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

POLICY BRIEF
MONITORING NCDS AND THEIR DETERMINANTS

Friday, 29 April 2011  
11:30-13:00 | Roundtable 5  
Monitoring NCDs and their determinants  
(Volga Hall, Tower 2)

Aim:
- To review gaps in NCD surveillance and health information systems at the country level and the lack of global monitoring of NCDs and their determinants  
- Present a framework to monitor and track NCDs and their determinants at the national and global levels  
- Discuss existing and propose innovative methods and technologies in monitoring NCDs and their determinants

Key messages:
- In many low- and middle-income countries, reliable data on risk factors and mortality are scarce and are not integrated into national health information systems. National capacity in epidemiology and data collection needs to be strengthened.
- There are three key components to NCD surveillance schemes: monitoring exposures (risk factors and determinants), outcomes (morbidity and disease-specific mortality) and health systems response and capacity  
- Monitoring NCDs requires agreement on a set of standardized, core indicators to monitor the above-mentioned components of surveillance  
- Assessing the capacity and response of health systems in the area of NCD prevention and control is a key component of monitoring

The following questions will be addressed:
- What does the world really know about the trends of NCDs?  
- What should we monitor? What are the key components of NCD surveillance?  
- What are the key, core indicators?  
- What are the gaps in monitoring NCD-specific mortality and how can they be addressed?

Context
The increasing burden of NCDs in developing countries calls for implementation of policies and programmes as well as redirecting health systems to be able to care for people with chronic
conditions. This is virtually impossible to achieve in the absence of information that allow policy makers and managers to direct their actions where they are needed and evaluate whether they actually worked. However, many low- and middle-income countries have little usable mortality data and weak NCD surveillance.

Standardized modes of data collection such as the Census and vital registration, which include mortality data, have long been promoted and supported internationally. Yet, this is still work in progress. Many countries carry out ad-hoc surveys, but these are of limited value if they are not institutionalize as a public health function. Unfortunately, since Official Development Assistance for NCDs is so low, there is little support for low-income countries to improve their capacity for NCD surveillance.

New dimensions

NCD surveillance systems need to be integrated into national health information system. Three major areas constitute a functional framework for NCD surveillance: (i) monitoring exposures - risk factors; (ii) monitoring outcomes - morbidity and cause-specific mortality; and (iii) health system responses - capacity and access to interventions.

New developments

There is a growing number of countries providing mortality data to WHO, but large differences remain. While all countries of the European region have complete death registration, only 23% of countries in Africa do. For risk factor surveys, WHO developed a standardized package (STEPS) that many countries have adapted and adopted.

To implement programmes and policies, however, countries need to know more than mortality and risk factors. They need to monitor if health care providers meet the needs of people with NCDs and need to assess the capacity of the health system. Many countries carry out periodic household surveys measuring living standards, social programmes and use of health services, but these seldom collect data on NCDs. Intenational efforts, such as the Health Metrics Network has recently incorporated tobacco as one of its content areas, but no other NCD related information. There is clearly an information chasm —between what countries need to know to implement NCD programmes and policies and the data available.

New evidence

There are various opportunities to improve information systems for NCD prevention and control. One is through use of existing mortality statistics, by achieving completeness of registration and later quality in reporting the cause of death. Nonetheless, verbal autopsy
methods can be used in settings where completeness and quality have not been achieved. Such methods were recently used to assess mortality in rural India, documenting the predominance of NCDs in this setting.

WHO developed an instrument to assess the capacity of the public health infrastructure to respond to NCDs. It examines the presence of relevant policies, strategies, action plans and programmes; the existence of health information systems, surveillance activities and surveys; access to essential health care services for NCDs; and the existence of partnerships and collaborations related to NCD prevention and control.

**Getting to scale**

There is consensus that the burden of NCDs is too high to ignore it and there is an urgent need to build capacity for monitoring and surveillance. Although it is important to begin by using existing resources, getting to scale requires developing a permanent structure for surveillance activities. Data collection can be organized in several ways, but an institution with relevant expertise is needed to guarantee the sustainability and quality of surveillance over time.

**Accelerating progress**

Several middle-income countries have used external resources to jump-start monitoring and surveillance systems, which have benefited not only NCDs but the health information system more broadly. Having the information makes it possible to make decisions about resource allocation. Dissemination of information also benefits multisectoral action as it provides the basis for policy dialogue.

**Uniting around a common agenda**

It is in the best interest of the population as a whole to integrate NCD surveillance into national health information systems. In the end, investments in information systems to monitor NCD programmes and its outcomes can result in savings as it improves the response of various stakeholders to the situation.

**Partners' focus**

The government role is to lead in the collection of data and processing of information for surveillance of NCDs, but others, such as academia, are well positioned to support these efforts and use the data in innovative ways.
Acknowledgements

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Unless specified otherwise, the data contained in this discussion paper is based on the 2004 update on the 'Global burden of disease'. Additional information is available at www.who.int/research.

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