LAUNCH WEBINAR

State of inequality

Noncommunicable diseases and their risk factors

22 October 2026 | 13:30–15:00 CET

World Health Organization



Agenda

1. **Welcome**
   Dr Tedros Ghebreyesus, Director General, World Health Organization (WHO)

2. **Opening remarks**
   Søren Brostrøm, Director, Department of Noncommunicable Diseases and Mental Health, WHO

3. **Presentation of key findings**
   Health Inequality Monitoring Team, Department of Data, Digital Health, Analytics and AI, WHO

4. **Panel discussion**
   Experts from countries, regions, global partners and WHO

5. **Closing remarks**
   Alain Labrique, Director, Department of Data, Digital Health, Analytics and AI, WHO

World Health Organization

1. Welcome



Dr Tedros Ghebreyesus
Director General
World Health Organization

World Health Organization

2. Opening remarks



Søren Brostrøm
Director
Department of Noncommunicable Diseases and Mental Health
World Health Organization

World Health Organization

3. Presentation of key findings

Health Inequality Monitoring Team
Department of Data, Digital Health, Analytics and AI
World Health Organization



Nicole Bergen



Katherine Kirkby



Anne Schlotheuber

World Health Organization



Report aim and methods

Background

Noncommunicable diseases affect us all …

… but some people are more affected than others …

… and understanding these inequalities is essential for more effective action.



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Aim of the report

To quantify the overall **direction and magnitude of within-country inequalities** related to a key set of NCD indicators (including prevalence, health service coverage and risk factors), using the **latest available data**.

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Scope

Four major NCDS:



Cancers



Cardiovascular diseases



Chronic respiratory diseases



Diabetes

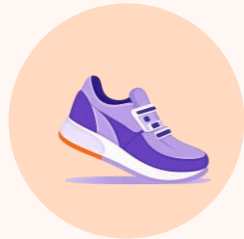
Five key risk factors:



Harmful use of alcohol



Obesity and unhealthy diets



Insufficient physical activity



Tobacco use



Air pollution

Nine multicountry data sources

Modelled estimates:

GHO

WHO Global Health Observatory

NCD-RisC

NCD Risk Factor Collaboration

IHME

Institute for Health Metrics and Evaluation Global Burden of Disease study

Population-based surveys:

DHS

Demographic and Health Surveys

EHIS

European Health Interview Survey

GATS

Global Adult Tobacco Survey

HBSC

Health Behaviour in School-aged Children study

MICS

Multiple Indicator Cluster Surveys

STEPS

STEPwise approach to NCD risk factor surveillance

Nine multicountry data sources

Modelled estimates:

Latest available data

IHME

Institute for Health Metrics and Evaluation Global Burden of Disease study

NCD-RisC

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Population-based surveys:

Most recently available survey within the period 2013–2022

DHS

Demographic and Health Surveys

EHIS

European Health Interview Survey

GATS

Global Adult Tobacco Survey

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Health Behaviour in School-aged Children study

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Multiple Indicator Cluster Surveys

STEPS

STEPwise approach to NCD risk factor surveillance

35 NCD indicators

NCD prevalence

Cardiovascular diseases

- Hypertension prevalence

Diabetes

- Diabetes prevalence

Chronic respiratory diseases

- Chronic respiratory disease prevalence

35 NCD indicators

NCD diagnosis and treatment

Cancer

- Cancer screening coverage (cervical, breast, colorectal)

Cardiovascular diseases

- Hypertension diagnosis, treatment and effective treatment coverage

Diabetes

- Diabetes diagnosis and treatment coverage

35 NCD indicators

NCD risk factors

- Raised total cholesterol
- Alcohol drinking
- Obesity
- Diet low in fruits and vegetables
- Salt intake
- Insufficient physical activity
- Tobacco use
- Exposure to second-hand smoke at home
- Outdoor air pollution ($PM_{2.5}$)
- Household air pollution (primary reliance on polluting fuels/technologies for cooking)

Eight dimensions of inequality



Age



Sex



Economic status



Education



Place of residence



Disability status



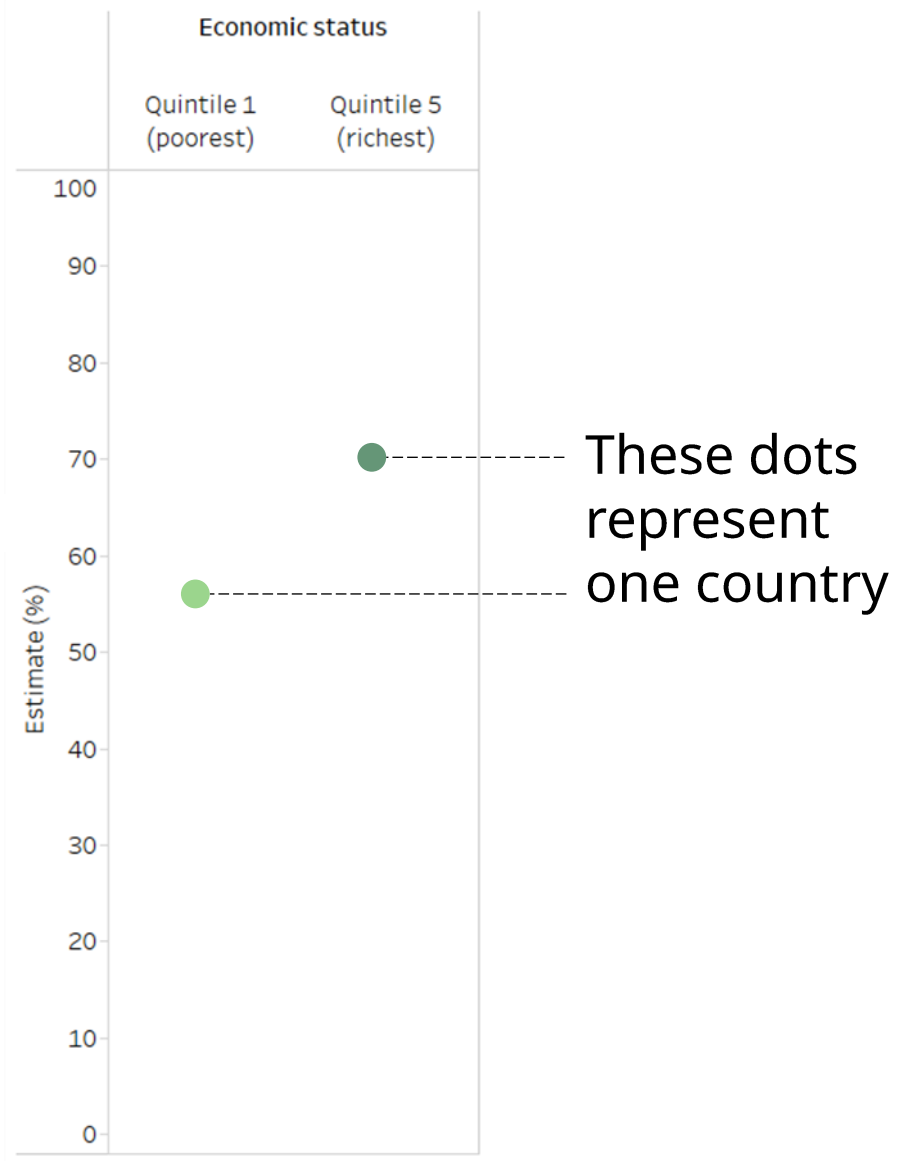
Employment status



Migration status

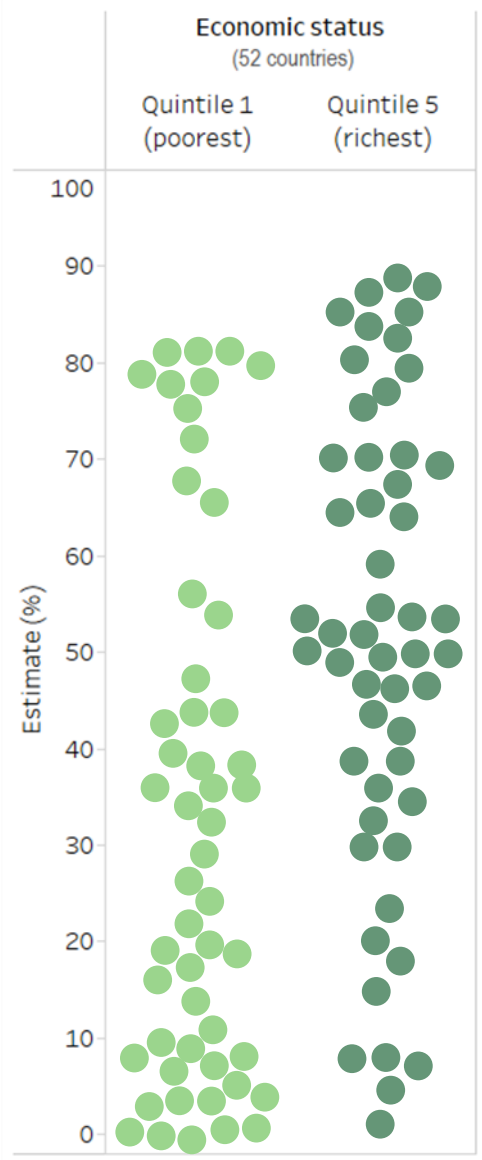
Assessing the overall state of inequality

Using survey data, overall within-country inequality was assessed by calculating the median across study countries and population subgroups.



Assessing the overall state of inequality

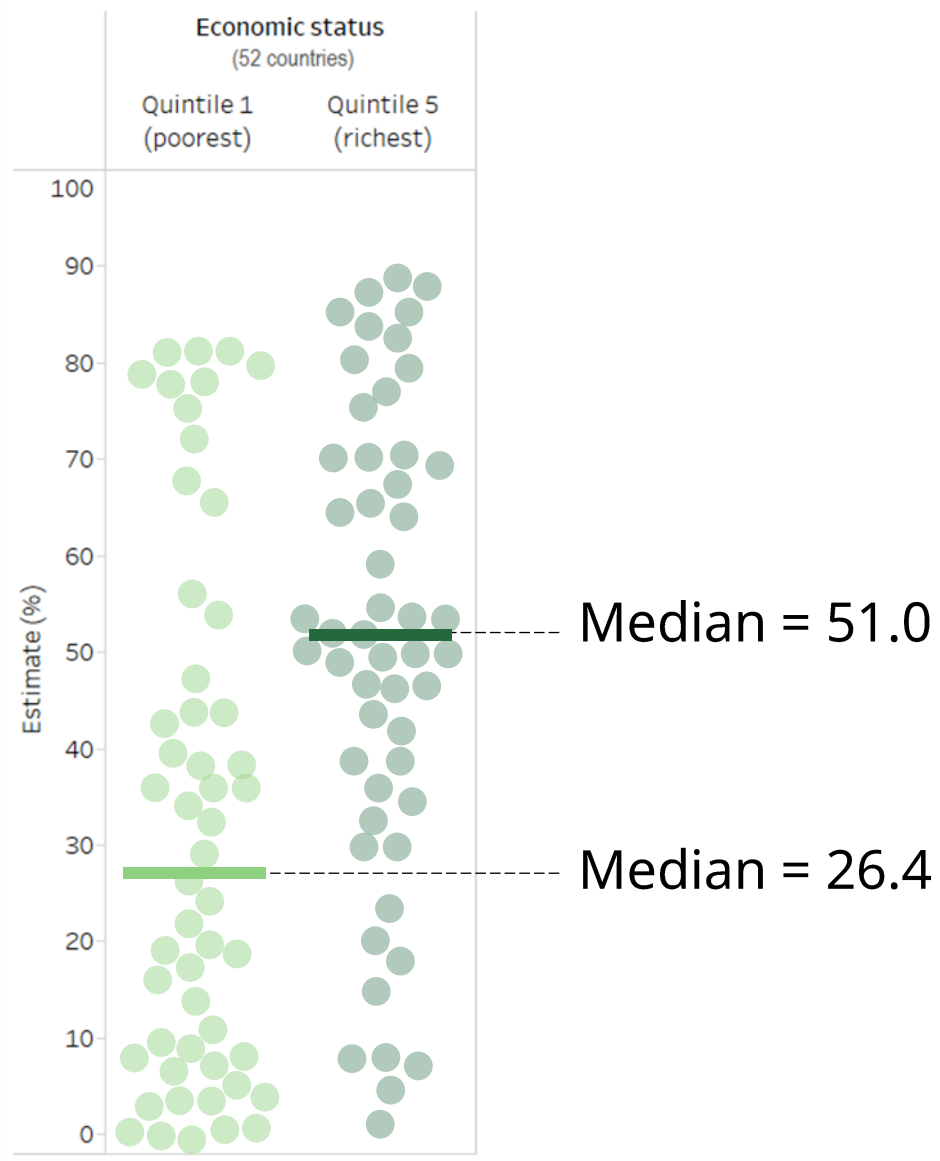
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Disaggregated data for 52 countries

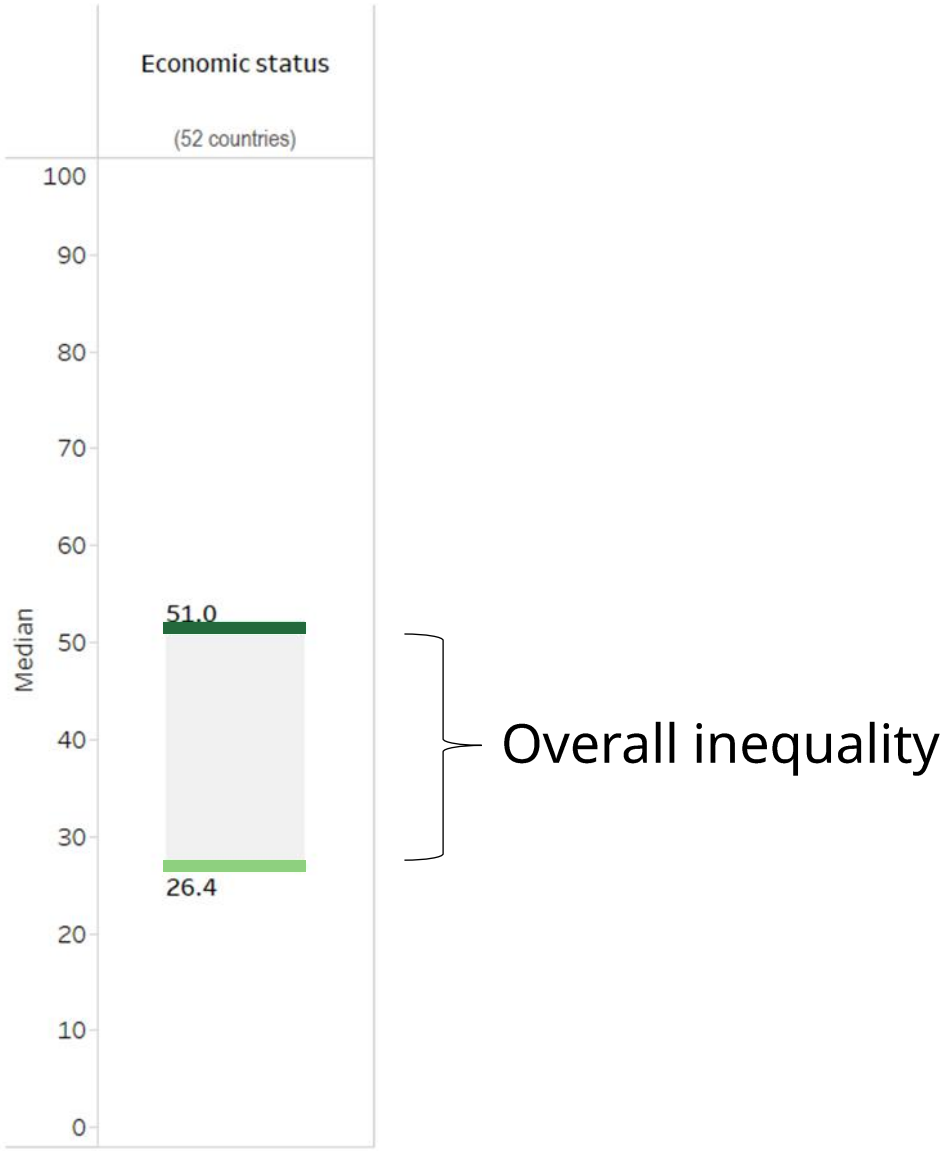
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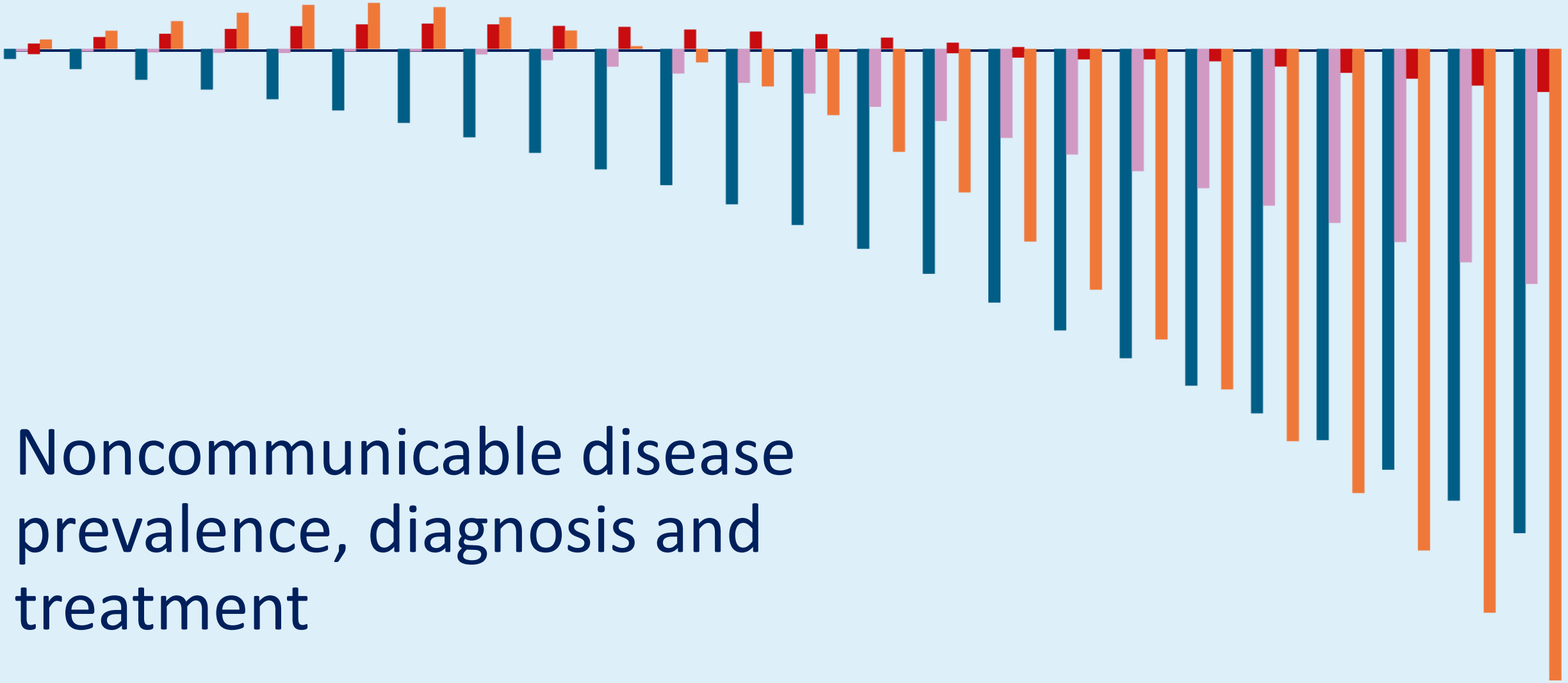
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Selected findings

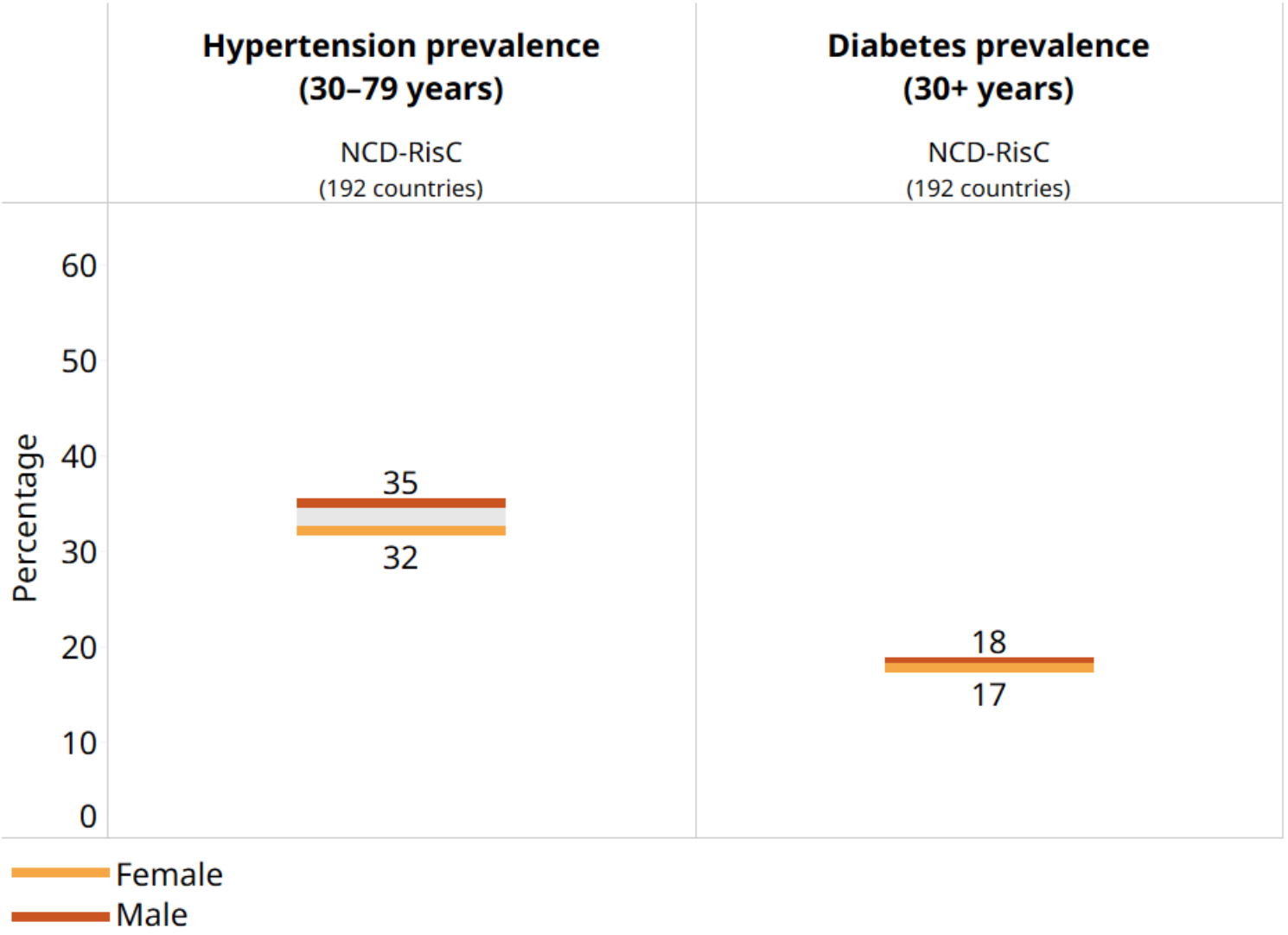


Noncommunicable disease prevalence, diagnosis and treatment

World Health Organization

NCD prevalence | Sex

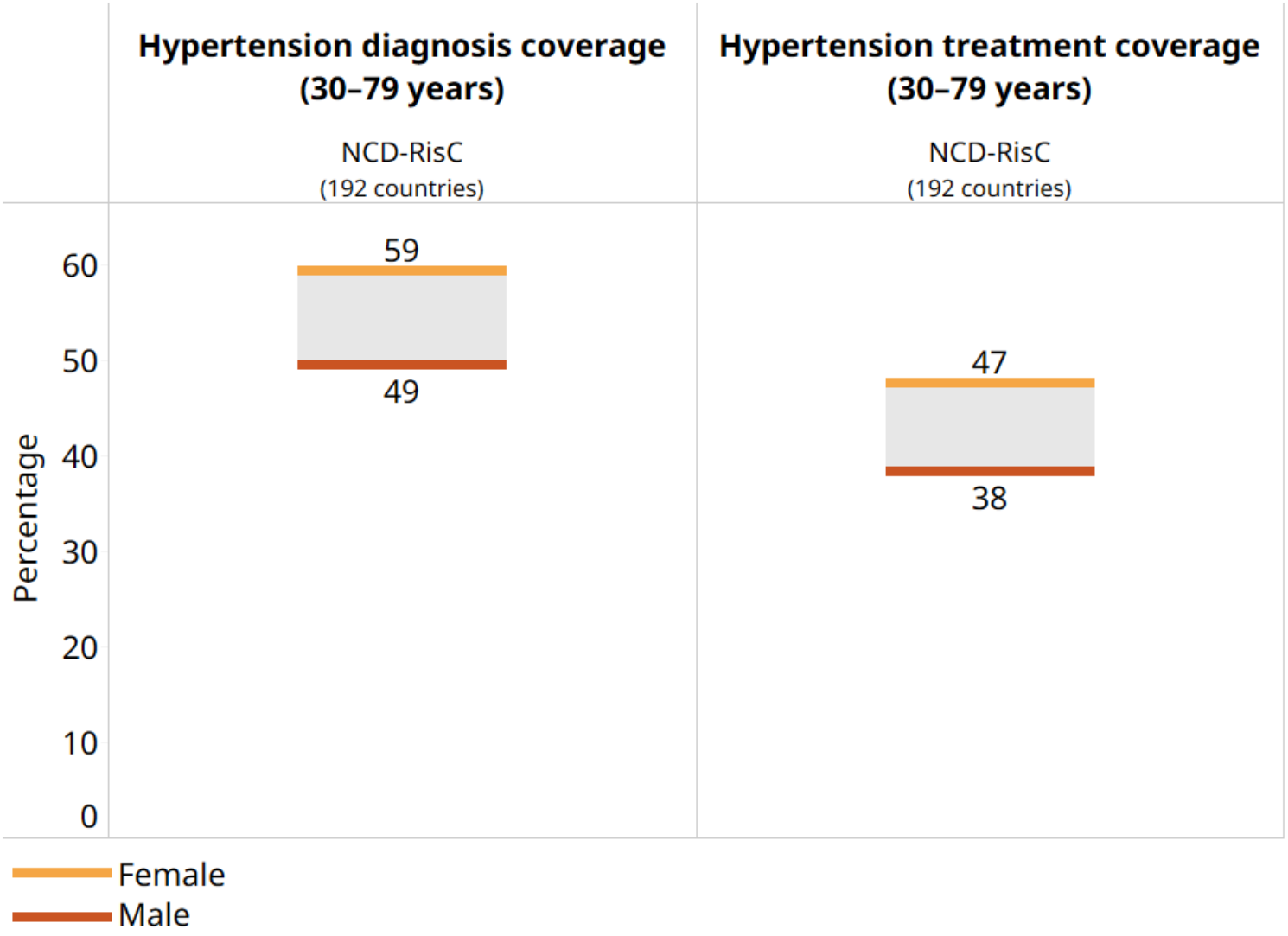
Overall, there are no or low sex-related inequalities in hypertension and diabetes prevalence.



NCD-RisC: NCD Risk Factor Collaboration

NCD diagnosis and treatment | Sex

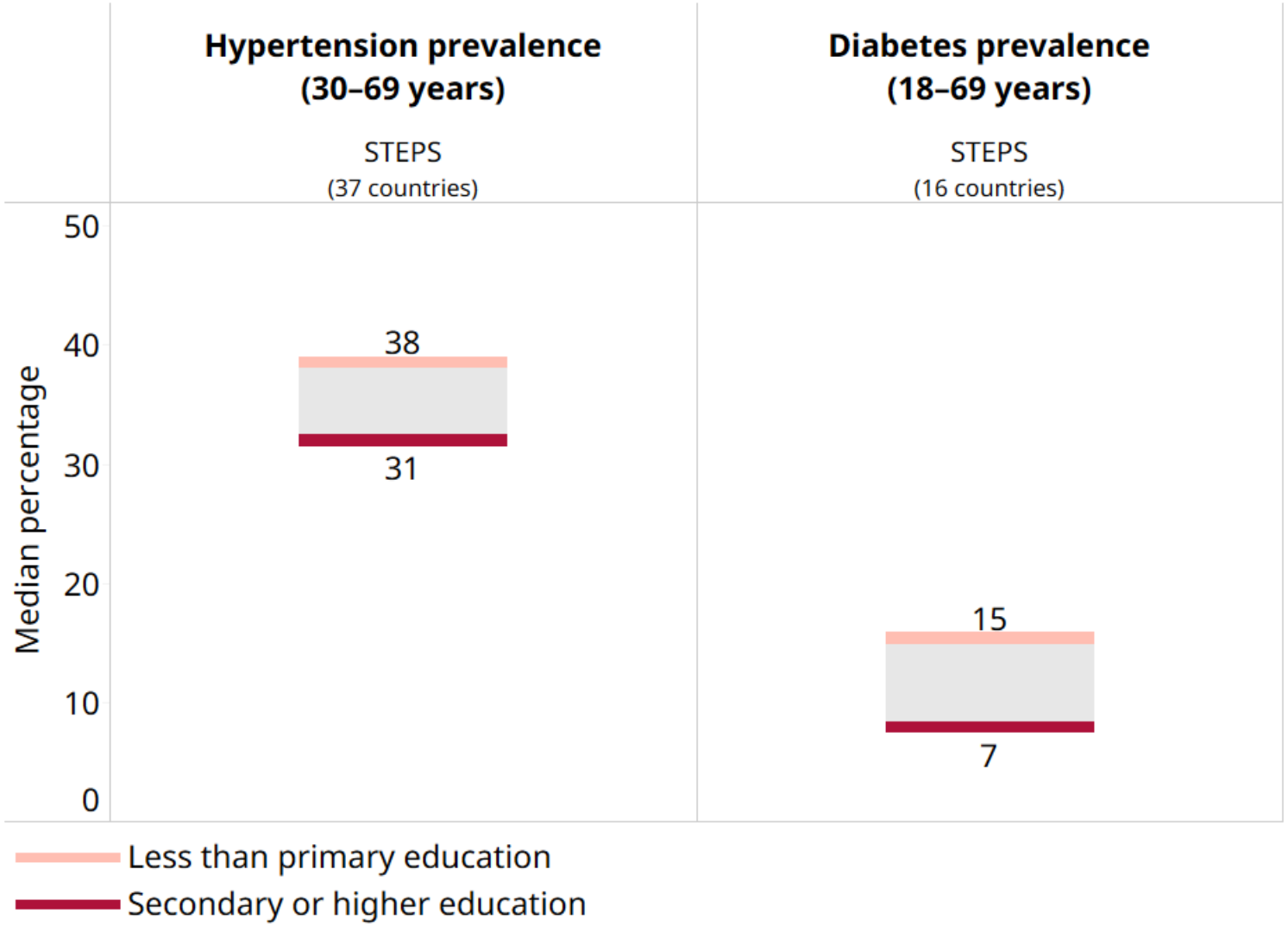
Among people with hypertension, men are less likely than women to be diagnosed and treated for hypertension.



NCD-RisC: NCD Risk Factor Collaboration

NCD prevalence | Education

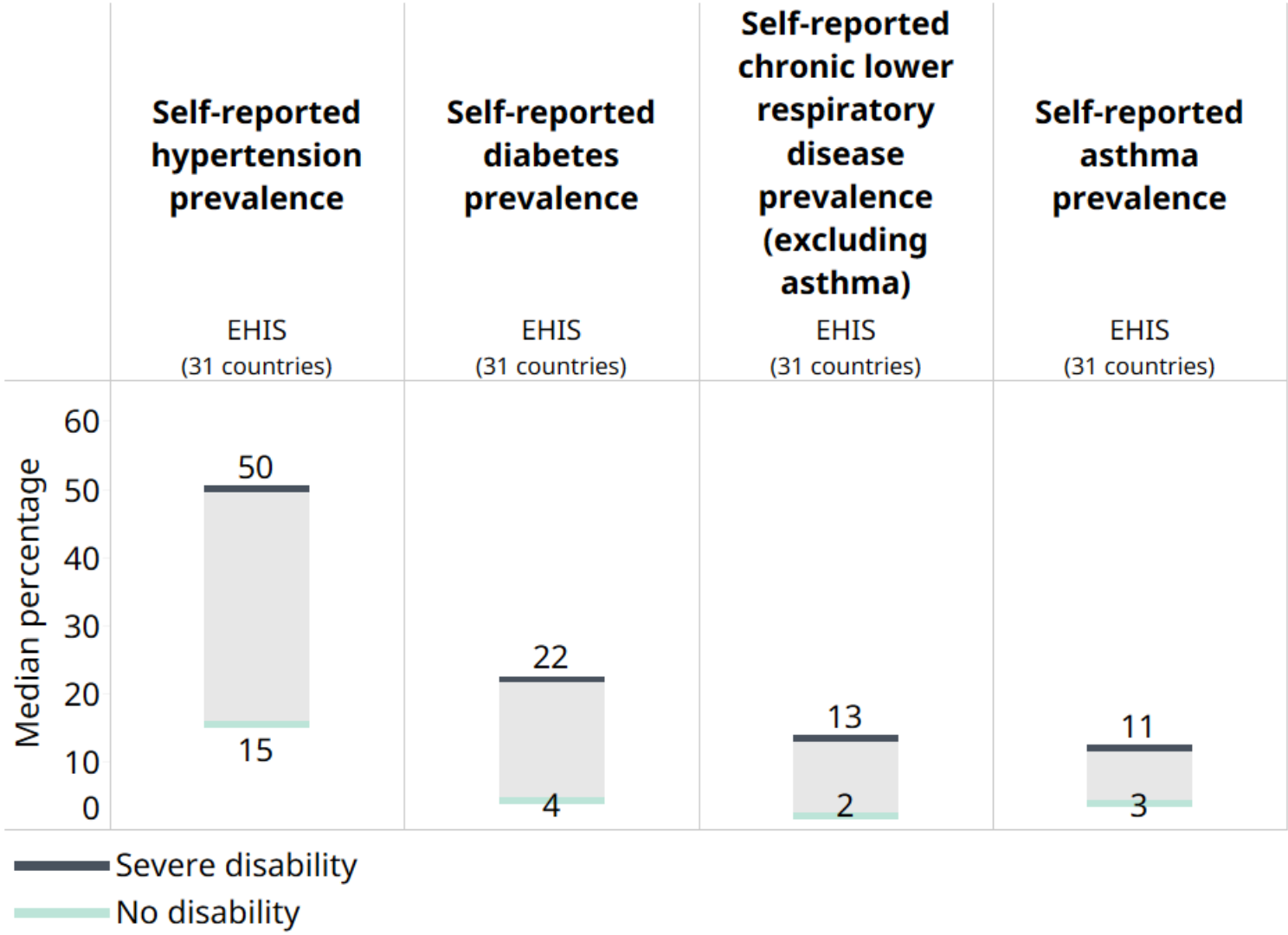
Less educated populations in many low- and middle-income countries have higher rates of hypertension and diabetes.



STEPS: STEPwise approach to NCD risk factor surveillance

NCD prevalence | Disability status

In high-income European countries, self-reported rates of hypertension, diabetes and chronic respiratory diseases are higher among people living with severe disability than people with no disability.

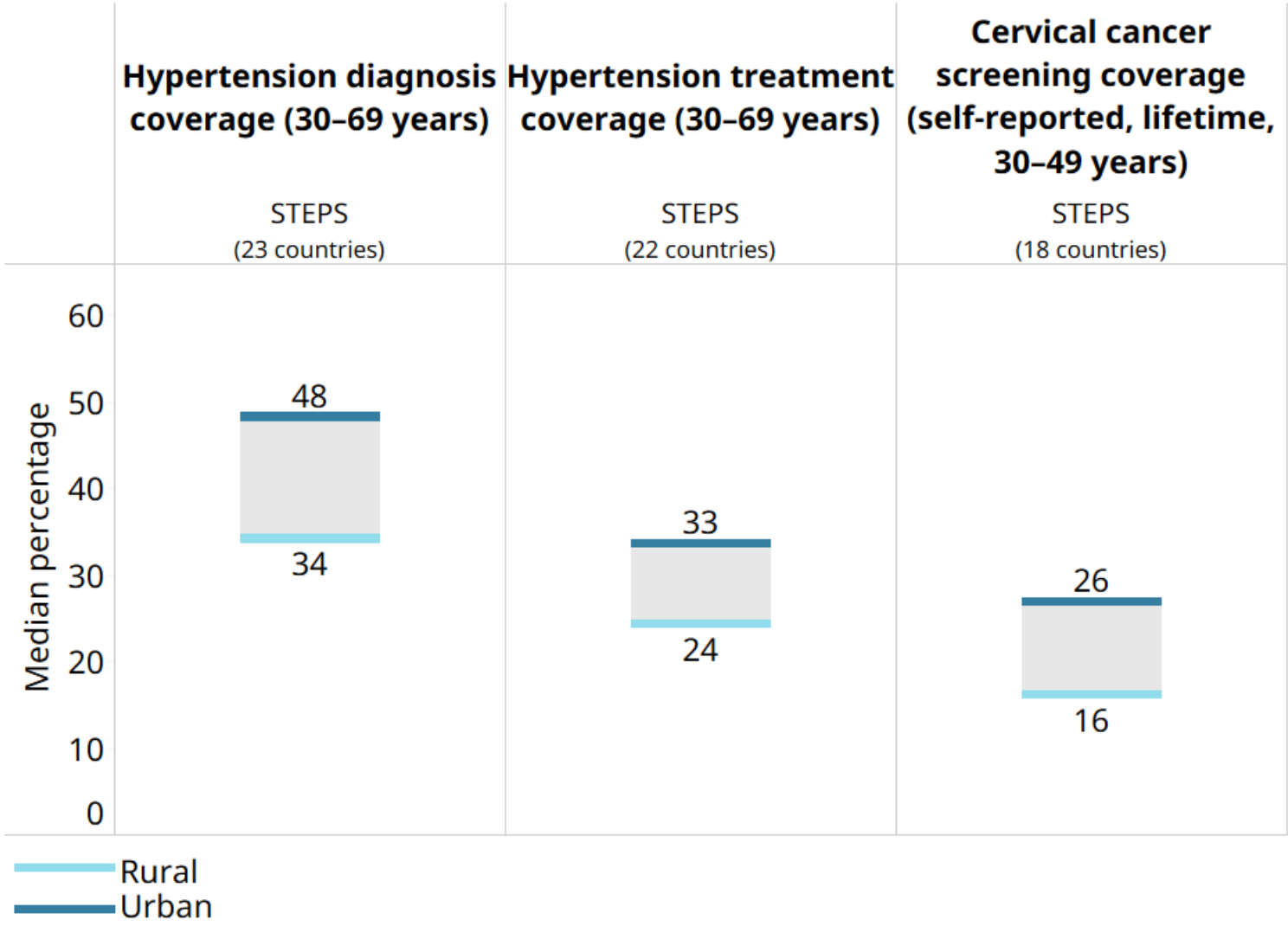


Note: Self-reported data have limitations in terms of validity and reliability.

EHIS: European Health Interview Survey

NCD diagnosis and treatment | Place of residence

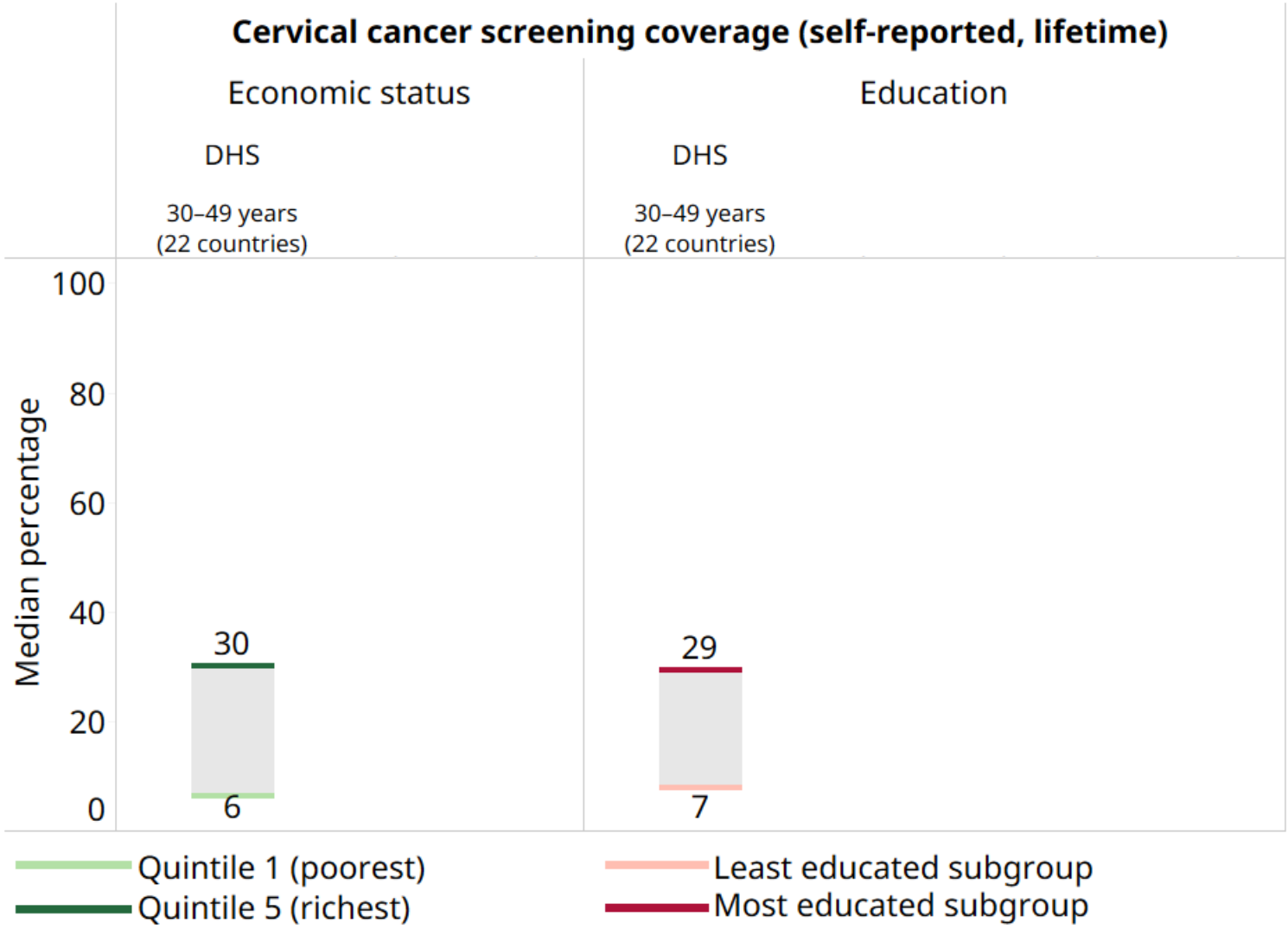
Rural populations in many low- and middle-income countries have lower access to hypertension diagnosis and treatment and cervical cancer screening than urban populations.



STEPS: STEPwise approach to NCD risk factor surveillance

NCD diagnosis and treatment | Economic status and education

Cervical cancer screening is lower among poorer and less educated women.

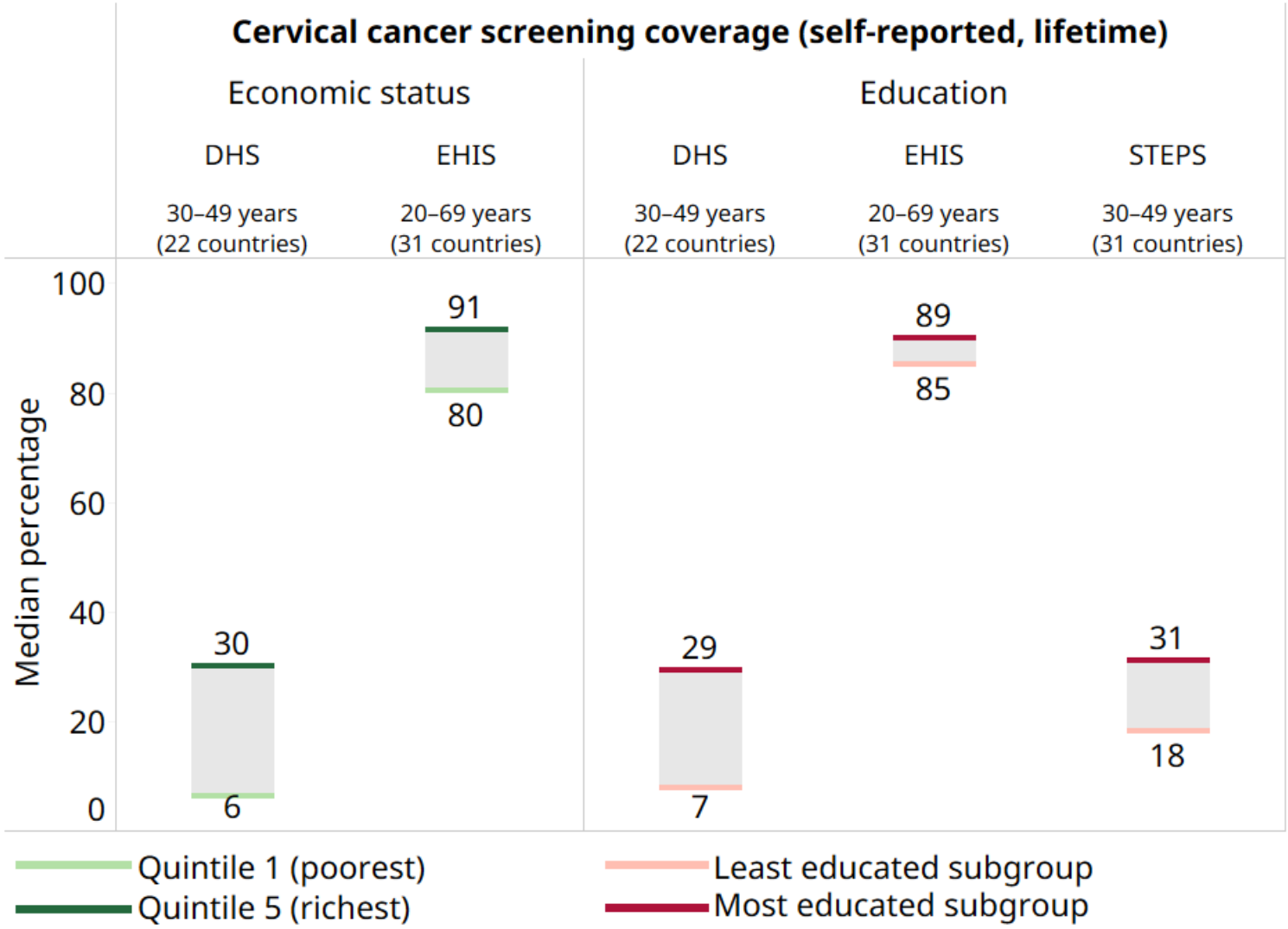


Note: Age ranges and the timeframe of surveys differ by source. Medians are calculated separately within each data source and are not directly comparable across sources.

DHS: Demographic and Health Surveys

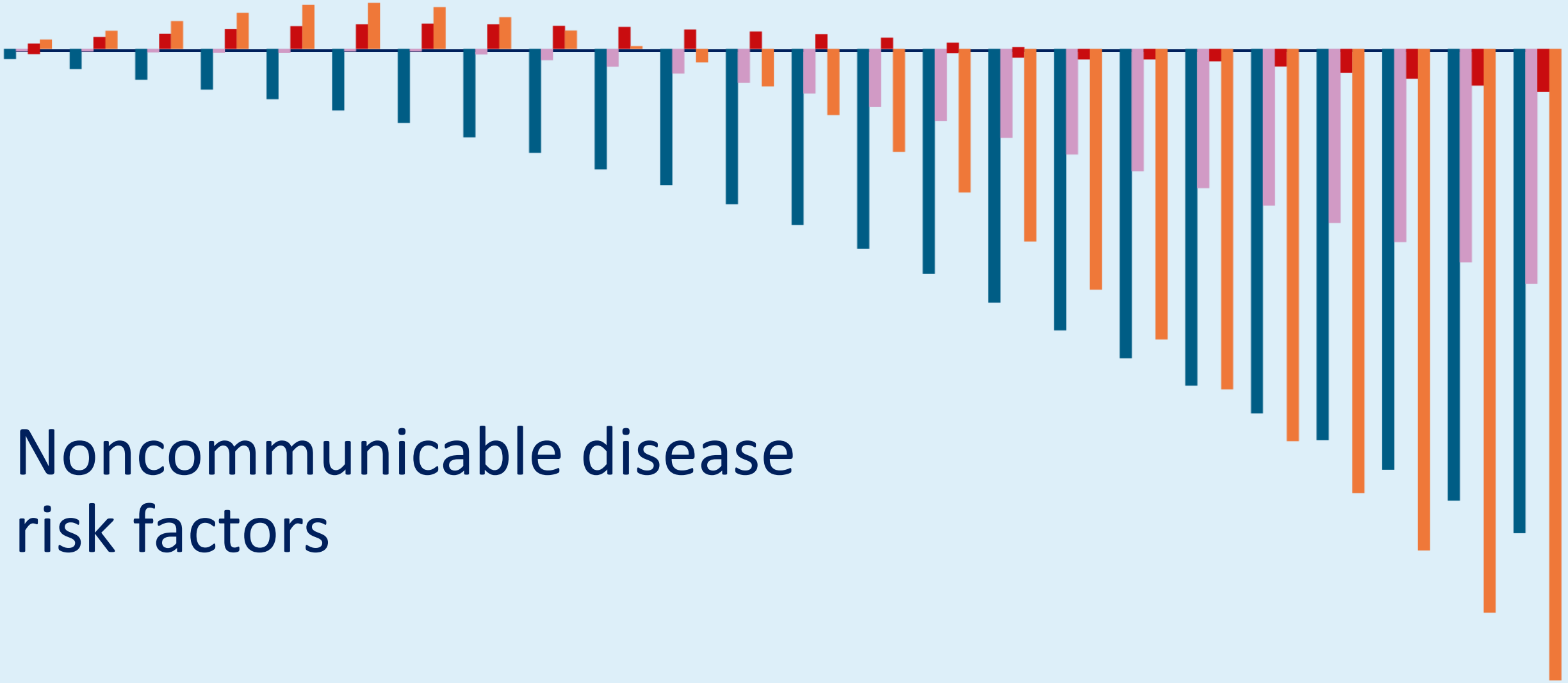
NCD diagnosis and treatment | Economic status and education

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DHS: Demographic and Health Surveys
STEPS: STEPwise approach to NCD risk factor surveillance
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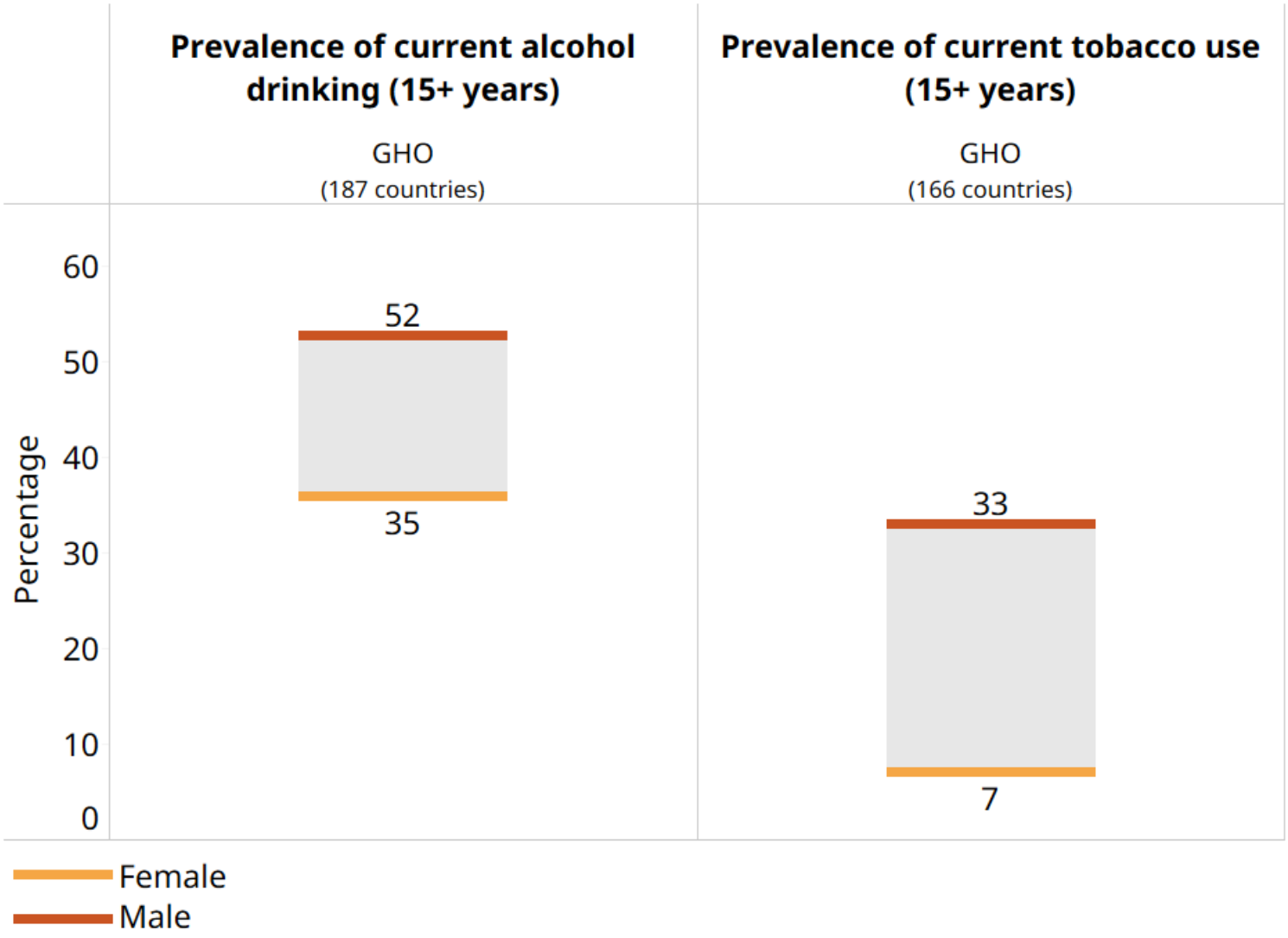


Noncommunicable disease risk factors

World Health Organization

Alcohol and tobacco use | Sex

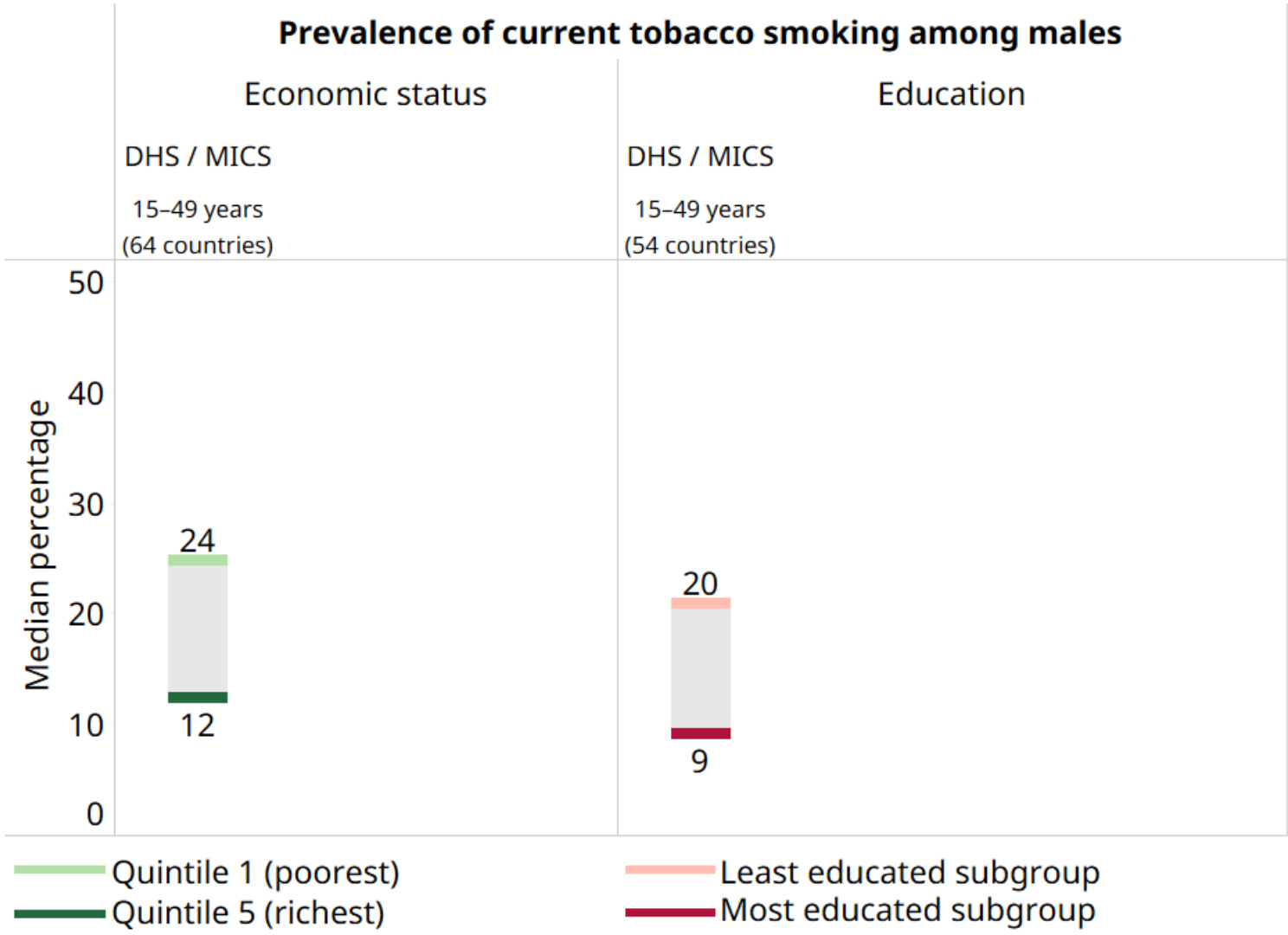
Men are more likely than women to be current drinkers of alcohol and use tobacco.



GHO: WHO Global Health Observatory

Tobacco use | Economic status and education

Tobacco use is higher among poorer and less educated men.

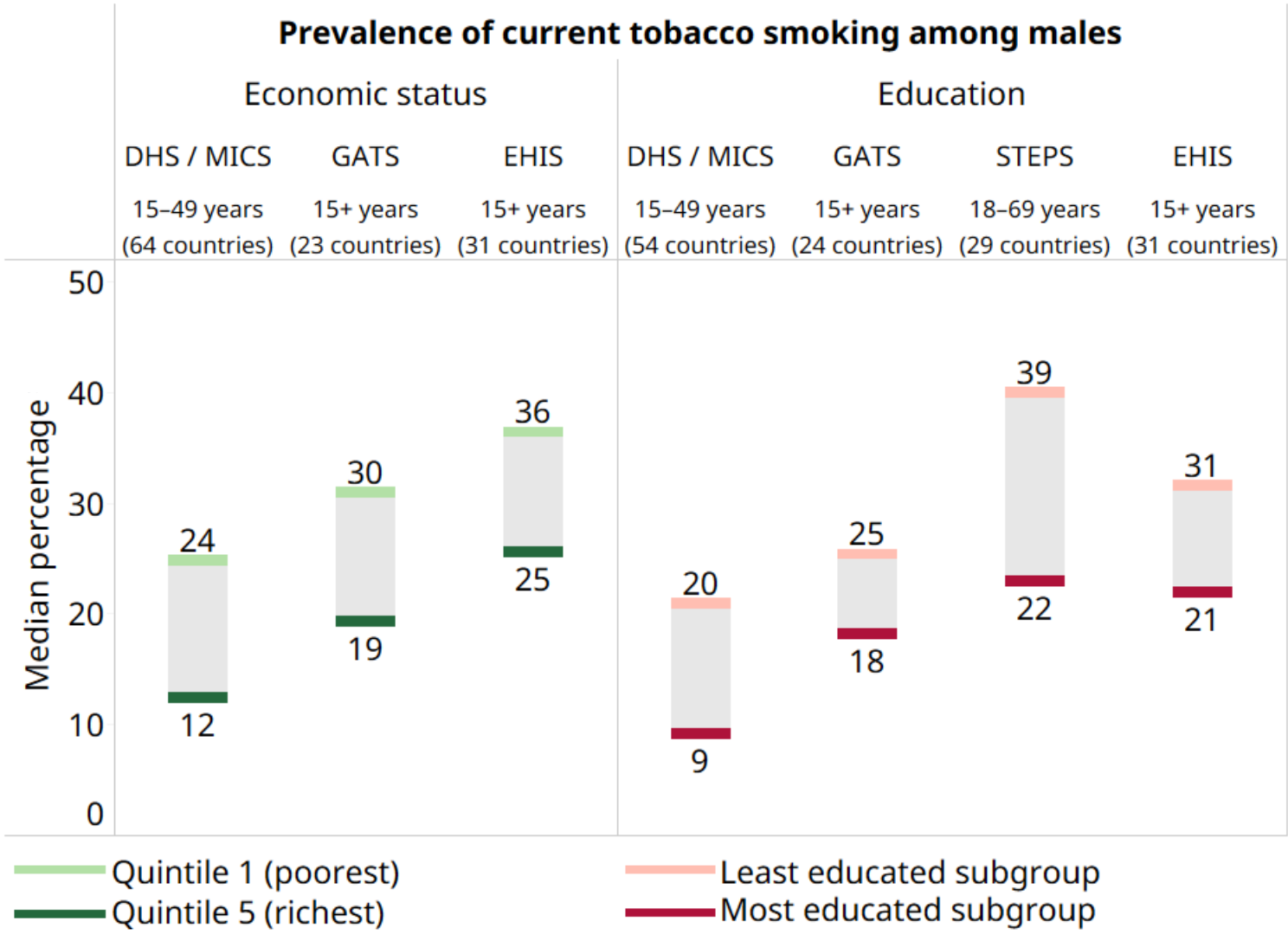


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DHS: Demographic and Health Surveys
MICS: Multiple Indicator Cluster Surveys

Tobacco use | Economic status and education

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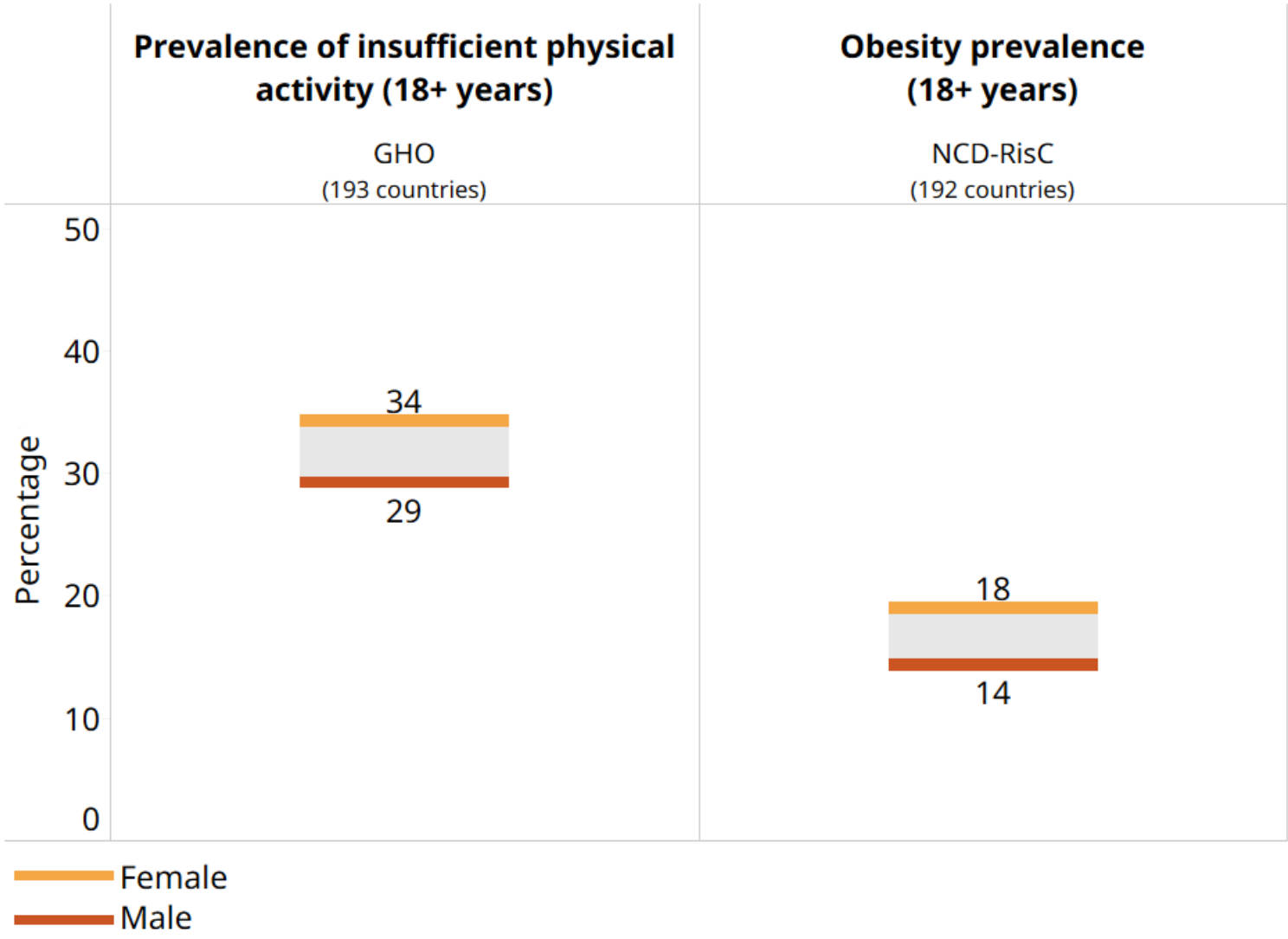
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DHS: Demographic and Health Surveys
MICS: Multiple Indicator Cluster Surveys
GATS: Global Adult Tobacco Survey
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Insufficient physical activity and obesity | Sex

Women are less likely than men to achieve the recommended levels of physical activity.

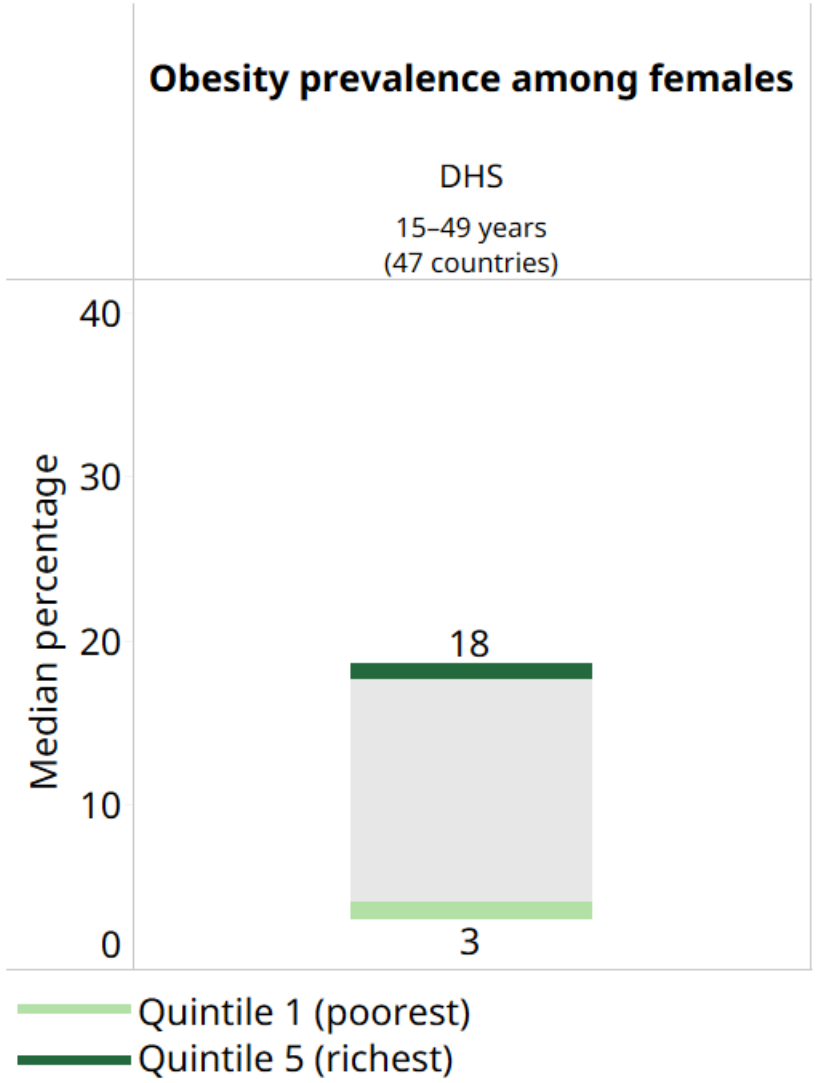
Obesity is more common among women than men, particularly in low- and middle-income countries.



GHO: WHO Global Health Observatory
NCD-RisC: NCD Risk Factor Collaboration

Obesity | Economic status

In low- and middle-income countries, obesity rates tend to be higher among richer populations.



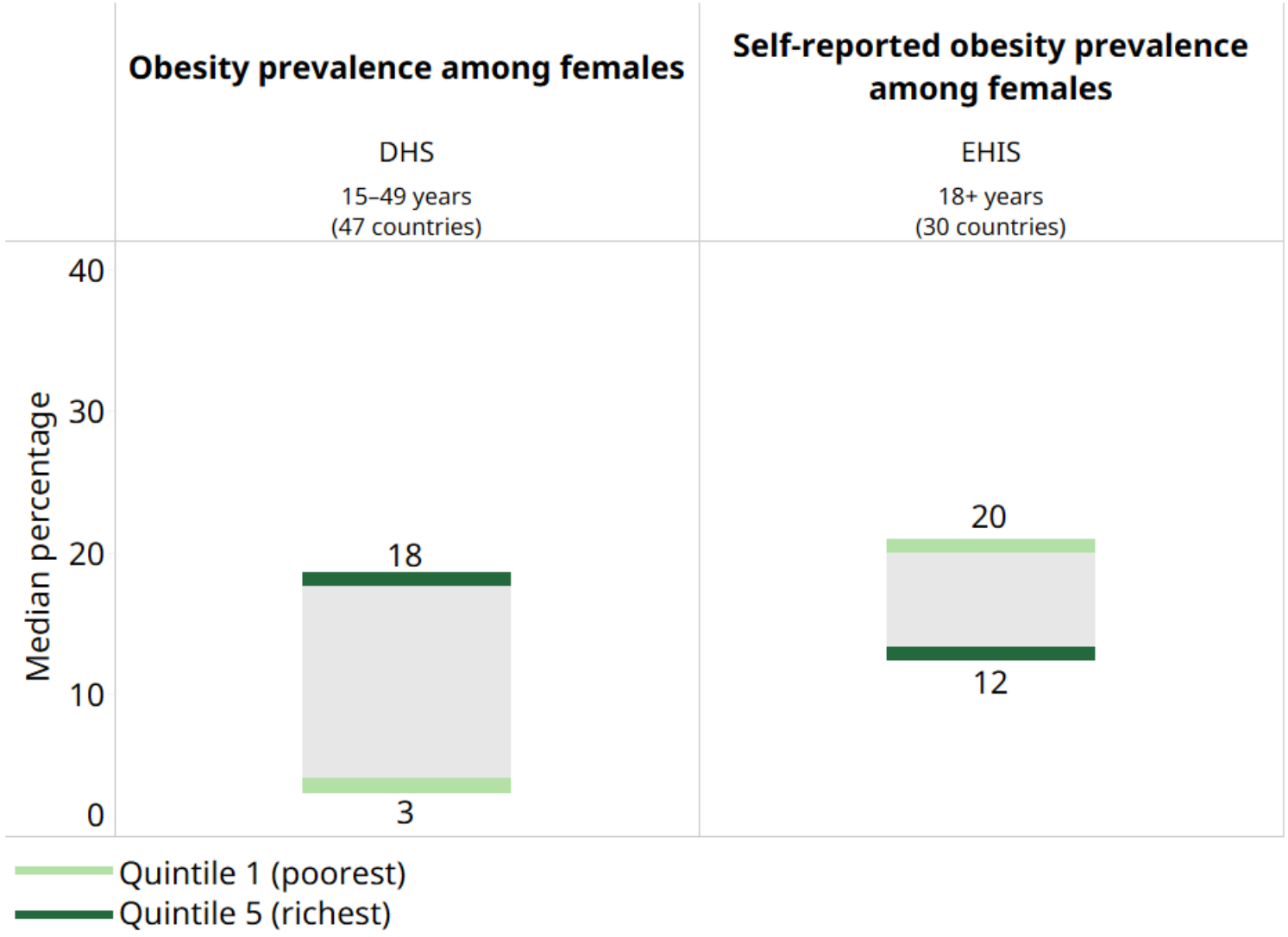
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DHS: Demographic and Health Surveys

Obesity | Economic status

In low- and middle-income countries, obesity rates tend to be higher among richer populations.

In high-income European countries, self-reported obesity rates tend to be higher among poorer populations.

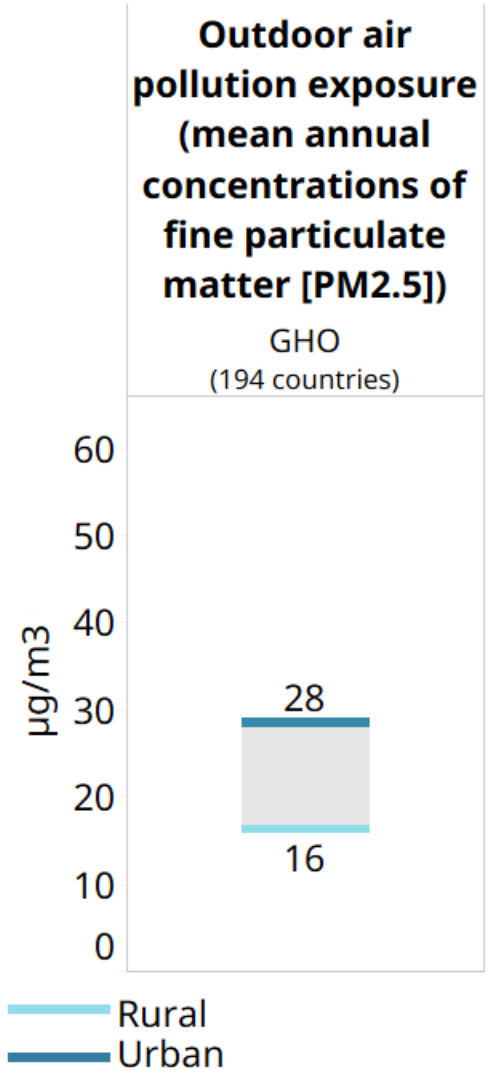


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Air pollution | Place of residence

Urban populations are often exposed to higher levels of outdoor air pollution.

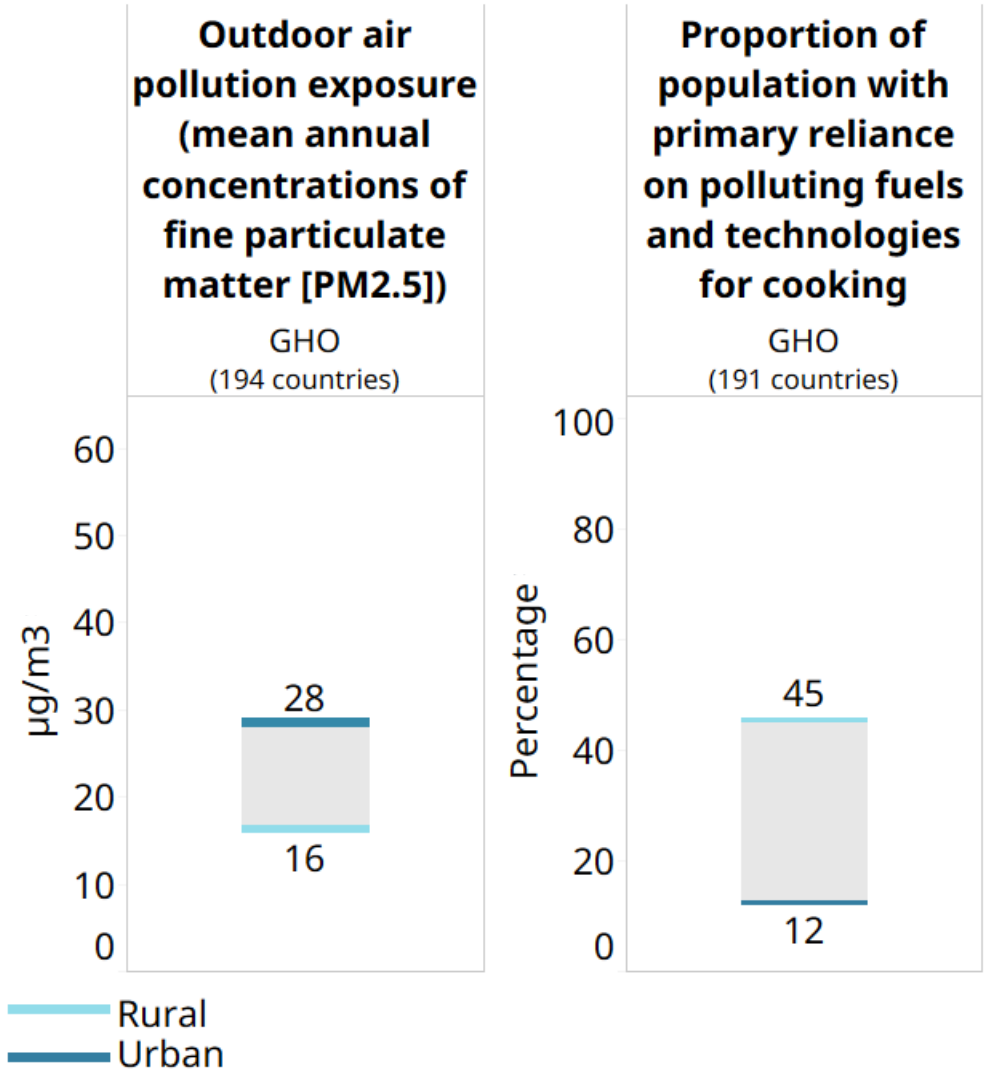


GHO: WHO Global Health Observatory

Air pollution | Place of residence

Urban populations are often exposed to higher levels of outdoor air pollution.

Rural populations in low- and middle-income countries often live with higher household air pollution.



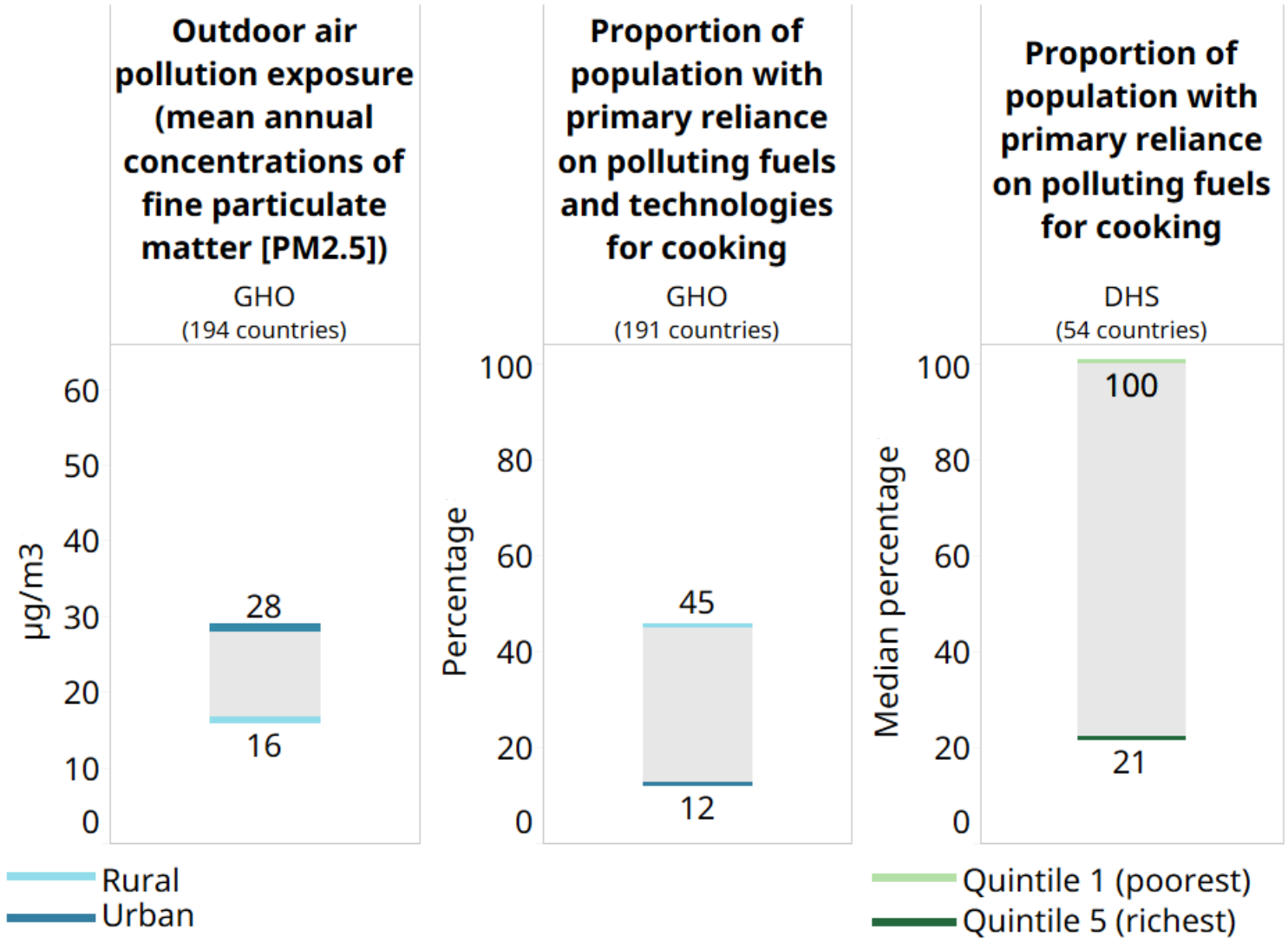
GHO: WHO Global Health Observatory

Air pollution | Place of residence

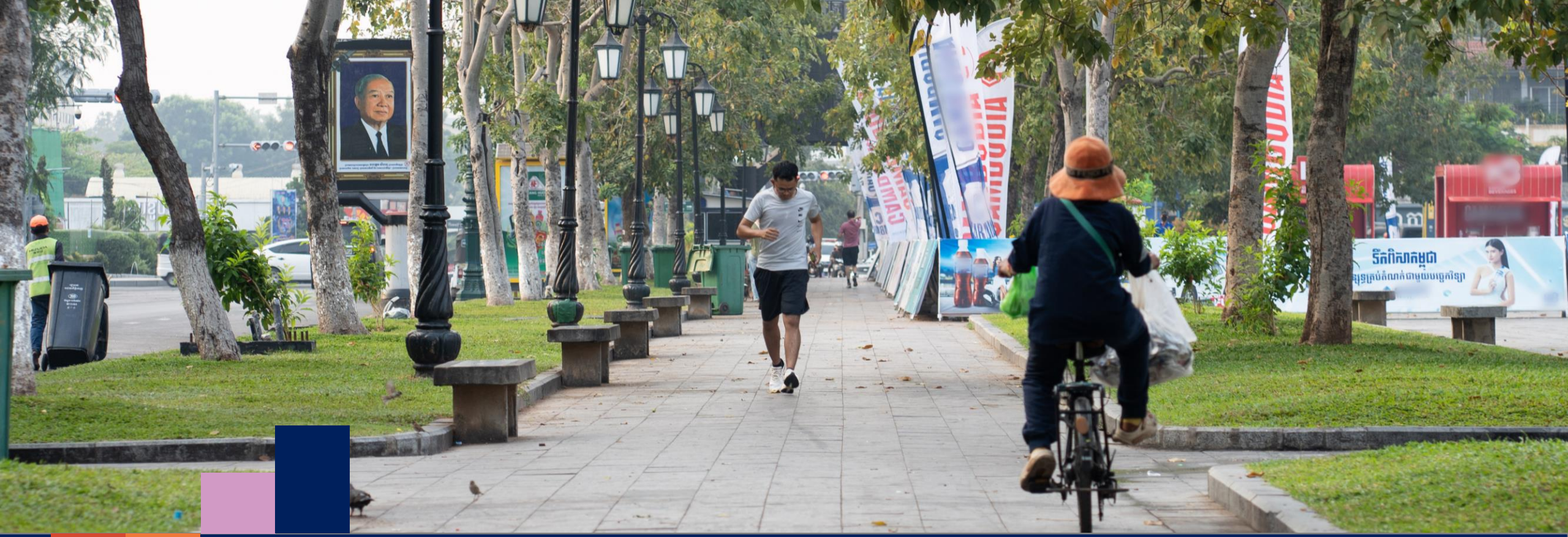
Urban populations are often exposed to higher levels of outdoor air pollution.

Rural populations in low- and middle-income countries often live with higher household air pollution.

Household air pollution is higher in poorer households in low- and middle-income countries.



GHO: WHO Global Health Observatory
DHS: Demographic and Health Surveys



From evidence to action

Action 1

Scale up interventions that address NCD inequalities.

Implement proven, population-wide approaches to reduce exposure to risk factors and increase access to NCD services in ways that address the root causes of inequalities.



Action 2

Use inequality data to target action where need is greatest.

Information about inequalities can be used to identify groups that face particular barriers to NCD prevention and treatment, and then build an understanding of how to work collectively towards meeting their needs.



Action 3

Measure inequalities routinely.

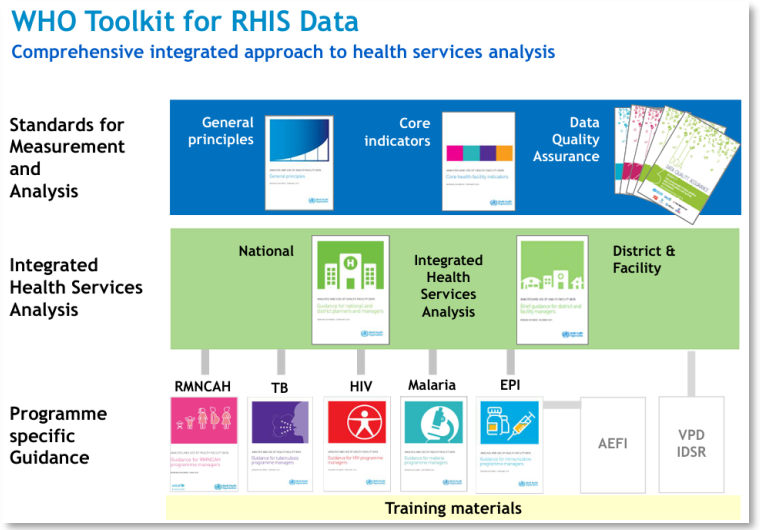
Regularly collect and analyse information on inequalities in NCDs and their risk factors.

Build the capacity of NCD policy and programme staff to monitor, analyse and report inequality data.













Addressing data gaps

Limited availability of multicountry comparable disaggregated data constrained the extent of analysis possible or the generalizability of findings.

The number of countries with comparable data available to assess inequalities varied by NCD indicator, dimension of inequality and data source.

Table 12. Number of distinct countries with disaggregated data available (across all data sources), by indicator and dimension of inequality, adult populations

10–19 countries 20–49 countries 50–99 countries 100–194 countries

Subtopic	Indicator	Number of distinct countries with available data					
		Sex	Age	Economic status	Education	Place of residence	Employment status
Cancer	Cervical cancer screening coverage		65	53	81	67	63
	Breast cancer screening coverage		15	46	46	44	15
	Colorectal cancer screening coverage	31		31	31	29	
Cardiovascular disease	Hypertension prevalence	192			52	23	53
	Self-reported hypertension prevalence	31		31	31	29	
	Hypertension diagnosis coverage	192	192		44	23	52
	Hypertension treatment coverage	192	192		36	22	44
	Effective hypertension treatment coverage	192	192		21	14	32
	Mean total cholesterol	191					
	Prevalence of raised total cholesterol	51			45	20	49
	Prevalence of cardiovascular disease risk	40			20	19	37
Diabetes	Diabetes prevalence	192			26	14	36
	Self-reported diabetes prevalence	31		31	31	29	
	Coverage of glucose-lowering medication among people with diabetes	192	192		14		
	Prevalence of hypertension among people with diabetes	32			17	13	30
Chronic respiratory disease	Prevalence of chronic respiratory diseases	194					
	Self-reported prevalence of chronic lower respiratory diseases	31		31	31	29	
Alcohol use	Prevalence of current alcohol drinking	187	100	83	95	94	56
	Prevalence of lifetime abstinence from alcohol	188	85	50	75	67	54
	Prevalence of heavy episodic drinking in the past 30 days	189	40	30	59	44	35
Obesity and unhealthy diet	Obesity prevalence	192	192	47	83	60	82
	Self-reported obesity prevalence	30	30	30	30	28	
	Prevalence of diet low in fruits and vegetables	86	82	31	83	52	52
	Mean daily salt intake	194	21		23	11	23
	Prevalence of daily consumption of sugar-sweetened beverages	30	30	30	30		
Insufficient physical activity	Prevalence of insufficient physical activity	193	193		47	23	50
	Prevalence of low leisure-time physical activity	30	30	30	30	28	
Tobacco use	Prevalence of current tobacco use	166	86	70	82	84	76
	Prevalence of current tobacco smoking	125	121	113	126	126	93
	Prevalence of current smokeless tobacco use	132	64	59	66	71	71
	Proportion of current smokers thinking about quitting	26	25	23	20	27	28
	Prevalence of belief that second-hand smoking exposure causes serious illness in non-smokers	28	28	23	28	27	28
	Prevalence of daily exposure to second-hand smoke at home	55	55	61	54	90	28
Air pollution	Outdoor air pollution exposure (mean annual concentrations of fine particulate matter, $PM_{2.5}$)					194	
	Proportion of population with primary reliance on polluting fuels or technologies for cooking			54		191	

Addressing data gaps

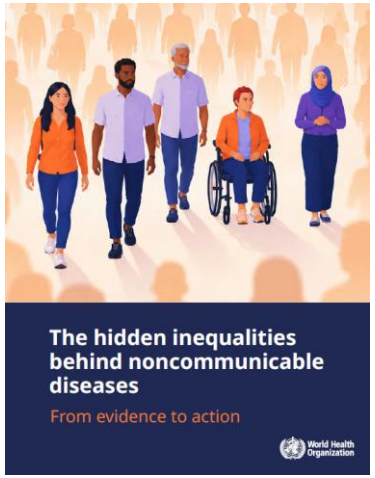
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Additional resources available alongside the report

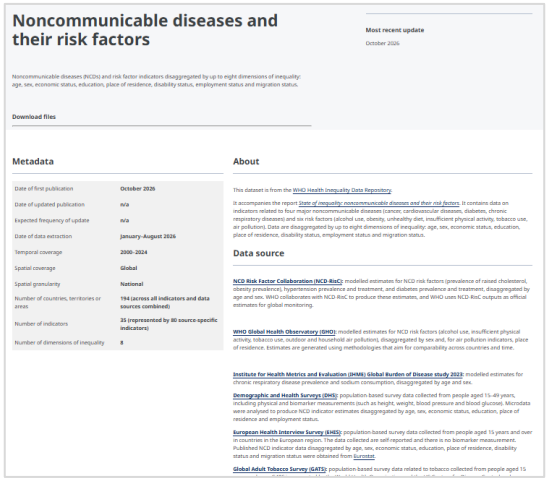
Advocacy brief



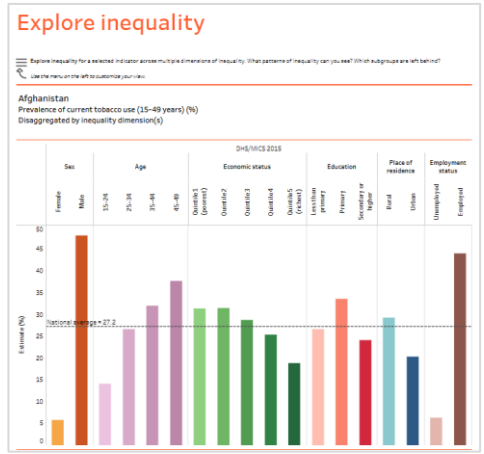
Interactive data visualizations



Dataset and metadata



Country profiles



Thank you



The report and accompanying resources are available at:

www.who.int/data/inequality-monitor/publications/report_2026_ncd

4. Expert panel discussion



Ignatius Awinibuno
Chief Programme Officer, Technical Coordination Directorate, Ministry of Health, Ghana



Radhika Shrivastav
Convenor and Governing Board Member, Healthy India Alliance (India NCD Alliance)



David Watkins
Professor, Department of Global Health and Department of Medicine, University of Washington



Betsy Fuller
Senior Programme Officer, Public Health Team, Bloomberg Philanthropies



Yu Lee Park
Coordinator, Health Systems, WHO Philippines Country Office



Alarcos Cieza
Unit Head, Management of NCDs, Department of NCDs and Mental Health, WHO



Ahmad Hosseinpoor
Team Lead, Health Inequality Monitoring, Department of Data, Digital Health, Analytics and AI, WHO

World Health Organization

5. Closing remarks



Alain Labrique
Director
Department of Data, Digital Health, Analytics and AI
World Health Organization

World Health Organization

LAUNCH WEBINAR

State of inequality

Noncommunicable diseases and their risk factors

www.who.int/data/inequality-monitor/publications/report_2026_ncd

World Health Organization

