



Monitoring noncommunicable disease commitments in Europe

Theme in focus: progress monitor indicators







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Abstract

This annual publication reports on progress achieved in the WHO European Region and individual Member States in the fight against noncommunicable diseases (NCDs). It presents selected recent data on NCD surveillance, in line with global and regional frameworks such as the Global Monitoring Framework (GMF), Health 2020, progress monitoring (PM) and Sustainable Development Goals (SDGs). Each edition focuses on a different topic: this year's theme is progress towards implementation of "best buys" for the governance, surveillance, prevention and management of NCDs – the so-called "PM indicators". Implementation of PM indicators has improved significantly over the last two years in the WHO European Region. Between 2015 and 2017 the proportion of full implementation of indicators in countries increased on average from 34% to 42%; that of at least partial implementation increased from 69% to 76%. Substantial progress has been made in reducing premature mortality from NCDs in the Region in recent years. If current trends continue, both the Region as whole and many Member States will easily achieve the global SDG target 3.4 to reduce premature mortality from NCDs by one third by 2030, even under the continuing "business as usual" scenario. Furthermore, leapfrogging of progress is possible if implementation of the best buys is further accelerated, so countries in the Region are considering adopting more ambitious premature mortality goals. While premature mortality trends are favourable, several other GMF targets – like reductions in harmful use of alcohol and prevalence of tobacco use, as well as the halt of the rise diabetes and obesity – will not be reached if current trends continue.

Keywords

Chronic diseases Epidemiology Mortality, Premature Risk factors Public health

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Acknowledgements

This publication was produced under the overall direction of Gauden Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course. The principal authors were Ivo Rakovac, Enrique Loyola and João Breda, WHO European Office for the Prevention and Control of Noncommunicable Diseases, and Jill Farrington and Gauden Galea, Division of Noncommunicable Diseases and Promoting Health through the Life-course.

Other contributors from the WHO Regional Office for Europe and WHO headquarters include Svetlana Akselrod, Melanie Cowan, Hebe Gouda, Anna Kurmanova, Katerina Maximova, Luigi Migliorini, Leanne Riley and Andrew Snell.

Sincere thanks are due to all Member States in the WHO European Region, especially those that provided data for the Noncommunicable Diseases Country Capacity Survey, which facilitated the compilation of indicators used in this report.

This publication is made possible by funding from the Government of the Russian Federation within the context of the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office).

Introduction and objective

The present 2017 edition of the annual *Monitoring noncommunicable disease commitments in Europe* publication reports on progress achieved in the WHO European Region in the fight against noncommunicable diseases (NCDs). It shows the most recent data for the Global Monitoring Framework for the prevention and control of NCDs (GMF) (1) and the progress monitoring (PM) indicators (2), as well as selected relevant indicators from the Health 2020 (3) and Sustainable Development Goals (SDGs) (4) frameworks.

A list of indicators used with the latest available data is presented in the "Indicators" section in Tables 1–5; trends over time for the Region are shown in figures throughout the report. This publication is accompanied by interactive online NCD country profiles for all 53 Member States in the Region (5), which present additional data and information, including trends over time. Data are compiled from a variety of sources, as described in the "Data sources, metadata and country groupings" section.

Progress towards GMF and SDG targets

NCDs represent a major public health and broader societal problem, causing 70% of deaths worldwide in 2015 (6). The relative burden is even higher in the WHO European Region, where NCDs caused 89% of deaths – an increase of three percentage points since 2000. It is therefore unsurprising that several NCD-related indicators were included in the final list of SDG indicators adopted by the United Nations General Assembly in July 2017 (7). The key outcome NCD indicator – premature mortality from NCDs, defined as the unconditional probability of dying from four major NCDs between the ages of 30 and 69 years – is fully aligned with the GMF, and the aim to reduce it globally by one third by 2030 as part of the SDGs means that it has gained strong political commitment and support.

Premature mortality from NCDs

In 2014 one third of all deaths in the WHO European Region were premature, occurring before the age of 70 years. Unconditional probability of premature mortality from NCDs is the probability that a 30-year-old will die before her or his 70th birthday from one of the four major NCDs, if the currently observed age-specific mortality rates continue. This is a relatively new indicator, which was introduced with the GMF. Knowledge about how to calculate it is not yet widespread, and it is therefore not frequently or routinely used in countries in the Region. To overcome this barrier, the WHO Regional Office for Europe has developed practical calculation tools for the indicator: an Excel spreadsheet as well as R and SQL functions *(8)*. These can be used free of charge and are shared with the NCD community in the hope that this will contribute to a more widespread use of the indicator in national NCD information systems and publications.

While SDG target 3.4 to reduce of premature mortality from NCDs by one third by 2030 is an ambitious global goal, a first in-depth analysis presented at the meeting of European NCD directors and programme managers held in Moscow, Russian Federation, in June 2017 showed that most countries (Fig. 1) and the Region as a whole will probably achieve this goal, even the Region as a whole will easily achieve this goal, even under a continuing "business as usual" scenario, without intensifying efforts to control and prevent NCDs *(9)*. As a result, countries in the Region may consider a more ambitious premature mortality reduction target to accelerate achievement and leapfrog expected progress. The analysis also revealed that most premature deaths occur among males and are caused by cardiovascular disease – mainly ischaemic heart disease and stroke, with large variation between countries (Fig. 2). A gender-sensitive approach focusing on masculinities and hypertension management in primary health care were proposed as strategies to further accelerate the decline in premature mortality.¹ Preliminary analyses indicate that eliminating excess male and cardiovascular disease mortality (Fig. 2) would reduce absolute inequalities between countries by approximately 50%, thus greatly contributing to Health 2020 and SDG (Goal 10) targets.

¹ "Masculinities" are socially constructed practices that influence behaviours and structures. The focus is not solely on individual behaviour but on how masculinities intersect with all determinants of health and the responses from the system. Masculinities vary across socioeconomic groups and throughout the life-course. A masculinities approach also reflects the fact that men are not a homogeneous group in control of power and emphasizes that intersectionalities with social class, ethnicity, migration status, sexual orientation and gender identity need to be included in the analysis (10).

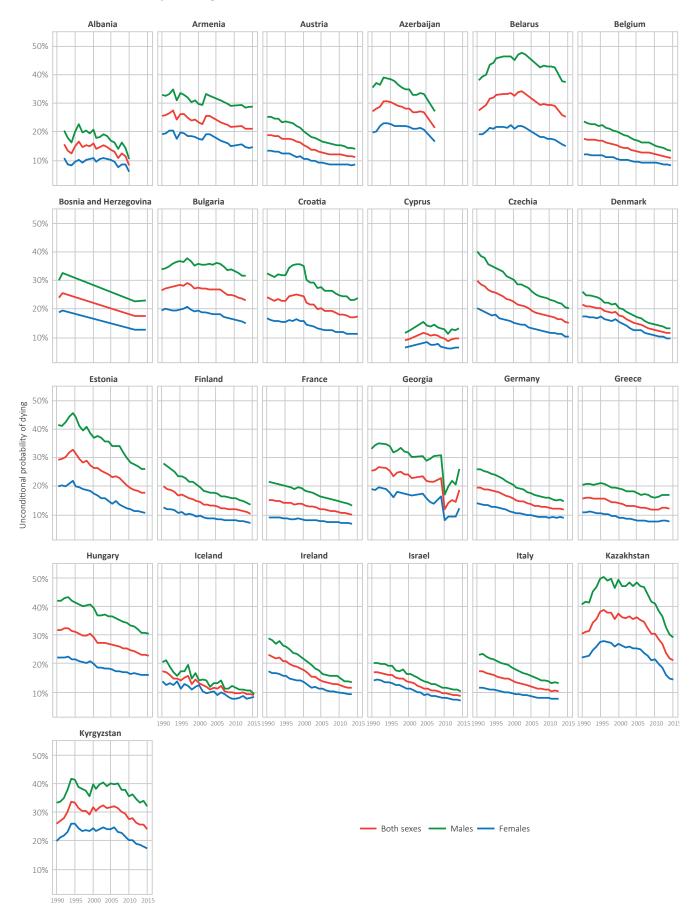
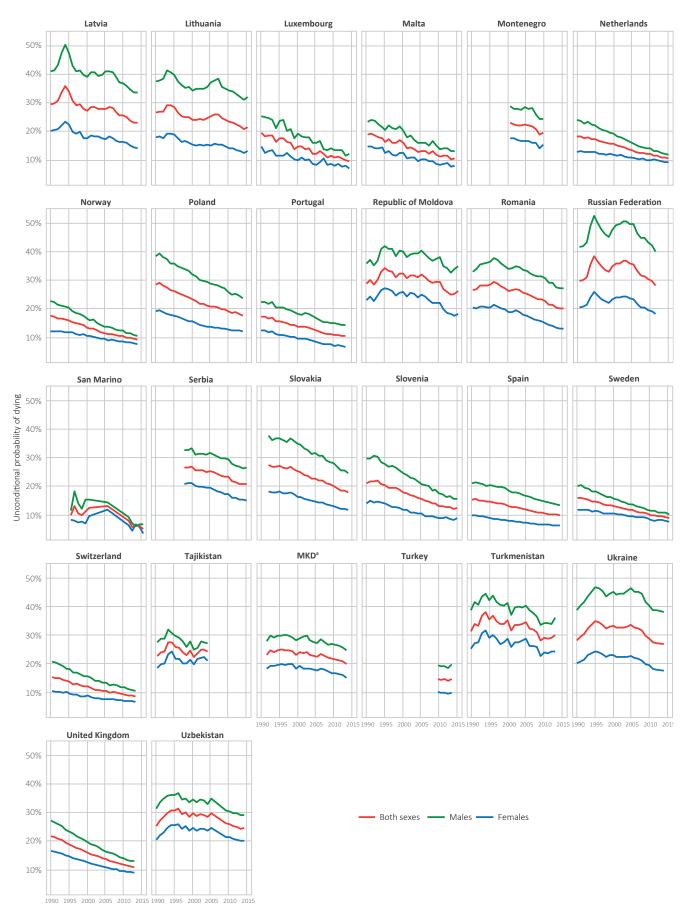
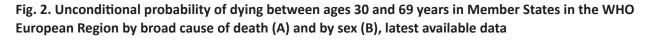


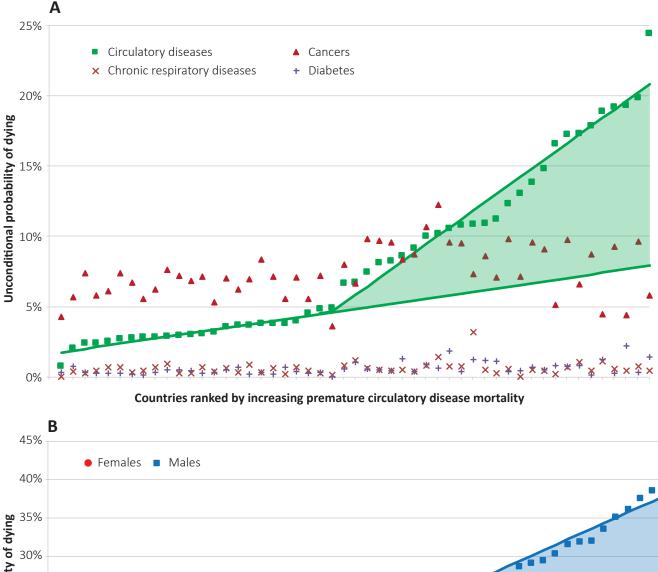
Fig. 1. Unconditional probability of dying between ages 30 and 69 years from four major NCDs in Member States in the WHO European Region, 1990 to latest available data

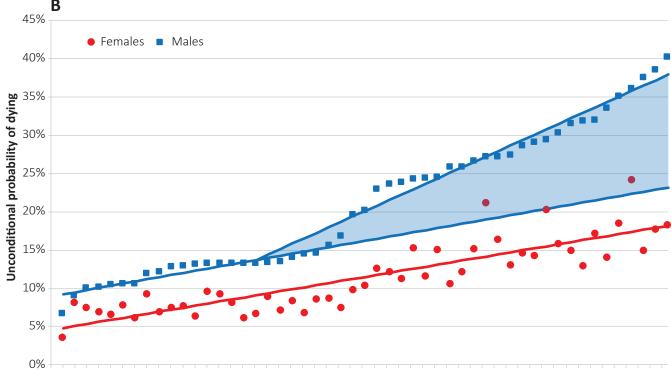




^aMKD: the former Yugoslav Republic of Macedonia (abbreviation by the International Organization for Standardization (ISO)). Source: WHO Regional Office for Europe (9).







Countries ranked by increasing premature male mortality

Source: WHO Regional Office for Europe (9).

Behavioural and biological risk factors

While Europe is on track to meet the agreed global premature mortality goal, urgent action is needed to achieve other GMF and Health 2020 goals, as the projections show a mixed picture *(11)*. For example, based on linear trends since 2000, it is likely that the goal to reduce hypertension prevalence by 25% by 2025 will be achieved in the WHO European Region. Although alcohol consumption and tobacco use are decreasing, however, it seems that the decline is not fast enough to achieve the overall agreed GMF targets. Unlike those decreasing trends, the prevalence of overweight and obesity is increasing fast; no country will be able to halt it without taking decisive action at the earliest possible opportunity (Fig. 3). It is also worrying that no adequate data are available to assess progress towards targets on physical activity, salt intake, drug therapy and counselling to prevent heart attacks and strokes and availability of affordable basic technologies and essential medicines.

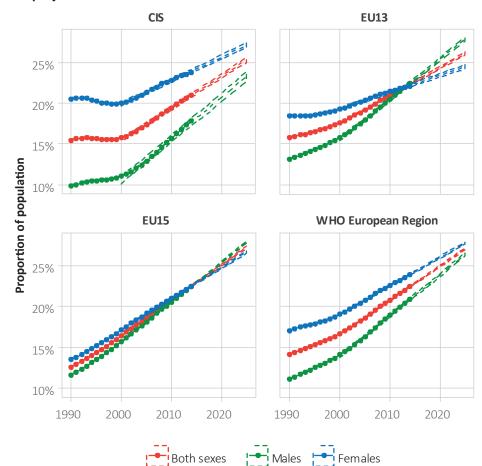


Fig. 3. Prevalence of obesity in the WHO European Region and selected subregions, 1990 until latest available data and projections to 2025

Notes: CIS = Commonwealth of Independent States; EU13 = Member States of the European Union (EU) joining after May 2004; EU15 = Member States of the EU before May 2004. See the "Data sources, metadata and country groupings" section for further details. Source: WHO Regional Office for Europe (11).

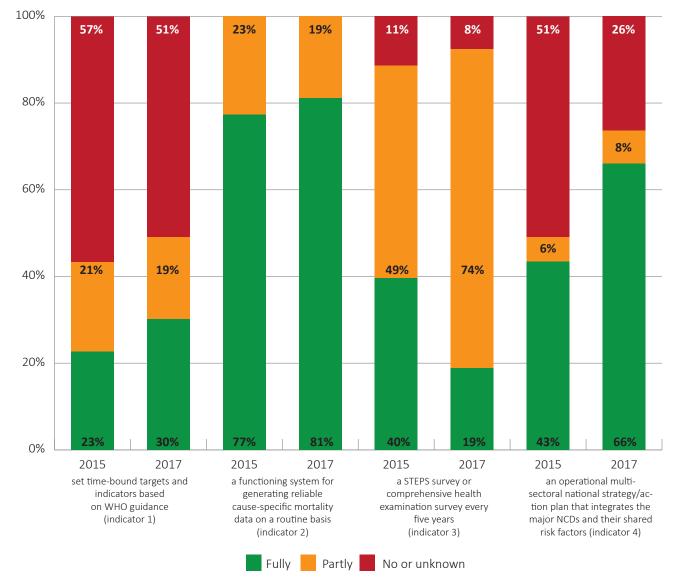
Theme in focus – PM indicators

The theme in focus for this year's publication is progress towards implementing the "best buy" policies to prevent and control NCDs made between 2015 and 2017; the so-called "PM indicators" (2, 12). Data for most of the PM indicators are obtained through the NCD Country Capacity Survey (CCS). For the first time in history, all Member States in the WHO European Region provided data in the 2017 round of NCD CCS data collection, clearly demonstrating a commitment to prevention and control of NCDs. PM indicators are also the focus of the WHO global conference on NCDs, is held in Montevideo, Uruguay, from 18 to 20 October 2017 (13).

Regional assessment

The most recent data for 2017 show that implementation of "best buy" policies substantially increased in the Region over the last two years (see columns 38–67 in Tables 3–5). The proportion of countries with full implementation increased for 12 of the 18 PM indicators that were also collected in 2015 and decreased for five (indicator 3 – implementation of a STEPwise approach to surveillance (STEPS) or comprehensive health examination survey, indicator 6c – implementation of alcohol pricing policies, indicator 7a – implementation of national policies to reduce population salt/sodium consumption, indicator 7d – implementation of the International Code of Marketing of Breast-milk Substitutes and indicator 8 – implementation of national public awareness programme on physical activity) (Fig. 4–Fig. 8). Nevertheless, it should be noted that the achievement criteria changed between 2015 and 2017 for a number of indicators, including for several with deteriorating trends. In addition, one new indicator (5d – implementation of mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke) was introduced in 2017.





Proportion of Member States that have:

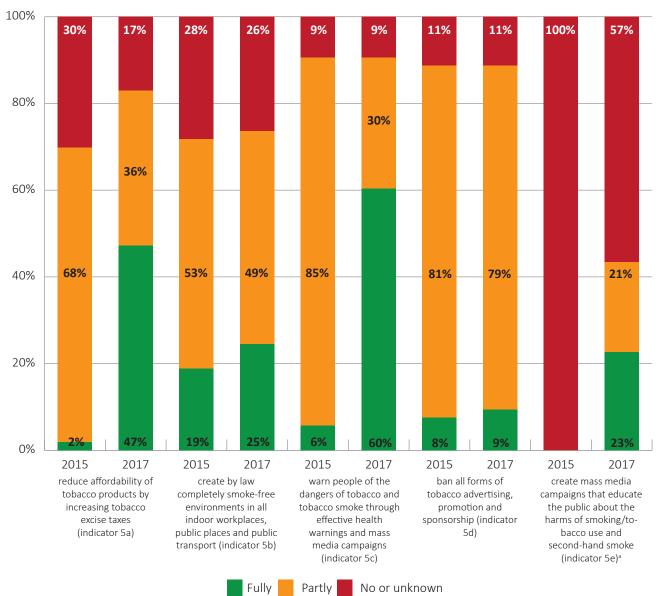
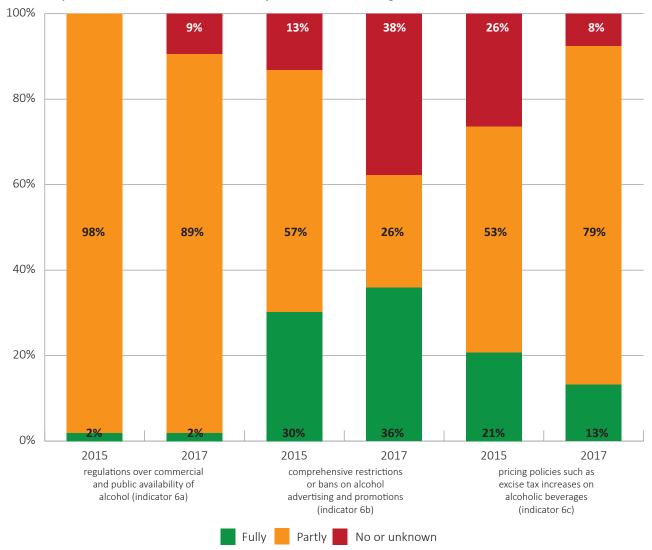
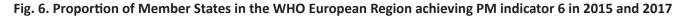


Fig. 5. Proportion of Member States in the WHO European Region achieving PM indicator 5 in 2015 and 2017

Proportion of Member States that have implemented measures to:

^a This indicator was introduced in 2017 and no data are available for 2015.





Proportion of Member States that have implemented the following measures to reduce harmful use of alcohol:

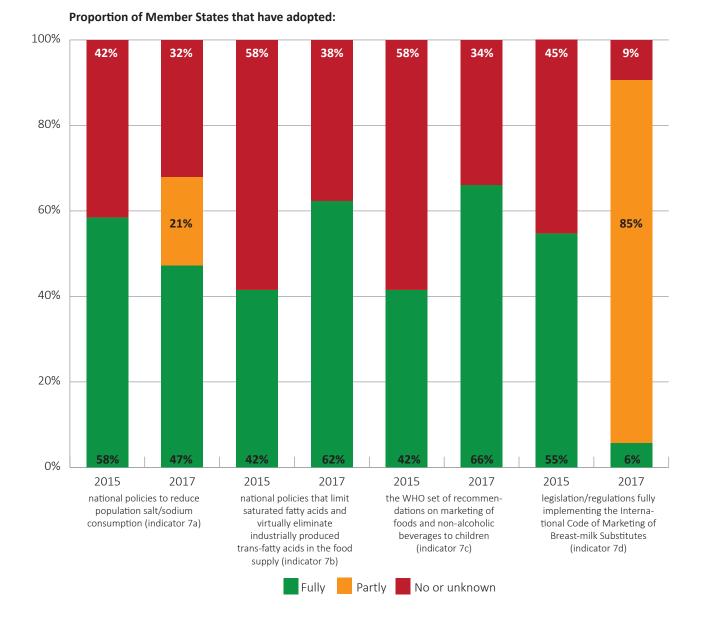
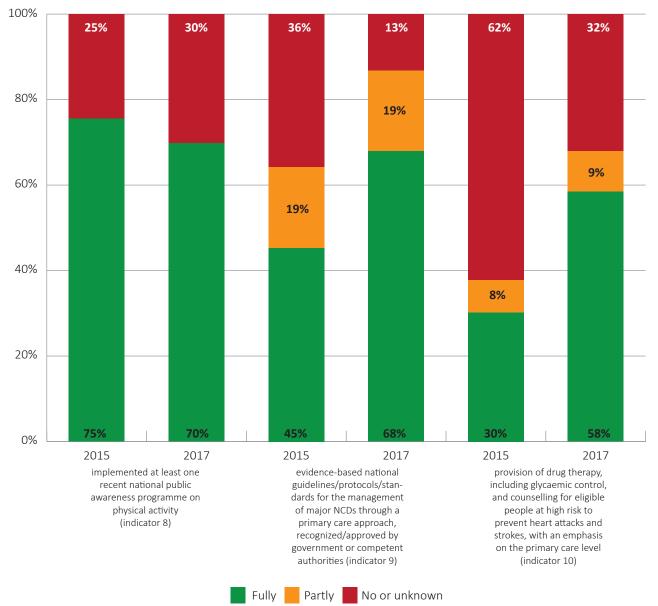


Fig. 7. Proportion of Member States in the WHO European Region achieving PM indicator 7 in 2015 and 2017

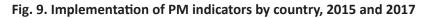
Fig. 8. Proportion of Member States in the WHO European Region achieving PM indicators 8–10 in 2015 and 2017

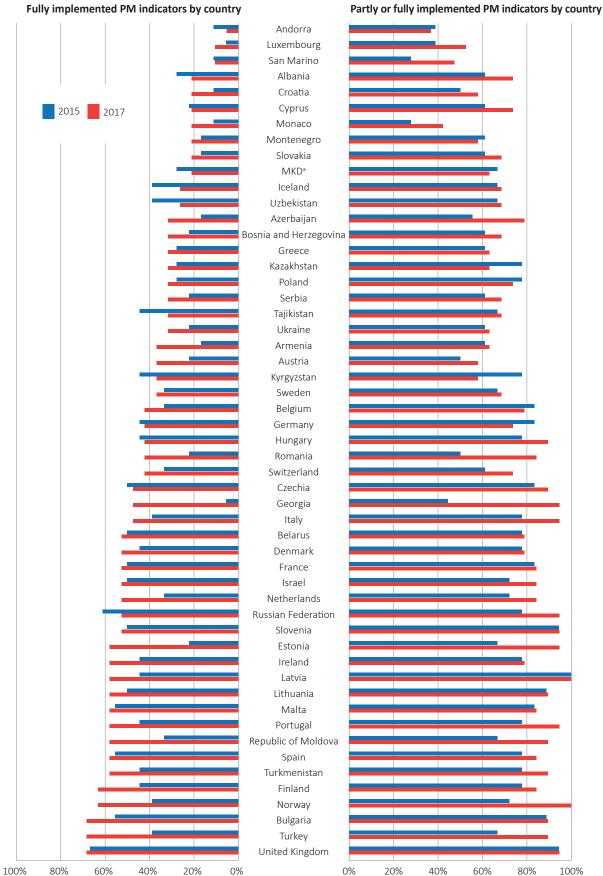


Proportion of Member States that have:

Country-specific results

Of 53 Member States in the WHO European Region, 43 and 46 increased their share of full or partial achievement of PM indicators, respectively (Fig. 9). Full implementation of PM indicators increased on average from 34% to 42%, and at least partial implementation from 69% to 76%. Bulgaria, Turkey and the United Kingdom had the highest share (68%) of fully implemented PM indicators in 2017. Six countries (Armenia, Estonia, Georgia, Norway, the Republic of Moldova and Turkey) improved full implementation by more than 20 percentage points. It is noteworthy that countries with a population of less than one million – members of the small countries initiative (*14*) – are among those with the lowest proportions of full implementation. The situation is considerably better if partial implementation is considered: 21 countries in the Region have at least partly implemented 80% of PM indicators and two countries (Latvia and Norway) have at least partly implemented 100%.





Indicators

Table 1. Demographic and socioeconomic context, premature mortality and cancer incidence, latest available data

	1	2	3	4	5	6	7	8	9	10	11
						Un		probability o ages 30 and 69			act
				Unemployment	Proportion	Fo	ur major NC	Ds*	Diseases	of circulato	rv system
	Mid-year population	GNI in PPP\$	Annual growth	rate as propor- tion of total	of deaths before age	Both	,		Both		, . ,
	(thousands)	per capita	rate of	labour force	70 years	sexes	Males	Females	sexes	Males	Females
Country	2015	2016	2015	2016	2015	2015	2015	2015	2015	2015	2015
Albania	2 889.2	11 928.5	4.17 ª	16.33	32.36 ^d	8.38 ^d	10.59 ^d	6.12 ^d	4.87 ^d	6.17 ^d	3.55
Andorra	70.5	-	-	-	-	-	-	-	-	-	-
Armenia	3 004.6	8 818.0	-1.86 ª	16.76	37	21.05	28.66	14.59	10.49	16.08	5.83
Austria	8 544.6	50 077.8	0.53 ª	6.11	23.4 ^b	11.19 ^b	14.09 ^b	8.41 ^b	3.49 ^b	5.21 ^b	1.87
Azerbaijan	9 649.3	17 253.3	3.47 ^b	5.07	48.3 ^d	21.56 ^d	27.25 ^d	16.44 ^d	16.54 ^d	21.57 ^d	12.03
Belarus	9 489.6	18 060.4	-5.53	0.53	40 ^b	25.36 ^b	37.54 ^b	14.95 ^b	17.81 ^b	27.76 ^b	9.6
Belgium	11 265.8	46 383.2	-0.32 ª	8.26	24.19 ^b	10.71 ^b	13.26 ^b	8.2 ^b	3.04 ^b	4.25 ^b	1.86
Bosnia and Herzegovina	3 810.4	12 074.8	3.63	25.76	32.26 ^b	17.61 ^b	23.03 ^b	12.61 ^b	8.56 ^b	11.85 ^b	5.57
Bulgaria	7 149.8	19 199.1	5.34 ª	8	32 °	23.13 °	31.6 °	14.98 °	14.75 °	21.27 °	8.61
Croatia	4 203.6	23 596.2	1.19 ª	13.48	26.16	17.45	23.84	11.31	7.41	11.21	3.86
Cyprus	853.2	32 580.4	-0.64 ª	11.73	25 ^b	9.77 ^b	13.19 ^b	6.43 ^b	3.74 ^b	5.66 ^b	1.91
Czechia	10 542.9	34 711.3	3.14 ª	4.05	30	15.17	20.16	10.37	6.63	9.93	3.5
Denmark	5 678.4	49 696.0	-0.2 ª	6.05	26.55 ^b	11.43 ^b	13.24 ^b	9.62 ^b	2.82 ^b	3.92 ^b	1.72
Estonia	1 312.6	29 364.7	2.06 ª	6.91	31.2 ^b	17.56 ^b	25.92 ^b	10.61 ^b	9.1 ^b	15.04 ^b	4.22
Finland	5 503.5	43 052.7	1.08 ª	9	26 ^b	10.3 ^b	13.49 ^b	7.15 ^b	4.48 ^b	6.89 ^b	2.1
France	64 395.4	41 466.3	1.38 ª	9.97	25.03 °	9.95 °	13.32 °	6.71 ^c	2.35 °	3.59 °	1.19
Georgia	3 727.0	9 996.9	-0.33 ª	11.58	33.75 ^b	18.57 ^b	25.92 ^b	12.17 ^b	11.21 ^b	16.91 ^b	6.32
Germany	80 688.5	48 729.6	0.14 ª	4.31	22 ^b	11.58 ^b	14.59 ^b	8.63 ^b	3.96 ^b	5.74 ^b	2.22
Greece	10 954.6	26 783.0	0.79 ª	23.91	20.81 ^b	12.08 ^b	16.91 ^b	7.46 ^b	4.8 ^b	7.55 ^b	2.21
Hungary	9 843.0	26 680.6	3 ª	5.17	34.78	22.72	30.29	15.81	10.16	15.05	5.85
celand	330.8	51 398.9	9.28 ª	3.76	23	8.64	9.1	8.17	2.76	3.66	1.83
Ireland	4 635.4	68 882.9	7.23 ª	8.09	27.91 °	11.2 °	13.38 °	8.98 ^c	3.73 °	5.46 °	1.99
Israel	8 380.2	37 901.4	2.12 ª	5.61	26.61 ^b	8.49 ^b	10.13 ^b	7 ^b	1.98 ^b	2.93 b	1.11
Italy	60 697.5	38 160.7	1.84 ª	11.54	18 ^d	10.12 ^d	12.87 ^d	7.52 d	2.98 ^d	4.34 ^d	1.7
Kazakhstan	17 544.1	25 263.8	5.92	5.23	55.25	20.91	29.1	14.24	10.82	16.29	6.4
Kyrgyzstan	5 957.3	3 551.2	1.83	7.69	59.43	24.09	31.96	17.22	17.24	24.22	11.21
Latvia	1 970.5	26 031.0	3.33 ª	9.88	34 ^b	22.92 ^b	33.54 ^b	14.11 ^b	13.82 ^b	21.67 ^b	7.45
Lithuania	2 904.9	29 966.1	3.68 ª	9.19	33.42	21.58	31.91	12.95	12.29	20.08	5.94
Luxembourg	567.1	105 881.8	-28.54 ª	5.94	24.75 ^b	9.65 ^b	12.19 ^b	6.96 ^b	2.78 ^b	4.23 ^b	1.27
Malta	418.7	37 899.2	1.97 ª	5.32	27 ^b	10.39 ^b	12.99 ^b	7.76 ^b	3.63 ^b	4.91 ^b	2.34
Monaco	37.8	-	-	-	_	-	-	-	-	-	-
Montenegro	625.8	16 853.8	1.22 ª	17.49	36.92 ^d	19.53 ^d	24.3 ^d	15.24 ^d	13 ^d	16.83 ^d	9.54
Netherlands	16 939.9	50 898.1	0.89 ª	6.17	24	10.63	11.94	9.31	2.67	3.67	1.67
Norway	5 211.0	59 301.7	0.39 ª	4.81	22.68 ^b	9.19 ^b	10.57 ^b	7.79 ^b	2.49 ^b	3.59 b	1.36
Poland	38 454.6	27 810.5	2.7 ª	6.18	37.13 ^b	17.67 ^b	23.64 ^b	12.13 ^b	8.21 ^b	12.5 ^b	4.28
Portugal	10 349.8	30 624.2	2.57 ª	11.16	23 ^c	10.51 °	14.53 ^c	6.83 °	2.93 °	4.31 °	1.7
Republic of Moldova	3 554.1	5 333.6	3.45 ª	4.98	49	26.26	35.14	18.47	17.22	23.62	11.79
Romania	22 242.7	23 626.4	4.73 ª	6.42	32.97	20.09	27.45	13.11	10.78	15.5	6.44
Russian Federation	143 456.9	23 162.6	-0.28 ª	5.72	46 ^d	28.26 ^d	40.24 ^d	18.27 ^d	19.83 ^d	29.83 ^d	11.69
San Marino	32.9	-	-	-	19.89	5.19	6.76	3.66	0.72	1.46	0
Serbia	7 095.4	14 511.8	2.4 ª	16.53	30.56	20.81	26.69	15.18	9.98	13.78	6.42
Slovakia	5 426.3	30 632.0	2.47 ª	9.99	37 ^b	17.77 ^b	24.38 ^b	11.66 ^b	8.07 ^b	12.33 ^b	4.22
Slovenia	2 063.1	32 884.5	3.17 ª	8.69	26.31	12.23	15.68	8.74	3.73	5.51	1.95
Spain	46 423.1	36 309.8	3.4 ª	19.45	20.86 b	9.7 ^b	13.32 ^b	6.18 ^b	2.73 b	4.17 ^b	1.35
Sweden	9 696.1	49 174.9	2.16 ª	7.09	19	8.83	10.11	7.54	3.13	4.41	1.83
Switzerland	8 298.7	62 881.5	1.04	4.58	21.22 °	8.55 °	10.49 °	6.63 °	2.38 °	3.43 °	1.34
Tajikistan	8 481.9	2 980.1	7.2 ^c	10.82	-	-	-	-	-	-	-
MKD**	2 078.5	15 121.3	1.13 ª	26.73	34 ^c	19.82 °	24.59 °	15.09 °	10.85 °	14.06 °	7.71
Turkey	78 665.8	24 243.9	1.34 ª	10.33	40.68 °	14.7 °	19.62 °	9.85 °	6.68 °	8.88 ^c	4.57
Turkmenistan	5 373.5	16 880.4	-	8.62	68.91 ^b	30.06 °	36.17 °	24.25 °	24.42 °	30.57 °	18.57
Ukraine	44 823.8	8 271.8	2.97 ª	8.87	39 ^b	27.18 ^b	38.55 ^b	17.79 ^b	19.16 ^b	28.63 ^b	11.55
United Kingdom	64 715.8	42 608.9	1.21 ª	4.85	23.41 °	11.23 °	13.25 °	9.24 °	3.65 °	5.19 °	2.15
Uzbekistan	29 893.5	6 514.3	5.72 ª	8.9	56.2 ^b	24.82 ^b	29.49 ^b	20.35 b	19.3 ^b	23.98 b	14.83
WHO European Region	910 923.6	31 024.8	_	8.38	33 ^b	16.89 ^b	22.38 ^b	11.82 ^b	9 ^b	12.83 ^b	5.53

Notes: GNI = gross national income; PPP\$ = purchasing power parity; - = no data available.^a data from 2016; ^b data from 2014; ^c data from 2013; ^d data from 2012–2007

* cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

** the former Yugoslav Republic of Macedonia (abbreviation by ISO)

	20	19	18	17	16	15 (%) between	14 obability of dying	13 nconditional pro	.2 Ui
	on	0 000 populati	incidence per 10	Cancer			s 30 and 69 years		
	Female		es	All sit	-		s	nant neoplasms	Malig Both
	breast	Lung	Females	Males	Diabetes	CRD	Females	Males	sexes
Cou	2015	2015	2015	2015	2015	2015	2015	2015	2015
Alb	30.8 °	15.0 °	116.0 °	155.5 °	0.01 ^d	0.11 ^d	2.61 d	4.54 ^d	3.59 ^d
And	_	_	_	_	_	_	_	_	_
Arm	77.0 ^b	41.3 ^b	263.7 ^b	292.7 ^b	1.8	0.7	7.4	12.3	9.6
Au	127.9 ^d	54.3 ^d	436.5 ^d	490.9 ^d	0.47 ^b	0.57 ^b	6.03 ^b	8.06 ^b	7.01 ^b
Azerba	35.0	11.9	107.7	103.4	0.78 ^d	0.17 d	4.04 ^d	6.41 ^d	5.12 ^d
Be	80.6 ^b	46.1 ^b	435.0 ^b	518.4 ^b	0.1 ^b	0.4 ^b	5.7 ^b	12.7 ^b	8.7 ^b
Belg	188.3 °	73.4 °	544.7 °	628.4 °	0.21 ^b	0.64 ^b	5.9 ^b	8.41 ^b	7.13 ^b
Bosnia and Herzego	36.8 ^b	32.5 b	192.2 ^b	234.3 ^b	1.29 ^b	0.45 ^b	6.25 ^b	10.66 b	8.3 ^b
Bul	93.6 ^b	44.9 ^b	405.2 ^b	480.8 ^b	0.5 °	0.4 °	6.5 °	12.0 °	9.0 °
Cro	116.1 °	64.7 °	443.7 °	542.2 °	0.56	0.61	7.15	12.68	9.78
Cy	114.9 ^d	33.2 ^d	340.8 ^d	401.7 ^d	0.50 ^b	0.15 ^b	4.21 ^b	6.84 ^b	5.5 ^b
					0.00	0.13		9.7	
Cze	132.6 °	60.6 °	840.7 °	904.9 °		••••••	6.4 7 ^b		7.9 7.59 ^b
Deni	166.5 ^b	82.1 ^b	660.4 ^b	732.2 ^b	0.5 b	0.88 b		8.19 b	
Est	103.5 °	63.3 °	588.5 °	653.1 °	0.35 ^b	0.35 b	6.29 b	11.83 b	8.66 ^b 5.5 ^b
Fin	180.4 ^b	47.9 ^b	580.7 ^b	602.5 b		0.4 b	4.8 b	6.3 b	•••••
Fr	163.4	70.2	526.4	673.2	0.26 °	0.22 °	5.32 °	9.47 °	7.33 °
Ge	51.9 ^b	13.4 ^b	145.6 ^b	134.5 ^b	1.09 ^b	0.22 b	5.35 b	9.23 ^b	7.07 6
Gerr	167.0 ^d	64.1 ^d	542.4 ^d	625.9 ^d	0.3 ^b	0.6 ^b	5.9 ^b	8.2 ^b	7.0 ^b
Gr	-	-	-	-	0.3 ^b	0.22 ^b	5.06 ^b	9.45 ^b	7.17 b
Hur	153.2 ^b	117.3 ^b	958.4 ^b	1 004.4 ^b	0.6	1.4	9.27	15.66	12.22
lce	122.1 ^c	50.7 °	430.0 °	465.0 °	0.1	0.4	6.0	5.0	5.5
Ire	128.0 °	52.2 °	419.1 °	483.3 °	0.16 °	0.57 °	6.46 °	7.69 °	7.08 °
I	115.3 °	30.6 °	405.1 °	338.7 °	0.7 ^b	0.35 b	5.26 ^b	6.1 ^b	5.66 b
	177.2 ^b	63.2 ^b	534.3 ^b	626.0 ^b	0.4 ^d	0.2 d	5.6 ^d	8.2 ^d	6.8 ^d
Kazakł	48.5	22.5	222.5	191.9	1.21	3.13	5.75	9.49	7.31
Kyrgyz	18.7	8.1	100.9	82.4	0.8	1.04	5.54	7.88	6.54
L	108.4 ^b	55.2 ^b	542.6 ^b	610.2 ^b	0.7 ^b	0.5 ^b	6.7 ^b	13.6 ^b	9.6 ^b
Lithu	94.7 ^d	47.6 ^d	537.1 ^d	659.6 ^d	0.33	0.56	7.04	13.51	9.79
Luxemb	153.5 °	38.3 °	437.1 °	457.4 °	0.28 ^b	0.64 ^b	5.06 6	7.3 b	6.2 ^b
Ν	141.7 ^b	42.8 ^b	429.4 ^b	424.1 ^b	0.6 ^b	0.3 b	5.0 ^b	7.4 ^b	6.2 ^b
Mo	-	-	-	-	-	-	-	-	-
Monter	114.9 °	53.9 °	378.7 °	410.8 °	0.42 ^d	0 ^d	5.98 d	8.5 ^d	7.11 ^d
Netherl	198.8	75.9	669.4 °	718.2 °	0.2	0.6	7.0	7.7	7.4
No	130.1 ^b	58.8 ^b	572.6 ^b	659.1 ^b	0.25 ^b	0.64 ^b	5.76 ^b	6.33 ^b	6.04 ^b
Po	87.4 °	56.6 °	398.8 °	424.9 °	0.43 ^b	0.39 ^b	7.7 ^b	11.7 ^b	9.56 ^b
Por	118.6 ^d	35.8 ^d	382.0 ^d	507.2 ^d	0.5 °	0.2 °	4.8 ^c	9.8 °	7.2 °
Republic of Mol	50.8 ^b	24.1 ^b	239.9 ^b	259.1 ^b	0.69	0.65	6.74	13.39	9.7
Rom	67.1 ^b	38.4 ^b	263.8 ^b	327.8 ^b	0.34	0.69	6.61	12.76	9.5
Russian Federa	78.9 °	39.2 °	377.8 °	372.1 °	0.3 ^d	0.7 ^d	7.0 ^d	13.4 ^d	9.6 ^d
San Ma	0.0 ^d	56.2 ^d	404.7 ^d	699.3 ^d	0.28	0	3.66	4.83	4.23
S	97.8 °	73.4 °	459.5 °	527.8 °	0.83	0.76	8.32	13.14	10.61
Slov	100.3 ^d	48.4 ^d	565.8 ^d	596.5 ^d	0.5 ^b	0.5 ^b	7.2 ^b	12.6 ^b	9.7 ^b
Slov	125.0 ^d	61.4 ^d	583.2 ^d	713.6 ^d	0.26	0.28	6.66	10.04	8.33
s	_	_	_	_	0.19 ^b	0.31 ^b	4.66 ^b	8.85 ^b	6.7 ^b
Swe	200.5 6	41.7 ^b	638.2 ^b	693.4 ^b	0.3	0.4	5.3	5.3	5.3
Switzer	145.1 ^d	48.4 ^d	442.9 ^d	523.0 ^d	0.19 °	0.42 °	4.95 °	6.57 °	5.75 °
Tajik	11.1	1.6	42.5	29.2	_	_	_	_	_
MI	65.8 ^d	45.9 d	272.2 ^d	299.4 ^d	1.2 °	0.5 °	6.6 °	10.6 °	8.6 °
	32.8 ^d	23.3 ^d	138.1 ^d	178.7 ^d	1.04 °	1.12 °	4.03 °	9.27 °	6.59 °
Turkmen	18.0	5.0	89.3	65.6	1.4 °	0.38 °	5.38 °	6.27 °	5.78 °
Uki	68.1 °	36.2 °	353.9 °	369.8 °	0.2 ^b	0.5 b	6.7 ^b	12.7 ^b	9.2 ^b
United King	164.4 ^b	70.2 ^b	525.7 ^b	555.8 ^b	0.15 °	0.83 °	6.42 °	7.5 °	6.95 °
Uzbeki	19.0	4.6	78.8	62.6	2.16 ^b	0.4 ^b	4.19 ^b	4.63 ^b	4.39 ^b
02Deki	19.0 106.6 °	4.6 47.5 °	403.9 °	62.6 450.1 °	0.4 ^b	0.4 ⁻	4.19 - 6.0 ^b	4.63 ⁻ 9.9 ^b	4.39 - 7.8 ^b

Note: CRD - chronic respiratory disease

Table 2. Behavioural and biological risk factors, latest available data

			23	24	25	26	27	28
		Harmful use of alco	hol					
	Total alcohol consumption (litres per capita aged 15 years or	Age-standardizo episodic drinkinį	•		tobacco smoking	zed prevalence o among people a (WHO estimates	ged 15 years	Prevalence o insufficient physica activity among
	more)	Both sexes	Males	Females	Both sexes	Males	Females	adults (%
ountry	2015	2012	2012	2012	2015	2015	2015	2012
lbania	6 ^b	6.4	11.7	1	29.1	51.7	7.3	-
ndorra	13.8 ^d	4.2	7.5	0.7	33.7	38.2	29.0	26.3
rmenia	5.2 ^b	20.3	38.3	2.2	24.6	52.5	1.5	-
ustria	9.9 ^b	38.5	53.5	23.6	30.5	32.2	29.0	23.8
zerbaijan	3.2 ^b	10.3	19.9	1.2	21.3	43.5	0.3	
elarus	17.8 ^b	26.5	47.6	7.2	27.2	47.0	10.6	
elgium	13.2 ^b	33.7	49.6	17.6	28.6	32.0	25.4	33.2
osnia and Herzegovina	6.3 ^b	6.5	12.4	0.7	39.3	48.4	30.5	18.3
ulgaria	13.2 ^b	18.9	28.0	9.6	37.7	45.4	30.6	2
roatia	12.2 ^b	11.9	22.3	1.5	36.7	40.0	33.7	16.2
yprus	11.6 ^b	25.4	42.4	7.1	36.7	53.1	19.7	34.7
zechia	13.9 ^b	36.5	54.5	18.1	34.4	38.6	30.3	23.
enmark	10.6 ^b	29.1	41.9	15.8	19.9	19.8	19.9	24.
stonia	15.6 ^b	24.8	41.4	9.1	31.8	40.1	24.8	11.9
inland	10.9 ^b	35.9	53.6	17.9	20.9	23.2	18.7	23.
rance	12 ^b	29.8	45.4	14.4	32.8	35.8	30.0	23.8
ieorgia	7.8 ^b	9.3	19.1	0.6	28.8	55.7	5.3	20.6
iermany	11.6 ^b	13.3	21.3	5	30.9	33.5	28.4	21.2
reece	9.2 ^b	33.6	48.2	18.8	43.8	52.2	35.9	12.9
ungary	12.9 ^b	25.4	44.4	7.6	31.1	35.5	27.2	18.3
eland	7.0 ^b	22.9	34.3	11.0	15.4	15.9	14.9	-
eland	10.2 ^b	36.5	53.8	19.3	25.0	26.3	23.8	35.3
rael	3.4 ^b	7.5	12.6	2.4	25.6	35.7	15.9	-
aly	7.6 ^b	4.7	8.8	0.6	23.8	28.1	19.8	33.2
azakhstan	8.9 ^b	7.7	14.7	1.3	24.5	43.9	7.2	20.6
yrgyzstan	5 ^b	7.6	14.5	1.1	26.5	50.5	3.7	13.3
atvia	12.6 ^b	21.6	31.0	12.9	37.0	51.0	25.6	22
ithuania	17.8 ^b	36.7	50.4	24.3	29.2	38.7	21.4	18.4
uxembourg	11.9 ^d	23.8	38.3	9	24.1	26.8	21.4	28.5
1alta	7.5 ^b	26.5	40.1	12.3	26.0	30.7	21.3	42.9
Ionaco	-	-	-	-	-	-	-	-
Aontenegro	10.7 ^b	7.4	13.8	1.1	46.1	48.1	44.2	-
letherlands	9.6 ^b	6.3	11.5	1.1	26.4	27.9	25.0	15.5
orway	7.9 ^b	12.6	19.5	5.2	21.2	21.7	20.7	25.8
oland	13 ^b	5.4	10.3	0.6	28.6	33.8	23.8	18.7
ortugal	11.6 ^b	19.4	30	9.4	22.9	30.4	16.3	34.9
epublic of Moldova	16.6 ^b	32.2	49.1	16.5	24.2	44.5	5.9	12.3
omania	14.1 ^b	7.9	14.5	1.2	30.1	37.8	23.1	25.3
ussian Federation	14.5 ^b	19.3	29.6	9.9	39.5	58.9	23.3	9.5
an Marino	-	-	-	-	-	-	-	-
erbia	11.9 ^b	7.6	14	1.1	39.4	41.1	37.8	38.
lovakia	12.3 ^b	26.2	41.4	11.7	30.2	38.0	22.9	17.8
ovenia	11.3 ^b	7.8	14	1.2	22.8	25.3	20.3	21.3
pain	10.1 ^b	13.2	20.3	5.9	29.7	32.0	27.5	30.5
weden	9.4 ^b	24.3	36.3	11.8	19.5	19.5	19.5	28.
witzerland	10.1 ^b	19.1	28.4	9.7	26.1	29.5	22.8	
ijikistan	2.1 ^b	1	1.9	0.1	-	-	-	
KD*	3.3 ^b	6.6	12.3	0.7	_	-	-	
ırkey	2.1 ^b	0.2	0.3	0	27.7	41.9	14.4	32.
ırkmenistan	5 ^b	11.6	23.5	0.4	-	-	-	
kraine	13.3 ^b	23.2	35.6	11.8	29.4	48.2	13.7	12.2
nited Kingdom	12.2 ^b	27.1	37.2	16.8	23.1	25.6	20.7	37.3
zbekistan	5.1 ^b	10.2	20.4	0.4	12.8	25.0	1.3	19.2
/HO European Region	10.5 ^b	16.3	25.2	7.5	27.3	37.0	18.5	22.7

Note: - = no data available; RR = blood pressure; BMI = body mass index. ^a data from 2016; ^b data from 2014; ^c data from 2013; d data from 2012–2007 * the former Yugoslav Republic of Macedonia (abbreviation by ISO)

29 30 31 32 33 34 35 36 37

	30 kg/m²)	Obesity (BMI ≥3	0	Overwe (BMI ≥25 l	.0 mmol/l	Raised blood gl ≥7 (plasma glucose) or on medicat		blood pressur L40/90 mmHg)	
	Females	Males	Females	Males	Females	Males	Females	Males	Both sexes
Country	2014	2014	2014	2014	2014	2014	2015	2015	2015
Albania	17	16.5	45.4	58.4	7.1	7.7	25	33	29.05
Andorra	27	25.5	58	69.7	5.8	8.1	14.2	23.2	18.61
Armenia	21.3	16.1	53.2	55	12	11.0	22.9	27.8	25.2
Austria	18	20.8	47.3	62.5	3.2	5.4	16.8	25.2	20.93
Azerbaijan	25.2	17.8	57.2	55.1	13	11.6	23	25.8	24.39
Belarus	23.7	20.4	53.1	61	8	8.0	21.6	33.0	26.9
Belgium	20.9	22	50.5	66.9	3.5	5.7	12.6	22.4	17.42
Bosnia and Herzegovina	15.8	14	44.1	54.9	6.9	8	27.6	34	30.79
Bulgaria	21.1	21.0	49.8	64	7	8.4	23.0	33.6	28.2
Croatia	20	21	48.7	64	6.3	8.4	26.3	38.4	32.14
Cyprus	24.6	22.4	55.4	64.2	5.7	8.3	15.5	23.9	19.58
Czechia	23.0	24.7	52.1	69	7	8.4	21.2	34.4	27.7
Denmark	17.4	20.7	46.7	64.7	3.3	5.4	14.8	26.5	20.62
Estonia	20.3	20.7	49.2	60.7	6.5	7.7	20.9	34.3	27.17
Finland	19.9	20.4	49.2	62	4	6.4	14.7		19.3
	······					•••••••••••••••••••••••••••••••••••••••	••••••	24.0	
France	21.9	22	51.5	66.9	4.4	7.5	16.4	27.7	21.9
Georgia	22.3	16.3	53.4	52.6	12.1	13.3	23.8	28.9	26.23
Germany	20.3	21.9	48.6	64	4	6.0	15.5	24.3	19.8
Greece	24.3	22.2	55.2	66.7	6	7.2	15.4	22.8	19.01
Hungary	20.3	23.8	48.5	67.1	6.7	8.9	24	36.1	29.77
Iceland	19.7	21.8	48.9	65	4	7.6	13.0	26.2	19.6
Ireland	25.2	25.9	55	67	5.1	7.3	16.5	22.8	19.61
Israel	26.7	23.8	58.2	68.4	5.8	7.1	12.8	20.6	16.67
Italy	21.6	21.4	53.2	66	5	7.1	17.1	25.2	21.0
Kazakhstan	23.9	21.3	55.5	59.9	11.4	12.4	23.9	30.4	27.04
Kyrgyzstan	16.7	11.4	47.9	45.2	10.8	9.9	25.7	27.4	26.54
Latvia	23.9	22.2	53.1	63	7	7.8	22.9	36.4	29.1
Lithuania	26.7	23.7	56	63.7	7.1	8.9	23.1	36.1	29.09
Luxembourg	19.5	24.3	48.1	67.3	3.9	7	15.9	27.8	21.87
Malta	28.5	26.2	58.5	70	6	9.0	14.3	24.3	19.3
Monaco	-	-	-	-	-	-	-	-	-
Montenegro	18.9	19.8	47.6	63.6	6.6	7.6	23.8	34.4	29.04
Netherlands	18.8	18.4	48.5	63	4	5.2	14.3	23.1	18.7
Norway	22.2	24.1	52.1	65.4	3.9	6.2	14.7	24.6	19.69
Poland	23.4	22.9	52.1	65.2	7	8.4	23	34.6	28.61
Portugal	19.8	19.5	49.6	62	5	8.4	19.6	29.3	24.2
Republic of Moldova	18.3	12.8	47.1	48.9	8.4	7.8	26.2	33.6	29.76
Romania	20.2	20.9	49.5	63.9	6.4	7.3	25.2	34.7	29.84
Russian Federation	26.2	19.6	54.8	60	8	7.4	22.3	32.6	27.1
San Marino	-	-	-	-	-	-	-	-	-
Serbia	18	17.6	45.6	59.3	6.5	7.3	25.2	33.8	29.39
Slovakia	20.6	21.7	49.4	65	6	8.2	22.8	34.3	28.4
Slovenia	20.0	20.7	49.5	64.1	7	7.3	22.8	35.8	30.3
Spain	24.1	23.3	54.6	67.1	5.7	8.5	14.7	23.5	19.02
Sweden	18.6	21.4	48.9	63	4	5.8	14.4	24.1	19.3
Switzerland	17.3	21.7	47.2	64.3	2.8	5.3	13.7	22.3	17.96
Tajikistan	15.6	9.2	46.5	39.4	9.9	10.3	25.7	26.4	26.05
MKD*	18.3	17.7	47.2	60	7	7.6	24.1	32.7	28.4
Turkey	36.2	22.2	68.4	63	14.2	13	20.1	20.3	20.2
Turkmenistan	21.8	16.4	53.7	52.6	12	12.4	24.1	26.6	25.33
Ukraine	22.1	17.6	51.5	57	7	7.4	22.3	32.3	26.9
United Kingdom	28.4	26.2	58.5	67.7	4.9	6.6	12.4	17.9	15.11
Uzbekistan	18.6	12.5	50.7	46.8	10.7	10.5	24.4	26.5	25.43
	23.9	20.9	53.7	63	7	8.1	19.2	27.2	23.1

	38	39	40	41	42	43	44	45	
	has set time- and indicators	Member State bound targets based on WHO lance	has a functio for generat	Aember State oning system ing reliable fic mortality outine basis	has a STEP comprehe examinatior	Member State S survey or a nsive health n survey every years	Indicator 4. N has an opera sectoral natic action plan tl the major NG shared ri	tional multi- nal strategy/ nat integrates CDs and their	,
Country	2015	2017	2015	2017	2015	2017	2015	2017	
Ibania	2015						2015	2017	
	•								
ndorra	•	•	•	•	•	•	•	•	
rmenia	•	•		•	•	•	•	•	
ustria	•	•	•	۲	•	•	•	•	
zerbaijan	•	•	•	•	•	•	•	•	
elarus	•	•	•	•	•	•	•	•	
elgium	-	•	•		•	•	•	•	•••••
osnia and Herzegovina					•				
					-				
ulgaria	•	•	-	•	•	•	•	-	
roatia	•	•	•	•	•	•	•	•	
/prus	•	•	•	•	•	•	•	•	
zechia	٠	•	•	•	•	•	•	•	
enmark	•	•	•	•	•	•	•	•	•••••
stonia	•	•	•	•	•	•	•	•	
nland									
	•	-			-	-			
ance		•	•	•	•	•			
eorgia	•	•	•	•	•	•	•	•	
ermany	•	•	•	•	•	•	•	•	
reece	•	•	•	٠	•	•	•	•	
ungary	•	•	•	•	•	•	•	•	
eland	•	•	•	•	•	•	•	•	
eland		-	•		-	•			
rael	•	•					•		
aly	-		•	•	•	•	•	•	
azakhstan	•	•	•	•	•	•	•	•	
yrgyzstan	•	•	•	•	•	•	•	•	
atvia	•	•	•	٠	•	•	•	•	
thuania	•	•		•	•	•	•	•	•••••
ixembourg					•	•			
lalta					•				
		-		•		-	•	-	
lonaco	•	•	•	•	•	•	•	•	
lontenegro	•	•	•	•	•	•	•	•	
etherlands	•	•	۲	٠	•	•	•	٠	_
orway	•	•	•	٠	•	•	•	٠	
oland	•	•	•	•	•	•	•	•	
ortugal					•				
	-		•		•	•			
epublic of Moldova									
omania	•	•	•	•	•	•	•	•	
ussian Federation	•	•	•		•	•	•	•	
an Marino	•	•	•	۲	•	•	•	•	
erbia	•	•	•	٠	•	•	•	•	
ovakia	•	•	•	•	•	•	•	•	
ovenia	-	-	_	-	-			-	-
						-			
bain	-	-	•	-	•	-	•	-	
veden	•			•	•	•			
vitzerland	•	•	•	•	•	•	•	٠	
jikistan	•	•	•	•	•	•	٠	٠	
KD*	•	•	•	•	•	•	•	•	
ırkey	•	•	•	•		•	•	•	•••••
ırkmenistan	-	-	-	-	-	-	-		
			-		-		-	-	
kraine	•	-	•	-	-	-	-	-	
nited Kingdom	•	•	•	•	•	•	•	•	
zbekistan	٠	•	•	٠	•	•	•	•	
oportion of countries at ast partly achieving target	43%	49%	100%	100%	→ 89%	92%	49%	74%	_
oportion of countries fully	23%	30%							

Table 3. PM indicators 1–5 related to NCD policies, surveillance and tobacco control, 2015 and 2017

	est level of	FCTC) at the high	ontrol	obacco Co	ention on I	ork Cor		achieveme	tion me	mand-reduct	implemented de	i State na	5. Wember	Indicator
	educate the he harms of cco use and	(e) create m campaigns that public about t smoking/toba second-han		lvertising, on and	(d) ban all tobacco ad promoti sponso	0	le of the dan o and tobacc ugh effective ngs and mass impaigns	ers of tobaco smoke thro health warn		smoke-free in all indoor public places	(b) create completely environments workplaces, j and public	s by	e affordabil o products tobacco ex axes	of tobaco ncreasing
Cou	2017	2015		2017	2015		2017	2015		2017	2015	17	201	2015
Alb	•	•		•	•		•	•		•	•		•	٠
And	٠	•		•	٠		•	•		•	•		•	•
Arm	•	•		•	•		•	•		•	•		•	•
Au	٠	•		•	•		٠	•		٠			۲	•
Azerba	•	•		•	•		•	•		•	•		•	•
Bel	•	•		•	•		•	•		•	•		•	•
Belg	•	•		•	•		•	•		•	•		•	•
Bosnia and Herzego	•	•		•	•		•	•		۲	•		•	•
Bulg	•	•		•	•		٠	•		٠	٠		•	•
Cro	•	•		•	•		•	•		•	•		•	•
Cy	•	•		•	•		•	•		•	•		•	•
Cze	٠	•		•	•		•	•		•	•		•	•
Denn	•	•		•	•	•••••	•	•	•••••	•	•	•	•	•
Est	•	•		•	•		•	•		•	•		•	•
Fin		•		•	•		•	•		•	•		•	•
Fra	•	•		•	•		•	•		•	•		•	•
Geo	•	•		•	•		•	•		•	•		•	•
Germ		•		•										
Gre		•							.		•		•	
Hun		•												
Ice		•												
Ire		•						•						-
ls		•												
13		•												
		•		•		•••••				•				
Kazakh	•	•												
Kyrgyz														
La		•					•			•		_		•
Lithu	•	•		•	•		•	•		•	•		•	•
Luxembo	•	•		•	•					•	•			
M	•	•		-			•		.	•	•		•	•
Mor	•	•		•	•		•	•		•	•		•	•
Monten	•	•		•	•		•	•		•	•		•	•
Netherla	•	•		•			•			•	•		•	•
Nor	•	•		•	•		•	•		•	•		•	•
Po	•	•		•	•		•	•		•	•	-	•	•
Port	•	•					•							•
Republic of Mole	٠	•		•	•		•	•		•	•		•	•
Rom	•	•		•	•		٠	•		٠	•		•	•
Russian Federa		•		٠	•		•	•			•	<u> </u>	•	
San Ma	٠	•		•	•		•	•		•	•		•	٠
Se	•	•		•	•		•	•		•	•		٠	•
Slov	•	•		•	•		٠	•		•	•		•	•
Slov	•	•		•	•		•	•		•	•		٠	•
S	٠	•		•	٠		•	•		•	•		•	•
Swe	•	•		•	•		•	•		•	•		•	•
Switzer	•	•		•	•		•	•	•••••	•	•	•	•	•
Tajiki	•	•		•	•		•	•		•	•		•	•
M	•	•		•	•		•	•		•	•		•	•
Tu	•	•		•	•		•	•		•	•	•	•	•
Turkmeni	•	•		•	•		•	•		-	•		•	•
Ukr	•	•		•	•			•			•			•
United King		•				-	•	•		•	•	-		
Uzbeki		•												
Proportion of countrie	43%			89%	89%		91%	91%	1	74%	72%		839	70%
east partly achieving ta			-	0070	0070	-	5 1 /0	2270	Т	, ./0	. 270	- 1	007	. 070

	56	57	58	59	- 4	60 ·	61	56	57	
	Indicator 6. M to reduce the h	ember State has harmful use of a	s implemented, as app lcohol according to the	e WHO Global stra	g to national ategy to redu	circumsta ce harmfu	nces, measures I use of alcohol,			
			inc	luding:			;		ndicator 7. Meml	ber Sta
	(a) regulations	over commer-		sive restrictions	(c) p	pricing poli	icies such as ex-	(a) adopte	d national policie	s
		c availability of ohol		ohol advertising omotions	cise		ses on alcoholic erages		e population salt/ n consumption	
ountry	2015	2017	2015	2017		2015	2017	2015	2017	
Ibania			•	•		•	•	•	•	
ndorra				•						
rmenia				•		•		•		
ustria	•	•	•	•		•	•	•	•	·····•
zerbaijan	•	•	•	•		•	•	•	•	
elarus	•	•	•	•		•	•	•	•	
elgium	-	-	-	•		•	•	•	-	•••••
osnia and Herzegovina	•	•	•	•		•	•	•	•	
ulgaria	•	•	•	•		•	•	•	•	
roatia	•		•	•		•	•	•	•	•••••
yprus	•	•	•	•		•	•	•	•	
zechia	•	•	•	•		•	•	•	•	
enmark	•	•	•	•		•	•	•	•	
stonia	•	•	•	•		•	•	•	•	
inland	•	•	•	•		•	•			
rance	•	•	-	•		•	•	-	-	•••••
ieorgia	•	•	•	•		•	•	•	•	
iermany	•	•	•	•		•	•	•	•	
ireece	•		•	•		•	•	•	•	
ungary	•	•	•	•		•	•	•	•	
eland	•	•	•	•		•	•	•	•	
eland	•	•	•	•		•	-	•	•	•••••
rael	•	•	•	•		•	•	•	•	
aly	•	•	•	•		•	•	•	•	
azakhstan				•		•	•	•	•	
yrgyzstan	•	•	•	•		•	•	•	•	
atvia	•	•	•	•		•	•	•	•	
ithuania	•			•		•	•	•	•	
uxembourg	•	•	•	•		•	•	•	•	
lalta	•	•	•	•		•	•	•	•	
Ionaco	•		•	•		•	•	•	•	
Iontenegro	•	•	•	•		•	•	•	•	
etherlands	•	•	•	•		•	•	•	•	
orway	•		•	•		•	•	•	•	•••••
oland	•	•	•	•		•	•	•	•	
ortugal	•	•	•	•		•	•	•	•	
epublic of Moldova	•	•		•		•	•	•	•	•••••
omania	•	•	•	•		•	•	•	•	
ussian Federation	•	•	•	•		•	•	•	•	
an Marino	•		•	•		•	-	•	•	•••••
erbia	•	•	-	•		•	•	•	•	
lovakia	•	•	-	•		•	•	•	•	
lovenia	•		•	•		•		•	•	•••••
pain	•	•	•	•		•	•			
weden	•	•	•	•		•	•	•	•	
witzerland	•	•	•	•		•		-	•	•••••
ajikistan	•	•	•	•		•	•	•	•	
IKD*	•	•	•	•		•	•	•	•	
ırkey	•	•	•	•		•	•	-	•	
urkmenistan		•	•	•		•	-	•	•	
kraine			•	•		•	•		•	
nited Kingdom	•					•		•	•	•••••
zbekistan						•				
roportion of countries at	100%	91%	87%	62%	+	74%	92%	58%	68%	
east partly achieving target			•		•	-		1		1
roportion of countries fully chieving target	2%	2%	-> 30%	36%	1	21%	13%	♦ 58%	47%	1

Table 4. PM indicators 6–8 related to harmful use of alcohol, unhealthy diets and physical activity, 2015 and 2017

*the former Yugoslav Republic of Macedonia (abbreviation by ISO)

59 60 61 62 63 62 63

has implemented the following four measures to reduce unhealthy diets:

	ne recent 1ess pro-	at least on lic awarene	Indicator 8. M implemented a national publi gramme on	nation-	egislation/regunting the Intern rketing of Brea ubstitutes	fully impleme al Code of Ma	marketing -alcoholic	(c) adopted Wi ommendations of foods and r beverages t	ds and virtu- lly produced	opted nationa turated fatty a minate indust atty acids in t
Co	017		2015		2017	2015	2017	2015	2017	
Al	•		•		٠	•	•	•	•)
An	•		•		•	•	•	•	•	•
Arm	•		•		•	•	•	•	•	
A	•		•		•	•	•	•	•)
Azerb	•		•		•	•	•	•	•	
Be	•		•		•	•	•	•	•	
Be	•		•		•	•	•	•	•)
Bosnia and Herzeg	•		•		•	•	•	•	•)
Bu	•		•		•	•	•	•	•	
Cr	•		•	•••••	•	•	•	•	•)
c	•		•		•	•	•	•	•)
Cz	•		•		•	•	•	•	•	
Den	•		•		•	•	•	•	•)
Es	•		•		•	•	•	•	•	
Fi	•		•		•	•	•	•	•)
F	•	-	•		-	•	•	•	•)
Ge	•		•			•		•	•	
Ger	•						•		•	
G	•		•			•	•	•	•)
Hu	•							•	•	
lc										
In	•					•	•		•	
										,)
Kazak					-	•		•		
Kyrgy										
1										
Lith						-				· · · · · · · · · · · · · · · · · · ·
Luxem			•							
								•		,
Mo			•		•	•		•		, ,
Montei										<i>′</i>
Nether										
No						•				·
P										
Por										
Republic of Mo						-			•	
Ron										
Russian Feder										
San M					•	•				
San M										
Slo										
						-	-		•	
Slo										
5	-					-				
Switzo	-				-	-	-	-	-	
Switze	-					-				
Tajil	•				•	•	-	•	•	
٢	•	-	•			•	-	•	•	
T	•		•		•	•		•	•	
Turkmer	•		•		•	•	•	•	•	
Uk	•		•		•	•	•	•	•	•
United King	•		•		•	•	•	•	•	
Uzbel	•		•		•	•	•	•	•	
Proportion of countr least partly achieving t	'0% 🕴		75%	^	91%	55%		42%	62%	%
Proportion of countries achieving t	'0% 🕴	70	75%	+	6%	55%	66%	42%	62%	%

	64	65	66	67	
	ndicator 9. Member State has evidence-based national guidelines/ protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities		Indicator 10. Member State has provision of drug therapy, includ- ing glycaemic control, and counselling for eligible people at high risk to prevent heart attacks and strokes, with an emphasis on the primary care level		
ountry	2015	2017	2015	2017	
bania	•	•	•	•	
ndorra	•	•	•	•	
rmenia	•	•	•	•	
ıstria	•	•	•	•	
zerbaijan	•	•	•	•	
elarus	•	•	•	•	
elgium	•	•	•	•	
osnia and Herzegovina	•	•	•	•	
ulgaria	•				
oatia	-	•			
/prus					
rechia					
enmark					
tonia	•		•		
nland	•		-		
ance	•	•	•	•	
eorgia	•	•	•	•	
ermany	•	•	•	•	
reece	•	•	•	•	
ungary	•	•	•	•	
eland	•	•	•	•	
eland	•	•	•	•	
rael	•	•	•	•	
aly	•	•	•	•	
azakhstan	•	•		•	
yrgyzstan	•	•	•	•	
atvia	•				
thuania					
uxembourg					
lalta					
lonaco					
ontenegro	•		•	•	
etherlands	•	-	-	-	
orway	•	•	•	•	
pland	•	•	•	•	
ortugal	•	•	•	•	
epublic of Moldova	•	•	•	•	
omania	•	•	•	•	
ussian Federation	•	•	•	•	
an Marino	•	•	•	•	
erbia		•	•	•	
ovakia			•		
ovenia	-				
pain	-	•	•		
veden	-	•	•	-	
vitzerland	•	•	•	•	
jikistan	•	•	•	•	
KD*	•	•	•	•	
rkey	•	•	•	•	
rkmenistan	•	•	•	•	
kraine	•	•	•	•	
nited Kingdom	•	•	•		
zbekistan	•	•	•	•	
roportion of countries at	64%	87%	38%	68%	
ast partly achieving target					

Table 5. PM indicators 9–10 related to treatment of NCDs and average PM scores, 2015 and 2017

*the former Yugoslav Republic of Macedonia (abbreviation by ISO)

68 69	70	71
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		ved	achie	d	re fully achieve	cators that al
Count		2017	2015		2017	2015
Alban	1	74%	61%	¥	21%	28%
Andor	+	37%	39%	¥	5%	11%
Armen	^	63%	61%	^	37%	17%
Austr	1	58%	50%	^	37%	22%
Azerbaija	†	79%	56%	†	32%	17%
Belar	†	79%	78%	+	53%	50%
Belgiu	¥	79%	83%	1	42%	33%
Bosnia and Herzegovir		68%	61%		32%	22%
Bulgar	↑	89%	89%	•	68%	56%
Croat	†	58%	50%	1	21%	11%
Cypro	.↑	74%	61%	÷	21%	22%
Czech	↑	89%	83%	÷.	47%	50%
Denmai		79%	78%		53%	44%
Eston	.↑	95%	67%	.	58%	22%
Finlar		84%	78%		63%	44%
Franc		84%	83%			50%
	†			†	53%	
Georg	↑ ↓	95%	44%		47%	6%
Germar		74%	83%		42%	44%
Greed	†	63%	61%	<u></u>	32%	28%
Hungar	†	89%	78%	*	42%	44%
Icelan	^	68%	67%	+	26%	39%
Irelan	1	79%	78%	1	58%	44%
Isra	1	84%	72%	1	53%	50%
Ita	<u>^</u>	95%	78%	<u>^</u>	47%	39%
Kazakhsta	¥	63%	78%	1	32%	28%
Kyrgyzsta	¥	58%	78%	¥	37%	44%
Latv	→	100%	100%	<u>^</u>	58%	44%
Lithuan	1	89%	89%	†	58%	50%
Luxembour	1	53%	39%	1	11%	6%
Mali	1	84%	83%	1	58%	56%
Monac	1	42%	28%	1	21%	11%
Monteneg	+	58%	61%	†	21%	17%
Netherland		84%	72%	†	53%	33%
Norwa	1	100%	72%	1	63%	39%
Polar	¥	74%	78%	1	32%	28%
Portug	^	95%	78%	†	58%	44%
Republic of Moldov	†	89%	67%	1	58%	33%
Roman	^	84%	50%	†	42%	22%
Russian Federatio	†	95%	78%	¥	53%	61%
San Marin	^	47%	28%	¥	11%	11%
Serb	.↑	68%	61%	•	32%	22%
Slovak	.↑	68%	61%	•	21%	17%
Sloven	↑	95%	94%	<u>+</u>	53%	50%
Spai	↑	84%	78%		58%	56%
Swede		68%	67%	*	37%	33%
Switzerlan	↑	74%	61%		42%	33%
Tajikista	. ↑	68%	67%	1 L	32%	44%
MKE	↓ ↓	63%	67%	Ţ	21%	28%
Turke		•••••••••••••••••••••••••••••••••••••••			•••••••••••••••••••••••••••••••••••••••	
	†	89%	67%	†	68%	39%
Turkmenista		89%	78%	T A	58%	44%
Ukrain	<u>↑</u>	63%	61%	T	32%	22%
United Kingdo	†	95%	94%	<u></u>	68%	67%
Uzbekista	↑	68%	67%	*	26%	39%

Data sources, metadata and country groupings

Table 6 gives an overview of used data sources. Metadata can in general be found in the corresponding databases, unless otherwise stated. Composition of country groupings is given in Table 7.

Table 6. Data sources

Indicator (column number in Tables 1–5)	Data source
1, 17–20	WHO European Health for All database (15)
2–4	World Development Indicators (16)
5–16	Calculations by WHO Regional Office for Europe based on WHO Mortality Database raw data files (17) (calculation method given in <i>Noncommunicable diseases Global Monitoring Framework: indicator definitions and specifications (1)</i>)
21	Public health successes and missed opportunities. Trends in alcohol consumption and attributable mortality in the WHO European Region, 1990–2014 (18)
22–37	Global Health Observatory (19)
38–71	NCD progress monitors for 2015 (2) and 2017 (12)

Table 7. Composition of country groupings used

Country group	Members
EU15	Member States of the EU before May 2004 (15 countries): Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom
EU13	Member States of the EU joining after May 2004 (13 countries): Bulgaria, Croatia, Cyprus, Czechia, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia
CIS	Commonwealth of Independent States (11 countries): Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Conclusions and outlook

Despite substantial progress achieved in Europe, much remains to be done in order to fulfil the commitments made in the 2011 United Nations Political Declaration (20) and the 2014 United Nations Outcome Document on NCDs (21). The WHO European Region is on track to achieve both the SDG and GMF premature NCD mortality goals. Still, the inequalities in premature mortality levels are large, and concentrated action to strengthen both prevention and management of NCDs and all relevant risk factors is needed to further reduce the burden of NCDs and reduce inequalities between and within countries. European countries have identified control and treatment of hypertension and masculinities as two important areas of action to achieve this goal. Progress since 2010 in the areas of tobacco and alcohol use is limited, and action needs to be intensified if the Region is to achieve the respective GMF targets. It is promising that implementation of tobacco demand-reduction measures has improved considerably in the last two years, but it remains to be seen whether tobacco use will be reduced sufficiently to reach the agreed 30% reduction target. It is also worrying that the situation regarding implementation of measures to reduce the harmful use of alcohol improved only marginally or even deteriorated, and that levels of full implementation are very low. Furthermore, the situation for overweight and obesity is alarming: if current trends continue, obesity prevalence will increase by 30% by 2025 and no country in the Region will be able to halt the rise in overweight and obesity. It is likely that, following these unfavourable trends, diabetes prevalence will increase as well, so urgent intersectoral action is needed to reverse them. On a positive note, countries reported through the 2017 round of

the NCD CCS that availability of guidelines and standards, as well as basic technologies and drug therapy and counselling, is improving, thus contributing to reductions in premature mortality from NCDs.

Unfavourable changes between 2015 and 2017 were mostly from "fully achieved" to "partly achieved" levels, but the share of "not achieved" did not increase substantially in most cases. Rather than suggesting a deteriorating situation altogether, it is possible that this was caused by changes of indicator achievement criteria. In addition, most PM indicators are composite qualitative indicators and are based on values that are self-reported by a large number of experts in a country. Although WHO asks countries to provide evidence of achievement in the form of copies of documents, for example, differences in self-assessment of individual data providers could also contribute to the variability of results obtained through different rounds of the NCD CCS.

NCD risk factor surveillance has significantly improved in the eastern part of the WHO European Region in the last two years, thanks to a generous grant from the Russian Federation and efforts from the newly established WHO European Office for the Prevention and Control of NCDs in Moscow. Nevertheless, it is worrying that it is not currently possible to make a robust trend assessment for GMF indicators on physical activity, salt intake, drug therapy and counselling to prevent heart attacks and strokes and availability of affordable basic technologies and essential medicines. In addition, the situation regarding PM indicator 3 – implementation of health examination surveys – is deteriorating, and even some of the wealthiest countries in the world are not currently running health examination surveys. Urgent action is needed in this area if Member States are to meet the time-bound commitments and be able to report accurately on the achievement of GMF targets in the future.

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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