



# Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region

Country Capacity Survey 2015



# **Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region**

Country Capacity Survey 2015

WHO Library Cataloguing-in-Publication Data

Progress on the prevention and control of noncommunicable diseases in the Western Pacific Region: country capacity survey 2015

1. Chronic disease – prevention and control. 2. Non-communicable diseases. 3. Regional health planning.  
I. World Health Organization Regional Office for the Western Pacific.

ISBN 978 92 9061 778 5 (NLM Classification: WT 500)

© World Health Organization 2016

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; email: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications—whether for sale or for distribution—should be addressed to WHO Press through the WHO ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)). For WHO Western Pacific Regional Publications, requests for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines (fax: +632 521 1036, email: [wpropub@who.int](mailto:wpropub@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

# TABLE OF CONTENTS

---

Acknowledgments	iv
Foreword	v
Abbreviations	vi
Executive summary	vii
<b>CHAPTER 1   Introduction</b>	<b>1</b>
<b>CHAPTER 2   Status of response to prevent and control NCD in the Western Pacific Region in 2015</b>	<b>2</b>
Public health infrastructure, partnerships and multisectoral collaboration for NCDs and their risk factors	3
Status of NCD-relevant policies, strategies and action plans	5
Health information systems, surveillance and survey for NCDs and their risk factors	7
Capacity for NCD early detection, treatment and care within the health system	9
<b>CHAPTER 3   Regional response and progress in country capacity</b>	<b>14</b>
Regional response	14
Progress in country capacity for the prevention and control of NCDs	15
<b>CHAPTER 4   Ten Progress Monitoring Indicators</b>	<b>17</b>
<b>CHAPTER 5   Key findings and recommendations</b>	<b>21</b>
Key findings	21
Recommendations	22
<b>Annex 1   NCD Country Capacity Survey 2015 questionnaire</b>	<b>23</b>
<b>Annex 2   Indicator Definitions and Specifications, Status of countries and areas</b>	<b>51</b>

# ACKNOWLEDGEMENTS

---

This report was developed by the World Health Organization (WHO) Regional Office for the Western Pacific. WHO wishes to acknowledge the support and cooperation of the following national NCD focal points who provided the completed survey tool.

Christopher Bedford (Australia)	Bernard Rouchon (New Caledonia)
Ong Sok King (Brunei Darussalam)	Jane Chambers (New Zealand)
Prak Piseth Raingsey (Cambodia)	Grizelda Mokoia (Niue)
Liangyou Wu (China)	Becky Robles (Northern Mariana Islands, Commonwealth of the)
Isimeli Tukana (Fiji)	Edolem Ikerdeu (Palau)
Bertrand Solène (French Polynesia)	Vicky Wari (Papua New Guinea)
Roselie Zabala (Guam)	Irma Asuncion (Philippines)
Ching Cheuk Tuen Regina (Hong Kong SAR, China)	Eun-hye Shim (Republic of Korea)
Tomohiro Terahara (Japan)	Noorul Fatha As'art (Singapore)
Baaua Teibiraa (Kiribati)	Geoffrey Kenilorea (Solomon Islands)
Phisith Phoutsavath (Lao People's Democratic Republic)	Siale 'Akau'ola (Tonga)
Chan Tan Mui (Macao SAR, China)	Julie Elisala (Tuvalu)
Rozlan Bin Ishak (Malaysia)	Graham Tabi (Vanuatu)
Charlyne Andrike (Marshall Islands)	Tran Quoc Bao (Viet Nam)
X-ner Luther (Federated States of Micronesia)	Logote Sesilia Penikosite (Wallis and Futuna)
Enkhzaya Taznaa (Mongolia)	
Jioje Fesaitu (Nauru)	

## **World Health Organization**

Dr Tsogzolmaa Bayandorj, Dr Caroline Bollars, Ms Melanie Cowan, Dr Albert Domingo, Dr John Juliard Go, Dr Angela Pratt, Mr Phonesavanh Keomanyone, Dr Tara Kessaram, Dr Sam Ath Khim, Dr Warrick Junsuk Kim, Dr Lai Duc Truong, Ms Rufina Latu, Dr Susan P. Mercado, Dr Ada Moadsiri, Mr James Rarick, Ms Leanne Riley, Dr Hai-Rim Shin, Dr Paulinus Sikosana, Dr Wendy Snowdon, Dr Chun Paul Soo and Ms Jessie Mara Yaipupu.

The draft version of the report was prepared by Ms Marie Clem Carlos and was reviewed by Dr Annette David and Dr Hyejin Lee.

# FOREWORD

---

The first United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) in 2011 raised the profile of NCDs globally and the toll they take on countries and development. United Nations Member States also made NCDs an important target in the Sustainable Development Goals in September 2015, vowing to reduce premature mortality from NCDs by one third by 2030.

In the Western Pacific Region, where four out of five deaths are due to NCDs, we have always been keenly aware of the role these diseases play in limiting human potential and national development possibilities.

As a result, our regional action plans are aligned with – and even go further than – global mandates to prevent and control NCDs. We work hard to support national NCD responses that highlight good governance, a reduction of risk factors, strong health systems and diligent surveillance.

The 2015 NCD Country Capacity Survey results are important to gauge our shared progress. The results provide Member States with actionable information about their readiness to respond to the challenges of NCD prevention and control.

By the end of 2017, the WHO Director-General will report to the United Nations Secretary-General on progress in achieving the four time-bound commitments on NCDs. These commitments cover Member State priorities decided at the second United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases in 2014.

We can and must build on the accomplishments documented by this latest NCD Country Capacity Survey and accelerate progress in some areas. Efforts are underway to strengthen infrastructure through better partnerships and collaboration, align strategic policy and action planning with global evidence, improve monitoring and evaluation using established information systems and surveillance, and enhance capacity for early detection and management.

WHO will continue to work with Member States to support, strengthen and put into effect their NCD programmes.



**Shin Young-soo, MD, Ph.D.**

WHO Regional Director for the Western Pacific

# ABBREVIATIONS

---

CCS	country capacity survey
COPD	chronic obstructive pulmonary disease
CRD	chronic respiratory disease
CVD	cardiovascular disease
FCTC	Framework Convention on Tobacco Control
HIC	high-income country
HPV	human papillomavirus
LMIC	low- and middle-income country
NCD	noncommunicable disease
PICs	Pacific island countries and areas
RAP	regional action plan
UNDAF	United Nations Development Assistance Framework
UNGA	United Nations General Assembly
WHO	World Health Organization

# EXECUTIVE SUMMARY



Recognizing the need for a systematic approach to NCD prevention and control, the sixty-fourth session of the Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014–2020*. This was fully aligned with the WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*, which was developed by WHO and its Member States in response to the Political Declaration of the High-level Meeting of the United Nations General Assembly (UNGA) on the Prevention and Control of Noncommunicable Diseases in 2011.

After the declaration, the UNGA convened a second high-level meeting on NCDs in 2014. The 2014 Outcome Document included four strategic time-bound national commitments and 10 progress indicators to be implemented in 2015 and 2016. The WHO Director-General will submit a report on the progress achieved in the implementation of these commitments to the UNGA in 2017, in preparation for a comprehensive review at the third High-level meeting on NCDs at the 2018 UNGA.

In response, WHO conducts a periodic assessment of national capacity for NCD prevention and control through the use of a global survey to all Member States, known as the NCD Country Capacity Survey (NCD CCS). Such periodic assessment allows countries and WHO to monitor progress and achievements in expanding capacities to respond to the epidemic of NCDs. In the Western Pacific Region, NCD CCS was conducted in 2004, 2010, 2013 and 2015.

This report provides an overview of the status and progress made in national capacity for NCD prevention and control in the Western Pacific Region, with a focus on the four time-bound national commitments and the 10 progress indicators that are linked to them. For analysis, Pacific island countries and areas (PICs) were considered as one group, while countries and areas in Asia were grouped as high-income countries (HICs) or low- and middle-income countries (LMICs), based on the World Bank classification.

NCD CCS 2015 documented a continuing increase in the number of countries that have a surveillance system for each risk factor, including tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, diabetes, hypertension, overweight/obesity and dyslipidaemia. This highlights the progress that countries and areas in the Region are making in the implementation of the regional action plan (RAP) on NCDs 2014–2015. The RAP urges Member States to develop/strengthen NCD surveillance frameworks for enhanced NCD prevention and control.

However, several capacity indicators have retrogressed, including the number of countries with a national NCD entity, policies/strategies/action plans that are either integrated or specific for each risk factor, clinical protocols and availability of medicines. This may be a result of changes made in the methodology for NCD CCS 2015. Questions were modified to better monitor progress and achievements that relate to the 10 progress indicators included in the 2014 Outcome Document. Also, the survey was web-based and required uploading of supporting documents for validation of the responses that Member States have submitted for a more accurate data collection.

*Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region: Country Capacity Survey 2015* introduces the results of the WHO NCD Country Capacity Survey in 2015 with a focus on the Western Pacific Region and provides guidance on which areas require prioritization and what interventions are needed to meet the goals that Member States committed to, as stated in the *WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020*.

WHO Regional Office for the Western Pacific will continue to work with countries and areas in the Region to support setting national NCD targets, develop national multisectoral policies, strategies and plans to achieve national targets, and reduce risk factors for NCDs by implementing cost-effective interventions for each risk factor and strengthening health systems. Joint action from WHO and Member States will assure achievement of the health targets included in the WHO global monitoring framework and Sustainable Development Goals.

# INTRODUCTION

In May 2013, the Sixty-sixth World Health Assembly adopted the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. The global action plan sets out six objectives along with actions to address NCDs at national, regional and global levels. Member States have also agreed on a set of nine voluntary global targets and 25 indicators to monitor the implementation of the global action plan.

The 136th session of the World Health Organization (WHO) Executive Board requested the Director-General to publish a technical note on how the Director-General will report to the United Nations General Assembly (UNGA) on progress achieved based on the Outcome Document of the 2014 UNGA High-level meeting on NCDs and the Political Declaration of the High-level Meeting of the UNGA on the Prevention and Control of NCDs in 2011. Using existing survey tools and taking into account existing indicators at the global and regional levels, WHO will focus its report to the UNGA in 2017 on progress achieved in the implementation of the four time-bound commitments for 2015 and 2016 included in the 2014 Outcome Document, using 10 progress indicators.

WHO has conducted the NCD Country Capacity Survey (CCS) since 2000 to periodically assess national capacity for NCD prevention and control. The objective of the survey is to support countries in their efforts to assess their strengths and weaknesses related to NCD governance and infrastructure, policy response, surveillance, and health systems response in order to address NCDs at the national level. The survey also aims to provide data for reporting to the World Health Assembly and WHO regional committees against existing outcome and process indicators at global and national levels, according to agreed timelines.

The NCD CCS 2015, which is the fourth in the Western Pacific Region following 2004, 2010 and 2013, modified the questionnaire to better monitor progress and achievements that relate to the 10 progress indicators included in the 2014 Outcome Document and also the nine global targets included in the NCD global action plan. Overall, the NCD CCS 2015 reduced the number and depth of questions, while expanding questions on cancer and cardiovascular disease (CVD). Also, the 2015 survey was web-based and the methodology required uploading of supporting documents for more extensive validation on a number of survey item responses to improve accuracy of reporting. Since the survey is scheduled to be conducted every two years, results of the 2015 survey will be a part of reporting the progress in the prevention and control of NCDs to the UNGA in 2018.

*Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region: Country Capacity Survey 2015* presents data gathered from the NCD CCS 2015 and compares them to findings from past surveys. This report outlines the status of the health policies and programmes of each country in the Region to address NCDs. It provides a snapshot of the current situation in the Region regarding how countries are addressing NCDs as a major public health concern. Results from the survey will provide direction on the necessary steps that should be taken in response to the growing NCD problem in the Region.

# STATUS OF RESPONSE TO PREVENT AND CONTROL NCD IN THE WESTERN PACIFIC REGION IN 2015

The NCD Country Capacity Survey 2015 is a global survey conducted by WHO to assess the strengths and weaknesses related to NCD governance and infrastructure, policy response, surveillance and health systems response. It was carried out in the Western Pacific Region from May to August 2015. Data were collected using the globally agreed web-based tool developed by WHO headquarters and through collaborative efforts of national NCD focal points, WHO country offices and the WHO Regional Office for the Western Pacific.

The questionnaire (Annex 1) is composed of four domains:

- public health infrastructure, partnerships and multisectoral collaboration for NCDs and their risk factors;
- status of NCD-relevant policies, strategies and action plans;
- health information systems, surveillance and surveys for NCDs and their risk factors; and
- capacity for NCD early detection, treatment and care within the health system.

Official communication was sent to 36 national NCD focal points in the Region, except the Pitcairn Islands. As part of the validation process, initial submissions of all countries and areas were reviewed for missing answers, discrepancies from the 2013 response and missing supporting documents. This was not done in the previous survey rounds. A list of comments was sent back to countries and areas for them to address in order to complete their submissions. However, due to limitations, not all countries were able to submit all the required documents and to confirm entries in their submissions.

In the Western Pacific Region, 32 out of the 36 countries and areas completed the survey, giving a response rate of 89%. The response rate in 2015 was lower than the 97% response rate in 2013.

Data were extracted and analysed per module using MS Excel. Countries and areas in the Western Pacific Region were grouped in the analysis based on income status (high-income and low- and middle-income)<sup>1</sup> while Pacific island countries and areas (PICs), plus Papua New Guinea, were grouped as one (Table 1). The first part of the report on the results of the 2015 CCS is based on the 32 countries and areas that fully responded to the survey.

<sup>1</sup> World Bank list of economies. Washington, DC: The World Bank; July 2015. <http://siteresources.worldbank.org/DATASTATISTICS/Resources/CLASS.XLS> (accessed January 2016).

**Table 1.** Grouping of countries and areas in the Western Pacific Region that fully responded to the survey

High-income countries & areas (HIC, N=8)	Low- and -middle income countries (LMIC, N=7)	Pacific island countries & areas (PIC, N=17)	
Australia	China	Fiji	Northern Mariana Islands, Commonwealth of the
Brunei Darussalam	Malaysia	French Polynesia	Palau
Hong Kong SAR (China)	Cambodia	Guam	Papua New Guinea
Japan	Lao People's Democratic Republic	Kiribati	Solomon Islands
Macao SAR (China)	Mongolia	Marshall Islands	Tonga
New Zealand	Philippines	Micronesia (Federated States of)	Tuvalu
Republic of Korea	Viet Nam	Nauru	Vanuatu
Singapore		New Caledonia	Wallis and Futuna
		Niue	

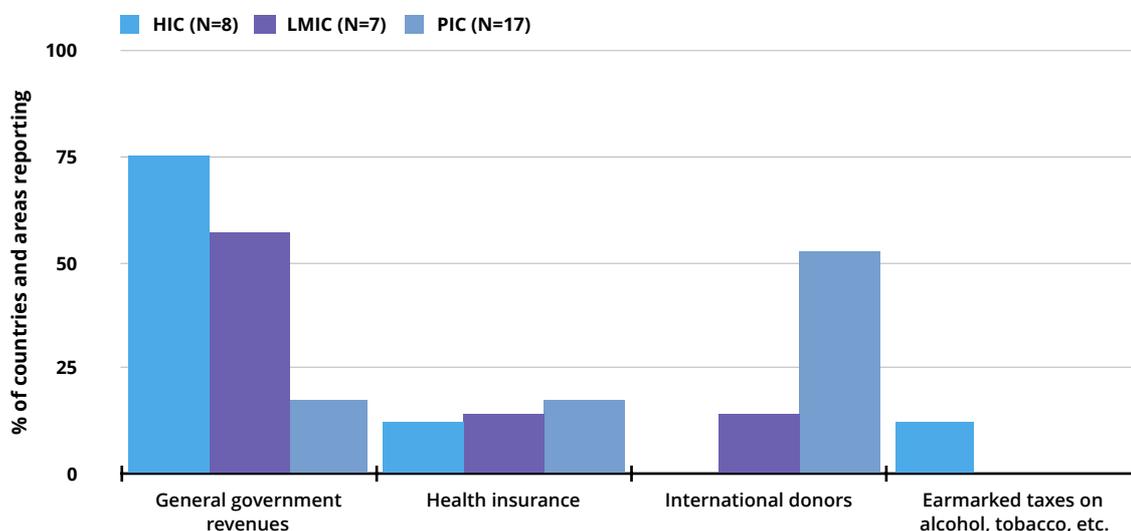
### PUBLIC HEALTH INFRASTRUCTURE, PARTNERSHIPS AND MULTISECTORAL COLLABORATION FOR NCDs AND THEIR RISK FACTORS

In the Western Pacific Region 29 out of the 32 countries and areas have a NCD unit within the Ministry of Health or its equivalent. These 29 countries reported having at least one full-time staff working on NCDs.

The most-funded NCD and risk factor activity/function in Western Pacific Member States is health care and treatment (30/32), followed by primary prevention and health promotion-(29/32), early detection/screening (28/32), surveillance, monitoring and evaluation (28/32) and capacity-building (27/32). The least-funded NCD activity/function is palliative care (23/32).

General government revenues are the major sources of funding for NCDs and their risk factors in high-income countries (HICs) (6/8) and low- and middle-income countries (LMICs) (4/7) (Figure 1). In Pacific island countries and areas, international donors are the major sources of funding (9/17). Earmarked taxes are the least-reported major source of funding in all groupings and are only reported to be a major source in one HIC (1/8).

**Figure 1.** Major source of funding for NCDs and their risk factors

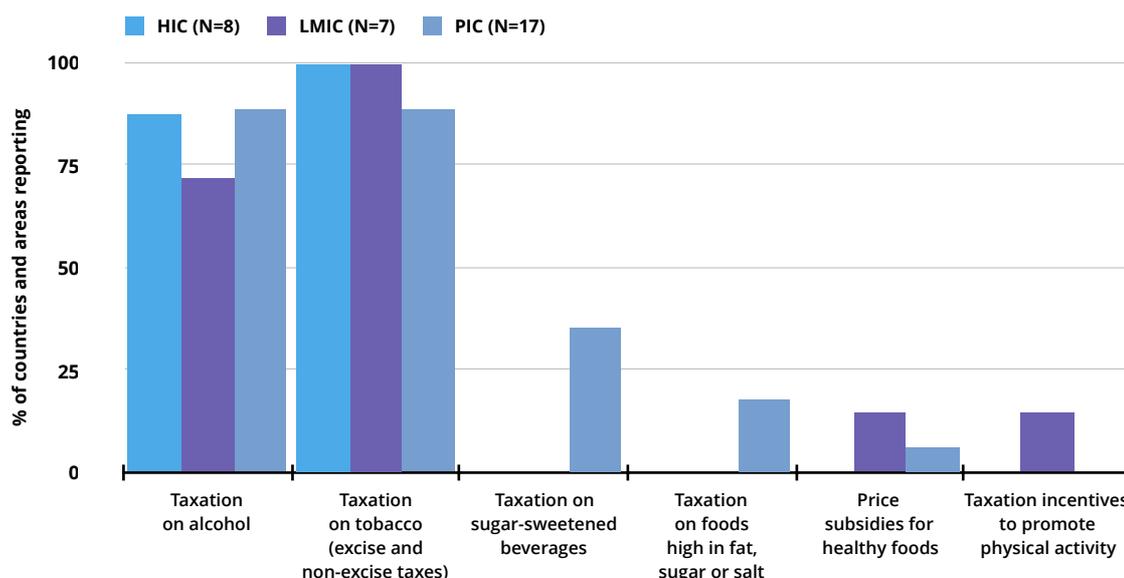


In the Region, 31 of the 32 countries and areas reported at least one fiscal intervention (Figure 2). Taxation on tobacco is the most reported fiscal intervention (30/32), followed by taxation on alcohol (27/32). While fiscal interventions on alcohol exist in seven out of eight HICs and five out of seven LMICs, all HICs and LMICs reported that they have taxation on tobacco. For PICs, 15 have existing fiscal measures on both alcohol and tobacco.

On the other hand, fiscal interventions related to physical activity and diet are the least-reported fiscal interventions. Taxation on sugar-sweetened beverages, foods high in fat, sugar or salt, and subsidies for healthy foods is almost non-existent in HICs and LMICs. Within the Region, six PICs have implemented taxation on sugar-sweetened beverages and three have taxation of foods high in fat, sugar or salt. Price subsidies for healthy foods are used only in two countries in the Region, while taxation incentives to promote physical activity exists in only one country.

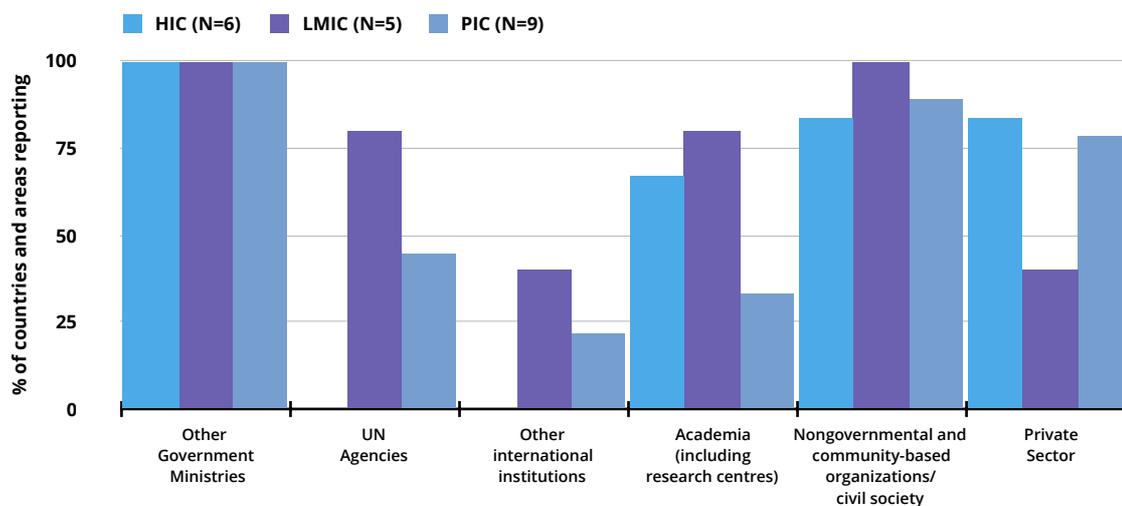
These fiscal interventions are reported to be mainly used towards general revenue (23/32). Only two countries reported that fiscal interventions are used for general funds for health and health services, while in four countries they are used for influencing health behaviours.

Figure 2. Percentage of countries and areas with fiscal interventions to address NCD risk factors



Of the 32 countries and areas that responded to the survey, 20 (6/8 HICs, 5/7 LMICs and 9/17 PICs) reported having a national multisectoral commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health, however, only 16 are operational. Other government ministries, which include the non-health ministries, are the most common members of the national multisectoral commission (20/20), followed by nongovernmental organizations, community-based organizations and civil society (18/20), and private sector (14/20) (Figure 3). Faith-based organizations are also identified as a member in PICs. The national multisectoral commission also covers settings such as schools (20/20), work sites (19/20) and cities (15/20).

Figure 3. Percentage of countries and areas with these members in their national NCD multisectoral commission, agency or mechanism



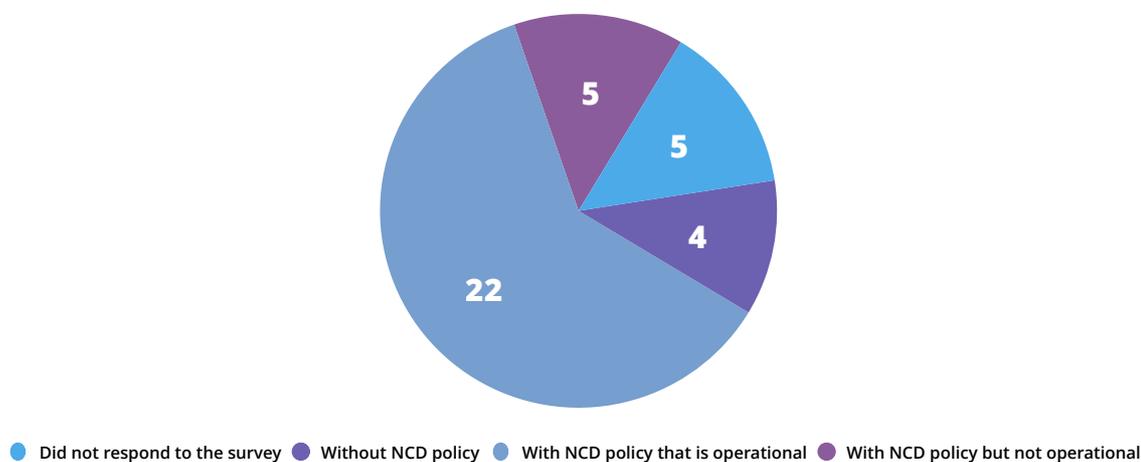
## STATUS OF NCD-RELEVANT POLICIES, STRATEGIES AND ACTION PLANS

### National policies, strategies and action plans

In the Western Pacific Region, 27 out of the 32 countries and areas that fully responded to the survey have a national integrated NCD policy, strategy or action plan, however, only 22 are operational (Figure 4). Of the 27, integrated NCD policies, strategies or action plans are reported to be multisectoral in 23, while only 21 are multi-stakeholder.

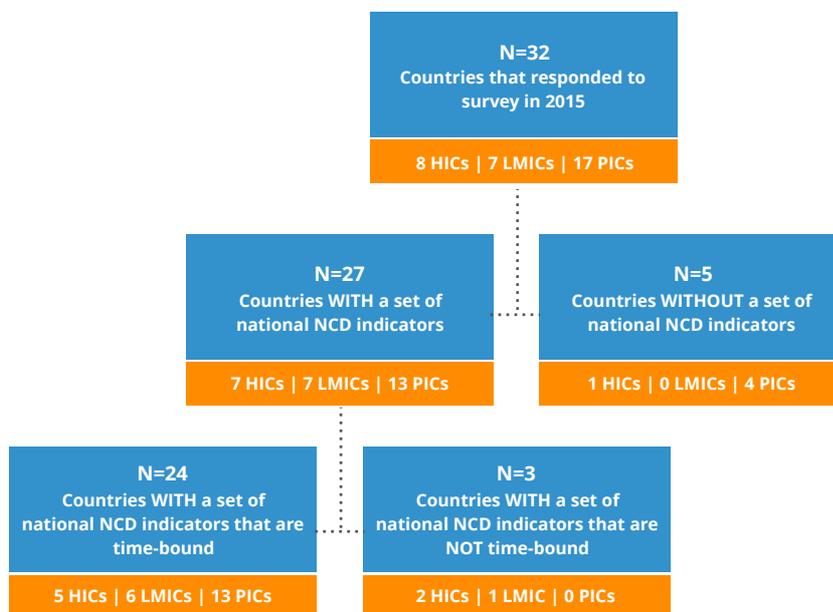
All 27 countries and areas that responded as having a national integrated NCD policy, strategy or action plan addressed unhealthy diet, physical activity and tobacco, while only 24 countries addressed harmful use of alcohol in their national NCD policy, strategy or action plan. For detection, treatment and care of NCDs, almost all NCD policies, strategies or action plans address diabetes (26/27), followed by CVD (25/27), cancer (24/27) and chronic respiratory diseases (19/27). Palliative care, as part of the NCD policy, strategy or action plan, is covered in 13 out of the 27 countries and areas (3/7 HICs, 6/7 LMICs and 4/13 PICs).

Figure 4. Number of countries and areas with a national NCD policy, strategy or action plan



A total of 27 out of 32 countries and areas reported having national NCD indicators. These indicators are in national health plans or the national integrated NCD policy, strategy or action plan and are time-bound in 24 of these plans - in all PICs (13/13), 7/6 LMICs and 5/7 HICs. (Figure 5).

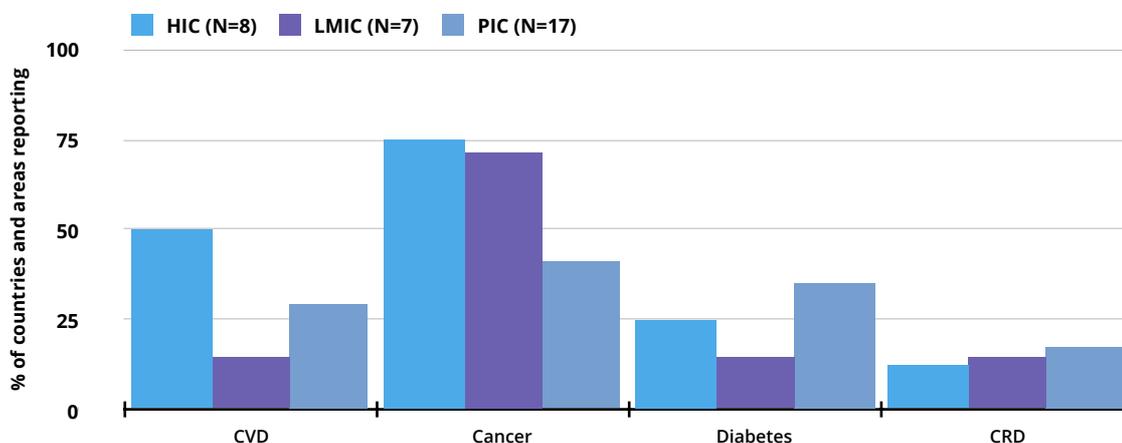
Figure 5. Number of countries and areas with a set of national NCD indicators



### Specific policies, strategies and action plans

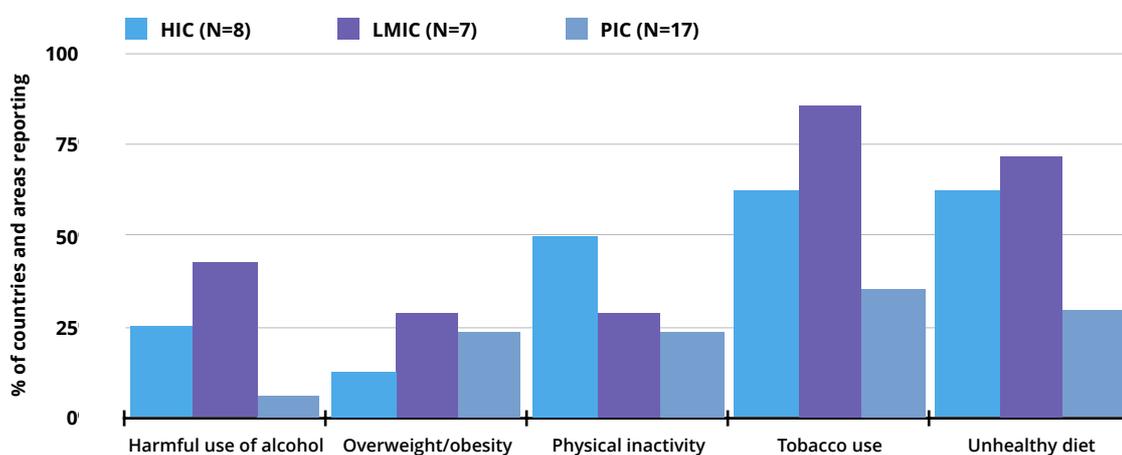
In addition to the integrated NCD policy, strategy or action plan, operational policies, strategies or action plans specific for cancer are the most common of all four major NCDs (18/32), followed by cardiovascular diseases (10/32) (Figure 6). Policies, strategies or action plans for chronic respiratory disease (CRD) are the least reported policy, strategy or action plan in the Western Pacific (5/32).

Figure 6. Percentage of countries and areas with policies, strategies or action plans addressing major NCDs



For risk factor-specific policies, strategies and action plans, those specific for tobacco control are most commonly reported in the Region (17/32) and are present in six of the seven LMICs and five of the eight HICs (Figure 7). Only a third of PICs have a tobacco policy, strategy or action plan.

Figure 7. Percentage of countries and areas with policies, strategies or action plans addressing the NCD risk factors



## HEALTH INFORMATION SYSTEMS, SURVEILLANCE AND SURVEYS FOR NCDs AND THEIR RISK FACTORS

Surveillance is an important component in the prevention and control of NCDs. The responsibility for surveillance is mostly shared across several offices, departments and administrative divisions within the ministries of health of HICs (4/8) and PICs (9/17). In four of the seven LMICs, the responsibility lies within an office/department/division within the ministries of health that is not exclusively dedicated to NCD surveillance.

### Mortality data

Twenty-nine of the 32 countries and areas that responded to the survey have a system for collecting mortality data by cause of death on a routine basis. Of these, 27 have a civil/vital registration system, while 15 have a sample registration system (mostly PICs, 10/17). Of the 29 countries with a system for collecting mortality data, age and gender (29/29) are the most common aggregation for which the data can be reported followed by socio-demographic factor (24/29).

### Disease registries

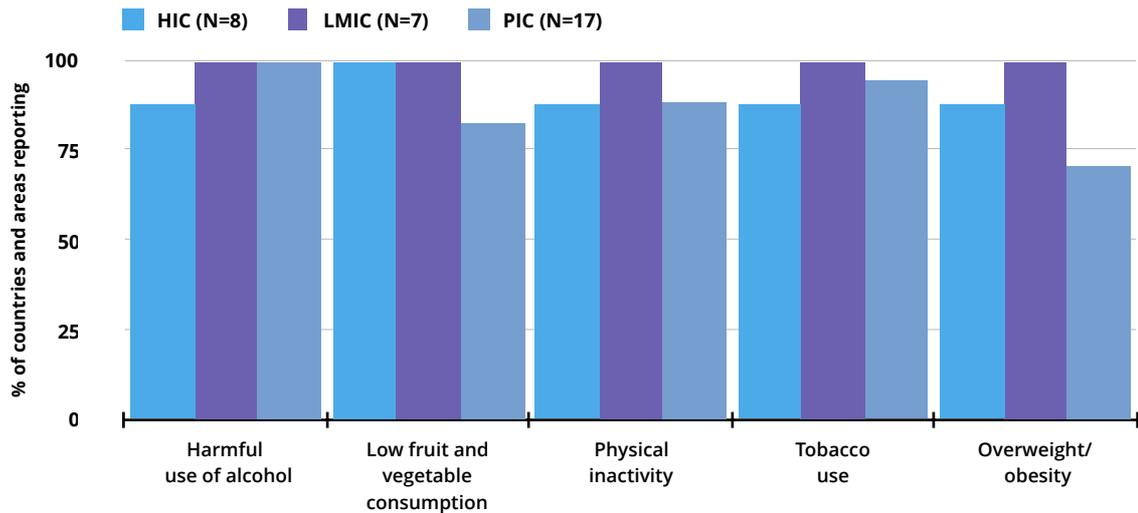
All HICs, six LMICs and 13 PICs reported having a cancer registry. Population-based cancer registries are available in seven out of eight HICs, five out of six LMICs and four out of 13 PICs.

On the other hand, diabetes registries are present in 20 countries and areas in the Region (5/8 HICs, 5/7 LMICs and 10/17 PICs). Of these registries, five are population-based and 12 have national coverage.

### Risk factor surveillance

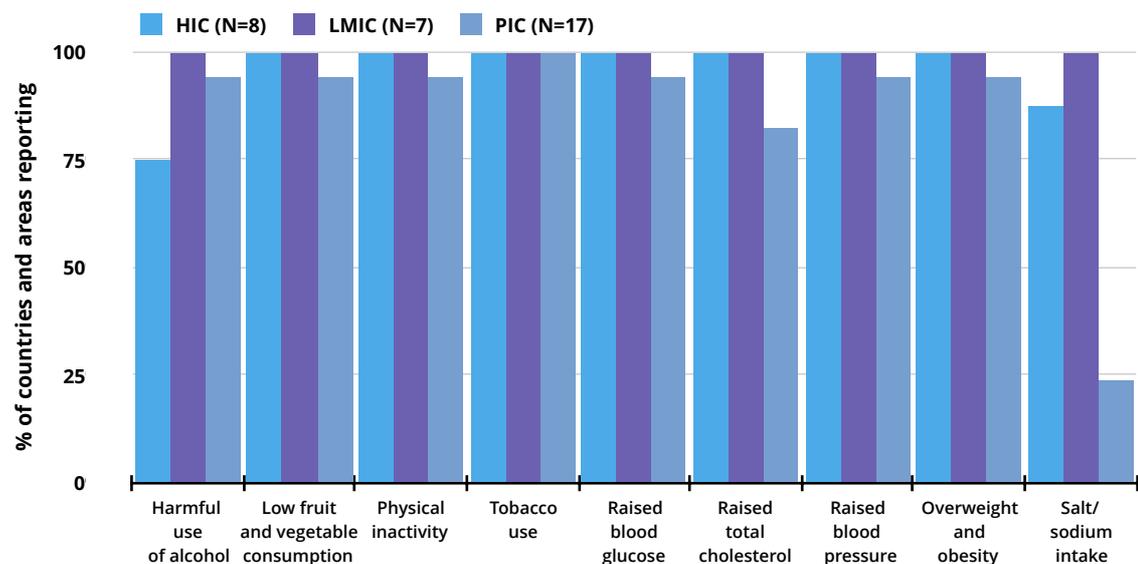
The majority of countries and areas in the Region conduct risk factor surveys. In adolescent risk factor surveys, 26 countries and areas in the Region (seven of eight HICs, seven of seven LMICs and 12 of 17 PICs) have collected information on all NCD risk factors. The least-reported risk factors are overweight and obesity (26/32), low fruit and vegetable consumption (29/32), and physical inactivity (29/32) (Figure 8).

Figure 8. Percentage of countries and areas with adolescent surveys on NCD risk factors



For the adult risk factor surveys, 17 countries and areas in the Region (six of eight HICs, seven of seven LMIC and four of 17 PICs) have collected information on all the NCD risk factors. Salt intake is the least-reported risk factor (18/32) especially in the PICs (4/17) (Figure 9).

Figure 9. Percentage of countries and areas with adult surveys on NCD risk factors



## CAPACITY FOR NCD EARLY DETECTION, TREATMENT AND CARE WITHIN THE HEALTH SYSTEM

### *Availability and utilization of evidence-based guidelines for the treatment of NCDs*

An evidence-based national guideline/protocol/standard for diabetes is the most commonly available guideline in the Western Pacific Region (28/32) followed by guidelines on cardiovascular diseases (24/32) (Table 2). While there has been some progress since 2013, full implementation of the guidelines is still low in all disease categories and country groupings. PICs have fewer NCD guidelines and lower implementation compared to HICs and LMICs.

Table 2. Availability and full implementation of evidence-based clinical guidelines/protocols/standards for the management (diagnosis and treatment) of major NCDs

Clinical guidelines	HIC (N=8)		LMIC (N=7)		PIC (N=17)	
	Protocol (%)	Full implementation (%)	Protocol (%)	Full implementation (%)	Protocol (%)	Full implementation (%)
CVD	88%	38%	86%	57%	65%	29%
Diabetes	100%	50%	86%	57%	82%	53%
Cancer	100%	50%	71%	43%	53%	24%
CRD	63%	25%	57%	29%	59%	29%

Standard criteria for the referral of patients from primary care level to a higher level of care (secondary/tertiary) for major NCDs are also primarily present for diabetes (24/32) and CVD (21/32), but full implementation is also low. A higher percentage of LMICs have referral guidelines than HICs and PICs in all disease categories, but full implementation is occurring in only half of the countries.

### *Availability of basic tests and procedures for early detection, diagnosis/monitoring and treatment of NCDs and medicines at the primary health care level*

Basic tests to measure height, weight and blood pressure are generally available<sup>2</sup> in both the public and private health sector in the Western Pacific Region (Table 3). The least-available tests in the Region are those to measure diabetes complications, asthma and chronic obstructive pulmonary disease (COPD). Of all the tests to measure diabetes or its complications, blood glucose measurement is available in all HICs but not in all LMICs and PICs.

<sup>2</sup> Defined as present in 50% or more of health-care facilities

Table 3. Percentage of countries and areas with basic technologies for early detection, diagnosis and monitoring of NCDs generally available\* in the primary care facilities of the public and private health sector

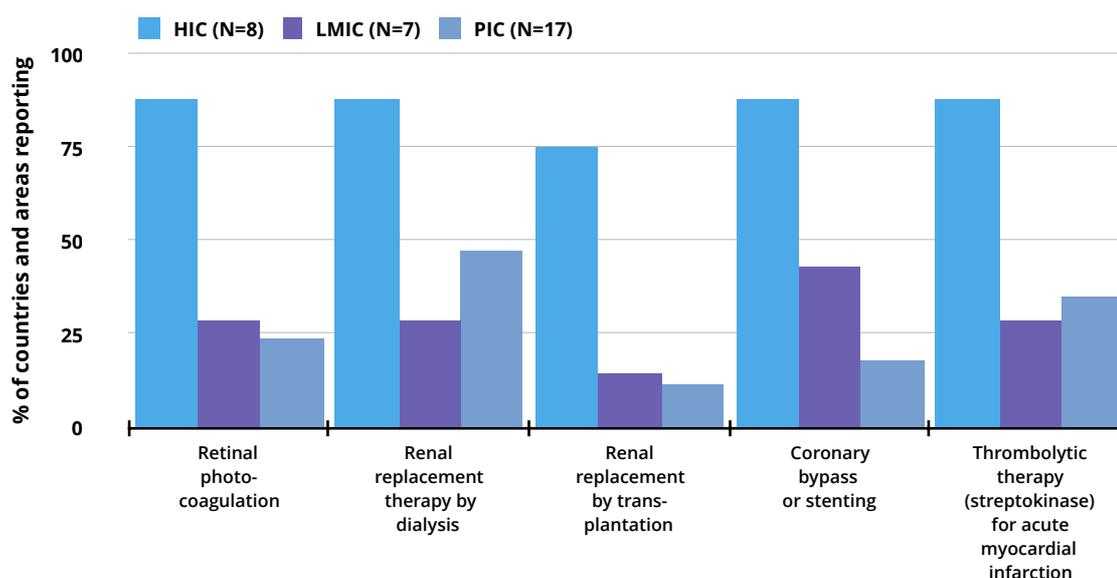
Activity	HIC (N=8)		LMIC (N=7)		PIC (N=17)	
	Public Sector	Private Sector	Public Sector	Private Sector	Public Sector	Private Sector
<b>Overweight and obesity</b>						
Measuring of weight	100%	100%	100%	100%	94%	82%
Measuring of height	100%	100%	86%	86%	88%	82%
<b>Diabetes mellitus</b>						
Blood glucose measurement	100%	100%	71%	71%	88%	65%
Oral glucose tolerance test	88%	88%	43%	43%	53%	35%
HbA1c test	100%	100%	43%	43%	59%	47%
Dilated fundus examination	88%	63%	43%	29%	29%	41%
Foot vibration perception by tuning fork	88%	75%	43%	43%	53%	47%
Foot vascular status by Doppler	75%	63%	29%	29%	41%	29%
Urine strips for glucose and ketone measurement	100%	100%	57%	71%	76%	65%
<b>Cardiovascular disease</b>						
Blood pressure measurement	100%	100%	100%	100%	88%	76%
Total cholesterol measurement	100%	100%	43%	43%	65%	59%
Urine strips for albumin assay	88%	88%	57%	71%	65%	59%
<b>Asthma and COPD</b>						
Peak flow measurement spirometry	88%	75%	43%	43%	35%	35%

\* Defined as present in 50% or more of health-care facilities

NCD treatment procedures are generally available<sup>3</sup> in most HICs (Figure 10). Renal replacement therapy by dialysis is generally available in eight of the 17 PICs. Coronary bypass or stenting is available in three of seven LMICs.

<sup>3</sup> Defined as present in 50% or more of health-care facilities

Figure 10. Percentage of countries and areas with procedures for treating NCDs generally available\* in the public health system



\* Defined as present in 50% or more of health care facilities

Availability of NCD-related medicines varies significantly in the Region among country groups with oral morphine being the least available of all the medicines asked about in the survey (Table 4). Six of eight HICs, one of seven LMICs and eight of 17 PICs have all these NCD medicines generally available<sup>4</sup> in their countries.

Table 4. Percentage of countries and areas with medicines generally available\* in the primary care facilities of the public health sector

Medicines	HIC (N=8)	LMIC (N=7)	PIC (N=17)
Insulin	8 (100%)	3 (43%)	13 (76%)
Aspirin (100mg)	8 (100%)	7 (100%)	14 (82%)
Metformin	8 (100%)	5 (71%)	16 (94%)
Thiazide diuretics	8 (100%)	6 (86%)	16 (94%)
ACE inhibitors	8 (100%)	4 (57%)	15 (88%)
Calcium channel blockers	8 (100%)	4 (57%)	13 (76%)
Beta blockers	8 (100%)	4 (57%)	15 (88%)
Statins	8 (100%)	4 (57%)	13 (76%)
Oral morphine	6 (75%)	2 (29%)	10 (59%)
Steroid inhaler	8 (100%)	2 (29%)	11 (65%)
Bronchodilator	8 (100%)	3 (43%)	13 (76%)
Sulphonylurea(s)	8 (100%)	4 (57%)	14 (82%)

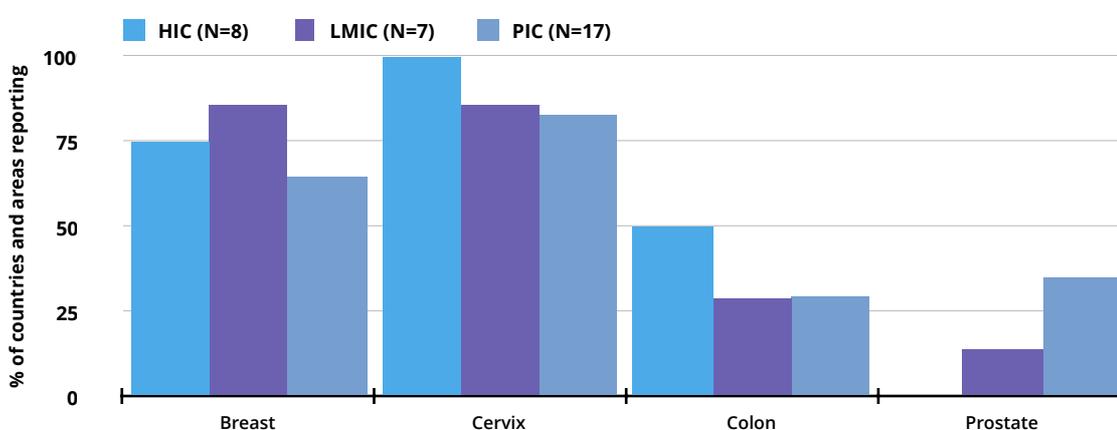
\* Defined as present in 50% or more of pharmacies

<sup>4</sup> Defined as present in 50% or more of pharmacies

### Availability of tests and procedures for cancer screening, diagnosis and treatment

A national screening programme is essential to detect and treat cancers as early as possible. In the Region, cervical (28/32) and breast cancer (23/32) screening programmes are the predominant programmes (Figure 11). There are also screening programmes for colon (11/32) and prostate cancers (7/32). Mammography is the method used in 12 countries and areas (mostly HICs) to screen for breast cancer while clinical breast exam is used in 11 countries and areas. Pap smear is the method used for cervical cancer screening in 24 countries and areas in the Region, while three countries use visual inspection. Human papillomavirus (HPV) vaccination programmes are present in the Region (6/8 HICs, 3/7 LMICs and 10/17 PICs). At least 50% of the targeted population is covered by the HPV vaccination programme in four of eight HICs, one of seven LMICs and two of 17 PICs.

Figure 11. Percentage of countries and areas with national cancer screening programme by site



Pathology services for cancer diagnosis are available in 22 of the 32 countries and areas in the Region (8/8 HICs, 2/7 LMICs and 12/17 PICs). At least one laboratory (whether public or private) for cancer diagnosis is present in 26 out of the 32 of countries and areas in the Region. Radiotherapy is available in at least one public or private centre in six of eight HICs, six of seven LMICs and three of 17 PICs.

Cancer centres or cancer departments at tertiary levels are available in all HICs, three of seven LMICs and six of the 17 PICs. Treatment procedures, specifically cancer surgery (17/32) and subsidized chemotherapy (15/32), are also available, with all HICs having both treatments.

### *Other NCD services*

Palliative care is generally available (reaches 50% or more patients) in more than half of the countries and areas in the Region (7/8 HIC, 2/7 PIC and 10/17 LMIC). Community- or home-based palliative care is generally available in seven of eight HICs, one of seven LMICs and seven of 17 PICs, while palliative care, as provided in primary health care, is generally available in five of eight HICs, two of seven LMICs and eight of 17 PICs.

Cardiovascular risk stratification is available at primary care facilities in 25 out of 32 countries and areas in the Western Pacific Region, but coverage of more than half of the target population occurs only in seven countries. Among the countries with cardiovascular risk stratification available, WHO/International Society of Hypertension risk prediction charts are used in eight of 14 PICs, five of seven LMICs and only one of four HICs.

Provision of care for acute stroke and rehabilitation is present in public sector facilities in five of eight HICs, five of seven LMICs and 12 of 17 PICs. Of these, all HICs, while only 2 LMICs and 4 PICs, provide this service in 50% or more of the public sector health facilities. Secondary prevention of rheumatic fever and rheumatic heart disease is available in five of eight HICs, five of seven LMICs and 11 of 17 PICs. Of these, all HICs, eight PICs and no LMICs provide this service in 50% or more of public sector health facilities.

# REGIONAL RESPONSE AND PROGRESS IN COUNTRY CAPACITY

## REGIONAL RESPONSE

Since the NCD Country Capacity Survey in 2013, the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014–2020*, which is fully aligned to the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*, has been adopted. The WHO global action plan introduced a global monitoring framework with nine global voluntary targets and 25 indicators that are to be achieved by 2025. The recently adopted Sustainable Development Goals expand this to a broader perspective through Target 3.4.

After the Political Declaration of the High-level Meeting on the Prevention and Control of Noncommunicable Diseases in 2011, the UNGA convened a second high-level meeting on NCDs in 2014. The 2014 Outcome Document included four strategic time-bound national commitments and 10 progress indicators to be implemented in 2015 and 2016. The WHO Director-General will submit a report on the progress achieved in the implementation of these commitments to the UNGA in 2017, in preparation for a comprehensive review at the third high-level meeting on NCDs during the UNGA in 2018.

In order to attain the goals that have been agreed upon by Member States, the WHO Regional Office for the Western Pacific supported the development and implementation of policy frameworks and national plans as these will direct targeted and coordinated interventions. With technical support from WHO in 2014–2015, seven countries in the Region have developed multisectoral strategies/action plans and coordinated action across sectors, and eight more countries have draft plans that are awaiting endorsement.

In efforts to raise high-level awareness of NCDs as a development issue, five countries have integrated work on NCDs into their United Nations Development Assistance Framework (UNDAF) in 2014–2015. This contributes to a unifying framework of action on key development areas for all United Nations agencies. It also brings attention to the matter and mobilizes United Nations agencies to work with different stakeholders in the country to take action.

Efforts have been made to convene high-level political leaders and policy-makers at NCD events, including the Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD); Intercountry Training on Subnational Initiatives for Cardiovascular Disease (CVD) Prevention, Control and Management; Workshop on Leadership and Capacity-Building for Cancer Control; and Intercountry Workshop for NCD Surveillance and Reporting of Global Voluntary Targets, among others. WHO delivers consistent messages at these events and seeks commitment from leaders and policy-makers to ensure NCDs are considered in national planning processes and the development agenda.

The WHO Regional Office for the Western Pacific has supported several countries to implement *WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low Resource Settings* (PEN) at the subnational level. The Regional Office is also in the process of developing tools to further complement the implementation of the cost-effective interventions introduced in Appendix 3 of the NCD global action plan 2013–2020.

Beyond improving service delivery, the Regional Office also sought to create effective policy and healthy environments. The Regional Office has made considerable progress in providing in-country support for legislation and regulation development and enforcement, particularly in tobacco control and nutrition/diet-related marketing, labelling and taxation. Efforts to reduce salt intake and sugar consumption are also in progress. Selected countries, through the support of WHO, have developed their salt reduction strategies and are holding policy dialogues on labelling of sugar-sweetened beverages and marketing restrictions.

In order to ensure countries are on track to reduce NCDs, it is important that countries have and implement a monitoring framework, which will hold them accountable. WHO supports countries in developing national targets, strengthening surveillance through the WHO STEPwise approach to Surveillance of NCD Risk Factors (STEPS) survey, the Global school-based student health survey (GSHS) and others, enhancing health information systems such as cancer registries, and analysing data and utilizing data for policy and action planning. This enables countries to monitor their progress, identify gaps and design targeted interventions to realize the commitments made in the 2011 Political Declaration and the 2014 Outcome Document.

## **PROGRESS IN COUNTRY CAPACITY FOR THE PREVENTION AND CONTROL OF NCDs**

WHO has conducted the fourth round of the NCD CCS in 2015. The response rate of the survey is lower compared to the previous round with 32 countries and areas responding in the 2015 survey (Table 5). All HICs and LMICs in the Region have responded to the survey, while only 17 of the 21 PICs have responded.

Decreases are observed in some of the indicators in 2015, but this may not necessarily reflect the actual status. Each round has a varying number of respondents, and the validation process only started in 2015. Some policies, strategies or action plans have fixed time periods in countries or areas and may have expired at the time of this round, even if the country or area is in the process of renewing the same policy.

Table 5. Comparison of country capacity indicators in 2004, 2010, 2013 and 2015

Year of survey	2004	2010	2013	2015
Number of tools sent	37	37	37	36
Number of responses	28	35	36	32*
Response rate	76%	94%	97%	89%
<b>NCD policy and programme infrastructure</b>				
Number of countries with a national NCD entity	14 (50%)	32 (91%)	36 (100%)	29 (91%)
Number of countries with an integrated NCD policy, strategy or action plan	15 (54%)	28 (80%)	33 (92%)	27 (84%)
Number of countries with policies, strategies or action plans specific to:				
Tobacco control	22 (79%)	29 (83%)	31 (86%)	21 (66%)
Harmful use of alcohol	12 (43%)	19 (54%)	22 (61%)	14 (44%)
Nutrition/Unhealthy diet	17 (61%)	23 (66%)	25 (69%)	18 (56%)
Physical activity	9 (32%)	21 (60%)	23 (64%)	12 (38%)
Overweight and obesity	-	18 (51%)	21 (58%)	8 (25%)
Cancer	12 (43%)	23 (66%)	26 (72%)	19 (59%)
<b>Surveillance and monitoring</b>				
Number of countries with surveillance system for:				
Tobacco use	17 (61%)	31 (89%)	36 (100%)	32 (100%)
Harmful use of alcohol	13 (46%)	29 (83%)	34 (94%)	32 (100%)
Unhealthy diet	12 (43%)	30 (86%)	35 (97%)	32 (100%)
Physical inactivity	12 (43%)	27 (77%)	36 (100%)	32 (100%)
Diabetes	18 (64%)	28 (80%)	34 (94%)	31 (97%)
Hypertension	17 (61%)	29 (83%)	34 (94%)	30 (94%)
Overweight and obesity	15 (54%)	30 (86%)	35 (97%)	32 (100%)
Dyslipidaemia	10 (29%)	25 (71%)	31 (86%)	28 (88%)
<b>Clinical interventions</b>				
Number of countries with clinical protocols or guidelines for:				
Diabetes	18 (64%)	33 (94%)	33 (92%)	28 (88%)
Cancer	12 (43%)	23 (66%)	26 (72%)	22 (69%)
Availability of statins	-	24 (69%)	31 (86%)	25 (78%)

\* In the 2015 CCS, a more rigorous level of validation was employed, hence, only 15 countries out of the 32 countries have completely validated their submissions.

# TEN PROGRESS MONITORING INDICATORS

The WHO Director-General will use the 10 progress indicators (Figure 11) to report, by the end of 2017, to the UNGA on the progress achieved in the implementation of the four time-bound commitments included in the 2014 United Nations Outcome Document on NCDs.

This section presents the snapshot of achievements and challenges faced by countries and areas in the Western Pacific Region. In addition to the 27 Member States with profiles included in the Noncommunicable Diseases Progress Monitor 2015<sup>5</sup>, information for the other countries and areas in the Region were included where there is available data, while some assessments were updated based on the latest submission of responses in November 2015 (Table 6). For each indicator the following symbols denote achievement:

● = fully achieved, ◐ = partially achieved, ○ = not achieved, \* = no data.

The data used in this part were primarily from the 2015 NCD CCS and additional sources from the WHO mortality database, *WHO Report on the Global Tobacco Epidemic* and *WHO Global Survey on Alcohol and Health*. A detailed description of the indicators and country status are in the Annex 2.

Since the adoption of the NCD global targets by 2025, considerable work has been done in the Western Pacific Region where 14 countries and areas have set their national NCD indicators, which are time-bound, and have fully achieved this indicator while eight countries and areas rate partially achieved. A functioning system for generating reliable cause-specific mortality data on a routine basis is available mostly in HICs (6/8) while it is low in LMICs (1/7) and PICs (0/21). Six of eight HICs and all seven LMICs have conducted an adult NCD risk factor survey every one to two years or every three to five years, and in the last five years. Two HICs and 13 PICs have partially achieved this surveillance indicator.

The most common measure to reduce tobacco consumption in the Region is warning people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns (fully achieved by 14 countries and partially achieved by 10 countries). The second most common measure is the creation by law of completely smoke-free environments in all indoor workplaces, public places and public transport, with eight countries fully achieving the indicator and 13 countries partially achieving it. For alcohol harm reduction, regulations over commercial and public availability of alcohol are the most common, with six countries fully achieving the indicator and 16 countries and areas partially achieving it.

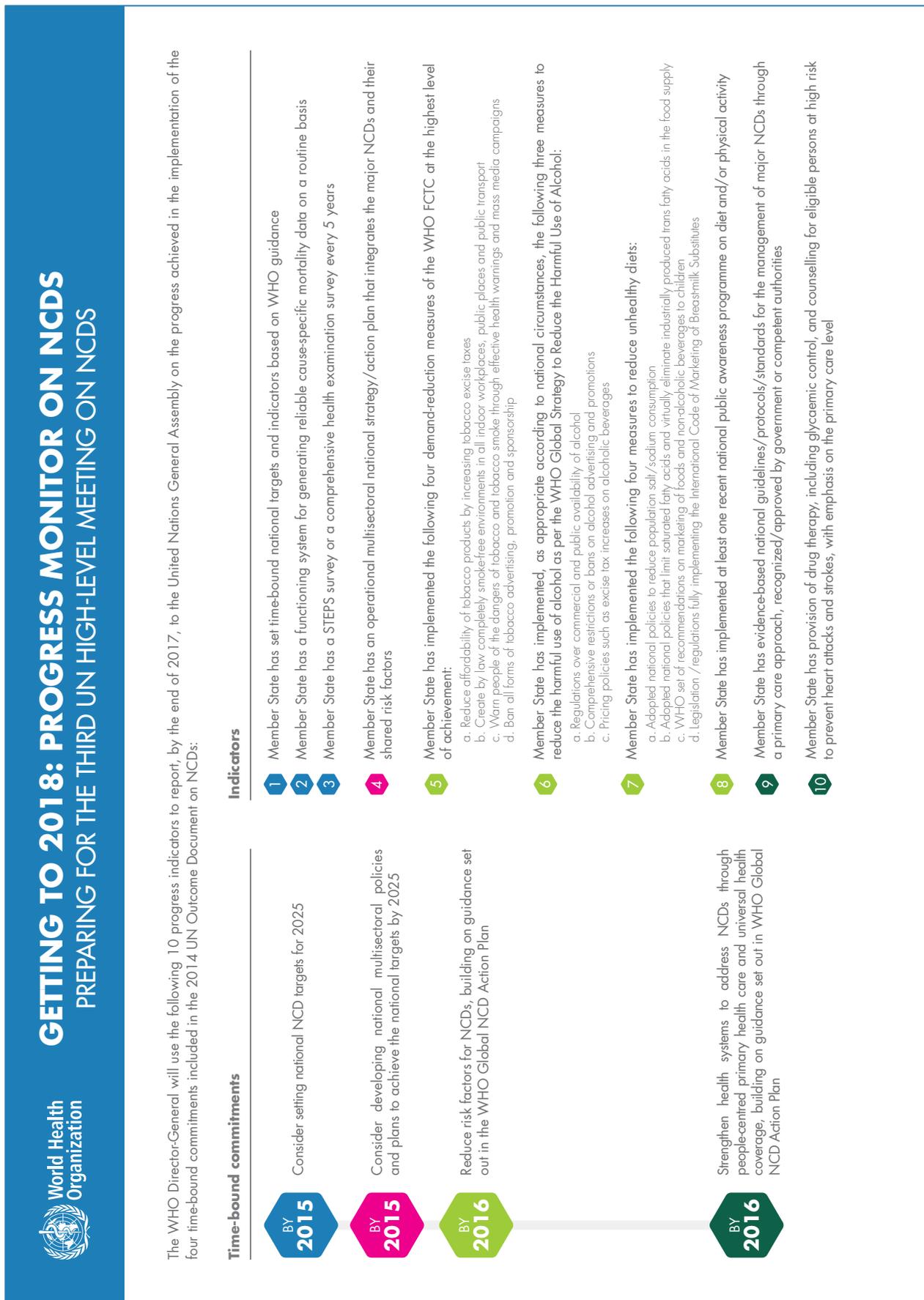
The operational multisectoral national strategy/action plan that integrates major NCDs and their shared risk factors has been fully achieved in 12 countries and areas in the Region, while six countries have partially achieved this indicator. National policies to reduce population salt/sodium consumption are adopted in five HICs, one LMIC and five PICs. The WHO set of recommendations on marketing of foods and non-alcoholic beverages to children are implemented in only three HICs, one LMIC and one PIC while legislation/regulations to implement the International Code of Marketing of Breast-milk Substitutes exist in two HICs, five LMICs and five PICs. Only three HICs in the Region have adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids (for example, partially hydrogenated vegetable oils) in the food supply.

<sup>5</sup> World Health Organization (2015). Noncommunicable Diseases Progress Monitor 2015. [http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/184688/1/9789241509459_eng.pdf)

Of all the NCD progress monitoring indicators, national public awareness on diet and/or physical activity is the most widely implemented indicator in the Region with 26 countries and areas implementing a programme within the past five years.

The provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes is challenging in the Region. Only four countries have fully achieved this indicator while four other countries have partially achieved it.

Figure 11. Progress monitor indicators on NCDs



Source: <http://www.who.int/nmh/events/2015/ncd-handout.pdf>

Table 6. Achievement status of the NCD progress monitoring indicators in the Western Pacific Region, 2015

No.	Country / Area	PROGRESS MONITORING INDICATOR																	
		1	2	3	4	5A	5B	5C	5D	6A	6B	6C	7A	7B	7C	7D	8	9	10
<b>High-income countries &amp; areas</b>																			
1	Australia	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	DK
2	Brunei Darussalam	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
3	Hong Kong SAR (China)	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	DK
4	Japan	●	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	DK
5	Macao SAR (China)	○	*	●	●	*	●	●	●	*	*	*	○	○	○	○	○	○	○
6	New Zealand	○	●	●	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●
7	Republic of Korea	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
8	Singapore	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	DK
<b>Low- and middle- income countries</b>																			
1	Cambodia	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
2	China	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○
3	Lao People's Democratic Republic	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
4	Malaysia	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
5	Mongolia	●	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○
6	Philippines	○	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
7	Viet Nam	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
<b>Pacific island countries &amp; areas</b>																			
1	American Samoa	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	Cook Islands	*	●	*	*	○	○	○	○	○	○	*	*	*	*	*	*	*	*
3	Fiji	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
4	French Polynesia	○	*	○	○	*	*	*	*	*	*	○	○	○	○	○	○	○	○
5	Guam	●	*	○	○	*	*	*	*	*	*	○	○	○	○	○	○	○	○
6	Kiribati	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
7	Marshall Islands	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
8	Micronesia (Federated States of)	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
9	Nauru	○	○	○	○	*	○	○	○	*	*	*	○	○	○	○	○	○	○
10	New Caledonia	-	*	○	○	*	*	*	*	*	*	-	○	○	-	○	-	○	○
11	Niue	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
12	Northern Mariana Islands, Commonwealth of the	○	*	○	○	*	*	*	*	*	*	○	○	○	○	○	○	○	○
13	Palau	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
14	Papua New Guinea	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
15	Samoa	*	○	*	*	○	○	○	○	*	*	*	*	*	*	*	*	*	*
16	Solomon Islands	●	○	○	○	○	○	○	○	*	*	*	○	○	○	○	○	○	○
17	Tokelau	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
18	Tonga	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
19	Tuvalu	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
20	Vanuatu	○	○	○	○	○	○	○	○	*	*	*	○	○	-	○	-	○	○
21	Wallis and Futuna	-	*	○	○	*	*	*	*	*	*	○	○	○	○	○	○	○	○
Fully achieved		14	7	14	12	2	8	14	5	6	1	3	11	3	5	12	26	9	4
Partially achieved		8	7	15	6	10	13	10	19	16	11	13	0	0	0	0	0	12	4
Not achieved		8	14	3	14	15	8	5	5	1	11	7	16	27	25	16	2	4	17

● = fully achieved, ○ = partially achieved, ○ = not achieved, \* = no data, DK = don't know, - = documentation not available

# KEY FINDINGS AND RECOMMENDATIONS

## KEY FINDINGS

### *Ten progress monitoring indicators*

Public awareness programmes on diet and/or physical activity are the most widely implemented and fully achieved in the Western Pacific Region. Substantial work has already been initiated on measures to reduce tobacco consumption, especially in the provision of tobacco health warnings and mass media campaigns. Most countries and areas in the Region have implemented some measures to reduce alcohol consumption but have only partially achieved the goals of this indicator. Policies that aim to limit saturated fatty acids and restrict marketing of unhealthy food and beverages to children have low uptake in the Region, while policies to reduce salt/sodium consumption and restrict marketing of breast-milk substitutes are being implemented in only one third of countries and areas in the Region. Most countries and areas in the Region have NCD medicines available in primary care facilities of the public health sector. CVD risk stratification for the management of patients at high risk for heart attack and stroke is not widely implemented in primary health-care facilities in the Region.

### *Public health infrastructure, partnerships and multisectoral collaboration for NCDs and their risk factors*

NCD units are in place in almost all countries in the Region (29/32) with almost two thirds of these countries reporting more than six full-time technical/professional staff for NCD. Taxation on tobacco is the most common fiscal intervention and is mainly for general revenue. National multisectoral commissions, agencies or mechanisms to oversee NCD engagement, policy coherence and accountability of sectors beyond health exist in half of the countries and areas in the Region and are under development in some.

### *Status of NCD-relevant policies, strategies and action plans*

Policies, strategies and action plans are only used for a certain period of time. Countries and areas in the Region have considered new policies, strategies and action plans integrating several NCDs and their risk factors since endorsement of the regional action plan on NCDs in 2013. Some policies, strategies and action plans are underway and may be reported in the next round of the survey. Time-bound national targets for NCDs are also in place in three fourths of countries (24/32) in the Region.

### *Health information systems, surveillance and surveys for NCDs and their risk factors*

Since the adoption of global NCD targets into national NCD and health plans, national population-based NCD risk factor surveys have been conducted in countries and areas in the Region since 2013 which are timely and relevant to global reporting.

### *Capacity for early detection, treatment and care within the health system*

Evidence-based national guidelines/protocols/standards for the management of CVD, diabetes, cancer and CRD are being implemented (either fully or partially) in the Region. Cost-effective, basic technologies are widely available in the Region such as those to measure weight, height and blood pressure, while all other technologies with varying availability exist in HICs, LMICs and PICs. There is also a marked difference in availability of specialized NCD treatment procedures, which are generally more available in HICs than in LMICs and PICs. Oral morphine is the least available medicine in the Region in all HICs, LMICs and PICs. The most common cancer screening programmes in the Region are those for breast and cervical cancers. CVD risk stratification is not widely available in LMICs and PICs and population coverage is suboptimal.

## **RECOMMENDATIONS**

1. Member States, with continuous support from WHO, may consider strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.
2. National NCD managers/directors should recall the commitments that Member States have agreed to prioritize in 2015 and 2016 to prepare for the third high-level meeting on NCDs in 2018. This begins with setting national targets linked to the nine voluntary global targets.
3. Investments in health system strengthening will need to be prioritized in order to fully implement risk factor prevention and control through interventions considering the social determinants of NCDs.
4. National NCD managers/directors may consider obtaining WHO guidance on planning and implementation of policies, strategies or action plans, especially for risk factors such as alcohol, physical activity and overweight/obesity.
5. NCD managers/directors will need to prioritize NCD surveillance and policy implementation in 2016. Surveillance provides data that will allow programme managers to adjust implementation as needed.
6. Member States are advised to fully respond to the NCD CCS for the next round, which will be conducted in early 2017. Progress made in the 10 progress indicators will be reported to the WHO Director General at the World Health Assembly in 2017 in preparation for the third high-level meeting on NCDs in 2018.

# **NCD COUNTRY CAPACITY SURVEY 2015 QUESTIONNAIRE**

---

## 2015 Country Profile of Capacity and Response to Noncommunicable Diseases (NCDs)

### MODULES:

- I PUBLIC HEALTH INFRASTRUCTURE, PARTNERSHIPS AND MULTISECTORAL COLLABORATION FOR NCDs AND THEIR RISK FACTORS**
- II STATUS OF NCD-RELEVANT POLICIES, STRATEGIES AND ACTION PLANS**
- III HEALTH INFORMATION SYSTEMS, SURVEILLANCE AND SURVEYS FOR NCDs AND THEIR RISK FACTORS**
- IV CAPACITY FOR NCD EARLY DETECTION, TREATMENT AND CARE WITHIN THE HEALTH SYSTEM**

#### **Purpose**

- The purpose of this survey is to gauge your country capacity for responding to noncommunicable diseases. The four main types of noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes. The main risk factors for NCDs are harmful use of alcohol, tobacco use, unhealthy diet, and physical inactivity. The term NCDs in this document includes prevention, control, and management of NCDs, including major risk factors. It will guide Member States, WHO Regional Offices and WHO HQ in planning future actions and technical assistance required to address NCDs.
- This is also the basis for ongoing assessment of changes in country capacity and response.
- Use of standardized questions allows comparisons of country capacities and responses. We have divided this survey into four modules, assessing four key aspects of NCD prevention and control.

#### **Process**

- The survey is intended to assess national level capacity and response to NCDs. If responsibility for health is decentralized to sub-national levels, it can also be applied at sub-national levels.
- A focal point or survey coordinator will need to be identified to coordinate and ensure survey completion. However, in order to provide a complete response, a group of respondents with expertise in the topics covered in the modules will be needed. Please use the table provided to indicate the names and titles of all of those who have completed the survey and which sections they have completed.
- Please note that while there is space to indicate “Don’t Know” for most questions, there should be very few of these. If someone is filling in numerous “Don’t Knows”, another person who is more aware of this information should be found to complete this section.
- In order to validate responses, documentation will be requested for affirmative responses throughout the questionnaire. Please make every effort to provide electronic copies of the requested documentation. If you are unable to provide electronic copies through the provided links, please ask your regional focal point for an alternative means to submit documentation.

**Information on those who completed the survey**

Who is the focal point for completion of this survey?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Information:

\_\_\_\_\_

Sections completed:

\_\_\_\_\_

Name and contact information of others completing survey	Sections completed

## **I: PUBLIC HEALTH INFRASTRUCTURE, PARTNERSHIPS AND MULTISECTORAL COLLABORATION FOR NCDs AND THEIR RISK FACTORS**

This module includes questions related to the presence of a unit or division in the ministry of health dedicated to NCDs and risk factors, staff and funding. It also includes an assessment of the existence of fiscal interventions as incentives to influence health behaviour and/or to raise funds for health-related activities. Finally, it assesses the existence of a formal multisectoral mechanism to coordinate NCD-related activities in sectors outside of health. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

- 1) Is there a unit/branch/department in the ministry of health or equivalent with responsibility for NCDs and their risk factors?

Yes  No  Don't Know

**IF NO: Go to Question 2**

- 1a) Please indicate the number of full-time technical/professional staff in the unit/branch/department.

0  
 1  
 2-5  
 6 - 10  
 11 or more  
 Don't know

- 2) Is there funding for the following NCD and risk factor activities/functions?

i) Primary prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
ii) Health promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
iii) Early detection/screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
iv) Health care and treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
v) Surveillance, monitoring and evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
vi) Capacity building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
vii) Palliative care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**If at least one Yes to above questions:**

- 2a) What are the major sources of funding for NCDs and their risk factors?

More than one can apply, rank order them where:

1=Largest source; 2=Next largest; 3=Others

General government revenues  
 Health insurance  
 International / National Donors  
 Earmarked taxes on alcohol, tobacco, etc.  
 Other (specify) \_\_\_\_\_  
 Don't Know

**3) Is your country implementing any of the following fiscal interventions?**

- |   |                              |                             |                                     |
|---|------------------------------|-----------------------------|-------------------------------------|
| taxation on alcohol                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| taxation on tobacco (excise and non-excise taxes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| taxation on sugar sweetened beverages             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| taxation on foods high in fat, sugar or salt      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| price subsidies for healthy foods                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| taxation incentives to promote physical activity  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| others (specify)                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

**If Yes to at least one of the above, other than price subsidies:**

**3a) How are these funds primarily used?**

- Towards general revenue
- General funds for health and health services
- For influencing health behaviours
- Don't know

**4) Is there a national multisectoral commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health?**

- Yes
- No
- Don't Know

**IF NO: Go to MODULE II**

**4a) Indicate its stage:**

- Operational
- Under development
- Not in effect
- Don't know

**4b) Which of the following are members?**

*(Check all that apply)*

- Other Government Ministries (non-health, e.g. ministry of sport, ministry of education)
- United Nations Agencies
- Other international institutions
- Academia (including research centres)
- Nongovernmental organizations/community-based organizations/civil society
- Private Sector
- Other (specify) \_\_\_\_\_
- Don't know

**4c) What settings are covered by the commission, agency or mechanism?**

- |           |                              |                             |                                     |
|-----------|------------------------------|-----------------------------|-------------------------------------|
| Schools   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Worksites | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Cities    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

## II: STATUS OF NCD-RELEVANT POLICIES, STRATEGIES, AND ACTION PLANS

This module includes questions relating to the presence of policies, strategies, or action plans - the questions differentiate between integrated policies/strategies/action plans that address several risk factors or diseases, and policies/strategies/action plans that address a specific disease or risk factor. Additional questions address the existence of specific policies related to the cost-effective interventions for NCDs. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

1a) Are NCDs included in your national health plan?

Yes  No  Don't Know

1b) Are NCDs included in your national development agenda?

Yes  No  Don't Know

2) Are there a set of national NCD indicators?

Yes  No  Don't Know

If Yes:

2a) Are there a set of time-bound national targets for these indicators?

Yes  No  Don't Know

### II A: INTEGRATED POLICIES, STRATEGIES, AND ACTION PLANS

3) Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?

*Please note that disease- and risk factor-specific policies, strategies, and action plans will be reported in other questions later in this module.*

Yes  No  Don't Know

**IF NO: Go to Question 4**

If yes:

Is it a policy/strategy?

Yes  No  Don't Know

Is it an action plan?

Yes  No  Don't Know

Is it multisectoral?

Yes  No  Don't Know

Is it multi-stakeholder?

Yes  No  Don't Know

Please provide the following information about the policy, strategy or action plan:

3a) Title: \_\_\_\_\_

3b) Does it address one or more of the following major risk factors?

Harmful use of alcohol  Yes  No  Don't Know

Unhealthy diet  Yes  No  Don't Know

Physical inactivity  Yes  No  Don't Know

Tobacco  Yes  No  Don't Know

**3c) Does it combine early detection, treatment and care for:**

- |                              |                              |                             |                                     |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Cancer                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Cardiovascular diseases      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Chronic respiratory diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Diabetes                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

**3d) Does it include palliative care for patients with NCDs?**

- Yes  No  Don't Know

**3e) Indicate its stage:**

- Operational  
 Under development  
 Not in effect  
 Don't know

**If Operational:**

**3e-i) What was the first year of implementation?** \_\_\_\_\_

**3e-ii) What year will it expire?** \_\_\_\_\_

**II B: POLICIES, STRATEGIES, ACTION PLANS FOR MAJOR DISEASES**

*The questions in this sub-section only refer to policies, strategies and action plans that are specific to a major NCD. If your integrated policy, strategy or action plan addresses the NCD, you do not need to re-enter that information.*

**4) Is there a policy, strategy, or action plan for cardiovascular diseases in your country?**

- Yes  No  Don't Know

**IF NO: Go to Question 5**

**If yes:**

**Is it a policy/strategy?**  Yes  No  Don't Know

**Is it an action plan?**  Yes  No  Don't Know

**4a) Write the title** \_\_\_\_\_

**4b) Indicate its stage:**

- Operational  
 Under development  
 Not in effect  
 Don't know

**If Operational:**

**4b-i) What was the first year of implementation?** \_\_\_\_\_

**4b-ii) What year will it expire?** \_\_\_\_\_

**5) Is there a policy, strategy, or action plan for cancer or some particular cancer types in your country?**

- Yes for all cancers or cancer in general  
 Yes but only for specific cancers (specify: \_\_\_\_\_)  
 No  
 Don't Know

**IF NO: Go to Question 6**

If yes, provide the following for the general cancer policy/strategy/action plan or, if there isn't one, for the most important specific cancer policy/strategy/action plan:

- Is it a policy/strategy?  Yes  No  Don't Know  
Is it an action plan?  Yes  No  Don't Know

5a) Write the title \_\_\_\_\_

5b) Indicate its stage:

- Operational  
 Under development  
 Not in effect  
 Don't know

If Operational:

5b-i) What was the first year of implementation? \_\_\_\_\_

5b-ii) What year will it expire? \_\_\_\_\_

6) Is there a policy, strategy, or action plan for diabetes in your country?

- Yes  No  Don't Know

**IF NO: Go to Question 7**

If yes:

- Is it a policy/strategy?  Yes  No  Don't Know  
Is it an action plan?  Yes  No  Don't Know

6a) Write the title \_\_\_\_\_

6b) Indicate its stage:

- Operational  
 Under development  
 Not in effect  
 Don't know

If Operational:

6b-i) What was the first year of implementation? \_\_\_\_\_

6b-ii) What year will it expire? \_\_\_\_\_

7) Is there a policy, strategy, or action plan for chronic respiratory diseases in your country?

- Yes  No  Don't Know

**IF NO: Go to Question 8**

If yes:

- Is it a policy/strategy?  Yes  No  Don't Know  
Is it an action plan?  Yes  No  Don't Know

7a) Write the title \_\_\_\_\_

7b) Indicate its stage:

- Operational  
 Under development

- Not in effect
- Don't know

**If Operational:**

- 7b-i) What was the first year of implementation? \_\_\_\_\_
- 7b-ii) What year will it expire? \_\_\_\_\_

**8) Is there a policy, strategy, or action plan for another non-communicable disease of importance in your country?**

- Yes  No  Don't Know
- IF NO: Go to Question 9**

**If yes:**

- Is it a policy/strategy?  Yes  No  Don't Know
- Is it an action plan?  Yes  No  Don't Know

**Please provide the following information about the policy / strategy / action plan. If there is more than one, please provide the information for the most recent one.**

**Please specify which NCD:** \_\_\_\_\_

**8a) Write the title** \_\_\_\_\_

**8b) Indicate its stage:**

- Operational
- Under development
- Not in effect
- Don't know

**If Operational:**

- 8b-i) What was the first year of implementation? \_\_\_\_\_
- 8b-ii) What year will it expire? \_\_\_\_\_

## **II C: POLICIES, ACTION PLANS, STRATEGIES FOR NCD RISK FACTORS**

*The questions in this sub-section only refer to policies, strategies and action plans that are **specific** to an NCD risk factor. If your integrated policy, strategy or action plan addresses the risk factor, you do not need to re-enter that information.*

**9) Is there a policy, strategy, or action plan for reducing the harmful use of alcohol in your country?**

- Yes  No  Don't Know
- IF NO: Go to Question 10**

**If yes:**

- Is it a policy/strategy?  Yes  No  Don't Know
- Is it an action plan?  Yes  No  Don't Know

**9a) Write the title** \_\_\_\_\_

**9b) Indicate its stage:**

- Operational
- Under development

- Not in effect
- Don't know

**If Operational:**

9b-i) What was the first year of implementation? \_\_\_\_\_

9b-ii) What year will it expire? \_\_\_\_\_

**10) Is there a policy, strategy, or action plan for reducing overweight / obesity in your country?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 11**

**If yes:**

Is it a policy/strategy?  Yes  No  Don't Know

Is it an action plan?  Yes  No  Don't Know

**10a) Write the title** \_\_\_\_\_

**10b) Indicate its stage:**

- Operational
- Under development
- Not in effect
- Don't know

**If Operational:**

10b-i) What was the first year of implementation? \_\_\_\_\_

10b-ii) What year will it expire? \_\_\_\_\_

**11) Is there a policy, strategy, or action plan for reducing physical inactivity and/or promoting physical activity in your country?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 12**

**If yes:**

Is it a policy/strategy?  Yes  No  Don't Know

Is it an action plan?  Yes  No  Don't Know

**11a) Write the title** \_\_\_\_\_

**11b) Indicate its stage:**

- Operational
- Under development
- Not in effect
- Don't know

**If Operational:**

11b-i) What was the first year of implementation? \_\_\_\_\_

11b-ii) What year will it expire? \_\_\_\_\_

**12) Is there a policy, strategy, or action plan to decrease tobacco use in your country?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 13**

**If yes:**

Is it a policy/strategy?  Yes  No  Don't Know

Is it an action plan?  Yes  No  Don't Know

12a) Write the title \_\_\_\_\_

12b) Indicate its stage:

- Operational
- Under development
- Not in effect
- Don't know

**If Operational:**

12b-i) What was the first year of implementation? \_\_\_\_\_

12b-ii) What year will it expire? \_\_\_\_\_

13) Is there a policy, strategy, or action plan for reducing unhealthy diet related to NCD and/or promoting a healthy diet in your country?

- Yes  No  Don't Know

**IF NO: Go to Question 14**

**If yes:**

Is it a policy/strategy?  Yes  No  Don't Know

Is it an action plan?  Yes  No  Don't Know

13a) Write the title \_\_\_\_\_

13b) Indicate its stage:

- Operational
- Under development
- Not in effect
- Don't know

**If Operational:**

13b-i) What was the first year of implementation? \_\_\_\_\_

13b-ii) What year will it expire? \_\_\_\_\_

## **II D: COST-EFFECTIVE POLICIES FOR NCDS AND RELATED RISK FACTORS**

14) Is there a policy and/or plan on NCD-related research including community-based research and evaluation of the impact of interventions and policies?

- Yes  No  Don't Know

**IF NO: Go to Question 15**

**If Yes:**

14a) Indicate its stage:

- Operational
- Under development
- Not in effect
- Don't know

15) Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt?

- Yes  No  Don't Know

**IF NO: Go to Question 16**

**If yes:**

**15a) Are the policies:**

- Voluntary/self-regulating
- Government legislation
- Don't know

**15b) Who is responsible for overseeing enforcement and complaints?**

- Government
- Food Industry
- Independent regulator
- Other, please specify: \_\_\_\_\_

**15c) Do they include steps taken to address the effects of cross-border marketing of food and non-alcoholic beverages on children?**

- Yes
- No
- Don't Know

**15c-i) If yes, please provide details:** \_\_\_\_\_

**16) Is your country implementing the International Code of Marketing of Breast-Milk Substitutes through adoption of national laws?**  Yes  No  Don't Know

**17) Is your country implementing any national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fats (i.e. partially hydrogenated vegetable oils) in the food supply?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 18**

**17a) If yes, are the policies:**

- Voluntary/self-regulating
- Government legislation
- Don't know

**18) Is your country implementing any policies to reduce population salt consumption?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 19**

**18a) Are these targeted at:**

**Product reformulation by industry**

**across the food supply**

- Yes
- No
- Don't Know

**Regulation of salt content of food**

- Yes
- No
- Don't Know

**Public awareness programme**

- Yes
- No
- Don't Know

**18b) If yes to product reformulation or regulation of salt content, is the policy:**

- Voluntary/self-regulating
- Government legislation
- Don't know

**19) Has your country implemented any national public awareness programme on diet within the past 5 years?**

- Yes
- No
- Don't Know

**IF NO: Go to Question 20**

**19a) If yes, please provide details of the public awareness programme(s):**  
\_\_\_\_\_

**20) Has your country implemented any national public awareness programme on physical activity within the past 5 years?**       Yes    No    Don't Know

**IF NO: Go to Question 21**

**20a) If yes, please provide details of the public awareness programme(s):**  
\_\_\_\_\_

**21) Does your country have nutrition labelling regulation, in line with international standards, in particular the Codex Alimentarius, for pre-packaged foods?**

Yes    No    Don't Know

**IF NO: Go to MODULE III**

**If yes:**

**21a) Does the regulation have norms in place for front-of package labelling that allow for quick and easy identification of energy-dense nutrient-poor products and sugar-sweetened beverages which take into consideration Codex norms?**

Yes    No    Don't Know

### **III: HEALTH INFORMATION SYSTEMS, SURVEILLANCE AND SURVEYS FOR NCDs AND THEIR RISK FACTORS**

The questions in this module assess surveillance relating to the mortality, morbidity and risk factor reporting systems of each country and whether NCD mortality, morbidity and risk factor data were included in their national health reporting systems. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

**1) In your country, who has responsibility for surveillance of NCDs and their risk factors?**

- An office/department/administrative division within the MOH exclusively dedicated to NCD surveillance
- An office/department/ administrative division within the MOH not exclusively dedicated to NCD surveillance
- Responsibility is shared across several offices/departments/administrative divisions within the MOH
- Coordination is by an external agency, such as an NGO or statistical organization
- No one has this responsibility
- Don't know

**III A: DATA INCLUDED IN THE NATIONAL HEALTH INFORMATION SYSTEM** (National health information system refers to the annual or regular reporting system of the National Statistical Office or Ministry of Health)

2) Does your country have a system for collecting mortality data by cause of death on a routine basis?

Yes  No  Don't Know

**IF NO: Go to Question 3**

**IF YES:**

2a) Is there a civil/vital registration system?

Yes  No  Don't Know

2b) Is there a sample registration system?

Yes  No  Don't Know

2c) What is the latest year for which data are available? \_\_\_\_\_

2d) Can the data collected be disaggregated by:

Age  Yes  No  Don't Know

Gender  Yes  No  Don't Know

Other sociodemographic factor  Yes  No  Don't Know

3) Does your country have a cancer registry?

Yes  No  Don't Know

**IF NO: Go to Question 4**

**IF YES:**

3a) Are the data collected population-based, hospital-based, or other?

population-based

hospital-based

Other (specify: \_\_\_\_\_)

Don't know

3b) Is the coverage of the registry national or subnational?

National (covers the whole population of the country)

Subnational (covers only the population of a defined region, not the whole country)

Don't know

3c) What is the latest year for which data are available?

\_\_\_\_\_

4) Does your country have a diabetes registry?

Yes  No  Don't Know

**IF NO: Go to Question 5**

**IF YES:**

4a) Are the data collected population-based, hospital-based, or other?

population-based

hospital-based

Other (specify: \_\_\_\_\_)

Don't know

4b) Is the coverage of the registry national or subnational?

National (covers the whole population of the country)

Subnational (covers only the population of a defined region, not the whole country)

Don't know

4c) Does the registry include data on any chronic complications which are updated as the patient's complications status changes?  Yes  No  Don't Know

4d) What is the latest year for which data are available?

\_\_\_\_\_

### III B: RISK FACTOR SURVEILLANCE

	5a) Harmful alcohol use	5b) Low fruit and vegetable consumption	5c) Physical inactivity	5d) Tobacco use
<p><b>5) Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for any of the following:</b></p> <p><b>(Please fill in all columns, start in the first row, going left to right, and then continue left to right across the second row.)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next column.</b> <b>IF YES:</b> i) Was there a survey on adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> i-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know i-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know i-3) When was the last survey conducted? (give year) _____ ii) Was there a survey on adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> ii-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know ii-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know ii-3) When was the last survey conducted? (give year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next column.</b> <b>IF YES:</b> i) Was there a survey on adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> i-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know i-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know i-3) When was the last survey conducted? (give year) _____ ii) Was there a survey on adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> ii-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know ii-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know ii-3) When was the last survey conducted? (give year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next column.</b> <b>IF YES:</b> i) Was there a survey on adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> i-1) Was it: <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported <input type="checkbox"/> Don't know i-2) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know i-3) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know i-4) When was the last survey conducted? (give year) _____ ii) Was there a survey on adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> ii-1) Was it: <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported <input type="checkbox"/> Don't know ii-2) Did it assess physical activity for work/in the household, for transport and during leisure time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know ii-3) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know ii-4) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know ii-5) When was the last survey conducted? (give year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next column.</b> <b>IF YES:</b> i) Was there a survey on adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> i-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know i-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know i-3) When was the last survey conducted? (give year) _____ ii) Was there a survey on adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES:</b> ii-1) Was it: <input type="checkbox"/> National <input type="checkbox"/> Subnational <input type="checkbox"/> Don't know ii-2) How often is the survey conducted? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other <input type="checkbox"/> Don't know ii-3) When was the last survey conducted? (give year) _____

5) cont.	5e) Raised blood glucose/ diabetes	5f) Raised total cholesterol	5g) Raised blood pressure/ Hypertension	5h) Overweight and obesity	5i) Salt / Sodium intake
	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF NO: Go to next column.</b></p> <p><b>IF YES:</b></p> <p>i) Was it:  <input type="checkbox"/> Measured  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>ii) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>iii) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>iv) When was the last survey conducted? (give year) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF NO: Go to next column.</b></p> <p><b>IF YES:</b></p> <p>i) Was it:  <input type="checkbox"/> Measured  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>ii) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>iii) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>iv) When was the last survey conducted? (give year) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF NO: Go to next column.</b></p> <p><b>IF YES:</b></p> <p>i) Was it:  <input type="checkbox"/> Measured  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>ii) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>iii) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>iv) When was the last survey conducted? (give year) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF NO: Go to next column.</b></p> <p><b>IF YES:</b></p> <p><b>i) Was there a survey on adolescents?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF YES:</b></p> <p>i-1) Was it:  <input type="checkbox"/> Measured  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>i-2) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>i-3) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>i-4) When was the last survey conducted? (give year) _____</p> <p><b>ii) Was there a survey on adults?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF YES:</b></p> <p>ii-1) Was it:  <input type="checkbox"/> Measured  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>ii-2) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>ii-3) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>ii-4) When was the last survey conducted? (give year) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><b>IF NO: Go to MODULE IV.</b></p> <p><b>IF YES:</b></p> <p>i) Was it:  <input type="checkbox"/> Measured by 24-hr urine collection  <input type="checkbox"/> Measured by 12-hr urine collection  <input type="checkbox"/> Measured by spot urine collection  <input type="checkbox"/> Measured by combination of methods  <input type="checkbox"/> Self-reported  <input type="checkbox"/> Don't know</p> <p>ii) Was it:  <input type="checkbox"/> National  <input type="checkbox"/> Subnational  <input type="checkbox"/> Don't know</p> <p>iii) How often is the survey conducted?  <input type="checkbox"/> Ad hoc  <input type="checkbox"/> Every 1 to 2 years  <input type="checkbox"/> Every 3 to 5 years  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know</p> <p>iv) When was the last survey conducted? (give year) _____</p>

## IV: CAPACITY FOR NCD EARLY DETECTION, TREATMENT AND CARE WITHIN THE HEALTH SYSTEM

The questions in this module assess the health care systems capacity related to NCD early detection, treatment and care within the primary health care sector. Specific questions focus on availability of guidelines or protocols to treat major NCDs, and the tests, procedures and equipment related to NCDs within the health-care system. It also assesses the availability of palliative care services for NCDs. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

1) Please indicate whether evidence-based national guidelines/protocols/standards are available for the management (diagnosis and treatment) of each of the major NCDs through a primary care approach recognized/approved by government or competent authorities. Where guidelines/protocols/standards are available, please indicate their implementation status and when they were last updated.

	Cardiovascular Disease	Diabetes	Cancer	CRD
1a) Are they available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes (specify cancer types) <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
1b) Are they being implemented?	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know
1c) When were they last updated?				

2) For each of the major NCDs, please indicate the availability of standard criteria for the referral of patients from primary care level to a higher level of care (secondary/tertiary). Where standard criteria are available, please indicate their implementation status.

	Cardiovascular Disease	Diabetes	Cancer	CRD
2a) Are they available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2b) Are they being implemented?	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**3) Indicate the availability of the following basic technologies for early detection, diagnosis / monitoring of NCDs in the primary care facilities of the public and private health sector where: Generally available=1; Generally not available = 2, Don't know = 3.**

\* Generally available: in 50% or more health care facilities  
 Generally not available: in less than 50% health care facilities

	Availability in the primary care facilities of the public health sector (1, 2, or 3)	Availability in the primary care facilities of the private health sector (1, 2, or 3)
<b>Overweight and obesity</b> 3a) Measuring of weight 3b) Measuring of height	_____ _____	_____ _____
<b>Diabetes mellitus</b> 3c) Blood glucose measurement 3d) Oral glucose tolerance test 3e) HbA1c test 3f) Dilated fundus examination 3g) Foot vibration perception by tuning fork 3h) Foot vascular status by Doppler 3i) Urine strips for glucose and ketone measurement	_____ _____ _____ _____	_____ _____ _____ _____
<b>Cardiovascular disease</b> 3j) Blood pressure measurement 3k) Total cholesterol measurement 3l) Urine strips for albumin assay	_____ _____ _____	_____ _____ _____
<b>Asthma and COPD</b> 3m) Peak flow measurement spirometry	_____	_____

**4) Please indicate if there is a national screening program targeting the general population for the following cancers and, if yes, provide details.**

Cancers	Screening method (indicate only one, the most widely used)	Population targeted by the program	Type of program	Screening coverage
<b>Breast</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If NO: Go to next row	<input type="checkbox"/> Clinical breast exam <input type="checkbox"/> Mammography screening <input type="checkbox"/> Don't know	Women aged ..... to ..... Other, specify: <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Cervix</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If NO: Go to next row	<input type="checkbox"/> Visual inspection <input type="checkbox"/> PAP smear <input type="checkbox"/> HPV test <input type="checkbox"/> Don't know	Women aged ..... to ..... Other, specify: <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't Know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Colon</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Faecal test <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Don't know	People aged ..... to ..... Other, specify:	<input type="checkbox"/> Organised population-based screening	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but

<input type="checkbox"/> Don't know If NO: Go to next row		<input type="checkbox"/> Don't know	<input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Prostate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If NO: Go to question 5	<input type="checkbox"/> PSA <input type="checkbox"/> Prostate palpation <input type="checkbox"/> Don't know	Men aged ..... to ..... Other, specify: <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know

**5) Please indicate if early detection of the following cancers by means of rapid identification of the first symptoms is integrated into primary health care services and if there is a clearly defined referral system from primary care to secondary / tertiary care for suspect cases (in low- and middle-income countries this set of measures may be designated as an "early diagnosis" or "clinical downstaging" programme):**

	Breast	Cervix	Colon	Prostate	Oral
<b>Program/guidelines to strengthen early detection of first symptoms at primary health care level</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>Clearly defined referral system from primary care to secondary and tertiary care</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

**6) Is there a national HPV vaccination programme under implementation?**

Yes  No  Don't know

**If NO: Go to Question 7.**

**If yes, please provide the following details of the programme:**

**6a) Who is targeted by the programme?**

- Girls aged \_\_\_\_ to \_\_\_\_  
 Other (specify: \_\_\_\_\_)  
 Don't know

**6b) What year did the programme begin? \_\_\_\_\_**

**6c) What is the immunization coverage of the programme?**

- Less than 10%  
 10% to 50%  
 more than 50% but less than 70%  
 70% or more  
 Don't know

**7) Describe the availability of the medicines below in the primary care facilities of the public health sector, where: Generally available=1; Generally not available = 2, Don't know = 3.**

*\* Generally available: in 50% or more pharmacies*

*Generally not available: in less than 50% of pharmacies*

Generic drug name	Availability*
7a) Insulin	
7b) Aspirin (100 mg)	
7c) Metformin	
7d) Thiazide Diuretics	
7e) ACE Inhibitors	
7f) CC Blockers	
7g) Beta Blockers	
7h) Statins	
7i) Oral morphine	
7j) Steroid inhaler	
7k) Bronchodilator	
7l) Sulphonylurea(s)	

**8) Indicate the availability\* of the following procedures for treating NCDs in the publicly funded health system, where: 1=Generally available; 2=Generally not available; 3=Don't know.**

\* Generally available: in 50% or more health facilities

Generally not available: in less than 50% of health facilities

Procedure name	Availability
8a) Retinal photocoagulation	
8b) Renal replacement therapy by dialysis	
8c) Renal replacement by transplantation	
8d) Coronary bypass or stenting	
8e) Thrombolytic therapy (streptokinase) for acute myocardial infarction	

**9) Indicate the number of treatment centres which offer radiotherapy (centres with external beam therapy equipment like linear accelerators or cobalt 60 machines):**

Number of public centres \_\_\_\_\_  Don't know

Number of private centres \_\_\_\_\_  Don't know

**10) Detail the cancer diagnosis and treatment services in the public sector:**

\* Generally available: in 50% or more health care facilities

Generally not available: in less than 50% health care facilities

Service	Availability*
Cancer centres or cancer departments at tertiary level	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients

	<input type="checkbox"/> Don't know
<b>Pathology services (laboratories)</b>	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know
<b>Cancer surgery</b>	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know
<b>Subsidized chemotherapy</b>	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know

**11) How many pathology laboratories for cancer diagnosis are there in the country?**

*(If you don't know the exact number, just give an interval, for example "between 2 and 5".)*

**Number of public laboratories:** \_\_\_\_\_  Don't know

**Number of private laboratories:** \_\_\_\_\_  Don't know

**12) Indicate the availability\* of palliative care for patients with NCD in the public health system:**

\* Generally available: reaches 50% or more patients

Generally not available: reaches less than 50% of patients

**12a) In primary health care:**

- Generally available
- Generally not available
- Don't know

**12b) In community or home-based care:**

- Generally available
- Generally not available
- Don't know

**13) What proportion of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke?**

- none
- less than 25%
- 25% to 50%
- more than 50%
- Don't know

**If more than none:**

**13a) Which CVD risk scoring chart is used?**

- WHO/ISH risk prediction charts
- Others (specify \_\_\_\_\_)
- Don't know

**14) What percentage of public sector health facilities have provision for care of acute stroke and rehabilitation?**

- none
- less than 25%
- 25% to 50%
- more than 50%
- Don't know

**15) What percentage of public sector health facilities have provision for secondary prevention of rheumatic fever and rheumatic heart disease?**

- none
- less than 25%
- 25% to 50%
- more than 50%
- Don't know

## GLOSSARY

**Academia:** Refers to educational institutions, especially those for higher education.

**Broadcast media:** Media which is broadcast to the public through radio and television.

**Cancer:** A generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs.

**Cancer registry:** A systematic collection of data about cancer cases in a certain region or a certain hospital. The first aim is to count cancer cases to get an idea of the magnitude of the problem. WHO advises national coverage by population-based registry in small countries only.

**Capacity building:** The development of knowledge, skills, commitment, structures, systems and leadership to enable effective action.

**Cardiovascular disease:** A group of disorders of the heart and blood vessels that includes coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism.

**Cardiovascular risk assessment:** Use of risk prediction charts to indicate the risk of a fatal or non-fatal major cardiovascular event in the next 5 to 10 years. Based on the assessment people can be stratified into different levels of risk and will help in management and follow up.

**Chronic respiratory diseases:** Diseases of the airways and other structures of the lung. Some of the most common are: asthma, chronic obstructive pulmonary disease, occupational lung diseases and pulmonary hypertension.

**Civil registration:** The system by which a government records the vital events of its citizens and residents, such as births, deaths and marital status, and cause of death.

**Collaboration:** A recognized relationship between different groups with a defined purpose.

**Community:** A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

**Cross-border marketing:** Marketing originated in one country that crosses national borders through broadcast media and internet, print media, sponsorship of events and programmes or any other media or communication channel. It includes both in-flowing and out-flowing cross-border marketing.

**Determinants of health:** The range of personal, social, economic and environmental factors which determine the health status of individuals or populations

**Diabetes:** A disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces.

**Early detection/screening:** Measures performed in order to identify individuals who have early stages of disease (with apparent symptoms in the case of early detection and without in the case of screening).

**Earmarked taxes:** Taxes which are collected and used for a specific purpose.

**Fiscal interventions:** Measures taken by the government such as taxes and subsidies.

**Free sugars:** Monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices.

**Full immunization coverage:** The proportion of people in the population targeted by the program who actually received the full dose(s) of vaccine.

**General government revenue:** The money received from taxation, and other sources, such as privatisation of government assets, to help finance expenditures.

**Health:** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. A resource for everyday life which permits people to lead an individually, socially and economically productive life. A positive concept emphasizing social and personal resources as well as physical capabilities.

**Health behaviour:** Any activity undertaken by an individual, regardless of actual or perceived *health status*, for the purpose of promoting, protecting or maintaining *health*, whether or not such behaviour is objectively effective towards that end.

**Health care and treatment:** The diagnosis and treatment of diseases.

**Health care facility:** Facilities which provide health services. They may include mobile clinics, pharmacies, laboratories, primary health care clinics, specialty clinics, and private and faith-based establishments.

**Health promotion:** The process of enabling people to increase control over, and to improve their health.

**Healthy diet:** A healthy diet throughout the life-course helps prevent malnutrition in all its forms as well as a range of noncommunicable diseases (NCDs) and conditions. The exact make-up of a healthy, balanced diet will vary depending on the individual needs (e.g. age, gender, lifestyle, degree of physical activity). For adults a healthy diet contains fruits, vegetables, legumes, nuts and whole grains and should be limited in free sugars, salt, total fat, saturated fats and free of industrial trans-fats.

**International Code of Marketing of Breast-milk Substitutes:** An international health policy framework that recommends restrictions on the marketing of breast-milk substitutes, such as infant formula to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed.

**International donors:** Organizations which extend across national boundaries and which give funds for projects of a development nature.

**Intervention:** Any measure whose purpose is to improve health or alter the course of disease.

**Legislation:** A law or laws which have been enacted by the governing bodies in a country.

**Marketing:** Any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service

**Multisectoral:** Involving different sectors, such as health, agriculture, education, finance, infrastructure, transport, trade, etc.

**Multisectoral collaboration:** A recognized relationship between part of parts of different sectors of society (such as ministries (e.g. health, education), agencies, non-government agencies, private for-profit sector and community representation) which has been formed to take action to achieve health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

**Multi-stakeholder:** Involving stakeholders from across the public sector, civil society, NGOs and the private sector.

**National Cancer Screening Program:** A government-endorsed program where screening is offered. NGO-led programs or national recommendations to go for screening at your own cost, do not qualify as national screening program.

**National focal point, unit/department:**

- i. **National focal point:** the person responsible for prevention and control of chronic diseases in a ministry of health or national institute.
- ii. **Unit or department:** a unit or department with responsibility for NCD disease prevention and control in a ministry of health or national institute.

**National health reporting system, survey and surveillance:**

- i. **National health reporting system:** The process by which a ministry of health produces annual health reports that summarize data on eg national health human resources, population demographics, health expenditures, health indicators such as mortality and morbidity. Includes the process of collecting data from various health information sources e.g. disease registries, hospital admission or discharge data.
- ii. **National survey:** A fixed or unfixed time interval survey on the main chronic diseases, or major risk factors common to chronic diseases.
- iii. **Surveillance:** The systematic collection of data (through survey or registration) on risk factors, chronic diseases and their determinants for continuous analysis, interpretation and feed-back.

**National integrated action plan:** A concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework, targeting the major risk factors common to the main chronic diseases, including the integration of primary, secondary and tertiary prevention, health promotion and diseases prevention programmes across sectors and disciplines.

**National policy, strategy, action plan:**

- i. **Policy:** A specific official decision or set of decisions designed to carry out a course of action endorsed by a political body, including a set of goals, priorities and main directions for attaining these goals. The policy document may include a strategy to give effect to the policy.
- ii. **Strategy:** a long term plan designed to achieve a particular goal.

- iii. **Action plan:** A scheme of course of action, which may correspond to a policy or strategy, with defined activities indicating who does what (type of activities and people responsible for implementation), when (time frame), how and with what resources to accomplish an objective.

**National protocols/guidelines/standards for chronic diseases and conditions:**

A recommended evidence-based course of action to prevent a chronic disease or condition or to treat or manage a chronic disease or condition aiming to prevent complications, improve outcomes and quality of life of patients.

**NGO:** Non-governmental organization.

**Noncommunicable diseases (NCDs):** The four main types of noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

**Noncommunicable diseases prevention and control:** All activities related to surveillance, prevention and management of the chronic noncommunicable diseases.

**Not in effect:** Any policy, strategy or plan of action which has been previously developed, no longer under development, but for various reasons is not being implemented.

**Nutrition labelling:** A description intended to inform consumers of nutritional properties of food. Nutrition labelling consists of two components: (a) nutrient declaration; (b) supplementary nutrition information.

**Operational:** A policy, strategy or plan of action which is being used and implemented in the country, and has resources and funding available to implement it.

**Partnership for health:** An agreement between two or more partners to work cooperatively towards a set of shared health outcomes.

**Price subsidies:** Economic benefit provided by the government (such as a tax allowance or duty rebate) to keep the price of healthy foods low.

**Primary prevention:** Measures directed towards preventing the initial occurrence of a disease or disorder.

**Print media:** Communicating with the public through printed materials such as magazines, newspapers and billboards.

**Product reformulation by industry:** Refers to the process of changing the composition of processed foods to be healthier and reduce the salt content.

**Public awareness programme:** A comprehensive effort that includes multiple components (messaging, grassroots outreach, media relations, government affairs, budget, etc.) to help increase public understanding about the importance of an issue.

**Public health sector:** Publicly funded health care sector.

**Rehabilitation:** A set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments.

**Rehabilitation services:** Include rehabilitation medicine, therapy and assistive technology.

**Risk factors associated with noncommunicable diseases**

The four main risk factors for NCDs are tobacco use, harmful use of alcohol, unhealthy diet and low levels of physical activity.

**Sample registration system:** A method and procedure for estimating vital statistics in national and regional populations by intensively registering and verifying vital events in population samples. For instance, in India more than 4,000 rural and 2,000 urban sample units, with a total of more than 6 million persons, i.e., less than 1% of the total national population, are included in a sample registration system that provides a reasonably reliable picture of the national pattern of vital events at a cost that is feasible and reasonable.

**Saturated fats:** Fats found in animal products, including meat and whole milk dairy products, as well as certain plant oils like palm, palm kernel and coconut oils.

**Screening:** Measures performed across an apparently healthy population in order to identify individuals who have risk factor or early stages of disease, but do not yet have symptoms.

**Screening coverage:** The proportion of people in the population targeted by the program who actually received screening in the time frame defined by the program. (For example, if a country recommend mammography screening every 2 years for women aged 50 to 60. The screening coverage is the number of women aged 50 to 60 who benefitted from mammography thanks to the program in the past 2 years, divided by the total number of women aged 50 to 60 in the country.)

**Self-regulation:** In this context refers to when group or private sector entity governs or polices itself without outside assistance or influence.

**Target:** A specific aim to be achieved, should be time bound, and define a ‘desired’, ‘promised’, ‘minimum’ or ‘aspirational’ level of achievement.

**Taxation incentives to promote physical activity:** Involve removing the tax (or a portion of the tax) in order to promote increased use of goods or services to encourage physical activity.

**Trans fatty acids (trans fats):** A form of fatty acids. While trans fats do occur in tiny amounts in some foods, almost all the trans fats come from an industrial process that partially hydrogenates (adds hydrogen to) unsaturated fatty acids. Trans fats, then, are a form of processed vegetable oils.

**Under development:** Something which is still being developed or finalized and is not yet being implemented in the country.



# INDICATOR DEFINITIONS AND SPECIFICATIONS

---

## STATUS OF COUNTRIES AND AREAS

## INDICATOR 1

### MEMBER STATE HAS SET TIME-BOUND NATIONAL TARGETS AND INDICATORS BASED ON WHO GUIDANCE

#### Definition

Country has set national targets and indicators. The NCD-related targets and indicators should be time-bound and based on the 9 voluntary global targets and 25 indicators from the WHO Global Monitoring Framework.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if a country responded “Yes” to the questions “Are there a set of national NCD indicators?” and to the sub question “Are there a set of time-bound national targets for these indicators?”. Targets must be time-bound, based on the 9 global targets, and need to address NCD mortality, as well as key risk factors in the country and/or health systems.

This indicator is considered partially achieved if the country responded “Yes” to the questions “Are there a set of national NCD indicators?” and to the sub question “Are there a set of time-bound national targets for these indicators?”, but the targets do not cover two of the three areas addressed in the 9 global targets (including mortality) or they are not time-bound.

#### Data validation process

Countries will submit a copy of their targets and indicators when submitting their response to the NCD CCS. WHO will confirm that document provided is indeed a set of national NCD targets, addressing NCD mortality, as well as key risk factors in the country, and/or health systems, based on the 9 global targets, and that these targets are time-bound (e.g. include such language as “by 2025”). Where discrepancies are noted, these are referred back to the country for clarification and modification.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 1. Country or area has set time-bound national targets and indicators based on WHO guidance**

No.	Country / Area	National NCD targets	Time-bound	Progress monitoring indicator
1	Australia	Yes	Yes	Partially achieved
2	Brunei Darussalam	Yes	Yes	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Yes	No	Not achieved
4	Japan	Yes	Yes	Fully achieved
5	<i>Macao SAR (China)</i>	No		Not achieved
6	New Zealand	Yes	No	Not achieved
7	Republic of Korea	Yes	Yes	Fully achieved
8	Singapore	Yes	Yes	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>7 (88%)</b>	<b>5 (63%)</b>	<b>4 (50%)</b>
1	Cambodia	Yes	Yes	Partially achieved
2	China	Yes	Yes	Fully achieved
3	Lao People's Democratic Republic	Yes	Yes	Partially achieved
4	Malaysia	Yes	Yes	Fully achieved
5	Mongolia	Yes	Yes	Fully achieved
6	Philippines	Yes	No	Not achieved
7	Viet Nam	Yes	Yes	Fully achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>7 (100%)</b>	<b>6 (86%)</b>	<b>4 (57%)</b>
1	<i>American Samoa</i>			No data
2	Cook Islands			No data
3	Fiji	Yes	Yes	Fully achieved
4	<i>French Polynesia</i>	No		Not achieved
5	<i>Guam</i>	Yes	Yes	Fully achieved
6	Kiribati	Yes	Yes	Partially achieved
7	Marshall Islands	Yes	Yes	Fully achieved
8	Micronesia (Federated States of)	Yes	Yes	Partially achieved
9	Nauru	Yes	Yes	Not achieved
10	<i>New Caledonia</i>	Yes	Yes	-
11	Niue	Yes	Yes	Partially achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No	No	Not achieved
13	Palau	Yes	Yes	Partially achieved
14	Papua New Guinea	Yes	Yes	Partially achieved
15	Samoa			No data
16	Solomon Islands	Yes	Yes	Fully achieved
17	Tokelau			No data
18	Tonga	Yes	Yes	Fully achieved
19	Tuvalu	Yes	Yes	Fully achieved
20	Vanuatu	No		Not achieved
21	<i>Wallis and Futuna</i>	DK		-
<b>% Fully Achieved: PIC (N=21)</b>				<b>6 (29%)</b>
<b>TOTAL (N = 36)</b>				<b>14 (39%)</b>

— = documentation not available

## INDICATOR 2

### MEMBER STATE HAS A FUNCTIONING SYSTEM FOR GENERATING RELIABLE CAUSE-SPECIFIC MORTALITY DATA ON A ROUTINE BASIS

#### Definition

Country has a vital registration system that captures deaths and the causes of death routinely. The International Form of Medical Certificate of the Cause of Death is completed by certifiers. The International Classification of Diseases (ICD) is used to code the causes of death. The data compiled are made available to policy-makers and researchers.

#### Data collection tool and achievement criteria

The WHO collects mortality data, including cause of death, from civil registration systems in the WHO mortality database through a routine annual call for data. Data are considered to generate reliable cause-specific mortality data on a routine basis if:

- Data from the five most recent reporting years are, on average, at least 70% usable. Usability is calculated as  $(\text{Completeness}(\%))(1 - \text{Proportion Garbage})^1$
- At least five years of cause-of-death data have been reported to the WHO.
- The most recent year of data reported to the WHO is no more than five years old.

This indicator is considered fully achieved if the country meets all of the above criteria.

This indicator is considered partially achieved if the country does not meet all of the above criteria but has submitted some vital registration data to WHO.

#### Data validation process

Data submitted are verified and inconsistencies are referred back to countries to resolve.

#### Expected frequency of data collection

Yearly

#### Links to tool

[http://www.who.int/healthinfo/tool\\_cod\\_2010.pdf](http://www.who.int/healthinfo/tool_cod_2010.pdf)

**Indicator 2. Country or area has a functioning system for generating reliable cause-specific mortality data on a routine basis**

No.	Country / Area	Progress monitoring indicator
1	Australia	Fully achieved
2	Brunei Darussalam	Partially achieved
3	<i>Hong Kong SAR (China)</i>	Fully achieved*
4	Japan	Fully achieved
5	<i>Macao SAR (China)</i>	No data
6	New Zealand	Fully achieved
7	Republic of Korea	Fully achieved
8	Singapore	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>6 (75%)</b>
1	Cambodia	Not achieved
2	China	Partially achieved
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Partially achieved
5	Mongolia	Partially achieved
6	Philippines	Fully achieved
7	Viet Nam	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>1 (14%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Partially achieved
7	Marshall Islands	Not achieved
8	Federated States of Micronesia	Not achieved
9	Nauru	Not achieved
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Not achieved
14	Papua New Guinea	Not achieved
15	Samoa	Not achieved
16	Solomon Islands	Not achieved
17	Tokelau	No data
18	Tonga	Not achieved
19	Tuvalu	Not achieved
20	Vanuatu	Not achieved
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>0 (0%)</b>
<b>TOTAL (N = 36)</b>		<b>7 (19%)</b>

\* As reported by the country

## INDICATOR 3

### MEMBER STATE HAS A STEPS SURVEY OR A COMPREHENSIVE HEALTH EXAMINATION SURVEY EVERY 5 YEARS

#### Definition

Country has completed a STEPS survey or another risk factor survey which includes physical measurements and biochemical assessments covering the key behavioural and metabolic risk factors for NCDs. Country must indicate that survey frequency is at least every 5 years.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responded “Yes” to each of the following for adults: “Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for all of the following:” “Harmful alcohol use” (optional for Member States according to national circumstances), “Physical inactivity”, “Tobacco use”, “Raised blood glucose/diabetes”, “Raised blood pressure/ hypertension”, “Overweight and obesity”, and “Salt / Sodium intake”.

Additionally, for each risk factor, the country must indicate that the last survey was conducted in the past 5 years (i.e. 2010 or later for the 2015 CCS survey responses) and must respond “Every 1 to 2 years” or “Every 3 to 5 years” to the sub-question “How often is the survey conducted?”.

This indicator is considered partially achieved if the country responded that at least 3, but not all, of the above risk factors are covered, or the surveys were conducted more than 5 years ago but less than 10 years ago.

#### Data validation process

Countries are asked to submit a copy of their survey report(s) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification. Data are also checked against the STEPS tracking system which records details of STEPS survey undertaken by countries.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 3. Country or area has a STEPS survey or a comprehensive health examination survey every 5 years**

No.	Country / Area	Progress monitoring indicator
1	Australia	Fully achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Partially achieved
4	Japan	Fully achieved
5	<i>Macao SAR (China)</i>	Partially achieved
6	New Zealand	Fully achieved
7	Republic of Korea	Fully achieved
8	Singapore	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>6 (75%)</b>
1	Cambodia	Fully achieved
2	China	Fully achieved
3	Lao People's Democratic Republic	Fully achieved
4	Malaysia	Fully achieved
5	Mongolia	Fully achieved
6	Philippines	Fully achieved
7	Viet Nam	Fully achieved*
<b>% Fully Achieved: LMIC (N=7)</b>		<b>7 (100%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	No data
3	Fiji	Fully achieved
4	<i>French Polynesia</i>	Partially achieved
5	<i>Guam</i>	Partially achieved
6	Kiribati	Not achieved
7	Marshall Islands	Not achieved
8	Micronesia (Federated States of)	Partially achieved
9	Nauru	Not achieved
10	<i>New Caledonia</i>	Partially achieved
11	Niue	Partially achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	Partially achieved
13	Palau	Partially achieved
14	Papua New Guinea	Partially achieved
15	Samoa	No data
16	Solomon Islands	Partially achieved
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Partially achieved
20	Vanuatu	Partially achieved
21	<i>Wallis and Futuna</i>	Partially achieved
<b>% Fully Achieved: PIC (N=21)</b>		<b>1 (5%)</b>
<b>TOTAL (N = 36)</b>		<b>14 (39%)</b>

\* As reported by the country

## INDICATOR 4

### MEMBER STATE HAS AN OPERATIONAL MULTISECTORAL NATIONAL STRATEGY/ ACTION PLAN THAT INTEGRATES THE MAJOR NCDs AND THEIR SHARED RISK FACTORS

#### Definition

Country has a multisectoral, national integrated NCD and risk factor policy/strategy/action plan that addresses the 4 main NCDs (cardiovascular disease and/or diabetes, and/or cancer, and/or respiratory disease) and their main risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol).

“Multisectoral” refers to engagement with one or more government sectors outside of health. “Operational” refers to a policy, strategy or action plan which is being used and implemented in the country, and has resources and funding available to implement it.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responded “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also had to respond “operational” to the subquestion “Indicate its stage” and “Yes” to all of the subquestions pertaining to the 4 main risk factors and 4 main NCDs: “Does it address one or more of the following major risk factors?” “Harmful use of alcohol” (optional for Member States according to national circumstances), “Unhealthy diet”, “Physical inactivity”, “tobacco” (all 4 must have “Yes”) and “Does it combine early detection, treatment and care for:” “Cancer”, “Cardiovascular diseases”, “Chronic respiratory diseases” and “Diabetes” (all 4 must have “Yes”).

This indicator is considered partially achieved if the country responded “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also had to respond “operational” to the subquestion “Indicate its stage” and “Yes” to at least two of the 4 main risk factors and at least two of the 4 main NCDs.

#### Data validation process

Countries are asked to submit a copy of their policy/ strategy/action plan when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 4.** Country or area has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors

No.	Country / Area	Progress monitoring indicator
1	Australia	Fully achieved
2	Brunei Darussalam	Partially achieved
3	<i>Hong Kong SAR (China)</i>	Fully achieved
4	Japan	Fully achieved
5	<i>Macao SAR (China)</i>	Fully achieved
6	New Zealand	Not achieved
7	Republic of Korea	Partially achieved
8	Singapore	Not achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>4 (50%)</b>
1	Cambodia	Not achieved
2	China	Fully achieved
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Not achieved
5	Mongolia	Fully achieved
6	Philippines	Fully achieved
7	Viet Nam	Fully achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>4 (57%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	No data
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	Not achieved
5	<i>Guam</i>	Fully achieved
6	Kiribati	Fully achieved
7	Marshall Islands	Not achieved
8	Micronesia (Federated States of)	Fully achieved
9	Nauru	Not achieved
10	<i>New Caledonia</i>	Not achieved
11	Niue	Partially achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	Not achieved
13	Palau	Partially achieved
14	Papua New Guinea	Not achieved
15	Samoa	No data
16	Solomon Islands	Fully achieved
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Not achieved
20	Vanuatu	Not achieved
21	<i>Wallis and Futuna</i>	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>		<b>4 (19%)</b>
<b>TOTAL (N = 36)</b>		<b>12 (33%)</b>

## INDICATOR 5 | A

### MEMBER STATE HAS IMPLEMENTED MEASURES TO REDUCE AFFORDABILITY OF TOBACCO PRODUCTS BY INCREASING TOBACCO EXCISE TAXES

#### Definition

Country has tobacco excise tax set at a level that accounts for at least 70% of the retail prices of tobacco products.

#### Data collection tool and achievement criteria

Data collected from governments for the production of the WHO Report on the Global Tobacco Epidemic.

Excise tax calculated as a proportion of the price of the tobacco product. Currently, this is only collected in relation to the most sold brand of cigarettes.

This indicator is considered fully achieved if the country has set an excise tax at least 70% of the retail price.

This indicator is considered partially achieved if the country has set an excise tax at least 50% but less than 70% of the retail price.

#### Data validation process

WHO assessment is shared with national authorities for review and approval.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/tobacco/global\\_report/global\\_report/2013/technical\\_note\\_i.pdf](http://www.who.int/tobacco/global_report/global_report/2013/technical_note_i.pdf)

**Indicator 5A.** Country or area has implemented measures to reduce affordability of tobacco products by increasing tobacco excise taxes

No.	Country / Area	Excise tax proportion of price	Progress monitoring indicator
1	Australia	47.67%	Not achieved
2	Brunei Darussalam	61.73%	Partially achieved
3	<i>Hong Kong SAR (China)</i>	70.01%	Fully achieved*
4	Japan	56.95%	Partially achieved
5	<i>Macao SAR (China)</i>		No data
6	New Zealand	64.16%	Partially achieved
7	Republic of Korea	52.90%	Partially achieved
8	Singapore	59.69%	Partially achieved
<b>% Fully Achieved: HIC (N=8)</b>			<b>1 (13%)</b>
1	Cambodia	13.15%	Not achieved
2	China	29.90%	Not achieved
3	Lao People's Democratic Republic	7.68%	Not achieved
4	Malaysia	50.60%	Partially achieved
5	Mongolia	33.26%	Not achieved
6	Philippines	63.55%	Partially achieved
7	Viet Nam	32.50%	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>			<b>0 (0%)</b>
1	<i>American Samoa</i>		No data
2	Cook Islands	52.00%	Partially achieved
3	Fiji	31.05%	Not achieved
4	<i>French Polynesia</i>		No data
5	<i>Guam</i>		No data
6	Kiribati	77.78%	Fully achieved
7	Marshall Islands	0.00%	Not achieved
8	Federated States of Micronesia	0.00%	Not achieved
9	Nauru		No data
10	<i>New Caledonia</i>		No data
11	Niue	0.00%	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>		No data
13	Palau	66.67%	Partially achieved
14	Papua New Guinea	26.42%	Not achieved
15	Samoa	42.32%	Not achieved
16	Solomon Islands	19.15%	Not achieved
17	Tokelau		No data
18	Tonga	58.82%	Partially achieved
19	Tuvalu	2.26%	Not achieved
20	Vanuatu	44.44%	Not achieved
21	<i>Wallis and Futuna</i>		No data
<b>% Fully Achieved: PIC (N=21)</b>			<b>1 (5%)</b>
<b>TOTAL (N = 36)</b>			<b>2 (6%)</b>

\* As reported by the country, they have a 70.01% excise tax proportion as of December 2015.

## INDICATOR 5 | B

MEMBER STATE HAS IMPLEMENTED MEASURES TO CREATE BY LAW COMPLETELY SMOKE-FREE ENVIRONMENTS IN ALL INDOOR WORKPLACES, PUBLIC PLACES AND PUBLIC TRANSPORT

### Definition

Country has all public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation). "Completely" means that smoking is not permitted, with no exemptions allowed, except in residences and indoor places that serve as equivalents to long-term residential facilities, such as prisons and long-term health and social care facilities such as psychiatric units and nursing homes. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places.

### Data collection tool and achievement criteria

Legal instruments are analysed for the production of the WHO Report on the Global Tobacco Epidemic.

Legislation is assessed to determine whether smoke-free laws provided for a complete indoor smoke-free environment at all times, in all the facilities of each of the following eight places: health care facilities; educational facilities other than universities; universities; government facilities; indoor offices and workplaces not considered in any other category; restaurants or facilities that serve mostly food; cafés, pubs and bars or facilities that serve mostly beverages; public transport.

This indicator is considered fully achieved if all public places in the country are completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation).

This indicator is considered partially achieved if three to seven public places are completely smoke-free, or the law allows designated smoking rooms with strict technical requirements in five or more places.

### Data validation process

WHO assessment is shared with national authorities for review and approval.

### Expected frequency of data collection

Every 2 years

### Links to tool

[http://www.who.int/tobacco/global\\_report/](http://www.who.int/tobacco/global_report/)  
[http://www.who.int/tobacco/global\\_report/2013/technical\\_note\\_i.pdf](http://www.who.int/tobacco/global_report/2013/technical_note_i.pdf)

**Indicator 5B** Country or area has implemented measures to create by law completely smoke-free environments in all indoor workplaces, public places and public transport

No.	Country / Area	Progress monitoring indicator
1	Australia	Fully achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Fully achieved*
4	Japan	Not achieved
5	<i>Macao SAR (China)</i>	Partially achieved*
6	New Zealand	Fully achieved
7	Republic of Korea	Not achieved
8	Singapore	Partially achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>4 (50%)</b>
1	Cambodia	Partially achieved
2	China	Not achieved
3	Lao People's Democratic Republic	Partially achieved
4	Malaysia	Not achieved
5	Mongolia	Fully achieved
6	Philippines	Partially achieved
7	Viet Nam	Partially achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>1 (14%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Partially achieved
7	Marshall Islands	Fully achieved
8	Federated States of Micronesia	Not achieved
9	Nauru	Fully achieved
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Partially achieved
14	Papua New Guinea	Fully achieved
15	Samoa	Partially achieved
16	Solomon Islands	Partially achieved
17	Tokelau	No data
18	Tonga	Not achieved
19	Tuvalu	Partially achieved
20	Vanuatu	Not achieved
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>3 (14%)</b>
<b>TOTAL (N = 36)</b>		<b>8 (22%)</b>

## INDICATOR 5 | C

MEMBER STATE HAS IMPLEMENTED MEASURES TO WARN PEOPLE OF THE DANGERS OF TOBACCO AND TOBACCO SMOKE THROUGH EFFECTIVE HEALTH WARNINGS AND MASS MEDIA CAMPAIGNS

### Definition

Country has large warnings which are defined as covering on average at least 50% of the front and back of the package with all appropriate characteristics. Appropriate characteristics include:

- specific health warnings mandated;
- appearing on individual packages as well as on any outside packaging and labelling used in retail sale;
- describing specific harmful effects of tobacco use on health;
- are large, clear, visible and legible (e.g. specific colours and font style and sizes are mandated);
- whether the warnings rotate;
- include pictures or pictograms;
- written in (all) the principal language(s) of the country.

### Data collection tool and achievement criteria

Health warnings: Legislation is assessed to determine the size of the warnings (the front and back of the cigarette pack are averaged to calculate the percentage of the total pack surface area covered by warnings) and warning characteristics.

This indicator is considered fully achieved if the country has large health warnings with all appropriate characteristics as detailed above.

This indicator is considered partially achieved if there are medium-size warnings with some or all appropriate characteristics, or large warnings were missing some appropriate characteristics.

### Data validation process

WHO assessment is shared with national authorities for review and approval.

### Expected frequency of data collection

Every 2 years

### Links to tool

[http://www.who.int/tobacco/global\\_report/](http://www.who.int/tobacco/global_report/)  
[http://www.who.int/tobacco/global\\_report/2013/technical\\_note\\_i.pdf](http://www.who.int/tobacco/global_report/2013/technical_note_i.pdf)

**Indicator 5C.** Country or area has implemented measures to warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns

No.	Country / Area	Progress monitoring indicator
1	Australia	Fully achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Fully achieved*
4	Japan	Partially achieved
5	<i>Macao SAR (China)</i>	Fully achieved*
6	New Zealand	Fully achieved
7	Republic of Korea	Partially achieved
8	Singapore	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>6 (75%)</b>
1	Cambodia	Partially achieved
2	China	Partially achieved
3	Lao People's Democratic Republic	Partially achieved
4	Malaysia	Fully achieved
5	Mongolia	Fully achieved
6	Philippines	Fully achieved
7	Viet Nam	Fully achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>4 (57%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Fully achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Partially achieved
7	Marshall Islands	Not achieved
8	Federated States of Micronesia	Not achieved
9	Nauru	Partially achieved
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Not achieved
14	Papua New Guinea	Not achieved
15	Samoa	Fully achieved
16	Solomon Islands	Fully achieved
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Partially achieved
20	Vanuatu	Fully achieved
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>4 (19%)</b>
<b>TOTAL (N = 36)</b>		<b>14 (19%)</b>

\* As reported by the country

**Definition**

Country has a ban on all forms of direct and indirect advertising. Direct advertising bans include: national television and radio; local magazines and newspapers; billboards and outdoor advertising; point of sale. Indirect advertising bans include: free distribution of tobacco products in the mail or through other means; promotional discounts; non-tobacco goods and services identified with tobacco brand names (brand extension); brand names of non-tobacco products used for tobacco products (brand sharing); appearance of tobacco brands (product placement) or tobacco products in television and/or films; and sponsorship, including corporate social responsibility programmes.

**Data collection tool and achievement criteria**

Legislation is assessed to determine whether the law completely bans all forms of direct and indirect tobacco advertising, promotion and sponsorship.

This indicator is considered fully achieved if the country has a ban on all forms of direct and indirect advertising.

This indicator is considered partially achieved if the country has a ban on national TV, radio and print media, but not on all other forms of direct and/or indirect advertising.

**Data validation process**

WHO assessment is shared with national authorities for review and approval.

**Expected frequency of data collection**

Every 2 years

**Links to tool**

[http://www.who.int/tobacco/global\\_report/](http://www.who.int/tobacco/global_report/)  
[http://www.who.int/tobacco/global\\_report/2013/technical\\_note\\_i.pdf](http://www.who.int/tobacco/global_report/2013/technical_note_i.pdf)

**Indicator 5D.** Country or area has implemented measures to ban all forms of tobacco advertising, promotion and sponsorship

No.	Country / Area	Progress monitoring indicator
1	Australia	Partially achieved
2	Brunei Darussalam	Partially achieved
3	<i>Hong Kong SAR (China)</i>	Fully achieved*
4	Japan	Not achieved
5	<i>Macao SAR (China)</i>	Fully achieved*
6	New Zealand	Partially achieved
7	Republic of Korea	Not achieved
8	Singapore	Partially achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>2 (25%)</b>
1	Cambodia	Partially achieved
2	China	Partially achieved
3	Lao People's Democratic Republic	Partially achieved
4	Malaysia	Partially achieved
5	Mongolia	Partially achieved
6	Philippines	Partially achieved
7	Viet Nam	Partially achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>0 (0%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Fully achieved
7	Marshall Islands	Not achieved
8	Federated States of Micronesia	Not achieved
9	Nauru	Partially achieved
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Partially achieved
14	Papua New Guinea	Partially achieved
15	Samoa	Partially achieved
16	Solomon Islands	Partially achieved
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Fully achieved
20	Vanuatu	Fully achieved
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>3 (14%)</b>
<b>TOTAL (N = 36)</b>		<b>5 (14%)</b>

\* As reported by the country

## INDICATOR 6 | A

MEMBER STATE HAS IMPLEMENTED, AS APPROPRIATE ACCORDING TO NATIONAL CIRCUMSTANCES, REGULATIONS OVER COMMERCIAL AND PUBLIC AVAILABILITY OF ALCOHOL

### Definition

Country has a licensing system or monopoly on retail sales of beer, wine, spirits.

Country has restrictions for on- / off-premise sales of beer, wine, spirits regarding hours, days and locations of sales.

Country has legal age limits for being sold and served alcoholic beverages.

### Data collection tool and achievement criteria

Data is collected through the WHO Global Survey on Alcohol and Health.

This indicator is considered fully achieved if:

- A licensing system or monopoly exists on retail sales of beer, wine and spirits; and
- Restrictions exist for on- and off-premise sales of beer, wine, and spirits regarding hours and locations of sales and restrictions exist for off-premise sales of beer, wine, and spirits regarding days of sales; and
- Legal age limits for being sold and served alcoholic beverages are 18 years or above for beer, wine, and spirits.

This indicator is considered partially achieved if there are any, but not all, positive responses to the three indicators above.

### Data validation process

Focal points, officially nominated by the Ministry of Health, respond to the Global Survey on Alcohol and Health. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.

### Expected frequency of data collection

Every 3-4 years

### Links to tool

[http://www.who.int/entity/substance\\_abuse/activities/survey\\_alcohol\\_health\\_2012.pdf](http://www.who.int/entity/substance_abuse/activities/survey_alcohol_health_2012.pdf)

**Indicator 6A.** Country or area has implemented, as appropriate according to national circumstances, regulations over commercial and public availability of alcohol

No.	Country / Area	Progress monitoring indicator
1	Australia	Partially achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Partially achieved*
4	Japan	Partially achieved
5	<i>Macao SAR (China)</i>	No data
6	New Zealand	Fully achieved*
7	Republic of Korea	Partially achieved
8	Singapore	Partially achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>2 (25%)</b>
1	Cambodia	Not achieved
2	China	Partially achieved
3	Lao People's Democratic Republic	Partially achieved
4	Malaysia	Partially achieved
5	Mongolia	Partially achieved
6	Philippines	Partially achieved
7	Viet Nam	Partially achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>0 (0%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Fully achieved
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Partially achieved
7	Marshall Islands	No data
8	Federated States of Micronesia	Partially achieved
9	Nauru	No data
10	<i>New Caledonia</i>	No data
11	Niue	Partially achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Partially achieved
14	Papua New Guinea	Fully achieved
15	Samoa	No data
16	Solomon Islands	No data
17	Tokelau	No data
18	Tonga	Fully achieved
19	Tuvalu	Fully achieved
20	Vanuatu	No data
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>4 (19%)</b>
<b>TOTAL (N = 36)</b>		<b>6 (17%)</b>

\* As reported by the country

## INDICATOR 6 | B

MEMBER STATE HAS IMPLEMENTED, AS APPROPRIATE ACCORDING TO NATIONAL CIRCUMSTANCES, REGULATIONS OVER COMMERCIAL AND PUBLIC AVAILABILITY OF ALCOHOL

### Definition

Country has regulatory or co-regulatory frameworks for alcohol advertising through different channels (public service/national TV, commercial/private TV, national radio, local radio, print media, billboards, points of sale, cinema, internet, social media)

Country has a detection system for infringements on marketing restrictions

### Data collection tool and achievement criteria

Data is collected through the WHO Global Survey on Alcohol and Health.

This indicator is considered fully achieved if:

- Restrictions exist on alcohol advertising for beer, wine, and spirits through all channels ; and
- Detection system exists for infringements on marketing restrictions.

This indicator is considered partially achieved if there are restrictions on at least public service/national TV, national radio and billboards but no detection system exists for infringements.

### Data validation process

Focal points, officially nominated by the Ministry of Health, respond to the Global Survey on Alcohol and Health. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.

### Expected frequency of data collection

Every 3-4 years

### Links to tool

[http://www.who.int/entity/substance\\_abuse/activities/survey\\_alcohol\\_health\\_2012.pdf](http://www.who.int/entity/substance_abuse/activities/survey_alcohol_health_2012.pdf)

**Indicator 6B.** Country or area has implemented, as appropriate according to national circumstances, regulations over commercial and public availability of alcohol

No.	Country / Area	Progress monitoring indicator
1	Australia	Partially achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Partially achieved*
4	Japan	Not achieved
5	<i>Macao SAR (China)</i>	No data
6	New Zealand	Partially achieved
7	Republic of Korea	Not achieved
8	Singapore	Not achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>1 (13%)</b>
1	Cambodia	Not achieved
2	China	Not achieved*
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Partially achieved
5	Mongolia	Partially achieved
6	Philippines	Partially achieved
7	Viet Nam	Partially achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>0 (0%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Not achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Not achieved
7	Marshall Islands	No data
8	Federated States of Micronesia	Partially achieved
9	Nauru	No data
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Not achieved
14	Papua New Guinea	Partially achieved
15	Samoa	No data
16	Solomon Islands	No data
17	Tokelau	No data
18	Tonga	Not achieved
19	Tuvalu	Partially achieved
20	Vanuatu	No data
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>0 (0%)</b>
<b>TOTAL (N = 36)</b>		<b>1 (3%)</b>

\*As reported by the country

## INDICATOR 6 | C

MEMBER STATE HAS IMPLEMENTED, AS APPROPRIATE ACCORDING TO NATIONAL CIRCUMSTANCES, PRICING POLICIES SUCH AS EXCISE TAX ON ALCOHOLIC BEVERAGES

### Definition

Country has excise tax on beer, wine, spirits

Country adjusts level of taxation for inflation for alcoholic beverages

### Data collection tool and achievement criteria

Data is collected through the WHO Global Survey on Alcohol and Health.

This indicator is considered fully achieved if:

- Excise tax on all alcoholic beverages (beer, wine, and spirits) is implemented; and
- Adjustment of level of taxation for inflation for beer, wine, and spirits is implemented.

This indicator is considered partially achieved if there is excise tax on all alcoholic beverages as specified above and adjustment of the level of taxation for inflation is implemented on at least one of the alcoholic beverages (beer, wine, spirits).

### Data validation process

Focal points, officially nominated by the Ministry of Health, respond to the Global Survey on Alcohol and Health. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.

### Expected frequency of data collection

Every 3-4 years

### Links to tool

[http://www.who.int/entity/substance\\_abuse/activities/survey\\_alcohol\\_health\\_2012.pdf](http://www.who.int/entity/substance_abuse/activities/survey_alcohol_health_2012.pdf)

**Indicator 6C.** Country or area has implemented, as appropriate according to national circumstances, pricing policies such as excise tax on alcoholic beverages

No.	Country / Area	Progress monitoring indicator
1	Australia	Not achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Not achieved*
4	Japan	Partially achieved
5	<i>Macao SAR (China)</i>	No data
6	New Zealand	Fully achieved
7	Republic of Korea	Partially achieved
8	Singapore	Partially achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>2 (25%)</b>
1	Cambodia	Partially achieved
2	China	Partially achieved
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Partially achieved
5	Mongolia	Partially achieved
6	Philippines	Partially achieved
7	Viet Nam	Partially achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>0 (0%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	Partially achieved
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	No data
5	<i>Guam</i>	No data
6	Kiribati	Not achieved
7	Marshall Islands	No data
8	Federated States of Micronesia	Not achieved
9	Nauru	No data
10	<i>New Caledonia</i>	No data
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No data
13	Palau	Not achieved
14	Papua New Guinea	Partially achieved
15	Samoa	No data
16	Solomon Islands	No data
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Fully achieved
20	Vanuatu	No data
21	<i>Wallis and Futuna</i>	No data
<b>% Fully Achieved: PIC (N=21)</b>		<b>1 (5%)</b>
<b>TOTAL (N = 36)</b>		<b>3 (8%)</b>

\* As reported by the country

## INDICATOR 7 | A

### MEMBER STATE HAS ADOPTED NATIONAL POLICIES TO REDUCE POPULATION SALT/ SODIUM CONSUMPTION

#### Definition

Country has implemented a policy(ies) to reduce population salt/sodium consumption such as product reformulation by industry, regulation of salt content of food, or public awareness programmes.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?”.

#### Data validation process

Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 7A. Country or area has adopted national policies to reduce population salt/sodium consumption**

No.	Country / Area	Policy	Progress monitoring indicator
1	Australia	Yes	Fully achieved
2	Brunei Darussalam	No	Not achieved
3	<i>Hong Kong SAR (China)</i>	Yes	Fully achieved
4	Japan	Yes	-
5	<i>Macao SAR (China)</i>	No	Not achieved
6	New Zealand	Yes	Fully achieved
7	Republic of Korea	Yes	Fully achieved
8	Singapore	Yes	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>			<b>5 (63%)</b>
1	Cambodia	No	Not achieved
2	China	Yes	Fully achieved
3	Lao People's Democratic Republic	No	Not achieved
4	Malaysia	Yes	-
5	Mongolia	No	Not achieved
6	Philippines	No	Not achieved
7	Viet Nam	No	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>			<b>1 (14%)</b>
1	<i>American Samoa</i>		No data
2	Cook Islands		No data
3	Fiji	Yes	Fully achieved
4	<i>French Polynesia</i>	No	Not achieved
5	<i>Guam</i>	Yes	Fully achieved
6	Kiribati	Yes	-
7	Marshall Islands	Yes	-
8	Federated States of Micronesia	Yes	Fully achieved
9	Nauru	No	Not achieved
10	<i>New Caledonia</i>	Yes	-
11	Niue	No	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No	Not achieved
13	Palau	Yes	Fully achieved
14	Papua New Guinea	No	Not achieved
15	Samoa		No data
16	Solomon Islands	No	Not achieved
17	Tokelau		No data
18	Tonga	No	Not achieved
19	Tuvalu	Yes	Fully achieved
20	Vanuatu	No	Not achieved
21	<i>Wallis and Futuna</i>	No	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>			<b>5 (24%)</b>
<b>TOTAL (N = 36)</b>			<b>11 (31%)</b>

- = documentation not available

## INDICATOR 7 | B

MEMBER STATE HAS ADOPTED NATIONAL POLICIES THAT LIMIT SATURATED FATTY ACIDS AND VIRTUALLY ELIMINATE INDUSTRIALLY PRODUCED TRANS FATTY ACIDS IN THE FOOD SUPPLY

### Definition

Country has implemented a policy(ies) to limit saturated fatty acids and virtually eliminate industrially produced trans-fats in the food supply.

### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fats (i.e. partially hydrogenated vegetable oils) in the food supply?”.

### Data validation process

Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

### Expected frequency of data collection

Every 2 years

### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 7B.** Country or area has adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply

No.	Country / Area	Policy	Progress monitoring indicator
1	Australia	Yes	Fully achieved
2	Brunei Darussalam	No	Not achieved
3	<i>Hong Kong SAR (China)</i>	No	Not achieved
4	Japan	Yes	-
5	<i>Macao SAR (China)</i>	No	Not achieved
6	New Zealand	Yes	Fully achieved
7	Republic of Korea	Yes	-
8	Singapore	Yes	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>			<b>3 (38%)</b>
1	Cambodia	No	Not achieved
2	China	No	Not achieved
3	Lao People's Democratic Republic	No	Not achieved
4	Malaysia	No	Not achieved
5	Mongolia	No	Not achieved
6	Philippines	No	Not achieved
7	Viet Nam	No	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>			<b>0 (0%)</b>
1	<i>American Samoa</i>		No data
2	Cook Islands		No data
3	Fiji	No	Not achieved
4	<i>French Polynesia</i>	No	Not achieved
5	<i>Guam</i>	No	Not achieved
6	Kiribati	No	Not achieved
7	Marshall Islands	No	Not achieved
8	Federated States of Micronesia	No	Not achieved
9	Nauru	No	Not achieved
10	<i>New Caledonia</i>	DK	Not achieved
11	Niue	No	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No	Not achieved
13	Palau	No	Not achieved
14	Papua New Guinea	No	Not achieved
15	Samoa		No data
16	Solomon Islands	No	Not achieved
17	Tokelau		No data
18	Tonga	No	Not achieved
19	Tuvalu	No	Not achieved
20	Vanuatu	No	Not achieved
21	<i>Wallis and Futuna</i>	No	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>			<b>0 (0%)</b>
<b>TOTAL (N = 36)</b>			<b>3 (8%)</b>

- = documentation not available

## INDICATOR 7 | C

### MEMBER STATE HAS IMPLEMENTED THE WHO SET OF RECOMMENDATIONS ON MARKETING OF FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN

#### Definition

Country has implemented a policy(ies) to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt?”.

#### Data validation process

Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 7C.** Country or area has implemented the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children

No.	Country / Area	Implementation	Progress monitoring indicator
1	Australia	No	Not achieved
2	Brunei Darussalam	No	Not achieved
3	<i>Hong Kong SAR (China)</i>	No	Not achieved
4	Japan	No	Not achieved
5	<i>Macao SAR (China)</i>	No	Not achieved
6	New Zealand	Yes	Fully achieved
7	Republic of Korea	Yes	Fully achieved
8	Singapore	Yes	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>			<b>3 (38%)</b>
1	Cambodia	No	Not achieved
2	China	No	Not achieved
3	Lao People's Democratic Republic	No	Not achieved
4	Malaysia	Yes	Fully achieved
5	Mongolia	No	Not achieved
6	Philippines	No	Not achieved
7	Viet Nam	No	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>			<b>1 (14%)</b>
1	<i>American Samoa</i>		No data
2	Cook Islands		No data
3	Fiji	Yes	Fully achieved
4	<i>French Polynesia</i>	No	Not achieved
5	<i>Guam</i>	No	Not achieved
6	Kiribati	Yes	-
7	Marshall Islands	No	Not achieved
8	Federated States of Micronesia	No	Not achieved
9	Nauru	No	Not achieved
10	<i>New Caledonia</i>	No	Not achieved
11	Niue	No	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No	Not achieved
13	Palau	No	Not achieved
14	Papua New Guinea	No	Not achieved
15	Samoa		No data
16	Solomon Islands	No	Not achieved
17	Tokelau		No data
18	Tonga	No	Not achieved
19	Tuvalu	No	Not achieved
20	Vanuatu	Yes	-
21	<i>Wallis and Futuna</i>	No	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>			<b>1 (5%)</b>
<b>TOTAL (N = 36)</b>			<b>5 (14%)</b>

- = documentation not available

## INDICATOR 7 | D

### MEMBER STATE HAS LEGISLATION/REGULATIONS FULLY IMPLEMENTING THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

#### Definition

Country has implemented legislation/regulations that fully implement the International Code of Marketing of Breast-milk Substitutes.

#### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing the International Code of Marketing of Breast-Milk Substitutes through adoption of national laws?”.

#### Data validation process

Countries are asked to submit a copy of their legislation/ regulations when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

#### Expected frequency of data collection

Every 2 years

#### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 7D. Country or area has legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes**

No.	Country / Area	Implementation	Progress monitoring indicator
1	Australia	Yes	Fully achieved
2	Brunei Darussalam	No	Not achieved
3	<i>Hong Kong SAR (China)</i>	No	Not achieved
4	Japan	No	Not achieved
5	<i>Macao SAR (China)</i>	No	Not achieved
6	New Zealand	No	Fully achieved
7	Republic of Korea	No	Not achieved
8	Singapore	No	Not achieved
<b>% Fully Achieved: HIC (N=8)</b>			<b>2 (25%)</b>
1	Cambodia	Yes	Fully achieved
2	China	No	Not achieved
3	Lao People's Democratic Republic	No	Not achieved
4	Malaysia	Yes	Fully achieved
5	Mongolia	Yes	Fully achieved
6	Philippines	Yes	Fully achieved
7	Viet Nam	Yes	Fully achieved
<b>% Fully Achieved: LMIC (N=7)</b>			<b>5 (71%)</b>
1	<i>American Samoa</i>		No data
2	Cook Islands		No data
3	Fiji	Yes	Fully achieved
4	<i>French Polynesia</i>	Yes	Fully achieved
5	<i>Guam</i>	No	Not achieved
6	Kiribati	Yes	-
7	Marshall Islands	No	Not achieved
8	Federated States of Micronesia	Yes	-
9	Nauru	No	Not achieved
10	<i>New Caledonia</i>	Yes	-
11	Niue	No	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	No	Not achieved
13	Palau	Yes	Fully achieved
14	Papua New Guinea	Yes	Fully achieved
15	Samoa		No data
16	Solomon Islands	Yes	Fully achieved*
17	Tokelau		No data
18	Tonga	No	Not achieved
19	Tuvalu	DK	DK
20	Vanuatu	No	Not achieved
21	<i>Wallis and Futuna</i>	No	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>			<b>5 (24%)</b>
<b>TOTAL (N = 36)</b>			<b>12 (33%)</b>

\* As reported by the country; - = documentation not available; DK = Don't know

## INDICATOR 8

MEMBER STATE HAS IMPLEMENTED AT LEAST ONE RECENT NATIONAL PUBLIC AWARENESS PROGRAMME ON DIET AND/OR PHYSICAL ACTIVITY

### Definition

Country has implemented at least one recent national public awareness programme on diet, physical activity, or both.

### Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to at least one of the following questions:

“Has your country implemented any national public awareness programme on diet within the past 5 years?”

“Has your country implemented any national public awareness programme on physical activity within the past 5 years?”

### Data validation process

Countries are asked to submit a copy of any documentation of the programme and/or a link to the programme website (if available) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

### Expected frequency of data collection

Every 2 years

### Links to tool

[http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 8.** Country or area has implemented at least one recent national public awareness programme on diet and/or physical activity

No.	Country / Area	National public awareness programme		Progress monitoring indicator
		Diet	Physical activity	
1	Australia	Yes	Yes	Fully achieved
2	Brunei Darussalam	Yes	Yes	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Yes	Yes	Fully achieved
4	Japan	Yes	Yes	Fully achieved
5	<i>Macao SAR (China)</i>	Yes	Yes	Fully achieved
6	New Zealand	Yes*	No	Fully achieved*
7	Republic of Korea	Yes	Yes	Fully achieved
8	Singapore	Yes	Yes	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>				<b>8 (100%)</b>
1	Cambodia	Yes	No	Fully achieved
2	China	Yes	Yes	Fully achieved
3	Lao People's Democratic Republic	No	No	Not achieved
4	Malaysia	Yes	Yes	Fully achieved
5	Mongolia	Yes	Yes	Fully achieved
6	Philippines	Yes	Yes	Fully achieved
7	Viet Nam	Yes	No	Fully achieved
<b>% Fully Achieved: LMIC (N=7)</b>				<b>6 (86%)</b>
1	<i>American Samoa</i>			No data
2	Cook Islands			No data
3	Fiji	Yes	Yes	Fully achieved
4	<i>French Polynesia</i>	Yes	Yes	Fully achieved
5	<i>Guam</i>	Yes	Yes	Fully achieved
6	Kiribati	Yes	Yes	Fully achieved
7	Marshall Islands	Yes	Yes	-
8	Federated States of Micronesia	Yes	Yes	Fully achieved
9	Nauru	Yes	Yes	Fully achieved
10	<i>New Caledonia</i>	Yes	Yes	Fully achieved
11	Niue	Yes	Yes	Fully achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	Yes	Yes	Fully achieved
13	Palau	Yes	Yes	-
14	Papua New Guinea	No	No	Not achieved
15	Samoa			No data
16	Solomon Islands	Yes	No	-
17	Tokelau			No data
18	Tonga	Yes	Yes	Fully achieved
19	Tuvalu	Yes	Yes	Fully achieved
20	Vanuatu	Yes	Yes	-
21	<i>Wallis and Futuna</i>	Yes	Yes	Fully achieved
<b>% Fully Achieved: PIC (N=21)</b>				<b>12 (57%)</b>
<b>TOTAL (N = 36)</b>				<b>26 (72%)</b>

\* As reported by the country; - = documentation not available

## INDICATOR 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**

**Definition** Government approved evidence-based national guidelines/ protocols/ standards for the management (diagnosis and treatment) of the four main NCDs – cardiovascular disease, diabetes, cancer and chronic respiratory diseases.

**Data collection tool and achievement criteria** WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is based on the number of countries who have indicated that national guidelines/protocols/standards exist for all four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases), and that these are being partially or fully implemented.

This indicator is considered fully achieved if national guidelines/ protocols/standards exist for all four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases) which are being partially or fully implemented.

This indicator is considered partially achieved if the country has guidelines/protocols/standards for at least two of the four NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases), but not for all four, and that these are being partially or fully implemented.

**Data validation process** Countries are asked to submit a copy of the guidelines/ protocols/ standards when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

**Expected frequency of data collection** Every 2 years

**Links to tool** [http://www.who.int/chp/ncd\\_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)

**Indicator 9. Country or area 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**

No.	Country / Area	Progress monitoring indicator
1	Australia	Partially achieved
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	Partially achieved
4	Japan	-
5	<i>Macao SAR (China)</i>	Partially achieved
6	New Zealand	Fully achieved
7	Republic of Korea	Fully achieved
8	Singapore	Fully achieved
<b>% Fully Achieved: HIC (N=8)</b>		<b>4 (50%)</b>
1	Cambodia	Not achieved
2	China	Fully achieved
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Fully achieved
5	Mongolia	Partially achieved
6	Philippines	Partially achieved
7	Viet Nam	Fully achieved*
<b>% Fully Achieved: LMIC (N=7)</b>		<b>3 (43%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	No data
3	Fiji	Partially achieved
4	<i>French Polynesia</i>	Not achieved
5	<i>Guam</i>	Fully achieved
6	Kiribati	-
7	Marshall Islands	-
8	Federated States of Micronesia	Partially achieved
9	Nauru	DK
10	<i>New Caledonia</i>	-
11	Niue	Not achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	-
13	Palau	Fully achieved
14	Papua New Guinea	-
15	Samoa	No data
16	Solomon Islands	Partially achieved*
17	Tokelau	No data
18	Tonga	Partially achieved
19	Tuvalu	Partially achieved
20	Vanuatu	Partially achieved
21	<i>Wallis and Futuna</i>	Partially achieved
<b>% Fully Achieved: PIC (N=21)</b>		<b>2 (10%)</b>
<b>TOTAL (N = 36)</b>		<b>9 (25%)</b>

\* As reported by the country; - = documentation not available; DK = Don't know

## INDICATOR 10

**MEMBER STATE HAS PROVISION OF DRUG THERAPY, INCLUDING GLYCEMIC CONTROL, AND COUNSELLING FOR ELIGIBLE PERSONS AT HIGH RISK TO PREVENT HEART ATTACKS AND STROKES, WITH EMPHASIS ON THE CARE LEVEL**

<b>Definition</b>	Country has provision of drug therapy including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level.
<b>Data collection tool and achievement criteria</b>	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>This indicator is based on the number of countries who respond “more than 50%” to the question “What proportion of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke?”. Additionally, countries must have said all the following drugs were “generally available” in the primary care facilities of the public health sector: insulin, aspirin (100 mg), metformin, thiazide diuretics, ACE inhibitors, CC blockers, statins, and sulphonylurea(s).</p> <p>This indicator is considered fully achieved if the country reports that more than 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all drugs listed above were generally available in the primary care facilities of the public health sector.</p> <p>This indicator is considered partially achieved if the country reports that between 25% to 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all of the drugs listed above were generally available in the primary care facilities of the public health sector.</p>
<b>Data validation process</b>	NCD focal points, officially nominated by the Ministry of Health, provide the official response to WHO through the Country Capacity Survey tool.
<b>Expected frequency of data collection</b>	Every 2 years
<b>Links to tool</b>	<a href="http://www.who.int/chp/ncd_capacity/en/">http://www.who.int/chp/ncd_capacity/en/</a>

**Indicator 10. Country or area has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level**

No.	Country / Area	Progress monitoring indicator
1	Australia	DK
2	Brunei Darussalam	Fully achieved
3	<i>Hong Kong SAR (China)</i>	DK
4	Japan	DK
5	<i>Macao SAR (China)</i>	Not achieved
6	New Zealand	Fully achieved
7	Republic of Korea	Not achieved
8	Singapore	DK
<b>% Fully Achieved: HIC (N=8)</b>		<b>2 (25%)</b>
1	Cambodia	Not achieved
2	China	Not achieved
3	Lao People's Democratic Republic	Not achieved
4	Malaysia	Fully achieved
5	Mongolia	Not achieved
6	Philippines	Not achieved
7	Viet Nam	Not achieved
<b>% Fully Achieved: LMIC (N=7)</b>		<b>1 (14%)</b>
1	<i>American Samoa</i>	No data
2	Cook Islands	No data
3	Fiji	Not achieved
4	<i>French Polynesia</i>	Partially achieved
5	<i>Guam</i>	Partially achieved
6	Kiribati	No data
7	Marshall Islands	DK
8	Federated States of Micronesia	Not achieved
9	Nauru	Partially achieved
10	<i>New Caledonia</i>	Not achieved
11	Niue	Partially achieved
12	<i>Northern Mariana Islands, Commonwealth of the</i>	DK
13	Palau	Fully achieved
14	Papua New Guinea	Not achieved
15	Samoa	No data
16	Solomon Islands	Not achieved
17	Tokelau	No data
18	Tonga	Not achieved
19	Tuvalu	Not achieved
20	Vanuatu	Not achieved
21	<i>Wallis and Futuna</i>	Not achieved
<b>% Fully Achieved: PIC (N=21)</b>		<b>1 (5%)</b>
<b>TOTAL (N = 36)</b>		<b>4 (11%)</b>

\*DK = Don't know







WHO Western Pacific Region  
PUBLICATION



ISBN-13

978 92 9061 778 5