

GETTING TO 2018: PROGRESS MONITOR ON NCDS

PREPARING FOR THE THIRD UN HIGH-LEVEL MEETING ON NCDS

The WHO Director-General will use the following 10 progress indicators to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the four time-bound commitments included in the 2014 UN Outcome Document on NCDs:

Time-bound commitments



Consider setting national NCD targets for 2025



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



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

2016

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

Indicators

- 1 Member State has set time-bound national targets and indicators based on WHO guidance
- 2 Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
- Member State has a STEPS survey or a comprehensive health examination survey every 5 years
- Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors
- Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement:
- a. Reduce affordability of tobacco products by increasing tobacco excise taxes
 - b. Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
 - c. Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
 - d. Ban all forms of tobacco advertising, promotion and sponsorship
- Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:
 - a. Regulations over commercial and public availability of alcohol
 - b. Comprehensive restrictions or bans on alcohol advertising and promotions
 - c. Pricing policies such as excise tax increases on alcoholic beverages
- Member State has implemented the following four measures to reduce unhealthy diets:
 - a. Adopted national policies to reduce population salt/sodium consumption
 - b. Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply
 - c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children
 - d. Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes
- 8 Member State has implemented at least one recent national public awareness programme on diet and/or physical activity
- Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities
- Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level