



# Americas

**Save**

Remember to Save before moving to other sections.

## Information on those who completed the survey

Who is the focal point for completion of this survey?

**Name:**

**Position:**

**Contact Information:**

**Sections Completed:**

Name and contact information of others completing survey	Sections completed
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Save**

Remember to Save before moving to other sections.

**Save**

Remember to Save before moving to other sections.

## I: PUBLIC HEALTH INFRASTRUCTURE, PARTNERSHIPS AND MULTISECTORAL COLLABORATION FOR NCDs AND THEIR RISK FACTORS

This module includes questions related to the presence of a unit or division in the ministry of health dedicated to NCDs and risk factors, staff and funding. It also includes an assessment of the existence of fiscal interventions as incentives to influence health behaviour and/or to raise funds for health-related activities. Finally, it assesses the existence of a formal multisectoral mechanism to coordinate NCD-related activities in sectors outside of health. Responses to these questions enable reporting against NCD

**1) Is there a unit/branch/department in the ministry of health or equivalent with responsibility for NCDs and their risk factors?**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 2**

**1a) Please indicate the number of full-time technical/professional staff in the unit/branch/department.**

☐ 0  
☐ 1  
☐ 2-5  
☐ 6-10  
☐ 11 or more  
☐ Don't know

**2) Is there funding for the following NCD and risk factor activities/functions?**

i) Primary prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
ii) Health promotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
iii) Early detection/screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
iv) Health care and treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
v) Surveillance, monitoring and evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
vi) Capacity building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
vii) Palliative care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

**If at least one Yes to above questions:**

**2a) What are the major sources of funding for NCDs and their risk factors?**

**More than one can apply, rank order them where:**

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

<input type="text" value="Select 1, 2 or 3"/>	<input type="checkbox"/> General government revenues
<input type="text" value="Select 1, 2 or 3"/>	<input type="checkbox"/> Health insurance
<input type="text" value="Select 1, 2 or 3"/>	<input type="checkbox"/> International / National Donors
<input type="text" value="Select 1, 2 or 3"/>	<input type="checkbox"/> Earmarked taxes on alcohol, tobacco, etc.
<input type="text" value="Select 1, 2 or 3"/>	<input type="checkbox"/> Other (specify) <input type="text"/>
<input type="checkbox"/> Don't know	

**3) Is your country implementing any of the following fiscal interventions?**

taxation on alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
taxation on tobacco (excise and non-excise taxes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
taxation on sugar sweetened beverages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
taxation on foods high in fat, sugar or salt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
price subsidies for healthy foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
taxation incentives to promote physical activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
others (specify) <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

**If Yes to at least one of the above, other than price subsidies:**

**3a) How are these funds primarily used?**

☐ Towards general revenue  
☐ General funds for health and health services  
☐ For influencing health behaviours  
☐ Don't know

**4) Is there a national multisectoral commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health?**

☐ Yes ☐ No ☐ Don't know

IF NO: Go to MODULE II

**4a) Indicate its stage:**

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

**4b) Which of the following are members (check all that apply)**

- ☐ Other Government Ministries (non-health, e.g. ministry of sport, ministry of education)
- ☐ United Nations Agencies
- ☐ Other international institutions
- ☐ Academia (including research centres)
- ☐ Nongovernmental organizations/community-based organizations/civil society
- ☐ Private sector
- ☐ Other (specify)
- ☐ Don't know

**4c) What settings are covered by the commission, agency or mechanism?**

- |           |                              |                             |                                     |
|-----------|------------------------------|-----------------------------|-------------------------------------|
| Schools   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Worksites | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Cities    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

Remember to Save before moving to other sections.

Remember to Save before moving to other sections.

## II: STATUS OF NCD-RELEVANT POLICIES, STRATEGIES, AND ACTION PLANS

This module includes questions relating to the presence of policies, strategies, or action plans - the questions differentiate between integrated policies/strategies/action plans that address several risk factors or diseases, and policies/strategies/action plans that address a specific disease or risk factor. Additional questions address the existence of specific policies related to the cost-effective interventions for NCDs. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

**1a) Are NCDs included in your national health plan?**

☐ Yes ☐ No ☐ Don't know

Provide a copy of the national health plan.

**1b) Are NCDs included in your national development agenda?**

☐ Yes ☐ No ☐ Don't know

Provide a copy of the national development agenda.

2) Are there a set of national NCD indicators?

☐ Yes ☐ No ☐ Don't know

Provide a copy of the indicators.

IF YES:

2a) Are there a set of time-bound national targets for these indicators?

☐ Yes ☐ No ☐ Don't know

Provide a copy of the targets.

## II A: INTEGRATED POLICIES, STRATEGIES, AND ACTION PLANS

3) Does your country have a **national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?**

*Please note that disease- and risk factor-specific policies, strategies, and action plans will be reported in other questions later in this module.*

☐ Yes ☐ No ☐ Don't know

Provide a copy of the policy, strategy or action plan.

IF NO: Go to Question 4

IF YES:

Is it a policy/strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is it an action plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is it multisectoral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is it multi-stakeholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Please provide the following information about the **policy, strategy or action plan**:

3a) Title:

3b) Does it address one or more of the following major risk factors?

Harmful use of alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Unhealthy diet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Physical inactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

3c) Does it combine early detection, treatment and care for:

Cancer ☐ Yes ☐ No ☐ Don't know

Cardiovascular diseases  
Chronic respiratory diseases  
Diabetes

☐ Yes ☐ No ☐ Don't know  
☐ Yes ☐ No ☐ Don't know  
☐ Yes ☐ No ☐ Don't know

3d) Does it include palliative care for patients with NCDs? ☐ Yes ☐ No ☐ Don't know

3e) Indicate its stage:

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

If Operational:

3e-i) What was the first year of implementation?

3e-ii) What year will it expire?

## II B: POLICIES, STRATEGIES, ACTION PLANS FOR [MAJOR DISEASES](#)

The questions in this sub-section only refer to policies, strategies and action plans that are specific to a major NCD. If your integrated policy, strategy or action plan addresses the NCD, you do not need to re-enter that information.

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

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 5

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

4a) Write the title

4b) Indicate its stage:

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

If Operational:

4b-i) What was the first year of implementation?

4b-ii) What year will it expire?

5) Is there a policy, strategy, or action plan for cancer or some particular cancer types in your country?

☐ Yes for all cancers or cancer in general  
☐ Yes but only for specific cancers (specify:)

- ☐ No  
☐ Don't know

For each policy/strategy/action plan, provide a copy.

 

**IF NO: Go to Question 6**

**IF YES, provide the following for the general cancer policy/strategy/action plan or, if there isn't one, for the most important specific cancer policy/strategy/action plan:**

- Is it a policy/strategy? ☐ Yes ☐ No ☐ Don't know  
Is it an action plan? ☐ Yes ☐ No ☐ Don't know

**5a) Write the title**

**5b) Indicate its stage:**

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

**If Operational:**

**5b-i) What was the first year of implementation?**

**5b-ii) What year will it expire?**

**6) Is there a policy, strategy, or action plan for diabetes in your country?**

- ☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

 

**IF NO: Go to Question 7**

**IF YES:**

- Is it a policy/strategy? ☐ Yes ☐ No ☐ Don't know  
Is it an action plan? ☐ Yes ☐ No ☐ Don't know

**6a) Write the title**

**6b) Indicate its stage:**

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

**If Operational:**

**6b-i) What was the first year of implementation?**

6b-ii) What year will it expire?

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

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 8

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

7a) Write the title

7b) Indicate its stage:

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

If Operational:

7b-i) What was the first year of implementation?

7b-ii) What year will it expire?

8) Is there a policy, strategy, or action plan for another non-communicable disease of importance in your country?

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 9

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

Please provide the following information about the policy / strategy / action plan. If there is more than one, please provide the information for the most recent one.

Please specify which NCD:

8a) Write the title

8b) Indicate its stage:

☐ Operational  
☐ Under development

- ☐ Not in effect  
☐ Don't know

If Operational:

8b-i) What was the first year of implementation?

8b-ii) What year will it expire?

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

The questions in this sub-section only refer to policies, strategies and action plans that are specific to an NCD risk factor. If your integrated policy, strategy or action plan addresses the risk factor, you do not need to re-enter that information.

9) Is there a policy, strategy, or action plan for reducing the harmful use of alcohol in your country?

- ☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 10

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

9a) Write the title

9b) Indicate its stage:

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

If Operational:

9b-i) What was the first year of implementation?

9b-ii) What year will it expire?

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

- ☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 11

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know



10a) Write the title

10b) Indicate its stage:

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

If Operational:

10b-i) What was the first year of implementation?

10b-ii) What year will it expire?

11) Is there a policy, strategy, or action plan for reducing physical inactivity and/or promoting physical activity in your country?

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 12

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

11a) Write the title

11b) Indicate its stage:

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

If Operational:

11b-i) What was the first year of implementation?

11b-ii) What year will it expire?

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

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 13

IF YES:

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

Is it an action plan?

☐ Yes

☐ No

☐ Don't know

12a) Write the title

12b) Indicate its stage:

☐ Operational

☐ Under development

☐ Not in effect

☐ Don't know

If Operational:

12b-i) What was the first year of implementation?

12b-ii) What year will it expire?

13) Is there a policy, strategy, or action plan for reducing unhealthy diet related to NCD and/or promoting a healthy diet in your country?

☐ Yes ☐ No ☐ Don't know

For each policy/strategy/action plan, provide a copy.

IF NO: Go to Question 14

IF YES:

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

Is it an action plan? ☐ Yes ☐ No ☐ Don't know

13a) Write the title

13b) Indicate its stage:

☐ Operational

☐ Under development

☐ Not in effect

☐ Don't know

If Operational:

13b-i) What was the first year of implementation?

13b-ii) What year will it expire?

## II D: COST-EFFECTIVE POLICIES FOR NCDs AND RELATED RISK FACTORS

14) Is there a policy and/or plan on NCD-related research including community-based research and evaluation of the impact of interventions and policies?

☐ Yes ☐ No ☐ Don't know

Provide a copy of the policy/plan.

**IF NO: Go to Question 15**

**IF YES:**

**14a) Indicate its stage:**

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

**15) Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt?**

☐ Yes   ☐ No   ☐ Don't know

Provide a copy of the policy(ies).

 

**IF NO: Go to Question 16**

**IF YES:**

**15a) Are the policies:**

- ☐ Voluntary/self-regulating
- ☐ Government legislation
- ☐ Don't know

**15b) Who is responsible for overseeing enforcement and complaints?**

- ☐ Government
- ☐ Food Industry
- ☐ Independent regulator
- ☐ Other, please specify:
- ☐ Don't know

**15c) Do they include steps taken to address the effects of cross-border marketing of food and non-alcoholic beverages on children?**

☐ Yes   ☐ No   ☐ Don't know

**15c-i) If yes, please provide details:**

**16) Is your country implementing the International Code of Marketing of Breast-Milk Substitutes through adoption of national laws?**

☐ Yes   ☐ No   ☐ Don't know

Provide a copy of the policy(ies).

 

**17) Is your country implementing any national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fats (i.e. partially hydrogenated vegetable oils) in the food**

supply?

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 18**

Provide a copy of the policy(ies).

	Browse...
--	-----------

**17a) If yes, are the policies:**

- ☐ Voluntary/self-regulating  
☐ Government legislation  
☐ Don't know

**18) Is your country implementing any policies to reduce population salt consumption?**

☐ Yes ☐ No ☐ Don't know

Provide a copy of the policy(ies).

	Browse...
--	-----------

**IF NO: Go to Question 19**

**18a) Are these targeted at:**

supply

- |   |   |
|---|---|
| Product reformulation by industry across the food | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Don't know  |
| Regulation of salt content of food                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Don't know  |
| Public awareness programme                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | Don't know  |

**18b) If yes to product reformulation or regulation of salt content, is the policy:**

- ☐ Voluntary/self-regulating  
☐ Government legislation  
☐ Don't know

**19) Has your country implemented any national public awareness programme on diet within the past 5 years?**

☐ Yes ☐ No ☐ Don't know

Provide any documentation on the programme and/or a link to the programme website, if available.

	Browse...
--	-----------

**IF NO: Go to Question 20**

**19a) If yes, please provide details of the public awareness programme(s):**

--

**20) Has your country implemented any national public awareness programme on physical activity within the past 5 years?**

☐ Yes ☐ No ☐ Don't know

Provide any documentation on the programme and/or a link to the programme website, if available.

	Browse...
--	-----------

**IF NO: Go to Question 21**

**20a) If yes, please provide details of the public awareness programme(s):**

--

**21) Does your country have nutrition labelling regulation, in line with international standards, in particular the Codex Alimentarius, for pre-packaged foods?**

☐ Yes ☐ No ☐ Don't know

Provide a copy of the regulation.

	Browse...
--	-----------

**IF NO: Go to Module III**

**IF YES:**

**21a) Does the regulation have norms in place for front-of package labelling that allow for quick and easy identification of energy-dense nutrient-poor products and sugar-sweetened beverages which take into consideration Codex norms?**

☐ Yes ☐ No ☐ Don't know

**Save** Remember to Save before moving to other sections.

Previous

Next

**Save** Remember to Save before moving to other sections.

## III: HEALTH INFORMATION SYSTEMS, SURVEILLANCE AND SURVEYS FOR NCDs AND THEIR RISK FACTORS

The questions in this module assess surveillance 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. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

**1) In your country, who has responsibility for surveillance of NCDs and their risk factors?**

☐

An office/department/administrative division within the MOH exclusively dedicated to NCD surveillance

☐

An office/department/administrative division within the MOH not exclusively dedicated to NCD surveillance

☐

Responsibility is shared across several offices/departments/administrative divisions within the MOH

☐

Coordination is by an external agency, such as an NGO or statistical organization

☐

No one has this responsibility

☐ Don't know

### III A: DATA INCLUDED IN THE NATIONAL HEALTH INFORMATION SYSTEM

(National health information system refers to the annual or regular reporting system of the National Statistical Office or Ministry of Health)

#### 2) Does your country have a system for collecting mortality data by cause of death on a routine basis?

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 3

IF YES:

2a) Is there a civil/vital registration system? ☐ Yes ☐ No ☐ Don't know

2b) Is there a sample registration system? ☐ Yes ☐ No ☐ Don't know

2c) What is the latest year for which data are available?

2d) Can the data collected be disaggregated by:

Age ☐ Yes ☐ No ☐ Don't know

Gender ☐ Yes ☐ No ☐ Don't know

Other sociodemographic factor ☐ Yes ☐ No ☐ Don't know

#### 3) Does your country have a cancer registry?

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 4

IF YES:

3a) Are the data collected population-based, hospital-based, or other?

☐ Population-based

☐ Hospital-based

☐ Other (specify)

☐ Don't know

3b) Is the coverage of the registry national or subnational?

☐ National (covers the whole population of the country)

☐

Subnational (covers only the population of a defined region, not the whole country)

☐ Don't know

3c) What is the latest year for which data are available?

#### 4) Does your country have a diabetes registry?

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 5

IF YES:

4a) Are the data collected population-based, hospital-based, or other?

☐ Population-based

☐ Hospital-based

☐ Other (specify)

☐ Don't know

4b) Is the coverage of the registry national or subnational?

☐ National (covers the whole population of the country)

☐

Subnational (covers only the population of a defined region, not the whole country)

☐ Don't know

4c) Does the registry include data on any chronic complications which are updated as the patient's complications status changes?

☐ Yes ☐ No ☐ Don't know

4d) What is the latest year for which data are available?

### III B: RISK FACTOR SURVEILLANCE

5) Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for any of the following:

Provide a copy of the survey report.

5a) Harmful alcohol use

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 5b

IF YES:

i) Was there a survey on adolescents?

☐ Yes ☐ No ☐ Don't know

IF YES:

i-1) Was it:

☐ National

☐ Subnational

☐ Both

☐ Don't know

i-2) How often is the survey conducted?

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

i-3) When was the last survey conducted? (give year)

IF YES:

ii) Was there a survey on adults?

☐ Yes ☐ No ☐ Don't know

IF YES:

ii-1) Was it:

☐ National

☐ Subnational

☐ Both

☐ Don't know

ii-2) How often is the survey conducted?

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

ii-3) When was the last survey conducted? (give year)

5b) Low fruit and vegetable consumption

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 5c

IF YES:

i) Was there a survey on adolescents?

☐ Yes ☐ No ☐ Don't know

IF YES:

i-1) Was it:

☐ National

☐ Subnational

☐ Both

☐ Don't know

i-2) How often is the survey conducted?

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

IF YES:

ii) Was there a survey on adults?

☐ Yes ☐ No ☐ Don't know

IF YES:

ii-1) Was it:

☐ National

☐ Subnational

☐ Both

☐ Don't know

ii-2) How often is the survey conducted?

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

☐ Other

☐ Don't know

i-3) When was the last survey conducted? (give year)

ii-3) When was the last survey conducted? (give year)

**5c) Physical inactivity**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5d**

**IF YES:**

**i) Was there a survey on adolescents?**

☐ Yes ☐ No ☐ Don't know

**IF YES:**

**i-1) Was it:**

☐ Measured

☐ Self-reported

☐ Don't know

**i-2) Was it:**

☐ National

☐ Subnational

☐ Both

☐ Don't know

**i-3) How often is the survey conducted?**

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

**i-4) When was the last survey conducted? (give year)**

**IF YES:**

**ii) Was there a survey on adults?**

☐ Yes ☐ No ☐ Don't know

**IF YES:**

**ii-1) Was it:**

☐ Measured

☐ Self-reported

☐ Don't know

**ii-2) Did it assess physical activity for work/in the household, for transport and during leisure time?**

☐ Yes ☐ No ☐ Don't know

**ii-3) Was it:**

☐ National

☐ Subnational

☐ Both

☐ Don't know

**ii-4) How often is the survey conducted?**

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

**ii-5) When was the last survey conducted? (give year)**

**5d) Tobacco use**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5e**

**IF YES:**

**i) Was there a survey on adolescents?**

☐ Yes ☐ No ☐ Don't know

**IF YES:**

**i-1) Was it:**

☐ National

☐ Subnational

☐ Both

☐ Don't know

**i-2) How often is the survey conducted?**

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know

**IF YES:**

**ii) Was there a survey on adults?**

☐ Yes ☐ No ☐ Don't know

**IF YES:**

**ii-1) Was it:**

☐ National

☐ Subnational

☐ Both

☐ Don't know

**ii-2) How often is the survey conducted?**

☐ Ad hoc

☐ Every 1 to 2 years

☐ Every 3 to 5 years

☐ Other

☐ Don't know



i-3) When was the last survey conducted? (give year)

ii-3) When was the last survey conducted? (give year)

**5e) Raised blood glucose/diabetes**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5f**

**IF YES:**

**i) Was it:**

- ☐ Measured  
☐ Self-reported  
☐ Don't know

**ii) Was it:**

- ☐ National  
☐ Subnational  
☐ Both  
☐ Don't know

**iii) How often is the survey conducted?**

- ☐ Ad hoc  
☐ Every 1 to 2 years  
☐ Every 3 to 5 years  
☐ Other  
☐ Don't know

**iv) When was the last survey conducted? (give year)**

**5f) Raised total cholesterol**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5g**

**IF YES:**

**i) Was it:**

- ☐ Measured  
☐ Self-reported  
☐ Don't know

**ii) Was it:**

- ☐ National  
☐ Subnational  
☐ Both  
☐ Don't know

**iii) How often is the survey conducted?**

- ☐ Ad hoc  
☐ Every 1 to 2 years  
☐ Every 3 to 5 years  
☐ Other  
☐ Don't know

**iv) When was the last survey conducted? (give year)**

**5g) Raised blood pressure/Hypertension**

☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5h**

**IF YES:**

**i) Was it:**

- ☐ Measured  
☐ Self-reported  
☐ Don't know

**ii) Was it:**

- ☐ National  
☐ Subnational  
☐ Both  
☐ Don't know

**iii) How often is the survey conducted?**

- ☐ Ad hoc  
☐ Every 1 to 2 years  
☐ Every 3 to 5 years  
☐ Other  
☐ Don't know

**iv) When was the last survey conducted? (give year)**

**5h) Overweight and obesity**

- ☐ Yes ☐ No ☐ Don't know

**IF NO: Go to Question 5i**

**IF YES:**

**i) Was there a survey on adolescents?**

- ☐ Yes ☐ No ☐ Don't know

**IF YES:**

**i-1) Was it:**

- ☐ Measured  
☐ Self-reported  
☐ Don't know

**i-2) Was it:**

- ☐ National  
☐ Subnational  
☐ Both  
☐ Don't know

**i-3) How often is the survey conducted?**

- ☐ Ad hoc  
☐ Every 1 to 2 years  
☐ Every 3 to 5 years  
☐ Other  
☐ Don't know

**i-4) When was the last survey conducted? (give year)**

**IF YES:**

**ii) Was there a survey on adults?**

- ☐ Yes ☐ No ☐ Don't know

**IF YES:**

**ii-1) Was it:**

- ☐ Measured  
☐ Self-reported  
☐ Don't know

**ii-2) Was it:**

- ☐ National  
☐ Subnational  
☐ Both  
☐ Don't know

**ii-3) How often is the survey conducted?**

- ☐ Ad hoc  
☐ Every 1 to 2 years  
☐ Every 3 to 5 years  
☐ Other  
☐ Don't know

**ii-4) When was the last survey conducted? (give year)**

**5i) Salt/Sodium intake**

- ☐ Yes ☐ No ☐ Don't know

**IF NO: Go to MODULE IV**

**IF YES:**

**i) Was it:**

- ☐ Measured by 24-hr urine collection  
☐ Measured by 12-hr urine collection  
☐ Measured by spot urine collection

- ☐ Measured by combination of methods
- ☐ Self-reported
- ☐ Don't know

**ii) Was it:**

- ☐ National
- ☐ Subnational
- ☐ Both
- ☐ Don't know

**iii) How often is the survey conducted?**

- ☐ Ad hoc
- ☐ Every 1 to 2 years
- ☐ Every 3 to 5 years
- ☐ Other
- ☐ Don't know

**iv) When was the last survey conducted? (give year)**

Remember to Save before moving to other sections.

Remember to Save before moving to other sections.

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

The questions in this module assess the health care systems capacity related to NCD early detection, treatment and care within the primary health care sector. Specific questions focus on availability of guidelines or protocols to treat major NCDs, and the tests, procedures and equipment related to NCDs within the health-care system. It also assesses the availability of palliative care services for NCDs. Responses to these questions enable reporting against NCD Global Action Plan process indicators and UN High Level Meeting national commitment progress indicators.

- 1) Please indicate whether evidence-based national guidelines/protocols/standards are available for the management (diagnosis and treatment) of each of the major NCDs through a primary care approach recognized/approved by government or competent authorities. Where guidelines/protocols/standards are available, please indicate their implementation status and when they were last updated.**

Provide a copy of the guidelines/protocols/standards that are available.

	Cardiovascular Disease	Diabetes	Cancer	CRD
<b>1a) Are they available?</b>	<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 (specify cancer types) <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>1b) Are they being implemented?</b>	<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

1c) When were they last updated?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------------------	----------------------	----------------------	----------------------	----------------------

- 2) For each of the major NCDs, please indicate the availability of standard criteria for the referral of patients from primary care level to a higher level of care (secondary/tertiary). Where standard criteria are available, please indicate their implementation status.

	Cardiovascular Disease	Diabetes	Cancer	CRD
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 basic technologies for early detection, diagnosis / monitoring of NCDs in the primary care facilities of the public and private health sector where:  
Generally available=1, Generally not available = 2, Don't know = 3

	Availability in the primary care facilities of the public health sector (1, 2, or 3)	Availability in the primary care facilities of the private health sector (1, 2, or 3)
<i>* Generally available: in 50% or more health care facilities</i> <i>Generally not available: in less than 50% health care facilities</i>		
<b>Overweight and obesity</b>		
3a) Measuring of weight	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3b) Measuring of height	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
<b>Diabetes mellitus</b>		
3c) Blood glucose measurement	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3d) Oral glucose tolerance test	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3e) HbA1c test	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3f) Dilated fundus examination	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3g) Foot vibration perception by tuning fork	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3h) Foot vascular status by Doppler	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3i) Urine strips for glucose and ketone measurement	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
<b>Cardiovascular disease</b>		
3j) Blood pressure measurement	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3k) Total cholesterol measurement	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
3l) Urine strips for albumin assay	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>
<b>Asthma and COPD</b>		
3m) Peak flow measurement spirometry	<input type="text" value="Select 1, 2 or 3"/>	<input type="text" value="Select 1, 2 or 3"/>

- 4) Please indicate if there is a national screening program targeting the general population for the following cancers and, if yes, provide details.

Cancers	Screening method (indicate only one, the most widely used)	Population targeted by the program	Type of program	Screening coverage
<b>Breast</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next row</b>	<input type="checkbox"/> Clinical breast exam <input type="checkbox"/> Mammography screening <input type="checkbox"/> Don't know	Women aged <input type="text"/> to <input type="text"/> Other, specify: <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Cervix</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next row</b>	<input type="checkbox"/> Visual inspection <input type="checkbox"/> PAP smear <input type="checkbox"/> HPV test <input type="checkbox"/> Don't know	Women aged <input type="text"/> to <input type="text"/> Other, specify: <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Colon</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to next row</b>	<input type="checkbox"/> Faecal test <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Don't know	People aged <input type="text"/> to <input type="text"/> Other, specify: <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know
<b>Prostate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF NO: Go to Question 5</b>	<input type="checkbox"/> PSA <input type="checkbox"/> Prostate palpation <input type="checkbox"/> Don't know	Men aged <input type="text"/> to <input type="text"/> Other, specify: <input type="text"/> <input type="checkbox"/> Don't know	<input type="checkbox"/> Organised population-based screening <input type="checkbox"/> Opportunistic screening <input type="checkbox"/> Don't know	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 50% <input type="checkbox"/> more than 50% but less than 70% <input type="checkbox"/> 70% or more <input type="checkbox"/> Don't know

- 5) Please indicate if early detection of the following cancers by means of rapid identification of the first symptoms is integrated into primary health care services and if there is a clearly defined referral system from primary care to secondary / tertiary care for suspect cases (in low- and middle-income countries this set of measures may be designated as an 'early diagnosis' or 'clinical downstaging' programme):

	Breast	Cervix	Colon	Prostate	Oral
Program/guidelines to strengthen early detection of first symptoms at primary health care level	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Clearly defined referral system from primary care to secondary and tertiary care	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

- 6) Is there a national HPV vaccination programme under implementation?

☐ Yes ☐ No ☐ Don't know

IF NO: Go to Question 7

IF YES, please provide the following details of the programme:

6a) Who is targeted by the programme?

☐ Girls aged  to

☐ Other (specify)

☐ Don't know

6b) What year did the programme begin?

6c) What is the immunization coverage of the programme?

☐ Less than 10%

☐ 10% to 50%

☐ more than 50% but less than 70%

☐ 70% or more

☐ Don't know

7) Describe the availability of the medicines below in the primary care facilities of the public health sector, 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

Generic drug name	Availability*
7a) Insulin	<input type="text" value="Select 1, 2 or 3"/>
7b) Aspirin (100 mg)	<input type="text" value="Select 1, 2 or 3"/>
7c) Metformin	<input type="text" value="Select 1, 2 or 3"/>
7d) Thiazide Diuretics	<input type="text" value="Select 1, 2 or 3"/>
7e) ACE Inhibitors	<input type="text" value="Select 1, 2 or 3"/>
7f) CC Blockers	<input type="text" value="Select 1, 2 or 3"/>
7g) Beta Blockers	<input type="text" value="Select 1, 2 or 3"/>
7h) Statins	<input type="text" value="Select 1, 2 or 3"/>
7i) Oral morphine	<input type="text" value="Select 1, 2 or 3"/>
7j) Steroid inhaler	<input type="text" value="Select 1, 2 or 3"/>
7k) Bronchodilator	<input type="text" value="Select 1, 2 or 3"/>
7l) Sulphonylurea(s)	<input type="text" value="Select 1, 2 or 3"/>

8) Indicate the availability\* of the following procedures for treating NCDs in the publicly funded health system, where: 1=Generally available; 2=Generally not available; 3=Don't know

\* Generally available: in 50% or more health facilities

Generally not available: in less than 50% of health facilities

Procedure name	Availability
8a) Retinal photocoagulation	<input type="text" value="Select 1, 2 or 3"/>
8b) Renal replacement therapy by dialysis	<input type="text" value="Select 1, 2 or 3"/>
8c) Renal replacement by transplantation	<input type="text" value="Select 1, 2 or 3"/>
8d) Coronary bypass or stenting	<input type="text" value="Select 1, 2 or 3"/>

8e) Thrombolytic therapy (streptokinase)  
for acute myocardial infarction

Select 1, 2 or 3 ▼

**9) Indicate the number of treatment centres which offer radiotherapy (centres with external beam therapy equipment like linear accelerators or cobalt 60 machines):**

Number of public centres  ☐ Don't know

Number of private centres  ☐ Don't know

**10) Detail the cancer diagnosis and treatment services in the public sector:**

*\* Generally available: in 50% or more health facilities*

*Generally not available: in less than 50% of health facilities*

Service	Availability*
Cancer centres or cancer departments at tertiary level	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know
Pathology services (laboratories)	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know
Cancer surgery	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know
Subsidized chemotherapy	<input type="checkbox"/> Generally available and affordable for the majority of patients <input type="checkbox"/> Generally not available or affordable for the majority of patients <input type="checkbox"/> Don't know

**11) How many pathology laboratories for cancer diagnosis are there in the country?**

*(If you don't know the exact number, just give an interval, for example "between 2 and 5".)*

Number of public laboratories:  ☐ Don't know

Number of private laboratories:  ☐ Don't know

**12) Indicate the availability\* of palliative care for patients with NCD in the public health system:**

*\* Generally available: reaches 50% or more patients*

*Generally not available: reaches less than 50% of patients*

**12a) In primary health care:**

- ☐ Generally available  
☐ Generally not available  
☐ Don't know

**12b) In community or home-based care:**

- ☐ Generally available  
☐ Generally not available  
☐ Don't know

**13) What proportion of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke?**

- ☐ None  
☐ Less than 25%  
☐ 25% to 50%

☐ More than 50%

☐ Don't know

**If more than none:**

**13a) Which CVD risk scoring chart is used?**

☐ WHO/ISH risk prediction charts

☐ Others (specify)

☐ Don't know

**14) What percentage of public sector health facilities have provision for care of acute stroke and rehabilitation?**

☐ None

☐ Less than 25%

☐ 25% to 50%

☐ More than 50%

☐ Don't know

**15) What percentage of public sector health facilities have provision for secondary prevention of rheumatic fever and rheumatic heart disease?**

☐ None

☐ Less than 25%

☐ 25% to 50%

☐ More than 50%

☐ Don't know

---

Save

Remember to Save before moving to other sections.

Previous

Next