

Technical Definitions of Regional Indicators

Indicator 1.1.1	Number of countries with specific NCD prevention policies in at least three sectors outside the health sector (e.g.. agriculture, trade, education, labor, development, finance, urban planning, environment and transportation)
Definition	<ul style="list-style-type: none"> • Policies: A specific official decision or set of decisions designed to carry out a course of action endorsed by political body, including a set of goals, priorities, and main directions for attaining these goals. The policy document can include strategy to give effect to policy. • Sectors out of health : legislature, ministries of trade and agriculture, industry, education, urban planning, energy, transport, social welfare, environment <p>Policy must be in active implementation/operational stage e.g. has human resources and funding available to implement it.</p>
Data sources	WHO Country Capacity survey and Obtained from government reports and/or individual country health policy websites.
Significance and rational	The United Nations Declaration and Recommendation is for all Member States to develop national and regional “whole of government “ approach with policies and plans guided by existing frameworks in order to address NCD prevention. National policies in sectors other than health have a major bearing on the risk factors and determinants for NCDs and injuries. Health gains can be achieved much more readily by integrating health into national strategies, as well as policies in sectors such as transport, trade, taxation, education, social planning and development, agriculture, urban planning, mass media, food and pharmaceutical production than through health policies alone. Such integrated approaches can be mutually beneficial to all sectors involved.

Indicator 1.2.1.	Number of countries implementing a national multi-sectoral plan for NCD prevention and control
Definition	<p>Multisectoral : Concentrated action of few or all public sectors in the government which has been formed to take action to achieve health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.</p> <p>Plan: course of action which can correspond to 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> <p>National multisectoral plans for NCD prevention and control must be in the implementation or operational stage e.g. has human resources and funding available to implement it...</p>
Data sources	WHO Country Capacity survey and National NCD reports
Significance and rational	There is a social, economic, cultural, environmental, and political context that influences NCDs, their risk factors, and the social determinants of health. For these reasons, a multi-sectoral approach is required.

Indicator 1.3.1.	Number of countries with national social protection health schemes that address universal y equitable access to NCD interventions.
Definition	<p>It is considered that country can be considered if it complies with the following: :</p> <p>There is explicit social protection policy for with the focus on health promotion, prevention, diagnostics, treatment, rehabilitation and palliative care in relation to NCDs.</p> <p>The policy(es) have been implemented through plans and programs in at least one of the sub sectors of the health system.</p> <p>There is information and data about the results of the activities under those plans and programs.</p>
Data sources	National health policies, plans and programs leaded by Ministry of Health
Significance and rational	<p>Although per capita expenditure is relevant, no linear relationship exists between the amount spent and health outcome. There are other variables that carry great weight, among them social protection policies (or a lack of), health system management and organization, health promotion activities and regulation of the health market.</p> <p>The existence of plans and programs addressed to universal approach for Noncommunicable Diseases bringing equitable access, evidences that the health system take into account and prioritize the problem and the need for an approach with those attributes.</p>

Indicator 3.1.1.	Number of countries implementing a model of integrated management for NCDs (e.g. Chronic Care Model, evidenced-based guidelines, clinical information system, self-care, community support)
Definition	<p>Integrated management system: a management system that integrates all of an organization's systems and processes in to one complete framework, enabling an organization to work as a single unit with unified objectives.</p> <p>http://emea.bsi-global.com/Integrated+Management/Overview/index.xalter</p> <p>Chronic Care Model: calls attention to the need of a systems change if patient outcomes are to improve. The goal is to bring out the development of informed, activated patients and prepared, proactive practice teams. Having productive interactions between the patients and practice teams increases the likelihood of optimal functional and clinical outcomes. This model includes six focal areas for improving chronic care: health systems: organizations of care; community: resources and policies; self-management support; decision support; delivery system design; and clinical information systems.</p> <p>http://www.paho.org/carmen/documents/carmen-school-ebcic-course.pdf</p> <p>Evidenced-based guidelines: guidelines that were formulated based on the findings of scientific literature</p> <p>Clinical information system: are also known as hospital information systems that utilize technology to share and store all hospital and patient information</p> <p>Self-care: taking control of one's own health and wellbeing, which includes avoiding becoming ill, treat common, every illness and seek help professional care when needed as well as keeping fit and healthy.</p> <p>http://www.cambridgeshire.nhs.uk/Your-health/self-care.htm</p>
sources	<ul style="list-style-type: none"> National NCD programs and reports through WHO Country capacity study

Indicator 3.2.2	Increase access to palliative care, by increasing by 50% by 2019 mean opioid consumption measured in morphine equivalent mg per person.
Definition	Morphine equivalent is used as a measure of opioid consumption, which is used as the indicator for access to pain and palliation.
sources	<p>WHO CC on cancer policy and pain studies:</p> <p>http://www.painpolicy.wisc.edu/sites/www.painpolicy.wisc.edu/files/amroME.pdf</p>
Significance and rational	To ensure optimal and rational use of opioides for NCDs, ensuring quality of care.

Indicator 3.2.3	Number of countries utilizing the PAHO Strategic Fund and/or sources of funding to procure essential medicines and other health technologies for CVD, cancer, diabetes and CKD
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Definition	<p>PAHO Strategic Fund: mechanism created to promote access to quality essential public health supplies in the Americas</p> <p>Essential medicines and other health technologies</p> <ul style="list-style-type: none"> • Cancer: chemotherapy drugs , palliative care medicines , diagnostic imaging, radiotherapy • CVD • Diabetes • Chronic Kidney Disease (CKD) <p>List of approved medicines can be found at: www.paho.org/strategicfund</p> <p>PAHO Revolving fund includes HPV vaccine</p>
sources	<p>Strategic fund annual report</p> <p>Revolving fund annual report</p>
Significance and rational	<p>Many Latin American and Caribbean countries lack necessary funding to provide comprehensive care to patients with CVD, cancer, diabetes, or CKD. Additional funding is necessary to improve primary health care treatment among the population.</p> <p>A study was done to review the use of the PAHO Strategic Fund and it found that Brazil had taken the most advantage of this resource opportunity. It concluded that the fund can contribute to increasing access to medicines and improving the management of the public health care system in Latin America.</p> <p>http://www.ncbi.nlm.nih.gov/pubmed/20209231</p>

Indicator 3.2.4	Number of countries with an official commission that selects, according to the best available evidence, and operating without conflicts of interest, NCD prevention, treatment and palliative care medicines and technologies for inclusion in/exclusion from public sector services
Definition	Measurement of national capacity to evaluate and select medicines for NCDs based on best current evidence
sources	Country Pharmaceutical Profiles
Significance and rational	To ensure optimal and rational use of medicines for NCDs, ensuring quality of care.

Indicator 3.2.5.	Number of countries with the plan in place to increase access to affordable treatment options for patients affected by CKD, particularly end stage renal disease
Definition	<p>CKD is defined as decreased kidney function and/or kidney damage persisting for at least 3 mo. Kidney dysfunction is indicated by a glomerular filtration rate (GFR) <60 mL/min per 1.73 m². Kidney damage is most frequently manifested as increased urinary albumin excretion (e.g., urinary albumin–creatinine ratio >30 g/g). CKD is categorized into 5 stages:</p> <p>Stage 1: Kidney damage with GFR ≥90 mL/min per 1.73 m²</p> <p>Stage 2: Kidney damage with GFR of 60–89 mL/min per 1.73 m²</p> <p>Stage 3: GFR of 30–59 mL/min per 1.73 m² regardless of kidney damage</p> <p>Stage 4: GFR of 15–29 mL/min per 1.73 m² regardless of kidney damage</p> <p>Stage 5: GFR <15 mL/min per 1.73 m² regardless of kidney damage, or kidney failure treated by dialysis or transplantation[1]</p> <p>Definition of treatment:</p> <p>Plan must be in implementation stage and must show increase access to coverage for patients with CKD based on the clinical stage of the disease.</p>
Data sources/WHO tools	<ul style="list-style-type: none"> • Central America Regional report • /country vital statistics • Surveillance
Significance and rational	CKD significantly adds to the global burden of disease is often a co-morbidity with the leading chronic diseases; CVD, cancer, diabetes, and COPD. In particular, catastrophic CKD poses a threat as it is expensive to treat and puts a burden on the family and the health system. Prevention and early detection should be a focus in increasing access and affordability to care.

Indicator 3.3.7.	Number of countries with at least 50% coverage of breast cancer screening in women aged 50–69 years (and other age groups according to national programs or policies) in a three-year period with all positive cases found during screening provided effective and timely treatment.
Definition	Female population (ages 50-69) who reports having a mammogram over a three year period , and reports to be treated if found positive.
Data sources/WHO tools	National or sub national risk factors surveys, and cancer register
Significance and rational	Breast cancer is the most common cancer among women, and high population coverage of breast cancer screening followed by a timely and accurate diagnosis, with effective and timely treatment can significantly improve survival. Therefore it is necessary to keep track of the percentage of women screened and treated for breast cancer, to assess program effectiveness as well as for patient follow up.

Indicator 4.1.1	Number of countries with high-quality mortality data (based on international criteria for under registration and ill-defined or unknown causes of death) for the four main NCDs and other NCDs of national priority
Definition	<p>Mortality data: a measure of the number of deaths attributed to the four main NCDs in a population, scaled to the size of the population, per unit of time.</p> <p>NCD refers to the 4 major group of diseases (Cardiovascular disease: all deaths whose underlying cause was coded in ICD 10 – I00-I99; Malignant neoplasm (C00-C97); Chronic respiratory diseases (J30-J98); Diabetes mellitus (E10-E14) and other NCDs of national priority e.g. CKD</p> <p><u>Mortality under registration</u> is determined by subtracted by 1 the total cumulative deaths registered in country per period divided by corresponding total cumulative estimated deaths, obtained after applying the UN estimated crude deaths rates to the corresponding population estimates by the UN.</p> <p><u>Il defined or unknown conditions</u> refer to deaths certificates issued in the given year for which the underlying cause of death was symptoms, signs, and ill defined and unknown conditions (ICD-10 codes R00-R99)</p> <p>The criteria for quality:</p> <p><u>Quality of mortality data</u> is measured by means of composite index composed of” proportion of under registered deaths “ and proportion of deaths due to ill defined and unknown conditions” .</p> <p>Index: 0.7 proportion of under registered deaths (0,7%) + 0.3 Proportion of certified deaths due to ill defined or unknown causes (%)</p> <p>Good quality data: index < or =10.</p> <p>Medium: quality 11-20%</p> <p>Poor quality 21-40%</p> <p>Very poor quality >41%</p> <p>Source: PAHO/WHO Technical information system: Regional mortality Data base.</p> <p>Pan American Health Organization, Health Information and analysis, Health situation in Americas, Basic indicators 2008, Washington DC 2008.</p>
Data sources	<ul style="list-style-type: none"> Sources: national civil registration e.g. vital statistics on specific cause of death of 4 NCDs and of national priority and in its absence reports using verbal autopsy.
Significance and rational	The United Nations Resolution of Political Declaration of the High Level Meeting of General Assembly on Prevention and Control of NCDs recommends to strengthen as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation, and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population. This recommendation can be applied for the monitoring of the national indicator and global NCD targets.

Indicator 4.1.2.	Number of countries with at least two repeated nationally representative population surveys of NCD risk factors, in adults and youth that include behaviors: tobacco use, alcohol use, physical activity, salt and fat intake anthropometry, blood pressure, fasting glucose, and cholesterol.
Definition	<p>National survey: A fixed or unfixed time interval survey on the main chronic diseases, or major risk factors common to chronic diseases (including:</p> <p><i>Tobacco use: prevalence of current tobacco use among persons aged 18+ years*</i></p> <p>- <i>and prevalence of current tobacco use adolescents*</i></p> <p><i>Alcohol use:</i></p> <p><i>prevalence of under age drinking among adolescents</i></p> <p><i>Prevalence of heavy episodic drinking among adults*</i></p>

	<p><i>Fruits and vegetable intake:</i> <i>age-standardized prevalence of persons aged 18+ years consuming less than five total servings (400 grams) of fruit and vegetables per day*</i></p> <ul style="list-style-type: none"> - Anthropometry - Blood pressure among persons 18+ <p><i>Fasting glucose among persons aged 18+ years*</i> <i>;Cholesterol: total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or 190mg/dl)</i></p> <ul style="list-style-type: none"> - Creatinin - sodium in urine - Albumin in urine
Data sources	<ul style="list-style-type: none"> • Population based RF studies using national or international methodology of STEP-wise approach to surveillance, Global Tobacco Surveillance System, Global Information System on Alcohol and Health, Global school based on student health survey,
Relevance:	<p>The importance of surveillance and monitoring of progress made in the prevention and control of NCDs was emphasized Resolution 66/2 on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases.</p> <p>It calls upon the Member States to consider the development of national targets and monitoring mechanisms for NCD prevention and control and improve quality and access to information and data to support that.</p>

Indicator 4.2.1	Number of countries that produce and disseminate regular reports with analysis on NCDs and risk factors, including demographic, socioeconomic and environmental determinants and social distribution to contribute to global NCD monitoring process and have research agenda that includes operational research studies on NCDs and risk factors aiming to strengthen evidence-based policies, program development and implementation.
Definition	<p>National health reporting system: The process where a ministry of health produces annual reports that summarize data on e.g. national health human resources, population demographics, health expenditures, health indicators such as mortality and morbidity and RF The reporting system also includes the process of collecting data from various health information sources.</p> <p>Regular reports on health situation that include information on main causes of death e.g. specific mortality, addressing premature mortality and its consequences, morbidity, survival, RF and economic and social impact of NCDs to the society.</p>
Data sources	<ul style="list-style-type: none"> • Civil registration • Disease registers or hospital admitting and discharges population based RF studies • STEP-wise approach to surveillance, Global Tobacco Surveillance System, Global Information System on Alcohol and Health, Global school based on student health survey, • IARC GLOBOCAN 2008 • National research agenda reports.
Relevance	<p>Paragraph 63 of the Political Declaration urges Member States to consider the development of national targets based on national situations, building on the guidance provided by WHO and regional office, to assess the progress they are making in prevention and control of NCDs and their risk factors and determinants. This can only be obtained if there is long-term investment in NCD surveillance, so regular reporting is maintained to contribute to the goal of good quality data and analysis on NCDs impact to health of the population.</p>