

# Pacific MANA Dashboard for NCD Action

## Technical Notes

Category			Status and strength	WHO Equivalent Indicator #
<b>Leadership and governance</b>				
	G1a	Multi-sectoral NCD taskforce		No Equivalent
	G1b	National strategy addressing NCDs and risk factors	☆☆	4
	G1c	Explicit NCD indicators and targets	☆☆☆	1 (part)
<b>Preventive policies</b>				
Tobacco	T2a	Tobacco excise taxes	☆	5a
	T2b	Smoke-free environments	☆☆	5b
	T2c	Tobacco health warnings	☆	5c
	T2d	Tobacco advertising, promotion and sponsorship	☆☆	5d
	T2e	Tobacco sales licencing	☆	No Equivalent
	T2f	Tobacco industry interference		No Equivalent
Alcohol	A3a	Alcohol licencing to restrict sales	☆☆	6a
	A3b	Alcohol advertising		6b
	A3c	Alcohol taxation	☆☆☆	6c
	A3d	Drink driving	☆☆	No Equivalent
Food	F4a	Reducing salt consumption	☆	7a
	F4b	Trans-fats		7b
	F4c	Unhealthy food marketing to children		7c
	F4d	Food fiscal policies	☆	No Equivalent
	F4e	Healthy food policies in schools	☆	No Equivalent
	F4f	Food-based dietary guidelines		No Equivalent
Physical activity	PA5a	Compulsory physical education in school curriculum		8
Enforcement	E6a	Enforcement of laws and regulations related to NCD risk factors		No Equivalent

Health system response programmes				
	HS-Care7	National guidelines for care of main NCDs	☆☆	9
	HS-Access8a	Essential drugs		10 (part)
	HS-Access8b	Smoking cessation	☆	No Equivalent
	HS-Baby9a	Marketing of breast milk substitutes	☆☆☆	7d
	HS-Baby9b	Baby Friendly Hospital	☆	No Equivalent
	HS-Baby9c	Maternal nutrition and breast feeding		No Equivalent
Monitoring				
	Mon-Adult10a	Population risk factor prevalence surveys - adults	☆☆☆	3
	Mon-Adoles10b	Population risk factor prevalence surveys - youth	☆☆☆	No Equivalent
	Mon-ChildGrowth10c	Child growth monitoring		No Equivalent
	Mon-Mortality10d	Routine cause-specific mortality		2

**Key:**

...	No data reported
	Not present
	Under development
	Present
Strength of action/implementation (star rating only assigned if 'Present')	
☆	Low
☆☆	Medium
☆☆☆	High

## Leadership and governance

### 1. Multi-sectoral NCD taskforce, strategy and indicators

#### Multi-sectoral NCD Taskforce





**G1a. A multi-sectoral taskforce is operating, reports regularly, is inclusive of all relevant stakeholders, and is catalysing and monitoring actions on NCDs**

...	No Data
	A multi-sectoral NCD taskforce covering the 4 main NCD risk factors (tobacco, alcohol, nutrition, physical activity) has not been established, or is inactive (less than 2 meetings in last 12 months).
	There is evidence that a multi-sectoral NCD Taskforce is being established, or a taskforce exists and has had at least 2 meetings in the last 12 months but no public reports are available
	Multi-sectoral NCD taskforce has had at least 2 meetings in last 12 months, and annual report (or equivalent) is available
★	As for <span style="background-color: #90EE90;">  </span> , and 1 of the items listed below
★★	As for <span style="background-color: #90EE90;">  </span> , and 3 of the items listed below
★★★	As for <span style="background-color: #90EE90;">  </span> , and 4 or more of the items listed below
	<ul style="list-style-type: none"> <li>The taskforce is led by a Government Minister or Prime Minister</li> <li>NCD taskforce demonstrates decision making, monitors implementation and publicly documents its actions</li> <li>Taskforce includes senior representation from Government sectors such as: Attorney General, and Ministries of Agriculture, Communications, Customs and Excise, Education, Finance and Economic Planning, Health, Labour &amp; Industry, Sport, National Statistics, Trade, Police, Urban Planning and National Statistics Office (<u>at least 5</u>).</li> <li>Taskforce includes Civil Society and Non-Government Organisations</li> <li>Platform has established mechanisms for engagement with the private sector (with conflicts of interest managed), <u>EXCLUDING</u> the tobacco industry.</li> </ul> <p>Private sector engagement can be through the taskforce or at national level.</p>

#### National strategy addressing NCDs and risk factors







**G1b. A comprehensive, multi-sectoral national strategy addressing NCDs and risk factors is operational**

...	No Data
	There is no current national multi-sectoral strategy for tackling NCDs
	There is evidence that a national multi-sectoral strategy is under development OR one exists but is not operational
	A multi-sectoral NCD strategy has been developed (either standalone or part of a wider national health plan) to cover at least two individual diseases (cardiovascular disease, diabetes, cancer, respiratory disease) and two risk factors (tobacco, alcohol, nutrition, physical activity), AND is operational
★	A multi-sectoral NCD strategy has been developed, is operational, and covers at least four individual diseases and four risk factors
★★	As for <span style="background-color: #FFD700;">  </span> , and 1 of the items listed below
★★★	As for <span style="background-color: #FFD700;">  </span> , and demonstrates engagement of non-health agencies in development of strategy, has a monitoring and surveillance plan, and 1 other item from the list below.

	 Includes comprehensive set of policies and actions translated from agreed global, regional and national frameworks  Evident responsibilities, timelines and accountability mechanisms  Evident budget allocations (in plans or government budgets)  Evident monitoring and surveillance plan
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## Explicit NCD indicators and targets

### G1c. Explicit time bound targets and indicators have been established for national NCD strategy

...	No Data
	There are no current national targets for tackling NCDs
	National quantitative targets and indicators are under development
	Time-bound indicators and targets cover NCD risk factors, NCD prevalence and NCD actions (e.g. policy change)
★	As for  , and covers 2-4 of the WHO global targets (listed below)
★★	As for  , and covers 5 or more of the WHO global targets
★★★	As for  , and covers 5 or more of the WHO global targets, and there is a documented plan for reporting (e.g. national NCD strategy has a surveillance and monitoring plan)
	<b>WHO 9 global targets:</b>  Risk factors: <ul style="list-style-type: none"> <li>o reduce harmful use of alcohol</li> <li>o reduce physical inactivity</li> <li>o reduce salt /sodium intake</li> <li>o reduce tobacco use</li> <li>o reduce raised blood pressure</li> <li>o no increase in diabetes/obesity</li> </ul>  Health system response <ul style="list-style-type: none"> <li>o 50% coverage for drug therapy and counselling</li> <li>o 80% coverage essential NCD drugs and technologies</li> </ul>  Mortality <ul style="list-style-type: none"> <li>o reduce premature mortality from NCDs</li> </ul>



## Preventive policies

### 2. Tobacco taxation, legislation and regulations

#### Tobacco excise taxes

##### T2a. Legislation is in place to reduce affordability of tobacco products by increasing tobacco excise taxes

...	Data not reported
	No excise tax is collected on cigarettes
	Tobacco excise tax legislation is being developed, or cigarette excise tax $\leq 20\%$ of retail price
	21-30% of retail price of cigarettes is excise tax
★	31-50% of retail price of cigarettes is excise tax
★★	51-70% of retail price of cigarettes is excise tax
★★★	>70% of retail price of cigarettes is excise tax
	<p>Data for this indicator are obtained from the WHO Report on the Global Tobacco Epidemic, which is published every 2 years.  <a href="http://www.who.int/tobacco/global_report/2015/en/">http://www.who.int/tobacco/global_report/2015/en/</a></p> <p>For PICTs not covered in the WHO Report on the Global Tobacco Epidemic, this indicator was calculated by the MANA Coordination Team using the same method as used in the report, i.e.:</p> $\frac{\text{Specific excise amount (\$)} / \text{cost per pack (\$)}}{\text{Denominator for specific excise / number of cigarettes per pack}}$ <p>For example, if the most popular brand retails for \$28.50 per pack of 30 cigarettes and excise rate is \$494 per 1,000 cigarettes, excise tax as a proportion of retail price = <math>(494/28.50)/(1,000/30) = 52\%</math></p> <p>Cost per pack: This is the tax-inclusive retail sales price in local currency per pack of 20 sticks, of the most popular brand of cigarettes. Most popular brand determined as reported by country NCD Focal Point. Retail price calculated as average of retail price from at least 3 different locations (locations include with a mix of shop sizes e.g. supermarket, petrol station, small family-owned shop).</p>

#### Smoke-free environments

##### T2b. Legislation is in place to create public places that are completely smoke-free environments

...	Data not reported
	No legislation for smoke-free environments
	Legislation for smoke-free environments is being developed or currently covers only 1 area listed below
	Smoke-free environment legislation covers 2 areas listed
★	Smoke-free environment legislation covers 3 areas listed
★★	Smoke-free environment legislation covers 4-7 areas listed
★★★	Smoke-free environment legislation covers 8 areas listed

	<b>Completely smoke-free places include:</b> <ul style="list-style-type: none"> <li>• health-care facilities</li> <li>• educational facilities other than universities</li> <li>• universities</li> <li>• government facilities</li> <li>• indoor offices and workplaces not considered in any other category</li> <li>• restaurants or facilities that serve mostly food</li> <li>• cafes, pubs and bars or facilities that serve mostly beverages</li> <li>• public transport</li> </ul>
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## Tobacco health warnings

### T2c. Health warnings are in place to warn of the dangers of tobacco and tobacco smoke

...	Data not reported
	No legislation requiring health warnings and/or no health warnings on tobacco products
	Tobacco control legislation and/or health warnings are being developed
	Average proportion of principal display (front and rear combined) mandated to be covered by health warnings is less than or equal to 50%, and no pictorials and no principal language(s)
★	Average principal display less than or equal to 50%, with pictorials <b>or</b> principal language(s)
★★	Average principal display less than or equal to 50%, with pictorials <b>and</b> principal language(s)
★★★	Average principal display 51% or greater, with pictorials and principal language(s)

## Tobacco Advertising, promotion and sponsorship

### T2d. Measures are in place to ban all forms of tobacco advertising, promotion and sponsorship

...	Data not reported
	No legislation prohibiting tobacco advertising, promotion and sponsorship
	Legislation prohibiting tobacco advertising promotion and sponsorship is being developed
	Legislation exists governing standards of tobacco advertising, promotion and sponsorship in at least 2 areas of <b>direct</b> advertising
★	Legislation completely bans advertising on national television and radio, local magazines and newspapers, billboards/outdoor advertising, and at point of sale
★★	As for ★, and at least 2 other areas of direct or indirect advertising are banned
★★★	Legislation completely bans ALL forms of direct and indirect advertising listed

	<b>Direct advertising:</b> <ul style="list-style-type: none"> <li>national television and radio</li> <li>local magazines and newspapers</li> <li>billboards, outdoor advertising</li> <li>point of sale</li> <li>retailers and sellers of tobacco must store all tobacco products out of sight</li> </ul> <b>Indirect advertising:</b> <ul style="list-style-type: none"> <li>free distribution of tobacco products in the mail or through other means</li> <li>promotional discounts</li> <li>non-tobacco goods and services identified with tobacco brand names (brand extension)</li> <li>brand names of non-tobacco products used for tobacco products (brand-sharing)</li> <li>sponsored events, including corporate social responsibility programmes</li> <li>appearance of tobacco brands or products in television and/or films (product placement)</li> </ul>
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## Tobacco licencing

### T2e. Measures are in place for tobacco licencing

...	Data not reported
	No legislation requiring tobacco licencing
	Legislation for tobacco licencing is under development
	The sale of single stick cigarettes or loose tobacco is banned
★	As for , and legislation covers 1-2 areas listed
★★	As for , and legislation covers 3 areas listed
★★★	As for , and legislation covers 4 areas listed
	<ul style="list-style-type: none"> <li>A licence is required for all manufacturers (where applicable) and importers of tobacco products</li> <li>A licence is required for all distributors of tobacco products</li> <li>A license is required for all wholesaler and retailers of tobacco products</li> <li>Tobacco sales to minors (as defined by the Government) are banned</li> </ul>

## Tobacco industry interference

### T2f. Government-level policies or laws are in place to prevent tobacco industry interference

...	Data not reported
	No government-level tobacco industry interference prevention policies or laws are in place
	Government-level tobacco industry interference prevention policies or laws are planned
	Government-level tobacco industry interference prevention policies (e.g. code of conduct) or laws cover 1 of the areas listed
★	Government-level policy or law covers 2 of the areas listed
★★	Government-level policy or law covers 3 of the areas listed

☆☆☆	Government-level policy or law covers 4 of the areas listed
	<ul style="list-style-type: none"> <li>Requiring transparency by public officials and civil servants when interaction with tobacco industry is necessary</li> <li>Requiring candidates for public office, public officials and civil servants to disclose any potential conflicts of interest related to tobacco control</li> <li>Disallowing government, public officials and civil servants from accepting any type of gift or contribution (from the tobacco industry (Exceptions: compensations due to legal settlements or mandated by law or legally binding and enforcement agreements)</li> <li>Prohibiting public disclosure of activities or expenditures described as “socially responsible” by the tobacco industry</li> </ul>

### 3. Alcohol availability, promotion, taxation and blood alcohol limits

#### Alcohol licencing to restrict sales

##### A3a. Licencing regulations are in place to restrict sales of alcohol

...	Data not reported
	No licencing regulations are in place to limit sale of alcohol
	Alcohol licencing regulations are under development to limit sale of alcohol
	Alcohol licencing regulations exist to limit sale of alcohol and cover 1 of the areas listed
★	Alcohol licencing regulations covers 2 of the areas listed
★★	Alcohol licencing regulations covers 3 of the areas listed
☆☆☆	Alcohol licencing regulations covers 4 of the areas listed, and the minimum age to purchase or be served alcohol is 21
	<div> <div></div> <div>A licensing system or monopoly exists on retail sales of beer, wine and spirits</div> </div> <div> <div></div> <div>Restrictions exist for on and off premise sales of beer, wine and spirits regarding hours and locations of sales <b>and</b> restrictions exist for off-premise sales of beer, wine and spirits regarding days of sales</div> </div> <div> <div></div> <div>Minimum age to purchase or be served alcohol (beer wine spirits) is 18+ years (The alcohol sales licence stipulates who alcohol can be sold to and/or who is allowed on the premises)</div> </div> <div> <div></div> <div>All alcohol producers, importers and wholesalers must hold a licence</div> </div>

#### Alcohol advertising

##### A3b. Regulations for alcohol advertising are in place, with a system to detect infringements

...	Data not reported
	No alcohol advertising regulations are in place
	Alcohol advertising regulations are under development
	Some alcohol advertising regulations exist
★	Restrictions exist on alcohol advertising for beer, wine and spirits through all national broadcasting (TV, radio, print and cinemas)
★★	As for ★, and restrictions exist for alcohol advertising on outdoors billboards and/or sponsorship of cultural, sports and other events
☆☆☆	As for ★★, and a detection system exists for infringement of marketing restrictions

## Alcohol taxation

### A3c. An inflation-adjusted alcohol excise taxation system on beer wine and spirits is in place

...	Data not reported
	No alcohol excise tax is collected
	Alcohol excise taxation is being developed based on beverage type or ethanol content
	Alcohol excise taxation system is in place and based on beverage type or ethanol content
★	Excise tax is based on ethanol content and is applied across all beverage types, OR if bands are applied, excise tax is based on the ethanol content at the top of each band AND Excise tax is reviewed or adjusted for inflation annually for <b>at least one</b> beverage type
★★	Excise tax is based on ethanol content and is applied across all beverage types OR if bands are applied, excise tax is based on the ethanol content at the top of each band AND Excise tax is reviewed annually or adjusted for inflation annually for <b>ALL</b> beverage types
★★★	As for ★★ AND Excise tax is stated by the Government as an important public health tool to reduce alcohol consumption/harm

## Drink driving






### A3d. Regulations are in place to control drink driving

...	Data not reported
	No drink drive regulations are in place
	Drink drive regulations are being developed
	Drink drive regulations are in place and sets a maximum blood/breath alcohol content
★	Regulation covers 1 of the areas listed
★★	Regulation covers 2 of the areas listed
★★★	Regulation covers 3 of the areas listed
	<ul style="list-style-type: none"> <li>A maximum blood alcohol content (BAC) at 0.05g or less per 100ml (or breath alcohol equivalent)</li> <li>Drink drive legislation sets a lower BAC for young drivers, compared with older drivers</li> <li>Random blood/breath alcohol testing is in place</li> </ul>

## 4. Policies to reduce population consumption of unhealthy foods

### Reducing salt consumption

#### F4a. Policies are in place to reduce population salt consumption

...	Data not reported
	No salt reduction plans/activities are in place
	Salt reduction plans/activities are under development
	Activities covers 1 of the areas listed
★	Activities cover 2 of the areas listed
★★	Activities cover 3 of the areas listed
★★★	Activities cover 4 of the areas listed
	<div>  Salt reduction activities/objectives are articulated in NCD strategy or other relevant plan </div> <div>  There is a stipulated population salt/sodium intake reduction goal </div> <div>  Salt awareness programs/education are in place </div> <div>  Mandatory salt labelling regulations are in place </div> <div>  Sodium targets are in place for food groups which are major contributors to sodium intake, based on international best practice </div>

### Trans-fats

#### F4b. Policies are in place to limit trans-fats (i.e. partially hydrogenated vegetable oils) in the food supply

...	Data not reported
	No trans-fats related policies/activities are in place
	There are no trans-fat prevention and control activities in place, but there is reference to trans-fats in relevant strategy or action plans (e.g. NCD plan, nutrition plan)
	Activities cover 1 of the areas listed
★	Activities cover 2 of the areas listed
★★	Activities cover 3-4 of the areas listed
★★★	Activities cover 5-6 of the areas listed
	<ul style="list-style-type: none"> <li>• Mandatory food labelling regulations which include total fats and trans-fats</li> <li>• Ongoing monitoring of trans fatty acids in processed foods and/or restaurants</li> <li>• National dietary guidelines refer to reducing intake of trans fatty acids</li> <li>• Voluntary or mandatory controls on reuse of oils in catering establishments</li> <li>• Awareness campaigns on trans-fat risks and avoidance are being conducted</li> <li>• Mandatory food standards which prevent the sale of foods which contain trans fats</li> </ul>

### Unhealthy food marketing to children

#### F4c. Policies are in place to restrict marketing of unhealthy food to children

...	Data not reported
	There are no regulations in place to restrict promotion of unhealthy food to children

	Regulations are under development
☆	Some regulations are in place to limit "unhealthy" (in line with WPRO nutrient profiling tool) food advertising/marketing to children, in 1 area listed
☆☆	Advertising/marketing is restricted in 2-3 areas listed
☆☆☆	Advertising/marketing is restricted in 4-5 areas listed
☆☆☆☆	Advertising/marketing is restricted in 6 or more areas listed
	<input type="checkbox"/> national television (times, channels) <input type="checkbox"/> radio (times, channels) <input type="checkbox"/> local magazines/newspapers (child-focused print, e.g. comics) <input type="checkbox"/> billboards and outdoor advertising (near schools and early childhood education centres, at children related events) <input type="checkbox"/> through sponsorship for child-related events/sports <input type="checkbox"/> advertising in settings where children gather include: preschools, schools, school sports, school events, cultural events <input type="checkbox"/> via packaging <input type="checkbox"/> through free distribution of unhealthy products in areas where children gather <input type="checkbox"/> at point of sale

## Food fiscal policies

### F4d. Fiscal policies are in place to make healthy food choices easier and cheaper, and to discourage unhealthy food choices

...	Data not reported
	Government have taken no specific measures to reduce the cost of healthy food or increase cost of unhealthy choices
	Government is developing specific measures to reduce the cost of healthy food or increase cost of unhealthy choices
	Government has formulated specific measures to reduce the cost of healthy food and/or increase cost of unhealthy choices in 1 area listed
☆	Government measures include 2 areas listed
☆☆	Government measures include 3 areas listed
☆☆☆	Government measures include 4-5 areas listed
	<input type="checkbox"/> Excise duties are levied on imported and/or locally sugar sweetened beverages (SSB) of at least 20% of retail price; or fiscal import tax is imposed on raw materials for local producers to an equivalent level <input type="checkbox"/> Provision is made to increase sugar-sweetened beverage taxation rates to account for inflation <input type="checkbox"/> Fruit and vegetables are exempt from added taxes; and/or all unprocessed foods are zero rated VAT (or equivalent) <input type="checkbox"/> Excise duties are levied on at least one imported/locally produced "unhealthy food" (in line with WPRO nutrient profiling tool) <input type="checkbox"/> The excise taxation system is stated by the Government as an important public health tool to confront NCDs

## Healthy food policies in schools

### F4e. Policies are in place relating to the provision and promotion of healthy food choices in schools

...	No data reported
	There are no government (Ministry of Health or Ministry of Education) policies or guidelines encouraging healthy food services in schools
	The Ministry of Health and/or Education are developing policies or guidelines to encourage healthy food services in schools

	There is a mandatory government policy or guideline for healthy food services in schools which covers 1 area listed
★	There is a mandatory government policy or guideline which covers 2 areas listed
★★	There is a mandatory government policy or guideline which covers 3 areas listed
★★★	There is a mandatory government policy or guideline which covers 4 areas listed
	<input type="checkbox"/> Healthy food/beverages provided in school canteens <input type="checkbox"/> Healthy food/beverages sold in vending machines or school shop <input type="checkbox"/> Healthy food/ beverages used in fundraising <input type="checkbox"/> Education and promotion of healthy food/beverage choices <input type="checkbox"/> Healthy food/beverages at school events

#### Food-based dietary guidelines

##### F4f. National food-based dietary guidelines are in place




...	Data not reported
	There are no national food-based dietary guidelines for adults
	National food-based dietary guidelines for adults are under development, or process is underway to adopt/adapt international or regional guidelines.
	National food-based dietary guidelines for adults are in place, or international/regional guidelines have been adopted, that cover 5 of the areas listed.
★	National food-based dietary guidelines cover 6 of the areas listed
★★	National food-based dietary guidelines cover 6 of the areas listed AND Dietary food-based guidelines are included in school curriculum
★★★	National food-based dietary guidelines cover 6 of the areas listed AND Food based dietary guidelines are included in school curriculum AND There is evidence that food-based dietary guidelines are used to inform policy-making.
	<input type="checkbox"/> Available in all principal languages <input type="checkbox"/> Encourage consumption of a balanced diet <input type="checkbox"/> Recommend the number of serves from each food group to be eaten each day <input type="checkbox"/> Provide guidance about portion size <input type="checkbox"/> Promote minimal consumption of fat, salt and sugar <input type="checkbox"/> Promote physical activity and maintaining a healthy weight <input type="checkbox"/> Promote healthy cooking practices <input type="checkbox"/> Promote local food and traditional recipes <input type="checkbox"/> Recommend exclusive breast feeding for first 6 month and continued breastfeeding until at least 2 years of age



## 5. Promoting physical activity through school curriculum and infrastructure

### Compulsory physical education in school curriculum

#### PA5a. Physical education is a compulsory component of the school curriculum

...	No data reported
	Physical education is not a specified element of the national school curriculum
	Physical education is identified as a key learning area of the national school curriculum but has no specific curriculum statement or syllabus OR Implementation of existing syllabus is not mandatory/enforced/monitored
	Physical education is a key learning area of the national school curriculum, there is a curriculum statement or syllabus that covers at least levels K-10 (or equivalent), and implementation of the syllabus is mandatory and enforced in all schools
★	As for  , AND 1 of the areas listed
★★	As for  , AND 2 of the areas listed
★★★	As for  , AND 3 of the areas listed
	<ul style="list-style-type: none"> <li>The PE syllabus is mandatory for all pupils (no exclusions for students with disabilities, girls and those from minority groups)</li> <li>The national PE Curriculum statements / syllabus makes the relationship between physical exercise and health promotion clear and explicit to encourage a lifelong participation in physical activity</li> <li>The Ministry of Education has budget allocated to support and develop PE teacher capacity and resources in schools (verbal report is sufficient evidence for this indicator)</li> <li>The curriculum specifies a minimum of 30 mins per day or 3 hours per week physical activity</li> </ul>

## 6. Enforcement of laws and regulations related to NCD risk factors

### Enforcement of laws and regulations related to NCD risk factors

#### E6a. A system is in place to monitor and enforce laws and regulations related to NCD risk factors

...	Data not reported
	There is no organised system for enforcement of tobacco, alcohol, food (and betel nut if prevalent in country) laws and regulations related to NCDs other than inspection of imports
	A government-level law and regulations enforcement system is planned for at least one NCD risk factor domain (tobacco, alcohol, unhealthy food and betel nut if prevalent in country)
	A government-level enforcement system in place with retail and/or wholesale inspections documented within the past year for 1 NCD risk domain (tobacco, alcohol, NCD-related foods, betel nut). Note: Import inspections alone not sufficient for green score.
★	Enforcement system has had inspections documented within past year and: <ul style="list-style-type: none"> <li>includes 2 or more NCD risk domains (tobacco, alcohol, NCD-related foods, betel nut)</li> <li>there is a summary report available showing compliance rate for each regulation surveyed.</li> </ul>

☆☆	<p>Enforcement system has had inspections documented within past year and:</p> <ul style="list-style-type: none"> <li>includes 3 or more NCD risk domains (tobacco, alcohol, NCD-related foods, betel nut)</li> <li>there is a summary report available showing compliance rate for each regulation surveyed.</li> </ul>
☆☆☆	<p>Enforcement system has had inspections documented within past year and:</p> <ul style="list-style-type: none"> <li>includes 3 or more NCD risk domains (tobacco, alcohol, NCD-related foods, betel nut)</li> <li>there is a summary report available showing compliance rate for each regulation surveyed</li> <li>at least some violators have been prosecuted and sanctioned (e.g. with fines)</li> </ul>
	<p><b>Domain 1: Tobacco</b> At least one of the following:</p> <ul style="list-style-type: none"> <li>Restrictions on tobacco advertising (see Indicator T2d)</li> <li>Smoke-free environments (see Indicator T2b)</li> <li>Tobacco sales, licensing and registration (see Indicator T2e)</li> <li>Health warnings (see Indicator T2c)</li> <li>Taxation (see Indicator T2a)</li> </ul> <p><b>Domain 2: Alcohol</b> At least one of the following:</p> <ul style="list-style-type: none"> <li>Restrictions on alcohol advertising (see Indicator A3b)</li> <li>Taxation (see Indicator A3c)</li> <li>Restrictions on alcohol sales (see Indicator A3a)</li> </ul> <p><b>Domain 3: Food</b> At least one of the following:</p> <ul style="list-style-type: none"> <li>Regulations on food labelling (trans fats, salt) and food standards (trans fats) (see F4a and F4b)</li> <li>Controls on reuse of oils in catering establishments (F4b)</li> <li>Restrictions on food marketing to children (F4c)</li> <li>Food fiscal policies (see F4d)</li> <li>Healthy food policies in schools (F4e)</li> <li>Compulsory physical education in school curriculum (see PA5a)</li> <li>Marketing of breast milk substitutes (see HS-Baby8a)</li> </ul> <p><b>Domain 4: Betel nut</b></p> <ul style="list-style-type: none"> <li>Restrictions on use of betel nut in workplaces or public spaces</li> <li>Betel nut sales to minors are banned</li> <li>Taxation</li> </ul>

## Health system response programmes

### 7. NCD care and management guidelines

#### National guidelines for care of main NCDs




**HS-Care7. National guidelines are in place for the diagnosis and treatment of the 4 main NCDs (cardiovascular disease, diabetes, cancer and chronic respiratory diseases) in public sector health facilities**

...	Data not reported
	No national guidelines exist for management of any of the 4 main NCDs in public sector health facilities
	National guidelines for some or all 4 main NCDs are under development, OR exist but are not implemented
	National guidelines for 1 of the 4 main NCDs are in place and are being implemented
★	National guidelines are in place and implemented in public sector health facilities for 2 of the 4 main NCDs: <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Cardiovascular disease (guidelines MUST include risk stratification)</li> <li>• Cancer</li> <li>• Chronic Respiratory diseases</li> </ul>
★★	National guidelines are in place and implemented in public sector health facilities for 3 of the 4 main NCDs
★★★	National guidelines are in place and implemented in public sector health facilities for ALL 4 main NCDs

### 8. Access to essential NCD drugs and smoking cessation programs

#### Essential drugs

**HS-Access8a. Essential NCD drugs are available and accessible in public sector primary care facilities**

...	Data not reported
	No essential drug list exists, or not all drugs listed below are on the essential drugs list
	All drugs listed below are on essential drug list
	All drugs listed are on essential drug list, and a system in place to monitor availability
★	As per  , AND monitoring reports are available, AND stock outs reported in more than 50% of primary care facilities in last 12 months
★★	As per  , AND monitoring reports are available, AND stock outs reported in less than 50% of primary care facilities in last 12 months
★★★	As per  , AND monitoring reports are available, and no stock outs reported in primary health care facilities in last 12 months

	<ul style="list-style-type: none"> <li>• insulin</li> <li>• aspirin (100mg)</li> <li>• metformin</li> <li>• thiazide diuretics</li> <li>• ACE inhibitors</li> <li>• CC Blockers</li> <li>• statins</li> <li>• sulphonylureas</li> </ul>
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### Smoking cessation

**HS-Access8b. Tobacco cessation support is available in all communities and is fully cost-covered**

...	Data not reported
	No cessation services available
	Cessation services are being developed
	Cessation services are available in at least one health care facility
★	Cessation services (at a minimum, brief cessation intervention or 5A's) are available in at least one health care facility and cover 1 area listed
★★	Cessation services are available in at least one health care facility AND cover 2 areas listed
★★★	Cessation services are available in at least one health care facility AND cover 3 or more areas listed
	<ul style="list-style-type: none"> <li>• NRT available</li> <li>• National Quitline</li> <li>• Cessation services at all facilities</li> <li>• Cessation services are fully cost-covered</li> </ul>

## 9. Government supports breast-feeding initiatives

### Marketing of breast-milk substitutes

**HS-Baby9a. National laws govern the implementation of the International Code of Marketing of Breast-milk Substitutes**

...	Data not reported
	No government or self-regulated restrictions exist for marketing of breast-milk substitutes (BMS)
	Government regulations are under development according to the International Code of Marketing of BMS, or laws exist but are not implemented, or restrictions are self-regulated by the BMS industry
	Government regulations are in place and implemented according to the International Code of Marketing of BMS, and cover 1 area listed
★	Regulations cover 2 areas listed
★★	Regulations cover 3 areas listed
★★★	Regulations cover 4 areas listed

	<ul style="list-style-type: none"> <li>Regulations ban all forms of advertising or promotion of BMS to mothers and general public. This includes point of sale advertising, free samples, discount coupons, and tie-in sales .</li> <li>Regulations define products considered BMS to include infant formula, follow-on formula, bottles and teats, and complementary/weaning foods.</li> <li>Regulations note that marketing of BMS is regulated to promote breastfeeding and ensure safe and adequate nutrition for infants and young children.</li> <li>Regulations ensure that labels are designed to provide the necessary information about the appropriate use of the product, and not to discourage breastfeeding.</li> </ul>
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## Baby friendly hospitals

### HS-Baby9b. Government supports Baby Friendly Hospital Initiative

...	Data not reported
	No hospitals are Baby Friendly Hospital (BFH) certified, and none are working toward certification
	BFH certification process has been adopted but no hospital has been externally BFH certified
	At least one public hospital has been BFH certified through external assessment
★	More than 50% of public hospitals are BFH certified
★★	As for ★, and all hospitals with baby friendly designation are monitored internally to keep track of current status (e.g. annually)
★★★	As for ★, and all hospitals with baby friendly designation are externally reassessed at intervals (e.g. 5 years)

## Maternal nutrition and breast feeding

### HS-Baby9c. Guidelines/legislation are in place for maternal and infant nutrition, maternal physical activity, and maternity leave

..	Data not reported
	There are no national guidelines/legislation for maternal and infant nutrition, maternal physical activity, or maternity leave
	Guidelines/legislation for maternal and infant nutrition, maternal physical activity, or maternity leave are under development or do not meet standard described below.
	Legislation is in place covering one of the following areas: <input type="checkbox"/> Provision of at least 14 weeks paid maternity leave, with the mother paid no less than two-thirds of her previous earnings <input type="checkbox"/> Provision of breast-feeding facilities in workplaces and/or public areas <input type="checkbox"/> Provision of breast-feeding breaks for working mothers
★	Legislation is in place covering 2 of the areas listed above
★★	Legislation is in place covering 3 of the areas listed above
★★★	Legislation is in place covering 3 of the areas listed above AND Guidelines are in place covering at least 1 of the following areas: <input type="checkbox"/> National clinical guidelines for detection and treatment of gestational diabetes <input type="checkbox"/> National nutrition recommendations or food-based dietary guidelines for women during/after pregnancy <input type="checkbox"/> National recommendations on appropriate weight gain during pregnancy <input type="checkbox"/> National recommendations on physical activity for women during/after pregnancy <input type="checkbox"/> National guidelines for infant and young child feeding practices

## Monitoring

### 10. Routine monitoring systems

#### Population risk factor prevalence surveys - adults

**Mon-Adult10a. A population NCD risk factor prevalence survey for ADULTS has been conducted in the last 5 years which includes physical and biochemical measurements**

...	Data not reported
	Risk factor prevalence data more than 10 years old
	Risk factor prevalence data 5-10 years old and survey scheduled in next 18 months
	Risk factor prevalence data collected within the last 5 years
★	The survey data collected includes at least 3 of the risk factors listed
★★	The survey data collected within last 5 years includes 6 or more of the risk factors listed
★★★	The survey data collected within last 5 years includes all of the factors listed below AND there is intention for regular future surveys (every 1-2 or 3-5 years)
	<ul style="list-style-type: none"> <li>• Harmful use of alcohol</li> <li>• Physical activity</li> <li>• Tobacco use</li> <li>• Raised blood glucose/diabetes (objective measurement)</li> <li>• Raised blood pressure/ hypertension (objective measurement)</li> <li>• Obesity and overweight (physical measurement)</li> <li>• Salt/sodium intake (objective measurement, e.g. spot urine sample)</li> </ul>









#### Population risk factor prevalence surveys - youth

**Mon-Adoles10b. A population NCD risk factor prevalence surveys for ADOLESCENTS (13-17 years) has been conducted in the last 2 years which includes physical measurements for NCDs**

...	Data not reported
	Risk factor prevalence data more than 5 years old
	Risk factor prevalence data more than 5 years old and survey scheduled in next 12 months
	Risk factor prevalence data reported within past 3-5 years
★	Risk factor prevalence data reported within past 3-5 years and: <ul style="list-style-type: none"> <li>• includes physical measurement of overweight and obesity</li> <li>• repeat survey scheduled in next 12 months</li> </ul>
★★	Risk factor prevalence data reported within past 2 years and: <ul style="list-style-type: none"> <li>• includes physical measurement of overweight and obesity</li> </ul>
★★★	Risk factor prevalence data reported within past 2 years and: <ul style="list-style-type: none"> <li>• includes physical measurement of overweight and obesity</li> <li>• includes at least three of the following risk factors: Alcohol use, Physical activity, Tobacco use, Betel Nut use, Dietary information (at least one indicator)</li> </ul>







## Child growth monitoring

### Mon-Child10c. Childhood growth data (age 3-12 years) is routinely monitored and reported

...	Data not reported
	No growth data collected for children less than 13 years of age
	Some childhood growth data are collected but not reported
	Childhood growth data are collected and reported
★	As for  , and 2 of the items listed
★★	As for  , and 3 of the items listed
★★★	As for  , and 4 of the items listed
	 Data collected for more than one age/grade
	 Dataset is available to within-country stakeholders (e.g. other Ministries) for analysis
	 Data reported at least every 2 years
	 Training/standardisation of height and weight measurement
	 Extra risk factor data are collected (e.g. nutrition, physical activity)

## Routine cause-specific mortality

### Mon-Mortality10d. There is a functioning system for generating reliable cause-specific mortality data on a routine basis

...	Data not reported
	A basic vital registration system is not in place (basic system must have all of the following elements: captures deaths; certifiers complete the International Form or Medical Certificate of the Cause of Death; and International Certification of Diseases (ICD) is used to code deaths)
	Vital registration is in development
	A vital registration system exists, and cause of death data are compiled and publicly reported.
★	As for  , and 1 of the items listed
★★	As for  , and 2 of the items listed
★★★	As for  , and 3 of the items listed
	 At least five years of cause-of-death data have been reported
	 The most recent year of data reported is no more than five years old
	 Reliable reporting from outlying districts (e.g. outer islands)