Status of targets and indicators as per WHO advance report released on 9 November 2012 compared to what was advocated for in the CVD Task Force paper released in September			
Target in CVDTF paper	**Indicators**	**WHO consultation 5-7 Nov**	**Indicators**
Mortality and morbidity			
Premature mortality from NCDs			
25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Unconditional probability of dying between ages 30–70 from, cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Unconditional probability of dying between ages 30–70 from, cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
Risk factors (footnote: The secretariat has received a proposal from a Member State to order the risk factors with behavioural risk factors to be followed by biological risk factors)			
Alcohol		**Harmful use of alcohol (footnote: countries will select indicator(s) of harmful use as appropriate to national context and in line with the WHO Global Strategy to Reduce the Harmful Use of Alcohol and that may include heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality among others)**	
10% Relative reduction in overall alcohol consumption (*especially* hazardous, *excessive*, and harmful drinking)	Total (recorded and unrecorded) alcohol per capita (≥15 y) consumption within a calendar year in liters of pure alcohol)	At least 10 per cent relative reduction in the harmful use of alcohol, as appropriate, within the national context (footnote: full definition of harmful use of alcohol taken from the Global Strategy)	Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol as appropriate, within the national context Age-standardized prevalence of heavy episodic drinking among adolescents and adults as appropriate, within the national context Alcohol-related morbidity and

			mortality among adolescents and adults as appropriate, within the national context
Physical inactivity			
10% relative reduction in prevalence of insufficient physical activity	Age-standardized prevalence of insufficient physical activity in adults aged ≥18 y	10% relative reduction in prevalence of insufficient physical activity	Age-standardized prevalence of insufficiently active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent). Prevalence of insufficiently active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily
Obesity		**Raised blood glucose/diabetes and obesity (footnote: Countries will select indicator(s) appropriate to national context)**	
Halt the rise in obesity prevalence	Age-standardized prevalence of obesity among adults aged ≥18 y	Halt the rise in diabetes and obesity	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dl) or on medication for raised blood glucose Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index greater than 25 kg/m² for overweight or 30 kg/m² for obesity) Age-standardized prevalence of overweight and obesity in adolescents (defined according to

			the WHO Growth Reference, overweight-one standard deviation BMI for age and sex and obese-two standard deviations BMI for age and sex)
Raised blood pressure			
25% relative reduction in prevalence of raised blood pressure	Age-standardized prevalence of raised blood pressure among adults aged ≥18 y	25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure
Salt/sodium intake			
30% relative reduction in mean population intake of salt, with aim of achieving recommended level of <5 g/d (2000 mg of sodium)	Age-standardized mean adult (aged ≥18 y) population intake of salt per day	30% relative reduction in mean population intake of salt/sodium intake (footnote: WHO recommendation is less than 5 grams of salt or 2 grams of sodium per person per day)	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Tobacco		**Tobacco Use**	
30% relative reduction in prevalence of current tobacco smoking	Age-standardized prevalence of current tobacco smoking among persons aged ≥15 y)	30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	Age-standardized prevalence of current tobacco use among persons aged 18+ years Prevalence of current tobacco use among adolescents
National systems response			
Drug therapy to prevent heart attacks and strokes			
50% of eligible people receive drug therapy to prevent heart attacks and strokes, and counselling	Drug therapy to prevent heart attacks and strokes (including glycemic control), and counselling for people aged ≥40 y with a 10-year cardiovascular risk ≥30% (includes those with existing	At least 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes	Proportion of eligible persons (defined as aged 40 years and over with a 10-year cardiovascular risk greater than or equal to 30%, including those with existing cardiovascular disease) receiving

	cardiovascular disease)		drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes
Essential NCD medicines and basic technologies to treat major NCDs			
80% availability of affordable basic technologies and generic essential medicines required to treat major NCDs in both public and private facilities	Availability of basic technologies and generic essential medicines required to treat major NCDs in public and private sector facilities, including primary care facilities	80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities	Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities
Other indicators not associated to specific targets but of relevance to CVD community			
Risk factors			
• Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years (footnote: Individual fatty acids within the broad classification of saturated fatty acids have unique biological properties and health effects that can have relevance in developing dietary recommendations) *CVD TF language: Age standardized mean proportion of total energy intake from saturated fatty acids (SFA) in adults aged ≥18 y* • Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day • Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥5.0 mmol/L or 190 mg/dl) and mean total cholesterol *CVD TF language: Age standardized prevalence of raised total cholesterol among adults aged ≥18 y*			
National systems response			
• Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils (PHVO) in the food supply, as appropriate within the national context and national programmes • 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			