First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control
Moscow, 28-29 April 2011

Première Conférence ministérielle mondiale sur les modes de vie sains et la lutte contre les maladies non transmissibles
Moscou, 28 et 29 avril 2011

Primera Conferencia Ministerial Mundial sobre Modos de Vida Sanos y Control contra las Enfermedades No Transmisibles
Moscu, 28 y 29 de abril de 2011

المؤتمر الوزاري العالمي الأول حول أنماط الحياة الصحية ومكافحة الأمراض غير المعدية
موسكو، من 28 إلى 29 نيسان / أبريل 2011

Первая глобальная министерская конференция по здоровому образу жизни и неинфекционным заболеваниям
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Addressing NCDs at the national level – priorities for action: NCD surveillance

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NCD surveillance

Noncommunicable disease surveillance is the ongoing systematic collection and analysis of data to provide appropriate information regarding a country’s:

- NCD disease burden
- The population groups at risk,
- Estimates of NCD mortality, morbidity, risk factors and determinants,
- Ability to track health outcomes and risk factor trends over time.
NCD surveillance

- Surveillance is critical to providing the information needed for:
  - policy and programme development
  - appropriate legislation for NCD prevention and control
  - supporting the monitoring and evaluation of the progress made in implementing policies and programmes.
- Accurate data from countries is vital to reversing the global rise in death and disability from NCDs.
- Currently, many countries have little useable mortality data and weak NCD surveillance.
- Data on NCDs are often not integrated into national health information systems.
- Improving country-level surveillance and monitoring must be a top priority in the fight against NCDs.
The three major components of NCD surveillance

1) Monitoring **exposures** (risk factors);

2) Monitoring **outcomes** (mortality and morbidity);

3) Assessing **health system capacity and response**.
Monitoring **exposures**
(risk factors and determinants)

- **Behavioural risk factors:**
  - *tobacco use*
  - *physical inactivity*
  - *the harmful use of alcohol*
  - *unhealthy diet*

- **Physiological and metabolic risk factors:**
  - *raised blood pressure*
  - *overweight/obesity*
  - *raised blood glucose*
  - *raised blood cholesterol*

- **Social determinants:**
  - *educational level*
  - *household income*
  - *access to health care*
WHO STEPS Instrument
(Core and Expanded)

The WHO STEPwise approach to chronic disease risk factor surveillance (STEPS)

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: www.who.int/chp/steps
Monitoring outcomes (mortality and morbidity)

• Mortality: *NCD-specific mortality*

• Morbidity: *Cancer incidence and type (as core)*
Monitoring outcomes (mortality and morbidity)

Mortality: *NCD-specific mortality*

- An accurate measure of adult mortality is one of the most informative ways to:
  - measure the extent of the NCD epidemic,
  - plan and target effective programmes for NCD control.

- All-cause and cause-specific death rates, particularly premature deaths before age 60 or 70 years, are key NCD indicators.

- High-quality mortality data can only be generated by long-term investment in civil registration systems.
Monitoring outcomes (mortality and morbidity)

- **Mortality:** *NCD-specific mortality*
- Ascertaining all deaths and their cause on a country level is a critical requirement.
- Total all-cause mortality should be reported.
- National initiatives to strengthen vital registration systems, and cause-specific mortality statistics, are a key priority.
- Where cause-specific mortality data are not available or inadequate from a coverage and/or quality perspective, countries should establish interim measures such as verbal autopsy for cause of death, pending improvements in their vital registration systems.
Monitoring outcomes (mortality and morbidity)

- Morbidity: *Cancer incidence and type (as core)*
- Accurate information on NCD morbidity is important for policy and programme development.
- Particularly for cancer data on the incidence and type of cancer are essential for planning cancer prevention and control programmes.
- In lower-resource settings, hospital-based registries can be an important step towards the establishment of population-based registries, but only the latter can provide an unbiased description of the cancer patterns and trends in defined catchment populations.
- Unfortunately, in Africa only 1%, Asia 4% and Latin America 6% of the populations are being monitored for cancer incidence.
Monitoring **outcomes** (mortality and morbidity)

- **Morbidity:** *NCD incidence and prevalence*

- **Incidence** = **new cases with a disease developing in a certain time period**
  - Difficult to measure for many diseases, but relatively easy for some NCDs that have an acute onset.
  - Information can be conveniently derived from existing data bases (hospital discharges/medicines users/etc.), provided that they exist.

- **Prevalence** = **currently existing cases with a disease**
  - In principle, easy to count – but to get proper information on the entire population is not feasible.
  - Therefore, population samples or selected areas need to be used.
  - Requires a special study, usually cannot be obtained from existing data bases.
The major components of the reporting requirements for the Global Strategy Action Plan include:

- Assessing individual country capacity and health-system responses to address NCD prevention and control in a comprehensive manner
- Measuring their progress over time.

To monitor country capacity to respond to NCDs, WHO has conducted periodic assessments of the major components of national capacity in all Member States.

- First, in 2000–2001, following the endorsement of the Global Strategy for the Prevention and Control of Noncommunicable Diseases 3,
- Second, in 2009–2010,
- A further assessment is planned for 2013.
Monitoring health system response and country capacity

• The capacity assessments examined the public health infrastructure available to deal with NCDs:
  – The status of NCD-relevant policies, strategies, action plans and programmes;
  – The existence of health information systems, surveillance activities and surveys;
  – Access to essential health-care services including early detection, treatment and care for NCDs;
  – The existence of partnerships and collaborations related to NCD prevention and control.
The Key Messages on Surveillance

- Current capacities for NCD surveillance are inadequate in many countries and urgently require strengthening.
- High quality NCD risk factor surveillance is possible even in low-resource countries and settings.
- A surveillance framework that monitors exposures, outcomes and health-system responses is essential.
- A common set of core indicators, is needed for each component of the framework.
- Population-based cancer registries play a central role in planning and monitoring cancer control programmes because they provide the means to plan, monitor and evaluate the impact of specific interventions in targeted populations.
- Sustainable NCD surveillance systems need to be integrated into national health information systems and supported with adequate resources.
Thank you