| | Additional file 1: INDICATORS AND INCLUSION CRITERIA | | | | |
|-----|--|----------------------|-----------|--------------------|----------|
| No | Indicators | Report year assessed | | Selection criteria | |
| | | 2011 | 2014 | 2015 | 2≥ |
| 1. | Set time-bound national targets and indicators based on WHO guidance by 2015 | | | | Included |
| 2. | Has a functioning system for generating reliable cause-specific mortality data on a routine basis by 2015 | | X | | Included |
| 3. | Has a STEPS survey or a comprehensive health examination survey every 5 years | | X | | Included |
| | Has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk | | | | |
| 4. | factors by 2015 | X | $\sqrt{}$ | | Included |
| 5. | Implemented the demand-reduction measures of the WHO FCTC at the highest level of achievement by 2015 | | | | Included |
| a. | Reduce affordability of tobacco products by increasing tobacco excise taxes | | | | Included |
| b. | Create by law completely smoke-free environments in all indoor workplaces, public places and public transport | X | X | | Excluded |
| | Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media | | | | |
| c. | campaigns | | X | | Included |
| d | Ban all forms of tobacco advertising, promotion and sponsorship | X | X | | Excluded |
| | Implemented, as appropriate according to national circumstances, measures to reduce the harmful use of alcohol as | | | | |
| 6. | per the WHO global Strategy to Reduce the Harmful Use of Alcohol | | | X | Included |
| a. | Regulations over commercial and public availability of alcohol | X | X | | Excluded |
| b. | Comprehensive restrictions or bans on alcohol advertising and promotions | X | X | | Excluded |
| c. | Pricing policies such as excise tax increases on alcoholic beverages | X | X | | Excluded |
| 7. | Implemented the measures to reduce unhealthy diets | | | X | Included |
| a. | Adopted national policies to reduce population salt/sodium consumption | X | X | | Excluded |
| | Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty | | | | |
| b. | acids in the food supply | X | X | | Excluded |
| c. | WHO set of recommendations on marketing of foods and non-alcoholic beverages to children | X | X | | Excluded |
| d. | Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes | X | X | | Excluded |
| 8. | Implemented at least one recent national public awareness programme on diet and/or physical activity | | | | Included |
| | Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary | | | | |
| 9. | care approach, recognized/approved by government or competent authorities | X | | | Included |
| | Has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to | | | | |
| | prevent heart attacks and strokes, with emphasis on the | | | _ | |
| 10. | primary care level | X | X | | Excluded |