The world has reached a decisive point in the history of noncommunicable diseases (NCDs) and has an unprecedented opportunity to alter its course. WHO Member States have agreed on a time-bound set of nine voluntary global targets to be attained by 2025. There are targets to reduce harmful use of alcohol, insufficient physical activity, salt/sodium intake, tobacco use and hypertension, halt the rise in diabetes and of obesity, and improve coverage of treatment for prevention of heart attacks and strokes. There is also a target for improved availability and affordability of technologies and essential medicines to manage NCDs. Countries need to make progress on all these targets to attain the overarching target of a 25% reduction of premature mortality from the four major NCDs by 2025.

Out of the 38 million deaths due to NCDs in 2012, more than 40% were premature, affecting people under 70 years of age. The majority of premature NCD deaths are preventable. This report gives encouraging evidence that premature NCD deaths can indeed be significantly reduced worldwide. Deaths from cardiovascular diseases have been dramatically reduced in many high-income countries owing to government policies which facilitate the adoption of healthier lifestyles and provision of equitable health care. It is imperative that this favourable shift be sustained and, if possible, accelerated in developed countries and replicated in low- and middle-income countries.

NCDs are driven by the effects of globalization on marketing and trade, rapid urbanization and population ageing – factors over which the individual has little control and over which the conventional health sector also has little sway. While individual behaviour change is important, tackling NCDs definitively requires leadership at the highest levels of government, policy development that involve all government departments, and progress towards universal health coverage.

The primary target audience of this report are Ministers of Health. The report provides information on voluntary global targets and how to scale up national efforts to attain them, in a sustainable manner. The 2010 baseline estimates on NCD mortality and risk factors are provided so that countries may begin reporting to WHO on progress made in attaining the targets, starting in 2015. The country case studies on successful prevention and control of NCDs highlighted in the report can be instructive for others facing similar challenges.

As discussed in this report, there is an agreed set of very cost-effective – and globally applicable – NCD interventions for attaining all nine targets by 2025. Each country needs to apply them within its specific local conditions and contexts, drawing on the best available evidence. Ministers assembled at the United Nations General Assembly in July 2014, agreed that there are no reasons why any country – low-, middle- or high-income – should delay moving forward with their implementation. Delay in taking action will result in worsening of the NCD burden and an increase in health-care costs.

The most important message of the second global report on NCDs is that, today, the global community has the chance to change the course of the NCD epidemic. The world now has a truly global agenda for prevention and control of NCDs, with shared responsibilities for all countries based on concrete targets. This is an historic opportunity to tackle the NCD epidemic that no country can afford to miss.