

**Development of a limited set of action plan indicators to inform  
reporting on progress made in the implementation of the  
WHO Global Action Plan for the Prevention and  
Control of Noncommunicable Diseases 2013–2020**

## **INTRODUCTION**

### **Background**

1. World Health Assembly resolution WHA66.10<sup>1</sup> on ‘Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases’ requests the Director-General “to develop, in consultation with Member States and other relevant partners, a limited set of action plan indicators to inform reporting on progress, which build on the work under way at regional and country levels, are based on feasibility, current availability of data, best available knowledge and evidence, are capable of application across the six objectives of the action plan, and minimize the reporting burden on Member States to assess progress made in 2016, 2018 and 2021 in the implementation of policy options for Member States, recommended actions for international partners, and actions for the Secretariat included in the action plan, and to submit the draft set of action plan indicators, through the Executive Board, to the Sixty-seventh World Health Assembly for approval”.

### **Process**

2. The WHO Secretariat is suggesting the following intergovernmental process to develop a limited set of action plan indicators:

- 12 August 2013 – WHO Secretariat to publish a WHO discussion paper at [www.who.int/ncd](http://www.who.int/ncd) for a web-based consultation with a 22 October 2013 deadline<sup>2</sup>.

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<sup>1</sup> Available at [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_R10-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf).

<sup>2</sup> Submissions on the web-based informal consultation to be sent to email [ncdmonitoring@who.int](mailto:ncdmonitoring@who.int) by 22 October 2013.

- 14–15 November – Consultation with Member States to complete the work on a draft limited set of action plan indicators (WHO Executive Board Room, Geneva).
- 20–25 January 2014 – The 134th session of the WHO Executive Board will consider a report of the Consultation (as part of draft provisional agenda item 7.1 Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases)<sup>1</sup>.
- 19–24 May 2014 – The 67th World Health Assembly will consider a report of the Consultation.

### **CRITERIA FOR THE DEVELOPMENT OF A LIMITED SET OF ACTION PLAN INDICATORS**

3. The WHO Secretariat is suggesting to use the following criteria for the development of a limited set of action plan indicators:

- Cover the six objectives of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.
- Feasible for use in all countries.
- Availability of baseline data for all countries.
- Existence of data collection tools, which place no additional burden on countries.
- Will assess overall progress made in countries by Member States, international partners, and the WHO Secretariat.
- Complementary and consistent with the 25 outcome indicators contained in Appendix 2 (Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of noncommunicable diseases) of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.
- Complementary and consistent to indicators for Category 2 (Noncommunicable Diseases) included in WHO Programme Budget 2014–2015<sup>2</sup>.

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<sup>1</sup> A draft provisional agenda of the 134th session of the WHO Executive Board is available at [http://apps.who.int/gb/e/e\\_eb134.html](http://apps.who.int/gb/e/e_eb134.html).

<sup>2</sup> Available at [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_7-en.pdf).

## PROPOSED LIMITED SET OF ACTION PLAN INDICATORS

4. The WHO Secretariat is proposing the following limited set of 9 action plan indicators:

Number	Action plan indicator
1	Number of countries with an operational multisectoral national noncommunicable diseases policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013–2020
2	Number of countries that have an operational noncommunicable disease unit/branch/department within the Ministry of Health or equivalent
3a	Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol
3b	Number of countries with an operational policy, strategy or action plan to reduce physical inactivity
3c	Number of countries who have implemented a complete indoor smoking ban and/or a complete tobacco advertising, promotion and sponsorship ban
3d	Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet
4	Number of countries that have government approved evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach
5	Number of countries that have an operational national policy and plan on noncommunicable-disease- related research including community-based research and evaluation of the impact of interventions and policies
6	Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets

5. For each suggested action plan indicator, the definition and achievement criteria, denominator, baseline (2014), source of baseline, data collection tool, data validation process and expected frequency of data collection through the tool used by technical areas are set out in the following pages (one proposed action plan indicator per page).

<b>Objective 1 indicator</b>	<b>1. Number of countries with an operational multisectoral national noncommunicable diseases policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional noncommunicable disease action plans 2013–2020.</b>
Definition and achievement criteria	<p>A multisectoral national integrated NCD and risk factor policy or plan that addresses the 4 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).</p> <p>“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.</p>
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	74 out of 175 responding countries (42%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who 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 sub question “ Is it multisectoral?”. Additionally, countries had to respond “operational” for the sub question “Indicate its stage”.</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 2 indicator</b>	<b>2. Number of countries that have an operational NCD unit/branch/department within the Ministry of Health or equivalent.</b>
Definition and achievement criteria	An operational NCD unit/branch/department is defined as having at least one full-time staff and funding for the following major NCD activities: primary prevention and health promotion; early detection/screening; health care and treatment; and surveillance, monitoring and evaluation.
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	98 out of 175 responding countries (56%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who responded “Yes” to the question “Is there a unit/branch/department in the ministry of health or equivalent with responsibility for NCDs?” and the subsequent question “Is there at least one full-time person/staff member working on NCDs?”. Additionally, the countries had to say “Yes” to “Is there funding for the following NCD activities/functions?” for each of the following functions: primary prevention and health promotion; early detection/screening; health care and treatment; and surveillance, monitoring and evaluation.</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 3 indicator</b>	<b>3a. Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol.</b>
Definition and achievement criteria	Harmful use of alcohol may be covered either by the operational national integrated NCD and risk factor policy/strategy/action plan or an operational national policy/strategy/action plan specifically for reducing the harmful use of alcohol. "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.
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	91 out of 175 responding countries (52%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled. The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who have done one or both of the following: (a) 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 sub question "Does it address one or more of the following major risk factors? – harmful use of alcohol". Additionally, countries had to respond "operational" for the sub question "Indicate its stage".(b) responded "Yes" to the question " Is there a policy, strategy, or action plan for reducing the harmful use of alcohol in your country?" and responded "operational" for the sub question "Indicate its stage".</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 3 indicator</b>	<b>3b. Number of countries with an operational policy, strategy or action plan to reduce physical inactivity.</b>
Definition and achievement criteria	Reducing physical inactivity may be covered either by the operational national integrated NCD and risk factor policy/strategy/action plan or an operational national policy/strategy/action plan specifically for reducing physical inactivity. “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.
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	98 out of 175 responding countries (56%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled. The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who have done one or both of the following: (a) 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 sub question “Does it address one or more of the following major risk factors? – physical activity”. Additionally, countries had to respond “operational” for the sub question “Indicate its stage”. (b) responded “Yes” to the question “Is there a policy, strategy, or action plan for reducing physical inactivity in your country?” and responded “operational” for the sub question “Indicate its stage”.</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 3 indicator</b>	<b>3c. Number of countries who have implemented a complete indoor smoking ban and/or a complete tobacco advertising, promotion and sponsorship ban.</b>
Definition and achievement criteria	Progress in reaching the highest level of achievement in tobacco control is a sign of the growing success of the WHO Framework Convention on Tobacco Control (WHO FCTC) and provides strong evidence that there is political will for tobacco control on both national and global levels. Two aspects of tobacco control are assessed: implementation of a complete indoor smoking ban, and/or a complete tobacco advertising, promotion and sponsorship ban.
Denominator	194 Member States.
Baseline 2013	57 out of 194 countries (29%).
Source of baseline	Data reported from the Global Tobacco Control Report (GTCR) 2013.
Data collection tool	This indicator is based on a review by WHO staff of official reports from WHO FCTC Parties to the Conference of the Parties (COP); and a review of original tobacco control legislation, including regulations, adopted in all Member States related to smoke-free environments, packaging and labelling measures and tobacco advertising, promotion and sponsorship.
Data validation process	Data from the GTCR are validated against legislation was assessed by WHO staff from in HQ and regional offices. Any inconsistencies found are reviewed and resolved by (i) checking the original text of the legislation; (ii) obtaining consensus from the two expert staff involved in the data collection; and (iii) the decision of a third expert in cases where differences remained. Data are also checked for completeness and logical consistency across variables.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/tobacco/global_report/2013/en/">http://www.who.int/tobacco/global_report/2013/en/</a> .



<b>Objective 3 indicator</b>	<b>3d. Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet.</b>
Definition and achievement criteria	Reducing unhealthy diet may be covered either by the operational national integrated NCD and risk factor policy/strategy/action plan or an operational national policy/strategy/action plan specifically to reduce unhealthy diet. “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.
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	105 out of 175 responding countries (60%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled. The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who have done one or both of the following: (a) 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 sub question “Does it address one or more of the following major risk factors? – unhealthy diet”. Additionally, countries had to respond “operational” for the sub question “Indicate its stage”. (b) responded “Yes” to the question “Is there a policy, strategy, or action plan for reducing unhealthy diet related to NCD (salt, fat, sugar intake; low fruit and vegetable intake) in your country?” and responded “operational” for the sub question “Indicate its stage”.</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 4 indicator</b>	<b>4. Number of countries that have government approved evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach.</b>
Definition and achievement criteria	Government approved evidence-based national guidelines/protocols/standards for the management of the four main NCDs – cardiovascular disease, diabetes, cancer and chronic respiratory diseases.
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	80 out of 175 responding countries (46%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>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 at least partially or fully implemented.</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 5 indicator</b>	<b>5. Number of countries that have an operational national policy and plan on noncommunicable-disease-related research including community-based research and evaluation of the impact of interventions and policies.</b>
Definition and achievement criteria	Existence of an operational national policy and plan on NCD-related research, including community-based research and evaluation of the impact of interventions and policies. “Operational” refers to a policy and plan being used and implemented in the country, and with resources and funding available for implementation.
Denominator	194 Member States.
Baseline 2013	No current baseline exists.
Source of baseline	Proposed to add a set of questions to assess this in next WHO NCD Country Capacity Survey to be undertaken in 2015.
Data collection tool	WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled.  The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.  It is proposed to add a set of questions to the next NCD CCS to capture information on this indicator from countries.
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

<b>Objective 6 indicator</b>	<b>6. Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets.</b>
Definition and achievement criteria	An NCD surveillance and monitoring system includes recent data collection on mortality by cause and risk factor surveillance of all of the following risk factors in adults: harmful alcohol use, physical inactivity, tobacco use, raised blood glucose, raised blood pressure, overweight/obesity, and salt/sodium intake. “Recent” is defined as having data from within past 5 years (i.e.: from 2008 or later).
Denominator	194 Member States (175 responded to the 2013 survey).
Baseline 2013	42 out of 175 responding countries (24%).
Source of baseline	Data reported from the WHO NCD Country Capacity Survey 2013.
Data collection tool	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is administered through the use of an electronic Excel questionnaire tool, which is completed by a team at the country level to ensure a comprehensive response is compiled. The tool is designed to allow for printing the completed responses, so Member States also have the option to send both an electronic version of their completed response, plus print a paper-based version which can be signed and certified correct for verification at the country level.</p> <p>This indicator is based on the number of countries who have responded “Yes” to the question “Does your country have a system for generating mortality by cause of death on a routine basis?” and to each of the following for adults: “Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for all of the following:” “Harmful alcohol use”, “Physical inactivity”, “Tobacco use”, “Raised blood glucose/diabetes”, “Raised blood pressure/hypertension”, “Overweight and obesity”, and “Salt/Sodium intake”. In addition, countries must have reported that data for mortality and risk factors was from within the past 5 years (i.e.: from 2008 or later).</p>
Data validation process	The data from the NCD CCS are validated against other known data sources by WHO staff in HQ and Regional Offices. It is also validated against past responses to previous waves of this survey. Where discrepancies are noted, it is referred back to country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a> .

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