GLOBAL NCD TARGET
REDUCE HIGH BLOOD PRESSURE

Background
Heart disease and stroke, cancers, diabetes, and chronic respiratory diseases and other noncommunicable diseases (NCDs) cause tens of millions of deaths per year, the majority of which occur during the most productive years of life. NCDs reduce economic output and prevent people around the world from living lives of health and wellbeing. Creating the conditions that favour sustainable development means taking action to prevent and control NCDs now.

Nine global NCD targets provide a vision for progress by 2025. The WHO Global NCD Action Plan 2013-2020 and other resources provide a roadmap of policies and interventions to realise this vision. When implemented, they will put countries on track to meet the commitments made on NCDs at the United Nations General Assembly in 2011 and 2014, and in the 2030 Agenda for Sustainable Development, including target 3.4 to reduce premature NCD deaths.

Global Target
A 25% relative reduction in the prevalence of raised blood pressure by 2025.

Fast Facts
• Raised blood pressure (hypertension) caused an estimated 9.4 million deaths in 2010. It is a major cardiovascular risk factor and a leading risk factor for global deaths.
• 22% of adults aged 18 years and over around the world had raised blood pressure (defined as a systolic and/or diastolic blood pressure ≥140/90 mmHg) in 2014.
• The harmful use of alcohol, being overweight and obese, physical inactivity, and high salt intake all contribute to the incidence of hypertension globally.
• If left uncontrolled, hypertension can cause stroke, myocardial infarction, cardiac failure, dementia, renal failure and blindness.
• Providing drug therapy and counselling to high-risk individuals has been identified as one of the most cost-effective measures to prevent heart attacks and strokes.

Hypertension is not an inevitable consequence of ageing, but once it develops it often requires costly, lifelong treatment with medicines.
Priority Actions

Meeting this target is possible. Most of the known risk factors for raised blood pressure are modifiable. As such, achieving the target to reduce raised blood pressure is directly related to achieving the global targets to reduce overweight and obesity, the harmful use of alcohol, and high salt intake. It will also require using an affordable total-risk approach to individual care to reduce raised blood pressure. Partnerships between government and civil society will be key to supporting policy implementation. Focusing efforts on the following policy measures will drive progress towards achieving this target:

• Implement **public health policies** to reduce the incidence of hypertension, with top priority given to policies which reduce exposure to behavioural risk factors (e.g. harmful use of alcohol, overweight and obesity, and other health-risk behaviours).

• Establish **integrated programmes for treating hypertension, diabetes and other risk factors** in primary care. Hypertension and diabetes often coexist and cannot be dealt with in isolation; adopting a comprehensive approach ensures limited resources are used for treatment of those at risk, and prevents unnecessary drug treatment of people with low cardiovascular risk and borderline hypertension.

• Promote policies and programmes that **educate and encourage adherence to drug treatment** and measures to reduce risk factors, as the control of hypertension and cardiovascular risk rely on patients following treatment plans.

• Promote **workplace wellness programmes** that focus on encouraging worker health through the reduction of individual risk-related behaviours (e.g. tobacco use, unhealthy diet, and other health-risk behaviours).

Tweet!

Raised blood pressure contributes significantly to preventable heart attacks and strokes. Know your blood pressure and help #beatNCDs

For more information

WHO site: http://www.who.int/beat-ncds/en/
Tell your story at “NCDs&me”: http://www.who.int/ncds-and-me
@who
#beatNCDs

Key Resources

http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

http://apps.who.int/iris/bitstream/10665/79059/1/WHO_DCO_WHD_2013.2_eng.pdf

http://apps.who.int/iris/bitstream/10665/133525/1/9789241506557_eng.pdf