Facilitating health reporting in the WHO European Region

A comparative analysis of indicators across Health 2020,
the Sustainable Development Goals and the Global Action Plan for the
Prevention and Control of Noncommunicable Diseases 2013–2020

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HEALTH 2020

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization

GLOBAL ACTION PLAN
FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

2013-2020

Contents

Abbreviations

DIR	Division of Information, Evidence, Research and Innovation
EHII	European Health Information Initiative
NCDs	noncommunicable diseases
NCD framework	monitoring framework of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020
SDGs	Sustainable Development Goals

Executive summary

Member States of the WHO European Region are committed to three policy frameworks: Health 2020, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCD framework) and the Sustainable Development Goals (SDGs) and targets of the 2030 Agenda for Sustainable Development. While different governing bodies produced these frameworks independently, there are considerable similarities between them. This opens up possibilities for joint reporting initiatives.

The WHO Regional Office for Europe is committed to strengthening the quality of health indicators and data, making health information available to support policy-making processes, and simultaneously reducing the reporting burden on Member States. To this end, its Division of Information, Evidence, Research and Innovation (DIR) has undertaken a comprehensive assessment of all indicators across the three frameworks. In summary, this mapping exercise shows that:

- there is 76% alignment between Health 2020 and SDG indicators;

- close to 6 out of 10 (56%) NCD framework indicators are also SDG indicators; and

- one third of Health 2020 indicators are captured in the NCD framework.

The high degree of overlap between indicators creates an opportunity for the development of a minimum joint core set, and ultimately a joint reporting framework, to significantly lighten the reporting burden for Member States.

DIR recommends that the Regional Office support Member States' efforts to identify SDG indicators that are most relevant for the Region, and to harmonize reporting with regional frameworks so that a minimum joint core set of indicators can be reported at the regional level. In this system, Member States would continue to provide national information, and the Regional Office would aggregate results and indicators into a unified reporting mechanism.

Background and justification

Health 2020 is an evidence-informed policy framework through which the WHO Regional Office for Europe and Member States of the WHO European Region harmonize and coordinate their efforts to improve health and well-being.[1] Health 2020 includes a clear vision for improving health for all and reducing health inequalities through improved leadership and governance for health and a whole-of-government approach. It also provides a unique platform for streamlining the measurement and reporting of progress towards the achievement of its goals. Health 2020 comprises 37 indicators (19 core and 18 additional), covering many aspects of health and its determinants, on which Member States report annually.

With the adoption of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals[2] (SDGs) – which comprise 17 goals and 169 targets – the reporting burden on Member States will increase dramatically. At the global level, the United Nations Economic and Social Council (ECOSOC) proposed a global indicator framework containing 230 indicators for the 169 targets, including 26 indicators under SDG Goal 3: Good health and well-being. Discussion on the finalization of this global indicator list is ongoing. Indicators at the regional and national level will complement these.

Member States have also committed to the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases[3] (NCD framework), which includes 25 indicators.

Given the strategic importance of health information, the Regional Office established the European Health Information Initiative[4] (EHII), a multistakeholder network of Member States, regional and national institutions and associations which aims to improve the health and well-being of the people in the Region through the promotion, generation and use of technically sound information and evidence (including qualitative data) in order to inform decision-making. The EHII is the operational platform under which all activities related to health information are coordinated and implemented at the regional level.

Many Member States have raised concern over the significant burden of reporting. In response, the Regional Office conducted an internal survey to assess the magnitude of and provide evidence on the issue. Survey findings confirmed that a substantial number of data collection requests from both the Regional Office and WHO headquarters are sent to Member States each year. In response, the Regional Office established an internal mechanism that aims to streamline reporting processes and reduce the number of reporting requests sent to Member States. This interdivisional mechanism acts as the gatekeeper function, and is coordinated by the Statistical Policy Group under the leadership of the Division of Information, Evidence, Research and Innovation (DIR). It works towards (i) decreasing the number of reporting requests, and (ii) improving the quality of surveys and data collection instruments issued by the Regional Office.

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[1] Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013, accessed 28 August 2016).

[2] Sustainable Development Goals [website]. New York: United Nations; 2015 (https://sustainabledevelopment.un.org/?menu=1300, accessed 29 August 2016).

[3] Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, accessed 29 August 2016).

[4] European Health Information initiative [website]. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii, accessed 29 August 2016).

In addition, the WHO Regional Director for Europe tasked DIR with conducting a mapping exercise for indicators across the Health 2020, SDG and NCD frameworks. The purpose of this exercise was to assess their levels of alignment, identify potential areas for joint reporting, decrease the reporting requirements for Member States and avoid duplication of data collection and dissemination efforts.

This paper provides a brief overview of the indicators and frameworks, the methodology used to map indicators, the results of the exercise, recommendations based on the findings and the potential implications of these recommendations on the three existing frameworks. Most importantly, this paper provides some options and direction to inform the potential establishment of a harmonized reporting framework.

This paper is expected to inform decision-making processes for the Regional Office and Member States as they move towards a more streamlined method for reporting indicators across the three frameworks. It could also support the development of a roadmap with clear baselines and targets for progress on Health 2020 and the SDGs. This paper will be of interest to policy-makers, public health experts, central statistics offices and other stakeholders working on Health 2020 and SDG data and indicators.

Health information in the Region: policy frameworks and operational platforms

Four main frameworks and initiatives guide current and future work on health information in the Region: Health 2020, the SDGs, the NCD framework and EHII, the operational platform under which all health information activities are coordinated within the Region.

Health 2020 is the health policy framework of the Region. It aims to support actions across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality. Health 2020 responds to changing contexts in the Region, especially health inequities within and between countries, concerns about the financial sustainability of health systems, the changing role of citizens and the alarming increase of noncommunicable diseases (NCDs). Member States have agreed on a set of indicators to monitor progress on Health 2020 targets on the national and regional levels. The Health 2020 annual reporting requirement for Member States includes 37 indicators (19 core and 18 additional) covering a wide range topics related to health and well-being.

Member States adopted the **SDGs** in 2015, four years after the Health 2020 policy framework. The SDGs embody a universally shared, common global vision of progress towards a safe, just and sustainable space for all human beings to thrive on the planet. They reflect the moral principles that no person or country should be left behind, and that every person and every country holds a common responsibility for delivering the global vision. The declaration of the 2030 Agenda for Sustainable Development calls for a complex and intensive reporting, follow-up, monitoring and review process. To ensure accountability, it envisions "each government setting its own national targets guided by the global level of ambition but taking into account national circumstances".[5] The high-level political forum on sustainable development, convened under ECOSOC, will annually review global progress towards achieving the SDG targets. This review is informed by an annual progress report on the SDGs, which builds on the global indicator framework and data produced by national statistical systems as well as information collected at the regional level.

In 2013, Member States of the Region adopted the global **NCD framework** for the period 2013–2020. This framework serves as the successor to the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012−2016. It contains 25 indicators.

EHII is a multipartner network committed to improving the health of the people in the Region by improving the information that underpins policy. This involves fostering international cooperation in order to exchange expertise, build capacity and harmonize data collection. Through these objectives, EHII contributes to integrated health information activities in the Region. It is also playing a key role in the development of an integrated health information system for Europe, as outlined in the joint declaration agreed between the Regional Office and the European Commission. To date, EHII comprises 25 members, consisting of 17 Member States and eight partner organizations including the Commonwealth, the European Commission, the European Public Health Association, the Organisation for Economic Co-operation and Development, Public Health England, the Wellcome Trust and several WHO collaborating centres.

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[5] Transforming our world: the 2030 Agenda for Sustainable Development [website]. New York: United Nations; 2015 (https://sustainabledevelopment.un.org/post2015/transformingourworld, accessed 28 August 2016).

EHII's achievements include the development of a support tool for the assessment of health information systems,[6] a Regional Office health information web portal called the European Health Information Gateway[7] and the Health 2020 monitoring framework. It has also assisted in the launch and progress of numerous health information-related networks (the Central Asian Republics Health Information Network, the Evidence-informed Policy Network, the Small Countries Health Information Network, the South-eastern Europe Health Network, and the forthcoming Burden of Disease Network), and various capacity-building activities such as the annual Autumn School on Health Information and Evidence for Policy, and the Advanced School on Health Information.

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[6] Support tool to assess health information systems and develop and strengthen health information strategies. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/__data/assets/pdf_file/0011/278741/Support-tool-assess-HIS-en.pdf, accessed 28 August 2016).

[7] European Health Information Gateway [website]. Copenhagen: WHO Regional Office for Europe; 2016 (http://portal.euro.who.int/en/, accessed 29 August 2016).

Objectives

The objectives of the mapping exercise were to:

- conduct a review of indicators across the three frameworks;

- describe a mapping methodology;

- identify similarities, overlaps and differences among indicators from the frameworks; and

- provide recommendations on streamlining the reporting requirements for Member States.

Methodology

The mapping exercise required a comprehensive assessment of the indicators and metadata used in the three frameworks in order to identify their similarities and differences. The assessment measured levels of alignment based on the predefined criteria described below. The mapping methodology was articulated around four main steps:

1. scoping and indicator review
2. categorization of degree of alignment
3. comparison of frameworks and classification of indicators
4. assessment of unique indicators.

Scoping and indicator review

The scoping exercise identified relevant indicators for inclusion in the mapping exercise. All indicators and metadata for Health 2020 and the NCD framework are readily available and were systematically assessed. However, not all of the over 200 SDG indicators have been finalized. There are two lists of SDG indicators published by the United Nations Statistical Commission: a green list (indicators complete in definition), and a grey list (indicators without finalized metadata). Overall, health-related targets could be found in most SDGs and were used for this mapping (see Table 1 below).

Categorization of degree of alignment

The outcome of the scoping and indicator review led to three distinct categories of alignment.

Indicator-level alignment
- This level captures indicators that are identical or highly similar across frameworks (although there may be differences in the metadata) (see Table A1).

Thematic alignment
- This level captures indicators measuring a common theme/domain/target across frameworks but which differ in name, definition, scope or other metadata parameters (see Table A2).

No alignment (unique indicator)
- This indicates that there is no comparable indicator across the other frameworks.

Comparison of frameworks and classification of indicators

A two-by-two comparison of frameworks and their respective indicators was conducted:

- Health 2020 alignment to SDGs (see Table A3)
- Health 2020 alignment to NCD framework (see Table A4)
- NCD framework alignment to SDGs (see Table A5).

Health 2020, being the main policy framework for the Region, is the point of entry for mapping against the SDG and NCD frameworks.

Assessment of unique indicators

The resulting analysis entails a review of indicators unique to their respective frameworks. These indicators will be considered as such when developing a joint monitoring framework.

Table 1: Mapping health-related SDG targets with Health 2020 targets

SDG goals	SDG health targets	Health 2020 targets	SDG goals	SDG health targets	Health 2020 targets
1	1.1, 1.2, 1.4, 1.5	3	10	10.3, 10.4, 10.7	3 and 4
2	2.1, 2.2; 2.3, 2.4	1	11	11.1, 11.3, 11.5, 11.6, 11.7, 11.a, 11.c	1
3	all	All; in particular 1 to 5	12	12.2, 12.3, 12.4, 12.5, 12.6, 12.7, 12.8	1
4	4.1, 4.2, 4.a	3 and 4	13	13.1, 13.2, 13.3, 13.b	1
5	5.1, 5.2, 5.3, 5.6	3 and 4	14	14.1, 14.2, 14.3	1
6	6.1, 6.2, 6.3, 6.4, 6.5	4	15	15.1, 15.3, 15.4, 15.5	1
7	7.1, 7.2, 7.3, 7.a	1 and 3	16	16.1, 16.2, 16.3, 16.6, 16.7, 16.10, 16.b	1 and 3
8	8.4, 8.8	1 and 3			
9	9.4	3			

Results

Table 2 summarizes alignment levels as described in the methodology. Table 3 presents the themes that overlap across frameworks. Findings are illustrated graphically in Fig. 1.
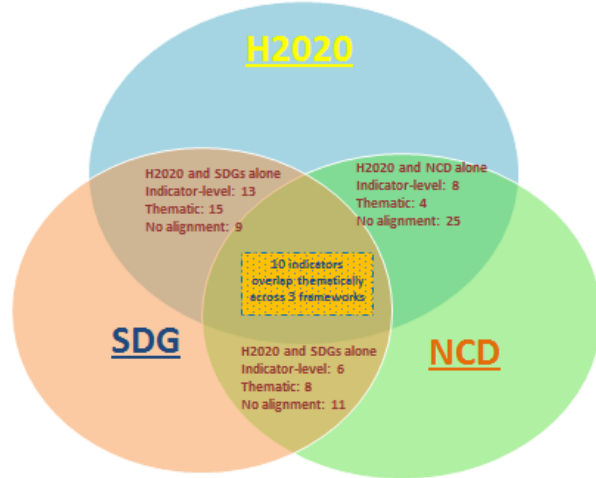
Table 2. Overall summary of results

Mapping Category	Health 2020 indicators mapped to SDG indicators	NCD framework indicators mapped to SDG indicators	Health 2020 indicators mapped to NCD framework indicators
	Number (% within primary framework) *Breakdown by core/additional*		
	Health 2020: total 37 indicators 19 core, 18 additional	NCD framework: total 25 indicators 15 core, 10 additional	Health 2020: total 37 indicators 19 core, 18 additional
Indicator-level alignment	**13 (35%)** *Health 2020 core: 6 (32%)* *Health 2020 additional: 7 (39%)*	**6 (24%)** *NCD framework core: 5 (33%)* *NCD framework additional: 1 (10%)*	**8 (22%)** *Health 2020 core: 4 (21%)* *Health 2020 additional: 4 (22%)*
Thematic alignment	**15 (41%)** *core: 8 (42%)* *additional: 7 (39%)*	**8 (32%)** *core: 5 (33%)* *additional: 3 (30%)*	**4 (11%)** *core: 2 (11%)* *additional: 2 (11%)*
No alignment (unique indicators)	**9 (24%)** *core: 5 (26%)* *additional: 4 (22%)*	**11 (44%)** *core: 5 (33%)* *additional: 6 (60%)*	**25 (67%)** *core: 13 (68%)* *additional: 12 (67%)*
Total (indicator-level and thematic alignment combined)	Overall, 76% of all Health 2020 indicators (28/37) align with those of the SDGs • 74% of core (14/19) • 78% of additional (14/18)	Overall, 56% of all NCD framework indicators (14/25) align with those of the SDGs • 67% of core (10/15) • 40% of additional (4/10)	Overall, 33% of all Health 2020 indicators (12/37) align with those of the NCD framework • 32% of core (6/19) • 33% of additional (6/18)

Table 3. Overlapping themes across frameworks

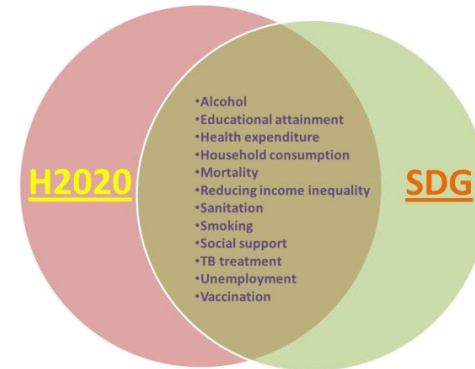| Health 2020 & SDGs	NCD framework & SDGs	Health 2020 & NCD framework
• Alcohol • Educational attainment • Health expenditure • Household consumption • Mortality • Reducing income inequality • Sanitation • Smoking • Social support • TB treatment • Unemployment • Vaccination	• Access to palliative care medicines • Alcohol • Cancer • Diabetes and obesity • Drug therapy to prevent heart attacks and strokes • Essential NCD medicines • NCD premature mortality • Raised blood pressure • Smoking • Vaccination	• Alcohol • Mortality • NCD premature mortality • Overweight and obesity • Smoking • Vaccination

Fig. 1. Venn diagrams illustrating alignment across frameworks

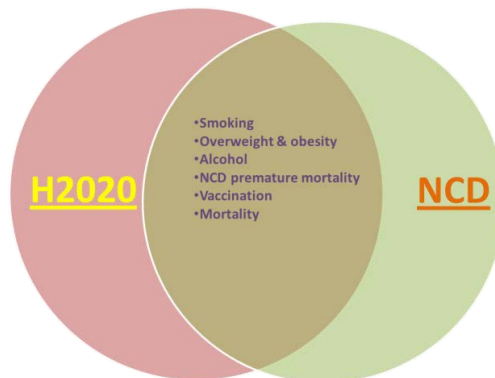**Number of indicators and alignment across frameworks**

H2020

H2020 and SDGs alone
Indicator-level: 13
Thematic: 15
No alignment: 9

H2020 and NCD alone
Indicator-level: 8
Thematic: 4
No alignment: 25

10 indicators overlap thematically across 3 frameworks

SDG

NCD

H2020 and SDGs alone
Indicator-level: 6
Thematic: 8
No alignment: 11

Thematic alignment across frameworks

76% of H2020 indicators (28/37) align thematically with SDGs

H2020

•Alcohol
•Educational attainment
•Health expenditure
•Household consumption
•Mortality
•Reducing income inequality
•Sanitation
•Smoking
•Social support
•TB treatment
•Unemployment
•Vaccination

SDG

Thematic alignment across frameworks

33% of H2020 indicators (12/37) align thematically with NCDs

H2020

•Smoking
•Overweight & obesity
•Alcohol
•NCD premature mortality
•Vaccination
•Mortality

NCD

Thematic alignment across frameworks

56% of NCD indicators (14/25) align thematically with SDGs

NCD

•Alcohol
•Vaccination
•Smoking
•NCD premature mortality
•Essential NCD medicines
•Diabetes and obesity
•Raised blood pressure
•Cancer
•Drug therapy to prevent heart attacks & strokes
•Access to palliative care medicines

SDG
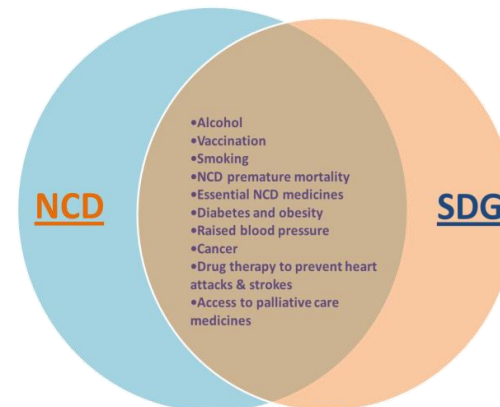
Detailed results of each two-by-two comparison are available in the Annex, as follows:

- Table A3 − Health 2020 alignment to SDGs
- Table A4 − Health 2020 alignment to NCD framework
- Table A5 − NCD framework alignment to SDGs.

Degree of indicator alignment

Mapping of Health 2020 to SDG indicators revealed that: 13 (35% of Health 2020 indicators) align at the indicator level; 15 (41% of Health 2020 indicators) align thematically; and nine (24% of Health 2020 indicators) are completely unique to Health 2020. When considering only core Health 2020 indicators, the results are 32% (indicator-level alignment), 42% (thematic alignment) and 26% (no alignment).

Overall, 76% of all Health 2020 indicators align fully or thematically with those of the SDGs − a remarkable proportion, given that Health 2020 was developed several years prior to the finalization of the SDGs. This denotes the visionary intersectoral approach of the Health 2020 health policy framework. Furthermore, an analysis of those Health 2020 indicators not aligned with the SDGs shows Health 2020's additional emphasis on critical domains such as health policies, well-being and obesity, all of which are important in the Region.

One of the principles underlying the development of the Health 2020 framework was to ensure alignment (and avoid duplication) with the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012−2016 (which led to the current NCD framework). The percentage of alignment between Health 2020 and the NCD framework should be interpreted with this in mind. It should be noted that numerous Health 2020 indicators are not covered in the NCD framework (for example, those related to homicides, suicide and sanitation).

Thematic alignment

DIR made the strategic decision to consider thematic alignment after observing that the three frameworks often use varying terminology, indicators and metadata to measure the same or similar themes. Respectively, 41% of Health 2020 indicators (15 in total, eight core) and 32% of NCD framework indicators (eight in total, five core) measure goals and domains that could be mapped under similar SDG topics. This thematic alignment was mapped in two phases: (i) at the SDG indicator level and (ii) at the SDG target level. Not surprisingly, thematic alignments outnumbered alignments at the indicator level.

A wide range of topics are covered by both Health 2020 and the SDGs, including immunization, smoking, alcohol, health expenditure, social support and essential medicines. In addition to similar domains mentioned in Health 2020, the NCD framework includes more specific domains such as high blood pressure, drug therapy and cancer. Ten Health 2020 indicators align across both SDG and NCD frameworks (five at the indicator level and five at the thematic level) (see Table A6 in the Annex).

Unique Health 2020 indicators not captured by other frameworks

Health 2020 is primarily a health policy framework for the European Region. Indicators and domains pertinent to the Region may not necessarily be reflected in the SDG framework, which has a global reach (and places a focus on sustainable development), or a framework solely focused on NCDs.

Numerous indicators within the Health 2020 framework, such as life satisfaction and obesity or overweight, are absent from SDG targets. However, there are a large number of SDG indicators that are not yet fully defined; it is expected that once this has been completed, a greater number of SDG indicators will align with those of Health 2020.

Conclusions and implications

This mapping exercise was a first step towards the development of a joint monitoring framework to reduce the reporting burden on Member States and avoid the duplication of efforts.

It identified similarities and differences in indicators across three monitoring frameworks. The degree of alignment was assessed using three categories: indicator-level alignment, thematic alignment and no alignment (unique indicators).

Overall, 76% of Health 2020 indicators align with health-related SDGs indicators. This denotes the comprehensive approach of the Health 2020 framework. In addition, SDG indicators or domains cover more than 50% of the NCD framework indicators. Finally, one third of all Health 2020 indicators are captured in the NCD framework.

The mapping exercise, in highlighting indicators and domains that overlap across the frameworks, flags potential for duplication in reporting that should be avoided in the future.

Analysis of indicators unique to respective frameworks revealed key health domains not covered by the SDGs, such as obesity, diet and physical inactivity. Health 2020 is, in this respect, broader in scope (particularly for domains of key relevance to the Region).

The results of the mapping exercise have several implications for the Regional Office and Member States.

- There is a need to review and harmonize reporting processes in order to avoid duplication.

- There is a need to rationalize the indicator list for reporting across the three frameworks. This entails building on the commonalities reflected in the mapping exercise, and agreeing a core set of indicators to be reported jointly for the three frameworks (see the document on the joint monitoring framework). Given Member States' commitment to report on the SDGs, this also requires that the Regional Office and Member States establish a clear mechanism for setting out performance objectives for the health-related SDG indicators not included in the joint core set.

- Although the SDGs cover a broad spectrum of topics, not all targets have the same priority for the Region. As such, an effort to identify, and agree upon, priority health-related SDG targets pertinent to all European Region Member States will be needed.

- Prioritization and harmonization of targets between the three frameworks would be the next step.

Options for a joint monitoring framework

In line with the above conclusions and implications, DIR proposes the following.

1. Health-related SDG indicators that are most relevant to the Region should be selected and prioritized for reporting by the Regional Office and Member States in the context of a joint monitoring framework. Core indicators should include at least all Health 2020 and, selected NCD framework indicators that are aligned at indicator and thematic levels with the SDGs. The data sources and other metadata elements for the selected SDG indicators will need to be clarified and further elaborated once the approved global list is available.

2. A joint monitoring framework should be developed with a minimum joint core set of 50 indicators which should include at least:
   a) all Health 2020 indicators;
   b) selected unique NCD framework indicators; and
   c) selected core SDG indicators that are relevant for the Region but not captured by the other two frameworks (these should go beyond SDG Goal 3 indicators). The Regional Office and Member States should select these indicators jointly. The Regional Office should also establish a clear validation process that involves key national and regional stakeholders with whom it is partnering in health data collection, analysis and reporting.

3. The Regional Office should prepare a reporting template based on the joint core set of indicators.

4. All statistical publications of the Regional Office, including the newly established series of country profiles and Highlights on health and well-being, should include a section on the SDGs.

Defining performance objectives for the targets

As proposed above, the joint core set of indicators would comprise all Health 2020 indicators and the most relevant SDG and NCD framework indicators not captured in Health 2020. The global focus of some of the SDG indicators has rendered them less relevant for the Region; the non-Health 2020 indicators of the joint core set, especially those from the SDGs, will need to be very carefully selected, taking into account regional priorities, data availability challenges, and reporting requirements and mechanisms. In particular, the joint core set should prioritize indicators that can be generated using routinely collected data over those requiring new data collection efforts.

This mapping exercise could inform a process by which the Regional Office, Member States and all relevant regional stakeholders prioritize and regionalize the health-related SDG indicators and performance objectives for the targets. Under the leadership of the Regional Office and the umbrella of the EHII, this process could include the following steps.

1. Regionalize SDG indicators through identification of a priority list that includes those indicators and targets most relevant to the Region. This regionalization could either focus only on the selected SDG indicators included in the joint core set, or take a broader scope by including all relevant health-related SDG indicators. In view of the development of the roadmap to implement the SDGs in the Region, the latter option could be very important. If this option is adopted, the Regional Office should discuss with Member States and other relevant stakeholders how to capture and report on health-related SDG indicators not included in the joint core set. Regionalization could effectively build on country efforts to implement SDGs in the context of their national and subnational health and development policies and plans.
2. Establish baselines and reporting mechanisms for the joint core set of indicators.
3. Regionalize performance objectives through a three-step approach.
   a) First, undertake a thorough review of health-related SDG targets in order to make recommendations to Member States on a priority list for the Region. Table 1 above, which maps relevant health-related SDG targets with the Health 2020 targets, could be a good starting point for prioritization and regionalization.
   b) Second, establish regional performance objectives for the additional (non-Health 2020) SDG and NCD framework indicators included in the joint core set towards a 2020 time horizon to align them with that of Health 2020.
   c) Third, update and harmonize all performance objectives to align them with the 2030 time horizon of the SDGs.

The two last steps could also be combined. Given the specific nature of the health situation in the Region, as well as progress towards Region-specific health goals and health-related targets, regionalization could lead to an agreement for more ambitious performance objectives than those included in the SDGs. It could also provide some specification to those targets in which no quantitative or specific outcomes are defined.

Taking into account the progress towards health objectives, new developments and shifting priorities that may occur in the Region, revisiting all indicators and targets on a regular basis (for example, every three years) to update the priority list would be important.

In line with the approach adopted for the Health 2020 Framework, the performance objectives could be customized for easy reporting. Using qualitative, directional and generic performance objectives would be the best approach for this customization.

Annex

Table A1. Examples of metadata alignment

Topic	Health 2020 indicator	SDG indicator	NCD framework indicator
Identical indicators and metadata across frameworks			
Alcohol consumption	1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year	3. Total alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol
Mortality from traffic accidents	1.3.a. Standardized mortality rates from motor vehicle traffic accidents	3.6.1. Death rate due to road traffic injuries	**No applicable indicator**
Similar indicators with minor differences in metadata across frameworks			
Premature mortality rate from NCDs	1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease)	3.4.1. Mortality rate attributable to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Description of metadata (differences in bold)	• Chronic respiratory diseases defined as ICD codes **J40-J47 (narrow definition)**	• Chronic respiratory diseases defined as ICD codes **J30-J98 (broad definition)**	• Chronic respiratory diseases defined as ICD codes **J30-J98 (broad definition)**

Table A2. Examples of thematic alignment

Topic	Health 2020 indicator	SDG indicator(s)	NCD framework indicator
Educational attainment	A. 4.1.d. Educational attainment of people age 25+ who have completed at least secondary education	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the last 12 months 4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	**No applicable indicator**
Consumption	4.1.c. Household final consumption expenditure per capita	12. Ensure sustainable consumption and production patterns	**No applicable indicator**

Table A3. Health 2020 indicators aligning to SDGs

Domain	Health 2020 core/ additional	Health 2020 indicator	SDG indicator	Alignment to SDGs
Unemployment	Core	C. 3.1.d. Unemployment rate, disaggregated by age	8.5.2. Unemployment rate by sex, age-group and persons with disabilities	Indicator-level
Sanitation	Core	C. 4.1.c. Percentage of population with improved sanitation facilities	6.2.1. Percentage of population using safely managed sanitation services including a hand washing facility with soap and water	Indicator-level
Premature mortality from NCDs	Core	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease)	3.4.1. Mortality rate attributable to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	Indicator-level
Mortality of children	Core	C. 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	3.2.2. Neonatal mortality rate (deaths per 1,000 live births)	Indicator-level
Alcohol	Additional	A. 1.1.c. Heavy episodic drinking among adolescents	3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year	Indicator-level
Mortality from traffic accidents	Additional	A. 1.3.a. Standardized mortality rates from motor vehicle traffic accidents	3.6.1. Death rate due to road traffic injuries	Indicator-level
Accidental poisonings	Additional	A. 1.3.b. Standardized mortality rates from accidental poisonings	3.9.3 Mortality rate attributed to unintentional poisoning	Indicator-level
Suicide mortality rate	Additional	A. 1.3.d. Standardized mortality rates from suicides	3.4.2. Suicide mortality rate	Indicator-level
Deaths from homicides	Additional	A. 1.3.f. Standardized mortality rates from homicides and assaults	16.1.1. Number of victims of intentional homicide per 100,000 population, by sex and age	Indicator-level
Maternal mortality	Additional	A. 5.1.a. Maternal deaths per 100 000 live births	3.1.1. Maternal deaths per 100 000 live births	Indicator-level
Smoking	Additional	A. 1.1.b. Prevalence of weekly tobacco smoking among adolescents	3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Indicator-level

Domain	Health 2020 core/ additional	Health 2020 indicator	SDG indicator	Alignment to SDGs
Smoking	Core	C. 1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over	3.a.1. Prevalence of current tobacco use among persons aged 15 years and older	Indicator-level
Alcohol	Core	C. 1.1.c. Total (recorded and unrecorded) per capita alcohol consumption among people aged 15+ years within a calendar year	3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year	Indicator-level
Vaccination	Core	C. 1.2.a. Percentage of children vaccinated against measles, polio and rubella	3.b.1. Proportion of population with access to affordable medicines and vaccines on a sustainable basis	Thematic
Mortality (general)	Core	C. 1.3.a. Standardized mortality rates from all external causes and injuries	3.6.1. Death rate due to road traffic injuries	Thematic
Educational attainment	Core	C. 3.1.c. Proportion of children of official primary school age not enrolled	4.1. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Thematic
Health 2020-specific indicators	Core	C. 3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented	10.3. Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard 10.4. Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	Thematic
Reducing income inequality	Core	C. 3.1.f. GINI coefficient	10.4. Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality	Thematic

Domain	Health 2020 core/ additional	Health 2020 indicator	SDG indicator	Alignment to SDGs
Social support	Core	C. 4.1.b. Availability of social support	1.3.1. Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable 8.b.1. Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP	Thematic
Health expenditure	Core	C. 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	3.8.2. Fraction of the population protected against catastrophic/impoverishing out-of-pocket health expenditure 3.8.2. Number of people covered by health insurance or a public health system per 1000 population	Thematic
Health expenditure	Core	C. 5.1.c. Total expenditure on health (as a % of GDP)	1.a.2. Proportion of total government spending on essential services (education, health and social protection)	Thematic
Mortality (general)	Additional	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	3.4. By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Thematic
Alcohol	Additional	A. 1.3.c. Standardized mortality rates from alcohol poisoning	3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Thematic
Mortality (general)	Additional	A. 1.3.e. Standardized mortality rates from accidental falls	3.4. By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Thematic
Household consumption	Additional	A. 4.1.c. Household final consumption expenditure per capita	12. Ensure sustainable consumption and production patterns	Thematic

Domain	Health 2020 core/ additional	Health 2020 indicator	SDG indicator	Alignment to SDGs
Educational attainment	Additional	A. 4.1.d. Educational attainment of people age 25+ who have completed at least secondary education	4.3.1. Participation rate of youth and adults in formal and non-formal education and training in the last 12 months	Thematic
Health 2020-specific Indicators	Additional	A. 5.1.b. Percentage of people treated successfully among laboratory confirmed pulmonary tuberculosis who completed treatment	3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Thematic
Health expenditure	Additional	A. 5.1.c. Government expenditure on health as a percentage of GDP	1.a.2. Spending on essential services (education, health and social protection) as a percentage of total government spending	Thematic
Overweight and obesity	Core	C. 1.1.d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	Not applicable (NA)	No alignment
Health 2020-specific Indicators	Core	C. 2.1. Life expectancy at birth	NA	No alignment
Health 2020-specific Indicators	Core	C. 4.1.a. Life satisfaction	NA	No alignment
Health 2020-specific Indicators	Core	C. 6.1.a. Establishment of process for target-setting documented (mode of documentation to be decided by individual Member States)	NA	No alignment

Domain	Health 2020 core/ additional	Health 2020 indicator	SDG indicator	Alignment to SDGs
Health 2020-specific Indicators	Core	C. 6.1.b. Evidence documenting: (a) establishment of national policies aligned with Health 2020; (b) implementation plan; (c) accountability mechanism (mode of documentation to be decided by individual Member States)	NA	No alignment
Overweight and obesity	Additional	A. 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)	NA	No alignment
Health 2020-specific Indicators	Additional	A. 2.1.a. Life expectancy at birth and at ages 1, 15, 45 and 65	NA	No alignment
Health 2020-specific Indicators	Additional	A. 2.1.b. Healthy life years at age 65	NA	No alignment
Health 2020-specific Indicators	Additional	A. 4.1.b. Percentage of people aged 65+ living alone	NA	No alignment

Table A4. Health 2020 indicators aligning to NCD framework

Domain	Health 2020 Core/ Additional	Health 2020 Indicator	NCD framework indicator	Alignment to NCD framework
Smoking	Core	C. 1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over	10. Age-standardized prevalence of current tobacco use among persons aged 18+ years	Indicator-level
Alcohol	Core	C. 1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	3. Total alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol	Indicator-level
Overweight and obesity	Core	C. 1.1.d. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years	Indicator-level
Premature mortality from NCDs	Core	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease)	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Indicator-level
Smoking	Additional	A. 1.1.b. Prevalence of weekly tobacco smoking among adolescents	9. Prevalence of current tobacco use among adolescents	Indicator-level
Overweight and obesity	Additional	A. 1.1.d. Prevalence of overweight and obesity among adolescents (defined as BMI-for-age value above +1 Z-score and +2 Z-score relative to the 2007 WHO growth reference median, respectively)	13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex)	Indicator-level
Alcohol	Additional	A. 1.1.c. Heavy episodic drinking among adolescents	4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context	Indicator-level
Alcohol	Additional	A. 1.3.c. Standardized mortality rates from alcohol poisoning	5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context	Indicator-level

Domain	Health 2020 Core/ Additional	Health 2020 Indicator	NCD framework indicator	Alignment to NCD framework
Vaccination	Core	C. 1.2.a. Percentage of children vaccinated against measles, polio and rubella	22. Availability, as appropriate, if cost-effective and affordable, of vaccines against HPV, according to national programmes and policies 24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants	Thematic
Mortality (general)	Core	C. 1.3.a. Standardized mortality rates from all external causes and injuries	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic
Mortality (general)	Additional	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic
Mortality (general)	Additional	A. 1.3.e. Standardized mortality rates from accidental falls	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic
Health 2020-specific Indicators	Core	C. 2.1. Life expectancy at birth	NA	No alignment
Mortality of children	Core	C. 3.1.a. Infant mortality per 1000 live births, disaggregated by sex	NA	No alignment
Educational attainment	Core	C. 3.1.c. Proportion of children of official primary school age not enrolled	NA	No alignment
Unemployment	Core	C. 3.1.d. Unemployment rate, disaggregated by age	NA	No alignment
Health 2020-specific Indicators	Core	C. 3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented	NA	No alignment

Domain	Health 2020 Core/ Additional	Health 2020 Indicator	NCD framework indicator	Alignment to NCD framework
Reducing income inequality	Core	C. 3.1.f. GINI coefficient	NA	No alignment
Health 2020-specific Indicators	Core	C. 4.1.a. Life satisfaction	NA	No alignment
Social support	Core	C. 4.1.b. Availability of social support	NA	No alignment
Sanitation	Core	C. 4.1.c. Percentage of population with improved sanitation facilities	NA	No alignment
Health expenditure	Core	C. 5.1.a. Private household out-of-pocket expenditure as a proportion of total health expenditure	NA	No alignment
Health expenditure	Core	C. 5.1.c. Total expenditure on health (as a % of GDP)	NA	No alignment
Health 2020-specific Indicators	Core	C. 6.1.a. Establishment of process for target-setting documented (mode of documenting to be decided by individual Member States)	NA	No alignment
Health 2020-specific Indicators	Core	C. 6.1.b. Evidence documenting: (a) establishment of national policies aligned with Health 2020; (b) implementation plan; (c) accountability mechanism (mode of 'documentation' to be decided by individual Member States)	NA	No alignment
Mortality from traffic accidents	Additional	A. 1.3.a. Standardized mortality rates from motor vehicle traffic accidents	NA	No alignment
Accidental poisonings	Additional	A. 1.3.b. Standardized mortality rates from accidental poisonings	NA	No alignment
Suicide mortality rate	Additional	A. 1.3.d. Standardized mortality rates from suicides	NA	No alignment
Deaths from homicides	Additional	A. 1.3.f. Standardized mortality rates from homicides and assaults	NA	No alignment
Health 2020-specific Indicators	Additional	A. 2.1.a. Life expectancy at birth and at ages 1, 15, 45 and 65	NA	No alignment
Health 2020-specific Indicators	Additional	A. 2.1.b. Healthy life years at age 65	NA	No alignment
Health 2020-specific Indicators	Additional	A. 4.1.b. Percentage of people aged 65+ living alone	NA	No alignment
Household consumption	Additional	A. 4.1.c. Household final consumption expenditure per	NA	No alignment

Domain	Health 2020 Core/ Additional	Health 2020 Indicator	NCD framework indicator	Alignment to NCD framework
		capita		
Educational attainment	Additional	A. 4.1.d. Educational attainment of people age 25+ who have completed at least secondary education	NA	No alignment
Maternal mortality	Additional	A. 5.1.a. Maternal deaths per 100 000 live births	NA	No alignment
Health 2020-specific Indicators	Additional	A. 5.1.b. Percentage of people treated successfully among laboratory confirmed pulmonary tuberculosis who completed treatment	NA	No alignment
Health expenditure	Additional	A. 5.1c. Government expenditure on health as a percentage of GDP	NA	No alignment

Table A5. NCD framework indicators aligning to SDGs

NCD framework domain	NCD framework indicator	SDG indicator/target	Alignment to SDGs
Tobacco use	9. Prevalence of current tobacco use among adolescents	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Indicator-level
Tobacco use	10. Age-standardized prevalence of current tobacco use among persons aged 18+ years	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Indicator-level
Premature mortality from NCDs	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	3.4.1. Mortality rate attributable to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	Indicator-level
Harmful use of alcohol	3. Total alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol	Indicator-level
Harmful use of alcohol	4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol	Indicator-level
Additional indicator	24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hepatitis B vaccine (HepB3) administered to infants	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	Indicator-level
Raised blood pressure	11. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Thematic

NCD framework domain	NCD framework indicator	SDG indicator/target	Alignment to SDGs
Harmful use of alcohol	5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context	3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Thematic
Essential NCD medicines and basic technologies to treat major NCDs	19. Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities	3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Thematic
Drug therapy to prevent heart attacks and strokes	18. Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ⩾30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)	Thematic
Diabetes and obesity	12. Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ⩾ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose)	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Thematic
Additional indicator	2. Cancer incidence, by type of cancer, per 100 000 population	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Thematic

NCD framework domain	NCD framework indicator	SDG indicator/target	Alignment to SDGs
Additional indicator	20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer	3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Thematic
Additional indicator	22. Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies	3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	Thematic
Salt/sodium intake	8. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	NA	No alignment
Physical inactivity	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily	NA	No alignment
Physical inactivity	7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)	NA	No alignment
Diabetes and obesity	13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex)	NA	No alignment
Diabetes and obesity	14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index $\geqslant$ 25 kg/m² for overweight and body mass index $\geqslant$ 30 kg/m² for obesity)	NA	No alignment
Additional indicator	15. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years	NA	No alignment

NCD framework domain	NCD framework indicator	SDG indicator/target	Alignment to SDGs
Additional indicator	16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	NA	No alignment
Additional indicator	17. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ⩾ 5.0 mmol/l or ⩾ 190 mg/dl); and mean total cholesterol concentration	NA	No alignment
Additional indicator	21. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes	NA	No alignment
Additional indicator	23. Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt	NA	No alignment
Additional indicator	25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies	NA	No alignment

Table A6. Indicators aligning across all three frameworks

Domain	Health 2020 Core/ Additional	Health 2020 indicator	SDG indicator/target	NCD framework indicator	Alignment
Premature mortality from NCDs	Core	C. 1.1.a. Standardized overall premature mortality rate (age 30 to 69) for 4 NCDs (cardiovascular, cancer, diabetes, chronic respiratory disease)	3.4.1. Mortality rate attributable to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Indicator-level
Smoking	Additional	A. 1.1.b. Prevalence of weekly tobacco smoking among adolescents	3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	9. Prevalence of current tobacco use among adolescents	Indicator-level
Alcohol	Additional	A. 1.1.c. Heavy episodic drinking among adolescents	3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year	4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context	Indicator-level
Smoking	Core	C. 1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over	3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	10. Age-standardized prevalence of current tobacco use among persons aged 18+ years	Indicator-level
Alcohol	Core	C. 1.1.c. Total per capita alcohol consumption among people aged 15+ years within a calendar year	3.5.2. Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year	3. Total alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol	Indicator-level
Alcohol	Additional	A. 1.3.c. Standardized mortality rates from alcohol poisoning	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context	Thematic alignment
Vaccination	Core	C. 1.2.a. Percentage of children vaccinated against measles, polio and rubella	3.b.1. Proportion of population with access to affordable medicines and vaccines on a sustainable basis	22. Availability, as appropriate, if cost-effective and affordable, of vaccines against HPV, according to national programmes and policies	Thematic alignment

Domain	Health 2020 Core/ Additional	Health 2020 indicator	SDG indicator/target	NCD framework indicator	Alignment
				24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants	
Mortality (general)	Core	C. 1.3.a. Standardized mortality rates from all external causes and injuries	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic alignment
Mortality (general)	Additional	A. 1.1.a. Standardized mortality rate from all causes, disaggregated by cause of death	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic alignment
Mortality (general)	Additional	A. 1.3.e. Standardized mortality rates from accidental falls	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Thematic alignment