

PREVENTION OF IMPORTANT NON-COMMUNICABLE DISEASES AMONG THE POPULATION: UZBEKISTAN AND FOREIGN EXPERIENCE

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Abstract. *The article discusses the WHO European policy in the field of prevention of non-communicable diseases, as well as the development of measures to combat non-communicable diseases in Uzbekistan. The strategic directions for the development of the prevention of non-communicable diseases from the mid-twentieth century to the present are determined, the relevance of preventive work with the population, the search for effective ways to organize measures for the prevention, early detection and reduction of the impact of behavioral risk factors for non-communicable diseases, the need to further improve work on the formation of a healthy lifestyle are substantiated. of the population, the active involvement of each citizen in the process of forming a responsible attitude to their health.*

Keywords: *prevention of non-communicable diseases, risk factors, health promotion, formation of a healthy lifestyle.*

INTRODUCTION

In Uzbekistan, consistent measures are being taken to prevent, treat and control non-communicable diseases and their risk factors, to reduce premature death and morbidity of the population.

At the same time, the absence of an effective coordination system of preventive measures for the protection of public health does not allow taking coordinated measures to support the level of physical activity of citizens and lead a healthy lifestyle.

As a result of the low level of medical and sanitary-hygienic culture of the population, the main focus is not on prevention, but on fighting diseases.

In order to improve the organization and management mechanisms for the prevention of non-communicable diseases, the formation of a healthy lifestyle and increasing physical activity of the population, and the President of the Republic of Uzbekistan dated December 7, 2018 "On comprehensive measures to fundamentally improve the health care system of the Republic of Uzbekistan" No. PF-5590 Actions are being taken in accordance with the decree.

Noncommunicable diseases (NCDs), also referred to as chronic diseases, tend to be long-term and develop as a result of a combination of genetic, physiological, environmental and behavioral factors.

The main types of NCDs include cardiovascular diseases (such as heart attacks and strokes), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

The burden of NCDs is disproportionately high in low- and middle-income countries, which account for more than three-quarters of NCD deaths worldwide (31.4 million).

NCDs are common in all age groups, all regions and all countries. These diseases are often associated with older age groups, but evidence suggests that 17 million NCD deaths occur in people under 70 years of age. However, 86% of these premature deaths occur in low- and middle-income countries. Risk factors that contribute to the development of NCDs (unhealthy diet, physical inactivity, exposure to tobacco smoke or alcohol abuse) threaten all age groups – children, adults and the elderly.

Factors such as rapid and disorderly urbanization, the global spread of unhealthy lifestyles and an aging population contribute to the development of these diseases. The consequences of an unhealthy diet and lack of physical activity can manifest as high blood pressure, high blood glucose, high blood lipids and obesity. These are the so-called metabolic risk factors that can lead to the development of cardiovascular disease, the leading cause of death from NCDs.

METHODS

All modifiable behaviors—tobacco use, lack of physical activity, unhealthy diets, and harmful use of alcohol—increase the risk of developing NCDs.

More than 8 million people die every year from the effects of tobacco use (including the effects of secondhand smoke exposure).

1.8 million people die each year from the effects of excessive salt/sodium intake (1).

Alcohol use is associated with more than 3 million NCD-related deaths per year, including cancer.

Physical inactivity is responsible for 830 000 deaths each year.

Metabolic risk factors contribute to four major metabolic disorders that increase the risk of NCDs:

- high blood pressure;
- overweight/obesity;
- hyperglycemia (high blood glucose); and
- hyperlipidemia (high blood lipids).

The leading metabolic risk factor for death from NCDs worldwide is high blood pressure (associated with 19% of all deaths worldwide) (1); it is followed by elevated blood glucose, overweight and obesity.

NCDs threaten to disrupt the implementation of the 2030 Development Agenda, which includes a target to reduce by one third the likelihood of death among people aged 30 to 70 years from any of the four types of NCDs by 2030.

There is a strong link between poverty and NCDs. The skyrocketing incidence of NCDs, driving up household spending on health care, is projected to limit the effectiveness of poverty reduction initiatives in low-income countries. Members of vulnerable and unprotected populations are more likely to get sick and die at a younger age than those in more advantaged social groups, mainly because they are at increased risk of consuming unhealthy products, in particular tobacco and unhealthy foods, and have limited access to medical services.

In low-resource settings, spending on NCD care leads to a rapid depletion of household resources. Every year, the exorbitant costs associated with NCDs, including the costs of treatment, which are often lengthy and expensive, combined with loss of income, push people into poverty and hinder development.

RESULTS

An important direction in the fight against NCDs is the targeted reduction of risk factors that contribute to the development of these diseases. Governments and other stakeholders have inexpensive solutions at their disposal to mitigate the most common and tangible factors. In developing policies and setting priorities, it is important to track progress, trends in NCD incidence and associated risks.

Reducing the human and societal impact of NCDs requires a comprehensive approach involving all sectors, including health, finance, transport, education, agriculture, planning and others, working together to reduce the risks of NCDs and promote interventions to their prevention and treatment.

The allocation of resources to improve the quality of NCD interventions is essential. These activities include the identification, screening and treatment of such diseases and the provision of access to palliative care for all those in need. For more timely detection and treatment of NCDs, these basic interventions can be carried out with high efficiency by primary health care facilities. These interventions, if implemented in a timely manner, are reported to have significant economic returns as they reduce the need for more expensive treatments. Countries with underserved populations are unlikely to ensure universal access to basic interventions for the prevention and treatment of NCDs. Their implementation is a condition for achieving the goal of combating NCDs under the SDGs.

The 2030 Agenda for Sustainable Development recognizes NCDs as one of the major barriers to sustainable development. As part of the Agenda, Heads of State and Government committed to take action at the national level to achieve a third of premature deaths from noncommunicable diseases through prevention and treatment by 2030 (SDG target 3.4). WHO plays a key leadership role in coordinating and supporting global efforts to combat NCDs and achieve target 3.4 of the Sustainable Development Goals.

In 2019, the World Health Assembly renewed the Global Action Plan for the Prevention and Control of NCDs 2013–2020. to 2030 and to accelerate progress in NCD prevention and control called for the development of a roadmap for the implementation of the Plan 2023–2030. The roadmap promotes action to achieve a set of nine global goals to maximize the contribution to the prevention and treatment of NCDs.

DISCUSSION

At present, three main preventive strategies for the prevention of non-communicable diseases are being implemented in Uzbekistan:

I. Population prevention strategy:

It involves the formation of a healthy lifestyle of the population by informing about the risk factors for non-communicable diseases, motivating citizens and providing appropriate conditions for maintaining a healthy lifestyle based on the combined efforts of legislative and executive authorities, various departments, public structures and organizations. A key role in solving the tasks set is played by the system of medical prevention of non-communicable diseases and the promotion of the health of citizens of Uzbekistan using interagency cooperation in order to create a unified preventive environment. The main tasks of the intersectoral strategy for the prevention of non-communicable diseases and the formation of a healthy lifestyle of citizens are: to identify and reduce the prevalence of the main risk factors for the development of non-communicable diseases and their determinants; informing the population about the principles of maintaining a healthy lifestyle, developing motivation for their observance; ensuring the necessary conditions

for citizens to lead a healthy lifestyle and the availability of their implementation, including the construction of active recreation areas, sports facilities, the introduction of a ban on smoking in public places and other measures.

The advantages of the strategy are the massive nature of the impact on the population. There is no doubt that as a result of well-organized health promotion activities in the media, millions of viewers, listeners and readers are increasing the amount of knowledge about health and a healthy lifestyle. At the same time, the media have a rather indirect effect on healthy human behavior, which is confirmed by a number of studies by domestic and foreign authors.

II. A preventive strategy for identifying high-risk individuals and correcting their risk factors for noncommunicable diseases:

This strategy is implemented mainly at the individual and group levels through primary health care, specialized care and spa treatment. The most important tools of the high-risk strategy are medical examinations and preventive examinations of the population. A network of health schools has been created, the purpose of which is not only to inform the population about the harmful effects of health risk factors, but also to change the behavior of patients with the help of a doctor, help them acquire healthy habits, form an attitude towards smoking, alcohol, drugs, physical activity, nutrition. WHO links the success of modern health care to a large extent with how successful the collaboration between the doctor and the patient is in the fight for health. Traditional paternalistic relations are being replaced by partnership relations. The formation of a responsible attitude to health requires the improvement of approaches to working with the population, models and methods of teaching adults.

III. Preventive strategy for secondary prevention:

It includes early diagnosis, therapeutic measures, including the use of high-tech interventions, in people with proven non-communicable diseases, preventive measures to prevent recurrence of diseases through the prevention of risk factors and the formation of a health-saving behavior model.

An important aspect of the prevention of noncommunicable diseases is the prevention of pre-hospital mortality. The main way to reduce mortality outside hospitals is to educate patients with non-communicable diseases or high (very high) risk, not only about the principles of a healthy lifestyle, but also informing them about the main symptoms of life-threatening conditions, teaching emergency self-help and mutual assistance, timely calling an ambulance help.

CONCLUSION

Prevention and control of non-communicable diseases is based on comprehensive measures aimed at preventing their development and progression through the formation of a healthy lifestyle, correction of provoking risk factors, improvement of the quality of life of the population, increase in the number of labor resources and the economic potential of the country.

A characteristic feature of health care in the countries of the European Region is a high level of preventive activity in the fight against life-threatening non-communicable diseases, aimed at increasing life expectancy and reducing premature mortality.

Formation of a responsible attitude to one's health, maintaining a healthy lifestyle, correction and regular monitoring of risk factors for non-communicable diseases at the population, group and individual levels are the most important directions of the state policy of Uzbekistan in the field of health protection and the most important tasks of the professional activities of medical organizations.

In order to increase life expectancy and improve health, it is necessary to make every citizen an active participant in maintaining their own health, to ensure the availability of knowledge about the state of health, measures to strengthen it and prevent diseases. To achieve the goals set, it is necessary to improve the professional training of doctors of all specialties in the field of prevention of non-communicable diseases, forms and methods of preventive work with the population.

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