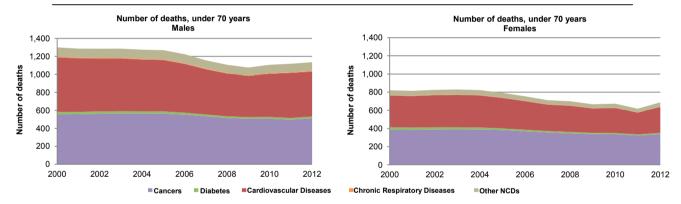
#### Montenegro

Total population: 621 000 Income Group: Upper middle Percentage of population living in urban areas: 63.3% Population proportion between ages 30 and 70 years: 50.6%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.5	4.1	8.7
Raised blood pressure (2008)	45.4%	38.5%	41.7%
Obesity (2008)	23.3%	21.7%	22.5%
National systems response to NCDs			
			No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several NCI	Ds and shared risk factors		No Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Ds and shared risk factors		
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several NCI			Yes

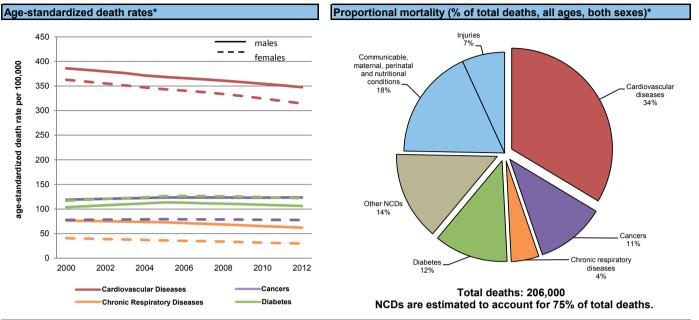
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* 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

## Morocco

Total population: 32 521 000 Income Group: Lower middle

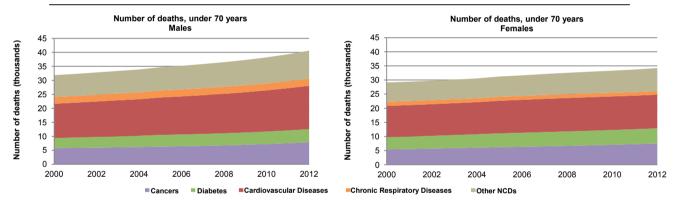


Percentage of population living in urban areas: 57.0%

Population proportion between ages 30 and 70 years: 40.9%

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



	males	females	total
Current tobacco smoking (2011)	32%	2%	17%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.9	0.1	0.9
Raised blood pressure (2008)	31.2%	33.6%	32.4%
Obesity (2008)	10.5%	21.9%	16.4%

National systems response to NCDS	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

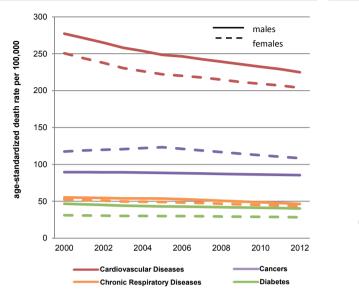
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

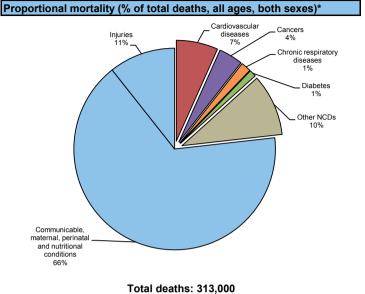
## Mozambique

Total population: 25 203 000 Income Group: Low

Age-standardized death rates\*

Percentage of population living in urban areas: 31.2% Population proportion between ages 30 and 70 years: 25.8%

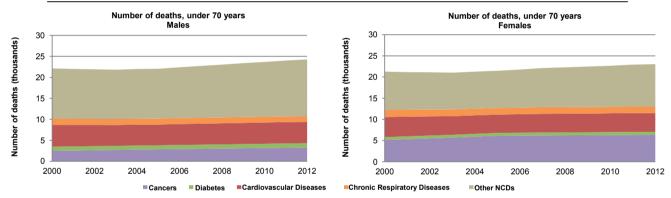




NCDs are estimated to account for 23% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17% .



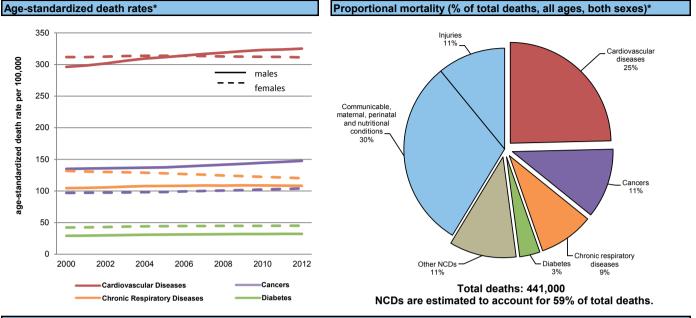
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.5	1.1	2.3
Raised blood pressure (2008)	40.9%	35.8%	38.1%
Obesity (2008)	2.3%	7.2%	4.9%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	ical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy (	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs the	hrough a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine globa	al NCD targets		No
Has a national, population-based cancer registry			No

\* 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

## Myanmar

Total population: 52 797 000 Income Group: Low



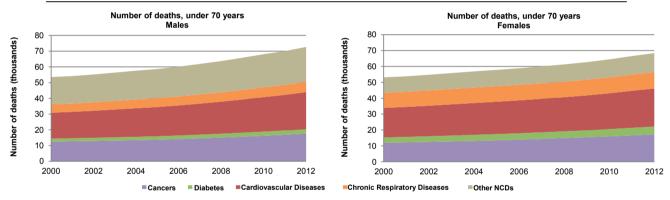
Percentage of population living in urban areas: 32.6%

Population proportion between ages 30 and 70 years: 44.2%

No

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24% .



	males	females	total
Current tobacco smoking (2011)	38%	7%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.4	0.0	0.7
Raised blood pressure (2008)	31.1%	26.7%	28.9%
Obesity (2008)	1.9%	6.0%	4.0%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	ets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs three	ough a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	NCD targets		No

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets

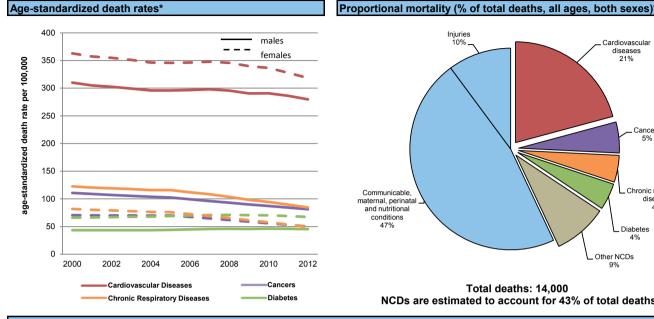
Has a national, population-based cancer registry

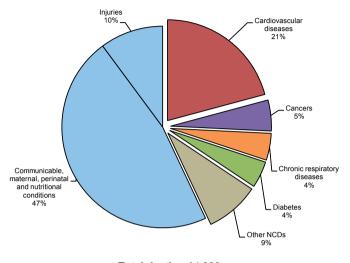
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Namibia

Total population: 2 259 000 Income Group: Upper middle

Percentage of population living in urban areas: 38.4% Population proportion between ages 30 and 70 years: 31.2%

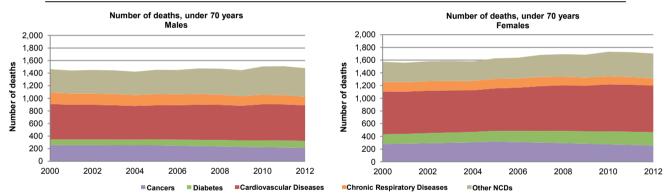




Total deaths: 14,000 NCDs are estimated to account for 43% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20% .



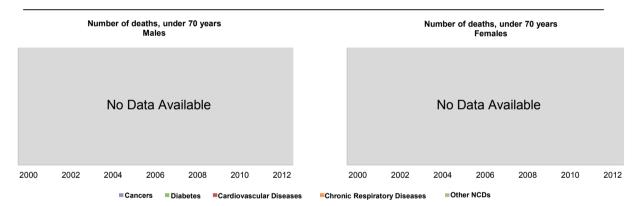
	males	females	total
Current tobacco smoking (2011)	30%	9%	20%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.7	5.4	10.8
Raised blood pressure (2008)	38.6%	33.6%	36.0%
Obesity (2008)	3.6%	15.0%	9.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			DK
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		DK
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	S		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	ugh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	ICD targets		No
Has a national, population-based cancer registry			Yes

\* 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).

DK = Country responded "don't know"

## Nauru

Total population:  10 000 Income Group:  Upper middle	Percentage of population living in urban areas: 100.0% Population proportion between ages 30 and 70 years: 40.7%
Age-standardized death rates* No Data Available	Proportional mortality (% of total deaths, all ages, both sexes)* No Data Available
2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes	Total deaths: 40
Premature mortality due to NCDs*	

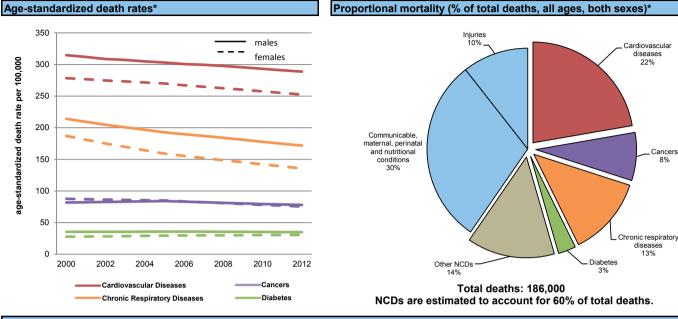


	males	females	total
Current tobacco smoking (2011)	52%	50%	51%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.9	1.1	3.5
Raised blood pressure (2008)	37.0%	25.5%	31.1%
Obesity (2008)	67.7%	74.4%	71.1%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	\$		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	gh a primary care approac	:h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	CD targets		No
Has a national, population-based cancer registry			Yes

\* See Explanatory Notes

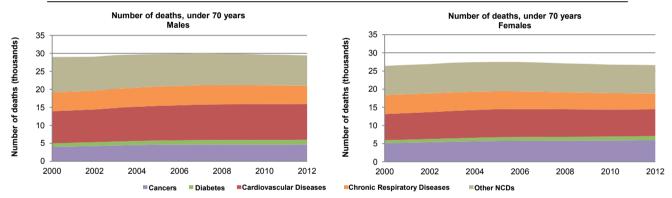
## Nepal

Total population: 27 474 000 Income Group: Low Percentage of population living in urban areas: 17.0% Population proportion between ages 30 and 70 years: 33.8%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.

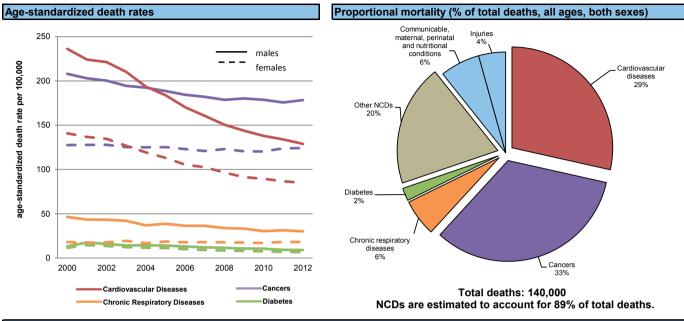


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	37%	25%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.4	0.2	2.2
Raised blood pressure (2008)	23.3%	24.9%	24.2%
Obesity (2008)	1.3%	1.6%	1.4%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			DK
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	3		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	gh a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NG	CD targets		No
Has a national, population-based cancer registry			No

\* 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).

# Netherlands

Total population: 16 714 000 Income Group: High

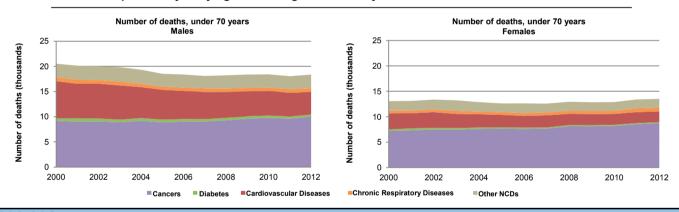


Percentage of population living in urban areas: 83.2%

Population proportion between ages 30 and 70 years: 53.5%

Premature mortality due to NCDs





	males	females	total
Current tobacco smoking (2011)	29%	23%	26%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.0	6.0	9.9
Raised blood pressure (2008)	32.5%	22.7%	27.5%
Obesity (2008)	18.1%	19.5%	18.8%

National systems response to NCDS	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	Yes

Percentage of population living in urban areas: 86.2%

Population proportion between ages 30 and 70 years: 49.3%

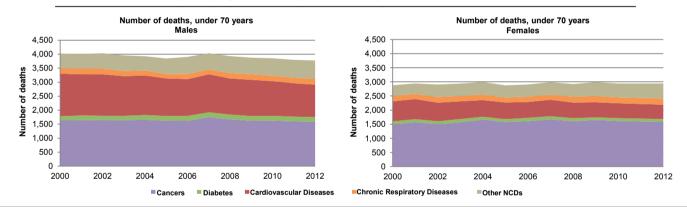
#### **New Zealand**

Total population: 4 460 000 Income Group: High

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates Communicable, maternal, perinatal and nutritional conditions 250 Injuries 6% males 5% age-standardized death rate per 100,000 females 200 Cardiovascular diseases 32% Other NCDs 18% 150 100 Diabetes 3% 50 Chronic respiratory diseases 7% 0 2000 2002 2010 2012 Cancers 2004 2006 2008 29% Cardiovascular Diseases Cancers Total deaths: 28,000 Diabetes Chronic Respiratory Diseases NCDs are estimated to account for 89% of total deaths.

Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11%.



	males	females	total
Current tobacco smoking (2011)	21%	19%	20%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.7	6.3	10.9
Raised blood pressure (2008)	25.0%	18.3%	21.6%
Obesity (2008)	27.3%	29.3%	28.3%

Has an operational NCD universion of department within the ministry of Health, or equivalent	NO
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

DK = Country responded "don't know"

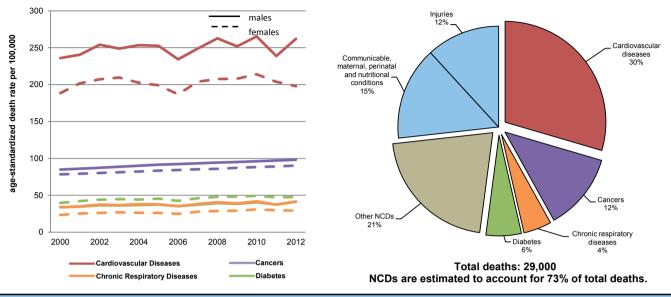
## Nicaragua

Total population: 5 992 000 Income Group: Lower middle

Age-standardized death rates\*

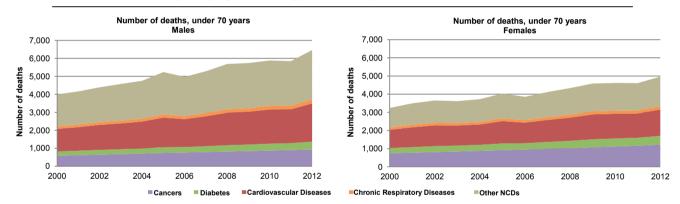
Percentage of population living in urban areas: 57.5% Population proportion between ages 30 and 70 years: 33.3%

Proportional mortality (% of total deaths, all ages, both sexes)\*



Premature mortality due to NCDs\*





Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.7	1.5	5.0
Raised blood pressure (2008)	28.6%	20.9%	24.7%
Obesity (2008)	15.4%	28.8%	22.2%

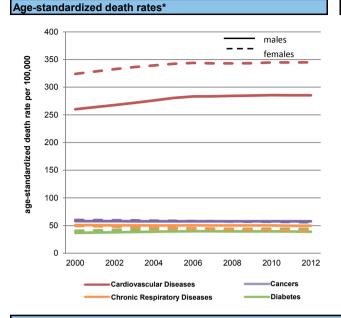
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

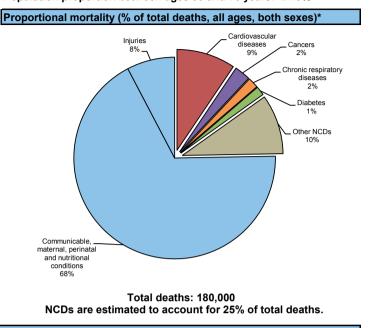
... = no data available

## Niger

Total population: 17 157 000 Income Group: Low

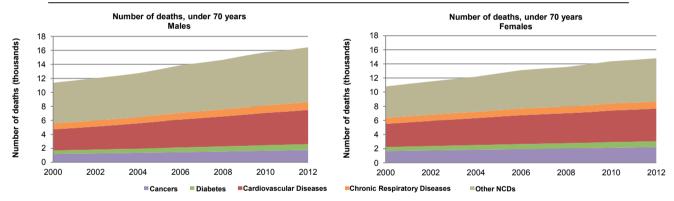


Percentage of population living in urban areas: 17.8% Population proportion between ages 30 and 70 years: 24.9%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	9%	<1%	5%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.5	0.1	0.3
Raised blood pressure (2008)	47.6%	35.1%	41.5%
Obesity (2008)	1.5%	3.4%	2.4%
Has an operational NCD unit/branch or department within the Ministry of Health or equivalent			No
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approac	h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No

Has a national, population-based cancer registry

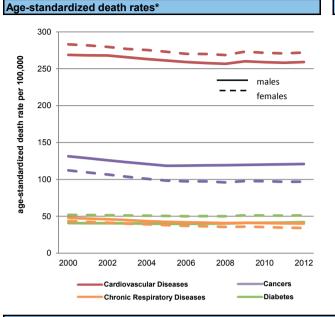
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

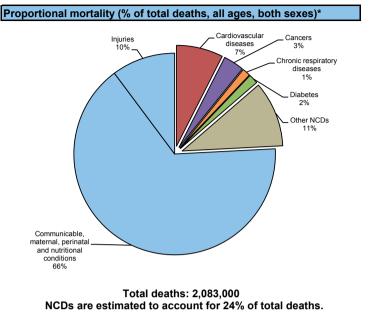
No

# Nigeria

Total population: 169 000 000 Income Group: Lower middle

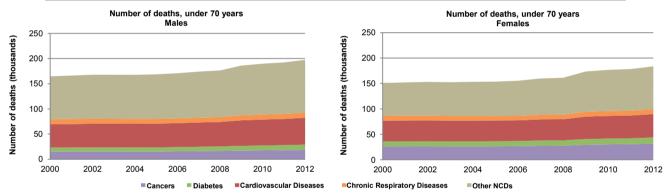


Percentage of population living in urban areas: 49.6% Population proportion between ages 30 and 70 years: 27.7%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20%.

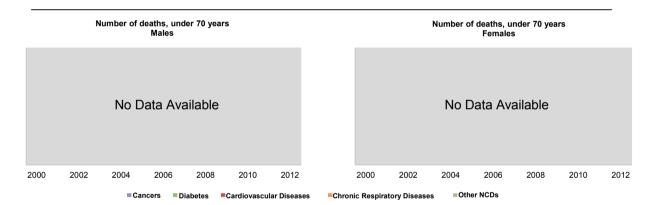


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	10%	2%	6%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.9	5.1	10.1
Raised blood pressure (2008)	33.5%	36.1%	34.8%
Obesity (2008)	4.6%	8.4%	6.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets		No	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		Yes
Has a national, population-based cancer registry			No

\* 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).

#### Niue

Total population: 1 000 Income Group: Upper middle		
Age-standardized death rates*	Proportional mortality (% of total deaths, all ages, both sexes)*	
No Data Available	No Data Available	
Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes	Total deaths: 10	
Premature mortality due to NCDs*		

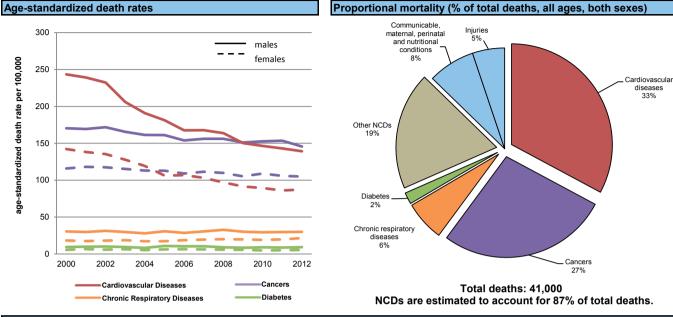


	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.3	2.6	8.0
Raised blood pressure (2008)			
Obesity (2008)			
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets		Yes	
Has evidence-based national guidelines/protocols/standards for the management of major NC	CDs through a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets			No

\* See Explanatory Notes ... = no data available

## Norway

Total population: 4 994 000 Income Group: High

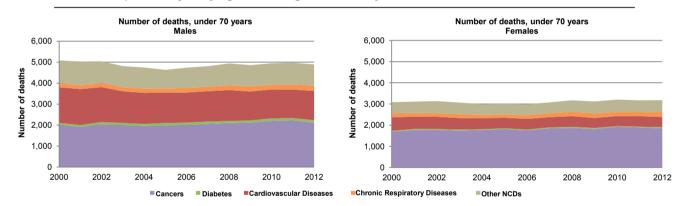


Percentage of population living in urban areas: 79.4%

Population proportion between ages 30 and 70 years: 51.3%

Premature mortality due to NCDs





Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	28%	26%	27%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.8	4.7	7.7
Raised blood pressure (2008)	37.1%	29.0%	33.0%
Obesity (2008)	23.0%	20.1%	21.5%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

#### Oman

Total population: 3 314 000 Income Group: High

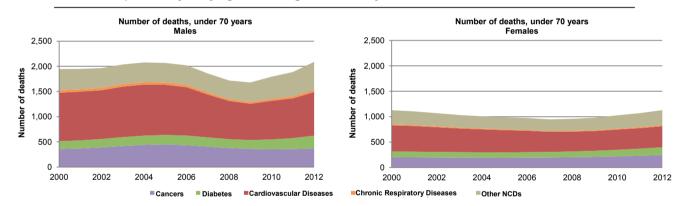
Age-standardized death rates\*

Percentage of population living in urban areas: 73.4% Population proportion between ages 30 and 70 years: 34.2% Proportional mortality (% of total deaths, all ages, both sexes)\*

500 Injuries 15% \_ males 450 age-standardized death rate per 100,000 females 400 Cardiovascular diseases 33% 350 Communicable, 300 maternal, perinatal and nutritional conditions 17% 250 200 150 100 50 Cancers 10% Other NCDs 0 Chronic respiratory 13% 2000 2002 2004 2006 2008 2010 2012 - Diabetes diseases 10% 2% Cancers Cardiovascular Diseases Total deaths: 9,500 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 68% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	13%	<1%	8%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.2	0.4	0.9
Raised blood pressure (2008)	27.4%	22.2%	25.4%
Obesity (2008)	18.9%	23.8%	20.9%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

\* 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

Total population: 179 000 000 Income Group: Lower middle

Age-standardized death rates\*

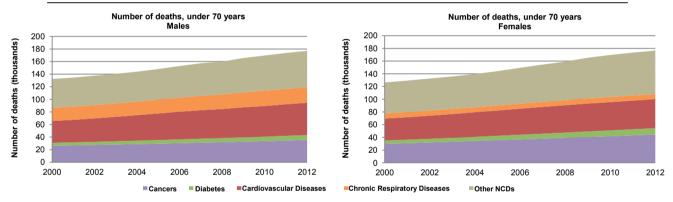
Percentage of population living in urban areas: 36.2% Population proportion between ages 30 and 70 years: 32.8%

Proportional mortality (% of total deaths, all ages, both sexes)

350 Injuries 11% \_ Cardiovascular diseases 19% males \_ \_ females age-standardized death rate per 100,000 300 250 Cancers 8% 200 150 Chronic respiratory diseases 6% 100 Communicable, \_ maternal, perinatal and nutritional 50 conditions Diabetes 3% 38% 0 Other NCDs 15% 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 1,332,000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 50% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	38%	7%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.1	0.0	0.1
Raised blood pressure (2008)	25.6%	24.8%	25.2%
Obesity (2008)	3.3%	7.8%	5.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	6		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	igh a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	CD targets		No
Has a national, population-based cancer registry			No

\* 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).

#### Palau

Total population: 21 000 Percentage of population living in urban areas: 84.2% Income Group: Upper middle Population proportion between ages 30 and 70 years: 40.7% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 120 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

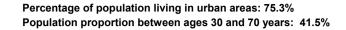
Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors males females total Current tobacco smoking (2011) 37% 9% 23% Total alcohol per capita consumption, in litres of pure alcohol (2010) 2.6 13 2 79 Raised blood pressure (2008) 31.6% 21.9% 26.6% Obesity (2008) 43.8% 53.7% 48.9% National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Yes Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors DK Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Yes Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach DK Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Yes Has a national, population-based cancer registry Yes

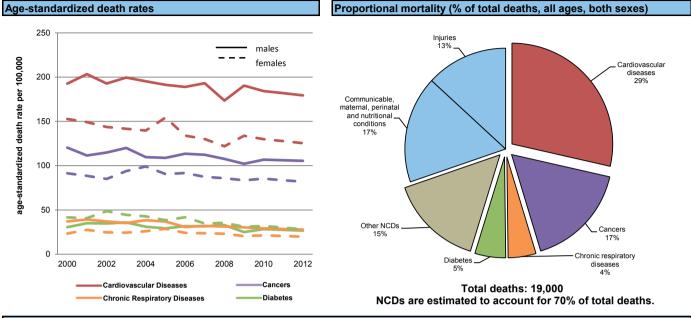
\* See Explanatory Notes DK = Country responded "don't know"

## Panama

Total population: 3 802 000 Income Group: Upper middle

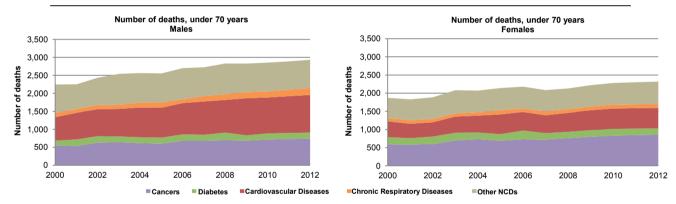


Age-standardized death rates



Premature mortality due to NCDs



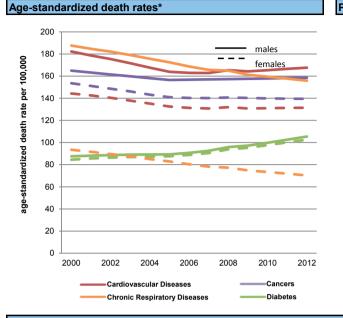


	males	females	total
Current tobacco smoking (2011)	23%	4%	14%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.2	4.7	8.0
Raised blood pressure (2008)	31.2%	21.9%	26.6%
Obesity (2008)	19.2%	31.5%	25.4%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes	J
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes	I
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No	
Has a national, population-based cancer registry	Yes	I

#### Papua New Guinea

Total population: 7 167 000 Income Group: Lower middle Percentage of population living in urban areas: 12.5% Population proportion between ages 30 and 70 years: 32.8%



Proportional mortality (% of total deaths, all ages, both sexes)\*

Diabetes 6%

Other NCDs 13%

Total deaths: 56,000 NCDs are estimated to account for 42% of total deaths.

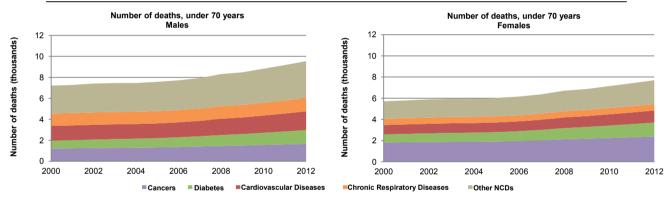
Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26%.

Communicable, maternal, perinatal

and nutritional conditions

48%



	males	females	total
Current tobacco smoking (2011)	55%	27%	41%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.1	1.0	3.0
Raised blood pressure (2008)	18.3%	15.2%	16.7%
Obesity (2008)	11.7%	20.6%	16.2%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NC	Ds and shared risk factors		DK
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	sical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	v diets		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	through a primary care approac	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glob	oal NCD targets		No
Has a national, population-based cancer registry			No

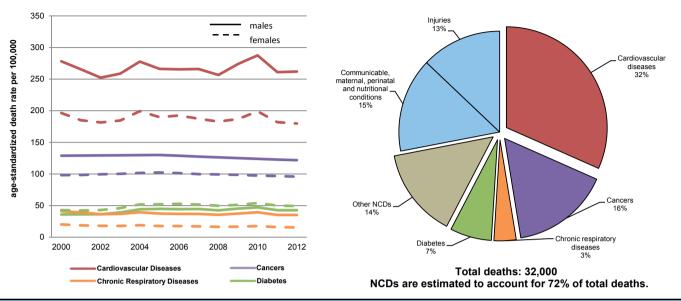
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

## Paraguay

Total population: 6 687 000 Income Group: Lower middle Percentage of population living in urban areas: 61.9% Population proportion between ages 30 and 70 years: 34.9%

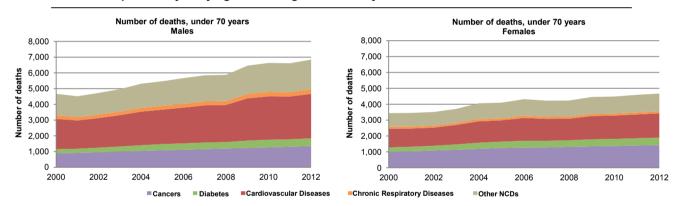
Proportional mortality (% of total deaths, all ages, both sexes)

Age-standardized death rates\*



Premature mortality due to NCDs\*





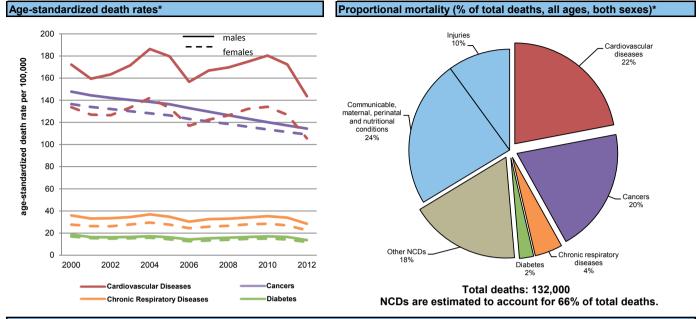
	males	females	total
Current tobacco smoking (2011)	30%	8%	19%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.4	5.2	8.8
Raised blood pressure (2008)	32.0%	22.6%	27.3%
Obesity (2008)	15.2%	20.8%	17.9%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	No

\* 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).

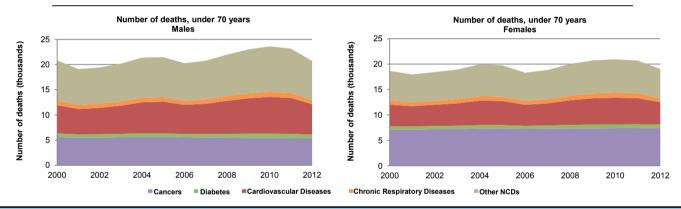
#### Peru

Total population: 29 988 000 Income Group: Upper middle Percentage of population living in urban areas: 77.3% Population proportion between ages 30 and 70 years: 39.5%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.4	3.8	8.1
Raised blood pressure (2008)	24.0%	18.1%	21.0%
Obesity (2008)	10.5%	20.7%	15.7%

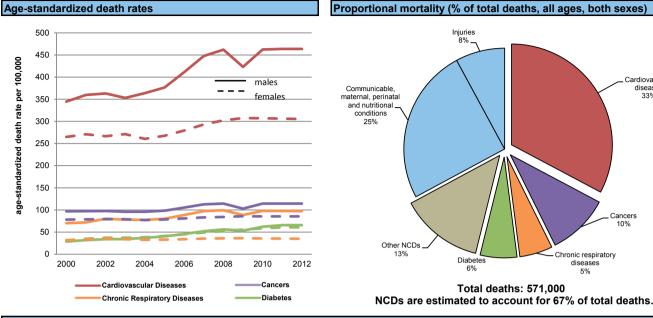
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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

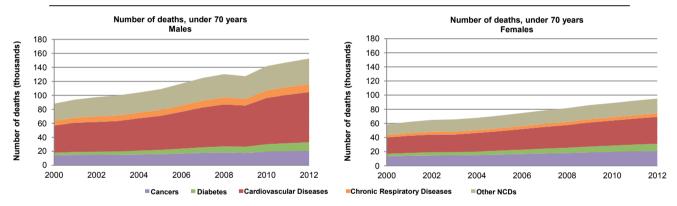
# Philippines

Total population: 96 707 000 Income Group: Lower middle



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 28% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	44%	10%	27%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.2	1.7	5.4
Raised blood pressure (2008)	25.0%	20.4%	22.6%
Obesity (2008)	4.6%	8.0%	6.3%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	l activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	ts		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	NCD targets		No
Has a national, population-based cancer registry			No

Percentage of population living in urban areas: 48.8% Population proportion between ages 30 and 70 years: 35.2%

ardiovascular

diseases 33%

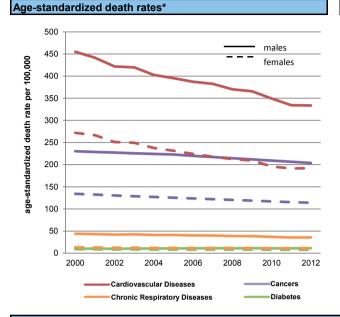
Cancers 10%

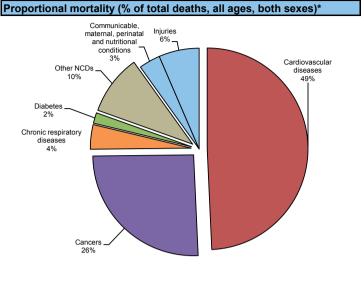
Chronic respiratory

diseases 5%

## Poland

Total population: 38 211 000 Income Group: High





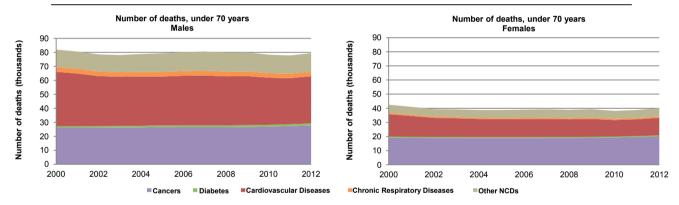
Percentage of population living in urban areas: 60.9%

Population proportion between ages 30 and 70 years: 53.7%

Total deaths: 374,000 NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	38%	27%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	19.8	5.8	12.5
Raised blood pressure (2008)	43.0%	39.5%	41.2%
Obesity (2008)	23.8%	26.7%	25.3%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	ind shared risk factors		No

Has an operational policy, strategy or action plan to reduce the harmful use of alcohol

Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachDKHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryYes

\* 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).

DK = Country responded "don't know"

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

Yes

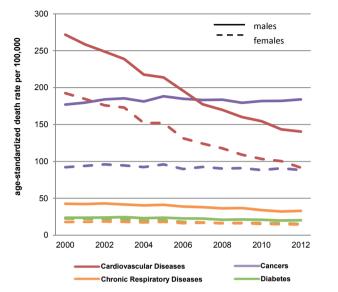
Yes

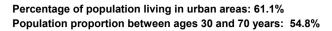
Yes

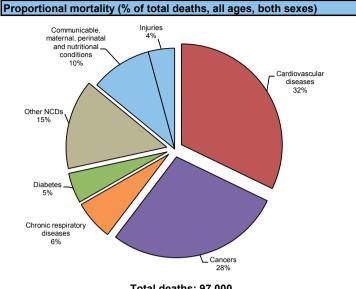
# Portugal

Total population: 10 604 000 Income Group: High

Age-standardized death rates



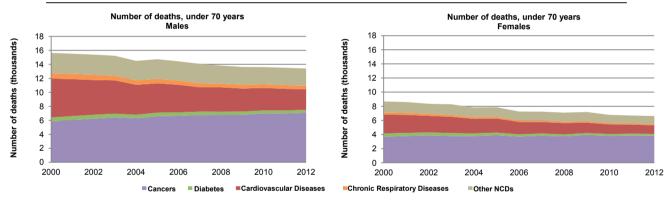




Total deaths: 97,000 NCDs are estimated to account for 86% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .



	males	females	total
Current tobacco smoking (2011)	30%	15%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	18.7	7.6	12.9
Raised blood pressure (2008)	38.2%	31.2%	34.5%
Obesity (2008)	21.6%	26.3%	24.0%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

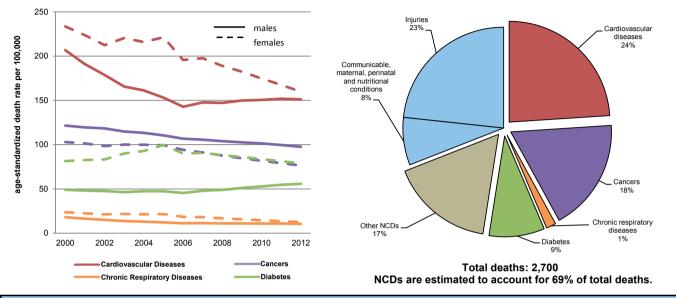
## Qatar

Total population: 2 051 000 Income Group: High

Age-standardized death rates\*

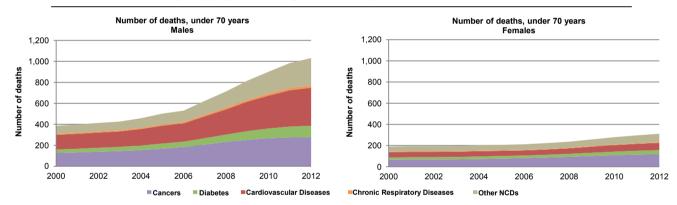
Percentage of population living in urban areas: 98.8% Population proportion between ages 30 and 70 years: 54.2%

Proportional mortality (% of total deaths, all ages, both sexes)\*



Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.8	0.4	1.5
Raised blood pressure (2008)	27.1%	19.1%	25.0%
Obesity (2008)	31.3%	38.1%	33.2%

National systems response to NCDS	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

\* 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

# **Republic of Korea**

Total population: 49 003 000 Income Group: High

Age-standardized death rates

age-standardized death rate per 100,000

250 Injuries 13% \_ males Cardiovascular Communicable, maternal, perinatal and nutritional conditions diseases 25% females 200 8% 150 Other NCDs 15% 100 50 Diabetes 4% Cancers 30% 0

> Total deaths: 266,000 NCDs are estimated to account for 79% of total deaths.

Premature mortality due to NCDs

2002

2004

Cardiovascular Diseases

Chronic Respiratory Diseases

2006

2008

2010

Cancers

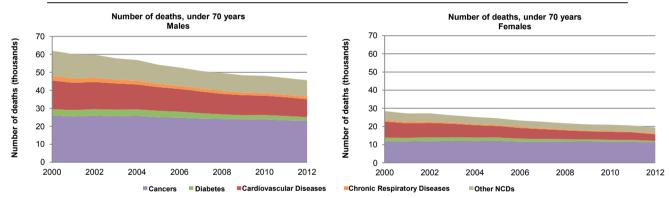
Diabetes

2012

2000

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 9% .

Chronic respirator diseases 5%



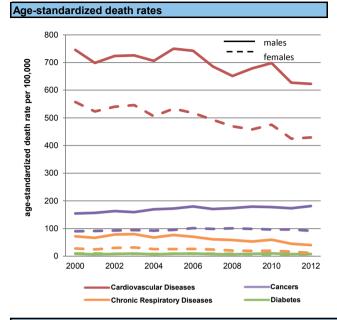
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	49%	8%	28%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	21.0	3.9	12.3
Raised blood pressure (2008)	17.8%	14.3%	16.0%
Obesity (2008)	7.2%	8.3%	7.7%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and sha	ared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	y.		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD ta	rgets		Yes
Has a national, population-based cancer registry			Yes

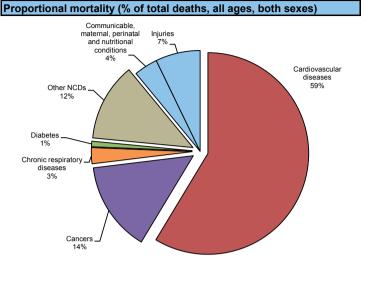
Percentage of population living in urban areas: 83.2% Population proportion between ages 30 and 70 years: 56.0%

Proportional mortality (% of total deaths, all ages, both sexes)

## **Republic of Moldova**

Total population: 3 514 000 Income Group: Lower middle Percentage of population living in urban areas: 47.7% Population proportion between ages 30 and 70 years: 50.3%

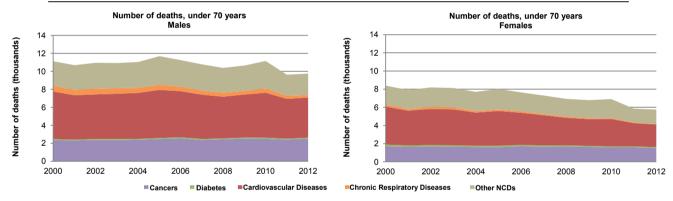




Total deaths: 43,000 NCDs are estimated to account for 89% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26%.



	males	females	total
Current tobacco smoking (2011)	43%	5%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	25.9	8.9	16.8
Raised blood pressure (2008)	41.3%	39.6%	40.4%
Obesity (2008)	9.9%	31.0%	21.2%

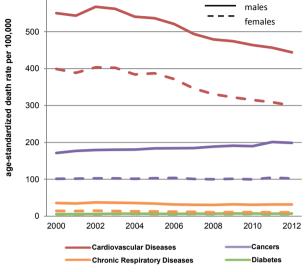
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

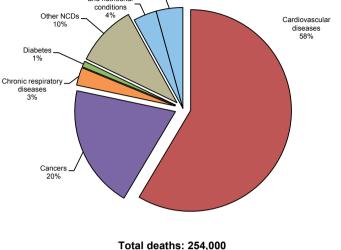
## Romania

600

Total population: 21 755 000 Income Group: Upper middle

Population proportion between ages 30 and 70 years: 53.8% Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates Communicable. Injuries and nutritional conditions males \_ females Other NCDs 10% 4% Diabete: 1%



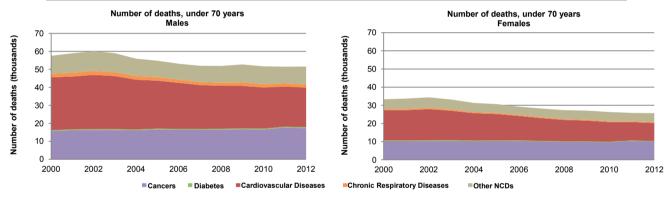


Percentage of population living in urban areas: 52.8%

NCDs are estimated to account for 92% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23% .

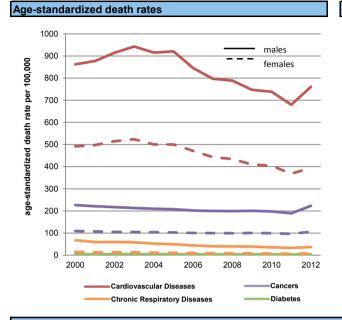


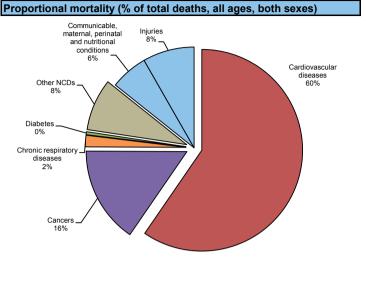
	males	females	total
Current tobacco smoking (2011)	38%	18%	28%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	22.6	6.8	14.4
Raised blood pressure (2008)	41.3%	39.6%	40.4%
Obesity (2008)	16.9%	21.2%	19.1%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

#### **Russian Federation**

Total population: 143 000 000 Income Group: High





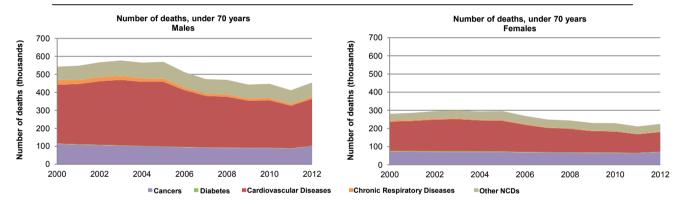
Percentage of population living in urban areas: 73.8%

Population proportion between ages 30 and 70 years: 52.9%

Total deaths: 2,102,000 NCDs are estimated to account for 86% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 30%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	59%	25%	40%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	23.9	7.8	15.1
Raised blood pressure (2008)	37.5%	38.1%	37.8%
Obesity (2008)	18.6%	32.9%	26.5%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	t		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates severa	I NCDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		Yes

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

 Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets
 Yes

 Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
 No

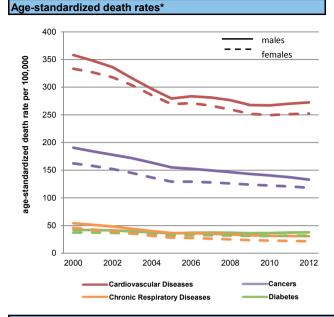
 Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets
 No

 Has a national, population-based cancer registry
 No

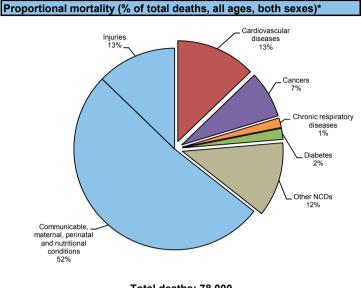
Yes

## Rwanda

Total population: 11 458 000 Income Group: Low



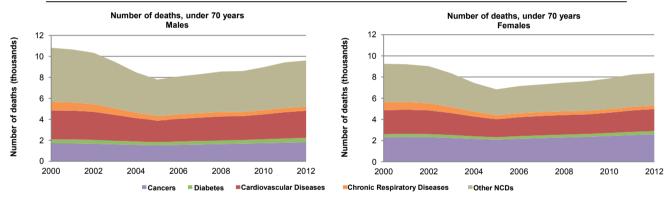
Percentage of population living in urban areas: 19.1% Population proportion between ages 30 and 70 years: 26.3%



Total deaths: 78,000 NCDs are estimated to account for 36% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.1	5.0	9.8
Raised blood pressure (2008)	36.5%	32.6%	34.4%
Obesity (2008)	4.2%	4.4%	4.3%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No
Has a national, population-based cancer registry			No

\* 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).

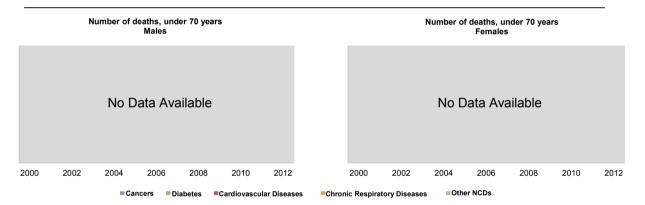
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#### **Saint Kitts and Nevis**

Total population: 54 000 Income Group: High Percentage of population living in urban areas: 32.0% Population proportion between ages 30 and 70 years: 43.1%

Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2010 2012 2002 2004 2006 2008 Cancers Cardiovascular Diseases Total deaths: 450 Chronic Respiratory Diseases Diabetes

Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)	12%	3%	7%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.8	4.7	8.2
Raised blood pressure (2008)	42.7%	32.9%	37.6%
Obesity (2008)	31.7%	49.2%	40.7%

Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity

Lies on exercise all policy, etrotegy or extian plan to reduce the burden of telesco use

Has an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* See Explanatory Notes

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

No

# Saint Lucia

Total population: 181 000 Percentage of population living in urban areas: 17.5% Income Group: Upper middle Population proportion between ages 30 and 70 years: 44.5% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 1,300 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors females males total Current tobacco smoking (2011) 15.1 5.9 Total alcohol per capita consumption, in litres of pure alcohol (2010) 10.4 Raised blood pressure (2008) 35.1% 26.2% 30.5% Obesity (2008) 30.8% 21.4% 11.4% National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent No Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors No Has an operational policy, strategy or action plan to reduce the harmful use of alcohol No Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity No Has an operational policy, strategy or action plan to reduce the burden of tobacco use No Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach No Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Yes Has a national, population-based cancer registry No

\* See Explanatory Notes ... = no data available

#### Saint Vincent and the Grenadines

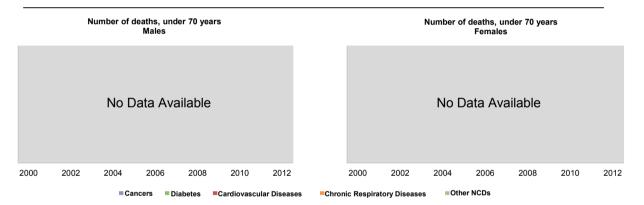
 Total population: 109 000
 Percentage of population living in urban areas: 49.3%

 Income Group: Upper middle
 Population proportion between ages 30 and 70 years: 42.9%

 Age-standardized death rates\*
 Proportional mortality (% of total deaths, all ages, both sexes)\*

		No Da	ata Ava	ilable			No Data Available
2000	2002	2004	2006	2008	2010	2012	
		ardiovascula hronic Respi	r Diseases ratory Diseas	ses	Can Diab	cers oetes	Total deaths: 700

Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.2	3.9	6.6
Raised blood pressure (2008)	32.1%	25.6%	28.8%
Obesity (2008)	15.4%	31.3%	23.4%
lational systems response to NCDs		011070	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	ND
Has a national, population-based cancer registry	ND

\* See Explanatory Notes ... = no data available

ND = Country did not respond to country capacity survey

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

ND

## Samoa

Total population: 189 000 Percentage of population living in urban areas: 19.9% Income Group: Lower middle Population proportion between ages 30 and 70 years: 33.4% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates? No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 1,000 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

Number of deaths, under 70 years Number of deaths, under 70 years Males Females No Data Available No Data Available 2000 2002 2004 2010 2012 2000 2002 2004 2006 2008 2010 2012 2006 2008 Cancers Diabetes Cardiovascular Diseases Chronic Respiratory Diseases Other NCDs

Adult risk factors females males total Current tobacco smoking (2011) 6.6 0.6 Total alcohol per capita consumption, in litres of pure alcohol (2010) 36 Raised blood pressure (2008) 34.6% 26.3% 30.6% Obesity (2008) 43.6% 65.5% 54.1% National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent No Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors Yes Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Yes Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity Yes

 Has an operational policy, strategy or action plan to reduce the burden of tobacco use
 Yes

 Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets
 Yes

 Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
 No

 Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets
 Yes

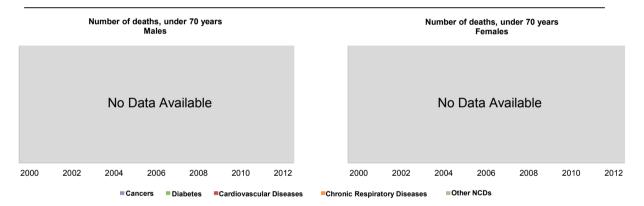
 Has a national, population-based cancer registry
 No

\* See Explanatory Notes ... = no data available

#### San Marino

Total population: 31 000 Percentage of population living in urban areas: 94.1% Income Group: High Population proportion between ages 30 and 70 years: 55.0% Age-standardized death rates\* Proportional mortality (% of total deaths, all ages, both sexes)\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 320 Chronic Respiratory Diseases Diabetes

Premature mortality due to NCDs\*



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)			
Raised blood pressure (2008)			
Obesity (2008)			
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	i		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throu	gh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	CD targets		No
Has a national, population-based cancer registry			Yes

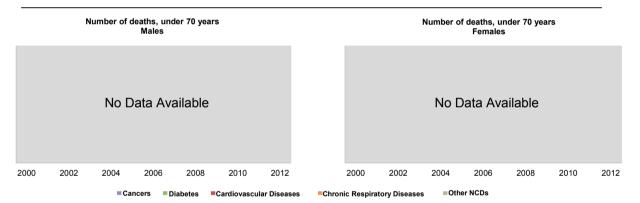
\* See Explanatory Notes ... = no data available

# Sao Tome and Principe

Total population: 188 000 Income Group: Lower middle Percentage of population living in urban areas: 62.7% Population proportion between ages 30 and 70 years: 27.2%

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Total deaths: 1,200 Chronic Respiratory Diseases Diabetes

Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)	8%	3%	6%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.5	2.9	7.1
Raised blood pressure (2008)	40.2%	36.2%	38.1%
Obesity (2008)	5.5%	13.2%	9.5%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
lational systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physica	al activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs thro	ough a primary care approac	h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global h	NCD targets		No
Has a national, population-based cancer registry			No

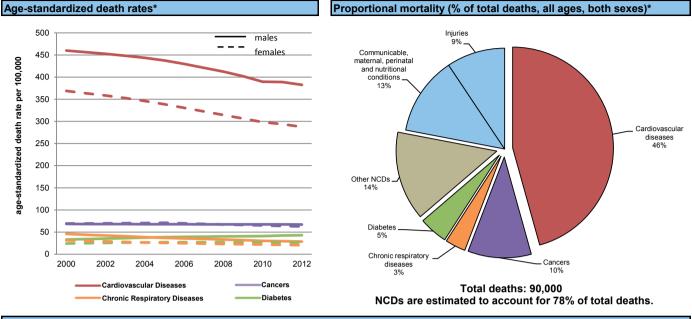
\* See Explanatory Notes

Percentage of population living in urban areas: 82.3%

Population proportion between ages 30 and 70 years: 42.7%

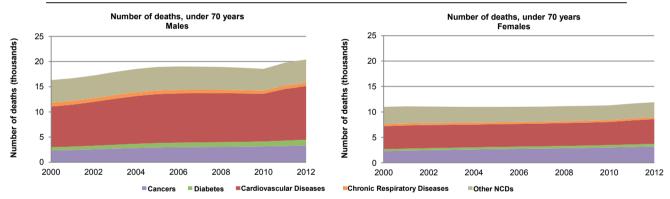
## Saudi Arabia

Total population: 28 288 000 Income Group: High



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.



	males	females	total
Current tobacco smoking (2011)	38%	<1%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.3	0.1	0.2
Raised blood pressure (2008)	26.0%	21.5%	24.2%
Obesity (2008)	28.6%	39.1%	33.0%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
lational systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physica	I activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Les an anarational policy, atratagy or action plan to rady so unboolthy dist and/or promote boolthy dis	ts		Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die			

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets

Has a national, population-based cancer registry

\* 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).

DK = Country responded "don't know"

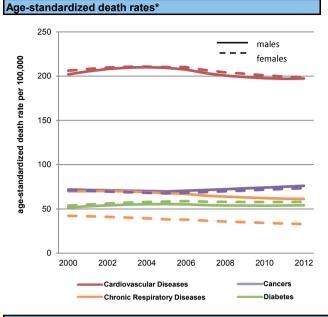
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

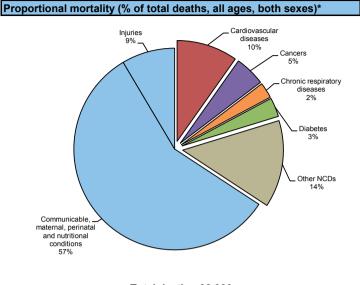
Yes

# Senegal

Total population: 13 726 000 Income Group: Lower middle



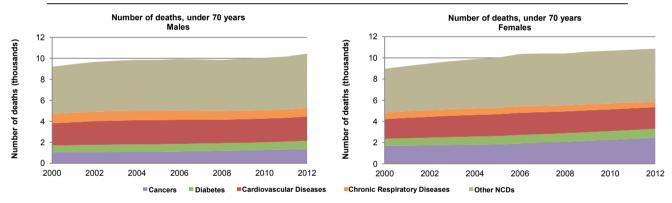
Percentage of population living in urban areas: 42.5% Population proportion between ages 30 and 70 years: 26.4%



Total deaths: 98,000 NCDs are estimated to account for 34% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.



	males	females	total
Current tobacco smoking (2011)	16%	<1%	8%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.1	0.1	0.6
Raised blood pressure (2008)	34.3%	30.0%	32.1%
Obesity (2008)	2.6%	10.8%	6.8%

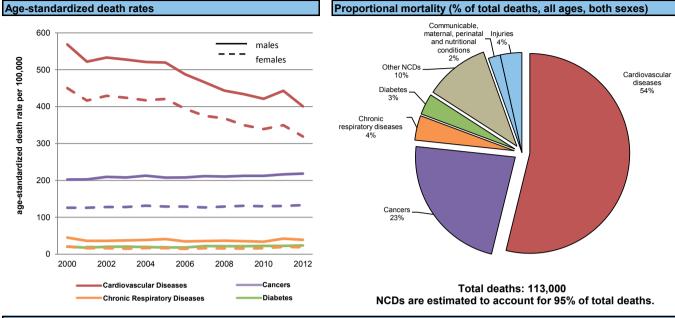
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No	
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No	
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No	
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	DK	
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No	
Has a national, population-based cancer registry	No	

\* 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).

DK = Country responded "don't know

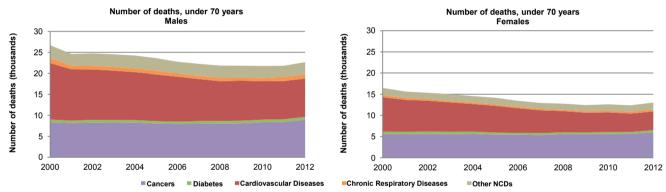
## Serbia

Total population: 9 553 000 Income Group: Upper middle Percentage of population living in urban areas: 56.4% Population proportion between ages 30 and 70 years: 52.7%



Premature mortality due to NCDs

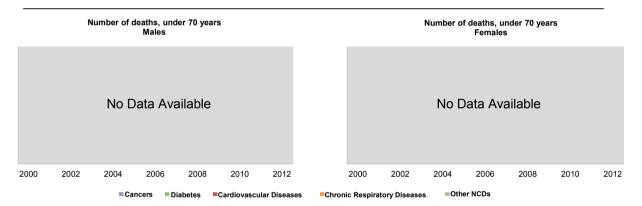
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 25% .



	males	females	total
Current tobacco smoking (2011)	38%	27%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	19.7	5.9	12.6
Raised blood pressure (2008)	45.6%	40.1%	42.8%
Obesity (2008)	26.3%	23.3%	24.8%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	hared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activ	vity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD t	argets		No
Has a national, population-based cancer registry			No

# Seychelles

Total population: 92 000 Percentage of population living in urban areas: 53.6% Income Group: Upper middle Population proportion between ages 30 and 70 years: 49.4% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates No Data Available No Data Available 2000 2002 2004 2006 2010 2012 2008 Cancers Cardiovascular Diseases Total deaths: 620 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*



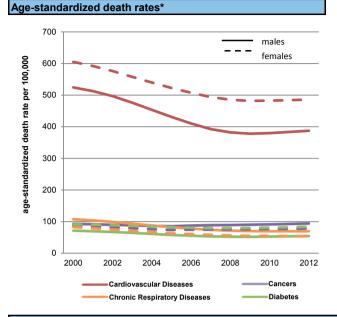
	males	females	total
Current tobacco smoking (2011)	31%	8%	20%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	8.7	2.4	5.6
Raised blood pressure (2008)	39.6%	32.2%	35.9%
Obesity (2008)	14.6%	33.7%	23.9%
Has an operational NCD unit/branch or department within the Ministry of Health, o			Yes
Has an operational multisectoral national policy, strategy or action plan that integ	rates several NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alc	cohol		No
Has an operational policy, strategy or action plan to reduce physical inactivity and	l/or promote physical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco	o use		No
Has an operational policy, strategy or action plan to reduce unbealthy diet and/or	promote healthy diets		No

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryYes

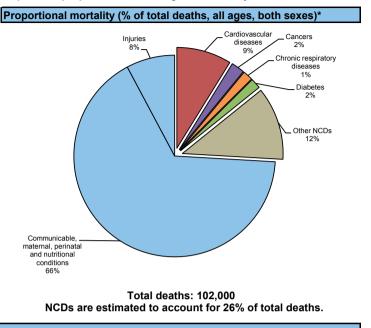
See Explanatory Notes

#### Sierra Leone

Total population: 5 979 000 Income Group: Low

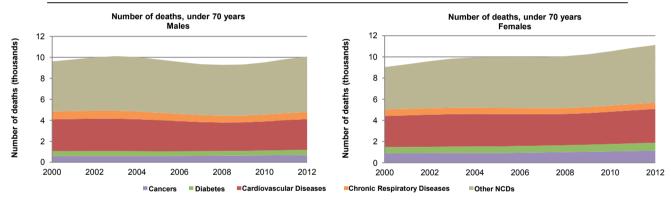


Percentage of population living in urban areas: 39.2% Population proportion between ages 30 and 70 years: 29.2%



Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)	48%	20%	34%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.0	3.6	8.7
Raised blood pressure (2008)	36.7%	36.0%	36.4%
Obesity (2008)	3.6%	9.8%	6.8%
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	t		ND
	t		ND
			ND ND
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates severa			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates severa Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	I NCDs and shared risk factors		ND
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	I NCDs and shared risk factors		ND ND

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets ND Has a national, population-based cancer registry ND

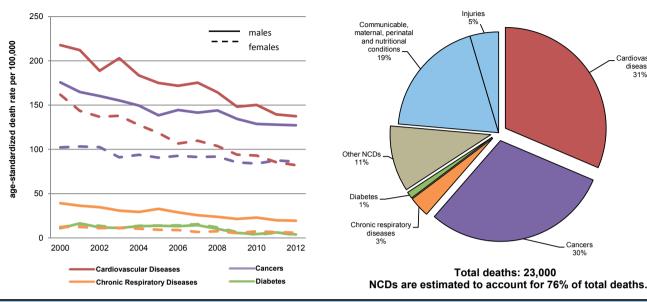
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

ND = Country did not respond to country capacity survey

# Singapore

Total population: 5 303 000 Income Group: High

Age-standardized death rates



Premature mortality due to NCDs



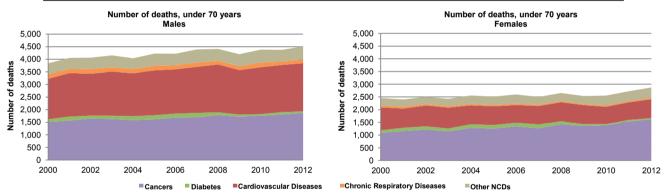
Percentage of population living in urban areas: 100.0%

Population proportion between ages 30 and 70 years: 56.2%

Proportional mortality (% of total deaths, all ages, both sexes)

Cardiovascular

diseases 31%



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.8	1.2	2.0
Raised blood pressure (2008)	25.0%	20.1%	22.6%
Obesity (2008)	7.0%	7.1%	7.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical act	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approac	;h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	) targets		Yes
Has a national, population-based cancer registry			Yes

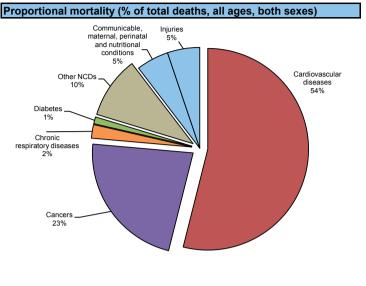
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## Slovakia

Total population: 5 446 000 Income Group: High

Age-standardized death rates

600 males \_ females age-standardized death rate per 100,000 500 400 300 200 100 0 2000 2002 2004 2006 2008 2010 2012 Cancers Cardiovascular Diseases Chronic Respiratory Diseases Diabetes



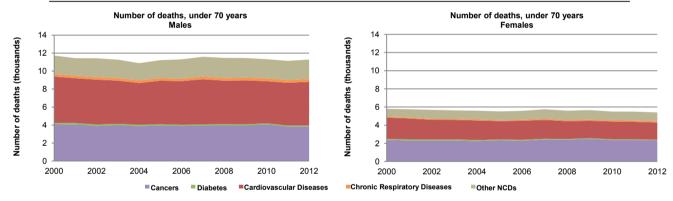
Percentage of population living in urban areas: 54.7%

Population proportion between ages 30 and 70 years: 55.0%

Total deaths: 51,000 NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19% .

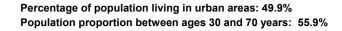


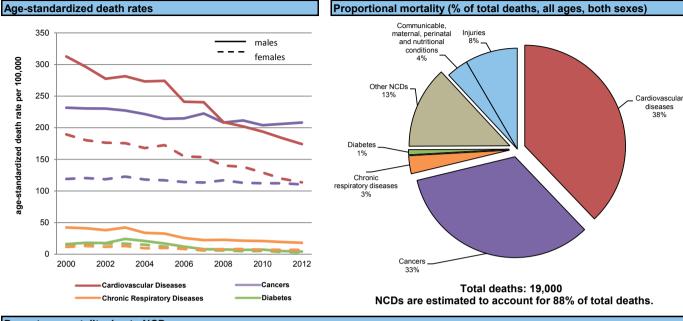
dult risk factors		
males	females	total
39%	19%	29%
20.5	6.1	13.0
42.7%	37.2%	39.8%
25.4%	25.4%	25.4%
	39% 20.5 42.7%	39%         19%           20.5         6.1           42.7%         37.2%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

# Slovenia

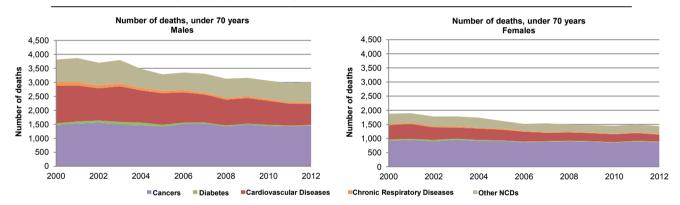
Total population: 2 068 000 Income Group: High





Premature mortality due to NCDs





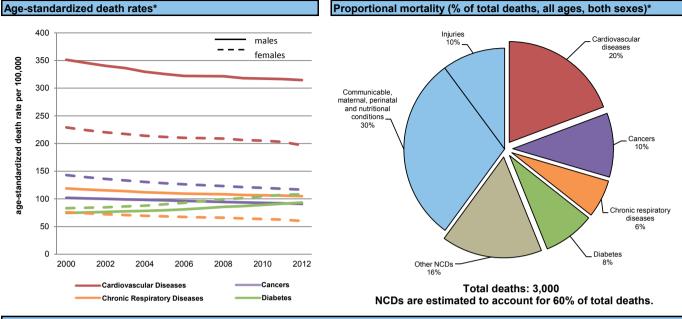
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	28%	21%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.3	7.0	11.6
Raised blood pressure (2008)	46.4%	40.3%	43.2%
Obesity (2008)	29.5%	27.8%	28.6%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several	NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
	physical activity		No

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Yes Has a national, population-based cancer registry Yes

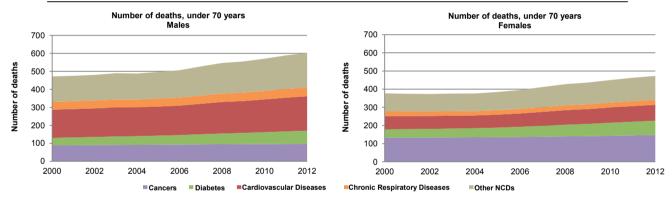
## **Solomon Islands**

Total population: 550 000 Income Group: Lower middle Percentage of population living in urban areas: 20.5% Population proportion between ages 30 and 70 years: 30.8%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 24%.

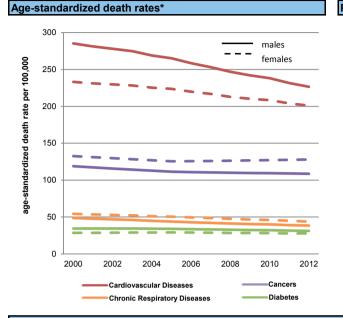


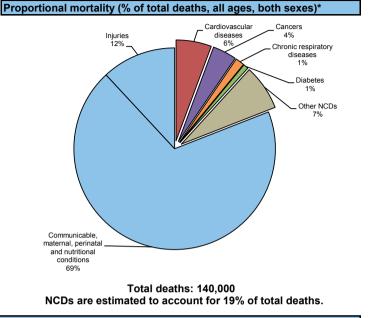
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	45%	18%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.1	0.3	1.7
Raised blood pressure (2008)	22.3%	20.1%	21.2%
Obesity (2008)	22.6%	37.7%	30.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and sl	hared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activ	vity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD t	argets		No
Has a national, population-based cancer registry			No

\* 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).

# Somalia

Total population: 10 195 000 Income Group: Low



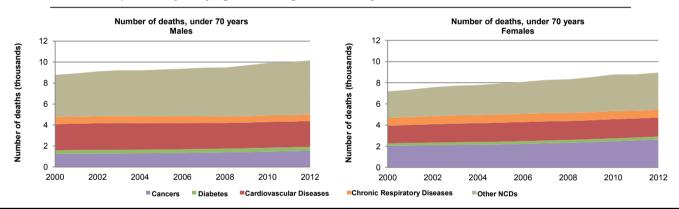


Percentage of population living in urban areas: 37.7%

Population proportion between ages 30 and 70 years: 24.8%

Premature mortality due to NCDs\*





	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.9	0.1	0.5
Raised blood pressure (2008)	33.9%	29.0%	31.4%
Obesity (2008)	3.1%	6.4%	4.8%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

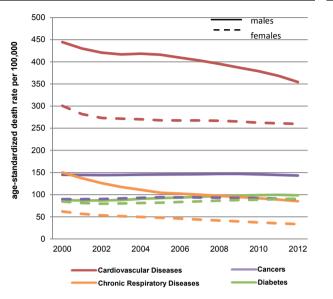
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

... = no data available

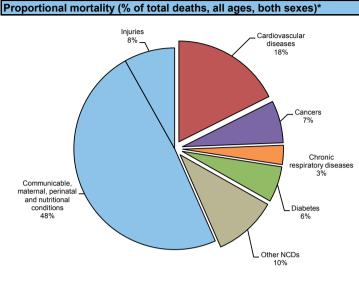
## **South Africa**

Total population: 52 386 000 Income Group: Upper middle

Age-standardized death rates\*



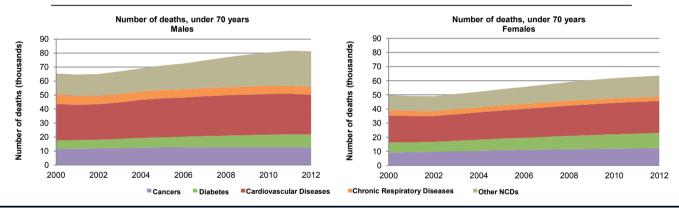
Percentage of population living in urban areas: 62.0% Population proportion between ages 30 and 70 years: 38.3%



Total deaths: 608,000 NCDs are estimated to account for 43% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 27% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	28%	8%	18%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	18.4	4.2	11.0
Raised blood pressure (2008)	35.2%	32.4%	33.7%
Obesity (2008)	21.0%	41.0%	31.3%

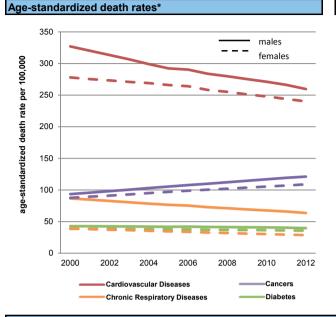
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	ND
Has a national, population-based cancer registry	ND

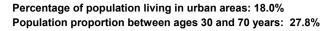
The mortality estimates for this country have a high degree of uncertainty because they are not based n any national NCD mortality data (see Explanatory Notes).

on any national NCD mortality data (see Explanatory Not ND = Country did not respond to country capacity survey

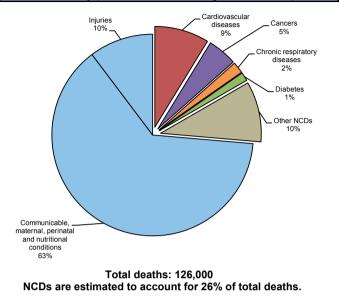
# South Sudan

Total population: 10 838 000 Income Group: Low



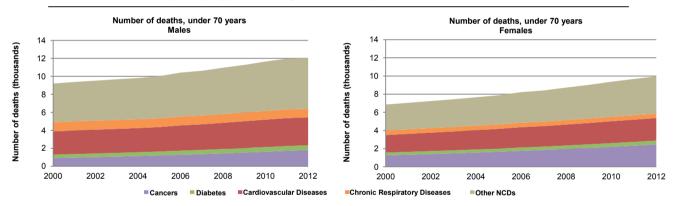






Premature mortality due to NCDs\*





Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)			
Raised blood pressure (2008)			
Obesity (2008)			

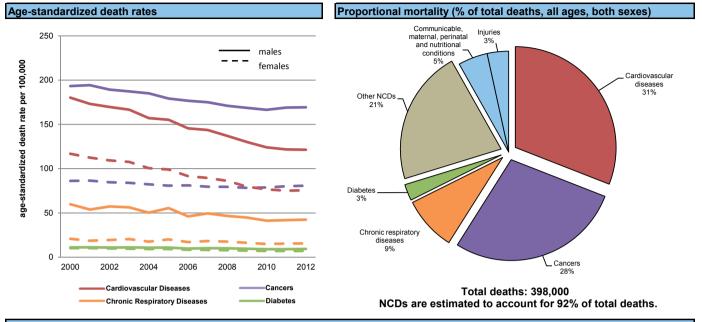
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	ND
Has a national, population-based cancer registry	ND
* The mortality estimates for this country have a high degree of uncertainty because they are not based ND = Country did not respond to country capacity survey	

\* 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

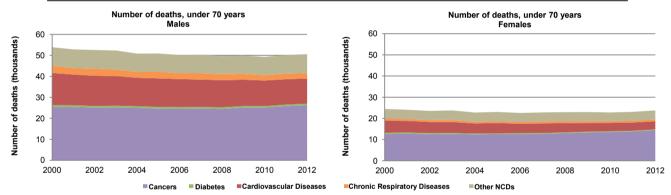
#### Spain

Total population: 46 755 000 Income Group: High Percentage of population living in urban areas: 77.4% Population proportion between ages 30 and 70 years: 55.7%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 11%.

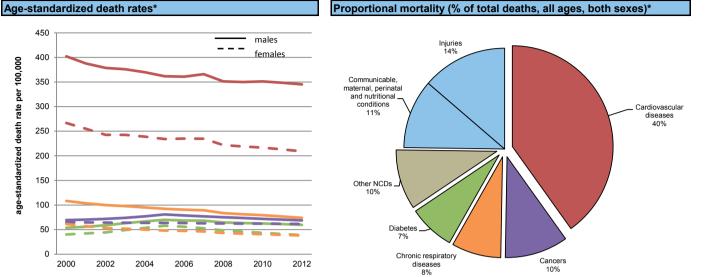


	males	females	total
Current tobacco smoking (2011)	33%	27%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.9	6.7	11.2
Raised blood pressure (2008)	30.2%	24.0%	27.0%
Obesity (2008)	26.5%	26.7%	26.6%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical ac	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	n a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCI	D targets		DK
Has a national, population-based cancer registry			No

DK = Country responded "don't know"

## Sri Lanka

Total population: 21 098 000 Income Group: Lower middle



Percentage of population living in urban areas: 15.1%

Population proportion between ages 30 and 70 years: 46.7%

Total deaths: 138,000

NCDs are estimated to account for 75% of total deaths.

Premature mortality due to NCDs\*

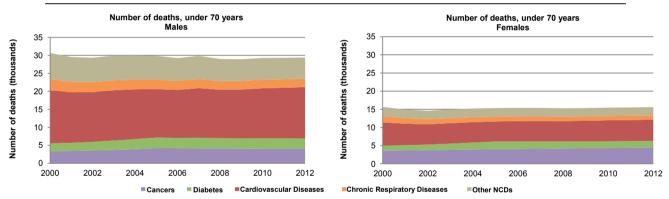
Cardiovascular Diseases

Chronic Respiratory Diseases

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .

Cancers

Diabetes



Adult risk factors	malaa	females	total
Ourset to be seen an a bin m (2014)	males		total
Current tobacco smoking (2011)	31%	<1%	15%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.3	0.3	3.7
Raised blood pressure (2008)	30.5%	26.2%	28.2%
Obesity (2008)	2.6%	7.4%	5.1%
lational avatame reanance to NCDa			
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors			No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	hysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	hy diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCD	Os through a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine gl	lobal NCD targets		No
Has a national, population-based cancer registry			No

\* 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).

Cancers 5%

Chronic respiratory

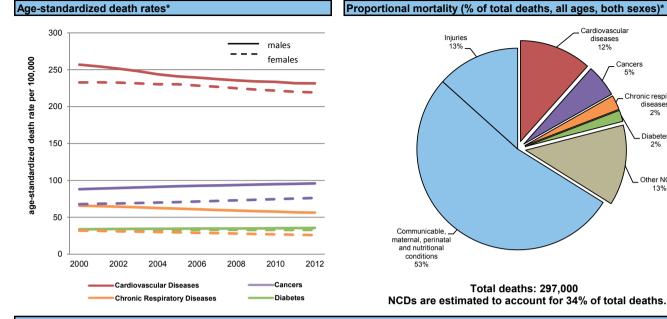
2%

Other NCDs 13%

dise 2% Diabetes

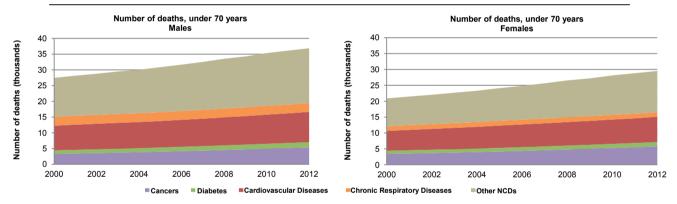
## Sudan

Total population: 37 195 000 Income Group: Lower middle Percentage of population living in urban areas: 33.2% Population proportion between ages 30 and 70 years: 29.1%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.8	0.6	2.7
Raised blood pressure (2008)	35.1%	28.8%	32.0%
Obesity (2008)	3.8%	8.2%	6.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	hared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activ	vity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	a primary care approac	:h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD t	targets		No

Has a national, population-based cancer registry

\* 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

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

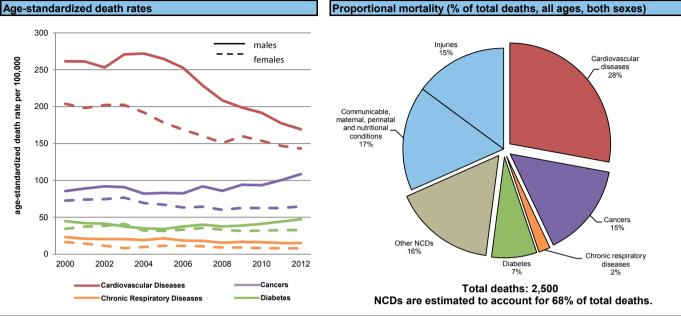
No

## **Suriname**

Total population: 535 000 Income Group: Upper middle

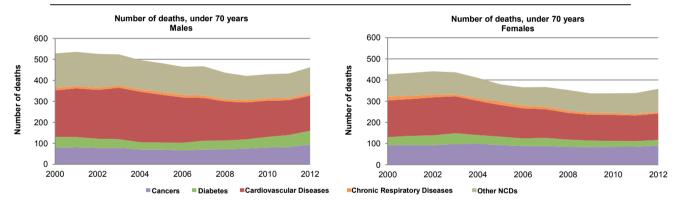
Percentage of population living in urban areas: 69.7% Population proportion between ages 30 and 70 years: 42.6%

Age-standardized death rates



Premature mortality due to NCDs





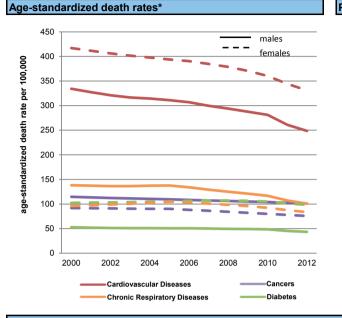
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.4	3.9	6.6
Raised blood pressure (2008)	32.1%	25.8%	28.9%
Obesity (2008)	16.0%	33.9%	25.1%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	;		Yes

Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

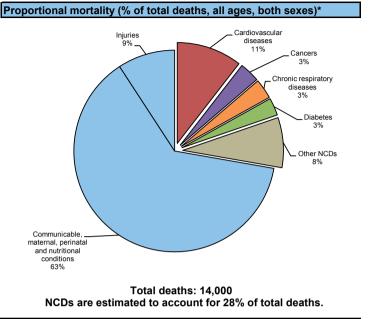
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#### Swaziland

Total population: 1 231 000 Income Group: Lower middle

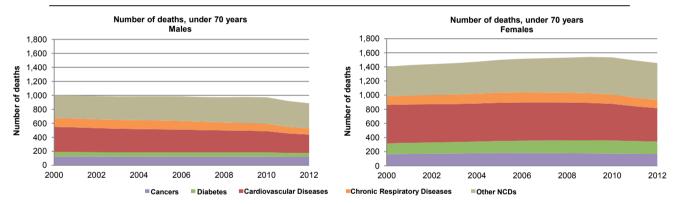


Percentage of population living in urban areas: 21.2% Population proportion between ages 30 and 70 years: 26.0%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	16%	2%	9%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.6	1.1	5.7
Raised blood pressure (2008)	35.1%	31.5%	33.2%
Obesity (2008)	5.2%	32.4%	19.7%
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalen	t		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates severa			res No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		No
			Na

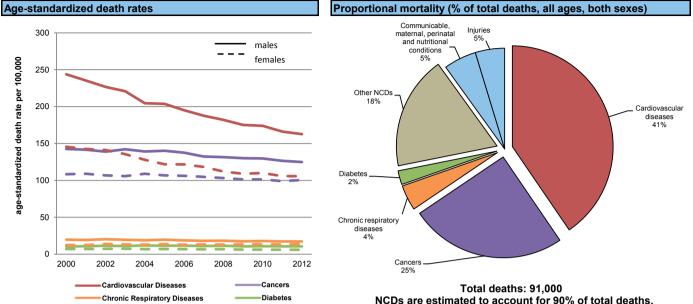
Has an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachNoHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

\* 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).

## Sweden

age-standardized death rate per 100,000

Total population: 9 511 000 Income Group: High



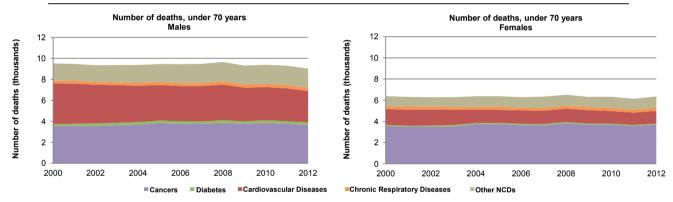
NCDs are estimated to account for 90% of total deaths.

Percentage of population living in urban areas: 85.2%

Population proportion between ages 30 and 70 years: 50.9%

Premature mortality due to NCDs



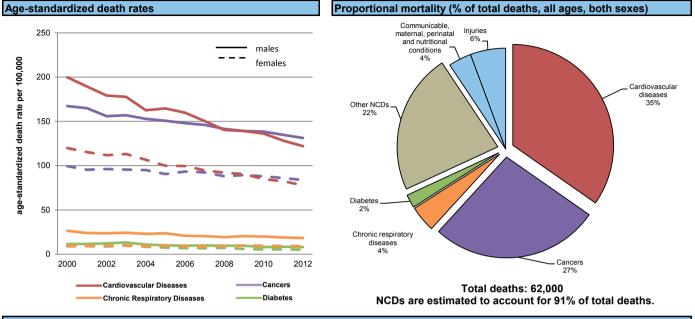


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	25%	24%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.9	5.5	9.2
Raised blood pressure (2008)	34.9%	26.8%	30.8%
Obesity (2008)	19.9%	17.3%	18.6%
lational systems response to NCDs			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	t		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several	I NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		Yes
the second s			N.

Has an operational policy, strategy or action plan to reduce the burden of tobacco use Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry Yes

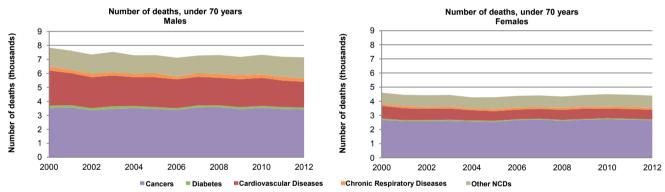
### Switzerland

Total population: 7 997 000 Income Group: High Percentage of population living in urban areas: 73.7% Population proportion between ages 30 and 70 years: 54.5%



Premature mortality due to NCDs

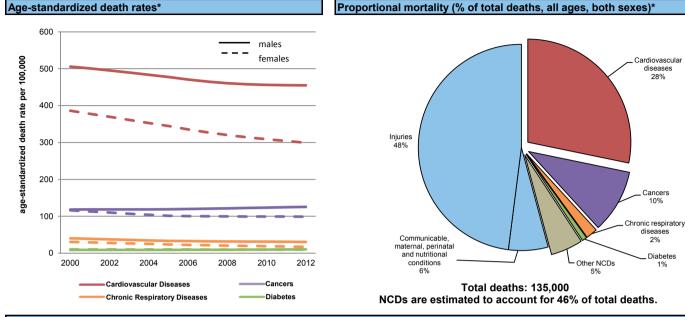
The probability of dying between ages 30 and 70 years from the 4 main NCDs is 9% .



	males	females	total
Current tobacco smoking (2011)	31%	22%	26%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	15.2	6.4	10.7
Raised blood pressure (2008)	30.4%	19.2%	24.5%
Obesity (2008)	20.7%	14.5%	17.5%
lational systems response to NCDS			
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCI	Ds and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phys	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs t	through a primary care approac	h	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glob	oal NCD targets		Yes
Has a national, population-based cancer registry			No

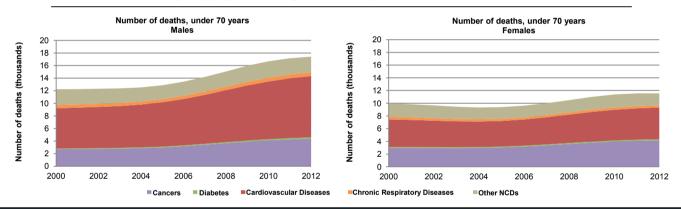
# **Syrian Arab Republic**

Total population: 21 890 000 Income Group: Lower middle Percentage of population living in urban areas: 56.1% Population proportion between ages 30 and 70 years: 33.0% Proportional mortality (% of total deaths, all ages, both sexes)



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.3	0.1	1.2
Raised blood pressure (2008)	26.4%	23.4%	24.9%
Obesity (2008)	20.7%	33.5%	27.1%

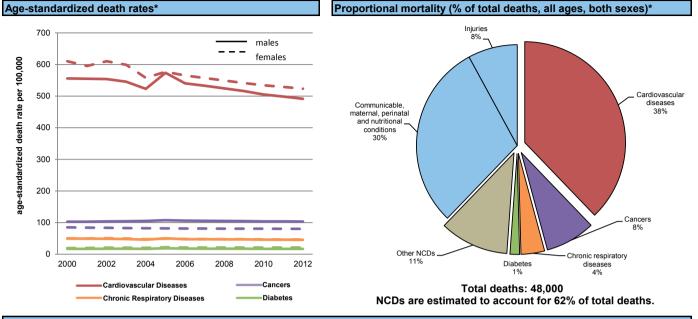
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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

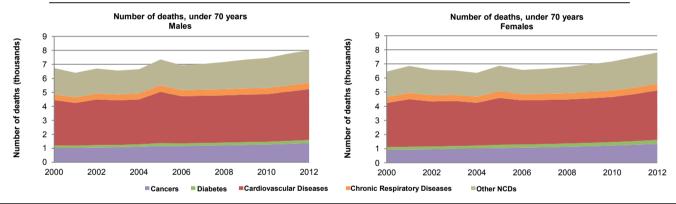
## Tajikistan

Total population: 8 009 000 Income Group: Low Percentage of population living in urban areas: 26.5% Population proportion between ages 30 and 70 years: 31.4%



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 29%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.3	1.4	2.8
Raised blood pressure (2008)	32.9%	29.1%	30.9%
Obesity (2008)	7.2%	10.0%	8.6%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	al activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy die	ets		Yes

Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets Has a national, population-based cancer registry

\* 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

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

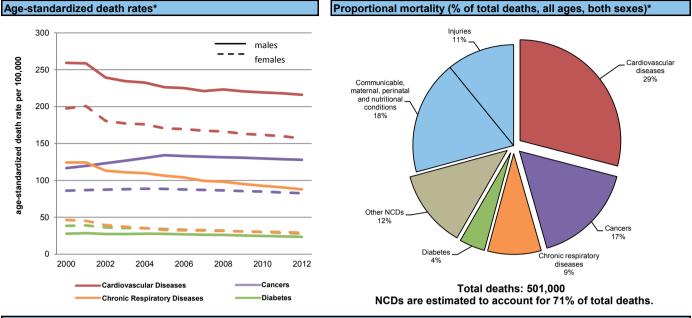
Yes

No

No

# Thailand

Total population: 66 785 000 Income Group: Upper middle

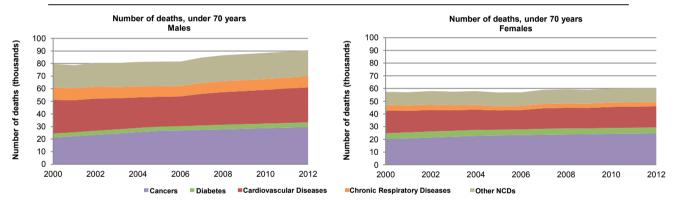


Percentage of population living in urban areas: 34.1%

Population proportion between ages 30 and 70 years: 54.3%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16%.



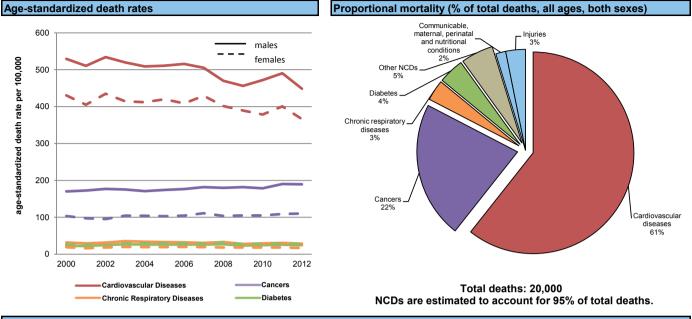
	males	females	total
Current tobacco smoking (2011)	46%	3%	24%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.8	0.8	7.1
Raised blood pressure (2008)	24.1%	20.7%	22.3%
Obesity (2008)	5.0%	12.2%	8.8%

Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	No

\* 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).

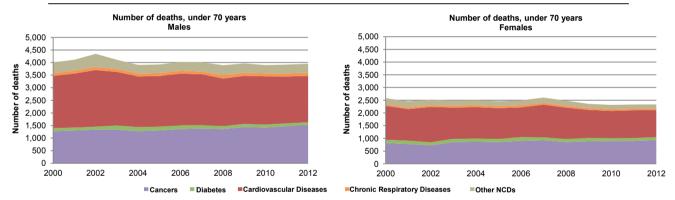
## The former Yugoslav Republic of Macedonia

Total population: 2 106 000 Income Group: Upper middle Percentage of population living in urban areas: 59.3% Population proportion between ages 30 and 70 years: 52.4%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 22%.

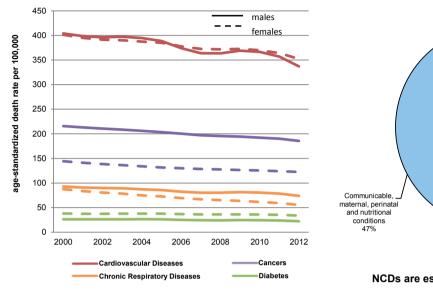


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.2	3.2	6.7
Raised blood pressure (2008)	41.0%	37.0%	39.0%
Obesity (2008)	22.2%	20.0%	21.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors		Yes	
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		Yes	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity		Yes	
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD t	argets		No
Has a national, population-based cancer registry			Yes

... = no data available

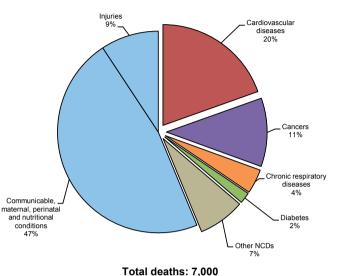
# **Timor-Leste**

Total population: 1 114 000 Income Group: Lower middle Age-standardized death rates



Percentage of population living in urban areas: 28.3% Population proportion between ages 30 and 70 years: 22.3%

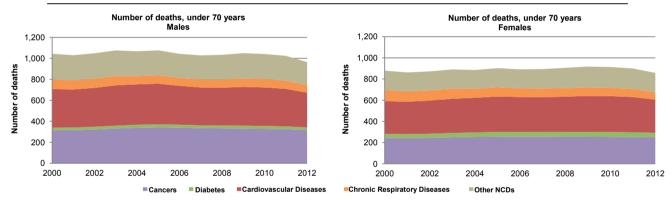
Proportional mortality (% of total deaths, all ages, both sexes)



NCDs are estimated to account for 44% of total deaths.

Premature mortality due to NCDs\*





Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	1.0	0.1	0.6
Raised blood pressure (2008)	24.6%	20.8%	22.7%
Obesity (2008)	1.4%	4.0%	2.7%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several	NCDs and shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote p	physical activity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote heal	Ithy diets		ND

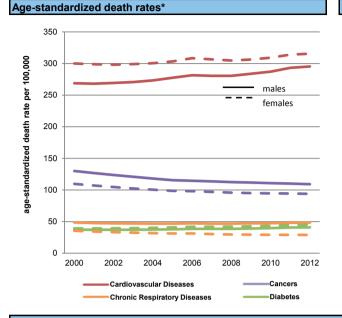
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets ND Has a national, population-based cancer registry ND

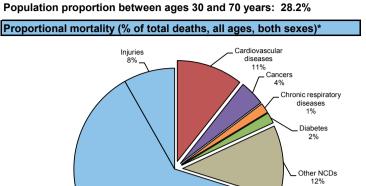
\* The mortality estimates for this country have a high degree of uncertainty because they are not based ND = Country did not respond to country capacity survey on any national NCD mortality data (see Explanatory Notes).

... = no data available

### Togo

Total population: 6 643 000 Income Group: Low





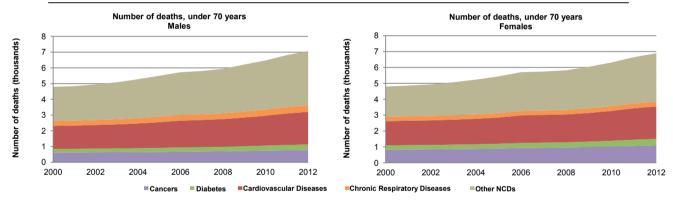
Percentage of population living in urban areas: 38.0%

Total deaths: 65,000 NCDs are estimated to account for 30% of total deaths.

Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 20% .

Communicable. maternal, perinatal and nutritional conditions 62%



	males	females	total
Current tobacco smoking (2011)	14%	2%	8%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.8	0.9	2.3
Raised blood pressure (2008)	33.3%	29.8%	31.5%
Obesity (2008)	2.8%	5.7%	4.3%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
National systems response to NCDs			
Has an operational multisectoral national policy, strategy or action plan that integrates several NCE	Os and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy of	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs the	hrough a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global	al NCD targets		No

Has a national, population-based cancer registry

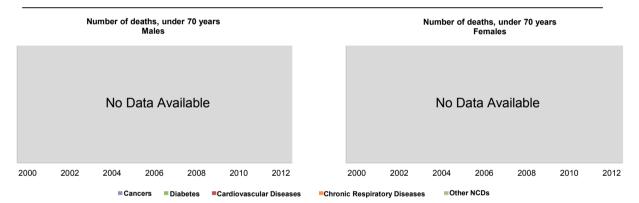
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

# Tonga

Total population: 105 000 Percentage of population living in urban areas: 23.4% Income Group: Upper middle Population proportion between ages 30 and 70 years: 32.7% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 700 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)	43%	12%	27%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.0	0.2	1.6
Raised blood pressure (2008)	32.6%	27.5%	30.0%
Obesity (2008)	46.6%	68.5%	57.6%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	hared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activ	vity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD t	targets		No

No

Has a national, population-based cancer registry

\* See Explanatory Notes

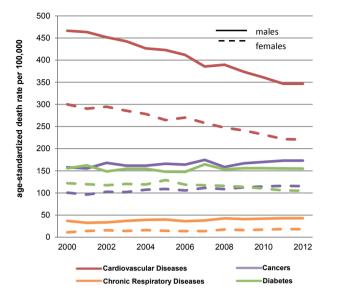
## **Trinidad and Tobago**

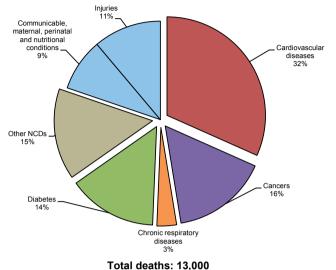
Total population: 1 337 000 Income Group: High

Age-standardized death rates

Percentage of population living in urban areas: 13.7% Population proportion between ages 30 and 70 years: 49.5%

Proportional mortality (% of total deaths, all ages, both sexes)

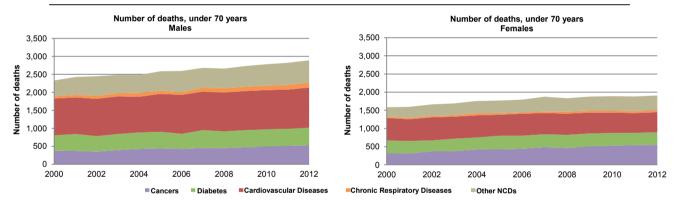




NCDs are estimated to account for 80% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 26% .



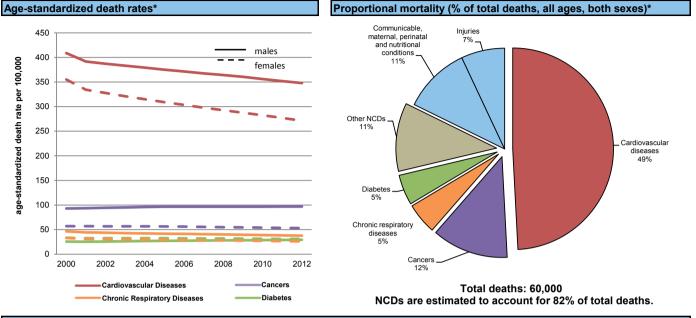
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.7	3.9	6.7
Raised blood pressure (2008)	32.4%	26.6%	29.4%
Obesity (2008)	20.6%	37.5%	29.3%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
	and shared risk factors		No Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs	and shared risk factors		
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs Has an operational policy, strategy or action plan to reduce the harmful use of alcohol Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes Yes

Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsYesHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsYesHas a national, population-based cancer registryYes

... = no data available

# Tunisia

Total population: 10 875 000 Income Group: Upper middle

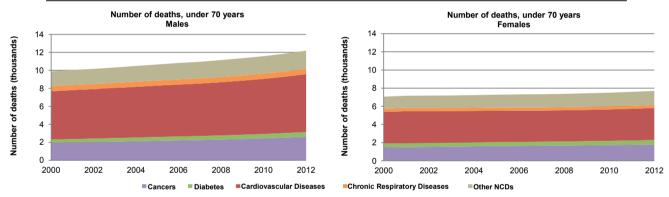


Percentage of population living in urban areas: 66.3%

Population proportion between ages 30 and 70 years: 45.0%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.



	males	females	total
Current tobacco smoking (2011)	52%	11%	32%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	3.0	0.0	1.5
Raised blood pressure (2008)	29.3%	28.8%	29.0%
Dbesity (2008)	12.8%	31.7%	22.3%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
las an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs ar	nd shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol		No	
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	gh a primary care approac	h	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	CD targets		No

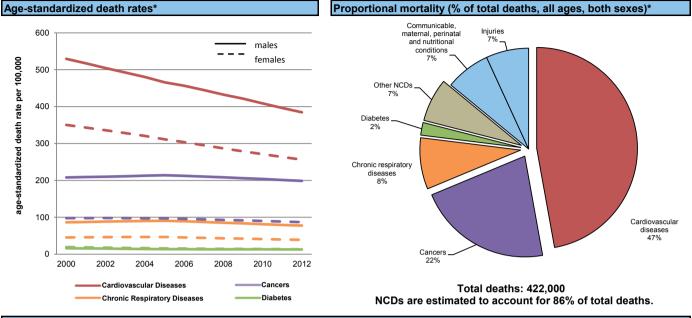
No

Has a national, population-based cancer registry

\* 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).

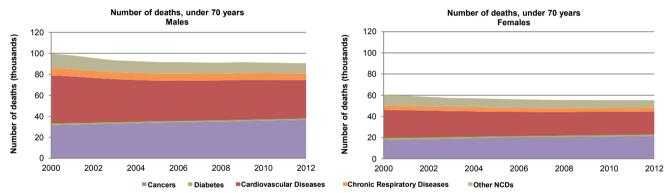
## Turkey

Total population: 73 997 000 Income Group: Upper middle Percentage of population living in urban areas: 71.5% Population proportion between ages 30 and 70 years: 43.6%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .

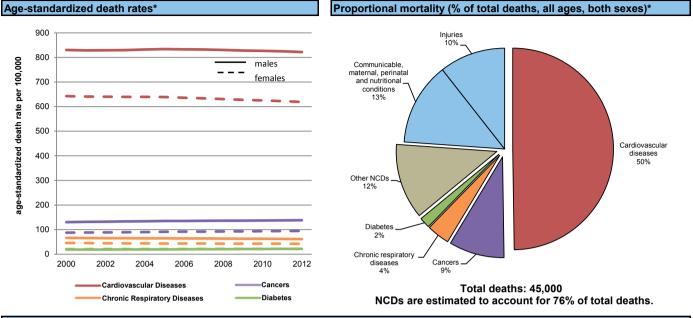


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	42%	13%	27%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	4.4	0.5	2.0
Raised blood pressure (2008)	21.2%	22.8%	22.0%
Obesity (2008)	21.7%	34.0%	27.8%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and sh	nared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activi	ity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a	primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD to	argets		Yes
Has a national, population-based cancer registry			Yes

\* 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).

# Turkmenistan

Total population: 5 173 000 Income Group: Upper middle

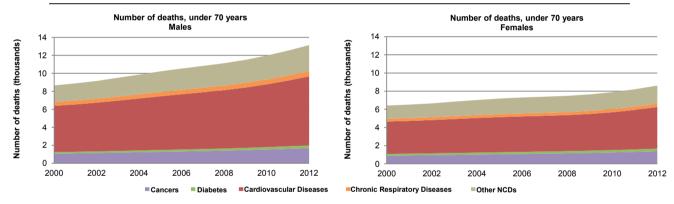


Percentage of population living in urban areas: 48.7%

Population proportion between ages 30 and 70 years: 38.2%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 41%.



	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.6	1.3	4.3
Raised blood pressure (2008)	33.3%	28.9%	31.0%
Obesity (2008)	12.9%	13.5%	13.2%

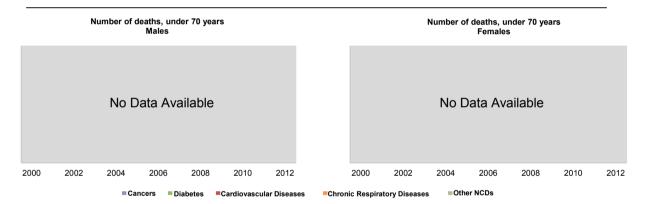
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	Yes
Has a national, population-based cancer registry	No

\* 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

### Tuvalu

Total population: 10 000 Percentage of population living in urban areas: 50.6% Income Group: Upper middle Population proportion between ages 30 and 70 years: 39.7% Age-standardized death rates\* Proportional mortality (% of total deaths, all ages, both sexes)\* No Data Available No Data Available 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Total deaths: 90 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*

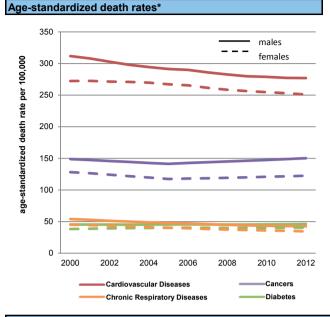


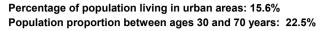
Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	2.5	0.5	1.5
Raised blood pressure (2008)			
Obesity (2008)			
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several N	ICDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical inactivity and/or physical	nysical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	hy diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCD	s through a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine gl	obal NCD targets		No
Has a national, population-based cancer registry			No

\* See Explanatory Notes ... = no data available

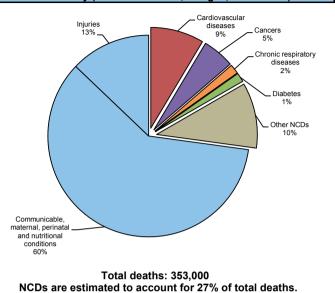
# Uganda

Total population: 36 346 000 Income Group: Low



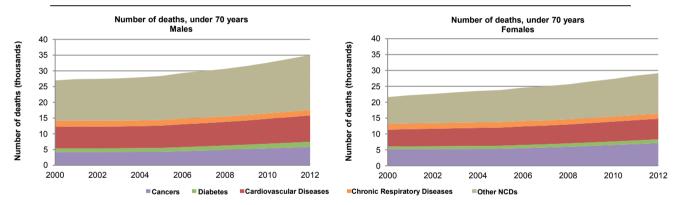


Proportional mortality (% of total deaths, all ages, both sexes)\*



Premature mortality due to NCDs\*

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 21%.



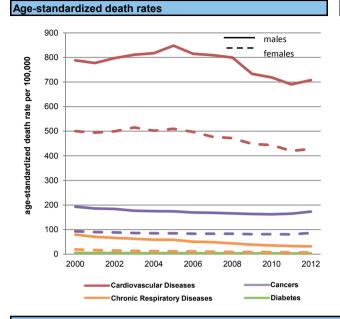
	males	females	total
Current tobacco smoking (2011)	16%	3%	10%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	14.4	5.2	9.8
Raised blood pressure (2008)	36.0%	32.5%	34.2%
Obesity (2008)	3.8%	4.7%	4.3%

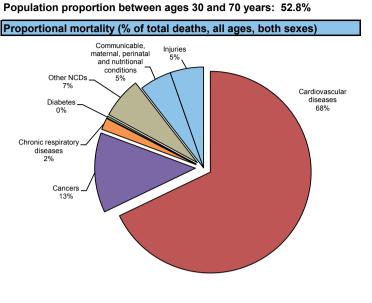
National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

\* 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).

## Ukraine

Total population: 45 530 000 Income Group: Lower middle



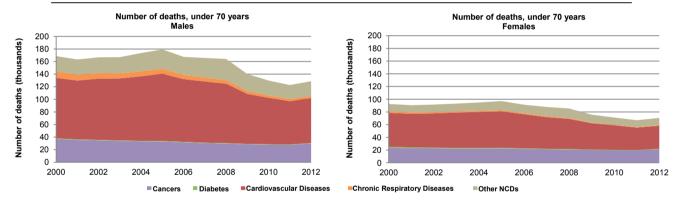


Percentage of population living in urban areas: 68.9%

Total deaths: 686,000 NCDs are estimated to account for 90% of total deaths.

Premature mortality due to NCDs

#### The probability of dying between ages 30 and 70 years from the 4 main NCDs is 28% .

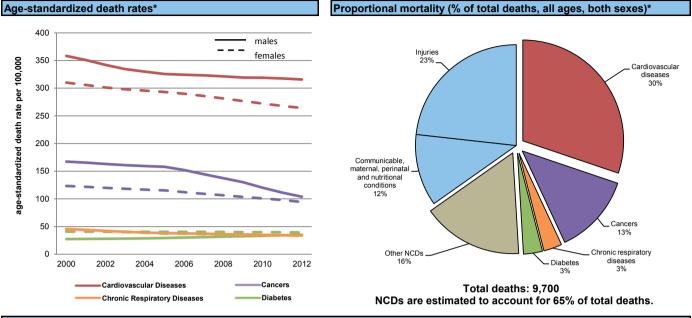


	males	females	total
Current tobacco smoking (2011)	49%	14%	30%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	22.0	7.2	13.9
Raised blood pressure (2008)	47.7%	43.1%	45.1%
Obesity (2008)	15.9%	25.7%	21.3%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	Yes

## **United Arab Emirates**

Total population: 9 206 000 Income Group: High

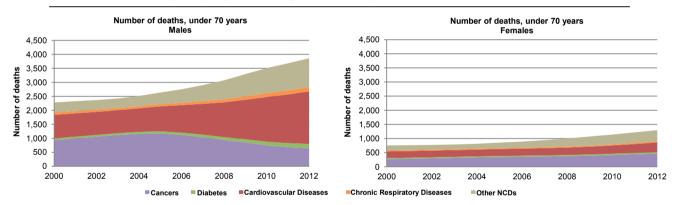


Percentage of population living in urban areas: 84.4%

Population proportion between ages 30 and 70 years: 45.9%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.



Adult risk factors	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	5.5	0.8	4.3
Raised blood pressure (2008)	21.1%	13.3%	19.1%
Obesity (2008)	30.0%	39.9%	32.7%
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	t		No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalen	t		No
Has an operational multisectoral national policy, strategy or action plan that integrates severa	I NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	physical activity		No
Les en energional policy, atratagy ar action plan to reduce the hurden of tabases use			N.

Has an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryYes

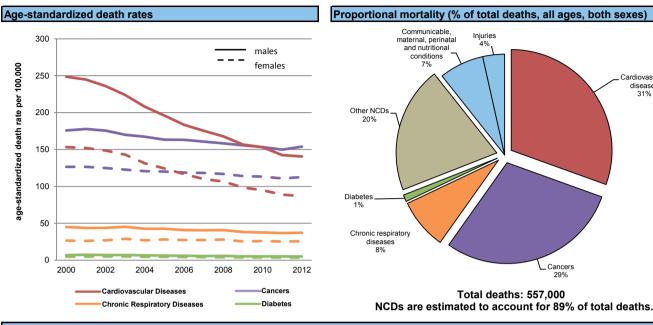
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

... = no data available

Cardiovascular diseases 31%

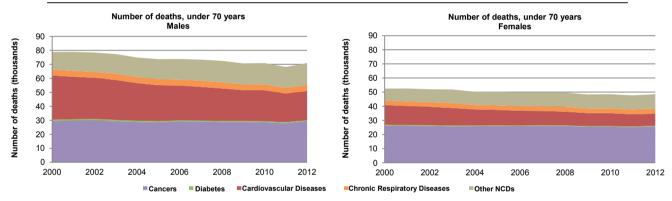
## **United Kingdom**

Total population: 62 783 000 Income Group: High



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 12% .

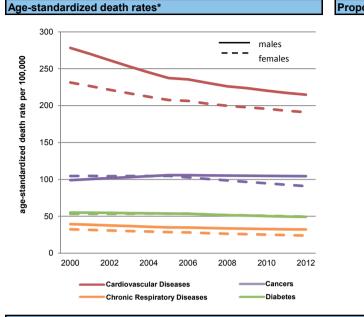


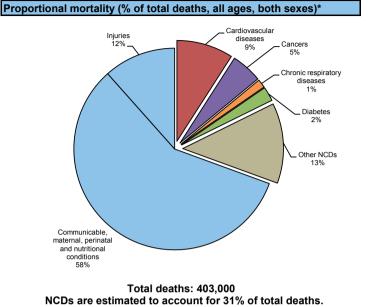
Adult risk factors		famalaa	4.4.4.0
	males	females	total
Current tobacco smoking (2011)	22%	22%	22%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	16.5	6.9	11.6
Raised blood pressure (2008)	30.7%	25.0%	27.7%
Obesity (2008)	26.0%	27.7%	26.9%
letienel eveteme reconcerce to NCDe			
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several No	CDs and shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phy	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	ny diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	s through a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	obal NCD targets		No
Has a national, population-based cancer registry			Yes

Percentage of population living in urban areas: 79.6% Population proportion between ages 30 and 70 years: 51.0%

## **United Republic of Tanzania**

Total population: 47 783 000 Income Group: Low Percentage of population living in urban areas: 26.7% Population proportion between ages 30 and 70 years: 26.0%

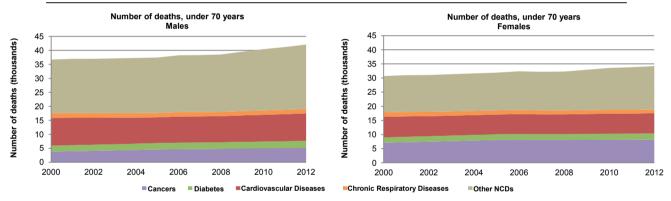




ND

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.4	4.0	7.7
Raised blood pressure (2008)	31.6%	29.4%	30.5%
Obesity (2008)	3.4%	6.4%	5.0%
· · ·			NP
Vational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			ND
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and s	shared risk factors		ND
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			ND
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical acti	vity		ND
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			ND
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			ND
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approa	ch	ND
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD	targets		ND

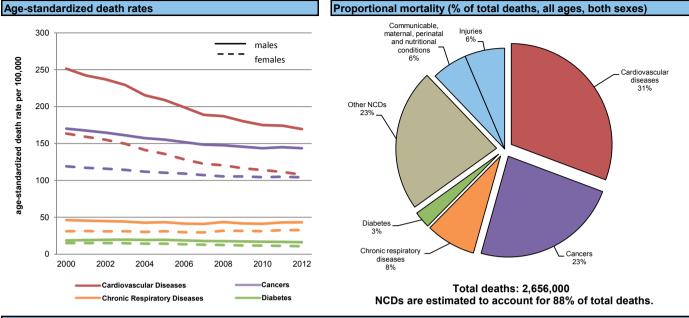
Has a national, population-based cancer registry

\* The mortality estimates for this country have a high degree of uncertainty because they are not based ND = Country did not respond to country capacity survey on any national NCD mortality data (see Explanatory Notes).

... = no data available

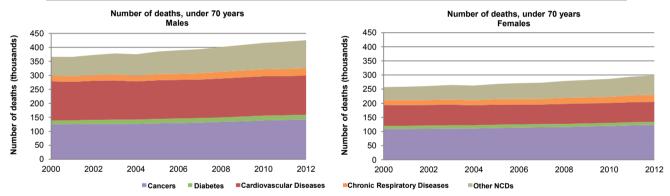
### **United States of America**

Total population: 318 000 000 Income Group: High Percentage of population living in urban areas: 82.4% Population proportion between ages 30 and 70 years: 50.3%



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 14% .

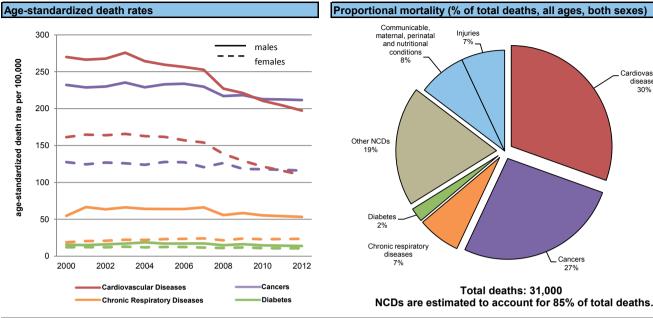


	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	13.6	4.9	9.2
Raised blood pressure (2008)	18.2%	17.8%	18.0%
Obesity (2008)	31.1%	34.8%	33.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	d shared risk factors		Yes
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical a	ctivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs throug	h a primary care approa	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NC	D targets		Yes
Has a national, population-based cancer registry			Yes

... = no data available

# Uruguay

Total population: 3 395 000 Income Group: High



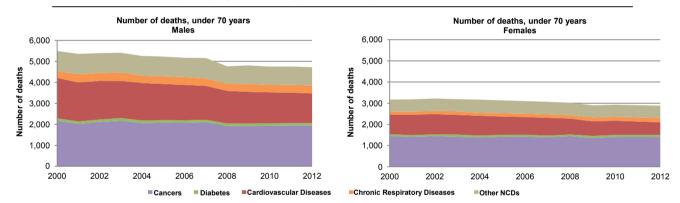
Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17% .

Percentage of population living in urban areas: 92.5%

Population proportion between ages 30 and 70 years: 45.7%

Cardiovascular diseases 30%



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	29%	21%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	11.3	4.2	7.6
Raised blood pressure (2008)	39.9%	31.0%	35.1%
Obesity (2008)	21.1%	28.1%	24.8%
lational systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several N	CDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote ph	sical activity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote health	ny diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs	s through a primary care approad	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glo	obal NCD targets		No
Has a national, population-based cancer registry			Yes

Percentage of population living in urban areas: 36.2%

Population proportion between ages 30 and 70 years: 37.2%

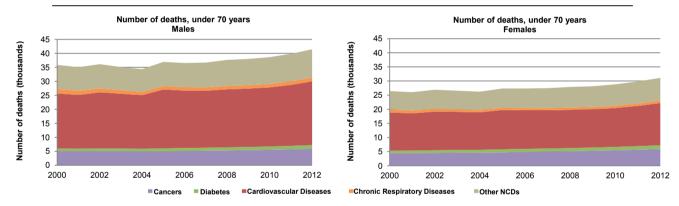
### Uzbekistan

Total population: 28 541 000 Income Group: Lower middle

Proportional mortality (% of total deaths, all ages, both sexes) Age-standardized death rates Injuries 7% \_ 800 Communicable, maternal, perinatal and nutritional males \_ \_ \_ females 700 age-standardized death rate per 100,000 conditions 14% 600 500 400 Other NCDs 12% Cardiovascular diseases 54% 300 200 Diabetes 2% 100 Chronic respiratory diseases 3% 0 Cancers 2000 2002 2004 2006 2008 2010 2012 8% Cardiovascular Diseases Cancers Total deaths: 184.000 Chronic Respiratory Diseases Diabetes NCDs are estimated to account for 79% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 31%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	22%	3%	13%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	7.9	1.3	4.6
Raised blood pressure (2008)	26.7%	22.7%	24.7%
Obesity (2008)	12.8%	17.4%	15.1%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health or equivalent			Yes
	ICDs and shared risk factors		Yes No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several N Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	ICDs and shared risk factors		

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

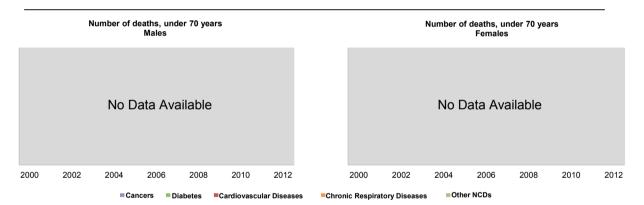
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets No Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

No

# Vanuatu

Total population: 247 000 Percentage of population living in urban areas: 24.9% Income Group: Lower middle Population proportion between ages 30 and 70 years: 32.6% Proportional mortality (% of total deaths, all ages, both sexes)\* Age-standardized death rates\* No Data Available No Data Available 2000 2002 2004 2010 2012 2006 2008 Cancers Cardiovascular Diseases Total deaths: 1,100 Chronic Respiratory Diseases Diabetes Premature mortality due to NCDs\*



	males	females	total
Current tobacco smoking (2011)	43%	8%	25%
Fotal alcohol per capita consumption, in litres of pure alcohol (2010)	2.5	0.2	1.4
Raised blood pressure (2008)	36.9%	30.7%	33.8%
Obesity (2008)	21.0%	34.2%	27.5%
lational avatama reanance to NCDa			
			No
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	Ds and shared risk factors		No No
National systems response to NCDs Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent Has an operational multisectoral national policy, strategy or action plan that integrates several NC Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	Ds and shared risk factors		

Has an operational policy, strategy or action plan to reduce the burden of tobacco useNoHas an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy dietsNoHas evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approachYesHas an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targetsNoHas a national, population-based cancer registryNo

See Explanatory Notes

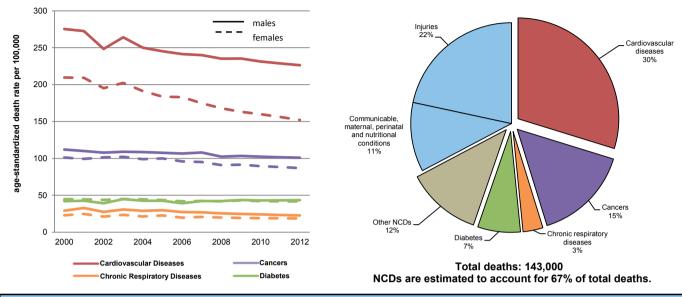
## Venezuela (Bolivarian Republic of)

Total population: 29 955 000 Income Group: Upper middle

Age-standardized death rates

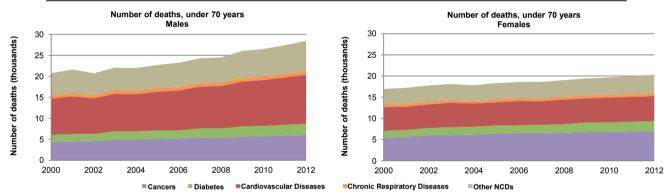
Percentage of population living in urban areas: 93.5% Population proportion between ages 30 and 70 years: 40.8%

Proportional mortality (% of total deaths, all ages, both sexes)



Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 16%.

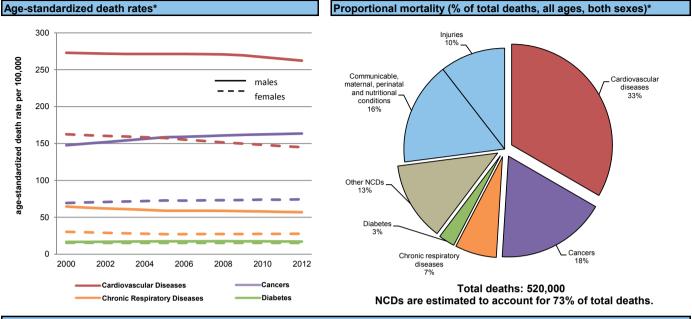


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)			
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.7	5.2	8.9
Raised blood pressure (2008)	34.5%	23.1%	28.7%
Obesity (2008)	26.6%	33.9%	30.3%
National systems response to NCDs			
			Vaa
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and	shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	tivity		Yes
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets			Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	a primary care approad	ch	Yes
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCE	) targets		No
Has a national, population-based cancer registry			No

... = no data available

# Viet Nam

Total population: 90 796 000 Income Group: Lower middle

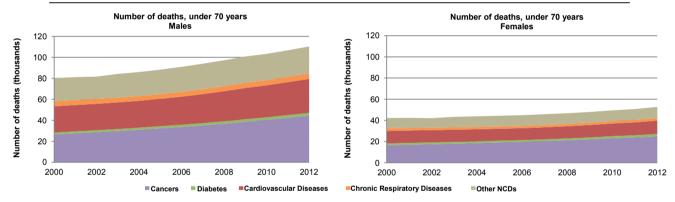


Percentage of population living in urban areas: 31.0%

Population proportion between ages 30 and 70 years: 44.1%

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 17%.

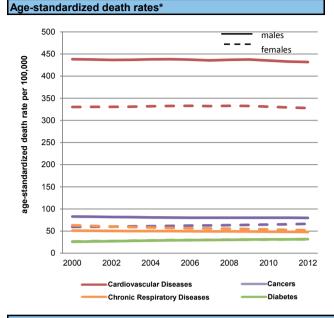


Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	46%	2%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	12.1	0.2	6.6
Raised blood pressure (2008)	25.7%	20.5%	23.1%
Obesity (2008)	1.2%	2.1%	1.7%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCI	Ds and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote phys	ical activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			Yes
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy	diets		Yes
Has evidence-based national guidelines/protocols/standards for the management of major NCDs t	hrough a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine glob	al NCD targets		Yes
Has a national, population-based cancer registry			No

\* 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).

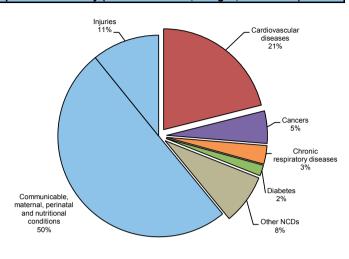
### Yemen

Total population: 23 852 000 Income Group: Lower middle



Percentage of population living in urban areas: 32.3% Population proportion between ages 30 and 70 years: 25.8%

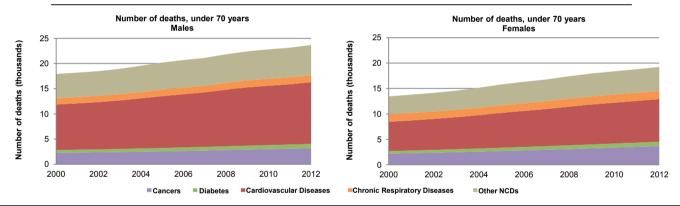




Total deaths: 163,000 NCDs are estimated to account for 39% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 23%.



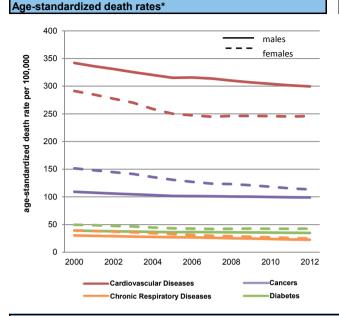
	males	females	total
Current tobacco smoking (2011)	35%	11%	23%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	0.4	0.1	0.3
Raised blood pressure (2008)	26.9%	23.4%	25.1%
Obesity (2008)	9.2%	19.8%	14.5%

National systems response to NCDs	
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent	No
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs and shared risk factors	No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol	No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use	No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets	No
Has a national, population-based cancer registry	No

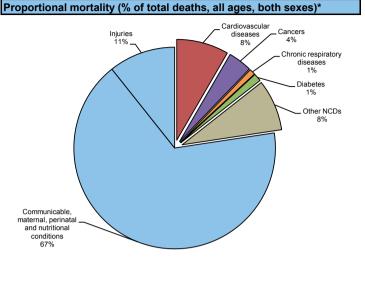
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

# Zambia

Total population: 14 075 000 Income Group: Lower middle



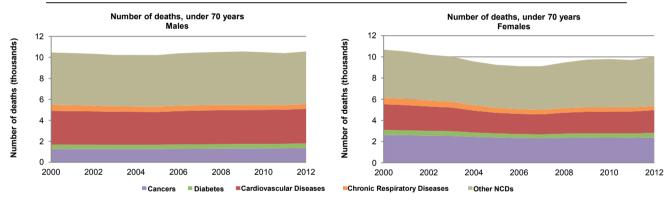
Percentage of population living in urban areas: 39.2% Population proportion between ages 30 and 70 years: 24.4%



Total deaths: 147,000 NCDs are estimated to account for 23% of total deaths.

Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 18% .



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	24%	4%	14%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	6.5	1.6	4.0
Raised blood pressure (2008)	34.1%	31.5%	32.8%
Obesity (2008)	1.0%	6.2%	3.6%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivaler	nt		Yes
Has an operational multisectoral national policy, strategy or action plan that integrates sever	al NCDs and shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			Yes
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote	e physical activity		Yes

Has an operational policy, strategy or action plan to reduce the burden of tobacco use

Yes Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets Yes Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach Yes Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets No Has a national, population-based cancer registry No

\* 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).

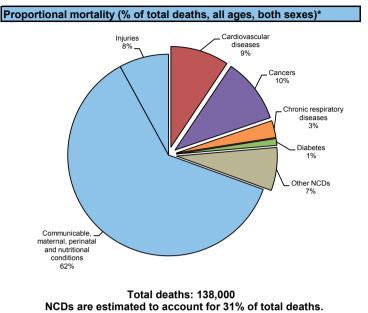
### Zimbabwe

Total population: 13 724 000 Income Group: Low

Age-standardized death rates\*

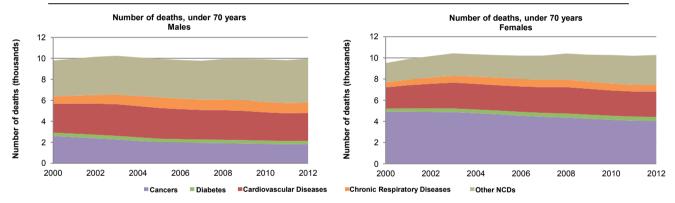
350 males \_ \_ females age-standardized death rate per 100,000 300 250 200 150 100 50 0 2000 2002 2004 2006 2008 2010 2012 Cardiovascular Diseases Cancers Chronic Respiratory Diseases Diabetes

Percentage of population living in urban areas: 38.6% Population proportion between ages 30 and 70 years: 24.1%



Premature mortality due to NCDs\*

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 19%.



Adult risk factors			
	males	females	total
Current tobacco smoking (2011)	25%	<1%	12%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	10.8	0.8	5.7
Raised blood pressure (2008)	30.1%	31.6%	30.9%
Obesity (2008)	2.4%	11.6%	7.0%
National systems response to NCDs			
Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent			Yes
Has an operational multisectoral national policy, strategy or action plan that integrates several NCDs a	ind shared risk factors		No
Has an operational policy, strategy or action plan to reduce the harmful use of alcohol			No
Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical	activity		No
Has an operational policy, strategy or action plan to reduce the burden of tobacco use			No
Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diet	S		No
Has evidence-based national guidelines/protocols/standards for the management of major NCDs through	ugh a primary care approa	ch	No
Has an NCD surveillance and monitoring system in place to enable reporting against the nine global N	ICD targets		No
Has a national, population-based cancer registry			No

\* 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).



