CONCEPT NOTE: APPLICATION OF THE GLOBAL MONITORING FRAMEWORK FOR THE PREVENTION AND CONTROL OF NCDs

Introduction
Setting global indicators and targets for NCDs, and monitoring their attainment through the implementation of the global monitoring framework, will provide the foundation for advocacy and policy development and will provide internationally comparable assessments of the status of NCD trends. Global monitoring also serves to raise awareness, reinforce political commitment, and provide a mechanism for a stronger and coordinated global action involving all key stakeholders. It will also identify areas where strengthened action and support are most needed.

Components of the global monitoring framework
The comprehensive global monitoring framework for NCDs includes three key elements: monitoring outcomes (mortality and morbidity), exposures (risk factors), and health system capacity and response. Across these three areas, 19 indicators have been proposed for global and national monitoring.

Common principles
Country capacity to collect, compile, analyse and communicate NCD surveillance data is critical. Institutional capacity strengthening should be an integral part of NCD surveillance, as a vital public health function.

NCD surveillance should be integrated into the national health information system, including causes of death, household and facility surveys and facility reporting systems.

A significant increase in financial and technical support will be necessary for health information systems development in low- and middle-income countries if global NCD targets are to be achieved.

Monitoring progress should cover key social determinants and equity. Key indicators should be disaggregated by gender, age group, socio-economic position, and other relevant social determinants such as education.

Data collection mechanisms
Detailed methods and timelines for data collection and reporting will be elaborated in a future document. In general, the following data collection mechanisms will be used to report against the indicators in the three key areas of the global monitoring framework:
**Monitoring outcomes: mortality and morbidity**

High-quality mortality data can only be generated by long-term investment in civil registration and vital statistics systems. Reporting against the premature mortality indicator will require initiatives to strengthen vital registration systems and cause-specific mortality statistics, such as strengthening cause of death certification and coding using the International Classification of Diseases, and the use of interim measures such as sample registration systems, including use of verbal autopsy.

Accurate information on morbidity, in this instance cancer, is important for policy and programme development. Population-based cancer registries will be needed to report against the cancer incidence indicator. Where country reported data are unavailable IARC/WHO produces country estimates for global reporting purposes.

**Risk Factors/exposures**

Data on behavioural and metabolic risk factors will be obtained from national health interview or health examination surveys, addressing multiple factors. Data on social determinants, which can then be used to further understand risk factor patterns, are also typically obtained from these sources.

Reporting against the indicators related to exposures will require each country to have at least one survey, including interview and biological and clinical data collection, every five years. Where country reported data are unavailable, WHO produces country estimates for global reporting purposes.

**Monitoring health system response and country capacity**

The monitoring of the health system response and country capacity includes a number of input, output and coverage indicators. The availability and affordability of basic diagnostics and essential medicines requires good facility data, while the monitoring of access to and coverage of case detection and treatment measures is often done through household surveys. Assessing individual country capacity and health-system responses to address NCDs is critical, and will be monitored by the periodic NCD country capacity surveys.

**Cost of monitoring mechanisms**

The annual cost for a single LMIC for measuring proposed indicators in the global monitoring framework (excluding mortality) will be approximately 300,000 USD per year. This annual cost is estimated based on the following: annual running costs for a population based cancer registry; a population based multi risk factor survey for NCDs done once every 5 years; a facility assessment survey done once every 5 years; and annual monitoring of policies, plans and strategies. (See details of cost estimates in the table on data availability of GMF indicators).

**Governance and reporting**

WHO provides the Secretariat for the global monitoring framework and associated processes. Reporting on progress is planned for 2015, 2020, and 2025.