

19. Noncommunicable Diseases (NCDs)												
Basic			Developing			Advanced			Leading Edge			
1	2	3	4	5	6	7	8	9	10	11	12	
<b>Strategic Direction</b>	The NPHI has not set priorities for NCD surveillance, research, and prevention and control. The few NCD projects are usually based on personal interests or those of donors.			The NPHI has identified some NCD priorities and is starting to address them. However, it has not conducted structured planning. A few NCD projects are underway.			The NPHI has defined its priorities in writing and developed plans to address many of them. Several high-profile efforts are being conducted.			With stakeholder input, the NPHI has developed a comprehensive strategic plan for NCDs, much of which is underway. The plan is assessed regularly and updated as needed.		
<b>Systems</b>	Few systems exist for data collection, sharing of information, or collaborating with key partners. The need for SOPs, protocols for data collection, etc. is recognized but is not in place. Communication with partners is intermittent and ad hoc.			SOPs and systems are in place for collecting data on some priority NCDs and risk factors, but these do not always work well. Data from the healthcare system are hard to obtain. Communication with partners is becoming more systematic.			The NPHI has SOPs and systems for data collection, analysis, and dissemination for most priority NCD issues, which are usually followed. Multiple groups, including healthcare, contribute data. Regular coalition meetings and partner communications are resulting in better coordination of efforts.			Well-functioning systems consistently provide quality data. Results are regularly used for decision-making and advocacy. Systems for ongoing collaboration, information sharing, and harmonization of efforts with stakeholders and other groups are increasing efficiency and effectiveness in addressing NCDs.		
<b>Resources</b>	Resources for NCD work, including staff with needed skills, are extremely limited, resulting in limited surveillance, research, health promotion, and other efforts.			While access to some existing data has improved, resources for collecting original data are limited. Few staff have skills to analyze NCD surveillance data, conduct research, or do health communication and promotion,			The NPHI has good access to data on screening for NCDs and risk factors, as well as skilled staff and other resources to conduct surveys, do research, and develop evidence-informed recommendations and health promotion efforts.			The NPHI has resources to collect and use data to recommend or implement policies and programs. It conducts studies to evaluate intervention effectiveness and establishes multisectoral efforts with governmental and other partners to address issues such as the built environment and nutrition, which can contribute to NCDs.		
<b>Quality</b>	The quality of NCD-related data, data analysis, and prevention efforts is limited. The NPHI rarely conducts intervention programs related to NCDs or risk factors.			The NPHI's data on NCDs come from limited sources and are often incomplete and poor quality. The NPHI is attempting to improve data quality in some priority areas. Some prevention efforts, such as communication campaigns, are implemented, but they are generally of poor quality and are rarely evaluated.			Data quality is improving, and data re used to guide recommendations and programs. Process measures indicate good reach for health communication and other efforts. Where feasible, the impact on outcomes is also measured.			High-quality data and analyses inform guidelines and interventions, with intense efforts made to target populations that can most benefit. Programs use innovative approaches, such as new technologies, to maximize efficiency, cost-effectiveness, and impact. They are regularly evaluated to ensure quality and effectiveness.		
<b>Engagement</b>	The NPHI has limited connections with healthcare groups or others that could provide data or implement prevention and control interventions.			The NPHI is starting to work with the healthcare system on a limited number of priority areas. Outreach to other potential partners is increasing.			The NPHI works with the healthcare sector and other stakeholders on high-priority issues. Outreach includes industry and other nontraditional groups that could impact NCDs, but getting buy-in for some efforts is difficult.			The NPHI has robust partnerships with a range of organizations, both in and outside of government. These may include groups such as those involved in education, food production, etc. There is tremendous interest in the NPHI's efforts by the media and the public.		
<b>Impact</b>	Efforts are scattered and impact is hard to assess.			Process measures have been assessed for a few efforts, and in some of these, the NPHI has been able to show impact.			The NPHI's data has been widely used to inform the country's NCD prevention and control policies and programs. The NPHI has several examples of effective NCD prevention and control efforts. Several of its approaches have been adopted by other organizations.			The NPHI's NCD prevention and control efforts are models for other organizations, both nationally and internationally, with impacts on both behaviors and health outcomes, including in populations that have traditionally been underserved. Its data are widely quoted throughout the world in policy and program guidance.		

The Staged Development Tool (SDT) for NPHIs was developed by the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) and the [International Association of National Public Health Institutes \(IANPHI\)](#) with the assistance of a consultative group of National Public Health Institute (NPHI) leaders from around the world. Revised 2024.