A comprehensive global monitoring framework including indicators and a set of voluntary global targets for the prevention and control of NCDs

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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
“If you can’t measure, you can’t manage”

- Small number of “tracer” targets within a broader framework and set of indicators
- Focus global attention on NCDs
- Would represent major contribution to NCD prevention and control, if met
- Targets set for 2025, with baseline of 2010
Criteria for selecting targets

- High epidemiological and public health relevance
- Coherence with major strategies
- Evidence driven – availability of evidence-based and feasible public health interventions
- Evidence of achievability at country level
- Existence of unambiguous data collection instruments and potential to set a baseline and monitor change over time
World Health Assembly May 2013 adopted the following set of Global NCD Targets

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
- Premature mortality from NCDs: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% increase
Set of 9 voluntary global targets

Mortality and morbidity:
- Premature mortality from NCDs: 25% reduction

Risk factors:
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change

National systems response:
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%
Set of 9 voluntary global targets

- Premature mortality from NCDs: 25% reduction
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%

25% relative reduction in overall premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Unconditional probability of dying between ages 30 and 70 from, cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
Set of 9 voluntary global targets

**Premature mortality from NCDs**: 25% reduction

**Harmful use of alcohol**: 10% reduction

**Physical inactivity**: 10% reduction

**Salt/sodium intake**: 30% reduction

**Tobacco use**: 30% reduction

**Raised blood pressure**: 25% reduction

**Diabetes/obesity**: 0% change

**Drug therapy and counseling**: 50%

**Medicines and technologies**: 80%

At least 10 per cent relative reduction in the harmful use of alcohol*, as appropriate, within the national context

* full definition of harmful use of alcohol taken from the Global Strategy

**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.**

Countries will select indicator(s) of harmful use as appropriate to national context and in line with the WHO Global Strategy to Reduce the Harmful Use of Alcohol and that may include prevalence of heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality among others.
Set of 9 voluntary global targets

Mortality and morbidity
- Premature mortality from NCDs: 25% reduction

Risk factors
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change

National systems response
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%

Indicators
- 10% relative reduction in prevalence of insufficient physical activity

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).
Set of 9 voluntary global targets

- Premature mortality from NCDs: 25% reduction
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%

30% relative reduction in mean population intake of salt/sodium

Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Set of 9 voluntary global targets

Mortality and morbidity
- Premature mortality from NCDs 25% reduction

Risk factors
- Harmful use of alcohol 10% reduction
- Physical inactivity 10% reduction
- Salt/sodium intake 30% reduction
- Tobacco use 30% reduction
- Raised blood pressure 25% reduction
- Diabetes/obesity 0% change

National systems response
- Drug therapy and counseling 50%
- Medicines and technologies 80%

30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

Indicators
- Prevalence of current tobacco use among adolescents
- Age-standardized prevalence of current tobacco among persons aged 18+ years
Set of 9 voluntary global targets

Mortality and morbidity
- Premature mortality from NCDs 25% reduction

Risk factors
- Harmful use of alcohol 10% reduction
- Physical inactivity 10% reduction
- Salt/sodium intake 30% reduction
- Tobacco use 30% reduction
- Raised blood pressure 25% reduction

National systems response
- Drug therapy and counseling 50%
- Medicines and technologies 80%

Indicator
- Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg).

25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances.
Set of 9 voluntary global targets

- Premature mortality from NCDs: 25% reduction
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%

Halt the rise in diabetes and obesity

Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose).
Prevalence of overweight and obesity in adolescents (defined according to the WHO Growth Reference, overweight – one standard deviations and obese-two standard deviations BMI for age and sex).
Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as BMI ≥25kg/m² for overweight and ≥30 kg/m² for obesity).

Countries will select indicator(s) appropriate to national context.
Set of 9 voluntary global targets

Mortality and morbidity
- Premature mortality from NCDs: 25% reduction

Risk factors
- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Diabetes/obesity: 0% change

National systems response
- Drug therapy and counseling: 50%
- Medicines and technologies: 80%

At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes

Indicator
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.
Set of 9 voluntary global targets

Mortality and morbidity
- Premature mortality from NCDs 25% reduction

Risk factors
- Harmful use of alcohol 10% reduction
- Physical inactivity 10% reduction
- Salt/sodium intake 30% reduction
- Tobacco use 30% reduction
- Raised blood pressure 25% reduction
- Diabetes/obesity 0% change

National systems response
- Drug therapy and counseling 50%
- Essential NCD Medicines and basic technologies 80%

80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

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

2015 WHA68  
2020 WHA73  
2025 WHA78  

2010 baseline
<table>
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<th>Indicator</th>
<th>Vital Reg with COD</th>
<th>Cancer Registry</th>
<th>STEPS</th>
<th>GSRS</th>
<th>FF Surveys</th>
<th>GATS</th>
<th>GYTS</th>
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Set national targets and measure results

- Member States have committed themselves to "consider the development of national targets based on national situations", building on the 9 voluntary global targets.
- National targets can be more or less ambitious than the global ones.
- National adaptation of global targets should be guided by:
  - Current performance,
  - Current level of exposure,
  - Programmes planned and in place.
- WHO is developing a Toolkit on NCD Surveillance, which will include a module on setting national targets and measuring results.
Issues to consider

- Are the targets and indicators in the GMF all suitable in your country?
- Are there additional targets and indicators needed for your country?
- Does your country have the systems in place to track these 25 global indicators and report on 9 global targets? And systems which track any new proposed ones?
- What is the current level of exposure/mortality/service provision in your country?
- Are the reductions or coverage proposed for global targets appropriate for your country or should they be more or less?
Guidance from WHO on target setting and reporting

✓ Draft document on indicator definitions and specifications which provides details of how targets and indicators should be calculated and reported
✓ Simple excel tool to calculate national level targets based on global targets
✓ Tools on strengthening national NCD surveillance systems – guidance on CRVS with COD, cancer registry establishment, adult and youth risk factor surveillance (eg: STEPS and GSHS)
✓ Periodic country capacity assessments to report GAP process indicators
✓ WHO will continue to produce country comparable estimates of key risk factors and NCD mortality
Thank you