

Q: What is noncommunicable disease surveillance?

Noncommunicable disease surveillance is the ongoing, systematic collection and analysis of data to provide information on a country's noncommunicable disease burden, population groups at risk, estimates of noncommunicable disease mortality, morbidity, risk factors and determinants, as well as the response of national systems. It also allows for the tracking of health outcomes and risk factor trends over time.

Noncommunicable disease surveillance provides the information essential for programme and policy development.

Noncommunicable disease surveillance is an integral tool in WHO's work to prevent and control noncommunicable diseases. (1, 2).

Q: What is the WHO approach to noncommunicable disease surveillance?

WHO developed the global monitoring framework for noncommunicable disease surveillance, which revolves around three main pillars: 1) monitoring of mortality (specific focus on premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory disease) and morbidity (cancer incidence); 2) monitoring of risk factors; and 3) monitoring of national system response (a core component of which is health system response and capacity) (3).

These three pillars are assessed using 25 indicators that evaluate whether or not the 9 global noncommunicable disease voluntary targets are met, including a 25% relative reduction in premature mortality from noncommunicable diseases by 2025. The 9 voluntary global targets address key noncommunicable disease risk factors, including tobacco use, salt intake, physical inactivity, high blood pressure and harmful use of alcohol. Under ideal national settings, these three pillars should be integrated into a comprehensive health information system.

Q: What is the WHO STEPwise approach to surveillance?

The WHO STEPwise approach (STEPS) to surveillance is part of the WHO global noncommunicable diseases risk factor surveillance initiative. It was developed in response to the growing need for information on country-level trends in noncommunicable diseases. It is a simple, standardized method for collecting, analysing and disseminating data. The approach uses a standard survey instrument and a methodology that can be adapted to different country

resource settings and assists in building country capacity.

By using the same standardized questions and protocols, all countries can use STEPS information not only for monitoring within-country trends, but also for making comparisons across countries. The approach encourages the collection of small amounts of useful information on a regular and continuing basis (2).

Q: Why invest in noncommunicable disease surveillance?

Noncommunicable disease surveillance, monitoring and evaluation are tools that capture country performance and enhance abilities to control noncommunicable diseases. Adequate noncommunicable disease surveillance systems permit early identification of both people at high risk, as well as noncommunicable diseases that can be more easily managed with low-cost treatments, combined with other public health actions, than if otherwise later detected.

Treatment of noncommunicable diseases and their sequelae is costly so prevention of noncommunicable diseases is a key strategy. Prevention and control of noncommunicable diseases requires surveillance of associated risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol) and actions to promote the desired changes and risk reductions.

Hence, investing in noncommunicable disease surveillance is more cost-effective (although requires funding of systems, setting up the needed resources in addition to capacity-building), compared with bearing the costly impact of noncommunicable diseases, as well as their associated treatments and control.

For example, the magnitude of the noncommunicable diseases pandemic in the Region is immense, causing 2.2 million deaths every year (4). Moreover, future projections indicate there will be an alarming increase in prevalence with the four main noncommunicable diseases causing as many as 2.4 million deaths in 2025, unless serious action is taken. These projections are based on recently gathered country-level data.

This information helps countries to formulate their strategies and national plans, focusing efforts on areas which require most attention.

Hence, better noncommunicable disease surveillance at country level provides better health information and thus better opportunities for countries to improve the health of their citizens. By using comprehensive health data, governments can formulate policies and programmes to prevent disease and measure progress, impact and efficacy of preventive efforts already in operation (5).

Q: Why is surveillance important?

Surveillance is important in helping countries monitor and evaluate emerging patterns and trends of disease. Surveillance is crucial because it contributes to better prevention and management of noncommunicable diseases. Through the data collected, countries are able to set their priorities and develop targeted interventions to reverse the noncommunicable disease epidemic.

Q: What are the costs of surveillance (is it too expensive, especially for developing countries)?

Surveillance costs include investment in human resources and infrastructure. Standardized protocols are available to produce comparable, as well as change-over-time, data to monitor risk factors, as well as policies being implemented. Using standardized questions, such as Tobacco Questions for Surveys is a cost-effective measure, and can be embedded in existing population-based surveys or censuses. Also, partnerships with national statistics offices or universities, research institutions and academia can expand surveillance capacity.

Q: How does WHO support surveillance at country level?

Surveillance is one of the areas of the Regional framework for action, which has three strategic interventions (6). Accordingly, each country is expected to: implement/strengthen the WHO surveillance framework (7) that monitors mortality and morbidity, risk factors and determinants, and health system capacity and response; integrate the three components of the surveillance framework into the national health information system; and strengthen human resources and institutional capacity for surveillance, monitoring and evaluation.

In 2014, two countries completed the STEPwise survey and six countries moved forward in conducting their surveys. In addition, a training workshop on surveillance for noncommunicable diseases was conducted with the Eastern Mediterranean Public Health Network following the development of a regional training package (8). In future, the strategic priority is to strengthen country capacity to implement and strengthen the WHO surveillance framework. □

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