



4PCAN

D2.1– Set of performance indicators

2024





4PCAN



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

Project number: 101104432

Project name: Personalized CANcer Primary Prevention research through Citizen Participation and digitally enabled social innovation

Project acronym: 4P-CAN

Call: HORIZON-MISS-2022-CANCER-01-01

Version number	
Status	Final document
Dissemination level	Public
Due date of deliverable	31/03/2024
Actual submission date	14/06/2024
Project officer	Marianne Da Silva
Work package	WP 2 Multi-level Assessment of Cancer Risk Factors
Lead partner	UA-INSA
Partner(s) contributing	IARC, INOMED
Authors	
Main author name	Ana João Santos
	Mafalda Sousa Uva
Reviewers	
	Asociatia Centrul Pentru Inovatie in Medicina
	Asociatia Eurocomunicare
	Plovdivski Universitet Paisiy Hilendarski

Statement of originality *This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.*

Table of Contents

Executive Summary.....	15
Deliverable Introduction.....	17
Deliverable objective and scope.....	17
Relation to other WPs and deliverables.....	17
Content of the deliverable	17
Methods.....	19
Identifying research questions.....	19
Identifying relevant documents.....	20
Search strategy.....	20
Study selection.....	21
Charting the data	22
Data processing	23
Cross-sectional general domains	24
Risk factor specific general domains.....	25
Results.....	28
Smoking and tobacco use.....	29
Alcohol consumption.....	32
Obesity/overweight, food, diet and Nutrition	34
Physical Activity.....	36
Vaccine/immunization: HPV and HBV	38
Environmental and workplace pollution	40
Survey results	45
Concluding remarks	49
On sources for the retrieved indicators:.....	49
On the type of indicators:.....	49
On the domains and subdomains:	50
References	54

Appendix A.....	55
Appendix B.....	57
Subdomains	57
Appendix C	64
References Tobacco indicators.....	64
References Alcohol indicators.....	67
References Obesity/nutrition indicators	84
References Physical Activity indicators	88
References HBV indicators	93
References HPV indicators	98
References Environmental air pollutants indicators.....	101
References Workplace Exposure indicators.....	111
Appendix D.....	115
Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of tobacco use (subdomain).....	115
Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of smoking (subdomain).....	116
Smoking and tobacco use: Population Frequency/behaviour (domain) and (Prevalence of smokeless tobacco use).....	117
Smoking and tobacco use: Population Frequency/behaviour (domain) and (Prevalence electronic cigarette use).....	117
Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of biomarkers and susceptibility of exposure (subdomain).....	118
Smoking and tobacco use: Health risks and outcomes (domain) and Health risks in general (subdomain)	118
Smoking and tobacco use: Health risks and outcomes (domain) and Risk to cancer (subdomain).....	118
Smoking and tobacco use: Health risks and outcomes (domain) and Risk to cancer (subdomain).....	119
Smoking and tobacco use: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomain).....	120

Smoking and tobacco use: Policy and legislation (domain) and Bans of smoking on public or workplaces (subdomain).....	122
Smoking and tobacco use: Policy and legislation (domain) and Bans on advertising (subdomain).....	122
Smoking and tobacco use: Policy and legislation (domain) and Incentives for health professionals and policies support (subdomain).....	124
Smoking and tobacco use: Policy and legislation (domain) and Taxation and costs (subdomain).....	125
Smoking and tobacco use: Monitoring systems and data collection (domain) and Monitoring tobacco use and prevention policies (subdomain).....	126
Smoking and tobacco use: Monitoring systems and data collection (domain) and Monitoring second-hand smoke (subdomain).....	126
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of anti-tobacco advertising and exposure to anti-tobacco information (subdomain).....	127
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of tobacco marketing (subdomain).....	128
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of tobacco cessation interventions and no smoking day (subdomain).....	129
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Beliefs (subdomain).....	130
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Attitudes (subdomain).....	131
Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Opinions (subdomain).....	131
Smoking and tobacco use: Industry and economy (domain) and Visibility and promotions of tobacco products (subdomain).....	132
Smoking and tobacco use: Industry and economy (domain) and Sales of tobacco products (subdomain).....	132
Smoking and tobacco use: Tobacco and pregnancy (domain) and Prevalence of tobacco exposure in pregnancy (subdomain).....	133

Smoking and tobacco use: Exposure (domain) and Total Frequency of exposure to secondhand smoking (subdomain)	133
Smoking and tobacco use: Exposure (domain) and Frequency of exposure to secondhand smoke at home (subdomain).....	134
Smoking and tobacco use: Exposure (domain) and Frequency of exposure to secondhand Smoke in Public Places and workplace (subdomain).....	135
Smoking and tobacco use: Tobacco and pregnancy (domain) and Frequency of women assessed for tobacco exposure and given advice to quit (subdomain).....	136
Smoking and tobacco use: Tobacco and pregnancy (domain) and Available resources for tobacco exposure assessment on health facilities (subdomain).....	136
Smoking and tobacco use: Tobacco and pregnancy (domain) and Frequency of psychological interventions and consequences (subdomain).....	137
Smoking and tobacco use: Tobacco and pregnancy (domain) and Exposure at home (subdomain).....	137
Smoking and tobacco use: Tobacco cessation (domain) and Intentions and attempts to quit (subdomain)	137
Smoking and tobacco use: Tobacco cessation (domain) and Support to quit (subdomain).....	138
Smoking and tobacco use: Tobacco cessation (domain) and Benefits of quitting and behaviour change (subdomain)	138
Alcohol: Population Frequency/behaviour (domain) and Consumption per capita (subdomain).....	139
Alcohol: Population Frequency/behaviour (domain) and Heavy Drinking (subdomain).....	140
Alcohol: Population Frequency/behaviour (domain) and Number of drinks/grams of alcohol (subdomain).....	140
Alcohol: Population Frequency/behaviour (domain) and Population percentage (subdomain).....	141
Alcohol: Health risks and outcomes (domain) and Alcohol disorders (subdomain).....	142

Alcohol: Health risks and outcomes (domain) and Morbidity and mortality (subdomain).....	142
Alcohol: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomain)	143
Alcohol: Policy and legislation (domain) and Legislation on alcohol (subdomain).....	143
Alcohol: Policy and legislation (domain) and Restrictions on alcohol use (subdomain).....	144
Alcohol: Policy and legislation (domain) and Licensing (subdomain)	145
Alcohol: Policy and legislation (domain) and Taxation (subdomain)	145
Alcohol: Policy and legislation (domain) and Driving (subdomain).....	146
Alcohol: Policy and legislation (domain) and Existence of Guidelines (subdomain).....	146
Alcohol: Policy and legislation (domain) and Consumer information and health warning labels (subdomain)	146
Alcohol: Policy and legislation (domain) and Countries evaluation (subdomain).....	147
Alcohol: Monitoring systems and data collection (domain).....	148
Alcohol: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)	148
Alcohol: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)	149
Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of overweight and obesity (subdomain).....	150
Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and General eating habits (subdomain).....	152
Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of Dietary intake/ food products consumption (subdomain).....	153
Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of Dietary intake/ food products consumption (subdomain).....	155
Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Cholesterol levels (subdomain)	155

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Blood pressure levels (subdomain).....	156
Obesity and Food and Nutrition: Health risks and outcomes (domain) and Health risks (subdomain).....	156
Obesity and Food and Nutrition: Health risks and outcomes (domain) and Outcomes (subdomain).....	156
Obesity and Food and Nutrition: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomain).....	157
Obesity and Food and Nutrition: Policy and legislation (domain) and Taxation (subdomain).....	159
Obesity and Food and Nutrition: Policy and legislation (domain) and Policies at schools (subdomain).....	159
Obesity and Food and Nutrition: Policy and legislation (domain) and Policies at companies (subdomain).....	160
Obesity and Food and Nutrition: Policy and legislation (domain) and Policies at workplaces (subdomain).....	160
Obesity and Food and Nutrition: Policy and legislation (domain) and Advertisement, nutrition labelling and health claims (subdomain).....	161
Obesity and Food and Nutrition: Policy and legislation (domain) and Policies for counselling by a qualified professional (subdomain).....	164
Obesity and Food and Nutrition: Monitoring systems and data collection (domain) and Monitoring systems (subdomain).....	164
Obesity and Food and Nutrition: Monitoring systems and data collection (domain) and Data collection (subdomain).....	165
Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Knowledge, attitudes and behaviour change (subdomain).....	166
Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Beliefs (subdomain).....	167
Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness (subdomain).....	167
Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Literacy/behaviour change determinants (subdomain).....	168

Obesity and Food and Nutrition: Industry and economy (domain) and Industry (subdomain).....	169
Obesity and Food and Nutrition: Industry and economy (domain) and Subsidies and specific budgets (subdomain)	169
Obesity and Food and Nutrition: Industry and economy (domain) and Types and changes of food served or sold (subdomain).....	170
Obesity and Food and Nutrition: Industry and economy (domain) and Costs and sales (subdomain).....	171
Physical activity: Population frequency/ behaviour (domain) and Percentage (subdomain)	172
Physical activity: Population frequency/ behaviour (domain) and Time and Number of days (subdomains).....	175
Physical activity: Health Risks and Outcomes (domain).....	175
Physical activity: Policy and legislation(domain) and National policy/Action plan/ Strategies (subdomain).....	176
Physical activity: Policy and legislation(domain) and Existence of guidelines (subdomain)	178
Physical activity: Policy and legislation(domain) and Countries evaluation (subdomain).....	179
Physical activity: Policy and legislation(domain) and NGO’s and Private sector (subdomains)	180
Physical activity: Policy and legislation(domain) and Schools and workplace (subdomains)	181
Physical activity: Monitoring systems and data collection (domain).....	182
Physical activity: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)	182
HPV: Population frequency/behaviour (domain).....	185
HPV: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomains).....	186
HPV: Policy and legislation (domain) and Immunization expenditure (subdomain).....	187
HPV: Policy and legislation (domain) and Immunization program (subdomain).....	188

HPV: Policy and legislation (domain) and Legislation (subdomain).....	189
HPV: Policy and legislation (domain) and National Immunization Advisory Mechanism (subdomain).....	190
HPV: Policy and legislation (domain) and Planning and management (subdomain).....	191
HPV: Policy and legislation (domain) and Adverse effects (subdomain).	191
HPV: Policy and legislation (domain) and Waste management (subdomain).....	192
HPV: Policy and legislation (domain) and Proof of vaccination and schooling (subdomain).....	192
HPV: Monitoring systems and data collection (domain) and Existence (subdomain).....	193
HPV: Monitoring systems and data collection (domain) and Child immunization record (subdomain).....	194
HPV: Monitoring systems and data collection (domain) and Under vaccination (subdomain).....	194
HPV: Monitoring systems and data collection (domain) and Adverse effects (subdomain)	194
HPV: Monitoring systems and data collection (domain) and Knowledge, Awareness, Beliefs, Opinions and Attitudes (subdomain)	195
HPV: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)	196
HBV: Population frequency/ behaviour (domain).....	197
HBV: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomains).....	198
HBV: Policy and legislation (domain) and Immunization expenditure (subdomains)	199
HBV: Policy and legislation (domain) and Immunization programme (subdomain).....	200
HBV: Policy and legislation (domain) and Legislation (subdomain).....	200
HBV: Policy and legislation (domain) and Planning and management (subdomain).....	200
HBV: Policy and legislation (domain) and National Immunization Advisory Mechanism (subdomain).....	201

HBV: Policy and legislation (domain) and Logistics and vaccine supply (subdomain).....	202
HBV: Policy and legislation (domain) and Adverse effects (subdomain).....	203
HBV: Policy and legislation (domain) and Proof of vaccination and schooling (subdomain).....	203
HBV: Policy and legislation (domain) and Waste management (subdomain).....	204
HBV: Monitoring systems and data collection (domain).....	205
HBV: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain).....	206
Environmental: Concentration levels of air pollutants (domain).....	207
Environmental: Exposure (domain).....	208
Environmental: Health risks and outcomes (domain) and Burden of disease and YLL (subdomains).....	209
Environmental: Health risks and outcomes (domain) and DALY (subdomain).....	210
Environmental: Health risks and outcomes (domain) and Mortality (subdomain).....	211
Environmental: Policy and legislation (domain).....	212
Environmental: Sources of emissions (domain).....	213
Environmental: Monitoring systems and data collection (domain).....	214
Workplace: Exposure (domain).....	215
Workplace: Policy and legislation (domain).....	215
Workplace: Monitoring systems and data collection (domain).....	215

List of Tables

Table 1 Key words and Boolean operators included in the scoping review.	21
Table 2 – Description of the categories of the results extraction.....	23
Table 3 – Domains for indicators across different risk factors	26
Table 4 – Sources for the indicators collected across different risk factors..	28
Table 5 – Indicators description across indicator target and geographical level.....	29
Table 6 – Number of indicators of smoking and tobacco use within domains and subdomains.....	32
Table 7 – Number of indicators of alcohol within domains and subdomains .	34
Table 8 – Number of indicators of Obesity/overweight, food, diet and nutrition within domains and subdomains	36
Table 9 – Number of indicators of physical activity within domains and subdomains	38
Table 10 – Number of indicators of HPV vaccine within domains and subdomains.....	39
Table 11 – Number of indicators of HBV vaccine within domains and subdomains.....	40
Table 12 – Number of indicators of environmental pollution within domains and subdomains.....	43
Table 13 – Number of indicators of workplace exposure within domains and subdomains	44
Table 14 – Description of indicators collected by the stakeholders’ survey...	47

List of Abbreviations

BE: Belgium

BG: Bulgaria

CPP: Cancer Primary Prevention

EC: European Commission

EMF: Electromagnetic Fields

EU: Europe

EUR-Lex: official website of European Union law and other public documents of the European Union

HBV: Hepatitis B Virus

HPV: Human Papillomavirus

ICCP: International Cancer Control Partnership

IE: Ireland

IT: Italy

KAP: Knowledge Action Portal on Non-Communicable Diseases

MD: Moldova

ME: Montenegro

MK: Republic of Macedonia

NCD: Non-Communicable Diseases

OECD: Organisation for Economic Cooperation and Development

PEN: Policy Evaluation Network.

PM: Particulate Matter

PT: Portugal

RO: Romania

UFP: Ultrafine Particles

UK: Ukraine

WCRF: World Cancer Research Fund International

WHO: World Health Organization

Executive Summary

Cancer is one of the leading causes of death in the world and primary prevention policies, actions, and initiatives play a crucial role in cancer prevention by focusing on modifiable major risk factors. The design and implementation of such policies is essential, but the use of performance indicators is also important to obtain quantitative measures to monitor and evaluate them.

This report presents the results of a scoping review of performance indicators that are used to monitor, proposed to or evaluate a policy, action or initiative within cancer primary prevention field, at international (Globally and Europe) and national levels (within project consortium partners: Belgium, Bulgaria, Ireland, Italy, North Macedonia, Moldova, Montenegro, Portugal, Romania and Ukraine). Primary prevention policies, actions, or initiatives regarding specific behavioral risk factors, immunization, and environmental and occupational exposures were considered. The risk factors were organized in 6 topics: Smoking and tobacco use; Alcohol consumption; Obesity/overweight, food, diet and nutrition; Physical activity; Vaccine/immunization: HPV and HBV; Environmental and workplace pollution. The indicators were summarized based on an operational framework, which included domains and subdomains defining the areas and targets that indicators monitor or evaluate.

In this review we found 224 for Smoking and tobacco use, 187 indicators for Alcohol, 372 indicators for Obesity/overweight and Nutrition, 150 indicators for Physical Activity, 155 for HPV immunization, 139 for HBV immunization, 169 for Environmental pollution and 41 for workplace exposure. Most indicators for all considered risk factors were sourced from international sources, with the World Health Organization (WHO) being the most frequent. This may be attributed mainly to language barriers, which limited access to indicators from national sources typically reported in government and institutional documents in local languages. Except for Tobacco, Environmental pollution and workplace exposure, *Policy and legislation* was the domain with a higher proportion of indicators. *Population frequency* seems also to be one of the two most frequent domains.

This scoping review provided a comprehensive overview of indicators that are used to monitor, proposed to or evaluate a policy, action or initiative within

cancer primary prevention field. The findings highlight the diversity of indicators employed across different risk factors and the challenges associated with standardization and comparability.

Deliverable Introduction

Deliverable objective and scope

Cancer is one of the leading causes of death in the world, and a proportion of established causes (that may differ between tumour types) are attributable to modifiable factors.¹ Therefore, prevention plays a crucial role, offering significant benefits to individuals, communities, and healthcare systems.

Primary prevention is one of the most advantageous approaches for reducing the burden of cancer and other non-communicable diseases (NCDs) because it focuses on intervening before health effects occur and altering risk factors that contribute to multiple health conditions.²

The use of indicators in the assessment of performance allows to give quantitative content to international and national's aims and achievements – in this case in the Cancer Primary Prevention field (CPP). Indicators in CPP serve as measurable metrics that assess various aspects of efforts aimed at reducing the risk of developing cancer. These indicators help to monitor or to evaluate policies, actions and initiatives designed to prevent cancer.

This report presents the results of a scoping review of performance indicators to monitor and evaluate CPP policies (guidelines, regulations, laws) actions (broader policies) or initiatives (plans, programs) internationally (Globally and Europe), and nationally (within project consortium partners: Belgium, Bulgaria, Ireland, Italy, North Macedonia, Moldova, Montenegro, Portugal, Romania and Ukraine).

Relation to other WPs and deliverables

The present deliverable is linked with other tasks of WP2 as it identifies possible indicators to monitor or evaluate the CPP policies, actions and initiatives in 4P-CAN countries (T2.2). Furthermore, the results will help to develop evaluation procedures for the implementation of the Living Labs for Primary Cancer Prevention (WP5) and can be incorporated into Policy Recommendations (WP6), particularly on design, implementation, and assessment of CPP.

Content of the deliverable

This document presents the methodology description and results of the scoping review of indicators to assess and evaluate the implementation of CPP

policies, actions or initiatives internationally (Globally and Europe), and nationally within project consortium partners (Belgium, Bulgaria, Ireland, Italy, North Macedonia, Moldova, Montenegro, Portugal, Romania, and Ukraine).

Specifically, behavioural risk factors, immunization and environmental and occupational exposures organized in 6 topics:

- Smoking and tobacco use;
- Alcohol consumption;
- Obesity/overweight and Nutrition;
- Physical Activity;
- Vaccine/immunization: HPV and HBV;
- Environmental and workplace pollution.

The scoping review results are presented through descriptive summarized tables of indicator per source, geographical area, and type of indicator. In addition, for each of the topics, indicators are summarized based on an operational framework which includes domains and subdomains defining the areas and targets that indicators evaluate and assess.

Methods

We conducted a scoping review that sought to systematically search for and synthesize research evidence on indicators for policies, initiatives, and actions on Cancer Primary Prevention (CPP). This scoping review was conducted in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)³, and followed the five steps proposed by Arksey and O'Malley⁴:

- Identifying the research question
- Identifying relevant documents
- Study selection
- Charting the data
- Data processing: organizing, summarizing and reporting the results.

Identifying research questions

The focus of the review was on indicators evaluating policies, actions or initiatives.

Health policies have been defined as decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.^{5,6} For the purpose of this review public health policies are broadly defined as a set of decisions or commitments embodied in official guidelines, regulations, or laws established by governmental or organizational bodies to address specific health issues or promote overall health and well-being. Health policies include both approaches and strategies that guide decision making. Actions, as part of the broader policies⁶, can include specific measures or interventions implemented to address health challenges or promote health behaviours within communities, carried out by governmental agencies, non-profit organizations, healthcare providers, or community groups. Finally public health initiatives or plans are targeted efforts or programs designed to address specific health issues or achieve defined health goals within populations.

In general, all indicators, applicable for monitoring or evaluating, policies, actions, and initiatives aimed at preventing modifiable factors associated with cancer, were incorporated. The scoping review expanded its scope beyond CPP to encompass policies, actions, and initiatives within the context of Non-Communicable Diseases (NCDs), which share risk factors with cancer.

Indicator types (process or outcome⁷) were not predefined to ensure the inclusion of any indicator capable of monitoring, evaluating, or indicating the

evaluation of these policies, actions, and initiatives at both the international level (including globally and the European region) and the national level within the countries of the consortium partners.

The research main question was framed as: “What/Which are the indicators currently in use or that could potentially be used for monitoring or evaluating policies, actions and initiatives aimed at prevention of cancer modifiable risk factors?” Specifically, behavioural risk factors, immunization and environmental and occupational exposures were organized in 6 topics:

- Smoking and tobacco use;
- Alcohol consumption;
- Obesity/overweight and Nutrition;
- Physical Activity;
- Vaccine/immunization: HPV and HBV;
- Environmental and workplace pollution.

Identifying relevant documents

The search was conducted between September and October 2023. A combined strategy was employed to search both scientific literature and grey literature.

Search strategy

Scientific literature was searched in PubMed and Cochrane Library using a pre-defined set of key words focusing on three domains: 1) risk factors, 2) policies/actions/initiatives and 3) Indicators (**Table 1**). For each of the risk factors both text words and MeSH terms were used in the queries, aiming at capturing the more relevant and decreasing the number of unrelated articles. The final strategy was obtained after revision of the search in PubMed and the Systematic Review Accelerator (SRA). The definition of the search strategy for each of the risk factors for PubMed is presented in **Appendix A**.

Grey literature was searched in the repositories of the following pre-selected international organizations: World Health Organization (WHO); Knowledge Action Portal on NCDs; Organisation for Economic Cooperation and Development (OECD); Health Promotion and Disease Prevention Knowledge Gateway; Community of Practice of the Competence Centre on Participatory and Deliberative Democracy; EUR-Lex; European Centre for Disease Prevention and Control (ECDC); International Cancer Control Partnership (ICCP); Union for International Cancer Control (UICC); World Cancer Research

Fund International (WCRF); and Policy Evaluation Network (PEN). The search within these institutions followed two strategies. Searching for the previously defined keywords (**Table 1**) whenever possible in the sites repositories, as well as searching manually for within pages, databases, and dashboards.

Risk factors		Policies/actions/initiatives		Indicators
Tobacco/Smoking	AND	Cancer Prevention	AND	Performance indicators Monitoring Evaluation Assessment
Alcohol		Cancer Plan		
Obesity/overweight		Cancer Programme		
Food, diet and nutrition		Cancer Policies		
Physical activity		NCDs prevention/plan/ programme/policies		
HPV HBV		Vaccination policies National vaccination programme National vaccination plan NCDs prevention/plan/ programme/policies		
Environmental pollution Workplace pollution		Cancer Prevention Cancer Plan Cancer Programme Cancer Policies NCDs prevention/plan/ programme/policies		

Table 1 Key words and Boolean operators included in the scoping review.

Study selection

Only documents published in English language, published in the last 15 years (since 2008) and regarding consortium countries or at international or European levels were included. We opted to consider the date of the published document and not that of the indicator, as there are indicators (e.g., from populations surveys) that may include different dates.

For the literature review, all searched results were exported from the electronic databases in the Research Information Systems format and imported into Rayaan. Rayyan was used to assist the deduplication and screening process from literature databases. Titles and abstracts were screened for eligibility by two researchers independently, and duplicates were removed.

For grey literature and given the breadth of documents in these information sources, screening was initially based on title and abstract. Full text screening and the deduplication was manually performed for each of the risk factors by

one researcher and reviewed by the other researcher (alternatively) for fit and relevance.

Charting the data

We extracted information using a standardised extraction form on the document or webpage/dashboard where the indicator was collected from (including year, author, data source, reference, and link), as well as the indicator assessed (including coverage at geographical level, description, methods and calculations, target, and policy/action/initiative to which it aimed monitor or evaluate) (Table 2).

Categories	Subcategories	Description
Performance indicator	n/a	Name/denomination of the indicator
Year	n/a	Publish date of the document or of the dashboard or date of webpage access
Geographical level	International Europe National	International pertains all indicators that were considered globally. Europe includes all indicators that were considered for the European region. At national level are included indicators that referred to a specific country (of the consortium). However, all international and Europe indicators that were stratified at national level for the countries of interest were also included in the national countries' tables.
Author	n/a	Author of the document or of the dashboard.
Description*	n/a	In-depth information on the indicator (including concepts and definitions).
Methods and Calculation*	n/a	Information on the calculation, the data source, and methods for obtaining data.
Target**	n/a	The target area of interest, either health overall, or a specific subdomain, such as Non-Communicable Diseases (NCD).
Policy/action/initiative**	n/a	Describes the framework for the policy, action or initiative, where the indicator was mentioned or introduced.
Frequency*	n/a	Frequency by which the indicator was to be or was in fact used to monitoring or evaluation.
Data Source	n/a	Data source for the document or dashboard, where the indicator was collected: organizational site or literature database.
Reference (Title and link)	n/a	Includes the title of the document/site dashboard and the link. In few cases more than one reference was included, as

Categories	Subcategories	Description
		the information was retrieved from different documents.
Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring	Used to monitor or evaluate a policy	Used to monitor or evaluate a policy includes indicators that were retrieved from sources where a
	Proposed to monitor or evaluate a policy.	policy/action/initiative was made explicit, and the indicator is presented as a result of monitoring or evaluating such
	Monitoring.	policy/action/initiative.
		Proposed to monitor or evaluate a policy includes indicators that were retrieved from sources where a policy/action/initiative was made explicit, and the indicator is suggested as a way to monitor or evaluate such policy.
		Monitoring includes indicators that are overall referenced or included in monitoring strategies for the risk factors considered.

Table 2 – Description of the categories of the results extraction

Note: n/a – not applicable; *Throughout the document there is missing information in the Description, Methods and Calculation, and Frequency categories that was displayed as “information not available”; **Throughout the document there is missing information in the Policy/action/initiative and Target categories that was displayed as “non applicable (n/a)” when the indicator was described for monitoring.

Data processing

The scoping review of indicators on CPP data processing included a conceptual framework of domains and subdomains. Conceptual frameworks set out the rationale and design principles for indicators set, that are linked to the wider national health system context.^{8,9} The domains are usually dependent on conceptual frameworks and vary greatly between health systems and reporting entities⁸.

In this report the domains and subdomains pertain to an operationally framework that allows for cross-national comparison and integration of indicators obtained from different entities that report on the performance policies, actions and initiatives aimed at reducing the health outcomes of specific risk factors.

The conceptual framework was developed through thematic analysis of the collected indicators, which were attributed to domains that are wide enough to encompass a representation across structure, process, and outcome indicators of the different entities’ framework. The definition of cross-sectional general and specific risk factors domains was developed for the purpose of the scoping review, derived from the synthesis of indicators, and is presented bellow.

Cross-sectional general domains

- **Population frequency/ behaviour** – describes all the indicators that encompass a spectrum of actions taken by individuals or communities that either minimize/increase exposure to cancer risk factors or enhance protective factors. These behaviours include lifestyle choices (e.g., tobacco or alcohol consumption), and adherence to recommended guidelines of preventive behaviours (e.g., vaccination). Frequently these indicators data derive from population surveys and may be presented as a frequency, percentage, rate, or time of a specific particular behaviour.
- **Health risks and outcomes** – includes all indicators that provide information about health outcomes directly related to the adoption of particular behaviours, including lifestyle choices and preventive measures. These indicators provide information on health status and conditions, including morbidity and mortality linked to specific risk or protective factor.
- **Policy and legislation** – indicators that report to the existence, development, implementation, and assessment of policies aimed at mitigating risk factors or promoting protective factors. These indicators encompass strategies, legislative frameworks, regulatory policies (e.g., taxation), and specific actions and initiatives targeting identified risk or protective factors.
- **Monitoring systems and data collection** – encompasses indicators concerning the presence and operationalization of monitoring or surveillance systems, along with those related to the methods, procedures, tools, and protocols for gathering data on the status of specific risk or protective factors.
- **Knowledge, Awareness, Beliefs, Opinions and Attitudes** – includes indicators that aim at the individual's determinants regarding knowledge, awareness, or attitudes. This category also encompasses indicators related to educational or awareness initiatives and assessments of the population's perception regarding these factors.
- **Industry and economy** – pertain to the indicators related to the expenditure and commercialization of tobacco, alcohol or food products.
- **Exposure** – describe a range of measures that quantify the extent and duration of contact between individuals or groups and harmful agents

in their environment, as well as the associated burden of disease and mortality.

Risk factor specific general domains

Environmental pollution and workplace exposure

- **Concentration levels** – includes all the indicators that refer to the quantity of harmful substances present in the atmosphere, which can have detrimental effects on human health and the environment. These indicators can account for the distribution of pollutants across geographical areas to identify hotspots with elevated pollution levels (Geographical areas), across demographic groups within a given area (Population-Weighted Concentration), track the duration of elevated pollutant levels over specific time intervals (number of days or hours), or seasonal average.
- **Sources of emissions** – include the indicators that relate to the sources of emissions of air pollutants, including quantification by sources, and indicators reporting the efforts at reducing the impact of these sources.

Smoking and tobacco use

- **Tobacco cessation** – include indicators related to tobacco cessation, like the available support and interventions, the benefits of quitting, and behaviour change on no smoking days.
- **Tobacco and pregnancy** – include indicators related to the frequency of exposure to tobacco during pregnancy, number of women assessed for tobacco exposure, available resources, namely, in health facilities.

Domains were continuously compared across indicators related to each of the six risk factors considered. This comparison aimed to achieve the broadest possible definition and ensure consistency across different risk factors. All the indicators were reviewed and mapped to domains, either comparable between risk factors or specific to that risk factors (Table 3).

In addition, based on the variety of indicators in each of the domains, a set of subdomains was included. The hierarchic subdomains were design to add specific detailed information regarding each of the risk factor considered. The domains and specific subdomains per risk factor can be found in **Appendix B**.

For a few risks factors a third concept was added either focusing on pollutants and targets or topic (e.g., physical activity/sedentarism).

The conceptual framework for the domains allowed us to assemble all equal and similar indicators. This framework provided a structured approach to organizing and analysing data, including in reference to equal and similar indicators.

Domain	Risk Factors						
	Tobacco/Smoking	Alcohol	Obesity/Nutrition	Physical activity	HPV/ HBV	Environmental pollution	Workplace pollution
Population frequency/behaviour	x	x	x	x	x		
Concentration levels						x	
Exposure	x					x	x
Health Risks and outcomes	x	x	x	x		x	
Policy and legislation	x	x	x	x	x	x	x
Monitoring systems and data collection	x	x	x	x	x	x	x
Knowledge, Awareness, Beliefs, Opinions and Attitudes	x	x	x	x	x		
Industry and economy	x	x	x				
Sources of emissions						x	
Tobacco cessation	x						
Tobacco and pregnancy	x						

Table 3 – Domains for indicators across different risk factors

The standardized tables of results extraction, and included categories, were reorganized for synthesis and analysis purposes:

- A desegregation category was added to the tables of results to specify varying levels of detail and desegregation for identical indicators (e.g. by sex and age group).
- Geographical level and year were combined, to provide a clearer understanding of when and where the data applies.

- The author was eliminated, to streamline the presentation of information and focus on the content rather than attribution. However, source and reference information with full links were maintained, ensuring transparency and allowing readers to access the original sources for more detailed information (a specific list of references per risk factor can be found in **Appendix C**).

Furthermore, for results description, information was aggregated or disaggregated to facilitate results discussion:

- The category *Used to monitor or evaluate a policy* and *Proposed to monitor or evaluate a policy* were combined. These categories pertain to the data found in the source documents and dashboards, where the indicators were retrieved. Hence, only considered when the sources explicitly stated that indicators were presented or suggested as a mean to monitor or evaluate specific policy/action/initiative.
- Also, sources from the different search platforms of European Commission were combined, including: i) Health Promotion and Disease Prevention Knowledge Gateway, ii) Community of Practice of the Competence Centre on Participatory and Deliberative Democracy, and iii) EUR-Lex, the official website of European Union law and other public documents of the European Union.
- Both Immunization for HPV and HBV, as well as Environmental and workplace pollution were searched combined. However, the analysis of the data in both the preventive behaviour (Immunization) and exposure (Pollution) yielded distinct and attributable indicators for HPV and HBV, as well as Environmental pollution and workplace exposure. Consequently, two sets of results were compiled within each of the two risk factors, with separate tables presented for HPV, HBV, and for Environmental Pollution and Workplace exposure.

The complete tables of results are not shown in the results section of this report due to their extensive length. The primary objective is to offer a concise overview of the indicators utilized or potentially applicable for monitoring or evaluating primary prevention policies, actions, and initiatives in cancer field. The results provide the number of indicators stratified by a series of categories, while full tables (disaggregated per risk factor and domains can be found in **Appendix D**).

Results

A diverse array of indicators from various sources was encompassed in the analysis. Across all the risk factors under consideration, most of the indicators were sourced from international outlets (**Table 4**). The primary sources of these indicators were the World Health Organization and the European Commission.

Risk factor	Sources*								
	PubMed	WHO	KAP	EC	OECD	ICCP	UICC	WCRF	PEN
Tobacco/ Smoking	14	103	81	14	5	7	–	–	–
Alcohol	14	144	9	10	3	2	–	–	3
Obesity/ Nutrition	9	291	–	36	13	4	–	1	18
Physical activity	6	97	–	28	3	1	–	1	14
HPV	13	122	–	20	–	–	1	–	–
HBV	15	123	–	–	1	–	1	–	–
Environmental pollution	–	91	–	53	–	8	16	–	–
Workplace pollution	8	11	–	20	–	2	–	–	–

Table 4 – Sources for the indicators collected across different risk factors

Notes: *PubMed = database of citations and abstracts of biomedical literature, WHO = World Health Organization, KAP = Knowledge Action Portal on NCDs, EC = European Commission (including i. Health Promotion and Disease Prevention Knowledge Gateway, ii) Community of Practice of the Competence Centre on Participatory and Deliberative Democracy and iii) EUR-Lex, the official website of European Union law and other public documents of the European Union), OECD = Organisation for Economic Cooperation and Development, ICCP = International Cancer Control Partnership, WCRF = World Cancer Research Fund International, and PEN = Policy Evaluation Network.

Notably, for most indicators within the countries studied, the data originated from the same international sources, which provide data at both the international and national levels (**Table 5**). This uniformity may be observed through the similarity of the number of indicators across countries. For instance, when considering indicators obtained from the WHO, a significant proportion were derived from country surveys administered by the organization and responded to by national focal points, or from survey tools developed by the WHO and implemented in periodic national surveys. However, not all countries provided responses to these country surveys or participated consistently in the surveys, leading to slight variations in indicators between countries, despite being sourced from the same

international entity. Overall, most indicators provide data at global and European level.

The classification of indicators into policies pertains to indicators retrieved from sources where a policy, action, or initiative was explicitly mentioned (policies and targets of the policies are described in the tables results in **Appendix D**). For the synthesis, indicators that were either utilized or proposed to be used for a specific policy, initiative, or action were aggregated. The number of indicators used to monitor (i.e., indicators referenced or included in monitoring strategies for the risk factors considered) or explicitly linked to a policy varies significantly between the different risk factors. For instance, for Tobacco consumption, Physical Activity and Immunization (HPV/HBV), the majority of indicators were retrieved from a source where that policy was made explicit.

Risk factor	n	Indicator link to policies		Geographical level**										
		To monitor or evaluate policy*	Monitoring	Global/EU	BE	BG	IE	IT	ME	MK	MD	PT	RO	UK
Tobacco/ Smoking	224	114	110	209	30	28	14	32	26	30	33	29	53	57
Alcohol	187	26	159	141	93	88	99	97	92	98	101	97	96	100
Obesity/ Nutrition	372	273	99	364	11	11	16	13	4	7	10	12	10	3
Physical activity	150	103	47	149	26	26	27	26	11	12	12	26	26	19
HPV	155	136	19	107	91	73	73	82	74	67	91	77	89	66
HBV	139	121	18	139	108	90	70	80	85	72	94	75	95	71
Environmental pollution	169	67	102	115	50	35	56	49	18	20	42	44	18	45
Workplace pollution	41	11	30	36	7	7	5	8	-	-	2	2	5	2

Table 5 – Indicators description across indicator target and geographical level

Notes: *Included both used to and proposed to monitor or evaluate a policy. **EU = Europe, BE = Belgium, BG = Bulgaria, IE = Ireland, IT = Italy, ME = Montenegro, MK = Republic of Macedonia, MD = Moldova, PT = Portugal, RO = Romania, UK = Ukraine.

Smoking and tobacco use

Smoking and tobacco use included a total of 224 indicators, most of which categorized in the three domains of population frequency/behaviour, policy and legislation, and Knowledge, Awareness, Beliefs, Opinions and Attitudes (Table 6). Two specific domains were added for this risk factor – tobacco and pregnancy, and tobacco cessation.

Population frequency/behaviour (n=57) describes all the indicators with a quantifiable measure of population behaviour regarding to smoking and tobacco use as well as to exposure to second-hand smoke. This domain included a total of 5 subdomains, of which *Prevalence of smoking* (n=34) was the most frequent. This subdomain included indicators such as the total frequency of smoking as well as the frequency of smoking in particular population groups like adults, youth and students, mainly obtained from WHO monitoring surveys. Although it is named “Frequency of smoking” it also includes indicators such as “*Smoking attempt rate of current smokers*”. The second most frequent subdomain was the *Frequency of tobacco use* (n=11).

Policy and legislation included 5 subdomains, being the most frequent *National policy/Action plan/ Strategies* (n=23) and next were *Bans on advertising* (n=11) and *Taxation and costs* (n=10). These indicators were obtained mainly from KAP and WHO sources. The subdomain *National policy/Action plan/ Strategies* included mostly indicators regarding the existence of specific programmes or policies and of specific organizations (e.g. “*Recommended rate of smoking management in public places*”; “*National agency for tobacco control existence*” and existence of “*National tobacco control programmes*”) as well as compliance with regulations (e.g. “*Compliance with bans on direct advertising*”, “*Compliance with regulations on smoke-free environments (national legislation)*”). The *Bans on advertising* included all the indicators regarding, particularly, policies on bans on tobacco advertising in cinema, internet, print media, clothes, between others. There is also a subdomain specifically for policies for *Bans on smoking in public or workplaces* (n=4). The subdomain *Taxation and costs* mostly included indicators like tobacco taxes and cigarette costs.

Knowledge, Awareness, Beliefs, Opinions and Attitudes included indicators assessing awareness (*of anti-tobacco advertising and exposure to anti-tobacco information, of tobacco marketing, and of tobacco cessation interventions and no smoking day*), beliefs, attitudes and opinions. The most frequent subdomain was the *Awareness of anti-tobacco advertising and exposure to anti-tobacco information* (n=17) and next was *beliefs* (n=12) including mostly indicators about the dangers of smoking and tobacco use.

Tobacco and pregnancy is a specific domain created for this risk factor, as there was 18 indicators dedicated to matters related to tobacco exposure during pregnancy. The most frequent subdomain was *Available resources for tobacco exposure assessment on health facilities* (n=5) and next were the subdomains *Prevalence of tobacco exposure in pregnancy* (n=4) and

Frequency of women assessed for tobacco exposure and given advice to quit (n=3).

Tobacco cessation is another specific domain created for this risk factor, because there was a specific group of indicators specifically regarding the frequency of intentions and attempts to quit, frequency of interventions and treatment for dependence as well as available support to quit. The most frequent subdomain was *Support to quit (n=9)*.

Industry and economy included indicators related to *Visibility and promotions of tobacco products (n=9)* and *Sales of tobacco (n=2)*.

Exposure is a domain shared only with indicators of environmental and workplace pollution and included 3 subdomains related with exposure to second-hand smoke. The subdomain *"The Frequency of exposure to secondhand Smoke in Public Places and workplace"* (n=6) was the most frequent.

The 2 least frequent domains refer to indicators related to knowledge on health risks in general of tobacco exposure and specifically for cancer (**Health Risks and outcomes, n=4**), and indicators related to monitoring systems for tobacco use, prevention policies and second-hand smoke (**Monitoring systems and data collection, n=2**)

Domain	Subdomain	n
Population frequency/ behaviour (n=57)	Frequency of tobacco use	11
	Frequency of smoking	34
	Frequency of smokeless tobacco use	5
	Frequency electronic cigarette use	5
	Frequency of biomarkers and susceptibility of exposure	2
Health risks and outcomes (n=4)	Health risks in general	3
	Risk to cancer	1
Policy and legislation (n=52)	National policy/Action plan/ Strategies	23
	Bans of smoking on public or workplaces	4
	Bans on advertising	11
	Incentives for health professionals and policies support	4
	Taxation and costs	10
Monitoring systems and data collection (n=2)	Monitoring tobacco use and prevention policies	1
	Monitoring second-hand smoke	1
Knowledge, Awareness, Beliefs, Opinions and Attitudes (n= 50)	Awareness of anti-tobacco advertising and exposure to anti-tobacco information	17
	Awareness of tobacco marketing	8
	Awareness of tobacco cessation interventions	4

Domain	Subdomain	n
	and no smoking day	
	Beliefs	12
	Attitudes	3
	Opinions	6
Industry and economy (n=11)	Visibility and promotions of tobacco products	9
	Sales of tobacco products	2
Exposure (n=15)	Total Frequency of exposure to secondhand smoking	5
	Frequency of exposure to secondhand smoke at home	3
	Frequency of exposure to secondhand Smoke in Public Places and workplace	6
Tobacco and pregnancy (n=18)	Prevalence of tobacco exposure in pregnancy	4
	Frequency of women assessed for tobacco exposure and given advice to quit	3
	Available resources for tobacco exposure assessment on health facilities	5
	Frequency of psychological interventions and consequences	4
	Exposure at home	2
Tobacco cessation (n=15)	Intentions and attempts to quit	4
	Support to quit	9
	Benefits of quitting and behaviour change	2

Table 6 – Number of indicators of smoking and tobacco use within domains and subdomains.

Alcohol consumption

Alcohol consumption encompassed a total of 187 indicators, most of which categorized in two domains: policy and legislation, and population frequency/behaviour (Table 7).

Policy and legislation included 8 additional subdomains, the most frequent was *Restrictions on alcohol use, consumption, advertisement, distribution and sales*. Of these, the large majority (35 out of 36) comprehend national authorities' response to the Global Survey on Alcohol and Health by WHO. The other subdomains include a range between 3 to 11 indicators. These comprise *National policy/Action plan/ Strategies* (n=8, e.g., "Adopted written national policy on alcohol"), *Consumer information and health warning labels* (n=8, e.g., "Legal requirement for size of health warning labels"), *Legislation on alcohol* (n=3, e.g. "Legislation on alcohol testing at workplaces") and *Existence of guidelines* (n=3, e.g. "National guidelines for the prevention and reduction of alcohol-related harm in schools") that also come from aforementioned WHO

survey to national authorities. *Taxation* (n=11) refers to indicators on the existence of price measures, such as taxation for alcohol production or excise duty on alcoholic beverages. *Driving* (n=5) includes legislation on legal limits, sobriety and penalties. *Countries evaluation* (n=11) refer to the indicators on global data considering the number of countries that have developed or enacted policies, actions or initiatives on alcohol and its societal impact (e.g. “Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level”).

Population frequency and behaviour describes all the indicators with a quantifiable measure of population engaging in alcohol consumption, either including the proportion of the population drinking alcohol (*Population percentage and consumption rate*, n=22), the *Consumption per capita* (n=8) or by specifying the *Number of drinks or grams of alcohol consumed* (n=4). A specific type of consumption – *Heavy Drinking* (n=12) – is also included. These indicators tend to be very similar, although they may be obtained through different instruments and vary in terms of the time frame assessed (e.g., last 7 days, last 30 days, or lifetime) and stratified categories (e.g., sex, age groups, area of residency).

Health Risks and outcomes included indicators assessing the prevalence of alcohol dependency, disorders, harmful use or abuse, and alcoholism (*Alcohol disorders*, n=12) and *Morbidity and mortality* (n=10) indicators reporting the attributable Years of Life Lost and deaths related to overall alcohol and cancer incidence related to alcohol consumption.

Monitoring systems and data collection (n=11) comprised indicators for the most part referring to the existence (or not) of monitoring systems and national surveys.

The 2 least frequent domains refer to indicators related to educational or awareness initiatives (**Knowledge, Awareness, Beliefs, Opinions and Attitudes**, n=4), and to the prices, sales and government monopoly of alcohol products (**Industry and economy**, n=10).

Domain	Subdomain	n
Population frequency/ behaviour (n=46)	Population percentage and consumption rate	22
	Consumption per capita	8
	Heavy drinking	12
	Number of drinks/grams of alcohol	4
Health risks and outcomes (n=22)	Alcohol disorders (dependence, harmful or disorders)	12
	Morbidity and mortality	10

Domain	Subdomain	n
Policy and legislation (n=94)	National policy/Action plan/ Strategies	8
	Legislation on alcohol	3
	Existence of guidelines	3
	Taxation	11
	Licensing	9
	Restrictions on alcohol use, consumption, advertisement, distribution, and sales	36
	Consumer information and health warning labels	8
	Driving	5
	Countries evaluation	11
	Monitoring systems and data collection (n=11)	System/ survey
Indicators/ definitions		5
Knowledge, Awareness, Beliefs, Opinions and Attitudes	n/a	4
Industry and economy	n/a	10

Table 7 – Number of indicators of alcohol within domains and subdomains

Obesity/overweight, food, diet and Nutrition

Obesity/overweight, food, diet and nutrition included a total of 372 indicators, most of which categorized in two domains: policy and legislation, and population frequency/behaviour.

Policy and legislation (n=151) included a total of 7 subdomains, of which *National policy/Action plan/ Strategies* (n=54) was the most frequent, followed by the subdomain *Advertisement, nutrition labelling and health claims* (n=49). Indicators of the subdomain *National policy/Action plan/ Strategies* were obtained through different WHO sources, namely, “*WHO Global Health Observatory Dashboard*” and “*WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation*”. They mostly describe the existence and support of specific guidelines, programs, legislation, and strategies (e.g., “*Existence of published national dietary guidelines*”). This subdomain also included indicators regarding specificities of policies design, monitoring and implementation (e.g. “*Existence of networks and action groups to promote the availability of healthy foods formed by NGOs*”) and indicators of an initiative of WHO for sports events (“*Healthier food and healthier food environments at sports events*”). The other subdomains focus on policies concerning advertisement, nutrition labelling and health claims (n=49); on policies particularly at schools (n=26), companies (n=10), and workplaces (n=8); as well as on counselling by a qualified professional (n=3) and taxation (n=2).

Population frequency (n=132) quantifies the frequency of overweight and obesity; dietary intake and food products; blood glucose, blood pressure cholesterol and levels – with most indicators presenting prevalence data of the population in percentage. The most frequent subdomain was *Frequency of Dietary intake/ food products consumption* (n=65), followed by *Frequency of overweight and obesity* (n=41). The subdomain *Frequency of Dietary intake/ food products consumption* includes mainly indicators of “*Frequency of fat intake*” (n=15), “*Frequency of vegetables and fruit consumption*”(n=14), “*Frequency of salt intake*” (n=9), “*Frequency of soft drinks consumption*” (n=8), “*Frequency of sugar intake*” (n=5), “*Frequency of meat consumption*” (n=3), “*Frequency of fibre intake*” (n=2), “*Frequency of protein intake*” (n=2), and “*Frequency of children breastfed*” (n=2).

The **Knowledge, Awareness, Beliefs, Opinions and Attitudes** (n=38) comprises indicators mainly concerning the subdomain *Knowledge, attitudes and behaviour change* (n=25). These indicators include information on Knowledge and attitudes towards behaviours and behaviour change (e.g. “*Changes to population dietary intakes*”).

Industry and economy (n=31) include the subdomain *Costs and sales* (n=17) as the most frequent focusing on purchase rates and total volume of products sold and prices. It also comprises the subdomain *Types and changes of food served or sold* (n=7), (like the “*number of healthy meals sold*”) and *Subsidies and specific budgets* (n=5).

The 2 least frequent domains refer to indicators related to monitoring of obesity and overweight and existence of surveys or surveillance systems, participation of NGOs, as well as data collection to specific purposes (**Monitoring systems and data collection**, n=12), as well as indicators related to health outcomes and health risks of obesity/overweight and bad eating habits contributing to cardiovascular disease or cancer, among others (**Health Risks and outcomes**, n=8).

Domain	Subdomain	n
Population frequency/ behaviour (n=132)	Frequency of overweight and obesity	41
	General eating habits	12
	Frequency of Dietary intake/ food products consumption	65
	Blood glucose levels	4
	Cholesterol levels	7
	Blood pressure levels	3
Health risks and outcomes (n=8)	Health risks	5
	Outcomes	3

Domain	Subdomain	n
Policy and legislation (n= 151)	National policy/Action plan/ Strategies	53
	Taxation	2
	Policies at schools	26
	Policies at companies	10
	Policies at workplaces	8
	Advertisement, nutrition labelling and health claims	49
	Policies for counselling by a qualified professional	3
Monitoring systems and data collection (n=12)	Monitoring systems	7
	Data collection	5
Knowledge, Awareness, Beliefs, Opinions and Attitudes (n=38)	Knowledge, attitudes and behaviour change	25
	Beliefs	1
	Awareness	7
	Literacy/behaviour change determinants	5
Industry and economy (n=31)	Industry	2
	Subsidies and specific budgets	5
	Types and changes of food served or sold	7
	Costs and sales	17

Table 8 – Number of indicators of Obesity/overweight, food, diet and nutrition within domains and subdomains

Physical Activity

Physical activity included a total of 150 indicators (**Table 9**). In the case of this factor a third category was added to the domain/subdomain. Topic allows for the selection of indicators according to the topic targeted, either focusing on decreasing exposure to risk through adoption of physical activity or sports, or on the heightened risk associated with insufficient physical activity and sedentarism. Notably, the number of indicators within this third category may not align with the total indicators per domain and subdomain, as some indicators may not explicitly address the topic (e.g., “Monitoring and surveillance system in place to measure process, output and outcome indicators”). Despite this variation, the overarching topic across all domains remains physical activity.

Most indicators were categorized in two domains: policy and legislation, and population frequency/behaviour.

Policy and legislation (n=71) included a total of 7 subdomains, of which “*National policy/Action plan/ Strategies*” (n=25) was the most frequent. These were obtained through different WHO and EC sources and mostly describe the existence of overall national strategies, plans or policies (e.g., “Existence of policy promoting physical activity: childcare settings”), recommendations, frameworks, and national implementation and promotion of the European

network for the promotion of health-enhancing physical activity (HEPA). It follows *Countries evaluation* (n=13) that includes global data on the percentage of countries that have developed or enacted policies, actions or initiatives on physical activity (e.g., “Percentage of countries with national target(s) for physical activity”). *Existence of guidelines* (n=5) details indicators pertaining to the presence of national guidelines for physical activity, stratified by age groups. The other subdomains focus on policies, programs, and activities related to physical activity within specific sectors of society. These settings include *Schools* (n=11), *Workplaces* (n=7), *Private sector* (n=6), and *NGO’s* (n=4). **Population frequency** (n=45) quantifies the involvement of the population in physical activity, including insufficient physical activity levels, as well as engagement in walking, cycling, and sports. Most indicators offer data on the *Percentage* (n=30) of the population, broken down by specific age groups, who are physically active or exhibit insufficient levels of physical activity, along with the distribution of various activity levels. Additionally, indicators also cover the *Time* (n=11) and *Number of days* (n=4) spent in physical or sedentary activities. The **Knowledge, Awareness, Beliefs, Opinions and Attitudes** (n=23) comprises indicators covering various aspects. These indicators include information on education and awareness campaigns or programs, the provision of counseling regarding diet and physical activity, as well as insights into individuals' perceptions, attitudes, and motivational barriers related to engaging in physical activity. **Monitoring systems and data collection** (n=8) indicators mainly focus on the existence of monitoring and surveillance systems and activities (including in private sectors), but a few also assess budget allocation for these activities. **Health risk and outcomes** (n=3) includes the quantification of health conditions that have been associated with lack of physical activity among other factors.

Domain	Subdomain	n	Topic	n
Population frequency/ behaviour (n=45)	Percentage	30	Physical activity	34
	Time	11	Insufficient physical activity/ sedentarism	8
			Sports	1
	Number of days	4	Walking, cycling or public transport	2
Health Risks and outcomes (n=3)	Percentage	3	Overweight/obesity	1
			Blood pressure	1
			Cholesterol	1
Policy and legislation (n=71)	National policy/Action	25	Physical activity	49

Domain	Subdomain	n	Topic	n
	plan/ Strategies			
	Existence of guidelines	5	Insufficient physical activity /sedentarism	2
	Schools	11	Sports	4
	Workplaces	7	Walking, cycling or public transport	12
	NGO's	4		
	Private sector	6		
	Countries evaluation	13		
Monitoring systems and data collection (n=8)	n/a		Physical activity	6
Knowledge, Awareness, Beliefs, Opinions and Attitudes (n=23)	n/a		Physical activity	20
			Sports	2
			Walking, cycling or public transport	1

Table 9 – Number of indicators of physical activity within domains and subdomains

Vaccine/immunization: HPV and HBV

The preventive behaviour aimed at minimizing increased exposure to cancer through immunization encompasses both Human Papillomavirus (HPV) and Hepatitis B Virus (HBV) vaccination with 155 and 139 indicators, respectively. While the search strategy considered both vaccinations, the synthesis and analysis were conducted separately for HPV (**Table 10**) and HBV (**Table 11**).

The proportion of indicators by the domains and subdomains are similar between both considered immunizations.

The **Policy and legislation** is the domain with the higher number of indicators in both HPV (n=99) and HBV (n=96) encompassed in eleven subdomains. A large part of these integrates indicators that cover overall immunizations, rather than specifically targeting HPV or HBV vaccines. The most frequent subdomain was *Logistics and supply* (HPV=16 and HBV=19) that includes indicators on stock-out of HPV and HBV vaccines, along with broader supply chain procedures including facility management systems. The *National Immunization Advisory Mechanism* (HPV and HBV= 15) includes information on the existence and composition of the National Immunization Technical Advisory Groups. *Immunization expenditure* encompasses not only the overall cost of the vaccines considered, but also the countries expenditures with immunization (HPV=12 and HBV=12). *Immunization program* indicators report onto various features of implemented immunization programs, such as scheduling, number of doses, and delivery settings (HPV=10 and HBV=4). Regarding *National policy/Action plan/ Strategies*, two similar subdomains are categorized. These encompass descriptions of the national strategy for

immunization, and specific plans or activities aimed at enhancing the overall immunization program (HPV and HBV= 6) or specifically targeting under-vaccination (HPV and HBV = 10). The subdomain *Waste management* reports countries policies for immunization program waste management. *Adverse effects* describe indicators monitoring, reporting and managing vaccines adverse effects (HPV and HBV=8). *Proof of vaccination and schooling* refers to indicators on the policies and requirements for school enrollment and proof of vaccination (stratified by different schooling years, HPV and HBV=7). The subdomain *Planning and Management* refers to existence and characteristics of the Multi-Year Plan (MYP) for immunization (HPV and HBV=4). Finally, *Legislation* refers to the existence and year of implementation of laws or other legislation on immunization (HPV and HBV=2).

Domain	Subdomain	n	
Population frequency/ behaviour (n=18)	Vaccine coverage	18	
	National policy/Action plan/ Strategies	6	
Policy and legislation (n=99)	National policy/Action plan/ Strategies under-vaccination	10	
	Immunization program	10	
	Immunization expenditure	12	
	Legislation	2	
	Planning and management	4	
	National Immunization Advisory Mechanism	15	
	Logistics and vaccine supply	16	
	Waste management	9	
	Adverse effects	8	
	Proof of vaccination and schooling	7	
	Monitoring systems and data collection (n=21)	Under-vaccination	2
		Knowledge, Awareness, Beliefs, Opinions and Attitudes	1
Adverse effects		1	
Existence of monitoring and assessment		5	
Knowledge, Awareness, Beliefs, Opinions and Attitudes (n=17)	Child immunization records	12	
	n/a	17	

Table 10 – Number of indicators of HPV vaccine within domains and subdomains.

The second most frequent domain for both HPV and HBV vaccines was **Monitoring systems and data collection**, which indicators assess the existence of monitoring and data collection on vaccination records, under-vaccination data, immunization program management, and behavioural information (HPV=21 and HBV=20).

Vaccine coverage, as the only subdomain on **Population frequency/behaviour** specifies the indicators targeting the proportion of a population that has received HPV and HBV vaccines within a specified time frame, stratified by different target groups (e.g., aged 15 year old girls; children aged 1) and doses (HPV=18 and HBV=8).

All indicators of the *Knowledge, Awareness, Beliefs, Opinions and Attitudes* were obtained from the Health Promotion and Disease Prevention Knowledge Gateway and the large majority were taken from a specific Eurobarometer report on a survey on the Europeans beliefs and attitudes about vaccines in general (HPV=17 and HBV=15).

Domain	Subdomain	n
Population frequency/behaviour (n=8)	Vaccine coverage	8
Policy and legislation (n=96)	National policy/Action plan/ Strategies	6
	National policy/Action plan/ Strategies under-vaccination	10
	Immunization program	4
	Immunization expenditure	12
	Legislation	2
	Planning and management	4
	National Immunization Advisory Mechanism	15
	Logistics and vaccine supply	19
	Waste management	9
	Adverse effects	8
	Proof of vaccination and schooling	7
	Under-vaccination	2
Monitoring systems and data collection (n=20)	Knowledge, Awareness, Beliefs, Opinions and Attitudes	1
	Existence of monitoring and assessment	3
	Child immunization records	12
Knowledge, Awareness, Beliefs, Opinions and Attitudes (n=15)	n/a	15

Table 11 – Number of indicators of HBV vaccine within domains and subdomains.

Environmental and workplace pollution

The increased risk to cancer through exposure to environmental pollution and workplace risks were searched simultaneously, but the indicators were analyzed separately. This approach was necessitated by significant differences in the number of indicators, domains, and subdomains associated with each type of exposure. In fact, the number of indicators found for environmental pollution was much higher (n=169) than those found for

workplace exposure (n=41). Additionally, for both environmental and workplace exposures, a third category was introduced within the domains/subdomains, denominated, respectively, "Pollutants and targets" and "Targets".

Regarding **environmental pollution (Table 12)**, the pollutants and targets added category, primarily delineates the air pollutants targeted by the indicators. However, sun beds, electromagnetic fields, and lead paint were also included. Although sun beds are not conventionally categorized as environmental pollution, the indicators obtained here were sourced from evaluations of health and environment, sun beds are classified as a source of radiation. Additionally, these indicators describe efforts to mitigate exposure to specific health and cancer risks, including overexposure to UV radiation from sun beds. Similarly, Electromagnetic Fields (EMFs) are not typically classified as environmental pollution, despite proposed guidelines to limit human exposure due to potential health risks. Finally, while lead is a toxic substance, lead paint itself is not typically considered a pollutant. However, it can contribute to environmental contamination and human health risks if not properly managed or disposed of. Considering the potential association of these sources and substances with health risks and its inclusion within the searched sources on documents or dashboards focusing on the association between environment and health, the indicators were retained.

The category **Pollutants and targets** allows for both an analysis within domains/subdomains (e.g., how many Concentration levels indicators target specific pollutants), as well as to examine for the overall indicators, the more frequent targeted pollutants.

Considering all the indicators and respective targeted pollutants, the most frequent indicators targeted overall air pollutants (n=55), without specification. This was followed by radon (n=35), Particulate Matter (PM, n=27) – divided into PM_{2.5} (n=13), PM₁₀ (n=11) and PM (n=3) – and ozone (n=13). The following pollutants appear less frequently: nitrogen dioxide (n=10), polycyclic aromatic hydrocarbons (n=3), radiation (n=3), sulfur dioxide (n=3), carbon monoxide (n=2), ammonia (n=1), black carbon (n=1), elemental carbon (n=1), methane (n=1), and Ultrafine Particles (UFP, n= 1).

The most frequent domain was **Concentration levels of air pollutants** (n=55) which include indicators for the distribution of pollutants across geographical areas to identify hotspots with elevated pollution levels (Geographical areas), across demographic groups within a given area (Population-Weighted Concentration), and to track the duration of elevated pollutant levels over specific time intervals (number of days or hours), or seasonal average.

The second most frequent domain was the **Policy and legislation** (n=42), including 6 subdomains. *Regulations* (n=16) presents indicators assessing the existence of regulations, for the most part targeting Radon. *Prevention* (n=8) reports indicators on preventive and mitigate measures regarding Radon. The *National policy/Action plan/ Strategies* (n=7) include indicators on the existence of national policies, plan or strategies on specific pollutants targeted or overall climate and health. *Reference level and standards* (n=7) includes both, the existence of reference levels and limits for Radon, PM2.5, Electromagnetic fields and Lead Paint, and the specific numeric level. Health systems (n=3) pertains to indicators onto the association between health systems and climate, while *Assessment* only indicator focus on assessment of climate change.

Health risks and outcomes (n=30) include indicators that quantify the impact of pollutants in overall health (n=28) and specifically for cancer (n=2). These risks and outcomes are subsequently divided into *Mortality* rate and attributable deaths (n=16), *Number of disability-adjusted life years* (DALYs, n=10) and *Number of years life lost* (YLLs, n=2) attributable to pollutants and overall, *Burden of disease* (n=2).

Sources of emissions (n=19) focus on the indicators identifying and describing the origins or activities responsible for releasing pollutants into the atmosphere. *Contributions* can be quantified *by air pollutants* (shared emissions by different pollutants, n=2) or by overall *sources* (e.g., main sectors, n=10). Two sources are distinctively targeted in these indicators: *Vehicles* (n=5) and *Household fuels and technologies* (n=10).

Monitoring systems and data collection (n=16) include four domains, of which three targeted only Radon. These included existence of Databases and surveys of Radon (n=3), Protocols for radon *Measurements* (n=4) and *Tests* (n=2). *Current status* (n=7) encompassed qualitative indicators on the existence of different air pollutants monitoring.

Exposure (n=7) basically includes quantifiable indicators onto the percentage of the population that air pollution and above defined standards of specific pollutants.

Domain	Subdomain	n	Pollutants and targets	n
Concentration levels of air pollutants (n=55)	n/a	55	Air pollutants	5
			PM2.5	10
			PM10	10
			Ozone	11
			Nitrogen dioxide (NO2)	8

Domain	Subdomain	n	Pollutants and targets	n
			Sulfur dioxide	3
			Carbon monoxide	2
			Polycyclic aromatic hydrocarbons (PAHs)	3
			Radon	3
Exposure (n=7)	Population percentage	7	Air pollutants	2
			PM2.5	2
			PM10	1
			Ozone	2
			Nitrogen dioxide (NO2)	1
Health risks and outcomes (n=30)	Burden of disease	2	Air pollutants	26
	DALY**	10	PM	2
	YLY**	2	Ozone	1
	Mortality	16	Nitrogen dioxide (NO2)	1
Policy and legislation (n=42)	National policy/Action plan/ Strategies	7	Air pollutants	3
	Assessment	1	PM2.5	1
	Health systems	3	Radon	22
	Regulations	16	Climate	6
	Reference level and standards	7	Radiation	1
	Prevention	8	Sun Beds*	7
			Electromagnetic fields*	1
Lead Paint*			1	
Monitoring systems and data collection (n=16)	Current status	7	Air pollutants	1
	Measurements	4	PM	1
	Surveys and database	3	Radon	9
	Tests	2	Black Carbon	1
			Elemental Carbon	1
			Ammonia	1
			Methane	1
			UFP	1
Sources of emissions (n=19)	Contributions by pollutants	2	Air pollutants	19
	Contributions by sources	2		
	Household fuels and technologies	10		
	Vehicles	5		

Table 12 – Number of indicators of environmental pollution within domains and subdomains.

Note: *Defined as potential sources of pollutants and indicators target, and also described within researched sources as indicators pertaining to health and environmental. ** DALY = Number of disability-adjusted life years; YLL = Number of years life lost.

Workplace exposure (Table 13) includes 41 indicators to which an additional third category was also added to domains/subdomains. Targets primarily

delineates the sources of workplace exposure that are aimed by the indicators (e.g., asbestos, carcinogens, etc..) but also the outcomes (e.g., occupational diseases and occupational risks).

Exposure is the most frequent domain (n=26) describes a range of indicators that quantify the extent of contact between individuals or groups and harmful agents in their workplace, as well as the associated burden of disease and mortality. It encompasses 6 subdomains, of which *Reduction and Impact* (n=7) is the most frequent. This subdomain includes indicators assessing the reduction of overall occupational risks, such as “*Reduction in the total number of work-related health problems*”. Both the *Burden of Disease* (n=6) and *Mortality* (n=6) included indicators quantifying occupational diseases and deaths attributable to overall occupational exposure and specific Airborne particulates and Carcinogens.

Policy and legislation (n=13) domain were divided into 3 subdomains. *Education and programs* (n=6) described indicators about the existence of education of training programs and activities for workers. *Health and safety* (n=4) encompass indicators about existence of occupational safety and health laws, programs or responses to workplace exposure. Finally, the 3 indicators of *Regulations* include information onto the existence of regulations and reference levels of Radon and Chemicals.

The **Monitoring systems and data collection** domain included only 2 indicators targeting Carcinogens.

Domain	Subdomain	n	Targets	n
Exposure (n=26)	Population	4	Long working hours	1
			Asbestos	1
	Average	2	Carcinogens	4
	Production	1	Radiation	1
	Burden of disease	6	Electromagnetic fields	1
	Mortality	6	Chemicals	1
	Reduction and impact	7	Airborne particulates	1
			Occupational diseases	8
Occupational risks			8	
Policy and legislation (n=13)	Regulations	3	Workers	6
	Health and safety	4	Radon	3
	Education and programs	6	Carcinogens	2
			Chemicals	2
Monitoring systems and data collection (n=2)	n/a		Carcinogens	2

Table 13 - Number of indicators of workplace exposure within domains and subdomains

Survey results

A survey was developed by all consortium partners involved in WP2 aimed at stakeholders mapping. The survey took place between January and February 2024. Survey data was collected through an online questionnaire developed through RedCap 10.9.2 software. The semi-structured English questionnaire included closed-ended and open-ended questions to allow for identifications of stakeholders at national level. The recruitment process included an email with the invitation and link, in addition to an informative sheet, that was sent and disseminated by the consortium partners to national stakeholders.

This survey additionally included questions on performance indicators for the different risk factors considered. The following table (**Table 14**) presents the data of the survey for the consortium countries, including the number of responses per country for each risk factor. As the open responses included, at times, more than one indicator, information of the number of responses by country is also included. Only responses that denominated an indicator were included, as there were a few cases, when respondents referred to the national action/plan and did not specify the indicator.

Also, an additionally broad category, named “Not specific indicators” was included for indicators not directly related or that may cover more than one of the risk factors of this report scope.

Responses by risk factors (n)	Countries (n)*	Indicators
Tobacco (n=8)	IT (n=1), PT (n=2), UK (n=1), BG(n=1)	Smoking prevalence
	UK (n=1)	Level of consumption of tobacco and nicotine products
	UK (n=1)	The structure of tobacco consumption
	PT(n=1)	Proportion of adolescents initiating smoking
	PT(n=1)	Smoking cessations offer and uptake
	IT(n=1), UK (n=1)	Proportion of smoking cessation
	PT(n=1)	Smoking cessation consultation
	UK (n=1)	Excise duties
	UK (n=1)	Labeling of cigarette packs
Alcohol (n=5)	UK (n=1), BG (n=1)	Prevalence of alcohol consumption

Responses by risk factors (n)	Countries (n)*	Indicators
	UK(n=1), PT(n=1)	The proportion of the population who drink daily, weekly or occasionally
	PT(n=1), UK(n=1)	Alcohol consumption per capita
	PT(n=1)	Alcohol consumption per age groups
	PT(n=1)	Drinking habits per type of drink
	PT(n=1)	Binge drinking monitoring
	UK(n=1)	Alcohol sales
	UK(n=1)	Excise duties
Obesity/nutrition (n=11)	PT(n=2), UK(n=1), IT(n=1)	Prevalence/ Population proportion that is obese (by age groups)
	PT(n=1), UK(n=1), IT(n=1)	Prevalence/ Population proportion that is overweight (by age groups)
	PT(n=1)	Population proportion that meets national guidelines for food consumption.
	BG(n=1)	Prevalence of high body mass index (BMI)
	BG(n=1)	Prevalence of unhealthy diet
	PT(n=1)	Vegetal and fruits consumption
	UK(n=1)	The state of actual nutrition of the population
	UK(n=1)	Nutrition standards
	PT(n=1)	Sugar consumption
PT(n=1)	Food ads for children monitorization	
Physical activity (n=11)	PT(n=1), UK(n=1)	Population proportion that meets national guidelines for physical activity
	PT(n=1)	Proportion who are physically active
	UK(n=2)	The level of physical activity of different population groups
	UK(n=1)	Physical activity standards
	PT(n=1)	Prevalence of low physical activity
Vaccination (HPV) (n=7)	PT(n=1), ME(n=1), UK(n=1), MK(n=1)	Estimated coverage of HPV vaccination
	ME(n=1)	Estimated coverage of HPV per municipalities and per birth cohort
	ME(n=1)	More than 50 percent of girls under the age of 12 have been vaccinated
	PT(n=1), ME(n=1), UK(n=1), MK(n=1)	Percentage of population fully vaccinated
	ME(n=2), UK(n=1), MK(n=1), RO(n=1)	Number/Percentage of doses given to targeted population
	PT(n=1)	Cervix cancer rates evolution

Responses by risk factors (n)	Countries (n)*	Indicators
Vaccination (HBV) (n=20)**	IT(n=1), ME(n=1), UK(n=5)	Immunization coverage
	ME(n=1)	Coverage of eligible children with HepB3
	PT(n=1), BG(n=1), RO(n=2), UK(n=2)	Percentage of population fully vaccinated
	RO(n=1), UK(n=4)	Percentage of population vaccinated/covered (per dose)
	RO(n=2)	Percentage of doses administered/doses distributed
	PT(n=1)	Percentage of users who completed some key assessment ages and complied with the general scheme
	RO(n=1)	Age of vaccination
	UK(n=1)	Vaccine purchase
	UK(n=1)	Implementation of regional vaccination programs
	UK(n=1)	Performance of trainings in immunoprophylaxis
	RO(n=1)	Vaccines scheme and included vaccines
Environmental/workplace (n=6)	UK(n=1)	The level of pollution of environmental objects
	RO(n=1)	Ambient air pollution levels of PM2.5, PM10, organic pollution,
Not specific indicators	BG (n=1)	Age-sex composition of the population
	BG(n=1)	Prevalence of high blood pressure
	BG (n=1)	Prevalence of high level of total serum cholesterol, high body mass index (BMI)
	BG(n=1)	Morbidity/disease prevalence in the population by causes, sex, and age
	BG (n=1)	Mortality of the population by causes, sex, and age
	BG(n=1)	Disability of the population by causes, sex, and age
	UK(n=1)	Population health indicators
UK(n=1)	Need of vaccination against diseases that are not included to the calendar	

Table 14 – Description of indicators collected by the stakeholders' survey.

Notes: *BG = Bulgaria, ME = Montenegro, MK= Republic of Macedonia, IT =Italy, PT= Portugal, UK=Ukraine; ** Macedonia and Bulgaria respondents stated that the vaccine is mandatory; ¹ In Bulgaria, Italy and Montenegro responses indicated too many indicators and pointed to governmental documents.

The HBV vaccines received the highest number of responses (n=20), followed by Obesity and Nutrition (n=11) and Physical activity (n=11). However, this doesn't translate into a greater variety of provided indicators. This discrepancy arises from multiple responses reporting the same indicators, some responses lacking specific indicators, and a few suggesting indicators unrelated to the considered risk factors.

When considering the number of indicators alone, the highest frequency was observed for Immunization of HBV vaccine (n=12), followed by Tobacco (n=9), Obesity and Nutrition (n=9), Alcohol (n=8), Physical activity (n=5), and Environmental and workplace exposure (n=2). Although described differently, most indicators focus on quantifying behaviours, encompassing lifestyle choices (such as tobacco or alcohol consumption, healthy dieting, or engagement in physical activity) and adherence to preventive behaviour guidelines (such as vaccination). Even in environmental pollution, the indicators primarily quantify levels of air pollutants.

Indicators addressing other domains were proposed for tobacco and alcohol consumption, obesity and nutrition, and immunization. These included excise duties for tobacco and alcohol, advertisement for alcohol and obesity and nutrition, expenditure for HBV vaccine immunization, and industry and economy for alcohol. Responses regarding Physical activity, vaccination, and environmental pollution did not include indicators targeting domains other than prevalence behaviour or concentration levels.

Only for HBV immunization was an indicator suggested that was not covered in the scoping review, focusing on overall training and training assessment in immunoprophylaxis.

Ultimately, non-specific indicators primarily pertain to health indicators and population status. These can be viewed as quantifiable measures to evaluate whether a policy has influenced overall health outcomes of a specific population.

Concluding remarks

On sources for the retrieved indicators:

Most indicators for all considered risk factors were sourced from international sources, with the World Health Organization (WHO) being the most frequent. This may be attributed mainly to language barriers, which limited access to indicators from national sources typically reported in government and institutional documents in local languages. Indicators obtained from national databases might have yielded different results, reflecting specific or varying policy initiatives and actions implemented by different countries. Nonetheless, the results of the survey suggest that these indicators tend to be similar and usually related to the quantification of actions taken by individuals or communities that either minimize or increase exposure to cancer risk factors or enhance protective factors (lifestyle choices, preventive behaviours and exposure).

Information on the indicators chosen at national level to assess Cancer Primary Prevention (CPP) policies, actions and initiatives could help to compare the outcomes and facilitate the identification of changes and pinpoint national, social, and cultural influences on the effectiveness of these policies.

On the type of indicators:

Variations in the proportion of indicators categorized as used or proposed to assess a policy vs. monitoring may partly stem from the methodology and the fact that this information was taken from the explicit or absence of statement within the source. The absence of an explicit link between an indicator and a policy, initiative, or action does not necessarily imply that it was not utilized as such – it could vary depending on the source.

In addition, while performance health indicators usually pertain to quantifiable measures, a lot of the indicators provided categorical qualitative data (e.g., existence of...). This relates also to the indicators frequently obtained from the WHO and EC. A large part regard these institutions own assessment of the implementation of frameworks at the European region (EU) or world (WHO) for minimizing exposure to specific risk factors. On the other hand, a significant proportion derives from country surveys administered by these organizations and responded to by national focal points. These indicators do not necessarily

allow to evaluate, but rather characterize the policies, action and initiatives enacted in different countries. While informative, national assessments conducted by countries may entail specific policies, actions, or initiatives that require tailored performance indicators.

On the domains and subdomains:

The provided domains and subdomains offered a valuable cross-sectional framework for various risk factors. While this operational organization is derived from this review and alternative denominations could potentially be identified as more suitable, they were designed as a broad umbrella to encompass the main areas reflected in the indicators. The high number of obtained indicators required a strategy that could provide an analytic lens both within, but also between risk factors.

Except for Tobacco, Environmental pollution and workplace exposure, Policy and legislation was the domain with a higher proportion of indicators that report to the existence, development, implementation, and assessment of policies, strategies, legislative frameworks, regulatory policies (e.g., taxation), and specific initiatives or programs targeting identified risk or protective factors.

Population frequency seems also to be one of the two most frequent domains. When measured and calculated consistently, these indicators hold the potential to offer quantifiable and comparable metrics, aiding in the assessment of health prevention performance both nationally and internationally. Similarly, most indicators presented in the survey could fall within this domain.

Health risk outcomes domain included all indicators that provide information on health status and conditions, including morbidity and mortality linked to specific risk or protective factor. The frequency varied greatly between the different risk factors considered. This might be due to the need of longer timeframe (as health outcomes can often take time to manifest), as well as the fact that many health outcomes can result from a combination of multiple factors.

The less frequent Monitoring systems usually related to the existence of monitoring and surveillance data, which can be particularly useful to understand what information needs there might be within different countries. Finally, the category encompassing Knowledge, Awareness, Beliefs, Opinions, and Attitudes tends to have fewer indicators across most risk factors. Moreover, the indicators obtained are often derived from one-time surveys or

inquires to national focal points, rather than regularly assessed metrics. While there is a growing acknowledgment of the importance of engaging with populations and stakeholders regarding health behaviours, predicting and evaluating behaviour change in response to prevention policies can be difficult. Establishing a unified global strategy to promote knowledge and awareness across different countries remains challenging. Each country has its unique healthcare system, cultural context, socioeconomic factors, and political landscape, which can influence the implementation of such policies, actions, and initiatives. Additionally, varying levels of resources, infrastructure, and capacity further complicate efforts to standardize strategies and indicators on a global scale. As a result, while there may be a shared recognition of the importance of addressing health behaviours knowledge and awareness, achieving consensus on common approaches and indicators might be difficult.

On the different risk factors main results:

Smoking and tobacco had two specific additional domains: tobacco and pregnancy, and tobacco cessation. Like observed for the others risk factors considered in this scoping review, the indicators were mostly categorized in the two domains of population frequency/behaviour, policy and legislation. However, unlike the others risk factors (except for physical activity) the third most common domain was Knowledge, Awareness, Beliefs, Opinions and Attitudes. This can indicate the higher consensus for such information in order to prevent population risk behaviours related to smoking and tobacco use. The domains with fewer indicators were Monitoring systems and data collection and Health Risks and outcomes.

Alcohol indicators were primarily categorized into two main domains: policy and legislation, and population frequency/behaviour. Under policy and legislation, various subdomains encompassed indicators related to different types of policies and initiatives, such as taxation, regulation of consumer limits, and advertisement restrictions, among others. Standardized indicators estimating alcohol-associated morbidity and mortality, as well as the quantification of alcohol-related disorders, were provided under Health risks and outcomes. Like most of the other risk factors, the domain of Knowledge, Awareness, Beliefs, Opinions, and Attitudes had the fewest indicators in terms of frequency.

Obesity/overweight, food, diet and nutrition was the group of risk factors that had the higher number of indicators, most of which categorized in two domains: policy and legislation, and population frequency/behaviour, as

observed for the other risk factors in this review. They mostly describe the existence and support of specific guidelines, programmes, legislation, and strategies and they also focus on policies concerning advertisement, nutrition labelling and health claims and on policies at schools, companies and workplaces. The domain of Health Risks and outcomes was the one with a fewer number of observed indicators.

Physical activity indicators were mostly divided between policy and legislation and population frequency/behaviour. In Policy and legislation, most indicators focused on characterizing the presence or absence of national guidelines, strategies, plans, or policies, including promotion at the national level of the European network for the promotion of health-enhancing physical activity (HEPA). Less common within this domain were indicators of specific physical activity programs, actions, and initiatives. Population frequency quantified the involvement of the population in physical activity, including insufficient physical activity levels, as well as engagement in walking, cycling, and sports. A third category was added to physical activity stating the topic of the indicator. The most frequent target of the indicators was on physical activity, highlighting a predominant emphasis on assessing adoption of protective behaviour rather than solely addressing the risks of insufficient activity and sedentary behaviour. The domain Knowledge, Awareness, Beliefs, Opinions, and Attitudes was the third most frequent and while it encompasses very diverse indicators, also included information into individuals' perceptions, attitudes, and motivational barriers related to engaging in physical activity.

HPV and HBV immunization exhibited nearly identical structures regarding domains, with minor variations in frequencies and a few subdomains. This similarity is partly attributed to many indicators encompassing overall assessments of immunization rather than solely targeting on specific vaccines (as HPV or HBV). In both cases, Policy and legislation emerged as the most frequent domain, followed by Monitoring systems and data collection, which included a subdomain on Knowledge, awareness, and beliefs—indicating the recognized importance of collecting information on behavioural determinants within vaccination efforts. Interestingly, almost all indicators within the Knowledge, Awareness, Beliefs, Opinions, and Attitudes domain were derived from one survey aimed at assessing Europeans' beliefs and attitudes about vaccines. Unlike other factors reviewed, Population frequency and behaviour constituted the least frequent domain, focusing solely on vaccine coverage.

Environmental and workplace pollution were searched simultaneously and presented very different results. The number of indicators found within

environmental pollution was much higher than found for workplace exposure. Looking into the third added category to domain and subdomain for environmental pollution, we found that there is a high variety of air pollutants and indicators targets, even though most focus on overall air pollutants, radon and Particulate Matter. For both, and unlike the other risk factors considered, indicators quantifying the concentration levels and exposure to air pollutants or harmful exposure in the workplace were the most frequent indicators. Notwithstanding, these tend to be more specifically related to a specific air pollutant for environmental, than for a harmful substance within workplace exposure. Overall, in total of workplace exposure nine indicators specifically target carcinogens. Policy and legislation appear as the second most frequent domain in both environmental and workplace factors, while Health risks and outcomes was only categorized for environmental pollution and mainly quantified the impact of pollutants in overall health risks, rather than specifically cancer. No indicator on either risk factor was included in the Knowledge, Awareness, Beliefs, Opinions, and Attitudes.

In conclusion, this scoping review provides a comprehensive overview of indicators that are used to monitor, proposed to or evaluate a policy, action or initiative within cancer primary prevention field. The very broad range of indicators here depicted is not necessarily linked to cancer policies performance, but also aids in characterizing the status of countries' implementation and enactment of policies across various factors. Our analysis highlights the diversity of indicators employed across different risk factors and the challenges associated with standardization and comparability. The domains and subdomains may help to determine which areas require the development of reliable and comparable indicators.

References

1. Wild C, Weiderpass E, Stewart B, eds. *World Cancer Report: Cancer Research for Cancer Development*. IARC. International Agency for Research on Cancer; 2020. Accessed September 9, 2023. <http://publications.iarc.fr/586>
2. Wild CP, Espina C, Bauld L, et al. Cancer Prevention Europe. *Mol Oncol*. 2019;13(3):528–534. doi:10.1002/1878-0261.12455
3. Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Ann Intern Med*. 2018;169(7):467–473. doi:10.7326/M18-0850
4. Arksey H, O'Malley L. Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice*. 2005;8(1):19–32. doi:10.1080/1364557032000119616
5. Moutselos K, Maglogiannis I. Evidence-based Public Health Policy Models Development and Evaluation using Big Data Analytics and Web Technologies. *Med Arch*. 2020;74(1):47–53. doi:10.5455/medarh.2020.74.47-53
6. Roberts JL. *Terminology A Glossary of Technical Terms on the Economics and Finance of Health Services*; 1998. Accessed March 17, 2024. <https://iris.who.int/handle/10665/108335?locale-attribute=pt&>
7. World Health Organization. *Monitoring the Building Blocks of Health Systems : A Handbook of Indicators and Their Measurement Strategies*. World Health Organization; 2010.
8. Braithwaite J, Hibbert P, Blakely B, et al. Health system frameworks and performance indicators in eight countries: A comparative international analysis. *SAGE Open Med*. 2017;5. doi:10.1177/2050312116686516
9. Rajan D, Papanicolas I, Karanikolos M, et al. *Health System Performance Assessment: Renewed Global Framework for Policy-Making*. (Lessof S, Muscat NA, Permanand G, Figueras J, eds.). World Health Organization and the European Observatory on Health Systems and Policies; 2023. Accessed March 12, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK590192/>

Appendix A

- [Smoking and Tobacco query for PubMed:](#)

["Tobacco"[MeSH Terms] OR "Smoking"[MeSH Terms] OR "Tobacco Use"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*"[Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

- [Alcohol consumption query for PubMed:](#)

[("alcohol drinking"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*"[Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

- [Obesity/overweight and Food and Nutrition query for PubMed:](#)

[("obesity"[MeSH Terms] OR "overweight"[MeSH Terms] OR "nutritional status"[MeSH Terms] OR "food and nutrition"[text word] OR "feeding behavior"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*"[Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

- [Physical Activity query for PubMed:](#)

[("sedentary behavior"[MeSH Terms] OR "exercise"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*"[Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program

Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

- **Vaccine/immunization: HPV and HBV**

[("Papillomavirus Vaccines"[MeSH Terms] OR "Hepatitis B Vaccines"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*" [Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

- **Environmental and workplace pollution**

[("environmental pollutants"[MeSH Terms] OR "environmental pollution"[MeSH Terms]) AND ("neoplasms" [MeSH Terms] OR "Noncommunicable Diseases" [MeSH Terms]) AND ("prevention and control"[MeSH Subheading] OR "plan"[All Fields] OR "National Health Programs"[MeSH Terms] OR "Health Policy"[MeSH Terms] OR "strategy*" [Text Word]) AND ("Health Status Indicators"[MeSH Terms] OR "performance indicators"[All Fields] OR "monitoring"[All Fields] OR "Program Evaluation"[MeSH Terms] OR "Assessment"[All Fields]) AND 2008/9/10:2023/9/10[pdat]]

Appendix B

Subdomains

The domains are broader defined to be able to have a comparison framework between the different risk factors, while subdomains specify the indicator within each risk factor. For a few risks factors a third concept was added either focusing on more specific target (e.g., type of air pollutant) or outcome (e.g., physical activity/sedentarism). Thus, subdomains definition considered its interaction with the broader domain, and the need for it to be meaningful. The following tables present the conceptual framework, including the domains and subdomains for the different risk factors considered.

Smoking and tobacco use	
Domain	Subdomain
Population frequency/ behaviour	Frequency of tobacco use
	Frequency of smoking
	Frequency of smokeless tobacco use
	Frequency electronic cigarette use
Health risks and outcomes	Health risks in general
	Risk to cancer
Policy and legislation	National policy/Action plan/ Strategies
	Bans of smoking on public or workplaces
	Bans on advertising
	Incentives for health professionals and policies support
	Taxation and costs
Monitoring systems and data collection	Monitoring tobacco use and prevention policies
	Monitoring second-hand smoke
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising and exposure to anti-tobacco information
	Awareness of tobacco marketing
	Awareness of tobacco cessation interventions and no smoking day
	Beliefs
	Attitudes
	Opinions
Industry and economy	Visibility and promotions of tobacco products
	Sales of tobacco products
Exposure	Total Frequency of exposure to secondhand smoking
	Frequency of exposure to secondhand smoke at home

Smoking and tobacco use	
Domain	Subdomain
	Frequency of exposure to secondhand Smoke in Public Places and workplace
Tobacco and pregnancy	Prevalence of tobacco exposure in pregnancy
	Frequency of women assessed for tobacco exposure and given advice to quit
	Available resources for tobacco exposure assessment and on health facilities
	Frequency of psychological interventions and consequences
	Exposure at home
Tobacco cessation	Intentions and attempts to quit
	Support to quit
	Benefits of quitting and behaviour change

Table 1 Tobacco indicators domains and subdomains

Alcohol	
Domain	Subdomain
Population frequency/ behaviour	Population percentage and consumption rate
	Consumption per capita
	Heavy drinking
	Number of drinks/grams of alcohol
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)
	Morbidity and mortality
Policy and legislation	National policy/Action plan/ Strategies
	Legislation on alcohol
	Existence of guidelines
	Taxation
	Licensing
	Restrictions on alcohol use, consumption, advertisement, distribution, and sales
	Consumer information and health warning labels
	Driving
Countries evaluation	
Monitoring systems and data collection	System/ survey
	Indicators/ definitions
Knowledge, Awareness, Beliefs, Opinions and Attitudes	n/a
Industry and economy	n/a

Table 2 Alcohol indicators domains and subdomains

Obesity and nutrition	
Domain	Subdomain
Population frequency/ behaviour	Frequency of overweight and obesity
	General eating habits
	Frequency of Dietary intake/ food products consumption
	Blood glucose levels
	Cholesterol levels
	Blood pressure levels
Health risks and outcomes	Health risks
	Outcomes
Policy and legislation	National policy/Action plan/ Strategies
	Taxation
	Policies at schools
	Policies at companies
	Policies at workplaces
	Advertisement, nutrition labelling and health claims
	Policies for counselling by a qualified professional
Monitoring systems and data collection	Monitoring systems
	Data collection
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change
	Beliefs
	Awareness
	Literacy/behaviour change determinants
Industry and economy	Industry
	Subsidies and specific budgets
	Types and changes of food served or sold
	Costs and sales

Table 3 Obesity and nutrition indicators domains and subdomains

Physical activity		
Domain	Subdomain	Outcomes
Population frequency/ behaviour	Percentage	Physical activity
	Time	Insufficient physical activity/sedentarism
	Number of days	Sports Walking, cycling or public transport
Health Risks and outcomes	Percentage	Overweight/obesity
		Blood pressure
		Cholesterol
Policy and legislation	National policy/Action plan/	Physical activity

Physical activity		
Domain	Subdomain	Outcomes
	Strategies	
	Existence of guidelines	Insufficient physical activity/sedentarism
	Schools	Sports
	Workplaces	Walking, cycling or public transport
	NGO's	
	Private sector	
	Countries evaluation	
Monitoring systems and data collection	n/a	Physical activity
Knowledge, Awareness, Beliefs, Opinions and Attitudes	n/a	Physical activity
		Sports
		Walking, cycling or public transport

Table 4 Physical activity indicators domains and subdomains

HPV	
Domain	Subdomain
Population frequency/behaviour	Vaccine coverage
Policy and legislation	National policy/Action plan/ Strategies
	National policy/Action plan/ Strategies under-vaccination
	Immunization program
	Immunization expenditure
	Legislation
	Planning and management
	National Immunization Advisory Mechanism
	Logistics and vaccine supply
	Waste management
	Adverse effects
	Proof of vaccination and schooling
Monitoring systems and data collection	Under-vaccination
	Knowledge, Awareness, Beliefs, Opinions and Attitudes
	Adverse effects
	Existence of monitoring and assessment
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Child immunization records
	n/a

Table 5 HPV indicators domains and subdomains

HBV	
Domain	Subdomain
Population frequency/ behaviour	Vaccine coverage
Policy and legislation	National policy/Action plan/ Strategies
	National policy/Action plan/ Strategies under-vaccination
	Immunization program
	Immunization expenditure
	Legislation
	Planning and management
	National Immunization Advisory Mechanism
	Logistics and vaccine supply
	Waste management
	Adverse effects
Monitoring systems and data collection	Proof of vaccination and schooling
	Under-vaccination
	Knowledge, Awareness, Beliefs, Opinions and Attitudes
	Existence of monitoring and assessment
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Child immunization records
	n/a

Table 6 HPV indicators domains and subdomains

Environmental pollution		
Domain	Subdomain	Pollutants and sources
Concentration levels of air pollutants	n/a	Air pollutants
		PM2.5
		PM10
		Ozone
		Nitrogen dioxide (NO ₂)
		Sulfur dioxide
		Carbon monoxide
		Polycyclic aromatic hydrocarbons (PAHs)
		Radon
Exposure	Population percentage	Air pollutants
		PM2.5
		PM10

Environmental pollution		
Domain	Subdomain	Pollutants and sources
		Ozone
		Nitrogen dioxide (NO2)
Health risks and outcomes	Burden of disease	Air pollutants
	DALY	PM
	YLY	Ozone
	Mortality	Nitrogen dioxide (NO2)
Policy and legislation	National policy/Action plan/Strategies	Air pollutants
	Assessment	PM2.5
	Health systems	Radon
	Regulations	Climate
	Reference level and standards	Radiation
	Prevention	Sun Beds
		Electromagnetic fields
		Lead Paint
	Household energy	
Monitoring systems and data collection	Risks assessment	Air pollutants
	Health surveillance	PM
		Radon
		Black Carbon
		Elemental Carbon
		Ammonia
		Methane
		UFP
Sources of emissions	Contributions by pollutants	Air pollutants
	Household fuels and technologies: population usage	
	Household fuels and technologies: use in households	
	Vehicles	

Table 7 Environmental pollutants indicators domains and subdomains

Workplace exposure		
Domain	Subdomain	Sources
Exposure	Population percentage	Long working hours
	Rate	Asbestos
	Average	Carcinogens
	Production	Radiation
	Burden of disease	Electromagnetic fields
	Mortality	Chemicals
	Reduction and impact	Airborne particulates
Policy and legislation	Reference level and standards	Workers

	Regulations	Radon
	Health and safety laws	Carcinogens
	Health and safety programs	Sun Beds
	Education and programs	Chemicals
	Responses	
Monitoring systems and data collection	Risk assessment	n/a
	Health surveillance	n/a

Table 8 Workplace exposure indicators domains and subdomains

Appendix C

References Tobacco indicators

Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS).

<https://www.cdc.gov/tobacco/global/gtss/index.htm>

Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS).

<https://nccd.cdc.gov/gtssdatasurveyresources/Ancillary/Documentation.aspx?SUID=1&DOCT=1>

Council of the European Union. (2009). Recommendation of 30 November 2009 on smoke-free environments. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32009H1205%2801%29&qid=1695375177483>)

European Commission. (2022). Europe's Beating Cancer Plan.

https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

European Partnership for Action Against Cancer. (2012). National Cancer Control Programmes: Analysis of Primary Data from Questionnaires Final preliminary report. <https://www.ipaac.eu/res/file/outputs/wp10/national-cancer-control-plans-survey.pdf>

European Partnership for Action Against Cancer. (2019). Report on the basis of the analysis of data from the survey on National Cancer Control Programmes/Cancer documents in EU.

<https://www.ipaac.eu/res/file/outputs/wp10/national-cancer-control-plans-survey.pdf>

Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions.

https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf

International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies.

<https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of->

[Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008](#)

Irish Ministry of Health. (2017). National Cancer Strategy 2017–2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026_Ireland.pdf

Jelenc, M., Albrecht, & Tit. (2012). National Cancer Control Programmes: Analysis of Primary Data from Questionnaires Final preliminary report. <https://www.ipaac.eu/res/file/outputs/wp10/national-cancer-control-plans-survey.pdf>

OECD & European Union. (2022). Health at a Glance: Europe 2022: State of Health in the EU Cycle. OECD Publishing. <https://doi.org/10.1787/507433b0-en>

OECD. (2022). Guidebook on Best Practices in Public Health. <https://www.oecd.org/publications/guidebook-on-best-practices-in-public-health-4f4913dd-en.htm>

Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. *Frontiers Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.912946>

Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021–2027, and repealing Regulation (EU) No 282/2014 (2021). <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0522&qid=1695375177483>

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013–2020. World Health Organization. <https://iris.who.int/handle/10665/94384>

World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)

World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke?

<https://iris.who.int/handle/10665/164592>

World Health Organization. (2015). Be he@lthy, be mobile: a handbook on how to implement mTobaccoCessation. (<https://iris.who.int/handle/10665/251719>)

World Health Organization. (2015). Smoke-free movies : from evidence to action. <https://www.who.int/publications/i/item/9789241509596>

World Health Organization. (2019). Tobacco control: fact sheet on Sustainable Development Goals (SDGs): health targets.

<https://iris.who.int/handle/10665/340898>

World Health Organization. (2020). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent health (GAMA) Advisory Group. https://www.who.int/docs/default-source/mca-documents/advisory-groups/gama/gama-list-of-indicators-draft-2-v20201020.pdf?sfvrsn=f6d00176_6

World Health Organization. (2023). GATS questionnaire.

<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire>

World Health Organization. (2023). Global Health Observatory: Monitor tobacco use and prevention policies (Tobacco control).

(<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/gho-tobacco-control-monitor>)

World Health Organization. (2023). Global school-based student health survey (GSHS).

<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire>

World Health Organization. (2023). STEPwise approach to NCD risk factor surveillance (STEPS).

<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools>

World Health Organization. (2023). The Global Adult Tobacco Survey (GATS).

<https://www.who.int/teams/noncommunicable->

[diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire](#)

World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke.

<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023>

World Health Organization. (2023). Tobacco Control Scale (TCS).

(<https://www.tobaccocontrolscale.org/>)

References Alcohol indicators

Department Of Health. (2023). National Cancer Strategy: 2017–2026.

<https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf>

Devaux, M., Aldea, A., Guillemette, Y., Suhlrie, L., Lerouge, A., & Cecchini, M. (2021). Impact of alcohol policies on health and the economy. In Preventing Harmful Alcohol Use. OECD Publishing. <https://doi.org/10.1787/43e02f02-en>

OECD, & European Union. (2022). Health at a Glance: Europe 2022: State of Health in the EU Cycle. OECD Publishing. <https://doi.org/10.1787/507433b0-en>

Policy Evaluation Network (PEN). (2015). Alcohol, number of drinks per week. PEN EU Policy Indicator Catalogues. <https://www.jpi-pen.eu/pen-eu-policy-indicator-catalogues.html>

Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021–2027, Pub. L. No. 2021/522, Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 (2021). <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0522&qid=1695375177483>

Public Health Evaluation and Impact Assessment Consortium (PHEIAC). (2013). Evaluation of the use and impact of the European Community Health Indicators ECHI by Member States.

https://health.ec.europa.eu/system/files/2016-11/echi_report_v20131031_0.pdf

Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. *Frontiers Public Health*, 10.

<https://doi.org/10.3389/fpubh.2022.912946>

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013–2020. World Health Organization. <https://iris.who.int/handle/10665/94384>

World Health Organization. (2013). NCD Global Monitoring Framework. World Health Organization. <https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework>

World Health Organization. (2016). 15–19 years old, current drinkers (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-19-years-old-current-drinkers-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-19-years-old-current-drinkers-(-))

World Health Organization. (2016). 15–years old any alcoholic beverage consumed in past 12 months (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-in-past-12-months-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-in-past-12-months-(-))

World Health Organization. (2016). 15-years old any alcoholic beverage consumed in past 30 days (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-in-past-30-days-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-in-past-30-days-(-))

World Health Organization. (2016). 15–years old, any alcoholic beverage consumed at least once a week (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-at-least-once-a-week-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/15-years-old-any-alcoholic-beverage-consumed-at-least-once-a-week-(-))

World Health Organization. (2016). Action Plan for implementation of alcohol policy. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/action-plan-for-implementation-of-alcohol-policy>

World Health Organization. (2016). Adopted written national policy on alcohol. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adopted-written-national-policy-on-alcohol>

World Health Organization. (2016). Adopted written national policy on alcohol, year adopted. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adopted-written-national-policy-on-alcohol-year-adopted>

World Health Organization. (2016). Adopted written national policy on alcohol, year revised. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adopted-written-national-policy-on-alcohol-year-revised>

World Health Organization. (2016). Advertising restrictions at cinemas. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-at-cinemas>

World Health Organization. (2016). Advertising restrictions at point-of-sale. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-at-point-of-sale>

World Health Organization. (2016). Advertising restrictions in print media. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-in-print-media>

World Health Organization. (2016). Advertising restrictions on billboards. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-billboards>

World Health Organization. (2016). Advertising restrictions on cable television. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-cable-television>

World Health Organization. (2016). Advertising restrictions on national radio. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-national-radio>

World Health Organization. (2016). Advertising restrictions on national television. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-national-television>

World Health Organization. (2016). Advertising restrictions on social media. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-social-media>

World Health Organization. (2016). Advertising restrictions on the internet. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/advertising-restrictions-on-the-internet>

World Health Organization. (2016). Age limits off-premise sales. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/age-limits-off-premise-sales>

World Health Organization. (2016). Age limits on-premise service. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/age-limits-on-premise-service>

World Health Organization. (2016). Alcohol content displayed on containers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-content-displayed-on-containers>

World Health Organization. (2016). Alcohol dependence (15+), 12-month prevalence (%) with 95%CI. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-dependence-\(15-\)-12-month-prevalence-\(-\)-with-95-ci](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-dependence-(15-)-12-month-prevalence-(-)-with-95-ci)

World Health Organization. (2016). Alcohol expenditure as a per cent of total household expenditure. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator->

[details/GHO/alcohol-expenditure-as-a-per-cent-of-total-household-expenditure](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-expenditure-as-a-per-cent-of-total-household-expenditure)

World Health Organization. (2016). Alcohol use disorders (15+), 12 month prevalence (%) with 95%. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-use-disorders-\(15-\)-12-month-prevalence-\(-\)-with-95-](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-use-disorders-(15-)-12-month-prevalence-(-)-with-95-)

World Health Organization. (2016). Alcohol use is banned. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-use-is-banned>

World Health Organization. (2016). Alcohol, average daily intake in grams among drinkers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-average-daily-intake-in-grams-among-drinkers-with-95-ci>

World Health Organization. (2016). Alcohol, consumers past 12 months (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-consumers-past-12-months-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-consumers-past-12-months-(-))

World Health Organization. (2016). Alcohol, drinkers only per capita (15+ years) consumption in litres of pure alcohol. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-\(15-\)consumption-in-litres-of-pure-alcohol](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-(15-)consumption-in-litres-of-pure-alcohol)

World Health Organization. (2016). Alcohol, former drinkers (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-former-drinkers-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-former-drinkers-(-))

World Health Organization. (2016). Alcohol, harmful use (15+), 12 month prevalence (%) with 95%CI. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-harmful-use-\(15-\)-12-month-prevalence-\(-\)-with-95-ci](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-harmful-use-(15-)-12-month-prevalence-(-)-with-95-ci)

World Health Organization. (2016). Alcohol, heavy episodic drinking (15+) past 30 days (%), age-standardized with 95%CI. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-heavy-episodic-drinking-\(15-\)-past-30-days-\(-\)-age-standardized-with-95-ci](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-heavy-episodic-drinking-(15-)-past-30-days-(-)-age-standardized-with-95-ci)

World Health Organization. (2016). Alcohol, regional prevalence of alcohol use disorders (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-regional-prevalence-of-alcohol-use-disorders-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-regional-prevalence-of-alcohol-use-disorders-(-))

World Health Organization. (2016). Alcohol-attributable fractions, all-cause deaths (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths-(-))

World Health Organization. (2016). Alcohol-attributable fractions (15+), cancer deaths. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-\(15-\)-cancer-deaths](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-(15-)-cancer-deaths)

World Health Organization. (2016). Alcohol-attributable Years of Life Lost (YLL) score. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-years-of-life-lost-\(yll\)-score](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-years-of-life-lost-(yll)-score)

World Health Organization. (2016). Alcoholic beverage legally defined. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcoholic-beverage-legally-defined>

World Health Organization. (2016). Alcoholic excise tax revenue as a per cent of government revenue. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcoholic-excise-tax-revenue-as-a-per-cent-of-government-revenue>

World Health Organization. (2016). Annual revenues from alcohol excise tax in millions US\$. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/annual-revenues-from-alcohol-excise-tax-in-millions-usd>

World Health Organization. (2016). Average price 500 mls Beer in US\$. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-500-mls-beer-in-us\\$](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-500-mls-beer-in-us$)

World Health Organization. (2016). Average price 500 mls Spirits in US\$. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-500-mls-spirits-in-us\\$](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-500-mls-spirits-in-us$)

World Health Organization. (2016). Average price 750 mls Wine in US\$. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-750-mls-wine-in-us\\$](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/average-price-750-mls-wine-in-us$)

World Health Organization. (2016). Awareness activities. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/awareness-activities>

World Health Organization. (2016). Central coordinating entity for alcohol policy implementation. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/central-coordinating-entity-for-alcohol-policy-implementation>

World Health Organization. (2016). Consumer information about calories, additives, etc on containers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/consumer-information-about-calories-additives-etc-on-containers>

World Health Organization. (2016). Detection of marketing infringements. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/detection-of-marketing-infringements>

World Health Organization. (2016). Duty paid or excise stamp on alcohol container. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/duty-paid-or-excise-stamp-on-alcohol-container>

World Health Organization. (2016). Ethanol tax deducted from excise tax. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ethanol-tax-deducted-from-excise-tax>

World Health Organization. (2016). Excise duty (average) per hectolitre in Euros. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/excise-duty-\(average\)-per-hectolitre-in-euros](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/excise-duty-(average)-per-hectolitre-in-euros)

World Health Organization. (2016). Excise tax on alcoholic beverages. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/excise-tax-on-alcoholic-beverages>

World Health Organization. (2016). Framework of national alcohol policy. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/framework-of-national-alcohol-policy>

World Health Organization. (2016). Government monopoly on retail sales. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/government-monopoly-on-retail-sales>

World Health Organization. (2016). Government support for community action. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/government-support-for-community-action>

World Health Organization. (2016). Health warning labels on alcohol advertising. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/health-warning-labels-on-alcohol-advertising>

World Health Organization. (2016). Health warning labels on alcohol containers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/health-warning-labels-on-alcohol-containers>

World Health Organization. (2016). Health warning labels on drink-driving. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/health-warning-labels-on-drink-driving>

World Health Organization. (2016). Health warning labels on pregnancy. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/health-warning-labels-on-pregnancy>

World Health Organization. (2016). Health warning labels on under-age drinking. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/health-warning-labels-on-under-age-drinking>

World Health Organization. (2016). Heavy episodic drinking (youth 15 -19 years) past 30 days (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-\(youth-15--19-years\)-past-30-days-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-(youth-15--19-years)-past-30-days-(-))

World Health Organization. (2016). Heavy episodic drinking (youth 15 -19 years), drinkers only, past 30 days (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-\(youth-15--19-years\)-drinkers-only-past-30-days-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-(youth-15--19-years)-drinkers-only-past-30-days-(-))

World Health Organization. (2016). Legal blood alcohol concentration (BAC) limits. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/legal-blood-alcohol-concentration-\(bac\)-limits](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/legal-blood-alcohol-concentration-(bac)-limits)

World Health Organization. (2016). Legal requirement for size of health warning labels. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/legal-requirement-for-size-of-health-warning-labels>

World Health Organization. (2016). Legislation on alcohol testing at workplaces. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/legislation-on-alcohol-testing-at-workplaces>

World Health Organization. (2016). Level of adoption of national alcohol policy. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/level-of-adoption-of-national-alcohol-policy>

World Health Organization. (2016). Level of taxation adjusted for inflation. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/level-of-taxation-adjusted-for-inflation>

World Health Organization. (2016). Licence required for production. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licence-required-for-production>

World Health Organization. (2016). Licence required for retail sales. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licence-required-for-retail-sales>

World Health Organization. (2016). Licenses issued for production, change since 2010. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licenses-issued-for-production-change-since-2010>

World Health Organization. (2016). Licenses issued for retail sale, change since 2010. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licenses-issued-for-retail-sale-change-since-2010>

World Health Organization. (2016). Licenses issued for wholesale/distribution, change since 2010. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licenses-issued-for-wholesale-distribution-change-since-2010>

World Health Organization. (2016). Licensing required for exports of alcoholic beverages. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licensing-required-for-exports-of-alcoholic-beverages>

World Health Organization. (2016). Licensing required for imports of alcoholic beverages. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licensing-required-for-imports-of-alcoholic-beverages>

World Health Organization. (2016). Licensing required for wholesale/distribution of alcoholic beverages. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/licensing-required-for-wholesale-distribution-of-alcoholic-beverages>

World Health Organization. (2016). Monopoly on exports of alcoholic beverages. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/monopoly-on-exports-of-alcoholic-beverages>

World Health Organization. (2016). Monopoly on imports of alcoholic beverages. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/monopoly-on-imports-of-alcoholic-beverages>

World Health Organization. (2016). Monopoly on wholesale /distribution of alcoholic beverages. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/monopoly-on-wholesale-distribution-of-alcoholic-beverages>

World Health Organization. (2016). National drinking guidelines. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-drinking-guidelines>

World Health Organization. (2016). National guidelines for alcohol problem prevention and counselling at workplaces. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-guidelines-for-alcohol-problem-prevention-and-counselling-at-workplaces>

World Health Organization. (2016). National guidelines for the prevention and reduction of alcohol-related harm in schools. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-guidelines-for-the-prevention-and-reduction-of-alcohol-related-harm-in-schools>

World Health Organization. (2016). National legislation to prevent illegal alcohol. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-legislation-to-prevent-illegal-alcohol>

World Health Organization. (2016). National legislation to prevent illegal alcohol sales. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-legislation-to-prevent-illegal-alcohol-sales>

World Health Organization. (2016). National surveys on adult alcohol consumption. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-surveys-on-adult-alcohol-consumption>

World Health Organization. (2016). National surveys on youth alcohol consumption. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-surveys-on-youth-alcohol-consumption>

World Health Organization. (2016). National system of data collection based on health service delivery. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-system-of-data-collection-based-on-health-service-delivery>

World Health Organization. (2016). National system of epidemiological data collection for alcohol use. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-system-of-epidemiological-data-collection-for-alcohol-use>

World Health Organization. (2016). National systems for monitoring alcohol consumption and harms. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/national-systems-for-monitoring-alcohol-consumption-and-harms>

World Health Organization. (2016). Number of standard alcoholic drinks displayed on containers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/number-of-standard-alcoholic-drinks-displayed-on-containers>

World Health Organization. (2016). Off-premise sales restrictions at petrol stations. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-at-petrol-stations>

World Health Organization. (2016). Off-premise sales restrictions at specific events. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-at-specific-events>

World Health Organization. (2016). Off-premise sales restrictions on days. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-on-days>

World Health Organization. (2016). Off-premise sales restrictions on hours. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-on-hours>

World Health Organization. (2016). Off-premise sales restrictions on outlet density. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-on-outlet-density>

World Health Organization. (2016). Off-premise sales restrictions on places. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/off-premise-sales-restrictions-on-places>

World Health Organization. (2016). On-premise sales restrictions at specific events. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-at-specific-events>

World Health Organization. (2016). On-premise sales restrictions on hours. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-on-hours>

World Health Organization. (2016). On-premise sales restrictions on outlet density. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-on-outlet-density>

World Health Organization. (2016). On-premise sales restrictions on places. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-on-places>

World Health Organization. (2016). On-premise sales restrictions to intoxicated persons. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-to-intoxicated-persons>

World Health Organization. (2016). On-premise sales restrictions on days. The Global Health Observatory .

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/on-premise-sales-restrictions-on-days>

World Health Organization. (2016). Penalties for drink driving, repeated offense. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/penalties-for-drink-driving-repeated-offense>

World Health Organization. (2016). Penalties for drink driving. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/penalties-for-drink-driving>

World Health Organization. (2016). Price measures. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/price-measures>

World Health Organization. (2016). Random breath testing (RBT) use. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/random-breath-testing-\(rbt\)-use](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/random-breath-testing-(rbt)-use)

World Health Organization. (2016). Report with data from health services on alcohol use and AUDs. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/report-with-data-from-health-services-on-alcohol-use-and-auds>

World Health Organization. (2016). Report with epidemiological data on alcohol use and AUDs. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/report-with-epidemiological-data-on-lcohol-use-and-auds>

World Health Organization. (2016). Restrictions on alcohol use in public places. The Global Health Observatory.

<https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2352>

World Health Organization. (2016). Restrictions on product placement in films/movies. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-product-placement-in-films-movies>

World Health Organization. (2016). Restrictions on product placement on cable television. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-product-placement-on-cable-television>

World Health Organization. (2016). Restrictions on product placement on national television. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-product-placement-on-national-television>

World Health Organization. (2016). Restrictions on sales promotion from owners of pubs and bars (alcohol for free). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-owners-of-pubs-and-bars-\(alcohol-for-free\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-owners-of-pubs-and-bars-(alcohol-for-free))

World Health Organization. (2016). Restrictions on sales promotion from producers (parties, events). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-producers-\(parties-events\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-producers-(parties-events))

World Health Organization. (2016). Restrictions on sales promotion from retailers (sales below cost). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-retailers-\(sales-below-cost\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sales-promotion-from-retailers-(sales-below-cost))

World Health Organization. (2016). Restrictions on sponsorship of sporting events. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sponsorship-of-sporting-events>

World Health Organization. (2016). Restrictions on sponsorship of youth events. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restrictions-on-sponsorship-of-youth-events>

World Health Organization. (2016). Sectors represented in national alcohol policy. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/sectors-represented-in-national-alcohol-policy>

World Health Organization. (2016). Server training. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/server-training>

World Health Organization. (2016). Sobriety checkpoints. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/sobriety-checkpoints>

World Health Organization. (2016). Standard drink defined. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/standard-drink-defined>

World Health Organization. (2016). Tax incentives for production low/no alcohol content beer. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/tax-incentives-for-production-low-no-alcohol-content-beer>

World Health Organization. (2016). Tax incentives for production of other alcoholic beverages. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/tax-incentives-for-production-of-other-alcoholic-beverages>

World Health Organization. (2016). Taxation of ethanol production. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/taxation-of-ethanol-production>

World Health Organization. (2016). Value-added tax (VAT) on alcohol (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/value-added-tax-\(vat\)-on-alcohol-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/value-added-tax-(vat)-on-alcohol-(-))

World Health Organization. (2018, August 24). Alcohol, abstainers lifetime (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-abstainers-lifetime-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-abstainers-lifetime-(-))

World Health Organization. (2019). Alcohol, tourist consumption (in litres of pure alcohol). The Global Health Observatory . [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-tourist-consumption-\(in-litres-of-pure-alcohol\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-tourist-consumption-(in-litres-of-pure-alcohol))

World Health Organization. (2019). Alcohol, unrecorded per capita (15+ years) consumption (in litres of pure alcohol). The Global Health Observatory. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/466>

World Health Organization. (2019). The SAFER technical package: five areas of intervention at national and subnational levels (World Health Organization, Ed.). World Health Organization. <https://iris.who.int/bitstream/handle/10665/330053/9789241516419-eng.pdf?sequence=1>

World Health Organization. (2020, June 4). Alcohol, abstainers past 12 months (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-abstainers-past-12-months-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-abstainers-past-12-months-(-))

World Health Organization. (2022). Global alcohol action plan 2022–2030. <http://apps.who.int/bookorders>. https://cdn.who.int/media/docs/default-source/alcohol/final-text-of-aap-for-layout-and-design-april-2023.pdf?sfvrsn=6c5adb25_2

World Health Organization. (2023). SDG indicator metadata.

<https://unstats.un.org/sdgs/metadata/files/Metadata-03-05-02.pdf>

World Health Organization. (2023, March 20). Alcohol, total per capita (15+) consumption (in litres of pure alcohol). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-\(recorded-unrecorded\)-alcohol-per-capita-\(15-\)-consumption](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-(recorded-unrecorded)-alcohol-per-capita-(15-)-consumption)

World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova: STEPS 2013. <https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova>

World Health Organization/Regional Office for Europe. (2020). STEPS: prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. <https://www.who.int/publications/m/item/2019-steps-country-report-ukraine>

References Obesity/nutrition indicators

Commission Regulation (EU) 2019/649. (2019). Amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649>

European Commission. (2021). Cholesterol intake across the EU and Norway dashboard. https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/dietary-fats-5f_en

European Public Health Association. (2017). Healthy and Sustainable Diets for European Countries. https://eupha.org/repository/advocacy/EUPHA_report_on_healthy_and_sustainable_diets_20-05-2017.pdf

European Union. (2014). EU Action Plan on Childhood Obesity 2014–2020. https://health.ec.europa.eu/system/files/2016-11/childhoodobesity_actionplan_2014_2020_en_0.pdf

European Union. (2014). Trans fatty acids in Europe: where do we stand?

<https://publications.jrc.ec.europa.eu/repository/handle/JRC91353>

Eurostat. (2016). Consumption of fruit and vegetables in the EU 1 in 7 persons aged 15 or over eats at least 5 portions of fruit or vegetables daily.

<https://ec.europa.eu/eurostat/documents/2995521/7694616/3-14102016-BP-EN.pdf/1234ac94-27fd-4640-b9be-427a42d54881>

Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. *Int J Behav Nutr Phys Act.* 18:48. <https://doi.org/10.1186/s12966-021-01111-0>. Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. *European Journal of Public Health*, 32:4.

<https://doi.org/10.1093/eurpub/ckac061>

Irish Ministry of Health.(2017). National Cancer Strategy 2017–2026.

https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026_Ireland.pdf

Organisation for Economic Co-operation and Development. (2023). List of variables in OECD health statistics 2023. <https://www.oecd.org/els/health-systems/List-of-variables-OECD-Health-Statistics-2023.pdf>

Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. *Frontiers Public Health*, 10.

<https://doi.org/10.3389/fpubh.2022.912946>

Santos, J. A., Tekle, D., Rosewarne, E., Flexner, N. et al. (2021). A Systematic Review of Salt Reduction Initiatives Around the World: A Midterm Evaluation of Progress Towards the 2025 Global Non-Communicable Diseases Salt Reduction Target. *Advances in nutrition*, 12(5).

<https://doi.org/10.1093/advances/nmab008>

Storcksdieck Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Wollgast, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact.

<https://publications.jrc.ec.europa.eu/repository/handle/JRC91433>

Storcksdieck Genannt Bonsmann, S., Kardakis, T., Wollgast, J., Nelson, M., Louro Caldeira, S. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland.

<https://publications.jrc.ec.europa.eu/repository/handle/JRC90452>

World Cancer Research Fund International. (2023). Nourishing policy index: Nutrition policy status in 30 European countries.

<https://www.wcrf.org/policy/nutrition-policy/>

World Health Assembly. (2015). Maternal, infant and young child nutrition: development of the core set of indicators Report by the Secretariat.

<https://iris.who.int/handle/10665/252835>

World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation.

<https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity>

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013–2020.

<https://www.who.int/publications/i/item/9789241506236>

World Health Organization. (2015). Guideline: sugars intake for adults and children. <https://www.who.int/publications/i/item/9789241549028>

World Health Organization. (2017). Guidelines: Assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition

<https://www.who.int/publications/i/item/9789241550123>

World Health Organization. (2018). Global nutrition policy review 2016–2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition.

<https://www.who.int/publications/i/item/9789241514873>

World Health Organization. (2019). WHO guiding principles and framework manual for front-of-pack.

<https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthydiet>

World Health Organization. (2020). Standard STEPS instrument.

<https://www.who.int/publications/m/item/standard-steps-instrument>

World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet.

<https://www.who.int/publications/i/item/9789240018341>

World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies

(<https://iris.who.int/handle/10665/339075?&locale-attribute=ru>)

World Health Organization. (2022). Fiscal policies to promote healthy diets: policy brief.

<https://www.who.int/publications/i/item/9789240049543>

World Health Organization. (2022). Noncommunicable diseases progress monitor 2022.

<https://www.who.int/publications/i/item/9789240047761>

World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies.

<https://www.who.int/publications/i/item/9789240056299>

World Health Organization. (2023). A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.

<https://www.who.int/publications/i/item/9789241503242>

World Health Organization. (2023). A primary health care approach to obesity prevention and management in children and adolescents: policy brief.

<https://iris.who.int/handle/10665/367877>

World Health Organization. (2023). Global Health Observatory (WHO)

Dashboard. <https://www.who.int/data/gho/data/indicators>; NCD Risk Factor

Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *Lancet*, 390(10113), 2627–2642.

[https://doi.org/10.1016/S0140-6736\(17\)32129-3](https://doi.org/10.1016/S0140-6736(17)32129-3)

World Health Organization. (2023). Global Health Observatory (WHO)

Dashboard. [https://www.who.int/data/gho/data/indicators/indicator-
details/GHO/existence-of-an-operational-multisectoral-national-ncd-](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multisectoral-national-ncd-)

[policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors](#)

World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. <https://www.who.int/publications/i/item/9789240075436>

World Health Organization. (2023). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent health (GAMA) Advisory Group. <https://www.who.int/groups/the-global-action-for-measurement-of-adolescent-health>

World Health Organization. (2023). Red and processed meat in the context of health and the environment: many shades of red and green. Information brief. <https://www.who.int/publications/i/item/9789240074828>

World Health Organization. (2023). WHO Regional Office for Europe nutrient profile model: second edition. <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6894-46660-68492>

World Health Organization. (2023). Global school-based student health survey (GSHS) Indicator List. <https://www.paho.org/en/enlace/global-school-based-student-health-survey-results-tool>. World Health Organization. (2023). Noncommunicable Disease Surveillance, Monitoring and Reporting. <https://www.who.int/teams/noncommunicable-diseases/surveillance/data>

References Physical Activity indicators

Capewell, S., & Capewell, A. (2018). An effectiveness hierarchy of preventive interventions: Neglected paradigm or self-evident truth? In *Journal of Public Health (United Kingdom)* (Vol. 40, Issue 2, pp. 350–358). Oxford University Press. <https://doi.org/10.1093/pubmed/fox055>

Department Of Health. (2023). National Cancer Strategy: 2017–2026. <https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf>

European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health–
Deliverable 2.1 – 4PCAN

enhancing physical activity across sectors. In European Commission. European Commission. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52013SC0310>

European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Belgium factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

European Commission. (2022d). Special Eurobarometer 525: Sport and physical activity. Bulgaria factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

European Commission. (2022e). Special Eurobarometer 525: Sport and physical activity. Ireland factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

European Commission. (2022f). Special Eurobarometer 525: Sport and physical activity. Italy factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

European Commission. (2022g). Special Eurobarometer 525: Sport and physical activity. Portugal factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

European Commission. (2022h). Special Eurobarometer 525: Sport and physical activity. Romania factsheet. <https://europa.eu/eurobarometer/surveys/detail/2668>

Garnica Rosas, L., Mensink, G. B. M., Finger, J. D., Schienkiewitz, A., Do, S., Wolters, M., Stanley, I., Abu Omar, K., Wieczorowska-Tobis, K., Woods, C. B., Murrin, C., Ahrens, W., & Hebestreit, A. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. *International Journal of Behavioral Nutrition and Physical Activity*, 18(1). <https://doi.org/10.1186/s12966-021-01111-0>

Hebestreit, A., Do, S., Wolters, M., Mensink, G. B. M., Garnica-Rosas, L., Abu-Omar, K., Messing, S., Neumann-Podczaska, A., Wieczorowska-Tobis, K., Lien, N., Stanley, I., Ahrens, W., & Murrin, C. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. *European Journal of Public Health*, 32(4 S), IV21–IV31. <https://doi.org/10.1093/eurpub/ckac061>

KANTAR, & European Commission. (2022). Sport and Physical Activity: Special Eurobarometer 525 – Sport and Physical Activity.

<https://doi.org/10.2766/356346>

OECD, & European Union. (2020). Health at a Glance: Europe 2020. OECD.

<https://doi.org/10.1787/82129230-en>

Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. *Frontiers Public Health*, 10.

<https://doi.org/10.3389/fpubh.2022.912946>

Shams-White, M. M., Romaguera, D., Mitrou, P., Reedy, J., Bender, A., & Brockton, N. T. (2020). Further Guidance in Implementing the Standardized 2018 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) Score. In *Cancer Epidemiology Biomarkers and Prevention* (Vol. 29, Issue 5, pp. 889–894). American Association for Cancer Research Inc.

<https://doi.org/10.1158/1055-9965.EPI-19-1444>

World Cancer Research Fund (2023). The development of the NOURISHING and MOVING benchmarking tools to monitor and evaluate national governments' nutrition and physical activity policies to address obesity in the European region. <https://www.wcrf.org/policy/nutrition-policy/>

World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation.

<https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity>

World Health Organization. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova: STEPS 2013.

https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/republic-of-moldova/moldova_steps_2013_final_report.pdf?sfvrsn=e8c4f0ff_1&download=true

World Health Organization. (2016). Prevalence of insufficient physical activity among adults aged 18+ years (age-standardized estimate) (%). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

World Health Organization. (2016). Prevalence of insufficient physical activity among school going adolescents aged 11–17 years. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-school-going-adolescents-aged-11-17-years>

World Health Organization. (2016). Prevalence of insufficient physical activity in older people aged 70 or over. The Global Health Observatory. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/prevalence-of-insufficient-physical-activity-in-older-people-aged-70-or-over>

World Health Organization. (2020). STEPS: prevalence of noncommunicable disease risk factors in Ukraine 2019. https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/who-euro-2020-1468-41218-56060-eng.pdf?sfvrsn=3139b04c_3&download=true

World Health Organization. (2020). WHO STEPS Noncommunicable Disease Risk Factor Survey. https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/steps/part6-section-3c-databook-template-v3-2.pdf?sfvrsn=99cfe694_3

World Health Organization. (2021). Existence of operational policy/strategy/action plan to reduce physical inactivity. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-operational-policy-strategy-action-plan-to-reduce-physical-inactivity>

World Health Organization. (2021). Existence of policy promoting physical activity: community-based and sports initiatives. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-operational-policy-strategy-action-plan-to-reduce-physical-inactivity>

World Health Organization. (2021). Existence of policy promoting physical activity: workplace initiatives. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-policy-promoting-physical-activity--workplace-initiatives>

World Health Organization. (2021). Existence of policy promoting physical activity: public open spaces. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-policy-promoting-physical-activity--public-open-spaces>

World Health Organization. (2021). Existence of policy promoting physical activity: childcare settings. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-policy-promoting-physical-activity--childcare-settings>

World Health Organization. (2021). Existence of policy promoting physical activity: walking and cycling. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-policy-promoting-physical-activity--walking-and-cycling>

World Health Organization. (2021). Existence of policy promoting physical activity: active ageing. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-policy-promoting-physical-activity--active-ageing>

World Health Organization. (2021). Global Physical Activity Questionnaire (GPAQ). <https://www.who.int/publications/m/item/global-physical-activity-questionnaire>

World Health Organization. (2021). Implementation of physical activity public awareness program. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/implementation-of-physical-activity-public-awareness-program>

World Health Organization. (2022). Existence of national guidelines for physical activity. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity>

World Health Organization. (2022). Existence of national guidelines for physical activity for children under 5. The Global Health Observatory.

Deliverable 2.1 – 4PCAN

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-children>

World Health Organization. (2022). Existence of national guidelines for physical activity for children and adolescents aged 5–19. The Global Health Observatory. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/5754>

World Health Organization. (2022). Existence of national guidelines for physical activity for adults. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-adults>

World Health Organization. (2022). Existence of national guidelines for physical activity for older adults. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-older-adults>

World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. <https://www.who.int/publications/i/item/9789240059177>

World Health Organization. (2023). Assessing national capacity for the prevention and control of noncommunicable diseases. Report of the 2021 global survey. <https://iris.who.int/bitstream/handle/10665/370423/9789240071698-eng.pdf?sequence=1>

References HBV indicators

European Commission. (2019). Special Eurobarometer 488 – Europeans’ attitudes towards vaccination. <https://doi.org/10.2875/685461>

Larson, H., de Figueiredo, A., Karafillakis, E., & Rawal, M. (2018). State of vaccine confidence in the EU 2018. <https://doi.org/10.2875/241099>

OECD, & European Union. (2019). Health at a Glance 2019: OECD Indicators. OECD Publishing. <https://doi.org/10.1787/4dd50c09-en>

World Health Organization, & UNICEF. (2022). Belgium: WHO and UNICEF estimates of immunization coverage: 2022 revision. https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_bel_2023.pdf?sfvrsn=5afc7f5b_4&download=true

World Health Organization, & UNICEF. (2022). Bulgaria: WHO and UNICEF estimates of immunization coverage: 2022 revision. https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_bgr_2023.pdf?sfvrsn=c19ec447_4&download=true

World Health Organization, & UNICEF. (2022). Catch-up vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/catch_up.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MDA+MKD+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Demand for Immunization. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/vaccine_demand.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Home-based records. WHO Immunization Data Portal Here. https://immunizationdata.who.int/pages/indicators-by-category/home_based_records.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/finance.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Ireland: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_irl_2023.pdf?sfvrsn=a6225fd5_4&download=true

World Health Organization, & UNICEF. (2022). Italy: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_ita_2023.pdf?sfvrsn=136a1a39_4&download=true

World Health Organization, & UNICEF. (2022). Legal framework. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/legal_framework.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Montenegro: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_mne_2023.pdf?sfvrsn=a84a96c_3&download=true

World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). New and underutilized vaccines introduction. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/new_and_under_utilized_vaccines_introduction.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). North Macedonia: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_mkd_2023.pdf?sfvrsn=2f46e6e_3&download=true

World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Portugal: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_prt_2023.pdf?sfvrsn=2b7bf8a5_3&download=true

World Health Organization, & UNICEF. (2022). Republic of Moldova: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_mda_2023.pdf?sfvrsn=28813027_2&download=true

World Health Organization, & UNICEF. (2022). Romania: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_rou_2023.pdf?sfvrsn=217d95c9_3&download=true

World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/safety.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MNE+MKD+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/policy.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/policy.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Ukraine: WHO and UNICEF estimates of immunization coverage: 2022 revision.

https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2023-country-profiles/immunization_ukr_2023.pdf?sfvrsn=482aaa5e_3&download=true

World Health Organization, & UNICEF. (2022s). Vaccine supply and logistics. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/vaccine_supply.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013–2020. World Health Organization. <https://iris.who.int/handle/10665/94384>

World Health Organization. (2020). Global Vaccine Action Plan Monitoring – Secretariat annual report 2019.

<https://iris.who.int/bitstream/handle/10665/337433/9789240014329-eng.pdf?sequence=1>

World Health Organization. (2022). Hepatitis B (HepB3) immunization coverage among 1-year-olds (%). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hepatitis-b-\(hepb3\)-immunization-coverage-among-1-year-olds-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hepatitis-b-(hepb3)-immunization-coverage-among-1-year-olds-(-))

World Health Organization. (2022). Vaccination coverage. Immunization Data.

<https://immunizationdata.who.int/listing.html?topic=coverage&location=global>

World Health Organization. (2023). Framework for Monitoring the Implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem.

https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/cxca/220121-bls21466-who-cp-accompany-doc_v01-web_.pdf?sfvrsn=2d2c811c_5&download=true

References HPV indicators

Biggaard, J., & Franceschi, S. (2021). Vaccination against HPV: boosting coverage and tackling misinformation. In *Molecular Oncology* (Vol. 15, Issue 3, pp. 770–778). John Wiley and Sons Ltd. <https://doi.org/10.1002/1878-0261.12808>

Brotherton, J. M. L., Giuliano, A. R., Markowitz, L. E., Dunne, E. F., & Ogilvie, G. S. (2016). Monitoring the impact of HPV vaccine in males—Considerations and challenges. *Papillomavirus Research*, 2, 106–111. <https://doi.org/10.1016/j.pvr.2016.05.001>

De Figueiredo, A., Karafillakis, E., & Larson, P. H. J. (2020). A Report for the European Commission written by State of Vaccine Confidence in the EU+UK 2020. <https://doi.org/10.2875/06196>

European Commission. (2019). Special Eurobarometer 488 – Europeans’ attitudes towards vaccination. <https://doi.org/10.2875/685461>

European Union. (2021). COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL Europe’s Beating Cancer Plan. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021DC0044&qid=1634805246564>

European Union. (2021). COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL Europe’s Beating Cancer Plan. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021DC0044&qid=1634805246564>

Ladner, J., Besson, M.-H., Rodrigues, M., Audureau, E., & Saba, J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. *BMC Public Health*, 14(670). <https://doi.org/10.1186/1471-2458-14-670>

Larson, H., de Figueiredo, A., Karafillakis, E., & Rawal, M. (2018). State of vaccine confidence in the EU 2018. <https://doi.org/10.2875/241099>

World Health Organization, & UNICEF. (2022). Catch-up vaccination. WHO Immunization Data Portal. <https://immunizationdata.who.int/pages/indicators-by->

[category/catch_up.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MDA+MKD+MNE+PRT+ROU+UKR&YEAR=](https://immunizationdata.who.int/pages/indicators-by-category/catch_up.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MDA+MKD+MNE+PRT+ROU+UKR&YEAR=)

World Health Organization, & UNICEF. (2022). Demand for Immunization. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/vaccine_demand.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Home-based records. WHO Immunization Data Portal Here.

https://immunizationdata.who.int/pages/indicators-by-category/home_based_records.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Home-based records. WHO Immunization Data Portal Here.

https://immunizationdata.who.int/pages/indicators-by-category/home_based_records.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/finance.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Legal framework. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/legal_framework.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Legal framework. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/legal_framework.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MDA+MNE+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). New and underutilized vaccines introduction. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/new_and_under_utilized_vaccines_introduction.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MNE+MKD+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/policy.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunization Data Portal.

https://immunizationdata.who.int/pages/indicators-by-category/vaccine_supply.html?ISO_3_CODE=BEL+BGR+ITA+IRL+MKD+MNE+MDA+PRT+ROU+UKR&YEAR=

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013–2020. World Health Organization. <https://iris.who.int/handle/10665/94384>

World Health Organization. (2022). Vaccination coverage. Immunization Data. <https://immunizationdata.who.int/listing.html?topic=coverage&location=global>

World Health Organization. (2023). Framework for Monitoring the Implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem.

https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/cxca/220121-bls21466-who-cp-accompany-doc_v01-web_.pdf?sfvrsn=2d2c811c_5&download=true

References Environmental air pollutants indicators

Copernicus Atmosphere Monitoring Service. (2022). Copernicus Atmosphere Monitoring Service Interim Annual Assessment Report on European Air Quality in 2022.

https://policy.atmosphere.copernicus.eu/reports/CAMS271_2021SCx_D1.1.1_202306_2022_Interim_Assessment_Report_v3.pdf

European Commission. (2019). Guidance for the development of National Air Pollution Control Programmes under Directive (EU) 2016/2284 of the European Parliament and of the Council on the reduction of national emissions of certain atmospheric pollutants . In Official Journal of the European Union. European Parliament and of the Council. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XC0301\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XC0301(01))

European Commission. (2022). Impact assessment report: Proposal for a Directive of the European Parliament and of the Council. https://eur-lex.europa.eu/resource.html?uri=cellar:a5235624-55f8-11ed-92ed-01aa75ed71a1.0001.02/DOC_1&format=PDF

European Environment Agency. (2018). Environmental indicator report 2018: In support to the monitoring of the Seventh Environment Action Programme. <https://www.eea.europa.eu/publications/environmental-indicator-report-2018>

European Environment Agency. (2021). Exceedance of air quality standards in Europe. Analysis and Data. <https://www.eea.europa.eu/en/analysis/indicators/exceedance-of-air-quality-standards>

European Union. (2021). COMMUNICATION FROM THE COMMISSION Guidance for the development of National Air Pollution Control Programmes under Directive (EU) 2016/2284 of the European Parliament and of the Council on the reduction of national emissions of certain atmospheric pollutants.

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XC0301\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XC0301(01))

Health Effects Institute. (2019). State of Global Air 2019. Special Report.

https://www.stateofglobalair.org/sites/default/files/soga_2019_report.pdf

International Agency for Research on Cancer. (2013). Air pollution and cancer (A. J. Cohen, J. M. Samet, & K. Straif, Eds.). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Iarc-Scientific-Publications/Air-Pollution-And-Cancer-2013>

Ireland Government. (2014). National Radon Control Strategy.

<https://www.epa.ie/publications/monitoring--assessment/radon/National-Radon-Control-Strategy-Final-Report-to-Government.pdf>

Nagl, C., Bleeker, A., Ntziachristos, L., Georgakaki, M., Buxbaum, I., & Spangl, W. (2022). Systematic assessment of monitoring of other air pollutants not covered under Directives 2004/107/EC and 2008/50/EC.

<https://doi.org/10.2779/691266>

Trinomics. (2022). Study to support the impact assessment for a revision of the EU Ambient Air Quality Directives. <https://op.europa.eu/en/publication-detail/-/publication/a05c2e91-54db-11ed-92ed-01aa75ed71a1/language-en>

World Health Organization. (2016). Adopted written national policy on alcohol, year revised. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adopted-written-national-policy-on-alcohol-year-revised>

World Health Organization. (2017). Access restrictions. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/access-restrictions>

World Health Organization. (2017). Existence of national regulation. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-regulation>

World Health Organization. (2017). Existence of subnational regulation. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-subnational-regulation>

World Health Organization. (2017). Information requirements. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/information-requirements>

World Health Organization. (2017). Restriction and inspection of facilities. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/restriction-and-inspection-of-facilities>

World Health Organization. (2017). Safety requirements. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/safety-requirements>

World Health Organization. (2018). Global Air Quality Database App: App for exploring air quality in countries. WHO Global Air Quality Database (update 2018) edition. WHO Global Air Quality Database (Update 2018) Edition. Version 1.0. <https://whoairquality.shinyapps.io/AmbientAirQualityDatabase/>

World Health Organization. (2019). Ambient air pollution attributable deaths. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths>

World Health Organization. (2019). Ambient air pollution attributable DALYs. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/mbd-aap-ambient-air-pollution-attributable-dalys>

World Health Organization. (2019). Ambient air pollution attributable DALYs (per 100 000 population). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-dalys-\(per-100-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-dalys-(per-100-000-population))

World Health Organization. (2019). Ambient air pollution attributable deaths in children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths-in-children-under-5-years>

World Health Organization. (2019). Ambient air pollution attributable DALYs per 100 000 children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-dalys-per-100000-children-under-5-years>

World Health Organization. (2019). Ambient air pollution attributable DALYs in children under 15 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-dalys-in-children-under-15-years>

World Health Organization. (2019). Ambient air pollution attributable YLLs. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-ylls>

World Health Organization. (2019). Ambient air pollution attributable YLL in children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-yll-in-children-under-5-years>

World Health Organization. (2019). Ambient air pollution attributable deaths. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths>

World Health Organization. (2019). Ambient air pollution attributable deaths in children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths-in-children-under-5-years>

World Health Organization. (2019). Ambient air pollution attributable death rate per 100 000 children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator->

[details/GHO/ambient-air-pollution-attributable-deaths-per-100000-children-under-5-years](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths-per-100000-children-under-5-years)

World Health Organization. (2019). Ambient air pollution attributable deaths in children under 15 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-air-pollution-attributable-deaths-in-children-under-15-years>

World Health Organization. (2019). Authorization/accreditation required for official radon measurement providers. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-authorization-accreditation-required-for-official-radon-measurement-providers>

World Health Organization. (2019). Concentrations of fine particulate matter (PM_{2.5}). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/concentrations-of-fine-particulate-matter-\(pm2-5\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/concentrations-of-fine-particulate-matter-(pm2-5))

World Health Organization. (2019). Data in national radon database. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-data-in-national-radon-database>

World Health Organization. (2019). Existence of any national radon activity. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-any-national-radon-activity-\(phe-radon-database\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-any-national-radon-activity-(phe-radon-database))

World Health Organization. (2019). Existence of national radon action plan. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-radon-action-plan>

World Health Organization. (2019). Existence of national radon map. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-radon-map>

World Health Organization. (2019). Existence of national radon regulations. The Global Health Observatory.
<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-radon-regulations>

World Health Organization. (2019). Existence of national radon risk communication strategy. The Global Health Observatory.
[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-radon-risk-communication-strategy-\(phe-radon-database\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-radon-risk-communication-strategy-(phe-radon-database))

World Health Organization. (2019). Existence of national radon survey(s). National Radon Activities.
[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-radon-survey\(s\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-radon-survey(s))

World Health Organization. (2019). Existence of national reference level for dwellings. The Global Health Observatory.
<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-reference-level-for-dwellings>

World Health Organization. (2019). Existence of national reference level for buildings with high public occupancy. The Global Health Observatory.
<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-reference-level-for-buildings-with-high-public-occupancy>

World Health Organization. (2019). Existence of official protocols for radon measurements. The Global Health Observatory.
<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-official-protocols-for-radon-measurements>

World Health Organization. (2019). Existence of training for mitigation providers. The Global Health Observatory.
<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-training-for-mitigation-providers>

World Health Organization. (2019). Household air pollution attributable DALYs. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys>

World Health Organization. (2019). Household air pollution attributable DALYs (per 100 000 population). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-\(per-100-000-population\)-](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-(per-100-000-population)-)

World Health Organization. (2019). Household air pollution attributable DALYs (per 100 000, age-standardized). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-\(per-100-000-age-standardized\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-(per-100-000-age-standardized))

World Health Organization. (2019). Household air pollution attributable DALYs in children under 5 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-in-children-under-5-years>

World Health Organization. (2019). Household air pollution attributable DALYs in children under 15 years. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-dalys-in-children-under-15-years>

World Health Organization. (2019). Household air pollution attributable deaths. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-deaths>

World Health Organization. (2019). Household air pollution attributable death rate (per 100 000 population). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-death-rate-\(per-100-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-death-rate-(per-100-000-population))

World Health Organization. (2019). Household air pollution attributable death rate (per 100 000 population, age-standardized). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator->

[details/GHO/household-air-pollution-attributable-death-rate-\(per-100-000-population-age-standardized\)](#)

World Health Organization. (2019). Household air pollution attributable deaths in children under 5 years. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-deaths-in-children-under-5-years-](#)

World Health Organization. (2019). Household air pollution attributable deaths in children under 15 years. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/household-air-pollution-attributable-deaths-in-children-under-15-years](#)

World Health Organization. (2019). Inclusion of radon in different national strategies. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/inclusion-of-radon-in-different-national-strategies-\(phe-radon-database\)](#)

World Health Organization. (2019). Inclusion of radon measurements in property transactions. The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-inclusion-of-radon-measurements-in-property-transactions](#)

World Health Organization. (2019). Mandatory mitigation measures if legal value is exceeded (existing buildings). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-mandatory-mitigation-measures-if-legal-value-is-exceeded-existing-buildings](#)

World Health Organization. (2019). Mandatory preventive measures (new buildings). The Global Health Observatory.

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-mandatory-preventive-measures-\(new-buildings\)](#)

World Health Organization. (2019). Mortality rate attributed to household and ambient air pollution (per 100 000 population, age-standardized). The Global Health Observatory .

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-death-rate-\(per-100-000-population-age-standardized\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-death-rate-(per-100-000-population-age-standardized))

World Health Organization. (2019). National radon concentration levels. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-national-radon-concentration-levels>

World Health Organization. (2019). Official standards/guidelines for prevention/mitigation. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-official-standards-guidelines-for-prevention-mitigation>

World Health Organization. (2019). Radon concentration measurements for new buildings. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-radon-concentration-measurements-for-new-buildings>

World Health Organization. (2019). Radon concentration measurements for existing buildings. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-radon-concentration-measurements-for-existing-buildings>

World Health Organization. (2019). Radon in building regulations for new buildings. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-radon-in-building-regulations-for-new-buildings>

World Health Organization. (2019). Radon in building regulations for existing buildings i.e. renovation/remodeling/major alteration. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-radon-in-building-regulations-for-existing-buildings>

World Health Organization. (2019). Reference level for buildings with high public occupancy (Bq/m³) (PHE: Radon database). The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator->

[details/GHO/gho-phe-radon-database-reference-level-for-buildings-with-high-public-occupancy-bq-m3](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-reference-level-for-buildings-with-high-public-occupancy-bq-m3)

World Health Organization. (2019). Reference level for dwellings (Bq/m³). The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-reference-level-for-dwellings-bq-m3>

World Health Organization. (2019a). Mortality rate attributed to household and ambient air pollution (per 100 000 population). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-death-rate-\(per-100-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-death-rate-(per-100-000-population))

World Health Organization. (2019a). Radon in national drinking-water regulations. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-radon-in-national-drinking-water-regulations>

World Health Organization. (2020). World Cancer Report: cancer research for cancer development. (C. Wild, E. Weiderpass, & B. Stewart, Eds.). International Agency for Research on Cancer. <http://publications.iarc.fr/586>

World Health Organization. (2021). Population with primary reliance on clean fuels and technologies for cooking (in millions). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-population-with-primary-reliance-on-clean-fuels-and-technologies-in-millions>

World Health Organization. (2021). Population with primary reliance on polluting fuels and technologies for cooking (in millions). The Global Health Observatory. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-with-primary-reliance-on-polluting-fuels-and-technologies-for-cooking-\(in-millions\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-with-primary-reliance-on-polluting-fuels-and-technologies-for-cooking-(in-millions))

World Health Organization. (2021). Population with primary reliance on fuels and technologies for cooking, by fuel type (in millions). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-with-primary-reliance-on-fuels-and-technologies-for-cooking-by-fuel-type>

World Health Organization. (2021). Proportion of population with primary reliance on clean fuels and technologies for cooking (%). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-primary-reliance-on-clean-fuels-and-technologies-proportion>

World Health Organization. (2021). Proportion of population with primary reliance on polluting fuels and technologies for cooking (%). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-population-with-primary-reliance-on-polluting-fuels-and-technologies-for-cooking-proportion>

World Health Organization. (2021). Proportion of population with primary reliance on fuels and technologies for cooking, by fuel type (%). The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/proportion-of-population-with-primary-reliance-on-fuels-and-technologies-for-cooking-by-fuel-type>

World Health Organization. (2021). WHO global air quality guidelines. Particulate matter (PM_{2.5} and PM₁₀), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. <https://www.who.int/publications/i/item/9789240034228>

World Health Organization. (2023). Health and environment scorecard: aims for healthier populations. In Reading guide: scorecards. World Health Organization. https://cdn.who.int/media/docs/default-source/environmental-health-impact/environmental-health-reading-guide-2022.pdf?sfvrsn=f4f42cb5_3

References Workplace Exposure indicators

COWI, IOM, & Milieu. (2015). Evaluation of the Practical Implementation of the EU Occupational Safety and Health (OSH) Directives in EU Member States. <https://ec.europa.eu/social/BlobServlet?docId=16897&langId=en%20AND%20EEA%20dashboard%20-%20https://www.eea.europa.eu/data-and-maps/figures/production-of-toxic-chemicals-by>

European Commission. (2020). EU Strategic Framework on Health and Safety at Work [2021-2027]. <https://ec.europa.eu/info/law/better-regulation/have->

[your-say/initiatives/12673-Health-Safety-at-Work-EU-Strategic-Framework-2021-2027-_en](#)

European Commission. (2020). Proposal for a Directive of the European Parliament and of the Council amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work. In Commission Staff working document. European Commission. <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52020SCO183>

European Commission. (2022). Protecting people from asbestos. European Union. <https://doi.org/10.2767/177798>

Eurostat. (2020). AND Eurostat. (2020). Italy Country Profile: Distribution of occupational diseases. In Eurostat. Eurostat. <https://ec.europa.eu/eurostat/documents/7894008/12497131/IT-country-profile.pdf/13085075-3cef-0101-3896-badb011fe1bd?t=1679592171507>

Eurostat. (2020). Belgium Country Profile: Distribution of occupational diseases. In Eurostat. Eurostat. <https://ec.europa.eu/eurostat/documents/7894008/12497131/BE-country-profile.pdf/e8eff2ca-6130-dd1f-af44-8a0f1dde7bdd?t=1679587881613>

Eurostat. (2020). Bulgaria Country Profile: Distribution of occupational diseases. In Eurostat. Eurostat. <https://ec.europa.eu/eurostat/documents/7894008/12497131/BG-country-profile.pdf/4f94353c-bc6d-ae29-6d8a-8d51ff7bd05b?t=1679587956994>

Eurostat. (2020). Methodological note European Occupational Diseases Statistics (EODS). <https://icd.who.int/browse10/2010/en> and Eurostat. (2021). EU index of occupational diseases. European Occupational Diseases Statistics (EODS, Database: Hsw_occ_ina). https://ec.europa.eu/eurostat/databrowser/view/hsw_occ_ina/default/table?lang=en&category=hlth.hsw.hsw_occ

Eurostat. (2020). Methodological note European Occupational Diseases Statistics (EODS). <https://icd.who.int/browse10/2010/en> and Eurostat. (2021). Recognised cases of occupational cancers. European Occupational Diseases Statistics (EODS, Database: Hsw_occ_cnr). https://ec.europa.eu/eurostat/databrowser/view/hsw_occ_cnr/default/table?lang=en

Eurostat. (2020). Romania Country Profile: Distribution of occupational diseases. In Eurostat. Eurostat.

<https://ec.europa.eu/eurostat/documents/7894008/12497131/RO-country-profile.pdf>

Madia, F., Worth, A., Whelan, M., & Corvi, R. (2019). Carcinogenicity assessment: Addressing the challenges of cancer and chemicals in the environment. In *Environment International* (Vol. 128, pp. 417–429). Elsevier Ltd.

<https://doi.org/10.1016/j.envint.2019.04.067>

Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. *Frontiers Public Health*, 10.

<https://doi.org/10.3389/fpubh.2022.912948>

Wild, C., Weiderpass, E., & Stewart, B. (Eds.). (2020). *World Cancer Report: cancer research for cancer development*. (IARC). International Agency for Research on Cancer. <http://publications.iarc.fr/586>

World Health Organization. (2013). Occupational airborne particulates attributable deaths. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/occupational-airborne-particulates-attributable-deaths>

World Health Organization. (2019). Existence of national reference level for workplaces. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-existence-of-national-reference-level-for-workplaces>

World Health Organization. (2019). Reference level for workplaces (Bq/m³). The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-phe-radon-database-reference-level-for-workplaces-bq-m3>

World Health Organization. (201c). Occupational carcinogens attributable deaths. The Global Health Observatory.

<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/occupational-carcinogens-attributable-deaths>

World Health Organization. (2021). Training requirements. The Global Health Observatory. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/training-requirements>

World Health Organization. (2023). Health and environment scorecard: aims for healthier populations. In Reading guide: scorecards. World Health Organization. https://cdn.who.int/media/docs/default-source/environmental-health-impact/environmental-health-reading-guide-2022.pdf?sfvrsn=f4f42cb5_3

Appendix D

Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of tobacco use (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, Cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring	
Population frequency/ preventive behaviour	Prevalence of tobacco use	Total prevalence of tobacco use	Global (2013)	Age-standardised prevalence of current tobacco use among persons aged 16 years	n/a	information not available	30% relative reduction in prevalence of current tobacco use in persons aged 16 years	Global action plan for the prevention and control of noncommunicable diseases 2013-2020	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013-2020. World Health Organization. https://iris.who.int/handle/10665/94884	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Global (2019)	Age-standardised prevalence of current tobacco use among persons aged 15 years and older	n/a	information not available	Reducing premature deaths by one third by 2030	Sustainable Development Goals: health targets	information not available	WHO	World Health Organization. (2019). Tobacco control: fact sheet on Sustainable Development Goals (SDGs): health targets. https://iris.who.int/handle/10665/348898	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Global (2019)	Age-standardised prevalence of current (includes both daily and non-daily or occasional) tobacco use among people aged 18 years and over	n/a	information not available	Reducing premature deaths from noncommunicable diseases by one third by 2030	Sustainable Development Goals: health targets	information not available	WHO	World Health Organization. (2019). Tobacco control: fact sheet on Sustainable Development Goals (SDGs): health targets. https://iris.who.int/handle/10665/348898	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Europe (2021)	Proportion of the EU population that uses tobacco	n/a	information not available	Prevent Cancer	Europe's Beating Cancer Plan: 'tackling a Tobacco-Free Europe Create a 'Tobacco Free Generation', where less than 5% of the population uses tobacco	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	European Commission. (2022). Europe's Beating Cancer Plan. https://health.ec.europa.eu/system/files/2022-02/eq_cancer-plan_en_0.pdf	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Global (2013)	Prevalence of current tobacco use among adolescents	n/a	information not available	30% relative reduction in prevalence of current tobacco use in persons aged 15 years	Global action plan for the prevention and control of noncommunicable diseases 2013-2020	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013-2020. World Health Organization. https://iris.who.int/handle/10665/94884	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Global (2019)	Prevalence of weekly tobacco use among adolescents	n/a	information not available	Reducing premature deaths from noncommunicable diseases by one third by 2030	Sustainable Development Goals: health targets	information not available	WHO	World Health Organization. (2019). Tobacco control: fact sheet on Sustainable Development Goals (SDGs): health targets. https://iris.who.int/handle/10665/348898	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Prevalence of tobacco use among adolescents		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who currently use any tobacco products.	n/a	Numerator: Number of respondents who smoked cigarettes on 1 or more days in the past 30 days or smoked any tobacco products other than cigarettes in the past 30 days or used any smokeless tobacco products in the past 30 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/docs/default-source/tobacco-surveillance/indicator-definitions.pdf . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/globalyouthsurveyresources/ancillary/Documentation.aspx?UIID=1&DOCID=1	Monitoring	
Population frequency/ preventive behaviour	Prevalence of tobacco use		Global (2020)	Prevalence of tobacco use among adolescents (10-19 years) on more than one occasion in the 30 days preceding the survey (either daily or non-daily)	n/a	By age group (10-14, 15-19 years), sex, and type of tobacco used (smoking, smokeless tobacco, electronic cigarette)	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2020). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent Health (GAMAH) Advisory Group. https://www.who.int/docs/default-source/tobacco-surveillance/indicator-definitions.pdf . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/globalyouthsurveyresources/ancillary/Documentation.aspx?UIID=1&DOCID=1	Monitoring
Population frequency/ preventive behaviour	Prevalence of tobacco use among adults		Global (2020), Romania (2016), Ukraine (2017)	Percentage of adults who currently use tobacco	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2020). The Global Adult Tobacco Survey (GATS). https://www.who.int/news/noncommunicable-diseases/surveillance-systems-tobacco-adult-tobacco-survey/globalsurvey . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring	
Population frequency/ preventive behaviour	Relative reduction in tobacco use		Europe (2021)	Relative reduction in the proportion of the EU population that uses tobacco	n/a	information not available	Prevent Cancer	Europe's Beating Cancer Plan: 'tackling a Tobacco-Free Europe Create a 'Tobacco Free Generation', where less than 5% of the population uses tobacco	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	European Commission. (2022). Europe's Beating Cancer Plan. https://health.ec.europa.eu/system/files/2022-02/eq_cancer-plan_en_0.pdf	Proposed to monitor or evaluate a policy	
Population frequency/ preventive behaviour	Tobacco consumption per capita	Global (2022)	Grammes of tobacco per capita (tobacco consumption)	n/a	information not available	information not available	General public health interventions	information not available	OECD	OECD. (2022). Goodback on Best Practices in Public Health. https://www.oecd.org/publications/guideback-on-best-practices-in-public-health-462134d-en.htm	Monitoring		

Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of smoking (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
			Global (2014)	Total smoking prevalence and smoking related behaviour - Recommended indicator for after early stage implementation of smoke-free policy.	n/a	information not available	Eliminate exposure to second-hand smoke	Smoking free policies (WHO Framework Convention on Tobacco Control (WHO FCTC) assessment of smoke-free countries legislation)	information not available	WHO	World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke? https://bit.ly/3kxU6m8 (2020)164007	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2017)	Percentage of the Irish population that are smokers	n/a	information not available	n/a	n/a	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026-Ireland.pdf	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2017)	Percentage of the Irish population who are daily smokers	n/a	information not available	n/a	n/a	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026-Ireland.pdf	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2017)	Percentage of the Irish population who are occasional smokers	n/a	information not available	n/a	n/a	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026-Ireland.pdf	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2017)	Percentage of new smokers	n/a	information not available	Tobacco prevalence rate of less than 5%	n/a	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026-Ireland.pdf	Monitoring
Total prevalence of tobacco smoking												
Population frequency / preventive behaviour	Prevalence of smoking		Italy (2016)	Prevalence of smokers by sex and age	By sex and age	information not available	Cancer Prevention	National Prevention Plan 2014-2019	information not available	ICCP	European Partnership for Action Against Cancer. (2016). Report on the basis of the analysis of data from the survey on National Cancer Control Program/Cancer documents in EU. https://www.eaac.eu/wp-content/uploads/2016/09/nccp-cancer-control-plans-urvey.pdf	Obed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Percentage of the population who are daily smokers	n/a	information not available	information not available	General public health interventions	information not available	OECD	OECD. (2022). Guidetobook on Best Practices in Public Health . https://www.oecd.org/publications/guidetobook-on-best-practices-in-public-health-48933d6d-en.htm	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Percentage of the population who are occasional smokers	n/a	information not available	information not available	General public health interventions	information not available	OECD	OECD. (2022). Guidetobook on Best Practices in Public Health . https://www.oecd.org/publications/guidetobook-on-best-practices-in-public-health-48933d6d-en.htm	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Percentage of the population who are occasional or daily smokers	n/a	information not available	information not available	General public health interventions	information not available	OECD	OECD. (2022). Guidetobook on Best Practices in Public Health . https://www.oecd.org/publications/guidetobook-on-best-practices-in-public-health-48933d6d-en.htm	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Cigarettes smoked per day (tobacco consumption)	n/a	information not available	information not available	General public health interventions	information not available	OECD	OECD. (2022). Guidetobook on Best Practices in Public Health . https://www.oecd.org/publications/guidetobook-on-best-practices-in-public-health-48933d6d-en.htm	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Smoking rate and smoking amount (per person)	n/a	information not available	n/a	n/a	n/a	PubMed	Rajeguru, V., Jang, I. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers in Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Current smoker's smoking rate within one month	n/a	information not available	n/a	n/a	information not available	PubMed	Rajeguru, V., Jang, I. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers in Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who currently smoke any tobacco products	n/a	Numerator: Number of respondents who smoked cigarettes or any other smoked tobacco products in the past 30 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who ever smoked a cigarette	n/a	Numerator: Number of respondents who tried or experimented with cigarette smoking: ever one or two puffs. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of ever cigarette smokers who first tried a cigarette at the age of 15 years old.	By age group (7 or younger, 8 to 9, 10 to 11, 12 to 13, 14 to 15 years old)	Numerator: Number of ever cigarette smokers who reported trying a cigarette at the age of 17 or younger. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of tobacco smoking among youth		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who currently smoke cigarettes	n/a	Numerator: Number of respondents who smoked cigarettes on 20 or more days of the past 30 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who smoked cigarettes on 20 or more days of the past 30 days.	n/a	Numerator: Number of respondents who smoked cigarettes on 20 or more days of the past 30 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Bulgaria (2019), Italy (2019), Ireland (2020), Portugal (2015), Romania (2015), Ukraine (2019)	Percentage of 15-16 year-olds who reported smoking a cigarette at least once in the last 30 days.	n/a	information not available	n/a	n/a	information not available	ICCP	OECD & European Union. (2022). <i>Health at a Glance - Europe 2022: State of Health in the EU Cycle</i> . OECD Publishing. https://doi.org/10.1787/5f7d4330-en	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2008)	Smoking susceptibility (advertisements) identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	IAP	International Agency for Research on Cancer. (2008). <i>IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies</i> . https://www.who.int/publications/m/item/iarc-handbook-of-cancer-prevention-methods-for-evaluating-tobacco-control-policies	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2016)	Proportion of adults in the population who smoke	n/a	information not available	Cancer control	European National Cancer Control Programmes	information not available	ICCP	Jelic, M., Altabek, & Ts. (2021). National Cancer Control Programme: Analysis of Primary Data from Questionnaire Final preliminary report. https://www.spacc.eu/Files/output/wp30/National-cancer-control-plans-survey.pdf	Obed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who currently smoke tobacco	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-adult-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Belgium (2019), Bulgaria (2020), Italy (2020), Ireland (2020), Moldova (2020), Portugal (2020), Romania (2020), Ukraine (2020)	Percentage of adults (aged 15 and over) who reported smoking daily	by gender	information not available	n/a	n/a	information not available	ICCP	OECD & European Union. (2023). <i>Health at a Glance - Europe 2022: State of Health in the EU Cycle</i> . OECD Publishing. https://doi.org/10.1787/5f7d4330-en	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who currently smoke tobacco daily	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-adult-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency / preventive behaviour	Prevalence of tobacco smoking among adults		Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who currently smoke cigarettes	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-adult-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who currently smoke cigarettes daily	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-adult-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who are ever daily and currently do not smoke tobacco	By all adults and ever daily smokers	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-adult-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Ireland (2021)	Percentage of students who smoked cigarettes on one or more of the past 30 days, the percentage who tried their first cigarette at age 15 or younger	n/a	information not available	Reduce the proportion of adults in the population who smoke	National Cancer strategy	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health. (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026-Ireland.pdf	Proposed to monitor or evaluate a policy
Population frequency / preventive behaviour	Prevalence of smoking		Global (2021), North Macedonia (2007)	Percentage of students who smoked cigarettes on one or more of the past 30 days, the percentage who tried their first cigarette at age 15 or younger	n/a	information not available	n/a	n/a	Depending on the countries (started in 2003), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-school-based-student-health-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2021), North Macedonia (2007)	Percentage of students who smoked cigarettes on one or more days during the past 12 months	n/a	information not available	n/a	n/a	Depending on the countries (started in 2003), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-school-based-student-health-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2021), North Macedonia (2007)	From students who smoked cigarettes during the past 12 months, the percentage of those who tried to stop smoking cigarettes	n/a	information not available	n/a	n/a	Depending on the countries (started in 2003), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-school-based-student-health-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2021), North Macedonia (2007)	Percentage of students who probably or definitely would smoke if one of their best friends offered them a cigarette	n/a	information not available	n/a	n/a	Depending on the countries (started in 2003), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-school-based-student-health-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2021), North Macedonia (2007)	Percentage of students who reported people smoking in their presence on one or more days during the past 7 days	n/a	information not available	n/a	n/a	Depending on the countries (started in 2003), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-school-based-student-health-survey/questionnaire	Monitoring
Population frequency / preventive behaviour	Prevalence of smoking		Global (2022)	Smoking attempt rate of current smokers	n/a	information not available	n/a	n/a	information not available	PubMed	Rajeguru, V., Jang, I. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers in Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Population frequency / preventive behaviour	Prevalence of other products, smoking		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who currently smoke tobacco products other than cigarettes.	n/a	Numerator: Number of respondents who smoked tobacco products other than cigarettes during the past 30 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2016). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.who.int/teams/noncommunicable-diseases/surveillance-systems-toolkit/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncscfda.cdc.gov/global-youth-tobacco-survey/questionnaire	Monitoring

Smoking and tobacco use: Population Frequency/behaviour (domain) and (Prevalence of smokeless tobacco use)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ preventive behaviour	Prevalence of smokeless tobacco use	Prevalence of smokeless tobacco use among youth	Global (2019, Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2015), Romania (2017), Ukraine (2017))	Percentage of youth who currently use smokeless tobacco products	n/a	Numerator: Number of respondents who used any smokeless tobacco products in the past 30 days. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.gats.org/sites/default/files/GYTS_Indicator_Definitions.pdf . Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncsc.cdc.gov/global-tobacco-survey/resources/library/Documentation.aspx?ID=14330C-1	Monitoring
Population frequency/ preventive behaviour	Prevalence of smokeless tobacco use	Prevalence of smokeless tobacco use among adults	Global (2020, Romania (2018), Ukraine (2017))	Percentage of respondents among all adults who are ever daily smokeless tobacco users and currently do not use smokeless tobacco	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence of smokeless tobacco use	Prevalence of smokeless tobacco use among adults	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults who currently use smokeless tobacco	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence of smokeless tobacco use	Prevalence of smokeless tobacco use among adults	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults who current use smokeless tobacco daily	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence of smokeless tobacco use	Prevalence of smokeless tobacco use among adults	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults ever daily smokeless tobacco user who currently do not use smokeless tobacco	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring

Smoking and tobacco use: Population Frequency/behaviour (domain) and (Prevalence electronic cigarette use)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ preventive behaviour	Prevalence electronic cigarette use	Awareness of Electronic Cigarettes	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults who have ever heard of electronic cigarettes	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence electronic cigarette use	Prevalence of electronic cigarette use	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults who have ever used an electronic cigarette.	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence electronic cigarette use	Prevalence of electronic cigarette use	Global (2020, Romania (2018), Ukraine (2017))	Percentage of adults who currently use electronic cigarettes.	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Population frequency/ preventive behaviour	Prevalence electronic cigarette use	Prevalence electronic cigarette use	Belgium (2019), Bulgaria (2019), Italy (2019), Ireland (2020), Portugal (2019), Romania (2019)	Percentage of the population who reported e-cigarette use	by age group	information not available	n/a	n/a	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	OECD, & European Union. (2022). Health at a Glance: Europe 2022: State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/50f493b0-en	Monitoring
Population frequency/ preventive behaviour	Prevalence electronic cigarette use	Prevalence electronic cigarette use	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10, https://doi.org/10.3389/fpubh.2022.912946	Monitoring

Smoking and tobacco use: Population Frequency/behaviour (domain) and Prevalence of biomarkers and susceptibility of exposure (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ preventive behaviour	Prevalence of biomarkers and susceptibility of Exposure	Prevalence of biomarkers of exposure	Global (2008)	Prevalence of biomarkers of exposure	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Population frequency/ preventive behaviour	Prevalence of biomarkers and susceptibility of Exposure	Smoking susceptibility (adolescents)	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Health risks and outcomes (domain) and Health risks in general (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Knowledge on health risks in general	Knowledge on smoking health risks	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Health risks and outcomes	Knowledge on health risks in general	Health Risks of Tobacco Consumption	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Health risks and outcomes	Knowledge on health risks in general	Health Risks of Tobacco Smoke Exposure	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Health risks and outcomes (domain) and Risk to cancer (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Knowledge on risk to cancer	The risk that smoking contributes to cancer	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, I. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring

Smoking and tobacco use: Health risks and outcomes (domain) and Risk to cancer (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Knowledge on risk to cancer	The risk that smoking contributes to cancer	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring



Smoking and tobacco use: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomain)

Indicator domain	Performance indicator sub-domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (Database or Institutional site)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	National policy/action plan/ levers	Self-report of smoke-free policies	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Direct observation of compliance measures	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Reviews of Government Statistics on Violations, Enforcement, and Compliance of Smoke-Free Policies	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Prevalence or absence of minimum age of purchase signage	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Prevalence or absence of tobacco ads on outdoor or close	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Prevalence or absence of minimum age of purchase signage	Global (2008)	Identify measures and indicators to assess tobacco control policies	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WAP	International Agency for Research on Cancer. (2008). IARC Handbook of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://pubs.iarc.fr/ViewArticle.aspx?url=/viewdoc/iarc/handbook-of-cancer-prevention/methods-for-evaluating-tobacco-control-policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Enforcement of and compliance with smoke-free policy	Global (2014)	Recommended indicators for early stage implementation of smoke-free policy	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2014). Evidence brief: How can we best protect non-smokers from exposure to tobacco smoke? https://www.who.int/news/item/2014-08-28	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	National agency for tobacco control existence	Global (2014)	The tobacco control agency is defined as a national coordinating mechanism with an official government mandate for developing and coordinating the implementation of a plan of action, as well as for building a national infrastructure to carry out the implementation of the plan.	N/A	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2014). Global Health Observatory Monitor tobacco use and prevention policies (Tobacco control). https://www.who.int/data/globe/data/themes/regions/indicators/101/high-tobacco-control-monitor	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Admins' Access to Purchasing Cigarettes	Global (2011, Bulgaria (2013), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2017), Ukraine (2017)	Limit age restrictions for cigarettes purchasing	N/A	Numerical: Number of current cigarette smokers who were not prevented from buying cigarettes in the past 30 days because of their age. Numerical: Number of non-current cigarette smokers who were not buying cigarettes in the past 30 days.	N/A	N/A	N/A	WHO	Global Health Tobacco Survey Collaborative Group. (2018). Global Health Tobacco Survey (GHTS) Indicator Definitions. https://www.who.int/data/globe/data/themes/regions/indicators/101/high-tobacco-control-monitor	Monitoring
Policy and legislation	National policy/action plan/ levers	Compliance with bans on direct advertising	Global (2008) Belgium (2018), Bulgaria (2018), Italy (2018), Latvia (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2018), Ukraine (2018)	The level of compliance with the law was measured by asking in-country experts to provide their assessments by interview. In presence of interest for assessing compliance with direct advertising laws on TV, a complete ban on advertising tobacco products on national TV and radio. A complete ban on advertising tobacco products on local magazines and newspapers. A complete ban on advertising tobacco products on billboards and outdoor advertising. A complete ban on advertising tobacco products on internet and mobile advertising.	N/A	Country reported data: A compliance score of 0-100 was calculated based on the average responses of the 8 experts.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2008). Global Health Observatory Monitor tobacco use and prevention policies (Tobacco control). https://www.who.int/data/globe/data/themes/regions/indicators/101/high-tobacco-control-monitor	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Compliance with regulations on smoke-free environments (national legislation)	Global (2008), Bulgaria (2018), Italy (2018), Ireland (2018), Montenegro (2018), Moldova (2018), Portugal (2018), Romania (2018), Ukraine (2018)	The level of compliance with the law was measured by asking in-country experts to provide their assessments by interview.	N/A	Country reported data: A compliance score of 0-100 was calculated based on the average responses of the 8 experts.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2008). Global Health Observatory Monitor tobacco use and prevention policies (Tobacco control). https://www.who.int/data/globe/data/themes/regions/indicators/101/high-tobacco-control-monitor	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Actions addressing the age prevalence of tobacco use	Europe (2011)	Number of actions addressing the age prevalence of tobacco use	By gender	Information not available	Prevent cancer	REGULATION (EU) 2017/2222 OF THE EUROPEAN PARLIAM AND OF THE COUNCIL OF 28 November 2017 establishing a Programme for the Union's action in the field of health ("EU Health Programme") for the period 2017-2021, and repealing Regulation (EU) No 1025/2012 (OJ L 318/2017)	Information not available	EC, EUR-Lex	Regulation (EU) 2017/2222 of the European Parliament and of the Council of 28 November 2017 establishing a Programme for the Union's action in the field of health ("EU Health Programme") for the period 2017-2021, and repealing Regulation (EU) No 1025/2012 (OJ L 318/2017). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32017R2222-01&from=doctrines	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Large pictorial health warning labels	Europe (2012)	Plan packaging the removal of trademarks, logos, colors and graphics, except for the government health warning, and brand name presented in a standard and legible font and the government health warning on the front and on the back of the tobacco product package.	N/A	Information not available	N/A	N/A	N/A	WAP	World Health Organization. (2012). Tobacco Control Scale (TCS). https://www.tobaccocontrolscale.org/	Monitoring
Policy and legislation	National policy/action plan/ levers	Admins' Access to Purchasing Cigarettes	Global (2011, Bulgaria (2013), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2017), Ukraine (2017)	Limit age restrictions for cigarettes purchasing	N/A	Numerical: Number of current cigarette smokers who were not prevented from buying cigarettes in the past 30 days because of their age. Numerical: Number of non-current cigarette smokers who were not buying cigarettes in the past 30 days.	N/A	N/A	N/A	WHO	Global Health Tobacco Survey Collaborative Group. (2018). Global Health Tobacco Survey (GHTS) Indicator Definitions. https://www.who.int/data/globe/data/themes/regions/indicators/101/high-tobacco-control-monitor	Monitoring
Policy and legislation	National policy/action plan/ levers	Recommended rate of smoking cessation in public places	Global (2012)	Information not available	N/A	Information not available	N/A	N/A	N/A	Published	Raghuvaran, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chou, M. (2012). A coping review on population-level indicators for tobacco use cessation. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2012.00124	Monitoring
Policy and legislation	National policy/action plan/ levers	Whether smoking cessation education programs is in operation	Global (2012)	Information not available	N/A	Information not available	N/A	N/A	N/A	Published	Raghuvaran, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chou, M. (2012). A coping review on population-level indicators for tobacco use cessation. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2012.00124	Monitoring
Policy and legislation	National policy/action plan/ levers	Annual smoking cessation intervention rate	Global (2012)	Information not available	N/A	Information not available	N/A	N/A	N/A	Published	Raghuvaran, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chou, M. (2012). A coping review on population-level indicators for tobacco use cessation. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2012.00124	Monitoring
Policy and legislation	National policy/action plan/ levers	Public Health Center Smoking Prevalence and Smoking Prevalence Large Rate	Global (2012)	Information not available	N/A	Information not available	N/A	N/A	N/A	Published	Raghuvaran, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chou, M. (2012). A coping review on population-level indicators for tobacco use cessation. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2012.00124	Monitoring
Policy and legislation	National policy/action plan/ levers	Smoke-free legislation	Global (2008)	Legislation was assessed to determine whether smoke-free laws provided for a complete indoor smoke-free environment at all times, in all facilities of each of the following eight places: <ul style="list-style-type: none"> Health care facilities; Government facilities; Universities; Workplaces; Public places; Restaurants or facilities that serve mostly food; Cafes, pubs and bars or facilities that serve mostly beverages; Public transport. 	N/A	Grouping for the smoke-free legislation indicator are based on the number of the above eight places where indoor smoking is completely prohibited. Countries with no complete smoking ban at national level fall within at least 75% of the population is covered by category.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2008). WHO report on the global tobacco epidemic, 2008: protect people from tobacco smoke. https://www.who.int/news/item/2011-06-16-who-report-on-tobacco-control/global-tobacco-report-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Tobacco dependence treatment	Global (2011)	The indicator of achievement in treatment for tobacco dependence is based on whether the country has available: <ul style="list-style-type: none"> national dependence strategy (NDS); national education program; consultation for any of the above; and national quit-line and fee. 	N/A	Country reported data grouped in 3 levels: not reported, none NDS, NDS for some cessation services (partial coverage), NDS for all cessation services (full coverage), National quit-line quit fee, and both NDS and some cessation services (partial coverage).	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2011). WHO report on the global tobacco epidemic, 2011: protect people from tobacco smoke. https://www.who.int/news/item/2011-06-16-who-report-on-tobacco-control/global-tobacco-report-2011	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Anti-tobacco mass media campaigns	Global (2008)	Eight campaigns were assessed according to the following characteristics: <ol style="list-style-type: none"> The campaign was part of a comprehensive tobacco control programme. Before the campaign, research was undertaken or reviewed to gain a thorough understanding of the target audience. Campaign communication materials were pre-tested with the target audience and refined in line with target objectives. The campaign included either print-based (brochures, point-of-sale, etc.) or audio-visual (television, radio, etc.) advertising, or a combination of both. The full-time equivalent (FTE) personnel involved in the campaign were used for four separate characteristics: National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio. 	N/A	Country reported data grouped in 3 levels: not reported, no national campaign conducted between July 2008 and June 2012 with at least one of the above characteristics, National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio; National campaign conducted only that is at the appropriate characteristics, or with direct participation involving writing on television and/or radio.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2008). WHO report on the global tobacco epidemic, 2008: protect people from tobacco smoke. https://www.who.int/news/item/2011-06-16-who-report-on-tobacco-control/global-tobacco-report-2008	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	National tobacco control programmes	Global (2011)	Classification of countries' national tobacco control programmes is based on the existence of a national agency with responsibility for tobacco control operations. Countries with at least five full-time equivalent staff members working at the national agency with responsibility for tobacco control meet the criteria for the highest group.	N/A	Country reported data grouped in 3 levels: not reported, no national agency for tobacco control, Existence of national agency with at least five full-time equivalent staff members working at the national agency with responsibility for tobacco control operations and at least five full-time equivalent staff members.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2011). WHO report on the global tobacco epidemic, 2011: protect people from tobacco smoke. https://www.who.int/news/item/2011-06-16-who-report-on-tobacco-control/global-tobacco-report-2011	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/action plan/ levers	Warning labels on tobacco packaging	Global (2011)	Whether specific health warnings are available: <ul style="list-style-type: none"> the mandated use of the warning, as a percentage of the front and back of the cigarette pack; whether the warning appear on individual packages as well as on any display container and on the outer case; whether the warning describe specific health effects of tobacco use on health; whether the warning are large, legible, visible and legible in a specific colour and font styles; whether the warning rotate; whether the warning are written in (all) the principal language(s) of the country; whether the warning include picture or pictograms. 	N/A	The size of the warnings on both the front and back of the cigarette pack were compared to calculate the percentage of the total pack surface area covered by warnings. This information was combined with the warning characteristics to construct the grouping for the health warnings indicator.	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	Information not available	WHO	World Health Organization. (2011). WHO report on the global tobacco epidemic, 2011: protect people from tobacco smoke. https://www.who.int/news/item/2011-06-16-who-report-on-tobacco-control/global-tobacco-report-2011	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Policy and legislation (domain) and Bans of smoking on public or workplaces (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Bans of smoking on public or workplace	Complete ban (without exceptions) of smoking on public and workplaces	Europe (2022)	Smoke-free public and workplaces (a), cafes and restaurants (b) and public transports or other public places and private cars (c): Complete ban without exemptions (no smoking rooms); enforced	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans of smoking on public or workplace	Complete ban of smoking on public and workplaces (but with closed, ventilated smoking rooms under strict rules)	Europe (2022)	Smoke-free public and workplaces (a), cafes and restaurants (b) and public transports or other public places and private cars (c): Complete ban, but with closed, ventilated, designated smoking rooms under very strict rules; enforced	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans of smoking on public or workplace	Meaningful restrictions regarding smoking on public and workplaces	Europe (2022)	Smoke-free public and workplaces (a), cafes and restaurants (b) and public transports or other public places and private cars (c): Meaningful restrictions; enforced (more than 50% of the workplaces are smoke free)	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans of smoking on public or workplace	Legislative restrictions, but not enforced regarding smoking on public and workplaces	Europe (2022)	Smoke-free public and workplaces (a), cafes and restaurants (b) and public transports or other public places and private cars (c): Legislative restrictions, but not enforced (less than 50% of the workplaces are smoke free)	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring

Smoking and tobacco use: Policy and legislation (domain) and Bans on advertising (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Bans on advertising	Complete ban on tobacco advertising on television and radio	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Complete ban on outdoor advertising (e.g. posters)	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Complete ban on advertising in print media (e.g. newspapers and magazines)	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Complete ban on indirect advertising (e.g. cigarette branded clothes, watches, etc.)	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Ban on display of tobacco products at the point of sale	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Ban on point of sale advertising	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Ban on cinema advertising	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Ban on sponsorship	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Ban on internet advertising	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023).Tobacco Control Scale (TCS). (https://www.tobaccocontrolsale.org/)	monitoring
Policy and legislation	Bans on advertising	Bans on advertising, promotion and sponsorship	Global (2023)	Country-level achievements in banning tobacco advertising, promotion and sponsorship were assessed based on whether the bans covered the following types of advertising:	n/a	Country reported data grouped in 5 levels: Not reported; Complete absence	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	WHO	World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023	Proposed to monitor or evaluate a policy
Policy and legislation	Bans on advertising	Bans on advertising, promotion and sponsorship	Global (2023)	Country-level achievements in banning tobacco advertising, promotion and sponsorship were assessed based on whether the bans covered the following types of advertising: national television and radio:	n/a	Country reported data grouped in 5 levels: Not reported; Complete absence of ban, or ban that does not	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	WHO	World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023	Proposed to monitor or evaluate a policy



Smoking and tobacco use: Policy and legislation (domain) and Incentives for health professionals and policies support (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Incentives for health professionals and policies support	Level of support for policies	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	Incentives for health professionals and policies support	Level of support for increasing excise tax on tobacco products	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	Incentives for health professionals and policies support	Legal or financial incentive to record patients smoking status	Europe (2022)	Legal or financial incentive to record smoking status in all medical notes or patient files	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Incentives for health professionals and policies support	Family doctors reimbursed for smoking cessation advice	Europe (2022)	Family doctors reimbursed for providing brief advice for smoking cessation	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring

Smoking and tobacco use: Policy and legislation (domain) and Taxation and costs (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Taxation and costs	Tobacco taxes	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	Taxation and costs		Global (2023)	Countries are grouped according to the percentage contribution of all tobacco taxes to the retail price of a pack of 20 of the most popular brand of cigarettes. Taxes assessed include excise tax, value added tax (or sales taxes), import duty (when the cigarettes were imported) and any other taxes levied.	n/a	Country reported data grouped in 5 levels: Not reported; < 25% of retail price is tax; ≥ 25% and < 50% of retail price is tax; ≥ 50% and < 75% of retail price is tax; ≥ 75% of retail price is tax;	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC) - MPOWER technical package	information not available	WHO	World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023	Proposed to monitor or evaluate a policy
Policy and legislation	Taxation and costs	Prices of tobacco products	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Policy and legislation	Taxation and costs	Cigarette costs	International (2020), Moldova (2019), Ukraine (2019)	Average price paid for 20 manufactured cigarettes, based on the last manufactured cigarette purchase.	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2023c). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring
Policy and legislation	Taxation and costs	Weighted Average Price for cigarettes	Europe (2020)	The price or the Weighted Average Price (WAP) for cigarettes in 2020, taking into account the Purchasing Power Parity expressed in international dollars as used by the World Health Organisation in its report The Global Tobacco Epidemic, 2021.	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Taxation and costs	Expenditure incurred by private households on tobacco	Europe (2022)	Expenditure incurred by private households on tobacco for satisfaction of their needs or wants. ¹	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Taxation and costs	Own consumption of tobacco by COICOP	Europe (2022)	Tobacco as an output of unincorporated enterprises owned by households that is retained for consumption by the members of the same household	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Taxation and costs	Cross-border tobacco consumption expenditure by COICOP	Europe (2022)	Cross border consumption expenditure of tobacco refers to the part of the household's consumption expenditure effected abroad. It covers all direct purchases of tobacco made by residents while travelling abroad for business or personal purposes.	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Taxation and costs	Spending on public information campaigns	Europe (2022)	Tobacco control spending per capita by the government in 2020, expressed in Power Purchasing Standards (PPS).	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Control Scale (TCS). (https://www.tobaccocontrolscale.org/)	monitoring
Policy and legislation	Taxation and costs	Trend in affordability of the most sold brand of cigarettes	Global (2023)	Information not available	n/a	Country reported data for MPOWER measures: The affordability of cigarettes was	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	WHO	World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. https://www.who.int/teams/health-promotion/tobacco-control/global-	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Monitoring systems and data collection (domain) and Monitoring tobacco use and prevention policies (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Monitoring tobacco use and prevention policies	Monitoring of tobacco use and prevention policies	Global (2023)	The frequency and periodicity of nationally representative surveys among the adult and adolescent population in countries.	n/a	Monitoring category when all criteria listed below are met for both adolescent and adult surveys: • whether a survey was	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	WHO	World Health Organization. (2023). WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Monitoring systems and data collection (domain) and Monitoring second-hand smoke (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Monitoring secondhand smoke	Atmospheric Secondhand Smoke Monitoring	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of anti-tobacco advertising and exposure to anti-tobacco information (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Salience of the Anti-Tobacco Media Message	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
	Awareness of anti-tobacco advertising	Level of confirmed awareness of anti-tobacco media messages	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Level of receptivity to anti-tobacco media messages	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
	Awareness of anti-tobacco advertising	Awareness of Specific Anti-Tobacco Media Messages	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Awareness of General Anti-Tobacco Media Messages	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
	Awareness of anti-tobacco advertising	Awareness of warnings	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Noticing of warnings	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
	Awareness of anti-tobacco advertising	Knowledge of warnings	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Awareness of Smoking Related News Stories	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	Information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods For Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention/Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
	Awareness of anti-tobacco advertising	Noticing Health Warnings on Cigarette Packages	Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Global (2019)	Percentage of current smokers who noticed health warnings on cigarette packages in the past 30 days	n/a	Numerator: Number of current smokers who answered "Yes, but I didn't think much of them" or "Yes, and they led me to think about quitting smoking or not starting smoking" to seeing health warnings on cigarette packages in the past 30 days. Denominator: Number of current smokers.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gssdatasurveyresources/Ancillary/Documentation.aspx?SUID=18DOCT-1 .	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Learning About Dangers of Tobacco Use at School	Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Global (2019)	Percentage of youth who were taught about the dangers of tobacco use in class during the past 12 months	n/a	Numerator: Number of respondents who were taught in any classes about the dangers of tobacco use during the past 12 months. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gssdatasurveyresources/Ancillary/Documentation.aspx?SUID=18DOCT-1 .	Monitoring
	Awareness of anti-tobacco advertising	Thinking of Not Starting Smoking Because of Health Warnings on Cigarette Packages	Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2013)	Percentage of never smokers who thought about not starting smoking in the past 30 days because of health warnings on cigarette packages.	n/a	Numerator: Number of never smokers who reported that seeing health warnings on cigarette packages in the past 30 days led them to think about not starting smoking. Denominator: Number of never smokers who saw health warnings on cigarette packages in the past 30 days.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gssdatasurveyresources/Ancillary/Documentation.aspx?SUID=18DOCT-1 .	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Awareness of Anti-Cigarette Smoking Information on Television (TV) or the Radio	Global (2020), Romania (2018), Ukraine (2017)	Percentage of respondents who have noticed information about the dangers of smoking cigarettes or that encourages quitting on television in the last 30 days	n/a	Information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/news/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gtsu/index.htm	Monitoring
	Awareness of anti-tobacco advertising	Awareness of Anti-Smokeless Tobacco Information on Television (TV) or the Radio	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who have noticed information about the dangers of smokeless tobacco or that encourages quitting on TV or radio in the last 30 days.	n/a	Information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/news/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gtsu/index.htm	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Awareness of Anti-cigarette information	Global (2020), Moldova (2013), Ukraine (2019)	Percentage of all respondents who noticed information in newspapers or magazines, television or radio about the dangers of smoking or that encourages quitting during the past 30 days	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organization. (2023). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring
	Awareness of anti-tobacco advertising	Awareness of Cigarette package health warnings	Global (2020), Moldova (2013), Ukraine (2019)	Percentage of current smokers who noticed health warnings on cigarette packages during the past 30 days.	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organization. (2023). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of anti-tobacco advertising	Awareness of Quitting health warnings on cigarette packages	Global (2020), Moldova (2013), Ukraine (2019)	Percentage of current smokers who noticed health warnings on cigarette packages during the past 30 days that thought about quitting due to the health warnings they saw.	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organization. (2023). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of tobacco marketing (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Exposures to tobacco imagery in movies	Global (2015)	Assessing exposure to movie content is similar to assessing exposure to advertising. The best methods: (a) measure the reach of a particular movie in the population; and (b) assess how much smoking is in the movie.	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2015). Smoke-free movies - from evidence to action. https://www.who.int/publications/item/9789241509596	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of Tobacco Marketing at Points of Sale (Among Those who Visited Population):	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who saw any tobacco marketing at points of sale in the past 30 days.	n/a	Numerator: Number of respondents who saw any advertisements or promotions for tobacco products at point of sale (such as stores, shops, kiosks, etc.) in the past 30 days. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncdd.cdc.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of Tobacco Marketing at Points of Sale (Among Those who Visited Points of Sale):	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who visited points of sale in the past 30 days who saw any tobacco marketing at the points of sale.	n/a	Numerator: Number of respondents who saw any advertisements or promotions for tobacco products at point of sale (such as stores, shops, kiosks, etc.) in the past 30 days. Denominator: Number of respondents who visited points of sale in the past 30 days.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncdd.cdc.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Ownership of an Object with a Tobacco Brand Logo	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who have something with a tobacco product brand logo on it	n/a	Numerator: Number of respondents who have something (e.g., t-shirt, pen, backpack) with a tobacco product brand logo on it. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncdd.cdc.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of Cigarette advertising in stores	Global (2020), Moldova (2018), Ukraine (2019)	Percentage of all respondents who noticed advertisements or signs promoting cigarettes in stores where cigarettes are sold during the past 30 days.	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2023c). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of In-Store Cigarette/Tobacco Advertising and Promotions	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who have noticed any advertisements or signs promoting cigarettes/tobacco in stores where cigarettes/tobacco products are sold, cigarettes/tobacco at sale prices, or free gifts or discount offers on other products when buying cigarettes/tobacco in the last 30 days	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of Cigarette promotion	Global (2020), Moldova (2018), Ukraine (2019)	Percentage of all respondents who noticed cigarette promotions during the past 30 days.	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2023c). <i>STEPwise approach to NCD risk factor surveillance (STEPS)</i> . https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps/data-analysis-reporting-tools	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco marketing	Awareness of Any Cigarette/Tobacco Product Advertising and Promotion	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who have noticed any advertisements or signs promoting cigarettes/tobacco products, cigarette/tobacco product company sponsorship of sporting events, or cigarette/tobacco product promotions in the last 30 days.	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness of tobacco cessation interventions and no smoking day (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco cessation interventions and no smoking day	Awareness of Tobacco Cessation Interventions	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco cessation interventions and no smoking day	Awareness of Tobacco Cessation Intervention Reimbursement	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco cessation interventions and no smoking day	Awareness of Tobacco Cessation Intervention Medications	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness of tobacco cessation interventions and no smoking day	Awareness of no Smoking days	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Beliefs (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs About the Benefits of Tobacco Cessation Interventions	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs About Barriers to Tobacco Cessation Interventions	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs about the risks, costs, and benefits of smoking and of quitting	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Self-exempting beliefs, justifications, regret	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs that smoking is cool and helps people to fit in	Global (2008)	Proportion of young people who think that smoking is cool and helps them fit in. Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs that young people who think that young people who smoke have more friends. Identify measures and indicators to assess tobacco control policies	Global (2008)	Proportion of young people who think that young people who smoke have more friends. Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs about the Dangers of Secondhand Smoke	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who believe that breathing other people's smoke causes serious illness in nonsmokers.	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs about the Dangers of Secondhand Smoke	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who think other people's tobacco smoking is harmful to them	n/a	Numerator: Number of respondents who answered "definitely yes" when asked if smoke from other people's tobacco smoking is harmful to them. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/gyts_indicator_definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gtsdata/surveyresources/Anchovy/Documentation.aspx?SID=18DOCT-1	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Belief about the Addictiveness of Smoking	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who definitely think that once someone starts smoking tobacco it is difficult to quit.	n/a	Numerator: Number of respondents who answered "definitely yes" to thinking it would be difficult to quit smoking tobacco once they started. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/gyts_indicator_definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gtsdata/surveyresources/Anchovy/Documentation.aspx?SID=18DOCT-1	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Belief that Smoking Helps People Feel Comfortable at Social Gatherings	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	Number of respondents who think smoking tobacco helps people feel more comfortable at celebrations, parties or in other social gatherings.	n/a	Numerator: Number of respondents who think smoking tobacco helps people feel more comfortable at celebrations, parties or in other social gatherings. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/gyts_indicator_definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gtsdata/surveyresources/Anchovy/Documentation.aspx?SID=18DOCT-1	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs about the Dangers of Tobacco Smoking	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who believe that smoking tobacco causes serious illness	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gts/index.htm	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Beliefs about the Dangers of Smokeless Tobacco Use	Global (2020), Romania (2018), Ukraine (2017)	Percentage of adults who believe that smokeless tobacco use causes serious illness.	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-toolkit/global-adult-tobacco-survey/questionnaire	Monitoring

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Attitudes (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Attitudes	Attitudes towards smoking, functional utility of smoking	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Attitudes	Anti-tobacco industry attitudes	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Attitudes	Knowledge and attitudes about smokefree policy	Global (2014)	knowledge of the general population – and, possibly, specific groups (e.g. bar workers) – about smokefree policy, and their attitudes to and support of it. Recommended indicators for early stage implementation of smoke-free policy	n/a	information not available	Eliminate exposure to second-hand smoke	smoking free policies (WHO Framework Convention on Tobacco Control (WHO FCTC) assessment of smoke-free	information not available	WHO	World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke? https://iris.who.int/handle/10665/144992	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Opinions (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions	Concerns about exposing others to secondhand smoke	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions	Banning Smoking in Enclosed Public Places	Italy (2019)	Proportion of smokers aged 18-69 years who are working in public places who think the ban is respected.	n/a	information not available	Cancer Prevention	National Prevention Plan 2014-2019	information not available	EC, Health Promotion and Disease Prevention Knowledge Gateway	European Partnership for Action Against Cancer. (2012). National Cancer Control Programmes: Analysis of Primary Data From Questionnaires Final preliminary report. https://www.ipacc.eu/res/files/output/wp10/national-cancer-control-program-survey.pdf	Used to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions		Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2017), Ukraine (2017)	Percentage of youth who are in favor of banning smoking in enclosed public places	n/a	Numerator: Number of respondents who favor banning smoking in enclosed public places (such as schools, shops, restaurants, shopping malls, and movie theaters). Denominator: Total number of respondents	n/a	n/a	n/a	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nczd.cdc.gov/datasurveillances/Ancillary/Documentation.aspx?SID=1&DOCT=1	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions	Banning Smoking at Outdoor Public Places (youth opinion)	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2017), Ukraine (2017)	Percentage of youth who are in favor of banning smoking at outdoor public places.	n/a	Numerator: Number of respondents who favor banning smoking at outdoor public places (such as playgrounds, sidewalks, entrances to buildings, parks, and beaches). Denominator: Total number of respondents.	n/a	n/a	n/a	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nczd.cdc.gov/datasurveillances/Ancillary/Documentation.aspx?SID=1&DOCT=1	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions		Global (2021), North Macedonia (2007)	Percentage of students who are in favour of banning smoking in public places	n/a	information not available	n/a	n/a	n/a	WHO	World Health Organization. (2023). Global school-based student health survey (GSHS). https://www.who.int/news/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Opinions	Reasons for using e-cigarettes	Global (2021)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring

Smoking and tobacco use: Industry and economy (domain) and Visibility and promotions of tobacco products (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Visibility and promotions	Whether tobacco products or counter visible on entry to store	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Visibility, variety of brands, variety of pack sizes, presence of any promotions	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Types of promotions observed in store and associated brands	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Which brands are most prominent	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Availability, price, and price promotion for particular brands	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Presence or absence of advertising for particular brands	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Presence or absence of tobacco branded accessories	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Visibility and promotions	Exposure to Free Tobacco Promotion	Global (2019, Bulgaria (2015), Italy (2008), Montenegro (2018), Moldova (2018), North Macedonia (2014), Portugal (2013), Romania (2017), Ukraine (2017)	Percentage of youth who were ever offered a free tobacco product from a tobacco company representative.	n/a	Numerator: Number of respondents who were ever offered a free tobacco product from a tobacco company representative. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999), countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncesd.ed.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring
Industry and Economy	Visibility and promotions	Positioning of tobacco products	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Industry and economy (domain) and Sales of tobacco products (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Sales of tobacco products	Size of outlet (number of cash registers)	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Industry and Economy	Sales of tobacco products	Cigarette sales	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring

Smoking and tobacco use: Tobacco and pregnancy (domain) and Prevalence of tobacco exposure in pregnancy (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco and pregnancy	Prevalence of tobacco exposure in pregnancy	Prevalence of pregnant women identified as tobacco users	Global (2013)	Proportion of pregnant women who are identified as tobacco users	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Prevalence of tobacco exposure in pregnancy		Global (2013)	Frequency of tobacco use among pregnant women (number of times used per day/week) over time	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Prevalence of tobacco exposure in pregnancy	Prevalence of pregnant women exposed to second-hand Smoke	Global (2013)	Proportion of pregnant women who are identified as exposed to Second-Hand Smoke	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Prevalence of tobacco exposure in pregnancy	Document tobacco use and second-hand smoke in pregnant women	Global (2013)	Routinely document tobacco use and second-hand smoke in their antenatal care forms	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Exposure (domain) and Total Frequency of exposure to secondhand smoking (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Exposure	Total Frequency of exposure to secondhand smoking	Proportion of young people who are susceptible never-smokers	Global (2008)	information not available	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Exposure	Total Frequency of exposure to secondhand smoking	Reduction in mortality and morbidity from exposure to second-hand tobacco smoke.	Global (2014)	information not available	n/a	information not available	Eliminate exposure to second-hand smoke	Smoking-free policies (WHO Framework Convention on Tobacco Control (WHO FCTC assessment of smoke-free countries legislations)	information not available	WHO	World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke? https://iris.who.int/handle/10665/164592	Proposed to monitor or evaluate a policy
Exposure	Total Frequency of exposure to secondhand smoking	Percentage of the Irish population exposed to second-hand smoke	Ireland (2017)	information not available	n/a	information not available	n/a	n/a	Annual: It is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health. (2017). National Cancer Strategy: 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026_Ireland.pdf	Monitoring
Exposure	Total Frequency of exposure to secondhand smoking	Exposure rate of Secondhand smoking	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Exposure	Total Frequency of exposure to secondhand smoking	Exposure rate of secondhand smoke among non-smokers	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring

Smoking and tobacco use: Exposure (domain) and Frequency of exposure to secondhand smoke at home (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Exposure	Frequency of exposure to secondhand smoke at home	Percentage of adults who report that smoking occurs inside their home	Global (2020), Romania (2018), Ukraine (2017)	information not available	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gtss/index.htm	Monitoring
Exposure	Frequency of exposure to secondhand smoke at home	Percentage of youth who were exposed to tobacco smoke inside the home in the past 7 days	Global (2019), Bulgaria (2015), Italy (2016), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	information not available	n/a	Numerator: Number of respondents who reported that smoking occurred in their presence inside their home on 1 or more days in the past 7 days. Denominator: Total number of respondents	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://nccd.cdc.gov/gtssdatasurveyresources/Ancillary/Documentation.aspx?SLID=1&DOCT=1 .	Monitoring
Exposure	Frequency of exposure to secondhand smoke at home	Reduction in exposure to secondhand tobacco smoke in private homes.	Global (2014)	information not available	n/a	information not available	Eliminate exposure to second-hand smoke	Smoking-free policies (WHO Framework Convention on Tobacco Control (WHO FCTC assessment of smoke-free countries legislations))	information not available	WHO	World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke? https://iris.who.int/handle/10665/164592	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Exposure (domain) and Frequency of exposure to secondhand Smoke in Public Places and workplace (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	Exposure to second-hand smoke in workplaces and public places.	Europe (2009)	information not available	n/a	information not available	Smoke-free environments	COUNCIL RECOMMENDATION of 30 November 2009 on smoke-free environments 2009/C 296/02	information not available	EC: EUR-Lex	Council of the European Union. (2009). Recommendation of 30 November 2009 on smoke-free environments. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32009H1205%2B01%29&qid=1695375177483	Proposed to monitor or evaluate a policy
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	A reduction in the exposure of employees to second-hand tobacco smoke at workplaces and in public places.	Global (2014)	information not available	n/a	information not available	Eliminate exposure to second-hand smoke	Smoking-free policies (WHO Framework Convention on Tobacco Control (WHO FCTC assessment of smoke-free countries legislations)	information not available	WHO	World Health Organization. (2014). Evidence brief: how can we best protect non-smokers from exposure to tobacco smoke? https://iris.who.int/handle/10665/164592	Proposed to monitor or evaluate a policy
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	Percentage of youth who were exposed to tobacco smoke in enclosed public places in the past 7 days	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	information not available	n/a	Numerator: Number of respondents who reported that smoking occurred in their presence in any enclosed public place other than their home (such as schools, shops, restaurants, shopping malls, and movie theaters) in the past 7 days. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncdd.cdc.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	Percentage of indoor workers who were exposed to tobacco smoke at work in the past 30 days	Global (2020), Romania (2018), Ukraine (2017)	information not available	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gtss/index.htm	Monitoring
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	Percentage of adults who visited various public places in the past 30 days and were exposed to tobacco smoke inside.	Global (2020), Romania (2018), Ukraine (2017)	information not available	n/a	information not available	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	World Health Organization. (2023). GATS questionnaire. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; World Health Organization. (2023). The Global Adult Tobacco Survey (GATS). https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey/questionnaire ; Center for Disease Control and Prevention. (2023). Global Tobacco Surveillance System (GTSS). https://www.cdc.gov/tobacco/global/gtss/index.htm	Monitoring
Exposure	Frequency of exposure to secondhand Smoke in Public Places and workplace	Percentage of youth who were exposed to tobacco smoke in school in the past 7 days	Global (2019), Bulgaria (2015), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2016), Portugal (2013), Romania (2017), Ukraine (2017)	information not available	n/a	Numerator: Number of respondents who saw someone smoke inside the school building or outside on school property during the past 30 days. Denominator: Total number of respondents.	n/a	n/a	Depending on the countries (started in 1999); countries are encouraged to repeat the survey every 4-5 years.	WHO	Global Youth Tobacco Survey Collaborative Group. (2014). Global Youth Tobacco Survey (GYTS) Indicator Definitions. https://www.paho.org/sites/default/files/GYTS_Indicator_Definitions.pdf ; Center for Disease Control and Prevention. (2023). Global Youth Tobacco Survey (GYTS). https://ncdd.cdc.gov/gtsdatasurveyresources/Ancillary/Documentation.aspx?UID=1&DOCT=1 .	Monitoring

Smoking and tobacco use: Tobacco and pregnancy (domain) and Frequency of women assessed for tobacco exposure and given advice to quit (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco and pregnancy	Frequency of women assessed for tobacco exposure and given advice to quit	Frequency of women assessed for tobacco use and second-hand smoke exposure at antenatal care visits at appropriate intervals	Global (2013)	Percentage of women assessed for tobacco use and SHS exposure at antenatal care visits at appropriate intervals	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Frequency of women assessed for tobacco exposure and given advice to quit	Prevalence of pregnant women given advice to quit or reduce tobacco use	Global (2013)	Proportion of pregnant women (using tobacco), given advice to quit and then quit or reduce their tobacco use	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Frequency of women assessed for tobacco exposure and given advice to quit	Frequency of pregnant women (exposed to second-hand smoke), given the advice and then reporting reduced exposure	Global (2013)	Proportion of pregnant women (exposed to SHS), given the advice and then reporting reduced shs exposure	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Tobacco and pregnancy (domain) and Available resources for tobacco exposure assessment on health facilities (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco and pregnancy	Available resources for tobacco exposure assessment and on health facilities	Availability of resource materials in local languages, by country and by health-care facilities	Global (2013)	Availability of resource materials in local languages, by country and by health-care facilities	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Available resources for tobacco exposure assessment and on health facilities	Frequency of health-care providers trained on assessment of tobacco use and second-hand smoke exposure	Global (2013)	Proportion of health-care providers trained on assessment of tobacco use and shs exposure	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Available resources for tobacco exposure assessment and on health facilities	Frequency of antenatal care forms recording tobacco use and second-hand smoke exposure and action taken	Global (2013)	Proportion of antenatal care forms recording tobacco use and SHS exposure and action taken	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Available resources for tobacco exposure assessment and on health facilities	Frequency of smoke-free health facilities (public and private)	Global (2013)	Percentage of smoke-free health facilities (public and private)	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Available resources for tobacco exposure assessment and on health facilities	Frequency of tobacco use and quit rates among health-facility workers	Global (2013)	Prevalence of tobacco use and quit rates among health-facility workers	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Tobacco and pregnancy (domain) and Frequency of psychological interventions and consequences (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco and pregnancy	Frequency of psychological interventions and consequences	Coverage of various psychosocial interventions and quit rates among pregnant women by intervention	Global (2013)	Coverage of various psychosocial interventions and quit rates among pregnant women by intervention	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Frequency of psychological interventions and consequences	Prevalence of pregnant women identified as tobacco users and offered psychosocial interventions	Global (2013)	Proportion of pregnant women identified as tobacco users and offered psychosocial interventions	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Frequency of psychological interventions and consequences	Frequency of pregnant women identified as tobacco users, and offered psychosocial interventions and who quit tobacco use	Global (2013)	Proportion of pregnant women identified as tobacco users, and offered psychosocial interventions and who quit tobacco use	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Frequency of psychological interventions and consequences	Frequency of pregnant women identified as tobacco users, and offered psychosocial interventions and who reduce tobacco use	Global (2013)	Proportion of pregnant women identified as tobacco users, and offered psychosocial interventions and who reduce tobacco use	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Tobacco and pregnancy (domain) and Exposure at home (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco and pregnancy	Exposure at home	Frequency of smoke-free homes of pregnant women	Global (2013)	Self-report of smoke-free homes (measured by surveys of pregnant women in antenatal care services or population-based surveys)	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2013). WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy (https://iris.who.int/bitstream/handle/10665/94555/9789241506076_eng.pdf)	Proposed to monitor or evaluate a policy
Tobacco and pregnancy	Exposure at home	Monitoring of indoor air quality levels in pregnant woman homes	Global (2013)	Monitoring of indoor air quality levels in homes	n/a	information not available	Prevent and manage tobacco use and second-hand smoke exposure in pregnancy	WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy.	information not available	WHO	World Health Organization. (2015). Be he@thy, be mobile: a handbook on how to implement mTobaccoCessation. (https://iris.who.int/handle/10665/251719)	Proposed to monitor or evaluate a policy

Smoking and tobacco use: Tobacco cessation (domain) and Intentions and attempts to quit (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco cessation	Intentions and attempts to quit	Intention to quit and quit date	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Tobacco cessation	Intentions and attempts to quit	Recent quit attempts and duration of the last quit attempt	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Tobacco cessation	Intentions and attempts to quit	Proportion of adult and young smokers who have made a quit attempt	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Tobacco cessation	Intentions and attempts to quit	Percentage of smokers who want to quit	Ireland (2017)	information not available	n/a	information not available	n/a	n/a	Annual: it is obtained from the Annual Healthy Ireland Survey	ICCP	Irish Ministry of Health. (2017). National Cancer Strategy: 2017-2026. https://www.iccp-portal.org/system/files/plans/National-Cancer-Strategy-2017-2026_Ireland.pdf	Monitoring

Smoking and tobacco use: Tobacco cessation (domain) and Support to quit (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)
Tobacco cessation	Support to quit	Use of Tobacco Cessation Interventions	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008
Tobacco cessation	Support to quit	Prevalence of smokers who have received the advice to quit smoking	Italy (2019)	Proportion of smokers aged 18-69 years who have received the advice to quit smoking in the last 12 months	n/a	information not available	Cancer Prevention	National Prevention Plan 2014-2019	information not available	EC: Health Promotion and Disease Prevention Knowledge Gateway	European Partnership for Action Against Cancer. (2012). National Cancer Control Programmes: Analysis of Primary Data from Questionnaires Final preliminary report. (https://www.ipaac.eu/res/file/outputs/wp10/national-cancer-control-plans-survey.pdf)
Tobacco cessation	Support to quit	Receipts of a Tobacco Cessation intervention from a Healthcare Professional	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008
Tobacco cessation	Support to quit	Use of tobacco cessation medications	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008
Tobacco cessation	Support to quit	Access to tobacco cessation medication	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008
Tobacco cessation	Support to quit	Number of treatment attempts for tobacco dependence	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946
Tobacco cessation	Support to quit	Quitline for to help smokers stop	Europe (2022)	Existence of quitlines (national or in all major regions of the country)	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Countrou Scale (TCS). (https://www.tobaccocontrolscale.org/)
Tobacco cessation	Support to quit	Network of smoking cessation support and its reimbursement	Europe (2022)	Existence of a cessation support network covering the country for free (a), only in selected regions, for free (b), covering the whole country, partially	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Countrou Scale (TCS). (https://www.tobaccocontrolscale.org/)
Tobacco cessation	Support to quit	Reimbursement of medications for tobacco cessation	Europe (2022)	information not available	n/a	information not available	n/a	n/a	information not available	KAP	World Health Organization. (2023). Tobacco Countrou Scale (TCS). (https://www.tobaccocontrolscale.org/)

Smoking and tobacco use: Tobacco cessation (domain) and Benefits of quitting and behaviour change (subdomain)

Indicator domain	Performance indicator sub-Domain	indicator	Geographical level and Year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Tobacco cessation	Benefits of Quitting and behaviour change	Benefits of Quitting	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy
Tobacco cessation	Benefits of Quitting and behaviour change	Behaviour Change on No Smoking Days	Global (2008)	Identify measures and indicators to assess tobacco control policies	n/a	information not available	Reduce tobacco consumption and prevalence	WHO Framework Convention on Tobacco Control (WHO FCTC)	information not available	KAP	International Agency for Research on Cancer. (2008). IARC Handbooks of cancer prevention: Methods for Evaluating Tobacco Control Policies. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Handbooks-Of-Cancer-Prevention-Methods-For-Evaluating-Tobacco-Control-Policies-2008	Proposed to monitor or evaluate a policy

Alcohol: Population Frequency/behaviour (domain) and Consumption per capita (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Consumption per capita	Alcohol consumption per capita (APC)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Alcohol, drinkers only total per capita (15+ years) consumption (in litres of pure alcohol). Total APC among drinkers is defined as the total (recorded and unrecorded) amount of alcohol consumed per adult (15+ years) drinker over a calendar year, in litres of pure alcohol.	By sex	Numerator: Total APC. Denominator: 1-total rate of abstainers in %.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol, drinkers only per capita (15+ years) consumption - litres of pure alcohol. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-15-consumption-litres-of-pure-alcohol	Monitoring
Population frequency/behaviour	Consumption per capita		Global (2013)	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	N/A	In May 2013, the Sixty-sixth World Health Assembly adopted the comprehensive NCD Global Monitoring Framework, in which the voluntary global target for the harmful use of alcohol to be achieved by 2025 is defined as at least 30% relative reduction, as appropriate, within the national context, and measured by indicators across three domains, including total alcohol per capita consumption within a calendar year in litres of pure alcohol, age-standardized prevalence of heavy episodic drinking, and alcohol-related mortality and morbidity.	NCDs. By 2025, at least 30% relative reduction in the harmful use of alcohol.	NCD Global Monitoring Framework - The framework comprises nine global targets and 25 indicators and has been adopted by Member States during the World Health Assembly in May 2013. The Framework will track the implementation of the Global Action Plan on the prevention and control of NCDs through monitoring and reporting.	Information not available	WHO	World Health Organization. (2013). NCD Global Monitoring Framework. World Health Organization. https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Consumption per capita		Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption.	By sex, and type of alcoholic beverage	Recorded APC is defined as the recorded amount of alcohol consumed per capita (15+ years) over a calendar year in a country, in litres of pure alcohol. The indicator only takes into account the consumption which is recorded from production, import, export, and sales data often via taxation.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol, unrecorded per capita (15+ years) consumption (in litres of pure alcohol). The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-(recorded-unrecorded)-alcohol-per-capita-(15)-consumption	Monitoring
Population frequency/behaviour	Consumption per capita		Global (2016)	Alcohol, unrecorded per capita (15+ years) consumption (in litres of pure alcohol). Unrecorded APC is defined as the unrecorded amount of alcohol consumed per adult (15+ years) in litres of pure alcohol. Unrecorded consumption refers to alcohol which is not taxed and is outside the usual system of governmental control, such as home or informally produced alcohol (legal or illegal), smuggled alcohol, surrogate alcohol (which is alcohol not intended for human consumption), or alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction).	By sex	Numerator: The amount of unrecorded alcohol consumed per adult (15+ years) during a calendar year, in litres of pure alcohol. Denominator: Midyear resident population (15+ years) for the same calendar year. UN World Population Prospects, medium variant. The three year average of unrecorded APC is presented.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol, unrecorded per capita (15+ years) consumption (in litres of pure alcohol). The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-(recorded-unrecorded)-alcohol-per-capita-(15)-consumption	Monitoring
Population frequency/behaviour	Consumption per capita		Europe (2013)	Total alcohol consumption - ECH indicator. A basic indicator for monitoring the magnitude of per capita alcohol consumption. A key indicator of the EU alcohol strategy. "Data are published by the WHO-GISAH"	By member states	Data are published by the WHO-GISAH and are based on a collection of national sources on apparent consumption (production + imports - exports) and some correction and conversion factors. Data are available for all Member States.	NCDs	NCDs policies in general. In this study it is showed the percentage of stakeholders that used this ECH indicator for policy evaluation	Periodic	Health Promotion and Disease Prevention Knowledge Gateway	Public Health Evaluation and Impact Assessment Consortium (PHEIAC). (2013). Evaluation of the use and impact of the European Community Health Indicator ECH in Member States. http://health.ec.europa.eu/system/files/2015-12/ech_report_01131013_0.pdf	Used to monitor or evaluate a policy
Population frequency/behaviour	Consumption per capita		Global (2022)	Estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption.	By sex and age	Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. Sum of recorded and unrecorded APC, adjusted for tourist consumption.	NCDs. By 2030, at least 20% relative reduction (in comparison with 2020) in the harmful use of alcohol.	Global alcohol action plan 2022-2030.	Periodic	WHO	World Health Organization. (2022). Global alcohol action plan 2022-2030. http://apps.who.int/iris/handle/10665/94184	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Consumption per capita		Global (2020)	Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.	N/A	Recorded alcohol per capita (15+) consumption of pure alcohol is calculated as the sum of beverage-specific alcohol consumption of pure alcohol (beer, wine, spirits, other) from different sources.	Health in general	The Sustainable Development Goals (SDGs) for 2030: Goal 3 Ensure healthy lives and promote well-being for all at all ages. Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	Periodic	WHO	World Health Organization. (2020). SDG indicator metadata. http://unstats.un.org/indicators/metadata/Item/Indicator-03-05-01.pdf	Proposed to monitor or evaluate a policy

Alcohol: Population Frequency/behaviour (domain) and Heavy Drinking (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Heavy drinking		Global (2013)	Age-standardized prevalence of heavy episodic drinking among adolescents and adults , as appropriate, within the national context. Indicator to be used to monitor if it was achieved at least 30% relative reduction in the harmful use of alcohol, as appropriate, within the national context.	n/a	Information not available	NCDs - By 2025, at least 30% relative reduction in the harmful use of alcohol.	NCD Global Monitoring Framework - The Framework comprises one global target and 25 indicators and has been adopted by Member States during the World Health Assembly in May 2013. Member States are encouraged to consider the development of national NCD targets and indicators building on the global framework.	Information not available	WHO	World Health Organization. (2013). NCD Global Monitoring Framework. World Health Organization. https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Heavy drinking		Global (2013)					Global action plan for the prevention and control of noncommunicable diseases 2013-2020	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013-2020. https://www.who.int/handbook/2069/94384	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Heavy drinking		Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Heavy episodic drinking is defined as the proportion of adults (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days . A consumption of 60 grams of pure alcohol corresponds approximately to 6 standard alcoholic drinks.	By sex and age	Numerator: The (appropriately weighted) number of respondents (15+ years) who reported drinking 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Denominator: The total number of participants (15+ years) responding to the corresponding question(s) in the survey plus abstainers.	n/a	n/a	Every 5-5 years	WHO	World Health Organization. (2016). Alcohol, heavy episodic drinking (15+ years) past 30 days (%). age-standardized with 95%CI. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-heavy-episodic-drinking-15-19-years-past-30-days-age-standardized-with-95-ci	Monitoring
Population frequency/behaviour	Heavy drinking		Europe (2022), Bulgaria(2022), Ireland(2022), Italy(2022), Montenegro(2022), North Macedonia(2022), Portugal(2022), Romania(2022), Ukraine(2022)	Proportion of adults who reported heavy episodic drinking . The proportion of heavy episodic drinkers is defined as the share of adults aged 15 years and over who reported having had 60 grammes or more of pure ethanol (equivalent to 6 drinks or more) in a single occasion in the past 30 days.	By gender and education level	The data are from the European Health Interview Survey (EHIS 2015), compiled by Eurstat.	n/a	n/a	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	OECD & European Union. (2022). Health at a Glance: Europe 2022. State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/76743130	Monitoring
Population frequency/behaviour	Heavy drinking	Heavy episodic drinking	Global (2022)	Age-standardized prevalence of heavy episodic drinking .	n/a	Information not available	NCDs - By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol.	Global alcohol action plan 2022-2030.	Periodic	WHO	World Health Organization. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1186/s12916-022-02409-2	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Heavy drinking		Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Heavy episodic drinking (youth 15 - 19 years) past 30 days (%) by Sex, Age .	By sex and age	Numerator: The (appropriately weighted) number of respondents (15+ years) who reported drinking 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Denominator: The total number of participants (15+ years) responding to the corresponding question(s) in the survey plus abstainers.	n/a	n/a	Every 5-5 years	WHO	World Health Organization. (2016). Heavy episodic drinking (youth 15 - 19 years) past 30 days (%). The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-youth-15-19-years-past-30-days	Monitoring
Population frequency/behaviour	Heavy drinking		Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Heavy episodic drinking (youth 15 - 19 years), drinkers only, past 30 days (%) by sex and age . Heavy episodic drinking (drinkers only) is defined as the proportion of adult drinkers (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days. A consumption of 60 grams of pure alcohol corresponds approximately to 6 standard alcoholic drinks.	By sex and age	Numerator: The appropriately weighted number of drinkers (15+ years) who reported drinking at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Denominator: The total number of respondents (15+ years, appropriately weighted) to the corresponding survey question(s) who reported having consumed an alcoholic standard drink (10 grams) within the past 12 months on the same survey (or 24-months). This indicator is available for the population 15+ years, as well as for the age group 15-19 years.	n/a	n/a	Every 5-5 years	WHO	World Health Organization. (2016). Heavy episodic drinking (youth 15 - 19 years), drinkers only, past 30 days (%). The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/heavy-episodic-drinking-youth-15-19-years-drinkers-only-past-30-days	Monitoring
Population frequency/behaviour	Heavy drinking		Europe (2022), Bulgaria(2022), Ireland(2022), Italy(2022), Montenegro(2022), North Macedonia(2022), Portugal(2022), Romania(2022), Ukraine(2022)	Heavy episodic drinking among 15-16 year-olds (%) . Heavy episodic drinking at least once in the last 30 days in 2019 reported by European adolescents aged 15 and 16 years old (in percentage).	n/a	Results from the European School Survey Project on Alcohol and Other Drugs	n/a	n/a	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	OECD & European Union. (2022). Health at a Glance: Europe 2022: State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/76743130	Monitoring
Population frequency/behaviour	Heavy drinking	% of the Irish population that binge drink	Ireland (2017)	Information not available	n/a	Information not available	n/a	n/a	Information not available	ICP	https://www.gov.ie/en/9315/9f5392d958413ba17643a7d63a61651.pdf	Monitoring
Population frequency/behaviour	Heavy drinking	Proportion of population who had six or more standard drinks on any single drinking occasion in the past 30 days	Moldova (2013), Ukraine (2019)	Information not available	By sex and age	Data from STEPwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova. STEPS 2013. https://www.who.int/publications/i/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/i/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Heavy drinking	Trends in heavy episodic drinking among 15-16 year-olds	Europe (2022)	Trends in heavy episodic drinking at least once in the last 30 days in 2015-19 reported by European adolescents aged 15 and 16 years old (in percentage)	n/a	Results from the European School Survey Project on Alcohol and Other Drugs	n/a	n/a	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	OECD & European Union. (2022). Health at a Glance: Europe 2022: State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/76743130	Monitoring
Population frequency/behaviour	Heavy drinking	Hazardous alcohol consumption	Europe (2015)	An indicator measuring excessive drinking defined as more than 20 g of alcohol daily for women and more than 40 g daily for men.	By age and level of education	Pilot tested at various levels of detail as EHIS survey between 2005 and 2020 in 17 MS and Norway. To be implemented as a fully-fledged EHIS indicator since 2024 but with concerns and uncertainties about relative comparability of questions.	NCDs	NCDs policies in general. In this study it is showed the percentage of stakeholders that used this ECHI indicator for policy evaluation	Periodic	Health Promotion and Disease Prevention Knowledge Gateway	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova. STEPS 2013. https://www.who.int/publications/i/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/i/item/2019-steps-country-report-ukraine	Used to monitor or evaluate a policy

Alcohol: Population Frequency/behaviour (domain) and Number of drinks/grams of alcohol (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Number of drinks/grams of alcohol	Mean number of standard drinks of alcohol consumed per drinking occasion	Moldova (2013), Ukraine (2019)	Information not available	By sex	Data from STEPwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova. STEPS 2013. https://www.who.int/publications/i/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/i/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Number of drinks/grams of alcohol	Number of alcoholic (standard) drinks on average	Europe (2015)	Information not available	By days of the week (on one of the days from Friday to Thursday)	Obtained from European Health Interview Survey (EHIS)	n/a	n/a	Periodic	Policy Evaluation Network (PEN)	Policy Evaluation Network (PEN) (2015). Alcohol, number of drinks per week. PEN EU Policy Indicator Catalogues. https://www.pen.eu/en/subject-ew-policy-indicator-catalogues.html	Monitoring
Population frequency/behaviour	Number of drinks/grams of alcohol	Number of units of alcoholic beverages in the last 7 days	Europe (2017)	During the last 7 days, overall how many units of alcoholic beverages did you have?	n/a	Obtained from Survey of Health, Ageing and Retirement in Europe (SHARE). European Research Infrastructure Consortium (ERIC)	n/a	n/a	Periodic	Policy Evaluation Network (PEN)	Policy Evaluation Network (PEN) (2015). Alcohol, number of drinks per week. PEN EU Policy Indicator Catalogues. https://www.pen.eu/en/subject-ew-policy-indicator-catalogues.html	Monitoring
Population frequency/behaviour	Number of drinks/grams of alcohol	Alcohol, average daily intake in grams among drinkers	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Grams of pure alcohol per day is a measure of alcohol consumption.	n/a	Given the specific weight of alcohol of 0.789 g/cm ³ (at 20 °C), per capita consumption in litres of pure ethanol per year can be converted into grams per day as follows: $day = APC \times 1000 \times 0.789/365$ days	n/a	n/a	Information not available	WHO	World Health Organization. (2016). Alcohol, average daily intake in grams among drinkers. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-average-daily-intake-in-grams-among-drinkers-with-95-ci	Monitoring



Alcohol: Population Frequency/behaviour (domain) and Population percentage (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Population percentage and consumption rate	Alcohol, consumers, past 12 months	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Alcohol consumers in the past 12 months is defined as the proportion of adults (15+ years) in a given population who have consumed any alcohol during the past 12 months, assessed at a given point in time.	By sex and age	The indicator is calculated with the help of the indicator "Abstainers (15+ years), past 12 months" by using 1-abstainers.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Alcohol, consumers past 12 months (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-consumers-past-12-months-1	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Alcohol, former drinkers	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Former drinkers is defined as the proportion of adults (15+ years) in a given population who did not consume alcohol in the last 12 months, but who did previously do that, assessed at any given point in time.	By sex and age	Numerator: The number of former drinkers (15+ years) Denominator: The total number of participants (15+ years) responding to the corresponding question in a given survey. Weighted by survey design.	n/a	n/a	Every 5 years	WHO	World Health Organization. (2016). Alcohol, former drinkers (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-former-drinkers-1	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	% of the population that drinks alcohol	Ireland (2017)	Information not available	n/a	Information not available	n/a	n/a	Information not available	ICP	Department of Health. (2018). National Cancer Strategy 2017-2026. https://www.gov.ie/en/system/uploads/attachment_data/file/615167	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Proportion of population consuming alcohol (%)	Ukraine (2019)	Information not available	By time and sex	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2020). STEPS, prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/m/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Frequency of alcohol consumption in the previous 12 months (%)	Moldova (2013), Ukraine (2019)	Information not available	By sex	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS, prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/m/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Frequency of consumption of an alcoholic drink	Europe (2015)	Information not available	By day of the week (Monday, Thursday and Friday-Sunday)	Obtained from European Health Interview Survey (EHIS)	n/a	n/a	Periodic	Policy Evaluation Network (PEN)	Policy Evaluation Network (PEN). (2015). Alcohol, number of drinks per week. PEN EU Policy Indicator Catalogue. https://www.pen.eu/en/indicators/epic-indicator-catalogue.html	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Type of unrecorded alcohol consumed (N)	Moldova (2013), Ukraine (2019)	Information not available	By sex	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS, prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/m/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Alcohol consumption during the past seven days	Moldova (2013), Ukraine (2019)	Information not available	By sex	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova . World Health Organization/Regional Office for Europe. (2019). STEPS, prevalence of noncommunicable disease risk factors in Ukraine. WHO Regional Office for Europe. https://www.who.int/publications/m/item/2019-steps-country-report-ukraine	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Alcohol consumption status	Moldova (2013)	Information not available	By type and sex	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Distribution of current alcohol consumers	Moldova (2013)	Information not available	By sex and age	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Distribution of current drinkers	Moldova (2013)	Information not available	By sex and area of residency	Data from STEPSwise approach to NCD risk factor surveillance (STEPS)	n/a	n/a	Information not available	Knowledge Action Portal on NCDs	World Health Organization/Regional Office for Europe. (2013). Prevalence of noncommunicable disease risk factors in the republic of Moldova STEPS 2013. https://www.who.int/publications/m/item/2013-steps-country-report-republic-of-moldova	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Overall alcohol consumption among adults, 2010 and 2020 (or nearest year)	Europe (2022), Bulgaria(2022), Ireland(2022), Italy(2022), Montenegro(2022), North Macedonia(2022), Portugal(2022), Romania(2022), Ukraine(2022)	Overall alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 and over. The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as domestic or illegal production. Source: OECD Health Statistics 2022 and WHO Global Information System on Alcohol and Health.	n/a	Overall alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 and over. The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as domestic or illegal production. Source: OECD Health Statistics 2022 and WHO Global Information System on Alcohol and Health.	n/a	n/a	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	OECD, & European Union. (2022). Health in a Gender: Europe 2022 State of Health in the EU Cycle. OECD Publishing. https://doi.org/10.1787/33903300	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Tourist alcohol consumption	Global (2018), Belgium (2018), Bulgaria (2018), Ireland (2018), Italy (2018), Montenegro (2018), Moldova (2018), North Macedonia (2018), Portugal (2018), Romania (2018), Ukraine (2018)	Tourist alcohol per capita consumption (ACP) are the litres of pure alcohol which are consumed by tourists to a country in a calendar year. This figure is adjusted for the alcohol purchased and consumed when people are visiting countries other than their home country. Positive figures denote total alcohol consumption of outbound tourists being greater than total alcohol consumption by inbound tourists, negative numbers the opposite. Tourist consumption is based on UN tourism statistics, and data are provided by IRMS. The three-year average of tourist ACP is presented.	n/a	The litres of alcohol consumed by tourists (17 years of age and older) in a country are based on the number of tourists who visited a country, the average amount of time they spent in the country, and how much these people drink on average in their countries of origin (estimated based on per capita consumption of recorded and unrecorded alcohol). Furthermore, tourist alcohol consumption also accounts for the inhabitants of a country consuming alcohol while visiting other countries. Based on the average time spent outside their country (for all people 15 years and older) and the amount of alcohol consumed in their countries of origin.	n/a	n/a	Annual	WHO	World Health Organization. (2019). Alcohol, tourist consumption (in litres of pure alcohol). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO19-ALC-tourist-consumption-(in-litres-of-pure-alcohol)	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Alcohol consumption rate	Global (2022)	According to time period (daily, weekly, annual), per capita, by gender, by population	n/a	Information not available	n/a	n/a	Information not available	PubMed	Palagano, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.923846	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Annual alcohol consumption reduction rate	Global (2022)	National health survey data (self-evaluation data)	n/a	Information not available	n/a	n/a	Information not available	PubMed	Palagano, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.923846	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	15-19 years old, current drinkers (%)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Alcohol consumers in the past 12 months is defined as the proportion of adults (15+ years) in a given population who have consumed any alcohol during the past 12 months, assessed at a given point in time. The indicator is calculated with the help of the indicator "Abstainers (15+ years), past 12 months" by using 1-abstainers.	By sex	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). 15-19 years old, current drinkers (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-15-19-years-old-current-drinkers-1	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	15 years old, any alcoholic beverage consumed in past 12 months, (%)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Indicators comprised are the per cent of those aged 15 years who consumed alcohol at least once in the past 12 months, at least once in the past 30 days, at least once a week, had their first drink at 13 years or younger.	By sex and age	These measures are assessed at a given point in time where the numerator is the number of persons responding "yes" to the specific question. The denominator is the total number of participants responding to the corresponding question in a given survey weighted by survey design.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). 15 years old, any alcoholic beverage consumed in past 12 months (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-15-years-old-any-alcoholic-beverage-consumed-in-past-12-months-1	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	15 years old, any alcoholic beverage consumed at least once a week, (%)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Indicators comprised are the per cent of those aged 15 years who consumed alcohol at least once in the past 12 months, at least once in the past 30 days, at least once a week, had their first drink at 13 years or younger.	By sex	These measures are assessed at a given point in time where the numerator is the number of persons responding "yes" to the specific question. The denominator is the total number of participants responding to the corresponding question in a given survey weighted by survey design.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). 15 years old, any alcoholic beverage consumed in past 30 days (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-15-years-old-any-alcoholic-beverage-consumed-at-least-30-days-1	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	High risk of alcohol intake rate	Global (2022)	Medical records, Years, monthly, by target (drinking, alcoholic)	n/a	Information not available	n/a	n/a	Information not available	PubMed	Palagano, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.923846	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Lifetime abstainers (15+)	Global (2018), Belgium (2018), Bulgaria (2018), Ireland (2018), Italy(2018), Montenegro(2018), Moldova(2018), North Macedonia(2018), Portugal(2018), Romania(2018), Ukraine(2018)	Proportion of adults (15+ years) in a given population who have not consumed any alcohol during their lifetime, assessed at a given point in time.	By sex and age	Numerator: The number of lifetime abstainers (15+ years). Denominator: The total number of participants (15+ years) responding to the corresponding question in a given survey. Weighted by survey design.	n/a	n/a	Every 5 years	WHO	World Health Organization. (2018, August 24). Alcohol, abstainers (15+ years). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO18-ALC-abstainers-15+	Monitoring
Population frequency/behaviour	Population percentage and consumption rate	Abstainers (15+ years), past 12 months	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Abstainers (15+ years) is defined as the proportion of adults (15+ years) in a given population who have not consumed any alcohol during the past 12 months, assessed at a given point in time.	By sex	Numerator: The number of abstainers (15+ years) in the past 12 months. Denominator: The total number of participants (15+ years) responding to the corresponding question in a given survey. Weighted by survey design.	n/a	n/a	Every 5 years	WHO	World Health Organization. (2016). Alcohol, abstainers past 12 months (N). The Global Health Observatory. https://www.who.int/datasets/global-health-indicators/detailed/GHO16-ALC-abstainers-past-12-months-1	Monitoring



Alcohol: Health risks and outcomes (domain) and Alcohol disorders (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Alcohol dependence (12-month prevalence)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Adults (15+ years) who are dependent on alcohol (according to ICD-10 F10.2 Alcohol dependence) during a given calendar year.	By sex	Numerator: Number of adults (18-65 years) with a diagnosis of F10.2 during a calendar year. Denominator: Midyear resident population (15+ years) over the same calendar year. UN World Population Prospects, medium variant.	N/A	N/A	Every 3-5 years	WHO	World Health Organization. (2018). Alcohol dependence (F10.2) - 12-month prevalence (% with ICD-10). The Global Health Observatory (GHO) data visualization tool. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-dependence-f10-2-12-month-prevalence-%-with-icd-10	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Number of alcohol dependence cases (in millions) per year	Belgium (2020), Bulgaria (2020), Ireland (2020), Portugal (2020), Romania (2020)	Number of alcohol dependence cases (in millions) per year	N/A	Information not available	N/A	Various policies and interventions (treatment, sobriety checkpoints, school and workplace programmes, advertising regulation, ban on advertising to children, counselling in primary care, minimum unit pricing, restriction on opening hours)	Annually	DECD	Davies, M., Aisles, A., Guillemette, Y., Salfina, L., Leroque, A., & Cochet, M. (2021). Impact of alcohol policies on health and the economy. In <i>Preventing harmful Alcohol Use</i> . OECD Publishing. https://doi.org/10.1787/4a60292e-en	Used to monitor or evaluate a policy
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Alcohol use disorders (15+), 12-month prevalence (%) with 95%	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Adults (15+ years) who suffer from disorders attributable to the consumption of alcohol (according to ICD-10 F10.1 Harmful use of alcohol; F10.2 Alcohol dependence) during a given calendar year.	By sex	Numerator: Number of adults (15+ years) with a diagnosis of F10.1, F10.2 during a calendar year. Denominator: Midyear resident population (15+ years) over the same calendar year. UN World Population Prospects, medium variant.	N/A	N/A	Periodic	WHO	World Health Organization. (2018). Alcohol use disorders (F10.1-12-month prevalence (% with 95% - The Global Health Observatory). https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-use-disorders-f10-1-12-month-prevalence-%-with-95	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Alcohol harmful use (15+), 12-month prevalence (%) with 95%	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Adults (15+ years) with harmful use of alcohol (according to ICD-10 F10.1 Harmful use of alcohol) during a given calendar year.	By sex	Numerator: Number of adults (15+ years) with a diagnosis of F10.1 during a calendar year. Denominator: Midyear resident population (15+ years) over the same calendar year. UN World Population Prospects, medium variant.	N/A	N/A	Periodic	WHO	World Health Organization. (2018). Alcohol harmful use (F10.1) - 12-month prevalence (% with 95% - The Global Health Observatory). https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-harmful-use-f10-1-12-month-prevalence-%-with-95	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Alcohol regional prevalence of alcohol use disorders (%)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Adults (15+ years) who suffer from disorders attributable to the consumption of alcohol (according to ICD-10 F10.1 Harmful use of alcohol; F10.2 Alcohol dependence) during a given calendar year.	By sex	Numerator: Number of adults (15+ years) with a diagnosis of F10.1, F10.2 during a calendar year. Denominator: Midyear resident population (15+ years) over the same calendar year. UN World Population Prospects, medium variant.	N/A	N/A	Periodic	WHO	World Health Organization. (2018). Alcohol regional prevalence of alcohol use disorders (% - The Global Health Observatory). https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-regional-prevalence-of-alcohol-use-disorders-%	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Number of alcohol dependence cases (in millions) per year	Belgium (2020), Bulgaria (2020), Ireland (2020), Portugal (2020), Romania (2020)	Number of alcohol dependence cases (in millions) per year	N/A	Information not available	N/A	Various policies and interventions (treatment, sobriety checkpoints, school and workplace programmes, advertising regulation, ban on advertising to children, counselling in primary care, minimum unit pricing, restriction on opening hours)	Annually	DECD	Davies, M., Aisles, A., Guillemette, Y., Salfina, L., Leroque, A., & Cochet, M. (2021). Impact of alcohol policies on health and the economy. In <i>Preventing harmful Alcohol Use</i> . OECD Publishing. https://doi.org/10.1787/4a60292e-en	Used to monitor or evaluate a policy
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Yearly alcohol abuse expenditure rate	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	N/A	National health survey data (self-evaluation data)	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Annual involuntary Commitment rate of Alcoholism	Global (2022)	Information not available	By Age and Region	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Yearly alcohol abuse expenditure rate	Global (2022)	National health survey data (self-evaluation data)	N/A	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Number of treatment attempts for alcoholism	Global (2022)	Medical history of alcohol dependent patients	N/A	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Number of admissions and readmissions related to Alcoholism	Global (2022)	readmission within 30 days/100,000 population, Use of medical records	N/A	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Annual drunken driving experience rate	Global (2022)	National health survey data (self-evaluation data)	N/A	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Alcohol disorders (dependence, harmful or disorders)	Measurement of social outcomes (e.g. activities) attributable to alcohol	Global (2018)	Regular and robust monitoring of policy and programme implementation is essential for maintaining quality, applying best practices, measuring impact and informing public communication. Countries that implement SAVER strategies should, where possible, develop a monitoring, evaluation and reporting system	N/A	Information not available	NCDs	SAVER initiative - The World Health Organization (WHO), in collaboration with international partners, launched the SAVER initiative in 2018 alongside the United Nations high-level meeting on prevention and control of noncommunicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol by strengthening the ongoing implementation of the Global Strategy to reduce the harmful use of alcohol	Periodic	WHO	World Health Organization. (2018). The SAVER technical package: areas of intervention at national and subnational levels. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/saver-technical-package	Proposed to monitor or evaluate a policy

Alcohol: Health risks and outcomes (domain) and Morbidity and mortality (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Morbidity and mortality	Age-standardised alcohol attributable deaths	Global (2022)	Age-standardised alcohol attributable deaths.	N/A	Information not available	NCDs	Global alcohol action plan 2022-2030 - By 2030, at least 20% relative reduction in comparison with 2010 in the harmful use of alcohol.	Periodic	WHO	World Health Organization. (2022). Global alcohol action plan 2022-2030. https://www.who.int/news/who-world-alcohol-action-plan-2022-2030	Proposed to monitor or evaluate a policy
Health risks and outcomes	Morbidity and mortality	Alcohol attributable fractions of all cause deaths (%)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	The alcohol attributable fraction (AAF) denotes the proportion of a health outcome which is caused by alcohol (i.e. that proportion which would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries).	N/A	Population attributable fractions are calculated based on the level of exposure to alcohol and the risk relations between consumption and different diseases or injury categories. For each disease the exact proportion is different and will depend on the level and patterns of alcohol consumption, and on the relative risks.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol attributable fractions, all cause deaths (%). The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fraction-of-all-cause-deaths-%	Monitoring
Health risks and outcomes	Morbidity and mortality	Alcohol attributable fractions (15+), cancer deaths	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	The alcohol attributable fraction (AAF) denotes the proportion of a health outcome which is caused by alcohol (i.e. that proportion which would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries).	By sex	Population attributable fractions are calculated based on the level of exposure to alcohol and the risk relations between consumption and different diseases or injury categories. For each disease the exact proportion is different and will depend on the level and patterns of alcohol consumption, and on the relative risks.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol attributable fraction 15+ cancer deaths. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fraction-15-cancer-deaths	Monitoring
Health risks and outcomes	Morbidity and mortality	Alcohol attributable Years of Life Lost (YLL) (per 100,000 population)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	A score from 1 to 5 was calculated, based on the percent of YLL that can be attributable to alcohol, where 1 was the lowest percentage and 5 was the highest percentage.	N/A	The YLL score is based on alcohol attributable YLL as a percentage of all YLL, approximate quantity. This accounts for the size of the country as well as for overall life expectancy, which is determined mostly by wealth.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcohol-attributable Years of Life Lost score. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-years-of-life-lost-score	Monitoring
Health risks and outcomes	Morbidity and mortality	LY per year (per 100,000 of the population)	Global (2020)	Impact is measured through LYs gained per year (per 100,000 of the population)	N/A	Information not available	Alcohol	Various policies and interventions (treatment, sobriety checkpoints, school and workplace programmes, advertising regulation, ban on advertising to children, counselling in primary care, minimum unit pricing, restriction on opening hours)	Annually	DECD	Davies, M., Aisles, A., Guillemette, Y., Salfina, L., Leroque, A., & Cochet, M. (2021). Impact of alcohol policies on health and the economy. In <i>Preventing harmful Alcohol Use</i> . OECD Publishing. https://doi.org/10.1787/4a60292e-en	Used to monitor or evaluate a policy
Health risks and outcomes	Morbidity and mortality	Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context	Global (2011)	Indicator to be used to monitor if it was achieved: at least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	N/A	Information not available	NCDs - By 2025, at least 10% relative reduction in the harmful use of alcohol	Global action plan for the prevention and control of noncommunicable diseases 2013-2020	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013-2020. https://www.who.int/handbook/1066/94348	Proposed to monitor or evaluate a policy
Health risks and outcomes	Morbidity and mortality	Measurement of alcohol related health outcomes (both morbidity and mortality)	Global (2018)	Regular and robust monitoring of policy and programme implementation is essential for maintaining quality, applying best practices, measuring impact and informing public communication. Countries that implement SAVER strategies should, where possible, develop a monitoring, evaluation and reporting system.	N/A	Information not available	NCDs	SAVER initiative - The World Health Organization (WHO), in collaboration with international partners, launched the SAVER initiative in 2018 alongside the United Nations high-level meeting on prevention and control of noncommunicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol by strengthening the ongoing implementation of the Global Strategy to reduce the harmful use of alcohol.	Information not available	WHO	World Health Organization. (2018). The SAVER technical package: areas of intervention at national and subnational levels. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/saver-technical-package	Proposed to monitor or evaluate a policy
Health risks and outcomes	Morbidity and mortality	Number of cancer patients due to alcohol intake	Global (2022)	Information not available	By cancer type (liver cancer, stomach cancer)	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Health risks and outcomes	Morbidity and mortality	Risk of Contribution to Cancer of Drinking	Global (2022)	Information not available	N/A	Information not available	N/A	N/A	Information not available	PubMed	Rodgers, V., Jiang, A., Kwon, J. A., Kim, J. H., Shin, J., & Chur, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring

Alcohol: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	National policy/Action plan/ Strategies	Adopted written national policy on alcohol	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Adopted written national policy on alcohol. An adopted written national policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Adopted written national policy on alcohol. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS010?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Adopted written national policy on alcohol, year adopted	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016)	Adopted written national policy on alcohol, year adopted. An adopted written national policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Adopted written national policy on alcohol, year adopted. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS011?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Adopted written national policy on alcohol, year revised	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016)	Adopted written national policy on alcohol, year revised. An adopted written national policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Adopted written national policy on alcohol, year revised. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS012?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Action Plan for implementation alcohol policy	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether there is a national action plan for the implementation of the written national policy on alcohol.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Action Plan for implementation of national policy. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS013?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Central coordinating entity for alcohol policy implementation	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether a given country has a central coordinating entity for the implementation of the national policy on alcohol. A central coordinating entity oversees the implementation of each specific area covered by the national alcohol policy.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Central coordinating entity for alcohol policy implementation. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS014?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Framework of national alcohol policy	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to specify in which framework the national policy is presented. The national policy can be a specific alcohol policy, can be integrated into a substance abuse policy, integrated into a general health policy, integrated into a noncommunicable diseases policy, integrated into a general public health policy, or other.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Framework of national alcohol policy. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS015?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Level of adoption of national alcohol policy	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate the level of adoption of the national policy on alcohol which can be formally adopted by the National Parliament, National Government, or another national body.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Level of adoption of national alcohol policy. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS016?locations=EU	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Sectors represented in national alcohol policy	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	The different sectors represented in the national policy on alcohol can be health, social, justice, road safety, education, employment, law enforcement, finance/banking, or other.	WHO	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Sectors represented in national alcohol policy. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS017?locations=EU	Monitoring

Alcohol: Policy and legislation (domain) and Legislation on alcohol (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Legislation on alcohol	Legislation on alcohol testing at workplaces	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Legislation on alcohol testing at workplaces. This is to indicate whether there is legislation on alcohol testing at workplaces.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Legislation on alcohol testing at workplaces. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS018?locations=EU	Monitoring
Policy and legislation	Legislation on alcohol	National legislation to prevent illegal alcohol	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National legislation to prevent illegal alcohol. National legislation to prevent illegal production and/or sale of home- or informally produced alcoholic beverages exists.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). National legislation to prevent illegal alcohol. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS019?locations=EU	Monitoring
Policy and legislation	Legislation on alcohol	National legislation to prevent illegal alcohol sales	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National legislation to prevent illegal alcohol sales. National legislation to prevent illegal production and/or sale of home- or informally produced alcoholic beverages exists.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). National legislation to prevent illegal alcohol sales. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-shaah/SHS020?locations=EU	Monitoring

Alcohol: Policy and legislation (domain) and Licensing (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Licensing	Annual revenues from alcohol excise tax in millions	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), North Macedonia (2016), Portugal (2016), Romania (2016)	Annual revenues (in millions USD) received by the government resulting from the excise tax on alcoholic beverages.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health. Data are converted to US dollars as of July 1st of the stated year. Data are in millions USD.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Annual revenues from alcohol excise tax in millions USD. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS16?locations=US	Monitoring
Policy and legislation	Licensing	Licence required for retail sales	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Licensing is defined as the partial government control of production, and sale, wholesale and distribution of alcoholic beverages which requires licensing, as well as of import and export.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licence required for retail sales. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS17?locations=US	Monitoring
Policy and legislation	Licensing	Licenses issued for production, change since 2010, by Alcohol beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), North Macedonia (2016), Portugal (2016)	Change in the number of licenses issued for the production, sale and distribution of alcoholic beverages for which licenses are required.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licenses issued for production change since 2010. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS18?locations=US	Monitoring
Policy and legislation	Licensing	Licenses issued for retail sale, change since 2010, by Alcohol beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), North Macedonia (2016), Ukraine (2016)	Change in the number of licenses issued for the production, sale and distribution of alcoholic beverages for which licenses are required.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licenses issued for retail sale change since 2010. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS19?locations=US	Monitoring
Policy and legislation	Licensing	Licenses issued for wholesale/distribution, change since 2010, by Alcohol beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), North Macedonia (2016), Ukraine (2016)	Change in the number of licenses issued for the production, sale and distribution of alcoholic beverages for which licenses are required.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licenses issued for wholesale/distribution change since 2010. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS20?locations=US	Monitoring
Policy and legislation	Licensing	Licensing for production and sale of alcoholic beverages, Alcoholic beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Licensing is defined as the partial government control of production, and sale, wholesale and distribution of alcoholic beverages which requires licensing, as well as of import and export.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licence required for production. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS21?locations=US	Monitoring
Policy and legislation	Licensing	Licensing required for exports of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	WHO	Information not available	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licensing required for exports of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS22?locations=US	Monitoring
Policy and legislation	Licensing	Licensing required for imports of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	WHO	Information not available	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licensing required for imports of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS23?locations=US	Monitoring
Policy and legislation	Licensing	Licensing required for wholesale/distribution of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	WHO	Information not available	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Licensing required for wholesale/distribution of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS24?locations=US	Monitoring

Alcohol: Policy and legislation (domain) and Taxation (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Taxation	Price measures	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether there are any price measures other than taxation in a given country. Price measures other than taxation means e.g. the regulation of the price of non-alcoholic and alcoholic beverages, such as having non-alcoholic beverage cheaper than an alcoholic beverage. Price measures other than taxation include minimum price policy, requirement to offer non-alcoholic beverages at a lower price, ban on below-cost selling, or ban on volume discounts.	N/A	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Price measures. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS25?locations=US	Monitoring
Policy and legislation	Taxation	Tax incentives for production of low or no-alcohol beer	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Tax incentives or rebates exist for production of low or no-alcohol beer content beer or other alcoholic beverages (e.g. locally produced beer like craft beer, wine or spirits) in the country.	N/A	National reports are available, either with epidemiological data on prevalence and patterns of alcohol use, or with data from health services on alcohol use disorders.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Tax incentives for production of low or no-alcohol content beer. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS26?locations=US	Monitoring
Policy and legislation	Taxation	Tax incentives for production of other alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Tax incentives or rebates exist for production of low or no-alcohol beer content beer or other alcoholic beverages (e.g. locally produced beer like craft beer, wine or spirits) in the country.	N/A	National reports are available, either with epidemiological data on prevalence and patterns of alcohol use, or with data from health services on alcohol use disorders.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Tax incentives for production of other alcoholic beverages. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS27?locations=US	Monitoring
Policy and legislation	Taxation	Taxation of ethanol production	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	The production of ethanol is taxed in the country.	N/A	National reports are available, either with epidemiological data on prevalence and patterns of alcohol use, or with data from health services on alcohol use disorders.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Taxation of ethanol production. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS28?locations=US	Monitoring
Policy and legislation	Taxation	Value added tax (VAT) on alcohol (%)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Value added tax (VAT) is a form of consumption tax. It is a tax on the "value added" to a product or material at each stage of its manufacture or distribution. The "value added" is a product by a business is the sale price charged to its customer, minus the cost of materials and other taxable inputs.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Value added tax (VAT) on alcohol (%). The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS29?locations=US	Monitoring
Policy and legislation	Taxation	Level of taxation adjusted for inflation	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether the level of taxation (excise tax or special tax on alcohol other than excise tax) for alcoholic beverages is adjusted for inflation in a given country.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Level of taxation adjusted for inflation. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS30?locations=US	Monitoring
Policy and legislation	Taxation	Duty paid or excise stamp on alcohol container	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Excise stamps on alcohol containers are used by national customs to signify that the excise tax has been paid.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Duty paid or excise stamp on alcohol container. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS31?locations=US	Monitoring
Policy and legislation	Taxation	Ethanol tax deducted from excise tax	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	A special tax on ethanol production that is deducted from the country's excise tax exists.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Ethanol tax deducted from excise tax. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS32?locations=US	Monitoring
Policy and legislation	Taxation	Excise duty on alcoholic beverages per hectolitre, by Alcoholic beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), North Macedonia (2016), Portugal (2016)	The average alcohol excise duty tax per hectolitre of beer, wine, and spirits, in Euros.	N/A	Data provided in government reports, in Euros.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Excise duty (average) per hectolitre of beer. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS33?locations=US	Monitoring
Policy and legislation	Taxation	Excise tax on alcoholic beverages by Alcoholic beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Excise tax on alcoholic beverages is defined as a special tax charged on alcohol.	N/A	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Excise tax on alcoholic beverages. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS34?locations=US	Monitoring
Policy and legislation	Taxation	Alcoholic beverage tax revenue as a per cent of government revenues	Global (2016), Belgium (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Romania (2016), Ukraine (2016)	Revenue from the tax on the sale of alcoholic beverages as a per cent of total government revenues.	N/A	As reported in peer-reviewed articles.	N/A	N/A	Periodic	WHO	World Health Organization. (2016). Alcoholic excise tax revenue as a per cent of government revenue. The Global Health Observatory. https://www.who.int/data/gbd/indicators/indicator-sha/SHS.DS35?locations=US	Monitoring

Alcohol: Policy and legislation (domain) and Driving (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Driving	Legal blood alcohol concentration (BAC) limits	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	BAC is defined as the legal maximum blood alcohol concentration of alcohol (measured as mass per volume) allowed while driving a vehicle, in a country. The BAC limits for the general population, young/ novice drivers, and professional/commercial drivers respectively are indicated.	By road user type	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Legal blood alcohol concentration (BAC) limits. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Driving	Random breath testing (RBT) use	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Random breath testing (RBT) is defined as a test given by the police to drivers chosen by chance to measure the amount of alcohol the drivers have. It means that any driver can be stopped by the police at any time to test the breath for alcohol consumption. Sobriety checkpoints means checkpoints or roadblocks established by the police on public roadways to control for drink driving.	n/a	Random breath testing (RBT) is defined as a test given by the police to drivers chosen by chance to measure the amount of alcohol the drivers have. It means that any driver can be stopped by the police at any time to test the breath for alcohol consumption. Sobriety checkpoints means checkpoints or roadblocks established by the police on public roadways to control for drink driving.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Random breath testing (RBT) use. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Driving	Sobriety checkpoints	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Random breath testing (RBT) is defined as a test given by the police to drivers chosen by chance to measure the amount of alcohol the drivers have. It means that any driver can be stopped by the police at any time to test the breath for alcohol consumption. Sobriety checkpoints means checkpoints or roadblocks established by the police on public roadways to control for drink driving.	n/a	Random breath testing (RBT) is defined as a test given by the police to drivers chosen by chance to measure the amount of alcohol the drivers have. It means that any driver can be stopped by the police at any time to test the breath for alcohol consumption. Sobriety checkpoints means checkpoints or roadblocks established by the police on public roadways to control for drink driving.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Sobriety checkpoints. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Driving	Penalties for drink driving	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Penalties for drink driving include community/public service, short- or long-term detention, fines, ignition interlocks (alcohollocks), suspension of license or revoked, mandatory treatment, mandatory education and counselling, penalty points, vehicle impounded, imprisonment, and are differentiated by first and repeated offense.	n/a	Penalties for drink driving include community/public service, short- or long-term detention, fines, ignition interlocks (alcohollocks), suspension of license or revoked, mandatory treatment, mandatory education and counselling, penalty points, vehicle impounded, imprisonment, and are differentiated by first and repeated offense.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Penalties for drink driving. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Driving	Penalties for drink driving, repeated offense	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Penalties for drink driving, repeated offense. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring

Alcohol: Policy and legislation (domain) and Existence of Guidelines (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Existence of guidelines	Existence of guidelines	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National drinking guidelines. This is to indicate whether there are national guidelines for the general population for responsible drinking behaviour.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). National drinking guidelines. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Existence of guidelines	Existence of guidelines	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National guidelines for alcohol problem prevention and counselling at workplaces. This is to indicate whether there are national guidelines for alcohol problem prevention and counselling at workplaces.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). National guidelines for alcohol problem prevention and counselling at workplaces. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Existence of guidelines	Existence of guidelines	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National guidelines for the prevention and reduction of alcohol-related harm in schools. This is to indicate whether there are national guidelines for the prevention and reduction of alcohol-related harm in schools.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). National guidelines for the prevention and reduction of alcohol-related harm in schools. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring

Alcohol: Policy and legislation (domain) and Consumer information and health warning labels (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Consumer information and health warning labels	Alcohol content displayed on containers	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether there is a national legal requirement to display the alcohol content on the labels of alcohol containers.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Alcohol content displayed on containers. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Consumer information about calories, additives, etc on containers	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether there is a national legal requirement to display consumer information about calories, additives, micro elements on the labels of alcohol containers.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Consumer information about calories, additives, etc on containers. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Legal requirement for size of health warning labels	Global (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	A national legal requirement pertaining to the size of health warning labels of alcoholic beverages exists.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Legal requirement for size of health warning labels. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Health warning labels on alcohol advertising	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Health warning labels on alcohol advertising. Health warning labels provide information of the dangers associated with use of the product.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Health warning labels on alcohol advertising. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Health warning labels on alcohol containers	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Health warning labels on alcohol containers. Health warning labels provide information to the buyer of the dangers associated with use of the product.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Health warning labels on alcohol containers. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Health warning labels on drink-driving	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Health warning labels on drink-driving. Health warning labels provide information to the buyer of the dangers associated with use of alcoholic beverages. This indicator addresses whether there are national legal requirements for health warning labels regarding pregnancy, underage drinking, and drink-driving.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Health warning labels on drink-driving. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Health warning labels on pregnancy	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Health warning labels on pregnancy. Health warning labels provide information to the buyer of the dangers associated with use of alcoholic beverages. This indicator addresses whether there are national legal requirements for health warning labels regarding pregnancy, underage drinking, and drink-driving.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Health warning labels on pregnancy. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring
Policy and legislation	Consumer information and health warning labels	Health warning labels on under-age drinking	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Health warning labels on under-age drinking. Health warning labels provide information to the buyer of the dangers associated with use of alcoholic beverages. This indicator addresses whether there are national legal requirements for health warning labels regarding pregnancy, underage drinking, and drink-driving.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Health warning labels on under-age drinking. The Global Health Observatory. http://www.who.int/dmh/data/indicators/indicators/WHO/Global-Survey-on-Alcohol-concentration-Blood-Levels	Monitoring

Alcohol: Policy and legislation (domain) and Countries evaluation (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Countries evaluation	Number (absolute) of countries that have secured dedicated resources for increasing the coverage and quality of prevention and treatment interventions within health systems for disorders due to substance use	Global (2022)	Data collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require some adjustments for reporting on these indicators.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol - at least 50% of countries have dedicated resources for alcohol prevention, treatment and control policies	Global alcohol action plan 2022-2030 - At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use and associated health conditions.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level	Global (2022)	Data collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require some adjustments for reporting on these indicators.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol - at least 50% of countries have dedicated resources for alcohol prevention, treatment and control policies	Global alcohol action plan 2022-2030 - At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use and associated health conditions.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number (absolute) of countries that introduced, when appropriate, dedicated funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade	Global (2022)	Data collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities undertaken at the global and regional levels. The current data collection tools require some adjustments for reporting on these indicators.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use and associated health conditions.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of countries (% of all WHO Member States) that have introduced, enacted or maintained the implementation of high-impact policy options	Global (2022)	High-impact policy options across the following areas: (a) affordability of alcoholic beverages, (b) advertising and marketing of alcoholic beverages, (c) availability of alcoholic beverages, (d) drink-driving, (e) screening and brief interventions for risky patterns of alcohol use, and treatment of ALD. Data on all indicators under this target have been collected through WHO global surveys on alcohol and health and progress towards the attainment of SDG target 3.5. The data on alcohol policy indicators is available and periodically updated in the WHO GDSAs	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of countries (in a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts	Global (2022)	High-impact policy options across the following areas: (a) affordability of alcoholic beverages, (b) advertising and marketing of alcoholic beverages, (c) availability of alcoholic beverages, (d) drink-driving, (e) screening and brief interventions for risky patterns of alcohol use, and treatment of ALD.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - By 2030, 70% of countries have developed and enacted national alcohol policies.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of countries (in a proportion of all WHO Member States) with an established multistakeholder coordination mechanism for the implementation of national multistakeholder alcohol policy responses	Global (2022)	"Multistakeholder" refers to engagement with one or more government sectors outside of health, such as finance, criminal justice, social welfare etc. Data collected through WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5, as well as other relevant monitoring activities at the global and regional levels. The current data collection tools require major adjustments for reporting on this indicator.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - By 2030, 50% of countries have an established national coordination mechanism for the implementation of national multistakeholder alcohol policy responses.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of countries (in a proportion of all WHO Member States) that have increased governmental resources for implementation of effective alcohol policies at the national level	Global (2022)	This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to address the harmful use of alcohol at national level. For these targets and indicators, data is collected through existing WHO global surveys on alcohol and health and on progress towards the attainment of SDG target 3.5	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - By 2030, 50% of countries have a strengthened capacity to health services to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of countries (in a proportion of all WHO Member States) that have increased service capacity to provide prevention and treatment interventions for health conditions due to alcohol use within health systems, in line with the principles of universal health coverage	Global (2022)	This target is formulated by taking into consideration the number of countries with the developed capacity and infrastructure to provide prevention and treatment interventions for health conditions due to alcohol use at national level. Data collected through WHO global surveys on progress towards the attainment of SDG target 3.5.	n/a	Data collected through existing WHO global surveys on alcohol and health.	Alcohol	Global alcohol action plan 2022-2030 - By 2030, 50% of countries have a strengthened capacity to health services to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.	Periodic	WHO	World Health Organisation. (2022). Global alcohol action plan 2022-2030. https://doi.org/10.1016/j.elspec.2022.05.001	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Number of actions addressing the prevalence of harmful use of alcohol by gender and age	Europe (2021)	Number of actions addressing the prevalence of harmful use of alcohol, if possible differentiated by gender and age	n/a	Information not available	Cancer	Regulation (EU) 2021/222 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health (EU4Health Programme) for the period 2021-2027, Part 1, No 2021/222, Regulation (EU) 2021/222 of the European Parliament and of the Council of 24 March 2021 (2021). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32021R0222&from=docprep	Information not available	EC EUR-lex	Programme for the Union's action in the field of health (EU4Health Programme) for the period 2021-2027, Part 1, No 2021/222, Regulation (EU) 2021/222 of the European Parliament and of the Council of 24 March 2021 (2021). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32021R0222&from=docprep	Proposed to monitor or evaluate a policy

Alcohol: Monitoring systems and data collection (domain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Systems/survey	National organization for monitoring alcohol	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National organization, which has the mandated function of a national monitoring centre for alcohol, exists.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Level of adoption of national alcohol policy</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-level-of-adoption-of-national-alcohol-policy	Monitoring
Monitoring systems and data collection	Systems/survey	National surveys	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National surveys on adult alcohol consumption. This is to indicate whether there have been adult national surveys on alcohol consumption within a given recent time frame	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>National surveys on adult alcohol consumption</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-national-surveys-on-adult-alcohol-consumption	Monitoring
Monitoring systems and data collection	Systems/survey	National surveys	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National surveys on youth alcohol consumption. This is to indicate whether there have been youth national surveys on alcohol consumption since 2000	NA	This is to indicate whether there have been youth national surveys on alcohol consumption since 2000	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>National surveys on youth alcohol consumption</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-national-surveys-on-youth-alcohol-consumption	Monitoring
Monitoring systems and data collection	Systems/survey	National system of data collection based on health service delivery	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National system of data collection based on health service delivery. A country has established a national system for collecting data on health service delivery that collects data on the number of people with alcohol use disorders and other substance use disorders. This refers to an organized system of collecting data which usually incorporates admission and discharge data, the number of outpatient contacts and similar data.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>National system of data collection based on health service delivery</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-national-system-of-data-collection-based-on-health-service-delivery	Monitoring
Monitoring systems and data collection	Systems/survey	National system of data collection	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National system of epidemiological data collection for alcohol use. A country has established a national system for collecting data on health service delivery that collects data on the number of people with alcohol use disorders and other substance use disorders. This refers to an organized system of collecting data which usually incorporates admission and discharge data, the number of outpatient contacts and similar data.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>National system of epidemiological data collection for alcohol use</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-national-system-of-epidemiological-data-collection-for-alcohol-use	Monitoring
Monitoring systems and data collection	Systems/survey	National system of data collection	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	National systems for monitoring alcohol consumption and harms. This is to indicate whether there is a national system for monitoring alcohol-related harm. Relevant categories include: alcohol consumption, health consequences, social consequences, and alcohol policy responses.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>National systems for monitoring alcohol consumption and harms</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-national-systems-for-monitoring-alcohol-consumption-and-harms	Monitoring
Monitoring systems and data collection	Indicators/definitions	Report with data on alcohol use and Alcohol Use Disorders (AUD)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Report with data from health services on alcohol use and Alcohol Use Disorders (AUD). A country has established a national system for collecting epidemiological data on alcohol use. This refers to an organized surveillance system, which usually incorporates results of regular studies/surveys on prevalence of alcohol use, patterns of use and similar	NA	National reports are available, either with epidemiological data on prevalence and patterns of alcohol use, or with data from health services on alcohol use disorders.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Report with data from health services on alcohol use and AUD</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-report-with-data-from-health-services-on-alcohol-use-and-aud	Monitoring
Monitoring systems and data collection	Indicators/definitions	Report with epidemiological data on alcohol use and Alcohol Use Disorders (AUD)	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Report with epidemiological data on alcohol use and Alcohol Use Disorders (AUD). A country has established a national system for collecting epidemiological data on alcohol use. This refers to an organized surveillance system, which usually incorporates results of regular studies/surveys on prevalence of alcohol use, patterns of use and similar	NA	National reports are available, either with epidemiological data on prevalence and patterns of alcohol use, or with data from health services on alcohol use disorders.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Report with epidemiological data on alcohol use and AUD</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-report-with-epidemiological-data-on-alcohol-use-and-aud	Monitoring
Monitoring systems and data collection	Indicators/definitions	Key indicators of alcohol consumption and sales	Global (2016)	Regular and robust monitoring of policy and programme implementation is essential for maintaining quality, applying best practices, measuring impact and informing public communication. Countries that implement SAFER strategies should, where possible, develop a monitoring, evaluation and reporting system.	NA	Information not available	WHO	SAFER initiative - The World Health Organization (WHO), in collaboration with international partners, launched the SAFER initiative in 2018 alongside the United Nations High Level Meeting on prevention and control of non-communicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol by strengthening the ongoing implementation of the Global Strategy to reduce the harmful use of alcohol.	Information not available	WHO	World Health Organization. (2018). <i>The SAFER technical package: key areas of intervention at national and subnational levels</i> . https://www.who.int/datasets/indicators/indicator-dataset/WHO-report-with-epidemiological-data-on-alcohol-use-and-aud	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Indicators/definitions	Standard drink defined	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate whether there is a definition of a standard drink used at the national level.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Standard drink defined</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-standard-drink-defined	Monitoring
Monitoring systems and data collection	Indicators/definitions	Alcoholic beverage legally defined	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	beverage over a certain % of alcohol by volume is defined as an alcoholic beverage.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Alcoholic beverage legally defined</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-alcoholic-beverage-legally-defined	Monitoring

Alcohol: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Lifelong experience rate of Alcohol awareness education	Global (2022)	National health survey data (self-evaluation data)	NA	Information not available	NA	NA	Information not available	PubMed	Wagner, V., Jiang, J., A. Torres, J. A. Torres, J. H. Shim, J. B. Chen, et al. (2022). <i>A scoping review on population-centred indicators for cancer care continuity</i> . <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912947	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Awareness activities	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	awareness raising activities on alcohol/parts to: alcohol's impact on health, alcohol at work, drink driving, binge/hungry alcohol, indigenous peoples, pregnancy and alcohol, social harms, young people's drinking.	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Awareness activities</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-awareness-activities	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Government support for community action	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This is to indicate in which ways the national government supports community action on alcohol (earmarked funds for community action, provision of technical back support to communities, training programmes, community programmes, and policies for reduction of particular risk)	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Government support for community action</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-government-support-for-community-action	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Server training	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	This indicates whether there is systematic alcohol server training (for servers of pubs, bars, restaurants) on a regular basis in a given country. Server training means a form of occupational training provided to people working alcohol such as bar and restaurant staff, waiting staff or people serving at catering events. Alcohol server training promotes the safe service of alcoholic beverages to customers (e.g. not serving to intoxicated, not serving to those already intoxicated or to minors).	NA	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	NA	NA	Periodic	WHO	World Health Organization. (2016). <i>Server training</i> . The Global Health Observatory. https://www.who.int/datasets/indicators/indicator-dataset/WHO-server-training	Monitoring

Alcohol: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and economy		Alcohol expenditure as a per cent of total household expenditure	Global (2017), Ireland (2017), Italy (2017), Moldova (2017), North Macedonia (2017), Romania (2017), Ukraine (2017)	The amount of money spent on the purchase of alcohol as a per cent of all money available for household expenses.	n/a	As reported in data supplied by statistical departments and in published reports and articles.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Alcohol expenditure as a per cent of total household expenditure. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Annual sales rate of alcoholic beverages	Global (2022)	By population group, by country	n/a	Information not available	n/a	n/a	Information not available	PubMed	Pajewski, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chou, M. (2022). A scoring review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.812847	Monitoring
Industry and economy		Average price 500 ml Beer in US\$	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Average price 500 ml Beer in US\$. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Average price 750 ml Wine in US\$	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	The national authorities of a given country respond to the Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Average price 750 ml Wine in US\$. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Average price 750 ml Wine in UK\$	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Average price 750 ml Wine in UK\$. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Government monopoly on production, by alcoholic beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Monopoly is defined as the government monopoly (full control) of production, sale, wholesale and distribution of alcoholic beverages, as well as of export and import.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Government support for community action. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Government monopoly on retail sales, by alcoholic beverage type	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Monopoly is defined as the government monopoly (full control) of production, sale, wholesale and distribution of alcoholic beverages, as well as of export and import.	n/a	The national authorities of a given country respond to the WHO Global Survey on Alcohol and Health.	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Government monopoly on retail sales. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Monopoly on exports of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Monopoly on exports of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Monopoly on imports of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Monopoly on imports of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring
Industry and economy		Monopoly on wholesale distribution of alcoholic beverages	Global (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Moldova (2016), Montenegro (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Information not available	n/a	Information not available	n/a	n/a	Periodic	WHO	World Health Organization. (2016). Monopoly on wholesale distribution of alcoholic beverages. The Global Health Observatory. https://www.who.int/data/indicators/indicator-sha/SHV.CD.QV.ASD?locations=EU	Monitoring



Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of overweight and obesity (subdomain)

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and General eating habits (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	General eating habits	Prevalence of eating healthy at the time of school age	Europe (2014)	information not available	n/a	information not available	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storcksdieck Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Wollgast, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	School food uptake	Europe (2014)	information not available	n/a	information not available	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storcksdieck Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Wollgast, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	School food intake	Europe (2014)	information not available	n/a	information not available	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storcksdieck Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Wollgast, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	Household dietary diversity score	Europe (2017)	information not available	n/a	information not available	n/a	n/a	information not available	EU	European Public Health Association. (2017). Healthy and Sustainable Diets for European Countries. https://eupha.org/repository/advocacy/EUPHA_report_on_healthy_and_sustainable_diets_20-05-2017.pdf	Monitoring
Population frequency/ behaviour	General eating habits	% of the Irish population that eats snack foods every day	Ireland (2017)	information not available	n/a	information not available	n/a	n/a	information not available	ICCP	Irish Ministry of Health. (2017). National Cancer Strategy 2017-2026. https://www.iccp-portal.org/system/files/plans/National_Cancer_Strategy_2017-2026_Ireland.pdf	Monitoring
Population frequency/ behaviour	General eating habits	Dietary diversity score	Global (2018)	information not available	n/a	information not available	n/a	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	Consumption of food products among target population groups (e.g. sugar-sweetened beverages, fruits and vegetables)	Global (2021)	information not available	n/a	Assessed through Health and nutrition surveys	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Foods Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases)	information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/i/item/9789240018341	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	Dietary intake among target population groups (e.g. sugars, salt intake)	Global (2021)	information not available	n/a	Assessed through Health and nutrition surveys	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Foods Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases)	information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/i/item/9789240018341	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	Regular eating habit rate	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Population frequency/ behaviour	General eating habits	Nutrient intake rate (Fat, fruit and vegetable intake)	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centered indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912946	Monitoring
Population frequency/ behaviour	General eating habits	Dietary intake	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Fiscal policies to promote healthy diets	information not available	WHO	World Health Organization. (2022). Fiscal policies to promote healthy diets: policy brief. https://www.who.int/publications/i/item/9789240049543	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	General eating habits	Total calories supply	Global (2023)	information not available	n/a	information not available	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2023). List of variables in oecd health statistics 2023. https://www.oecd.org/els/health-systems/List-of-variables-OECD-Health-Statistics-2023.pdf .	Monitoring

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of Dietary intake/ food products consumption (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Frequency of vegetables and fruits consumption	Global (2008)	Percentage of population eating fewer than 5 servings of fruit and vegetables per day, or proportion of adults eating less than 400 g of fruit and vegetables per day	n/a	Indicators to assess recommended actions for non-communicable diseases and the risks related to unhealthy diet.	Reduce the prevalence of non-communicable diseases and the risks related to unhealthy diet.	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2013)	Age-standardized prevalence of persons (aged 18+ years) consuming less than total average (400 grams) of fruit and vegetables per day.	n/a	information not available	Half the risk in diabetes & obesity	WHO GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://www.who.int/publications/item/9789241506236	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2014)	Fruit and vegetable consumption	n/a	information not available	n/a	EU Action Plan on Childhood Obesity 2014-2024	information not available	EU	European Union. (2014). EU Action Plan on Childhood Obesity 2014-2024. https://health.ec.europa.eu/system/files/2014/11/childhoodobesity_actionplan_2014_2020_en_0.pdf	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2014)	Daily consumption of fruit and vegetables	n/a	information not available	n/a	n/a	information not available	OECD	Eurostat. (2014). Consumption of fruit and vegetables in the EU 1 in 7 persons aged 15 or over eats at least 5 portions of fruit or vegetables daily. https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=sdg-12.4.2&plugin=1	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2017)	Percentage of adult population (≥ 18 years) who eat less than five servings of fruits and vegetables, on average, per day.	n/a	information not available	n/a	n/a	information not available	EU	European Public Health Association (EPHA). (2017). Healthy and Sustainable Diets for European Countries. https://epha.org/repository/advocacy/EUPHA_report_on_health_and_sustainable_diets_20-05-2017.pdf	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Ireland (2017)	% of the Irish population that eats five portions of fruit and vegetables a day	n/a	information not available	n/a	n/a	information not available	ECF	Irish Ministry of Health (2017). National Cancer Strategy 2017-2026. https://www.iccp-pofid.org/system/files/epm/National-Cancer-Strategy-2017-2026-Ireland.pdf	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2018)	Fruit and vegetable intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition. http://www.who.int/publications/item/9789241514873	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2020)	Percentage of adolescents (10-19 years) who consume at least five servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex.	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2020). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent Health (GAMAH) Advisory Group. https://www.who.int/group/who-the-global-action-for-measurement-of-adolescent-health	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2013)	Fruit intake, number of portions per day	n/a	information not available	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	García Rosas, L., Mensink, G.B.M., Fingert, J.D., et al. (2013). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> 10:48. https://doi.org/10.1186/1479-2875-10-1113	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2012)	Vegetable intake, number of portions per day	n/a	information not available	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	García Rosas, L., Mensink, G.B.M., Fingert, J.D., et al. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> 9:1848. https://doi.org/10.1186/1479-2875-9-1848	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2021), Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Moldova (2021), North Macedonia (2021), Poland (2021), Romania (2021), Slovakia (2021), Spain (2021), Sweden (2021), Switzerland (2021), United Kingdom (2021), United States (2021)	Frequency of fresh fruit consumption (daily versus never or less than once a week) among 6-9-year-olds (%)	n/a	information not available	standardized surveillance data on the prevalence of overweight and obesity among school-aged children	n/a	n/a	Various (since 2007)	EU	Storckelstedt Generat Benemann, S., Karadakis, T., Wollgast, J., Nelson, M., Laura Calderin, S. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland. https://publications.jrc.ec.europa.eu/repository/handle/JRC94042	Monitoring
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2021), Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Moldova (2021), North Macedonia (2021), Poland (2021), Romania (2021), Slovakia (2021), Spain (2021), Sweden (2021), Switzerland (2021), United Kingdom (2021), United States (2021)	Frequency of vegetable consumption (daily versus never or less than once a week) among 6-9-year-olds (%)	n/a	information not available	standardized surveillance data on the prevalence of overweight and obesity among school-aged children	n/a	n/a	Various (since 2007)	EU	Storckelstedt Generat Benemann, S., Karadakis, T., Wollgast, J., Nelson, M., Laura Calderin, S. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland. https://publications.jrc.ec.europa.eu/repository/handle/JRC94042	Monitoring
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2019)	Fruits and vegetables supply	n/a	information not available	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2019). List of variables in OECD health statistics 2023. https://www.oecd.org/en/health-systems/list-of-variables-oezd-health-statistics-2023.pdf	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2023)	Fruits and vegetables consumption, daily	n/a	information not available	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2023). List of variables in OECD health statistics 2023. https://www.oecd.org/en/health-systems/list-of-variables-oezd-health-statistics-2023.pdf	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2019)	Percentage of students who usually drink carbonated soft drinks one or more times per day during the 30 days before the survey	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2019). Global school-based student health survey (GSHS) Indicator List. https://www.paho.org/en/en/indicators/global-school-based-student-health-survey-results-world	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2019)	Percentage of students who went hungry most of the time or always during the past 30 days because there was not enough food in their home	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2019). Global school-based student health survey (GSHS) Indicator List. https://www.paho.org/en/en/indicators/global-school-based-student-health-survey-results-world	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2019)	Percentage of students who did not drink carbonated soft drinks during the 7 days before the survey	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2019). Global school-based student health survey (GSHS) Indicator List. https://www.paho.org/en/en/indicators/global-school-based-student-health-survey-results-world	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2020)	Percentage of adolescents (10-19 years) who usually drink sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years)	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2020). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent Health (GAMAH) Advisory Group. https://www.who.int/group/who-the-global-action-for-measurement-of-adolescent-health	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Global (2020)	Percentage of adolescents (10-19 years) who usually drink sugar-sweetened beverages once per day or more during the past 30 days, by sex (ages 10-14, 15-19 years)	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2020). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent Health (GAMAH) Advisory Group. https://www.who.int/group/who-the-global-action-for-measurement-of-adolescent-health	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption		Europe (2012)	Sugar-sweetened beverages, glasses per day	n/a	information not available	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	García Rosas, L., Mensink, G.B.M., Fingert, J.D., et al. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> 9:1848. https://doi.org/10.1186/1479-2875-9-1848	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2021), Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Moldova (2021), North Macedonia (2021), Poland (2021), Romania (2021), Slovakia (2021), Spain (2021), Sweden (2021), Switzerland (2021), United Kingdom (2021), United States (2021)	Frequency of soft drinks consumption (more than three days a week versus never or less than once a week) among 6-9-year-olds (%)	n/a	information not available	standardized surveillance data on the prevalence of overweight and obesity among school-aged children	n/a	n/a	Various (since 2007)	EU	Storckelstedt Generat Benemann, S., Karadakis, T., Wollgast, J., Nelson, M., Laura Calderin, S. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland. https://publications.jrc.ec.europa.eu/repository/handle/JRC94042	Monitoring	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2022)	Dietary intakes of sugar-sweetened beverages	n/a	information not available	Reduce NCD risk factors	Taxes on sugar-sweetened beverages	information not available	EU	World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies. https://www.who.int/publications/item/978924006299	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Europe (2017)	Consumption of red meat (g/day capita per day)	n/a	information not available	n/a	n/a	information not available	EU	European Public Health Association (EPHA). (2017). Healthy and Sustainable Diets for European Countries. https://epha.org/repository/advocacy/EUPHA_report_on_health_and_sustainable_diets_20-05-2017.pdf	Monitoring		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2013)	Consumption of unprocessed red meat	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2013). Red and processed meat in the context of health and the environment: many shades of red and green. Information brief. https://www.who.int/publications/item/978924007428	Monitoring		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2013)	Consumption of processed meat	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2013). Red and processed meat in the context of health and the environment: many shades of red and green. Information brief. https://www.who.int/publications/item/978924007428	Monitoring		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2008)	Percentage of population with dietary sodium chloride (iodine/salt) intake < 5 g per day	n/a	information not available	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH).	Reduce the prevalence of non-communicable diseases and the risks related to unhealthy diet.	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy	
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2013)	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	n/a	information not available	A 30% relative reduction in mean population intake of salt/iodium	WHO GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://www.who.int/publications/item/9789241506236	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2018)	Salt/iodium intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition. http://www.who.int/publications/item/9789241514873	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2021)	Differently measured 24-hour dietary recalls and food records, 2 based on total diet studies, 1 using food offset tables	n/a	information not available	Reduce by 30% salt intake	Reduce the burden of NCDs	information not available	PubMed	Sirtoris, J. A., Tallec, D., Rosseworne, E., Flamer, M., et al. (2021). A Systematic Review of Salt Reduction Initiatives Around the World: A Midterm Evaluation of Progress Towards the 2025 Global Non-Communicable Diseases Salt Reduction Target. <i>Advances in nutrition</i> , 12(5). https://doi.org/10.1093/advances/nmab008	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2021)	Meat salt intake (g) per day	n/a	information not available	Reduce by 30% salt intake	Reduce the burden of NCDs	information not available	PubMed	Sirtoris, J. A., Tallec, D., Rosseworne, E., Flamer, M., et al. (2021). A Systematic Review of Salt Reduction Initiatives Around the World: A Midterm Evaluation of Progress Towards the 2025 Global Non-Communicable Diseases Salt Reduction Target. <i>Advances in nutrition</i> , 12(5). https://doi.org/10.1093/advances/nmab008	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Poland (2021), Romania (2021), Slovakia (2021), Spain (2021), Sweden (2021), Switzerland (2021), United Kingdom (2021), United States (2021)	Salt/iodium reduction measures policies	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2021). Non-communicable diseases progress monitor 2022. https://www.who.int/publications/item/978924004761	Monitoring		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2021)	Information not available	n/a	information not available	Prevent diet-related non-communicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or	information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240028143	Proposed to monitor or evaluate a policy		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2022)	Low-salt diet practice rate	n/a	information not available	n/a	n/a	information not available	PubMed	Haigney, W., Jiang, J. A., Kim, J. A., Kim, J. H., Shim, J., & Chun, M. (2022). A screening review of population-oriented indicators for cancer care continuum. <i>Frontiers in Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.912466	Monitoring		
Population frequency/behaviour	Frequency of Dietary intake/ food products consumption	Global (2013)	Total sodium intake (g/day)	n/a	information not available	n/a	n/a	information not available	WHO	World Health Organization. (2013). WHO Regional Office for Europe nutrient profile model: second edition. https://www.who.int/europe/publications/item/WHO-EURO-2013-4894-4660-6802	Monitoring		

Performance Indicator sub-Domain	Performance Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring	
Frequency of Dietary intake/ food products consumption	Frequency of fat intake	Global (2008)	Percentage of population with dietary fat intake < 30 % of total energy daily consumed	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National	reduce the prevalence of non-communicable diseases and the risks related to unhealthy diets	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH). Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Global (2008)	Percentage of population with dietary saturated fat intake < 10 % of total energy daily consumed	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National	reduce the prevalence of non-communicable diseases and the risks related to unhealthy diets	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH). Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Global (2013)	Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years	n/a	information not available	halt the rise in diabetes & obesity	WHO GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://www.who.int/publications/i/item/9789241502316	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Europe (2014)	% of total and Individual Trans Fatty Acids (TFA) per total fat	n/a	information not available	n/a	n/a	n/a	information not available	EU	European Union. (2014). Trans fatty acids in Europe: where do we stand? https://publications.jrc.ec.europa.eu/epository/handle/JRC13153	Monitoring
Frequency of Dietary intake/ food products consumption		Europe (2014)	Trans Fatty Acids (TFA) (gm per 100g of product)	n/a	information not available	n/a	n/a	n/a	information not available	EU	European Union. (2014). Trans fatty acids in Europe: where do we stand? https://publications.jrc.ec.europa.eu/epository/handle/JRC13153	Monitoring
Frequency of Dietary intake/ food products consumption		Europe (2014)	Trans fatty acid (TFA) intake (reported as contribution to total energy intake)	n/a	information not available	n/a	n/a	n/a	information not available	EU	European Union. (2014). Trans fatty acids in Europe: where do we stand? https://publications.jrc.ec.europa.eu/epository/handle/JRC13153	Monitoring
Frequency of Dietary intake/ food products consumption		Europe (2017)	Percentage of calories from saturated and unsaturated fats	n/a	information not available	n/a	n/a	n/a	information not available	EU	European Public Health Association. (2017). Healthy and Sustainable Diets for European Countries. https://eupha.org/epository/advocacy/EUPHA_report_on_healthy_and_sustainable_diets_20-05-2017.pdf	Monitoring
Frequency of Dietary intake/ food products consumption		Global (2018)	Fat intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2027: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption		Europe (2019)	Overall intake of industrial trans fats as % of caloric intake	n/a	information not available	Coronary heart disease	Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.	information not available	EU- EUR-Lex	Commission Regulation (EU) 2019/649. (2019). Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Europe (2019)	Number and % of consumers with >2% caloric intake from trans fats	n/a	information not available	Coronary heart disease	Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.	information not available	EU- EUR-Lex	Commission Regulation (EU) 2019/649. (2019). Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Global (2021), Ireland (2021), Italy (2021), Portugal (2021)	Monounsaturated fatty acid intake (N% day & SD)	n/a	information not available	n/a	n/a	n/a	information not available	OECD	European Commission. (2021). Overview of Monounsaturated Fatty Acid intake across the EU, Norway and the United Kingdom. https://knowledgepolicy.ec.europa.eu/health-promotion-knowledge-policy/dietary-485-5c_en	Monitoring
Frequency of Dietary intake/ food products consumption		Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), Portugal (2021)	Saturated fatty acids and trans-fats reduction measures	n/a	information not available	n/a	n/a	n/a	information not available	WHO	World Health Organization. (2021). Noncommunicable diseases progress monitor 2021. https://www.who.int/publications/i/item/9789241504754	Monitoring
Frequency of Dietary intake/ food products consumption		Global (2023)	Total fat supply	n/a	information not available	n/a	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2023). List of variables in OECD health statistics 2023. https://www.oecd.org/health-systems/list-of-variables-OECD-Health-Statistics-2023.pdf	Monitoring
Frequency of Dietary intake/ food products consumption		Europe (2023)	Total fat intake (g/day)	n/a	information not available	Based mainly on two published nutrient profile models used for marketing restrictions in Europe, a Danish and a Norwegian model.	n/a	n/a	information not available	WHO	World Health Organization. (2023). WHO Regional Office for Europe nutrient profile model: second edition. https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6894-46660-68492	Monitoring
Frequency of Dietary intake/ food products consumption		Europe (2023)	Total saturated fat intake (g/day)	n/a	information not available	Based mainly on two published nutrient profile models used for marketing restrictions in Europe, a Danish and a Norwegian model.	n/a	n/a	information not available	WHO	World Health Organization. (2023). WHO Regional Office for Europe nutrient profile model: second edition. https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6894-46660-68492	Monitoring
Frequency of Dietary intake/ food products consumption		Global (2008)	Percentage of population with dietary sugar intake < 10 % of total energy daily consumed	n/a	information not available	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National dietary and physical activity guidelines	reduce the prevalence of non-communicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption		Ireland (2017)	% of the Irish population that drink sugar sweetened drinks daily	n/a	information not available	n/a	n/a	n/a	information not available	ICP	Irish Ministry of Health. (2017). National Cancer Strategy 2017-2026. https://www.icrp-portal.org/system/files/plans/National_Cancer_Strategy_2017-2026_Ireland.pdf	Monitoring
Frequency of Dietary intake/ food products consumption		Global (2018)	Sugars intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	Amending Annex II to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2027: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption		Europe (2023)	Total free sugars intake (g/day)	n/a	information not available	Based mainly on two published nutrient profile models used for marketing restrictions in Europe, a Danish and a Norwegian model.	n/a	n/a	information not available	WHO	World Health Organization. (2023). WHO Regional Office for Europe nutrient profile model: second edition. https://www.who.int/europe/publications/i/item/WHO-EURO-2023-6894-46660-68492	Monitoring
Frequency of Dietary intake/ food products consumption		Global (2023)	Sugar supply	n/a	information not available	n/a	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2023). List of variables in OECD health statistics 2023. https://www.oecd.org/health-systems/list-of-variables-OECD-Health-Statistics-2023.pdf	Monitoring
Frequency of Dietary intake/ food products consumption		Frequency of potassium intake	Global (2018)	Potassium intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2027: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption		Frequency of carbohydrate intake	Global (2018)	Total carbohydrate intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2027: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption		Frequency of fibre intake	Global (2018)	Dietary fibre intake	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2027: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy
Frequency of Dietary intake/ food products consumption	Frequency of protein intake	Europe (2021)	Fibre intake and macronutrient distribution (Number of portions per day)	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	Garcia Rosas, L., Mounis, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. Int J Behav Nutr Phys Act. 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Heledreik, A., De, S., Wolman, M., Mounis, G.B.M. et al. (2022). Towards a harmonised European surveillance for dietary and physical activity indicators in young and adult populations. European Journal of Public Health, 32:4. https://doi.org/10.1093/eurpub/ckab041	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Europe (2021)	Protein intake (Number of portions per day)	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	Garcia Rosas, L., Mounis, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. Int J Behav Nutr Phys Act. 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Heledreik, A., De, S., Wolman, M., Mounis, G.B.M. et al. (2022). Towards a harmonised European surveillance for dietary and physical activity indicators in young and adult populations. European Journal of Public Health, 32:4. https://doi.org/10.1093/eurpub/ckab041	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption	Global (2023)	Total protein supply	n/a	information not available	n/a	n/a	n/a	information not available	OECD	Organisation for Economic Co-operation and Development. (2023). List of variables in OECD health statistics 2023. https://www.oecd.org/health-systems/list-of-variables-OECD-Health-Statistics-2023.pdf	Monitoring	
Frequency of Dietary intake/ food products consumption	Frequency of breakfast consumption	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Frequency of breakfast consumption (daily versus never consumed) among 6-9-year-olds (%)	n/a	standardized surveillance data on the prevalence of overweight and obesity among school-aged children	n/a	n/a	Varies (since 2007)	WHO	Stordickbeck Gemant Bonsum, S., Kardakli, T., Wollast, J., Nelson, M., Louro Caldeira, S. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland. https://publications.jrc.ec.europa.eu/epository/handle/JRC90452	Monitoring	
Frequency of Dietary intake/ food products consumption	Frequency of children breastfed	Global (2008)	Percentage of children exclusively breastfed for 6 months	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH). National dietary and physical activity guidelines	reduce the prevalence of non-communicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption	Frequency of infants given vitamin D	Europe (2014)	% of children breastfed	n/a	information not available	halting the rise in overweight and obesity in children and young people (0-18 years) by 2020.	EU Action Plan on Childhood Obesity 2014-2020.	information not available	EU	European Union. (2014). EU Action Plan on Childhood Obesity 2014-2020. https://health.ec.europa.eu/system/files/2016-11/nhlthodobesity_actionplan_2014_2020_en_0.pdf	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption	Prevalence of wasting and stunting	Global (2017)	% of infants that have been given vitamin D supplementation	n/a	information not available	halting the rise in overweight and obesity in children and young people (0-18 years) by 2020.	EU Action Plan on Childhood Obesity 2014-2020.	information not available	EU	European Union. (2014). EU Action Plan on Childhood Obesity 2014-2020. https://health.ec.europa.eu/system/files/2016-11/nhlthodobesity_actionplan_2014_2020_en_0.pdf	Proposed to monitor or evaluate a policy	
Frequency of Dietary intake/ food products consumption		Global (2017)	The prevalence of wasting and stunting	n/a	information not available	Prevent overweight and obesity	WHO guidelines to support primary healthcare workers to identify and manage children who are overweight or obese	information not available	WHO	World Health Organization. (2017). Guidelines: Assessing and managing children at primary health care facilities to prevent overweight and obesity in the context of the double burden of malnutrition https://www.who.int/publications/i/item/9789241503218	Proposed to monitor or evaluate a policy	

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Frequency of Dietary intake/ food products consumption (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	Blood glucose levels	Prevalence of raised fasting blood glucose	Global (2013)	Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years (defined as follows)	n/a	information not available	Halt the rise in diabetes & obesity	WHO Global targets for the prevention and control of noncommunicable diseases	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://www.who.int/publications/i/item/9789241502336	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Blood glucose levels		Global (2014)	Percent of defined population with fasting glucose ≥ 126 mg/dl (7.0 mmol/l) or history of diagnosis with diabetes or use of insulin or oral hypoglycaemic drugs.	n/a	Based on measured blood glucose. Population-based surveys	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators ; NCD Risk Factor Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> . 390(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3	Monitoring
Population frequency/ behaviour	Blood glucose levels		Global (2018)	Raised blood glucose/diabetes	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2021: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241544873	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Blood glucose levels	Mean fasting blood glucose	Global (2020)	Mean fasting blood glucose of defined population in mmol/l. In adults 18 years and older and standardized by age. Yearly national estimates.	n/a	For producing comparable national estimates, data observations based on mean FPG, oral glucose tolerance test (OGTT), HbA1c, or combinations of these are all converted to mean FPG. A Bayesian hierarchical model is then fitted to these data to calculate age-year-country specific prevalences, which accounts for national versus subnational data sources and urban versus rural data sources, and allows for variation in prevalence across age and sex. Age-standardized estimates are then produced by applying the crude estimates to the WHO Standard Population	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators ; NCD Risk Factor Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> . 390(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3	Monitoring

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Cholesterol levels (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	Cholesterol levels	Prevalence of raised total cholesterol	Global (2008)	Percentage of adults with raised total cholesterol (i.e. ≥ 5.2 mmol/l)	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Cholesterol levels		Global (2013)	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 concentration	n/a	information not available	Halt the rise in diabetes & obesity	WHO Global targets for the prevention and control of noncommunicable diseases	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://www.who.int/publications/i/item/9789241502336	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Cholesterol levels		Global (2018)	Raised blood cholesterol	n/a	information not available	non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2021: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241544873	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Cholesterol levels	Mean total cholesterol	Global (2018)	Mean total cholesterol, mean high-density lipoprotein (HDL) and mean non-HDL cholesterol of defined population in mmol/l. Desirable individual levels are: Total cholesterol <5.0 mmol/L	n/a	1,127 population-based studies that measured blood lipids in 102.6 million individuals aged 18 years and older were used to estimate mean total trends of HDL and non-HDL cholesterol from 1982 to 2018. Most studies in the analysis measured total cholesterol and HDL cholesterol, from which non-HDL cholesterol can be calculated through subtraction. non-HDL cholesterol predicts HD risk as well as low density lipoprotein (LDL) cholesterol, and can be measured at a lower cost.	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators ; NCD Risk Factor Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> . 390(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3	Monitoring
Population frequency/ behaviour	Cholesterol levels	Mean HDL cholesterol	Global (2018)	mean high-density lipoprotein (HDL) cholesterol of defined population in mmol/l.	n/a	1,127 population-based studies that measured blood lipids in 102.6 million individuals aged 18 years and older were used to estimate mean total trends of HDL and non-HDL cholesterol from 1982 to 2018. Most studies in the analysis measured total cholesterol and HDL cholesterol, from which non-HDL cholesterol can be calculated through subtraction. non-HDL cholesterol predicts HD risk as well as low density lipoprotein (LDL) cholesterol, and can be measured at a lower cost.	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators ; NCD Risk Factor Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> . 390(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3	Monitoring
Population frequency/ behaviour	Cholesterol levels	Mean non-HDL cholesterol trends	Global (2018)	Mean non-HDL cholesterol of defined population in mmol/l.	n/a	1,127 population-based studies that measured blood lipids in 102.6 million individuals aged 18 years and older were used to estimate mean total trends of HDL and non-HDL cholesterol from 1982 to 2018. Most studies in the analysis measured total cholesterol and HDL cholesterol, from which non-HDL cholesterol can be calculated through subtraction. non-HDL cholesterol predicts HD risk as well as low density lipoprotein (LDL) cholesterol, and can be measured at a lower cost.	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators ; NCD Risk Factor Collaboration (NCD-RisC). (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. <i>Lancet</i> . 390(10113), 2627-2642. https://doi.org/10.1016/S0140-6736(17)32129-3	Monitoring
Population frequency/ behaviour	Cholesterol levels	Cholesterol intake (mg/day \pm SD)	Global (2021, Italy (2021)	information not available	n/a	information not available	n/a	n/a	information not available	OECD	World Health Organization. (2021). Cholesterol intake across the EU and Norway dashboard. https://knowledgepolicy.ec.europa.eu/health-promotion-knowledge-gateway/dietary-fats_5f_en	Monitoring

Obesity and Food and Nutrition: Population frequency/ behaviour (domain) and Blood pressure levels (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	Blood pressure levels	Prevalence of raised blood pressure	Global (2008)	Percentage of adults with raised blood pressure (BP) (i.e. systolic (SBP) ≥ 140 and/or diastolic (DBP) ≥ 90 mmHg).	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH): National dietary and physical activity guidelines	Reduce the prevalence of non-communicable diseases and the risks related to unhealthy diets and physical inactivity	Resolution WHAS7.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH).	information not available	WHO	World Health Organization. (2008). Global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/informatics/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Blood pressure levels		Global (2013)	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	n/a	information not available	WHO Global targets for the prevention and control of non-communicable diseases	WHO Global targets for the prevention and control of non-communicable diseases	information not available	WHO	World Health Organization. (2013). Global action plan for the prevention and control of non-communicable diseases 2013–2020. https://www.who.int/publications/i/item/9789241549236	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Blood pressure levels		Global (2018)	Raised blood pressure	n/a	information not available	Non-communicable diseases (NCDs)	Nutrition policies	information not available	WHO	World Health Organization. (2018). Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition. https://www.who.int/publications/i/item/9789241514873	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Health risks and outcomes (domain) and Health risks (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Health risks	Risk of obesity contributing to cancer	Global (2022)	information not available	n/a	information not available	n/a	n/a	information not available	PubMed	Rajaguru, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shi, J., & Chui, M. (2022). A scoping review on population-level indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.93246	Monitoring
Health risks and outcomes	Health risks	Dental caries (not erosion)	Global (2015)	information not available	n/a	information not available	reduce the risk of NCDs in adults and children	Guideline: Sugars intake for Adults and Children	information not available	WHO	World Health Organization. (2015). Guideline: sugars intake for adults and children. https://www.who.int/publications/i/item/9789241549228	Proposed to monitor or evaluate a policy
Health risks and outcomes	Health risks	Rate of diet-related NCDs	Global (2021)	information not available	n/a	Assessed through Clinical assessments (before and after policy implementation), and Disease registers	Prevent diet related non-communicable diseases (NCDs)	a policy adopted by governments that sets criteria for the service and sale of food in public settings and/or government expenditure on food including	information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/i/item/9789241549141	Proposed to monitor or evaluate a policy
Health risks and outcomes	Health risks	Number of incidences of cardiovascular disease	Europe (2019)	information not available	n/a	information not available	Coronary heart disease	amending Annex II to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin	information not available	EU: EUR-Lex	Commission Regulation (EU) 2019/649. (2019). Amending Annex II to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649	Proposed to monitor or evaluate a policy
Health risks and outcomes	Health risks	% increase in risk of coronary heart disease for consumers with >20grams fats intake	Europe (2019)	information not available	n/a	information not available	Coronary heart disease	amending Annex II to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin	information not available	EU: EUR-Lex	Commission Regulation (EU) 2019/649. (2019). Amending Annex II to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Health risks and outcomes (domain) and Outcomes (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Outcomes	Well-being of students	Europe (2014)	information not available	n/a	Proposed indicators for school food policy implementation adn effectiveness	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storckstedt Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Weillgat, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy
Health risks and outcomes	Outcomes	Number of students on diet	Europe (2014)	information not available	n/a	Proposed indicators for school food policy implementation adn effectiveness	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storckstedt Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Weillgat, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy
Health risks and outcomes	Outcomes	Behaviour of students in class	Europe (2014)	information not available	n/a	Proposed indicators for school food policy implementation adn effectiveness	improve child nutrition; teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Storckstedt Genannt Bonsmann, S., Breda, J., Louro Caldeira, S., Nelson, M., Weillgat, J. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/handle/JRC91433	Proposed to monitor or evaluate a policy

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data source (published, outreach or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Percentage of government offices complying with the policy	Global (2021)	Information not available	N/A	Assessed through audit reports, government demographic reports, and records of meals served	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy, a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	Information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Percentage of government food services complying with the policy	Global (2021)	Information not available	N/A	Assessed through audit reports, government demographic reports, and records of meals served	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy, a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	Information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Number of individuals benefiting from the policy	Global (2021)	Information not available	N/A	Assessed through audit reports, government demographic reports, and records of meals served	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy, a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	Information not available	WHO	World Health Organization. (2021). Action framework for developing and implementing public food procurement and service policies for a healthy diet https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of an operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors	Global (2021)	Country has an operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors. "Multi-sectoral" refers to engagement with civil or other government sectors outside of health. "Operational" refers to a policy, strategy or action plan that is being used and implemented in the country, and has resources and funding available to implement it. Countries who have a "Yes" to this indicator have responded "Yes" to the question "Does your country have a national NCD policy, strategy or action plan that integrates several NCDs and their risk factors?" and the sub-question "Is it multi-sectoral?" Additionally, countries had to respond "operationally" for each question "Include in scope" and indicate that the policy/strategy/action plan addresses the 4 main risk factors for NCDs (dietary intake such as unhealthy fat, physical inactivity and tobacco) and the 4 main NCDs (cancer, cardiovascular diseases, chronic respiratory diseases and diabetes).	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of operational policy/strategy/action plan for unhealthy diet	Global (2021)	Indicates whether or not the country has an operational policy, strategy or action plan for unhealthy diet.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of operational policy/strategy/action plan to reduce overweight/obesity	Global (2021)	Indicates whether or not the country has an operational policy, strategy or action plan for reducing overweight/obesity.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of any policies to reduce population salt consumption	Global (2021)	Country has implemented a policy(s) to reduce population salt consumption. This indicator is based on those countries who have responded "Yes" to the question "Is your country implementing any policies to reduce population salt consumption?"	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of any policies on marketing of foods to children	Global (2021)	Existence of policies to reduce the impact on children of marketing of food and non-alcoholic beverages high in saturated fat, trans fatty acids, free sugars, or salt. This indicator is based on those countries who have responded "Yes" to the question "Is your country implementing any policies to reduce the impact on children of marketing of food and non-alcoholic beverages high in saturated fat, trans fatty acids, free sugars, or salt?"	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of national policies on trans fats and elimination	Global (2021)	Country has implemented a policy(s) to eliminate industrially produced trans fatty acids in the food supply. This indicator is based on those countries who have responded "Yes" to the question "Is your country implementing any national policies to eliminate industrially produced trans fatty acids in the food supply?" M&L Framework Process	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of operational policy/strategy/action plan for cancer	Global (2021)	Indicates whether or not the country has an operational policy, strategy or action plan for cancer.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Implementation of a nutrition public awareness program	Global (2021)	Indicates whether or not the country has implemented an national public education and awareness campaign on diet within the past 2 years.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of national policies on saturated fatty acids	Global (2021)	Country has implemented a policy(s) to reduce population saturated fat and trans fats. This indicator is based on those countries who have responded "Yes" to the question "Is your country implementing any national policies to reduce population saturated fat and trans fats?"	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of an Operational Unit, Branch, or Dept. in Ministry of Health with responsibility for NCDs	Global (2021)	An operational NCD unit/branch/department is defined as having at least one full-time staff member for the following: NCD surveillance, primary prevention and health promotion, early identification, monitoring, health care and treatment and surveillance, monitoring and evaluation. Countries who have a "Yes" for this indicator have responded "Yes" to the question "Does your country have an operational unit/branch/department in the ministry of health or equivalent with responsibility for NCDs?" and the subsequent question "Do they have at least one full-time person / full member working on NCDs?". Additionally, the countries had to say "Yes" to "Are there staff for the following NCD surveillance functions?" for each of the following functions: primary prevention and health promotion, early identification, health care and treatment, and surveillance, monitoring and evaluation.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of a national multi-stakeholder commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of actors beyond health?	Global (2021)	Country has an operational, national multi-stakeholder commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of actors beyond health. Countries who have a "Yes" for this indicator have responded "Yes" to the question "Is there a national multi-stakeholder commission, agency or mechanism to oversee NCD engagement, policy coherence and accountability of actors beyond health?" and then indicated in a subsequent question that it exists in "operational".	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Existence of price subsidies for healthy foods	Global (2021)	Indicates whether or not the country has implemented price subsidies for healthy foods.	N/A	Official country response to the WHO NCD Country Capacity Survey	N/A	N/A	Information not available	WHO	World Health Organization. (2021). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-dashboards/ncds-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Number of resources or training sessions provided to stadium food and beverage sales staff, suppliers, caterers and cooks to implement the healthy food and healthier food environment activities	Global (2021)	Provides indicator to assess commitment in the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Audit reports, Annual compliance assessment and reports, and Qualitative interviews and surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Provision of food and beverage sales points in and around the stadium implementing the healthy food and healthier food environment activities	Global (2021)	Provides indicator in the reach in the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Audit reports, Attendance reports and Media reports	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Number of attendees less than 16 years from the initiative food and healthier food environment activities	Global (2021)	Provides indicator in the reach in the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Audit reports, Attendance reports and Media reports	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Number of contracts with suppliers, vendors and sponsors aimed to improve the healthiness of the food and beverage offer	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Proportion of food and beverage products marketed, including through sponsorship, that are healthier	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Proportion of menu options sold that are healthier relative to others in the stadium	Global (2021)	Provides indicator of food purchases and sales under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Sales and transaction-level data reports, Point-of-purchase surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Percentage of fans purchasing healthier menu options (e.g. percentage decrease in purchases of sugar-sweetened beverages, percentage increase in purchases of these items)	Global (2021)	Provides indicator of food purchases and sales under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Sales and transaction-level data reports, Point-of-purchase surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Proportion of menu options that are healthier as result of reformulation, replacement or new additions	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Variant content of healthier menu options relative to others in the stadium (e.g. percentage decrease in purchases of these items)	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Changes to portion sizes	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Price of healthier menu options relative to others	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Number and magnitude of price incentives applied	Global (2021)	Provides indicator of the actions under the initiative of healthier food and healthier food environments in sports events (athletes).	N/A	Menus, vendor and food label reviews, Laboratory nutrient assessment of healthier menu options, Compliance reports, Cost of food products, Observational visits to food and beverage sales points, Contract review, Media reports and marketing surveys	20% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond Based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings.	Information not available	WHO	World Health Organization. (2021). Healthy food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/m/item/7f80d3038341	Proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	National policy/Action plan/ Strategy	Nourishing policy index framework for policy assessment on nutrition	Global (2021), Belgium (2021), Bulgaria (2021), Iceland (2021), Italy (2021), Portugal (2021), Romania	Assessment of national government policy actions on nutrition access to assess	N/A	Assessment of national government policy actions on nutrition access to assess	Cancer prevention	Assessment of national policies on nutrition	Information not available	WHO	World Cancer Research Fund International. (2021). Nourishing policy index: Nutrition policy status in 20 European countries https://www.wcrf.org/publications/	Proposed to monitor or evaluate a policy / monitoring



Obesity and Food and Nutrition: Policy and legislation (domain) and Taxation (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, custom or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	Taxation	Existence of tax on foods high in fat, sugars or salt	Global (2021)	Indicates whether or not the country has implemented taxation on foods high in fat, sugars or salt.	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-detail/gho/indicator-detail/indicator-detail-of-an-operational-multisectoral-national-indicator	Monitoring
Policy and Legislation	Taxation	Existence of tax on sugar-sweetened beverages	Global (2021)	Country has implemented a tax on sugar-sweetened beverages. Data reflects country response to the question: "Is your country implementing any of the following fiscal interventions? - taxation on sugar-sweetened beverages".	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (GHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-detail/gho/indicator-detail-of-an-operational-multisectoral-national-indicator	Monitoring

Obesity and Food and Nutrition: Policy and legislation (domain) and Policies at schools (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, custom or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	Policies at schools	Existence of national school food policy	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Existence of national school food policy consistent with the national dietary guidelines	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools with a school food policy consistent to dietary guidelines	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Existence of nutrition education and awareness programmes at schools	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools monitoring height and weight of children	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools offering healthy food options	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools restricting the availability of high fat, salt, sugar products and vending machines	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools offering fruit and vegetable programmes	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of teachers attending training courses on healthy diet	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Existence of national school food policy consistent with the national dietary guidelines	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools with a school food policy consistent to dietary guidelines	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Existence of nutrition education and awareness programmes at schools	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools monitoring height and weight of children	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Percentage of schools offering healthy food options	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Total school hours allocated to physical activity at primary and secondary level	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAFAS)	information not available	WHO	World Health Organization. (2020). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Dietary quality of food	Europe (2014)	Dietary quality of food	n/a	Proposed indicators for school food policy implementation adv effectiveness	improve child nutrition, teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies and programs	information not available	EU	Starkovsk General Bornemann, S., Brandt, L., Lauri Caldana, S., Nelson, M., Wolgast, I. (2014). School Food and Nutrition in Europe: policies, interventions and their impact. https://publications.jrc.ec.europa.eu/repository/bitstream/JRC104143	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Vending machines don't exist or are banned from school premises	Europe (2014)	Information not available	n/a	Information not available	improve child nutrition, teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies	information not available	EU	Starkovsk General Bornemann, S., Brandt, L., Lauri Caldana, S., Nelson, M., Wolgast, I. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland http://publications.jrc.ec.europa.eu/repository/bitstream/JRC104143	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Certain vending machines are allowed in vending machines	Europe (2014)	Information not available	n/a	Information not available	improve child nutrition, teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies	information not available	EU	Starkovsk General Bornemann, S., Brandt, L., Lauri Caldana, S., Nelson, M., Wolgast, I. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland http://publications.jrc.ec.europa.eu/repository/bitstream/JRC104143	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Vending machines offer the same healthy eating guidelines/standards	Europe (2014)	Information not available	n/a	Information not available	improve child nutrition, teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies	information not available	EU	Starkovsk General Bornemann, S., Brandt, L., Lauri Caldana, S., Nelson, M., Wolgast, I. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland http://publications.jrc.ec.europa.eu/repository/bitstream/JRC104143	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	(None) healthy options recommended, promoted	Europe (2014)	Information not available	n/a	Information not available	improve child nutrition, teach healthy dietary/lifestyle habits and reduce/prevent obesity	School food policies	information not available	EU	Starkovsk General Bornemann, S., Brandt, L., Lauri Caldana, S., Nelson, M., Wolgast, I. (2014). Mapping of National School Food Policies across the EU28 plus Norway and Switzerland http://publications.jrc.ec.europa.eu/repository/bitstream/JRC104143	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Existence of a nationally defined minimum package of school-based health and nutrition services based on local health priorities	Global (2020)	Information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAFAS): National dietary and physical activity guidelines.	n/a	n/a	information not available	WHO	World Health Organization. (2021). Proposed indicators for global adolescent health measurement by the Global Action for Measurement of Adolescent Health (GAMA) Advisory Group. https://www.who.int/initiatives/10904	Monitoring
Policy and Legislation	Policies at schools	Percentage of schools in a district adopting the policy	Global (2021)	Information not available	n/a	Assessed through audit reports, government demographic reports, and records of meals served	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy - a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021). Action Framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/initiatives/10904	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies at schools	Environmental friendliness and accessibility	Europe (2021)	School food environment	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	FIN	Sarmas-Rosen, L., Aremán, G.B.M., Fager, J.S. et al. (2021). Selection of key indicators for European policy monitoring and evaluation for dietary behavior, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> . 18:48. https://doi.org/10.1186/s12962-021-01111-0	Proposed to monitor or evaluate a policy

Policy and Legislation	Advertisement, nutrition labelling and health claims	The number of products within selected food categories with a message designed to attract a child's attention (e.g. promotions, child features and games, web sites)	Global (2012)	Information not available	n/a	Data from market research companies on point of sale marketing and company spending on point of sale marketing	Reduce the impact of marketing foods high in saturated fats, trans fatty acids, free sugars, or salt	Resolution WHA63.14 of the World Health Assembly (WHA) set of recommendations on the marketing of foods and non-alcoholic beverages to children WHO recommendations on the marketing of foods and non-alcoholic beverages to children	Information not available	WHO	World Health Organisation. (2023). A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. https://www.who.int/publications/item/9789241503242	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	The number of billboards with advertisements for the specified foods in a selection of urban areas (e.g. largest squares) and suburbs.	Global (2012)	Information not available	n/a	Observation and recording/ photography - Data from market research companies on outdoor marketing and company spending on outdoor marketing.	Reduce the impact of marketing foods high in saturated fats, trans fatty acids, free sugars, or salt	Resolution WHA63.14 of the World Health Assembly (WHA) set of recommendations on the marketing of foods and non-alcoholic beverages to children WHO recommendations on the marketing of foods and non-alcoholic beverages to children	Information not available	WHO	World Health Organisation. (2023). A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. https://www.who.int/publications/item/9789241503242	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	The number of billboards advertising the specified foods using child-appealing images (animation, cartoon and licensed characters, celebrities)	Global (2012)	Information not available	n/a	Observation and recording/ photography - Data from market research companies on outdoor marketing and company spending on outdoor marketing.	Reduce the impact of marketing foods high in saturated fats, trans fatty acids, free sugars, or salt	Resolution WHA63.14 of the World Health Assembly (WHA) set of recommendations on the marketing of foods and non-alcoholic beverages to children WHO recommendations on the marketing of foods and non-alcoholic beverages to children	Information not available	WHO	World Health Organisation. (2023). A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. https://www.who.int/publications/item/9789241503242	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	% of relevant products giving information on trans fats content	Europe (2019)	Information not available	n/a	Information not available	Coronary heart disease	amending Annex III to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin.	Information not available	EU: EUR-Lex	Commission Regulation (EU) 2019/949 (2019). Amending Annex III to Regulation (EC) No 1825/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0949	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	Proportion of manufacturers and retailers using the FOPV system, and the number and proportion of products displaying the FOPV system	Global (2019)	Information not available	n/a	Information not available	promoting healthy diets	Front-of-pack labelling (FOPV) system for healthier food choices	Information not available	WHO	World Health Organisation. (2019). WHO guiding principles and framework manual for front-of-pack. https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthylife	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	Changes to nutrient compositions of food products (reformulation)	Global (2019)	Information not available	n/a	Information not available	promoting healthy diets	Front-of-pack labelling (FOPV) system for healthier food choices	Information not available	WHO	World Health Organisation. (2019). WHO guiding principles and framework manual for front-of-pack. https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthylife	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	Marketing to children restrictions	Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), Portugal (2021)	Information not available	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organisation. (2022) Noncommunicable diseases progress monitor 2022. https://www.who.int/publications/item/9789240547561	Monitoring
Policy and Legislation	Advertisement, nutrition labelling and health claims	Marketing of breast-milk substitutes restrictions	Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021), Ukraine (2021)	Information not available	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organisation. (2022) Noncommunicable diseases progress monitor 2022. https://www.who.int/publications/item/9789240547561	Monitoring
Policy and Legislation	Advertisement, nutrition labelling and health claims	Changes to the physical characteristics or information provision in the food service and take away	Global (2021)	Process indicator of the actions under the initiative of healthier foods and healthier food environments in sports events (Stadlurm)	n/a	Menu, recipe and food label reviews; Laboratory nutrient assessment of healthier menu options; Compliance reports; Cost of food products; Observational visits to food and beverage sales points; Contract reviews; Media reports and marketing surveys	82% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	Information not available	WHO	World Health Organisation. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organisers. https://www.who.int/publications/item/9789240275436	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	Number of messages disseminated about healthier food in and around stadia and in various media channels	Global (2021)	Process indicator of the actions under the initiative of healthier foods and healthier food environments in sports events (Stadlurm)	n/a	Menu, recipe and food label reviews; Laboratory nutrient assessment of healthier menu options; Compliance reports; Cost of food products; Observational visits to food and beverage sales points; Contract reviews; Media reports and marketing surveys	82% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	Information not available	WHO	World Health Organisation. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organisers. https://www.who.int/publications/item/9789240275436	Proposed to monitor or evaluate a policy
Policy and Legislation	Advertisement, nutrition labelling and health claims	Number of fans worldwide reached with communication messages	Global (2021)	Process indicator of the reach in the initiative of healthier foods and healthier food environments in sports events (Stadlurm)	n/a	Audit reports; Attendance reports and media reports	82% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	Information not available	WHO	World Health Organisation. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organisers. https://www.who.int/publications/item/9789240275436	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Policy and legislation (domain) and Policies for counselling by a qualified professional (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and Legislation	Policies for counselling by a qualified professional	Provision of counselling on diet and physical activity, by a qualified professional, included in the national primary health care plan	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies for counselling by a qualified professional	Percentage of government health facilities offering diet and physical activity counselling	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and Legislation	Policies for counselling by a qualified professional	Relevant diet and physical activity content integrated into university curricula for health professionals	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Monitoring systems and data collection (domain) and Monitoring systems (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Monitoring systems	Percentage of schools monitoring height and weight of children	Global (2008)	Percentage of schools monitoring height and weight of children	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	Existence of surveillance mechanisms for food safety	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	Monitoring and surveillance system in place to measure process, output and outcome indicators	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	National surveillance system in place to measure energy, food and nutrient intake, dietar habits, physical activity patterns and anthropometrical data	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	Utilization of valid, reliable, standard instruments such as GPAQ (Global Physical Activity Questionnaire), STEPS (WHO STEPwise approach to chronic disease risk factor surveillance) or IPAQ (International Physical Activity Questionnaire)	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	Participation of NGOs in monitoring progress of DPAS implementation and the number of partnerships formed for the implementation of national programmes on diet and physical activity	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection	Monitoring systems	Percentage of diet and physical activity interventions that include baseline surveys and post-evaluation	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Monitoring systems and data collection (domain) and Data collection (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance Indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (PubMed, Cochrane or Institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Data collection	Has conducted a recent, national adult risk factor survey covering salt/sodium intake	Global (2021)	Indicates whether or not the country has conducted a recent (i.e. in the past 5 years), national adult risk factor survey covering harmful alcohol use, physical inactivity, tobacco use, raised blood glucose/diabetes, raised total cholesterol, raised blood pressure/hypertension, overweight and obesity, salt/sodium intake or unhealthy diet.	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	every two years	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Monitoring systems and data collection	Data collection	Existence of population based cancer registry	Global (2021)	Existence of a population based cancer registry in the country. Countries who have a "Yes" for this indicator have responded "Yes" to the question about having a cancer registry and then indicated as well that this registry is population based.	n/a	Official country response to the NCD Country Capacity Survey	n/a	n/a	information not available	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Monitoring systems and data collection	Data collection	Has conducted a recent, national adult risk factor survey covering unhealthy diet	Global (2021)	Indicates whether or not the country has conducted a recent (i.e. in the past 5 years), national adult risk factor survey covering harmful alcohol use, physical inactivity, tobacco use, raised blood glucose/diabetes, raised total cholesterol, raised blood pressure/hypertension, overweight and obesity, salt/sodium intake or unhealthy diet.	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	every two years	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Monitoring systems and data collection	Data collection	Has conducted a recent, national adult risk factor survey covering overweight and obesity	Global (2021)	Indicates whether or not the country has conducted a recent (i.e. in the past 5 years), national adult risk factor survey covering harmful alcohol use, physical inactivity, tobacco use, raised blood glucose/diabetes, raised total cholesterol, raised blood pressure/hypertension, overweight and obesity, salt/sodium intake or unhealthy diet.	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	every two years	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring
Monitoring systems and data collection	Data collection	Has conducted a recent, national adult risk factor survey covering raised blood glucose/diabetes	Global (2021)	Indicates whether or not the country has conducted a recent (i.e. in the past 5 years), national adult risk factor survey covering harmful alcohol use, physical inactivity, tobacco use, raised blood glucose/diabetes, raised total cholesterol, raised blood pressure/hypertension, overweight and obesity, salt/sodium intake or unhealthy diet.	n/a	Official country response to the WHO NCD Country Capacity Survey	n/a	n/a	every two years	WHO	World Health Organization. (2023). Global Health Observatory (WHO) Dashboard. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-an-operational-multi-sectoral-national-ncd-policy-strategy-or-action-plan-that-integrates-several-ncds-and-their-risk-factors	Monitoring

Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Knowledge, attitudes and behaviour change (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/Action/Initiative	Frequency	Data Source (published, evidence or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Percentage of the population offered advice on a healthy diet by primary care team	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAH): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risk related to unhealthy diet and physical inactivity	Resolution WHA67.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	information not available	WHO	World Health Organization (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Number of trained nutrition professionals per 100 000 population	Global (2015)	information not available	n/a	Proposed indicators relevant to the global nutritional framework on maternal, infant and young child nutrition	n/a	n/a	information not available	WHO	World Health Assembly (2015). <i>Maternal, infant and young child nutrition: development of the core set of indicators</i> . Report by the Secretariat. https://apps.who.int/iris/handle/10665/23285	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Changes to consumer understanding of the FOPV system	Global (2019)	information not available	n/a	information not available	promoting healthy diets	Front-of-pack labelling (FOPV) system for healthier food choices	information not available	WHO	World Health Organization (2019). <i>WHO guiding principles and framework manual for front-of-pack</i> . https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthydiets	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Changes to population dietary intakes	Global (2019)	information not available	n/a	information not available	promoting healthy diets	Front-of-pack labelling (FOPV) system for healthier food choices	information not available	WHO	World Health Organization (2019). <i>WHO guiding principles and framework manual for front-of-pack</i> . https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthydiets	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Changes to product purchases	Global (2019)	information not available	n/a	information not available	promoting healthy diets	Front-of-pack labelling (FOPV) system for healthier food choices	information not available	WHO	World Health Organization (2019). <i>WHO guiding principles and framework manual for front-of-pack</i> . https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthydiets	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Advice to maintain a healthy body weight or lose weight	Global (2020)	Having been, during any of your visits to a doctor or other health worker in the past 12 months, advised to maintain or lose weight	n/a	n/a	n/a	n/a	information not available	WHO	World Health Organization (2020). <i>Standard STEPS instrument</i> . https://www.who.int/publications/m/item/standard-steps-instrument	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Knowledge Attitude and Behaviour (KAB) towards salt	Global (2021)	information not available	n/a	surveys/self-reported questionnaires	Reduce by 30% salt intake	Reduce the burden of NCDs	information not available	PubMed	World Health Organization (2021). <i>Systematic Review of Salt Reduction Initiatives Around the World: A Midterm Evaluation of Progress Towards the 2025 Global Non-Communicable Diseases Reduction Target</i> . Advances in Nutrition 12(1). https://doi.org/10.1093/advances/nnaa008	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Knowledge, attitudes and practices among target population groups (e.g. schoolchildren, workers)	Global (2021)	information not available	n/a	Assessed through Knowledge, attitudes and practices survey	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Food selection and dietary practices (e.g. % decrease in purchases of sugar-sweetened beverages, % increase in purchases of fresh fruit)	Global (2021)	information not available	n/a	Assessed through Knowledge, attitudes and practices survey	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Increased acceptance of healthier food	Global (2021)	information not available	n/a	Assessed through Knowledge, attitudes and practices survey	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Increased preference for healthier food	Global (2021)	information not available	n/a	Assessed through Knowledge, attitudes and practices survey	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Improved cognitive function or academic performance among schoolchildren	Global (2021)	information not available	n/a	Assessed through standardized test scores, and Surveys in human resources departments	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Reduced absenteeism among workers or students	Global (2021)	information not available	n/a	Assessed through standardized test scores, and Surveys in human resources departments	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Increased productivity among workers	Global (2021)	information not available	n/a	Assessed through standardized test scores, and Surveys in human resources departments	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Household literacy level	Europe (2012)	Food literacy at the household level (composite score)	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour: initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	FIN	Garcia-Rosa, L., Minnikin, C.B.M., Fringer, J.D., et al. (2012). Selection of key indicators for European public monitoring and surveillance for dietary behaviour and lifestyle behaviour. <i>Int J Behav Nutr Phys Act</i> 9:48. https://doi.org/10.1186/12874-012-0112-0 ; Helmer, A. G. S., Helmer, M., Minnikin, C.B.M., et al. (2012). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 22(4). https://doi.org/10.1093/eurpub/ckr061	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Changes in knowledge, attitudes and practices among fans	Global (2022)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Folls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); interviews of staff (knowledge, attitudes and practices surveys; Monitoring of social media)	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Percentage of comments regarding the healthier food and healthier food environments being supportive	Global (2022)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Folls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); interviews of staff (knowledge, attitudes and practices surveys; Monitoring of social media)	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Increased acceptance of healthier food at sports events	Global (2022)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Folls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); interviews of staff (knowledge, attitudes and practices surveys; Monitoring of social media)	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Increased preference for healthier food at sports events	Global (2022)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Folls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); interviews of staff (knowledge, attitudes and practices surveys; Monitoring of social media)	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Number of partners and allies informed about the healthier food and healthier food environments in sports events (studiums)	Global (2022)	Process indicator to assess the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Project information and interviews of staff	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Number of partners and allies informed about the healthier food and healthier food environments in sports events (studiums)	Global (2022)	Process indicator to assess the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Project information and interviews of staff	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Percentage of suppliers, caterers and chefs trained in healthier food preparation	Global (2022)	Process indicator to assess communication in the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Audit reports; Annual compliance assessment and reports, and Qualitative interviews and surveys	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Percentage and type of stadium food and beverage sales point staff trained in the initiative of healthier foods and healthier food environments in sports events (studiums)	Global (2022)	Process indicator to assess communication in the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Audit reports; Annual compliance assessment and reports, and Qualitative interviews and surveys	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Perceived ability to comply with the nutrition criteria for healthier food, including barriers to, and facilitators of, implementation	Global (2022)	Process indicator to assess communication in the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Audit reports; Annual compliance assessment and reports, and Qualitative interviews and surveys	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Knowledge, attitudes and behaviour change	Changes in knowledge, attitudes, and practices among stadium food service and beverage sales point staff, suppliers, caterers and chefs	Global (2022)	Process indicator to assess communication in the initiative of healthier foods and healthier food environments in sports events (studiums)	n/a	Audit reports; Annual compliance assessment and reports, and Qualitative interviews and surveys	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points and around sports stalls and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization (2022). <i>Healthier food and healthier food environments at sports events: an action guide for sports event organizers</i> . https://www.who.int/publications/m/item/9f92d6075436	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Beliefs (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Food beliefs	Europe (2021)	General and relative enjoyment of healthy and unhealthy food	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> . 18:48. https://doi.org/10.1186/s12966-021-02111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Awareness (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Food beliefs	Europe (2021)	General and relative enjoyment of healthy and unhealthy food	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> . 18:48. https://doi.org/10.1186/s12966-021-02111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population recalling the messages from communication campaigns or strategies on healthy diets and physical activity	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPA5): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPA5).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health benefits of physical activity (including maintaining a healthy weight)	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPA5): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPA5).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health benefits of an adequate consumption of fruit and vegetables	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPA5): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPA5).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health risks of high-intake levels of total fat, saturated fats, salt and sugars	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPA5): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPA5).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	% of consumers aware of trans fats and health impacts	Europe (2019)	% of consumers aware of trans fats and health impacts	n/a	Information not available	Coronary heart disease	amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin	information not available	EU: EUR-Lex	Commission Regulation (EU) 2019/646. (2019). Amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0646	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of fans and staff aware of the initiative on healthier food and healthier food environments in and around stadia	Global (2023)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (stadiums)	n/a	Polls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); Interviews of staff knowledge, attitudes and practices surveys; Monitoring of social media	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/i/item/9789240075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of staff aware of the initiative	Global (2023)	Process indicator to assess training in the initiative of healthier foods and healthier food environments in sports events (stadiums)	n/a	Project information and Interviews of staff	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/i/item/9789240075436	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain) and Literacy/behaviour change determinants (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Beliefs	Food beliefs	Europe (2021)	General and relative enjoyment of healthy and unhealthy food	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica-Rosa, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population recalling the messages from communication campaigns or strategies on healthy diets and physical activity	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health benefits of physical activity (including maintaining a healthy weight)	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health benefits of an adequate consumption of fruit and vegetables	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of the population aware of the health risks of high-intake levels of total fat, saturated fats, salt and sugars	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	% of consumers aware of trans fats and health impacts	Europe (2019)	% of consumers aware of trans fats and health impacts	n/a	information not available	Coronary heart disease	amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin	information not available	EU: EUR-Lex	Commission Regulation (EU) 2019/649. (2019). Amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0649	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of fans and staff aware of the initiative on healthier food and healthier food environments in and around stadia	Global (2023)	Process indicator of behavioural under the initiative of healthier foods and healthier food environments in sports events (stadiums)	n/a	Polls and surveys among fans (e.g. web-based post-event surveys distributed to attendees by email); Interviews of staff knowledge, attitudes and practices surveys; Monitoring of social media	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/i/item/9789240075436	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Awareness	Percentage of staff aware of the initiative	Global (2023)	Process indicator to assess training in the initiative of healthier foods and healthier food environments in sports events (stadiums)	n/a	Project information and Interviews of staff	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action Framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/i/item/9789240075436	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Industry and economy (domain) and Industry (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Industry	Portion size	Europe (2021)	Portion size from manufacturers and food outlets in settings	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> , 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061	Proposed to monitor or evaluate a policy
Industry and Economy	Industry	Food outlet density	Europe (2021)	Fast food outlet density	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act</i> , 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Industry and economy (domain) and Subsidies and specific budgets (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Subsidies and specific budgets	Budgets for action on healthy diet identified from nongovernmental sources, including NGOs and private sector institutions	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Industry and Economy	Subsidies and specific budgets	Percentage of the national budget expenditure in public health action attributed to diet-related policies, plans and activities	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Industry and Economy	Subsidies and specific budgets	Specific budget-line allocated for monitoring and evaluation of dietary habits and physical activity patterns and DPAS implementation	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Industry and Economy	Subsidies and specific budgets	Existence of specific subsidies for fruit and vegetables production and/or consumption	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Industry and Economy	Subsidies and specific budgets	Existence of local or municipal food subsidies and food pricing strategies that are consistent with national dietary guidelines	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Industry and economy (domain) and Types and changes of food served or sold (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Types and changes of food served or sold	Number of foods and/or non-alcoholic beverages available to consumers at national level, with limited levels of saturated fats and/or trans-fatty acids and/or free sugars and/or salt	Global (2008)	information not available	n/a	Indicators to assess recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health (DPAS): National dietary and physical activity guidelines	reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAS).	information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.paho.org/en/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Types of food purchased, served or sold (e.g. availability of fruits and vegetables in kiosks, so that food that promotes healthy diets becomes the "default" choice in school and workplace canteens, kiosks and vending machines)	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Changes to menus	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Changes to nutrient content of food served or sold (e.g. % decrease in sodium content of meals)	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Portion sizes of served meals	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Number of healthier meals served or sold	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Types and changes of food served or sold	Types of food purchased, served or sold (e.g. availability of fruits and vegetables in kiosks, so that food that promotes healthy diets becomes the "default" choice in school and workplace canteens, kiosks and vending machines)	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021).Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/item/9789240018341 .	Proposed to monitor or evaluate a policy

Obesity and Food and Nutrition: Industry and economy (domain) and Costs and sales (subdomain)

Indicator domain	Performance indicator sub-Domain	Performance indicator	Geographical level and Year (last updated)	Description	Disaggregation	Methods and Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Industry and Economy	Costs and sales	Purchase rates	Global (2021)	information not available	n/a	Assessed through contract review; purchase records of products or point-of-purchase surveys; menu or recipe reviews; studies of canteens; compliance reports and cost of food products	Prevent diet-related noncommunicable diseases (NCDs)	Healthy Public Food Procurement and Service Policy: a policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.	information not available	WHO	World Health Organization. (2021) Action framework for developing and implementing public food procurement and service policies for a healthy diet. https://www.who.int/publications/i/item/9789240018341 .	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Extrinsic product attributes	Europe (2021)	Relative and absolute price of healthy and unhealthy food	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act.</i> 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061 .	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Exposure to food promotion	Europe (2021)	Exposure to food adverts for unhealthy food and beverages through all media and marketing channels.	n/a	European Union surveillance systems for the assessment of policy impact	non-communicable diseases (NCDs)	European policies for dietary behaviour	information not available	PEN	Garnica Rosas, L., Mensink, G.B.M., Finger, J.D. et al. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>Int J Behav Nutr Phys Act.</i> 18:48. https://doi.org/10.1186/s12966-021-01111-0 . Hebestreit, A., Do, S., Wolters, M., Mensink, G.B.M. et al. (2022). Towards a harmonized European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32:4. https://doi.org/10.1093/eurpub/ckac061 .	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Prices of sugar-sweetened beverages	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Taxes on sugar-sweetened beverages	information not available	WHO	World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies. https://www.who.int/publications/i/item/9789240056299	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Household expenditure data on sugar-sweetened beverages	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Taxes on sugar-sweetened beverages	information not available	WHO	World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies. https://www.who.int/publications/i/item/9789240056299	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Sales and purchases of products with lower sugars content	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Taxes on sugar-sweetened beverages	information not available	WHO	World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies. https://www.who.int/publications/i/item/9789240056299	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Revenue of the sugar-sweetened beverages	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Taxes on sugar-sweetened beverages	information not available	WHO	World Health Organization. (2022). WHO manual on sugar-sweetened beverage taxation policies. https://www.who.int/publications/i/item/9789240056299	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	The total value of sales/purchases expressed in monetary terms per capita or per household	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	The total volume of sales/purchases measured in kilograms, litres or number of units per capita or per household	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	The proportion of sales/purchases given as a percentage or in absolute terms, by product name, brand or company.	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Total volume of sugar sold from soft drinks	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Proportion of retailer-own products that are at/below maximum salt targets	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Proportion of prepackaged foods that contain PHO ingredients	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Nutrition-related policies	information not available	WHO	World Health Organization. (2021). Using third-party food sales and composition databases to monitor nutrition policies (https://irs.who.int/handle/10665/339075?locale-attribute=ru)	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Changes in products prices	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Fiscal policies to promote healthy diets	information not available	WHO	World Health Organization. (2022). Fiscal policies to promote healthy diets: policy brief. https://www.who.int/publications/i/item/9789240049543	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Purchases consumption	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Fiscal policies to promote healthy diets	information not available	WHO	World Health Organization. (2022). Fiscal policies to promote healthy diets: policy brief. https://www.who.int/publications/i/item/9789240049543	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Food and beverage composition and revenue	Global (2022)	information not available	n/a	information not available	Reduce NCDs risk factors	Fiscal policies to promote healthy diets	information not available	WHO	World Health Organization. (2022). Fiscal policies to promote healthy diets: policy brief. https://www.who.int/publications/i/item/9789240049543	Proposed to monitor or evaluate a policy
Industry and Economy	Costs and sales	Projected sales of healthier food met	Global (2023)	Process indicator of food purchase and sale under the initiative of healthier foods and healthier food environments in sports events (stadiums)	n/a	Sales and transaction-level data reports; Point-of-purchase surveys	30% of the menu items served at sports events with a healthy nutritional profile in line with WHO standards	Initiative to promote healthier food and healthier food environments at the different types of food and beverage sales points in and around sports stadia and beyond (based on the WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet in different settings)	information not available	WHO	World Health Organization. (2023). Healthier food and healthier food environments at sports events: an action guide for sports event organizers. https://www.who.int/publications/i/item/9789240075436	Proposed to monitor or evaluate a policy

Physical activity: Population frequency/ behaviour (domain) and Percentage (subdomain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Percentage	Physical activity	Percentage of children participating in at least 60 minutes of physical activity per day	Global (2008)	Indicator suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	Percentage of population walking and bicycling to work, of the duration of 30 minutes or more	Global (2008)	Indicator suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	Percentage of children walking or bicycling to school	Global (2008)	Indicator suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Walking, cycling or public transport	Percentage of adult population using public transportation regularly	Global (2008)	Indicator suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health: a framework to monitor and evaluate implementation. https://www.who.int/dietphysicalactivity/framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	Percentage of adults reaching a minimum of 150 minutes of moderate-intensity physical activity per week, or 75 minutes of vigorous-intensity activity, or an equivalent combination	Europe (2013)	European Health Interview Survey (EHIS), WHO global health data observatory or WHO Regional Office for Europe's Nutrition, Obesity and Physical Activity (NOEA)	n/a	Numerator: adults reaching a minimum of 150 minutes of moderate-intensity physical activity per week, or 75 minutes of vigorous-intensity activity; Denominator: adults responding to the survey	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0330	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	Percentage of children and adolescents reaching at least 60 minutes of moderate- to vigorous-intensity physical activity daily or on at least 5 days/week	Europe (2013)	Health behaviour in school-aged children survey (HBSC)	n/a	Numerator: children and adolescents reaching at least 60 minutes of moderate- to vigorous-intensity physical activity daily or on at least 5 days/week; Denominator: children responding to the survey	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0330	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Walking, cycling or public transport	Level of cycling / walking	Europe (2013)	Main mode of transport used for your daily activities (car, motorcycle, public transport, walking, cycling, other). Obtained through: Flash Eurobarometer or EHIS (wave 2)	n/a	Information not available	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0330	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	% of the Irish population that reports being active	Ireland (2017)	Information not available	n/a	Information not available	n/a	n/a	Information not available	ICCP	Department of Health. (2017). National Cancer Strategy 2017-2026. https://www.gov.ie/en/system/uploads/attachment_data/file/342148/nscs-2017-2026.pdf	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Share of 11- and 15-year-olds meeting WHO recommended daily physical activity	Europe (2018), Belgium (2018), Bulgaria (2018), Ireland (2018), Italy (2018), North Macedonia (2018), Portugal (2018), Romania (2018)	Health Behaviour in School-aged Children (HBSC) surveys	n/a	Information not available	n/a	n/a	Information not available	OECD	OECD. & European Union. (2020). Health at a Glance Europe 2020. OECD. https://doi.org/10.1787/292930	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Trends in physical activity among 11-, 13- and 15-year-olds	Europe (2018), Belgium (2018), Bulgaria (2018), Ireland (2018), Italy (2018), North Macedonia (2018), Portugal (2018), Romania (2018)	Health Behaviour in School-aged Children (HBSC) surveys	n/a	Information not available	n/a	n/a	Information not available	OECD	OECD. & European Union. (2020). Health at a Glance Europe 2020. OECD. https://doi.org/10.1787/292930	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Moderate-to-vigorous physical activity, 11- and 15-year-olds	Europe (2018), Belgium (2018), Bulgaria (2018), Ireland (2018), Italy (2018), North Macedonia (2018), Portugal (2018), Romania (2018)	Daily moderate-to-vigorous physical activity, 11- and 15-year-olds. Health Behaviour in School-aged Children (HBSC) surveys	n/a	Information not available	n/a	n/a	Information not available	OECD	OECD. & European Union. (2020). Health at a Glance Europe 2020. OECD. https://doi.org/10.1787/292930	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Estimated increase in % adults physically active (moderate or vigorous activity)	Global (2018)	Information not available	n/a	Information not available	n/a	n/a	Information not available	PubMed	Capewell, S., & Capewell, A. (2018). An effectiveness hierarchy of preventive interventions: Neglected paradigm or self-evident truth? In <i>Journal of Public Health</i> (London, England), 40, issue 2, pp. 190-198. Oxford University Press. https://doi.org/10.1093/pub/adv005	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Levels of total physical activity according to recommendations	Global (2020), Moldova (2013)	STEPwise approach to NCD risk factor surveillance (STEPs)	n/a	Percentage of respondents classified as having low, moderate, and high levels of physical activity in the past week (high includes a person meeting any of the following criteria in this category: <ul style="list-style-type: none"> *Vigorous intensity activity on at least 3 days achieving a minimum of at least 1,500 MET-minutes/week OR *7 or more days of any combination of walking, moderate- or vigorous-intensity activities achieving a minimum of at least 3,000 MET-minutes per week. <ul style="list-style-type: none"> *Moderate: A person not meeting the criteria for the "high" category, but meeting any of the following criteria in this category: <ul style="list-style-type: none"> *3 or more days of vigorous-intensity activity of at least 20 minutes per day OR *5 or more days of moderate-intensity activity or walking of at least 30 minutes per day OR *5 or more days of any combination of walking, moderate- or vigorous-intensity activities achieving a minimum of at least 500 MET-minutes per week. *Low: A person not meeting any of the above mentioned criteria falls in this category) 	n/a	n/a	Information not available	WHO	World Health Organization. (2020). WHO STEPS noncommunicable disease risk factor survey. https://bit.ly/3m5d0c0/default-source/ncd-surveillance/instruments-section-3c-abstracts-template-v2-2.pdf?rev=9f94993_2_AND World Health Organization. (2013). Prevalence of noncommunicable disease risk factors in the Republic of Moldova: STEPS 2013. https://doi.org/10.1186/1475-2875-13-101	Proposed to monitor or evaluate a policy

Population frequency/behaviour	Percentage	Physical activity	Composition of total physical activity	Global (2020), Moldova (2011), Ukraine (2019)	STEPwise approach to NCD risk factor surveillance (STEPS). Percentage of work, transport and recreational activity contributing to total activity.	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organisation. (2020). WHO STEPS Noncommunicable Disease Risk Factor Survey https://bit.ly/3m7h4k0 (accessed 10/05/2022). https://www.who.int/news-room/fact-sheets/detail/physical-activity AND World Health Organisation. (2011). Prevalence of noncommunicable disease risk factors in the republic of Moldova. STEPS 2011. https://doi.org/10.2471/BLT.101984	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Percentage	Physical activity	Measurement of the work-related physical activity level according to different levels of physical effort.	Europe (2021)	Information not available	n/a	Information not available	n/a	n/a	Information not available	FIN	Garcia-Rosa, L., Mensink, G. B. M., Fieger, J. D., Schenkewitz, A., Do, S., Wolken, M., Stanley, L., Abu Omar, K., Wozniakowska-Tobis, K., Woods, C. E., Murray, C., Ahrens, W., & Hebestreit, A. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 18(1). https://doi.org/10.1186/s12966-021-01111-0 AND Hebestreit, A., Do, S., Wolken, M., Mensink, G. B. M., Garcia-Rosa, L., Abu-Omar, K., Mensink, G., Neumann-Probst, A., Wozniakowska-Tobis, K., Liu, N., Stanley, L., Ahrens, W., & Murray, C. (2022). Towards a harmonised European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32(4), 922–931. https://doi.org/10.1093/ejpub/ckab051	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Percentage of population sufficiently physically active	Global (2021)	WHO GHAQ Items P10-13. This refers to the share of the population that participates with some regularity in sports, fitness or active recreation	n/a	Refers to percentage of entire population that meets WHO recommended levels of physical activity	n/a	n/a	Information not available	WHO	World Health Organisation. (2021). Global Physical Activity Dashboard (GPAQ) https://www.who.int/publications/m/item/global-physical-activity-questionnaire	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Percentage of population who participate with some regularity in sport, fitness and active recreation	Global (2021)	WHO GHAQ Items P10-13. This indicator measures all forms of physical activity, including sport, recreation and leisure but also work, home and transport-related activity (as per GHAQ).	n/a	Observed through WHO GHAQ items P10-13. This indicator measures all forms of physical activity, including sport, recreation and leisure but also work, home and transport-related activity (as per GHAQ).	Refers to percentage of entire population that meets WHO recommended levels of physical activity through organised sport, fitness and active recreation to physical activity levels	n/a	n/a	WHO	World Health Organisation. (2021). Global Physical Activity Dashboard (GPAQ) https://www.who.int/publications/m/item/global-physical-activity-questionnaire	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Percentage of persons with disabilities who actively participate in sport, fitness and active recreation	Global (2021)	WHO GHAQ Items P10-13. Refers to percentage of people with a disability who participate in moderate and/or vigorous intensity sports, fitness or recreational (leisure) activities. Activities that need to involve some level of physical effort	n/a	Observed through WHO GHAQ items P10-13. Refers to percentage of people with a disability who participate in moderate and/or vigorous intensity sports, fitness or recreational (leisure) activities. Activities that need to involve some level of physical effort	Refers to percentage of people with a disability who participate in moderate and/or vigorous intensity sports, fitness or recreational (leisure) activities.	n/a	n/a	WHO	World Health Organisation. (2021). Global Physical Activity Dashboard (GPAQ) https://www.who.int/publications/m/item/global-physical-activity-questionnaire	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Proportion of children who conduct physical activity with their parents at least one hour per week	Europe (2021)	Information not available	n/a	Information not available	n/a	n/a	Information not available	FIN	Garcia-Rosa, L., Mensink, G. B. M., Fieger, J. D., Schenkewitz, A., Do, S., Wolken, M., Stanley, L., Abu Omar, K., Wozniakowska-Tobis, K., Woods, C. E., Murray, C., Ahrens, W., & Hebestreit, A. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 18(1). https://doi.org/10.1186/s12966-021-01111-0 AND Garcia-Rosa, L., Abu Omar, K., Mensink, G. B. M., Garcia-Rosa, L., Wozniakowska-Tobis, K., Liu, N., Stanley, L., Ahrens, W., & Murray, C. (2022). Towards a harmonised European surveillance for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32(4), 922–931. https://doi.org/10.1093/ejpub/ckab051	Monitoring
Population frequency/behaviour	Percentage	Physical activity	Frequency of exercise or playing sport	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2021), Portugal (2022), Romania (2022)	European Health Interview Survey (Eurostat).	n/a	Information not available	n/a	n/a	Information not available	EU	European Commission. (2022). Sport and Physical Activity. Special Eurobarometer 525 – Sport and Physical Activity. https://doi.org/10.2760/52544 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Belgium factsheet. https://ecropa.eu/eurobarometer/survey/details/525 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Bulgaria factsheet. https://ecropa.eu/eurobarometer/survey/details/525 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Ireland factsheet. https://ecropa.eu/eurobarometer/survey/details/525 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Italy factsheet. https://ecropa.eu/eurobarometer/survey/details/525 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Portugal factsheet. https://ecropa.eu/eurobarometer/survey/details/525 AND European Commission. (2022). Special Eurobarometer 525. Sport and physical activity. Romania factsheet. https://ecropa.eu/eurobarometer/survey/details/525	Monitoring

Population frequency/behavior	Percentage	Physical activity	Frequency of engaging in physical activity outside sport	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	European health Interview Survey (Eurostat)	n/a	Information not available	n/a	n/a	Information not available	EU	European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Belgium factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Bulgaria factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Ireland factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Italy factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Portugal factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Romania factsheet.	Monitoring
Population frequency/behavior	Percentage	Physical activity	Levels of physical activity	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	European health Interview Survey (Eurostat)	n/a	Information not available	n/a	n/a	Information not available	EU	European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Belgium factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Bulgaria factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Ireland factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Italy factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Portugal factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Romania factsheet.	Monitoring
Population frequency/behavior	Percentage	Sports	Impact of covid-19 on sport frequency	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	Information not available	n/a	Information not available	n/a	n/a	Information not available	EU	European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Belgium factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Bulgaria factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Ireland factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Italy factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Portugal factsheet. European Commission (2022), Special Eurobarometer 525: Sport and physical activity, Romania factsheet.	Monitoring
Population frequency/behavior	Percentage	Physical activity	Physical activity practice rate	Global (2022)	Survey for Intensity of regular activity (vigorous 3 days or more a week, moderate 5 days a week or more)	n/a	Information not available	n/a	n/a	Information not available	Published	Ragupathi, V., Jiang, J. X., Kwon, S. K., Kim, J. H., Park, Y. S., Chou, M. (2022). A mapping review on population-centered indicators for cancer care optimization. <i>International health</i> 10.1093/ije/dyab008	Monitoring
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Percentage of adults with low levels of physical activity (i.e. < 600 MET* minutes per week)	Global (2020)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (NDAAG)	n/a	600 metabolic equivalent minutes (MET minutes) of physical activity – the equivalent of 100 minutes of brisk walking or 150 minutes of moderate intensity physical activity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2020). <i>World global strategy on diet, physical activity and health</i>. Geneva: World Health Organization. World Health Organization. (2020). <i>World global strategy on diet, physical activity and health</i>. Geneva: World Health Organization.	Proposed to monitor or evaluate a policy	
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Prevalence of insufficient physical activity among adults aged 18+ years (%)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Prevalence of insufficient physical activity among adults aged 18+ years (%). Percent of adult population averaging less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent	n/a	Proportion of individuals aged 18+ years that self-reported less than the recommended physical activity in the population aged 18+ years that responded to the survey	n/a	n/a	Information not available	WHO	World Health Organization. (2016). <i>Prevalence of insufficient physical activity among adults aged 18+ years (age-standardized estimates)</i> (%). The Global Health Observatory. https://www.who.int/dietphysicalactivity	Monitoring
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Prevalence of insufficient physical activity among school-going adolescents aged 11-17 years (%)	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Prevalence of insufficient physical activity among school-going adolescents aged 11-17 years (%). Percent of school-going adolescents not meeting WHO recommendations on Physical Activity for health, i.e. doing less than 60 minutes of moderate to vigorous-intensity physical activity daily	n/a	Proportion of individuals between 11 and 17 years that self-reported less than the recommended physical activity in the population between 11 and 17 years that responded to the survey	n/a	n/a	Information not available	WHO	World Health Organization. (2016). <i>Prevalence of insufficient physical activity among school-going adolescents aged 11-17 years</i>. The Global Health Observatory. https://www.who.int/dietphysicalactivity	Monitoring
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Prevalence of insufficient physical activity in older people aged 70 or over. Percent of adult population averaging less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent	Global (2016), Europe (2016), Belgium (2016), Bulgaria (2016), Ireland (2016), Italy (2016), Montenegro (2016), Moldova (2016), North Macedonia (2016), Portugal (2016), Romania (2016), Ukraine (2016)	Prevalence of insufficient physical activity in older people aged 70 or over. Percent of adult population averaging less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent	n/a	Proportion of individuals aged 70 or older that self-reported less than the recommended physical activity in the population aged 70 or older that responded to the survey	n/a	n/a	Information not available	WHO	World Health Organization. (2016). <i>Prevalence of insufficient physical activity in older people aged 70 or over</i>. The Global Health Observatory. https://www.who.int/dietphysicalactivity	Monitoring
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Prevalence of insufficient physical activity	Global (2020), Moldova (2013), Ukraine (2019)	Insufficient physical activity, STROBE approach to ICD-10 risk factor surveillance (STROBE). Percentage of respondents not meeting WHO recommendations on physical activity for health (respondents doing less than 150 minutes of moderate-intensity physical activity per week, or equivalent)	n/a	For the calculation of the categorical indicator on the recommended amount of physical activity for health, the total time spent on physical activity during a typical week, including activity for work, during transport and leisure time, adults should do at least 150 minutes of moderate-intensity physical activity OR 75 minutes of vigorous-intensity physical activity OR An equivalent combination of moderate- and vigorous-intensity physical activity achieving at least 600 MET-minutes (Metabolic Equivalent Minutes)	n/a	n/a	Information not available	WHO	World Health Organization. (2020). <i>WHO STEPS surveillance framework: Global Report 2020</i> https://www.who.int/dietphysicalactivity https://www.who.int/dietphysicalactivity https://www.who.int/dietphysicalactivity https://www.who.int/dietphysicalactivity	Monitoring
Population frequency/behavior	Percentage	Insufficient physical activity/yesterdays	Percentage of the population insufficiently physically active.	Global (2021)	Percentage of the population insufficiently physically active.	n/a	Information not available	n/a	n/a	Information not available	WHO	World Health Organization. (2021). <i>Global Physical Activity Questionnaire (GPAQ)</i> https://www.who.int/dietphysicalactivity	Proposed to monitor or evaluate a policy

Physical activity: Population frequency/ behaviour (domain) and Time and Number of days (subdomains)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	Time	Physical activity	Total moderate-vigorous physical activity (min/week)	Global (2019)	Total moderate-vigorous physical activity (min/week) divided into three categories: >30, 15-30 and <15	n/a	Information not available	n/a	n/a	Information not available	Pubmed	Sharma-White, M. M., Naranjo, D., Mirza, F., Reedy, J., Bender, A., & Brockton, N. T. (2020). Further Guidance in Implementing the Standardized 2018 World Cancer Research Fund Physical Activity Guidelines. https://doi.org/10.1016/j.ypres.2020.101339	Monitoring
Population frequency/ behaviour	Number of days	Physical activity	Number of days with Physical Education (PE) classes per week	Global (2020)	STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Number of days	Physical activity	Number of days walking or riding a bicycle to or from school per week	Global (2020)	STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Number of days	Physical activity	Number of days doing exercises to strengthen tone or muscles per week	Global (2020)	STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Number of days	Physical activity	Number of days being physically active (at least 30minutes per day) per week	Global (2020)	STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Time	Physical activity	Total physical activity mean. STEPwise approach to NCD risk factor surveillance (STEPS). Mean minutes of total physical activity on average per day	Global (2020), Ukraine (2019)	Total physical activity mean. STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Time	Physical activity	Total physical activity median. STEPwise approach to NCD risk factor surveillance (STEPS).	Global (2020), Moldova (2013), Ukraine (2019)	Total physical activity median. STEPwise approach to NCD risk factor surveillance (STEPS).	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Time	Physical activity	Domain specific physical activity median	Global (2020), Moldova (2013), Ukraine (2019)	STEPwise approach to NCD risk factor surveillance (STEPS). Median minutes spent in work, transport and recreation related physical activity on average per day	n/a	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Time	Physical activity	Total time spent with physical activity per week	Europe (2021)	Information not available	n/a	Information not available	information not available	n/a	Information not available	PEN	https://www.euro.who.int/en/health-topics/physical-activity/essentials/physical-activity-and-health	Monitoring
Population frequency/ behaviour	Time	Physical activity	Staying time at work/in kindergarten/school/university, during transportation in a car/bus and in leisure-time.	Europe (2021)	Information not available	n/a	Information not available	information not available	n/a	Information not available	PEN	https://www.euro.who.int/en/health-topics/physical-activity/essentials/physical-activity-and-health	Monitoring
Population frequency/ behaviour	Time	Physical activity	Time spent walking in order to get to and from places in a typical week.	Europe (2021)	Information not available	n/a	Information not available	information not available	n/a	Information not available	PEN	https://www.euro.who.int/en/health-topics/physical-activity/essentials/physical-activity-and-health	Monitoring
Population frequency/ behaviour	Time	Physical activity	Time spent cycling in order to get to and from places in a typical week.	Europe (2021)	Information not available	n/a	Information not available	information not available	n/a	Information not available	PEN	https://www.euro.who.int/en/health-topics/physical-activity/essentials/physical-activity-and-health	Monitoring
Population frequency/ behaviour	Time	Physical activity	Time spent on physical activity among adults	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	European health Interview Survey (Eurostat). Adults that reported to perform at least 30 minutes of (non-work related) physical activity per week on average across EU countries	n/a	Information not available	n/a	n/a	Information not available	EU	https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=sdg-3.6.2&plugin=1	Monitoring
Population frequency/ behaviour	Time	Insufficient physical activity/sedentarian	Sedentary	Global (2020), Moldova (2013), Ukraine (2019)	STEPwise approach to NCD risk factor surveillance (STEPS). Minutes spent in sedentary activities on a typical day	By sex and age groups	Information not available	n/a	n/a	Information not available	WHO	https://bit.ly/3u31111	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Time	Insufficient physical activity/sedentarian	Time spent sitting	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	European health Interview Survey (Eurostat).	n/a	Information not available	n/a	n/a	Information not available	EU	https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=sdg-3.6.2&plugin=1	Monitoring

Physical activity: Health Risks and Outcomes (domain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risk and outcomes	Percentage	Overweight/obesity	Reduction in the percentage of overweight and obese adults (i.e. body mass index (BMI) ≥ 25 and BMI ≥ 30) in a targeted population participating in a healthy diet and physical activity intervention programme	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	WHO	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS17.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS).	Information not available	WHO	https://www.who.int/dietphysicalactivity/global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Health risk and outcomes	Percentage	Blood pressure	Percentage of adults with raised blood pressure (BP) (i.e., systolic (SBP) ≥ 140 and/or diastolic (DBP) ≥ 90 mmHg)	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	WHO	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS17.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS).	Information not available	WHO	https://www.who.int/dietphysicalactivity/global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Health risk and outcomes	Percentage	Cholesterol	Percentage of adults with raised total cholesterol (i.e. ≥ 5.2 mmol/L)	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	WHO	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS17.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS).	Information not available	WHO	https://www.who.int/dietphysicalactivity/global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Policy and legislation	National policy/Action plan/ Strategies	Walking, cycling or public transport	Percentage of communities with formal transportation plan listing walking and bicycling as priorities	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Physical activity	National recommendation on physical activity for health	Europe (2013)	Obtained through: WHO Regional Office for Europe's Nutrition, Obesity and Physical Activity (NOPA)	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013O0310	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Physical activity	National coordination mechanism on NEPA promotion	Europe (2013)	Obtained through: WHO/EU Monitoring project	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013O0311	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Physical activity	Funding allocated specifically to NEPA promotion	Europe (2013)	Obtained through: monitoring by Expert Group 'Sport, Health and Participation'	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013O0312	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Sports	National sport for all policy and/or action plan	Europe (2013)	Obtained through: WHO Regional Office for Europe's Nutrition, Obesity and Physical Activity (NOPA)	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013O0313	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies		Framework to support opportunities to increase access to recreational or exercise facilities for low socio-economic groups	Europe (2013)	Obtained through: WHO/EU Monitoring project	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013O0314	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies		Percentage of ongoing applied research projects in community-based pilot projects and evaluation of different policies and interventions	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies		Existence of cost-benefit calculations for specific interventions	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAS)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHAS.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAS)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Physical activity	National recommendations on physical activity for health	Europe (2011)	Obtained through: WHO NCD Country Capacity Survey	n/a	Information not available	n/a	n/a	Information not available	PEN	Garcia-Rosa, L., Mensink, G. B. M., Frerj, J. D., Schenckweiler, A., Do, S., Wolfers, M., Stawley, L., Abu-Dhar, A., Wozniakowska-Tobis, K., Wroble, C. B., Murray, C., Ahrens, W., & Hebestreit, A. (2011). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. International Journal of Behavioral Nutrition and Physical Activity, 2(11). http://dx.doi.org/10.1186/1475-2875-2-1111-0-AND	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Physical activity	Settings included in the delivery of specific health-enhancing physical activity actions	Europe (2011)	Obtained through: HEPA PAT	n/a	Information not available	n/a	n/a	Information not available	PEN	Garcia-Rosa, L., Mensink, G. B. M., Frerj, J. D., Schenckweiler, A., Do, S., Wolfers, M., Stawley, L., Abu-Dhar, A., Wozniakowska-Tobis, K., Wroble, C. B., Murray, C., Ahrens, W., & Hebestreit, A. (2011). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. International Journal of Behavioral Nutrition and Physical Activity, 2(11). http://dx.doi.org/10.1186/1475-2875-2-1111-0-AND	Monitoring
Policy and legislation	National policy/Action plan/ Strategies	Sports	Settings where citizens engage in sport or other physical activity	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	Information not available	n/a	Information not available	n/a	n/a	Information not available	EU	LANE, R. European Commission. (2022). Sport and Physical Activity. Special Eurobarometer 525. https://ec.europa.eu/eurobarometer/survey-detail/2022/Special-Eurobarometer-525-Sport-and-physical-activity-Belgium-factsheet	Monitoring

Physical activity: Policy and legislation(domain) and Existence of guidelines (subdomain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Existence of guidelines	Physical activity	Existence of national guidelines for physical activity	Global (2022)	Existence of national guidelines for physical activity. NCD country capacity survey.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2013	WHO	World Health Organization. (2022). Existence of national guidelines for physical activity. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Existence of guidelines	Physical activity		Global (2022), Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Existence of national guidelines for physical activity for children under 5. NCD country capacity survey.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2013	WHO	World Health Organization. (2022). Existence of national guidelines for physical activity for children under 5. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-children	Proposed to monitor or evaluate a policy
Policy and legislation	Existence of guidelines	Physical activity		Global (2022)	Existence of national guidelines for physical activity for children and adolescents aged 5-18. NCD country capacity survey.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2013	WHO	World Health Organization. (2022). Existence of national guidelines for physical activity for children and adolescents aged 5-18. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-children	Proposed to monitor or evaluate a policy
Policy and legislation	Existence of guidelines	Physical activity		Global (2022), Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Existence of national guidelines for physical activity for adults. NCD country capacity survey.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2013	WHO	World Health Organization. (2022). Existence of national guidelines for physical activity for adults. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-adults	Proposed to monitor or evaluate a policy
Policy and legislation	Existence of guidelines	Physical activity		Global (2022), Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Existence of national guidelines for physical activity for older adults. NCD country capacity survey.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2013	WHO	World Health Organization. (2022). Existence of national guidelines for physical activity for older adults. The Global Health Observatory. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-guidelines-for-physical-activity-for-older-adults	Proposed to monitor or evaluate a policy

Physical activity: Policy and legislation(domain) and Countries evaluation (subdomain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Countries evaluation	Walking, cycling or public transport	% of countries with national policy on walking and/or cycling	Global (2017)	WHO Global Status Report on Road Safety: Respondents' Questionnaire. Country has national policy on walking and/or cycling.	n/a	Categorical variable: WHO Global Status Report on Road Safety: Respondents' Questionnaire.	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Every three years	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Walking, cycling or public transport	% of countries with national policies and investment in increasing access to public transport	Global (2017)	WHO Global Status Report on Road Safety: Respondents' Questionnaire. Country has policy and investment in increasing access to public transport	n/a	Categorical variable: WHO Global Status Report on Road Safety: Respondents' Questionnaire.	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Every three years	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Walking, cycling or public transport	% of countries with design standards for: marking speed where pedestrians and cyclists are present; safe crossings for pedestrians and cyclists; and separation of pedestrians and cyclists from vehicular traffic	Global (2017)	WHO Global Status Report on Road Safety: Respondents' Questionnaire. Country has road design standards for: marking speed where pedestrians and cyclists are present; safe crossings for pedestrians and cyclists; and separation of pedestrians and cyclists from vehicular traffic.	n/a	Categorical variable: WHO Global Status Report on Road Safety: Respondents' Questionnaire.	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Every three years	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Walking, cycling or public transport	% countries with national (predefined) protocols/standards for management of physical inactivity in primary health care	Global (2022)	NCD country capacity survey	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Biennially since 2013	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation		% of countries applying mHealth in NCD prevention and management	Global (2021)	NCD country capacity survey	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Biennially since 2013	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries with national target(s) for physical activity	Global (2021)	NCD country capacity survey	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Biennially since 2013	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation		Insufficient physical activity¹: sedentary	Global (2022)	NCD country capacity survey	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global action plan on physical activity (SAPPA) monitoring framework	Biennially since 2011	WHO	World Health Organization. (2022). Web Annex. Global action plan on physical activity monitoring framework, indicators and data dictionary. In Global status report on physical activity. World Health Organization. https://www.who.int/publications/item/9789240095177	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries that have implemented national community-wide public education and awareness campaigns on physical activity in the past 2 years.	Global (2022), Europe (2022)	NCD country capacity survey. Country has completed at least one recent national public awareness programme on physical activity (defined as within the last 2 years)	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2011	WHO	World Health Organization. (2021). Assessing national capacity for the prevention and control of noncommunicable diseases Report of the 2021 global survey. https://iris.who.int/bitstream/handle/10665/130421/9/78924001288-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries that have implemented national physical activity campaigns for physical activity with community links.	Global (2022), Europe (2022)	NCD country capacity survey. Country has completed a national campaign on physical activity (defined as using mass media channels and including links to community programmes or environmental supports)	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2011	WHO	World Health Organization. (2021). Assessing national capacity for the prevention and control of noncommunicable diseases Report of the 2021 global survey. https://iris.who.int/bitstream/handle/10665/130421/9/78924001288-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries that have implemented national physical activity campaigns for physical activity which includes supportive environment links.	Global (2022), Europe (2022)	NCD country capacity survey. Country has completed a national campaign on physical activity (defined as using mass media channels and including environmental changes or supports)	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2011	WHO	World Health Organization. (2021). Assessing national capacity for the prevention and control of noncommunicable diseases Report of the 2021 global survey. https://iris.who.int/bitstream/handle/10665/130421/9/78924001288-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries which have conducted a public education and awareness campaign focused on promoting the co-benefits of physical activity.	Global (2022), Europe (2022)	NCD country capacity survey. Country has conducted public education and awareness campaign focused on promoting the co-benefits of physical activity. Co-benefits of physical activity refer to social (better social cohesion through physical activity), environmental (such as reducing the carbon footprint) or helping climate change) and economic benefits of physical activity (such as reduced sick leaves or more active at work and hence, increase productivity), in addition to the health benefits.	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2011	WHO	World Health Organization. (2021). Assessing national capacity for the prevention and control of noncommunicable diseases Report of the 2021 global survey. https://iris.who.int/bitstream/handle/10665/130421/9/78924001288-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	% of countries which have conducted at least one free mass participation event on physical activity	Global (2022), Europe (2022)	NCD country capacity survey. Country has completed at least one recent (with the last 2 years) free national or subnational mass participation events to encourage physical activity for the general community (people of all ages and abilities)	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	NCD prevention and control	WHO Global Monitoring Framework for NCDs	Biennially since 2011	WHO	World Health Organization. (2021). Assessing national capacity for the prevention and control of noncommunicable diseases Report of the 2021 global survey. https://iris.who.int/bitstream/handle/10665/130421/9/78924001288-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Policy and legislation	Countries evaluation	Physical activity	MOWING policy index: Framework for policy measurement on physical activity	Global (2023), Europe (2023), Belgium (2023), Bulgaria (2023), Ireland (2023), Italy (2023), Portugal (2023), Romania (2023)	Assessment of national government policy actions on nutrition across 10 areas: Nutrition label standards and regulations on the use of claims and implied claims on food; Offer healthy food and set standards in public institutions and other specific settings; Use economic tools to address food affordability and purchase incentives; Restrict food advertising and other forms of commercial promotion; Improve nutritional quality of the whole food supply; Set incentives and rules to create a healthy retail and food service environment; Harness food supply chain and actions across sectors to ensure coherence with health; Inform people about food and nutrition through public awareness; Nutrition advice and counselling in health care settings; and Give nutrition education and skills.	n/a	Assessment of national government policy actions on nutrition across 10 areas. An overall index score was not calculated because the number of benchmarks is not distributed equally across the policy areas.	Cancer prevention	Assessment of national policies on physical activity	Information not available	WCFP	World Cancer Research Fund (2023). The development of the NCD-RISING and MOWING benchmarking tools to monitor and evaluate national governments' nutrition and physical activity policies to address obesity in the European region. https://www.wcrf.org/policy/nutrition-policy/	Proposed to monitor or evaluate a policy

Physical activity: Policy and legislation(domain) and NGO's and Private sector (subdomains)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	NGO's	Physical activity	Number of NGOs working on diet and/or physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	NGO's	Physical activity	Active NGO participation in the implementation of the national policy on diet and physical activity.	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	NGO's	Physical activity	NGOs represented in the national coordination mechanism or expert advisory board set up to develop and implement diet and physical activity policies and plans	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	NGO's	Physical activity	Existence of networks and action groups formed by NGOs to promote physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Number of companies implementing the national policy on healthy diet and physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Number of companies engaging in activities related to diet and/or physical activity with the relevant government sectors	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Number of national projects promoting healthy diet and physical activity funded by industry	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Number of public-private partnerships promoting healthy diet and physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Percentage of nationally-represented companies having a corporate social responsibility policy that includes a diet and physical activity dimension in line with national policies and priorities	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Policy and legislation	Private sector	Physical activity	Percentage of private companies supporting physical activity promotion campaigns nationally.	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAAG)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAAG)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. a framework to monitor and evaluate implementation. https://www.who.int/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Physical activity: Monitoring systems and data collection (domain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection		Physical activity	Percentage of workplaces conducting health risk assessment of employees and collecting information related to diet, physical activity patterns, body mass index and blood pressure	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Specific budget line allocated for monitoring and evaluation of dietary habits and physical activity patterns and DPAH implementation	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Monitoring and surveillance system in place to measure energy, output and outcome indicators	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	National surveillance system in place to measure energy, food and nutrient intake, dietary habits, physical activity patterns and anthropometrical data	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Utilisation of valid, reliable, standard instruments such as OPAQ (Global Physical Activity Questionnaire), STEPS (WHO STEPS approach to chronic disease risk factor surveillance) or PQAQ (International Physical Activity Questionnaire)	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Participation of NGOs in monitoring progress of DPAH implementation and the number of partnerships formed for the implementation of national programmes on diet and physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Percentage of diet and physical activity interventions that include baseline surveys and post-evaluation	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Monitoring systems and data collection		Physical activity	Monitoring and surveillance of physical activity	Europe (2013)	European	n/a	Categorical variable	Physical inactivity trend in Europe	Implementation of the proposed Council Recommendation on health-enhancing physical activity (HEPA)	Information not available	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines. Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R0311	Proposed to monitor or evaluate a policy

Physical activity: Knowledge, Awareness, Beliefs, Opinions and Attitudes (domain)

Indicator domain	Performance indicator sub-Domain	Topic	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Number of awareness-raising activities for consumers performed by NGOs	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Percentage of companies engaged in diet and physical activity education campaigns in accordance with national guidelines	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Existence of physical activity awareness programmes at schools	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Percentage of teachers attending training courses on physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Provision of counselling on diet and physical activity, by a qualified professional, included in the national primary health care plan	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Percentage of government health facilities offering diet and physical activity counselling	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Relevant diet and physical activity content integrated into university curricula for health professionals	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Percentage of the population offered advice on physical activity by primary care team	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Percentage of the population recalling the message from communication campaigns or strategies on healthy diets and physical activity	Global (2008)	Indicators suggested to assess the recommended actions for Member States included in the Global Strategy on Diet, Physical Activity and Health, including National dietary and physical activity guidelines (DPAH)	n/a	Information not available	Reduce the prevalence of noncommunicable diseases and the risks related to unhealthy diet and physical inactivity	Resolution WHA57.17 of the World Health Assembly (WHA) endorsing WHO Global Strategy on Diet, Physical Activity and Health (DPAH)	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and health. Framework to monitor and evaluate implementation. https://www.paho.org/documents/who-framework-monitor-and-evaluate-implementation-global-strategy-diet-physical-activity	Proposed to monitor or evaluate a policy

Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Percentage of the population aware of the health benefits of physical activity (including maintaining a healthy weight)	Global (2008)	Indicators suggested to assess the noncommunicable diseases and the risk related to unhealthy diet and physical inactivity	Information not available	Information not available	WHO	World Health Organization. (2008). WHO global strategy on diet, physical activity and obesity. Framework to monitor and evaluate implementation. http://www.who.int/dietphysicalactivity/framework_monitor_and_evaluate_implementation.pdf	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Training on physical activity in curriculum for health professionals	Europe (2013)	Obtained through: WHO/ECA Monitoring project	Information not available	Physical inactivity trend in Europe	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines. Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013D0310	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Counselling on physical activity	Europe (2013)	Obtained through: WHO/ECA Monitoring project	Information not available	Physical inactivity trend in Europe	EUR-Lex	European Commission. (2013). A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines. Accompanying the document Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. In European Commission. European Commission. http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013D0311	Proposed to monitor or evaluate a policy
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Proportion of people aware of physical activity programmes organized by the community	Europe (2011)	Information not available	Information not available	Information not available	FSN	Garcia-Rosa, L., Mensink, G. B. M., Friger, J. D., Schenkiewicz, A., Do, S., Wolfers, M., Stanley, L., Abu Omar, K., Winczorekowska-Tobis, K., Woods, C. B., Murray, C., Ahrens, W., & Heidecker, A. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 9(1). https://doi.org/10.1186/14752875-9-113	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Proportion of people who see others being active in their neighbourhood	Europe (2011)	Information not available	Information not available	Information not available	FSN	Garcia-Rosa, L., Mensink, G. B. M., Friger, J. D., Schenkiewicz, A., Do, S., Wolfers, M., Stanley, L., Abu Omar, K., Winczorekowska-Tobis, K., Woods, C. B., Murray, C., Ahrens, W., & Heidecker, A. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 9(1). https://doi.org/10.1186/14752875-9-113	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Proportion of people (all age groups) who receive significant social support from friends, colleagues, partners, parents, other relatives to be physically active	Europe (2011)	Information not available	Information not available	Information not available	FSN	Garcia-Rosa, L., Mensink, G. B. M., Friger, J. D., Schenkiewicz, A., Do, S., Wolfers, M., Stanley, L., Abu Omar, K., Winczorekowska-Tobis, K., Woods, C. B., Murray, C., Ahrens, W., & Heidecker, A. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 9(1). https://doi.org/10.1186/14752875-9-113	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Proportion of people who are aware of physical activity programmes and physical activity events organized by the community	Europe (2011)	Information not available	Information not available	Information not available	FSN	Garcia-Rosa, L., Mensink, G. B. M., Friger, J. D., Schenkiewicz, A., Do, S., Wolfers, M., Stanley, L., Abu Omar, K., Winczorekowska-Tobis, K., Woods, C. B., Murray, C., Ahrens, W., & Heidecker, A. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 9(1). https://doi.org/10.1186/14752875-9-113	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes	Physical activity	Proportion of young people who receive supervision from education teachers to be physically active	Europe (2011)	Information not available	Information not available	Information not available	FSN	Garcia-Rosa, L., Mensink, G. B. M., Friger, J. D., Schenkiewicz, A., Do, S., Wolfers, M., Stanley, L., Abu Omar, K., Winczorekowska-Tobis, K., Woods, C. B., Murray, C., Ahrens, W., & Heidecker, A. (2012). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 9(1). https://doi.org/10.1186/14752875-9-113	Monitoring

Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Proportion of people who are aware of physical activity programmes or courses offered by the employer	Europe (2021)	Information not available	n/a	Information not available	Information not available	n/a	Information not available	PSN	Garcia-Rosa, L., Menéndez, G. E. B. M., Friger, J. D., Schenkowitz, A., Du, S., Wilkens, M., Slattery, L., Abu-Char, Y., Wozniakowska-Troba, K., Wood, C. B., Murray, C., Ahrens, W., & Fubini, A. (2021). Selection of key indicators for European policy monitoring and surveillance for dietary behaviour, physical activity and sedentary behaviour. <i>International Journal of Behavioral Nutrition and Physical Activity</i> , 18(1). https://doi.org/10.1186/s12966-021-01111-0 AND Menéndez, G. E. B., Wilkens, M., Ahrens, G. E. B., Garcia-Rosa, L., Abu-Char, Y., Meising, S., Neumann-Frahnholz, A., Wozniakowska-Troba, K., Lort, S., Slattery, L., Ahrens, W., & Murray, C. (2022). Towards a harmonised European specification for dietary and physical activity indicators in young and adult populations. <i>European Journal of Public Health</i> , 32(5), 921–925. https://doi.org/10.1093/ejpub/ckab068	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Implementation of physical activity public awareness program	Global (2021), Europe (2021), Belgium (2021), Bulgaria (2021), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021), Ukraine (2021)	NCD country capacity survey	n/a	Categorical variable: Official country response to the WHO NCD Country Capacity Survey	Information not available	n/a	biennially since 2013	WHO	World Health Organization. (2021). Implementation of physical activity public awareness program. <i>The Global Health Observatory</i> . https://www.who.int/data/stories/ncd-implementation-of-physical-activity-public-awareness-program	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Sports	Motivators and barriers to sport participation	Europe (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Portugal (2022), Romania (2022)	European health Interview Survey (Eurostat)	n/a	Information not available	n/a	n/a	n/a	EU	ECSTAT, & European Commission. (2022). Sport and Physical Activity. Sport and Fitnessbarometer 2022. Sport and Physical Activity. https://doi.org/10.2766/85568 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Belgium factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Bulgaria factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Ireland factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Italy factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Portugal factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Romania factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Ukraine factsheet. https://ecropa.eu/eurobarometer/survey/detail/2058 AND European Commission. (2022). Special Eurobarometer 525: Sport and physical activity. Romania factsheet.	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Physical activity	Physical activity attitude	Global (2022)	Information not available	n/a	Information not available	n/a	n/a	Information not available	PubMed	Radegryis, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.832464	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Sports	Reasons for non-participation in sports activities	Global (2022)	Information not available	n/a	Self-survey data	n/a	n/a	Information not available	PubMed	Radegryis, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.832464	Monitoring
Knowledge, Awareness, Beliefs, Opinions and Attitudes		Walking, cycling or public transport	Awareness rate walking course	Global (2022)	Survey or Interview questionnaire Participation rate of annual sports activity and community exercise program	n/a	Information not available	n/a	n/a	n/a	PubMed	Radegryis, V., Jiang, J. A., Kwon, J. A., Kim, J. H., Shin, J., & Chun, M. (2022). A scoping review on population-centred indicators for cancer care continuum. <i>Frontiers Public Health</i> , 10. https://doi.org/10.3389/fpubh.2022.832464	Monitoring

HPV: Population frequency/behaviour (domain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/behaviour	Vaccine coverage	Vaccination coverage targets in every region, country and community	Global (2020)	Information not available	N/A	Information not available	HPV and HPV - reach 90% national coverage and 80% in every district or equivalent administrative unit for all vaccines in national programmes, unless otherwise recommended	Global Vaccine Action Plan - By 2020, reach 90% national coverage and 80% in every district or equivalent administrative unit for all vaccines in national programmes, unless otherwise recommended	Information not available	WHO	World Health Organization. (2020). Global Vaccine Action Plan Monitoring. Operational annual report 2020. https://www.who.int/news-room/feature-stories/2020/03/2020-global-vaccine-action-plan-monitoring	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Number of girls vaccinated	Global (2014)	Information not available	N/A	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009-2011	2009-2011	Pubmed	Ladner, J., Benson, M. H., Rodriguez, M., Anderson, E., & Sabin, L. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009-2011. BMC Public Health, 14(670). https://doi.org/10.1186/1471-2458-14-670	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Number of girls completing the three-dose campaign	Global (2014)	Information not available	N/A	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009-2011	2009-2011	Pubmed	Ladner, J., Benson, M. H., Rodriguez, M., Anderson, E., & Sabin, L. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009-2011. BMC Public Health, 14(670). https://doi.org/10.1186/1471-2458-14-670	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Mean total number of girls vaccinated per program-month	Global (2014)	Information not available	N/A	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009-2011	2009-2011	Pubmed	Ladner, J., Benson, M. H., Rodriguez, M., Anderson, E., & Sabin, L. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009-2011. BMC Public Health, 14(670). https://doi.org/10.1186/1471-2458-14-670	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV immunisation coverage estimate among primary target cohort (9-14 years old girls) (%)	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Maldives (2022), North Macedonia (2022), Portugal (2022)	HPV immunisation coverage estimate among primary target cohort (9-14 years old girls) (%). The percentage of target population (girls) who have received the recommended doses of HPV vaccine in a given year. The vaccination coverage according to the national schedule and the programme's eligibility criteria for each calendar year.	N/A	N/A	N/A	N/A	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/listing.html?topic=coverage&location=global	Monitoring
Population frequency/behaviour	Vaccine coverage	HPV coverage among girls	Global (2020)	HPV vaccination coverage among girls before age 15 years (%). Proportion of girls that started vaccination before age 15 years and received full or final dose of HPV vaccine in the current reporting year.	By age, number of doses, residence type (rural/urban), other socioeconomic status	Number of girls in the current reporting year. Denominator: Number of girls in the national target cohort(s) (below age 15 years) in the current reporting year. Numerator: Number of girls in the current reporting year who received the recommended doses of HPV vaccine in the current reporting year. Data source: UN Population Division population annual estimates and forecasted populations.	Cervical cancer - 90% of girls fully vaccinated with HPV vaccine by 15 years of age	Global strategy to accelerate the elimination of cervical cancer as a public health problem - 2030 target: 90% of girls fully vaccinated with HPV vaccine by 15 years of age	Annually	WHO	World Health Organization. (2021). Framework for Monitoring the Implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. https://doi.org/10.1186/s12916-021-02149-9	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Vaccination coverage against HPV among girls at age 15. While coverage by birth cohort is commonly used, the addition of HPV-16 tests to also measure coverage in girls at age 15 as an indicator of net only uptake but also of timeliness of HPV vaccination.	Global (2021)	Information not available	N/A	Information not available	HPV	HPV National Immunisation Programs	Information not available	Pubmed	Bignardi, L., & Franceschi, S. (2021). Vaccination against HPV-16: coverage and uptake measurement. In Molecular Oncology (Vol. 15, Issue 3, pp. 770-778). John Wiley and Sons Ltd. https://doi.org/10.1002/mol.2021.150313008	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccine coverage among target population of girls. Eliminate cancers caused by human papillomaviruses through EU support for Member States on vaccination with the aim to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030 - 2021-2030	Europe (2020)	Information not available	N/A	Information not available	Cervical Cancer - By 2030 vaccinate at least 90% of the EU target population of girls	Europe's Beating Cancer Plan: Eliminate cancers caused by human papillomaviruses through EU support for Member States on vaccination with the aim to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030 - 2021-2030	Information not available	EUR-Lex	European Union. (2021). COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL: Europe's Beating Cancer Plan. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021DC0484&qid=164805246564	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccine coverage among boys. Eliminate cancers caused by human papillomaviruses through EU support for Member States on vaccination with the aim to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030 - 2021-2030	Europe (2020)	Information not available	N/A	Information not available	Cervical Cancer - By 2030 vaccinate at least 90% of the EU target population of girls	Europe's Beating Cancer Plan: Eliminate cancers caused by human papillomaviruses through EU support for Member States on vaccination with the aim to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030 - 2021-2030	Information not available	EUR-Lex	European Union. (2021). COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL: Europe's Beating Cancer Plan. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021DC0484&qid=164805246564	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Vaccination coverage against HPV among males	Global (2020)	Information not available	N/A	Information not available	HPV	HPV Vaccine Program for males	Information not available	Pubmed	Bohannon, L. M., Giuliano, A. E., Markowitz, L. E., Duma, E. F., & Galvin, G. S. (2018). Monitoring the impact of HPV vaccine in males: Considerations and challenges. <i>Vaccines</i> , 6(2), 1-11. https://doi.org/10.3390/v6020011	Proposed to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccination coverage, first dose. Target population who received the first dose of HPV vaccine in the reporting year	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Maldives (2022), North Macedonia (2022), Portugal (2022)	HPV vaccination coverage, first dose. Target population who received the first dose of HPV vaccine in the reporting year.	By females and males	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF core Reporting Form on immunisation (RFI)	HPV infections	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/listing.html?topic=coverage&location=global	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccination coverage, first dose. Target population who received the first dose of HPV vaccine in the reporting year	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Maldives (2022), North Macedonia (2022), Portugal (2022)	HPV vaccination coverage, first dose. Target population who received the first dose of HPV vaccine in the reporting year.	By females and males	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF core Reporting Form on immunisation (RFI)	HPV infections	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/listing.html?topic=coverage&location=global	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccination coverage, last dose. Target population who received the first dose of HPV vaccine in the reporting year	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Maldives (2022), North Macedonia (2022), Portugal (2022)	HPV vaccination coverage, last dose. Target population who received the first dose of HPV vaccine in the reporting year.	By females and males	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF core Reporting Form on immunisation (RFI)	HPV infections	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/listing.html?topic=coverage&location=global	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	HPV vaccination coverage by age 15, first dose. Population turning 15 in the reporting year that received any time between age 9-14 at least one dose of HPV vaccine	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Maldives (2022), North Macedonia (2022), Portugal (2022)	HPV vaccination coverage by age 15, first dose. Population turning 15 in the reporting year that received any time between age 9-14 at least one dose of HPV vaccine	By females and males	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF core Reporting Form on immunisation (RFI)	HPV infections	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/listing.html?topic=coverage&location=global	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Proportion of individuals who have been vaccinated recently (last 5 years) (%)	Europe (2019), Belgium (2019)	Information not available	N/A	Information not available	N/A	N/A	Information not available	Health Promotion and Disease Prevention Knowledge Gateway	European Commission. (2020). Special Eurobarometer 488 - Europeans' attitudes towards vaccination. https://doi.org/10.1016/08441	Monitoring
Population frequency/behaviour	Vaccine coverage	Vaccine Uptake Rate (VUR)	Global (2014)	The VUR was defined as the number of vaccinated girls that received a full course of vaccination (three doses) divided by the number of girls targeted for each program; the number of targeted girls was determined prior to implementation using available population, census and/or school enrollment data, among other sources. The speed of each vaccination program was estimated by calculating a VUR per program-month (p-m), which is defined as the number of girls completely vaccinated divided by the number of girls targeted and multiplied by the program duration period.	N/A	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009-2011	2009-2011	Pubmed	Ladner, J., Benson, M. H., Rodriguez, M., Anderson, E., & Sabin, L. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009-2011. BMC Public Health, 14(670). https://doi.org/10.1186/1471-2458-14-670	Used to monitor or evaluate a policy
Population frequency/behaviour	Vaccine coverage	Vaccine Adherence between the first and third doses (VA) rate	Global (2014)	The VA was defined as the number of girls receiving a full course of vaccination divided by the number of girls who received a first dose. VA was calculated between doses D2 and D1, D3 and D2, and D3 and D1. Adherence between D3 and D1 (VA D3-D1) was used as a metric of program effectiveness.	N/A	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009-2011	2009-2011	Pubmed	Ladner, J., Benson, M. H., Rodriguez, M., Anderson, E., & Sabin, L. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009-2011. BMC Public Health, 14(670). https://doi.org/10.1186/1471-2458-14-670	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and National policy/Action plan/ Strategies (subdomains)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Is a strategy for catch-up vaccination of unvaccinated individuals, or individuals with missed or delayed doses, addressed within the country's national immunisation policy?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Catch-up vaccination refers to vaccinating an individual who has missed routine vaccines on time as specified in the national immunisation schedule. This may be also referred to as "Late"/"Delayed"/"Defaulter"/"vaccination, or "Delayed"/"Late"/"Failed"/"down, depending on the national context."	n/a			WHO recommendations for routine immunisation	Annually	WHO	World Health Organization, & UNICEF. (2022). Catch-up vaccination. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/early_up.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Does the country have a catch-up vaccination strategy to address under-vaccination which was interrupted or delayed vaccination?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Catch-up vaccination refers to vaccinating an individual who has missed routine vaccines on time as specified in the national immunisation schedule. This may be also referred to as "Late"/"Delayed"/"Defaulter"/"vaccination, or "Delayed"/"Late"/"Failed"/"down, depending on the national context."	n/a			WHO recommendations for routine immunisation	Annually	WHO	World Health Organization, & UNICEF. (2022). Catch-up vaccination. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/early_up.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement any strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement community engagement strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Italy (2020), Portugal (2021), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement digital social learning strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Italy (2020), Portugal (2021), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement behaviourally informed interventions strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Italy (2020), Portugal (2021)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement public health intervention strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Italy (2020), Portugal (2021), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement service quality intervention strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Portugal (2021), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	Did the country implement other strategies to address under-vaccination which was informed by results of demand-related assessments?	Global (2022), Belgium (2022), Italy (2020), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to IASIS2 for strategic priority 2, tracking the % of countries that have implemented behavioural or social strategies (i.e., demand generation strategies) to address under-vaccination.	n/a			Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for immunisation. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/behavioural_social_strategies_2_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MR-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Does the country have a National Immunisation Strategy (NIS) for immunisation?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2034	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Does the country have an annual workplan for immunisation activities?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), North Macedonia (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2035	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies under-vaccination	What is the number of districts with updated routine immunisation micro-plans to raise immunisation coverage?	Global (2022), Belgium (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2036	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Does the immunisation programme have a supply chain continuous improvement plan (CIP)?	Global (2022), Montenegro (2021), Moldova (2021), North Macedonia (2022), Ukraine (2022)	Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2039	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Does the country have a national agenda for research on immunisation?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2040	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Does the NITAG or equivalent technical advisory group review NIS? Data and provide recommendations for actions to strengthen immunisation programme performance?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2044	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy
Policy and legislation	National policy/Action plan/ Strategies	Are evaluation of immunisation indicator results communicated between national to subnational levels?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research. "Rationale"	n/a			Immunisation Agenda 2045	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/pages/indicators-by-category/planning_and_management.htm?IND_3_CODE=BE-BG-IR-IT-IL-MD-MA-MC-MN-MD-PT-RD-RO-UK-UA-VE	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Immunization expenditure (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Immunization expenditure	Cost of HPV vaccine to country	Global (2021)	Cost of HPV vaccine to country	<=0	Reported vaccine price per dose for HPV vaccine in countries that have included HPV in the national immunization schedule. Preferred data sources: WHO/UNICEF Joint Reporting Form on Immunization	Cervical cancer	Global strategy to accelerate the elimination of cervical cancer as a public health problem - 2030 target of 90% girls vaccinated with HPV vaccine by 15 years of age	Annually	WHO	World Health Organization. (2021). Framework for monitoring the implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. World Health Organization. (2021). Framework for monitoring the implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. <a href="https://cdn.who.int/media/imagelibrary/access?accession=2021082646-who-eip-accessory-40c_03?web_id=9370&view=24283&_id=6&evidenceType=World+Health+Organization,+&UNICEF+(2021).+Immunization+expenditure,+WHO+Immunization+Data+Portal.+https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Proposed to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>Are there items in the national budget specifically for the purchase of vaccines used in routine immunization?</td> <td>Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2021), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)</td> <td>Countries that have specific items in the national budget for the purchase of vaccines used in routine immunizations should report 'Yes' to this question. Countries that do not have specific budget lines or have a general budget for health that include vaccines should report 'No' to this question.</td> <td><=0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2021). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2021). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the government expenditure on vaccines used in routine immunization?</td> <td>Global (2022), Bulgaria (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)</td> <td>This figure should include expenditures made by the Government for routine vaccines and associated injection supplies. Government includes all administrative levels such as national and sub-national governments as well as pooled funding. Routine vaccines include expenditures on traditional, new and under-used vaccines. Government financing of the OAV or financing partners should be included. Vaccine expenditures for Supplemental Immunization Activities (SIA) should NOT be included. Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded from this indicator. This figure should cover primarily from documents providing actual vaccine expenditures such as MOH, procurement entity or NIP (National Immunization Program) budget execution reports. Government expenditures can be corroborated using documents from other sources such as System of Health Accounts (SHA), ad hoc routine immunization expenditure studies, Comprehensive multi-year plan benefits estimates.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the currency of the government expenditure on vaccines used in routine immunization reported on?</td> <td>Global (2022), Bulgaria (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)</td> <td>This figure should include expenditures made by the Government for routine vaccines and associated injection supplies. Government includes all administrative levels such as national and sub-national governments as well as pooled funding. Routine vaccines include expenditures on traditional, new and under-used vaccines. Government financing of the OAV or financing partners should be included. Vaccine expenditures for Supplemental Immunization Activities (SIA) should NOT be included. Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded from this indicator. This figure should cover primarily from documents providing actual vaccine expenditures such as MOH, procurement entity or NIP (National Immunization Program) budget execution reports. Government expenditures can be corroborated using documents from other sources such as System of Health Accounts (SHA), ad hoc routine immunization expenditure studies, Comprehensive multi-year plan benefits estimates.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the total expenditure from all sources on vaccines used in routine immunization?</td> <td>Global (2022), Bulgaria (2022), Italy (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Ukraine (2022)</td> <td>This figure should include recurrent immunization-specific expenditures for routine immunization financed by the government. Expenditures for routine vaccines (traditional, new, and under-utilized) and vaccine co-financing payments using government funds, associated injection supplies, salaries and per diems of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance and program management should be included. Shared health systems costs should NOT be included in this indicator. Government expenditures include all administrative levels such as national and sub-national governments, all fund allocated through the national and sub-national government budgets, social health insurance and pooled financing, Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the currency of the total expenditure from all sources on vaccines used in routine immunization reported on?</td> <td>Global (2022), Bulgaria (2022), Italy (2022), Montenegro (2022), Moldova (2022), Ukraine (2022)</td> <td>This figure should include recurrent immunization-specific expenditures for routine immunization financed by the government. Expenditures for routine vaccines (traditional, new, and under-utilized) and vaccine co-financing payments using government funds, associated injection supplies, salaries and per diems of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance and program management should be included. Shared health systems costs should NOT be included in this indicator. Government expenditures include all administrative levels such as national and sub-national governments, all fund allocated through the national and sub-national government budgets, social health insurance and pooled financing, Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the percentage of the total expenditure on vaccines financed by government's fund?</td> <td>Global (2022), Bulgaria (2022), Italy (2022), Montenegro (2022), Moldova (2022), Ukraine (2022)</td> <td>This percentage is calculated by dividing the total government expenditure on routine immunization by the total expenditure on routine immunization from all sources x 100.Data</td> <td>>0</td> <td></td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the government expenditure on routine immunization, including vaccines?</td> <td>Global (2022), Italy (2022)</td> <td>This figure should include recurrent immunization-specific expenditures for routine immunization financed by the government. Expenditures for routine vaccines (traditional, new, and under-utilized) and vaccine co-financing payments using government funds, associated injection supplies, salaries and per diems of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance and program management should be included. Shared health systems costs should NOT be included in this indicator. Government expenditures include all administrative levels such as national and sub-national governments, all fund allocated through the national and sub-national government budgets, social health insurance and pooled financing, Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> <tr> <td>Policy and legislation</td> <td>Immunization expenditure</td> <td>What is the currency of the government expenditure on routine immunization, including vaccines reported on?</td> <td>Global (2022), Italy (2022)</td> <td>This figure should include recurrent immunization-specific expenditures for routine immunization financed by the government. Expenditures for routine vaccines (traditional, new, and under-utilized) and vaccine co-financing payments using government funds, associated injection supplies, salaries and per diems of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance and program management should be included. Shared health systems costs should NOT be included in this indicator. Government expenditures include all administrative levels such as national and sub-national governments, all fund allocated through the national and sub-national government budgets, social health insurance and pooled financing, Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</td> <td>>0</td> <td>Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JFI)</td> <td>HPV infections</td> <td>Immunization Agenda 2030</td> <td>Annually</td> <td>WHO</td> <td>World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. <a 189="" 29="" 890="" 943"="" data-label="Page-Footer" href="https://immunizationdata.who.int/pages/indicators-by-category?financeItemID=3_CO2I-BE1-BGR-ITA-RU-LMCD-MN-S-MDA-PFT-H2U+HX8&TAB=</td> <td>Used to monitor or evaluate a policy</td> </tr> </tbody> </table> </div> <div data-bbox="> <p>Deliverable 2.1 – 4PCAN Page 187</p> 	

Policy and legislation	Immunization expenditure	What is the total expenditure (from all sources) on routine immunization, including vaccines?	Global (2022), Italy (2022)	<p>What it includes: This figure should include recurrent immunization-specific expenditures on routine immunization from all funding sources, including results from the total expenditure on vaccines financed by government funds calculated above. Expenditures for routine vaccines (traditional, new and under-utilized) and associated syringe supplies, salaries and per diem of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance, and program management should be included. Shared health systems costs should NOT be included in this indicator.</p> <p>Source of information: This estimate should primarily come from robust immunization expenditure tracking methods, such as the System of Health Accounts (SHA). (This source is not available, documents providing actual immunization specific expenditures such as MHI and NIP (National Immunization Program) budget execution reports. Other sources include health insurance, domestic private partners, international partner agencies and organizations can be used. Total immunization expenditures can be corroborated using documents from other sources.</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy
Policy and legislation	Immunization expenditure	What is the currency of the total expenditure (from all sources) on routine immunization, including vaccines reported on?	Global (2022), Italy (2022)	<p>What it includes: This figure should include recurrent immunization-specific expenditures on routine immunization from all funding sources, including results from the total expenditure on vaccines financed by government funds calculated above. Expenditures for routine vaccines (traditional, new and under-utilized) and associated syringe supplies, salaries and per diem of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance, and program management should be included. Shared health systems costs should NOT be included in this indicator.</p> <p>Source of information: This estimate should primarily come from robust immunization expenditure tracking methods, such as the System of Health Accounts (SHA). (This source is not available, documents providing actual immunization specific expenditures such as MHI and NIP (National Immunization Program) budget execution reports. Other sources include health insurance, domestic private partners, international partner agencies and organizations can be used. Total immunization expenditures can be corroborated using documents from other sources.</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy
Policy and legislation	Immunization expenditure	What is the percentage of total expenditure on routine immunization financed by government funds?	Global (2022), Italy (2022)	<p>What it includes: This figure should include recurrent immunization-specific expenditures on routine immunization from all funding sources, including results from the total expenditure on vaccines financed by government funds calculated above. Expenditures for routine vaccines (traditional, new and under-utilized) and associated syringe supplies, salaries and per diem of health staff working full-time on immunization, transport specific for immunization, vehicles and cold chain maintenance, immunization-specific training, social mobilization, monitoring and surveillance, and program management should be included. Shared health systems costs should NOT be included in this indicator.</p> <p>Source of information: This estimate should primarily come from robust immunization expenditure tracking methods, such as the System of Health Accounts (SHA). (This source is not available, documents providing actual immunization specific expenditures such as MHI and NIP (National Immunization Program) budget execution reports. Other sources include health insurance, domestic private partners, international partner agencies and organizations can be used. Total immunization expenditures can be corroborated using documents from other sources.</p>	N/A	The percentage is calculated by dividing the total government expenditure on routine immunization by the total expenditure on routine immunization from all sources x 100. Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Immunization expenditure. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and immunization program (subdomain)

Indicator domain	Performance indicator sub-domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Immunization program	Vaccine against HPV included in the national immunization programme?	Global (2022)	HPV vaccine included in National Immunization Programme, either sub-nationally or in the whole country, to females or both sexes	N/A	Preferred data sources: WHO/UNICEF Joint Reporting Form on Immunization	Cervical cancer	Global strategy to accelerate the elimination of cervical cancer as a public health problem - 2030 target of girls fully vaccinated with HPV vaccine by 95 years of age	Annually	WHO	World Health Organization. (2022). Framework for monitoring the implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. https://www.who.int/news/item/20-02-2022-framework-for-monitoring-the-implementation-of-the-who-global-strategy-to-accelerate-the-elimination-of-cervical-cancer-as-a-public-health-problem	Proposed to monitor or evaluate a policy
Policy and legislation	Immunization program	Introduction of HPV vaccine	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Number of countries having introduced or that will introduce per year and for selected vaccine(s)	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization, & UNICEF. (2022). New and underutilized vaccines introduction. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Are any routine doses of vaccines on the national immunization schedule regularly delivered to children at school?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Countries are instructed to include school-based delivery of routine vaccines only – and not to include doses of vaccine given in supplementary immunisation activities (SIAs) or other vaccination campaigns (i.e. vaccination in response to a disease outbreak).	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Availability, as appropriate, of cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies	Global (2013)	Information not available	N/A	Information not available	NCDs	The Global Action Plan for the Prevention and Control of NCDs	Information not available	Link for International Cancer Control	World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases, 2013-2020. World Health Organization. http://www.who.int/news/2013/04/2013-ncd-action-plan	Proposed to monitor or evaluate a policy
Policy and legislation	Immunization program	Is HPV vaccine in the national immunization schedule for routine services?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Data presented shows introduction status of selected vaccine over time, per country.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	WHO recommendations for routine immunization and Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). New and underutilized vaccines introduction. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?area=Item%203_C_CODE=BEI-BEIGH-ITA-BEL-AND-MNE-E-MDA-PRT-RDU-LUX&FT=I&R=I&L=I&M=I&M2=I&M3=I	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Vaccine delivery model	Global (2014)	Information not available	Ladner J, Benson M, Rodrigues M, Audureau E, Saba J	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009–2013	2009–2013	Pubmed	Ladner J, Benson M, Rodrigues M, Audureau E, & Saba J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. BMC Public Health, 14(670). https://doi.org/10.1186/s12874-014-0670-5	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Total number of vaccination sites	Global (2014)	Information not available	Ladner J, Benson M, Rodrigues M, Audureau E, Saba J	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009–2014	2009–2013	Pubmed	Ladner J, Benson M, H, Rodrigues M, Audureau E, & Saba J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. BMC Public Health, 14(670). https://doi.org/10.1186/s12874-014-0670-5	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Duration of vaccination program	Global (2014)	The program duration was defined as the time from the date of initial vaccine shipment through the date of delivery of the third vaccine dose (expressed in months).	Ladner J, Benson M, Rodrigues M, Audureau E, Saba J	The program duration was defined as the time from the date of initial vaccine shipment through the date of delivery of the third vaccine dose (expressed in months).	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009–2015	2009–2013	Pubmed	Ladner J, Benson M, H, Rodrigues M, Audureau E, & Saba J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. BMC Public Health, 14(670). https://doi.org/10.1186/s12874-014-0670-5	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Community involvement in vaccination program	Global (2014)	Information not available	Ladner J, Benson M, Rodrigues M, Audureau E, Saba J	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009–2014	2009–2013	Pubmed	Ladner J, Benson M, H, Rodrigues M, Audureau E, & Saba J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. BMC Public Health, 14(670). https://doi.org/10.1186/s12874-014-0670-5	Used to monitor or evaluate a policy
Policy and legislation	Immunization program	Sensitization strategies	Global (2014)	Information not available	Ladner J, Benson M, Rodrigues M, Audureau E, Saba J	Information not available	HPV	HPV vaccination programs implemented in low and middle-income countries, 2009–2017	2009–2013	Pubmed	Ladner J, Benson M, H, Rodrigues M, Audureau E, & Saba J. (2014). Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. BMC Public Health, 14(670). https://doi.org/10.1186/s12874-014-0670-5	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Legislation (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Legislation	Does the country have a vaccination law or other legislation that supports the government to finance all aspects of the immunization programme at all levels?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Immunisation law or other legislation ¹ could include written laws (acts, statutes) or regulations, orders or decrees established by public authority and enforceable by law. Legislation may be specialised for immunisation or be contained in other general public health legislation, and should include provisions ensuring sustainability of the national immunisation programme at all levels.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Legal Framework: WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Legislation	What is the year of the vaccination law or other legislation?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022)	Immunisation law or other legislation ¹ could include written laws (acts, statutes) or regulations, orders or decrees established by public authority and enforceable by law. Legislation may be specialised for immunisation or be contained in other general public health legislation, and should include provisions ensuring sustainability of the national immunisation programme at all levels.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Legal Framework: WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Logistics and supply (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Logistics and vaccine supply	HPV vaccine availability	Global (2022)	Country has not experienced a stock-out of HPV vaccine in the reporting year. Disaggregation by Age, HIV status, other socioeconomic status, residence type (rural/urban), surveillance site	N/A	Country can report not having a stock-out of HPV vaccine at national level in the reporting year. Having at least one week in the reporting year where the stock-level of the vaccine at national level reached zero (including the recommended 3-month buffer stock)	Cervical cancer	Global strategy to accelerate the elimination of cervical cancer as a public health problem – 2030 Target of girls fully vaccinated with HPV vaccine by 15 years of age	Annually	WHO	World Health Organization. (2023). Framework for Monitoring the Implementation of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. https://www.who.int/publications/m/item/implementation-framework-for-monitoring-the-implementation-of-the-who-global-strategy-to-accelerate-the-elimination-of-cervical-cancer-as-a-public-health-problem-2030	Proposed to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What was the duration of stock-out at national level of Human Papillomavirus (HPV) vaccines? Cumulative number of months stock-out lasted in the country. How long did the low vaccine stock maintain a stock-out through the year, the cumulative duration of the stock-out is requested. For instance, if the duration is 1 month, the stock-out lasted for 1 month. If the duration is 2 months, the stock-out lasted for 2 months of cumulative months should be reported.	Global (2022)	What was the duration of stock-out at national level of Human Papillomavirus (HPV) vaccines? Cumulative number of months stock-out lasted in the country. How long did the low vaccine stock maintain a stock-out through the year, the cumulative duration of the stock-out is requested. For instance, if the duration is 1 month, the stock-out lasted for 1 month. If the duration is 2 months, the stock-out lasted for 2 months of cumulative months should be reported.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What was the cause of the national stock-out of Human Papillomavirus (HPV) vaccines? Cause: (a) Supply not arriving in country because of 1. Funding delay (country or donor), 2. Incomplete procurement (country or global level), 3. Procurement delay (administrative, tender, vaccine), 4. Supply (either global insufficient supply or not / multiple manufacturers requesting supply issues), 5. Quality issues in country because of 1. Poor quality issue in the supply or 2. Supply not arriving at point of delivery because of 1. Stock management issues (poor stock tracking, product expiration, etc.), 2. Distribution issues (transport, cold chain, etc.), 3. Cold chain issues (temperature)	Global (2022)	What was the cause of the national stock-out of Human Papillomavirus (HPV) vaccines? Cause: (a) Supply not arriving in country because of 1. Funding delay (country or donor), 2. Incomplete procurement (country or global level), 3. Procurement delay (administrative, tender, vaccine), 4. Supply (either global insufficient supply or not / multiple manufacturers requesting supply issues), 5. Quality issues in country because of 1. Poor quality issue in the supply or 2. Supply not arriving at point of delivery because of 1. Stock management issues (poor stock tracking, product expiration, etc.), 2. Distribution issues (transport, cold chain, etc.), 3. Cold chain issues (temperature)	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Did a vaccine stock-out occur at the district level of Human Papillomavirus (HPV) vaccines? At least one week in the reporting year where the stock-level of the vaccine at district level reached zero (including the recommended 3-month buffer stock). If a district is not the last level in the vaccine supply chain where vaccine are in stock at the end of the reporting year, then the district level is not the last level in the vaccine supply chain where vaccine are in stock at the end of the reporting year. A home-based record is a health document used for any period of time at the national level? A home-based record is a health document used for any period of time at the national level?	Global (2022), Belgium (2022), Bulgaria (2022), Italy (2022), Moldova (2022), Portugal (2022), Ukraine (2022)	Did a vaccine stock-out occur at the district level of Human Papillomavirus (HPV) vaccines? At least one week in the reporting year where the stock-level of the vaccine at district level reached zero (including the recommended 3-month buffer stock). If a district is not the last level in the vaccine supply chain where vaccine are in stock at the end of the reporting year, then the district level is not the last level in the vaccine supply chain where vaccine are in stock at the end of the reporting year. A home-based record is a health document used for any period of time at the national level? A home-based record is a health document used for any period of time at the national level?	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Was there a stock-out of home-based vaccination records for children and/or women (i.e. no remaining home-based records for any period of time) at the national level?	Global (2022), Belgium (2022), Bulgaria (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Was there a stock-out of home-based vaccination records for children and/or women (i.e. no remaining home-based records for any period of time) at the national level?	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place? Examples of existing electronic systems are the electronic logistics management information system (eLMIS), web-based vaccination supply and stock management (VIMS), Stock Management Tool (SMT). Some countries are also using other electronic stock and logistics management systems, which is considered as long as they include vaccine supply/stock management.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Is an electronic vaccine stock management system in place? Examples of existing electronic systems are the electronic logistics management information system (eLMIS), web-based vaccination supply and stock management (VIMS), Stock Management Tool (SMT). Some countries are also using other electronic stock and logistics management systems, which is considered as long as they include vaccine supply/stock management.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the national level? Countries are instructed to reply "Yes" if 20% of national vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all national vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022)	Is an electronic vaccine stock management system in place at the national level? Countries are instructed to reply "Yes" if 20% of national vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all national vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the 2nd administrative level? Countries are instructed to reply "Yes" if 20% of 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines or 75% if all 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 2nd administrative level vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022), Romania (2022)	Is an electronic vaccine stock management system in place at the 2nd administrative level? Countries are instructed to reply "Yes" if 20% of 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines or 75% if all 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 2nd administrative level vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the 3rd administrative level? Countries are instructed to reply "Yes" if 20% of 3rd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines or 75% if all 3rd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 3rd administrative level vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022)	Is an electronic vaccine stock management system in place at the 3rd administrative level? Countries are instructed to reply "Yes" if 20% of 3rd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines or 75% if all 3rd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 3rd administrative level vaccine storage points are using a paper-based system and paper for managing vaccine stocks.	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the percentage of functional cold chain equipment (CCE) with temperature monitoring device (TEMP) reporting temperature breaches?	Global (2022), Belgium (2022), Moldova (2022), Romania (2022)	What is the percentage of functional cold chain equipment (CCE) with temperature monitoring device (TEMP) reporting temperature breaches?	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the number of facilities (sites and service points) reporting temperature breaches?	Global (2022), Belgium (2022), Montenegro (2022), Moldova (2022), Romania (2022)	What is the number of facilities (sites and service points) reporting temperature breaches?	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Does the immunization programme have a dedicated immunization supply chain manager at national level?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Does the immunization programme have a dedicated immunization supply chain manager at national level? <ul style="list-style-type: none"> Is 100% dedicated to managing the entire immunization supply chain from the arrival of vaccines at the national level to the service point Has been formally trained in vaccine and supply chain management Has the authority and resources to manage the supply chain 	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2023). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Does a formal policy recommending the cold chain storage and/or transportation of other temperature-sensitive pharmaceuticals with vaccines?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Does a formal policy recommending the cold chain storage and/or transportation of other temperature-sensitive pharmaceuticals with vaccines? <ul style="list-style-type: none"> Is 100% dedicated to managing the entire immunization supply chain from the arrival of vaccines at the national level to the service point Has been formally trained in vaccine and supply chain management Has the authority and resources to manage the supply chain 	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Does the country have a system in place to measure vaccine availability at the service delivery level?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Does the country have a system in place to measure vaccine availability at the service delivery level? <ul style="list-style-type: none"> Is 100% dedicated to managing the entire immunization supply chain from the arrival of vaccines at the national level to the service point Has been formally trained in vaccine and supply chain management Has the authority and resources to manage the supply chain 	N/A	Data collection source: WHO/UNICEF Joint Reporting form on Immunisation (JFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Vaccine supply and logistics. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspng/printation-by-category Vaccine_suggi.html?PQS_3_CODE=841-654-114-LE1&MO=4-NE-M&A=PT=H2-U&B=ET=6	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and National Immunization Advisory Mechanism (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	National Immunization Advisory Mechanism	Does the country have a standing technical advisory group on immunization (NTAG)?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	A National Immunization Technical Advisory Group (NTAG) is a committee of recognized experts that provides technical advice and recommendations to the government regarding national immunization policies and programs. NTAG is a tool that enables the government to make evidence-based immunization policies through a transparent, systematic process. NTAGs are not regulatory, implementation or coordinating groups (such as Inter-agency Coordinating Committee or National Regulatory Authorities) and their primary function should focus on offering technical recommendations. In such inter-agency Coordinating Committees are NOT to be considered as NTAGs. Please note that countries that have an ad hoc committee are requested to report 'No'.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Does the advisory group have formal written terms of reference?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Terms of reference outlines the group's purpose, serving also as a charter that outlines the group's mode of functioning and code of practice for members.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are there legislative or administrative basis for the advisory group?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Terms of reference outlines the group's purpose, serving also as a charter that outlines the group's mode of functioning and code of practice for members.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are pediatric experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are public health experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are infectious diseases experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are epidemiology experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are immunology experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are other experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	What was the number of times the advisory group met?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Although groups can have ad hoc meetings when necessary, it is recommended to have meetings at regular intervals on predetermined dates and at least once a year. This ensures that the group remains active and recommendations remain current. It is also facilitates increased attendance rates allowing members to plan the time commitment into their schedules in advance.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are the agenda and background documents distributed at least 1 week prior to the meeting?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	An agenda for each NTAG meeting should be distributed in advance to all members. This allows to properly prepare for the meeting. Ideally, background material would also be distributed prior to the meetings to provide members with current research available on the topic. The distribution of this material facilitates a well rounded, informed discussion during the meeting, provided the members receive the information with sufficient time prior to the meeting.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are members of the advisory group required to disclose conflict of interest?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	To ensure transparency and avoid conflicts of interests as much as possible, NTAGs should require all members to declare their interests prior to official appointment. A conflict of interest occurs in the case of the member having a personal investment, activity, or relationship which may affect, or appear to affect, their responsibility of the NTAG. A conflict of interest, whether real or perceived, can compromise the quality of the recommendations made by the group and can compromise the reputation and integrity of the NTAG. It can also compromise the credibility of the group, even if it would not influence the recommendations. Therefore, interests should be declared prior to the individual's official appointment as a core member. The individual should only be appointed as a member if the person is considered an independent expert so that that their	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	When did the country conduct its latest standing technical advisory group on immunization (NTAG) assessment?	Global (2022), Moldova (2022)	To ensure transparency and avoid conflicts of interests as much as possible, NTAGs should require all members to declare their interests prior to official appointment. A conflict of interest occurs in the case of the member having a personal investment, activity, or relationship which may affect, or appear to affect, their responsibility of the NTAG. A conflict of interest, whether real or perceived, can compromise the quality of the recommendations made by the group and can compromise the reputation and integrity of the NTAG. It can also compromise the credibility of the group, even if it would not influence the recommendations. Therefore, interests should be declared prior to the individual's official appointment as a core member. The individual should only be appointed as a member if the person is considered an independent expert so that that their	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Did the standing technical advisory group on immunization (NTAG) issue any recommendations?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	A recommendation could also be a guideline or interim statement etc. issued by the NTAG.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Periodic	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are one or more of the standing technical advisory group on immunization (NTAG) recommendations adopted by the Ministry of Health?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	The adopted recommendation may have been issued by the NTAG in the same year or in a prior year.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Periodic	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/national_immunization_advisory_mechanism.htm?ISO_3_CODE=BE&HTA=BL&M&MDA=MNE&PFT=RD&LQ&R&VE=AF	Used to monitor or evaluate a policy



HPV: Policy and legislation (domain) and Planning and management (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Planning and management	Multi-Year Plan (MYP) for immunisation	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Does the country have a Multi-Year Plan (MYP) for immunisation? "National Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research."	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/planning_and_management.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Planning and management		Global (2022), Belgium (2022)	Does the country have a Multi-Year Plan (MYP) for immunisation? "National Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research."	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/planning_and_management.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Planning and management		Global (2022), Belgium (2022), Italy (2021), Moldova (2022), Ukraine (2022)	Does the country have a Multi-Year Plan (MYP) for immunisation? "National Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research."	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/planning_and_management.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Planning and management		Global (2022), Belgium (2022), Italy (2021), Moldova (2022), Ukraine (2022)	Does the country have a Multi-Year Plan (MYP) for immunisation? "National Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation. Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agendas to inform priorities for immunisation and vaccine research."	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/planning_and_management.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Adverse effects (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Adverse effects	Does the country have a policy being implemented for immunisation injection safety?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Adverse events review committee is an independent committee of recognized experts that provides technical advice and recommendation to the government regarding vaccine safety issues. The adverse events review committee is a tool that enables the government to assess vaccine safety issues through a transparent, systematic process. The adverse events review committees are composed of recognized national experts, independent from the immunisation program and the national regulatory authority, and their primary function should focus on offering technical recommendations. Please note that countries that have an ad hoc committee are not included in this indicator.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	Does the country have a vaccine adverse events review committee?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Adverse events review committee is an independent committee of recognized experts that provides technical advice and recommendation to the government regarding vaccine safety issues. The adverse events review committee is a tool that enables the government to assess vaccine safety issues through a transparent, systematic process. The adverse events review committees are composed of recognized national experts, independent from the immunisation program and the national regulatory authority, and their primary function should focus on offering technical recommendations. Please note that countries that have an ad hoc committee are not included in this indicator.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	Does the country have a national system to monitor adverse events following immunisation?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	A national system must include ALL of the following: 1) written guidelines on monitoring and notification of reported adverse events; 2) a written list of events to monitor; 3) an established mechanism to communicate data for regulatory action; and 4) implementation of points 1, 2 and 3 if any of the four conditions are not met, countries are instructed to report 'No'.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	How many total adverse events, including suspected or confirmed, were reported to the national level?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Countries are instructed to include ALL cases that are documented from ALL sources, i.e. cases that have at least a reporting form and/or are the listed from routine, campaigns, immunisation weeks, school health programs, etc.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	Of the total adverse events reported, how many were "serious"?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	An AEFI will be considered serious if it results in death, is life-threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity, or a congenital anomaly/birth defect. Other situations, such as other important medical events that may jeopardize the patient or may require intervention to prevent one of the outcomes above, should also be considered serious after applying medical and scientific judgement.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	What is the source of data for the total number of adverse events reported?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022)	Where the reports were sourced from for AEFI cases, the "EP program" or the National Regulatory Authority? Countries are instructed to select 'Both EP and NRA jointly' if the data from both sources have been pooled together. If it is obtained from another source (such as a National Pharmacovigilance center or manufacturer), instructions state to select 'Other'.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	What is the source of data for the total number of serious adverse events reported?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Where the reports were sourced from for AEFI cases, the "EP program" or the National Regulatory Authority? Countries are instructed to select 'Both EP and NRA jointly' if the data from both sources have been pooled together. If it is obtained from another source (such as a National Pharmacovigilance center or manufacturer), instructions state to select 'Other'.	NA	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunisation Data Portal. https://immunisationdata.who.int/jspagi/indicators-by-category/safety.html?NO_3_CODE=BE145&R=IT&H=AMB-MNM-MDA-MPT-HOU-KUR&YE=2022	Used to monitor or evaluate a policy
Policy and legislation	Adverse effects	Adverse events surveillance	Global (2016)	Information not available	NA	Information not available	HPV	HPV Vaccine Program for males	Information not available	PubMed	Breitbart, J. M., L., Gidycz, A. A., Mankowski, E. E., Danna, E. E., & Coble, G. S. (2016). Monitoring the impact of HPV vaccine in male adolescents and young men. <i>Public Health Reports</i> , 131(10-11). https://doi.org/10.1093/phr/131.10.1045	Proposed to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Waste management (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Waste management	Does the country have a national policy for waste from immunization activities?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Does the country have a national policy for waste from immunization activities?	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is incineration a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Incineration: Controlled burning of waste in a furnace/incinerator at temperatures >800°C for the treatment of wastes.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is burning in open containers a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Burning in open containers: Burning of waste in open containers. This is not encouraged and should be considered as a last resort to dispose anti-doping, paper, cardboard. It is not an acceptable practice for PVC, plastics or pharmaceutical products.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is burial a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	burial: Burying waste materials in a secured and fenced-off burial site.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is encapsulation a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Encapsulation: Involves filling of plastic or steel drums with cold and semi-cold wastes up to 70% capacity and pouring in impervious material (i.e. cement or concrete/lime mortar, plastic foam or bituminous sand) to immobilize the wastes.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is incineration a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Incineration: Removing the packaging materials, paper, cardboard and plastic, from the pharmaceutical products, then grinding and mixing water, lime and cement to form a paste. The paste is transported and poured into the normal urban waste.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is engineered sanitary landfill a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Engineered sanitary landfill: Safely disposing wastes into a properly constructed and operated landfill designed to protect the surface. An appropriate landfill consists of an unexcavated pit isolated from watercourses and above the water table.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is recycling a recommended practice for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Recycling: If a recycling programme exists, items can be reused (i.e. glassware can be given to laboratories, mechanical items given to scrap dealers) or recycled (if facilities are available). Depending on the type of material and its proposed reuse, appropriate treatment, such as cleaning or disinfection, may be needed.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Are there other recommended practices for disposal of immunization waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Does the country have a national policy for waste from immunization activities?	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Safety. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/safety.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy

HPV: Policy and legislation (domain) and Proof of vaccination and schooling (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Proof of vaccination and schooling	Is there a policy or law in the country (national or sub-national) that ensures proof of vaccination to enroll in childcare or school?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	The country may have a law (legislation) or policy (position on the topic) that requires proof of certain vaccines to enroll in childcare or school. If any of these exist at national or sub-national level, countries are instructed to answer "Yes" to this question.	N/A	The country may have a law (legislation) or policy (position on the topic) that requires proof of certain vaccines to enroll in childcare or school. If any of these exist at national or sub-national level, countries are instructed to answer "Yes" to this question.	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Proof of vaccination and schooling	Is this policy or law currently implemented anywhere in the country?	Global (2022), Belgium (2022), Bulgaria (2022), Italy (2022), Moldova (2022), North Macedonia (2022)	Please only answer if a policy or law in the country requires a proof of vaccination to enroll in childcare or school. This policy might exist, but not be implemented at all, or only be implemented in some areas of the country, for example in some schools, in some regions or districts. If this policy is only implemented in some parts of the country, or in a sub-national level/policy, please select "Implemented – subnationally".	N/A	Please only answer if a policy or law in the country requires a proof of vaccination to enroll in childcare or school. This policy might exist, but not be implemented at all, or only be implemented in some areas of the country, for example in some schools, in some regions or districts. If this policy is only implemented in some parts of the country, or in a sub-national level/policy, please select "Implemented – subnationally".	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Proof of vaccination and schooling	Is a child's vaccination status routinely checked at the time of enrollment to or during childcare or day care?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Childcare: Children - daycares, crèche or sitting where an infant or child is cared for away from home prior to attending formal pre-primary education or primary school (Reference: International Standard Classification System for Education (ISCED 2011).	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Proof of vaccination and schooling	Is a child's vaccination status routinely checked at the time of enrollment to or during primary (disintegrated) pre-primary education preceding the first formal level. Usually begins at age 3, 4 or 5 (sometimes earlier) and has a typical duration of 1 to 3 years. Also called nursery, kindergarten, or pre-school (Reference: ISCED 2011).	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Is a child's vaccination status routinely checked at the time of enrollment to or during primary (disintegrated) pre-primary education preceding the first formal level. Usually begins at age 3, 4 or 5 (sometimes earlier) and has a typical duration of 1 to 3 years. Also called nursery, kindergarten, or pre-school (Reference: ISCED 2011).	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Proof of vaccination and schooling	Is a child's vaccination status routinely checked at the time of enrollment to or during intermediate (middle) school? Intermediate (middle) school - Usually begins around 11-13 years of age and has a typical duration of 3 years.	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Is a child's vaccination status routinely checked at the time of enrollment to or during intermediate (middle) school? Intermediate (middle) school - Usually begins around 11-13 years of age and has a typical duration of 3 years.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy
Policy and legislation	Proof of vaccination and schooling	Is a child's vaccination status routinely checked at the time of enrollment to or during secondary school? Secondary (high) school - Usually begins around 14-15 years of age and has a typical duration of 4 years.	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Is a child's vaccination status routinely checked at the time of enrollment to or during secondary school? Secondary (high) school - Usually begins around 14-15 years of age and has a typical duration of 4 years.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HPV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/school.html?SDG_3_CODE=BEI-BGQ-ITA-HEL-MNE-MOD-RSI-HU-KR-UKR-USA	Used to monitor or evaluate a policy

HPV: Monitoring systems and data collection (domain) and Existence (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Existence of monitoring and assessment	Effective Vaccine Management (EVM) assessment	Global (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022)	<p>When was the last time the country has undertaken an Effective Vaccine Management (EVM) Assessment? "Rationale</p> <p>Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation.</p> <p>Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan.</p> <p>Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage.</p> <p>Tracking national research agendas to inform priorities for immunisation and vaccine research."</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRFI)	HPV infections	Immunization Agenda 2037	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE1-05	Used to monitor or evaluate a policy
Monitoring systems and data collection	Existence of monitoring and assessment		Global (2022), Montenegro (2022), Moldova (2022)	<p>When is the next Effective Vaccine Management (EVM) assessment planned? "Rationale</p> <p>Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation.</p> <p>Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan.</p> <p>Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage.</p> <p>Tracking national research agendas to inform priorities for immunisation and vaccine research."</p> <p>Does the country have monitoring, evaluation, and action (ME&A) cycles in place for continuous quality improvement of immunization programs that measured and reviewed key indicators on a positive hand? "Rationale</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRFI)	HPV infections	Immunization Agenda 2038	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE1-05	Used to monitor or evaluate a policy
Monitoring systems and data collection	Existence of monitoring and assessment		Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Romania (2022), Ukraine (2022)	<p>Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation.</p> <p>Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan.</p> <p>Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage.</p> <p>Tracking national research agendas to inform priorities for immunisation and vaccine research."</p> <p>Does the country have monitoring, evaluation, and action (ME&A) cycles in place for continuous quality improvement of immunization programs that measured and reviewed key indicators on a positive hand? "Rationale</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRFI)	HPV infections	Immunization Agenda 2041	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE1-05	Used to monitor or evaluate a policy
Monitoring systems and data collection	Existence of monitoring and assessment		Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	<p>Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation.</p> <p>Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan.</p> <p>Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage.</p> <p>Tracking national research agendas to inform priorities for immunisation and vaccine research."</p> <p>Does the country have monitoring, evaluation, and action (ME&A) cycles in place for continuous quality improvement of immunization programs that assess progress and identify areas for improvement? "Rationale</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRFI)	HPV infections	Immunization Agenda 2042	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE1-05	Used to monitor or evaluate a policy
Monitoring systems and data collection	Existence of monitoring and assessment		Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), NorthMacedonia (2022), Romania (2022), Ukraine (2022)	<p>Tracking countries having a multi-year plan for immunisation or national immunisation strategic as per WHO recommendation.</p> <p>Tracking countries having a clear vision and strategy for strengthening the immunisation supply chain and logistic system, and having articulated this vision into a plan.</p> <p>Tracking annual workplans for immunisation activities and routine immunisation micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage.</p> <p>Tracking national research agendas to inform priorities for immunisation and vaccine research."</p> <p>Does the country have monitoring, evaluation, and action (ME&A) cycles in place for continuous quality improvement of immunization programs that implement actions to improve the program? "Rationale</p>	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRFI)	HPV infections	Immunization Agenda 2043	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE1-05	Used to monitor or evaluate a policy



HPV: Monitoring systems and data collection (domain) and Knowledge, Awareness, Beliefs, Opinions and Attitudes (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Monitoring systems and data collection	Knowledge, Awareness, Beliefs, Opinions and Attitudes	Did the assessment include any survey of Behavioral and Social Drivers (BSD) of Vaccination using the globally validated tool, including priority indicators?	Global (2022), Belgium (2022), Italy (2020), Ukraine (2022)	In 2020 these questions were developed with partners to reflect the latest scientific evidence on the drivers of vaccine uptake, and shift the focus away from attitudinal barriers alone. Reporting on these indicators are specifically linked to SDG10 for strategic priority 2, tracking the % of countries that have implemented behavioral or social strategies (i.e. demand generation strategies) to address under vaccination.	N/A	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRFI)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Demand for Immunization. WHO Immunization Data Portal. https://immunizationdata.who.int/indicators-by-category?category=demand&country=1_CODE=BLU&STAT=BLU-AMBQ1-MCA-AMB-PR1-ROU-40081&YEAR=	Used to monitor or evaluate a policy

HBV: Population frequency/ behaviour (domain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (submitted, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Population frequency/ behaviour	Vaccine coverage	Vaccination coverage targets in every region, country and community	Global (2022)	Information not available	n/a	Information not available	HBV and HPV - reach 90% national coverage and 85%	Global Vaccine Action Plan - By 2020, reach 90% national coverage and 85% in every district or equivalent administrative unit for all vaccines in national programmes, unless otherwise recommended	Information not available	WHO	World Health Organization. (2020). Global Vaccine Action Plan Monitoring - Semi-annual report 2020. https://iris.who.int/bitstream/handle/10665/334293/3/9789241563258-eng.pdf?sequence=1	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Vaccine coverage	Hepatitis B (HepB) immunisation coverage among 1-year-olds (%)	Croatia (2021), Cyprus (2021), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), Montenegro (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	The percentage of one-year-olds who have received three doses of hepatitis B containing vaccine in a given year.	n/a	Service/facility reporting system ("Administrative data"): Reports of vaccinations performed by service providers (i.e. district health workers, vaccination teams, physicians) are used for estimates based on service/facility records. The estimate of immunisation coverage is derived by dividing the total number of vaccinations given by the number of children in the target population, often based on census projections. Household surveys: Survey items correspond to children's history of coverage waves. The principle types of surveys are the Expanded Programme on Immunisation (EPI) 30-cluster survey, the UNICEF Multiple Indicator Cluster Survey (MICS), and the Demographic and Health Survey (DHS). The indicator is estimated as the percentage of children aged 1-23 months who received three doses of hepatitis B vaccine either any time before the survey.	n/a	n/a	Annually	WHO	World Health Organization. (2022). Hepatitis B (HepB) immunisation coverage among 1-year-olds (V). The Global Health Observatory. https://www.who.int/data/stories/immunisation-coverage-1-year-olds	Monitoring
Population frequency/ behaviour	Vaccine coverage	The percentage in the target population who received HepB birth dose within the first 24 hours of birth in a given year.	Belgium (2018), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), Montenegro (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	The percentage in the target population who received HepB birth dose within the first 24 hours of birth in a given year.	n/a	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	WHO recommendations for routine immunisation and Immunisation Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/using.html?topic=coverage&id=act&org=ghbl	Used to monitor or evaluate a policy
Population frequency/ behaviour	Vaccine coverage	The percentage in the target population who have received three doses of hepatitis B containing vaccine in a given year.	Croatia (2021), Cyprus (2021), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), Montenegro (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	The percentage in the target population who have received three doses of hepatitis B containing vaccine in a given year.	n/a	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	WHO recommendations for routine immunisation and Immunisation Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/using.html?topic=coverage&id=act&org=ghbl	Used to monitor or evaluate a policy
Population frequency/ behaviour	Vaccine coverage	HepB birth dose total (including those given within and after 24 hours of birth)	Global (2022), Cyprus (2021), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), Montenegro (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	The percentage in the target population who received HepB birth dose within and after the first 24 hours of birth in a given year. Recommended denominator used in the HepB birth dose administrative coverage calculation: live births.	n/a	Number of doses administered through routine services (numerator) / Number in target group (denominator) * 100. Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	WHO recommendations for routine immunisation and Immunisation Programmes.	Annually	WHO	World Health Organization. (2022). Vaccination coverage. Immunisation Data. https://immunisationdata.who.int/using.html?topic=coverage&id=act&org=ghbl	Used to monitor or evaluate a policy
Population frequency/ behaviour	Vaccine coverage	Percent of children aged 1 vaccinated for hepatitis B	Global (2018), Belgium (2018)	Vaccination rates reflect the percentage of children that receives the respective vaccination in the recommended timeframe. The age of complete immunisation differs across countries due to different immunisation schedules. Thus, these indicators are based on the actual policy in a given country.	n/a	For those countries recommending the first dose of a vaccine after age one, the indicator is calculated as the proportion of children less than two years of age who have received that vaccine.	n/a	n/a	Periodic	OECD, & European Union. (2019). Health at a Glance 2019. OECD members. OECD Publishing. https://doi.org/10.1787/16456008-en	Monitoring	
Population frequency/ behaviour	Vaccine coverage	Vaccination coverage against hepatitis B virus monitored by number of first doses of Hep-B vaccine (1st/0/5 administered to infants)	Global (2018)	Information not available	n/a	Information not available	NCDs	The Global Action Plan for the Prevention and Control of NCDs	Information not available	Union for International Cancer Control	World Health Organization. (2013). Global action plan for the prevention and control of non-communicable diseases: 2013-2020. World Health Organization. http://iris.who.int/handle/10665/94384	Proposed to monitor or evaluate a policy
Population frequency/ behaviour	Vaccine coverage	Percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.	Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Moldova (2022), Montenegro (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.	n/a	Estimate informed by reported data. National government reports are based on population weighted regional survey results from Finland (2010), Wales (2010) and Bosnia (2010) and an assumption of stable coverage since the year of the most recent regional survey and year of calculation.	n/a	n/a	usually since 2011	WHO	World Health Organization, & UNICEF. (2021). Belgium: WHO and UNICEF estimates of immunisation coverage: 2021 week38. https://iris.who.int/media/objects/default-source/country-profiles/immunisation_hb_2021.pdf?trv=541755_48&download=true AND World Health Organization, & UNICEF. (2022). Bulgaria: WHO and UNICEF estimates of immunisation coverage: 2022 week38. https://iris.who.int/media/objects/default-source/country-profiles/immunisation_hg_2022.pdf?trv=12647_48&download=true AND World Health Organization, & UNICEF. (2021). Italy: WHO and UNICEF estimates of immunisation coverage: 2021 week38. https://iris.who.int/media/objects/default-source/country-profiles/immunisation_hb_2021.pdf?trv=13853a37_48&download=true AND World Health Organization, & UNICEF. (2022). Ireland: WHO and UNICEF estimates of immunisation coverage: 2022 week38. https://iris.who.int/media/objects/default-source/country-profiles/immunisation_hb_2022.pdf?trv=422365_48&download=true	Monitoring

HBV: Policy and legislation (domain) and Immunization programme (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Immunization programme	Introduction of Hepatitis B vaccine	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021)	Number of countries having introduced or that will introduce per year and for selected vaccine(s).	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infection	WHO recommendations for routine immunization and Immunization Programmes.	Annually	WHO	World Health Organization, & UNICEF. (2022). New and underused vaccine introduction. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/new_and_under_used_vaccine_introduction.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Immunization programme	Are any routine doses of vaccine on the national immunization schedule regularly delivered to children at school?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021)	Countries are instructed to indicate school based delivery of routine vaccinations only – and not to include doses of vaccine given in supplementary immunization activities (SIAs) or other vaccination campaigns (i.e. vaccination in response to a disease outbreak).	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	WHO recommendations for routine immunization	Annually	WHO	World Health Organization, & UNICEF. (2022). School vaccination. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/school_vaccination.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Immunization programme	Is Hepatitis B vaccine in the national immunization schedule for routine services?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021), Ukraine (2021)	Data presented shows introduction status of selected vaccine over time, per country.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	WHO recommendations for routine immunization and Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). New and underused vaccine introduction. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/new_and_under_used_vaccine_introduction.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Immunization programme	Is Hepatitis B birth dose vaccine in the national immunization schedule for routine services?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021), Ukraine (2021)	Data presented shows introduction status of selected vaccine over time, per country.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	WHO recommendations for routine immunization and Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). New and underused vaccine introduction. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/new_and_under_used_vaccine_introduction.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy

HBV: Policy and legislation (domain) and Legislation (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Legislation	Does the country have a vaccination law or other legislation that is supportive of immunization and covers the government for finance all aspects of the immunization programme at all levels?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021)	Immunization law or other legislation" could include written laws (acts, statutes) or regulations, orders or decrees established by public authority and enforceable by law. Legislation may be specialised for immunisation or be contained in other general public health legislation, and should include provisions ensuring sustainability of the national immunization programme at all levels.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2021). Legal framework. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/legal_framework.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Legislation	What is the year of the vaccination law or other legislation?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021)	Immunization law or other legislation" could include written laws (acts, statutes) or regulations, orders or decrees established by public authority and enforceable by law. Legislation may be specialised for immunisation or be contained in other general public health legislation, and should include provisions ensuring sustainability of the national immunization programme at all levels.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infection	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2021). Legal framework. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/legal_framework.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-WHO-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy

HBV: Policy and legislation (domain) and Planning and management (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (pubmed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Planning and management	Does the country have a Multi-Year Plan (MYP) for immunization?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2021), Italy (2021), Montenegro (2021), Moldova (2021), North Macedonia (2021), Portugal (2021), Romania (2021), Ukraine (2021)	Does the country have a Multi-Year Plan (MYP) for immunization? "National recommendation. Tracking countries having a clear vision and strategy for strengthening the immunization supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunization activities and routine immunization micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agencies to inform priorities for immunisation and vaccine research." What year does the Multi-Year Plan (MYP) for immunization start covering? "National recommendation. Tracking countries having a multi-year plan for immunization or national immunization strategy as per WHO recommendation.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Planning and management	Multi-Year Plan (MYP) for immunization	Global (2022), Belgium (2022)	Does the country have a Multi-Year Plan (MYP) for immunization? "National recommendation. Tracking countries having a clear vision and strategy for strengthening the immunization supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunization activities and routine immunization micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agencies to inform priorities for immunisation and vaccine research." What year does the Multi-Year Plan (MYP) for immunization start covering? "National recommendation. Tracking countries having a multi-year plan for immunization or national immunization strategy as per WHO recommendation.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Planning and management	Multi-Year Plan (MYP) for immunization	Global (2022), Belgium (2022), Italy (2021), Moldova (2021), Ukraine (2021)	Does the country have a Multi-Year Plan (MYP) for immunization? "National recommendation. Tracking countries having a clear vision and strategy for strengthening the immunization supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunization activities and routine immunization micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agencies to inform priorities for immunisation and vaccine research." What year does the Multi-Year Plan (MYP) for immunization start covering? "National recommendation. Tracking countries having a multi-year plan for immunization or national immunization strategy as per WHO recommendation.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy
Policy and legislation	Planning and management	Multi-Year Plan (MYP) for immunization	Global (2022), Belgium (2022), Italy (2021), Moldova (2021), Ukraine (2021)	Does the country have a Multi-Year Plan (MYP) for immunization? "National recommendation. Tracking countries having a clear vision and strategy for strengthening the immunization supply chain and logistic system, and having articulated this vision into a plan. Tracking annual workplans for immunization activities and routine immunization micro-plans to ensure availability of quality vaccine supply and raise immunisation coverage. Tracking National research agencies to inform priorities for immunisation and vaccine research." What year does the Multi-Year Plan (MYP) for immunization start covering? "National recommendation. Tracking countries having a multi-year plan for immunization or national immunization strategy as per WHO recommendation.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). Planning, management and monitoring. WHO Immunization Data Portal: https://immunizationdata.who.int/pages/indicators-by-category/planning_and_management.html?ID_3_CODE=BE-BEL-IGR-HTA-BEL-MND-MND-MDA-PRF-IGR-UH-BEL-IGR	Used to monitor or evaluate a policy

HBV: Policy and legislation (domain) and National Immunization Advisory Mechanism (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (submed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	National Immunization Advisory Mechanism	Does the country have a standing technical advisory group on immunization (NTAG)?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	A National Immunization Technical Advisory Group (NTAG) is a committee of recognized experts that provides technical advice and recommendations to the government regarding national immunization policies and programs. NTAGs are bodies that enable the government to make evidence-based immunization policies through a transparent, systematic process. NTAGs are not regulatory, coordinating or coordinating groups but rather advisory. Coordinating Committees or National Regulatory Authorities and their primary function should focus on setting technical recommendations. As such, inter-agency Coordinating Committees are NOT to be considered as NTAGs. Please note that countries that have an ad hoc committee are requested to report 'No', as the question is asking for existence of a standing committee.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Does the advisory group have formal action terms of reference?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Terms of reference outlines the group's purpose, serving also as a charter that outlines the group's mode of functioning and code of practice for members.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are there legislative or administrative basis for the advisory group?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Terms of reference outlines the group's purpose, serving also as a charter that outlines the group's mode of functioning and code of practice for members.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are pediatric experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are public health experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are infectious diseases experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are epidemiology experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are immunology experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are other experts represented in the group as core membership?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NTAG may have additional expertise and that more expertise is useful.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	What was the number of times the advisory group met?	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Although groups may have had meetings when necessary, it is recommended to have meetings at regular intervals on pre-determined dates and at least once a year. This ensures that the group remains active and recommendations remain current. It is also facilitates increased attendance rates allowing members to plan the time commitment into their schedules in advance.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are the agenda and background documents distributed (at least 2 weeks) prior to the meeting?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	An agenda for each NTAG meeting should be distributed in advance to all members. This allows to properly prepare for the meeting. Ideally, background materials would also be distributed prior to the meetings to provide members with current research available on the topic. The distribution of this material facilitates a well-structured, informed discussion during the meeting, provided the members receive the information within sufficient time prior to the meeting.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are members of the advisory group required to disclose conflicts of interest?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	To ensure transparency and avoid conflicts of interest as much as possible, NTAGs should require all members to declare their interests prior to official appointment. A conflict of interest occurs in the case of the member having a personal investment, activity, or relationship which may affect, or appear to affect, their responsibilities of the NTAG. A conflict of interest, whether real or perceived, can compromise the quality of the recommendations made by the group and can compromise the reputation and integrity of the NTAG. It can also compromise the credibility of the group, even if it would not influence the recommendations. Therefore, interests should be declared prior to the individual's official appointment as a core member. The individual should only be appointed as a member if the person is considered an independent expert so that their interests do not compromise the integrity of the NTAG.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	When did the country conduct its latest standing technical advisory group on immunization (NTAG) assessment?	Global (2022), Moldova (2022)	To ensure transparency and avoid conflicts of interest as much as possible, NTAGs should require all members to declare their interests prior to official appointment. A conflict of interest occurs in the case of the member having a personal investment, activity, or relationship which may affect, or appear to affect, their responsibilities of the NTAG. A conflict of interest, whether real or perceived, can compromise the quality of the recommendations made by the group and can compromise the reputation and integrity of the NTAG. It can also compromise the credibility of the group, even if it would not influence the recommendations. Therefore, interests should be declared prior to the individual's official appointment as a core member. The individual should only be appointed as a member if the person is considered an independent expert so that their interests do not compromise the integrity of the NTAG.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Did the standing technical advisory group on immunization (NTAG) have one or more recommendations?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	A recommendation could also be a guidance or interim statement etc. issued by the NTAG.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Periodic	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy
Policy and legislation	National Immunization Advisory Mechanism	Are one or more of the standing technical advisory group on immunization (NTAG) recommendations adopted by the Ministry of Health?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	The adopted recommendation may have been issued by the NTAG in the same year or in a prior year.	+/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HPV infections	Immunization Agenda 2030	Periodic	WHO	World Health Organization, & UNICEF. (2022). National Immunization Advisory Mechanism. WHO Immunization Data Portal. https://immunizationdata.who.int/pages/indicators-by-category/functional_immunization_advisory_mechanism.html?G1_I_CODE=BSL-HQ+ITA+UBL-AMQ-MQD-AMQ-APF-REU+UKR+LTI+AB	Used to monitor or evaluate a policy

HBV: Policy and legislation (domain) and Logistics and vaccine supply (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (submed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Logistics and vaccine supply	What are the causes of the national stock-out of Hepatitis B containing vaccines?	Global (2022), Belgium (2022), Ireland (2022), Italy (2020), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	What are the causes of the national stock-out of Hepatitis B containing vaccines? Causes options: 1. Supply not arriving in country because of: 1. Funding delay (country or donor), 2. Inaccurate forecasts (country or global forecasts), 3. Procurement delay (administrative, tender, technical, etc.), 4. Storage (either global insufficient supply for one / multiple manufacturers experiencing supply issues), 5. Supply blocked in country because of: 1. No lot release, 2. Quality issue in the vaccine, 3. Supply not arriving at point of delivery because of: 1. Stock management issues (poor stock tracking, product expiration, fuel, etc.), 2. Distribution issues (transportation, capacity insufficient, etc.), 3. Other/Not identified/Not known	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What are the causes of the national stock-out of Hepatitis B monovalent vaccines?	Global (2022)	What are the causes of the national stock-out of Hepatitis B monovalent vaccines? Causes options: 1. Supply not arriving in country because of: 1. Funding delay (country or donor), 2. Inaccurate forecasts (country or global forecasts), 3. Procurement delay (administrative, tender, technical, etc.), 4. Storage (either global insufficient supply for one / multiple manufacturers experiencing supply issues), 5. Supply blocked in country because of: 1. No lot release, 2. Quality issue in the vaccine, 3. Supply not arriving at point of delivery because of: 1. Stock management issues (poor stock tracking, product expiration, fuel, etc.), 2. Distribution issues (transportation, capacity insufficient, etc.), 3. Other/Not identified/Not known	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2031	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the duration of stock-out in months of Hepatitis B containing vaccines?	Global (2022), Belgium (2022), Montenegro (2022), Romania (2022)	What is the duration of stock-out in months of Hepatitis B containing vaccines?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2032	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the duration of stock-out in months of Hepatitis B monovalent vaccines?	Global (2022)	What is the duration of stock-out in months of Hepatitis B monovalent vaccines?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2033	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What are the causes of the national stock-out of Hepatitis B containing vaccines?	Global (2022), Belgium (2022), Montenegro (2022), Romania (2022)	What are the causes of the national stock-out of Hepatitis B containing vaccines?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2034	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What are the causes of the national stock-out of Hepatitis B monovalent vaccines?	Global (2022)	What are the causes of the national stock-out of Hepatitis B monovalent vaccines?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2035	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Did a vaccine stock-out occur at the district level of Hepatitis B containing vaccines? At least one event in the reporting year where the stock levels of the vaccine at district level reached zero (including the recommended 1 month buffer stock). If a district is not the last level in the vaccine supply chain where vaccines are stored in the cold chain before service delivery, countries are instructed to report the situation for the relevant level: the last level in the system where vaccines are stored before service delivery.	Global (2022), Belgium (2022), Italy (2020), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Did a vaccine stock-out occur at the district level of Hepatitis B containing vaccines? At least one event in the reporting year where the stock levels of the vaccine at district level reached zero (including the recommended 1 month buffer stock). If a district is not the last level in the vaccine supply chain where vaccines are stored in the cold chain before service delivery, countries are instructed to report the situation for the relevant level: the last level in the system where vaccines are stored before service delivery.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2036	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Did a vaccine stock-out occur at the district level of Hepatitis B monovalent vaccines? At least one event in the reporting year where the stock levels of the vaccine at district level reached zero (including the recommended 1 month buffer stock). If a district is not the last level in the vaccine supply chain where vaccines are stored in the cold chain before service delivery, countries are instructed to report the situation for the relevant level: the last level in the system where vaccines are stored before service delivery.	Global (2022)	Did a vaccine stock-out occur at the district level of Hepatitis B monovalent vaccines? At least one event in the reporting year where the stock levels of the vaccine at district level reached zero (including the recommended 1 month buffer stock). If a district is not the last level in the vaccine supply chain where vaccines are stored in the cold chain before service delivery, countries are instructed to report the situation for the relevant level: the last level in the system where vaccines are stored before service delivery.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2037	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Was there a stock-out of non-heat-labile vaccines? A health record is maintained to record the history of health services and/or vaccinations received by an individual.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022)	Was there a stock-out of non-heat-labile vaccines? A health record is maintained to record the history of health services and/or vaccinations received by an individual.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2038	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place? Examples of existing electronic systems are the electronic logistic management information system (ELMIS), web-based vaccine supply and stock management (VACCMS), Stock Management Tool (SMT). Some countries are also using other electronic stock and logistics management systems, which is considered as long as they include vaccine supply/stock management.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Is an electronic vaccine stock management system in place? Examples of existing electronic systems are the electronic logistic management information system (ELMIS), web-based vaccine supply and stock management (VACCMS), Stock Management Tool (SMT). Some countries are also using other electronic stock and logistics management systems, which is considered as long as they include vaccine supply/stock management.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2039	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the national level? Countries are instructed to reply "Yes" if 100% of national vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that national vaccine storage points are using a paper-based system and paper ledgers for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022)	Is an electronic vaccine stock management system in place at the national level? Countries are instructed to reply "Yes" if 100% of national vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that national vaccine storage points are using a paper-based system and paper ledgers for managing vaccine stocks.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2040	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the 2nd administrative level? Countries are instructed to reply "Yes" if 100% of 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 2nd administrative level vaccine storage points are using a paper-based system and paper ledgers for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022), Montenegro (2022)	Is an electronic vaccine stock management system in place at the 2nd administrative level? Countries are instructed to reply "Yes" if 100% of 2nd administrative level vaccine storage points are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all 2nd administrative level vaccine storage points are using a paper-based system and paper ledgers for managing vaccine stocks.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2040	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Is an electronic vaccine stock management system in place at the health facility level? Countries are instructed to reply "Yes" if 100% of health facilities are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all health facilities are using a paper-based system and paper ledgers for managing vaccine stocks.	Global (2022), Belgium (2022), Bulgaria (2022)	Is an electronic vaccine stock management system in place at the health facility level? Countries are instructed to reply "Yes" if 100% of health facilities are using an electronic and computerized stock management system for managing vaccines. Otherwise, replying "No" implies that all health facilities are using a paper-based system and paper ledgers for managing vaccine stocks.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2040	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the percentage of functional cold chain equipment (CCE) with Temperature Monitoring Devices (TMDs) reporting temperature breaches?	Global (2022), Belgium (2022), Moldova (2022), Romania (2022)	Countries are encouraged to maintain and update inventory of cold chain equipment and include in the supply chain information management system the monitoring of temperature breaches at different vaccine storage points. The functionality of CCE reflects the quantitative health of the cold chain system in the country. Whereas several temperature breaches reflect the qualitative health of the cold chain system.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2040	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	What is the number of facilities (stores and service points) reporting temperature breaches?	Global (2022), Belgium (2022), Montenegro (2022), Moldova (2022), Romania (2022)	Countries are encouraged to maintain and update inventory of cold chain equipment and include in the supply chain information management system the monitoring of temperature breaches at different vaccine storage points. The functionality of CCE reflects the quantitative health of the cold chain system in the country. Whereas several temperature breaches reflect the qualitative health of the cold chain system.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2040	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Does the immunization programme have a dedicated immunisation supply chain manager at national level?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2020), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Countries are instructed to respond "Yes" if the national immunisation programme has a dedicated staff that is focusing on supply chain management of vaccines. An immunisation supply chain manager is defined a Ministry of health employee working in the national immunisation department who: • Is 100% dedicated to managing the entire immunisation supply chain from the arrival of vaccines at the national level to the service point. • Has been formally trained in vaccine and supply chain management • Has the authority and resources to manage the supply chain Responding "No" implies that the national immunisation programme does not have a dedicated vaccine supply chain manager but may have a cold chain or vaccine store manager at the national vaccine store. Countries are instructed to reply "Yes" if there is a national policy on the country that specifically recommends against the storage or transport of vaccines with other temperature sensitive pharmaceuticals that require cold chain. Countries are instructed to reply "No" if there is a national policy preventing vaccines from being stored, managed and transported with other temperature sensitive pharmaceuticals. Note: there can be a practice of storing, transporting and/or managing vaccines at national level with other pharmaceuticals without there being a formal policy. This scenario can also be true.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy
Policy and legislation	Logistics and vaccine supply	Does the country have a system in place to measure vaccine availability at the service delivery level?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2020), Montenegro (2022), Moldova (2022), North Macedonia (2022), Romania (2022), Ukraine (2022)	Does the country have a system in place to measure vaccine availability at the service delivery level? Service delivery, availability, utilization, stock-out and wastage has been information monitored and reported to the national immunisation programme and is necessary to effectively manage vaccine supply and distribution. Vaccines are key commodities in the vaccine service delivery system to measure and monitor vaccine availability at service points from end-to-end, disruption of immunisation activities and missed opportunities.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunization (JRF)	HBV Infections	Immunization Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Vaccine supply and logistics. WHO Immunization Data Portal. https://immunizationdata.who.int/reports/indicators-by-country/vaccine_supply.html?FD_3_CODE=061-0624+IT+HL+AR+O4+NE+MDA+PFT+HCU+LSE+LEA+	Used to monitor or evaluate a policy

HBV: Policy and legislation (domain) and Waste management (subdomain)

Indicator domain	Performance indicator sub-Domain	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (submed, cochrane or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Policy and legislation	Waste management	Does the country have a national policy for waste from immunisation activities?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Does the country have a national policy for waste from immunisation activities?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is incineration a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), North Macedonia (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Incineration: Controlled burning of vials in a furnace/incinerator at temperatures >800C for the treatment of wastes.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is burning in open containers a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Burning in open containers: Burning of waste in open containers. This is not encouraged and should be considered as a last resort to dispose packaging, paper, cardboard. It is not an acceptable practice for PVC, plastics or pharmaceutical products.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is burial a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	burial: Burying waste materials in a secured and fenced-off burial site.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is incapsulation a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Incapsulation: Involves filling a plastic or steel drum with solid and semi-solid waste up to 75% capacity and pouring an impervious material (i.e. cement or cement/lime mixture, plastic foam or bituminous sand) to immobilize the wastes.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is ventilation a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Ventilation: Removing the packaging material, paper, cardboard and plastic, from the pharmaceutical products, then grinding and mixing water, lime and cement to form a paste. The paste is transported and poured into the normal water table.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is engineered sanitary landfill a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Engineered sanitary landfill: Safely disposing wastes into a properly constructed and operated landfill designed to protect the aquifer. An appropriate landfill consists of an excavated pit isolated from watercourses and above the water table.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Is recycling a recommended practice for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Montenegro (2022), Moldova (2022), Romania (2022), Ukraine (2022)	Recycling: If a recycling programme exists, items can be reused (i.e. glassware can be given to laboratories), mechanical items given to dump dealers) or recycled (if facilities are available). Depending on the type of material and its proposed reuse, appropriate treatment, such as cleaning or disinfection, may be needed.	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy
Policy and legislation	Waste management	Are there other recommended practices for disposal of immunisation waste?	Global (2022), Belgium (2022), Bulgaria (2022), Ireland (2022), Italy (2022), Montenegro (2022), Moldova (2022), Portugal (2022), Romania (2022), Ukraine (2022)	Does the country have a national policy for waste from immunisation activities?	n/a	Data collection source: WHO/UNICEF Joint Reporting Form on Immunisation (JRF)	HBV infections	Immunisation Agenda 2030	Annually	WHO	World Health Organization, & UNICEF (2022). Safety. WHO Immunisation Data Portal. https://immunizationdata.who.int/pages/indicators-by-category?category=HTM%2FSD_3_C00D-BE-L-BSB-ITA+HE-AMNE-AMQ-MDA+PRT-ROU-LUX&YEAR="	Used to monitor or evaluate a policy

Indicator domain	Performance indicator sub-Domain	Pollutants and targets	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, outcome or institutional)	Reference (Title and Link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Concentration levels of air pollutants		Ozone			Population-weighted annual concentration. The recommended 1 year average O ₃ level is 54 ppb (range of daily maximum 8-hour average concentration). The peak ozone is defined as the concentration of O ₃ over one hour averaged every 5 minutes during the summer months (June to August) at an average height of 10 metres.	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Ozone	Global (2021)		Population-weighted annual ozone concentration. The recommended 1 year average O ₃ level is 54 ppb (range of daily maximum 8-hour average concentration). The peak ozone is defined as the concentration of O ₃ over one hour averaged every 5 minutes during the summer months (June to August) at an average height of 10 metres.	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Ozone			WHO global peak ozone long term average exposure (P ₅₀). The recommended 1 year average O ₃ level is 54 ppb (range of daily maximum 8-hour average concentration). The peak ozone is defined as the concentration of O ₃ over one hour averaged every 5 minutes during the summer months (June to August) at an average height of 10 metres.	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Ozone	Dense concentration	Global (2021)	Population-weighted annual ozone concentration (per million billion - ppb)	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Ozone			Dense concentration in air quality systems calculated as a concentration of specified annual mean concentration level for 2020.	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Ozone			Number of EU27 air quality systems calculated as a concentration of specified annual mean concentration level for 2020.	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Ozone			Number of annual average concentration in µg/m ³	Information not available		EU	EU	Information not available	EEC	European Atmosphere Monitoring Service (2021). European Atmosphere Monitoring Service Annual Assessment Report on European Air Quality in 2021. https://www.euro-air.europa.eu/content/european-atmosphere-monitoring-service-annual-assessment-report-on-european-air-quality-in-2021	Monitoring
Concentration levels of air pollutants		Ozone			Number of stations where the 3-hour average of ozone exceeds the information threshold of 180µg/m ³	Information not available		EU	EU	Information not available	EEC	European Atmosphere Monitoring Service (2021). European Atmosphere Monitoring Service Annual Assessment Report on European Air Quality in 2021. https://www.euro-air.europa.eu/content/european-atmosphere-monitoring-service-annual-assessment-report-on-european-air-quality-in-2021	Monitoring
Concentration levels of air pollutants		Ozone			Number of days where the 24-hour average of ozone exceeds the information threshold of 180µg/m ³	Information not available		EU	EU	Information not available	EEC	European Atmosphere Monitoring Service (2021). European Atmosphere Monitoring Service Annual Assessment Report on European Air Quality in 2021. https://www.euro-air.europa.eu/content/european-atmosphere-monitoring-service-annual-assessment-report-on-european-air-quality-in-2021	Monitoring
Concentration levels of air pollutants		Ozone			Number of EU27 air quality systems calculated as a concentration of specified concentration level for 2020 - highest daily four hour	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Population-weighted nitrogen dioxide short term concentration. The mean 1-year concentration is based on concentration of NO ₂ over a 24-hour period in the densest urban environment. The peak concentration is defined as the concentration of NO ₂ over a 1-hour period in the densest urban environment. The recommended 1-year average concentration is 40 µg/m ³ (range of 24-hour average concentration is 10-120 µg/m ³).	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)	Global (2021)		Population-weighted nitrogen dioxide short term (NO2) concentration. The recommended 1 year average concentration is 40 µg/m ³ (range of 24-hour average concentration is 10-120 µg/m ³).	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Annual mean concentration of particulate matter of nitrogen dioxide (NO2) in other urban facilities. The mean 1-year concentration is based on the mean concentration of NO ₂ over a 24-hour period in the densest urban environment. The peak concentration is defined as the concentration of NO ₂ over a 1-hour period in the densest urban environment. The recommended 1-year average concentration is 40 µg/m ³ (range of 24-hour average concentration is 10-120 µg/m ³).	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Used to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Population-weighted nitrogen dioxide short term (NO2) concentration. The recommended 1 year average concentration is 40 µg/m ³ (range of 24-hour average concentration is 10-120 µg/m ³).	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Number of EU27 air quality systems calculated as a concentration of specified annual mean concentration level for 2020.	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Number of EU27 air quality systems calculated as a concentration of specified annual mean concentration level for 2020.	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Annual average of background nitrogen dioxide (NO2)	Information not available		EU	EU	Information not available	EEC	European Atmosphere Monitoring Service (2021). European Atmosphere Monitoring Service Annual Assessment Report on European Air Quality in 2021. https://www.euro-air.europa.eu/content/european-atmosphere-monitoring-service-annual-assessment-report-on-european-air-quality-in-2021	Monitoring
Concentration levels of air pollutants		Nitrogen dioxide (NO2)	Global (2021)		Population-weighted nitrogen dioxide short term (NO2) concentration. The recommended 1 year average concentration is 40 µg/m ³ (range of 24-hour average concentration is 10-120 µg/m ³).	Information not available		EU	EU	Information not available	EEC	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Nitrogen dioxide (NO2)			Number of EU27 air quality systems calculated as a concentration of specified concentration level for 2020 - highest daily four hour	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Carbon monoxide			Population-weighted carbon monoxide short term (CO) concentration. The recommended 1 year average concentration is 1000 µg/m ³ (range of 24-hour average concentration is 100-2000 µg/m ³).	Information not available		WHO	WHO air quality guidelines	Information not available	WHO	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Carbon monoxide			Population-weighted carbon monoxide short term (CO) concentration. The recommended 1 year average concentration is 1000 µg/m ³ (range of 24-hour average concentration is 100-2000 µg/m ³).	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Polycyclic aromatic hydrocarbons (PAHs)			Estimated concentration of each polycyclic aromatic hydrocarbon (PAH)	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Monitoring
Concentration levels of air pollutants		Polycyclic aromatic hydrocarbons (PAHs)			Population-weighted PAH concentration	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy
Concentration levels of air pollutants		Polycyclic aromatic hydrocarbons (PAHs)			Population-weighted PAH concentration	Information not available		EU	EU	Information not available	EEC	International Agency for Research on Cancer (2019). Air pollution and cancer (J. Cohen, J. M. Samet, B. K. Staf, Eds.). International Agency for Research on Cancer. https://publications.iarc.fr/Book-And-Report-Series/Scientific-Publications-IARC-and-Cancer-2019	Proposed to monitor or evaluate a policy

Environmental: Exposure (domain)

Indicator domain	Performance indicator sub-Domain	Pollutants and targets	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (published, outcome or institutional)	Reference (Title and Link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Exposure	Population percentage	All pollutants	Population exposed to household air pollution	Global (2020)	Number of people and percentage of population exposed to household air pollution. Information for population exposed to household air pollution is based on the 2019 household air pollution exposure survey data. The population exposed to household air pollution is defined as the population living in informal settlements, slums and unplanned areas. The population exposed to household air pollution is defined as the population living in informal settlements, slums and unplanned areas.	Information not available		EU	EU	Information not available	EEC	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Monitoring
Exposure	Population percentage	All pollutants	Population exposed to household air pollution	Global (2020)	Number of people and percentage of population exposed to household air pollution. Information for population exposed to household air pollution is based on the 2019 household air pollution exposure survey data. The population exposed to household air pollution is defined as the population living in informal settlements, slums and unplanned areas. The population exposed to household air pollution is defined as the population living in informal settlements, slums and unplanned areas.	Information not available		EU	EU	Information not available	EEC	World Health Organization (2021). WHO global air quality guidelines. Particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. https://www.who.int/publications/m/item/global-air-quality-guidelines	Monitoring
Exposure	Population percentage	PM2.5	Population exposed to above air quality standards (PM2.5)	Europe (2021)	Urban population exposed to air pollutant concentrations above selected EU air quality standards (PM2.5)	Information not available		EU	EU	Information not available	EEC	European Commission (2021). Air quality standards in Europe. https://www.ec.europa.eu/euro-observatory/en/air-quality/indicators/air-quality-standards	Monitoring
Exposure	Population percentage	PM10	Population exposed to above air quality standards (PM10)	Europe (2021)	Urban population exposed to air pollutant concentrations above selected EU air quality standards (PM10)	Information not available		EU	EU	Information not available	EEC	European Commission (2021). Air quality standards in Europe. https://www.ec.europa.eu/euro-observatory/en/air-quality/indicators/air-quality-standards	Monitoring
Exposure	Population percentage	Ozone	Population exposed to above air quality standards (O3)	Europe (2021)	Urban population exposed to air pollutant concentrations above selected EU air quality standards (O3)	Information not available		EU	EU	Information not available	EEC	European Commission (2021). Air quality standards in Europe. https://www.ec.europa.eu/euro-observatory/en/air-quality/indicators/air-quality-standards	Monitoring
Exposure	Population percentage	Nitrogen dioxide (NO2)	Population exposed to above air quality standards (NO2)	Europe (2021)	Urban population exposed to air pollutant concentrations above selected EU air quality standards (NO2)	Information not available		EU	EU	Information not available	EEC	European Commission (2021). Air quality standards in Europe. https://www.ec.europa.eu/euro-observatory/en/air-quality/indicators/air-quality-standards	Monitoring

Environmental: Health risks and outcomes (domain) and Burden of disease and YLL (subdomains)

Indicator domain	Performance indicator sub-Domain	Pollutants and targets	Indicator	Geographical level and year (last updated)	Description	Disaggregation	Calculation	Target	Policy/action/initiative	Frequency	Data Source (public, citizens or institutional sites)	Reference (Title and link)	Used to monitor or evaluate a policy / proposed to monitor or evaluate a policy / monitoring
Health risks and outcomes	Burden of disease	All pollutants	Burden of disease attributable to pollution or pollution	Global (2016), Europe (2016), Belgium (2015), Belgium (2015), Ireland (2015), Italy (2015), Luxembourg (2015), Mexico (2015), North Macedonia (2015), Portugal (2015), Romania (2015), Ukraine (2015)	The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years.	By age group and by sex	The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years.	100		Information not available	WHO	WHO (2016), Ambient air pollution attributable deaths. The Global Health Observatory. https://www.who.int/data/directory/indicators/detail/GHS.SRVS.AIR.POLL.AM.P01	Monitoring
Health risks and outcomes	Burden of disease	PM10	Mortality related to long term and short-term exposure to particulate matter	Europe (2016)	Mortality related to long term and short-term exposure based on the WHO/AQI recommendations from 2013 (previous version) in urban, suburban, residential, industrial, commercial, transport, agricultural, respiratory hospital admissions, infant mortality, vehicle activity data, and low working days.	By age group and by sex	Mortality related to long term and short-term exposure based on the WHO/AQI recommendations from 2013 (previous version) in urban, suburban, residential, industrial, commercial, transport, agricultural, respiratory hospital admissions, infant mortality, vehicle activity data, and low working days.	100		Information not available	EUROPA	European Commission (2016), Impact assessment report: Proposal for a Directive of the European Parliament and of the Council. https://eur-lex.europa.eu/Preserve/uri/document/319348	Monitoring
Health risks and outcomes	YLL	All pollutants	Ambient air pollution attributable YLL	Global (2016), Europe (2016), Belgium (2015), Belgium (2015), Ireland (2015), Italy (2015), Luxembourg (2015), Mexico (2015), North Macedonia (2015), Portugal (2015), Romania (2015), Ukraine (2015)	Ambient air pollution attributable YLL to children under 5 years. The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths or DALYs by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years, 15-49, young adults, 50-69, middle aged, 70-79, older adults, 80+ years, and 80+ years old.	By age group and by sex	Ambient air pollution attributable YLL to children under 5 years. The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths or DALYs by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years, 15-49, young adults, 50-69, middle aged, 70-79, older adults, 80+ years, and 80+ years old.	100		Information not available	WHO	WHO (2016), Ambient air pollution attributable YLL. The Global Health Observatory. https://www.who.int/data/directory/indicators/detail/GHS.SRVS.AIR.POLL.AM.P02	Monitoring
Health risks and outcomes	YLL	All pollutants	Ambient air pollution attributable YLL	Global (2016), Europe (2016), Belgium (2015), Belgium (2015), Ireland (2015), Italy (2015), Luxembourg (2015), Mexico (2015), North Macedonia (2015), Portugal (2015), Romania (2015), Ukraine (2015)	Ambient air pollution attributable YLL to children under 5 years. The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths or DALYs by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years, 15-49, young adults, 50-69, middle aged, 70-79, older adults, 80+ years, and 80+ years old.	By age group and by sex	Ambient air pollution attributable YLL to children under 5 years. The burden of disease attributable to ambient air pollution can be expressed as number of deaths, death rate (per 100,000 people), number of disability-adjusted life years (DALYs), DALYs per 100,000 people and age-standardised rates. The number of years lost due to disability (YLDs) and DALYs rates are calculated by dividing the number of deaths or DALYs by the total population for selected 6 different population groups: total, 0-4, children under 5 years, 5-14, children under 15 years, 15-49, young adults, 50-69, middle aged, 70-79, older adults, 80+ years, and 80+ years old.	100		Information not available	WHO	WHO (2016), Ambient air pollution attributable YLL to children under 5 years. The Global Health Observatory. https://www.who.int/data/directory/indicators/detail/GHS.SRVS.AIR.POLL.AM.P03	Monitoring

