



NONCOMMUNICABLE DISEASES

PROGRESS MONITOR 2017

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World Health
Organization

Noncommunicable Diseases Progress Monitor, 2017

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FOREWORD

Premature death from noncommunicable diseases (NCDs) continues to be one of the major development challenges in the 21st century. NCDs kill 15 million women and men between the ages of 30 and 70 each year, and leave no country untouched.

This burden is rising disproportionately among low-income and lower-middle-income countries, where almost half of premature NCD deaths occur. Within countries, these deaths disproportionately affect the poorest and those furthest behind. The NCD epidemic is driven by poverty, globalization of marketing and trade of health-harming products, rapid urbanization, and population growth.

This Progress Monitor is based on the latest data tracked against 10 progress indicators to chart progress in developing national responses. It describes achievements and challenges faced by all countries in fulfilling promises made since the first United Nations High-level Meeting on NCDs in 2011.

Most premature NCD deaths can be prevented or delayed by implementing a set of so called “best buys” and other interventions to prevent and control these conditions, primarily cardiovascular and chronic respiratory diseases, cancer and diabetes. These measures were endorsed by the 70th World Health Assembly and are available to all countries.

World leaders committed in the Agenda for Sustainable Development to reduce premature NCD deaths by one third by 2030 and promote mental health and wellbeing (Sustainable Development Goal target 3.4).

Since the 2011 High-level Meeting, governments have made many political commitments to prevent and control NCDs. Progress, however, has been insufficient and highly uneven. Unless political leaders accelerate commitments to take national action at the third UN High-level Meeting in 2018, the current rate of decline in premature death from NCDs will not meet the SDG target, leading to significant GDP losses and impoverishing millions of people through long-term healthcare costs.

To promote accountability to the world's citizens, WHO defined the 10 national progress indicators that it will use to develop a report in November 2017 for the UN General Assembly. Member States will review this report in January 2018, which will set the tone for negotiations on the outcome document for the third High-level Meeting.

This report shows we are on the path to tangible progress in countries, and that the roadmap contained in the 2011 Political Declaration can promote collective action for faster results. However, it also reveals progress has been impeded in many countries and that bolder political action is needed to address constraints, including the mobilization of domestic and external resources and safeguarding communities from interference by powerful economic operators.

This Progress Monitor urges Member States to ensure that the steps needed for all people, especially the poorest, to live in a world free of the avoidable burden of NCDs are reiterated at the 2018 High-level Meeting.

The UN, as a global beacon of solidarity, must also show it can shape such a world. In so doing, it must keep listening to and involving the peoples of the world. It must build a future that ensures globalization becomes a positive force for present and future generations.

Dr Tedros Adhanom Ghebreyesus

Director-General

World Health Organization

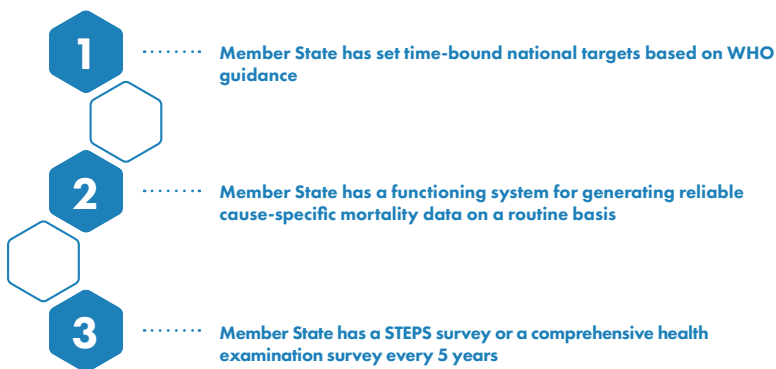
INTRODUCTION

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading global cause of death and are responsible for 70% of deaths worldwide. These NCDs share key modifiable behavioural risk factors like tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol, which in turn lead to overweight and obesity, raised blood pressure, and raised cholesterol, and ultimately disease. They continue to be an important public health challenge in all countries, including low- and middle-income countries where more than three quarters of NCD deaths occur.

Effectively tackling NCDs and their key risk factors requires a detailed understanding of the current status and progress being made at the country level. Feasible and cost-effective interventions exist to reduce the burden and impact of NCDs now and in the future. Tracking national implementation of a key set of tracer actions linked to these interventions allows for global benchmarking and monitoring of progress being made against NCDs. It also serves to highlight challenges and areas requiring further attention.

In May 2015 the World Health Organization published a Technical Note (1) on how WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical Note was updated in September 2017 to ensure consistency with the revised set of WHO 'best-buys' and other recommended interventions for the prevention and control of noncommunicable diseases which were endorsed by the World Health Assembly in May 2017. The Technical Note outlines a set of ten progress monitoring indicators intended to show the progress achieved in countries in the implementation of selected national commitments included in the 2014 Outcome Document. The ten NCD progress monitoring indicators are as follows:

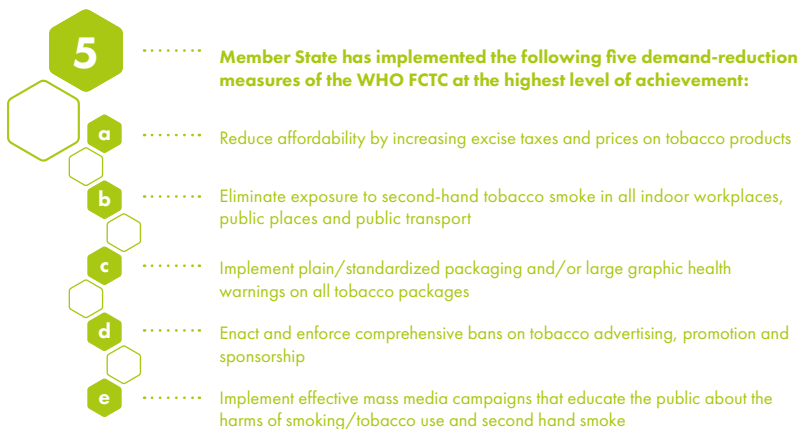
Consider setting national NCD targets for 2025:



Consider developing national multisectoral policies and plans to achieve the national targets by 2025:



Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan:





Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan:



EXPLANATORY NOTES

This report presents information for each country related to their achievement of the NCD progress monitoring indicators. The profiles also include information on the population, percentage and number of deaths from NCDs, and the risk of premature death from the four main NCDs (cardiovascular diseases, cancer, diabetes or chronic respiratory diseases) – the indicator used to monitor the Sustainable Development Goal target 3.4 on NCDs. The data presented in the country pages are derived from several sources, each of which is explained in the following notes.

Progress monitoring indicators

Details of the progress monitoring indicators, including detailed definitions, specifications, data sources and assessment criteria are included in Appendix 1. For each indicator the following symbols denote the level of achievement: ● = fully achieved, ◐ = partially achieved, ○ = not achieved, “NA” = not applicable to country due to national situation, “DK” = country responded “don’t know” to that question in the survey, and “NR” = no response or missing data.

Assessment of indicators 1, 3, 4, 7a, 7b, 7c, 8, 9 and 10 were taken from Member State responses to the 2017 NCD Country Capacity Survey (NCD CCS). The 2017 NCD CCS questionnaire was completed through an online web-based platform by the NCD focal points or designated colleagues within the Ministry of Health (MOH) or a national institute or agency in all WHO Member States (194 countries) between February and June 2017. The questions were developed in a manner intended to obtain objective information about adequacy of capacity and countries were required to provide supporting documentation to enable review by WHO in order to validate the responses. Where discrepancies were noted between the country response and the documents provided for validation, a clarification request was returned to the country for their consideration and an updating of their response.

Assessment of indicators 7a, 7b and 7c were additionally reviewed against responses obtained by WHO in the 2nd Global Nutrition Policy Review and supporting documentation contained in the WHO Global database on the Implementation of Nutrition Action (GINA).

Assessment of indicator 2 related to the system for generating mortality data was based on data collected by WHO and stored in the WHO mortality database through a routine annual call for data.

Assessment of indicator 5 was based on data collected from Member States in 2016 for the production of the WHO Report on the Global Tobacco Epidemic. The WHO assessment was shared with national authorities for review and approval.

Indicator 6 achievement status was based on the responses of country focal points, officially nominated by the Ministry of Health, to the 2016 Global Survey on Alcohol and Health conducted by WHO. Responses were reviewed and validated by WHO, and subsequently endorsed by the Member States.

Indicator 7d achievement status was based on the analysis by WHO, UNICEF, and IBFAN/ICDC of copies of all national legislation and regulations on the International Code of Marketing of Breast-milk Substitutes for the production of the report on Marketing of breast-milk substitutes: National implementation of the international code Status Report 2016.

Demographics

The 2015 population estimates from the most recent United Nations Population Division World Population Prospects (2) are reported in each profile.

Mortality

Percentage of deaths from NCDs and total number of NCD deaths are reported for 2015 for all countries with a population greater than 90,000. These data were drawn from the 2015 all-cause mortality rates estimated from revised life tables, published in World Health Statistics 2017 (3). Total number of deaths by age and sex were estimated for each country by applying these death rates to the estimated resident populations prepared by the United Nations Population Division in its 2015 revision (2). Vital registration systems which record deaths with sufficient completeness and quality of cause of death information were used as the preferred data source. Detailed information on methods for mortality and causes of death estimates were published previously (4).

The risk of premature death from target NCDs presented in the profiles is the probability of dying between ages 30 and 70 years from the four main NCDs and was estimated for 2015 using age-specific death rates (in 5-year age groups, e.g. 30-34... 65-69, for those between 30 and 70) of the combined four main NCD categories, for each Member State (4). Using the life table method, the risk of death between the exact ages of 30 and 70, from any of the four causes and in the absence of other causes of death,

was calculated using the equation below. The ICD codes used are: Cardiovascular disease: I00-I99, Cancer: C00-C97, Diabetes: E10-E14, and Chronic respiratory disease: J30-J98.

$${}_5^*M_x = \frac{\text{Total deaths from four NCD causes between exact age (x) and exact age (x+5)}}{\text{Total population between exact age (x) and exact age (x+5)}}$$

Five-year death rates were then translated into the probability of death for each NCD using the following formula:

$${}_5q_x = \frac{{}_5^*M_x * 5}{1 + {}_5^*M_x * 2.5}$$

The unconditional probability of death, for the 30-70 age range, was calculated last:

$${}_{40}q_{30} = 1 - \prod_{x=30}^{65} (1 - {}_5q_x)$$

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1. <http://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1>, accessed 4 September 2017.
2. *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables*. New York, United Nations Population Division, 2017.
3. *World Health Statistics 2017: monitoring health for the SDGs, Sustainable Development Goals*. Geneva, World Health Organization, 2017.
4. *WHO methods and data sources for country-level causes of death 2000-2015*. Geneva, World Health Organization, 2017.





COUNTRY PROFILES

AFGHANISTAN

33 736 000

Total population

42%

Percentage of deaths
from NCDs

110 000

Total number of NCD
deaths

31%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

ALBANIA

2 923 000

Total population

92%

Percentage of deaths
from NCDs

20 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

ALGERIA

39 872 000

Total population

74%

Percentage of deaths
from NCDs

144 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

ANDORRA

78 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know NR = No Response † = see Explanatory Notes

ANGOLA

27 859 000

Total population

27%

Percentage of deaths
from NCDs

93 000

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs

1	National NCD targets	○
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	NR
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	○
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	NR
9	Guidelines for management of cancer, CVD, diabetes and CRD	DK
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = partially achieved ○ = not achieved

DK = don't know NR = No Response

ANTIGUA AND BARBUDA

100 000

Total population

80%

Percentage of deaths
from NCDs

400

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

ARGENTINA

43 418 000

Total population

81%

Percentage of deaths
from NCDs

268 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

ARMENIA

2 917 000

Total population

93%

Percentage of deaths
from NCDs

27 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

AUSTRALIA

23 800 000

Total population

90%

Percentage of deaths from NCDs

136 000

Total number of NCD deaths

9%

Risk of premature death from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

AUSTRIA

8 679 000

Total population

92%

Percentage of deaths
from NCDs

72 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

AZERBAIJAN

9 617 000

Total population

86%

Percentage of deaths
from NCDs

57 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

BAHAMAS

387 000

Total population

74%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

BAHRAIN

1 372 000

Total population

85%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

BANGLADESH

161 000 000

Total population

67%

Percentage of deaths
from NCDs

580 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know

BARBADOS

284 000

Total population

83%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

BELARUS

9 486 000

Total population

89%

Percentage of deaths
from NCDs

114 000

Total number of NCD
deaths

29%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

BELGIUM

11 288 000

Total population

86%

Percentage of deaths
from NCDs

94 000

Total number of NCD
deaths

12%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

BELIZE

359 000

Total population

66%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

BENIN

10 576 000

Total population

37%

Percentage of deaths
from NCDs

36 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

BHUTAN

787 000

Total population

68%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NA = not applicable

BOLIVIA (PLURINATIONAL STATE OF)

10 725 000

Total population

62%

Percentage of deaths
from NCDs

44 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs

1	National NCD targets	●
2	Mortality data	●
3	Risk factor surveys	○
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	NR
b	advertising bans or comprehensive restrictions	NR
c	increased excise taxes	NR
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	●
d	marketing of breast-milk substitutes restrictions	●
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	○
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

BOSNIA AND HERZEGOVINA

3 536 000

Total population

94%

Percentage of deaths
from NCDs

37 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know NR = No Response

BOTSWANA

2 209 000

Total population

42%

Percentage of deaths
from NCDs

6 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

BRAZIL

206 000 000

Total population

73%

Percentage of deaths
from NCDs

928 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

BRUNEI DARUSSALAM

418 000

Total population

80%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

13%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

DK = don't know NA = not applicable

BULGARIA

7 177 000

Total population

95%

Percentage of deaths
from NCDs

101 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

BURKINA FASO

18 111 000

Total population

33%

Percentage of deaths
from NCDs

51 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

BURUNDI

10 199 000

Total population

31%

Percentage of deaths
from NCDs

32 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

CABO VERDE

533 000

Total population

68%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

CAMBODIA

15 518 000

Total population

61%

Percentage of deaths
from NCDs

57 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

CAMEROON

22 835 000

Total population

34%

Percentage of deaths
from NCDs

83 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

CANADA

35 950 000

Total population

88%

Percentage of deaths
from NCDs

219 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

CENTRAL AFRICAN REPUBLIC

4 546 000

Total population

30%

Percentage of deaths
from NCDs

19 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

14 009 000

Total population

25%

Percentage of deaths
from NCDs

45 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

CHILE

17 763 000

Total population

84%

Percentage of deaths
from NCDs

87 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

CHINA

1 405 000 000

Total population

89%

Percentage of deaths
from NCDs

8 792 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

COLOMBIA

48 229 000

Total population

73%

Percentage of deaths
from NCDs

178 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

COMOROS

777 000

Total population

41%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

CONGO

4 996 000

Total population

37%

Percentage of deaths
from NCDs

12 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

COOK ISLANDS

17 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

COSTA RICA

4 808 000

Total population

83%

Percentage of deaths
from NCDs

19 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

CÔTE D'IVOIRE

23 108 000

Total population

36%

Percentage of deaths
from NCDs

102 000

Total number of NCD
deaths

28%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

CROATIA

4 236 000

Total population

93%

Percentage of deaths
from NCDs

50 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

11 461 000

Total population

84%

Percentage of deaths
from NCDs

78 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

CYPRUS

1 161 000

Total population

91%

Percentage of deaths
from NCDs

7 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

CZECHIA

10 604 000

Total population

90%

Percentage of deaths
from NCDs

99 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

25 244 000

Total population

81%

Percentage of deaths
from NCDs

188 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

DEMOCRATIC REPUBLIC OF THE CONGO

76 197 000

Total population

30%

Percentage of deaths
from NCDs

218 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know

DENMARK

5 689 000

Total population

90%

Percentage of deaths
from NCDs

44 000

Total number of NCD
deaths

12%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DJIBOUTI

927 000

Total population

43%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

DOMINICA

73 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†

1	National NCD targets	●
2	Mortality data	●
3	Risk factor surveys	◐
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	◐
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	◐
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	●
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	●
9	Guidelines for management of cancer, CVD, diabetes and CRD	◐
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

DOMINICAN REPUBLIC

10 528 000

Total population

69%

Percentage of deaths
from NCDs

42 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

ECUADOR

16 144 000

Total population

71%

Percentage of deaths
from NCDs

59 000

Total number of NCD
deaths

13%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

EGYPT

93 778 000

Total population

83%

Percentage of deaths
from NCDs

476 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

EL SALVADOR

6 312 000

Total population

71%

Percentage of deaths
from NCDs

28 000

Total number of NCD
deaths

14%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

EQUATORIAL GUINEA

1 175 000

Total population

39%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs



● = partially achieved ○ = not achieved

DK = don't know NR = No Response

ERITREA

4 847 000

Total population

42%

Percentage of deaths
from NCDs

13 000

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs

1	National NCD targets	●
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	○
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	○
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

ESTONIA

1 315 000

Total population

93%

Percentage of deaths
from NCDs

13 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

ETHIOPIA

99 873 000

Total population

39%

Percentage of deaths
from NCDs

284 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

892 000

Total population

84%

Percentage of deaths
from NCDs

5 000

Total number of NCD
deaths

31%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

FINLAND

5 482 000

Total population

93%

Percentage of deaths
from NCDs

48 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

NR = No Response

FRANCE

64 457 000

Total population

87%

Percentage of deaths
from NCDs

487 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved

DK = don't know NR = No Response

GABON

1 930 000

Total population

45%

Percentage of deaths
from NCDs

6 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

GAMBIA

1 978 000

Total population

33%

Percentage of deaths
from NCDs

5 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

GEORGIA

3 952 000

Total population

93%

Percentage of deaths
from NCDs

46 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

GERMANY

81 708 000

Total population

91%

Percentage of deaths
from NCDs

800 000

Total number of NCD
deaths

12%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

GHANA

27 583 000

Total population

44%

Percentage of deaths
from NCDs

101 000

Total number of NCD
deaths

21%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

GREECE

11 218 000

Total population

94%

Percentage of deaths
from NCDs

113 000

Total number of NCD
deaths

12%

Risk of premature death
from target NCDs

1	National NCD targets	○
2	Mortality data	●
3	Risk factor surveys	◐
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	◐
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	◐
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	◐
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	●
b	saturated fatty acids and trans-fats policies	●
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	◐
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	◐
10	Drug therapy/counselling to prevent heart attacks and strokes	DK

● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

GRENADA

107 000

Total population

81%

Percentage of deaths
from NCDs

700

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs

1	National NCD targets	●
2	Mortality data	●
3	Risk factor surveys	◐
4	National integrated NCD policy/strategy/action plan	●
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	◐
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	◐
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	◐
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ◐ = partially achieved ○ = not achieved

GUATEMALA

16 252 000

Total population

57%

Percentage of deaths
from NCDs

49 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

GUINEA

12 092 000

Total population

31%

Percentage of deaths
from NCDs

38 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

GUINEA-BISSAU

1 771 000

Total population

30%

Percentage of deaths
from NCDs

5 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = partially achieved ○ = not achieved

DK = don't know

GUYANA

769 000

Total population

67%

Percentage of deaths
from NCDs

4 000

Total number of NCD
deaths

28%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

HAITI

10 711 000

Total population

56%

Percentage of deaths
from NCDs

51 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ○ = not achieved

NR = No Response

HONDURAS

8 961 000

Total population

60%

Percentage of deaths
from NCDs

21 000

Total number of NCD
deaths

14%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

HUNGARY

9 784 000

Total population

94%

Percentage of deaths
from NCDs

116 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

ICELAND

330 000

Total population

90%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

8%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

INDIA

1 309 000 000

Total population

61%

Percentage of deaths
from NCDs

5 817 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

INDONESIA

258 000 000

Total population

73%

Percentage of deaths
from NCDs

1 340 000

Total number of NCD
deaths

27%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

IRAN (ISLAMIC REPUBLIC OF)

79 360 000

Total population

81%

Percentage of deaths
from NCDs

291 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

36 116 000

Total population

54%

Percentage of deaths from NCDs

104 000

Total number of NCD deaths

22%

Risk of premature death from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

IRELAND

4 700 000

Total population

90%

Percentage of deaths
from NCDs

27 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

ISRAEL

8 065 000

Total population

86%

Percentage of deaths
from NCDs

36 000

Total number of NCD
deaths

9%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

ITALY

59 504 000

Total population

92%

Percentage of deaths
from NCDs

573 000

Total number of NCD
deaths

9%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

JAMAICA

2 872 000

Total population

79%

Percentage of deaths
from NCDs

15 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

JAPAN

128 000 000

Total population

82%

Percentage of deaths
from NCDs

1 072 000

Total number of NCD
deaths

9%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

JORDAN

9 159 000

Total population

78%

Percentage of deaths
from NCDs

22 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved

KAZAKHSTAN

17 750 000

Total population

82%

Percentage of deaths
from NCDs

123 000

Total number of NCD
deaths

29%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

KENYA

47 236 000

Total population

33%

Percentage of deaths
from NCDs

106 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

KIRIBATI

112 000

Total population

65%

Percentage of deaths
from NCDs

500

Total number of NCD
deaths

28%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know

KUWAIT

3 936 000

Total population

77%

Percentage of deaths
from NCDs

7 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

KYRGYZSTAN

5 865 000

Total population

82%

Percentage of deaths
from NCDs

30 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

LAO PEOPLE'S DEMOCRATIC REPUBLIC

6 664 000

Total population

55%

Percentage of deaths
from NCDs

25 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs

1	National NCD targets	●
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	●
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	●
c	increased excise taxes	●
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	●
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

1 993 000

Total population

92%

Percentage of deaths
from NCDs

26 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved

LEBANON

5 851 000

Total population

89%

Percentage of deaths
from NCDs

32 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

LESOTHO

2 175 000

Total population

29%

Percentage of deaths
from NCDs

7 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

LIBERIA

4 500 000

Total population

31%

Percentage of deaths
from NCDs

11 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

LIBYA

6 235 000

Total population

76%

Percentage of deaths
from NCDs

24 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

LITHUANIA

2 932 000

Total population

90%

Percentage of deaths
from NCDs

38 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

LUXEMBOURG

567 000

Total population

88%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

MADAGASCAR

24 234 000

Total population

43%

Percentage of deaths
from NCDs

68 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

MALAWI

17 574 000

Total population

31%

Percentage of deaths
from NCDs

48 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know NR = No Response

MALAYSIA

30 723 000

Total population

71%

Percentage of deaths
from NCDs

107 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

MALDIVES

418 000

Total population

78%

Percentage of deaths
from NCDs

900

Total number of NCD
deaths

12%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

MALI

17 468 000

Total population

30%

Percentage of deaths
from NCDs

54 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

MALTA

428 000

Total population

90%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

MARSHALL ISLANDS

53 000

Total population

- Percentage of deaths
from NCDs†

- Total number of NCD
deaths†

- Risk of premature death
from target NCDs†



● = fully achieved ● = partially achieved ○ = not achieved

† = see Explanatory Notes

MAURITANIA

4 182 000

Total population

37%

Percentage of deaths
from NCDs

11 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ○ = not achieved

NR = No Response

MAURITIUS

1 259 000

Total population

87%

Percentage of deaths
from NCDs

8 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

MEXICO

126 000 000

Total population

79%

Percentage of deaths
from NCDs

492 000

Total number of NCD
deaths

15%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know NR = No Response

MICRONESIA (FEDERATED STATES OF)

104 000

Total population

74%

Percentage of deaths
from NCDs

500

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs

1	National NCD targets	●
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	NR
b	advertising bans or comprehensive restrictions	NR
c	increased excise taxes	NR
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	NR
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = partially achieved ○ = not achieved

NR = No Response

38 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†

1	National NCD targets	○
2	Mortality data	●
3	Risk factor surveys	○
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	NR
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	●
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	●
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	NR
8	Public education and awareness campaign on physical activity	●
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	●

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

MONGOLIA

2 977 000

Total population

78%

Percentage of deaths
from NCDs

15 000

Total number of NCD
deaths

30%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

MONTENEGRO

628 000

Total population

95%

Percentage of deaths
from NCDs

6 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

MOROCCO

34 803 000

Total population

78%

Percentage of deaths
from NCDs

151 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

MOZAMBIQUE

28 011 000

Total population

32%

Percentage of deaths
from NCDs

90 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

MYANMAR

52 404 000

Total population

68%

Percentage of deaths
from NCDs

297 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NAMIBIA

2 426 000

Total population

40%

Percentage of deaths
from NCDs

6 000

Total number of NCD
deaths

19%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

11 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

NEPAL

28 656 000

Total population

65%

Percentage of deaths
from NCDs

121 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

NETHERLANDS

16 938 000

Total population

89%

Percentage of deaths
from NCDs

130 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NEW ZEALAND

4 615 000

Total population

90%

Percentage of deaths
from NCDs

27 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NICARAGUA

6 082 000

Total population

76%

Percentage of deaths
from NCDs

22 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

NIGER

19 897 000

Total population

26%

Percentage of deaths
from NCDs

46 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NIGERIA

181 000 000

Total population

26%

Percentage of deaths
from NCDs

570 000

Total number of NCD
deaths

21%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

2 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†

1	National NCD targets	○
2	Mortality data	○
3	Risk factor surveys	◐
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	NR
b	advertising bans or comprehensive restrictions	NR
c	increased excise taxes	NR
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	NR
8	Public education and awareness campaign on physical activity	●
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	◐

● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

NORWAY

5 200 000

Total population

87%

Percentage of deaths
from NCDs

35 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved

4 200 000

Total population

70%

Percentage of deaths
from NCDs

8 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

PAKISTAN

189 000 000

Total population

57%

Percentage of deaths
from NCDs

774 000

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

21 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

PANAMA

3 969 000

Total population

74%

Percentage of deaths
from NCDs

14 000

Total number of NCD
deaths

14%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

PAPUA NEW GUINEA

7 920 000

Total population

56%

Percentage of deaths
from NCDs

32 000

Total number of NCD
deaths

36%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

PARAGUAY

6 639 000

Total population

73%

Percentage of deaths
from NCDs

26 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

PERU

31 377 000

Total population

67%

Percentage of deaths
from NCDs

113 000

Total number of NCD
deaths

13%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

PHILIPPINES

102 000 000

Total population

68%

Percentage of deaths
from NCDs

457 000

Total number of NCD
deaths

29%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

POLAND

38 265 000

Total population

90%

Percentage of deaths
from NCDs

350 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

PORTUGAL

10 418 000

Total population

86%

Percentage of deaths
from NCDs

90 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

QATAR

2 482 000

Total population

66%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

14%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

REPUBLIC OF KOREA

50 594 000

Total population

79%

Percentage of deaths
from NCDs

220 000

Total number of NCD
deaths

8%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

REPUBLIC OF MOLDOVA

4 066 000

Total population

91%

Percentage of deaths
from NCDs

39 000

Total number of NCD
deaths

23%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

ROMANIA

19 877 000

Total population

93%

Percentage of deaths
from NCDs

241 000

Total number of NCD
deaths

21%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

RUSSIAN FEDERATION

144 000 000

Total population

86%

Percentage of deaths
from NCDs

1 719 000

Total number of NCD
deaths

29%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

RWANDA

11 630 000

Total population

45%

Percentage of deaths
from NCDs

31 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs

1	National NCD targets	○
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	○
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	●
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	●
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

SAINT KITTS AND NEVIS

54 000

Total population

-

Percentage of deaths
from NCDs†

-

Total number of NCD
deaths†

-

Risk of premature death
from target NCDs†



● = fully achieved ◐ = partially achieved ○ = not achieved

† = see Explanatory Notes

SAINT LUCIA

177 000

Total population

82%

Percentage of deaths
from NCDs

1 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response

SAINT VINCENT AND THE GRENADINES

Total population

Percentage of deaths from NCDs

Total number of NCD deaths

Risk of premature death from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

194 000

Total population

81%

Percentage of deaths
from NCDs

800

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs

1	National NCD targets	○
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	◐
b	smoke-free policies	◐
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	◐
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	●
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	◐
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

SAN MARINO

33 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know NR = No Response † = see Explanatory Notes

SAO TOME AND PRINCIPE

196 000

Total population

48%

Percentage of deaths
from NCDs

600

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs

1	National NCD targets	○
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	○
c	large graphic health warnings/plain packaging	○
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	NR
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	○
c	increased excise taxes	○
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = partially achieved ○ = not achieved

NR = No Response

SAUDI ARABIA

31 557 000

Total population

72%

Percentage of deaths
from NCDs

76 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SENEGAL

14 977 000

Total population

41%

Percentage of deaths
from NCDs

37 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

SERBIA

8 851 000

Total population

94%

Percentage of deaths
from NCDs

99 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

SEYCHELLES

94 000

Total population

79%

Percentage of deaths from NCDs

600

Total number of NCD deaths

22%

Risk of premature death from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

SIERRA LEONE

7 237 000

Total population

31%

Percentage of deaths
from NCDs

27 000

Total number of NCD
deaths

30%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SINGAPORE

5 535 000

Total population

75%

Percentage of deaths
from NCDs

20 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know

SLOVAKIA

5 439 000

Total population

89%

Percentage of deaths
from NCDs

45 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

SLOVENIA

2 075 000

Total population

88%

Percentage of deaths
from NCDs

17 000

Total number of NCD
deaths

13%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

SOLOMON ISLANDS

587 000

Total population

68%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

SOMALIA

13 908 000

Total population

22%

Percentage of deaths
from NCDs

29 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = fully achieved ○ = not achieved

SOUTH AFRICA

55 291 000

Total population

48%

Percentage of deaths
from NCDs

260 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

SOUTH SUDAN

11 882 000

Total population

28%

Percentage of deaths
from NCDs

35 000

Total number of NCD
deaths

20%

Risk of premature death
from target NCDs



● = partially achieved ○ = not achieved

SPAIN

46 398 000

Total population

92%

Percentage of deaths
from NCDs

363 000

Total number of NCD
deaths

10%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SRI LANKA

20 714 000

Total population

80%

Percentage of deaths
from NCDs

113 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SUDAN

38 648 000

Total population

50%

Percentage of deaths
from NCDs

150 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SURINAME

553 000

Total population

75%

Percentage of deaths
from NCDs

2 000

Total number of NCD
deaths

21%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

SWAZILAND

1 319 000

Total population

38%

Percentage of deaths
from NCDs

4 000

Total number of NCD
deaths

25%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

SWEDEN

9 764 000

Total population

89%

Percentage of deaths
from NCDs

80 000

Total number of NCD
deaths

9%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SWITZERLAND

8 320 000

Total population

90%

Percentage of deaths
from NCDs

58 000

Total number of NCD
deaths

9%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

SYRIAN ARAB REPUBLIC

18 735 000

Total population

48%

Percentage of deaths
from NCDs

68 000

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

TAJIKISTAN

8 549 000

Total population

64%

Percentage of deaths
from NCDs

29 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

THAILAND

68 658 000

Total population

71%

Percentage of deaths
from NCDs

393 000

Total number of NCD
deaths

16%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

2 079 000

Total population

95%

Percentage of deaths
from NCDs

19 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

TIMOR-LESTE

1 241 000

Total population

47%

Percentage of deaths
from NCDs

3 000

Total number of NCD
deaths

21%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

7 417 000

Total population

37%

Percentage of deaths
from NCDs

23 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

TONGA

106 000

Total population

81%

Percentage of deaths
from NCDs

500

Total number of NCD
deaths

24%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

TRINIDAD AND TOBAGO

1 360 000

Total population

83%

Percentage of deaths
from NCDs

10 000

Total number of NCD
deaths

26%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

TUNISIA

11 274 000

Total population

85%

Percentage of deaths
from NCDs

62 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

TURKEY

78 271 000

Total population

88%

Percentage of deaths
from NCDs

392 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

TURKMENISTAN

5 565 000

Total population

79%

Percentage of deaths
from NCDs

31 000

Total number of NCD
deaths

35%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

NR = No Response

11 000

Total population

Percentage of deaths
from NCDs†

Total number of NCD
deaths†

Risk of premature death
from target NCDs†

1	National NCD targets	●
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	●
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	○
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	NR
b	advertising bans or comprehensive restrictions	NR
c	increased excise taxes	NR
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	●

● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response † = see Explanatory Notes

UGANDA

40 145 000

Total population

35%

Percentage of deaths
from NCDs

100 000

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

UKRAINE

44 658 000

Total population

90%

Percentage of deaths
from NCDs

605 000

Total number of NCD
deaths

29%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

UNITED ARAB EMIRATES

9 154 000

Total population

76%

Percentage of deaths
from NCDs

11 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ○ = partially achieved ○ = not achieved

NR = No Response

UNITED KINGDOM

65 397 000

Total population

90%

Percentage of deaths
from NCDs

513 000

Total number of NCD
deaths

11%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

UNITED REPUBLIC OF TANZANIA

53 880 000

Total population

34%

Percentage of deaths
from NCDs

142 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

NR = No Response

UNITED STATES OF AMERICA

320 000 000

Total population

88%

Percentage of deaths
from NCDs

2 343 000

Total number of NCD
deaths

14%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

DK = don't know † = data not approved by national authorities

URUGUAY

3 432 000

Total population

84%

Percentage of deaths
from NCDs

27 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

UZBEKISTAN

30 976 000

Total population

78%

Percentage of deaths
from NCDs

148 000

Total number of NCD
deaths

27%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

VANUATU

265 000

Total population

73%

Percentage of deaths
from NCDs

900

Total number of NCD
deaths

22%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

VENEZUELA (BOLIVARIAN REPUBLIC OF)

31 155 000

Total population

69%

Percentage of deaths
from NCDs

119 000

Total number of NCD
deaths

18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

VIET NAM

93 572 000

Total population

76%

Percentage of deaths
from NCDs

411 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

YEMEN

26 916 000

Total population

61%

Percentage of deaths
from NCDs

97 000

Total number of NCD
deaths

31%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know

ZAMBIA

16 101 000

Total population

29%

Percentage of deaths
from NCDs

37 000

Total number of NCD
deaths

17%

Risk of premature death
from target NCDs



● = fully achieved ● = partially achieved ○ = not achieved

ZIMBABWE

15 777 000

Total population

30%

Percentage of deaths
from NCDs

40 000

Total number of NCD
deaths

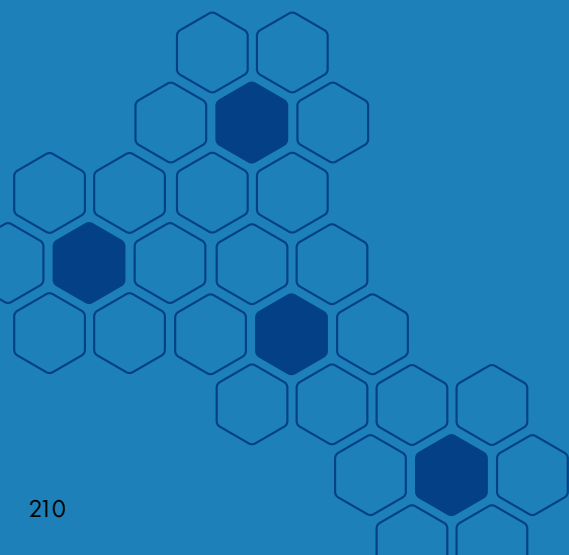
18%

Risk of premature death
from target NCDs



● = fully achieved ◐ = partially achieved ○ = not achieved

DK = don't know NR = No Response





APPENDIX 1

INDICATOR DEFINITIONS AND SPECIFICATIONS



Member State has set time-bound national targets based on WHO guidance

Definition

Country has set national NCD targets. The NCD-related targets should be time-bound and based on the 9 voluntary global targets and 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 responds “Yes” to the question “Are there a set of time-bound national targets for NCDs based on the 9 voluntary global targets from the WHO Global Monitoring Framework for NCDs?”, and provides the needed supporting documentation. 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 responds “Yes” to the question “Are there a set of time-bound national targets for NCDs based on the 9 voluntary global targets from the WHO Global Monitoring Framework for NCDs?”, 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 are asked to submit a copy of their targets 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/ncds/surveillance/ncd-capacity/en/>


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 in the last 10 years.
- 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

¹ For further details, see page 5 of the following document: http://www.who.int/healthinfo/global_burden_disease/GlobalCOD_method_2000_2015.pdf



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 responds “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 the Member States where there is a ban on alcohol), “Physical inactivity”, “Tobacco use”, “Raised blood glucose/diabetes”, “Raised blood pressure/hypertension”, “Overweight and obesity”, and “Salt / Sodium intake”. For risk factors “Raised blood glucose/diabetes”, “Raised blood pressure/hypertension”, and “Overweight and obesity”, the data must be measured, not self-reported. Additionally, for each risk factor, the country must indicate that the last survey was conducted in the past 5 years (i.e. 2012 or later for the 2017 CCS survey responses) and must respond “Every 1 to 2 years” or “Every 3 to 5 years” to the subquestion “How often is the survey conducted?”. The country must also provide the needed supporting documentation.

This indicator is considered partially achieved if the country responds 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 surveys undertaken by countries.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>

Indicator



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 diseases, diabetes, cancer, chronic respiratory diseases) 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 responds "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 have 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 the Member States where there is a ban on alcohol), "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"). Country must also provide the needed supporting documentation.

This indicator is considered partially achieved if the country responds "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 have 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/ncds/surveillance/ncd-capacity/en/>

Indicator



Member State has implemented measures to reduce affordability by increasing excise taxes and prices on tobacco products

Definition	Country has total taxes set at a level that accounts for more than 75% of the retail price of tobacco products.
Data collection tool and achievement criteria	<p>Data collected from governments for the production of the WHO Report on the Global Tobacco Epidemic.</p> <p>Total taxes (including excise tax, value added/sales tax, import duties (where applicable) and any other taxes levied) are calculated as a proportion of the price of the tobacco product. Currently, this is calculated in relation to the most sold brand of cigarettes.</p> <p>This indicator is considered fully achieved if the country has total taxes more than 75% of the price of the most sold brand of cigarettes.</p> <p>This indicator is considered partially achieved if the country has total taxes from 51% up to 75% of the retail price of the most sold brand of cigarettes.</p>
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	<p>http://www.who.int/tobacco/global_report/</p> <p>http://www.who.int/tobacco/global_report/2017/technical_note_1.pdf?ua=1</p>



Member State has implemented measures to eliminate exposure to second-hand tobacco smoke 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/2017/technical_note_1.pdf?ua=1



Member State has implemented plain/standardized packaging and/or large graphic health warnings on all tobacco packages

Definition

Country mandates plain/standardized packaging and/or large graphic warnings with all appropriate characteristics. Appropriate characteristics for large graphic warnings 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);
- rotating health warnings and/or messages;
- pictures or pictograms;
- written in (all) the principal language(s) of the country.

Appropriate characteristics for plain/standardized packaging include:

- restrictions or prohibitions on the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style;
- standardized shape, size and materials of tobacco packaging;
- no advertising or promotion inside or attached to the package or tobacco product.

Data collection tool and achievement criteria

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 plain/standardized packaging and/or large graphic health warnings which are defined as covering on average at least 50% of the front and back of the package with all appropriate characteristics as detailed above.

This indicator is considered partially achieved if there are medium-size warnings, which are defined as covering on average between 30 and 49% of the front and back of package, with some or all appropriate characteristics, or large warnings that are 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/2017/technical_note_1.pdf?ua=1



Member State has enacted and enforced comprehensive bans on tobacco advertising, promotion and sponsorship

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 products identified with tobacco brand names (brand stretching); 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 (contributions and/or publicity of contributions).

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/2017/technical_note_1.pdf?ua=1



Member State has implemented effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke

Definition

Country has implemented a national anti-tobacco mass media campaign designed to support tobacco control, of at least 3 weeks duration with all appropriate characteristics. Appropriate characteristics include:

- campaign was part of a comprehensive tobacco control programme;
- before the campaign, research was undertaken or reviewed to gain a thorough understanding of the target audience;
- campaign communications materials were pre-tested with the target audience and refined in line with campaign objectives;
- air time (radio, television) and/or placement (billboards, print advertising, etc.) was obtained by purchasing or securing it using either the organization's own internal resources or an external media planner or agency (this information indicates whether the campaign adopted a thorough media planning and buying process to effectively and efficiently reach its target audience);
- the implementing agency worked with journalists to gain publicity or news coverage for the campaign;
- process evaluation was undertaken to assess how effectively the campaign had been implemented;
- an outcome evaluation process was implemented to assess campaign impact; and
- the campaign was aired on television and/or radio.

Data collection tool and achievement criteria

Eligible campaigns are assessed according to the appropriate characteristics to determine whether it signifies the use of a comprehensive communication approach.

This indicator is considered fully achieved if the country has a campaign conducted with at least seven appropriate characteristics including airing on television and/or radio.

This indicator is considered partially achieved if the country has a campaign conducted with one to six of the 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/2017/technical_note_1.pdf?ua=1



Member State has enacted and enforced restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Definition	<p>Country has a licensing system or monopoly on retail sales of beer, wine, spirits.</p> <p>Country has restrictions for on-/off-premise sales of beer, wine, spirits regarding hours, days and locations of sales.</p> <p>Country has legal age limits for being sold and served alcoholic beverages.</p>
Data collection tool and achievement criteria	<p>Data is collected through the WHO Global Survey on Alcohol and Health.</p> <p>This indicator is considered fully achieved if:</p> <ul style="list-style-type: none"> • a licensing system or monopoly exists on retail sales of beer, wine and spirits; • 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. <p>This indicator is considered partially achieved if there are any, but not all, positive responses to the three indicators above.</p>
Data validation process	<p>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.</p>
Expected frequency of data collection	<p>Every 3-4 years</p>
Links to tool	<p>http://www.who.int/entity/substance_abuse/activities/survey_alcohol_health_2016.pdf?ua=1</p>



Member State has enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Definition	<p>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).</p> <p>Country has a detection system for infringements on marketing restrictions.</p>
Data collection tool and achievement criteria	<p>Data is collected through the WHO Global Survey on Alcohol and Health.</p> <p>This indicator is considered fully achieved if:</p> <ul style="list-style-type: none"> • restrictions exist on alcohol advertising for beer, wine, and spirits through all channels ; and • detection system exists for infringements on marketing restrictions. <p>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.</p>
Data validation process	<p>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.</p>
Expected frequency of data collection	<p>Every 3-4 years</p>
Links to tool	<p>http://www.who.int/entity/substance_abuse/activities/survey_alcohol_health_2016.pdf?ua=1</p>



Member State has increased excise taxes 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	<p>Data is collected through the WHO Global Survey on Alcohol and Health.</p> <p>This indicator is considered fully achieved if:</p> <ul style="list-style-type: none"> • excise tax on all alcoholic beverages (beer, wine, and spirits) is implemented; • there are no tax incentives or rebates for production of other alcoholic beverages; and • adjustment of level of taxation for inflation for beer, wine, and spirits is implemented. <p>This indicator is considered partially achieved if there is excise tax on alcoholic beverages as specified above.</p>
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_2016.pdf?ua=1



Member State has adopted national policies to reduce population salt/sodium consumption

Definition	Country has implemented national policies to reduce population salt/sodium consumption, including reformulation of food products; establishment of a supportive environment in public institutions to enable lower sodium options to be provided; behaviour change communication and mass media campaigns; and front-of-pack labelling.
Data collection tool and achievement criteria	<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 considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?” and to the subquestions “Are these targeted at: product reformulation by industry across the food supply; regulation of salt content of food; public awareness programme; nutrition labeling ? (must have “Yes” to product reformulation by industry across the food supply and/or regulation of salt content of food, and “Yes” to public awareness programme and nutrition labeling”). Country must also provide the needed supporting documentation.</p> <p>This indicator is considered partially achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?”, and “Yes” to at least one of the four subquestions “Are these targeted at: product reformulation by industry across the food supply; regulation of salt content of food; public awareness programme; nutrition labeling?”.</p>
Data validation process	Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). 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/ncds/surveillance/ncd-capacity/en/

Indicator



Member State 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	<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 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?”, and provides the needed supporting documentation.</p>
Data validation process	Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). 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/ncds/surveillance/ncd-capacity/en/

Indicator



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	<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 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?”, and provides the needed supporting documentation.</p>
Data validation process	Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). 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/ncds/surveillance/ncd-capacity/en/



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	<p>Copies of legislation and regulations on the International Code of Marketing of Breast-milk Substitutes are compiled by WHO every two years. In 2015/16, countries were asked to submit copies. Additionally, copies of legislation were obtained from UNICEF and IBFAN/ICDC and legal databases (Lexis/Nexis and FAO-LEX), EUR-LEX, national gazettes and internet search engines.</p> <p>This indicator is considered fully achieved if the country is assessed as having national legal measures categorized as “full provisions in law”, whereby countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent WHA resolutions.</p> <p>This indicator is considered partially achieved if the country is assessed as having national legal measures categorized as “many provisions in law” or “few provisions in law”, whereby countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many or few provisions of the Code and subsequent WHA resolutions.</p>
Data validation process	WHO, UNICEF, and IBFAN/ICDC analyse all legislation and regulations to determine which provisions of the Code were covered. All three organizations agree upon the categorization based on the provisions included.
Expected frequency of data collection	Every 2 years
Links to tool	http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/

Indicator



Member State has implemented at least one recent national public awareness programme and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change

Definition	Country has implemented at least one recent (within the past 5 years) national public awareness programme on physical activity.
Data collection tool and achievement criteria	<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 considered fully achieved if the country responds “Yes” to the following question: “Has your country implemented any national public awareness programme on physical activity within the past 5 years?”, and provides the needed supporting documentation.</p>
Data validation process	Countries are asked to submit a copy of any documentation of the programme and/or a link to the programme website 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/ncds/surveillance/ncd-capacity/en/

Indicator



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 diseases, 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 indicate that national guidelines/protocols/standards exist for all four NCDs (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases).

This indicator is considered fully achieved if national guidelines/protocols/standards exist for all four NCDs (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases), and the country provides the needed supporting documentation.

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

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/ncds/surveillance/ncd-capacity/en/>

Indicator



Member State 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

Definition

Country has provision of drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach), and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$, or $\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 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 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, metformin, thiazide diuretics, ACE inhibitors, CC blockers, statins, and sulphonylurea(s).

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.

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.

Data validation process

NCD focal points, officially nominated by the Ministry of Health, provide the official response to WHO through the NCD Country Capacity Survey tool.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



World Health
Organization



TOGETHER
LET'S BEAT NCDs

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