

**ASSESSING NATIONAL CAPACITY FOR THE PREVENTION AND  
CONTROL OF NONCOMMUNICABLE DISEASES, 2013.**

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## **ACRONYMS**

<b>CCS</b>	Country Capacity Survey
<b>CVD</b>	Cardiovascular diseases
<b>FOB</b>	Fecal occult blood test
<b>IARC</b>	International Agency for Research on Cancer
<b>NCDs</b>	Noncommunicable diseases
<b>NGO</b>	Non Governmental Organization
<b>NRT</b>	Nicotine Replacement Therapy
<b>PAHO</b>	Pan American Health Organization
<b>VIA</b>	Visual inspection with acetic acid
<b>WHO</b>	World Health Organization

## 1. INTRODUCTION

Noncommunicable diseases (NCDs) have become the leading cause of preventable and premature death in the Region of the Americas, causing an estimated 4.45 million deaths in 2007, of which 37% occurred among people under 70 years of age (1). This NCD epidemic is driven by globalization, urbanization, economic and demographic transitions as well as lifestyle changes, and it is strongly influenced by the social determinants of health. Thus, NCDs represent both a complex public health challenge and a threat to social and economic development, risking the wellbeing of individuals and households (2). In view of this situation, a growing number of countries are developing and implementing policies and programs with a comprehensive and integrated approach to NCDs. However, these policies and actions require renewed attention to implementing and scaling up effective, evidence-based and cost-effective NCD interventions, and developing and applying new knowledge. In support to these efforts, the Pan American Health Organization (PAHO) has developed a *Regional Strategy for the prevention and control of NCDs for 2012-2025* (2), which builds on existing mandates, achievements and capacities in the region focusing on the 4 main NCDs (cardiovascular diseases (CVD), cancer, chronic respiratory diseases and diabetes) and their common risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), through four strategic lines of action (Figure 1). Furthermore, a *Plan of action for the prevention and control of NCDs* has been launched for the period 2013-2019 (3), including actions at the regional and national levels related to the 4 strategic lines of action. Monitoring and evaluation of this Plan of Action will be carried out with two sets of indicators: a set of indicators based on the *WHO Global Monitoring Framework* (4), and a set of regional indicators designed to account for regional specificities and advances.

In this context, the Global Country Capacity Survey (CCS) conducted periodically by the World Health Organization (WHO) provides detailed information on progress made by countries to address and respond to NCDs and their risk factors. The purpose of this survey is to help countries assess their NCDs infrastructure, policies, plans and programs, surveillance and health systems response for NCDs prevention and control at the national level. The CCS has been carried out in 2000, 2006, 2010 and 2013, as a form of periodic monitoring of national progress to help countries identify gaps and needs and facilitate technical cooperation.

This report summarizes the main results from the 2013 Country Capacity Survey, including, where possible, a comparison with the 2010 CCS. It aims to present national capacity for prevention and control in the Region of the Americas, setting a baseline to measure progress in the implementation of the Regional Strategy for the Prevention and Control of NCDs and its plan of action.

## 2. OBJECTIVES

To describe the capacity and response to noncommunicable diseases and their risk factors in the Region of the Americas, including, where possible, a comparison with the 2010 Country Capacity Survey.

Figure 1. Strategic lines of action of the Regional Strategy for the Prevention and Control of NCDs 2012-2025.

**1. Multisectoral policies and partnerships for NCD prevention and control:** Build and promote multisectoral action with relevant sectors of government and society, including integration into development, academic, and economic agendas.

**2. NCD risk factors and protective factors:** Reduce the prevalence of the main NCD risk factors and strengthen protective factors, with emphasis on children and adolescents and on populations in vulnerable situations; use evidence-based health promotion strategies and policy instruments, including regulation, monitoring, and voluntary measures; and address the social, economic, and environmental determinants of health.

**3. Health system response to NCDs and risk factors:** Improve coverage, equitable access, and quality of care for the four main NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and others of national priority, with emphasis on primary health care that includes prevention and strengthened self-care.

**4. NCD surveillance and research:** Strengthen country capacity for surveillance and research on NCDs, their risk factors, and their determinants, and utilize the results of research to support evidence-based policy, academic programs, and program development and implementation.

### 3. METHODS

#### 3.1. Overview

An Excel (5) based questionnaire was sent to the National health authorities through the PAHO/WHO NCD focal points in all Member States of the Americas Region (39 countries). The questionnaire was completed in April-June 2013 by the team responsible for NCDs in the country's Ministry of Health. In order to improve quality and completeness of the responses, countries were encouraged to convene a group of respondents with expertise in the topics covered in the survey.

Upon receipt of the completed questionnaires, the Secretariat validated a number of survey item responses against several WHO databases. These included the IARC (International Agency for Research on Cancer) database of recognized cancer registries; WHO's Department of Health Statistics and Informatics information on vital registration systems; as well as WHO Global InfoBase and the internal survey tracking systems for WHO-supported risk factors surveys. Where discrepancies were noted between the country response and these other sources of information, a clarification request was returned to the country and responses were amended as needed.

A similar approach was undertaken for the 2010 Country Capacity Survey.

#### 3.2. Questionnaire

The 2010 and 2013 CCS consisted of five and four modules, respectively (*Table 1*), each set up as a worksheet within a single Microsoft Excel (5) questionnaire tool. Although the 2010 CCS questions were more comprehensive, there is a high overlap between the topic areas comprised in both surveys. *Annex 1* includes a list of comparable questions from the 2010 and 2013 surveys analyzed in the present report.

Table 1. Topic areas comprised in the 2010 and 2013 CCS modules.

2010 CCS modules	2013 CCS modules
I. Public health infrastructure for NCDs;	I. Public health infrastructure, partnerships and multisectoral collaboration for NCDs;
II. Status of NCD-relevant policies, strategies and action plans;	II. Status of NCD-relevant policies, strategies and action plans;
III. Health information systems, surveillance and surveys for NCDs;	III. Health information systems, surveillance and surveys for NCDs;
IV. Health system capacity for NCD early detection, treatment and care within the primary health care system;	IV. Capacity for NCD prevention, early detection, treatment and care within the health system.
V. Health promotion, partnerships and collaboration.	

Both surveys included a glossary defining the terms used in the survey instrument and a set of detailed instructions on how to complete the questionnaire. *Annex 2* includes definitions of set of key terms included in the 2013 CCS. The questionnaires were translated into Spanish and French to facilitate completion in all countries.

### 3.3. Response rate

In total, 36 countries (36/39, 92%) completed the 2013 survey. However, fewer countries (31 countries, 86%) responded to both the 2010 and 2013 CCS. *Table 1* presents a complete list of responding countries classified by subregion and World Bank income group (6).

### 3.4. Analysis

Data were automatically extracted from the country questionnaires using Microsoft Excel and compiled into a regional database. Data cleaning was performed to ensure consistency with responses within a question and its sub-questions. A descriptive analysis of the 2013 CCS was carried out for all countries (36 responding countries) and by World Bank income groups (11 high income countries, 19 upper-middle income countries and 6 lower-income countries) (*Table 1*).

Trends in national capacity for NCDs were derived from comparing the results of the 2013 survey with those from the capacity survey conducted in 2010. For the comparison of survey responses from 2010 and 2013, only 31 countries that completed both surveys were included in the analysis (*Table 2*), covering selected questions that appeared in both surveys (*Annex 1*).

For all analysis, the denominator used was the total number of responding countries, either overall or within the subgroup of interest. Reported percentages were based on the positive responses to the survey items, and non-positive responses (i.e. “No”, “Don’t know” and items left unanswered) were treated equally.

Finally, *Annexes 3-20* summarize the main results of the 2013 questionnaire disaggregated by country.

All statistical analysis were carried out using Microsoft Excel (5) and SPSS 20 software (7).



Table 2. Responding countries to the 2010 and 2013 CCS by subregion and World Bank income group (6).

Subregion	Country	World bank income group	2013 CCS response	2010 CCS response
North America	Canada	High-income	Yes	Yes
	Puerto Rico	High-income	Yes	No
	United States of America	High-income	Yes	Yes
Mexico	Mexico	Upper-middle income	Yes	Yes
Central America and Dominican Republic	Costa Rica	Upper-middle income	Yes	Yes
	Dominican Republic	Upper-middle income	Yes	Yes
	El Salvador	Lower-middle income	Yes	Yes
	Guatemala	Lower-middle income	Yes	Yes
	Honduras	Lower-middle income	Yes	Yes
	Nicaragua	Lower-middle income	Yes	Yes
	Panama	Upper-middle income	Yes	Yes
Andean Region	Bolivia	Lower-middle income	Yes	Yes
	Colombia	Upper-middle income	Yes	No
	Ecuador	Upper-middle income	Yes	Yes
	Peru	Upper-middle income	Yes	Yes
	Venezuela	Upper-middle income	Yes	Yes
Southern Cone	Argentina	Upper-middle income	Yes	Yes
	Brazil	Upper-middle income	Yes	Yes
	Chile	High-income	Yes	Yes
	Paraguay	Lower-middle income	Yes	Yes
	Uruguay	High-income	Yes	Yes
Caribbean Community	Anguilla	Upper-middle income	Yes	Yes
	Antigua and Barbuda	High-income	Yes	No
	Bahamas	High-income	Yes	No
	Barbados	High-income	Yes	Yes
	Belize	Upper-middle income	Yes	Yes
	British Virgin Islands	High-income	Yes	Yes
	Dominica	Upper-middle income	Yes	Yes
	Grenada	Upper-middle income	Yes	No
	Guyana	Lower-middle income	No	Yes
	Jamaica	Upper-middle income	Yes	Yes
	Montserrat	Upper-middle income	Yes	Yes
	Saint Kitts and Nevis	High-income	Yes	Yes
	Saint Lucia	Upper-middle income	Yes	Yes
	Suriname	Upper-middle income	Yes	Yes
	Trinidad and Tobago	High-income	Yes	Yes
Other	Cuba	Upper-middle income	Yes	Yes

## 4. RESULTS

### 4.1. Aspects of NCD infrastructure

#### Unit, branch or department for NCDs

Thirty-four countries (34/36, 94%) reported they have a unit, branch or department in their ministry of health responsible for NCDs, which in most cases includes planning (34/34, 100%), coordination of implementation (33/34, 97%) as well as monitoring and evaluation responsibilities (31/34, 91%). Furthermore, in most countries this unit, branch or department covers primary prevention and health promotion (33/34, 97%), early detection and screening (32/34, 94%), health care and treatment (31/34, 91%), surveillance, monitoring and evaluation (32/34, 94%) and capacity building (30/34, 88%); while rehabilitation services are only considered in around half of the countries (18/34, 53%) (*Table 3*).

Overall, 81% of countries (29/36) responded they have at least one full time person or staff member working on NCDs. Finally, 83% of countries (30/36) indicated that NCDs or their risk factors are addressed by other government ministry or department outside the health sector (e.g. Ministry of Sport, Ministry of Education) (*Table 3*).

*Table 3. Existing infrastructure to address NCDs and their risk factors, by World Bank income groups.*

	High-income	Upper-middle income	Lower-middle income	Total
	# of countries (%)	# of countries (%)	# of countries (%)	# of countries (%)
<b>Is there a unit/branch/department in the Ministry of Health with responsibility for NCDs?</b>	11/11 (100%)	17/19 (89%)	6/6 (100%)	34/36 (94%)
<b>Does this responsibility include?</b>				
<i>Planning</i>	11/11 (100%)	17/17 (100%)	6/6 (100%)	34/34 (100%)
<i>Coordination of implementation</i>	11/11 (100%)	17/17 (100%)	5/6 (83%)	33/34 (97%)
<i>Monitoring and evaluation</i>	10/11 (91%)	17/17 (100%)	4/6 (67%)	31/34 (91%)
<b>Which areas are covered?</b>				
<i>Primary prevention and health promotion</i>	11/11 (100%)	16/17 (94%)	6/6 (100%)	33/34 (97%)
<i>Early detection / screening</i>	11/11 (100%)	16/17 (94%)	5/6 (83%)	32/34 (94%)
<i>Health care and treatment</i>	10/11 (91%)	16/17 (94%)	5/6 (83%)	31/34 (91%)
<i>Surveillance, monitoring and evaluation</i>	10/11 (91%)	17/17 (100%)	5/6 (83%)	32/34 (94%)
<i>Capacity building</i>	11/11 (100%)	16/17 (94%)	3/6 (50%)	30/34 (88%)
<i>Rehabilitation services</i>	7/11 (64%)	10/17 (59%)	1/6 (17%)	18/34 (53%)
<b>Is there at least one full-time person working on NCDs?</b>	10/11 (91%)	14/19 (74%)	5/6 (83%)	29/36 (81%)
<b>NCDs or their key risk factors addressed by other government ministry or department</b>	9/11 (82%)	18/19 (95%)	3/6 (50%)	30/36 (83%)

As shown in *Table 3*, the NCD unit, branch or department included coordination of implementation and monitoring and evaluation responsibilities in 83% and 67% of lower-middle income countries, respectively, compared to almost all countries in the other income groups. In addition, the proportion of countries covering most of the considered areas of work was smaller among lower-middle income countries, especially in the areas of capacity building and rehabilitation services.

### **Comparison with the 2010 survey**

Among the 31 countries that responded both the 2010 and 2013 surveys, the percentage that indicated having a unit, branch or department with responsibilities for NCDs has increased slightly from 87% in 2010 to 97% in 2013. As shown in *Table 4*, the number of responsibilities and areas covered by this unit, branch or department has also grown since 2010.

Finally, the number of countries reporting at least one full time person or staff member working on NCDs has increased from 23 (74%) in 2010 to 25 (81%) in 2013.

*Table 4. Existing infrastructure to address NCDs and their risk factors, 2010 vs. 2013.*

	2010 CCS		2013 CCS	
	# of countries	%	# of countries	%
<b>Unit/branch/department with responsibility for NCDs</b>	27/31	87%	30/31	97%
<b>Does this responsibility include?</b>				
<i>Planning</i>	26/27	96%	30/30	100%
<i>Coordination of implementation</i>	25/27	93%	29/30	97%
<i>Monitoring and evaluation</i>	22/27	81%	28/30	93%
<b>Which areas are covered?</b>				
<i>Primary prevention and health promotion</i>	25/27	93%	29/30	97%
<i>Early detection/screening</i>	20/27	74%	28/30	93%
<i>Health care and treatment</i>	19/27	70%	27/30	90%
<i>Surveillance</i>	25/27	93%	29/30	97%
<b>Is there at least one full time staff working on NCDs?</b>	23/31	74%	25/31	81%

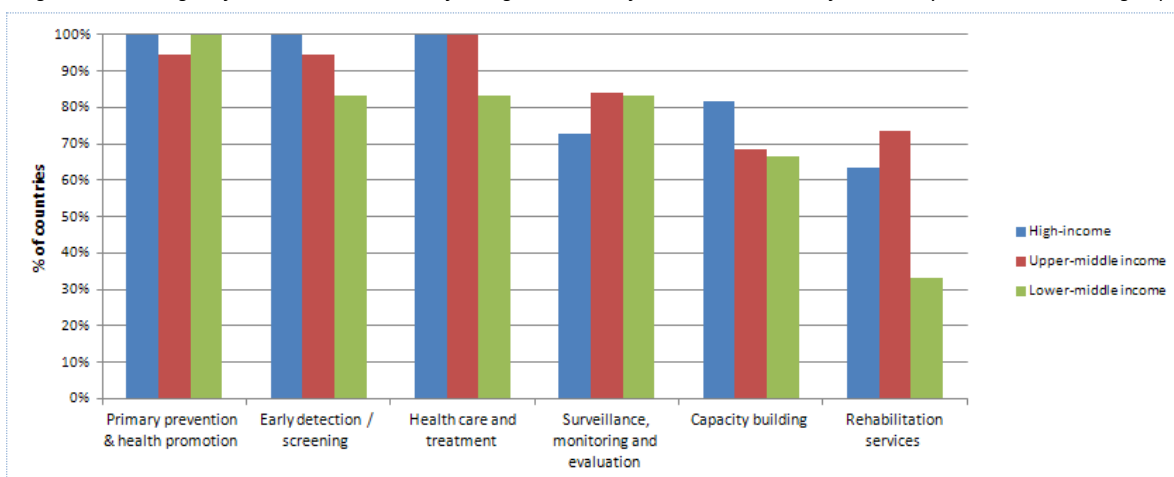
Note: CCS: Country capacity survey.

### **Funding mechanisms**

Most countries indicated that funding is available for NCD primary prevention and health promotion (35/36, 97%), early detection and screening (34/36, 94%), health care and treatment (35/36, 97%) as well as surveillance, monitoring and evaluation (29/36, 81%); while a lower proportion of countries reported available funding mechanisms for capacity building (26/36, 72%) and rehabilitation (23/36, 64%).

In general terms, the proportion of countries reporting funding mechanisms for most NCDs activities and functions increased with the level of income according to the World Bank groups (*Figure 2*). However, only 73% of high-income countries indicated available funding for surveillance, monitoring and evaluation, as compared to 84% of upper-middle and 83% of lower-middle income countries.

Figure 2. Percentage\* of countries with available funding mechanisms for NCDs activities and functions, by World Bank income group.

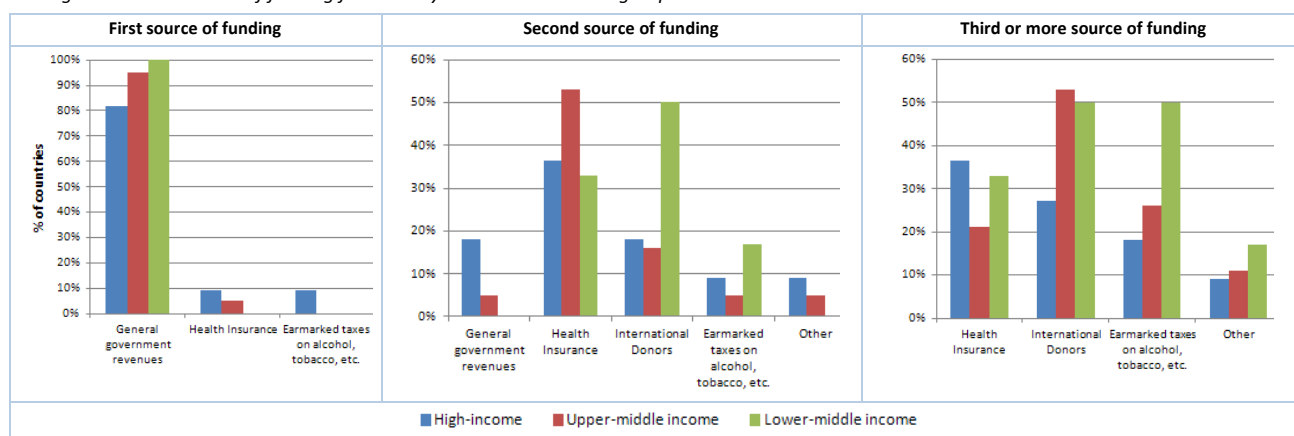


Note: \*: Percentages were calculated using the total number of responding countries by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries) as denominator.

When considering the number of activities or functions with available funding by country, 47% of countries reported having funding mechanisms for all 6 considered activities and functions, 22% indicated having resources for 5 of them, while the remaining countries only indicated having available funding for 4 or less of these activities and functions.

As for the main sources of funding for NCDs, general government revenues represent the major source of funding in most countries (91%), health insurance was reported as the second most important source of funding by 44% of countries, while international donors were the third most relevant source in 44% of countries. As shown in Figure 3, general government revenues are the first source of funding in all income groups. Health insurance comprises the second most important source of funding in high and upper-middle income countries, while international donors are still the second most important source in lower-middle income countries.

Figure 3. Main sources of funding for NCDs by World Bank income group.



Note: Percentages were calculated using the total number of responding countries by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries) as denominator.

### Comparison with the 2010 survey

The 2010 and 2013 survey results show a positive trend in the number of countries with available funding for key NCD activities or functions, including prevention and health promotion (81% vs. 94%), treatment and control (84% vs. 97%), as well as surveillance, monitoring and evaluation (68% vs. 87%).

Overall, 29 countries (94%) reported general government revenues as their main source of funding for NCDs in 2013, compared to 25 countries (81%) in 2010. As shown in *Table 5*, there has also been a marked increase in the proportion of countries where health insurance (26% vs. 42%) and international donors (16% vs. 42%) represent the second major source of funding for NCDs.

Table 5. Main sources of funding for NCDs, 2010 vs. 2013.

	2010 CCS		2013 CCS	
	# of countries	%	# of countries	%
<b>Main sources of funding</b>				
<b>General government revenues</b>				
<i>First</i>	25/31	81%	29/31	94%
<i>Second</i>	2/31	6%	2/31	6%
<i>Third or more</i>	1/31	3%	-	-
<b>Health insurance</b>				
<i>First</i>	1/31	3%	1/31	3%
<i>Second</i>	8/31	26%	13/31	42%
<i>Third or more</i>	4/31	13%	10/31	32%
<i>N/A</i>	14/31	45%	7/31	23%
<b>International donors</b>				
<i>First</i>	1/31	3%	8/31	26%
<i>Second</i>	5/31	16%	13/31	42%
<i>Third or more</i>	11/31	35%	10/31	32%
<i>N/A</i>	10/31	32%	-	-
<b>Earmarked taxes</b>				
<i>First</i>	-	-	1/31	3%
<i>Second</i>	2/31	6%	3/31	10%
<i>Third or more</i>	2/31	6%	9/31	29%
<i>N/A</i>	23/31	74%	18/31	58%
<b>Other</b>				
<i>Second</i>	-	-	1/31	3%
<i>Third or more</i>	2/31	6%	4/31	13%
<i>N/A</i>	25/31	81%	26/31	84%

Notes: CCS: Country capacity survey; N/A: Not applicable.

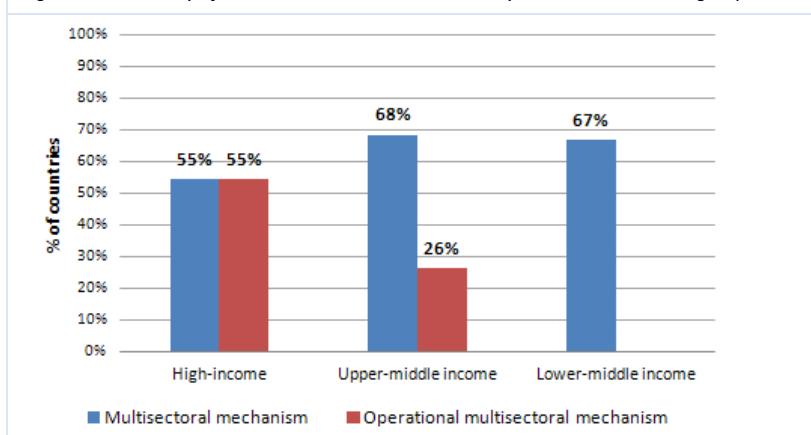
## Multisectoral mechanisms, partners and collaborations

### *Multisectoral mechanisms*

Sixty-four per cent of countries (23/36, 64%) indicated they have a formal multisectoral mechanism established to coordinate NCD policies, involving agencies and organizations from the different sectors of society, including government, NGOs, private for profit and civil society. Nevertheless, only 48% of these (11/23) are operational, while 44% (10/23) are under development and 9% (2/23) are not in effect. This means that only about a third of all responding countries have operational multisectoral mechanisms in place to coordinate NCD policies.

The analysis of this information by World Bank income group shows an indirect relationship between the proportion of countries reporting a multisectoral mechanism and the level of income. Nevertheless, none of the lower-middle income countries reported having an operational mechanism, compared to 28% of higher-middle income countries and 55% of higher income countries (*Figure 4*).

*Figure 4. Availability of NCD multisectoral mechanisms by World Bank income groups.*



Notes: \*: Percentages were calculated using the total number of responding countries as denominator (36 countries).

### *Partnerships and collaborations for NCDs*

Eighty-nine per cent of countries (32/36, 89%) reported they have some form of partnership or collaboration for implementing key activities related to NCDs (*Table 6*).

In most countries collaborations consist of a cross-departmental or ministerial committee (91%) or interdisciplinary committee (88%), while fewer countries have joint task forces (56%) or other forms of collaboration (38%).

All countries reported Government Ministries other than health and NGOs as key stakeholders in these partnerships. Collaborations with academia (91%), United Nations agencies (78%) and other international institutions (78%), were also reported as common, while private sector (69%) was the least frequent stakeholder. Finally, unhealthy diet and physical inactivity were the most frequent content areas covered by partnerships in all countries, followed by chronic respiratory diseases (97%), hypertension (94%) and overweight/obesity (94%). Cardiovascular diseases (66%), abnormal blood lipids (72%) and comprehensive NCDs (75%) were the least common content areas of collaboration (*Table 6*).

*Table 6. Partnerships and collaborations for NCDs.*

	# of countries	%
<b>Partnerships / collaborations for implementing key activities related to NCDs?</b>	<b>32/36</b>	<b>89</b>
<b>Main mechanisms for partnerships/collaborations</b>		
Cross-departmental/ministerial committee	29/32	91
Inter-disciplinary committee	28/32	88
Joint task force	18/32	56
Other	12/32	38
<b>Key stakeholders</b>		
Other Government Ministries (non-health)	32/32	100
Nongovernmental organizations / community-based organizations / civil society	32/32	100
Academia (including research centers)	29/32	91
United Nations Agencies	25/32	78
Other international institutions	25/32	78
Private Sector	22/32	69
Other	12/32	38
<b>Content areas covered by partnerships/collaborations</b>		
Unhealthy diet	32/32	100
Physical Inactivity	32/32	100
Chronic respiratory diseases	31/32	97
Hypertension	30/32	94
Overweight / obesity	30/32	94
Schools	30/32	94
Tobacco	29/32	91
Cancer	29/32	91
Worksites	29/32	91
Cities	28/32	88
Harmful use of alcohol	27/32	84
Diabetes	27/32	84
Comprehensive NCDs	24/32	75
Abnormal blood lipids	23/32	72
Cardiovascular diseases	21/32	66

Figures 5 and 6, present the main types of partnerships and key stakeholders by World Bank income group. Although the private sector is the least common stakeholder overall, they are far more often stakeholders in high and upper-middle income countries (89% and 71%, respectively), than in lower-middle income countries (20%).

Figure 5. Types of partnerships and collaborations by World Bank income groups.

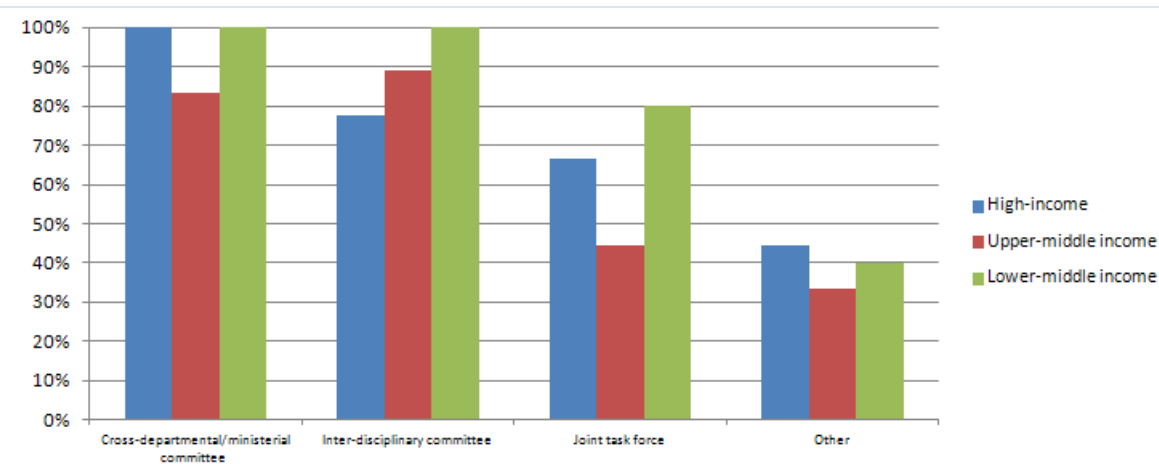
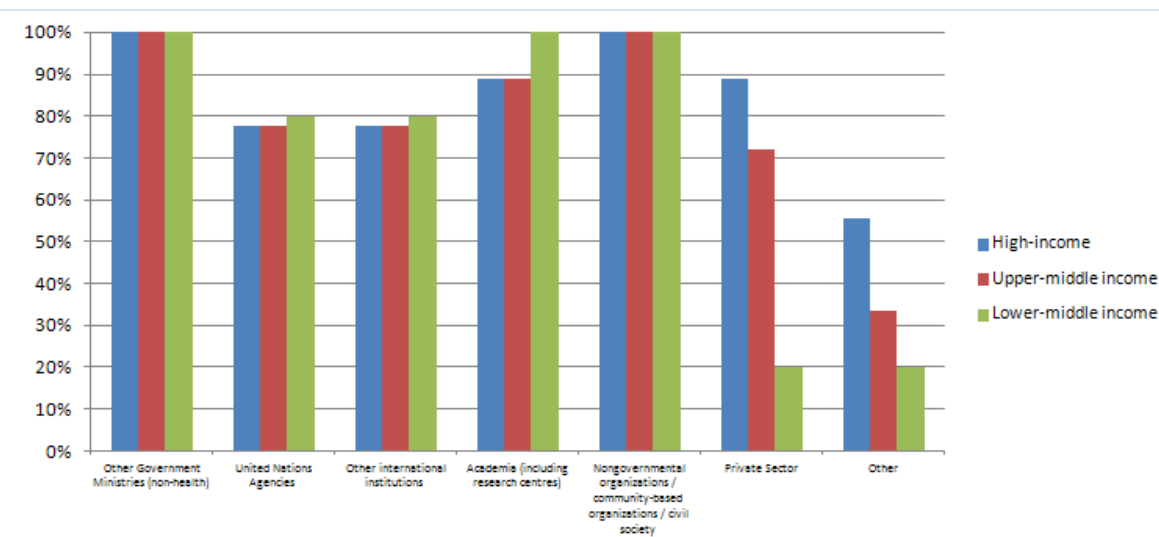


Figure 6. Key stakeholders in partnerships and collaborations, by World Bank income groups.



Note: Percentages were calculated using the total number of responding countries by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower-income countries) as denominator.



## 4.2. Policies, plans and strategies

### Integrated NCD policy, strategy or action plan

Ninety-seven per cent of countries (97%) reported that NCDs are included in their national health plan and/or their national development agenda. In addition, 32 countries (89%) indicated that they have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors, and has a multisectoral and multi-stakeholder approach in 84% and 94% of countries, respectively. Furthermore, NCD prevention and control is included in other broader national policy, strategy or action plan that addresses a specific target population or setting in 64% of countries (*Table 7*).

*Table 4* shows the proportion of countries in which the NCD policy, strategy or action plan addresses the major risk factors and includes early detection, treatment and care for the main NCDs, presenting this information by World Bank income groups. In general terms, a lower proportion of lower-middle income countries reported having the major risk factors and NCDs integrated into their policies, strategies and action plans, as compared with other income groups, with the exception of CVD and diabetes, which were included in all lower middle-income countries.

Finally, although most countries indicated that they have an integrated national NCD policy, strategy or action plan, only 19 countries (59%) reported that it is operational. Of the remaining countries with an NCD policy, strategy or action plan, 12 (38%) indicated that it is under development, while one (3%) informed that it is not in effect.

*Table 7. Integrated NCD policies, strategies or action plans, by World Bank income groups.*

	High-income		Upper-middle income		Lower-middle income		Total	
	# of countries	%	# of countries	%	# of countries	%	# of countries	%
<b>NCDs included in the national health plan and/or the national development agenda?</b>	<b>10/11</b>	<b>91%</b>	<b>19/19</b>	<b>100%</b>	<b>6/6</b>	<b>100%</b>	<b>35/36</b>	<b>97%</b>
<b>Is there an NCD policy, strategy or action plan which integrates several NCDs and their risk factors?</b>	<b>9/11</b>	<b>82%</b>	<b>18/19</b>	<b>95%</b>	<b>5/6</b>	<b>83%</b>	<b>32/36</b>	<b>89%</b>
Is it multisectoral?	7/9	78%	17/18	94%	3/5	60%	27/32	84%
Is it multi-stakeholder?	8/9	89%	18/18	100%	4/5	80%	30/32	94%
<b>Does it include?</b>								
<i>Harmful use of alcohol</i>	8/9	89%	16/18	89%	4/5	80%	28/32	88%
<i>Unhealthy diet</i>	9/9	100%	18/18	100%	4/5	80%	31/32	97%
<i>Physical activity</i>	9/9	100%	18/18	100%	4/5	80%	31/32	97%
<i>Tobacco</i>	9/9	100%	17/18	94%	4/5	80%	30/32	94%
<b>Does it combine early detection, treatment and care for?</b>								
<i>Cancer</i>	8/9	89%	14/18	77%	4/5	80%	26/32	81%
<i>Cardiovascular diseases</i>	8/9	89%	17/18	94%	5/5	100%	30/32	94%
<i>Chronic respiratory diseases</i>	7/9	78%	12/18	67%	3/5	60%	22/32	69%
<i>Diabetes</i>	8/9	89%	17/18	94%	5/5	100%	30/32	94%
<i>Overweight/Obesity</i>	9/9	100%	17/18	94%	4/5	80%	30/32	94%
<b>What is the stage of the policy, strategy or action plan</b>								
<i>Operational</i>	8/9	89%	8/18	44%	3/5	60%	19/32	59%
<i>Under development</i>	1/9	11%	9/18	50%	2/5	40%	12/32	38%
<i>Not in effect</i>	-	-	1/18	6%	-	-	1/32	3%
<b>NCD prevention and control included in any other broader national policy, strategy or action plan that addresses a specific target population or setting?</b>	<b>7/11</b>	<b>64%</b>	<b>13/19</b>	<b>68%</b>	<b>3/6</b>	<b>50%</b>	<b>23/36</b>	<b>64%</b>

### Comparison with the 2010 survey

Although the percentage of countries with a national NCD integrated policy, strategy or action plan has risen markedly between 2010 and 2013 (68% vs. 94%), the proportion of these policies, strategies and action plans that are operational remains low, at around 60% of them. However, there has been a considerable increase in the number of countries that integrate the main NCDs and their risk factors into their national NCD policies, strategies and action plans, especially for cardiovascular diseases, chronic respiratory diseases, harmful use of alcohol and tobacco use (*Table 8*).

*Table 8. Integrated NCD policies, strategies or action plans, 2010 vs. 2013.*

	2010 CCS		2013 CCS	
	# of countries	%	# of countries	%
<b>NCD policy, strategy or action plan</b>	<b>21/31</b>	<b>68%</b>	<b>29/31</b>	<b>94%</b>
<b>Stage?</b>				
<i>Operational</i>	12/21	57%	17/29	59%
<i>Under development</i>	8/21	38%	11/29	38%
<i>Not in effect</i>	-	-	1/29	3%
<b>Does it include?</b>				
<i>Harmful use of alcohol</i>	15/21	71%	25/29	86%
<i>Unhealthy diet</i>	20/21	95%	28/29	97%
<i>Physical activity</i>	21/21	100%	28/29	97%
<i>Tobacco</i>	19/21	90%	27/29	93%
<b>Does it combine early detection, treatment and care for?</b>				
<i>Cancer</i>	19/21	90%	23/29	79%
<i>Cardiovascular diseases</i>	18/21	86%	27/29	93%
<i>Chronic respiratory diseases</i>	11/21	52%	19/29	66%
<i>Diabetes</i>	19/21	90%	27/29	93%
<i>Overweight/obesity</i>	17/21	81%	27/29	93%

Note: CCS: Country capacity survey.

### Specific policies, plans or strategies for the major NCDs and risk factors

A considerable proportion of countries reported that they have specific policies, plans or strategies for the major risk factors and NCDs (*Figure 7*). Cancer and tobacco are the most commonly addressed, with 78% and 69% of countries reporting a specific policy, plan or strategy, respectively. Additionally, unhealthy diet, harmful use of alcohol, physical inactivity, overweight and obesity, diabetes and cardiovascular diseases are each addressed by policies, plans or strategies in 44%-61% of countries, while chronic respiratory diseases are addressed in just over a third of responding countries.

As shown in *Figure 7*, there is a significant drop in the percentage of countries reporting operational policies, plans or strategies by nearly a third, on average, across all NCDs and risk factors, and by nearly half for chronic respiratory diseases, overweight and obesity and unhealthy diet.

When considering the level of income, there is an even greater decline in lower-middle and upper-middle income countries in the percentage of countries reporting operational policies, plans or strategies for chronic respiratory diseases, overweight and obesity, physical inactivity and unhealthy diet. However, a larger proportion of lower-middle income countries reported operational cancer (83%) and tobacco (100%) policies, plans or strategies, as compared with other income groups (*Figure 7*).

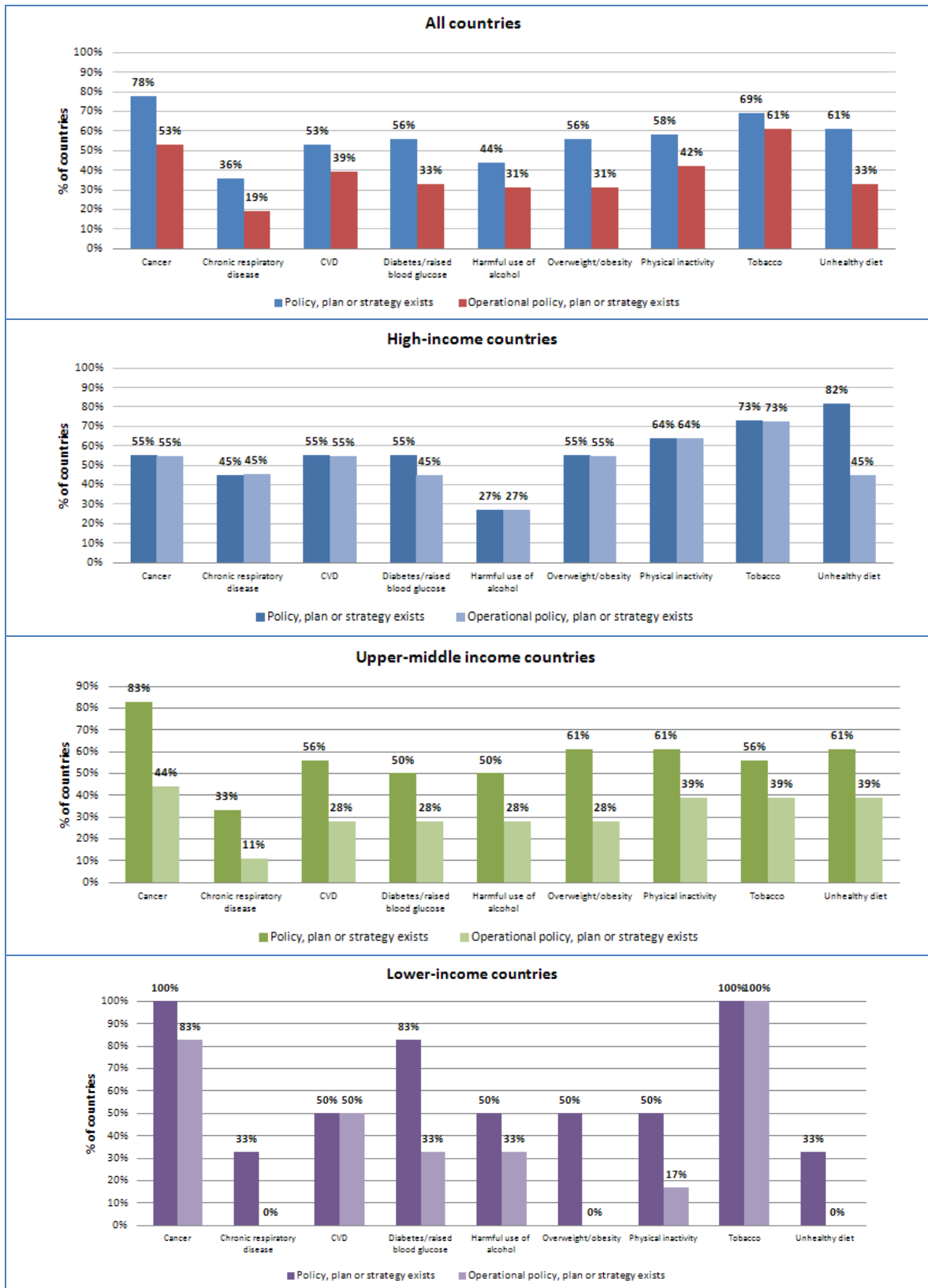
*Table 9* shows the percentage of countries with policies to promote healthy eating. Overall, 94% of countries reported they have policies to promote breastfeeding and 69% of countries indicated they are implementing the International Code of marketing of breast-milk substitutes, with these policies being enforced through legislation in only 35% and 48% of countries, respectively. 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 policies that limit saturated fatty acids and virtually eliminate industrially produced trans fats in the food supply, were both reported by around a third of all countries and are enforced through legislation in just around 40% of them. Finally, half of the countries indicated they have policies that promote population salt consumption reduction, although in 82% of them, policies are voluntary or self-regulating.

There is a consistent increase in the proportion of countries with the above mentioned policies to promote healthy eating, as income group declines, except in the case of policies that promote salt consumption reduction, which were more frequently reported by higher income countries (*Table 9*).

#### ***Comparison with the 2010 survey***

Overall, there has been a rise in the proportion of countries with policies, strategies or action plans for specific NCDs and their risk factors. Nevertheless, only around a third or less of the 31 countries that responded both surveys indicated that these specific policies, strategies or actions plans are operational, with the exception of cancer (55%) and cardiovascular diseases (42%) (*Figure 8*). Finally, the percentage of countries with policies to restrict advertising of unhealthy food to children and policies to eliminate trans fats from the diet remain low (32% and 26%, respectively), despite the positive trend since 2010.

Figure 7. Percentage\* of countries with specific policies, plans or strategies, and whether or not these are operational, by World Bank income group.

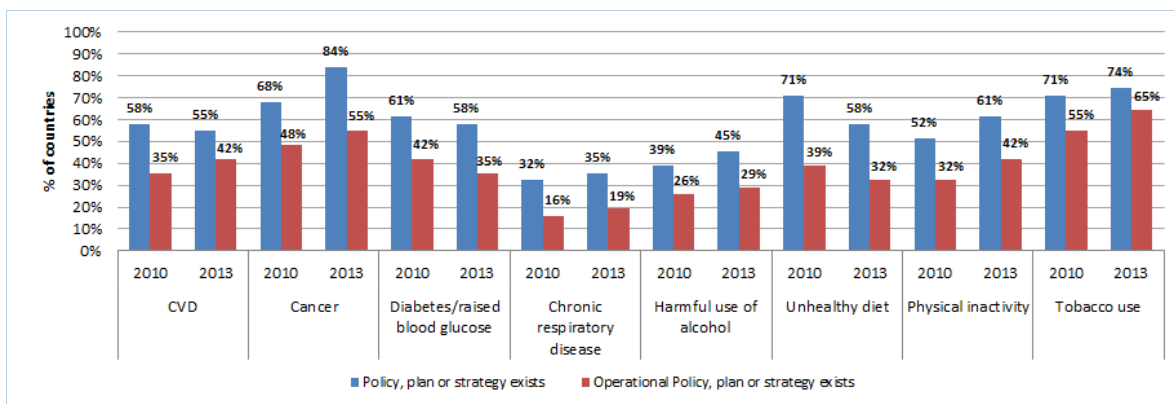


Notes: \*: Percentages were calculated using the total number of responding countries as denominator, either overall (36 countries) or by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries); CVD: Cardiovascular diseases.

Table 9. Countries with policies to promote healthy diet, by World Bank income group.

		High-income		Upper-middle income		Lower-middle income		Total	
		# countries	%	# countries	%	# countries	%	# countries	%
<b>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?</b>	Yes	3/11	27%	6/19	32%	2/6	33%	11/36	31%
	Voluntary/self-regulating	2/3	67%	2/6	33%	1/2	50%	5/11	46%
	Enforced through legislation	1/3	33%	3/6	50%	1/2	50%	5/11	46%
	Don't Know	-	-	1/6	17%	-	-	1/11	
<b>Settings for interventions under the policy/strategy/action plan</b>									
<i>Schools</i>		3/3	100%	5/6	83%	2/2	100%	10/11	91%
<i>Broadcast media (TV/Radio)</i>		2/3	67%	4/6	67%	-	-	6/11	55%
<i>Print-based media (e.g. billboards, magazines)</i>		2/3	67%	4/6	67%	1/2	50%	7/11	64%
<i>Web-based social media</i>		1/3	33%	3/6	50%	-	-	4/11	36%
<i>Sporting events</i>		2/3	67%	2/6	33%	-	-	4/11	36%
<b>Policies to promote breastfeeding?</b>	Yes	10/11	91%	18/19	95%	6/6	100%	34/36	94%
	Voluntary/self-regulating	7/10	70%	10/18	56%	4/6	67%	21/34	62%
	Enforced through legislation	3/10	30%	8/18	44%	1/6	17%	12/34	35%
<b>Is the International Code of Marketing of Breast-Milk Substitutes being implemented?</b>	Yes	7/11	64%	13/19	68%	5/6	83%	25/36	69%
	Voluntary/self-regulating	6/7	86%	5/13	39%	1/5	20%	12/25	48%
	Enforced through legislation	1/7	14%	8/13	62%	3/5	60%	12/25	48%
<b>National policies that limit saturated fatty acids and virtually eliminate industrially produced trans fats in the food supply?</b>	Yes	4/11	36%	6/19	32%	-	-	10/36	28%
	Voluntary/self-regulating	2/4	50%	4/6	67%	-	-	6/10	60%
	Enforced through legislation	2/4	50%	2/6	33%	-	-	4/10	40%
<b>Policies that promote population salt consumption reduction?</b>	Yes	6/11	55%	9/19	47%	2/6	33%	17/36	47%
	Voluntary/self-regulating	6/6	100%	6/9	67%	2/2	100%	14/17	82%
	Enforced through legislation	-	-	3/9	33%	-	-	3/17	18%
	Targeted at product reformulation by industry?	5/6	83%	6/9	67%	1/2	50%	12/17	71%
	Targeted at consumer awareness campaigns?	6/6	100%	8/9	89%	1/2	50%	15/17	88%

Figure 8. Percentage\* of countries with policies, strategies or action plans for specific NCDs and their risk factors, 2010 vs. 2013.



Notes: \*: Percentages were calculated using the total number of responding countries as denominator (31 countries; CVD: Cardiovascular diseases).

### 4.3. Surveillance

#### Mortality data and cancer registries

Overall, 28% of countries reported that they have a structure within the Ministry of Health exclusively dedicated to the surveillance of NCDs and their risk factors. In 36% of countries, this responsibility lays in a structure within the Ministry of Health that is not exclusively dedicated to NCDs, while in the remaining 36% of countries it is a shared responsibility across the Ministry of Health. As shown in *Table 10*, the percentage of countries with a structure exclusively dedicated to NCD surveillance decreased with a decreasing level of income.

With regards to mortality data availability, 35 countries (97%) reported that they have a system for generating mortality by cause of death on a routine basis. All 35 countries indicated having a civil/vital registration system, and 33 of them (94% of countries) informed that cause of death is determined by certification by a medical practitioner. Finally, the majority of countries (91%) with the capacity to produce mortality data have available information for 2010 or later.

Cancer registries were reported by around two thirds of the responding countries, of which 54% have a national scope and 75% are population based. In addition, 71% of countries with a cancer registry indicated that they have published available data for 2010 or later. Nevertheless, the proportion of countries with national or population based cancer registries decreased sharply with a decreasing level of income, as shown in *Table 10*.

Table 10. Number and percentage of countries with NCD surveillance structure, mortality data and cancer registries.

	High-income		Upper-middle income		Lower-middle income		Total	
	# countries	%	# countries	%	# countries	%	# countries	%
<b>Who has responsibility for surveillance of NCDs and their risk factors?</b>								
<i>Structure within the Ministry of Health exclusively dedicated to NCD surveillance</i>	4/11	36%	5/19	26%	1/6	17%	10/36	28%
<i>Structure within the Ministry of Health not exclusively dedicated to NCD surveillance</i>	2/11	18%	8/19	42%	3/6	50%	13/36	36%
<i>Shared responsibility across the Ministry of Health</i>	5/11	45%	6/19	32%	2/6	33%	13/36	36%
<b>Is there a system for generating mortality by cause of death on a routine basis?</b>	<b>11/11</b>	<b>100%</b>	<b>19/19</b>	<b>100%</b>	<b>5/6</b>	<b>83%</b>	<b>35/36</b>	<b>97%</b>
<b>Is there a civil / vital registration system?</b>	<b>11/11</b>	<b>100%</b>	<b>19/19</b>	<b>100%</b>	<b>5/5</b>	<b>100%</b>	<b>35/35</b>	<b>100%</b>
How is cause of death determined?								
<i>Certification by a medical practitioner</i>	11/11	100%	19/19	100%	3/5	60%	33/35	94%
<i>Other</i>	-	-	-	-	2/5	40%	2/35	6%
Available data for 2010 or later?	8/11	73%	19/19	100%	5/5	100%	32/35	91%
<b>Does your country have a cancer registry?</b>	<b>7/11</b>	<b>64%</b>	<b>13/19</b>	<b>68%</b>	<b>4/6</b>	<b>67%</b>	<b>24/36</b>	<b>67%</b>
Scope?								
<i>National</i>	5/7	71%	7/13	54%	1/4	25%	13/24	54%
<i>Subnational</i>	1/7	14%	5/13	39%	3/4	75%	9/24	38%
<i>Both</i>	1/7	14%	1/13	8%	-	-	2/24	9%
Type of data?								
<i>Population based</i>	7/7	100%	9/13	69%	2/4	50%	18/24	75%
<i>Hospital based</i>	-	-	3/13	23%	2/4	50%	5/24	21%
<i>Other</i>	-	-	1/13	8%	-	-	1/24	4%
Available data for 2010 or later?	5/7	71%	9/13	69%	3/4	75%	17/24	71%

### ***Comparison with the 2010 survey***

There has been a slight decrease in the number of countries that reported having a cancer registry from 23 (74%) in 2010 to 22 (71%) in 2013. Furthermore, the proportion of cancer registries with a national scope has also decreased from 57% to 39% since 2010. However, there has been a positive trend in the percentage of population-based cancer registries, which has risen from 43% to 52% over the 3 years elapsed between both surveys.

### **Risk factor surveillance**

#### ***Risk factor surveillance in adults***

Overall, a large proportion of countries reported having conducted surveys on the major NCD risk factors in adults. As shown in *Table 11*, while only 42% of countries have collected data on salt/sodium intake, 75-89% have collected data on each of the other risk factors. Furthermore, over two thirds of these surveys had a national scope, and were carried out in 2010 or later, with salt/sodium intake presenting the highest proportion of recent surveys.

When considering the level of income, the proportion of countries that have conducted risk factor surveys in adults decreased with level of income, as well as the proportion of countries where these surveys had a national scope. Nevertheless, the large proportion of recent surveys in lower-middle income countries reflects efforts under way to improve data availability and quality for risk factors.

#### ***Risk factor surveillance in adolescents***

Almost all countries reported having conducted risk factor surveys in adolescents for the major NCD risk factors included in *Table 12*, which had a national scope in virtually all cases. Furthermore, surveys on low fruit and vegetable consumption, tobacco use and overweight and obesity were carried out in 2010 or later in around two thirds of the countries, while surveys on harmful use of alcohol and physical inactivity were recent in over half of the countries.

As in the case of risk factor surveys in adults, the proportion of countries with available data decreased with decreasing level of income, although a considerable percentage of surveys in lower-middle income countries were carried out in 2010 or later, noting an effort to improve data availability.

### ***Comparison with the 2010 survey***

In the 2010 and 2013 surveys, countries were asked if they had conducted risk factor studies for the main NCD risk factors. While both surveys included detailed questions about such risk factor studies, only the 2013 questionnaire distinguished between adults and adolescents. Therefore, it was only possible to compare the percentage of countries stating in 2010 and 2013 that they had conducted a risk factor survey, regardless of the coverage, target population or recency of the survey.

As shown in *Figure 9*, there has been an overall improvement in the proportion of countries reporting surveys for risk factors.



Table 11. Number and percentage of countries that have conducted adult risk factor surveys, by World Bank income group.

	High-income		Upper-middle income		Lower-middle income		Total	
	#countries	%	#countries	%	#countries	%	#countries	%
<b>Harmful alcohol use?</b>	<b>10/11</b>	<b>91%</b>	<b>17/19</b>	<b>89%</b>	<b>5/6</b>	<b>83%</b>	<b>32/36</b>	<b>89%</b>
National?	9/10	90%	13/17	76%	3/5	60%	25/32	78%
Subnational?	-	-	1/17	6%	2/5	40%	3/32	9%
National and subnational?	1/10	10%	3/17	18%	-	-	4/32	13%
Recent survey?*	7/10	70%	10/17	59%	4/5	80%	21/32	66%
<b>Low fruit and vegetable consumption</b>	<b>10/11</b>	<b>91%</b>	<b>12/19</b>	<b>63%</b>	<b>3/6</b>	<b>50%</b>	<b>25/36</b>	<b>69%</b>
National?	9/10	90%	9/12	75%	2/3	67%	20/25	80%
Subnational?	-	-	1/12	8%	1/3	33%	2/25	8%
National and subnational?	1/10	10%	2/12	17%	-	-	3/25	12%
Recent survey?*	7/10	70%	7/12	58%	2/3	67%	16/25	64%
<b>Physical inactivity</b>	<b>10/11</b>	<b>91%</b>	<b>12/19</b>	<b>63%</b>	<b>3/6</b>	<b>50%</b>	<b>25/36</b>	<b>69%</b>
National?	9/10	90%	9/12	75%	2/3	67%	20/25	80%
Subnational?	-	-	-	-	1/3	33%	1/25	4%
Both?	1/10	10%	3/12	25%	-	-	4/25	16%
Recent survey?*	7/10	70%	6/12	50%	2/3	67%	15/25	60%
<b>Tobacco use</b>	<b>10/11</b>	<b>91%</b>	<b>16/19</b>	<b>84%</b>	<b>3/6</b>	<b>50%</b>	<b>29/36</b>	<b>81%</b>
National?	8/10	80%	13/16	81%	2/3	67%	23/29	79%
Subnational?	-	-	-	-	1/3	33%	1/29	3%
National and subnational?	2/10	20%	3/16	19%	-	-	5/29	17%
Recent survey?*	7/10	70%	9/16	56%	2/3	67%	18/29	62%
<b>Blood glucose / Diabetes</b>	<b>10/11</b>	<b>91%</b>	<b>14/19</b>	<b>74%</b>	<b>4/6</b>	<b>67%</b>	<b>28/36</b>	<b>78%</b>
National?	8/10	80%	8/16	57%	2/4	50%	18/28	64%
Subnational?	-	-	3/16	21%	2/4	50%	5/28	18%
National and subnational?	2/10	20%	3/16	21%	-	-	5/28	18%
Recent survey?*	7/10	70%	7/16	50%	2/4	50%	16/28	57%
<b>Raised total cholesterol</b>	<b>10/11</b>	<b>91%</b>	<b>14/19</b>	<b>74%</b>	<b>3/6</b>	<b>50%</b>	<b>27/36</b>	<b>75%</b>
National?	9/10	90%	8/16	57%	2/3	67%	19/27	70%
Subnational?	-	-	3/16	21%	1/3	33%	4/27	15%
National and subnational?	1/10	10%	3/16	21%	-	-	4/27	15%
Recent survey?*	7/10	70%	7/16	50%	2/3	67%	16/27	59%
<b>Raised blood pressure/hypertension</b>	<b>10/11</b>	<b>91%</b>	<b>16/19</b>	<b>84%</b>	<b>3/6</b>	<b>50%</b>	<b>29/36</b>	<b>81%</b>
National?	9/10	90%	9/16	56%	2/3	67%	20/29	69%
Subnational?	-	-	4/16	25%	1/3	33%	5/29	17%
National and subnational?	1/10	10%	3/16	19%	-	-	4/29	14%
Recent survey?*	7/10	70%	9/16	56%	2/3	67%	18/29	62%
<b>Overweight and obesity</b>	<b>10/11</b>	<b>91%</b>	<b>15/19</b>	<b>79%</b>	<b>3/6</b>	<b>50%</b>	<b>28/36</b>	<b>78%</b>
National?	9/10	90%	11/15	73%	3/3	100%	23/28	82%
Subnational?	-	-	1/15	7%	-	-	1/28	4%
National and subnational?	1/10	10%	3/15	20%	-	-	4/28	14%
Recent survey?*	7/10	70%	7/15	47%	2/3	67%	16/28	57%
<b>Salt/Sodium intake</b>	<b>7/11</b>	<b>64%</b>	<b>6/19</b>	<b>32%</b>	<b>2/6</b>	<b>33%</b>	<b>15/36</b>	<b>42%</b>
National?	6/7	86%	3/6	50%	1/2	50%	10/15	67%
Subnational?	-	-	1/6	17%	1/2	50%	2/15	13%
National and subnational?	1/7	14%	2/6	33%	-	-	3/15	20%
Recent survey?*	5/7	71%	5/6	83%	1/2	50%	11/15	73%

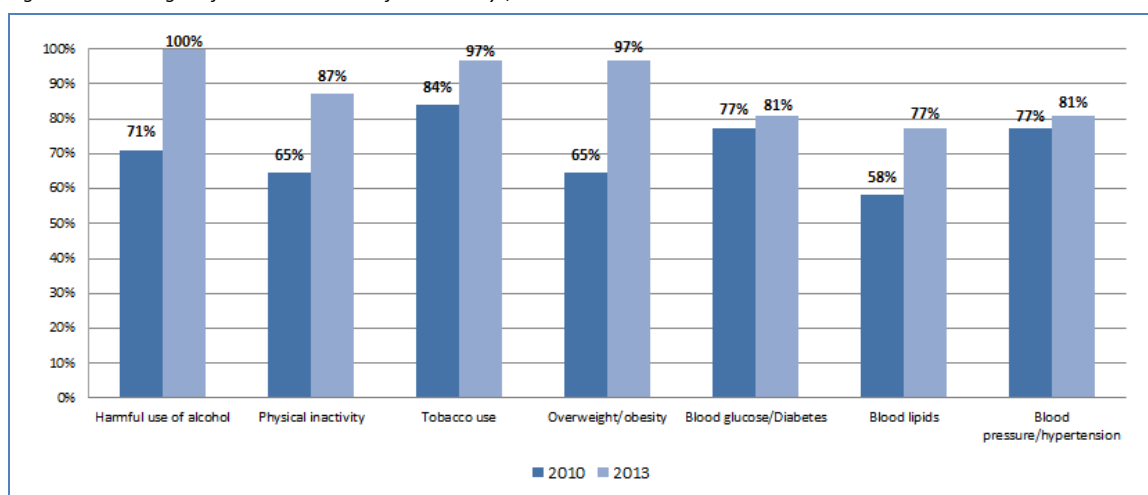
Note: \*A recent survey indicates a survey that has been conducted in 2010 or later.

Table 12. Number and percentage of countries that have conducted adolescent risk factor surveys, by World Bank income group.

	High-income		Upper-middle income		Lower-middle income		Total	
	# countries	%	# countries	%	# countries	%	# countries	%
<b>Harmful alcohol use</b>	<b>10/11</b>	<b>91%</b>	<b>18/19</b>	<b>95%</b>	<b>3/6</b>	<b>50%</b>	<b>31/36</b>	<b>86%</b>
National?	8/10	80%	15/18	83%	1/3	33%	24/31	77%
Subnational?	1/10	10%	-	-	-	-	1/31	3%
Both?	1/10	10%	3/18	17%	2/3	67%	6/31	19%
Recent survey?*	7/10	70%	9/18	50%	2/3	67%	18/31	58%
<b>Low fruit and vegetable consumption</b>	<b>9/11</b>	<b>82%</b>	<b>16/19</b>	<b>84%</b>	<b>3/6</b>	<b>50%</b>	<b>28/36</b>	<b>78%</b>
National?	8/9	89%	12/16	75%	1/3	33%	21/28	75%
Subnational?	-	-	1/16	6%	-	-	1/28	4%
Both?	1/9	11%	3/16	19%	2/3	67%	6/28	21%
Recent survey?*	7/9	78%	10/16	63%	2/3	67%	19/28	68%
<b>Physical inactivity</b>	<b>9/11</b>	<b>82%</b>	<b>15/19</b>	<b>79%</b>	<b>3/6</b>	<b>50%</b>	<b>27/36</b>	<b>75%</b>
National?	8/9	89%	11/15	73%	1/3	33%	20/27	74%
Subnational?	-	-	1/15	7%	-	-	1/27	4%
Both?	1/9	11%	3/15	20%	2/3	67%	6/27	22%
Recent survey?*	7/9	78%	6/15	40%	2/3	67%	15/27	56%
<b>Tobacco use</b>	<b>11/11</b>	<b>100%</b>	<b>18/19</b>	<b>95%</b>	<b>4/6</b>	<b>67%</b>	<b>33/36</b>	<b>92%</b>
National?	9/11	82%	15/18	83%	3/4	75%	27/33	82%
Subnational?	-	-	-	-	-	-	-	-
Both?	2/11	18%	3/18	17%	1/1	25%	6/33	18%
Recent survey?*	8/11	73%	11/18	61%	2/4	50%	21/33	64%
<b>Overweight and obesity</b>	<b>9/11</b>	<b>82%</b>	<b>16/19</b>	<b>84%</b>	<b>3/6</b>	<b>50%</b>	<b>28/36</b>	<b>78%</b>
National?	7/9	78%	11/16	69%	1/3	33%	19/28	67%
Subnational?	1/9	11%	1/16	6%	-	-	2/28	7%
Both?	1/9	11%	4/16	25%	2/3	67%	7/28	26%
Recent survey?*	8/9	89%	10/16	63%	2/3	67%	20/28	70%

Note: \*A recent survey indicates a survey that has been conducted in 2010 or later.

Figure 9. Percentage\* of countries with risk factor surveys, 2010 vs. 2013.



Note: \*: Percentages were calculated using the total number of responding countries as denominator (31 countries).

#### 4.4. Health Systems capacity

##### NCD-related components in the health care system

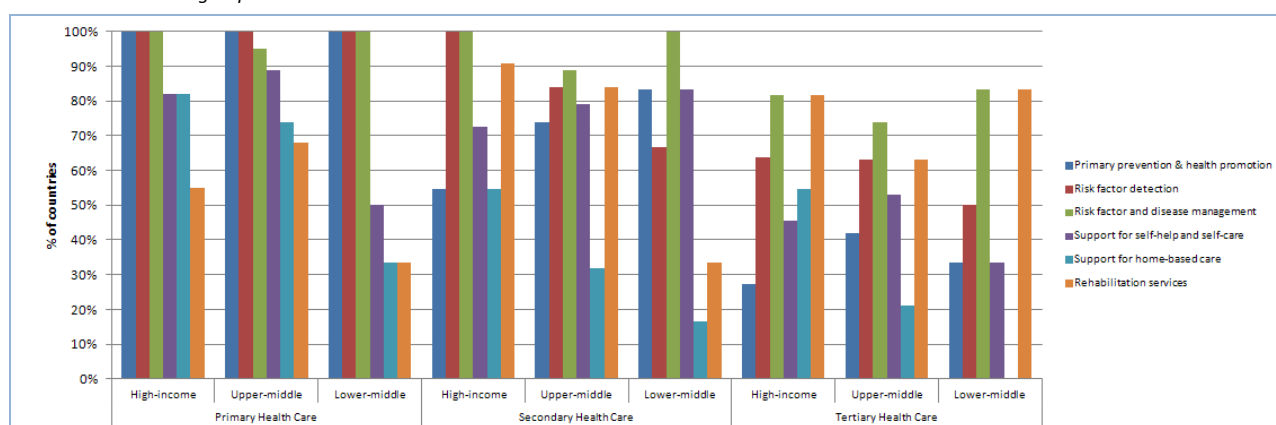
Almost all countries reported providing primary prevention and health promotion (100%), risk factor detection (100%) and risk factor and disease management (97%) in their primary health care systems, while a lower proportion of countries have support for self-help and self-care (81%), home-based care (69%) or rehabilitation services (58%) as part of their primary health care systems. Furthermore, most NCD related services tend to be integrated into the primary health care system, except for rehabilitation services, which are part of the secondary and tertiary health care systems in 78% and 72% of the countries, respectively (*Table 13*).

Table 13. NCD-related components in the primary, secondary and tertiary health care systems.

	Primary Health Care	Secondary Health Care	Tertiary Health Care
Primary prevention & health promotion	36/36 (100%)	25/36 (69%)	13/36 (36%)
Risk factor detection	36/36 (100%)	31/36 (86%)	22/36 (61%)
Risk factor and disease management	35/36 (97%)	34/36 (94%)	28/36 (78%)
Support for self-help and self-care	29/36 (81%)	28/36 (78%)	17/36 (47%)
Support for home-based care	25/36 (69%)	13/36 (36%)	10/36 (28%)
Rehabilitation services	21/36 (58%)	28/36 (78%)	26/36 (72%)

Overall, lower-middle income countries are less likely to have some of the above mentioned NCD components as part of their primary health care systems: around 50% of countries in this income group provide support for self-help and self-care, and just a third include home-based care and rehabilitation services in their primary health care systems. Nevertheless, primary prevention, health promotion, risk factor detection as well as risk factor and disease management are available as part of the primary health services in almost every country, regardless of their income group (*Figure 10*).

Figure 10. Percentage\* of countries with NCD-related components integrated into their primary, secondary and tertiary health care systems, by World Bank income groups.



Notes: \*: Percentages were calculated using the total number of responding countries by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries).

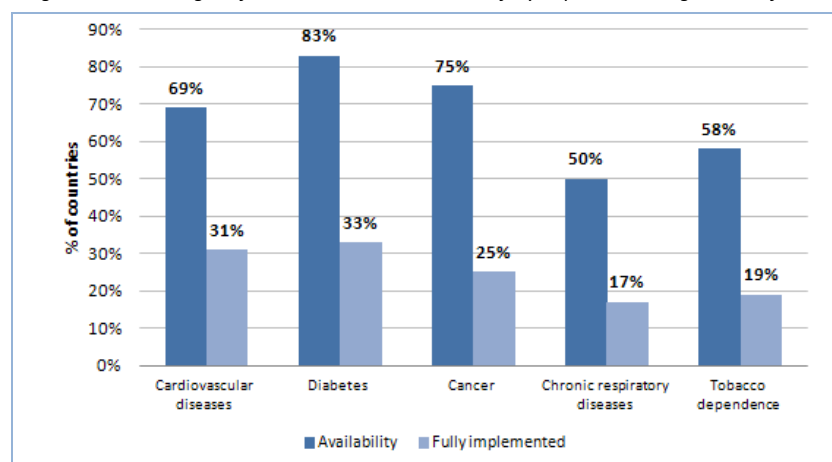
### Comparison with the 2010 survey

Since 2010, there has been an increase in the proportion of countries that provide key NCD related components as part of their primary care system, including primary prevention and health promotion (87% vs. 100%), risk factor detection (77% vs. 100%), risk factor and disease management (94% vs. 100%), support to self care and self management (61% vs. 81%) and support to home based care (52% vs. 74%).

### Guidelines for the management of NCD conditions and risk factors

A large proportion of countries reported having evidence-based guidelines, protocols or standards for the management of diabetes (83%), cancer (75%) and cardiovascular diseases (69%), although less than a third of them have guidelines that are fully implemented. The percentage of countries with available guidelines for chronic respiratory diseases (50%) and tobacco dependence (58%) is lower, with only 17% and 19% of countries reporting fully implemented guidelines for these conditions, respectively (*Figure 11*).

Figure 11. Percentage\* of countries with available and fully implemented guidelines for the management of NCDs and risk factors.



Note: \*: Percentages were calculated using the total number of responding countries as denominator (36 countries).

### Availability of tests and procedures for early detection, diagnosis and monitoring of NCDs

As shown in *Table 14*, the majority of countries reported they have height, weight, blood glucose, total cholesterol and blood pressure measurements available as part of their public and private health sector services. Other tests and procedures are generally available in a lower proportion of countries, especially through the public health sector, including urine strips for albumin assay, HbA1c, foot examination and peak flow measurement spirometry.

With respect to cancer screening tests (*Table 14*), while most countries indicated they have cervical cytology services in the public and private sectors, cervical cancer screening with visual inspection with acetic acid (VIA) is only available in less than half of the countries, in both sectors. Nevertheless, all countries reported having at least one type of cervical cancer screening test generally available as part of their public health sector. Similarly, almost all countries indicated they have at least one type of test for the screening of breast cancer, with clinical breast examination generally available in the public and private sectors of most countries. However, screening mammography was only reported by 56% of countries as part of their public sector, while it was accessible through the private health system in a much higher proportion of countries (89%). Finally, colorectal screening with fecal occult blood test (FOB) or fecal immunological test was reported as generally available by 81% of countries in the public sector and 86% in the private sector. Nevertheless, availability of bowel cancer screening by exam or colonoscopy was much lower in the public sector (58% of countries) as compared to the private sector (83% of

countries). In fact, 8 countries reported having FOB test available as part of their public sector, but not colonoscopy, which is the usual confirmatory test used after a positive FOB result.

With regards to the availability of trained human resources (*Table 14*), the majority of countries reported having trained staff to provide most tests and procedures for early detection, diagnosis and monitoring of NCDs, with the exception of peak flow measurement spirometry (61%), visual inspection with acetic acid (50%), foot examination (75%) and more specialized cancer screening tests such as colonoscopy (75%) or mammography (72%).

*Table 14. Availability of tests and procedures for early detection, diagnosis and monitoring of NCDs at the primary health care level.*

Tests and procedures for NCDs	Generally available in the public sector		Generally available in the private sector		Generally available trained providers	
	# of countries	%	# of countries	%	# of countries	%
Weight	36/36	100%	34/36	94%	35/36	97%
Height	34/36	94%	30/36	83%	35/36	97%
Blood glucose measurement	36/36	100%	34/36	94%	36/36	100%
Oral glucose tolerance test	29/36	81%	32/36	89%	33/36	92%
HbA1c	24/36	67%	32/36	89%	32/36	89%
Foot examination	19/36	53%	24/36	67%	27/36	75%
Blood pressure measurement	36/36	100%	35/36	97%	36/36	100%
Total cholesterol measurement	30/36	83%	32/36	89%	34/36	94%
Urine strips for albumin assay	28/36	78%	29/36	81%	31/36	86%
Peak flow	19/36	53%	22/36	61%	22/36	61%
Cytology	35/36	97%	34/36	94%	35/36	97%
VIA	14/36	39%	16/36	44%	18/36	50%
Fecal occult blood test or fecal immunological test	29/36	81%	31/36	86%	29/36	81%
Exam or colonoscopy	21/36	58%	30/36	83%	27/36	75%
Clinical breast examination	34/36	94%	33/36	92%	33/36	92%
Mammogram	20/36	56%	32/36	89%	26/36	72%

Notes: VIA: Visual inspection with acetic acid.

Finally, a large proportion of lower-middle income countries indicated that most tests and procedures for early detection, diagnosis and monitoring of NCDs are only available in the private health sector, with the exception of VIA, clinical breast examination, height, blood glucose and blood pressure measurements, which were reported as generally available in both sectors by the countries in this income group (*Figure 12*).

### **Comparison with the 2010 survey**

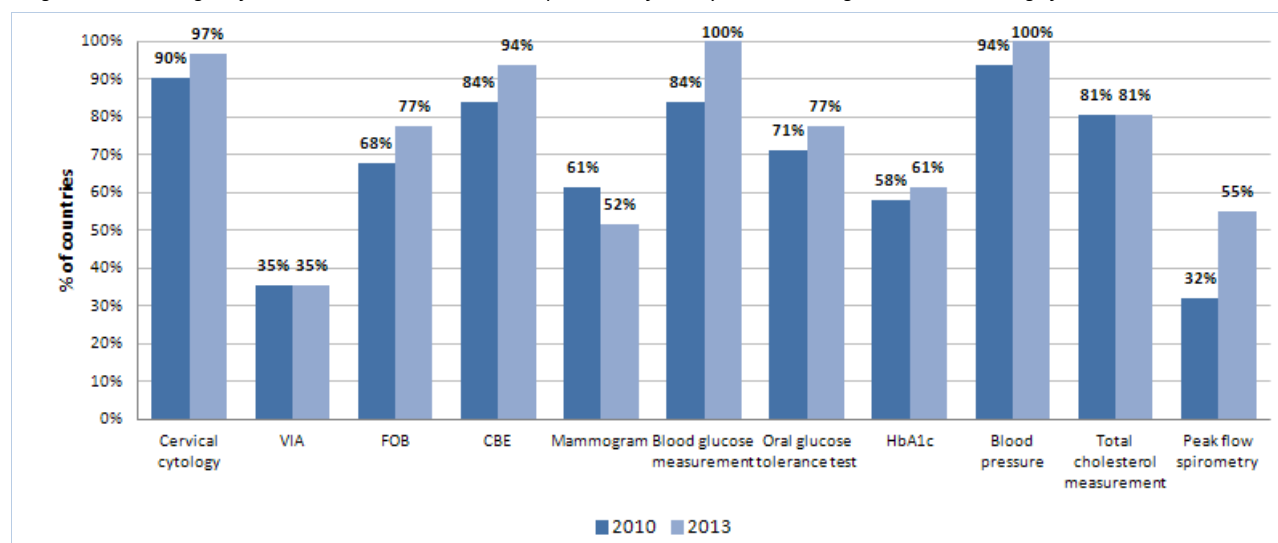
As shown in *Figure 13*, there has been an overall favorable trend since 2010 in the percentage of countries where essential tests and procedures for early detection, diagnosis and monitoring of NCDs are generally available as part of their primary health care level. As a noteworthy exception, the proportion of countries where mammograms are generally available has decreased from 61% in 2010 to 52% in 2010. Furthermore, VIA, Hb1Ac and peak flow spirometry remained the least frequently available tests in 2013, despite the favorable trend.

Figure 12. Percentage\* of countries where tests and procedures for early detection, diagnosis and monitoring of NCDs are generally available at the primary health care level, according to World Bank income groups.



Notes: \*: Percentages were calculated using the total number of responding countries as denominator, either overall (36 countries) or by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower-income countries); VIA: Visual inspection with acetic acid; FOB: Fecal occult blood test or fecal immunological test; CBE: Clinical breast examination.

Figure 13. Percentage\* of countries with available tests and procedures for early detection, diagnosis and monitoring of NCDs, 2010 vs. 2013.



Notes: \*: Percentages were calculated using the total number of responding countries as denominator (31 countries).

### Availability of medicines in the public health sector

As show in *Table 15*, most countries indicated that essential medicines for the management of diabetes, hypertension and cardiovascular diseases are generally available in the public health sector and covered by health insurance or publically funded. However, oral morphine and nicotine replacement therapy were reported as generally available by 64% and just 22% of countries, respectively, and are covered by insurance or publically funded in a similar proportion of countries.

Table 15. Percentage\* of countries with NCD medicines generally available in the public health sector and covered by health insurance or publically funded, by World Bank income groups.

		Insulin	Aspirin	Metformin	Thiazide	ACEI	CC Blockers	Statins	Oral morphine	Steroid inhaler	Bronchodilator	NRT
High-income	Generally available in the public health sector	100%	91%	100%	100%	100%	100%	91%	82%	100%	100%	27%
	Covered by health insurance or publically funded	100%	82%	100%	100%	100%	100%	100%	91%	100%	100%	36%
Upper-middle income	Generally available in the public health sector	95%	100%	100%	100%	100%	95%	100%	68%	79%	100%	26%
	Covered by health insurance or publically funded	100%	95%	100%	100%	100%	100%	95%	74%	95%	95%	37%
Lower-middle income	Generally available in the public health sector	100%	67%	83%	100%	83%	83%	50%	17%	83%	100%	-
	Covered by health insurance or publically funded	83%	67%	83%	83%	83%	67%	83%	33%	67%	67%	17%
Total	Generally available in the public health sector	97%	92%	97%	100%	97%	94%	89%	64%	86%	100%	22%
	Covered by health insurance or publically funded	97%	86%	97%	97%	97%	94%	94%	72%	92%	92%	33%

Notes: \*: Percentages were calculated using the total number of responding countries as denominator, either overall (36 countries) or by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries); NRT: Nicotine replacement therapy.

When considering income groups, there is a clear decrease in the availability and funding of most NCD essential medicines across lower-income countries, except for insulin, thiazides and bronchodilators, which were reported as generally available by all countries in this income group. It is noteworthy that nicotine replacement therapy is available and funded in a markedly low proportion of countries, irrespective of their income level.

### **Comparison with the 2010 survey**

As shown in *Table 16*, there has been a favorable trend in the percentage of countries in which essential NCD medicines are generally available in the public health system, covered by health insurance or publically funded and included in the national list of essential medicines. Nevertheless, oral morphine and nicotine replacement therapy, remain as the least frequently available and funded drugs in 2013.

*Table 16. Availability and coverage of NCD medicines, 2010 vs. 2013.*

	2010 CCS		2013 CCS	
	# of countries	%*	# of countries	%*
<b>Insulin</b>				
Generally available?	25/31	81%	30/31	97%
Covered by health insurance or publically funded?	26/31	84%	30/31	97%
Included in the national list of essential medicines?	27/31	87%	29/31	94%
<b>Aspirin</b>				
Generally available?	25/31	81%	28/31	90%
Covered by health insurance or publically funded?	23/31	74%	26/31	84%
Included in the national list of essential medicines?	26/31	84%	28/31	90%
<b>Metformin</b>				
Generally available?	25/31	81%	30/31	97%
Covered by health insurance or publically funded?	26/31	84%	30/31	97%
Included in the national list of essential medicines?	26/31	84%	29/31	94%
<b>Thiazides</b>				
Generally available?	25/31	81%	31/31	100%
Covered by health insurance or publically funded?	25/31	81%	30/31	97%
Included in the national list of essential medicines?	26/31	84%	29/31	94%
<b>ACEI</b>				
Generally available?	23/31	74%	30/31	97%
Covered by health insurance or publically funded?	24/31	77%	30/31	97%
Included in the national list of essential medicines?	25/31	81%	29/31	94%
<b>CC blockers</b>				
Generally available?	22/31	71%	29/31	94%
Covered by health insurance or publically funded?	23/31	74%	29/31	94%
Included in the national list of essential medicines?	24/31	77%	28/31	90%
<b>Statins</b>				
Generally available?	19/31	61%	27/31	87%
Covered by health insurance or publically funded?	19/31	61%	29/31	94%
Included in the national list of essential medicines?	20/31	65%	29/31	94%
<b>Oral morphine</b>				
Generally available?	15/31	48%	19/31	61%
Covered by health insurance or publically funded?	18/31	58%	22/31	71%
Included in the national list of essential medicines?	18/31	58%	21/31	68%
<b>Nicotine replacement therapy</b>				
Generally available?	4/31	13%	6/31	19%
Covered by health insurance or publically funded?	6/31	19%	10/31	32%
Included in the national list of essential medicines?	5/31	16%	6/31	19%
<b>Salbutamol</b>				
Generally available?	27/31	87%	31/31	100%
Covered by health insurance or publically funded?	25/31	81%	28/31	90%
Included in the national list of essential medicines?	26/31	84%	27/31	87%

Notes: \*: Percentages were calculated using the total number of responding countries as denominator (31 countries); CCS: Country capacity survey.



## Availability of procedures for treating NCDs in the public health system

Table 17 shows the availability of a selection of procedures used for treating NCDs. Chemotherapy, renal replacement therapy by dialysis or transplantation and radiotherapy were reported as generally available in the public sector by 80%, 71% and 63% of countries, respectively. However, coronary bypass or stenting were available in about half of the countries while retinal photocoagulation was reported by just over a third of countries. Finally, 57% of countries indicated they have community or home care for people with advanced/end stages of NCDs.

When considering income groups, the percentage of countries reporting available retinal photocoagulation, coronary bypass or stenting or community/home care, decreased with the level of income, while the availability of the remaining procedures didn't show a clear correlation with income groups (Table 13).

Table 17. Percentage\* of countries with available procedures for the treatment of NCDs in the public sector, by World Bank income group.

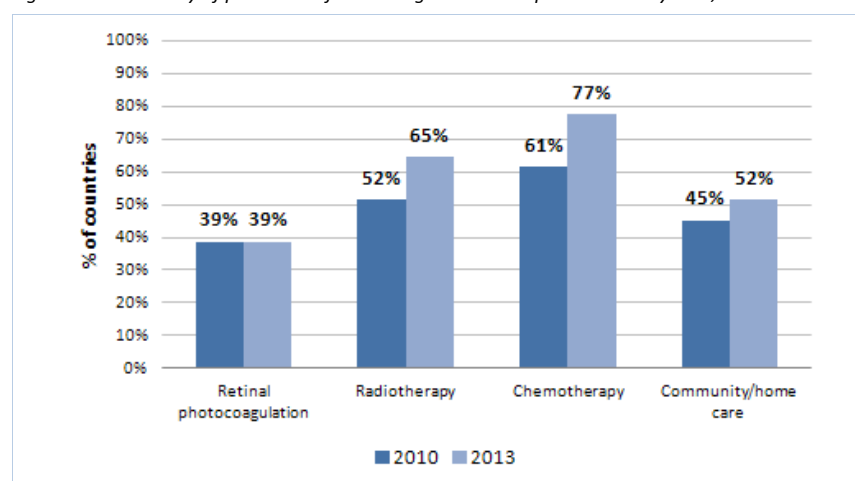
	High-income	Upper-middle income	Lower-middle income	Total
Retinal photocoagulation	55%	37%	17%	39%
Renal replacement therapy by dialysis or transplantation	82%	58%	100%	72%
Coronary bypass or stenting	64%	37%	33%	44%
Radiotherapy	73%	53%	83%	64%
Chemotherapy	82%	74%	100%	81%
Community/home care for people with advanced/end stages of NCDs	82%	58%	-	56%

Notes: \*: Percentages were calculated using the total number of responding countries as denominator, either overall (36 countries) or by subgroup of interest (11 high income countries, 19 upper-middle income countries and 6 lower- income countries).

## Comparison with the 2010 survey

Both the 2010 and 2013 surveys included questions on the availability of procedures for treating NCDs in the public health system. As shown in Figure 14, while there has been an overall positive trend among the 31 countries that completed both questionnaires, the proportion of countries where these selected procedures are available remained low in 2013, especially for retinal photocoagulation, community/home care for end stage patients and radiotherapy.

Figure 14. Availability of procedures for treating NCDs in the public health system, 2010 vs. 2013.



Note: \*: Percentages were calculated using the total number of responding countries as denominator (31 countries).

## 5. CONCLUSIONS

### Aspects of NCD infrastructure

- Member States are increasingly recognizing NCDs and their risk factors as a public health priority, as shown by the large number of countries reporting the existence of a unit, branch or department responsible for NCDs within their Ministry of Health, regardless of their income level. While most countries indicated that this unit, branch or department has an adequate scope in terms of areas of work and responsibilities, monitoring and evaluation, capacity building and rehabilitation services remain the least covered topics, especially in lower income countries.
- Although a large percentage of countries reported that they have at least one person working full time on NCDs, the proportion of countries with this capacity was lower in the upper and lower middle income groups. A more in depth analysis is required to assess if staffing is adequate to meet the needs of the NCD unit, branch or department in terms of number of professionals and their competencies.

### Funding mechanisms

- Most countries indicated that funding mechanisms are available for key NCDs activities and functions, with capacity building and rehabilitation services being the least funded, in just around two thirds of the responding countries. Furthermore, the proportion of countries reporting funding mechanisms for NCDs decreased, in general terms, in the lower income groups. Further analysis is required to evaluate whether these funding mechanisms are sufficient to address NCDs and risk factors prevention and control actions at the country level.
- General government revenues represent the main source of funding for NCDs in all income groups, while health insurance comprise the second most important source of funding in the high and upper-middle income groups and international donors remain the second major source of funding in lower-income countries. Earmarked taxes were reported by most countries as only the third or more source of funding in terms of importance, therefore representing a source that could be potentially increased in the future.

### Multisectoral mechanisms, partners and collaborations

- While 64% of all responding countries indicated that they have a multisectoral mechanism to coordinate NCD policies, only about a third of them reported that it is operational. In this context, lower-middle income countries confront the greatest challenges with no operational multisectoral mechanisms in place.
- These results point out a clear priority for action, as the Regional Strategy for Prevention and Control of NCDs calls to build and promote multisectoral actions to address NCDs and their risk factors. Nevertheless, the majority of countries have some form of partnership or collaboration for implementing key activities related to NCDs, with government ministries, NGOs, academia and other UN agencies as the key stakeholders, which represent an opportunity and starting point to develop, strengthen and operationalize multisectoral mechanisms to advance the NCD and risk factors agenda.

### NCD Policies, plans and strategies

- Most countries have a national multistakeholder NCD policy, strategy or action plan, which integrates several NCDs and their risk factors, with harmful use of alcohol, cancer and chronic respiratory diseases as the least

frequently addressed. Nevertheless, only 59% of these policies, strategies or action plans were reported as operational, while 38% are under development and the remaining 3% are not in effect.

- Similarly, although a considerable proportion of countries reported that they have policies, strategies or action plans or specific risk factors and NCDs, only around a third of the countries indicated that they were operational. Chronic respiratory diseases and harmful use of alcohol were again the least frequently addressed by specific policies, strategies or action plans.
- While a large proportion of countries stated that they have policies to promote breastfeeding, only roughly a third of all responding countries reported policies to reduce the impact on children of marketing, reduce population salt consumption and limit saturated fatty acids and industrially produced trans fats. Furthermore, only half of these policies or less are enforced through legislation.
- These results point out the need to increase the proportion of operational policies, strategies and action plans to address NCDs and their risk factors, as well as to develop and implement policies to promote healthy eating. At the same time, there is a considerable proportion of countries where these policies, strategies and action plans are under development, representing an opportunity to prioritize technical cooperation and improve outcomes. Finally, further studies are needed to assess the quality and level of implementation of existing policies, strategies and action plans, and identify best practices in the Region.

### **Surveillance**

- The large majority of countries reported that they have a system for generating mortality by cause of death on a routine basis, with mortality data available for 2010 or later, regardless of income level. As for cancer registries, they were reported by around two thirds of the responding countries, of which half have a national scope and 75% are population-based. However, there was a sharp decrease in the proportion of countries with national or population-based cancer registries in the lower income groups.
- Overall, a large proportion of countries reported having conducted surveys on the major NCD risk factors. Low fruit and vegetable consumption, physical inactivity and salt/sodium consumption were the least frequently addressed risk factors in adults surveys, while low fruit and vegetable consumption, physical inactivity and overweight and obesity were the least frequently studied in adolescents. Furthermore, the proportion of countries that have conducted risk factor surveys in both adolescents and adults decreased with level of income. Nevertheless, around two thirds of surveys in lower-middle income countries were carried out in 2010 or later, reflecting efforts to improve data quality and availability for risk factors.

### **Health systems capacity**

- While a considerable proportion of countries reported having evidence-based guidelines, protocols or standards for the management of NCDs, they are fully implemented in less than a third of them. Chronic respiratory diseases and tobacco dependence were the least frequently addressed conditions by specific guidelines.
- Tests and procedures for early detection, diagnosis and monitoring of NCDs seem to be generally available in the public health systems of a large proportion of the responding countries. Nevertheless, foot examination by tuning fork or Doppler, peak flow measurement spirometry, bowel cancer screening by exam or colonoscopy and mammograms were only generally available in less than half of the countries. In general terms, most of these selected tests and procedures were mostly available through the private health sector in the lower income countries.

- Most countries indicated that essential medicines for the management of NCDs are generally available in the public health sector, covered by health insurance or publically funded, and included in the national list of essential medicines. However, oral morphine and nicotine replacement therapy were only generally available in just 64% and 22% of countries, respectively. These results highlight a priority for action, as both the NCD Global Monitoring Framework and the Regional Strategy have prioritized improved access to palliative care assessed by morphine equivalent consumption of strong opioid analgesics per cancer death.
- Procedures used for treating NCDs were only reported as generally available by less than two thirds of all responding countries, with retinal photocoagulation, coronary bypass or stenting and home/community based care as the least frequently available procedures.
- While the Country Capacity Survey results are a good approach to understanding health systems capacity for the prevention, diagnosis and treatment of NCDs and their major risk factors, more in depth analysis are needed to understand the extend and reach of generally available services as well as the level of coverage, including out of pocket expenditures.

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Annex 1. List of comparable questions from the 2010 and 2013 country capacity surveys (CCS) included in the analysis.

Topic	2013 CCS question	2010 CCS question
Unit/branch/department for NCDs in the Ministry of Health	<b>A1-</b> Is there a unit/branch/department in the Ministry of Health with responsibility for NCDs?	<b>A1-</b> Is there a unit/branch/department in the Ministry of Health with responsibility for NCDs?
Staff working on NCDs	<b>A1c-</b> Is there at least one full time person/staff member working on NCDs?	<b>A1ci-</b> Number of full time staff in the NCD unit/staff/department
Financing	<b>A3i-vi-</b> Is there funding for the following NCD activities/functions?	<b>A2i-iii-</b> Is there funding for the following NCD activities/functions? (different list of activities/functions from 2013)
	<b>A3ai-avi-</b> What are the major sources of funding for NCDs?	<b>A2ai-avi-</b> What are the major sources of funding for NCDs? (same options as 2013)
Integrated NCD policy, strategy or action plan	<b>B2-</b> NCD policy, strategy or action plan that integrates several NCDs and their risk factors? <b>B2e-</b> Indicate it's stage	<b>B1-</b> NCD policy, strategy or action plan that integrates several NCDs and their risk factors? <b>B1e-</b> Indicate it's stage
	<b>B2ci-cv-</b> Included RF <b>B2di-dv-</b> Included diseases	<b>B1ci-cv-</b> Included RF <b>B1di-dv-</b> Included diseases
CVD policy, strategy or action plan	<b>B3-</b> CVD policy, strategy or action plan? <b>B3c-</b> Indicate it's stage	<b>B2-</b> CVD policy, strategy or action plan? <b>B2d-</b> Indicate it's stage
Cancer policy, strategy or action plan	<b>B4-</b> Cancer policy, strategy or action plan? <b>B4c-</b> Indicate it's stage	<b>B3-</b> Cancer policy, strategy or action plan? <b>B3d-</b> Indicate it's stage
Diabetes/raised blood glucose policy, strategy or action plan	<b>B5-</b> Diabetes/raised blood glucose policy, strategy or action plan? <b>B5c-</b> Indicate it's stage	<b>B4-</b> Diabetes/raised blood glucose policy, strategy or action plan? <b>B4d-</b> Indicate it's stage
Chronic respiratory diseases policy, strategy or action plan	<b>B6-</b> Chronic respiratory diseases policy, strategy or action plan? <b>B6c-</b> Indicate it's stage	<b>B5-</b> Chronic respiratory diseases policy, strategy or action plan? <b>B5d-</b> Indicate it's stage
Other NCDs of importance policy, strategy or action plan	<b>B7-</b> Other NCD of importance policy, strategy or action plan? <b>B7c-</b> Indicate it's stage	<b>B6-</b> Other NCD of importance policy, strategy or action plan? <b>B6d-</b> Indicate it's stage
Harmful use of alcohol policy, strategy or action plan	<b>B8-</b> Harmful use of alcohol policy, strategy or action plan? <b>B8c-</b> Indicate it's stage	<b>B7-</b> Harmful use of alcohol policy, strategy or action plan? <b>B7d-</b> Indicate it's stage
Overweight/obesity policy, strategy or action plan	<b>B9-</b> Overweight/obesity policy, strategy or action plan? <b>B9c-</b> Indicate it's stage	<b>B9-</b> Overweight/obesity policy, strategy or action plan? <b>B9d-</b> Indicate it's stage
Physical inactivity policy, strategy or action plan	<b>B10-</b> Physical inactivity policy, strategy or action plan? <b>B10c-</b> Indicate it's stage	<b>B10-</b> Physical inactivity policy, strategy or action plan? <b>B10d-</b> Indicate it's stage
Tobacco use policy, strategy or action plan	<b>B11-</b> Tobacco use policy, strategy or action plan? <b>B11c-</b> Indicate it's stage	<b>B11-</b> Tobacco use policy, strategy or action plan? <b>B11d-</b> Indicate it's stage
Reducing unhealthy diet policy, strategy or action plan	<b>B12-</b> Reducing unhealthy diet policy, strategy or action plan? <b>B12c-</b> Indicate it's stage	<b>B8-</b> Reducing unhealthy diet policy, strategy or action plan? <b>B8d-</b> Indicate it's stage
Marketing to children	<b>B13-</b> Policies to reduce the impact on children of the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt?	<b>BX12b8-</b> Policies to restrict advertising of unhealthy food to children?
Limit saturated fatty acids	<b>B16-</b> National policies that limit saturated fatty acids and virtually eliminate industrially produced trans fats?	<b>BX12b4-</b> Elimination of trans fats in the diets
Surveillance of NCDs and their RF	<b>C1-</b> Who has responsibility for surveillance of NCDs and RF?	<b>Cx1i-v-</b> Who has responsibility for surveillance of NCDs and RF within the national health authorities?

<b>Cancer registries</b>	<b>C3-</b> Does your country have a cancer registry? <b>C3a-</b> National or subnational? <b>C3b-</b> Population or hospital-based?	<b>C2a-</b> Does your country have a disease registry for cancer? <b>C2ai-</b> National or subnational? <b>C2aii-</b> Population or hospital-based?
<b>RISK FACTOR SURVEYS</b>		
Alcohol	<b>C4a-</b>	<b>C3a-</b>
Low fruit and vegetable consumption	<b>C4b</b>	<b>C3b</b>
Physical inactivity	<b>C4c</b>	<b>C3c</b>
Tobacco use	<b>C4d</b>	<b>C3d</b>
Blood glucose/dm	<b>C4e</b>	<b>C3e</b>
Raised total cholesterol	<b>C4f</b>	<b>C3f</b>
Raised blood pressure/hta	<b>C4g</b>	<b>C3g</b>
Overweight and obesity	<b>C4h</b>	<b>C3h</b>
Salt/sodium intake	<b>C3i</b>	<b>Not included</b>
<b>NCD services provided in the PHC system</b>	<b>D1ai-</b> Primary prevention and health promotion	<b>D1a-</b> Primary prevention and health promotion
	<b>D1bi-</b> Risk factor detection	<b>D1b-</b> Risk factor detection
	<b>D1ci-</b> RF and disease management	<b>D1c-</b> RF and disease management
	<b>D1di-</b> Support for self-help and self care	<b>D1d-</b> Support for self-help and self care
	<b>D1ei-</b> Support for home based-care	<b>D1e-</b> Support for home based-care
	<b>D1fi-</b> Rehabilitation services	<b>D1f-</b> Surveillance/reporting
<b>Tests and procedures for early detection, diagnosis and monitoring of NCDs at the PHC</b>	<b>Availability at the primary health care level, in the public sector</b>	<b>Availability in the primary health care level (no distinction between public/private sectors)</b>
Pap	<b>D3ci</b>	<b>D3d</b>
VIA	<b>D3di</b>	<b>D3e</b>
FOB	<b>D3ei</b>	<b>D3f</b>
CBE	<b>D3gi</b>	<b>D3h</b>
Mammogram	<b>D3hi</b>	<b>D3i</b>
Blood glucose	<b>D3ii</b>	<b>D3k</b>
Oral glucose tolerance	<b>D3ji</b>	<b>D3l</b>
HbA1c	<b>D3ki</b>	<b>D3m</b>
Blood pressure	<b>D3mi</b>	<b>D3r</b>
Total cholesterol	<b>D3ni</b>	<b>D3s</b>
Peak flow	<b>D3pi</b>	<b>D3w</b>
<b>Availability of medicines</b>	<b>Availability of medicines in the public health system</b> (Available? /Covered by health insurance or publically funded? /In national list of medicines?)	<b>Availability of medicines in the public health system</b> (Available? /Covered by health insurance or publically funded? / In national list of medicines?)
Insuline	<b>D4a</b>	<b>D5a</b>
AAS	<b>D4b</b>	<b>D5b</b>
Metformine	<b>D4c</b>	<b>D5c</b>
Thiazide diuretics	<b>D4d</b>	<b>D5e</b>
IECAs	<b>D4e</b>	<b>D5f</b>
CC Blockers	<b>D4f</b>	<b>D5g</b>
Statins	<b>D4g</b>	<b>D5j</b>
Oral morphine	<b>D4h</b>	<b>D5k</b>
Nicotine replacement therapy	<b>D4k</b>	<b>D5l</b>
<b>Procedures for treating NCDs</b>	<b>Availability of treatments for treating NCDs in the public health system</b>	<b>Availability of treatments for treating NCDs in the public health system</b>
Retinal photocoagulation	<b>D5a</b>	<b>D6a</b>
Radiotherapy	<b>D5c</b>	<b>D6d</b>
Chemotherapy	<b>D5d</b>	<b>D6e</b>
Community/home care	<b>D6</b>	<b>D8</b>



Annex 2. Definitions of key terms used in the 2013 country capacity survey.

TERM	DEFINITION
<b>Capacity</b>	The ability to perform appropriate tasks effectively, efficiently and sustainably.
<b>Unit or department</b>	A unit or department with responsibility for NCD disease prevention and control in a ministry of health or national institute.
<b>National integrated action plan</b>	A concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework, targeting the major risk factors common to the main chronic diseases, including the integration of primary, secondary and tertiary prevention, health promotion and diseases prevention programmes across sectors and disciplines.
<b>National policy, strategy, or action plan</b>	<p>i. Policy: A specific official decision or set of decisions designed to carry out a course of action endorsed by a political body, including a set of goals, priorities and main directions for attaining these goals. The policy document may include a strategy to give effect to the policy.</p> <p>ii. Strategy: a long term plan designed to achieve a particular goal.</p> <p>iii. Action plan: A scheme of course of action, which may correspond to a policy or strategy, with defined activities indicating who does what (type of activities and people responsible for implementation), when (time frame), how and with what resources to accomplish an objective.</p>
<b>Multisectoral</b>	Involving agencies and organizations from the different sectors of society including government, NGOs, private-for profit, and civil society.
<b>Multisectoral collaboration</b>	A recognized relationship between part of parts of different sectors of society (such as ministries (e.g. health, education), agencies, non-government agencies, private for-profit sector and community representation) which has been formed to take action to achieve health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.
<b>Multi-stakeholder</b>	Involving stakeholders from different agencies or organizations who may or may not be all within the same sector (e.g. health).
<b>National health reporting system, survey and surveillance</b>	<p>i National health reporting system: The process by which a ministry of health produces annual health reports that summarize data on e.g. national health human resources, population demographics, health expenditures, health indicators such as mortality and morbidity. Includes the process of collecting data from various health information sources, e.g. disease registries, hospital admission or discharge data.</p> <p>ii National survey: A fixed or unfixed time interval survey on the main chronic diseases, or major risk factors common to chronic diseases.</p> <p>iii Surveillance: The systematic collection of data (through survey or registration) on risk factors, chronic diseases and their determinants for continuous analysis, interpretation and feedback.</p>

## Annex 3. NCD infrastructure.

	Unit/branch/department in the ministry of health or equivalent with responsibility for NCDs?										At least one full-time person working on NCDs?	NCDs or RF addressed by other government ministry or department?
	NCDs unit/branch/department?	Does this responsibility include?			Which areas are covered?							
		Planning	Coordination of implementation	Monitoring & evaluation	Primary prevention & health promotion	Early detection/screening	Health care & treatment	Surveillance, M&E	Capacity building	Rehabilitation services		
North America												
Canada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puerto Rico	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DK	Yes	Yes
USA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Central America and Dominican Republic												
Costa Rica	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Dominican Republic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
El Salvador	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Guatemala	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No
Honduras	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes
Nicaragua	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Panama	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Andean Region												
Bolivia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	DK
Colombia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ecuador	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Peru	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southern Cone												
Argentina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Brazil	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chile	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Paraguay	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes
Uruguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Caribbean Community												
Anguilla	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes
Antigua and Barbuda	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	DK
Bahamas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Barbados	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belize	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
British Virgin Islands	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Dominica	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Grenada	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Jamaica	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Montserrat	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Saint Kitts and Nevis	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Saint Lucia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Suriname	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Trinidad and Tobago	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Other												
Cuba	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: M&amp;E: Monitoring and evaluation; N/A: Not applicable; DK: Don't know; USA: United States of America.

## Annex 4. Funding for NCDs.

	Is there funding for the following NCD activities/functions?						Major sources of funding for NCDs				
	Primary prevention & health promotion	Early detection / screening	Health care and treatment	Surveillance, M&E	Capacity building	Rehabilitation services	General government revenues	Health Insurance	International Donors	Earmarked taxes.	Other
<b>North America</b>											
Canada	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	N/A	Second	N/A
Puerto Rico	Yes	Yes	Yes	Yes	Yes	DK	First	N/A	N/A	N/A	Second
USA	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	N/A	Third+	N/A
<b>Mexico</b>	Yes	Yes	Yes	Yes	No	Yes	First	Second	N/A	N/A	N/A
<b>Central America and Dominican Republic</b>											
Costa Rica	Yes	Yes	Yes	Yes	DK	Yes	First	Second	N/A	Third+	N/A
Dominican Republic	Yes	Yes	Yes	Yes	Yes	No	First	Second	Third+	N/A	Third+
El Salvador	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	Third+	Second	Third+
Guatemala	Yes	Yes	Yes	Yes	No	No	First	Third+	Second	Third+	N/A
Honduras	Yes	Yes	Yes	No	No	No	First	N/A	Second	Third+	N/A
Nicaragua	Yes	Yes	Yes	Yes	Yes	Yes	First	N/A	Second	Third+	N/A
Panama	Yes	Yes	Yes	Yes	No	Yes	First	N/A	Second	Third+	N/A
<b>Andean Region</b>											
Bolivia	Yes	Yes	No	Yes	Yes	No	First	Second	Third+	N/A	N/A
Colombia	Yes	Yes	Yes	Yes	Yes	Yes	Second	1	N/A	Third+	N/A
Ecuador	Yes	Yes	Yes	No	Yes	Yes	First	Second	N/A	N/A	N/A
Peru	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	N/A	N/A	N/A
Venezuela	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	N/A	N/A	N/A
<b>Southern Cone</b>											
Argentina	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	Third+	Third+	N/A
<b>Brazil</b>	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	Third+	Third+	N/A
Chile	Yes	Yes	Yes	Yes	Yes	Yes	Second	1	N/A	N/A	N/A
Paraguay	Yes	No	Yes	Yes	Yes	No	First	Second	Third+	N/A	N/A
Uruguay	Yes	Yes	Yes	Yes	Yes	No	Second	Third+	Third+	1	N/A
<b>Caribbean Community</b>											
Anguilla	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	Third+	N/A	N/A
Antigua and Barbuda	Yes	Yes	Yes	No	Yes	Yes	First	Second	Third+	N/A	N/A
Bahamas	Yes	Yes	Yes	No	DK	DK	First	Second	Third+	N/A	N/A
Barbados	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	Second	N/A	N/A
Belize	Yes	Yes	Yes	Yes	No	No	First	Third+	Third+	N/A	N/A
British Virgin Islands	Yes	Yes	Yes	Yes	Yes	Yes	First	Second	N/A	Third+	N/A
Dominica	Yes	Yes	Yes	Yes	Yes	No	First	N/A	Second	N/A	N/A
Grenada	Yes	Yes	Yes	DK	No	No	First	Second	Third+	N/A	N/A
Jamaica	No	No	Yes	No	No	Yes	First	N/A	Third+	Second	N/A
Montserrat	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	Third+	N/A	N/A
Saint Kitts and Nevis	Yes	Yes	Yes	No	No	No	First	Third+	Second	N/A	Third+
Saint Lucia	Yes	Yes	Yes	Yes	Yes	Yes	First	Third+	Second	N/A	Third+
Suriname	Yes	Yes	Yes	Yes	Yes	No	First	Second	Third+	N/A	N/A
Trinidad and Tobago	Yes	Yes	Yes	Yes	Yes	Yes	First	N/A	N/A	N/A	N/A
<b>Other</b>											
Cuba	Yes	Yes	Yes	Yes	Yes	Yes	First	N/A	Third+	N/A	Second

Notes: M&E: Monitoring and evaluation; N/A: Not applicable; DK: Don't know; Third+: Third source of funding or more.

## Annex 5. Multisectoral mechanisms, partners and collaboration.

	Operational multisectoral mechanism to coordinate NCD policies?	Partnerships / collaborations for NCDs?	Main mechanisms for partnerships/ collaborations				Key stakeholders						
			Cross-departmental/ ministerial committee	Inter-disciplinary committee	Joint task force	Other	Other Government Ministries	UN Agencies	Other international institutions	Academia	NGOs / community-based organizations / civil society	Private Sector	Other
North America													
Canada	Operational	Yes	Yes	Yes	Yes	DK	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puerto Rico	Operational	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
USA	Operational	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mexico	No	Yes	Yes	Yes	Yes	No	Yes	DK	Yes	Yes	Yes	Yes	No
Central America and Dominican Republic													
Costa Rica	U.D.	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No
Dominican Republic	U.D.	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	No
El Salvador	U.D.	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
Guatemala	U.D.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	DK
Honduras	Not in effect	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nicaragua	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Panama	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	DK
Andean Region													
Bolivia	No	Yes	Yes	Yes	No	DK	Yes	Yes	Yes	Yes	Yes	No	DK
Colombia	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ecuador	U.D.	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peru	Operational	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Venezuela	No	Yes	Yes	Yes	DK	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Southern Cone													
Argentina	Operational	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Brazil	U.D.	Yes	Yes	Yes	No	DK	Yes	Yes	Yes	Yes	Yes	Yes	DK
Chile	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Paraguay	U.D.	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	No	DK
Uruguay	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Caribbean Community													
Anguilla	Operational	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes
Antigua and Barbuda	No	Yes	Yes	No	No	Yes	Yes	DK	Yes	DK	Yes	DK	DK
Bahamas	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Barbados	Operational	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Belize	U.D.	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
British Virgin Islands	Operational	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	DK
Dominica	U.D.	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Grenada	No	Yes	No	Yes	No	DK	Yes	No	No	Yes	Yes	Yes	No
Jamaica	Operational	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montserrat	U.D.	Yes	Yes	Yes	DK	DK	Yes	Yes	Yes	No	Yes	No	DK
Saint Kitts and Nevis	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Saint Lucia	Not in effect	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Suriname	No	Yes	No	Yes	No	No	Yes	Yes	DK	Yes	Yes	Yes	No
Trinidad and Tobago	Operational	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other													
Cuba	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes

Notes: UN: United Nations; NGOs: Non Governmental Organizations; DK: Don't Know; N/A: Not applicable; UD: Under development.

## Annex 6. Integrated national NCD policies, strategies and action plans.

	NCDs in Ntl health plan and/or your Ntl development agenda?	NCDs in other policies, strategies or action plans?	Operational NCD policy, strategy or action plan which integrates several NCDs and their risk factors												
			Operational NCD policy, strategy or action plan?	First year?	Multisectoral?	Multi-stakeholder?	Does it address?								
							Harmful use of alcohol	Unhealthy diet	Physical activity	Tobacco	Cancer	CVD	Chronic respiratory diseases	Diabetes	Overweight / obesity
North America															
Canada	Ntl Health Plan	Yes	Operational	2010	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puerto Rico	Both	Yes	Operational	2008	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
USA	Ntl Health Plan	Yes	Operational	2010	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mexico	Both	Yes	Operational	1998	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Central America and Dominican Republic															
Costa Rica	Ntl Health Plan	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dominican Republic	Both	No	Operational	2010	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
El Salvador	Both	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guatemala	Ntl Health Plan	No	Operational	2010	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Honduras	Ntl Health Plan	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nicaragua	Both	Yes	U.D.	N/A	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Panama	Ntl Health Plan	Yes	Not in effect	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Andean Region															
Bolivia	Ntl Health Plan	Yes	Operational	2010	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Colombia	Both	No	Operational	2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ecuador	Both	No	Operational	2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Peru	Both	Yes	U.D.	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela	Both	Yes	Operational	2005	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southern Cone															
Argentina	Ntl Health Plan	Yes	Operational	2009	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brazil	Both	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chile	Ntl Health Plan	Yes	Operational	2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Paraguay	Ntl Health Plan	No	Operational	2008	No	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No
Uruguay	No	No	Operational	2005	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Caribbean Community															
Anguilla	Ntl Health Plan	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Antigua and Barbuda	Both	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bahamas	Ntl Health Plan	No	U.D.	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Barbados	Both	Yes	Operational	2009	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belize	Ntl Health Plan	No	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
British Virgin Islands	Both	DK	Operational	2013	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Dominica	Ntl Health Plan	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Grenada	Ntl Health Plan	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jamaica	Both	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montserrat	Ntl Health Plan	Yes	Operational	2012	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Saint Kitts and Nevis	Both	Yes	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Saint Lucia	Ntl Health Plan	No	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Suriname	Both	No	Operational	2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Trinidad and Tobago	Both	Yes	Operational	2005	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other															
Cuba	Both	Yes	U.D.	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: CVD: Cardiovascular Diseases; Ntl: National; N/A: Not available; U.D.: Under development.

## Annex 7. Policies, plans and strategies for specific NCDs.

	Cardiovascular diseases		Cancer		Diabetes		Chronic respiratory disease	
	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year
<b>North America</b>								
Canada	Operational	2009	Operational	2006	Operational	2005	Operational	2009
Puerto Rico	Operational	2012	Operational	2008	Operational	2012	Operational	2002
USA	Operational	2010	Operational	2010	Operational	2010	Operational	2010
<b>Mexico</b>	U.D.	N/A	U.D.	N/A	U.D.	N/A	No	N/A
<b>Central America and Dominican Republic</b>								
Costa Rica	Operational	2010	Operational	2011	No	N/A	No	N/A
Dominican Republic	No	N/A	Operational	1996	No	N/A	No	N/A
El Salvador	No	N/A	Operational	2011	U.D.	N/A	U.D.	N/A
Guatemala	Operational	2011	Operational	2011	Operational	2011	No	N/A
Honduras	No	N/A	Operational	2010	U.D.	N/A	No	N/A
Nicaragua	Operational	2010	U.D.	N/A	U.D.	N/A	U.D.	N/A
Panama	Not in effect	N/A	U.D.	N/A	U.D.	N/A	Not in effect	N/A
<b>Andean Region</b>								
Bolivia	No	N/A	Operational	2009	No	N/A	No	N/A
Colombia	U.D.	N/A	Operational	2013	U.D.	N/A	U.D.	N/A
Ecuador	No	N/A	U.D.	N/A	No	N/A	No	N/A
Peru	Operational	2011	Operational	2012	Operational	2011	No	N/A
Venezuela	Operational	1946	Operational	1946	Operational	1975	Operational	2006
<b>Southern Cone</b>								
Argentina	Operational	2010	Operational	2010	Operational	2004	No	N/A
<b>Brazil</b>	U.D.	N/A	Operational	2005	U.D.	N/A	U.D.	N/A
Chile	Operational	2013	Operational	2005	U.D.	N/A	Operational	2001
Paraguay	Operational	1995	Operational	2008	Operational	1998	No	N/A
Uruguay	Operational	2009	Operational	2006	Operational	2008	No	N/A
<b>Caribbean Community</b>								
Anguilla	No	N/A	No	N/A	No	N/A	No	N/A
Antigua and Barbuda	No	N/A	No	N/A	No	N/A	No	N/A
Bahamas	No	N/A	No	N/A	No	N/A	No	N/A
Barbados	Operational	2007	No	N/A	Operational	2008	Operational	2008
Belize	No	N/A	U.D.	N/A	No	N/A	No	N/A
British Virgin Islands	No	N/A	No	N/A	No	N/A	No	N/A
Dominica	No	N/A	No	N/A	No	N/A	No	N/A
Grenada	No	N/A	No	N/A	No	N/A	No	N/A
Jamaica	No	N/A	U.D.	N/A	No	N/A	No	N/A
Montserrat	U.D.	N/A	Not in effect	N/A	Operational	2011	Not in effect	N/A
Saint Kitts and Nevis	No	N/A	No	N/A	No	N/A	No	N/A
Saint Lucia	No	N/A	U.D.	N/A	No	N/A	No	N/A
Suriname	No	N/A	Not in effect	N/A	No	N/A	No	N/A
Trinidad and Tobago	No	N/A	Operational	2009	No	N/A	No	N/A
<b>Other</b>								
Cuba	Operational	2002	Operational	2009	Operational	2002	Operational	2001

Notes: N/A: Not applicable; U.D.: Under development.

## Annex 8. Policies, plans and strategies for specific risk factors.

	Harmful use of alcohol		Overweight/Obesity		Physical inactivity		Tobacco		Unhealthy diet	
	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year	Operational policy, strategy, or action plan?	First year
<b>North America</b>										
Canada	No	N/A	Operational	2010	Operational	2005	Operational	2001	Operational	2010
Puerto Rico	Operational	1972	Operational	2007	Operational	2005	Operational	2008	Operational	2013
USA	Operational	2010	Operational	2010	Operational	2010	Operational	2010	Operational	2010
<b>Mexico</b>	N/A	N/A	U.D.	N/A	U.D.	N/A	N/A	N/A	Operational	2010
<b>Central America and Dominican Republic</b>										
Costa Rica	U.D.	N/A	U.D.	N/A	Operational	2012	Operational	2012	Operational	2012
Dominican Republic	No	N/A	No	N/A	No	N/A	No	N/A	No	N/A
El Salvador	Operational	2012	U.D.	N/A	U.D.	N/A	Operational	2006	U.D.	N/A
Guatemala	No	N/A	U.D.	N/A	U.D.	N/A	Operational	2008	No	N/A
Honduras	No	N/A	No	N/A	No	N/A	Operational	2010	No	N/A
Nicaragua	No	N/A	U.D.	N/A	No	N/A	Operational	2010	No	N/A
Panama	Operational	2008	Operational	2009	Operational	2010	Operational	2008	Operational	2007
<b>Andean Region</b>										
Bolivia	Operational	2007	No	N/A	No	N/A	Operational	2007	No	N/A
Colombia	Operational	2011	U.D.	N/A	Operational	2011	Operational	2011	Operational	2011
Ecuador	Operational	2013	No	N/A	No	N/A	Operational	2011	No	N/A
Peru	Operational	2005	U.D.	N/A	U.D.	N/A	U.D.	N/A	U.D.	N/A
Venezuela	U.D.	N/A	U.D.	N/A	U.D.	N/A	Operational	1984	DK	N/A
<b>Southern Cone</b>										
Argentina	Operational	2011	Operational	2012	Operational	2011	Operational	2004	Operational	2008
<b>Brazil</b>	No	N/A	U.D.	N/A	Operational	2011	Operational	1997	Operational	1999
Chile	Operational	2010	Operational	2011	Operational	2011	Operational	2005	Operational	2005
Paraguay	Not in effect	N/A	No	N/A	Operational	2013	Operational	2005	U.D.	N/A
Uruguay	No	N/A	No	N/A	Operational	2009	Operational	2005	U.D.	N/A
<b>Caribbean Community</b>										
Anguilla	No	N/A	Operational	2013	Operational	2013	No	N/A	No	N/A
Antigua and Barbuda	No	N/A	No	N/A	No	N/A	No	N/A	U.D.	N/A
Bahamas	No	N/A	No	N/A	No	N/A	No	N/A	U.D.	N/A
Barbados	No	N/A	Operational	2009	Operational	2013	Operational	2010	Operational	2010
Belize	U.D.	N/A	No	N/A	No	N/A	No	N/A	No	N/A
British Virgin Islands	No	N/A	No	N/A	No	N/A	Operational	2006	No	N/A
Dominica	No	N/A	No	N/A	No	N/A	No	N/A	U.D.	N/A
Grenada	No	N/A	No	N/A	No	N/A	No	N/A	No	N/A
Jamaica	No	N/A	No	N/A	No	N/A	U.D.	N/A	No	N/A
Montserrat	Not in effect	N/A	Operational	2012	U.D.	N/A	No	N/A	Operational	2012
Saint Kitts and Nevis	No	N/A	No	N/A	No	N/A	No	N/A	No	N/A
Saint Lucia	No	N/A	No	N/A	No	N/A	No	N/A	No	N/A
Suriname	No	N/A	No	N/A	No	N/A	U.D.	N/A	No	N/A
Trinidad and Tobago	No	N/A	Operational	2012	Operational	2012	Operational	2012	U.D.	N/A
<b>Other</b>										
Cuba	Operational	2002	Operational	2008	Operational	2000	Operational	2002	U.D.	N/A

Notes: N/A: Not available; U.D.: Under development; DK: Don't know.

## Annex 9. Policies to promote healthy eating.

	Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages		Policies to promote breastfeeding		International Code of Marketing of Breast-Milk Substitutes		Policies to limit saturated fatty acids		Salt consumption reduction	
	Existing?	Type?	Existing?	Type?	Existing?	Type?	Existing?	Type?	Existing?	Type?
<b>North America</b>										
Canada	No	N/A	Yes	Voluntary	Yes	Voluntary	Yes	Voluntary	Yes	Voluntary
Puerto Rico	No	N/A	Yes	Enforced	DK	N/A	Yes	Enforced	No	N/A
USA	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	Yes	Voluntary
<b>Mexico</b>	Yes	Voluntary	Yes	Voluntary	DK	N/A	Yes	Voluntary	Yes	Voluntary
<b>Central America and Dominican Republic</b>										
Costa Rica	No	N/A	Yes	Enforced	Yes	Voluntary	Yes	Voluntary	Yes	Voluntary
Dominican Republic	No	N/A	Yes	Enforced	Yes	Enforced	No	N/A	No	N/A
El Salvador	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	Yes	Voluntary
Guatemala	No	N/A	Yes	Voluntary	Yes	Enforced	No	N/A	No	N/A
Honduras	No	N/A	Yes	DK	Yes	Enforced	No	N/A	No	N/A
Nicaragua	Yes	Enforced	Yes	Enforced	Yes	Enforced	No	N/A	No	N/A
Panama	No	N/A	Yes	Enforced	Yes	Enforced	No	N/A	Yes	Voluntary
<b>Andean Region</b>										
Bolivia	No	N/A	Yes	Voluntary	Yes	DK	No	N/A	No	N/A
Colombia	Yes	Enforced	Yes	Enforced	Yes	Voluntary	Yes	Voluntary	Yes	Voluntary
Ecuador	Yes	Enforced	Yes	Voluntary	Yes	Voluntary	No	N/A	No	N/A
Peru	Yes	Enforced	Yes	Enforced	Yes	Enforced	Yes	Enforced	Yes	Enforced
Venezuela	Yes	DK	Yes	Enforced	Yes	Enforced	No	N/A	Yes	Voluntary
<b>Southern Cone</b>										
Argentina	No	N/A	Yes	Enforced	Yes	Enforced	Yes	Enforced	Yes	Enforced
<b>Brazil</b>	Yes	Voluntary	Yes	Voluntary	Yes	Enforced	Yes	Voluntary	Yes	Voluntary
Chile	Yes	Enforced	Yes	Enforced	Yes	Voluntary	Yes	Enforced	Yes	Voluntary
Paraguay	Yes	Voluntary	Yes	Voluntary	DK	N/A	No	N/A	Yes	Voluntary
Uruguay	Yes	Voluntary	Yes	Enforced	Yes	Enforced	No	N/A	Yes	Voluntary
<b>Caribbean Community</b>										
Anguilla	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	No	N/A
Antigua and Barbuda	No	N/A	DK	N/A	No	N/A	No	N/A	No	N/A
Bahamas	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	No	N/A
Barbados	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	Yes	Voluntary
Belize	No	N/A	Yes	Voluntary	No	N/A	No	N/A	No	N/A
British Virgin Islands	No	N/A	Yes	Voluntary	No	N/A	No	N/A	Yes	Voluntary
Dominica	No	N/A	Yes	Voluntary	Yes	Voluntary	No	N/A	No	N/A
Grenada	No	N/A	No	N/A	No	N/A	No	N/A	No	N/A
Jamaica	No	N/A	Yes	Voluntary	Yes	Enforced	No	N/A	No	N/A
Montserrat	No	N/A	Yes	Voluntary	DK	N/A	No	N/A	No	N/A
Saint Kitts and Nevis	No	N/A	Yes	Voluntary	DK	N/A	Yes	Voluntary	No	N/A
Saint Lucia	No	N/A	Yes	Voluntary	No	N/A	No	N/A	No	N/A
Suriname	No	N/A	Yes	Voluntary	No	N/A	No	N/A	No	N/A
Trinidad and Tobago	Yes	Voluntary	Yes	Voluntary	Yes	Voluntary	No	N/A	No	N/A
<b>Other</b>										
Cuba	No	N/A	Yes	Enforced	Yes	Enforced	No	N/A	Yes	Enforced

Notes: N/A: Not available; DK: Don't know.



## Annex 10. NCD surveillance structure, mortality data and cancer registries.

	Responsibility for NCD surveillance?	System for generating mortality by cause of death on a routine basis?	Vital/Civil registration system			Cancer registry			
			Vital registration system?	How is cause of death determined?	Last year with data?	Cancer registry?	Scope	Type	Latest year with data?
North America									
Canada	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2009	Yes	Both	Population based	2010
Puerto Rico	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2010	Yes	Ntl	Population based	2010
USA	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2013	Yes	Ntl	Population based	2009
Mexico	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Ntl	Hospital based	2012
Central America and Dominican Republic									
Costa Rica	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	Yes	Ntl	Population based	2010
Dominican Republic	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	Yes	Subntl	Population based	2013
El Salvador	MoH structure not exclusively for NCDs	Yes	Yes	Other	2011	No	N/A	N/A	N/A
Guatemala	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Subntl	Hospital based	2010
Honduras	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2011	Yes	Subntl	Population based	2004
Nicaragua	Shared across the MoH	Yes	Yes	Other	2012	Yes	Ntl	Hospital based	2012
Panama	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2011	Yes	Ntl	Population based	2011
Andean Region									
Bolivia	MoH structure exclusively for NCDs	No	N/A	N/A	N/A	Yes	Subntl	Population based	2011
Colombia	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Subntl	Population based	2008
Ecuador	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2011	Yes	Subntl	Hospital based	2010
Peru	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Ntl	Hospital based	2010
Venezuela	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2010	Yes	Subntl	Population based	2010
Southern Cone									
Argentina	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	Yes	Both	Population based	2012
Brazil	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	Yes	Subntl	Population based	2008
Chile	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Subntl	Population based	2011
Paraguay	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	No	N/A	N/A	N/A
Uruguay	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2010	Yes	Ntl	Population based	2008
Caribbean Community									
Anguilla	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2012	No	N/A	N/A	N/A
Antigua and Barbuda	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	No	N/A	N/A	N/A
Bahamas	MoH structure exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2009	No	N/A	N/A	N/A
Barbados	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2009	Yes	Ntl	Population based	2012
Belize	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	No	N/A	N/A	N/A
British Virgin Islands	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	DK	N/A	N/A	N/A
Dominica	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	No	N/A	N/A	N/A
Grenada	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2012	No	N/A	N/A	N/A
Jamaica	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	Yes	Ntl	Population based	2007
Montserrat	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2011	No	N/A	N/A	N/A
Saint Kitts and Nevis	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2010	No	N/A	N/A	N/A
Saint Lucia	MoH structure not exclusively for NCDs	Yes	Yes	Certification by medical practitioner	2011	No	N/A	N/A	N/A
Suriname	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2012	Yes	Ntl	Other	2012
Trinidad and Tobago	Shared across the MoH	Yes	Yes	Certification by medical practitioner	2011	Yes	Ntl	Population based	2011
Other									
Cuba	MoH structure not exclusivly for NCDs	Yes	Yes	Certification by medical practitioner	2012	Yes	Ntl	Population based	2009

Notes: MoH: Ministry of Health; DK: Don't know; Pop-based: Population-based; Hops-based: Hospital-based; Ntl: National; Subntl: Subnational.

## Annex 11. Risk factors surveys in adults and adolescents.

	Tobacco use (adolescents)			Tobacco use (adults)			Harmful alcohol use (adolescents)			Harmful alcohol use (adults)			Low fruit and vegetable consumption (adolescents)			Low fruit and vegetable consumption (adults)		
	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?
<b>North America</b>																		
Canada	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012
Puerto Rico	Yes	Ntl	2012	Yes	Both	2012	Yes	Ntl	2011	Yes	Ntl	2012	Yes	Ntl	2011	Yes	Ntl	2012
USA	Yes	Both	2011	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2011	Yes	Ntl	2012
<b>Mexico</b>	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Subntl	2012
<b>Central America and Dominican Republic</b>																		
Costa Rica	Yes	Ntl	2009	Yes	Ntl	2010	Yes	Ntl	2009	Yes	Ntl	2010	Yes	Ntl	2009	Yes	Ntl	2010
Dominican Republic	No	N/A	N/A	Yes	Ntl	2008	Yes	Both	2009	Yes	Ntl	2011	N/A	N/A	N/A	N/A	N/A	N/A
El Salvador	Yes	Ntl	2009	Yes	Subntl	2004	No	N/A	N/A	Yes	Subntl	2004	No	N/A	N/A	Yes	Subntl	2004
Guatemala	Yes	Ntl	2008	Yes	Ntl	2010	Yes	Both	2009	Yes	Ntl	2010	Yes	Both	2009	Yes	Ntl	2011
Honduras	Yes	Ntl	2012	No	N/A	N/A	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	No	N/A	N/A
Nicaragua	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	Yes	Subntl	2010	N/A	N/A	N/A	N/A	N/A	N/A
Panama	Yes	Ntl	2012	Yes	Ntl	2013	No	N/A	N/A	Yes	Subntl	2010	N/A	N/A	N/A	N/A	N/A	N/A
<b>Andean Region</b>																		
Bolivia	Yes	Both	2012	No	N/A	N/A	Yes	Both	2012	No	N/A	N/A	Yes	Both	2012	No	N/A	N/A
Colombia	Yes	Both	2007	Yes	Both	2007	Yes	Ntl	2011	Yes	Both	2008	Yes	Both	2011	Yes	Both	2011
Ecuador	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2010	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
Peru	Yes	Ntl	2010	Yes	Ntl	2009	Yes	Ntl	2010	Yes	Ntl	2009	Yes	Ntl	2010	No	N/A	N/A
Venezuela	Yes	Ntl	2010	Yes	Ntl	2011	Yes	Ntl	2009	Yes	Ntl	2011	Yes	Subntl	2008	DK	N/A	N/A
<b>Southern Cone</b>																		
Argentina	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2011	Yes	Both	2012	Yes	Both	2009
<b>Brazil</b>	Yes	Ntl	2012	Yes	Ntl	2008	Yes	Ntl	2012	Yes	Ntl	2008	Yes	Ntl	2012	Yes	Ntl	2008
Chile	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	No	N/A	N/A	Yes	Ntl	2010
Paraguay	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011
Uruguay	Yes	Ntl	2012	Yes	Ntl	2006	Yes	Ntl	2012	Yes	Ntl	2006	Yes	Ntl	2012	Yes	Ntl	2006
<b>Caribbean Community</b>																		
Anguilla	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	No	N/A	N/A
Antigua and Barbuda	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	No	N/A	N/A
Bahamas	Yes	Ntl	2009	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011
Barbados	Yes	Ntl	2011	Yes	Ntl	2013	Yes	Ntl	2011	Yes	Ntl	2013	Yes	Ntl	2011	Yes	Ntl	2013
Belize	Yes	Ntl	2008	Yes	Ntl	2006	Yes	Ntl	2011	Yes	Ntl	2006	Yes	Ntl	2011	Yes	Ntl	2006
British Virgin Islands	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009
Dominica	Yes	Ntl	2009	Yes	Ntl	2008	Yes	Ntl	2009	Yes	Ntl	2008	Yes	Ntl	2009	Yes	Ntl	2008
Grenada	Yes	Ntl	2008	Yes	Ntl	2011	Yes	Ntl	2008	Yes	Ntl	2011	Yes	Ntl	2008	Yes	Ntl	2011
Jamaica	Yes	Ntl	2010	Yes	Ntl	2007	Yes	Ntl	2010	Yes	Ntl	2007	Yes	Ntl	2010	Yes	Ntl	2007
Montserrat	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2008	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A
Saint Kitts and Nevis	Yes	Ntl	2010	Yes	Ntl	2008	Yes	Subntl	2006	Yes	Ntl	2008	Yes	Ntl	2011	Yes	Ntl	2008
Saint Lucia	Yes	Ntl	2011	Yes	Ntl	2012	Yes	Ntl	2007	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
Suriname	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	Yes	Ntl	2007	Yes	Ntl	2009	No	N/A	N/A
Trinidad and Tobago	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011
<b>Other</b>																		
Cuba	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	No	N/A	N/A	Yes	Ntl	2010

Notes: N/A: Not applicable; Ntl: National; Subntl: Subnational.

Annex 12. Risk factors surveys in adults and adolescents (continuation).

	Physical inactivity (adolescents)			Physical inactivity (adults)			Overweight and obesity (adolescents)			Overweight and obesity (adults)		
	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?
<b>North America</b>												
Canada	Yes	Both	2012	Yes	Both	2012	Yes	Both	2011	Yes	Both	2011
Puerto Rico	Yes	Ntl	2011	Yes	Ntl	2012	Yes	Ntl	2011	Yes	Ntl	2012
USA	Yes	Ntl	2011	Yes	Ntl	2012	Yes	Ntl	2010	Yes	Ntl	2010
<b>Mexico</b>	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012
<b>Central America and Dominican Republic</b>												
Costa Rica	Yes	Ntl	2009	Yes	Ntl	2010	Yes	Ntl	2009	Yes	Ntl	2010
Dominican Republic	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A	N/A	Yes	Ntl	2008
El Salvador	No	N/A	N/A	Yes	Subntl	2004	No	N/A	N/A	Yes	Ntl	2004
Guatemala	Yes	Both	2009	Yes	Ntl	2010	Yes	Both	2009	Yes	Ntl	2010
Honduras	Yes	Ntl	2012	No	N/A	N/A	Yes	Ntl	2012	No	N/A	N/A
Nicaragua	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Panama	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Ntl	2008	Yes	Ntl	2008
<b>Andean Region</b>												
Bolivia	Yes	Both	2012	No	N/A	N/A	Yes	Both	2012	No	N/A	N/A
Colombia	Yes	Both	2007	Yes	Both	2007	Yes	Both	2011	Yes	Both	2011
Ecuador	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
Peru	Yes	Ntl	2010	No	N/A	N/A	Yes	Ntl	2010	No	N/A	N/A
Venezuela	Yes	Subntl	2008	DK	N/A	N/A	Yes	Ntl	2010	No	N/A	N/A
<b>Southern Cone</b>												
Argentina	Yes	Both	2012	Yes	Both	2009	Yes	Both	2012	Yes	Both	2009
<b>Brazil</b>	Yes	Ntl	2012	Yes	Ntl	2008	Yes	Ntl	2009	Yes	Ntl	2009
Chile	No	N/A	N/A	Yes	Ntl	2010	No	N/A	N/A	Yes	Ntl	2010
Paraguay	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011
Uruguay	Yes	Ntl	2012	Yes	Ntl	2006	Yes	Ntl	2012	Yes	Ntl	2006
<b>Caribbean Community</b>												
Anguilla	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Ntl	2009	No	N/A	N/A
Antigua and Barbuda	Yes	Ntl	2009	No	N/A	N/A	Yes	Subntl	2010	No	N/A	N/A
Bahamas	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011
Barbados	Yes	Ntl	2011	Yes	Ntl	2013	Yes	Ntl	2011	Yes	Ntl	2013
Belize	Yes	Ntl	2011	Yes	Ntl	2006	Yes	Ntl	2011	Yes	Ntl	2006
British Virgin Islands	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009
Dominica	Yes	Ntl	2009	Yes	Ntl	2008	Yes	Ntl	2009	Yes	Ntl	2008
Grenada	Yes	Ntl	2008	Yes	Ntl	2011	No	N/A	N/A	Yes	Ntl	2011
Jamaica	Yes	Ntl	2006	Yes	Ntl	2007	Yes	Ntl	2010	Yes	Ntl	2007
Montserrat	Yes	Ntl	2011	No	N/A	N/A	Yes	Subntl	2013	No	N/A	N/A
Saint Kitts and Nevis	Yes	Ntl	2011	Yes	Ntl	2008	Yes	Ntl	2011	Yes	Ntl	2008
Saint Lucia	Yes	Ntl	2007	Yes	Ntl	2012	No	N/A	N/A	Yes	Ntl	2012
Suriname	Yes	Ntl	2009	No	N/A	N/A	Yes	Ntl	2009	Yes	Subntl	2001
Trinidad and Tobago	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011
<b>Other</b>												
Cuba	No	N/A	N/A	Yes	Ntl	2010	Yes	Both	2010	Yes	Ntl	2010

Notes: N/A: Not applicable; Ntl: National; Subntl: Subnational.

Annex 13. Risk factors surveys in adults.

	Blood glucose / Diabetes			Raised total cholesterol			Raised blood pressure/hypertension			Salt/Sodium intake		
	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?	Survey?	Type?	Year?
<b>North America</b>												
Canada	Yes	Both	2011	Yes	Both	2011	Yes	Both	2011	Yes	Both	2004
Puerto Rico	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	No	N/A	N/A
USA	Yes	Both	2012	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
<b>Mexico</b>	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012	Yes	Both	2012
<b>Central America and Dominican Republic</b>												
Costa Rica	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	No	N/A	N/A
Dominican Republic	Yes	Ntl	2008	Yes	Ntl	2008	Yes	Ntl	2008	No	N/A	N/A
El Salvador	Yes	Subntl	2004	Yes	Subntl	2004	Yes	Subntl	2004	Yes	Subntl	2004
Guatemala	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	No	N/A	N/A
Honduras	Yes	Subntl	2005	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Nicaragua	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Panama	Yes	Subntl	2010	Yes	Subntl	2010	Yes	Subntl	2010	No	N/A	N/A
<b>Andean Region</b>												
Bolivia	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Colombia	Yes	Both	2007	Yes	Both	2007	Yes	Both	2007	Yes	Both	2011
Ecuador	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
Peru	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Venezuela	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
<b>Southern Cone</b>												
Argentina	Yes	Both	2009	Yes	Both	2009	Yes	Both	2009	Yes	Subntl	2012
<b>Brazil</b>	Yes	Subntl	2012	Yes	Subntl	2012	Yes	Subntl	2012	Yes	Ntl	2009
Chile	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010
Paraguay	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011
Uruguay	Yes	Ntl	2006	Yes	Ntl	2006	Yes	Ntl	2006	Yes	Ntl	2006
<b>Caribbean Community</b>												
Anguilla	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Antigua and Barbuda	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Bahamas	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011
Barbados	Yes	Ntl	2013	Yes	Ntl	2013	Yes	Ntl	2013	Yes	Ntl	2013
Belize	Yes	Ntl	2006	Yes	Ntl	2006	Yes	Ntl	2006	No	N/A	N/A
British Virgin Islands	Yes	Ntl	2009	Yes	Ntl	2009	Yes	Ntl	2009	No	N/A	N/A
Dominica	Yes	Ntl	2008	Yes	Ntl	2008	Yes	Ntl	2008	No	N/A	N/A
Grenada	No	N/A	N/A	No	N/A	N/A	Yes	Ntl	2011	No	N/A	N/A
Jamaica	Yes	Ntl	2007	Yes	Ntl	2007	Yes	Ntl	2007	No	N/A	N/A
Montserrat	No	N/A	N/A	No	N/A	N/A	Yes	Subntl	2012	No	N/A	N/A
Saint Kitts and Nevis	Yes	Ntl	2008	Yes	Ntl	2008	Yes	Ntl	2008	No	N/A	N/A
Saint Lucia	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012	Yes	Ntl	2012
Suriname	Yes	Subntl	2001	Yes	Subntl	2001	Yes	Subntl	2001	No	N/A	N/A
Trinidad and Tobago	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011	Yes	Ntl	2011
<b>Other</b>												
Cuba	Yes	Ntl	2010	Yes	Ntl	2010	Yes	Ntl	2010	No	N/A	N/A

Notes: N/A: Not applicable; Ntl: National; Subntl: Subnational.

## Annex 14. NCD-related components in the health care system.

	Primary prevention and health promotion			Risk factor detection			Risk factor and disease management			Support for self help and self care			Home-based care			Rehabilitation		
	PHC	SHC	THC	PHC	SHC	THC	PHC	SHC	THC	PHC	SHC	THC	PHC	SHC	THC	PHC	SHC	THC
<b>North America</b>																		
Canada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puerto Rico	Yes	No	No	Yes	Yes	DK	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes
USA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
<b>Mexico</b>	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No	No
<b>Central America and Dominican Republic</b>																		
Costa Rica	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
Dominican Republic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
El Salvador	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes
Guatemala	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	No	Yes
Honduras	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes
Nicaragua	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No
Panama	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
<b>Andean Region</b>																		
Bolivia	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes
Colombia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Ecuador	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	DK	No	Yes	Yes	Yes
Peru	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes
Venezuela	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes
<b>Southern Cone</b>																		
Argentina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Brazil</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DK	Yes	Yes	Yes
Chile	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes
Paraguay	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	DK	No	No	No	No	Yes
Uruguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DK	DK	DK	Yes	Yes	Yes	Yes	Yes	Yes
<b>Caribbean Community</b>																		
Anguilla	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No
Antigua and Barbuda	Yes	DK	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No
Bahamas	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DK	Yes	DK	No	No	Yes	Yes
Barbados	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belize	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
British Virgin Islands	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	No
Dominica	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No
Grenada	Yes	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No
Jamaica	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes
Montserrat	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	No
Saint Kitts and Nevis	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Saint Lucia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes
Suriname	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Trinidad and Tobago	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
<b>Other</b>																		
Cuba	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: PHC: Primary Health Care; SHC: Secondary Health Care; THC: Tertiary Health Care; DK: Don't know.

Annex 15. Availability and implementation of management guidelines for NCD conditions and risk factors.

	Cardiovascular diseases		Diabetes		Cancer		Chronic respiratory diseases		Tobacco dependence	
	Available?	Implemented?	Available?	Implemented?	Available?	Implemented?	Available?	Implemented?	Available?	Implemented?
<b>North America</b>										
Canada	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially
Puerto Rico	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially
USA	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially
<b>Mexico</b>	Yes	Fully	Yes	Fully	Yes	DK	Yes	DK	Yes	DK
<b>Central America and Dominican Republic</b>										
Costa Rica	Yes	Partially	Yes	Partially	Yes	Partially	DK	N/A	Yes	Partially
Dominican Republic	No	No	No	No	Yes	Fully	No	No	No	No
El Salvador	No	No	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially
Guatemala	Yes	Fully	Yes	Fully	Yes	Partially	No	No	Yes	Partially
Honduras	No	No	No	No	Yes	Partially	No	No	Yes	Fully
Nicaragua	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully
Panama	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Fully
<b>Andean Region</b>										
Bolivia	No	No	No	No	Yes	Partially	No	No	Yes	Partially
Colombia	Yes	Partially	Yes	Partially	Yes	Partially	No	No	Yes	Partially
Ecuador	Yes	Partially	Yes	Partially	No	No	No	No	No	No
Peru	Yes	Partially	No	No	Yes	Partially	No	No	No	No
Venezuela	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully
<b>Southern Cone</b>										
Argentina	Yes	Fully	Yes	Fully	Yes	Fully	No	No	Yes	Fully
<b>Brazil</b>	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully
Chile	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Partially
Paraguay	Yes	Fully	Yes	Fully	Yes	Partially	No	No	Yes	Partially
Uruguay	No	No	No	No	Yes	Partially	No	No	Yes	Partially
<b>Caribbean Community</b>										
Anguilla	No	No	No	No	No	No	No	No	No	No
Antigua and Barbuda	DK	N/A	Yes	Partially	Yes	Partially	Yes	DK	No	No
Bahamas	Yes	Partially	Yes	Partially	No	No	Yes	Partially	No	No
Barbados	Yes	Partially	Yes	Partially	No	No	Yes	Fully	No	No
Belize	No	No	Yes	Partially	No	No	No	No	No	No
British Virgin Islands	No	No	Yes	Partially	Yes	N/A	No	No	No	No
Dominica	Yes	Partially	Yes	Partially	No	No	No	No	No	No
Grenada	Yes	Partially	Yes	Partially	No	No	No	No	No	No
Jamaica	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Partially	Yes	Partially
Montserrat	No	No	Yes	Partially	No	No	No	No	No	No
Saint Kitts and Nevis	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	No	No
Saint Lucia	No	No	Yes	Fully	No	No	No	No	No	No
Suriname	Yes	Partially	Yes	Partially	Yes	Partially	Yes	Partially	No	No
Trinidad and Tobago	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Partially	Yes	Partially
<b>Other</b>										
Cuba	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully	Yes	Fully

Notes: DK: Don't know; N/A: Not available.

Annex 16. Availability of tests and procedures for cancer screening at the primary health care level.

	Cervical cancer screening						Colorectal cancer screening						Breast cancer screening					
	Pap			VIA			FOB			Colonoscopy			CBE			Mammogram		
	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?
<b>North America</b>																		
Canada	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA
Puerto Rico	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
USA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Mexico</b>	GA	GA	GA	DK	DK	DK	DK	DK	DK	DK	DK	DK	GA	GA	GA	GA	GA	GA
<b>Central America and Dominican Republic</b>																		
Costa Rica	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA
Dominican Republic	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	GA	GNA	GA	GA	GA	GNA	GA	GNA
El Salvador	GA	GA	GA	GA	GA	GA	GNA	GA	GNA	GNA	GA	GNA	GA	GA	GA	GNA	GA	GNA
Guatemala	GNA	GA	GNA	GA	GNA	GA	GNA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA
Honduras	GA	GA	GA	GNA	GNA	GNA	GNA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA
Nicaragua	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Panama	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	GA	GNA
<b>Andean Region</b>																		
Bolivia	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA
Colombia	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Ecuador	GA	GA	GA	GNA	DK	DK	GA	GA	GNA	GNA	GA	GA	GA	GA	GA	GNA	GA	GNA
Peru	GA	GA	GA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA
Venezuela	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Southern Cone</b>																		
Argentina	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Brazil</b>	GA	GA	GA	GNA	GNA	DK	GA	GA	DK	GA	GA	DK	GA	GA	GA	GA	GA	GA
Chile	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Paraguay	GA	GA	GA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GNA	GA	GA	GA	GNA	GNA	GNA
Uruguay	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Caribbean Community</b>																		
Anguilla	GA	GA	GA	GNA	DK	GNA	GNA	DK	GNA	GNA	GA	GNA	GA	GA	GA	GNA	GA	GNA
Antigua and Barbuda	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	DK	GA	GA	GA
Bahamas	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA
Barbados	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Belize	GA	GA	GA	GNA	DK	DK	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	DK
British Virgin Islands	GA	GA	GA	DK	DK	DK	GA	GA	GA	GNA	GA	GA	GA	GA	GA	DK	GA	GA
Dominica	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Grenada	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GNA
Jamaica	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA
Montserrat	GA	DK	GA	GNA	DK	DK	GA	GA	GA	GNA	GNA	DK	GA	GA	GA	GNA	GNA	DK
Saint Kitts and Nevis	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Saint Lucia	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Suriname	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Trinidad and Tobago	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Other</b>																		
Cuba	GA	DK	GA	GNA	DK	GA	GA	DK	GA	GA	DK	GA	GA	DK	GA	GA	DK	GA

Notes: a: Available in the public sector?; b: Available in the private sector?; c: Are there trained staff available?; VIA: Visual Inspection with Acetic Acid; FBO: Fecal occult blood test or fecal immunological test; CBE: Clinical breast examination; GA: Generally available; GNA: Generally not available; DK: Don't know.

Annex 17. Availability of tests and procedures for diagnosis and management of NCDs at the primary health care level.

	Blood glucose			Oral glucose tolerance test			HbA1c			Foot examination			Blood pressure			Total cholesterol			Urine strips for albumin assay			Peak flow		
	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?	Public <sup>a</sup> ?	Private <sup>b</sup> ?	Staff <sup>c</sup> ?
<b>North America</b>																								
Canada	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Puerto Rico	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
USA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Mexico</b>	GA	GNA	GA	GNA	GNA	GA	GA	GNA	GA	GA	DK	GA	GA	GA	GA	GNA	DK	GA	GNA	DK	GNA	DK	DK	DK
<b>Central America and Dominican Republic</b>																								
Costa Rica	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	DK	DK	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Dominican Republic	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GNA	GNA	GNA
El Salvador	GA	GA	GA	GNA	GA	GNA	GNA	GA	GNA	GA	GA	GA	GA	GA	GA	GNA	GA	GNA	GA	GA	GA	GNA	GA	GNA
Guatemala	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA	GNA	GA	GA	GNA	GA	GA
Honduras	GA	GA	GA	GNA	GA	GA	GNA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GNA	GA	GA
Nicaragua	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Panama	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GNA	GNA	GNA
<b>Andean Region</b>																								
Bolivia	GA	GA	GA	GNA	GA	GA	GNA	GA	GA	GNA	DK	DK	GA	GA	GA	GNA	GA	GA	GNA	DK	DK	GNA	GNA	GNA
Colombia	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Ecuador	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Peru	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA
Venezuela	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	GA
<b>Southern Cone</b>																								
Argentina	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA
<b>Brazil</b>	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Chile	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Paraguay	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GNA	GNA	GA	GNA	GNA	GNA	GNA	GNA	GNA
Uruguay	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Caribbean Community</b>																								
Anguilla	GA	GA	GA	GNA	GA	GNA	GNA	GA	GNA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	DK	GNA
Antigua and Barbuda	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GNA
Bahamas	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA
Barbados	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Belize	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	DK	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	DK	DK
British Virgin Islands	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	DK	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Dominica	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Grenada	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA
Jamaica	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Montserrat	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	DK	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	DK	DK
Saint Kitts and Nevis	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GNA	GNA
Saint Lucia	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA
Suriname	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GNA	GNA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GNA	GNA
Trinidad and Tobago	GA	GA	GA	GA	GA	GA	GA	GA	GA	GNA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
<b>Other</b>																								
Cuba	GA	DK	GA	GA	DK	GA	GNA	DK	GA	GA	DK	GA	GA	DK	GA	GA	DK	GA	GA	DK	GA	GNA	DK	GA

Notes: a: Available in the public sector?; b: Available in the private sector?; c: Are there trained staff available?; GA: Generally available; GNA: Generally not available; DK: Don't know.



## Annex 18. Availability of medicines in the public sector.

	Insulin			Aspirin			Metformin			Thiazide			ACEI			CC Blockers		
	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?
<b>North America</b>																		
Canada	GA	Yes	N/A	GA	No	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A
Puerto Rico	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
USA	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Mexico</b>	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Central America and Dominican Republic</b>																		
Costa Rica	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Dominican Republic	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
El Salvador	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes
Guatemala	GA	Yes	Yes	GNA	No	No	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Honduras	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Nicaragua	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Panama	GNA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes
<b>Andean Region</b>																		
Bolivia	GA	No	Yes	GA	No	Yes	GA	No	Yes	GA	No	Yes	GA	No	Yes	GA	No	Yes
Colombia	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Ecuador	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Peru	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Venezuela	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Southern Cone</b>																		
Argentina	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Brazil</b>	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Chile	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Paraguay	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Uruguay	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Caribbean Community</b>																		
Anguilla	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Antigua and Barbuda	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Bahamas	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Barbados	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Belize	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
British Virgin Islands	GA	Yes	No	GNA	DK	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A
Dominica	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Grenada	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Jamaica	GA	Yes	Yes	GA	No	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Montserrat	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Saint Kitts and Nevis	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Saint Lucia	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Suriname	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Trinidad and Tobago	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Other</b>																		
Cuba	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes

Notes: a: Available in the public health sector?; b: Covered by health insurance or publically funded; c: Included in the list of essential medicines?; LEM: List of essential medicines; GA: Generally available; GNA: Generally not available; N/A: Not applicable; DK: Don't know.

## Annex 19. Availability of medicines in the public sector (continuation).

	Statins			Oral morphine			Steroid inhaler			Bronchodilator			Nicotine replacement Therapy		
	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?	Availability <sup>a</sup> ?	Funded <sup>b</sup> ?	LEM <sup>c</sup> ?
<b>North America</b>															
Canada	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	No	N/A
Puerto Rico	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
USA	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	DK	GA	Yes	DK	GA	Yes	DK
<b>Mexico</b>	GA	Yes	Yes	DK	DK	DK	DK	DK	DK	GA	DK	DK	DK	DK	DK
<b>Central America and Dominican Republic</b>															
Costa Rica	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	No
Dominican Republic	GA	Yes	Yes	GNA	No	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	N/A
El Salvador	GNA	Yes	Yes	GNA	No	No	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	No
Guatemala	GNA	Yes	Yes	GNA	No	No	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Honduras	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Nicaragua	GA	Yes	Yes	GNA	No	No	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Panama	GA	Yes	Yes	GNA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes
<b>Andean Region</b>															
Bolivia	GA	No	Yes	GNA	No	Yes	GA	No	Yes	GA	No	Yes	GNA	No	No
Colombia	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Ecuador	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	DK	No	No
Peru	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Venezuela	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes
<b>Southern Cone</b>															
Argentina	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
<b>Brazil</b>	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Chile	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Paraguay	GNA	Yes	Yes	GNA	Yes	DK	GNA	No	DK	GA	No	Yes	GNA	No	DK
Uruguay	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes
<b>Caribbean Community</b>															
Anguilla	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes
Antigua and Barbuda	GA	Yes	Yes	GNA	No	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Bahamas	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Barbados	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	No
Belize	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	DK	No
British Virgin Islands	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GA	Yes	N/A	GNA	No	N/A
Dominica	GA	Yes	Yes	GA	Yes	Yes	GNA	Yes	Yes	GA	Yes	Yes	GNA	DK	No
Grenada	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	DK	N/A
Jamaica	GA	Yes	Yes	GNA	Yes	No	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Montserrat	GA	Yes	Yes	GA	No	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Saint Kitts and Nevis	GNA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Saint Lucia	GA	No	Yes	GA	No	Yes	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No
Suriname	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	Yes	Yes	GA	No	No
Trinidad and Tobago	GA	Yes	Yes	GNA	Yes	DK	GA	Yes	Yes	GA	Yes	Yes	GNA	DK	DK
<b>Other</b>															
Cuba	GA	Yes	Yes	GNA	No	No	GA	Yes	Yes	GA	Yes	Yes	GNA	No	No

Notes: a: Available in the public health sector?; b: Covered by health insurance or publically funded; c: Included in the list of essential medicines?; LEM: List of essential medicines; GA: Generally available; GNA: Generally not available; N/A: Not applicable; DK: Don't know.

Annex 20. Availability of procedures for the treatment of NCDs in the public sector.

	Retinal photocoagulation	Renal replacement therapy by dialysis or transplantation	Radiotherapy	Chemotherapy	Coronary bypass or stenting	Community/home care for people with advanced/end stages of NCDs
<b>North America</b>						
Canada	GA	GA	GA	GA	GA	GA
Puerto Rico	GA	GA	GA	GA	GA	GA
USA	GA	GA	GA	GA	GA	GA
<b>Mexico</b>	DK	GNA	GA	GA	GA	GA
<b>Central America and Dominican Republic</b>						
Costa Rica	GNA	GNA	GNA	GNA	GNA	GNA
Dominican Republic	GNA	GNA	GNA	GNA	GNA	GNA
El Salvador	GNA	GA	GA	GA	GNA	GNA
Guatemala	GA	GA	GA	GA	GA	GNA
Honduras	GNA	GA	GA	GA	GNA	GNA
Nicaragua	GNA	GA	GA	GA	GA	GNA
Panama	GNA	GNA	GA	GA	GNA	GA
<b>Andean Region</b>						
Bolivia	GNA	GA	GA	GA	GNA	GNA
Colombia	GA	GA	GA	GA	GA	GA
Ecuador	GNA	GA	GA	GA	GNA	GNA
Peru	GNA	GNA	GNA	GNA	GNA	GNA
Venezuela	GNA	GA	GA	GA	GA	GNA
<b>Southern Cone</b>						
Argentina	GA	GA	GA	GA	GA	GA
<b>Brazil</b>	GA	GA	GA	GA	GA	GA
Chile	GA	GA	GA	GA	GNA	GA
Paraguay	GNA	GA	GNA	GA	GNA	GNA
Uruguay	GA	GA	GA	GA	GA	GNA
<b>Caribbean Community</b>						
Anguilla	GNA	GA	GNA	GNA	GNA	GNA
Antigua and Barbuda	DK	GA	GNA	GA	GNA	GA
Bahamas	GNA	GA	GA	GA	GA	GA
Barbados	GA	GA	GA	GA	GA	GA
Belize	GNA	GNA	GNA	GNA	GNA	GA
British Virgin Islands	GNA	GA	GNA	GNA	GNA	GNA
Dominica	GA	GA	GNA	GA	GNA	GNA
Grenada	GNA	GNA	GNA	GA	GNA	GNA
Jamaica	GA	GA	GA	GA	GNA	GA
Montserrat	GNA	GNA	GNA	GA	GNA	GA
Saint Kitts and Nevis	DK	GNA	GNA	GNA	GNA	GA
Saint Lucia	GNA	GA	GNA	GA	GNA	GA
Suriname	GA	GA	GA	GA	GA	GA
Trinidad and Tobago	GNA	GNA	GA	GA	GA	GA
<b>Other</b>						
Cuba	GA	GA	GA	GA	GA	GA

Notes: GA: Generally available; GNA: Generally not available; N/A: Not applicable; DK: Don't know.