

Final Comprehensive Global Monitoring Framework For NCDs

Issue	Target	Target-specific indicators
Mortality and Morbidity		
1. Premature mortality from NCDs	1. 25 % relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	1. Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases 2. Cancer incidence, by type of cancer per 100 000 population
Risk Factors		
Behavioural Risk Factors		
Tobacco	2. 30% reduction in prevalence of current tobacco smoking	3. Age standardized prevalence of current tobacco use among person aged 15+ years 4. Prevalence of current tobacco use among adolescents
Physical inactivity	3. 10% relative reduction in prevalence of insufficient physical activity	5. Age-standardized prevalence of insufficiently active persons aged 18+ years (defines as less than 150 minutes of moderate-intensity activity per week, or equivalent) 6. Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily
Alcohol	4. At least 10% relative reduction in overall of alcohol, (including hazardous and harmful drinking)	7. Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol as appropriate within the national context 8. Age standardized prevalence of heavy episodic drinking among (adolescents and adults) as appropriate, within the national context 9. Alcohol related morbidity and mortality among adolescents and adults, as appropriate within the national context
Salt/sodium	5. 30% relative reduction in mean population intake of salt with aim of achieving recommended level of less 5 grams per day	10. Age-standardized mean population intake of salt (sodium chloride) per day in grams persons aged 18+
Biological Risk Factors		
Raised blood pressure	6. 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances	11. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure >140 mmHg and/or diastolic blood pressure >90 mmHg)

Diabetes and obesity	7. Halt the rise in diabetes and obesity	<p>12. Age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose)</p> <p>13. Age-standardized prevalence of overweight and obesity in adults aged 18+ years (defined as body mass index greater than 25 kg/m^2 for overweight or 30 kg/m^2 for obesity)</p> <p>14. Prevalence of overweight and obesity in adolescents (defined according to the WHO Growth Reference, overweight- one standard deviation BMI for age and sex and obese-two standard deviations body mass index for age and sex)</p>
<p>Additional indicators under risk factors:</p> <p>15. Age-standardized prevalence of adult (aged 18+ years) population consuming less than five total servings (400 grams) of fruit and vegetables per day</p> <p>16. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/L or 190 mg/dl) and mean total cholesterol</p> <p>17. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years.</p>		
National Systems Response		
Essential non-communicable medicines and technologies to treat major non-communicable diseases	8. 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities	18. Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities
Drug therapy to prevent heart attack and stroke	9. At least 50% eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes	19. Proportion of eligible persons (defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30% including those with existing cardiovascular disease) receiving drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes
<p>Additional indicators under National Systems Response:</p> <p>20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer</p> <p>21. Proportion of women between the ages of 30-49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies</p> <p>22. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply as appropriate within the national context and national programmes</p> <p>23. Policies to reduce the impact on children of marketing on foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt</p> <p>24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants</p> <p>25. Availability, as appropriate, of cost-effective, affordable, of HPV vaccines, according to national programmes and policies</p>		