

Noncommunicable diseases progress monitoring

Are we meeting the time-bound
United Nations targets?



Background paper for the WHO European Meeting of
National NCD Directors and Programme Managers,
Moscow, Russian Federation, 8–9 June 2017

Summary

In 2013, the World Health Assembly adopted the Global Action Plan and its comprehensive Global Monitoring Framework for the prevention and control of noncommunicable diseases (NCDs), including nine targets and 25 indicators (1). In 2014, despite several years of action, a United Nations high-level meeting considered that improvements in various areas were unsatisfactory to reach those targets and required a new stimulus for the implementation of best-buy policies addressing them. As a result, the United Nations proposed new time-bound targets and indicators and a progress-monitoring process to report on countries' progress in the implementation of the policies (2).

This report is a preliminary assessment of progress made by individual countries in implementing their national NCD policies, measures and interventions against the **10 progress-monitoring indicators** of the four time-bound commitments. It largely uses the data collected from 53 Member States in the WHO European Region through the web-based WHO Global Country Capacity survey (CCS) (3), 2015 and 2017 versions (see Annex 1 containing detailed technical notes for their specifications). Other data sources are necessary for specific indicators not covered by the CCS; these data have been included where available. In general, each indicator represents a composite indicator (index) made up of different variables (not shown here, but available for review if requested). The results are presented here in graphical form as "heat maps" to show levels of progress on their achievement.

This report was prepared for the WHO European Meeting of National NCD Directors and Programme Managers that takes place in Moscow, Russian Federation, on 8–9 June 2017. It is accompanied by a paper on premature mortality from NCDs and a report showing progress against the Global Monitoring Framework targets. These documents will be followed by a more substantial European NCD status report later in 2017. Together, they are intended as a contribution to the preparations for the WHO Global Conference on NCDs in October 2017 in Montevideo, Uruguay, and the third United Nations High-level Meeting on NCDs, scheduled to take place in 2018.

Highlights and heat map results

Data on progress-monitoring indicators for 2015 and 2017 (preliminary analysis) are shown for each country in the following "heat maps". All 53 Member States in the Region responded to the WHO CCS for the first time in 2017, indicating their commitment to contributing to monitoring progress on NCD policy implementation. At the time of this assessment, data for both 2015 and 2017 (preliminary) were available for 14 of the 18 indicators, enabling changes in implementation to be determined; these are summarized in Table 1. Some progress was observed in 11 of those 14 indicators between 2015 and 2017, and for seven of these (indicators 1 on national policies; 5c and 5d on tobacco use; 7a, 7b and 7c on healthy diets; and 10 on cardiometabolic risk assessment and management) there was over 20% improvement from the 2015 value.

In summary, important progress has been achieved in the implementation of NCD time-bound commitments in European countries and a positive trend is generally observed on progress-monitoring indicators. Some noticeable changes have occurred with different indicators in each category in a relatively short period. However, increased and improved implementation will be necessary to achieve the NCD time-bound commitments and modify the prevalence of key risk factors to the levels suggested by the Global Action Plan/Global Monitoring Framework.

Table 1. Summary scorecard for the WHO European Region

Indicator	Preliminary results for 2017 and trends since 2015 for the WHO European Region – progress on full achievement of indicators
1. Setting national targets and indicators for monitoring and evaluation of progress	Between 2015 and 2017 the percentage of countries with both a set of national targets and indicators for them doubled from 23% to 51%.
2. Strengthening existing mortality and disease registries	The situation in countries in the Region was already quite satisfactory and increased further from 77% in 2015 to 85% in 2017.
3. Risk factors surveys	The percentage of countries that had conducted risk factor surveys – and particularly recent (in the last five years) surveys – reached 40% in 2015, a figure that decreased to 32% in 2017.
4. Development and implementation of national multisectoral NCD policies and action plans	Between 2015 and 2017, the proportion of countries that reported they had an operational integrated policy, strategy or action plan increased from 43% to 51%.
5. Tobacco demand-reduction measures	
a. Taxation	Although taxation increased in most countries, with rates between 50% and 60%, only one country reached the 70% rate required for full achievement.
b. Smoke-free environments	Progress in the implementation of smoke-free environments – that is, all indoor workplaces, public places and public transport – increased only slightly from 19% in 2015 to 21% in 2017.
c. Health warnings	A 10-fold increase was reported on the implementation of warnings of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns between 2015 and 2017, reaching 58% of countries.
d. Advertising bans	Implementation of bans on all forms of tobacco advertising, promotion and sponsorship had been achieved fully in less than 10% of countries by 2017.
6. Harmful use of alcohol reduction measures	2017 data are not available – based on data collected through the WHO global survey on alcohol and health, which is due 2018.
7. Unhealthy diet reduction measures	
a. Salt/sodium consumption	Almost three quarters (74%) of countries reported adoption of national policies to reduce population salt consumption.
b. Saturated fats and trans-fats	58% of countries had policies to limit saturated fatty acids and virtually eliminate industrially produced trans-fats in the food supply in 2017, increasing from 41% in 2015.
c. Marketing of foods and non-alcoholic beverages to children	66% of countries had policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt in 2017, increasing from 41% in 2015.
d. Marketing restrictions of breast-milk substitutes	Data are not yet available.
8. Promoting awareness on diet and physical activity	The proportion of countries that had implemented at least one national public awareness programme in the last five years increased from 75% to 85%.
9. Availability of evidence-based national guidelines, protocols and standards for the management of NCDs through a primary care approach, and their implementation status	Almost half (45%) of countries had government-approved, evidence-based national guidelines, protocols and standards for the management of all four major NCDs through a primary care approach that were fully implemented in 2017 – this figure has not changed since 2015.
10. Assessment and management of cardiometabolic risk factors	The proportion of countries offering all of the eight essential medicines as well as providing cardiovascular risk stratification in more than half of primary health care facilities increased from 30% in 2015 to 53% in 2017.

Key to colour coding:

Red	Fully achieved in less than 50% of countries in the Region
Amber	Fully achieved in at least 50% but less than 75% of countries in the Region
Green	Fully achieved in at least 75% of countries in the Region

Table 2. “Heat maps” to show achievement against the indicators of the time-bound commitments by Member States in the WHO European Region

COUNTRY	GOVERNANCE							
	Indicator 1. Member State has set time-bound targets and indicators based on WHO guidance		Indicator 2. Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis		Indicator 3. Member State has a STEPS survey or a comprehensive health examination survey every five years		Indicator 4. Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors	
Country	2015	2017	2015	2017	2015	2017	2015	2017
Albania	1	3	2	2	2	1	1	3
Andorra	no data	1	3	3	2	1	1	1
Armenia	3	3	2	3	3	3	1	3
Austria	1	1	3	3	2	2	1	1
Azerbaijan	1	3	2	2	2	3	1	3
Belarus	1	3	3	3	2	3	1	3
Belgium	2	1	3	3	3	2	3	1
Bosnia and Herzegovina	1	DK	2	3	2	1	3	1
Bulgaria	3	1	2	3	2	1	3	3
Croatia	1	1	3	3	2	2	1	1
Cyprus	1	1	3	2	2	1	3	1
Czech Republic	3	3	3	3	3	2	3	3
Denmark	1	no data	3	3	3	3	1	3
Estonia	2	3	3	3	3	2	2	2
Finland	2	3	3	3	3	3	3	2
France	1	DK	3	3	2	1	3	3
Georgia	1	3	2	2	2	3	1	3
Germany	2	3	3	3	3	3	1	3
Greece	1	1	2	3	2	2	1	1
Hungary	3	1	3	3	2	3	3	1
Iceland	1	1	3	3	3	2	1	1
Ireland	1	1	3	3	2	2	1	1
Israel	1	1	3	3	3	2	1	3
Italy	2	3	3	3	3	2	3	3
Kazakhstan	2	DK	3	3	2	2	3	3
Kyrgyzstan	2	3	3	3	2	3	3	3
Latvia	2	3	3	3	2	3	3	2
Lithuania	3	3	3	3	3	2	3	3
Luxembourg	no data	1	3	3	no data	2	no data	1
Malta	3	3	3	3	3	1	3	3
Monaco	1	1	3	3	no data	1	1	1
Montenegro	1	3	2	2	2	3	3	3
Netherlands	1	DK	3	3	2	2	3	1
Norway	1	3	3	3	2	2	3	3
Poland	2	1	2	3	2	1	3	2
Portugal	3	3	3	3	2	1	DK	3
Republic of Moldova	1	3	3	3	3	3	3	3
Romania	1	3	3	3	1	2	1	3
Russian Federation	3	3	3	3	3	1	3	3
San Marino	1	1	3	3	1	1	1	3
Serbia	3	1	3	3	2	1	1	3
Slovakia	1	3	3	3	3	2	2	2
Slovenia	2	3	3	3	3	3	1	3
Spain	1	1	3	3	3	2	1	1
Sweden	1	1	3	3	3	2	2	1
Switzerland	2	3	3	3	3	2	1	1
Tajikistan	3	1	2	2	2	3	3	3
The former Yugoslav Republic of Macedonia	1	3	3	3	1	1	1	1
Turkey	3	3	2	2	3	2	1	1
Turkmenistan	1	3	2	2	2	3	3	3
Ukraine	1	1	3	3	1	1	1	1
United Kingdom	1	1	3	3	3	3	3	1
Uzbekistan	3	3	3	3	2	3	1	2
Percent fully achieved (=3)	22.6%	50.9%	77.4%	84.9%	39.6%	32.1%	43.4%	50.9%
Relative change 2015–2017		125%		10%		-19%		17%
Colour code	DK: Don't know							
1	not achieved							
2	partially achieved							
3	fully achieved							

REDUCING RISK FACTORS ON NCDs: TOBACCO USE								
Indicator 5. Member State has implemented demand-reduction measures of the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement to:								
Indicator	(a) reduce affordability of tobacco products by increasing tobacco excise taxes		(b) create by law completely smoke-free environments in all indoor workplaces, public places and public transport		(c) warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns		(d) ban all forms of tobacco advertising, promotion and sponsorship	
Country	2015	2017	2015	2017	2015	2017	2015	2017
Albania	1	1	3	3	2	2	3	3
Andorra	2	2	2	2	1	1	1	1
Armenia	1	1	2	2	2	3	1	1
Austria	2	2	1	1	2	3	2	2
Azerbaijan	1	1	2	2	2	2	2	2
Belarus	1	1	1	1	2	3	2	2
Belgium	2	2	2	2	2	3	2	2
Bosnia and Herzegovina	2	2	1	1	1	1	2	2
Bulgaria	2	2	3	3	2	3	2	2
Croatia	2	2	2	2	2	2	2	2
Cyprus	2	2	2	2	2	2	2	2
Czech Republic	2	2	2	2	2	3	2	2
Denmark	2	2	1	1	2	3	2	2
Estonia	2	2	1	1	2	3	2	2
Finland	2	2	1	1	2	3	2	2
France	2	2	2	2	2	3	2	2
Georgia	1	2	2	2	2	2	1	1
Germany	2	2	1	1	2	3	2	2
Greece	2	2	3	3	2	3	2	2
Hungary	2	2	2	2	2	3	2	2
Iceland	1	1	1	1	2	2	2	2
Ireland	2	2	3	3	2	3	2	2
Israel	2	2	1	2	2	2	1	1
Italy	2	2	2	2	2	3	2	2
Kazakhstan	1	1	2	2	2	3	2	2
Kyrgyzstan	1	1	2	2	2	3	2	2
Latvia	2	2	2	2	2	3	2	2
Lithuania	2	2	2	2	2	3	2	2
Luxembourg	2	2	2	2	2	2	2	2
Malta	2	2	3	3	2	3	2	2
Monaco	no data	no data	2	2	1	1	1	1
Montenegro	2	2	2	2	2	2	2	2
Netherlands	2	2	1	1	2	3	2	2
Norway	1	1	2	2	2	2	2	2
Poland	2	2	2	2	2	3	2	2
Portugal	2	2	2	2	2	3	2	2
Republic of Moldova	1	1	2	2	2	3	2	3
Romania	2	2	1	3	2	2	2	2
Russian Federation	1	1	3	3	2	3	3	3
San Marino	3	3	2	2	1	1	2	2
Serbia	2	2	2	2	2	2	2	2
Slovakia	2	2	2	2	2	3	2	2
Slovenia	2	2	2	2	2	2	2	2
Spain	2	2	3	3	2	2	3	3
Sweden	1	1	1	1	2	3	2	2
Switzerland	2	2	1	1	2	2	1	1
Tajikistan	1	1	1	1	1	1	2	2
The former Yugoslav Republic of Macedonia	2	2	2	2	2	2	2	2
Turkey	2	2	3	3	3	3	3	3
Turkmenistan	1	1	3	3	3	3	2	2
Ukraine	2	2	2	2	3	3	2	2
United Kingdom	2	2	3	3	2	3	2	2
Uzbekistan	1	1	1	1	2	2	2	2
Percent fully achieved (=3)	1.9%	1.9%	18.9%	20.8%	5.7%	58.5%	7.5%	9.4%
Relative change 2015–2017		0%		10%		933%		25%
Colour code								
1	not achieved							
2	partially achieved							
3	fully achieved							

REDUCING RISK FACTORS ON : ALCOHOL CONSUMPTION						
Indicator 6. Member State has implemented, as appropriate according to national circumstances, measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol, including:						
Indicator	(a) regulations over commercial and public availability of alcohol		(b) comprehensive restrictions or bans on alcohol advertising and promotions		(c) pricing policies such as excise tax increases on alcoholic beverages	
Country	2015	2017	2015	2017	2015	2017
Albania	2	Not available	1	Not available	2	Not available
Andorra	2	Not available	1	Not available	2	Not available
Armenia	2	Not available	2	Not available	2	Not available
Austria	2	Not available	1	Not available	1	Not available
Azerbaijan	2	Not available	2	Not available	3	Not available
Belarus	2	Not available	2	Not available	3	Not available
Belgium	2	Not available	2	Not available	2	Not available
Bosnia and Herzegovina	2	Not available	2	Not available	2	Not available
Bulgaria	2	Not available	3	Not available	1	Not available
Croatia	2	Not available	2	Not available	1	Not available
Cyprus	2	Not available	2	Not available	1	Not available
Czech Republic	2	Not available	3	Not available	2	Not available
Denmark	2	Not available	2	Not available	2	Not available
Estonia	2	Not available	2	Not available	2	Not available
Finland	2	Not available	3	Not available	2	Not available
France	2	Not available	3	Not available	3	Not available
Georgia	2	Not available	2	Not available	2	Not available
Germany	2	Not available	2	Not available	2	Not available
Greece	2	Not available	1	Not available	1	Not available
Hungary	2	Not available	3	Not available	1	Not available
Iceland	2	Not available	2	Not available	3	Not available
Ireland	3	Not available	2	Not available	2	Not available
Israel	2	Not available	3	Not available	3	Not available
Italy	2	Not available	3	Not available	1	Not available
Kazakhstan	2	Not available	2	Not available	2	Not available
Kyrgyzstan	2	Not available	3	Not available	1	Not available
Latvia	2	Not available	2	Not available	2	Not available
Lithuania	2	Not available	2	Not available	2	Not available
Luxembourg	2	Not available	1	Not available	2	Not available
Malta	2	Not available	2	Not available	1	Not available
Monaco	2	Not available	2	Not available	3	Not available
Montenegro	2	Not available	3	Not available	2	Not available
Netherlands	2	Not available	2	Not available	2	Not available
Norway	2	Not available	2	Not available	3	Not available
Poland	2	Not available	3	Not available	2	Not available
Portugal	2	Not available	3	Not available	1	Not available
Republic of Moldova	2	Not available	2	Not available	2	Not available
Romania	2	Not available	2	Not available	3	Not available
Russian Federation	2	Not available	3	Not available	2	Not available
San Marino	2	Not available	1	Not available	1	Not available
Serbia	2	Not available	2	Not available	3	Not available
Slovakia	2	Not available	2	Not available	2	Not available
Slovenia	2	Not available	3	Not available	2	Not available
Spain	2	Not available	2	Not available	1	Not available
Sweden	2	Not available	3	Not available	2	Not available
Switzerland	2	Not available	2	Not available	1	Not available
Tajikistan	2	Not available	1	Not available	3	Not available
The former Yugoslav Republic of Macedonia	2	Not available	2	Not available	2	Not available
Turkey	2	Not available	2	Not available	2	Not available
Turkmenistan	2	Not available	3	Not available	2	Not available
Ukraine	2	Not available	2	Not available	2	Not available
United Kingdom	2	Not available	2	Not available	3	Not available
Uzbekistan	2	Not available	3	Not available	no data	Not available
Percent fully achieved (=3)	1.9%		30.2%		20.8%	
Relative change 2015–2017						
Colour code						
1	not achieved					
2	partially achieved					
3	fully achieved					

REDUCING RISK FACTORS: UNHEALTHY DIET									
CATEGORY	Indicator 7. Member State has implemented the following four measures to reduce unhealthy diets:								
Indicator	(a) Adopted national policies to reduce population salt/sodium consumption		(b) Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fatty acids in the food supply		(c) WHO set of recommendations on marketing of foods and non-alcoholic beverages to children		(d) Legislation/ regulations fully implementing the International Code of Marketing of Breast-milk Substitutes		
Country	2015	2017	2015	2017	2015	2017	2015	2017	
Albania	0	0	0	0	0	0	1	Not available	
Andorra	0	0	0	0	0	0	0	Not available	
Armenia	0	0	0	0	0	0	1	Not available	
Austria	1	0	1	1	0	0	0	Not available	
Azerbaijan	0	1	0	1	0	1	1	Not available	
Belarus	1	1	1	1	1	1	1	Not available	
Belgium	1	1	0	0	0	1	1	Not available	
Bosnia and Herzegovina	0	1	-	0	1	1	1	Not available	
Bulgaria	1	1	0	0	1	1	1	Not available	
Croatia	1	1	0	0	0	0	0	Not available	
Cyprus	-	1	-	1	-	1	-	Not available	
Czech Republic	1	1	0	0	1	1	0	Not available	
Denmark	1	1	1	1	1	1	1	Not available	
Estonia	0	1	0	1	0	0	0	Not available	
Finland	1	1	1	1	-	1	-	Not available	
France	1	1	1	1	1	1	1	Not available	
Georgia	0	1	0	1	0	1	0	Not available	
Germany	0	0	1	1	1	1	1	Not available	
Greece	1	1	1	1	0	0	1	Not available	
Hungary	1	1	1	1	-	1	-	Not available	
Iceland	0	0	1	1	1	1	1	Not available	
Ireland	1	1	1	0	1	1	0	Not available	
Israel	1	1	1	1	1	1	1	Not available	
Italy	1	1	DK	1	1	1	DK	Not available	
Kazakhstan	1	0	0	1	0	1	0	Not available	
Kyrgyzstan	1	1	0	1	1	0	1	Not available	
Latvia	1	1	1	1	1	1	1	Not available	
Lithuania	0	1	1	1	1	1	1	Not available	
Luxembourg	no data	0	no data	0	no data	0	no data	Not available	
Malta	1	1	1	1	0	1	1	Not available	
Monaco	no data	0	no data	1	no data	1	no data	Not available	
Montenegro	1	1	0	0	0	0	0	Not available	
Netherlands	1	1	1	1	-	1	-	Not available	
Norway	1	1	-	1	1	1	-	Not available	
Poland	DK	0	0	0	1	1	1	Not available	
Portugal	1	1	0	0	1	1	1	Not available	
Republic of Moldova	0	1	1	1	1	1	0	Not available	
Romania	0	1	0	0	0	1	1	Not available	
Russian Federation	1	1	0	1	0	0	1	Not available	
San Marino	0	0	0	0	0	0	0	Not available	
Serbia	0	0	0	0	0	0	DK	Not available	
Slovakia	0	1	0	0	0	0	0	Not available	
Slovenia	1	1	1	1	1	1	1	Not available	
Spain	1	1	1	1	1	1	0	Not available	
Sweden	0	1	0	1	0	0	1	Not available	
Switzerland	1	1	1	1	-	1	1	Not available	
Tajikistan	1	1	1	1	1	1	0	Not available	
The former Yugoslav Republic of Macedonia	0	0	0	0	0	0	1	Not available	
Turkey	1	1	0	1	0	1	0	Not available	
Turkmenistan	1	1	0	1	0	1	1	Not available	
Ukraine	0	0	0	0	0	0	1	Not available	
United Kingdom	1	1	1	0	1	1	1	Not available	
Uzbekistan	1	1	1	0	0	1	1	Not available	
Percent fully achieved (=3)	58.5%	73.6%	41.5%	58.5%	41.5%	66.0%	54.7%		
Relative change 2015–2017		26%		41%		59%			
Colour code									
0	not achieved								DK: Don't know
1	fully achieved								

CATEGORY		IMPROVING HEALTH SYSTEMS RESPONSE					
Indicator	Indicator 8. Member State has implemented at least one recent national public awareness programme on diet and/or physical activity		Indicator 9. Member State has evidence-based national guidelines /protocols/ standards for the management of major NCDs through a primary care approach, recognized/ approved by government or competent authorities		Indicator 10. Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level		
Country	2015	2017	2015	2017	2015	2017	
Albania	1	0	2	2	3	2	
Andorra	1	1	1	1	DK	DK	
Armenia	0	1	2	2	2	2	
Austria	1	1	1	1	DK	3	
Azerbaijan	1	1	DK	2	1	1	
Belarus	1	1	3	3	3	3	
Belgium	1	0	2	DK	DK	DK	
Bosnia and Herzegovina	1	1	-	2	DK	3	
Bulgaria	1	1	3	3	3	3	
Croatia	0	0	1	DK	DK	3	
Cyprus	1	1	-	DK	3	DK	
Czech Republic	1	1	3	3	DK	3	
Denmark	1	1	3	3	DK	3	
Estonia	1	1	3	2	1	3	
Finland	-	1	3	3	3	3	
France	1	1	no data	DK	no data	1	
Georgia	0	1	3	3	1	2	
Germany	1	1	3	3	3	3	
Greece	1	1	1	1	DK	DK	
Hungary	1	1	1	DK	3	3	
Iceland	1	1	2	2	DK	DK	
Ireland	1	1	3	2	DK	3	
Israel	1	1	2	2	DK	1	
Italy	1	1	2	2	DK	1	
Kazakhstan	1	1	3	3	2	3	
Kyrgyzstan	1	1	3	3	1	1	
Latvia	1	1	2	3	3	3	
Lithuania	1	1	3	3	DK	3	
Luxembourg	no data	1	no data	1	no data	DK	
Malta	1	1	1	1	3	3	
Monaco	no data	1	no data	3	no data	3	
Montenegro	0	0	1	DK	1	1	
Netherlands	1	1	-	2	3	3	
Norway	1	1	3	3	DK	3	
Poland	1	1	DK	DK	DK	3	
Portugal	1	1	3	2	1	3	
Republic of Moldova	0	0	3	3	1	3	
Romania	0	1	3	3	1	DK	
Russian Federation	0	1	3	3	3	3	
San Marino	0	0	1	2	DK	DK	
Serbia	DK	0	3	3	DK	3	
Slovakia	1	1	-	2	1	1	
Slovenia	1	1	2	3	3	3	
Spain	1	1	3	3	3	3	
Sweden	1	0	2	3	3	3	
Switzerland	1	1	DK	DK	DK	3	
Tajikistan	1	1	3	3	1	1	
The former Yugoslav Republic of Macedonia	1	1	3	3	3	1	
Turkey	1	1	1	2	DK	1	
Turkmenistan	1	1	3	3	2	2	
Ukraine	0	1	3	3	2	2	
United Kingdom	1	1	3	DK	3	DK	
Uzbekistan	1	1	2	1	1	1	
Percent fully achieved (=3)	75.5%	84.9%	(=3)	45.3%	45.3%	30.2%	52.8%
Relative change 2015–2017		13%			0%		75%
Colour code	Status		Color code		DK: Don't know		
	0	not achieved	1	not achieved			
	1	fully achieved	2	partially achieved			
			3	fully achieved			

Annex 1. Technical notes

Given the nature of the survey questionnaire, data reported by countries are sometimes based on incomplete information, on estimates or on expert opinion rather than on established monitoring systems; thus, challenges with validation and accuracy of some questions may arise. Issues concerning understanding or interpreting questions, including some subtle changes of their wording over time, are also possible, making overall judgement more difficult. To minimize these potential issues, WHO has established intense contact with national focal points for completion and clarification of questionnaires and requesting supporting evidence when required. As far as possible, an attempt was made to validate the results, based on different mechanisms including review of specific health policy documentation and other sources and consultations with WHO programme managers and other experts about their knowledge of the implementation of NCD commitments. Consistency of observations across different indicators and countries and the systematic positive trends over time also provide strength for interpretation of results.

10 Progress-monitoring indicators: definitions and achievement criteria (4)

Indicator 1: setting national targets and indicators for monitoring and evaluation of progress

Definition. Country has set national targets and indicators. The NCD-related targets and indicators should be time-bound and based on the nine voluntary global targets and 25 indicators from the WHO Global Monitoring Framework.

Achievement criteria. This indicator is considered fully achieved if a country responded “Yes” to the questions “Is there a set of national NCD indicators?” and to the subquestion “Is there a set of time-bound national targets for these indicators?” Targets must be time-bound, based on the nine global targets, and need to address NCD mortality, as well as key risk factors in the country and/or health systems.

This indicator is considered partially achieved if the country responded “Yes” to the questions “Is there a set of national NCD indicators?” and to the subquestion “Is there a set of time-bound national targets for these indicators?”, but the targets do not cover two of the three areas addressed in the nine global targets (including mortality) or they are not time-bound.

Indicator 2: strengthening existing mortality and disease registries

Definition. Country has a vital registration system that captures deaths and the causes of death routinely. The International Form of Medical Certificate of the Cause of Death is completed by certifiers. The International Classification of Diseases (ICD) is used to code the causes of death. The data compiled are made available to policy-makers and researchers.

Achievement criteria. WHO collects mortality data, including cause of death, from civil registration systems in the WHO mortality database through a routine annual call for data.

Data are considered to generate reliable cause-specific mortality data on a routine basis if: 1) data from the five most recent reporting years are, on average, at least 70% usable – usability is calculated as (completeness (%))*(1 – proportion garbage); 2) at least five years of cause-of-death data have been reported to WHO; and 3) the most recent year of data reported to WHO is no more than five years old.

This indicator is considered fully achieved if the country meets all of the above criteria.

Indicator 3: risk factors surveys

Definition. Country has completed a WHO STEPwise approach to surveillance (STEPS) survey or another risk factor survey which includes physical measurements and biochemical assessments covering the key behavioural and metabolic risk factors for NCDs. Country must indicate that survey frequency is at least every five years.

Achievement criteria. This indicator is considered fully achieved if the country responded “Yes” to each of the following for adults: “Have surveys of risk factors (may be a single risk factor or multiple) been conducted in your country for all of the

following: “harmful alcohol use” (optional for Member States according to national circumstances), “physical inactivity”, “tobacco use”, “raised blood glucose/diabetes”, “raised blood pressure/hypertension”, “overweight and obesity”, and “salt /sodium intake”. Additionally, for each risk factor, the country must indicate that the last survey was conducted in the past five years (i.e. 2010 or later for the 2015 NCD CCS responses) and must respond “Every 1–2 years” or “Every 3–5 years” to the subquestion “How often is the survey conducted?”

This indicator is considered partially achieved if the country responded that at least three, but not all, of the above risk factors are covered, or that the surveys were conducted more than five years ago but less than 10 years ago.

Indicator 4: development and implementation of national multisectoral NCD policies and action plans

Definition. Country has a multisectoral, national integrated NCD and risk factor policy/strategy/action plan that addresses the four main NCDs (cardiovascular disease and/or diabetes, and/or cancer and/or respiratory disease) and their main risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol).

“Multisectoral” refers to engagement with one or more government sectors outside of health. “Operational” refers to a policy, strategy or action plan which is being used and implemented in the country, and has resources and funding available to implement it.

Achievement criteria. This indicator is considered fully achieved if the country responded “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also had to respond “operational” to the subquestion “Indicate its stage” and “Yes” to all of the subquestions pertaining to the four main risk factors and four main NCDs: “Does it address one or more of the following major risk factors:” “harmful use of alcohol” (optional for Member States according to national circumstances), “unhealthy diet”, “physical inactivity”, “tobacco” (all four must have “Yes”) and “Does it combine early detection, treatment and care for:” “cancer”, “cardiovascular diseases”, “chronic respiratory diseases” and “diabetes” (all four must have “Yes”).

This indicator is considered partially achieved if the country responded “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also had to respond “operational” to the subquestion “Indicate its stage” and “Yes” to at least two of the four main risk factors and at least two of the four main NCDs.

Indicator 5: tobacco demand-reduction measures

Indicator 5a. Implemented measures to reduce affordability of tobacco products by increasing tobacco excise taxes

Definition. Country has tobacco excise tax set at a level that accounts for at least 70% of the retail prices of tobacco products.

Achievement criteria. Excise tax is calculated as a proportion of the price of the tobacco product. Currently, this is only collected in relation to the most sold brand of cigarettes.

This indicator is considered fully achieved if the country has set an excise tax at least 70% of the retail price.

This indicator is considered partially achieved if the country has set an excise tax at least 50% but less than 70% of the retail price.

Indicator 5b. Implemented measures to create by law completely smoke-free environments

Definition. Country has all public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation).

“Completely” means that smoking is not permitted, with no exemptions allowed, except in residences and indoor places that serve as equivalents to long-term residential facilities, such as prisons and long-term health and social care facilities

such as psychiatric units and nursing homes. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places.

Achievement criteria. Legislation is assessed to determine whether smoke-free laws provided for a complete indoor smoke-free environment at all times, in all the facilities of each of the following eight places: health care facilities; educational facilities other than universities; universities; government facilities; indoor offices and workplaces not considered in any other category; restaurants or facilities that serve mostly food; cafés, pubs and bars or facilities that serve mostly beverages; public transport.

This indicator is considered fully achieved if all public places in the country are completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation).

This indicator is considered partially achieved if three to seven public places are completely smoke-free, or the law allows designated smoking rooms with strict technical requirements in five or more places.

Indicator 5c. Implemented measures to warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns

Definition. Country has large warnings which are defined as covering on average at least 50% of the front and back of the package with all appropriate characteristics. Appropriate characteristics include:

1) specific health warnings mandated; 2) appearing on individual packages as well as on any outside packaging and labelling used in retail sale; 3) describing specific harmful effects of tobacco use on health; 4) are large, clear, visible and legible (e.g. specific colours and font style and sizes are mandated); 5) whether the warnings rotate; 6) include pictures or pictograms; and 7) written in (all) the principal language(s) of the country.

Achievement criteria. Health warnings: legislation is assessed to determine the size of the warnings (the front and back of the cigarette pack are averaged to calculate the percentage of the total pack surface area covered by warnings) and warning characteristics.

This indicator is considered fully achieved if the country has large health warnings with all appropriate characteristics as detailed above.

This indicator is considered partially achieved if there are medium-size warnings with some or all appropriate characteristics, or if large warnings are missing some appropriate characteristics.

Indicator 5d. Implemented measures to ban all forms of tobacco advertising, promotion and sponsorship

Definition. Country has a ban on all forms of direct and indirect advertising. Direct advertising bans include: national television and radio; local magazines and newspapers; billboards and outdoor advertising; point of sale. Indirect advertising bans include: free distribution of tobacco products in the mail or through other means; promotional discounts; non-tobacco goods and services identified with tobacco brand names (brand extension); brand names of non-tobacco products used for tobacco products (brand sharing); appearance of tobacco brands (product placement) or tobacco products in television and/or films; and sponsorship, including corporate social responsibility programmes.

Achievement criteria. Legislation is assessed to determine whether the law completely bans all forms of direct and indirect tobacco advertising, promotion and sponsorship.

This indicator is considered fully achieved if the country has a ban on all forms of direct and indirect advertising.

This indicator is considered partially achieved if the country has a ban on national TV, radio and print media, but not on all other forms of direct and/or indirect advertising.).

Indicator 6: harmful use of alcohol reduction measures

Indicator 6a. Implemented, as appropriate according to national circumstances, regulations over commercial and public availability of alcohol

Definition. Country has a licensing system or monopoly on retail sales of beer, wine, spirits. Country has restrictions for on-/off-premise sales of beer, wine, spirits regarding hours, days and locations of sales. Country has legal age limits for being sold and served alcoholic beverages.

Achievement criteria. Data are collected through the WHO Global Survey on Alcohol and Health. This indicator is considered fully achieved if: 1) a licensing system or monopoly exists on retail sales of beer, wine and spirits; 2) restrictions exist for on- and off-premise sales of beer, wine and spirits regarding hours and locations of sales and restrictions exist for off-premise sales of beer, wine and spirits regarding days of sales; and 3) legal age limits for being sold and served alcoholic beverages are 18 years or above for beer, wine and spirits.

This indicator is considered partially achieved if there are any, but not all, positive responses to the three indicators above.

Indicator 6b. Implemented, as appropriate according to national circumstances, regulations over commercial and public availability of alcohol

Definition. Country has regulatory or co-regulatory frameworks for alcohol advertising through different channels (public service/national TV, commercial/private TV, national radio, local radio, print media, billboards, points of sale, cinema, internet, social media).

Country has a detection system for infringements on marketing restrictions.

Achievement criteria. Data are collected through the WHO Global Survey on Alcohol and Health.

This indicator is considered fully achieved if: 1) restrictions exist on alcohol advertising for beer, wine and spirits through all channels; and 2) a detection system exists for infringements on marketing restrictions.

This indicator is considered partially achieved if there are restrictions on at least public service/national TV, national radio and billboards but no detection system exists for infringements.

Indicator 6c. Implemented, as appropriate according to national circumstances, pricing policies such as excise tax on alcoholic beverages

Definition. Country has excise tax on beer, wine, spirits. Country adjusts level of taxation for inflation for alcoholic beverages.

Achievement criteria. Data are collected through the WHO Global Survey on Alcohol and Health.

This indicator is considered fully achieved if: 1) excise tax on all alcoholic beverages (beer, wine and spirits) is implemented; and 2) adjustment of level of taxation for inflation for beer, wine and spirits is implemented.

This indicator is considered partially achieved if there is excise tax on all alcoholic beverages as specified above and adjustment of the level of taxation for inflation is implemented on at least one of the alcoholic beverages (beer, wine, spirits).

Indicator 7: unhealthy diet reduction measures

Indicator 7a. Adopted national policies to reduce population salt/sodium consumption

Definition. Country has implemented a policy or policies to reduce population salt/sodium consumption such as product reformulation by industry, regulation of salt content of food, or public awareness programmes.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?”

Indicator 7b. Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fatty acids in the food supply

Definition. Country has implemented a policy(ies) to limit saturated fatty acids and virtually eliminate industrially produced trans-fats in the food supply.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fats (i.e. partially hydrogenated vegetable oils) in the food supply?”

Indicator 7c. Implemented the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children

Definition. Country has implemented a policy or policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt?”

Indicator 7d. Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes

Definition. Country has implemented legislation/regulations that fully implement the International Code of Marketing of Breast-milk Substitutes.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing the International Code of Marketing of Breast-milk Substitutes through adoption of national laws?”

Indicator 8: promoting awareness on diet and physical activity

Definition. Country has implemented at least one recent national public awareness programme on diet, physical activity or both.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to at least one of the following questions: 1) “Has your country implemented any national public awareness programme on diet within the past five years?”; and 2) “Has your country implemented any national public awareness programme on physical activity within the past five years?”

Indicator 9: availability of evidence-based national guidelines, protocols and standards for the management of NCDs through a primary care approach, and their implementation status

Definition. Government-approved evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of the four main NCDs – cardiovascular disease, diabetes, cancer and chronic respiratory diseases.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is based on the number of countries who have indicated that national guidelines/protocols/standards exist for all four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases), and that these are being partially or fully implemented.

This indicator is considered fully achieved if national guidelines/protocols/standards exist for all four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases) which are being partially or fully implemented.

This indicator is considered partially achieved if the country has guidelines/protocols/standards for at least two of the four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases), but not for all four, and that these are being partially or fully implemented.

Indicator 10: assessment and management of cardiometabolic risk factors

Definition. Country has provision of drug therapy including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level.

Achievement criteria. The WHO NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is based on the number of countries who respond “more than 50%” to the question “What proportion of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke?”. Additionally, countries must have said all the following drugs were “generally available” in the primary care facilities of the public health sector: insulin, aspirin (100 mg), metformin, Thiazide diuretics, ACE inhibitors, CC blockers, statins and sulphonylurea(s).

This indicator is considered fully achieved if the country reports that more than 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all drugs listed above were generally available in the primary care facilities of the public health sector.

This indicator is considered partially achieved if the country reports that between 25% and 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all of the drugs listed above were generally available in the primary care facilities of the public health sector.

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The WHO Regional
Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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