

NCD Alliance Submission to WHO Consultation on NCD Action Plan Indicators, 8 November 2013

The NCD Alliance welcomes the opportunity to respond to this WHO consultation on the development of action plan indicators. We strongly support the development of a limited set of action indicators that will enhance the ability of Member States and WHO to monitor and evaluate the progress in implementing the WHO Global NCD Action Plan 2013-2020 (GAP), toward achieving the global target of reducing premature death from NCDs by 25% by 2025.

Key Points

- **Criteria for action plan indicators:** The NCD Alliance is broadly supportive of the criteria outlined for the development of the action plan indicators – including feasibility and complementarity to the Global Monitoring Framework indicators. However, we recommend changing the criteria stating indicators should place “*no additional burden on countries*” to “*minimise the reporting burden on Member States*”, as per the WHA Resolution 66.10. This is an important distinction. The current draft list of indicators already requires some additional reporting burden (i.e. indicator 5), and will indeed be necessary to meet some of the other criteria specified (i.e. indicators to be applicable across all six GAP objectives and the three levels of stakeholders);
- **Indicators applicable for all levels of stakeholders in the GAP:** WHA Resolution 66.10 states that the action plan indicators should assess progress made by all three stakeholders in the Global NCD Action Plan 2013-2020 (Member States, international partners and the WHO secretariat). However, the list of indicators in the current discussion paper only measures progress made by Member States. **The NCD Alliance proposes some examples of indicators for international partners and WHO Secretariat in Annex 1.** We recognise that some of these need further refining to ensure they are SMART. For the WHO Secretariat indicators, we recommend drawing from the WHO Programme Budget indicators, and WHO Country Cooperation Strategies¹;
- **Opportunity to strengthen the WHO NCD Country Capacity Survey (CCS):** Many of the draft action plan indicators are drawn from the WHO NCD CCS 2013² - a survey that gathers information on country capacity and progress on NCDs. The NCD Alliance recommends the development of the action plan indicators is leveraged to strengthen and add to the current WHO CCS on NCDs. It is important the WHO CCS is aligned with the GAP - the five modules of the CCS³ are largely reflective of the objectives of the GAP, and additional indicators could be inserted to ensure the CCS captures a greater depth of information and data on national progress on NCDs;
- **Indicators to measure implementation:** The draft indicators generally include “*yes/no*” questions on national infrastructure or policies, and thus only superficially measure implementation. The exception to this is indicator 3c, which addresses implementation of indoor smoking bans. In order for the indicators to monitor implementation of meaningful action in the GAP, more of the indicators need to focus on implementation, as per 3c.
- **More clarity on the term “operational” in indicators:** Add “*with dedicated funding and resources*” to indicators focusing on “*operational policies, strategies, or actions plan.*” This provides a more detailed and measurable definition for the term “*operational.*”
- **Technical assistance to low- and middle-income countries (LMICs):** Successful global monitoring efforts have been accompanied by investments in country-level surveillance and institutional capacity strengthening. The WHO CCS 2013 demonstrates the need for strengthening the capacity of countries in surveillance and the UN Political Declaration on NCDs provides the mandate for international collaboration on surveillance. The NCD Alliance recommends twinning initiatives between public health institutions in high-income and LMICs, collaborative partnerships, and more normative guidance from WHO on monitoring.
- **Role of civil society in accountability:** National monitoring and reporting requires governments to actively engage communities and civil society, including NGOs, academics and people with NCDs. Drawing from the HIV/AIDS response, the establishment of national NCD commissions could facilitate this.
- **Social determinants of health:** The GAP 2013-2020 acknowledges the importance of health equity, and includes a focus and specific actions on the underlying social determinants of health (SDoH), particularly in objectives 3 and 4. To reflect this, indicators need to be added under objectives 3 and 4 on distribution and impact of societal conditions relevant to health, as they are currently absent. Future iterations of WHO CCS should also include equity and SDoH related questions.

¹ The country cooperation strategy is WHO’s key instrument to guide its work in and with a country, in support of the country’s national health policy, strategy or plan. There are currently 144 Country Cooperation Strategies (of which 136 prioritise NCDs), and WHO regular conducts analyses of these.

² World Health Organization, Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey, 2012.

³ The WHO CCS is comprised of five modules – infrastructure; policies and programmes; information; health systems capacity; and health promotion, partnerships and collaboration.

Annex 1: NCD Alliance recommendations on a proposed limited set of action plan indicators

	GAP Objective	WHO Proposed Indicator	NCD Alliance Recommendations
1	To raise priority accorded to NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	<i>Number of countries with an operational multisectoral national NCD policy, strategy or action plan that integrates several NCDs and shared risk factors in conformity with the global/ regional NCD action plans 2013-2020.</i>	<ul style="list-style-type: none"> - Recommend removing the term “several NCDs” from the proposed indicator and replace with the definition of NCDs from the GAP. - Suggest additional indicators across all three stakeholders in the GAP: For Member States: <ul style="list-style-type: none"> - “Number of countries with an initiative in place to raise national awareness about how NCDs can be prevented and treated”; and/or - “Number of countries with a mechanism in place to strengthen international cooperation on NCDs.” For WHO Secretariat: <ul style="list-style-type: none"> - “Number of joint programmes and initiatives developed by the UN Task Force on NCDs, guided by the Division of Tasks and Responsibilities in the UN Task Force ToRs”; or - “Advocate for high-level political commitment to the prevention and control of NCDs, including during global consultations on the post-2015 development agenda”⁴ For International Partners: <ul style="list-style-type: none"> - “Number of UN Development Assistance Frameworks (UNDAFs) with NCDs integrated in design and implementation process”
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.	<i>Number of countries with an operational NCD unit / branch / department within the Ministry of Health or equivalent.</i>	<ul style="list-style-type: none"> - Recommend adding an indicator (2b) to capture the multisectoral component of the GAP objective as this is currently missing: <ul style="list-style-type: none"> - “Number of countries that have collaborative arrangements between government departments for creating policy coherence and raising resources for NCD prevention” <p>The first part of this indicator is already included in the WHO CCS (Question 6, section 1) - “Does your country have any partnerships/ collaborations for implementing key activities related to NCDs”. The added focus on policy coherence and resource allocation reflects the GAP priorities.</p> <ul style="list-style-type: none"> - Recommend adding the following indicators, to cover both WHO Secretariat and International Partners: For WHO Secretariat: <ul style="list-style-type: none"> - “Number of WHO Country Cooperation Strategies that are supporting Member States on NCDs”⁵; or - “Develop and implement a One-WHO work plan for the prevention and control of NCDs”⁶ For International Partners: <ul style="list-style-type: none"> - “External partners report annually to OECD-DAC their commitments and disbursements on health, with components on NCDs clearly identified”⁷
3	To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments.	<p>3a) <i>Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol.</i></p> <p>3b) <i>Number of countries with an operational policy, strategy or action plan to</i></p>	<ul style="list-style-type: none"> - Recommend the following edits in order to ensure the indicators are useful for monitoring progress in implementing the GAP: <ul style="list-style-type: none"> 3a) Number of countries with an operational <i>and funded</i> policy, strategy or action plan to [reduce the harmful use of alcohol/unhealthy diet/physical inactivity]... <i>which include actions selected from the proposed policy options contained in the Global Action Plan on NCDs.</i> 3c) Use data from Global Tobacco Control Reports and assess all

⁴ Drawn from WHO Programme Budget 2014-2015: http://www.who.int/about/resources_planning/A66_7-en.pdf

⁵ Drawn from WHO Country Cooperation Strategies Analysis: http://www.who.int/dg/reform/consultation/WHO_Reform_3_en.pdf

⁶ Drawn from WHO Global NCD Action Plan 2013-2020

⁷ Adapted from the Independent Expert Review Group (IERG) Monitoring Framework:

http://www.who.int/woman_child_accountability/ierg/reports/IERG_onepager_MONITORING_FRAMEWORK_2012.pdf

	<p><i>reduce physical inactivity.</i></p> <p>3c) <i>Number of countries who have implemented a complete indoor smoking ban and/or a complete tobacco advertising, promotion and sponsorship ban.</i></p> <p>3d) <i>Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet.</i></p>	<p>MPOWER areas, particularly taxation (currently missing) since this is the most powerful tool.</p> <ul style="list-style-type: none"> - The indicators do not sufficiently address the social determinants of health (SDoH), which are included under this objective. Recommend adding in relevant SDoH indicators, drawing from existing WHO metrics on SDoH or sustainable development goals.⁸ - Recommend the following additional indicators: For WHO Secretariat: <ul style="list-style-type: none"> - <i>"Number of countries WHO has provided technical assistance to or supported to develop policies on health promotion and NCD prevention"⁹</i> 	
4	<p>To strengthen and orient health systems to address NCDs and the underlying social determinants through people-centred primary health care and universal health coverage.</p>	<p><i>Number of countries that have government approved evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach.</i></p>	<ul style="list-style-type: none"> - Replace <i>"primary care"</i> with <i>"people-centred"</i> - The proposed indicator does not provide any measure of quality or coverage of services. Recommend inclusion of additional indicators based on Q.3&4/Section 4 of WHO CCS on availability of basic technologies / essential medicines. - Indicator 4 on availability of NCD guidelines stresses the importance of a primary care approach in managing NCDs. However, WHO CCS does not assess NCD management capacity at primary level, only the availability of guidelines (section IV, 2) and the availability of technology for early detection, diagnosis and monitoring (not management) in primary care (section IV, 3). Recommend including the management dimension (including counselling capacity) of the primary care sector in section IV in future WHO CCS. - Recommend inclusion of additional indicators for Member States, including measurements on human resource development as a key marker of a strengthened health system for NCDs. For example: <ul style="list-style-type: none"> - <i>"Availability of curricula for NCD specialities including CVD, diabetes, oncology, chronic respiratory diseases and palliative care";</i> or - <i>"Number of health care workers dedicating x% or more of time to implementing NCD Plan";</i> or - <i>"Number of countries with a NCD and palliative care section to the national essential medicines list"</i> - Recommend the following additional indicators: For WHO Secretariat: <ul style="list-style-type: none"> - <i>"Timely and regular review of NCD and palliative care medicines included on the WHO Essential Medicines List";</i> and/or - <i>"Number of countries WHO has provided technical assistance to promote procurement and use of safe, quality, efficacious and affordable NCD medicines and technologies."</i>
5	<p>To promote and support national capacity for high-quality research and development for the prevention and control of NCDs.</p>	<p><i>Number of countries that have an operational national policy and plan on NCDs- related research including community-based research and evaluation of the impact of interventions and policies.</i></p>	<ul style="list-style-type: none"> - NCDCA welcomes this indicator and supports the emphasis on evaluation of the impact of interventions and policies, and the proposal to add a question on this to the WHO CCS. Recommend minor edit to indicator: <ul style="list-style-type: none"> - <i>"Number of countries that have an operational and funded national policy..."</i> - Recommend the following additional indicators: For WHO Secretariat: <ul style="list-style-type: none"> - <i>"Convene a global consultation and develop guidelines for prioritising national research agendas for the implementation of cost-effective interventions for NCD prevention and control"¹⁰;</i> or - <i>"Number of countries that have adopted and advanced WHO's</i>

⁸ WHO Health indicators for sustainable development goals: http://www.who.int/hia/health_indicators/en/

⁹ Drawn from WHO Country Cooperation Strategies Analysis

¹⁰ Drawn from WHO Programme Budget 2014-2015

		<i>prioritised research agenda on NCDs</i> ¹¹
6	To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.	<p><i>Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets.</i></p> <ul style="list-style-type: none"> - NCDA welcomes the commitment to monitoring and surveillance against the nine GMF voluntary targets. Recommend clarification on the wording of the indicator to ensure that data is collected regularly on each target: <ul style="list-style-type: none"> - Number of countries with NCD surveillance and monitoring systems in place to enable <i>regular</i> reporting against <i>each</i> of the nine voluntary global NCD targets - Recommend highlighting the Global Initiative for Cancer Registry Development in LMICs (GICR) as an opportunity for technical assistance to governments; - Recommend the following additional indicators: <p>For WHO Secretariat:</p> <ul style="list-style-type: none"> - <i>“Develop technical guidelines on strengthening of countries’ capacity for surveillance and monitoring of the NCD burden”¹²;</i> <i>or</i> - <i>“Establish a representative group of stakeholders to evaluate progress on implementation of the GAP¹³”.</i> <p>For International Partners:</p> <ul style="list-style-type: none"> - <i>“Number of global partners that are publicly sharing information on commitments, resources provided and results achieved in NCDs”¹⁴</i>

¹¹ Drawn from WHO Global NCD Action Plan 2013-2020

¹² Drawn from WHO Programme Budget 2014-2015

¹³ Drawn from WHO Global NCD Action Plan 2013-2020

¹⁴ Adapted from the Independent Expert Review Group (IERG) Monitoring Framework: