



World Health
Organization

REGIONAL OFFICE FOR Europe



TURKMENISTAN STEPWISE APPROACH TO SURVEILLANCE (STEPS) FOR NONCOMMUNICABLE DISEASES (NCDs), 2018



PRELIMINARY RESULTS FROM A WHO STEPWISE APPROACH TO SURVEILLANCE (STEPS) SURVEY OF NCD RISK FACTORS IN TURKMENISTAN, 2018

BACKGROUND

The World Health Organization (WHO) STEPwise approach to surveillance (STEPS) is a standardized method for collecting, analysing and disseminating comprehensive data on noncommunicable diseases (NCDs), their risk factors and the responses of health care systems. Data is collected on a wide range of behavioural and biological risk factors as well as on the individual's medical history of noncommunicable diseases. Data on behavioural risk factors include tobacco and alcohol use, diet and physical activity. Data on biological risk factors include overweight and obesity, blood pressure, blood glucose and blood lipid levels. The responses of the health systems include preventive measures and/or treatment for risk factors such as visits to physicians, cardiometabolic risk assessment, counselling, and treatments for reducing exposure to risk factors. The STEPS survey has been conducted in Turkmenistan two times: first in 2013 and then from March to April 2018. A random sample of the population, representative of the whole country, was invited to participate in the survey. In 2013, 5308 adults aged 18–64 years or 88.5% of the total invited sample, and in

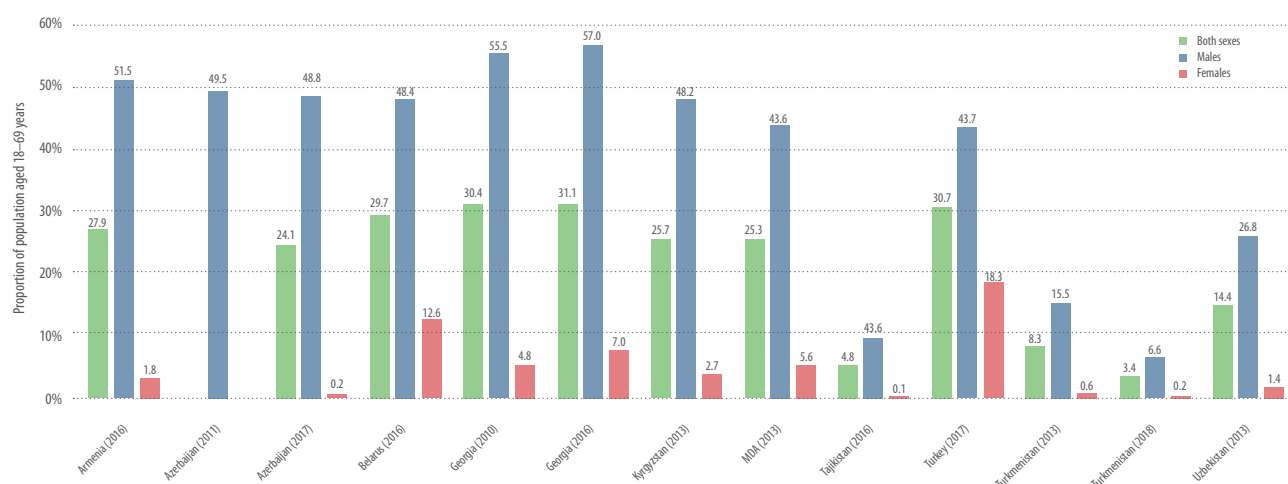
2018, 4053 adults aged 18–69 years or 94.3% of the total invited sample, were interviewed using a standardized questionnaire, and a number of physical and biochemical measures were performed.

This document summarizes the draft preliminary findings of the STEPS survey conducted in 2018, obtained in the data analysis workshop conducted in the beginning of July, and compares the results to those obtained in the 2013 survey and also to the results from selected countries in the WHO European Region which have recently conducted at least one STEPS survey. Different iterations of the STEPS survey use similar methodologies but these methodologies have evolved over time. Therefore, the results from previous STEPS surveys should be interpreted with caution and are not necessarily directly comparable with recent results. The results from the 2018 Turkmenistan STEPS survey are still preliminary, and more in-depth analysis, validation and discussion will follow before the data can be considered final.

BEHAVIOURAL RISK FACTORS

In 2018, the prevalence of smoking in Turkmenistan was very low and an estimated 3.4% of the population smoked. This represents a decrease by more than half since 2013 when the estimated prevalence was 8.3% and is by far the lowest value among all countries in the WHO European Region who have conducted STEPS surveys recently (Fig. 1).

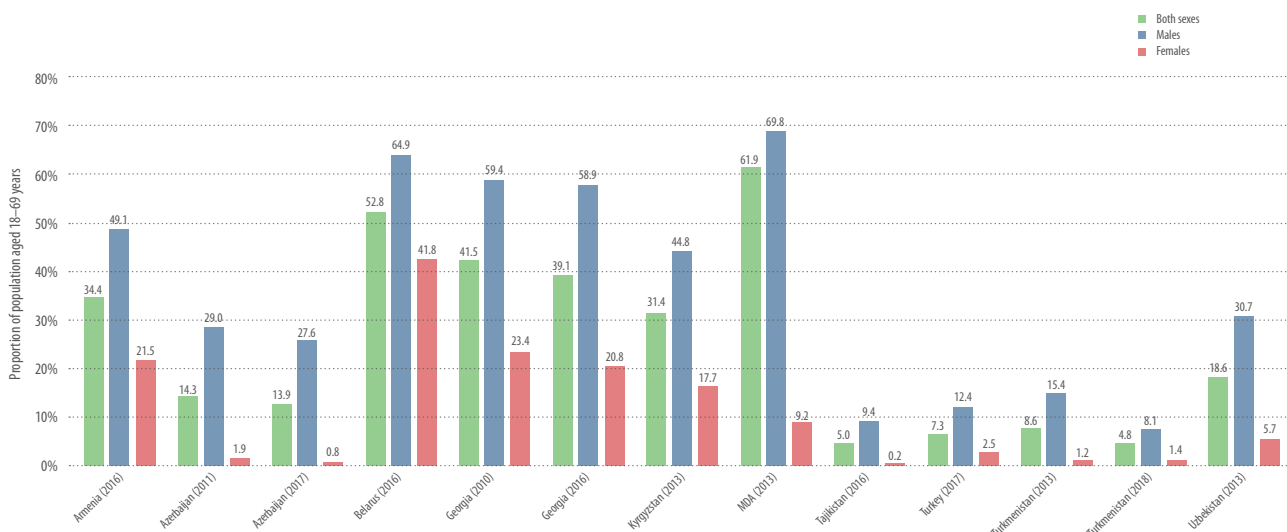
Fig. 1: Prevalence of tobacco smoking in the last 30 days among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



Note: MDA is the abbreviation for the Republic of Moldova

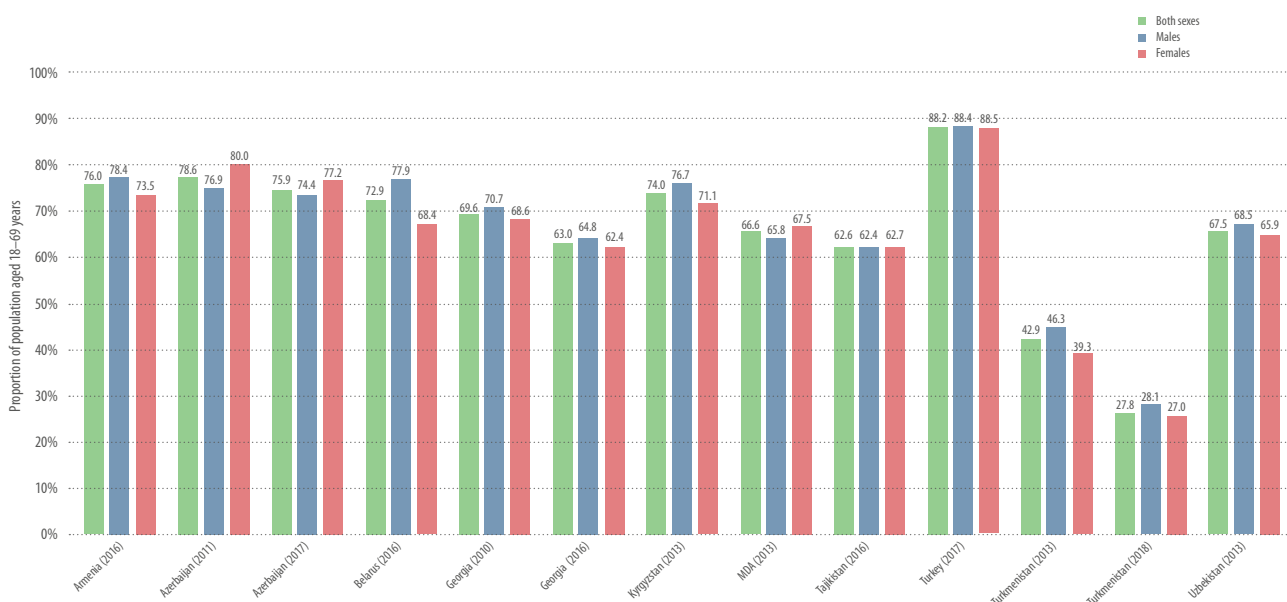
The share of the population who said that they had consumed alcohol in the last 30 days also decreased significantly from 8.6% in 2013 to 4.8% in 2018. As with the results for smoking, a large difference was observed between sexes, with 8.1% of males and 1.4% of females drinking alcohol in the last 30 days (Fig. 2). Those rates are among the lowest percentages among countries in the WHO European Region who have conducted STEPS surveys recently. Compared to 2013, the proportion of lifetime abstainers was the same: 87%. However, the share of the population abstaining from alcohol in the last year increased significantly, from 0.4% to 4.1%, between 2013 and 2018.

Fig. 2: Prevalence of alcohol consumption in the last 30 days among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



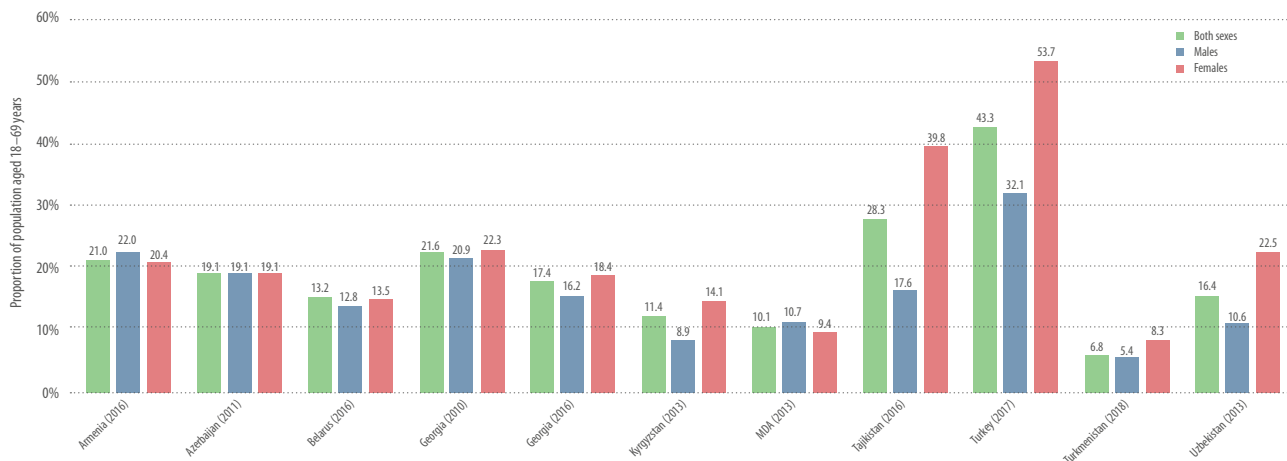
The WHO recommends daily consumption of at least five servings of fruit and vegetables. In Turkmenistan, the share of the population who do not meet this recommendation decreased significantly from 42.9% to 27.7% between 2013 and 2018. The gap between the sexes in insufficient fruit and vegetable consumption was reduced, and in 2018 in Turkmenistan a very similar proportion of men and women eat at least five servings daily. The observed levels are the lowest among the countries who have conducted STEPS surveys recently (Fig. 3).

Fig. 3: Proportion of population consuming on average less than five standard servings of fruits and vegetables daily among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



The WHO recommends at least 150 minutes of moderate-intensity physical activity per week combined with muscle strengthening exercises. Approximately 7% of the population of Turkmenistan is currently not meeting this recommendation, which is the lowest percentage among countries in the WHO European Region who have conducted STEPS surveys recently. As in other countries, there is a higher tendency for women to have insufficient levels of physical activity (Fig. 4).

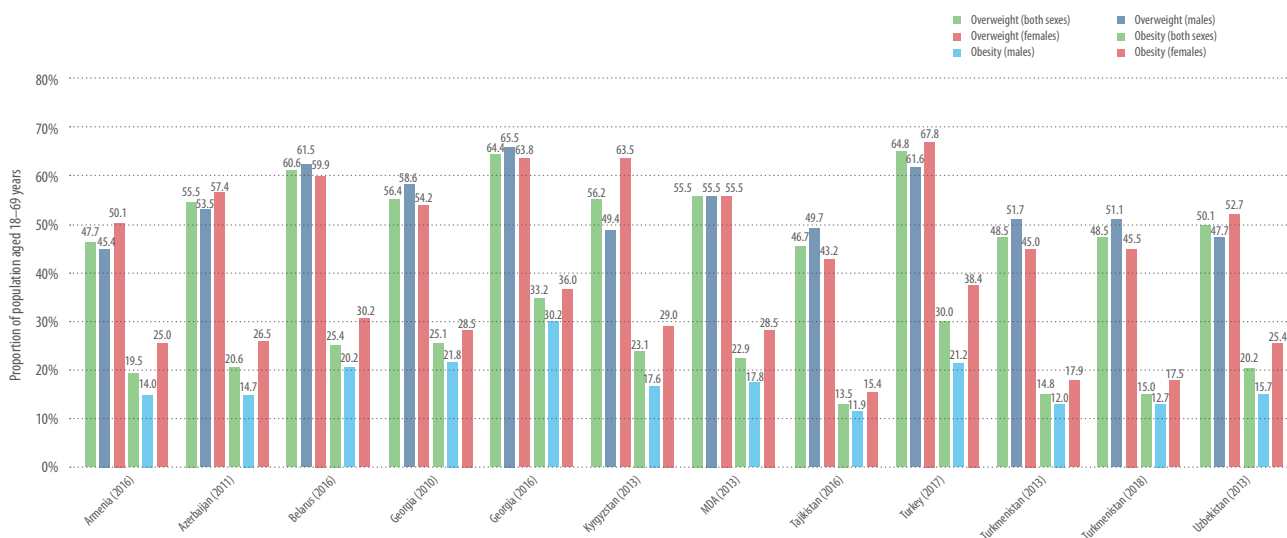
Fig. 4: Proportion of population with insufficient levels of physical activity among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



BIOLOGICAL RISK FACTORS

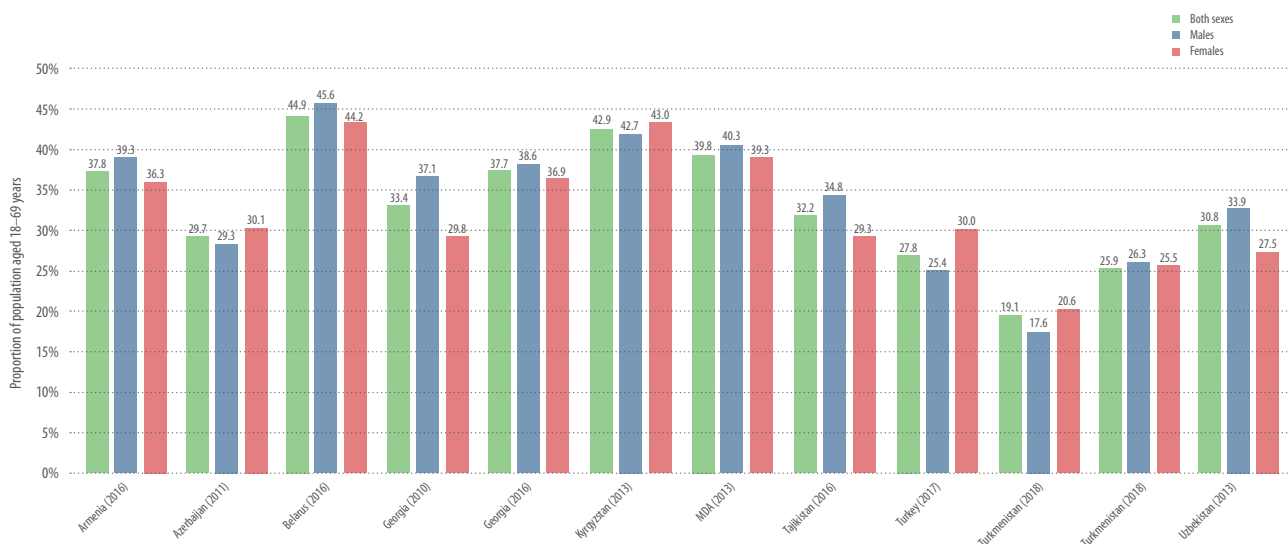
The prevalence of overweight and obesity, defined as body mass index greater or equal to 25 or 30 kg/m² respectively, has remained unchanged in Turkmenistan over the last five years (Fig. 5). Approximately half of the population is overweight and one in seven is obese. Figures for overweight are similar as in other central Asian countries, but the prevalence of obesity is among the lowest in the region. In Turkmenistan, more men than women were overweight, but women were more frequently obese.

Fig. 5: Prevalence of overweight and obesity among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



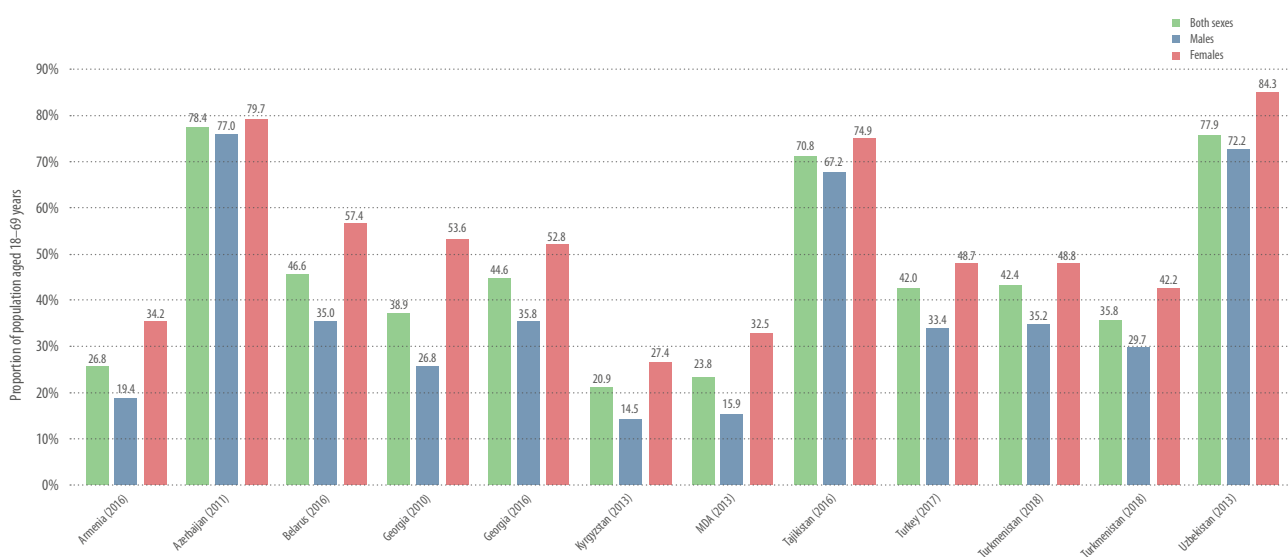
Raised blood pressure, defined as systolic blood pressure equal to or greater than 140 mmHg, or diastolic blood pressure equal to or greater than 90 mmHg, or people on current medication for high blood pressure, was measured in 25.9% of the population and the rates were comparable in men and women (Fig. 6). This value has increased since 2013, when the corresponding figure was 19.1%. Still, this is one of the lowest values among all countries who have conducted STEPS surveys recently.

Fig. 6: Prevalence of raised blood pressure among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



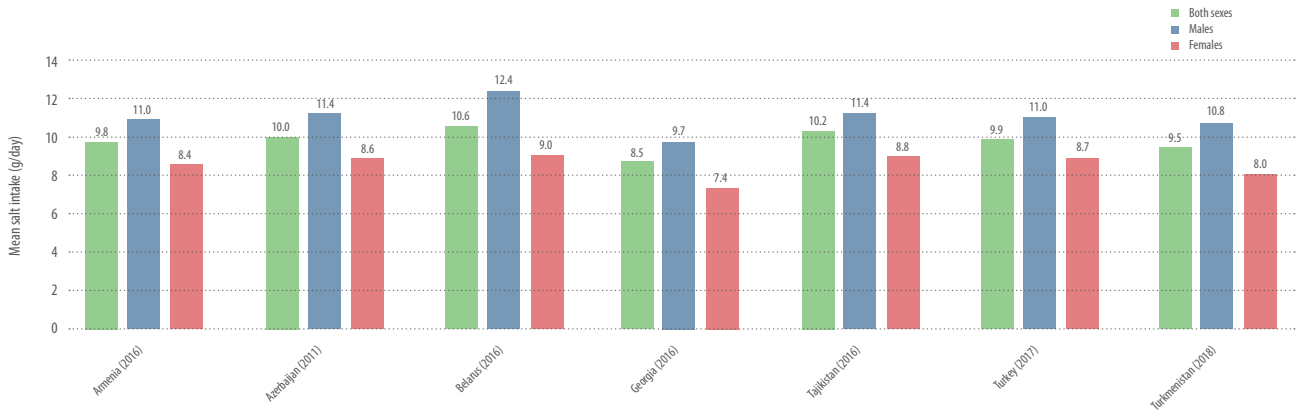
Raised blood pressure is the leading cause of the disease burden in the WHO European Region. Therefore, after diagnosis, raised blood pressure (hypertension) should be treated with lifestyle modification and/or appropriate medication. Therefore, it is of interest to monitor what proportion of the population with raised blood pressure is receiving antihypertensive treatment. This figure decreased from 42.4% in 2013 to 35.8% in 2018 (Fig. 7). Similar rates are observed in other countries who have conducted STEPS surveys recently.

Fig. 7: Proportion of persons with raised blood pressure receiving antihypertensive treatment among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



Measurement of salt in spot urine is a relatively new measurement in the STEPS surveys, and has only been undertaken in recent years. Therefore, information on this indicator is not available for the 2013 STEP survey in Turkmenistan. The WHO recommends that the daily intake of salt should be less than 5 g/day. In 2018 in Turkmenistan, the average concentration of salt in the urine of participants in the STEPS survey was 9.5 g/day. Values were 2.8 g/day higher in males than in females (Fig. 8).

Fig. 8: Average salt concentration in urine among adults aged 18–69 years in Turkmenistan and selected countries with data from recent STEPS surveys



CONCLUSION

The STEPS survey conducted in 2018 has provided updated data on NCD risk factors in Turkmenistan in a standardized and comparable way. With the completion of the STEPS survey, Turkmenistan also fulfilled the commitment made at the UN General Assembly to implement STEPS, or another similar NCD risk factor survey, every five years, and has thus fully achieved the Progress Monitor indicator three.

Changes in behavioural risk factors, especially in smoking rates and alcohol consumption, showed large decreases of health harming behaviours. The prevalence of tobacco smoking and alcohol use in Turkmenistan are currently at very low levels and the gains achieved in the reduction of these two major risk factors for NCDs should be maintained. Low prevalence of tobacco use was confirmed by the objective testing of cotinine, which was negative for 94.2% of the study population. Similarly, as in 2013, there is a large gradient between sexes and almost all tobacco and alcohol users are male. The proportion of the population consuming the recommended amount of fruit and vegetables has increased and levels are rather high. Also, this year, physical activity in the population was measured for the first time in a comparable way and the observed levels are rather high.

However, the situation has deteriorated somewhat regarding blood pressure, as the proportion of the population with raised blood pressure has increased. High levels of salt intake, as determined for the first time in this survey, have contributed to the raised blood pressure. Simultaneously, the proportion of people receiving treatment for high blood pressure has decreased. From data submitted regularly to the WHO, it is known that the mortality from

cardiovascular diseases (CVDs) in Turkmenistan, although decreasing fast in recent years, is relatively high. As raised blood pressure is one of the main modifiable risk factors for CVDs, efforts to reduce blood pressure would further contribute to a reduction in CVD mortality. It is known from other countries that both primary prevention through efforts to reduce salt consumption and efficient treatment of hypertension contribute to efficient control of blood pressure in the population, reducing mortality and morbidity from CVDs. Finally, because the prevalence of overweight and obesity is rather high, it is important that its prevention receives attention in years to come.

Altogether, Turkmenistan should be commended for the results achieved, and its dedication and commitment to protecting the health of its population through primary prevention efforts and support for healthy lifestyles. As the levels of smoking and alcohol consumption are very low, the focus in the future should be to maintain these low levels. With two rounds of STEPS surveys implemented, Turkmenistan has high-quality data available on NCDs and their risk factors. These data could be used for implementation research, namely to analyse in more depth particular issues and to propose the best strategies to reduce the burden of NCDs in the country. Preliminary analyses reveal that improved control of high blood pressure might be one of the key factors to further reducing CVD mortality and morbidity. This approach would also be fully aligned with the recommendations proposed by the WHO Regional Office for Europe to accelerate the progress and not only achieve but even exceed the Sustainable Development Goal (SDG) target 3.4 to reduce premature mortality from NCDs by one third by 2030.

WHO STEPWISE APPROACH TO SURVEILLANCE (STEPS)

Useful links

<http://www.euro.who.int/en/countries/turkmenistan>
<https://gateway.euro.who.int/en/country-profiles/turkmenistan/>
<http://www.who.int/ncds/surveillance/steps/en/>

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МИНИСТЕРСТВО
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РОССИЙСКОЙ ФЕДЕРАЦИИ

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