Food and Health Bureau

Department of Health

TOWARDS 2025

Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong

Summary Report

This publication has been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

The Hong Kong Special Administrative Region of the People's Republic of China

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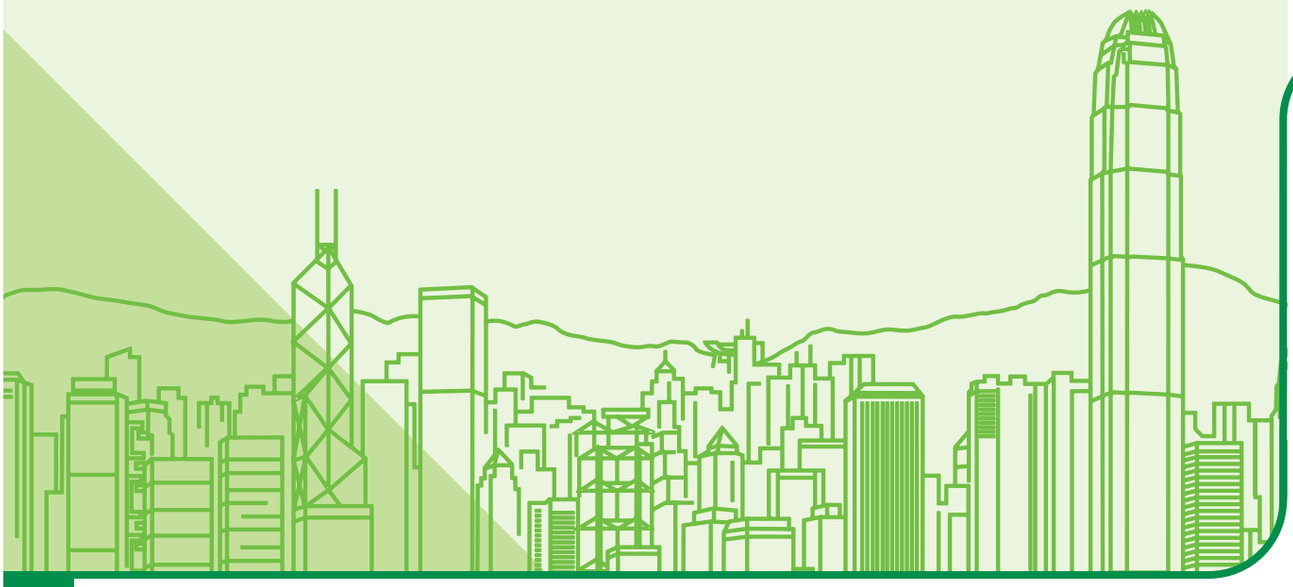
FOREWORD



Similar to many countries and jurisdictions, Hong Kong is facing an increasing threat of non-communicable diseases (NCD) which will give rise to increasing mortality, morbidity and disability if not addressed promptly. The health conditions of individuals also have a bearing on families, healthcare systems, and the entire society and economy as a whole.

The Government of the Hong Kong Special Administrative Region is fully committed to protecting people's health. Since 2008, the Government has launched a strategic framework to prevent and control NCD and set up a high-level multidisciplinary and intersectoral steering committee (SC)

Prof Sophia CHAN Siu-chee, JP

Secretary for Food and Health

under my chairmanship to oversee the overall implementation. The publication of the document, *"Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"* (SAP), bears the fruit of the invaluable efforts and views contributed by numerous stakeholders. It presents an overview of NCD in the global and local contexts, sets out the overarching principles, approaches and strategic directions in line with the World Health Organization (WHO) recommendations, and proposes a list of actions that Hong Kong will pursue to achieve the committed NCD targets as we move towards 2025.

The SC will closely monitor and review progress of implementation of the stated actions. Moreover, the SC will keep in view global, regional and local developments together with the latest evidence and consider implementing the appropriate strategies accordingly.

The Government is committed to fighting against NCD on all fronts and alleviating its burden. But we cannot achieve this alone. The Government will continue to foster co-operation across sectors and work in close partnership with the community and members of the public to build a health-enhancing physical and social environment and promote the health of all Hong Kong people.

PREFACE

Dr Constance CHAN Hon-yee, JP
Director of Health

Today, NCD such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases represent a leading threat to human health and development. According to the WHO, of 56.4 million global deaths in 2015, 39.5 million, or 70%, were due to NCD.

While Hong Kong's health indices rank among the best in the world, like many parts of the developed world, Hong Kong is having an ageing population. With a steadily increasing life expectancy at birth for both sexes, the proportion of population aged 65 or above is projected to rise markedly, from 17% in 2016 to 37% in 2066. Driven by population ageing, changing health risk profiles, social changes and globalisation, Hong Kong is facing the unprecedented threat of NCD, with the number of people coming down with these major NCD keeps growing.

Fortunately, a growing body of evidence is available to show that leading causes and underlying risk factors for NCD can be effectively tackled through population-based interventions that encourage healthy lifestyles including healthy eating, physical activity, and reduced consumption of tobacco and alcohol.

The Department of Health is taking a proactive and coordinated approach to the prevention and control of NCD. In 2008, we launched the *"Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases"* to guide and give impetus to the efforts. While a range of NCD prevention and control work has been/is being undertaken in Hong Kong, there is scope for a more effective, sustainable and forward looking approach on improving population health.

In light of WHO's call for development of multisectoral action plan with clear targets and indicators to track national progress and achievements in NCD prevention and control, there is a need for Hong Kong to adopt a new approach and hence this strategy and action plan, to guide multi-level and cross-sectoral actions. In the coming years, I look forward to seeing more government bureaux/departments and relevant parties outside the Government working together on policies, systems, programmes and actions to address NCD through strengthening health advocacy; fostering partnership building in creating supportive environment; and enhancing NCD surveillance and progress monitoring.

Yet, successful implementation of the new strategy would not be possible without your support. By choosing healthy ways of living, you too can contribute to our fight against the rising trend of NCD. Every action counts!

RATIONALE FOR A NCD STRATEGY AND ACTION PLAN

Hong Kong faces an increasing problem of NCD which is compounded by population aging. In 2016, the major NCD, namely cardiovascular diseases including heart diseases and stroke, cancers, diabetes and chronic respiratory diseases, accounted for about 55% of all registered deaths. In the same year, they caused about 104 600 potential years of life lost before age of 70. Poor health impacts on the individual, family and healthcare system, and if not addressed, on society and economy. At least a third of all NCD can be prevented through lifestyle choices if supported by a health-enhancing physical and social environment.

NCD PREVENTION AND CONTROL STRATEGY IN HONG KONG

Since 2008, the Government has launched a strategic framework to prevent and control NCD and has set up a high-level SC, chaired by the Secretary for Food and Health and comprising representatives from the Government, public and private sectors, academia, professional bodies, industry representatives and other key partners, to deliberate on and oversee the overall roadmap for implementation. Three working groups were set up, with two focusing on promotion of healthy diet, physical activity and reduction of alcohol-related harm. To combat the threat posed by NCD and in line with WHO's *"Global Action Plan for the Prevention and Control of NCD 2013-2020"* (Global NCD Action Plan), the SC, in 2018, formulated and endorsed a strategy and action plan for prevention and control of NCD by 2025 which defines a set of 9 local NCD targets to be achieved by the same year. This resulted in the publication of this SAP document.

SCOPE

Aligning with the WHO's Global NCD Action Plan, the SAP focuses on four NCD (namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and four shared behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol) that are potentially preventable or modifiable and have significant impact on population health.

GOAL

The SAP aims to reduce NCD burden including disability and premature death in Hong Kong by 2025.

OBJECTIVES

The SAP sets out to prevent and control NCD by achieving the following objectives:-

(a) Create equitable health-promoting environments that empower individuals to lead healthy lives;

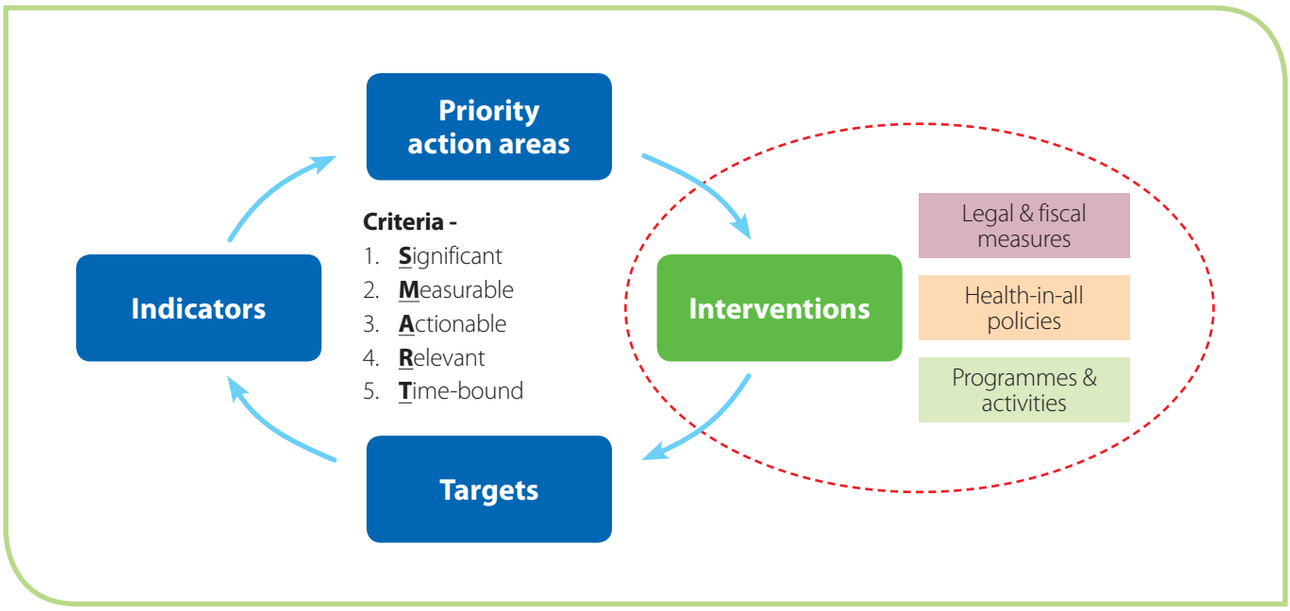
(b) Strengthen health literacy and capacity of individuals to make healthy choices;

(c) Strengthen health systems for optimal management of NCD through primary health care and universal health coverage; and

(d) Monitor progress of NCD prevention and control actions with clear targets and indicators adapted from the WHO's global monitoring framework.

ACCOUNTABILITY FRAMEWORK

Measuring and monitoring NCD helps Hong Kong see where we stand and what actions are most needed. New goals can be set, programmes evaluated and continued progress made towards improving population health. The accountability framework depicted below underpins these crucial elements.



OVERARCHING PRINCIPLES AND APPROACHES

The SAP builds upon public health and health promotion principles and approaches covering:-

- Upstream approach
- Life-course approach
- Focus on equity
- Multisectoral actions
- Health system strengthening
- Universal health coverage
- Evidence-based strategies
- Empowerment of people and communities

KEY PRIORITY ACTION AREAS

The SAP is developed to improve the health of Hong Kong people. It will drive a variety of actions falling within five key areas that fit the acronym **HeALTH**.

- **He**althy Start
- **A**lcohol Free
- **L**ive Well and Be Active
- **T**obacco Free
- **H**ealthy Diet

TARGETS BY 2025

Together, we will work to achieve the following 9 targets by 2025[1]:-

Target 1

A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases

Target 2

At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/ alcohol dependence) among adults and in the prevalence of drinking among youth

Target 3

A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults

Target 4

A 30% relative reduction in mean population daily intake of salt/sodium

Target 5

A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years

Target 6

Contain the prevalence of raised blood pressure

Target 7

Halt the rise in diabetes and obesity

Target 8

Prevent heart attacks and strokes through drug therapy and counselling

Target 9

Improve availability of affordable basic technologies and essential medicines to treat major NCD

[1] The local NCD targets are adapted from the WHO's global monitoring framework (GMF) of 9 global voluntary targets and 25 indicators. The baseline selected by WHO for all global voluntary targets and indicators is 2010. However, due to local data availability, the baseline adopted by Hong Kong for each target and indicator may vary, with the most recent available data adjacent to 2010 being selected.

WHY THESE TARGETS?

Reduce premature mortality from NCD	NCD are major causes of ill-health, disability and death. If not addressed, NCD poses threats to individual's health and well-being, and family, healthcare system, society, productivity and socioeconomic development.
 **Reduce harmful use of alcohol**	Alcohol use is a component cause of more than 200 disease and injury conditions, including heart diseases, cancers, liver diseases, a range of mental and behavioural disorders, and other NCD. Alcohol use accounts for considerable health-care resource use, personal suffering, morbidity, death and social consequences.
 **Reduce physical inactivity**	Physical inactivity is estimated to be the principal cause for approximately 21–25% of breast and colon cancer burden, 27% of diabetes and approximately 30% of ischaemic heart disease burden. Maintaining high amounts and intensities of physical activity starting from childhood and continuing into adult years will bring many health benefits, including increased physical fitness (both cardiorespiratory fitness and muscular strength), reduced body fatness, favourable cardiovascular and metabolic disease risk profiles, enhanced bone health and reduced symptoms of depression.
 **Reduce salt intake**	High salt consumption contributes to raised blood pressure and increases the risk of heart disease and stroke.
 **Reduce tobacco use**	Tobacco kills people prematurely. On average, tobacco users lose 15 years of life. Up to half of all tobacco users will die of tobacco related causes. Smoking contributes to 14% of all deaths from NCD, including heart diseases, cancers, diabetes and lung disease.

Contain the prevalence of raised blood pressure

Raised blood pressure (hypertension) is a major cardiovascular risk factor. If left uncontrolled, it can cause heart attacks, stroke, dementia, renal failure and blindness. Hypertension rarely causes symptoms in the early stages and many people go undiagnosed. Early detection, adequate treatment and good control of hypertension are effective in reducing the burden of cardiovascular disease.

Halt the rise in diabetes and obesity

Diabetes of all types (type 1, type 2, impaired glucose tolerance, impaired fasting glycaemia, gestational diabetes) can lead to complications in many parts of the body, including heart attack, stroke, kidney failure, leg amputation, vision loss and nerve damage, leading to disability and premature death. Diabetes imposes a large economic burden on the health-care system and the wider economy. Overweight and obesity are the strongest risk factors for type 2 diabetes. Obesity also increases the likelihood of developing other NCD such as cancers.

Prevent heart attacks and strokes through drug therapy and counselling

People with multiple risk factors, such as smoking, raised blood pressure, raised cholesterol and/or diabetes have a higher 10-year risk of cardiovascular events such as stroke, coronary heart disease, peripheral artery disease and heart failure occurring. Population-based interventions alone will not be sufficient to prevent heart attacks and strokes for people at such risk level. Providing drug therapy (including glycaemic control of diabetes and control of hypertension using a total risk approach) and counselling to high-risk individuals are important to prevent heart attacks and strokes.

Improve availability of affordable basic technologies and essential medicines to treat major NCD

Without effective medicines and essential diagnostic and monitoring equipment made available at health facilities to treat NCD, patients will suffer short and long term adverse effects from their disease. Sustainable health-care financing, health policies that safeguard equitable access, adequate and reliable procurement systems for basic health technologies and essential NCD medicines, training of healthcare workers, and evidence-based treatment guidelines and protocols are all necessary for effective management of NCD.

HONG KONG POPULATION HEALTH HIGHLIGHTS

PREMATURE MORTALITY FROM NCD

The probability of dying between ages of 30 and 70 from **CANCERS, CARDIOVASCULAR DISEASES, CHRONIC RESPIRATORY DISEASES OR DIABETES** has been **STEADILY DECREASING**.

Source: Mortality Statistic, DH

BEHAVIOURAL RISK FACTORS

About **86%** of local people aged 15 to 84 had **SALT INTAKE IN EXCESS OF** WHO's recommended limit of less than **5 GRAMS** a day.

Source: Population Health Survey 2014/15, DH

Over **90%** of local people aged 15 or above consumed **LESS THAN** the WHO recommended **5 SERVINGS OF FRUIT AND VEGETABLES** a day.

Source: Population Health Survey 2014/15, DH

13% of local people aged 15 or above did **NOT HAVE ADEQUATE LEVELS OF PHYSICAL ACTIVITY** to be of benefit to health.

Source: Population Health Survey 2014/15, DH

Note: *According to WHO, adults should engage in at least 150 minutes of moderate intensity physical activity per week.*

The proportion of primary and secondary students who were **INSUFFICIENTLY PHYSICALLY ACTIVE** was **93%** in 2015/16 school year.

Source: Student Health Services, DH

Note: *According to WHO, children (aged 5+) and adolescents (up to 17) are recommended to have at least 60 minutes of moderate-to-vigorous-intensity physical activity every day.*

For prevalence of **ALCOHOL CONSUMPTION**, about **60%** of local people aged 15 or above had consumed alcohol in the last 12 months.

Source: Population Health Survey 2014/15, DH

For smoking, the prevalence of **DAILY CIGARETTE SMOKING** among persons aged 15 or above has been on a slowly decreasing trend. Hong Kong currently achieves a record low smoking prevalence at **10%** in 2017.

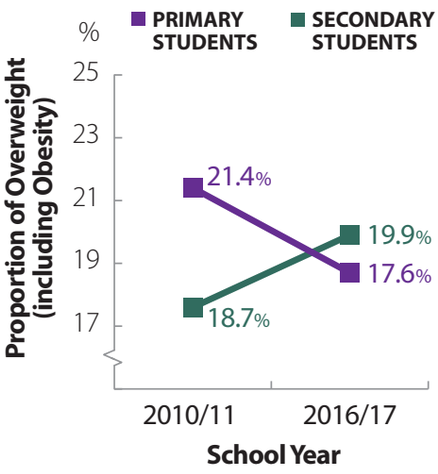
Sources: Thematic Household Survey, Census & Statistics Department

BIOLOGICAL RISK FACTORS

Half (**50%**) of local people aged 15 to 84 are **OVERWEIGHT OR OBESE**.

Source: Population Health Survey 2014/15, DH

Note: *According to the classification for Chinese adults in Hong Kong, overweight is defined as BMI ≥ 23 kg/m² and obesity is defined as ≥ 25 kg/m².*



Using local definition of overweight (including obesity), the proportion of primary school students considered **OVERWEIGHT OR OBESE** decreased from 21.4% in 2010/11 school year to **17.6%** in 2016/17 school year, but the corresponding proportions for secondary school students continued to rise, from 18.7% in 2010/11 school year to **19.9%** in 2016/17 school year.

Source: Student Health Service, DH

Note: *Local definition of overweight (including obesity) is defined as weight exceeding 120% of the median weight-for-height for male students with height between 55 and 175cm and for female students with height between 55 and 165cm; and BMI ≥25 kg/m² for male students with height >175cm and for female students with height >165cm.*

Among the local adult population aged 15 to 84, the prevalences of **HYPERTENSION, DIABETES AND HIGH BLOOD CHOLESTEROL** were **27.7%**, **8.4%** and **49.5%** respectively. Obvious increases were noted in the crude rates and/or absolute numbers of people with hypertension, diabetes and high blood cholesterol over the past 10 years.

Sources: Population Health Survey 2003/04, Heart Health Survey 2004/05 and Population Health Survey 2014/15, DH

CURRENT SITUATION OF LOCAL INTERVENTIONS TO PREVENT AND CONTROL NCD

To tackle the increasing challenges posed by NCD, public health actions taken should be based on the best available evidence. The WHO has identified and provided in the Global NCD Action Plan a menu of policy options and cost-effective interventions for tackling key risk factors for NCD. To examine the adequacy of current locally adopted NCD interventions, they were compared with and summarised against WHO's 'best buys' and other recommended interventions[2] for reducing NCD in Tables 1a to 1e (Pages 11-13). To a large extent, many interventions focus on raising public awareness and encouraging individual behavioural changes among the targeted audience. Unless upstream policy, fiscal and administrative means are implemented, the effect on improving population health is expected to be limited and, at best, short-lived.

[2] *Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases.* Geneva: World Health Organization, 2017.

Overview of Hong Kong situation vis-a-vis WHO recommended 'best buys' and other recommended interventions (based on WHO CHOICE analysis) for tackling key risk factors for NCD

Guide to interpreting these tables:

a

The WHO CHOICE analysis assessed and categorised 88 interventions (published in peer reviewed journal with demonstrated and quantifiable effect size) based on their feasibility and cost-effectiveness ratio (expressed as International dollars (I$) per disability adjusted life year (DALY)) of ≤ I$ 100 per DALY averted in low- and lower middle-income countries (LMICs); cost-effectiveness ratio > I$ 100 per DALY averted; and those for which WHO CHOICE analysis could not be conducted. The absence of WHO-CHOICE analysis does not necessarily mean that an intervention is not cost-effective, affordable or feasible – rather, there were methodological or capacity reasons for which the WHO-CHOICE analysis could not be completed at the current time. The subsequent tables show three categories of interventions:-

"Best buys"
are those interventions considered the most cost-effective and feasible for implementation, with an average cost effectiveness ratio ≤ I$100/DALY averted in LMICs

"Effective interventions"
are interventions with an average cost-effectiveness ratio > I$100/DALY averted in LMICs

"Other recommended interventions"
are interventions that have been shown to be effective but for which no cost-effective analysis was conducted.

b

Local Status : Adopted Partially adopted Not adopted

Table 1a: Unhealthy diet

	WHO recommended interventions	Local situation
Best buys	Reduce salt intake through the reformulation of food products	
	Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes	
	Reduce salt intake through a behaviour change communication and mass media campaigns	
	Reduce salt intake through the implementation of front-of-pack labelling	
Effective interventions	Eliminate industrial trans fats through the development of legislation to ban their use in the food chain	
	Reduce sugar consumption through effective taxation on sugar-sweetened beverages	

Table 1a: Unhealthy diet (cont'd)

	WHO recommended interventions	Local situation
Other recommended interventions	Promote and support exclusive breastfeeding for the first 6 months, including promotion of breastfeeding	
	Implement subsidies to increase the intake of fruit and vegetables	
	Replace trans fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies	
	Limit portion and package sizes	
	Implement nutrition education and counselling in different settings (e.g. in preschools, schools, workplaces and hospitals) to increase the intake of fruit and vegetables	
	Implement nutrition labelling to reduce total energy intake, sugars, sodium and fats	
	Implement mass media campaigns on healthy diet to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruit and vegetables	

Table 1b: Physical inactivity

	WHO recommended interventions	Local situation
Best buys	Implement community wide public education and awareness campaigns for physical activity	
Effective interventions	Provide physical activity counselling and referral as part of routine primary healthcare services	
Other recommended interventions	Implement whole-of-school programme that includes quality physical education, availability of adequate facilities and programmes	
	Ensure that macro-level urban design supports active transport strategies	
	Provide convenient and safe access to quality public open space and adequate infrastructure to support walking and cycling	
	Implement multi-component workplace physical activity programmes	
	Promotion of physical activity through organised sport groups and clubs, programmes and events	

Table 1c: Harmful use of alcohol

	WHO recommended interventions	Local situation
Best buys	Increase excise taxes on alcoholic beverages	
	Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising	
	Enact and enforce restrictions on the physical availability of retailed alcohol	
Effective interventions	Enforcing drink driving laws (breath-testing)	
	Offer brief advice for hazardous drinking	

Table 1c: Harmful use of alcohol (cont'd)

	WHO recommended interventions	Local situation
Other recommended interventions	Carry out regular reviews of prices in relation to level of inflation and income	
	Establish minimum prices for alcohol where applicable	
	Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets	
	Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people	
	Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services	
	Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol	

Table 1d: Tobacco use

	WHO recommended interventions	Local situation
Best buys	Increase excise taxes and prices on tobacco products	
	Implement plain/standardised packaging and/or large graphic health warnings on all tobacco products	
	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship	
	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport	
	Implement effective mass media campaigns that educate the public about the harms of smoking/ tobacco use and second-hand smoke	
Effective interventions	Provide cost-covered, effective and population-wide support (including brief advice, toll-free quit line services) for tobacco cessation services to all those who want to quit	
Other recommended interventions	Implement measures to minimise illicit trade in tobacco products	
	Ban cross-border advertising, including using modern means of communication	
	Provide mobile phone based tobacco cessation services	

Table 1e: Primary and secondary prevention of major NCD

Note: *Only selected items of WHO recommended interventions are highlighted.*

	WHO recommended interventions	Local situation
Best buys	Prevention of cervical cancer by screening women aged 30-49 years	
	Vaccination against human papillomavirus of 9-13 year old girls	
Other recommended interventions	Population-based colorectal cancer screening at age >50 years, linked with timely treatment	
	Prevention of liver cancer through hepatitis B immunisation	
	Lifestyle interventions for preventing type 2 diabetes	

NEW STRATEGIC DIRECTIONS

The need to accelerate actions to beat NCD is high on the global and local political agenda. Going forward, we have set new strategic directions in line with WHO's recommendations:-

(i) Government demonstrating leadership;

(ii) Schools transformed into healthy settings (e.g. Health Promoting Schools);

(iii) Supportive physical and social environments created for physical activity;

(iv) Effective partnerships with primary care professionals; and

(v) Consideration and adoption of 'best buys' and other recommended interventions at appropriate stages.

Specific action items that will be pursued to contribute to the overall achievement of the stated NCD targets have been outlined in the factsheets under each target area of the SAP document.

LOCAL NCD MONITORING FRAMEWORK

For local NCD monitoring, a set of 9 targets and 34 indicators, comprising 25 key indicators (derived from the WHO's global monitoring framework (GMF)[3]) and 9 supplementary indicators (of local reference[4]), has been adopted. Table 2 (Pages 16-18) lists out an overview of the NCD targets and indicators for Hong Kong towards 2025.

The baseline selected by WHO for all global voluntary targets and indicators is 2010. However, due to local data availability, the baseline adopted by Hong Kong for each target and indicator may vary, with the most recent available data adjacent to 2010 being selected.

For easy reference to WHO's 25 indicators, the numbering of 'key indicators' follows WHO's GMF. For the sake of easy differentiation, a letter "S" is used to indicate the 'supplementary indicators'.

[3] Details of the WHO's GMF can be found from the following link: http://www.who.int/nmh/global_monitoring_framework/2013-11-06-who-dc-c268-whp-gap-ncds-techdoc-def3.pdf?ua=1

[4] By taking reference from the WHO Global Reference List of 100 Core Health Indicators and recommendations by the WHO Commission on Ending Childhood Obesity.

Table 2: Summary of local NCD targets and indicators for NCD monitoring

Target 1: Reduce premature mortality from NCD

A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases by 2025

Key indicators *[Monitoring frequency]*

1. Unconditional probability of dying between ages of 30 and 70 from four non-communicable diseases (4 NCD), namely cardiovascular diseases, cancers, diabetes or chronic respiratory diseases *[Annual]*
2. Cancer incidence and mortality, by type of cancer, per 100 000 population breakdown by age and sex *[Annual]*
20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer *[Annual]*
22. Availability of vaccines against human papillomavirus (HPV) as part of a national immunisation schedule *[Annual]*
24. Vaccination coverage of hepatitis B vaccine measured by proportion of children who received three doses of Hep-B vaccine (HepB3) and the timeliness of vaccination (as reflected by median and interquartile range) for HepB3 among preschool children *[Every 2-3 years]*
25. Proportion of women between the ages of 30 and 49 screened for cervical cancer at least once *[Every 2 years]*

Target 2: Reduce harmful use of alcohol

At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth by 2025

Key indicators *[Monitoring frequency]*

3. Estimated total alcohol consumption per capita (aged 15+ years) within a calendar year in litres of pure alcohol *[Annual]*
4a. Prevalence of binge drinking at least monthly among adolescents *[Every 1 or 2 years]*
4b. Age-standardised prevalence of binge drinking at least monthly among adults (aged 18+ years) *[Every 2 years]*
5. Proportion of persons (aged 15+ years) who had an Alcohol Use Disorders Identification Test (AUDIT) score of 16 or above, which indicates harmful drinking or probable alcohol dependence *[Every 2 years]*

Supplementary indicators *[Monitoring frequency]*

S1. Prevalence of ever drinking, 12-month drinking and 30-day drinking among young people *[Every 2 or 4 years]*
S2. Proportion of adolescents reported having the first sip at age below 16 years *[Every 2 years]*
S3. Proportion of adolescents reported starting a monthly drinking habit at age below 16 years *[Every 2 years]*

Table 2: Summary of local NCD targets and indicators for NCD monitoring (cont'd)

Target 3: Reduce physical inactivity

A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults by 2025

Key indicators *[Monitoring frequency]*

6 Prevalence of insufficiently physically active adolescents *[Annual]*

7 Age-standardised prevalence of insufficiently physically active persons aged 18+ years *[Every 2 years]*

Target 4: Reduce salt intake

A 30% relative reduction in mean population daily intake of salt/sodium by 2025

Key indicators *[Monitoring frequency]*

8 Age-standardised mean intake of salt (sodium chloride) per day in grams among persons aged 18-84 years *[Every 4-6 years]*

Target 5: Reduce tobacco use

A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years by 2025 when compared to the baseline prevalence in 2010

Key indicators *[Monitoring frequency]*

9 Prevalence of current tobacco use among adolescents *[Every 2 years]*

10 Age-standardised prevalence of daily cigarette smoking among persons aged 18+ years *[Every 2-3 years]*

Supplementary indicators *[Monitoring frequency]*

S4 Prevalence of daily cigarette smoking among persons aged 15+ years *[Every 2-3 years]*

Target 6: Contain the prevalence of raised blood pressure

Contain the prevalence of raised blood pressure by 2025

Key indicators *[Monitoring frequency]*

11a Age-standardised (and crude) prevalence of raised blood pressure among persons aged 18-84 years *[Every 4-6 years]*

11b Age-standardised (and crude) mean systolic blood pressure (SBP) among persons aged 18-84 years *[Every 4-6 years]*

Table 2: Summary of local NCD targets and indicators for NCD monitoring (cont'd)

Target 7: Halt the rise in diabetes and obesity

Halt the rise in diabetes and obesity by 2025

Key indicators *[Monitoring frequency]*

12 Age-standardised (and crude) prevalence of raised blood glucose/diabetes among persons aged 18-84 years *[Every 4-6 years]*

13 Detection rate of overweight and obesity in primary and secondary students, based on:
- Local definition *[Annual]*
- WHO's definition *[Annual]*

14 Age-standardised (and crude) prevalence of overweight and obesity in persons aged 18-84 years, based on:
- Local classification *[Every 4-6 years]*
- WHO's classification *[Every 4-6 years]*

15 Age-standardised mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years *[About every 10 years]*

16 Age-standardised prevalence of low fruit and vegetables consumption among persons aged 18+ years *[Every 2 years]*

17 Age-standardised prevalence of raised total cholesterol and mean total cholesterol among persons aged 18-84 years *[Every 4-6 years]*

21 Adoption of national policies that limit saturated fatty acids and eliminate partially hydrogenated vegetable oils (the main source of industrially produced trans fats) in the food supply

23 Adoption of national policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt

Supplementary indicators *[Monitoring frequency]*

S5 Prevalence of overweight and obesity in children under 5 years of age *[Annual]*

S6 Ever breastfeeding rate on discharge from hospitals *[Every 2 years]*

S7 Rate of exclusive breastfeeding for 4 months *[Every 2 years]*

S8 Proportion of upper primary and secondary school students who spent 2 hours or more a day on the internet or electronic screen products for purposes not related to school work *[Annual]*

S9 Proportion of upper primary and secondary school students who had sleep time less than 8 hours a day on a typical night of a school day *[Annual]*

Target 8: Prevent heart attacks and strokes through drug therapy and counselling

No specific local target at the moment due to lack of quantifiable indicators

Target 9: Improve availability of affordable basic technologies and essential medicines to treat major NCD

No specific local target at the moment due to lack of quantifiable indicators

MAKING IT HAPPEN

Developing the *"Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"* (SAP) represented but one milestone in Hong Kong's commitment to address NCD.

A spectrum of intersectoral actions will be carried out to contribute to the overall achievement of the 9 stated NCD targets under the SAP. Details of the specific action items under each target area can be found in the full version of SAP document which is accessible from the following web page link:

www.change4health.gov.hk/en/saptowards2025

While the Government has a leading role in taking the agenda forward, successful prevention and control of NCD relies on collaborative efforts by various important stakeholders including government bureaux and departments, academia, non-governmental organisations, private sector and individuals. We urge everyone to support the SAP and join hands to make Hong Kong a healthier city.

Food and Health Bureau

Department of Health

Hong Kong Special Administrative Region Government