



Centre for  
Global NCDs



## Development of a limited set of action plan indicators to inform reporting on progress made in the implementation of the WHO Global Action Plan for the prevention and control of NCDs

### Summary

This is a joint response on behalf of 12 international and national organisations concerned with non-communicable diseases (NCDs), who are members of the UK NCDs and Development Task Force. We welcome the opportunity to respond to this consultation on the development of a limited set of action plan indicators to monitor progress on implementation. Our key recommendations are:

1. While we recognise the need for a limited set of indicators, all the indicators presently relate to action at the country level. As it's a Global Action Plan (GAP) we recommend the inclusion of at least one global level indicator to assess NCD progress at the global/UN system level, such as the inclusion of NCDs in the post 2015 global development framework; as well as one regional level indicator.
2. The proposed data collection tool – the WHO NCD Country Capacity Survey tool<sup>1</sup> (CCS) – pre-dates the WHO Global NCD Action Plan, and will therefore need to be updated to more usefully reflect implementation of the GAP on NCDs. These modifications should include:
  - Sub-question(s) on whether or not each of the individual disease or risk factor policies are multisectoral
  - Sub-question(s) on whether or not each of the individual disease or risk factor policies have dedicated resources to support implementation and monitoring
  - Sub-question(s) on whether the relevant disease and risk factor policies include actions selected from the proposed policy options in the WHO Global Action Plan on NCDs
  - Sub-question(s) on whether data in disease and risk factor surveys is disaggregated by age, sex and income or education to assess inequalities.
3. Drawing lessons from the recent WHO Global Nutrition Policy Review (2013), the CCS should also capture the following information on the disease and risk factor policies:
  - Whether the policies have clear goals, targets, timelines, deliverables and monitoring mechanisms
  - Whether the policies specify roles and responsibilities
  - Whether the policies identify the capacity and competence areas required by the workforce
  - Whether the policies include process and outcome evaluation with appropriate indicators.

<sup>1</sup> WHO (2013) Country Profile of Capacity and Response to Noncommunicable diseases.

## Comments on the specific objectives

### **Objective 1 indicator: Number of countries with an operational multisectoral national NCD policy, strategy or action plan that integrates several NCDs and shared risk factors in conformity with the global/regional NCD action plans 2013-2020**

We welcome the listed achievement criteria for this indicator:

- (a) the existence of national NCD and risk factor policies, strategy or action plans
- (b) whether the policies are multi-sectoral ie they engage with one or more government sectors outside of health and
- (c) whether the policies are operational ie are being used and implemented in the country, and resources and funding are available for implementation.

We note that Section I, Q3 of the CCS captures information on funding for NCD activities, and we recommend that this information is included as a fourth criteria (d) for the Global NCD Action Plan indicators.

### **Objective 2 indicator: Number of countries that have an operational NCD unit/branch/department within the Ministry of Health or equivalent**

We welcome the addition of this indicator.

### **Objective 3 indicator: Number of countries with an operational policy to reduce each of the NCD risk factors a) harmful use of alcohol b) physical inactivity d) unhealthy diet; and for tobacco c) number of countries who have implemented a complete indoor smoking ban and/or tobacco advertising ban.**

The inclusion of risk factor indicators which focus on the existence of relevant policies is welcome.

However, in order to more fully assess whether policies are operational and being implemented we recommend the following:

#### ***Modifications to the CCS data collection tool***

##### *Section II B and C:*

- a) Include a question to assess whether or not the relevant NCD / risk factor / treatment / research policies and guidelines have dedicated resources – in addition to being operational. Suggested question: *“Are there dedicated resources to support implementation?”*
- b) Drawing lessons from the Global Nutrition Policy Review, we recommend that the CCS is amended to capture the following information for relevant NCD and risk factor policies:
  - Whether the policies have clear goals, targets, timelines or deliverables
  - Whether the policies specify roles and responsibilities
  - Whether the policies identify the capacity and areas of competence required by the workforce
  - Whether the policies include process and outcome evaluation with appropriate indicators.

##### *Section II C: Policies, Action plans, strategies for NCD risk factors*

- Include a sub-question to the sections on each of the four main NCD risk factors (Q8 on alcohol, Q9 on overweight/obesity, Q10 physical activity, Q 11 tobacco use: *“Does it [risk factor policy] include actions for any other government ministry or department (e.g. ministry of sport, ministry of education)?”*
- Include a sub-question on whether the relevant risk factor policies include actions selected from the proposed policy options in the WHO Global Action Plan on NCDs

**Add tobacco tax indicator: Affordability of cigarettes**

*Measure:* Average price of 100 cigarettes, expressed as a percentage of GDP per capita.

*Data sources:*

- GDP per capita – World Bank
- Average price of 100 cigarettes – country reports to the WHO Framework Convention on Tobacco Control (FCTC) or national Consumer Price Index

*Rationale:* tobacco tax measures reduce tobacco consumption by increasing the price of tobacco products more rapidly than inflation + income growth. In order to see whether a country is making progress (or moving backward) on tobacco taxation, it is therefore important to measure changes in affordability. In order to make it possible to compare countries, particularly countries with vastly different levels of income, prices need to be compared to income levels; GDP per capita is the most easily available measure.

*Additional info:* Researchers have used minutes of labour (at average wages) per unit of tobacco for affordability comparisons, but wage information is less easily available and not always directly comparable between countries. Where the two methods have been compared (i.e. where wage information was available), the two methods have yielded similar results.

With respect to price data, most countries collect tobacco price information as part of routine data-gathering for Consumer Price Index. (The minority of countries where cigarettes are not a dominant product might require some alternative approach, however.) At worst, countries can simply check the prices of major brands in their capital cities, as is already done as part of the official reports to the FCTC Conference of the Parties.

**Objective 4 indicator: Number of countries that have government approved evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach**

We welcome the inclusion of this indicator.

**Objective 5 indicator: Number of countries that have an operational national policy and plan on NCD-related research including community-based research and evaluation of the impact of interventions and policies**

We support the proposed indicator and proposed development of a set of questions. We recommend that as a minimum, these questions capture the following information:

- The existence of a national NCD research plan
- Whether the research plan is operational
- Whether the research plan has dedicated resources to support implementation
- Whether the reports of publically funded research are made freely accessible.

**Objective 6 indicator: Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets**

We welcome the inclusion of this indicator to assess the main risk factors for which there are global NCD targets: harmful alcohol, physical inactivity, tobacco use, obesity, salt intake.

However, we recommend that Section III B (Risk factor surveillance) of the CCS assessment tool should:

- a) Include a question on whether surveys of the key risk factors have been conducted for **children and people in later** life for the following reasons:
  - The recognition that a life-course approach is required to address NCDs

- Several behaviours adopted in childhood and adolescence, including NCD risk factors, track into adulthood, hence children and young people are the primary target of advertising campaigns by the food, alcohol and tobacco and industry.
  - An estimated 79 per cent of NCD deaths globally occur in people aged 60 and over, yet data disaggregated by age in later life is often not collected. NCD deaths continue to be preventable and amenable to cost effective interventions in later life.
- b) Include a sub-question for all the disease, lifestyle and biological risk factor surveys on whether data is disaggregated by age, sex and income or education (to assess inequalities).

**Other comments:**

1. Objective 1 of the Global NCD Action Plan aims to raise the priority accorded to NCDs in **global**, regional and national agendas. However, the proposed list of indicators is primarily focused on assessing progress at the country level.

We therefore recommend the inclusion of an indicator(s) to assess NCD progress at the global / UN system level including:

- a. For the WHO secretariat: number of UN Taskforce meetings chaired by WHO, and the presence of meeting reports which report on concrete actions taken by the Taskforce.
  - b. The inclusion of NCDs in the post 2015 development agenda, and related global policies such as on climate change and sustainable development.
2. As stated previously, the recent WHO Global Nutrition policy review<sup>2</sup> identified a number of challenges pertaining to existing nutrition policies, which are of wider relevance to NCD policy agenda. We recommend that a similar comprehensive NCD policy review is undertaken by 2021, to assess and review implementation of the Global NCD Action Plan and report to the 2021 World Health Assembly. Specifically, NCD governance assessments should evaluate:
    - a. Whether countries have adequate coordination mechanisms to address NCD challenges
    - b. Whether there is adequate or effective coordination within and between ministries, and with UN agencies and other development partners
    - c. Whether coordination mechanisms are included in high-level policy-making frameworks or structures, such as the Head of Government's office, or a planning commission in which all relevant stakeholders are involved
    - d. Whether national level and provincial or district level policies are consistent.
  3. In addition and in the meantime, we strongly recommend that the CCS is amended to capture the following information for relevant NCD and risk factor policies:
    - a. Whether the policies have clear goals, targets, timelines or deliverables and monitoring mechanisms
    - b. Whether the policies specify roles and responsibilities
    - c. Whether the policies identify the capacity and areas of competence required by the workforce
    - d. Whether the policies include process and outcome evaluation with appropriate indicators.

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<sup>2</sup> WHO (2013): Global nutrition policy review: What does it take to scale up nutrition action? WHO Geneva, Switzerland. [http://www.who.int/nutrition/publications/policies/global\\_nut\\_policyreview/en/](http://www.who.int/nutrition/publications/policies/global_nut_policyreview/en/)

**List of supporting organisations:**

1. Age International
2. Cancer Research UK
3. Centre for Global NCDs, London School of Hygiene and Tropical Medicine
4. Global Alcohol Policy Alliance
5. Help Age International
6. Institute of Alcohol Studies
7. International Association for the Study of Obesity
8. International Network for Cancer Treatment and Research
9. UK Health Forum
10. World Action on Salt and Health
11. WCRF International
12. World Public Health Nutrition Association

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