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Each year, non-communicable diseases claim 41 million lives: That's about 70 per cent of all global deaths. Non-communicable diseases, also known as chronic diseases, disproportionately affect people in low- and middle-income countries. While non-communicable diseases tend to manifest in adulthood, many have their origins in behaviours adopted during childhood and adolescence. Tobacco use, a lack of physical activity, unhealthy diets and excess drinking of alcohol all increase the risk of dying from a non-communicable disease. Risk factors for these diseases are often preventable: Appropriate health interventions before, during and after pregnancy, and through childhood and adolescence, can significantly reduce their prevalence. Addressing non-communicable diseases improves individual well-being and advances development. Because these diseases have implications for nutrition, education and the environment, greater action is needed from governments, businesses and communities to prevent them from becoming epidemics.

These are the main types of non-communicable diseases and the associated risk factors: Cardiovascular diseases account for the most non-communicable disease deaths. They include heart attacks and strokes. Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it prevents. It's a major cause of blindness, kidney failure, heart attacks and strokes. Unhealthy diets, physical inactivity and tobacco use are all major contributing factors to diabetes. The burden of cancer continues to grow globally, and many low- and middle-income countries do not have health systems that are prepared to manage this burden. That means that a significant number of patients worldwide do not have access to quality diagnosis and treatment. Some of the most common respiratory diseases are chronic obstructive pulmonary diseases and asthma. These conditions affect the airways and other structures of the lungs. Risk factors for chronic respiratory diseases include smoking and air pollution. The COVID-19 pandemic has raised further concerns about the mental health of a generation of children, but the pandemic represents the tip of the iceberg. Around the world, mental disorders are a significant and often ignored cause of suffering that interfere with children's and young people's health and education and their ability to reach their full potential. Unintentional injuries, such as road traffic crashes, drowning, falls, poisonings and burns and scalds, are the leading cause of death for children and adolescents worldwide. UNICEF works with governments and partners to help reduce the risk factors associated with non-communicable diseases (NCDs). As a member of the United Nations Interagency Task Force on NCDs, we strive to integrate NCD prevention in our maternal, newborn and child health programmes. Our work on non-communicable diseases extends beyond the health sector. We also support NCD prevention services in areas like education – particularly through school programmes – and child protection. UNICEF advocates around NCD prevention and control efforts, influences national NCD policy, and empowers communities to generate demand and create public accountability. Lathyrism is a type of disease form of irreversible, non-progressive, hemiplegia which makes decadence in the spinal cord, caused by Kesari dhal. Mostly lathyrism occurs highly in males than in females and recovery does not easily occur. It is a paralytic disease that occurs in the lower limbs. Mostly the dal is grown in adverse conditions in paddy areas. Important Points Pulses like masoor, black gram, split pulses (dals), or gram flour are adulterated with the corresponding form of Kesari pulse. It is harmful to consume because it causes lathyrism, a paralysis disease. Lathyrism develops only when the consumption of dal is high (300 g daily) and also when the diet does not contain the required amount of cereals and is used in long term (6 months or more) Additional Information Argemone seeds - cause glaucoma, erythema, heart failure, etc. Argemone seeds adulterate mustard seeds by mixing with them in more quantity during extraction of mustard, sesame, etc oil. Aflatoxin- cause nausea, jaundice, etc. it is found in crops like corn. Aspergillus flavus, Aspergillus parasiticus are some sources of fungi. Heavy Metals- cause gastrointestinal symptoms. Some of the heavy metals are arsenic, aluminum, mercury, etc. Heavy metals make their way into the food chain through the burning of fossil fuels and industrial contaminants when released into the environment. Non-communicable diseases (NCDs) constitute a major global health challenge, hampering nations' economic growth and sustainable development. The four major groups of NCDs - cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes - account for over 80% of all NCD related deaths and share the same four major risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Recently, mental health and environmental determinants were also added to the NCD agenda. This new collection issue brings together a wide and diverse author group, to focus on key issues and suggest scalable solutions to accelerate the implementation of the high level commitments made in the three UN general assembly meetings. As this collection expands over time, it looks to cover the major issues in prevention and control of NCDs, and to provide a holistic perspective on the current challenges and scope of future action to tackle NCDs and improve health worldwide. Editorial Mobilising society to implement solutions for non-communicable diseases A BMJ series helps map the way towards better health and wellbeing for all. Analysis Time to align: development cooperation for the prevention and control of non-communicable diseases Téa Collins and colleagues call for coordinated global action to catalyse effective national responses to non-communicable diseases. Better health and wellbeing for billion more people: integrating non-communicable diseases in primary care Cherian Varghese and colleagues describe a model to improve equitable access to good quality health services for non-communicable diseases within primary healthcare. Integrating mental health with other non-communicable diseases Mental disorders often coexist with other non-communicable diseases and they share many risk factors. Dan Stein and colleagues examine the evidence for an integrated approach. Life course approach to the prevention and control of noncommunicable diseases A successful approach to reducing the burden of non-communicable disease requires action at all stages of life, argue Bente Mikkelsen and colleagues. Social determinants and non-communicable diseases: time for integrated action A whole systems approach that integrates action on the social determinants of health is essential to reduce the burden of non-communicable disease, argue Michael Marmot and Ruth Bell. Environmental risks and non-communicable diseases Annette Prüss-Ustün and colleagues consider the role of air pollution and other environmental risks in non-communicable diseases and actions to reduce them. Transforming the food system to fight non-communicable diseases Malnutrition and unhealthy diets are important risk factors for non-communicable diseases. Francesco Branca and colleagues call for changes in both what and how food is produced, marketed, and consumed. Prioritising action on alcohol for health and development. Despite the existence of cost effective interventions to reduce harmful use of alcohol, countries are not giving it the attention it deserves, say Dag Rekke and colleagues. National action plans to tackle NCDs: role of stakeholder network analysis Network science approaches can enhance global and national coordinated efforts to prevent and manage non-communicable diseases, say Ruth Hunter and colleagues. Using economic evidence to support policy decisions to fund interventions for non-communicable diseases Economic analysis of interventions to reduce non-communicable diseases can encourage countries to increase investment, say Melanie Bertram and colleagues. One size does not fit all: implementation of interventions for non-communicable diseases Implementation of evidence based interventions for NCDs is slow in many countries. Joao Breda and colleagues call for more support to help them adapt the recommendations to their local context. Asking the right question: implementation research to accelerate national non-communicable disease responses Non-communicable disease programmes can be strengthened by systematically identifying implementation challenges and translating them into questions that can be answered through appropriate research, say David H Peters and colleagues. Opinion Tackling NCDs in humanitarian settings is a growing challenge Multisectoral networks have a vital role in meeting the needs of vulnerable people, says Ruth Hunter. Medical education must change if we are to tackle the causes of non-communicable diseases Curriculums must include social determinants of health, say Téa E Collins and colleagues. Indigenous languages must play a role in tackling non-communicable diseases In order to improve health outcomes for Indigenous people they must be involved in the creation and implementation of policies, this means a commitment to indigenous languages, say Summer Finlay and Kate Armstrong. Including the private sector in partnerships to tackle non-communicable diseases Dennis Odai Laryea and Thomas B Cueni argue that, with proper safeguards, pharmaceutical companies can make an important contribution. A "whole of society" approach to non-communicable diseases must include civil society organisations The responses to HIV/AIDS, Ebola, and climate change provide examples for civil society engagement in NCDs, says Katie Dain. These articles are part of a series proposed by the WHO Global Coordination Mechanism on NCDs and commissioned by The BMJ, which peer reviewed, edited, and made the decision to publish. 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