
ASSESSING NATIONAL CAPACITY FOR THE
PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES

REPORT OF THE 2010 GLOBAL SURVEY



World Health
Organization

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Contents

Acknowledgements	6
Foreword	7
Executive summary	8
Introduction	10
Methods	11
Overview	11
Questionnaire	11
Response rate	12
Analysis	13
Results	15
Aspects of NCD infrastructure	15
<i>Unit, branch or department responsible for NCDs</i>	15
<i>Funding mechanisms</i>	16
<i>Agencies, institutes or other government departments</i>	17
<i>Collaborative arrangements</i>	18
Policies, plans and strategies	18
<i>Policy development</i>	18
<i>Policy implementation and funding</i>	20
<i>Integrated policies</i>	22
Surveillance	22
<i>National health reporting system</i>	22
<i>Cancer registries</i>	25
<i>Risk factor surveillance</i>	25
Health systems capacity	27
<i>NCD-related components in the primary health care system</i>	27
<i>Guidelines for the management of NCD conditions</i>	28
<i>Availability of tests and procedures for early detection, diagnosis and monitoring of NCDs</i>	29
<i>Availability of medicines in the public health sector</i>	30
<i>Procedures for treating NCDs</i>	32
<i>Health insurance coverage for NCD-related services and treatments</i>	33
Discussion: limitations and opportunities	34
Limitations in national capacity to address NCDs	34
Opportunities to build capacity to address NCDs	35
Limitations of the survey	36
Conclusion: priorities for action	37
References	38
Annex 1: WHO member states and survey respondents	39
Annex 2: List of countries by world bank income groups	42
Annex 3: Questionnaire	45
Annex 4: Glossary of terms used in the survey	76

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Foreword

There has never been a more important time to strengthen national capacity to prevent and treat noncommunicable diseases (NCDs). In September 2011 the UN General Assembly convened a high level meeting to focus on NCDs. The *Political Declaration*¹ from this meeting highlights a set of actions for countries to scale up their actions to address the burden of NCDs affecting their populations. Paragraph 41 of the *Political Declaration* outlines the importance of strengthening national capacities to address and effectively combat noncommunicable diseases, particularly in developing countries, and notes that this may necessitate increased and sustained human, financial and technical resources. Such actions are in line with the *2008–2013 Action Plan of the Global Strategy for the Prevention and Control of NCDs*, endorsed by the World Health Assembly, which recommends critical actions for Member States to accelerate their progress towards preventing and controlling NCDs.

This report reviews the current situation in relation to national capacity to address NCDs and the progress made at country level over the past decade. It highlights that, while progress is being made, there is still much work to be done to create the infrastructure, policies, surveillance and health systems response that will allow NCDs and their contributing risk factors to be successfully contained and reversed.

Dr Oleg Chestnov

Assistant Director-General

Noncommunicable Diseases and Mental Health

¹ Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases [A/66/L.1]. Available at: http://www.un.org/ga/search/view_doc.asp?symbol=A%2F66%2FL.1&Lang=E.

Executive summary

Noncommunicable diseases (NCDs) are currently responsible for over 60% of global deaths. This burden is one of the major public health challenges facing all countries, regardless of their economic status. NCDs threaten economic and social development and, without concerted efforts at country level, are predicted to increase in the coming decade.

To assess the capacity of countries to respond to NCDs, in 2010 WHO conducted a global country capacity survey (CCS) – the 2010 NCD CCS. The survey gathered detailed information about progress made in countries to address and respond to NCDs, and assessed their current strengths and weaknesses related to NCD infrastructure, policy response, surveillance and health systems response. This periodic monitoring of national progress helps in identifying gaps in prevention and control efforts and assists with future planning.

The 2010 NCD CCS was undertaken by sending a written questionnaire, during 2009 and 2010, to NCD focal points or designated colleagues within the ministry of health or a national institute or agency in all 193 WHO Member States. Upon receipt of the completed questionnaires, additional validation on a number of survey item responses was carried out by the WHO Secretariat. A further round of consultation and updating with Member States was undertaken during July 2011. The final completion rate was particularly high – 96% (i.e. 185 countries). The results from the 2010 survey were compared with results from an earlier survey conducted by WHO in 2000 to assess changes in capacity and response over this 10-year period. In the 2000 survey, fewer Member States responded (163 countries) and the questionnaire was less comprehensive, allowing for only a limited number of questions to be compared across the two surveys.

Analysis of responses from the 2010 survey showed that 89% of countries reported having a unit, branch or department in their ministry of health with responsibility for NCDs. Eighty per cent (80%) of countries reported that funding is available for NCD treatment and control and 81% had funding for NCD prevention and health promotion. Major sources of funding for NCDs included government revenues (84% of countries), international donors (56%), health insurance (39%), and earmarked taxes (20%). Ninety per cent of countries (90%) have at least one agency, institute, academic centre or other government department that supports the ministry of health (or equivalent) in their NCD efforts.

Ninety-two per cent of countries (92%) have developed at least one policy, plan, or strategy to address NCDs and/or their risk factors. However, many fewer reported that such policies were operational or funded. While 92% of countries have at least one policy, only 79% have at least one operational policy and only 71% have at least one operational policy with dedicated funding.

For NCD surveillance, only 48% of countries reported including population-based mortality data and only 23% reported including population-based morbidity data in their national health reporting systems. Fifty-nine per cent of countries (59%) include data on NCD risk factors in their national health reporting system and 49% have population-based NCD risk factor data.

Eighty-five per cent of countries (85%) provide primary prevention and health promotion risk factor detection (77%) and risk factor and disease management (81%) in their primary health care systems. However, fewer countries have support for self-help and self-care (58%) or home-based care (50%) in their primary health care systems.

While the majority of countries report having evidence-based guidelines, protocols or standards available for the management of diabetes, hypertension, and dietary counselling, less than a third of countries have a guideline that is currently fully implemented.

Essential medicines for the management of diabetes, hypertension and cardiovascular disease were reported as generally available in the vast majority of countries.

The questionnaire asked countries about the availability of a selection of procedures used for treating NCDs. While the majority of countries in high-income countries had radiotherapy and chemotherapy generally available, only about a third of low-income countries had these available. A similar pattern is seen for procedures for the basic management of end-stage renal disease.

The report also includes, where possible, a comparison with the results from a similar survey conducted in 2000 and highlights the progress over the decade.

This analysis of the 2010 NCD CCS highlighted several key limitations in national capacity to address NCDs. These include: weak infrastructure; inadequate implementation and funding of high quality policies and plans to address NCDs; inadequate population-based surveillance and funding for surveillance; gaps in health systems; and a generally weaker capacity in lower-income countries. At the same time the analysis identified opportunities on which to build strengthened capacity, such as: greater government recognition of the need to respond to NCDs; availability of some of the funds to address NCDs; widespread presence of policies, plans or strategies to address NCDs; and increased surveillance.

Clear priorities for action were identified, and include the following:

- More effective use needs to be made of existing infrastructure.
- Existing policies need to be implemented, funded and improved.
- Investment is needed in population-based surveillance to build on existing surveillance systems.
- The development of evidence-based national guidelines, protocols or standards for managing NCDs is urgently needed.
- The development of innovation funding solutions is needed.
- Focus is needed on strengthening capacity in lower-income countries.

Introduction

Despite the high global burden of mortality and morbidity from noncommunicable diseases (NCDs), the response has not been strong (1, 2). Sixty-three per cent (63%) of global deaths in 2008 (i.e. 36 million of the 57 million global deaths) resulted from NCDs, principally cardiovascular diseases and diabetes, cancers and chronic respiratory diseases (3). Nearly 80% (28 million) of these deaths occurred in low- and middle-income countries. A survey conducted by the World Health Organization (WHO) in 2000 suggested that a key inadequacy in addressing NCDs was the lack of capacity in national health ministries (4). (Details are shown in Box 1.)

To update information relating to individual country capacity for NCD prevention and control, WHO conducted another global country capacity survey (CCS) during 2009 and 2010 – the 2010 NCD CCS. The purpose of the 2010 NCD CCS was to gather detailed information on progress being made in countries to address and respond to NCDs. The survey tool was intended to help countries assess their current strengths and weaknesses related to NCD infrastructure, policy response, surveillance, and health systems response to address NCDs at national level. The goal was that this form of periodic monitoring of national progress would assist countries in identifying gaps in prevention and control efforts of NCDs and aid future planning.

The objective of this report is to draw on information gathered in the 2010 NCD CCS to identify limitations and challenges for national capacity for NCD prevention and control, including, where possible, a comparison with the 2000 survey. The report examines the results in relation to the objectives and recommendations of the WHO *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (WHO NCD Action Plan)* (5). (Details are shown in Box 2.)

Methods

Overview

A written questionnaire was sent to the NCD focal points or designated colleagues within the ministry of health or a national institute or agency in all WHO Member States (193 countries). The questionnaire was sent out during 2009 and the focal points were requested to respond by the end of March 2010. In order to improve the quality and breadth of information provided, instructions requested that a team of people, led by the NCD focal point, complete the responses so that topic-specific experts could provide more detailed assessment. In addition, two WHO regions – the European Region and South-East Asia Region – added an internal official approval process whereby all responses to the survey were checked and cleared by senior health officials before submission to WHO. In these instances official sign-off sheets were completed to accompany the final survey responses. This indicated that official clearance of the responses had been received.

Upon receipt of the completed questionnaires, the Secretariat carried out additional validation on a number of survey item responses. For example, the existence of a cancer registry was validated against the IARC GLOBOCAN database, which included information on recognized cancer registries. Responses related to the collation of mortality data were checked against information on vital registration systems held within WHO in the Department of Health Statistics and Informatics. Information on recent NCD risk factor surveys was checked against the WHO Global Infobase and the internal survey tracking systems for WHO-supported risk factor surveys. These included WHO STEPS (adult risk factor surveillance), the Global School-based Student Health Survey (GSHS), and the Global Youth Tobacco Survey (GYTS) held in WHO's Department of Chronic Diseases and Health Promotion and the Tobacco Free Initiative.

Where discrepancies were noted between the country response and these other sources, a clarification request was returned to the country for their consideration and an updating of their response. In most cases, an amended version of the survey instrument was returned.

An additional round of consultation and updating with Member States was undertaken in July 2011. The final completion rate was 96% (185 countries). (A list of countries that participated in the survey can be found in Annex 1.) The same general approach was taken in the survey conducted in 2000. However fewer Member States responded (163 countries) and the questions were less comprehensive. Consequently only a limited number of questions are comparable between the two surveys.

Questionnaire

The questionnaire consisted of five modules, each set up as a worksheet within a single electronic Microsoft Excel questionnaire tool. (The full questionnaire can be found in Annex 3). The five modules comprised: infrastructure; policies and programmes; information; health systems capacity; and health promotion, partnerships and collaboration. The questions were developed with the intent of obtaining objective information about each of these five components, as opposed to opinions about adequacy of capacity. Specific components of the questions were as follows:

- The infrastructure component asked questions relating to the presence of a unit or division in the ministry of health dedicated to NCDs, staffing and funding, and whether other institutes, agencies, or other government departments conducted NCD prevention and control functions. For these institutes, agencies, and other government departments, respondents were asked to identify their particular function (e.g. scientific research, policy research, coordination and development of policy, NCD and risk factor surveillance, information management, development of treatment guidelines, training and health promotion).
- The policy module asked questions relating to the presence of policies, strategies, or action plans (see Box 1). The questions differentiated between integrated policies/strategies/action plans (defined as addressing one or more risk factors or diseases) or policies/strategies/action plans for a specific disease or risk factor. Ministries of health were asked to name the policy (and provide a web URL if possible) and indicate if the plan was currently in operation.
- The surveillance module asked questions relating to the mortality, morbidity and risk factor reporting systems of each country and whether NCD mortality, morbidity and risk factor data were included in their national health reporting systems (as defined in Box 1).
- The health care systems module asked countries to assess their health system's capacity related to NCD prevention, early detection, and treatment and care within the primary health care (PHC) sector. Specific questions focused on availability of guidelines or protocols to treat major NCDs, and the tests, procedures and equipment related to NCDs within the health care system.
- The partnerships module asked questions on the principal mechanisms for collaboration for implementing key NCD-related actions in their countries and the key stakeholders. The results of this module are set out in this report under "infrastructure."

The survey included a set of detailed instructions on how to complete the questionnaire and a glossary defining the terms used in the survey instrument (Box 1, Annex 4). The set of questions were developed from February to November 2009 through a series of technical meetings and consultations at all levels of WHO. A survey methodologist was commissioned to review the questions and to provide technical guidance on methodological issues. Three of the six WHO regional offices held consultation meetings with their NCD focal points to discuss the development of the tool and the process for implementation as well as to review the draft questions. All regions were required to use the core set of global questions to ensure a minimum number of common indicators on NCD capacity for all responding Member States. Four of the six WHO regional offices added a small number of additional questions to the survey instrument designed to reflect particular areas of interest in their region.

The questionnaire was translated into Spanish, French and Russian to facilitate completion in all countries. All completed questionnaires were submitted to the relevant ministry of health senior officials for approval before submission to WHO.

Response rate

In total, 185 Member States (96%) responded to the survey. The response rates by WHO region are shown in Table 1. All regions, with the exceptions of the Region of the Americas and the European Region, had a response rate of 100%. (A complete list of Member States by region is given in Annex 1.)

Table 1
Response rate by WHO region

Region	Total number of countries (2010)	Number of responding countries	Response rate
AFR	46	46	100%
AMR	35	29	83%
EMR	21	21	100%
EUR	53	51	96%
SEAR	11	11	100%
WPR	27	27	100%
Total	193	185	96%

Analysis

Data were automatically extracted from the country questionnaires using Microsoft Excel and compiled into regional and global databases. Data cleaning was performed to ensure consistency with responses within a question and its sub-questions. All statistical analyses, including analysis by WHO region and World Bank income groups (2008 groupings, see Annex 2), were carried out using STATA 11 software (Stata Corporation, 2009). All data cleaning, extraction and analysis was performed at WHO Headquarters.

For all analyses, the denominator used was the total number of responding countries, either overall or within the subgroup of interest. To avoid fluctuating denominators, percentages reported were based on the positive responses from countries to the survey items. Non-positive responses (i.e. “No,” “Don’t know,” and items left unanswered) were treated equally. Trends in national capacity for NCDs were derived from comparing the results of the 2010 survey with those from the capacity survey conducted in 2000 by WHO. For the comparison of survey responses from 2000 to 2010, only the 158 countries that completed both surveys were included in the analysis and this covered only the 20 questions which appeared in both surveys.

Box 1: **Key definitions used in the 2010 global country capacity survey for NCDs**

Capacity: The ability to perform appropriate tasks efficiently, effectively and sustainably.

Health reporting system: The process by which a ministry of health produces annual health reports that summarize data on, for example, national health human resources, population demographics, health expenditures and health indicators such as mortality and morbidity. The process of collecting data from various health information sources, such as disease registries, hospital admission or discharge data.

NCD unit, branch department: The unit or department with responsibility for prevention and control of NCDs in a ministry of health or national institute.

Partnership: The various organizational structures, relationships and arrangements in place for furthering collaboration in order to prevent, treat and control noncommunicable diseases. These range from legally incorporated entities with their own governance to simpler collaborations with varied stakeholders.

Policy terms: A **policy** is a specific official decision or set of decisions designed to carry out a course of action endorsed by a political body. This includes a set of goals and priorities, and main directions for attaining the set goals. The policy document may include a strategy to give effect to the policy. A **strategy** is a long-term plan designed to achieve a particular goal. An **action plan** is a scheme, or course of action, which may correspond to a policy or strategy, with defined activities indicating who does what (e.g. the type of activity and people responsible for implementation); when (i.e. timeframe); and how and with what resources an objective can be accomplished. An **integrated policy, strategy or action plan** is a concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework. This involves targeting the major risk factors common to the main chronic diseases and includes the integration of primary, secondary and tertiary prevention, health promotion and diseases prevention programmes across sectors and disciplines. An **operational** policy, strategy, or action plan is one that is currently being implemented in the country. A non-operational plan is one that exists on paper but is not being implemented.

The results were examined in relation to the objectives and key recommendations made to Member States in the *WHO NCD Action Plan* (see Box 2). Emphasis was placed on identifying positive aspects of capacity and where progress had been made, as well as identifying challenges.

Box 2:
Key objectives of the *WHO NCD Action Plan* (5)

Objective 1. To raise the priority accorded to noncommunicable diseases in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.

Objective 2. To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases.

Objective 3. To promote interventions to reduce the main shared, modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

Objective 4. To promote research for the prevention and control of noncommunicable diseases.

Objective 5. To promote partnerships for the prevention and control of noncommunicable diseases.

Objective 6. To monitor noncommunicable diseases and their determinants, and evaluate progress at national, regional and global levels.

Results

Aspects of NCD infrastructure

Unit, branch or department responsible for NCDs

Eighty-nine per cent of countries (89%) reported they have a unit, branch or department in their ministry of health with responsibility for NCDs. As shown in Table 2, this includes 88% of low-income countries and 94% of lower-middle-income countries.

Table 2

Percentage of countries with units, branches or departments within the ministry of health (or equivalent) with responsibility for NCDs

	Percentage of countries
WHO region	
AFR	93
AMR	93
EMR	86
EUR	80
SEAR	100
WPR	93
World Bank income category	
Low-income	88
Lower-middle-income	94
Upper-middle-income	89
High-income	85
ALL	89

Comparison with the 2000 survey

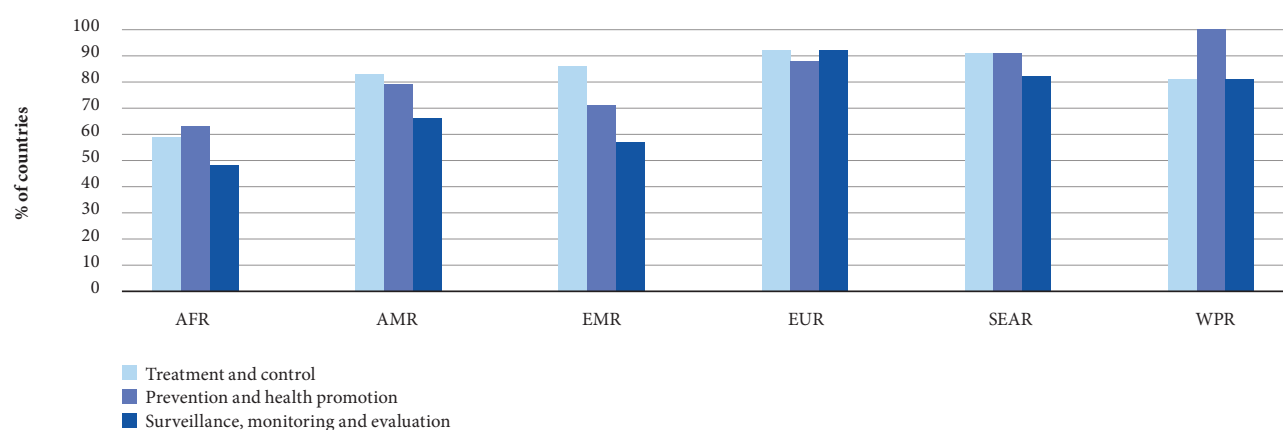
Both the 2000 and 2010 surveys included a question on the existence of a unit or department in the ministry of health that is responsible for NCDs. Among the 158 countries that responded to the two surveys, only 61% had units in 2000 compared to 89% in 2010.

Funding mechanisms

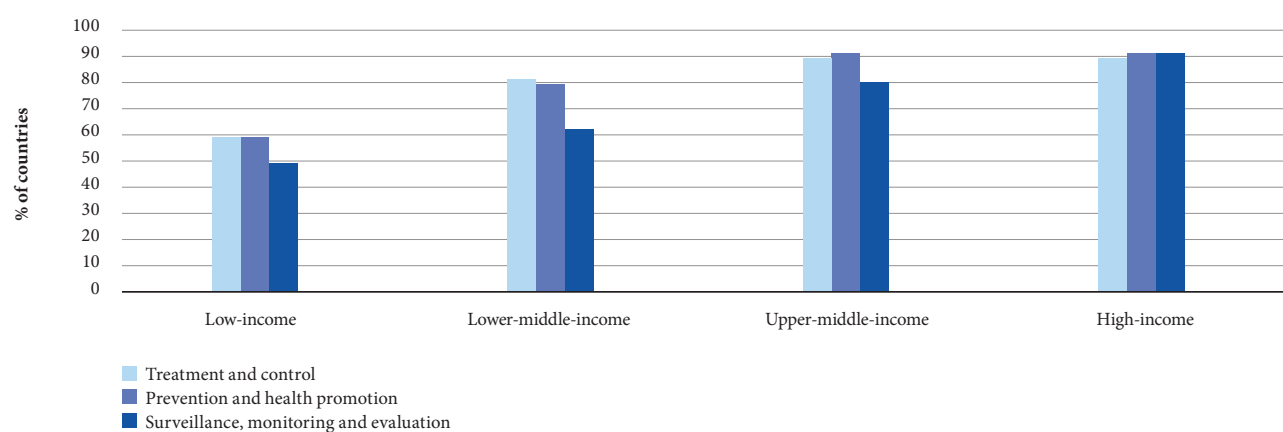
Eighty per cent of countries (80%) reported that funding is available for NCD treatment and control and 81% reported funding for NCD prevention and health promotion. A higher percentage of countries in the Western Pacific Region, South-East Asia Region, and European Region had funding (see Figure 1a) as well as in the middle- and high-income countries (see Figure 1b). While the prevalence of funding for surveillance, monitoring and evaluation was comparably lower overall (71%), it was particularly low in the African Region (48%) and Eastern Mediterranean Region (57%) and in low-income countries (49%).

Figure 1
Percentage of countries with funding for NCD activities, by function

a) By WHO region



b) By World Bank income group



In decreasing order of prevalence, the following are among the major sources of funding for NCDs: government revenues (84% of countries), international donors (56%), health insurance (39%), and earmarked taxes (20%) (see Table 3).

Table 3
Major funding sources for NCDs

		Funding sources for NCDs (Percentage of countries with funding source)				
		General government revenues	Health insurance	International donors	Earmarked taxes on alcohol, tobacco, etc.	Other
WHO region	AFR	67	15	59	7	20
	AMR	90	38	55	14	7
	EMR	86	57	48	24	19
	EUR	90	61	43	31	25
	SEAR	100	36	82	27	36
	WPR	89	30	70	22	26
World Bank income group	Low-income	63	7	56	7	15
	Lower-middle-income	92	45	81	21	17
	Upper-middle-income	91	48	59	25	27
	High-income	87	53	23	26	26
ALL		84	39	56	20	21

Twelve per cent of countries (12%), (i.e. 22 countries) reported have no funding stream, and there is a dramatic drop in funding of NCD activities in low-income countries: 34% of low-income countries receive no funding at all for NCD prevention and control. This is a particular problem in the African Region where 33% of countries receive no funding, as well as in the Eastern Mediterranean Region where 14% of countries also receive no funding.

As shown in Table 3, low-income countries reported receiving less funding from all sources: around 63% of low-income countries receive government revenues, compared to 90% of countries in the other income groups; 7% receive funds from health insurance relative to 49% of other countries and 7% receive earmarked taxes compared to 24% of other countries. A smaller percentage of low-income countries receive donations relative to lower-middle-income countries (56% compared to 81%).

Twenty per cent of countries reported that they use earmarked taxes to fund NCDs, and this was significantly lower in low-income countries relative to middle- and high-income countries (see Table 3).

Agencies, institutes or other government departments

Ninety per cent of countries (90%) reported they have at least one agency, institute, academic centre or other government department that supports the ministry of health (or equivalent) by performing functions to prevent and control NCDs. This includes 83% of low-income countries, 90% of middle-income countries and 96% of high-income countries.

These agencies and institutes conduct a wide range of functions, including scientific research, policy research, coordination and development of policy, NCD and risk factor surveillance, information management, development of treatment guidelines, training and health promotion. Of all these functions, training relevant to NCD prevention and control and health promotion and prevention services were the most common (82% of countries for each). Compared to low-income countries, middle- and high-income countries were more likely to report having agencies supporting training functions (85% versus 73%) and health promotion (85% versus 71%). Finally, 76% of countries reported they had agencies responsible for scientific research and 75% for surveillance.

Ten per cent (10%) of countries reported they have no agencies, institutes or other government departments assisting the ministry of health in its NCD functions. There is also notably less policy research (61% of countries) and the percentage declines markedly between high-income countries (72%) and the low- and middle-income countries (57%).

Collaborative arrangements

Eighty-six percent of countries (86%) reported they have some form of partnerships or collaborations for implementing key activities related to NCDs. Most countries (76%) have collaborations in the form of a cross-departmental or ministerial committee. Fewer countries have inter-disciplinary committees (68%) or joint task forces (59%). Nongovernmental organizations (NGOs), community-based organizations and civil society together form a stakeholder in the partnerships/collaborations in the majority of countries (82%). Collaborations with other, non-health government ministries are also reported as common (80% of countries), similarly with academia (72%) and UN agencies (68%). Private sector entities are the least common stakeholder (59%), although they are far more often stakeholders in upper-middle-income and high-income countries (70%) than in low-income countries (37%).

Collaborations most often address tobacco use (83% of countries), diabetes (81%), unhealthy diet (77%), cancer (77%), physical inactivity (75%), and hypertension (72%). Chronic respiratory diseases (54%) and abnormal blood lipids (46%) are the least common content areas of collaborations.

Policies, plans and strategies

Policy development

Ninety-two per cent of countries (92%) reported they have developed at least one policy, plan, or strategy to address NCDs and/or their risk factors. The overall percentage of countries with a policy, plan or strategy for each NCD or risk factor is shown in Table 4. The majority of countries have a policy, plan or strategy for all NCDs and their risk factors with the exception of chronic respiratory diseases (46% of countries). Cardiovascular disease, harmful use of alcohol, and overweight and obesity are each addressed by policies, plans or strategies in 65–69% of countries. Tobacco use was most commonly addressed, with 84% of countries reporting a policy, plan or strategy addressing this risk factor.

Table 4*Percentage of countries with a policy, plan or strategy addressing the major NCDs and/or their risk factors.*

	% of countries
Tobacco use	84
Cancer	81
Diabetes	77
Unhealthy diet	76
Physical inactivity	73
Overweight and obesity	69
Harmful use of alcohol	68
Cardiovascular disease	65
Chronic respiratory disease	46

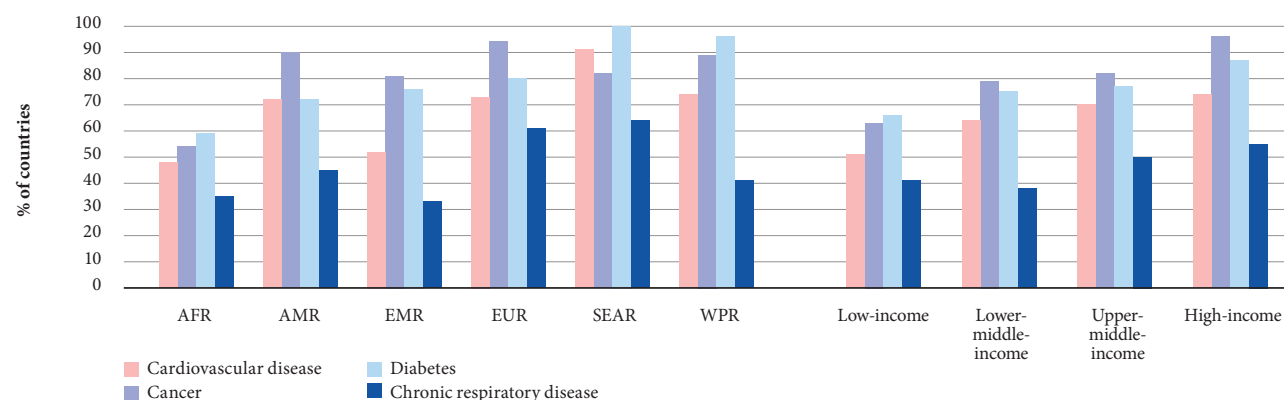
There is variation in the quantity of policies, plans or strategies by income group and region and by disease (see Figure 2). With the exception of chronic respiratory disease and harmful use of alcohol, there is a consistent decline in the percentage of countries with policies, plans or strategies as income group declines. For cardiovascular disease, for example, 74% of high-income countries reported having policies, plans or strategies, relative to 51% for low-income countries. With unhealthy diet, 91% of high-income countries have plans, relative to 49% for low-income countries. For physical activity, 82% of upper-middle-income countries have plans, relative to 68% for lower-middle-income countries.

The picture by WHO region is more complex (see Figure 2). The percentage of countries reporting having policies, plans or strategies is generally lowest in the African Region, with the exception of chronic respiratory diseases and harmful use of alcohol, which are even less common in the Eastern Mediterranean Region. In contrast, the South-East Asia Region generally has the greatest percentage of countries with policies, plans or strategies, with 100% of countries having policies, plans or strategies for diabetes, unhealthy diet, physical inactivity and tobacco use. While the percentage of countries reporting they have policies, plans or strategies is generally highest in the South-East Asia Region, Western Pacific Region and European Region, the percentage of countries with policies, plans or strategies for cancer is also quite high in the Region of the Americas.

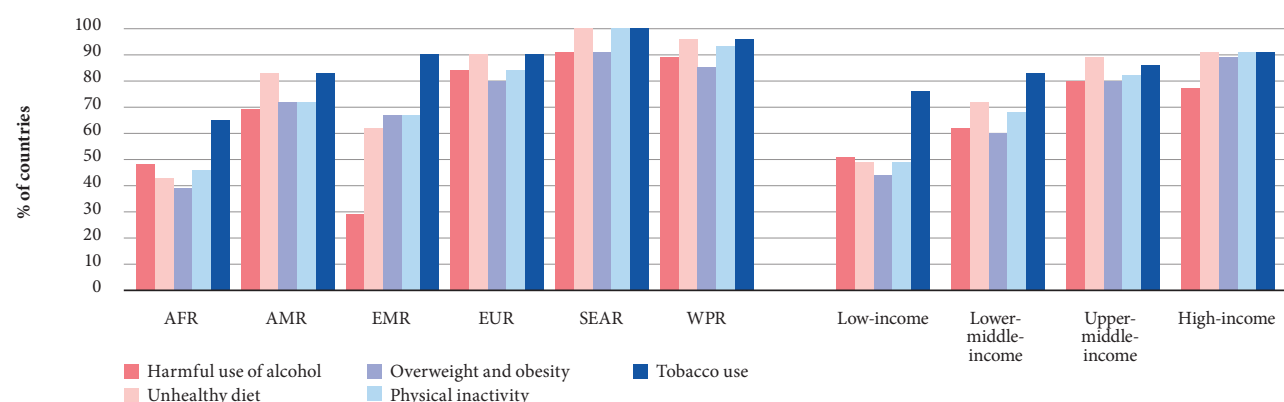
Figure 2

Countries with plans, policies or strategies for the leading diseases and risk factors, by WHO region and World Bank income group

a) Plans, policies or strategies for leading NCDs



b) Plans, policies or strategies for leading NCD risk factors

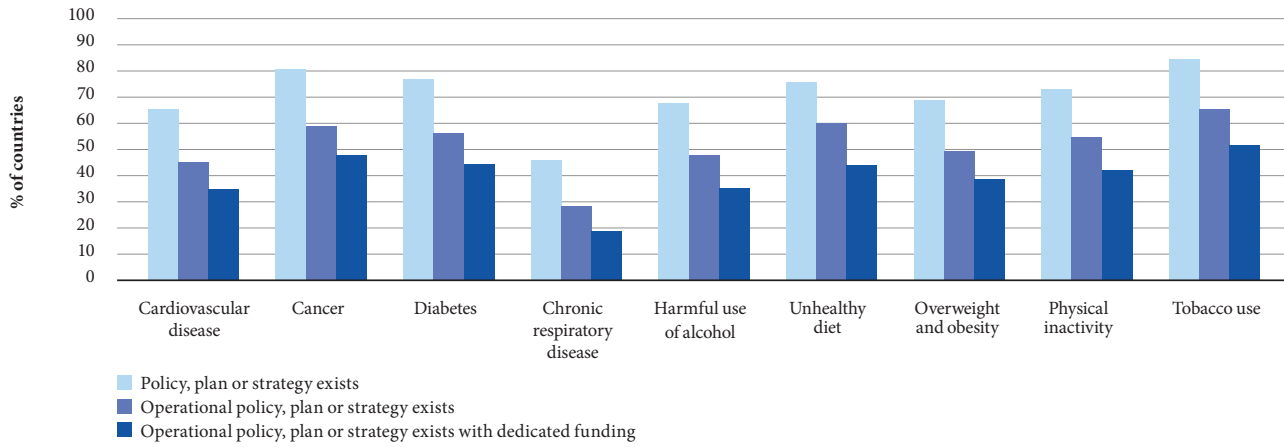


Policy implementation and funding

There is a significant drop in the percentage of countries that reported they have a policy, plan or strategy on paper versus the percentage that have a policy, plan or strategy that is operational or funded. When taking into consideration whether or not the policies, plans or strategies are operational, the percentage of countries with policies drops by nearly a third, on average, across all NCDs and risk factors. If operational policies with a dedicated budget only are considered, the percentage of countries drops 40–50% for each of the NCDs and risk factors (see Figure 3). While 92% of countries have at least one policy, only 79% have at least one operational policy and only 71% have at least one operational policy with dedicated funding.

Figure 3

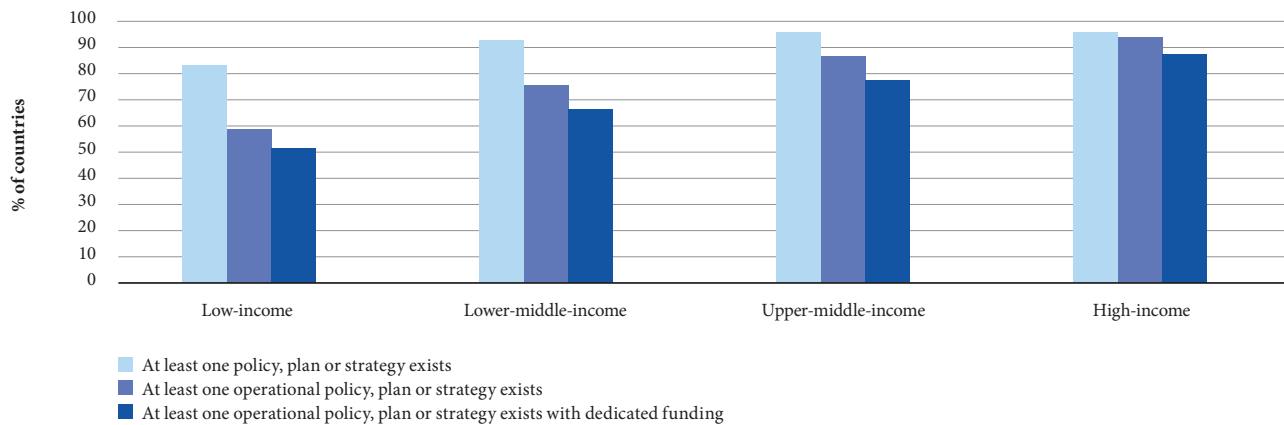
Percentage of countries with policies, plans or strategies and whether or not these are operational or funded



There is a far greater decline in low- and lower-middle-income countries in the percentage of countries reporting that they have policies, plans or strategies, versus those that have operational policies or policies with dedicated funding (see Figure 4). While 83% of low-income countries have a policy, only 59% have an operational policy, and 51% have an operational policy with dedicated funding. This is in comparison to high-income countries, where 96% have a policy and 87% have an operational policy with funding.

Figure 4

Percentage of countries with policies, plans or strategies, operational or funded, by World Bank income group



Integrated policies

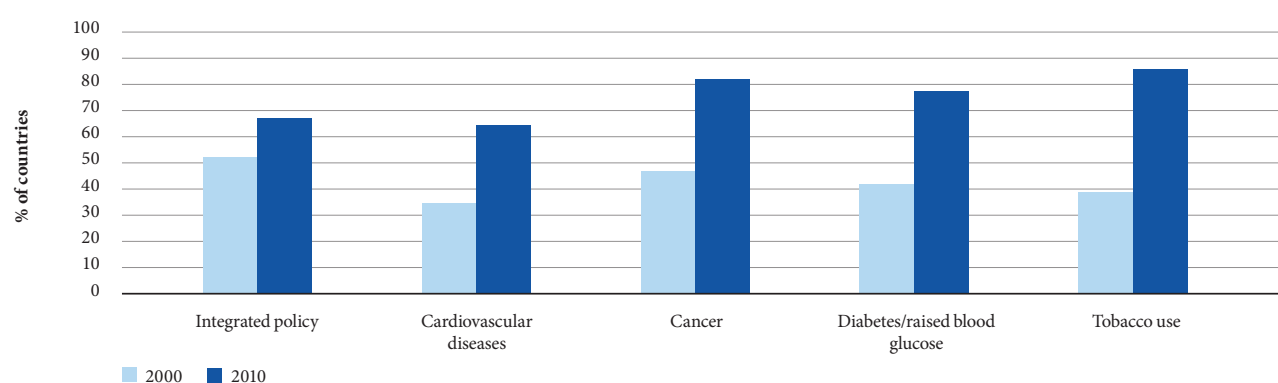
While 65% of countries indicated they had integrated policies that covered two or more NCDs or their risk factors, only 43% had operational integrated policies and 31% had operational integrated policies with dedicated funding. The percentage of countries with operational integrated policies with dedicated funding was low across income groups, ranging from 22% of low-income countries to 30% of lower-middle-income and high-income countries, to 43% of upper-middle-income countries. Just over half of countries in the South-East Asia Region (55%) and Western Pacific Region (56%) reported that they had operational integrated policies with dedicated funding, compared to roughly a third in the European Region (31%) and Region of the Americas (31%) and less than one in five in the Eastern Mediterranean Region (19%) and African Region (17%).

Comparison with the 2000 survey

Among the 158 countries that participated in both the 2000 and 2010 surveys, the percentage with policies, plans or strategies has risen markedly since 2000 (see Figure 5). While there has been a moderate increase in the existence of integrated policies (52% versus 67%), the rise in the prevalence of policies addressing specific risk factors has been greater. In 2000, for example, 34% of countries had a policy for cardiovascular disease, compared to 65% in 2010. Similarly, 39% of countries had a policy for tobacco use in 2000, versus 85% in 2010.

Figure 5

Percentage of countries* with select policies, plans or strategies, 2000 versus 2010



*Of 158 countries that participated in both surveys.

Surveillance

National health reporting system

Overall, 85% of countries reported that cause-specific mortality related to NCDs is included in their national health reporting system (see Table 5). The same percentage reported that morbidity related to NCDs is also included. However, only 48% of countries reported including population-based mortality data and only 23% reported including population-based morbidity data. Consequently the majority of countries include mortality and morbidity data that is only hospital-based or based on another subpopulation in their national health reporting system. Fifty-nine per cent of countries (59%) include data on NCD risk factors in their national health reporting system and 49% have population-based NCD risk factor data. While fewer countries include NCD risk factor data in their national health reporting systems compared to NCD morbidity or mortality data, the NCD risk factor data is more likely to be population-based data. Less than two-thirds of countries (62%) have produced a report on mortality data in the past three years (i.e. in 2007 or later) and even fewer have produced a recent report on morbidity (55%) or NCD risk factors (32%).

Table 5

Percentage of countries with data included in the national health reporting system, by WHO region and World Bank income group

		Mortality related to NCDs			Morbidity related to NCDs			NCD risk factors		
		Population-based data	Recent report*		Population-based data	Recent report*		Population-based data	Recent report*	
WHO region	AFR	70	7	37	74	4	30	30	26	15
	AMR	90	66	59	83	28	48	79	55	34
	EMR	71	43	62	76	19	48	43	43	33
	EUR	100	84	84	96	37	73	69	55	41
	SEAR	82	45	73	100	36	82	73	64	45
	WPR	93	33	63	89	19	63	74	70	37
World Bank income group	Low-income	71	5	44	83	7	44	29	27	17
	Lower-middle-income	75	32	53	79	19	49	58	43	25
	Upper-middle-income	98	66	73	89	32	61	75	66	39
	High-income	98	85	79	91	32	64	70	60	49
All	85	48	62	85	23	55	59	49	32	

*A "recent report" indicates a report has been published in 2007 or later.

While the majority of countries in every region reported they include NCD mortality and morbidity data in their health reporting systems, there are marked differences between regions and income groups when coverage of these data is considered. Whereas 66% of countries in the Region of the Americas and 84% of countries in the European Region include population-based mortality data, fewer than half of countries in all other regions include this. In the African Region, only 7% of countries include population-based mortality data. Similarly, while most upper-middle-income countries (66%) and high-income countries (85%) have population-based mortality data, only about a third of lower-middle-income countries (32%) and 5% of low-income countries have this. The pattern is similar for morbidity data with nearly a third of upper-middle-income countries (32%) and high-income countries (32%) having population-based morbidity data compared to 19% of lower-middle-income countries and 7% of low-income countries.

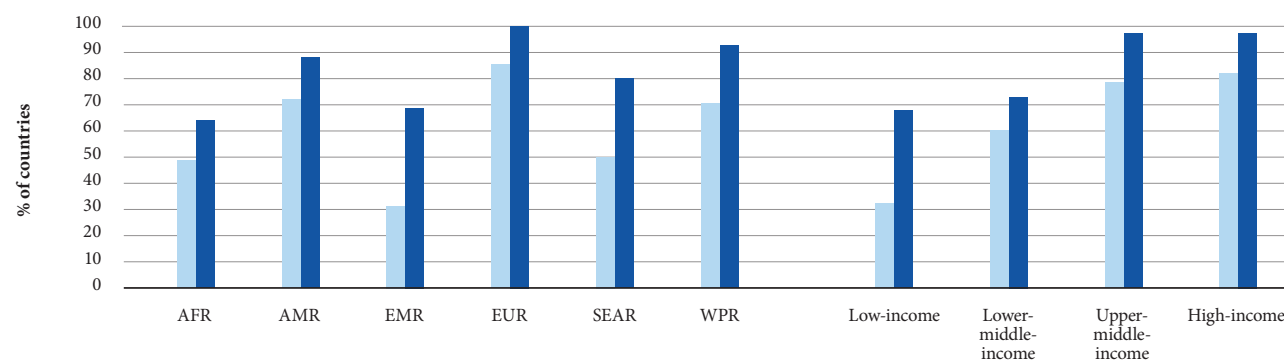
Comparison with the 2000 survey

Considerably more countries included NCD mortality, morbidity and risk factor data in their national health system in 2010 than in 2000 (see Figure 6). For mortality data, the most dramatic increases have been in the low-income countries and the Eastern Mediterranean Region, where the percentage of countries including these data has more than doubled. Although the percentage of countries that include NCD risk factor data is lowest overall in 2010, this area has seen the most improvement since 2000. For example, low-income countries and countries in the African Region have increased the inclusion of NCD risk factor data from 0% to nearly 30%, the Region of the Americas has increased from 20% to 76% and the South-East Asia Region has increased from 0% to 70%.

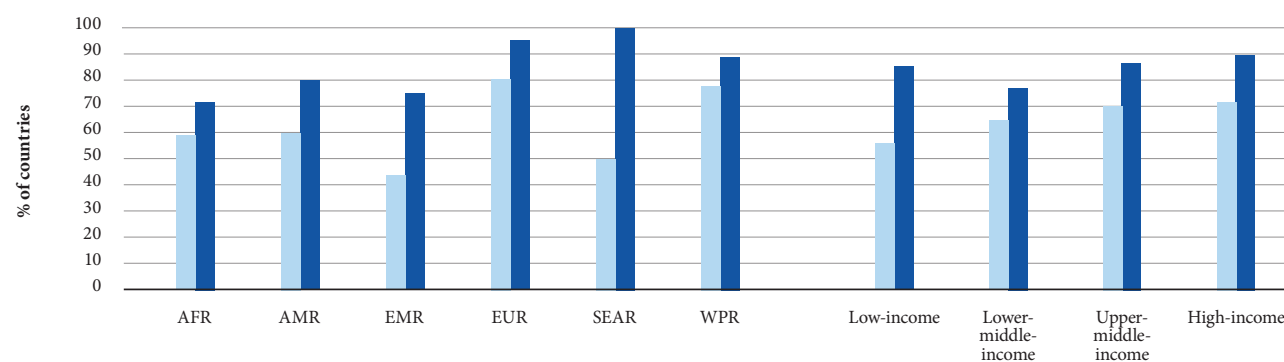
Figure 6

Percentage of countries* with data included in the national health reporting system, by WHO region and World Bank income group, 2000 versus 2010

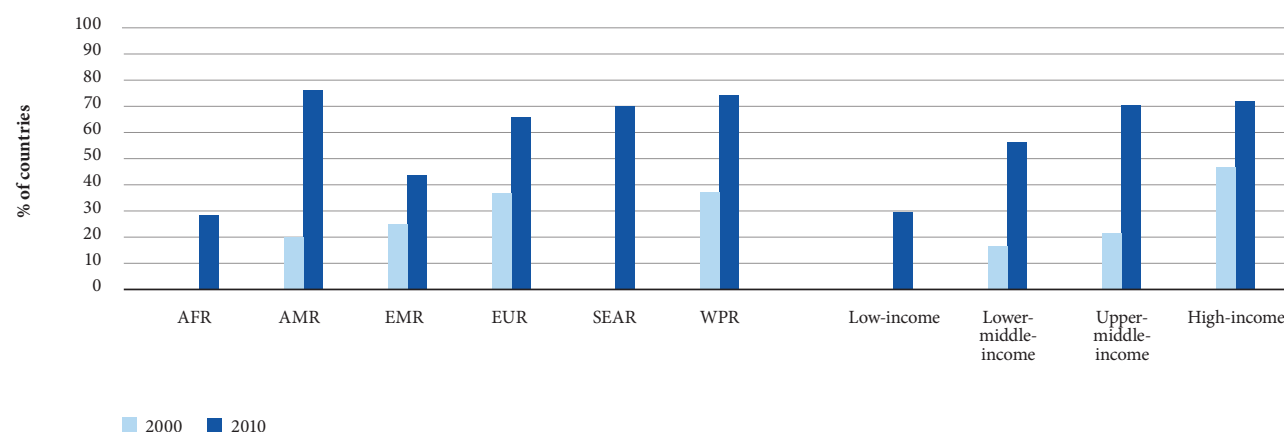
a) NCD mortality



b) NCD morbidity



c) NCD risk factors



*Of 158 countries that participated in both surveys.

Cancer registries

While over three-quarters of countries (78%) reported having a cancer registry, only 62% had a national registry and only 45% had a population-based registry (see Table 6). Furthermore, just over a third (36%) stated that they have published data from the cancer registry recently (i.e. in 2007 or later).

Table 6

Percentage of countries with cancer registries, by WHO region and World Bank income group

		Cancer registry exists	National data	Population-based data	Recent report*
WHO region	AFR	59	28	30	22
	AMR	83	66	38	38
	EMR	76	62	57	43
	EUR	92	82	65	41
	SEAR	82	45	27	55
	WPR	81	81	37	37
World Bank income group	Low-income	51	24	17	24
	Lower-middle-income	77	60	26	26
	Upper-middle-income	89	73	57	52
	High-income	94	85	79	43
ALL	78	62	45	36	

* A "recent report" indicates a report has been published in 2007 or later.

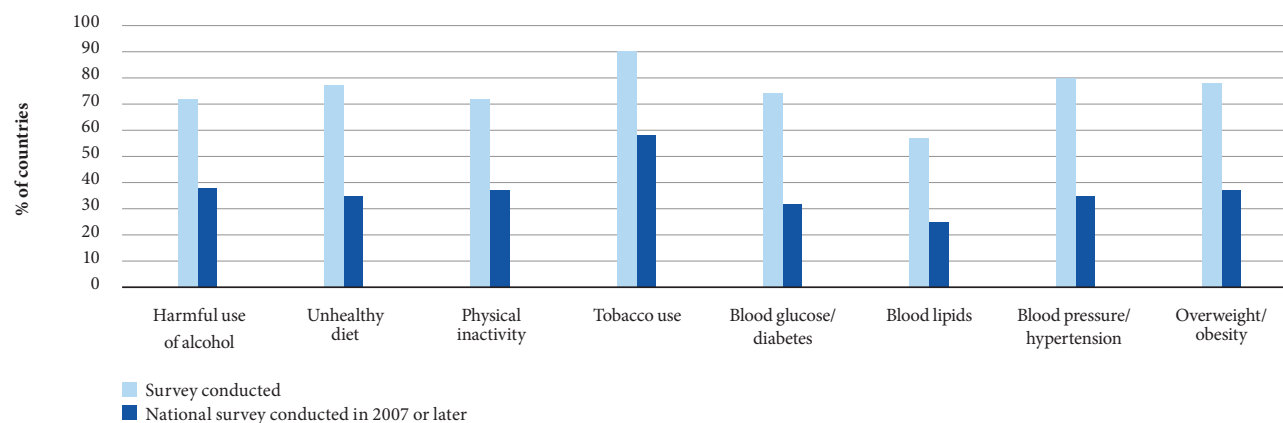
Comparison with the 2000 survey

Since 2000 there has been a slight increase in the percentage of countries with cancer registries (71% in 2000 versus 78% in 2010) as well as in the percentage of countries with population-based registries (38% in 2000 versus 45% in 2010). While the greater prevalence of cancer registries is evident in all regions and income groups, not all regions and income groups saw an improvement in coverage. Fewer countries in the Region of the Americas reported having population-based registries in 2010 than in 2000 (40% in 2000 versus 36% in 2010). This pattern was similar in the Western Pacific Region (41% in 2000 versus 37% in 2010) and fewer lower-middle-income countries reported having population-based registries in 2010 than in 2000 (29% in 2000 versus 27% in 2010).

Risk factor surveillance

The majority of countries reported having conducted risk factor surveys on each of eight major NCD risk factors (see Figure 7). While the fewest countries have collected data on blood lipids (57%), 70–80% have collected data on each of the other risk factors, with the exception of tobacco use, on which 90% of countries collected data. However, when considering the scope (national versus subnational) and recency of the surveys, prevalence of these is low. For most of the risk factors, only around a third of countries have conducted a national survey in 2007 or later. Recent, national surveys for blood lipids were even less common (25%) and national surveys for tobacco use being somewhat more common (58%).

Figure 7
Percentage of countries that have conducted risk factor surveys

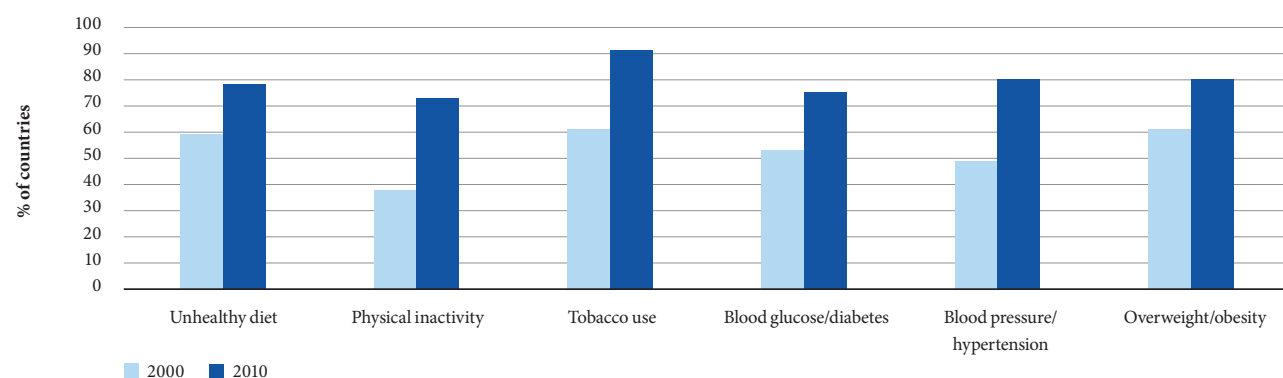


Comparison with the 2000 survey

In the survey conducted in 2000, countries were asked if national or subnational risk factor studies for specific NCD risk factors were carried out in the preceding five years. The percentage of countries responding affirmatively to these questions is compared to the percentage of countries stating, in 2010, that they have conducted a risk factor survey, regardless of the coverage or recency of the survey.

For all risk factors there has been a substantial improvement in completed surveys since 2000 (see Figure 8). Surveys covering physical activity have seen the greatest improvement, with the prevalence nearly doubling from 2000 to 2010 (38% in 2000 versus 73% in 2010). Overweight/obesity and diet have each seen roughly a 30% increase, whereas blood pressure has seen a nearly two-thirds increase since 2000 (49% in 2000 versus 80% in 2010).

Figure 8
Percentage of countries that have conducted risk factor surveys, 2000 versus 2010*



*Of 158 countries that participated in both surveys.

Health systems capacity

NCD-related components in the primary health care system

Around 80% of countries reported providing primary prevention and health promotion (85%), risk factor detection (77%) and risk factor and disease management (81%) in their primary health care systems. This is in line with the recommendation in the *WHO NCD Action Plan* that countries should “incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.” However, only 58% of countries have support for self-help and self-care and 50% have home-based care in their primary health care systems.

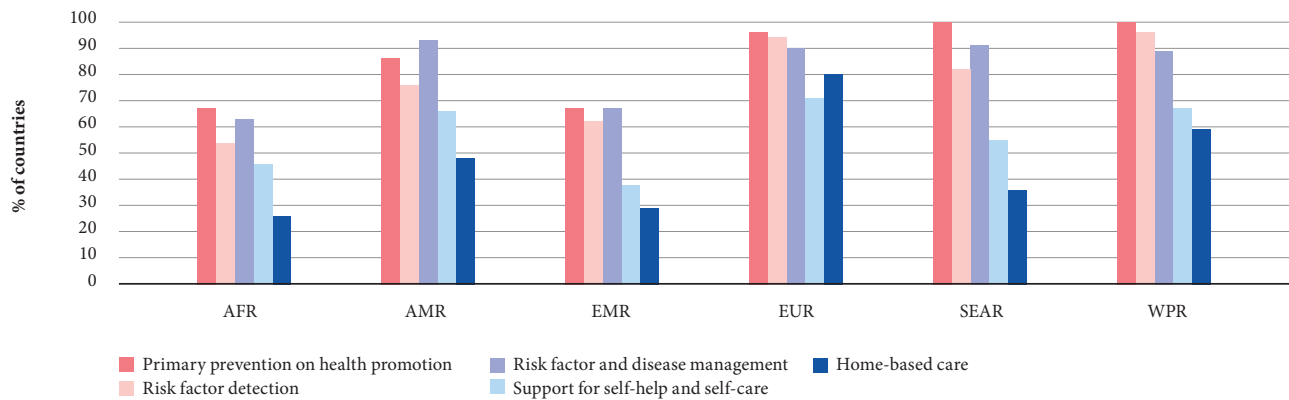
Overall, low-income countries are less likely to have these components provided in their primary health care systems (see Figure 9). Just over a third of low-income countries provide support for self-help and self-care (37%) and just over a quarter (27%) provide home-based care. High-income countries are more than twice as likely to provide these two components.

Primary prevention and health promotion, risk factor detection and risk factor and disease management were most prevalent in the Western Pacific Region, South-East Asia Region and European Region as well as the Region of the Americas, with over 80% of countries providing each in their primary care system. Countries in the African Region and Eastern Mediterranean Region generally reported the lowest prevalence for all components, although the prevalence of integrated home-based care was markedly low (36%) in the South-East Asia Region.

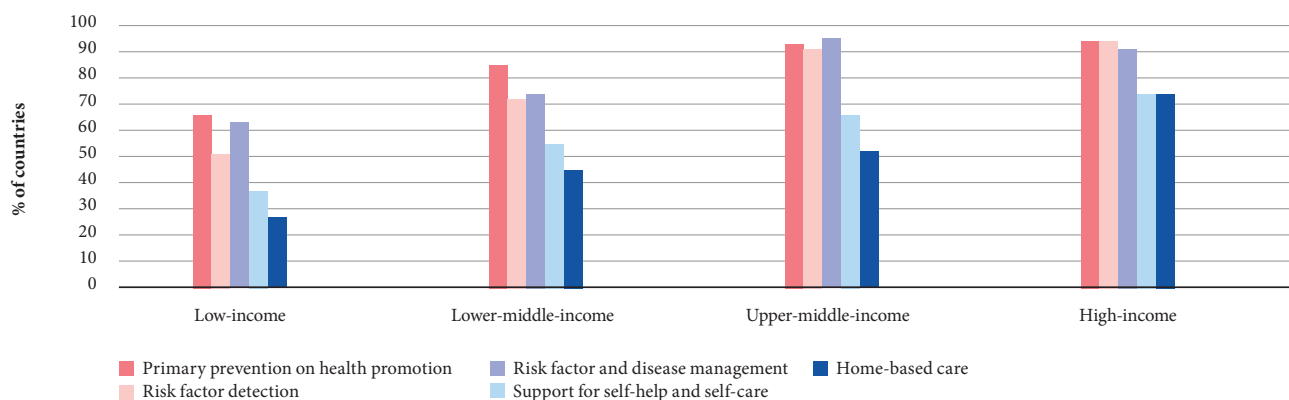
Figure 9

Percentage of countries with select components integrated into their primary health care system

a) By WHO region



b) By World Bank income group

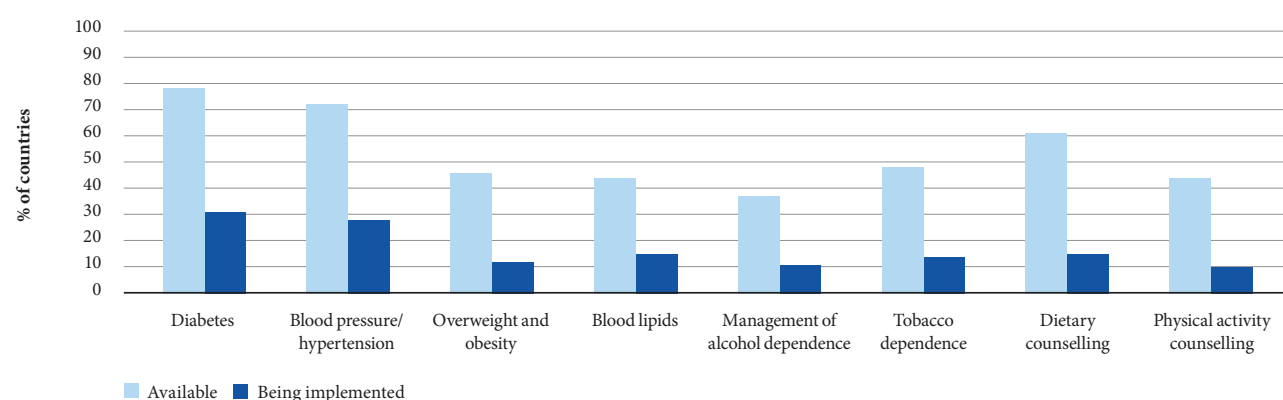


Guidelines for the management of NCD conditions

While the majority of countries reported having evidence-based guidelines, protocols or standards available for the management of diabetes and hypertension as well as for dietary counselling, less than a third of countries have a guideline that is currently fully implemented (see Figure 10). For the other NCDs and risk factors, the picture is worse. Between 40% and 50% of countries have guidelines for the management of overweight and obesity or blood lipids, or for the management of tobacco dependence or physical activity counselling. However, the percentage of countries with fully implemented guidelines for these NCDs and risk factors ranges from 10–15%. Guidelines for the management of alcohol dependence were the least common (37% of countries) and only 11% of countries reported having fully implemented guidelines.

Figure 10

Availability and implementation of management guidelines for NCDs and risk factors

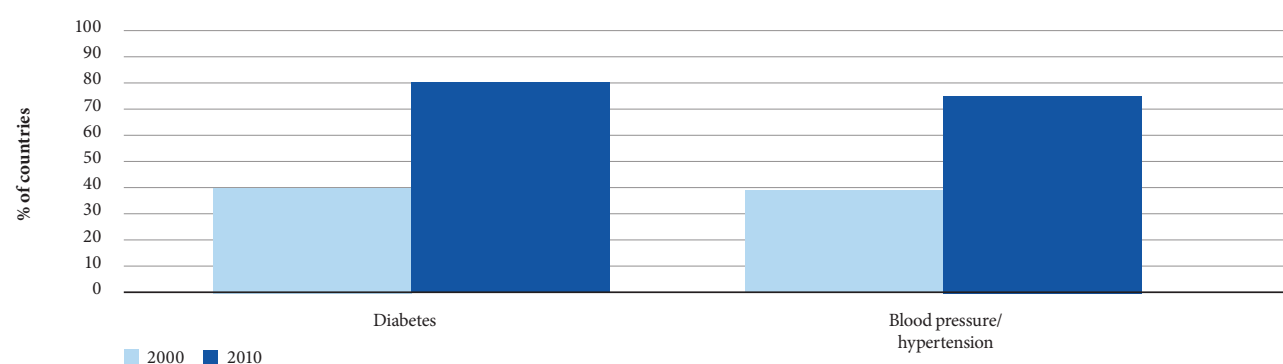


Comparison with the 2000 survey

Although there was variable availability and implementation of guidelines being reported in 2010, there has still been marked improvement since 2000. In the 2000 survey, countries were asked only about the existence of guidelines for diabetes and hypertension (implementation of these guidelines was not captured). The number of countries with each of these guidelines has nearly doubled since 2000 (see Figure 11).

Figure 11

Percentage of countries with available guidelines for the management of NCDs*



*Of 158 countries that participated in both surveys.

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

The questionnaire asked countries to indicate for a wide range of tests and procedures to aid in the detection, diagnosis and monitoring of NCDs and whether or not each was generally available. Responses in relation to selected key tests and procedures are reported here. The vast majority of countries (88%) reported they had at least one type of test for the measurement of blood glucose generally available. Similarly, most countries (80%) reported having at least one type of test for the screening of breast cancer generally available – either screening through palpation or mammography. However, only 41% of countries had this screening through mammography. Approximately two-thirds of countries had total cholesterol measurement (66%), electrocardiogram (65%), or cervical cytology (60%) generally available.

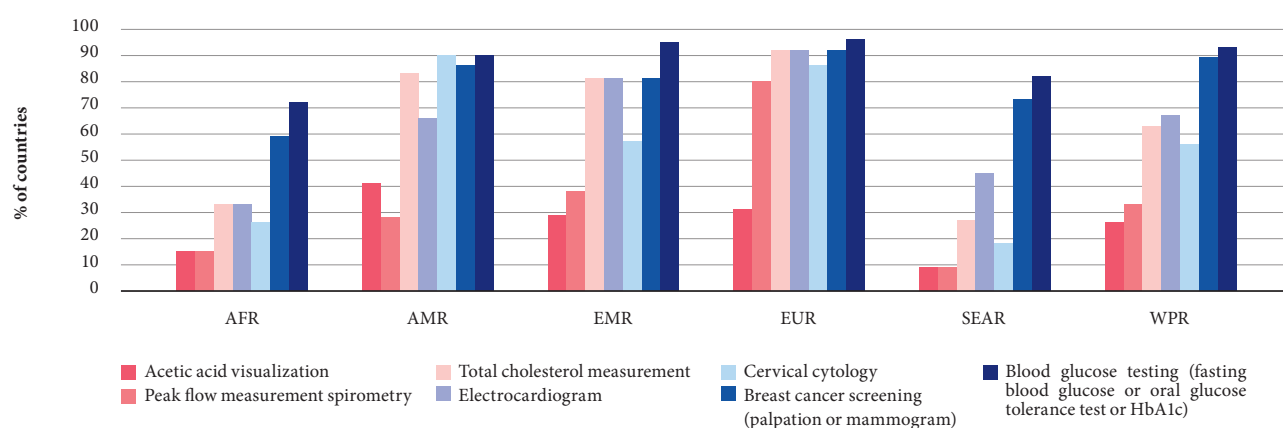
Although blood glucose testing and breast cancer screening were reported as generally available in most countries, the prevalence among low-income countries is markedly lower, with just over half (56%) having breast cancer screening generally available and only two-thirds (68%) having blood glucose testing generally available (see Figure 12). For other tests and procedures, the difference is more pronounced. The prevalence for total cholesterol measurement, electrocardiogram and cervical cytology among upper-middle-income and high-income countries are three to four times greater than among low-income countries. These tests and measurements are only generally available in 26–33% of countries in the African Region and cervical cytology is only available in 18% of countries in the South-East Asia Region.

Acetic acid visualization was only generally available in 26% of countries, with countries in the Region of the Americas (41%) and the European Region (31%) and Eastern Mediterranean Region (29%) most likely to have these generally available. Peak flow measurement spirometry was generally available in 40% of countries and very few low- income and lower-middle-income countries (17%) or countries in the South-East Asia Region (9%) had this test generally available.

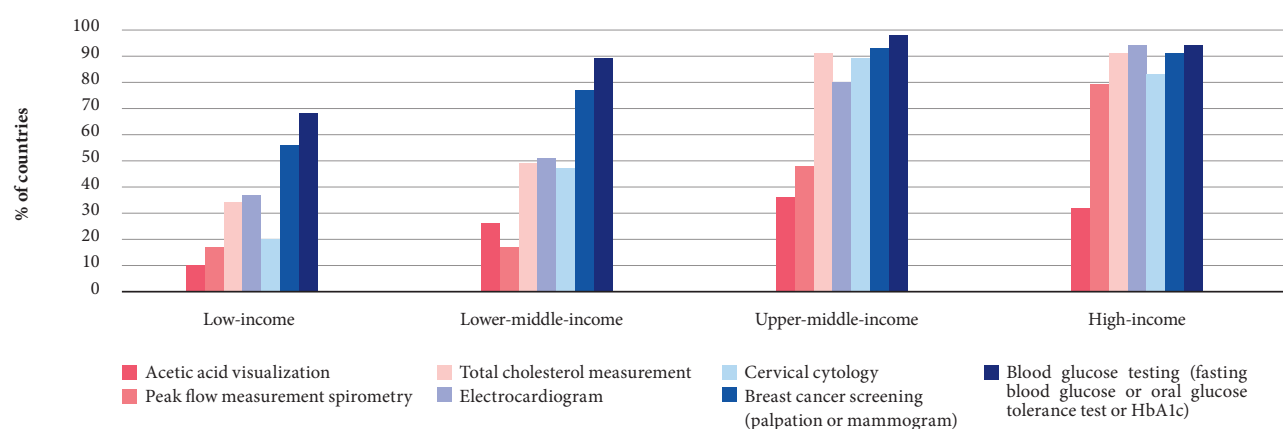
Figure 12

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

a) By WHO region



b) By World Bank income group



Availability of medicines in the public health sector

The survey gathered information on the availability of basic medicines required for the treatment of NCDs (see Table 7). Essential medicines for the management of diabetes, hypertension and cardiovascular disease were generally available in the vast majority of countries. Tamoxifen and statins were reported as generally available in just over 60% of countries and oral morphine was available in just under half of countries (48%).

While many drugs for the treatment of asthma and chronic obstructive pulmonary disease (COPD) were available in three-quarters of countries or more, ipratropium bromide was only available in 61% of countries. Finally, nicotine patches or gums were available in less than half of countries (44%), with markedly low availability in low-income countries (7%) and in the South-East Asia Region (9%)

Table 7
Percentage of countries with medicines generally available in the public health sector, by WHO region and World Bank income group

WHO region	Percentage of countries with medicines generally available in the public health sector, by WHO region and World Bank income group										
	Insulin	Aspirin (100 mg)	Metformin	Glibenclamide	Thiazide Diuretics	ACE Inhibitors	CC Blockers	Beta Blockers	Tamoxifen		
AFR	72	91	65	78	87	67	65	78	33		
AMR	83	83	83	83	83	76	72	76	72		
EMR	90	86	86	90	90	76	81	81	52		
EUR	98	98	98	96	98	98	96	98	92		
SEAR	91	91	100	91	91	100	91	100	64		
WPR	85	96	93	78	89	70	81	81	59		
Low-income	66	93	71	78	93	66	68	80	34		
Lower-middle-income	89	87	83	81	81	74	75	77	53		
Upper-middle-income	95	95	95	95	95	91	86	93	80		
High-income	91	94	91	89	94	91	91	91	85		
ALL	86	92	85	86	90	81	81	85	63		
WHO region	Percentage of countries with medicines generally available in the public health sector, by WHO region and World Bank income group										
	Statins	Oral morphine	Nicotine patches or gums	Salbutamol	Prednisolone tab	Steroid inhaler	Hydrocortisone injection	Ipratropium bromide			
AFR	26	33	15	91	89	54	83	41			
AMR	59	45	24	90	79	76	76	48			
EMR	67	14	43	86	86	71	90	48			
EUR	94	76	88	98	98	98	96	94			
SEAR	64	18	9	100	91	64	100	55			
WPR	63	63	48	81	85	63	85	59			
Low-income	22	27	7	93	90	49	90	37			
Lower-middle-income	47	28	26	85	83	62	79	47			
Upper-middle-income	86	57	57	95	91	89	91	73			
High-income	91	81	85	94	94	94	91	87			
ALL	62	48	44	91	89	74	88	61			

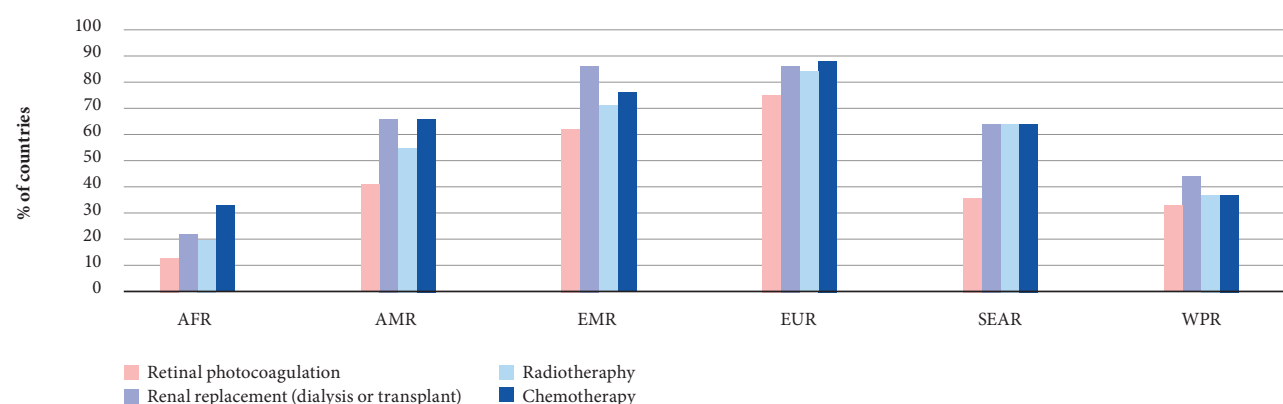
Procedures for treating NCDs

The questionnaire asked countries about the availability of a selection of procedures used for treating NCDs (see Figure 13). The great majority of countries in high-income countries (85%) and in the European Region (84–88%) and Eastern Mediterranean Region (71–76%) reported they had radiotherapy and chemotherapy generally available. However, only about a third of low-income countries (37%) or countries in the African Region (33%) or Western Pacific Region (37%) reported having chemotherapy, and only 20% of low-income countries or countries in the African Region have radiotherapy generally available.

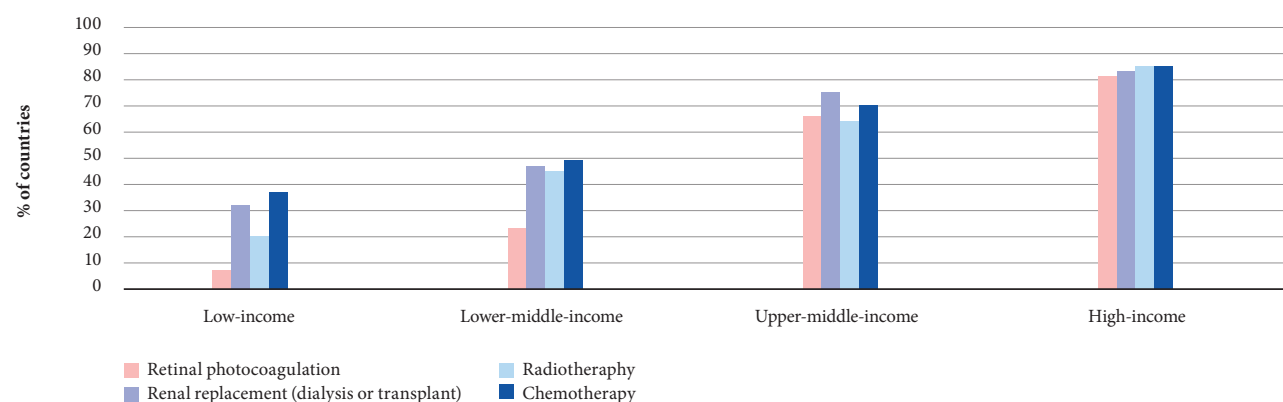
A similar pattern is seen for procedures for the basic management of end-stage renal disease, with around 80% of upper-middle-income and high-income countries having renal replacement treatment available versus only 40% of low-income and lower-middle-income countries. Finally, retinal photocoagulation services to prevent blindness was available in less than half of countries (44%), with the largest discrepancy between income groups for any of the treatments addressed by the survey (81% for high-income countries versus 7% for low-income countries).

Figure 13
Availability of procedures for the treatment of NCDs

a) By WHO region



b) By World Bank income group

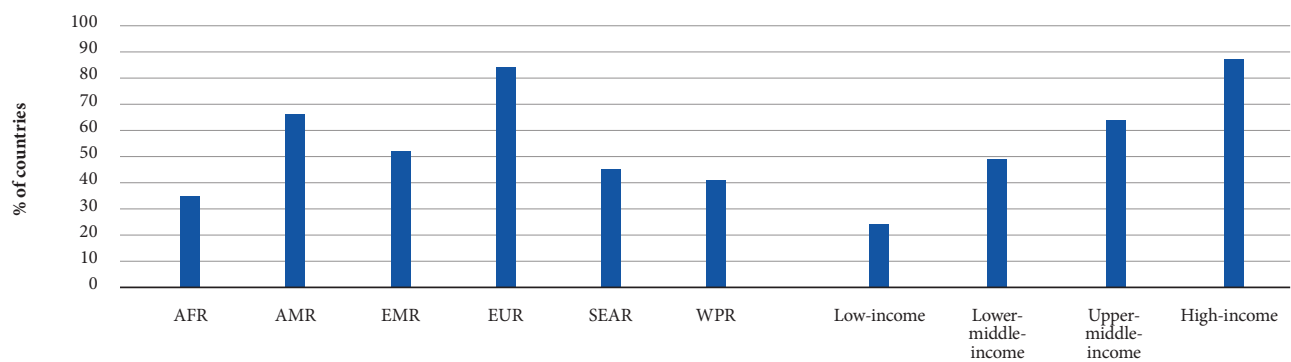


Health insurance coverage for NCD-related services and treatments

Fifty-seven per cent of countries (57%) reported that NCD-related services and treatments are covered by health insurance, regardless of whether the insurance is social or private. However, there is great variability by country income group and WHO region (see Figure 14). The European Region had the highest prevalence of insurance coverage (84%) and the African Region had the lowest (35%). High-income countries were over three times more likely to have NCD services and treatments covered by health insurance than low-income countries (87% versus 24%).

Figure 14

Prevalence of health insurance coverage of NCD-related services and treatments, by WHO region and World Bank income group



Discussion: limitations and opportunities

Limitations in national capacity to address NCDs

The NCD 2010 CCS highlighted several key limitations in national capacity to address NCDs. These include:

- **Weak infrastructure.** Although a large number of countries reported the existence of a unit responsible for NCDs, the adequate funding and staffing of such units remains a key concern. More information concerning crucial capacity needs is critical to identifying the most cost-effective ways to increase capacity.
- **Inadequate implementation and funding of high quality policies and plans to address NCDs.** While most countries now have a policy, plan and/or strategy to address NCDs, a significant number of these are neither implemented nor funded. A large proportion of the policies also fail to include measurable outcome targets and monitoring and evaluation components even though, as noted in the *WHO Action Plan*, good policies have “measurable process and output indicators” and “realistic targets” (5). This indicates that countries do not have a clear sense of what they want to achieve with their policies (or perhaps do not have the information or skills to do so), and nothing against which to measure progress. There are also far fewer policies and plans for some diseases and risk factors relative to others. Thus while many policies, plans and strategies exist, not only are many not implemented or funded, they are of insufficient quality. The relative lack of policy-oriented research also indicates a low capacity to build the evidence-base needed to develop, implement and evaluate cost-effective prevention and control strategies, as recommended by the *WHO NCD Action Plan*.
- **Inadequate population-based surveillance and funding for surveillance.** Some form of surveillance for NCD morbidity, mortality and risk factors is conducted by many countries, although only a minority of countries have population-based data. There is a particularly large gap for morbidity data, with a particularly low number of countries having population-based data for morbidity. Surveillance is also less funded than NCD treatment and for prevention and health promotion, reflecting a decline in funding for surveillance with national income group.
- **Gaps in health systems.** A very low percentage of countries have government-approved evidence-based national guidelines, protocols or standards for managing selected NCD conditions. Where such guidelines and protocols exist, most countries are not fully implementing them. The availability of the basic equipment necessary for the diagnosis and management of NCDs appears to be inadequate in many countries. For example, many countries do not have cervical cancer cytology available in primary health care. Without basic tests and procedures being available, early diagnosis and management of conditions such as cancer, where outcomes can be positively influenced if the condition is discovered early in its development, are severely hampered. For some conditions such as cervical cancer, screening can prevent the disease in its entirety. The large majority of countries report having a list of essential drugs but the inclusion of many of the essential drugs for NCD management is variable and can be inadequate in many countries.
- **Lower-income countries have weaker capacity, and low-income countries have very weak capacity.** There is a strong tendency for lower-income countries to have lower capacity than high-income countries. This is particularly the case for low-income countries. In funding, for example, there is a dramatic drop in funding of NCD prevention and control in low-income countries, particularly in the African Region.

There is also a consistent decline in the percentage of countries with policies, plans or strategies as national income group declines. The gap between having a plan, implementing it, funding it, including measurable outcome targets, and a monitoring and evaluation component, also widens as income group falls. Inadequate surveillance is much more likely in lower-income countries. Lower-income countries tend to have less capacity in components of health systems, with the gradient between the countries varying between components.

Opportunities to build capacity to address NCDs

Despite the significant challenges identified by the survey for national capacity to address NCDs, the survey also suggests that there are opportunities on which to build.

- Governments are recognizing that NCDs present a problem sufficient enough to require specific attention by their ministries of health and other entities, including in low- and middle-income countries.** This is indicated by the widespread presence of a unit, branch, department dedicated to NCDs in their ministry of health. The large majority of countries also have national agencies or institutes conducting NCD-related functions, or – as recommended by the *WHO NCD Action Plan* – collaborating arrangements across government departments, with international agencies, NGOs, and to a lesser extent with the private sector. This presents an opportunity on which to build further capacity – a space for developing and implementing policies to address NCDs, engaging with international recommendations, guidelines and advice on addressing NCDs, and channelling funding. Another opportunity stems from the presence of national institutes conducting scientific research into NCDs, which is also encouraging in light of objective 4 of the *WHO NCD Action Plan* (see Box 2) and could provide the basis of greater international cooperation in scientific research into NCDs (as recommended in the *WHO NCD Action Plan*).
- Most countries have some funding available for NCDs.** Although likely to be insufficient, the presence of existing funding streams implies a space where funding can be added and coordinated. There is also considerable potential to increase the amount of funding from earmarked taxes. Tobacco taxes are widely applied across all world regions and national income groups, so providing the opportunity for earmarking (6).
- The widespread presence of existing policies, plans and strategies provides a framework to guide the development and implementation of interventions – and suggests there is space to build on existing plans, as recommended in the *WHO NCD Action Plan*.** Despite their lack of implementation, the presence of a policy, plan or strategy is a highly positive finding since they are recognized as a cornerstone of NCD prevention and control.
- Surveillance is increasing.** Significant progress has been made in risk factor surveillance, likely attributable to the adoption of WHO STEPS. The call in the *WHO NCD Action Plan* to “establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEPwise approach to risk factor surveillance” appears to be being heeded. Tobacco use is the most widely surveyed risk factor, and could provide lessons for the future. Lower-income countries are also catching up with higher-income groups in their risk factor surveillance.

Limitations of the survey

The findings of the NCD country capacity survey need to be interpreted taking into consideration the several limitations. Firstly, the information was provided by NCD focal points in the country and reflects their understanding of the current status of survey items at the time the survey instrument was completed.

Secondly, although efforts were made to validate all the responses and supporting documentation requested, independent validation for many survey items was not always possible. In addition, although the survey questionnaire was subject to a lengthy development process, it is inevitable that global questions could not accommodate every specific country situation. Therefore the question and response structure may not have allowed for countries to give the most complete picture of their individual situation. This is particularly true for countries with a federated or highly decentralized form of government.

Finally, although the questionnaire and instructions were translated into three of the WHO official languages (French, Spanish and Russian), there may have been language problems in relation to the use of certain technical terms that are not universally similar in their interpretation.

While providing a good overview of NCD prevention and control at a national level, the survey was not intended to provide a comprehensive understanding of specific arrangements or needs. For example, the survey provides information on whether there is funding for NCDs, but not on whether the ministry of health perceives the funding as adequate for basic functions, and what their funding needs are. Similarly, on staffing, the focal points identified the number of full- and part-time staff, but made no judgment as to whether staffing was sufficient (and countries clearly reported on the amount of staff they had using different criteria).¹ Additionally, information was provided on the existence of the agencies and institutes with NCD functions, but not on whether they coordinate well with the ministry of health.

¹ In the South-East Asia Region, an additional question was asked in the survey about the adequacy of the staffing capacity.

Conclusion: priorities for action

Analysis of the 2010 NCD CCS has identified clear priorities for action:

- **More effective use needs to be made of existing NCD infrastructure.** There is considerable potential to build on existing capacity, including in agencies and institutes external to government ministries. Increased capacity for scientific and policy research and surveillance should be included. To move forward effectively, work is needed to survey national units to verify what their resource needs are (staffing, funding etc.).
- **Existing policies need to be implemented, funded and improved** (i.e. covering all risk factors and diseases, and incorporating monitoring and evaluation, and outcome targets). This process could be aided by learning lessons from achievements in the areas of tobacco use and cancer, which have had more success in developing and implementing policies. Work is also needed to understand why countries are not implementing policies and what the barriers to implementation are.
- **Investment is needed in population-based surveillance to build on existing surveillance systems.** The quantity and quality of population-based risk factor surveillance has been increasing but more is needed. Population-based approaches also need to be extended to cover mortality and morbidity surveillance.
- **The development of evidence-based national guidelines, protocols or standards for managing NCDs is urgently needed.** This represents a huge gap and must be filled if basic standards are to be met by the health care system.
- **Develop innovative funding solutions.** Examples could include increasing the amount of earmarked taxes in low-income countries for NCD prevention and control.
- **Focus on lower-income countries.** The weakest capacity is found in these countries even though the burden of NCDs and/or their risk factors is high and/or growing rapidly. With progress now being made in the higher-income countries in addressing NCDs, the emphasis on building capacity should be on low- and middle-income countries.

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ANNEX 1

WHO member states and survey respondents

* signifies a non-respondent. All other countries responded to the survey.

† signifies that the country responded to the 2010 survey but not the 2000 survey. These countries were thus excluded from the 2000 versus 2010 comparisons.

AFR

Algeria
 Angola
 Benin
 Botswana†
 Burkina Faso
 Burundi
 Cameroon
 Cape Verde
 Central African Republic†
 Chad
 Comoros
 Congo
 Côte d'Ivoire
 Democratic Republic of the Congo
 Equatorial Guinea
 Eritrea
 Ethiopia
 Gabon
 Gambia
 Ghana
 Guinea
 Guinea-Bissau
 Kenya†
 Lesotho
 Liberia
 Madagascar
 Malawi
 Mali
 Mauritania
 Mauritius
 Mozambique†
 Namibia
 Niger
 Nigeria
 Rwanda
 Sao Tome and Principe
 Senegal†
 Seychelles

Sierra Leone
 South Africa†
 Swaziland
 Togo
 Uganda
 United Republic of Tanzania†
 Zambia
 Zimbabwe

AMR

Antigua and Barbuda*
 Argentina
 Bahamas*
 Barbados†
 Belize
 Bolivia (Plurinational State of)
 Brazil
 Canada†
 Chile
 Colombia*
 Costa Rica
 Cuba
 Dominica†
 Dominican Republic
 Ecuador
 El Salvador
 Grenada*
 Guatemala†
 Guyana
 Haiti*
 Honduras
 Jamaica
 Mexico
 Nicaragua
 Panama
 Paraguay
 Peru
 Saint Kitts and Nevis
 Saint Lucia

Saint Vincent and the Grenadines*
Suriname
Trinidad and Tobago
United States of America
Uruguay
Venezuela (Bolivarian Republic of)

EMR

Afghanistan
Bahrain
Djibouti†
Egypt
Iran (Islamic Republic of)
Iraq
Jordan
Kuwait
Lebanon†
Libyan Arab Jamahiriya†
Morocco
Oman
Pakistan
Qatar
Saudi Arabia
Somalia†
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates†
Yemen

EUR

Albania
Andorra†
Armenia†
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic†
Denmark
Estonia
Finland
France
Georgia
Germany

Greece†
Hungary
Iceland
Ireland
Israel
Italy†
Kazakhstan
Kyrgyzstan*
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro†
Netherlands†
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia†
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan*
Ukraine†
United Kingdom
Uzbekistan†

SEAR

Bangladesh
Bhutan
Democratic People's Republic of Korea
India
Indonesia
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste†

WPR

Australia
Brunei Darussalam
Cambodia
China
Cook Islands
Fiji
Japan
Kiribati
Lao People's Democratic Republic
Malaysia
Marshall Islands
Micronesia (Federated States of)
Mongolia

Nauru
New Zealand
Niue
Palau
Papua New Guinea
Philippines
Republic of Korea
Samoa
Singapore
Solomon Islands
Tonga
Tuvalu
Vanuatu
Viet Nam

ANNEX 2

List of countries by world bank income groups

Categories for this report were based on the income categories for 2008.

HIGH INCOME

Andorra
Antigua and Barbuda
Australia
Austria
Bahamas
Bahrain
Barbados
Belgium
Brunei Darussalam
Canada
Croatia
Cyprus
Czech Republic
Denmark
Equatorial Guinea
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Japan
Kuwait
Luxembourg
Malta
Monaco
Netherlands
New Zealand
Norway
Oman
Portugal
Qatar
Republic of Korea
San Marino
Saudi Arabia

Singapore
Slovakia
Slovenia
Spain
Sweden
Switzerland
Trinidad and Tobago
United Arab Emirates
United Kingdom
United States of America

UPPER-MIDDLE INCOME

Algeria
Argentina
Belarus
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
Chile
Colombia
Cook Islands
Costa Rica
Cuba
Dominica
Dominican Republic
Fiji
Gabon
Grenada
Jamaica
Kazakhstan
Latvia
Lebanon
Libyan Arab Jamahiriya
Lithuania
Malaysia
Mauritius
Mexico
Montenegro
Namibia

Nauru
 Niue
 Palau
 Panama
 Peru
 Poland
 Romania
 Russian Federation
 Saint Kitts and Nevis
 Saint Lucia
 Saint Vincent and the Grenadines
 Serbia
 Seychelles
 South Africa
 Suriname
 The former Yugoslav Republic of Macedonia
 Turkey
 Uruguay
 Venezuela (Bolivarian Republic of)

LOWER-MIDDLE INCOME

Albania
 Angola
 Armenia
 Azerbaijan
 Belize
 Bhutan
 Bolivia (Plurinational State of)
 Cameroon
 Cape Verde
 China
 Congo
 Côte d'Ivoire
 Djibouti
 Ecuador
 Egypt
 El Salvador
 Georgia
 Guatemala
 Guyana
 Honduras
 India
 Indonesia
 Iran (Islamic Republic of)
 Iraq
 Jordan
 Kiribati
 Lesotho
 Maldives

Marshall Islands
 Micronesia (Federated States of)
 Mongolia
 Morocco
 Nicaragua
 Nigeria
 Pakistan
 Papua New Guinea
 Paraguay
 Philippines
 Republic of Moldova
 Samoa
 Sao Tome and Principe
 Solomon Islands
 Sri Lanka
 Sudan
 Swaziland
 Syrian Arab Republic
 Thailand
 Timor-Leste
 Tonga
 Tunisia
 Turkmenistan
 Tuvalu
 Ukraine
 Vanuatu

LOW INCOME

Afghanistan
 Bangladesh
 Benin
 Burkina Faso
 Burundi
 Cambodia
 Central African Republic
 Chad
 Comoros
 Democratic People's Republic of Korea
 Democratic Republic of the Congo
 Eritrea
 Ethiopia
 Gambia
 Ghana
 Guinea
 Guinea-Bissau
 Haiti
 Kenya
 Kyrgyzstan
 Lao People's Democratic Republic

Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Myanmar
Nepal
Niger
Rwanda
Senegal

Sierra Leone
Somalia
Tajikistan
Togo
Uganda
United Republic of Tanzania
Uzbekistan
Viet Nam
Yemen
Zambia
Zimbabwe

ANNEX 3

Questionnaire

COUNTRY PROFILE OF CAPACITY AND RESPONSE TO CHRONIC NONCOMMUNICABLE DISEASES (NCDs)

MODULES:

I PUBLIC HEALTH INFRASTRUCTURE FOR NCD

II STATUS OF NCD RELEVANT POLICIES, STRATEGIES, AND ACTION PLANS

III HEALTH INFORMATION SYSTEMS, SURVEILLANCE AND SURVEYS FOR NCD

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

V HEALTH PROMOTION, PARTNERSHIPS AND COLLABORATION

Purpose

- The purpose of this survey is to gauge your country capacity for responding to chronic noncommunicable disease (see definition in glossary). It will guide Member States, WHO Regional Offices and WHO HQ in planning future actions and technical assistance required to address NCD.
- This is also the basis for ongoing assessment of changes in country capacity and response.
- Use of standardized questions allows comparisons of country capacities and responses.
- We have divided this survey into core questions and annexes. Core questions represent the minimum profile of country capacity.
- Expanded questions for each module are in Annexes, available for a more in-depth analysis of aspects in each module.

Process

- The survey is intended to assess national level capacity and response to NCD and can be applied also at subnational levels if responsibility for health is decentralized.
- The detail in the modules is such that full survey completion will require a group of respondents with expertise in the topics covered in the modules. A focal point or survey coordinator will need to be identified from within the respondent group to coordinate and ensure survey completion. Please use the following table to indicate the names and titles of all of those who have completed the survey and which sections they have completed.
- Please note that while there is space to indicate “Don’t Know” for most questions, there should be very few of these. If someone is filling in numerous “Don’t Knows”, another person to complete this section should be found.

I: PUBLIC HEALTH INFRASTRUCTURE FOR NCD**1) Is there a unit/branch/department in the ministry of health or equivalent with responsibility for NCDs?**

Yes No

IF NO: Go to Question 2

1a) Does this responsibility include:

- | | | | |
|------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| i) Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ii) Coordination of implementation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| iii) Monitoring and evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

1b) Which areas are covered:

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| i) Primary prevention and health promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ii) Early detection/screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| iii) Health care and treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| iv) Surveillance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

1c) Please indicate the number of technical/professional staff in the unit/branch/department.

Full time _____

Part time _____

2) Is there funding for the following NCD activities/functions?

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| i) Treatment and control | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ii) Prevention and health promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| iii) Surveillance, monitoring and evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

2a) What are the major sources of funding for NCDs?

More than one can apply, rank order them where:

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

- General government revenues
- Health insurance
- International donors
- Earmarked taxes on alcohol, tobacco, etc.
- Other (specify) _____
- Don't Know

3) Are there national bodies or institutes, academic centres, reference centres, government departments or ministries that support the ministry of health or equivalent in performing public health functions to prevent and control NCDs?

Yes No Don't Know

IF NO: Go to Module II.

3a) Identify the top 3 and, for each, check all functions that apply:

Name of national body or institute/academic centre/reference centre/ government department or ministry	Indicate all functions that apply to each
1.	<input type="checkbox"/> Scientific research <input type="checkbox"/> Policy research <input type="checkbox"/> Facilitate/coordinate development of policy <input type="checkbox"/> Surveillance of NCDs or risk factors <input type="checkbox"/> Information management <input type="checkbox"/> Treatment or treatment guidelines <input type="checkbox"/> Training relevant to NCD prevention and control <input type="checkbox"/> Health promotion or prevention services <input type="checkbox"/> Other (specify) _____
2.	<input type="checkbox"/> Scientific research <input type="checkbox"/> Policy research <input type="checkbox"/> Facilitate/coordinate development of policy <input type="checkbox"/> Surveillance of NCDs or risk factors <input type="checkbox"/> Information management <input type="checkbox"/> Treatment or treatment guidelines <input type="checkbox"/> Training relevant to NCD prevention and control <input type="checkbox"/> Health promotion or prevention services <input type="checkbox"/> Other (specify) _____
3.	<input type="checkbox"/> Scientific research <input type="checkbox"/> Policy research <input type="checkbox"/> Facilitate/coordinate development of policy <input type="checkbox"/> Surveillance of NCDs or risk factors <input type="checkbox"/> Information management <input type="checkbox"/> Treatment or treatment guidelines <input type="checkbox"/> Training relevant to NCD prevention and control <input type="checkbox"/> Health promotion or prevention services <input type="checkbox"/> Other (specify) _____

II: STATUS OF POLICIES, STRATEGIES, AND ACTION PLANS

II A: INTEGRATED POLICIES, STRATEGIES, AND ACTION PLANS

1) Does your country have an integrated NCD policy/strategy or a plan of action?

Yes No Don't Know

IF NO: Skip to Question 2

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

Is it a plan of action? Yes No Don't Know

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

1a) Title: _____

1b) Is there a web site? Yes No Don't Know

If yes, please write the web address: _____

1c) For risk factors, does it address one or more of the following major risk factors?

Yes No Don't Know

If yes, please identify which ones:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Harmful use of alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unhealthy diet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical inactivity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | |

1d) For diseases or conditions, does it combine early detection, treatment and care for:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiovascular disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic respiratory diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension/raised blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overweight/obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abnormal blood lipids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1e) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

1e-i) Is there a dedicated budget for implementation? Yes No Don't Know

1e-ii) Is there a monitoring and evaluation component? Yes No Don't Know

1f) Does it have measurable outcome targets? Yes No Don't Know

1g) What population groups does it include or target?

(Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

1h) Indicate the settings for any interventions under the policy/strategy/action plan/.

(Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

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

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

Yes No Don't Know

IF NO: Skip to Question 3

Is there a policy/strategy?

Yes No Don't Know

Is there an action plan?

Yes No Don't Know

2a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

2b) Write the title _____

2c) Is there a web URL?

- Yes No Don't Know

If yes, please write the web URL _____

2d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

2d-i) Is there a dedicated budget for implementation? Yes No Don't Know

2d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

2e) Does it have measurable outcome targets? Yes No Don't Know

2f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

2g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select “Don’t know” at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don’t know

3) Is there a policy, strategy, or action plan for cancer in your country?

- Yes No Don’t Know

IF NO: Skip to Question 4

Is there a policy/strategy?

- Yes No Don’t Know

Is there an action plan?

- Yes No Don’t Know

3a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

3b) Write the title _____

3c) Is there a web URL?

- Yes No Don’t Know

If yes, please write the web URL _____

3d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

3d-i) Is there a dedicated budget for implementation? Yes No Don’t Know

3d-ii) Is there a monitoring and evaluation component? Yes No Don’t Know

3e) Does it have measurable outcome targets? Yes No Don’t Know

3f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

3g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

4) Is there a policy, strategy, or action plan for diabetes/high blood glucose in your country?

- Yes No Don't Know

IF NO: Skip to Question 5

Is there a policy/strategy?

- Yes No Don't Know

Is there an action plan?

- Yes No Don't Know

4a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

4b) Write the title _____

4c) Is there a web URL?

- Yes No Don't Know

If yes, please write the web URL _____

4d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

4d-i) Is there a dedicated budget for implementation? Yes No Don't Know

4d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

4e) Does it have measurable outcome targets? Yes No Don't Know

4f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

4g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

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

- Yes No Don't Know

IF NO: Skip to Question 6

Is there a policy/strategy?

- Yes No Don't Know

Is there an action plan?

- Yes No Don't Know

5a) What level of government is implementing it?

- National government
 Subnational (region/state/province/municipal)

5b) Write the title _____

5c) Is there a web URL?

- Yes No Don't Know

If yes, please write the web URL _____

5d) Indicate its stage:

- Operational
 Under development
 Not in effect
 Don't know

IF OPERATIONAL/ACTIVE:

5d-i) Is there a dedicated budget for implementation? Yes No Don't Know

5d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

5e) Does it have measurable outcome targets? Yes No Don't Know

5f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
 children under 10 years
 adolescents (10–19 years)
 young people (15–24 years)
 adults
 older adults (65 years and older)
 pregnant women
 marginalized/vulnerable groups
 other (specify) _____
 don't know

5g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select “Don’t know” at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don’t know

6) Is there a policy, strategy, or action plan for another noncommunicable disease of importance in your country?

- Yes No Don’t Know

IF NO: Skip to Question 7

Is there a policy/strategy?

- Yes No Don’t Know

Is there an action plan?

- Yes No Don’t Know

Please specify which NCD: _____

6a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

6b) Write the title _____

6c) Is there a web URL?

- Yes No Don’t Know

If yes, please write the web URL _____

6d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

6d-i) Is there a dedicated budget for implementation? Yes No Don't Know

6d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

6e) Does it have measurable outcome targets? Yes No Don't Know

6f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

6g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

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

7) Is there a policy, strategy, or action plan for targeting harmful use of alcohol in your country?

Yes No Don't Know

IF NO: Skip to Question 8

Is there a policy/strategy?

Yes No Don't Know

Is there an action plan?

Yes No Don't Know

7a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

7b) Write the title _____

7c) Is there a web URL?

- Yes No Don't Know

7d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

7d-i) Is there a dedicated budget for implementation? Yes No Don't Know

7d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

7e) Does it have measurable outcome targets? Yes No Don't Know

7f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

7g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

8) Is there a policy, strategy, or action plan for unhealthy diet related to NCD in your country?

Yes No Don't Know

IF NO: Skip to Question 9

Is there a policy/strategy?

Yes No Don't Know

Is there an action plan?

Yes No Don't Know

8a) What level of government is implementing it?

National government

Subnational (region/state/province/municipal)

8b) Write the title _____**8c) Is there a web URL?**

Yes No Don't Know

8d) Indicate its stage:

Operational

Under development

Not in effect

Don't know

IF OPERATIONAL/ACTIVE:**8d-i) Is there a dedicated budget for implementation?**

Yes No Don't Know

8d-ii) Is there a monitoring and evaluation component?

Yes No Don't Know

8e) Does it have measurable outcome targets?

Yes No Don't Know

8f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

general population

children under 10 years

adolescents (10–19 years)

young people (15–24 years)

adults

older adults (65 years and older)

pregnant women

marginalized/vulnerable groups

other (specify) _____

don't know

8g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select “Don’t know” at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don’t know

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

- Yes No Don't Know

IF NO: Skip to Question 10

Is there a policy/strategy?

- Yes No Don't Know

Is there an action plan?

- Yes No Don't Know

9a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

9b) Write the title _____

9c) Is there a web URL?

- Yes No Don't Know

9d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

9d-i) Is there a dedicated budget for implementation?

- Yes No Don't Know

9d-ii) Is there a monitoring and evaluation component?

- Yes No Don't Know

9e) Does it have measurable outcome targets?

- Yes No Don't Know

9f) What population groups does it include or target? (Mark all that apply or select “General population” if no specific target exists or select “Don’t know” at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

9g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select “Don’t know” at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

10) Is there a policy, strategy, or action plan for physical inactivity in your country?

- Yes No Don't Know

IF NO: Skip to Question 11

Is there a policy/strategy?

- Yes No Don't Know

Is there an action plan?

- Yes No Don't Know

10a) What level of government is implementing it?

- National government
- Subnational (region/state/province/municipal)

10b) Write the title _____

10c) Is there a web URL?

- Yes No Don't Know

10d) Indicate its stage:

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

IF OPERATIONAL/ACTIVE:

10d-i) Is there a dedicated budget for implementation? Yes No Don't Know

10d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

10e) Does it have measurable outcome targets? Yes No Don't Know

10f) What population groups does it include or target? (Mark all that apply or select "General population" if no specific target exists or select "Don't know" at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

10g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select "Don't know" at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don't know

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

Yes No Don't Know

IF NO: Skip to Part III

Is there a policy/strategy?

Yes No Don't Know

Is there an action plan?

Yes No Don't Know

11a) What level of government is implementing it?

National government

Subnational (region/state/province/municipal)

11b) Write the title _____

11c) Is there a web URL?

Yes No Don't Know

11d) Indicate its stage:

Operational

Under development

Not in effect

Don't know

IF OPERATIONAL/ACTIVE:

11d-i) Is there a dedicated budget for implementation? Yes No Don't Know

11d-ii) Is there a monitoring and evaluation component? Yes No Don't Know

11e) Does it have measurable outcome targets? Yes No Don't Know

11f) What population groups does it include or target? (Mark all that apply or select “General population” if no specific target exists or select “Don’t know” at the bottom of the list if not known)

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don’t know

11g) Indicate the settings for any interventions under the policy/strategy/action plan/ programme. (Mark all that apply or select “Don’t know” at the bottom of the list if not known)

- Health care facility
- Community
- School
- Workplace
- Household
- Other (specify) _____
- Don’t know

III: HEALTH REPORTING/INFORMATION SYSTEMS, SURVEYS AND SURVEILLANCE

III A: DATA INCLUDED IN THE NATIONAL HEALTH REPORTING SYSTEM
(National health reporting system refers to annual or regular health report system of ministry of health (MOH))

	1a) Cause-specific mortality related to NCDs	1b) Morbidity related to NCDs	1c) NCD Risk factors
1) Are the following data included in the national health reporting system (i.e: regular health report system of MOH)? (Please fill in all columns to the right)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF NO: Skip to next column. IF YES: Fill in i) to v) below for mortality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF NO: Skip to next column. IF YES: Fill in i) to v) below for morbidity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF NO: Skip to Question 2. IF YES: Fill in i) to v) below for risk factors
ii) Are the data:	<input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Population based <input type="checkbox"/> Other (specify)
iii) Is there a standardized protocol for data collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
iv) Is there an established mechanism for periodic evaluation of data quality, reliability, and timeliness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
iv) Is there an official published report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____
v) Is the information used for setting national targets in action plans or programmes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

III B: DISEASE REGISTRIES

	2a) Cancers	2b) Diabetes	2c) Myocardial Infarction/ coronary events	2d) Cerebro-vascular accident/Stroke	2e) Other NCD of importance to your country
2) Does your country have a disease registry for:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it: i) <input type="checkbox"/> National <input type="checkbox"/> Subnational ii) <input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other If Other, specify: _____ iii) Are the data updated annually? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it: i) <input type="checkbox"/> National <input type="checkbox"/> Subnational ii) <input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other If Other, specify: _____ iii) Are the data updated annually? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it: i) <input type="checkbox"/> National <input type="checkbox"/> Subnational ii) <input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other If Other, specify: _____ iii) Are the data updated annually? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to Question 3. IF YES: Specify which NCD: _____ Is it: i) <input type="checkbox"/> National <input type="checkbox"/> Subnational ii) <input type="checkbox"/> Population based <input type="checkbox"/> Hospital based <input type="checkbox"/> Other If Other, specify: _____ iii) Are the data updated annually? <input type="checkbox"/> Yes <input type="checkbox"/> No iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	

2f) Are there any other registries that can provide information on NCDs?

Yes No Don't Know

If yes, please list:

	3a) Harmful alcohol use	3b) Unhealthy diet	3c) Physical inactivity	3d) Tobacco use
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK IF NO: Skip to next column. IF YES, is it:
	i) <input type="checkbox"/> National <input type="checkbox"/> Subnational	i) <input type="checkbox"/> National <input type="checkbox"/> Subnational	i) <input type="checkbox"/> National <input type="checkbox"/> Subnational	i) <input type="checkbox"/> National <input type="checkbox"/> Subnational
	ii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other	ii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other	ii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other	ii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other
	iii) When was the last survey conducted? (give year) _____	iii) When was the last survey conducted? (give year) _____	iii) When was the last survey conducted? (give year) _____	iii) When was the last survey conducted? (give year) _____
3) Are surveys of risk factors (may be a single RF or multiple) conducted in your country for any of the following:	iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____	iv) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES: How often is it published? _____ What is the year of the latest report? _____
(Please fill in all columns, start in the first row, going left to right, and then continue left to right across the second row.)	v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know	v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know	v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know	v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know

III C: RISK FACTOR SURVEILLANCE

	3e) Blood glucose/diabetes	3f) Blood lipids	3g) Blood pressure/hypertension	3h) Overweight and obesity
	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>IF NO: Skip to next column.</p> <p>IF YES, is it:</p> <p>i) <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported</p> <p>ii) <input type="checkbox"/> National <input type="checkbox"/> Subnational</p> <p>iii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other</p> <p>iv) When was the last survey conducted? (give year) _____</p> <p>v) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>IF YES: How often is it published? _____</p> <p>What is the year of the latest report? _____</p> <p>v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>IF NO: Skip to next column.</p> <p>IF YES, is it:</p> <p>i) <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported</p> <p>ii) <input type="checkbox"/> National <input type="checkbox"/> Subnational</p> <p>iii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other</p> <p>iv) When was the last survey conducted? (give year) _____</p> <p>v) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>IF YES: How often is it published? _____</p> <p>What is the year of the latest report? _____</p> <p>v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>IF NO: Skip to next column.</p> <p>IF YES, is it:</p> <p>i) <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported</p> <p>ii) <input type="checkbox"/> National <input type="checkbox"/> Subnational</p> <p>iii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other</p> <p>iv) When was the last survey conducted? (give year) _____</p> <p>v) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>IF YES: How often is it published? _____</p> <p>What is the year of the latest report? _____</p> <p>v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>IF NO: Skip to next column.</p> <p>IF YES, is it:</p> <p>i) <input type="checkbox"/> Measured <input type="checkbox"/> Self-reported</p> <p>ii) <input type="checkbox"/> National <input type="checkbox"/> Subnational</p> <p>iii) How often? <input type="checkbox"/> Ad hoc <input type="checkbox"/> Every 1 to 2 years <input type="checkbox"/> Every 3 to 5 years <input type="checkbox"/> Other</p> <p>iv) When was the last survey conducted? (give year) _____</p> <p>v) Is there an official published report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>IF YES: How often is it published? _____</p> <p>What is the year of the latest report? _____</p> <p>v) Who is the lead agency responsible for conducting the survey? <input type="checkbox"/> ministry or dept. of health <input type="checkbox"/> other ministry <input type="checkbox"/> academic institution <input type="checkbox"/> nongovernmental organization <input type="checkbox"/> international organization <input type="checkbox"/> private for profit organization <input type="checkbox"/> other <input type="checkbox"/> don't know</p>
<p>3) Are surveys of risk factors (may be a single RF or multiple) conducted in your country for any of the following:</p> <p>(Please fill in all columns, start in the first row, going left to right, and then continue left to right across the second row.)</p>				

4) Identify any international surveys in which your country participated in the last 5 years that are relevant for the epidemiological monitoring of NCDs.

Name of the Survey	Year(s) survey conducted in your country
GYTS or EMTAJOVEN (Global Youth Tobacco survey)	
GSHS (Global School-based Student Health Survey)	
HBSC (Health Behaviour of School-aged Children)	
STEPS Risk Factor Survey (WHO STEPwise Approach to Chronic Disease Risk Factor Surveillance)	
ISAAC (International Survey on Asthma and Allergy among Children)	
Other (specify)	
Other (specify)	

5) In the following table, provide information on any additional surveys conducted in the last 5 years in your country that are relevant for the epidemiological monitoring of NCDs.

Name of Survey	National or Subnational?	Web site/URL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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

1) Which of the following components related to NCDs are provided in the primary health care system?

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| 1a) Primary prevention and health promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1b) Risk factor detection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1c) Risk factor and disease management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1d) Support for self-help and self-care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1e) Home-based care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1f) Surveillance/reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

2) The table below concerns recognized/government approved, evidence-based national guidelines for the management of conditions for NCDs. Please fill in each column.

	Diabetes	Blood pressure/ hypertension	Overweight and obesity	Blood lipids
2a) Are they available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
2b) Are they being implemented?	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know

	Management of alcohol dependence	Tobacco cessation	Dietary counseling	Physical activity counseling
2a) Are they available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
2b) Are they being implemented?	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> No <input type="checkbox"/> Don't Know

3) Indicate the availability of the following tests and procedures for early detection, diagnosis/monitoring of NCDs at the primary health care level, where: Generally available = 1; Generally not available = 2; Don't know = 3.

Generally available: in 50% or more pharmacies

Generally not available: in less than 50% of pharmacies

Availability? (1, 2, or 3)	If generally not available, complete this column where: 1=equipment not available, 2=trained staff not available, 3=other, 4=don't know
Overweight and obesity	
3a) Measuring of weight	_____ if other, explain: _____
3b) Measuring of height	_____ if other, explain: _____
3c) Measuring of waist circumference	_____ if other, explain: _____
Cancer	
3d) Cervical cytology	_____ if other, explain: _____
3e) Acetic acid visualization	_____ if other, explain: _____
3f) Faecal occult blood test	_____ if other, explain: _____
3g) Bowel cancer screening by digital exam	_____ if other, explain: _____
3h) Breast cancer screening by palpation	_____ if other, explain: _____
3i) Mammogram	_____ if other, explain: _____
3j) Colonoscopy	_____ if other, explain: _____
Diabetes mellitus	
3k) Blood glucose measurement	_____ if other, explain: _____
3l) Oral glucose tolerance test	_____ if other, explain: _____
3m) HbA1c test	_____ if other, explain: _____
3n) Dilated fundus examination	_____ if other, explain: _____
3o) Foot vibration perception by tuning fork	_____ if other, explain: _____
3p) Foot vascular status by doppler	_____ if other, explain: _____
Cardiovascular disease	
3q) Electrocardiogram	_____ if other, explain: _____
3r) Blood pressure measurement	_____ if other, explain: _____
3s) Total cholesterol measurement	_____ if other, explain: _____
3t) HDL cholesterol measurement	_____ if other, explain: _____
3u) LDL cholesterol measurement	_____ if other, explain: _____
3v) Triglycerides measurement	_____ if other, explain: _____
Asthma and COPD	
3w) Peak flow measurement spirometry	_____ if other, explain: _____

4) Is there a list of essential medicines in your country?

Yes No Don't know

5) Describe the availability of the medicines below in the Public Health Sector

Public Health Sector: Government Health Centres

Generic drug name	Availability			Covered by health insurance or publically funded	Appears in the National List of Essential Medicines
	Generally available = 1	Generally not available = 2	Don't know = 3		
5a) Insulin				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5b) Aspirin (100 mg)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5c) Metformin				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5d) Glibenclamide				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5e) Thiazide Diuretics				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5f) ACE Inhibitors				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5g) CC Blockers				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5h) Beta Blockers				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5i) Tamoxifen				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5j) Statins				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5k) Oral morphine				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5l) Nicotine Replacement Therapies: Nicotine Patches				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Availability by prescription			<input type="checkbox"/> Yes, available by prescription	
				<input type="checkbox"/> No, available without prescription	
				<input type="checkbox"/> Don't know	
5m) Nicotine Replacement Therapy: Nicotine Gums				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Availability by prescription			<input type="checkbox"/> Yes, available by prescription	
				<input type="checkbox"/> No, available without prescription	
				<input type="checkbox"/> Don't know	
5n) Salbutamol				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5o) Prednisolone tab				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5p) Steroid inhaler				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5q) Hydrocortisone injection				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
5r) Ipratropium bromide				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

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

Procedure name	Availability? (1, 2, or 3)
6a) Retinal photocoagulation	
6b) Renal replacement therapy by dialysis	
6c) Renal replacement by transplantation	
6d) Radiotherapy	
6e) Chemotherapy	

7) Are NCD-related services and treatments generally covered by health insurance (either social insurance or private health insurance)?

Yes No Don't know

IF No or Don't Know: Skip to Question 8

7a) Indicate the proportion of the population covered by health insurance for NCD-related services.

_____ %

7b) If the precise figure is not known, please provide an estimated range.

- <20%
 20–50%
 >50% but < 80%
 80% or more
 Don't know

8) Indicate the availability of community/home care for people with advanced/end stages of NCDs (e.g. advanced cancer pain management and palliative care, stroke sequelae, and disability care).

Is it:

- Generally available
 Generally not available
 Don't know

V: HEALTH PROMOTION, PARTNERSHIPS AND COLLABORATION

1) Does your country have any partnerships/collaborations for implementing key activities related to NCD?

Yes No Don't know

IF NO, SKIP TO QUESTION 2

1a) What are the main mechanisms for any partnership/collaboration?

(Check all that apply)

- Cross-departmental/ministerial committee
- Inter-disciplinary committee
- Joint task force
- Other (specify) _____
- Don't know

1b) Which of the following are key stakeholders?

- Other government ministries (non-health)
- United Nations agencies
- Other international institutions
- Academia (including research centres)
- Nongovernmental organizations/community-based organizations/civil society
- Private Sector
- Other (specify) _____
- Don't know

1c) What content areas are covered by any partnerships/collaborations?

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Harmful use of alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unhealthy diet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical inactivity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiovascular diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic respiratory diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overweight/obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abnormal blood lipids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2) Indicate the extent to which there is collaboration between the health promotion/public health section and the medical/health care section in the ministry of health or equivalent national health authority.

- | | |
|---|---|
| <input type="checkbox"/> no collaboration | <input type="checkbox"/> continuous and ongoing collaboration |
| <input type="checkbox"/> occasional collaboration | <input type="checkbox"/> fully integrated |
| <input type="checkbox"/> frequent collaboration | <input type="checkbox"/> don't know |

3) Is your country implementing any fiscal interventions to influence behaviour change (e.g. taxation on alcohol, taxation on tobacco products, taxation on high sugar content beverages)?

Yes No

3a) If yes, is there any earmarking of these taxes to fund health promotion programmes or a Health Promotion Foundation?

Yes No

3b) What is the principal motivation for fiscal interventions?

- Raising revenues
- Influencing health behaviours
- Don't know

4) Is your country implementing any initiatives to regulate the marketing of foods to children?

Yes No

If yes, are the regulations:

- Voluntary/self-regulation
- Enforced through legislation
- Don't know

5) Is your country implementing any of the following community/empowerment approaches?

- | | |
|--|--|
| Health promoting schools projects with an NCD focus | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workplace wellness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Healthy cities/municipalities | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6) Is your country implementing any evaluated health promotion campaigns to change individual behaviour?

Yes No

If yes, please indicate which of the following the campaigns have addressed:

- | | |
|------------------------------------|--|
| Tobacco | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weight control | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promoting a healthy diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical activity promotion | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7) Rank the top three population groups most frequently targeted by health promotion initiatives where 1 = highest priority; 2 = second highest priority; 3 = third highest priority.

- general population
- children under 10 years
- adolescents (10–19 years)
- young people (15–24 years)
- adults
- older adults (65 years and older)
- pregnant women
- marginalized/vulnerable groups
- other (specify) _____
- don't know

ANNEX 4

Glossary of terms used in the survey

Advocacy for health	Actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.
Alliance for health promotion	A partnership between two or more parties that pursue a set of agreed goals in health promotion.
Capacity	The ability to perform appropriate tasks effectively, efficiently and sustainably.
Capacity building	The development of knowledge, skills, commitment, structures, systems and leadership to enable effective action.
Chronic disease prevention and control	All activities related to surveillance, prevention and management of the chronic noncommunicable diseases.
Community	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which have developed over a period of time. Members of a community exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.
Determinants of health	The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.
Disease registry	Disease registries are databases that collect clinical data on patients with a specific disease (e.g. diabetes, asthma, hypertension) or keep track of specific medical tests (e.g. pap smear, mammogram).
Early detection	The act of discovering a disorder or disease before it has fully developed.
Empowerment for health	The process through which people gain greater control over decisions and actions affecting their health.
Equity in health	People's needs guide a fair distribution of opportunities for well-being.
Essential medicines	Essential medicines are those that satisfy the priority health care needs of the population.

Evaluation	The systematic and objective assessment of an ongoing or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability. Evaluation also refers to the process of determining the worth or significance of an activity, policy or programme. Evaluation in some instances involves the definition of appropriate standards, the examination of performance against those standards, an assessment of actual and expected results and the identification of relevant lessons.
Evidence-based	The evidence base refers to a body of information, drawn from routine statistical analyses, published studies and "grey" literature, giving information about what is already known about factors affecting health.
Guidelines/standards for chronic diseases and conditions	A recommended evidence-based course of action to prevent a chronic disease or condition or to treat or manage a chronic disease or condition aiming to prevent complications, improve outcomes and quality of life of patients.
Health	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. A resource for everyday life which permits people to lead an individually, socially and economically productive life. A positive concept emphasizing social and personal resources as well as physical capabilities.
Health behaviour	Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end.
Health care system	The health system is the health sector categorized (with linkages) according to core functions (financing, provision of inputs and service delivery/coverage), main actors (government and consumers or households) and outcomes (health, fairness in financing and responsiveness).
Health promotion	The process of enabling people to increase control over, and to improve their health.
Health promotion outcomes	Changes to personal characteristics and skills, and/or social norms and actions, and/or organizational practices and public policies which are attributable to a health promotion activity.

Health reporting system	The process by which a ministry of health produces annual health reports that summarize data on, for example: national health human resources, population demographics, health expenditures, and health indicators such as mortality and morbidity. Included is also the process of collecting data from various health information sources, e.g. disease registries, hospital admission or discharge data.
Home care	Medical and paramedical services delivered to patients at home.
Integrated action plan	A concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework, targeting the major risk factors common to the main chronic diseases, including the integration of primary, secondary and tertiary prevention, health promotion and disease prevention programmes across sectors and disciplines.
Intersectoral action for health	A diverse portfolio of interventions involving different sectors (health and non-health) from within and outside of government.
Key stakeholders	Groups that have an interest in the organization and delivery of health care, and that either conduct, sponsor, or are consumers of health-care research, such as patients, payers, health-care practitioners.
Monitoring	<p>i) The regular observation, surveillance, or checking of changes in a condition or situation, or changes in activities.</p> <p>ii) A continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.</p>
National act, law, legislation, ministerial decree	Political instruments with the strength of law that directly target prevention and control of chronic diseases and risk factors or have demonstrable impacts on prevention and control of chronic diseases or related risk factors.
National focal point, unit/ department	<p>i) National focal point: the person responsible for prevention and control of chronic diseases in a ministry of health or national institute.</p> <p>ii) Unit or department: a unit or department with responsibility for chronic disease prevention and control in a ministry of health or national institute.</p>

National integrated action plan	A concerted approach to addressing a multiplicity of issues within a chronic disease prevention and health promotion framework, targeting the major risk factors common to the main chronic diseases, including the integration of primary, secondary and tertiary prevention, health promotion and disease prevention programmes across sectors and disciplines.
National policy, strategy, or action plan	<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 for a 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>
National protocols/guidelines/standards for chronic diseases and conditions	A recommended evidence-based course of action to prevent a chronic disease or condition or to treat or manage a chronic disease or condition aiming to prevent complications, improve outcomes and quality of life of patients.
Outcome targets	Health targets state, for a given population, the amount of change (using a health indicator) which could be reasonably expected within a defined time period. Targets are generally based on specific and measurable changes in health outcomes, or intermediate health outcomes.
Partnership for health	A voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes.
Planning	A process of organizing decisions and actions to achieve particular ends, set within a policy.
Primary care/primary health care	Primary health care is essential health care made accessible at a cost affordable to a country and community, with methods that are practical, scientifically sound and socially acceptable.
Primary prevention	A programme of activities directed at improving general well-being while also involving specific protection for selected diseases.

Risk factors associated with chronic noncommunicable diseases	Most common are tobacco use, harmful use of alcohol, poor diet and low levels of physical activity.
Survey	A fixed or unfixed time interval survey on the main chronic diseases, or major risk factors common to chronic diseases.
Surveillance	The systematic collection of data (through survey or registration) on risk factors or chronic diseases and their determinants, for continuous analysis, interpretation and feedback.
Target	A quantitative output, impact or outcome.
Treatment and care	Treatment is the act of remediation of a health problem; care is the maintenance of health by the medical professions.
Vulnerable groups	Vulnerability is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters.
Web site address/URL	The address of a web page on the World Wide Web; for example www.who.int is the World Health Organization's URL.

ASSESSING NATIONAL CAPACITY FOR THE
PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES



World Health
Organization