Global burden of NCDs
Population-based vs high risk strategies
The WHO NCD GAP, 2013-2020
Voluntary Global Targets

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The concept of NCDs...

Noncommunicable diseases
- Cardiovascular diseases (e.g. heart diseases, stroke)
- Cancers
- Diabetes
- Chronic respiratory diseases (e.g. asthma)

Risk factors for NCDs
- Tobacco use
- Unhealthy diet
- Physical inactivity
- Harmful use of alcohol

<table>
<thead>
<tr>
<th></th>
<th>Tobacco Use</th>
<th>Unhealthy diets</th>
<th>Physical Inactivity</th>
<th>Harmful Use of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Diabetes</td>
<td>✅</td>
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<tr>
<td>Cancer</td>
<td>✅</td>
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<tr>
<td>Chronic Respiratory</td>
<td>✅</td>
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### The 10 leading causes of death by income group (2011)

<table>
<thead>
<tr>
<th>LIC</th>
<th>LMIC</th>
<th>UMIC</th>
<th>UIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L-RTI</td>
<td>IHD</td>
<td>Stroke</td>
</tr>
<tr>
<td>2</td>
<td>HIV/AIDS</td>
<td>Stroke</td>
<td>IHD</td>
</tr>
<tr>
<td>3</td>
<td>Diarrhoeal diseases</td>
<td>L-RTI</td>
<td>COPD</td>
</tr>
<tr>
<td>4</td>
<td>Stroke</td>
<td>COPD</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>5</td>
<td>IHD</td>
<td>Diarrhoeal diseases</td>
<td>L-RTI</td>
</tr>
<tr>
<td>6</td>
<td>Prematurity</td>
<td>Prematurity</td>
<td>RTI</td>
</tr>
<tr>
<td>7</td>
<td>Malaria</td>
<td>HIV/AIDS</td>
<td>DM</td>
</tr>
<tr>
<td>8</td>
<td>TB</td>
<td>TB</td>
<td>Liver cancer</td>
</tr>
<tr>
<td>9</td>
<td>Protein Energy Malnutrition</td>
<td>DM</td>
<td>Ht heart disease</td>
</tr>
<tr>
<td>10</td>
<td>birth asphyxia and birth trauma</td>
<td>RTI</td>
<td>Stomach cancer</td>
</tr>
</tbody>
</table>

14 million people die every year from NCDs between 30 and 70
86% of premature deaths from NCDs occur in developing countries
Huge disparities exist in the probability of death from NCDs between 30-70.
% daily tobacco smoking, WHO estimates, ages 15+ years, 2008, age std, by WHO region and WB income group

Tobacco use alone kills more than 6 million people each year, accounting for one in six deaths from NCDs.
% overweight*, WHO estimates, ages 20+ years, 2008, age std

**defined as Body Mass Index ≥ 25.
% raised blood pressure*, WHO estimates, ages 25+ years, 2008, age std

**defined as SBP ≥ 140 and/or DBP ≥ 90 or on medication for raised blood pressure.
% raised total cholesterol*, WHO estimates, ages 25+ years, 2008, age std, by WHO region and WB income group

**defined as total cholesterol ≥ 5.0 mmol/L.
The poorest people smoke the most, often spending more than 10 per cent of their household income on tobacco.
Global projections (2004 to 2030)

Deaths (millions)

- Cancers
- Ischaemic HD
- Stroke
- Acute respiratory infections
- Road traffic accidents
- Perinatal
- HIV/AIDS
- TB
- Malaria
The poorest people in developing countries affected the most

The cost of caring for a family member with diabetes can be more than 20 per cent of low-income household incomes in developing countries

The cost per year of diabetes care at household level

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Insulin</th>
<th>Syringes</th>
<th>Testing</th>
<th>Consultation</th>
<th>Travel</th>
<th>Total cost</th>
<th>% of per capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>2004</td>
<td>38%</td>
<td>34%</td>
<td>8%</td>
<td>7%</td>
<td>12%</td>
<td>$339.4</td>
<td>61%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2003</td>
<td>5%</td>
<td>24%</td>
<td>1%</td>
<td>9%</td>
<td>61%</td>
<td>$273.6</td>
<td>75%</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2007</td>
<td>0%</td>
<td>73%</td>
<td>0%</td>
<td>0%</td>
<td>27%</td>
<td>$74.4</td>
<td>7%</td>
</tr>
<tr>
<td>Zambia</td>
<td>2003</td>
<td>12%</td>
<td>63%</td>
<td>6%</td>
<td>6%</td>
<td>12%</td>
<td>$199.1</td>
<td>21%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2008</td>
<td>39%</td>
<td>8%</td>
<td>5%</td>
<td>3%</td>
<td>46%</td>
<td>$427.0</td>
<td>51%</td>
</tr>
</tbody>
</table>
Source: Mahal et al 2010

Catastrophic spending >30% HH income in one year; Impoverishment from above poverty line to below during year.
The macro-economic impact of NCDs

- Oil and gas price spike
- Retrenchment from globalization
- Asset price collapse
- NCDs
- Fiscal crisis
- Flu pandemic
- Food crisis
- Infectious disease

World Economic Forum: Global Risk Assessment 2009

The cost of inaction versus action and the costs of scaling up

US$ 7T
cumulative lost output in developing countries associated with NCDs between 2011-2025

US$ 11B
average yearly cost for all LMICs to scale up action by implementing the "best buys"

US$1 per capita in LICs

US$1.5 and US$3 in LMICs and UMICs
Approaches to CVD primary prevention
(i.e. avoid development of new CVD cases)

« Population strategy »
• Public health approach
• Targets entire population
• Seeks small changes in highly prevalent RF
• **Radical attempt** to deal with underlying causes

« High-risk strategy »
• Screening & treatment of RF
• Targets selected individuals
• Seeks to identify people with high risk
• **Rescue operation** (delays consequences)
Primary prevention: Need to tackle « sick » population, not merely deviant individuals

- Root of cholesterol problem lies in a characteristic of the population as a whole
- Target 'sick' populations, not merely deviant individuals (i.e. shift population distribution)
- Response: e.g. North Karelia prevention program

Strategies to prevent CVD in the population

“Primary prevention: avoid occurrence of new cases”

• Reduce RF levels in all individuals: population strategy
  – Create conducive environment enabling adoption of healthy lifestyle
  – e.g. legislation, tax, financial incentives by government
  – Small effect in many people: large impact at population level
  – Do not require behavior change, can be rapidly effective
  – Often very cost effective (can even generate revenue)
  – “Good for all”

• Detect and treat high-risk individuals: high-risk strategy
  – Screening (e.g. HBP) and treat before complications occur
  – Large effect in few people: small impact at population level
  – Require behavior change at individual level (compliance)
  – Often costly (drugs for years for lots of patients)
  – “Good for some”
Public health interventions explain most of CVD decline in Western countries? Example of USA, 1980-2000

Deaths prevented or postponed in 2000

Risk Factors worse +17%
- Obesity (increase) +7%
- Diabetes (increase) +10%

Risk Factors better -65%
- Population BP fall -20%
- Smoking -12%
- Cholesterol (diet) -24%
- Physical activity -5%

Treatments -47%
- AMI treatments -10%
- Secondary prevention -11%
- Heart failure -9%
- Angina: CABG & PTCA -5%
- HBP therapies -7%
- Statins (prim. prev.) -5%

Unexplained -9%

CHD mortality falls attributed to treatment vs. reduction of risk factors in the population in various countries

- **United States, 1968-76 [14]**
  - Treatments: 40%
  - Risk factors: 54%
  - Unexplained: 6%

- **New Zealand, 1974-81 [15]***
  - Treatments: 40%
  - Risk factors: 60%
  - Unexplained: 10%

- **Holland, 1978-85 [17]**
  - Treatments: 46%
  - Risk factors: 44%
  - Unexplained: 10%

- **United States, 1980-90 [13]**
  - Treatments: 43%
  - Risk factors: 50%
  - Unexplained: 7%

- **IMPACT Scotland, 1975-94 [18]**
  - Treatments: 35%
  - Risk factors: 55%
  - Unexplained: 10%

- **IMPACT New Zealand, 1982-93 [19]**
  - Treatments: 35%
  - Risk factors: 60%
  - Unexplained: 5%

- **IMPACT England & Wales, 1981-2000 [20]**
  - Treatments: 38%
  - Risk factors: 53%
  - Unexplained: 11%

- **IMPACT United States, 1980-2000 (this study)**
  - Treatments: 47%
  - Risk factors: 44%
  - Unexplained: 9%

- **Finland, 1972-92 [16]†**
  - Treatments: 24%
  - Risk factors: 76%
  - Unexplained: 24%

- **IMPACT Finland, 1982-97 [22]**
  - Treatments: 23%
  - Risk factors: 53%
  - Unexplained: 24%

The 2000 global strategy for the prevention and control of NCDs

4 diseases and 4 risk factors

Goal of reducing morbidity, disability and premature mortality from NCDs

3 objectives
- Mapping the epidemic
- Reducing individual and population exposure to risk factors
- Strengthening health care

Components: surveillance, prevention/health promotion and healthcare management

Clear roles for the three partners
World Health Assembly in 2000: A clear vision on how to address NCDs

- **Surveillance**
  - Mapping the epidemic of NCDs

- **Prevention**
  - Reducing the level of exposure to risk factors

- **Management**
  - Strengthen health care for people with NCDs
Shaping the global NCD agenda: Vision and a global road map

- **2000**: Global Strategy for the Prevention and Control of Noncommunicable Diseases
- **2003**: Global Strategy on Diet, Physical Activity and Health
- **2008**: 2008-2013 Action Plan on the Global Strategy for the Prevention and Control of NCDs
- **2010**: Global Strategy to Reduce the Harmful Use of Alcohol
- **2011**: Moscow Declaration
- **2013**: UN Political Declaration on NCDs
- **2014**: UN General Assembly Comprehensive Review 2014 on NCDs
- **2025**: Attainment of the 9 global targets for NCDs by 2025

WHO Global Status Report on NCDs

UN Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators
19-20 September 2011: UN General Assembly HLM. New York

2nd time in the history of the UN that the GA meets on a health issue

Countries adopted a 13-page action-oriented outcome document to shape global agendas for generations to come.

Articulated roles and responsibilities for Member States and others including WHO
The Political Declaration...

- A whole-of-government and a whole-of-society effort
- Reducing risk factors and create health-promoting environments
- Strengthening national policies and health systems
- Encouraging international cooperation, including collaborative partnerships
- Promoting research and development
- Strengthening monitoring and evaluation
- Follow up and way forward
Vision:
A world free of the avoidable burden of NCDs

Goal:
To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels
Global Monitoring Framework
25 outcome indicators

**Mortality & Morbidity**
- Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- Cancer incidence by type of cancer

**Risk Factors**
- Harmful use of alcohol (3)
- Low fruit and vegetable intake
- Physical inactivity (2)
- Salt intake
- Saturated fat intake
- Tobacco use (2)
- Raised blood glucose/diabetes
- Raised blood pressure
- Overweight and obesity (2)
- Raised total cholesterol

**National Systems Response**
- Cervical cancer screening
- Drug therapy and counseling
- Essential NCD medicines & technologies
- Hepatitis B vaccine
- Human Papilloma Virus vaccine
- Marketing to children
- Access to palliative care
- Policies to limit saturated fats and virtually eliminate *trans* fats
9 action plan (process) indicators to inform reporting on progress made in the process of implementing the WHO Global NCD Action Plan 2013-2020

<table>
<thead>
<tr>
<th>Number</th>
<th>NCD action plan indicator</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013–2020</td>
</tr>
<tr>
<td>2</td>
<td>Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent</td>
</tr>
<tr>
<td>3a</td>
<td>Number of countries with an operational policy, strategy or action plan, to reduce the harmful use of alcohol, as appropriate, within the national context.</td>
</tr>
<tr>
<td>3b</td>
<td>Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity</td>
</tr>
<tr>
<td>3c</td>
<td>Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use</td>
</tr>
<tr>
<td>3d</td>
<td>Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets</td>
</tr>
<tr>
<td>4</td>
<td>Number of countries that have evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities</td>
</tr>
<tr>
<td>5</td>
<td>Number of countries that have an operational national policy and plan on NCD-related research including community-based research and evaluation of the impact of interventions and policies</td>
</tr>
<tr>
<td>6</td>
<td>Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets</td>
</tr>
</tbody>
</table>
WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators

Shaping the global NCD agenda:
Vision and a global road map

Global Strategy for the Prevention and Control of Noncommunicable Diseases

2000

2003

WHO Framework Convention on Tobacco Control (FCTC)

2004

Global Strategy on Diet, Physical Activity and Health

2008-2013 Action Plan on the Global Strategy for the Prevention and Control of NCDs

2008

2009

Global Strategy to Reduce the Harmful Use of Alcohol

2010

UN Political Declaration on NCDs

2011

Moscow Declaration

2013

UN General Assembly Comprehensive Review 2014 on NCDs

2014

WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators

2025

Attainment of the 9 global targets for NCDs by 2025
Core package for interventions at the population level:

- Price and tax measures to reduce the demand for tobacco (Article 6) and smuggling control (Article 15)
- Protection from exposure to tobacco smoke (Article 8)
- Packaging and labeling of tobacco products (Article 11)
- Ban of tobacco advertising, promotion and sponsorship (Article 13)
- Monitoring and evaluation (Articles 20, 21 and 22)

Core package for interventions at the individual level:

- Tobacco dependence reduction and cessation (Article 14)
MPOWER: Six policies which build on the WHO FCTC and are an integral part of the NCD Global Strategy Action Plan

Monitor tobacco use and prevention policies
Protect people from tobacco smoke
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion and sponsorship
Raise taxes on tobacco
Global strategy to reduce the harmful use of alcohol

Agreed at the 2010 WHA

10 areas for national action (leadership, awareness and commitment, health services’ response, community action, drink driving policies and countermeasures, availability of alcohol, marketing of alcoholic beverages, pricing policies, reducing in consequences of intoxication, illicit alcohol production, monitoring and surveillance)

4 priority areas for global action (public health advocacy and partnership, technical support and capacity building, production and dissemination of knowledge, resource mobilisation)

Endorsed by the 2010 World Health Assembly
Challenge, opportunity, evidence for action, principles for action

Goal plus 4 objectives (risk factor reduction, awareness raising, strengthening and implementation of multisectoral plans at all levels, M&E)

Policies to promote healthy diet and prevent obesity

Policies to promote physical activity and prevent obesity

Responsibilities: MS, WHO, international partners, civil society, private sector

....The DPAS implementation toolbox
WHO Package of Essential Noncommunicable Disease Interventions for PHC in low-resource settings

- Published in 2010, results of meetings in 2007 and 2008
- Prioritised set of cost-effective interventions
- Integrated into PHC rather than standing alone
- Heart disease, stroke, CVD risk, diabetes, cancer, asthma and COPD
• NCD Burden
• framework for surveillance
• Reducing risks and preventing diseases: population approaches
• Improving health care: management of NCDs
• Capacity
• Framework for national NCD surveillance
  – Exposures
    • Behavior
    • Physical & metabolic
    • Social determinants
  – Outcomes
  – Health system capacity and response
## Global Status Report: interventions that work

<table>
<thead>
<tr>
<th>Population-based interventions addressing NCD risk factors</th>
<th>Tobacco use</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>- Excise tax increases</td>
<td></td>
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<td></td>
<td>- Smoke-free indoor workplaces and public places</td>
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<tr>
<td></td>
<td>- Health information and warnings about tobacco</td>
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<td></td>
<td>- Bans on advertising and promotion</td>
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<table>
<thead>
<tr>
<th>Harmful use of alcohol</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>- Excise tax increases on alcoholic beverages</td>
</tr>
<tr>
<td></td>
<td>- Comprehensive restrictions and bans on alcohol marketing</td>
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<tr>
<td></td>
<td>- Restrictions on the availability of retailed alcohol</td>
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<table>
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<th>Unhealthy diet and physical inactivity</th>
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<tbody>
<tr>
<td></td>
<td>- Salt reduction through mass media campaigns and reduced salt content in processed foods</td>
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<tr>
<td></td>
<td>- Replacement of trans-fats with polyunsaturated fats</td>
</tr>
<tr>
<td></td>
<td>- Public awareness programme about diet and physical activity</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual-based interventions addressing NCDs in primary care</th>
<th>Cancer</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- Prevention of liver cancer through hepatitis B immunization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of precancerous lesions</td>
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<tr>
<th>Cardiovascular disease and diabetes</th>
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<tbody>
<tr>
<td></td>
<td>- Multi-drug therapy (including glycaemic control for diabetes mellitus) for individuals who have had a heart attack or stroke, and to persons at high risk (&gt; 30%) of a cardiovascular event within 10 years</td>
</tr>
<tr>
<td></td>
<td>- Providing aspirin to people having an acute heart attack</td>
</tr>
</tbody>
</table>
Population interventions can have quick benefits: CVD mortality in Poland before/after market liberalization

Zatonsky et al. BMJ 1998;316:1047–51
2011: Commitments from Heads of State and Government

2012: Adopt a global target of a 25% reduction in premature mortality from NCDs by 2025

2013: WHO Global NCD Action Plan 2013-2020, including 9 global targets and 25 indicators

UN General Assembly NCD Review 2014:
Review and assessment of the United Nations General Assembly of the progress achieved in the prevention and control of NCDs
WHO will submit reports on progress made in implementing the action plan to the World Health Assembly in 2016, 2018 and 2021, and reports on progress achieved in attaining the 9 voluntary global targets in 2016, 2021 and 2026.
How can we support national efforts?
WHO provides upstream policy advice to set national targets

6 global targets for mental health to be attained by 2020

- 80% National policy/plan
- 80% Core set of mental health indicators
- 50% National mental health law
- -10% Suicide rate
- +20% Service coverage
- 80% ≥ 2 national mental health programmes
How can we support national efforts?
WHO provides upstream policy advice to set national targets

6 global targets for nutrition to be attained by 2025

- **40%**
  - 40% reduction in number of children under-5 who are stunted

- **<5%**
  - Reduce and maintain childhood wasting to less than 5%

- **≥ 50%**
  - Increase the rate of exclusive breastfeeding in the first six months to at least 50%

- **-50%**
  - 50% reduction of anaemia in women reproductive age

- **-30%**
  - 30% reduction in low birth weight

- **0%**
  - No increase in childhood overweight
- Set national targets for 2025 in 2013, taking into account the 9 global targets
- Develop national multisectoral NCD policies and plans to attain national targets for 2025, by addressing the three major components of the NCD strategy
Implement interventions identified by WHO as "best buys" using WHO tools:

- **Tobacco use:**
  - Tax increases
  - Smoke-free indoor work places and public places
  - Health information and warnings about tobacco
  - Bans on advertising and promotion

- **Harmful use of alcohol:**
  - Tax increases on alcoholic beverages
  - Comprehensive restrictions and bans on alcohol marketing
  - Restrictions on the availability of alcohol

- **Unhealthy diet and physical inactivity:**
  - Salt reduction through mass media campaigns and reduced salt content in processed foods
  - Replacement of trans-fats with polyunsaturated fats
  - Public awareness programme about diet and physical activity
  - Marketing of foods and non-alcoholic beverages to children
Implement interventions identified by WHO as "best buys" into the basic primary health care:

- **Health system strengthening is key:**
  - Prevention of liver cancer through hepatitis B immunization
  - Prevention of cervical cancer through screening and treatment of pre-cancerous lesions
  - Multidrug therapy to individuals who have had a heart attack or stroke and to persons with a high risk of a cardiovascular event in the next 10 years
Implement the WHO Framework for NCD Surveillance, covering
– monitoring of risk factors and determinants,
– outcomes (mortality and morbidity) and
– health system response

Integrate into the national health information systems

Develop national targets and indicators, based on the WHO recommendations and WHA Resolutions
A WHO Framework for NCD Surveillance

- **Exposures:**
  - Behavioural risk factors: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet
  - Metabolic risk factors: overweight/obesity, raised blood pressure, glucose & cholesterol.
  - Social determinants: education, material well being, access to health care

- **Outcomes:**
  - Mortality: NCD specific mortality
  - Morbidity: cancer incidence and type

- **Health System Response:**
  - Interventions and health system capacity: infrastructure, policies and plans, access to key health care interventions and treatments, partnerships.
The post-2015 agenda…
NCDs is there…

- 2012 at the Rio+20 UN Conference on Sustainable Development: *The future we want*

- The 2012 report of the UN System Task Team on the Post-2015 UN Development Agenda: *Realizing the Future We Want for All*

- 2013 High-level panel of eminent experts’ report on the post-2015 development agenda

- The 2013 Report of the global thematic consultation on health: *Health in the post-2015 agenda*

- The High Level Dialogue on Health in the Post-2015 Development Agenda meeting report, Gaborone, Botswana
Post-2015 agenda: what is being said at WHO’s governing bodies?

- The importance of accelerating work on the health-related MDGs
- The growing recognition that the health agenda is now broader and that NCDs must be included
- The need for government and society-wide action on SDH.
- The need to embed health equity
- The importance of giving increased attention to sexual and reproductive health, especially for young people
- Health to be framed as a fundamental right
Mapping and key messages
THANK YOU
Key messages

• NCDs are already leading health problems in almost all countries and their magnitude is still increasing

• Shared risk factors

• Premature deaths

• The poor are disproportionately affected

• Negative impact on socioeconomic development

• As countries continue to develop, market forces will further promote unhealthy patterns.

• Action is urgently needed