WHO Secretariat
Dr Timothy Armstrong
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Overview:
• Revised WHO Discussion Paper (A/NCD/INF./1)
• Summary of the discussions during the Regional Committees (A/NCD/INF./2)
61. Call upon WHO, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on NCDs.
62. Call upon WHO, in collaboration with Member States through the governing bodies of WHO, and in collaboration with United Nations agencies, and other relevant regional and international organizations, as appropriate, building on the work already under way, to prepare recommendations for a set of voluntary global targets for the prevention and control of NCDs, before the end of 2012.
63. Consider the development of national targets and indicators based on national situations, building on guidance provided by WHO, to focus on efforts to address the impacts of non-communicable diseases and their risk factors and determinants.
- WELCOMED the work under way and recognizes the significant progress made.

- DECIDED to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025.

- EXPRESSED strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.

- DECIDED to note wide support expressed by Member States and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity.

- FURTHER noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from among Member States development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases.

- NOTED that other targets or indicators may emerge in the remainder of the process established by resolution EB130.R7.
REQUESTS the Director-General to:

(1) undertake further technical work on targets and indicators and prepare a revised discussion paper on the comprehensive global monitoring framework which reflects all discussions and submissions to date and which takes into account measurability, feasibility, achievability and the existing WHO strategies in this area.

(2) consult with Member States, including through Regional Committees, and where appropriate, regional technical/expert working groups which report to Regional Committees through the Secretariat, on this revised discussion paper.

(3) continue to consult with all relevant stakeholders in a transparent manner on this revised discussion paper.
REQUESTS the Director-General to:

(4) prepare a report summarizing the results of the discussions in each of the Regional Committees and the inputs from the above-mentioned dialogues with stakeholders.

(5) convene a formal Member States meeting, to be held prior to the end of October 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of NCDs.

(6) submit a substantive report on the recommendations relating to paragraphs 61 and 62 of the Political Declaration through the Executive Board at its 132nd session to the Sixty-sixth World Health Assembly.
Jan 2011: Technical Working Group established to develop an NCD framework and indicators with selected targets.


Jan 2012: 9 January 2012: First informal consultation with Member States and UN agencies.

Apr 2012: 26 April 2012: Second informal consultation with Member States and UN agencies.

Apr/May 2012: April/May 2012: Informal dialogues with NGOs and the private sector.

May 2012: May 2012: World Health Assembly adopts a target of a 25% reduction in premature mortality from NCDs by 2025 and sets out steps to undertake further technical work.

2012
• 25 July 2012 – 19 October 2012: Relevant global NGOs and selected private sector entities were invited to submit their views by email on the revised WHO Discussion Paper

2012
• September – October 2012: Discussions at WHO Regional Committees

2012
• 1 November 2012: WHO Secretariat published a report summarizing the outcomes of the discussions at the Regional Committees and the views received

2012
• 5-7 November 2012: Formal meeting with Member States and UN agencies to conclude the work

2012
• January 2013: WHO Secretariat will submit a report on the final recommendations to the Executive Board

2013
• May 2013: WHO Secretariat will submit a report with the final recommendations to the World Health Assembly

2013
• September 2013 – WHO will provide input into a report from the Secretary-General on the progress achieved in realizing the commitments included in the Political Declaration on NCDs

2013
• November/December 2013 – UN General Assembly will consider the progress report by the UN Secretary-General, in preparation for a comprehensive review and assessment in 2014
Definitions

Global monitoring framework:
• Is an conceptual outline for monitoring and evaluating actions to prevent and reduce NCDs

Indicator
• An "indicator" is a measure to track and assess progress over time

Voluntary global target
• A "target" represents a specific aim to be achieved, should be time bound, and define a level of achievement
• "voluntary" indicates that there is no legal obligation
Small number of "tracer" targets, within a broader framework and set of indicators
Focuses global attention
Would represent major contribution to achievements in NCD prevention and control, if met
Targets set for 2025, with baseline of 2010
Outcomes
• Cancer incidence, by type
• Premature mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease

Exposures
• Alcohol
• Fat intake
• Low fruit and vegetable intake
• Overweight and obesity
• Physical inactivity
• Raised blood glucose
• Raised Blood pressure
• Raised total cholesterol
• Salt/sodium intake
• Tobacco

Health system response
• Cervical cancer screening
• Drug therapy to prevent heart attacks and strokes
• Essential NCD medicines and technologies
• Palliative care
• Policies to eliminate PHVOs from food supply
• Policies to reduce marketing of foods to children
• Vaccination against infectious cancers
Criteria recommended for selection of targets

- 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.
National targets should be consistent with the global target.
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.
Methodology

- Detailed method and timelines for data collection and reporting will be suggested by WHO to assist Member States during 2013.
- Data on NCD outcomes are collected from vital registration systems capable of reporting cause of death, and population-based cancer registries.
- Data on exposures are collected from population level surveys which measure behavioral, metabolic and biological NCD risk factors.
- Data on health system response are collected from policy reviews and service utilization data.
- For global reporting, country comparable estimates are produced which adjust to standardized definitions, age range and structure, year of data collection, and representativeness of population.
Voluntary global targets presented in the first WHO Discussion Paper (version dated 21 December 2011)
<table>
<thead>
<tr>
<th>Outcome targets</th>
<th>Indicator</th>
<th>Data Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  <strong>Mortality from NCDs</strong>&lt;br&gt;25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease</td>
<td>Unconditional probability of dying between ages 30-70 from, cardiovascular disease, cancer, diabetes, or chronic respiratory disease</td>
<td>Civil registration system, with medical certification of cause of death, or survey with verbal autopsy</td>
</tr>
<tr>
<td>2  <strong>Diabetes</strong>&lt;br&gt;10% relative reduction in prevalence of diabetes</td>
<td>Age-standardized prevalence of diabetes among persons aged 25+ years</td>
<td>National survey (with measurement)</td>
</tr>
<tr>
<td><strong>Exposure targets</strong></td>
<td></td>
<td></td>
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<tr>
<td>3  <strong>Tobacco smoking</strong>&lt;br&gt;40% relative reduction in prevalence of current tobacco smoking</td>
<td>Age-standardized prevalence of current tobacco smoking among persons aged 15+ years</td>
<td>National survey</td>
</tr>
<tr>
<td>4  <strong>Alcohol</strong>&lt;br&gt;10% relative reduction in persons aged 15+ alcohol per capita consumption (APC)</td>
<td>Per capita consumption of litres of pure alcohol among persons aged 15+ years</td>
<td>Official statistics and reporting systems for production, import, export, and sales or taxation data; and national survey</td>
</tr>
<tr>
<td>5  <strong>Dietary salt intake</strong>&lt;br&gt;Mean population intake of salt less than 5 grams per day</td>
<td>Age-standardized mean population intake of salt per day</td>
<td>National survey (with measurement)</td>
</tr>
<tr>
<td>Exposure targets</td>
<td>Indicator</td>
<td>Data Source(s)</td>
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<tr>
<td>6 Blood pressure/Hypertension</td>
<td>Age-standardized prevalence of raised blood pressure among persons aged 25+ years</td>
<td>National survey (with measurement)</td>
</tr>
<tr>
<td>7 Obesity</td>
<td>Age-standardized prevalence of obesity among persons aged 25+ years;</td>
<td>National survey (with measurement)</td>
</tr>
<tr>
<td>8 Prevention of heart attack and stroke</td>
<td>Percentage of estimated people aged 30+ years with a 10 year risk of heart attack or stroke ≥ 30%, or existing cardiovascular disease who are currently on multiple drug therapy (including glycaemic control).</td>
<td>National survey (with measurement)</td>
</tr>
<tr>
<td>9 Cervical cancer screening</td>
<td>Prevalence of women between ages 30-49 screened for cervical cancer at least once</td>
<td>National survey; health facility data</td>
</tr>
<tr>
<td>10 Elimination of industrially produced trans-fats from the food supply</td>
<td>Adoption of national policies that eliminate partially hydrogenated vegetable oils (PHVO) in the food supply</td>
<td>Policy review</td>
</tr>
</tbody>
</table>
Feedback on the first WHO Discussion Paper

- 22 Member States submitted written comments and 43 Member States attended the January 2012 informal consultation to give their views.
- Member States requested a more detailed outline of the GMF and set of indicators.
- There was reasonable support for the targets related to mortality, hypertension and tobacco.
- Member States raised concerns on feasibility and measurability of some of the suggested targets - salt, diabetes, alcohol, multi drug therapy, cervical cancer, obesity and trans-fats.
- Member States highlighted some gaps including indicators and/or targets related to physical inactivity, additional dietary risk factors, access to medicines and diagnostics.
- A detailed summary of Member States’ feedback from the consultative processes is available on the WHO website.
Voluntary global targets presented in the second WHO Discussion Paper (version dated 22 March 2012)
Global Monitoring Framework and Indicators for NCDs

Outcomes
- Cancer incidence by type
- Mortality between ages 30 – 70 due to CVD, cancer, diabetes, or CRD

Exposures
- Adult alcohol per capita consumption
- Heavy drinking occasions
- Insufficient physical activity
- Low fruit and vegetable consumption
- Overweight/obesity
- Raised blood glucose/diabetes
- Raised blood pressure
- Raised total cholesterol
- Salt/sodium intake
- Tobacco smoking

Health systems response
- Access to palliative care
- Availability of basic diagnostics and medicines
- Cervical cancer screening
- Multidrug therapy for CVD risk reduction
- Policies to eliminate trans fats
- Policies to reduce marketing of unhealthy foods to children
- Vaccination for Hepatitis B
- Vaccination for HPV

* All indicators should be disaggregated by gender, age, socioeconomic position, and other relevant stratifies
Welcome the work under way and recognizes the significant progress

DECIDED to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025

EXPRESSED strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity

DECIDED to note wide support expressed by Member States and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity

FURTHER noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from among Member States development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases

NOTED that other targets or indicators may emerge in the remainder of the process established by resolution EB130.R7
Voluntary global targets presented in the Revised WHO Discussion Paper (version dated 25 July 2012)
11 voluntary global targets presented in the revised WHO Discussion Paper

Premature mortality from NCDs
25% reduction

- Raised blood pressure: 25%
- Tobacco smoking: 30%
- Salt/sodium intake: 30%
- Physical inactivity: 10%
- Obesity: 0%
- Fat intake: 15%
- Alcohol: 10%
- Raised cholesterol: 20%
- Generic medicines and technologies: 80%
- Drug therapy and counselling: 50%

Target adopted by the World Health Assembly

Target with wide support

Target with support for further development
Summary of the discussions during the Regional Committees and inputs received from NGOs and private sector entities (A/NCD/INF./2)
Africa (technical meeting)
8-10 October 2012
Nairobi, Kenya

The Americas
17-21 September 2012
Washington DC, USA

Eastern Mediterranean
1-4 October 2012
Cairo, Egypt

Europe
10-13 September 2012
Valetta, Malta

South-East Asia
4-7 September 2012
Yogyakarta, Indonesia

Western Pacific
24-28 September 2012
Hanoi, Viet Nam
WHO African Region (Technical meeting, Nairobi, 8-10 October 2012)

- Full support for the overall target of NCD mortality reduction: 25% by 2025
- Support for the global monitoring framework and voluntary global targets
- Most of indicators considered a high priority
- High priority given to indicators for mortality, cancer incidence, blood pressure, blood glucose, essential medicines to treat NCDs, and vaccination against cancer-causing infections
- Concerns about the measurability and availability of baseline data for indicators related to alcohol, fat intake, salt, essential NCD medicines, elimination of trans-fats, marketing to children, and vaccinations against human papillomavirus.
- Additional indicators suggested that relate to specialized treatment (radiotherapy), psychosocial care and sickle-cell disease
- All proposed target areas considered useful and of a high priority
- Proposed targets related to mortality, physical inactivity, fat intake, alcohol, cholesterol, essential medicines for NCDs, and drug therapy supported in their current formulation
- Revisions proposed to targets related to blood pressure, tobacco, salt/sodium, and obesity
- Replace tobacco smoking by tobacco use (all forms)
- Technical and financial support needed to strengthen surveillance
WHO Regional Committee for the Americas (17-21 September 2012)

- Agreement on the value of a global monitoring framework.
- Agreement on the “25% by 2025” premature mortality reduction target.
- Agreement on targets for tobacco, salt/sodium, physical inactivity, and blood pressure
- Questions about alcohol, obesity, diabetes, cholesterol, and health system response
- Concerns about the need to strengthen country capacity
- Some aspects felt missing from the indicators and targets such as:
  - Development and economic investment indicators
  - Equity
  - Social determinants of health
  - Access to medications and health services
  - Interventions targeting children and adolescents;
  - Regulatory capacity and concrete multisectoral actions.
- Important to have short-term and medium-term targets
- Agreed regional, subregional and national targets to complement global ones
Called for inclusion of indicators and targets within the scope of "4 x 4" model

Suggested inclusion of a sufficient number of global targets to cover major risk behaviours and health response.

Expressed concern on the achievability of some of the proposed targets as well as the lack of availability of baseline data for those targets.

Urged Member States to strengthen their respective capacity for surveillance.

Requested Member States to participate fully and actively in all steps of the follow-up processes.

Requested the Secretariat to provide technical support.
Welcomed the global target of a 25% relative reduction of premature mortality from NCDs by 2025

Emphasized the need, in the selection of indicators, to take into account the existing monitoring capacity in Member States in order not to increase unnecessarily the reporting burden of the Member States.

Stressed the need to take into account the availability of feasible interventions

Called for a systematic and science-based approach and for the selection of a limited number of scientifically sound indicators that are feasible for the current monitoring systems

Emphasized the need to have additional health system indicators

Called for attention to be paid to health inequities and their determinants
Agreed with the “25 by 2025” mortality target

- Supported the adoption of four other targets to address tobacco smoking, raised blood pressure, salt/sodium intake, and physical inactivity
- Proposals to replace tobacco smoking by tobacco use to include smokeless tobacco, which is a significant problem in many countries
- Proposals to add a further target for diabetes
- No general support for the inclusion of other targets
- Emphasized the importance of integrating the monitoring framework in the national health information system and the importance of enhancing national capacities to implement the framework
- Supported the idea of global targets and indicators
- Raised concerns were raised about there being too many
- Questioned the suitability, measurability and achievability of “all targets and indicators for all countries”
- Concerned about cost of data collection
- Agreed on the target on premature mortality reduction, as well as on the targets and indicators on raised blood pressure and tobacco use.
- There was less consensus and support for the targets involving alcohol, salt intake, raised total cholesterol levels, fat intake, obesity and drug therapy
Give greater emphasis to the need for action across governments and civil society, and beyond the health system
Inputs from relevant NGOs

- Broad support for the draft global monitoring framework, including indicators, and a set of voluntary global targets.
- Comments were generally supportive of the number and type of indicator and target, with some concerns regarding the exclusion of younger age groups for some indicators.
- The need for balance was highlighted, in particular among targets on prevention, treatment and care, as was the importance of considering the global monitoring framework in relation to other WHO commitments.
The concept of a global monitoring framework, indicators and global voluntary targets was supported by several private sector entities.

Some private sector entities raised concerns about the alcohol indicator and target; others supported the proposed indicator and target.

Concerns about dietary indicators that address only single nutrients were raised, as well as the importance of indicators on health system capacity, and a lack of aspiration in relation to achievement of increased levels of physical activity.
Thank you