Overview of the global monitoring framework and global voluntary targets

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Global Monitoring Framework

**Mortality & Morbidity**
- Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- Cancer incidence by type of cancer

**Risk Factors**
- Harmful use of alcohol (3)
- Low fruit and vegetable intake
- Physical inactivity (2)
- Salt intake
- Saturated fat intake
- Tobacco use (2)
- Raised blood glucose/diabetes
- Raised blood pressure
- Overweight and obesity (2)
- Raised total cholesterol

**National Systems Response**
- Cervical cancer screening
- Drug therapy and counseling
- Essential NCD medicines & technologies
- Hepatitis B vaccine
- Human Papilloma Virus vaccine
- Marketing to children
- Access to palliative care
- Policies to limit saturated fats and virtually eliminate *trans* fats

*Total number of related indicators in brackets*

**25 Indicators**
Set of 9 voluntary global NCD targets for 2025

- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
- Premature mortality from NCDs: 25% reduction
- Raised blood pressure: 25% reduction
In selecting indicators and targets, the following criteria were considered:

- High epidemiological and public health relevance

- Coherence with major strategies
  - Priorities of the Global Strategy for the Prevention and Control of NCDs and its Action Plan, as well the Political Declaration.
  - WHO framework for health systems priorities to monitor exposures, outcomes, and health systems response

- Evidence driven targets and indicators
  - Availability of evidence-based effective and feasible public health interventions

- Evidence of achievability at the country level

- Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time.
Comprehensive Global Monitoring Framework

Mortality & Morbidity

Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.

Cancer incidence, by type of cancer per 100 000 population
Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol as appropriate, within the national context.

Age-standardized prevalence of heavy episodic drinking among adolescents and adults as appropriate, within the national context.

Alcohol-related morbidity and mortality among adolescents and adults as appropriate, within the national context.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day.
Comprehensive Global Monitoring Framework

Risk Factors

Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily.

Age-standardized prevalence of insufficiently physically active persons aged 18+ years defined as less than 150 minutes of moderate-intensity activity per week, or equivalent.

Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

Age-standardized mean proportion of total energy intake from saturated fatty acids in person aged 18+ years.
Comprehensive Global Monitoring Framework

Risk Factors

Prevalence of current tobacco use among adolescents

Age-standardized prevalence of current tobacco use among persons aged 18+ years
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Risk Factors

- Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years.
- Age-standardized prevalence of raised blood pressure among persons aged 18+ years and mean systolic blood pressure.
- Prevalence of overweight and obesity in adolescents
- Age-standardized prevalence of overweight and obesity in persons aged 18+ years
Age-standardized prevalence of raised total cholesterol among persons aged 18+ years and mean total cholesterol.
Comprehensive Global Monitoring Framework

Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies.

Proportion of eligible persons (defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30%, including those with existing cardiovascular disease) receiving drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.

Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities.

Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants.
<table>
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<tr>
<th>National Systems response</th>
<th>Availability, as appropriate, if cost-effective and affordable, of HPV vaccines, according to national programmes and policies</th>
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<td>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.</td>
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<td>Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer</td>
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<td>Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils (PHVO) in the food supply, as appropriate within the national context and national programmes</td>
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World Health Organization
Reporting on indicators

2010 baseline

2015 WHA68
2020 WHA73
2025 WHA78

World Health Organization
Relationship between global and national targets

- National targets should be consistent with the global targets.
- Targets may be adapted nationally, based on the country's situation.
- Adaptations would reflect what might be achievable in a specific country based on their performance, current exposure and what actions can be achieved.
- National adapted targets may be more or less ambitious than the global target.
Questions?
Thank you