Participants of the Intercountry Workshop for NCD Surveillance and Reporting
24-26 September 2014, Seoul, Republic of Korea
REPORT

INTERCOUNTRY WORKSHOP FOR
NCD SURVEILLANCE AND REPORTING
OF GLOBAL VOLUNTARY TARGETS

Convened by:

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NOTE

The views expressed in this report are those of the participants in the Intercountry Workshop for NCD Surveillance and Reporting of Global Voluntary Targets and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific, for the use of Member States in the Region and for those who participated in the Intercountry Workshop for NCD Surveillance and Reporting of Global Voluntary Targets held at the National Cancer Center, Seoul, Republic of Korea, from 24 to 26 September 2014.
SUMMARY

The noncommunicable disease (NCD) epidemic is a serious threat to health and development in the Western Pacific Region. *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020*, endorsed by the Regional Committee for the Western Pacific in 2013 (resolution/RC64.R6), provides a framework for policy and action. The regional action plan is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

To improve accountability, Member States have agreed on a set of nine voluntary global NCD targets to be achieved by 2025. A toolkit has also been developed to address barriers to NCD surveillance, elaborate how targets and indicators have been developed, highlight practical methods and tools for measurement, and provide clarity on processes for reporting.

An intercountry workshop for NCD surveillance and reporting of global voluntary targets was conducted from 24 to 26 September 2014 in Seoul, Republic of Korea, in collaboration with the Korea Centres for Disease Control and the National Cancer Center, with the following objectives:

1. To present and explore the WHO toolkit for NCD surveillance and monitoring;
2. To facilitate the incorporation of the nine voluntary global targets into national NCD programmes;
3. To discuss the next steps towards development of a road map for NCD surveillance in individual countries, including processes and timelines for reporting; and
4. To demonstrate the ongoing surveillance programmes in the Centers for Disease Control and Prevention and National Cancer Center, Republic of Korea.

The sessions included presenting and discussing the comparable estimates of selected NCD risk factors provided by WHO headquarters and identifying the next steps of countries for a road map for NCD surveillance.

Recommendations for Member States were: 1) Develop national NCD targets based on the nine global targets; 2) Develop/use national multisectoral plan for NCDs to reduce exposure to risk factors and enable health systems to respond in order to reach these national targets by 2025; and 3) Measure results, taking into account the global action plan.

Recommendations for WHO were: 1) Widely disseminate the WHO guidance on NCD indicator specifications and definitions document as it answers many questions raised by Member States related to calculating and measuring NCD indicators; 2) Produce and disseminate guidance on how and when Member States are expected to report on the nine voluntary global targets; 3) Provide guidance on setting national targets; 4) Technical support for measuring results (e.g., conducting STEPwise approach to surveillance (STEPS), Global School-based Student Health Survey (GSHS), monitoring and surveillance, operational research, data collection and analysis at the national and subnational levels); and 5) Technical support and advocate for resource mobilization for activities related to achieving their NCD targets by 2025.
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Keywords: Chronic diseases – epidemiology, prevention and control / Regional health planning /
Delivery of health care /
1. INTRODUCTION

1.1 Background


To improve accountability, Member States have agreed on a set of nine voluntary global NCD targets to be achieved by 2025. These targets underscore the critical importance of NCD surveillance systems that can track, monitor and interpret trends in risk factors, morbidity and mortality, as well as responsiveness to policies and public health interventions.

A toolkit has been developed to address barriers to NCD surveillance, elaborate how targets and indicators have been developed, highlight practical methods and tools for measurement, and provide clarity on processes for reporting. A coordinated approach is recommended to avoid duplication and ensure more efficient data-gathering and more reliable and accurate information. Using information for policy and action will be a major part of the toolkit.

1.2 Objectives

(1) To present and explore the WHO toolkit for NCD surveillance and monitoring;

(2) To facilitate the incorporation of the nine voluntary global targets into national NCD programmes;

(3) To discuss the next steps towards development of a road map for NCD surveillance in individual countries, including processes and timelines for reporting; and

(4) To demonstrate the ongoing surveillance programmes in the Centers for Disease Control and Prevention and National Cancer Center, Republic of Korea.

1.3 Participants

The workshop was attended by 17 participants (officers for NCDs, health promotion and surveillance) from Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Mongolia, New Zealand, Philippines, Republic of Korea, Singapore and Viet Nam. The Secretariat was comprised of four WHO staff from the WHO Regional Office for the Western Pacific, two from the WHO Division of Pacific Technical Support, nine from WHO country offices and two from WHO headquarters. The list of participants is available at Annex 1.
1.4 Organization

The workshop was comprised of four technical sessions: introducing the WHO comparable estimates of selected NCD risk factors; reviewing the nine voluntary global targets; reporting process; and the additional indicators. Participants were engaged in group discussions, presentations and a spidergram exercise. Representatives from the Korea Centers for Disease Control and Prevention (KCDC) and Korea National Cancer Center (KNCC) also presented updates on NCD surveillance in Korea. The programme is available at Annex 2.

2. PROCEEDINGS

2.1 Opening ceremony

Dr Kang Hyun Lee recalled the change in perception of NCDs over the years - from being associated with diseases of the wealthy, to becoming a major public health problem. The development of NCD prevention and control in the Republic of Korea over the past 10 years, as well as the establishment of the NCC and its contribution to cancer control, research and treatment. He also extended his gratitude to WHO for engaging KNCC as a collaborating centre in NCD prevention and control.

Dr Hai-Rim Shin thanked KNCC for hosting the workshop. She emphasized the leadership and coordination role of WHO in NCD prevention and control, as mandated at the 2011 UN General Assembly High-level Meeting. To achieve this objective, surveillance of NCDs and their risk factors was identified as priority support for countries.

2.2 Setting the scene

Dr Hai-Rim Shin started the session by presenting the objectives and overview of the workshop. She provided an overview of the outcome document of the 2014 UN General Assembly High-level Meeting and the progress made by the Region since 2011. National commitments include those made in the 2014 UN Outcome Document on NCDs. Initial findings of the Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region: Country Capacity Survey 2013 were presented along with the situation of NCD surveillance in Asia and the regional prevalence of selected NCDs and risk factors included in the nine voluntary global targets.

Dr Wendy Snowdon presented the NCD surveillance and monitoring situation in Pacific island countries and areas (PICs), through mortality data, risk factor surveys and health system responses. PICs have endorsed the nine voluntary global targets, while setting a new target – a Tobacco Free Pacific (less than 5% smoking prevalence in adults, by 2025). Partnerships are needed to ensure the coordination of regular surveys, increased data accessibility and building in-country capacity for data analysis and use.
Ms Leanne Riley presented the NCD Global monitoring framework. This was developed by WHO following the Political Declaration on NCDs adopted by the UN General Assembly in 2011. The framework includes 25 indicators and nine voluntary global targets for the prevention and control of NCDs. The voluntary global targets are:

1) A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory disease

2) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

3) At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

4) A 30% relative reduction in mean population intake of salt/sodium

5) A 10% relative reduction in the prevalence of insufficient physical activity

6) Halt the rise in diabetes and obesity

7) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances

8) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

9) At least 50% of eligible people to receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes

The rationale and the criteria for selecting these targets were discussed along with an overview of the nine voluntary global targets – one mortality target, six risk-factor targets and two health systems response targets and outlined the reporting process. Member States have committed to develop national targets, building on the nine voluntary global targets. She discussed potential issues with developing national targets and WHO guidance on target setting and reporting. WHO is developing a toolkit on NCD surveillance, which will include a module on setting national targets and measuring results.

Participants then divided into three groups to discuss NCD surveillance with a focus on national mechanisms, challenges and support needs (Annex 3). The three groups then shared their findings as summarized in Table 1. For high-income countries, a common challenge identified was the difficulty of defining proxy indicators, in spite of available data.
Table 1. Common features, challenges and support needs for NCD surveillance and reporting of the voluntary global targets

<table>
<thead>
<tr>
<th>Features</th>
<th>Challenges</th>
<th>Support Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• NCDs are a high priority</td>
<td>• Lack of capacity for statistical analysis and data quality</td>
<td>• Capacity-building</td>
</tr>
<tr>
<td>• Increasing awareness of requirements for global monitoring framework, targets and voluntary reporting</td>
<td>• Lack of qualified staff and retention of staff</td>
<td>• Technical support for surveys including data analysis and use</td>
</tr>
<tr>
<td>• Multiple data sources from different departments and agencies are required to report all indicators</td>
<td>• Resource/funding constraints</td>
<td>• Financial support and advocacy for long-term funding</td>
</tr>
<tr>
<td>• Focal points for NCD surveillance implemented and working towards functioning committees across multiple departments</td>
<td>• Lack of timely and reliable reports</td>
<td>• Strengthening of cancer and NCD registries</td>
</tr>
<tr>
<td>• Gaps in data: (1) availability of basic technologies; and (2) medicine and drug therapy and counselling</td>
<td>• Lack of inter-agency and departmental coordination and timely data sharing</td>
<td>• Establishing a multi-agency/department NCD committee</td>
</tr>
<tr>
<td></td>
<td>• No formally implemented NCD monitoring framework and need to adapt the global targets and indicators to the national context</td>
<td>• Data utilization and knowledge transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support for sub-national initiatives</td>
</tr>
</tbody>
</table>

2.3 Review of comparable estimates of selected NCD risk factors, the global targets and reporting process

Ms Riley presented the WHO NCD country comparable estimates of selected risk factors. WHO is mandated to produce and disseminate health statistics and data is needed for reporting global progress against the nine voluntary global targets. Ms Riley shared the process to produce estimates and data sources; and how the 25 indicators had been selected. The indicators for harmful use of alcohol and tobacco use had already been developed through a separate process for their respective global reports. Challenges in developing estimates were acknowledged and the country consultation process and timeframe for reporting back on estimates was discussed.

2.4 Remaining global targets and reporting process

Ms Riley presented the global targets for measuring and reporting tobacco use and salt consumption. The two indicators associated with the global target for tobacco are: 1) prevalence of current tobacco use among adolescents; and 1) age-standardized prevalence of raised blood
pressure among persons aged 18 years and older. She shared the WHO definition of tobacco and the method of calculation for tobacco use in adolescents and adults. Tobacco use is a well-established risk factor for several health outcomes and is the most widely monitored indicator. The indicator for the global target for salt/sodium reduction is: age-standardized mean population intake of salt (sodium chloride) per day in grams in people aged 18 years and older. She reviewed the process of calculating mean population salt/sodium intake and monitoring challenges, highlighting that salt/sodium intake is one of the least measured targets.

Dr Vladimir Poznyak presented the measuring and reporting of harmful use of alcohol. Three indicators relate to the harmful use of alcohol: 1) total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context; 2) age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context; and 3) alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context. Adult per capita consumption (APC) of alcohol is the key epidemiological indicator of alcohol exposure in populations and also the key indicator for estimating alcohol-attributable burden of disease. APC reflects the overall levels of alcohol consumption in populations, but also indirectly reflects the pattern of drinking. The indicator related to age-standardized prevalence of heavy episodic drinking among adolescents and adults reflects detrimental patterns of drinking but comes with limitations. Alcohol-related mortality and morbidity indicators and their limitations were considered. WHO's Global strategy to reduce the harmful use of alcohol includes an implementation toolkit.

Mr Mark Landry presented the two indicators associated with the mortality and morbidity target: 1) unconditional probability of dying between the ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases; and 1) cancer incidence, by type of cancer per 100,000 population. The WHO Global Health Observatory (GHO) website can be used for country comparisons and global monitoring of health situations and trends. The GHO includes NCD mortality data for all countries. The Health Intelligence and Information Platform (HIIP) for the Western Pacific Region also increases access to multiple sources of health information and statistics and has data available for the 25 global NCD indicators. Civil registration systems and vital statistics (CRVS) are a key source of health information. Mr Landry summarized the determinants for obtaining reliable mortality statistics and CRVS partnerships in the Region.

Ms Riley presented two national systems response global targets and their associated indicators: 1) proportion of eligible people (defined as 40 years and older with a 10-year cardiovascular risk ≥ 30%, including those with cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes; and 2) availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in public and private facilities.

Dr Oh Kyungwon presented the historical and technical development of surveillance in Korea. KCDC has been conducting three surveys: the Korea National Health and Nutrition Examination survey, the Korea Youth Risk Behavior Web-based survey and the Korea Community Health survey. Data from these surveys have been used for public health policies and programmes, reference data, related research and for comparison with other countries.
Dr Wong Young-Joo presented statistics on cancer in Korea, including the national cancer incidence (2011). He highlighted the key activities of KNCC for cancer control. The national cancer control programme encompasses early detection, treatment, prevention, palliative care and cancer registries. The Cancer Registration and Statistics System for Korea and different components needed to support successful cancer registries were presented.

2.5 The additional indicators

Ms Riley presented the remaining three voluntary global targets and their indicators in detail. She defined physical activity, how it is classified and reviewed the two indicators for measuring insufficient physical activity: 1) prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily; and 2) prevalence of insufficiently physically active persons aged 18 years and older (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent). Good trend data is lacking on physical activity in both adults and children. For the global target on diabetes and obesity, there are two associated indicators for obesity: 1) prevalence of obesity in people aged 18 years and older; and 2) prevalence of obesity in adolescents. For both, the preferred data source is a population-based survey (or school-based for adolescents) in which height and weight were measured. The challenge with monitoring this target is the differing body mass index (BMI) cut-offs for different populations. Only one indicator relates to diabetes: prevalence of raised blood glucose/diabetes among people aged 18 years and older. This data should be measured and not self-reported. As a result, monitoring challenges include logistics of data collection for glucose and compliance of fasting prior to blood chemistry screening in population-based surveys. The indicator for the global target for blood pressure is the prevalence of raised blood pressure among people aged 18 years and older.

Ms Riley presented the expectations on country reporting on the global NCD indicators. WHO is mandated to prepare regular updates on progress towards the nine voluntary global targets and the 25 indicators in the Global Monitoring Framework. Member States are encouraged to submit data to WHO on a regular basis to enable analysis. For ease of data submission, WHO has prepared a template for reporting against the NCD indicators. Participants were provided the contact details for requesting the template. Member States are also encouraged to send either raw data (to enable calculation of age-standardized indicators) or aggregate data (for the relevant variables) to WHO.

Participants worked in country groups to complete a Spidergram exercise. For each global target, participants rated: 1) impact on NCD burden; 2) capacity to collect data; and 3) utility of data for action. This mapping exercise enabled countries to prioritize specific global targets and associated indicators. They also discussed and identified their country’s strengths and limiting factors for achieving each global target, and support required to strengthen capacity for data collection.

Each country then presented its Spidergram (Annex 4). Participants understood that governments have been urged to set national targets based on the global targets and measure results. Participants raised technical questions on measuring and reporting specific indicators and expressed interest in having clear guidance from WHO on how and when to report data against the global NCD targets and indicators.
2.6 Evaluation

An evaluation of the consultation was conducted using a structured questionnaire (Annex 5). The overall evaluation was positive. The presentations enabled participants to understand the nine voluntary global targets and their associated indicators. Participants also found the Spidergram exercise to be helpful in illustrating their country’s situation. Summary of evaluations is presented in Annex 6.

2.7 Closing ceremony

Dr Hai-Rim Shin thanked participants for their engagement and enthusiasm during the workshop. She reiterated WHO’s role in supporting countries achieve the nine voluntary global targets. She also expressed her thanks to KNCC for hosting the workshop.

3. RECOMMENDATIONS

3.1 Recommendations for Member States

1) Develop national NCD targets based on the nine voluntary global targets;

2) Develop and use national multisectoral plans for NCDs to reduce exposure to risk factors and enable health systems to respond and reach national targets by 2025; and


3.2 Recommendations for WHO

1) Widely disseminate WHO guidance on NCD indicator specifications, definitions and calculations;

2) Produce and disseminate guidance on how and when Member States are expected to report on the nine voluntary global targets;

3) Provide guidance on setting national targets;

4) Technical support for measuring results (e.g. STEPwise approach to surveillance (STEPS), Global School-based Student Health Survey (GSHS), monitoring and surveillance, operational research, data collection and analysis at the national and subnational levels); and

5) Technical support and advocacy for resource mobilization for activities to achieve NCD targets by 2025.
ANNEX 1

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Dr WONG Young-Joo, Deputy Director, National Cancer Center, WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection, Ill Jungbalsan-ro, Ilsandong-gu 410, 769 Gyeunggi-do, Republic of Korea, Tel.: (8231) 920 1934, Fax No.: (8231) 920 1934

Dr JUNG Kyu-won, Senior Researcher, National Cancer Center, WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection, Ill Jungbalsan-ro, Ilsandong-gu 410, 769 Gyeunggi-do, Republic of Korea, Tel.: (8231) 920 1934, Fax No.: (8231) 920 1934
PROGRAMME OF ACTIVITIES

Wednesday, 24 September 2014

08:30-09:00    Registration

09:00-09:30    (1) Opening ceremony

Welcome address
Dr. Kang Hyun Lee
President, National Cancer Center
Republic of Korea

Opening address
Dr Hai-Rim Shin
Coordinator, NCD, WHO/WPRO

09:30-10:00    Group photo and mobility break

(2) Setting the scene

10:00-10:15    NCD surveillance: Current situation-Asia
Dr Hai-Rim Shin

10:15-10:30    NCD surveillance: Current situation-Pacific
Dr Wendy Snowdon
Technical Officer WHO/DPS

10:30-10:45    Coffee break

10:45-11:15    Global voluntary targets and framework for NCD surveillance
Ms Leanne Riley
Coordinator, Surveillance, WHO/HQ

11:15-11:20    Mobility break

11:20-12:30    Discussion

12:30-14:00    Lunch

14:00-15:00    Country presentations within groups:
Group 1- Cambodia, Lao PDR, Viet Nam, Mongolia, Philippines
Group 2- China, Macao SAR (China), Malaysia, Hong Kong SAR (China)
Group 3- New Zealand, Republic of Korea, Japan, Singapore

15:00-15:30    Coffee break

15:15-16:45    Presentation by groups and discussion

16:45-17:00    Wrap up of Day 1

18:30-20:00    Reception (Venue to be confirmed)
Thursday, 25 September 2014

(3) Review of comparable estimates of selected NCD risk factors  
Global targets and reporting process

09:00-09:10 Recap of Day 1

09:10-09:45 Introduction of WHO comparable estimates  
selected NCD risk factors  
Ms Leanne Riley

09:45-10:15 Q&A session and feedback on the WHO country estimates

10:15-10:30 Coffee break

10:30-12:00 Continuation of Q&A session and feedback on the WHO country estimates

12:00-13:30 Lunch

(4) Remaining global targets and reporting process

13:30-14:00 Measuring and reporting tobacco use  
and salt consumption (including Q&A session)  
Ms Leanne Riley

14:00-14:30 Measuring and reporting alcohol consumption,  
Dr Vladimir Poznyak  
Coordinator, MSB, WHO/HQ

14:30-14:45 Coffee break

14:45-16:00 Mortality targets and reporting and status of  
CRVS in the Region (including Q&A session)  
Mr Mark Landry  
Coordinator, HII, WHO/WPRO

16:00-16:15 Mobility break

16:15-16:45 National system response targets and reporting  
(including Q&A session)  
Ms Leanne Riley

16:45-17:00 Discussion and wrap up of Day 2

Friday, 26 September 2014

09:00-09:10 Recap of Day 2

09:10-10:00 NCD surveillance in the Republic of Korea  
Dr Kyung-Won Oh  
Director, Division of Health  
and Nutrition Survey

10:00-10:15 Coffee break

(5) The additional indicators

10:15-11:00 Presentation on the additional indicators  
Ms Leanne Riley

11:00-12:00 Q&A session
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00-13:30</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>13:30-14:30</td>
<td>Explanation on reporting process</td>
<td>Ms Leanne Riley</td>
</tr>
<tr>
<td>14:30-14:45</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>14:45-15:30</td>
<td>Discussion and road map for countries</td>
<td></td>
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<tr>
<td>15:30-15:45</td>
<td>Closing</td>
<td>WHO/KNCC/KCDC</td>
</tr>
</tbody>
</table>
COUNTRY SPIDERGRAMS

TARGETING NCDs: GLOBAL TARGETS
Brunei Darussalam

- 80% availability of affordable basic technologies & essential medicines
- 75% of eligible people receive drug therapy and counseling
- Halt the rise in diabetes and obesity

TARGETING NCDs: GLOBAL TARGETS
Cambodia

- 80% availability of affordable basic technologies & essential medicines
- 75% of eligible people receive drug therapy and counseling
- Halt the rise in diabetes and obesity

Legend:
- Impact on NCD burden
- Capacity to collect data
- Utility of data for action
TARGETING NCDs: GLOBAL TARGETS
People’s Republic of China

1. 25% relative reduction in overall mortality from NCD
2. 10% relative reduction in harmful use of alcohol
3. 10% relative reduction in prevalence of insufficient physical activity
4. 30% relative reduction in mean population intake of salt/sodium
5. 25% relative reduction in the prevalence of raised BP or contain the prevalence of raised BP
6. Halt the rise in diabetes and obesity
7. 80% availability of affordable basic technologies & essential medicines
8. 250% of eligible people receive drug therapy and counseling
9. Impact on NCD burden

TARGETING NCDs: GLOBAL TARGETS
Hong Kong SAR

1. 25% relative reduction in overall mortality from NCD
2. 10% relative reduction in harmful use of alcohol
3. 10% relative reduction in prevalence of insufficient physical activity
4. 30% relative reduction in mean population intake of salt/sodium
5. 25% relative reduction in the prevalence of raised BP or contain the prevalence of raised BP
6. Halt the rise in diabetes and obesity
7. 80% availability of affordable basic technologies & essential medicines
8. 250% of eligible people receive drug therapy and counseling
9. Impact on NCD burden

Capacity to collect data
Utility of data for action
EVALUATION FORM

This evaluation takes about 5 minutes to complete, on an average. Your feedback will help us to assess the effectiveness of this consultation and to better plan future meetings and consultations. Thank you for your cooperation.

I attended the consultation as a/an:
(Please check) □ participant □ facilitator □ observer □ secretariat

Questionnaire 1 – Overall impressions

Please rate your impressions of this meeting by filling the applicable number.
1: Excellent  2: Good  3: Fair  4: Poor

A. The participation in this meeting was
Comments, if any,

B. The facilitation in this meeting was
Comments, if any,

C. The leadership in this meeting was
Comments, if any,

D. Travel arrangements for this meeting were
Comments, if any,

E. Facilities for this meeting were
Comments, if any,

F. Accommodation for this meeting was
Comments, if any,

G. Meals provided during this meeting were
Comments, if any:

H. The overall impression of this meeting was
Comments, if any:
Questionnaire 2 – Sessions
Please rate your feedback on the sessions by filling the applicable number.
1: Excellent  2: Good  3: Fair  4: Poor

Session 2: Setting the scene and country presentations
a. NCD surveillance in Asia and the Pacific
b. Country presentations within groups
c. Ability to learn from the experience of other countries
d. Spidergram exercise on voluntary global targets

Comments, if any,

Session 3: Review of comparable estimates of selected NCD risk factors
a. Introduction of WHO comparable estimates of selected NCD risk factors

Comments, if any,

Session 4: Remaining global targets and reporting process
a. Measuring and reporting tobacco use and salt consumption
b. Measuring and reporting alcohol consumption
c. Mortality targets and reporting and status of CRVS in the Region
d. National system response targets and reporting

Comments, if any,

Session 5: The additional indicators
a. Additional indicators
b. Explanation on reporting process
c. Discussion and road map for countries

Comments, if any,

Questionnaire 3 – Comments and suggestions
Please let us know your comments and suggestions. Please provide a maximum of 3 comments per question.

A. What were the strengths of this workshop? What did you find most useful?
1. 
2. 
3. 

B. What could be done to improve this workshop?
1. 
2. 
3. 

C. What follow-up support could WHO provide following on from this workshop?
1. 
2. 
3.
SUMMARY OF EVALUATION

I. Overall impressions

<table>
<thead>
<tr>
<th>Overall impression score</th>
<th>Average (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Participation</td>
<td>1.5 (1-3)</td>
</tr>
<tr>
<td>B. Facilitation</td>
<td>1.4 (1-2)</td>
</tr>
<tr>
<td>C. Leadership</td>
<td>1.4 (1-3)</td>
</tr>
<tr>
<td>D. Travel arrangements</td>
<td>1.5 (1-4)</td>
</tr>
<tr>
<td>E. Facilities</td>
<td>1.5 (1-4)</td>
</tr>
<tr>
<td>F. Accommodation</td>
<td>1.2 (1-2)</td>
</tr>
<tr>
<td>G. Meals</td>
<td>1.9 (1-4)</td>
</tr>
<tr>
<td>H. Overall impression of this meeting</td>
<td>1.5 (1-3)</td>
</tr>
</tbody>
</table>

Scores: 1 – Excellent; 2 – Good; 3 – Fair; 4 – Poor

The overall impression of the workshop was good. Participants were able to actively participate in raising issues and sharing ideas. The facilitation was commended for the diverse composition of speakers, good daily summaries, punctual timekeeping and plenty of opportunities for refreshing physical activities. Accommodation and travel arrangements were overall very organized and the meals, especially the welcome dinner, were excellent.

A ‘U-shaped’ formation for plenary sessions and smaller rooms and tables for small group discussions would have improved interaction among participants. The distance between the workshop venue and the hotel was too far; participants would have preferred a shorter travel time. Earlier booking confirmations and more dietary options (e.g. for vegetarians) were also suggested.

II. Sessions

<table>
<thead>
<tr>
<th>Session 2: Setting the scene and country presentations</th>
<th>Average (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. NCD surveillance in Asia and the Pacific</td>
<td>1.5 (1-3)</td>
</tr>
<tr>
<td>b. Country presentations within groups</td>
<td>1.6 (1-3)</td>
</tr>
<tr>
<td>c. Ability to learn from the experience of other countries</td>
<td>1.7 (1-3)</td>
</tr>
<tr>
<td>d. Spidergram exercise on voluntary global targets</td>
<td>1.9 (1-3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 3: Review of comparable estimates of selected NCD risk factors</th>
<th>Average (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Introduction of WHO comparable estimates of selected NCD risk factors</td>
<td>1.4 (1-4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 4: Remaining global targets and reporting process</th>
<th>Average (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Measuring and reporting tobacco use and salt consumption</td>
<td>1.4 (1-2)</td>
</tr>
<tr>
<td>b. Measuring and reporting alcohol consumption</td>
<td>1.3 (1-3)</td>
</tr>
<tr>
<td>c. Mortality targets and reporting and status of CRVS in the Region</td>
<td>1.5 (1-3)</td>
</tr>
<tr>
<td>d. National system response targets and reporting</td>
<td>1.4 (1-3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 5: The additional indicators, average (lowest-highest)</th>
<th>Average (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Additional indicators</td>
<td>1.7 (1-4)</td>
</tr>
<tr>
<td>b. Explanation on reporting process</td>
<td>1.6 (1-3)</td>
</tr>
<tr>
<td>c. Discussion and road map for countries</td>
<td>1.7 (1-4)</td>
</tr>
</tbody>
</table>

Scores: 1 – Excellent; 2 – Good; 3 – Fair; 4 – Poor
The overall evaluation of the sessions was positive. Although the concepts were new, the presentations helped the audience understand how to measure the voluntary global targets and indicators. The spidergram was helpful in illustrating country’s situations. Cross-country comparisons of the quality and processes for collecting mortality data would have been helpful.

III. Comments and Suggestions

A. Strengths

The targets and indicators were well explained and well defined and the methods of measurement and collection were clearly explained. The presentations provided updates and a better picture of the general situation of NCD surveillance. Sharing tools and various sources of information about NCDs was appreciated. The discussions allowed for sharing experiences and issues raised, as well as active consultations. The speakers were excellent and very patient in addressing issues raised by the audience. Mobility exercises were most useful. The activity seemed to be a well-consorted effort of WHO/HQ and WHO/WPRO. The logistical support was commended.

B. Areas for improvement

There could have been more time for country discussions, participation and consultation with WHO, especially on the conduct of surveys and other surveillance activities. Practical exercises on how to set national targets and measure indicators would have helped participants understand the topics more effectively. Representatives from Pacific island countries could have been included. The workshop should be conducted regularly (yearly) and also at the country and community levels.

C. Follow-up support WHO could provide following on from this workshop

There were multiple requests for follow-up support by WHO. These included:
- workshops for capacity building, NCD surveillance activities, policies and framework indicators;
- technical support (e.g. conducting STEPS, monitoring and surveillance, operational research, data collection and analysis at the national and subnational levels);
- allocation of funds for NCD surveillance activities;
- guidance on setting national targets; and
- a similar workshop for WHO PEN, including consultations, provision of updates and next steps.