Web Consultation on Global Monitoring Framework for Noncommunicable Diseases

WHO/EURO, Copenhagen, Denmark
9 August - 21 September 2012

Report of the web consultation

ABSTRACT

From 9 August to 21 September 2012 the WHO Regional Office for Europe organized a web consultation on the draft Global Monitoring Framework on Noncommunicable Diseases. Member States were requested to update their responses to the 2010 Global NCD Capacity Survey in relation to surveillance of NCDs, to assess their capacity to disaggregate data by socio-economic groups, and to comment on political/strategic and technical issues related to the monitoring of NCDs. This report summarises the origins, process and main findings of a web consultation. Section 1 is intended as a summary of the main conclusions. Section 2 is a more detailed elaboration of the background, process, and results.

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Summary of main findings

As mandated, by decision WHA65(8), a consultation was organised on the draft Global Monitoring Framework on Noncommunicable Diseases. Member States were requested to update their responses to the 2010 Global NCD Capacity Survey in relation to surveillance of NCDs, to assess their capacity to disaggregate data by socio-economic groups, and to comment on political/strategic and technical issues related to the monitoring of NCDs. This consultation was organised via a web questionnaire made available between 9 August 2012 and 21 September 2012.

Forty-four Member States responded to the consultation and thus information is available on the surveillance capacity in 52 Member States in the WHO European Region, as it includes results from WHO's 2010 global survey of country capacity for NCD prevention and control . The main findings are:

- Mortality and morbidity: there is universal capacity to report on mortality and morbidity, and thus set baselines and monitor progress to the attainment of the global target to reduce premature mortality from NCDs;
- Behavioural risk factors: there is high level of capacity in the monitoring of these four risk factors in order, from highest to lowest capacity: tobacco, alcohol, diet, and physical inactivity. EUR-B+C countries reported lower capacity than EUR-A countries but in all cases, over three-quarters of Member States are able to monitor these risk factors.
- Diet: the question on diet did not distinguish between different components of the diet (salt, saturated fat, trans-fats) but a high level of capacity to monitor unhealthy diet generally is apparent in Europe.
- Intermediate Risk Factors: On average there is lower capacity to monitor these risk factors. Overweight ranked highest for EUR-A countries; Blood Pressure ranked highest for EUR-B+C countries. Blood Lipids were the only risk factor monitored in less than half of the EUR-B+C countries. Health system indicators were not specifically assessed in the 2010 survey or in this web consultation, but it is significant that blood pressure is such a commonly measured risk factor in EUR-B+C.
- Disaggregation: The capacity to disaggregate date is rare in the European Region, despite multiple statements on the importance of indicators to assess inequity and measure social determinants made in the qualitative comments. Only four Member States assess themselves as having strong capacity to disaggregate NCD data.
- Process: the qualitative comments are united in the call for reuse of existing data, for consistency with existing datasets, for the adoption of a minimal number of indicators, and little to no new data collection. The low capacity for measuring some of the intermediate risk factors was also cited as a cost issue.

This web consultation focused on the capacity to monitor NCDs and risk factors and not on the level of support for given indicators or targets. Focusing entirely on this dimension, it is fair to propose that the final comprehensive global monitoring framework will fit the capacity of European Member States if it has:

- A global indicator on premature mortality (as already adopted by the WHA) and universally reported by European Member States

- A small number of additional indicators and possible targets, using existing data sources and reducing to the minimum the expense of developing new capacity
- Based on capacity considerations, behavioural risk factors are primary candidates for this extra group of indicators given the high level of positive reports in all of Europe.
- Of the intermediate risk factors, overweight and blood pressure are the top candidates, the former in EUR-A and the latter in EUR-B+C. The latter has the additional merit of being an important disease management indicator.

Background

The United Nations high-level meeting on Noncommunicable Disease prevention and control took place during 19th-20th September 2011, with global leaders meeting in New York to set a new international agenda on NCDs. Within its Political Declaration (1), WHO has been called upon to prepare recommendations for voluntary global targets by 2012, as well as to develop a comprehensive global monitoring framework, including a set of indicators, for application across regions and countries to assess progress. The process for developing these is underway in collaboration with Member States, other UN bodies and relevant regional and international organizations; with the third draft of the Global Monitoring Framework being made available on 25 July 2012 (2).

At the European level, the WHO Regional Office for Europe invited countries to a Regional Technical Consultation on NCD surveillance, monitoring and evaluation, hosted by the Government of Norway in Oslo, at 9-10 February 2012. At this meeting, feedback and proposals were gathered as a component of the Region-specific contributions, considering the feasibility and implications of the proposed framework for the WHO European region.

As part of the global process, the World Health Assembly (WHA) requested in decision WHA65(8) (3) “to consult with Member States, including through regional committees and, where appropriate, regional technical/expert working groups which report to regional committees through the Secretariat, on the revised discussion paper”. It also “urged all Member States to participate fully in all remaining steps of the non-communicable diseases follow-up process described in resolution EB130.R7 including regional and global level consultations”.

For this reason, the WHO Regional Office for Europe has held a web based consultation on the publication of the global discussion paper up until 21 September 2012. All fifty-three WHO/Europe Member States were invited to nominate a representative to complete a short questionnaire to update the responses on surveillance capacity that were provided in the 2010 Global Capacity Survey. At the European Technical Consultation on NCD surveillance, monitoring and evaluation, held in Oslo on 9-10 February 2012, the countries raised issues around capacity and disaggregation of data (4). Because of the importance of these issues for the WHO European Region, the web based consultation collected information on both subjects. They were further asked to indicate how they were engaging with the process of development of the Global Comprehensive Monitoring Framework. The reactions from Member States have been summarized by the Secretariat and are discussed below.

The formal consultation with Member States and UN agencies to complete the work on the development of the Global Monitoring Framework and targets for NCD is planned for 5-7 November 2012.

Results

Forty-four Member States have participated in the web based consultation. Only one Member State did not respond to either the 2010 survey or the question in the web based consultation to update the responses on surveillance capacity, thus summaries based on the current web consultation are denominated on 44 Member States, while summaries of the entire dataset are based on 52 out of the 53 Member States of WHO/Europe.

Capacity to report on NCD targets and indicators

A heat map (see Annex 1) was developed using the basic data from the 2010 survey and including the 44 updates received in this consultation. Overall findings are summarised here. Proportions are reported using the whole membership of the European Region as the denominator (minus one non-responder in both surveys), combining the data from the 2010 survey and the current update. The table below summarises the number of countries reporting positively on questions regarding their capacity to conduct surveillance in specified modalities:

Positive reports on surveillance by modality:	Proportion of Countries in whole Region (N=52)	Proportion in EUR-A countries (N = 27)	Proportion in EUR-B+C countries (N=25)
National health reporting systems include reporting on			
-- NCD mortality	98%	100%	96%
-- NCD morbidity	98%	96%	100%
-- NCD risk factors	71%	78%	64%
Availability of a Registry for:			
-- Cancer	90%	96%	84%
-- Diabetes	63%	52%	76%
-- Myocardial infarction / Coronary events	50%	44%	56%
-- Cerebro-vascular accident / Stroke	38%	37%	40%
Behavioural risk factors. Surveys conducted for:			
-- Tobacco use	96%	100%	92%
-- Harmful alcohol use	87%	96%	76%
-- Diet	83%	93%	72%
-- Physical inactivity	79%	81%	76%
Intermediate risk factors. Surveys conducted for:			
-- Overweight and obesity	88%	96%	80%
-- Blood pressure	83%	81%	84%
-- Blood glucose	71%	78%	64%
-- Blood lipids	62%	74%	48%

Capacity to disaggregate data by socio-economic group

Related to disaggregation of data the Member States were asked to rate the ability of their current NCD information system to disaggregate data by socioeconomic groups.

Number (N=44)	Capacity to Disaggregate NCD Data by Socio-economic Group
4	High
19	Medium
18	Low
1	No capacity
2	Unknown

Political and technical issues

Annexes 2 and 3 reproduce the text of the submissions made to open questions that requested general comments on political/strategic and technical issues with the current draft of the Global Monitoring Framework.

- Related to **political and strategic issues** Member States pointed out that indicators must be measurable, science-based, used already as widely as possible, and based on existing WHO strategies. Realistic voluntary targets should be set to make the expected results achievable. In addition, they should be flexible because situations differ between countries and over time, and should cover social determinants. The (economic) case for adopting voluntarily the targets should be strengthened.
- Related to **technical issues** Member States pointed out that they need tailor-made support to improve national surveillance systems in line with the Global Monitoring Framework, and to ensure comparability of data between countries and periodic data provision. There was also specific feedback related to the targets on alcohol, fat intake and blood pressure, and Member States pointed out the importance to include indicators which are health promotion policy oriented, which are related to capacities of health systems, which link to environmental and behavioural factors, and which include quality of life.

Process of engagement with the Global Consultation

An effort was made to gather information on how each Member State would be engaging with the consultation in the weeks leading up the Global Consultation.

Number (N=44)	Member States reporting that they are:
39	Intending to hold internal discussions within the Ministry of Health to prepare for the consultations up to the finalization of the Global Monitoring Framework.
29	Holding external discussions with other sectors
29	Intending to send a participant to the formal Global Member States' consultation planned for 5-7 November 2012.
19	Holding discussions with other countries

Requests for support

An open question gathered data on requests for support by Member States to WHO. Responses included requests:

- For references to evidence.
- For financial support required for travel and accommodation for holding discussions and attending consultations.

- For maintaining a transparent process and reporting during the consultation process with clear, concise, and timely documentation.
- For ensuring links between the processes (new Global NCD Action Plan, the Global Monitoring Framework, Multisectorality).
- For a mechanism of knowledge sharing between countries.

In all, 21 countries (48%) requested some form of technical support in implementing the monitoring framework, and 9 countries (20%) requested financial support.

References

1. *Political declaration of the High-level Meeting of the General Assembly in the Prevention and Control of Non-communicable Diseases.* New York, United Nations, 2011 (http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E)

2. *A comprehensive Global Monitoring Framework, including indicators, and a set of voluntary targets for the prevention and control of Noncommunicable Diseases*. Geneva, World Health Organization, 2012 (http://www.who.int/nmh/events/2012/discussion_paper3.pdf)

3. *Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases*. Geneva, World Health Assembly 2012 (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_DIV3-en.pdf)

4. *European Regional Technical Consultation on Noncommunicable Disease Surveillance, Monitoring, and Evaluation.* Copenhagen, WHO Regional Office for Europe, 2012 (http://www.euro.who.int/__data/assets/pdf_file/0011/158816/NCD_Mtg_Oslo_-Feb2012_Report.pdf)

Annex 1 Heat map

Sub-Region	Country Name *or* Classification	# yes	Mortality related to NCDs is included in the national health reporting system?	Morbidity related to NCDs is included in the national health reporting system?	NCD risk factors included in national health reporting system?
EUR A	Andorra	8	yes	yes	no
EUR A	Austria	10	yes	yes	yes
EUR A	Belgium	14	yes	yes	yes
EUR A	Croatia	14	yes	yes	yes
EUR A	Cyprus	6	yes	yes	no
EUR A	Czech Republic	15	yes	yes	yes
EUR A	Denmark	13	yes	yes	yes
EUR A	Finland	15	yes	yes	yes
EUR A	France	15	yes	yes	yes
EUR A	Germany	14	yes	yes	yes
EUR A	Greece	10	yes	yes	no
EUR A	Iceland	13	yes	yes	DK
EUR A	Ireland	12	yes	yes	yes
EUR A	Israel	13	yes	yes	yes
EUR A	Italy	11	yes	yes	yes
EUR A	Luxembourg	12	yes	yes	yes
EUR A	Malta	12	yes	yes	yes
EUR A	Monaco	6	yes	yes	yes
EUR A	Netherlands	14	yes	yes	yes
EUR A	Norway	11	yes	no	yes
EUR A	Portugal	12	yes	yes	yes
EUR A	San Marino	9	yes	yes	no
EUR A	Slovenia	12	yes	yes	yes
EUR A	Spain	12	yes	yes	yes
EUR A	Sweden	14	yes	yes	no
EUR A	Switzerland	13	yes	yes	yes
EUR A	United Kingdom of Great Britain and Northern Ireland	15	yes	yes	yes
	yes %		**100%**	**96%**	**78%**
	no %		**0%**	**4%**	**19%**
	EMPTY or DK (Don't Know) %		**0%**	**0%**	**4%**
EUR B+C	Albania	11	yes	yes	yes
EUR B+C	Armenia	13	yes	yes	yes
EUR B+C	Azerbaijan	10	yes	yes	no
EUR B+C	Belarus	7	yes	yes	no
EUR B+C	Bosnia and Herzegovina	11	yes	yes	yes
EUR B+C	Bulgaria	10	yes	yes	no
EUR B+C	Estonia	12	yes	yes	yes
EUR B+C	Georgia	11	yes	yes	no
EUR B+C	Hungary	15	yes	yes	yes
EUR B+C	Kazakhstan	15	yes	yes	yes
EUR B+C	Kyrgyzstan	7	yes	yes	no
EUR B+C	Latvia	9	yes	yes	no
EUR B+C	Lithuania	15	yes	yes	yes
EUR B+C	Montenegro	5	yes	yes	yes
EUR B+C	Poland	14	yes	yes	yes
EUR B+C	Republic of Moldova	9	yes	yes	yes
EUR B+C	Romania	13	yes	yes	yes
EUR B+C	Russian Federation	14	yes	yes	no
EUR B+C	Serbia	13	yes	yes	yes
EUR B+C	Slovakia	15	yes	yes	yes
EUR B+C	Tajikistan	5	yes	yes	no
EUR B+C	The former Yugoslav Republic of Macedonia	13	yes	yes	yes
EUR B+C	Turkey	15	yes	yes	yes
EUR B+C	Ukraine	7	yes	yes	yes
EUR B+C	Uzbekistan	8	no	yes	no
	yes %		**96%**	**100%**	**64%**
	no %		**4%**	**0%**	**36%**
	EMPTY or DK (Don't Know) %		**0%**	**0%**	**0%**

Analysis Note: No responses or the response of Don't Know (DK) were treated as a NO in the colour-coded table above

Sub-Region	Country Name *or* Classification	# yes	Is there a cancer registry?	Is there a registry for diabetes?	Is there a registry for myocardial infarction / coronary events?	Is there a registry for cerebro-vascular accident / stroke?
EUR A	Andorra	8	yes	no	no	no
EUR A	Austria	10	yes	yes	no	no
EUR A	Belgium	14	yes	yes	yes	no
EUR A	Croatia	14	yes	yes	yes	no
EUR A	Cyprus	6	yes	no	no	no
EUR A	Czech Republic	15	yes	yes	yes	yes
EUR A	Denmark	13	yes	yes	no	no
EUR A	Finland	15	yes	yes	yes	yes
EUR A	France	15	yes	yes	yes	yes
EUR A	Germany	14	yes	no	yes	yes
EUR A	Greece	10	yes	yes	no	no
EUR A	Iceland	13	yes	yes	yes	yes
EUR A	Ireland	12	yes	no	no	no
EUR A	Israel	13	yes	no	no	yes
EUR A	Italy	11	yes	no	no	no
EUR A	Luxembourg	12	yes	no	no	no
EUR A	Malta	12	yes	no	no	no
EUR A	Monaco	6	no	no	no	no
EUR A	Netherlands	14	yes	no	yes	yes
EUR A	Norway	11	yes	yes	no	no
EUR A	Portugal	12	yes	yes	yes	yes
EUR A	San Marino	9	yes	yes	no	no
EUR A	Slovenia	12	yes	no	no	no
EUR A	Spain	12	yes	no	no	no
EUR A	Sweden	14	yes	yes	yes	yes
EUR A	Switzerland	13	yes	no	yes	no
EUR A	United Kingdom of Great Britain and Northern Ireland	15	yes	yes	yes	yes
	yes %		**96%**	**52%**	**44%**	**37%**
	no %		**4%**	**48%**	**56%**	**63%**
	EMPTY or DK (Don't Know) %		**0%**	**0%**	**0%**	**0%**
EUR B+C	Albania	11	yes	yes	no	no
EUR B+C	Armenia	13	yes	yes	yes	yes
EUR B+C	Azerbaijan	10	yes	yes	no	no
EUR B+C	Belarus	7	yes	yes	no	no
EUR B+C	Bosnia and Herzegovina	11	yes	yes	DK	DK
EUR B+C	Bulgaria	10	yes	no	no	no
EUR B+C	Estonia	12	yes	no	yes	no
EUR B+C	Georgia	11	yes	no	no	no
EUR B+C	Hungary	15	yes	yes	yes	yes
EUR B+C	Kazakhstan	15	yes	yes	yes	yes
EUR B+C	Kyrgyzstan	7	no	yes	no	yes
EUR B+C	Latvia	9	yes	yes	no	no
EUR B+C	Lithuania	15	yes	yes	yes	yes
EUR B+C	Montenegro	5	no	no	yes	no
EUR B+C	Poland	14	yes	no	yes	yes
EUR B+C	Republic of Moldova	9	no	no	no	no
EUR B+C	Romania	13	yes	yes	no	no
EUR B+C	Russian Federation	14	yes	yes	yes	yes
EUR B+C	Serbia	13	yes	yes	yes	no
EUR B+C	Slovakia	15	yes	yes	yes	yes
EUR B+C	Tajikistan	5	yes	yes	yes	no
EUR B+C	The former Yugoslav Republic of Macedonia	13	yes	yes	no	no
EUR B+C	Turkey	15	yes	yes	yes	yes
EUR B+C	Ukraine	7	yes	yes	yes	yes
EUR B+C	Uzbekistan	8	no	yes	yes	no
	yes %		**84%**	**76%**	**56%**	**40%**
	no %		**16%**	**24%**	**40%**	**56%**
	EMPTY or DK (Don't Know) %		**0%**	**0%**	**4%**	**4%**

Analysis Note: No responses or the response of Don't Know (DK) were treated as a NO in the colour-coded table above

Sub-Region	Country Name *or* Classification	# yes	Risk Factor survey done for tobacco use?	Risk Factor survey done for overweight/ obestiy?	Risk Factor survey done for diet?	Risk Factor survey done for harmful alcohol use?	Risk Factor survey done for blood pressure?	Risk Factor survey done for physical inactivity?	Risk Factor survey done for blood glucose?	Risk Factor survey done for blood lipids?
EUR A	Andorra	8	yes	yes	yes	yes	no	yes	no	no
EUR A	Austria	10	yes	yes	yes	yes	no	yes	no	no
EUR A	Belgium	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Croatia	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Cyprus	6	yes	no	yes	yes	no	no	no	no
EUR A	Czech Republic	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Denmark	13	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Finland	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	France	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Germany	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Greece	10	yes	yes	yes	yes	yes	no	yes	no
EUR A	Iceland	13	yes	yes	yes	yes	yes	DK	yes	yes
EUR A	Ireland	12	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Israel	13	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Italy	11	yes	yes	yes	yes	yes	yes	no	yes
EUR A	Luxembourg	12	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Malta	12	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Monaco	6	yes	yes	no	yes	no	no	no	no
EUR A	Netherlands	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Norway	11	yes	yes	yes	yes	yes	yes	yes	DK
EUR A	Portugal	12	yes	yes	no		yes	no	yes	yes
EUR A	San Marino	9	yes	yes	yes	yes	no	yes	no	no
EUR A	Slovenia	12	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Spain	12	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Sweden	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	Switzerland	13	yes	yes	yes	yes	yes	yes	yes	yes
EUR A	United Kingdom of Great Britain and Northern Ireland	15	yes	yes	yes	yes	yes	yes	yes	yes
	yes %		**100%**	**96%**	**93%**	**96%**	**81%**	**81%**	**78%**	**74%**
	no %		**0%**	**4%**	**7%**	**0%**	**19%**	**15%**	**22%**	**22%**
	EMPTY or DK (Don't Know) %		**0%**	**0%**	**0%**	**4%**	**0%**	**4%**	**0%**	**4%**
EUR B+C	Albania	11	yes	yes	yes	yes	yes	yes	no	no
EUR B+C	Armenia	13	yes	yes	no	yes	yes	yes	yes	no
EUR B+C	Azerbaijan	10	yes	yes	yes	yes	yes	yes	no	no
EUR B+C	Belarus	7	yes	no	no	no	yes	no	yes	no
EUR B+C	Bosnia and Herzegovina	11	yes	yes	yes	yes	yes	yes	DK	DK
EUR B+C	Bulgaria	10	yes	yes	yes	yes	yes	yes	DK	yes
EUR B+C	Estonia	12	yes	yes	yes	yes	yes	yes	yes	no
EUR B+C	Georgia	11	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Hungary	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Kazakhstan	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Kyrgyzstan	7	yes	no	no	no	yes	no	yes	no
EUR B+C	Latvia	9	yes	yes	yes	yes	no	yes	no	no
EUR B+C	Lithuania	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Montenegro	5	yes	no	no	no	no	no	no	no
EUR B+C	Poland	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Republic of Moldova	9	yes	yes	yes	yes	yes	yes	no	no
EUR B+C	Romania	13	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Russian Federation	14	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Serbia	13	yes	yes	yes	yes	yes	yes	yes	no
EUR B+C	Slovakia	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Tajikistan	5	DK	DK	DK	DK	DK	DK	DK	DK
EUR B+C	The former Yugoslav Republic of Macedonia	13	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Turkey	15	yes	yes	yes	yes	yes	yes	yes	yes
EUR B+C	Ukraine	7	DK	no	no	no	DK	no	no	no
EUR B+C	Uzbekistan	8	yes	yes	no	no	yes	no	yes	yes
	yes %		**92%**	**80%**	**72%**	**76%**	**84%**	**76%**	**64%**	**48%**
	no %		**0%**	**16%**	**24%**	**20%**	**8%**	**20%**	**24%**	**44%**
	EMPTY or DK (Don't Know) %		**8%**	**4%**	**4%**	**4%**	**8%**	**4%**	**12%**	**8%**

Analysis Note: No responses or the response of Don't Know (DK) were treated as a NO in the colour-coded table above

Annex 2
Responses to Question 7: Do you have any initial comments on the current draft of the Global Monitoring Framework. Political and/or strategic issues

Member States submitting a response:

- Armenia
- Belgium
- Croatia
- Finland
- Germany
- Ireland
- Italy
- Kyrgyzstan
- Malta
- Montenegro
- Netherlands
- Poland
- Russian Federation
- Sweden
- Switzerland
- The former Yugoslav Republic of Macedonia
- United Kingdom of Great Britain and Northern Ireland

Comments[1]

- Questions need additional study and specification. Later on more balanced approach can be reached by using additional questions.
- Effective prevention and health promotion strategies should be based on solid knowledge, evidence and evaluation. It is fundamental the support to Member States in coordinating the share of information for all the stakeholders (decision-makers, administrators, health workers, citizens) and helping Member States to establish a common set of indicators to monitor NCDs (their determinants and risk factors) and the outcome of developed actions.
- Clear and unitary vision (not simply the reduction in premature mortality) is needed in all three processes. Strengthen the (economic) case for adopting voluntarily the targets.
- Indicators must be measurable, feasible, used already as widely as possible and based on existing WHO strategies. As it is important that the expected results should be achievable, realistic voluntary targets should be set.

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[1] Comments are not attributed to specific countries, unless the country name was included in the comment itself.

- In the preparation is The strategic plan for development of public health 2012-2015, and The national health strategy. In the process of adoption is Tobacco control action plan. In the preparation is Alcohol control action plan.
- Strategic plan is good.
- We strongly support the WHO idea of the Global Monitoring Framework and intention to elaborate voluntary global targets for the prevention and control of NCD's. We also appreciate the global process of consultation with all European countries and strategic steps proposed by the WHO EURO Office.
- How will the data comparability of the state statistics and random samplings be provided between countries? How will an agreement on regularity of data submission of random samplings without periodicity in data collection be reached between countries?
- Indicators from the Global Monitoring Framework should be implemented in the National Strategies and Action Plans for prevention and control of NCDs and related legal regulations.
- We are pleased to note the progress being made in taking forward the development of the monitoring framework and voluntary targets further to the High Level Meeting and resulting political declaration in September 2011, and are committed to playing a full part in informing this process. As per our previous consultation responses: • the overall emphasis on outcomes, and on prevention, accords well with the approach taken in the United Kingdom • any set of proposed targets, if it is to act as a real catalyst for action, needs to strike a balance between ambition and achievability • where substantial progress in action against NCDs has been achieved, further reductions – at least on a comparable scale – may be difficult. We are therefore pleased to see recognition that the particular circumstances prevailing within a Member State should appropriately be taken into account • we encourage WHO to review which data are already collected and available, particularly through the OECD. This re-use of data would be beneficial in data consistency, making maximum use of available data and minimising the burden of data collection on countries. We will feed our views into the global consultation process.
- We would like to have limited number of key indicators that are strongly based on science. Whenever possible, indicators should be derived from existing data sets. Indicators and targets should be chosen so that they will be conducive to better policies such as health promotion policies and capacities of the health system. Social determinants of health should also be covered. Choosing target levels for 2025 is a political process and it should be flexible as global situation between countries varies.
- At the moment there are limited health care resources in the country.
- Malta is committed to continuing regular monitoring of NCD risk factors and morbidity through a national health interview survey and as a new development, a health examination survey. Political commitment has been given at Cabinet level on prioritising NCDs and obesity.
- We (Netherlands) refer to our extended comments in our submission by mail in February this year.
- Build on willingness and the capacity and pre-conditions of every unique MS • Include the four risk factors and the four diseases related to NCD • Emphasize the importance of including alcohol as a target indicator.
- Please note that for BE the answer to question 5 is based on a Health Interview Survey, and that Belgium doesn't currently organize a Health Examination Survey. Results for the

last 4 topics are self-reported and not measured. So, we have the data but they were not collected by measurements. Please note that the following comments are preliminary, informal and not elaborated comments: Be supports targets on alcohol, tobacco and obesity. We would also like to add some more focus on health and health promotion. BE also thinks it is important to have ambitious and feasible targets/indicators that don't put an extra administrative burden on MS. It is important to have a strong commitment and engagement of all MS in order to tackle NCDs Important to keep social determinants and inequalities in mind.

- Supportive.

Annex 3
Responses to Question 7: Do you have any initial comments on the current draft of the Global Monitoring Framework.
Technical issues

Member States submitting a response:

- Belgium
- Croatia
- Denmark
- Finland
- Israel
- Italy
- Kyrgyzstan
- Latvia
- Malta
- Montenegro
- Poland
- Russian Federation
- Slovenia
- Spain
- Sweden
- Switzerland
- The former Yugoslav Republic of Macedonia
- United Kingdom of Great Britain and Northern Ireland
- Uzbekistan

Comments[2]

- We would like more focus on the four behavioral risk factors and higher visibility of inequality and quality of life dimensions (e.g. healthy life expectancy) as well as policy oriented indicators.
- It is necessary to develop population surveillance systems which, through the continuous and systematic gathering of data, can provide useful information for all the stakeholders (decision-makers, administrators, health workers, citizens). These systems would monitor the trends of behavioural risk factors and of the actions being implemented, tracking them over time, and hence allow comparisons with other Countries. In this connection, in

[2] Comments are not attributed to specific countries, unless the country name was included in the comment itself.

recent years, Italy has set up national monitoring systems for gathering the data required to plan and assess the actions taken. Such systems provide data on nutrition and on the behaviour of children in primary schools ("OKkio alla salute" - Keep an Eye on Health), while data on lifestyles of children between the ages of 11 and 15 are being gathered through the international HBSC (Health Behaviour in School-aged Children) study, and the Global Youth Tobacco Survey (GYTS), promoted by WHO and by CDC-USA. As regards adults, the PASSI system gathers crucial information about risk factors, the people's perception of health and the delivery of health services to people aged between 18 and 69 and to the over 70 population.

- In regards to BP target we believe that it should be considered to change the definition of "raised blood pressure" to include people who are on medication for blood pressure lowering even if they measured blood pressure is within normal values (similar to the definition of high blood glucose).
- Focus on i) the four conditions, their clinical and epidemiological implications, ii) the health sector response, and iii) the environmental and behavioural factors.
- We are interested in improving the quality of existing NCD indicators, and for introducing some new indicators that still we not monitor.
- From a technical point of view has to be very specifically tailored to each country.
- Revised WHO Discussion paper on Global Monitoring Framework is a very good starting point for a comprehensive discussion in all countries to analyze critically efforts to reduce the global burden of NCD and to develop realistic set of goals to monitor and to analyze the outcomes.
- What kind of format is stipulated for data collection? How will the use of data presenting the situation on regional and not on federal level be implemented?
- Mechanisms for sustainable financing and strengthening of the weak surveillance system in Macedonia (as it is the case in other developing countries) should be provided/ established.
- We may have further comments to make in relation to specific proposed indicators and voluntary targets in due course.
- NCD mortality, raised blood pressure, raised blood cholesterol, overweight, saturated fat intake, salt intake, physical inactivity, alcohol consumption and smoking prevalence are key exposure indicators in Finland. Health system response should include more measures related to health promotion policies and capacities of the health system such as regulatory and fiscal tools to reduce intake of alcohol, tobacco and unhealthy foods; indicators covering access to health counselling and health check-ups in different age groups, urban planning etc. Policies related to transfat should also cover saturated fatty acids.
- Some indicators will be difficult to implement (e.g. indicators related to trans fats and etc).
- For nationally representative data on measured values for metabolic risk factors health examination survey needs to be implemented in our country in the future.
- It may be difficult initially to deliver all the indicators by socio-economic status. However we are presently working on improving reporting on inequalities. Apart from this, our monitoring system will have to be modified to deliver some of the indicators while some are still not available, such as salt/sodium intake. Both internal and external discussion will be necessary in order to agree which voluntary outcome targets can be adopted and

how these can be integrated into our current national targets in our NCD Strategy. The intervention “best buys” proposed are similar to those in our national strategies and will continue to be the focus for our efforts.

- Build on existing national data and follow up systems, rather than initiating new surveys and data collections • Be cost effective and preclude numerous reporting • A straightforward system with relatively few targets and indicators.
- BE would like to know if a target on Cholesterol would be feasible for most countries (both in EURO as globally) Does the secretariat have any idea of the financial impact and the resources needed to implement this framework?
- The current design of web-based questionnaire doesn't give possibility to explain details and particular information regarding registries and surveys of risk factors. Therefore a lot of information is lost.
- Comments to some replies: 1. At the moment the registry for diabetes is being put on hold because of the lack of financial support. 2. The registry for myocardial infarction was made in one of the areas of Tashkent. 3. Risk Factor survey for tobacco use was done by the Ministry of Health with the assistance of the World Bank within the framework of the project “Health-2» in 2005. 4. Risk Factor surveys for blood lipids and tobacco use were done by the center of information and research of the Ministry of Health with the assistance of the project MEASUE DHS and the company ORG Macro in 2002. The need in capacity increase of the epidemiological surveillance on NCD: 1) WHO experts’ technical assistance is required in the modernization of health reporting system on NCD. 2) WHO experts’ technical assistance is required on methodology and tools of new diseases registries establishment and existing ones modernization. 3) Strengthening of the epidemiological surveillance system on NCD risk factors is required. 4) Training of specialists on NCD epidemiological surveillance is required. 5) Strengthening of intersectoral cooperation on NCD prevention and control is required. 6) Targeted allocation of budgetary funds for NCD epidemiological surveillance is required. 7) All global indicators on NCD proposed by WHO are acceptable and measurable. Alongside with it we consider it appropriate to postpone the time framework for achieving of target indicators at least up to 2025. This is due to the fact that it is required at least 5 years to change the behavioural risk factors (diet, physical inactivity, tobacco use and harmful alcohol use). Decrease of morbidity and mortality related to NCD (cardiovascular diseases, lung cancer, chronic respiratory diseases) comes on in 10-15 years only.
- We have a proposal with regard to table 2: data source for indicators based on national survey: We suggest replacing "national survey (with measurement)" by "national survey with measurement as preferred source or with self-reported data as alternative source". Rationale: Surveys with measurements (or examination) are much more expensive than the ones with interview and many countries could not afford to perform them.