

**Table 1 Time-bound commitments included in the 2014 Outcome Document and resulting indicators used for the Progress Monitor of 2017 (16).**

Time-bound commitments included in the 2014 Outcome Document	Ten indicators used by the Director-General to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the time-bound commitments included in the 2014 Outcome Document
<p>Consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for NCDs, building on guidance provided by WHO, to focus on efforts to address the impacts of NCDs and to assess the progress made in the prevention and control of NCDs and their risk factors and determinants.</p>	<ol style="list-style-type: none"> <li>1. Member State has set time-bound national targets based on WHO guidance.</li> <li>2. Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis.</li> <li>3. Member State has a STEPS survey or a comprehensive health examination survey every 5 years.</li> </ol>
<p>Consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the WHO Global NCD Action Plan 2013–2020.</p>	<ol style="list-style-type: none"> <li>4. Member State has an operational multisectoral national strategy/ action plan that integrates the major NCDs and their shared risk factors.</li> </ol>
<p>As appropriate, reduce risk factors for NCDs and underlying social determinants through the implementation of interventions and policy options to create health promoting environments, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013–2020.</p>	<ol style="list-style-type: none"> <li>5. Member State has implemented the following four demand–reduction measures of the WHO FCTC at the highest level of achievement:             <ol style="list-style-type: none"> <li>a. reduce affordability by increasing excise taxes and prices on tobacco products;</li> <li>b. Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport;</li> <li>c. Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages;</li> <li>d. Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship;</li> <li>e. Implement effective mass media campaigns that educate the public about the harm of smoking/tobacco use and second-hand tobacco smoke.</li> </ol> </li> <li>6. Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:             <ol style="list-style-type: none"> <li>a. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale);</li> <li>b. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media);</li> <li>c. Increase excise taxes on alcoholic beverages.</li> </ol> </li> <li>7. Member State has implemented the following four measures to reduce unhealthy diets:             <ol style="list-style-type: none"> <li>a. adopt national policies to reduce population salt/sodium consumption;</li> <li>b. adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply;</li> <li>c. WHO set of recommendations on marketing of foods and non-alcoholic beverages to children;</li> <li>d. legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes.</li> </ol> </li> <li>8. Member State has implemented at least one recent national public awareness programme and motivational communication for physical activity behavioural change.</li> </ol>
<p>As appropriate, strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013–2020.</p>	<ol style="list-style-type: none"> <li>9. Member State has evidence-based national guidelines/protocols/ standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities.</li> <li>10. Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level.</li> </ol>