

EVOLVING LIFESTYLES, CREATING NEW HEALTH RISK FACTORS

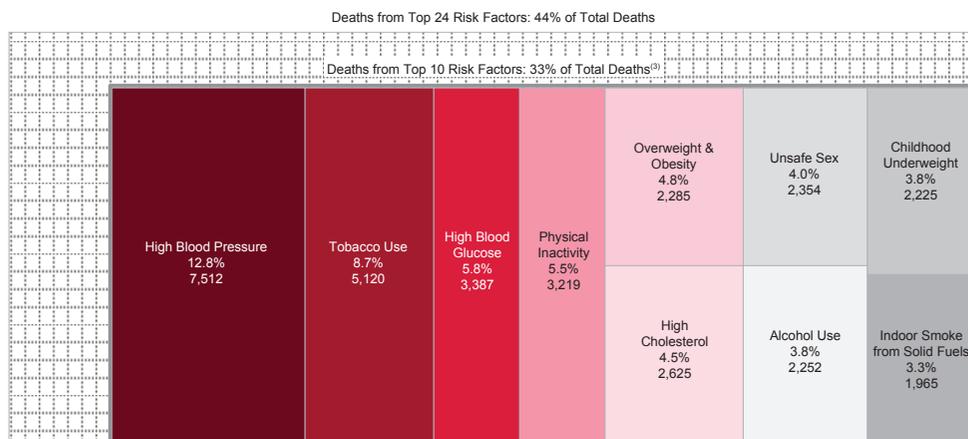


**MAJOR HEALTH RISK
FACTORS ARE CORRELATED
WITH BAD LIFESTYLE
CHOICES and contribute to 44%
of deaths every year**

"Risk factors" are human habits or attributes that increase the likelihood of developing a disease or suffering a life-threatening injury. These risk factors include smoking, alcohol abuse, inactivity, obesity and poor eating behaviors⁽¹⁾ which have contributed heavily to the increase in non-communicable diseases globally

Global Deaths Attributable to Top 24 Risk Factors⁽²⁾

(In Thousands of Deaths and In % of Total Deaths Attributed Risk Factors, Latest Available Data)



Notes: (1) Poor eating behavior covers underweight and overweight outcomes

(2) Top 24 risk factors based on WHO analysis presented in the 2009 "Global Health Risks Report" and data available in WHO database

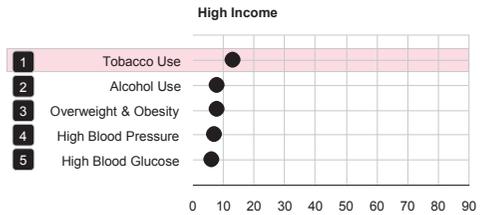
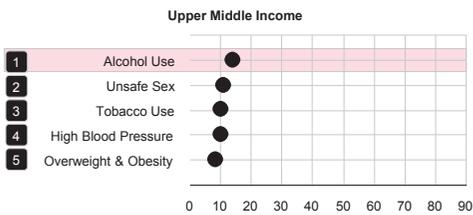
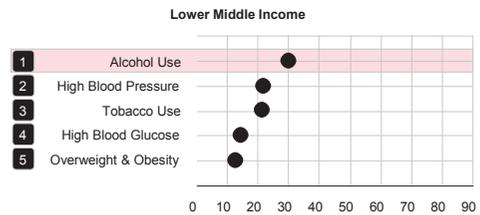
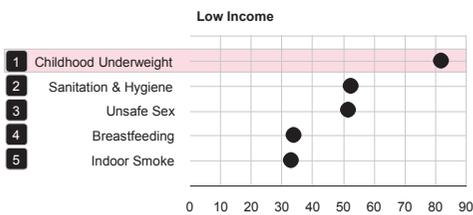
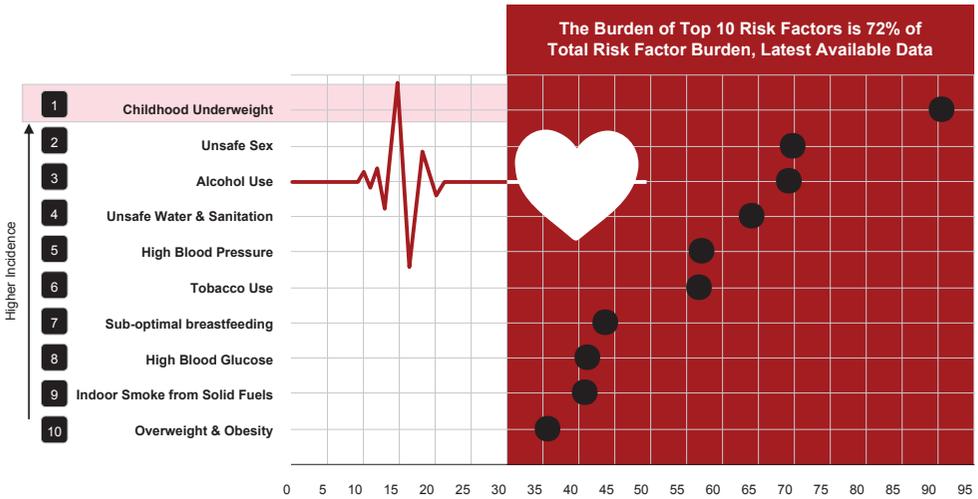
(3) Deaths and percentages of total deaths attributed to individual risk factors are higher than aggregate percentages due to joint effects

Sources: WHO Database of Risk Factor Estimates for 2004; "Global Health Risks Report", WHO, 2009

HEALTH RISK FACTORS' ECONOMIC BURDEN VARIES BY INCOME LEVEL, with substance abuse being the highest risk in higher income countries and childhood underweight being the highest risk in lower income countries

Different disease patterns exist between countries across different income levels. For high and middle-income countries, the most important risk factors are those associated with chronic diseases, while in low income countries childhood underweight is the main risk factor. Weight is a growing risk factor in middle and higher income economies too, but in those countries the issue is having too much weight, not too little

Global Economic Burden of Top 10 Risk Factors (In Millions of DALYs, Latest Available Data)

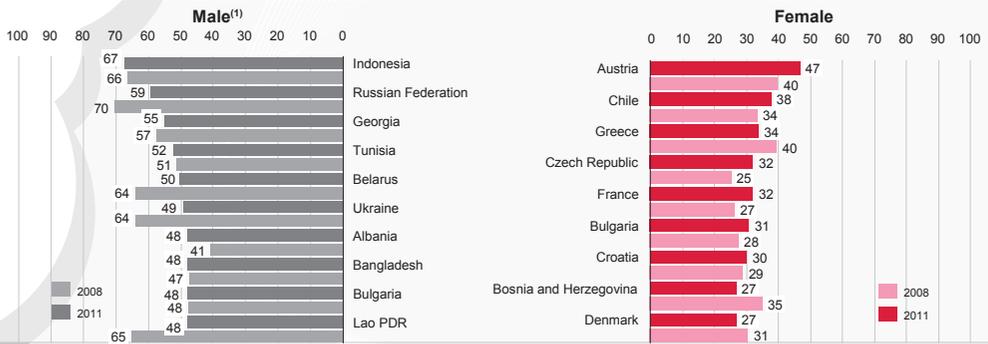


Source- Upper and Lower Charts: WHO Global Health Observatory Data Repository

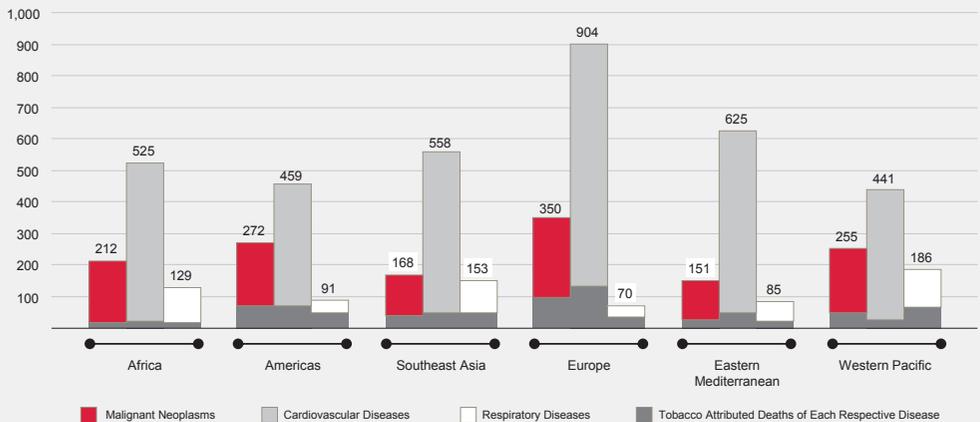
SMOKING PREVALENCE – HIGHER AMONG MEN – IS ON THE DECLINE, but remains a major cause of respiratory disease especially in the Americas, Europe and Western Pacific

Nearly 20% of the world's population smokes cigarettes, including more than 200 million women and 800 million men. While worldwide smoking prevalence declined between 1980 and 2012 by an estimated 25% for men and 42% for women, the number of daily smokers remains on the rise due to population growth. Rates have persisted at their old levels or increased in many countries where prevalence is highest. Tobacco is the leading cause of preventable death worldwide and plays a part in 12% of deaths among adults over 30

Top Ten Countries by Prevalence of Smokers by Gender and over Time
(In % of Total Adult Population, 2008 and 2011)



Tobacco Attributed Deaths from Non-Communicable Diseases
(In Number of Deaths per One Hundred Thousand People, Latest Available Data)

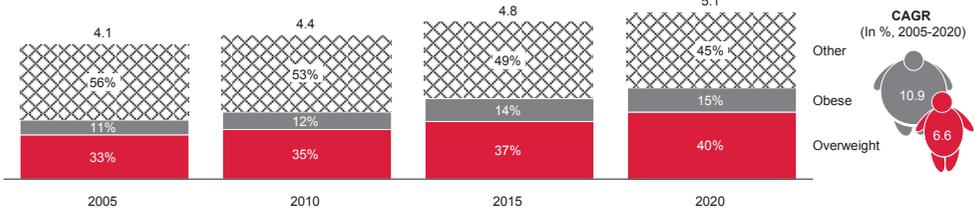


Note: (1) Excludes Kiribati and Papua New Guinea due to lack of 2008 data
Sources- Upper Charts: WHO Global Health Observatory Data Repository; WHO Global Report on the Tobacco Epidemic 2008 and 2011
Source- Lower Chart: WHO Global Health Observatory Data Repository

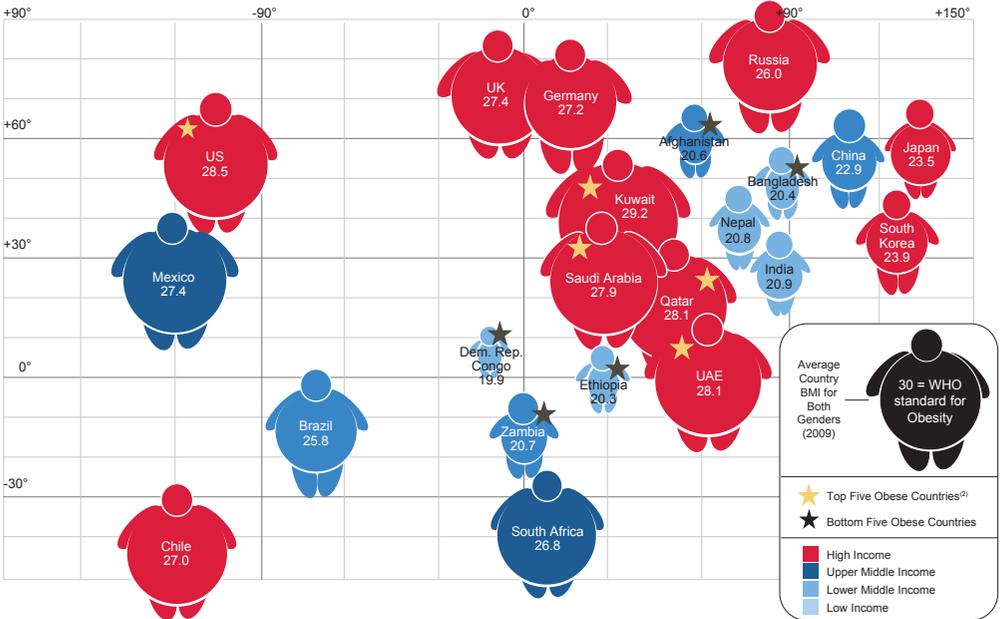
ALMOST HALF OF THE GLOBAL ADULT POPULATION IS OVERWEIGHT, with global obesity on the rise and projected to affect 15% of the world's adult population by 2020

More than 1.9 billion adults were overweight in 2014, including more than 600 million obese. The consumption of energy-dense foods and physical inactivity are the main causes of this problem, which affects more than 50% of the population in high income countries, according to the World Health Organization. While obesity is most prevalent in developed economies, the rate of increase of childhood overweight and obesity has been more than 30% higher in lower and middle-income countries than in developed countries

Share of Overweight and Obese People among Adults over Time
(In Billion and In % of World Adult Population, 2005-2020)



BMI⁽¹⁾ Rates for Select Countries
(In Mean Age-Standardized BMI kg/m², 2008)



Notes: (1) The Body Mass Index (BMI) is an index of weight to height (weight in kilograms divided by the square of the height in meters) that is commonly used to classify underweight, overweight and obesity in adults

(2) Excludes Pacific countries and other small islands

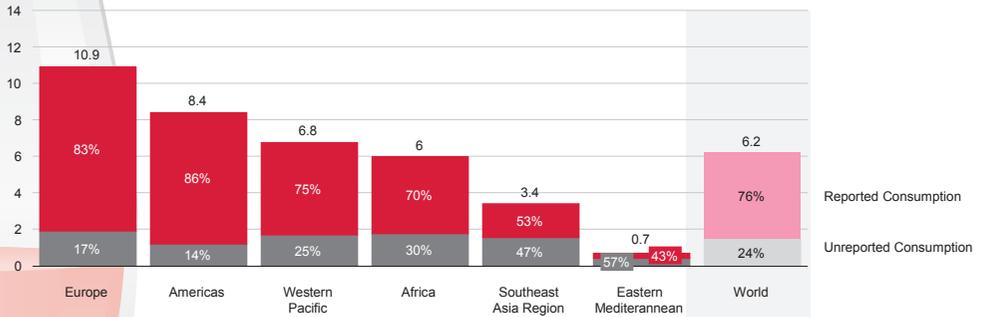
Sources – Upper Chart: WHO Statistics Database

Sources – Lower Chart: WHO Statistics Database; Imperial College Data

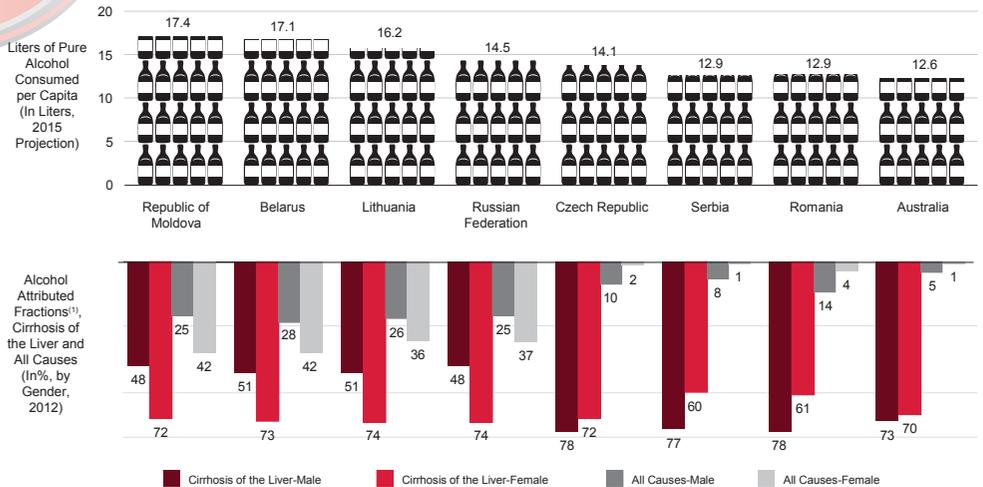
ALCOHOL CONSUMPTION IS HIGHEST IN EUROPE AND THE AMERICAS with alcohol-attributed death due to liver diseases highest in Eastern Europe

In 2012, 5.9% of the world's total deaths (3.3 million) were attributable to alcohol consumption, with more than half of the deaths involving NCDs. High income countries remain the world's highest consumers, with average per capita consumption of 9.6 liters a year, three times the 3.1 liter average in low income countries. Declining European consumption and rising consumption in the Western Pacific region are expected to keep global rates constant over the next decade

Average Total Alcohol Consumed by Region
(In liters of alcohol consumed per capita, Latest Available Data)



Top Countries by Alcohol Consumption and National Alcohol Attributed Death Rates
(In projected liters of pure alcohol consumed per capita, 2015 Estimates)

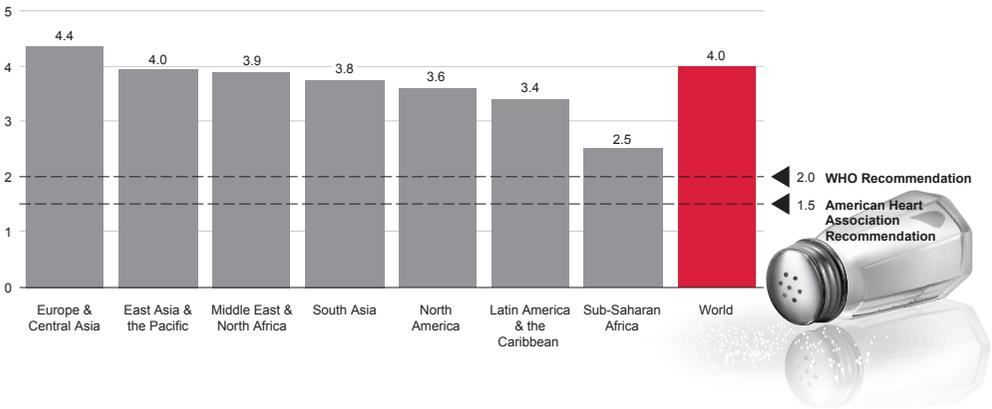


Note: (1) The alcohol-attributable fraction (AAF) denotes the proportion of a health outcome which is caused by alcohol (i.e. that proportion which would disappear if alcohol consumption was removed)
Source- Upper Chart: "Global Status Report on Alcohol and Health 2014", WHO, 2014
Sources- Lower Charts: WHO Global Health Observatory Data Repository; "Global Status Report on Alcohol and Health 2014", WHO, 2014

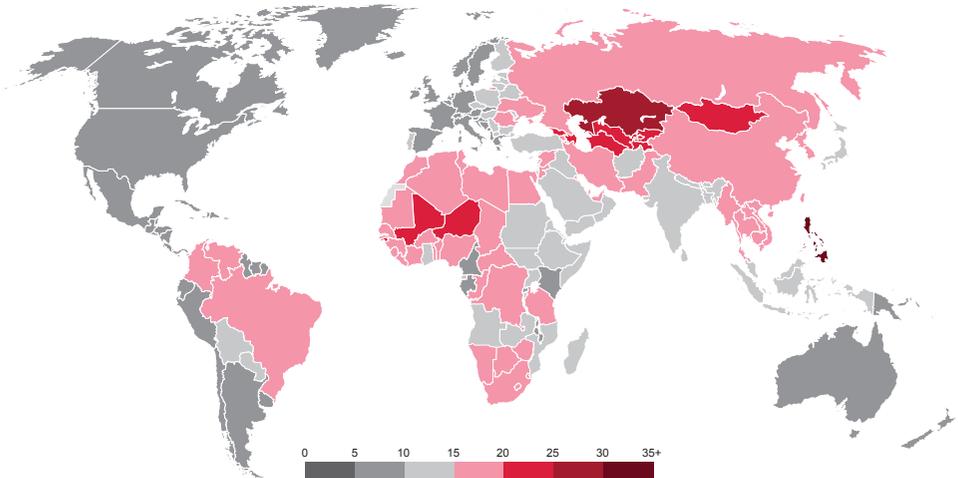
GLOBAL SODIUM INTAKE IS TWICE THE LEVEL RECOMMENDED BY THE WORLD HEALTH ORGANIZATION posing a higher risk of cardiovascular disease albeit new studies are questioning sodium risks

Sodium intake around the world is far beyond physiological need and is closely linked with high cholesterol rates, elevated blood pressure, and cardiovascular disease. Since 1980, average daily sodium consumption globally has remained 4 grams/day, double the level recommended by WHO. While Central and Southeast Asia have the highest sodium intake, countries in West Africa are disproportionately affected by deaths from cardiovascular diseases attributed to sodium

Average Daily Sodium Consumption Rates by Region⁽¹⁾
(In grams of sodium/day, Latest Available Data)



Proportion of Cardiovascular Disease Mortality Attributed to Sodium Intake
(In Percent of Total Cardiovascular Disease Mortalities, Latest Available Data)



Note: (1) Regional averages calculated as an average of sub-regional sodium intake; not weighted based on population
Source- Upper Chart: "Global, regional and national sodium intakes in 1990 and 2010", BMJ, 2013
Source- Lower Chart: "Global Sodium Consumption and Death from Cardiovascular Causes", New England Journal of Medicine, 2014