SUMMARY OF FEEDBACK FROM MEMBER STATES ON THE FIRST DISCUSSION PAPER ON THE PROPOSED GLOBAL MONITORING FRAMEWORK AND INDICATORS AND TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

1. Mortality of Noncommunicable Diseases

Overall Assessment: Good level of support for target although there were some concerns on achievability.

Most Member States agreed on the target. However, several high income countries indicated that this would be feasible for their countries, but questioned whether low- and middle-income countries have the ability to collect cause-specific mortality data.

Several high income countries indicated achievement is feasible.

Some Member States suggested the addition of socioeconomic aspect to target/indicator.

2. Diabetes

Overall Assessment: Low level support for proposed target.

Several Member States expressed concern that the target would not be achievable, neither in low- and middle-income countries nor in high income countries. This is due to the aging population, and the advancement of treatment and care that are prolonging lives of people with diabetes.

Several Member States expressed concern that national surveys, including fasting blood measures, would not be feasible in most countries. Suggested alternatives included HbA1c and self-reported data. However, several Member States expressed concerns about the validity of self-reported data.

Several Member States noted that there is little evidence for effective scalable interventions. Additionally, several countries noted that a reduction in diabetes would require a reduction in obesity, which is counter to the target on no increase in obesity (but not a decrease).

Two Member States indicated that the diabetes target should be related to incidence of complications rather than prevalence of diabetes.
One Member State suggested modifying the target to a decrease in prevalence of raised blood glucose and not diabetes per se.

3. **Tobacco Smoking**

**Overall Assessment: High level of support for a target, however, concerns regarding achievability were raised.**

Several Member States expressed concern on the achievability of the target since baseline levels in some countries are low. However, one Member State noted that the target would be achievable at a national level.

No Member State expressed concern on measurement or existence of effective mechanisms.

Several Member States indicated that the target needs to be consistent with the WHO Framework Convention on Tobacco Control (FCTC). One country noted that in order to be consistent with FCTC, the target should address tobacco use and not tobacco smoking only.

Some countries suggested that a policy-based target would be preferable.

4. **Alcohol**

**Overall Assessment: Low (no) support. The primary concern was having adult per capita consumption (APC) as the indicator.**

Some Member States doubted that this was an achievable target.

Many Member States expressed serious concern with the adult per capita consumption (APC) not being a valid proxy of harmful alcohol consumption, which they understood to be the underlying health issue addressed by this target.

Several countries noted that the target should be in line with data presented in Resolution WHA61.4 on the Global Strategy to Reduce the Harmful Use of Alcohol.

Furthermore, several countries noted the difficulty of getting an accurate measure of APC given the high level of consumption of duty-free/stored/home-brewed/black market alcohol.

Some Member States expressed concern about the implicit difficulties in working with the alcohol industry towards a goal that is counter to their best interests.

5. **Dietary salt intake**

**Overall Assessment: Modest level of support for target and indicator with most countries expressing serious concern about the measurement, existence of baseline data, and achievability of the target.**

Some Member States indicated that the target did not seem achievable.

Many Member States expressed serious concern with the feasibility of 24hr urine collection, noting that this would place a high burden on countries.
One Member State suggested changing the target to focus on sodium and not salt alone, while two Member States suggested changing the target to be a relative reduction in mean salt intake.

6. **Blood pressure/hypertension**

**Overall Assessment: High level support, although there were some issues around measurement.**

Responses with regard to achievability were positive.

A few Member States expressed concern about the feasibility of getting measure BP data on the population.

A few countries requested that the target be better defined to clarify whether those with controlled hypertension are included or not included.

One Member State expressed concern that interventions may be difficult for developing countries to implement.

7. **Obesity**

**Overall Assessment: Low level of support with primary concerns on effective interventions and achievability.**

While some countries expressed doubt that the target would be achievable, others stated that they believe their country could achieve the target.

No Member State expressed concern about the feasibility of measuring height and weight, but one country questioned whether self-reported data would be acceptable.

A few countries questioned why only obesity is included and not overweight as well.

Two Member States noted that there is lack of evidence for effective interventions.

Two Member States suggested lowering the age range to 18+.

8. **Prevention of heart attack and stroke**

**Overall Assessment: No support. Comments were negative with major issues around data availability, measurement feasibility and target definition.**

There was no agreement with regard to achievability. Some Member States considered it achievable, while others did not.

Several Member States expressed serious concern with regard to feasibility of measuring this information. Their concerns were threefold: 1) identifying people who were at risk; 2) clarifying the definition of multi-drug therapy; and 3) measuring people on multi-drug therapy.

Two countries were concerned about the feasibility of interventions in general and specifically in low- and middle-income countries.
Suggestions for changes included: 1) to have an indicator on global risk; 2) to have a health system target on access to affordable/safe medicines; and 3) to limit the target to people who have diagnosed cardiovascular diseases.

9. **Cervical cancer screening**

**Overall Assessment: Low level of support. However comments were positive for concept.**

Responses regarding achievability were generally positive, although there was concern that low- and middle-income countries would not be able to achieve the target.

Most countries submitted positive comments with regard to feasibility of the measurement, although one country requested that the acceptable screening methods be defined.

Several Member States acknowledged the existence of effective mechanisms. However one country noted the potential difficulties, that countries would eventual face, of following-up with abnormal tests.

Some countries felt this was not an important issue, either because the burden of disease was very low or because the prevalence of screening was already very high.

One Member State suggested an alternative target of reduced incidence of cervical cancer.

10. **Elimination of industrially produced trans-fat from the food supply**

**Overall Assessment: Low (no) support. Comments were negative with serious concern about feasibility, achievability and public health impact.**

Member States generally expressed concern about the achievability of complete elimination of Trans Fatty Acids (TFA).

Most countries had no concerns with regards to measurement.

Several Member States questioned the high public health significance of this indicator and target, and the potential impact on noncommunicable diseases burden.

Two countries opposed that the target require legislation. They would prefer voluntary commitments from industry.

**Overall comments**

Overall feedback on the process of developing the indicators was generally positive, although a few Member States expressed opposition to targets in general, or would at least prefer the targets be voluntary.

Some concerns about the relationship between national targets and global targets was expressed.

There was a request for more information on interim targets.

Some countries indicated that while having regional-level input is good, there should be only one set of global targets.
Most Member States noted that physical activity should be included as a target and/or as an indicator.

Several countries indicated that the organization and structuring of the targets could be improved, and some suggested that targets be prioritized. Several Member States noted that there is an odd mix of process and outcome indicators as well as an unequal balance between mortality, morbidity and risk factor indicators.

Some countries felt that targets based top 10\textsuperscript{th} percentile performers are too ambitious.

Several Member States stated they would like to see greater recognition of the variability in country capacity, and would like greater guidance provided for adaptation of targets to country context.

Several Member States noted that other dietary targets that assess quality/composition of diet, such as fruit and vegetable consumption, should be included.

Several Member States stressed the need to identify data sources available as baseline data and questioned how lack of baseline data would be handled.

For some targets, such as diabetes and obesity, wider age ranges were suggested.

Several Member States would like to see a gender, age and/or socioeconomic dimension added to the targets.

Others proposed that indicators include: oral health, palliative care, multi-sectoral engagement, cancer incidence, cholesterol, policy indicators (e.g. tobacco, food marketing), targets for countries in crisis, stress, violence, sugar consumption, disability, quality of life, health system response.

The concerns raised by Member States were taken into consideration by the Secretariat during the development of the Second WHO Discussion Paper on A Comprehensive Global Monitoring Framework Including Indicators and a Set of Voluntary Global Targets for the Prevention and Control of NCDs. The Second WHO Discussion paper will be open for a web-based consultation from 22 March 2012 to 19 April 2012.