



**World Health Organization Consultation on “Development of a limited set of action plan indicators to inform reporting on progress made in the implementation of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020”**

*Response from WCRF International October 22, 2013*

**General comments**

WCRF International welcomes the opportunity to respond to this consultation. WCRF International and its network of four cancer charities are dedicated to the prevention of cancer through healthy diets, nutrition, physical activity, and healthy body weight. We finance cutting-edge research, bring together the scientific research on the link between food, nutrition, physical activity, body weight, alcohol and cancer and communicate this evidence to scientists, health professionals and policymakers around the world. We provide science-based information about healthy eating through our four charities and conduct activities to advance policy at all levels of society to prevent cancer and other NCDs.

In our policy work, we advocate for the wider implementation of more effective policies that enable people to follow our Recommendations for Cancer Prevention. The evidence shows this will reduce the chances of people developing cancer and other NCDs.

We strongly support the development and implementation of the WHO’s global architecture for NCDs as a means of moving towards the global target of reducing premature deaths from NCDs by 25% by 2025. As such, we welcome the development of a set of action plan indicators.

A set of indicators will enhance the ability of Member States and the WHO to monitor and evaluate the progress in implementing the Global Action Plan for the Prevention and Control of Non-Communicable Diseases.

**Key points**

- We support the proposal to ensure that – to the fullest possible extent – the indicators are already included in existing surveys. This will increase the feasibility and likelihood they will be measured and reported on.
- We likewise support, for the most part, the criteria for the indicator adoption. Nevertheless, satisfying these criteria – notably the criteria that they a) cover the six objectives of the WHO Global Action Plan and b) assess overall progress made not just by Member States but, international partners, and the WHO Secretariat – will require several additional indicators. We are confident this can be done in such a way that will not be too burdensome, including through some small modifications to the WHO Country Capacity Survey.

## Comments on criteria for the development of action plan indicators

We broadly welcome the criteria but would like to see the following addressed in subsequent iterations:

1. The reference to placing “no additional burden” in the fourth proposed criterion on Member States does not reflect WHA Resolution 66.10, which states that the action plan indicators should be developed which *minimise* the reporting burden on Member States. The wording in the criteria should thus be amended to reflect this. The current draft already calls for some minimal additional reporting (under Objective 5); this is indeed required in order for the indicators to fully reflect the proposed criteria, notably that all six GAP objectives should be covered, as should the WHO Secretariat and International Partners.
2. We recognise the desirability of only including indicators for which there is baseline data available. But, in practice, it undermines the first criterion – that the indicators should cover all six objectives – as baseline data do not exist for potential indicators not included in current monitoring practices. It also means that any countries who have not responded to previous Country Capacity Survey’s have no baseline data available. We suggest the wording be amended as follows:  
*“Availability of baseline data for all countries; where baseline data is not available, in order to meet the first criterion, additional indicators may be added to the data collection tools. Where possible Member States should build on currently existing data sets to minimize additional reporting.”*
3. Finally, as a point of clarity, the reference to assessing “overall progress...” should be explicit by highlighting that it will assess “overall progress *in implementing the action plan to achieve its six objectives*”

## Comments on the proposed indicators

### Cross-cutting all the six Objectives

Where indicators refer to the existence of “operational policies, strategies, or actions plan,” the term “...with dedicated funding and resources” should be added. Though there may be an implicit assumption that having an operational policy, strategy, or action means it receives funding, this is often not the case.

### **GAP Objective 1: To raise priority accorded to NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy**

*Objective 1 indicator: 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*

We agree with the inclusion of this indicator, but on its own it will be inadequate to report on the achievement of GAP Objective 1. The proposed indicator should be supplemented with the addition of two further indicators, such as:

For Member States (to be added to Country Capacity Survey)

- Number of countries with an initiative in place to raise national awareness about how NCDs can be prevented and treated; or
- Number of countries with a mechanism in place to strengthen international cooperation on NCDs

For WHO Secretariat

- Number of UN Taskforce meetings chaired by WHO, and the presence of meeting reports which report on concrete actions taken by the Taskforce

**GAP Objective 2: To strengthen national capacity, leadership, governance, multi-sectoral action and partnerships to accelerate country response for the prevention and control of NCDs**

*Objective 2 indicator: Number of countries that have an operational NCD unit / branch / department within the Ministry of Health or equivalent.*

We welcome the inclusion of this indicator, but suggest that an additional indicator (2b) be added to capture the multi-sectoral component of the objective, which is currently missing:

- Number of countries that have collaborative arrangements with other government departments for creating policy coherence and raising resources for NCD prevention

This first part of this question is already asked in the Country Capacity Survey, so baseline data already exists. The new focus on policy coherence and revenue raising reflects the Action Plan priorities.

**GAP Objective 3: To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments**

*Objective 3 indicators:*

*Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol*

*Number of countries with an operational policy, strategy or action plan to reduce physical inactivity*

*Number of countries which have implemented a complete indoor smoking ban and/or a complete tobacco advertising, promotion and sponsorship ban*

*Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet*

We welcome these indicators, but in order to ensure that they are actually useful for monitoring *the Global Action Plan*, they should be added to as follows:

- Number of countries with an operational and funded policy, strategy or action plan to [reduce the harmful use of alcohol/unhealthy diet/physical inactivity]... which include actions selected from the proposed policy options contained in the Global Action Plan on NCDs.

**GAP Objective 4: To strengthen and orient health systems to address NCDs and the underlying social determinants through people-centred primary health care and universal health coverage.**

*Objective 4 indicator: Number of countries that have government approved evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach*

We support the inclusion of this indicator.

**GAP Objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of NCDs.**

*Objective 5 indicator: 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*

We welcome this indicator and strongly support the emphasis on evaluation of the impact of interventions and policies. We likewise support the proposal to add a question on this to the Country Capacity Survey in order to acquire the necessary information.

Our only suggesting for amendment, in line with our earlier comment, would be as follows:

- “Number of countries that have an operational and funded national policy...”

**GAP Objective 6: To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.**

*Objective 6 indicator: Number of countries with NCD surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets*

We welcome the commitment to monitoring and surveillance against each of the nine voluntary targets. We would recommend clarification of the wording of the indicator to ensure that data is in fact collected on each target:

- “Number of countries with NCD surveillance and monitoring systems in place to enable reporting against each of the nine voluntary global NCD targets”

**Indicators for the WHO Secretariat and International Partners**

We have proposed an additional indicator for the WHO Secretariat under Objective 1. Further indicators could be included concerning the actions taken by the WHO Secretariat at the global level (e.g. actions taken to raise the profile of NCDs in international development agendas), as well as actions taken to support countries.

We would also like to see clarification on the mechanism through which the WHO Secretariat anticipate that International Partners could report on progress. While this has been called on by Member States in WHA Resolution 66.10, it is not evident what reporting structure could be followed for this process. In principle, we would welcome such a structure. Potential indicators could include, for example, actions taken by International partners to promote international cooperation to achieve the action plan objectives in general. But a proposed structure for reporting is needed before the most appropriate indicator can be identified.

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