Mission statement

CINDI – Countrywide Integrated Noncommunicable Diseases Intervention Programme

World Health Organization link
An initiative of the WHO and a vital part of the WHO policy framework for supporting countries in developing health policies, health systems and public health programmes both to improve people’s health and to reduce inequalities in health within and between countries.

Mission
To establish cooperative projects and programmes to help prevent and control noncommunicable diseases and to promote healthier lifestyles.

Priorities of CINDI
Reducing smoking, unhealthy nutrition, alcohol abuse, physical inactivity and psycho-social stress.
Enhancing preventive practices of health professionals.
Ensuring success by exchanging information, sharing experience and building up international networks.
CINDI Highlights 2005
Abstract

Major chronic diseases such as cardiovascular disease, cancer, chronic obstructive pulmonary disease (COPD) and diabetes result from a few lifestyle-related behaviours. These behaviours – unhealthy diet, reduced physical activity, tobacco use and alcohol abuse – lead to obesity and hypertension and to an increased risk of lipids and glucose metabolism disorders. Although evidence is growing that these diseases can be prevented, many European Member States lack a national policy, and therefore do not take the action needed to control and prevent chronic diseases.

The WHO CINDI (Countrywide Noncommunicable Disease Intervention) Programme supports prevention and control of chronic diseases through an integrated approach towards risk factors such as unhealthy diet, reduced physical activity, tobacco use and alcohol abuse. This issue of CINDI Highlights focuses on activities implemented by countries participating in the CINDI Programme in 2005. Particular focus is made on the actions aimed at counteracting obesity.

Keywords

CHRONIC DISEASE - prevention and control
DELIVERY OF HEALTH CARE, INTEGRATED
PROGRAMME DEVELOPMENT
NATIONAL HEALTH PROGRAMMES
EUROPE

EUR/05/5063827

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2006

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.
## Contents

- Introduction  
- Austria  
- Belarus  
- Bulgaria  
- Canada  
- Croatia  
- Cyprus  
- Czech Republic  
- Estonia  
- Finland  
- Georgia  
- Germany  
- Hungary  
- Italy  
- Kazakhstan  
- Latvia  
- Lithuania  
- Malta  
- Poland  
- Portugal  
- Republic of Moldova  
- Romania  
- Russian Federation  
- Slovakia  
- Slovenia  
- Spain (Catalonia)  
- Ukraine  
- United Kingdom (Merseyside)  
- United Kingdom (Northern Ireland)  
- International Quit & Win  

Page numbers are provided next to each section.
Introduction

In 2005, the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) Programme network comprised 29 participating countries. During the year international collaboration focused on moving the programme from demonstration to dissemination.

The focus was on the following activities:

- networking and partnership;
- promotion of experience through an integrated approach to noncommunicable diseases (NCD) prevention;
- improving preventive care at primary health care level;
- supporting NCD policy development;
- capacity building.

Networking and partnership
Collaboration continued with the World Health Organization (WHO) Global Forum on Chronic Disease Prevention and Control. CINDI Programme representatives attended the fourth meeting of the Global Forum in November 2004 and presented the proposed CINDI strategy for NCD in Europe, A strategy to prevent chronic disease in Europe: A focus on public health action – the CINDI vision.

Collaboration with the Centers for Disease Control and Prevention (CDC) in the United States of America continued in the area of capacity building. Examples of such collaboration include organisation of the third course on evidence-based NCD prevention, which took place in September 2005, further development of CINDI Health Monitor databases and NCD policy analysis through CDC participation in the CINDI Working Group on Policy.

Links with the CARMEN network (the initiative for integrated noncommunicable disease prevention in the Americas) were also enhanced during the year through various initiatives, some of which are highlighted below.

Additional beneficial contacts were established with the European Society of Cardiology, which represents more than 45,000 cardiology professionals across Europe and the Mediterranean, the European Heart Network, which plays a leading role in the prevention and reduction of cardiovascular disease throughout Europe and EUROHealthNet, the network of health promotion and public health agencies in Europe.

Expanding the network
Azerbaijan approached WHO expressing a desire to participate in the CINDI network. Azerbaijan officials have been very active for several years in promoting the CINDI concept within the country and a number of training courses have been organised to date.

Promotion of experience
The publication Policy development and noncommunicable disease prevention: the road from Kaunas. Policy development and implementation processes in the CINDI and CARMEN noncommunicable disease intervention programmes: a comparative study was published in liaison with Public Health Agency of Canada.

The CINDI document A strategy to prevent chronic disease in Europe: a focus on public health action – the CINDI vision was widely distributed in the region. It was also translated into Russian and Bulgarian and subsequently published. Preparatory work updating the CINDI protocol also began.

The CINDI Programme network was one of many collaborators at the ‘European conference on chronic disease prevention: learning from the past, planning for the future’, which took place on 8–10 December 2005 in Helsinki and was organised by the Ministry for Social Affairs and Health (Finland), the National Public Health Institute (KTL, Finland) and the European Commission. The conference was co-sponsored by the WHO Regional office for Europe.
The International Quit and Win 2004 results were analysed during the year and preparatory work for the International Quit and Win 2006 smoking cessation campaign began.

Design of the WHO CINDI Programme website at www.who.dk/CINDI/ was updated and the annual CINDI Highlights for 2004 were compiled, published and distributed during 2005.

Improving preventive care
Several countries continued the project on pharmacy-based hypertension management.

The EuroPharm Forum and CINDI Programme protocol agreement has resulted in collaboration to develop a pharmacy-based hypertension management model. The protocol for the project has been finalised and published.

The CINDI network continued collaboration with WHO headquarters on cervical cancer screening programmes and two national CINDI programmes have been involved in national cervical cancer programmes.

Supporting NCD policy development
After a meeting of the CINDI working group on monitoring, evaluation and research in Heidelberg during November 2004, the CINDI database on risk factors was established and the available data presented.

During the year a CINDI Health Monitor database was established and 21 countries submitted data to the first survey. Data were subsequently analysed and the first draft of the publication prepared.

Two meetings of the CINDI working group on policy were organised. A questionnaire for the third survey on NCD policy development in the CINDI and CARMEN networks was drawn up and a summary article on the findings of the second survey was compiled.

The CINDI/CARMEN NCD policy observatory team was established with the support of the WHO Collaborating Centre on NCD Policy (Canada) and the Public Health Agency of Canada.

CINDI-Slovenia, CINDI-Finland, CINDI-Lithuania and CINDI-Russia all started preparatory work on policy analysis, and a site visit to Slovenia by the observatory team took place in October 2005.

The CINDI/CARMEN observatory team also contributed, along with 13 countries, to an outline of the Art and science of integrated chronic disease prevention publication.

Capacity building
The 8th and 9th CINDI Winter Schools took place in Helsinki and were hosted by the National Public Health Institute, KTL.

The third CINDI training course on evidence-based NCD prevention took place in Schruns, Austria, in September 2005. It was organised in collaboration with CDC, St Louis University, USA, and CINDI teams from Austria, Canada, Finland and Lithuania.

Nutrition and physical activity
This issue of CINDI Highlights focuses primarily on the respective CINDI national programmes’ activities in the areas of prevention and control of overweight and obesity.

A Shatchkute
Regional Adviser

Countrywide Integrated Noncommunicable Diseases Intervention Programme

WHO Regional Office for Europe, Scherfigsvej 8, 2100 Ø Copenhagen, Denmark.
Tel/fax: +45 39 17 18 18;
Direct tel: +45 39 17 13 86;
Email: ash@euro.who.int
Austria

To take effective action against obesity among children and adolescents, the Association for Preventive and Social Medicine (AKS) in Austria that is responsible for CINDI-Austria has teamed up with partners in southern Germany and eastern Switzerland to work on a three-year European Union (EU) funded project.

The ‘Kinder im Gleichgewicht’ (KIG) project is an Interreg III European Commission (EC) sponsored project in Germany, Austria and Switzerland in the Lake Constance area.

Project aims
The prevalence of obesity in children and adolescents has been increasing over recent years throughout Europe. To address this issue, the EC is sponsoring the KIG project (translated as ‘balancing children’s weight’), which is a joint initiative involving partners from Ravensburg in southern Germany, Vorarlberg in Austria, and St Gallen in Switzerland.

The aim of the project is to develop and evaluate strategies for the prevention of childhood obesity, to establish new structures of prevention and treatment and to serve as a model for further interventions.

Action
Due to the different political and social conditions in each country, each participating country is implementing its own childhood obesity prevention strategy. In all three regions, around 200 obese children and adolescents are treated annually through different programmes. AKS in Vorarlberg extended its work in the areas of primary and secondary prevention with the main focus being on children up to 10 years of age – starting as early as birth. Activity also includes a programme promoting breastfeeding.

Activity also includes close cooperation with nursery and primary schools throughout the area and promotion of healthy eating and physical activity, such as the ‘school walker’ project designed to encourage children to walk to school and to pursue leisure activities. Close cooperation with local doctors is essential to the success of the programmes.

During the year the international partners developed and started a walking treatment programme for obese children and adolescents and began to implement primary prevention strategies on a political level to try to influence the living conditions of the population.

Through the regional results and experiences documented, the whole project implementation process is influenced by each partner. International knowledge transfer is ensured by the international board of experts established by the project partners and through a joint evaluation at the University of Ulm in Germany. All the data will be evaluated on an ongoing basis until the end of 2008.

Results
The first results of project evaluation indicate that political awareness of the evolving obesity epidemic among the young has increased in all three participating regions, most notably in Switzerland.

Conclusions
To stop the obesity epidemic, both individual behaviour as well as social and political circumstances must be changed. Both are the subject of the KIG prevention project.

Further details
The CINDI Programme in Austria is managed by the Association for Preventive and Social Medicine (AKS). Vorarlberg is a CINDI demonstration area. For more information, please contact the CINDI Programme Director, Dr Günter Diem, Medical Director AKS, Rheinstrasse 61, A-6900 Bregenz, Austria.
Tel: +43 5574 64570 1039; Fax: +43 5574 64570 61037/9; Email: guenter.diem@aks.or.at
Belarus

In Belarus, a reduction in the prevalence and levels of the major NCD risk factors is the aim of NCD control at both a general population and on an individual level.

The CINDI programme provides an integrated approach to the control of NCD risk factors such as overweight, low physical activity levels, high blood pressure, smoking and high blood cholesterol.

Capacity building and preventive practice
Ten guidelines for physicians and nurses on the control of NCD risk factors have been issued and distributed in recent years. At the Belarusian State University, prevention of obesity and promotion of physical activity have been included as specific subjects within the curriculum for undergraduate training.

Various activities have been carried out through polyclinics and general practitioner (GP) practices on the control of risk factors and special departments for primary and secondary prevention of NCD have been established at polyclinics.

The main focus has been on the integrated control of risk factors including low physical activity levels and obesity.

National health programmes
The CINDI-Belarus programme provided methodological guidance in the development of two national programmes – the ‘Health of the people’ programme and the ‘Formation of a healthy lifestyle’ programme.

Both programmes addressed obesity and overweight and targeted adults, children and adolescents and included a number of activities which aimed to create supportive physical activity environments such as the establishment of sporting facilities and the development of local exercise programmes and educational training.

The ministries of health, sport, education, culture, information, and agriculture, along with regional health authorities, public organisations and Belarusian TV and radio companies, have been involved in the implementation of the programmes through collaboration with nursery, primary and secondary schools, polyclinics and industry.

Special attention has been paid to the promotion of healthy lifestyles and physical activity through the mass media.

Survey
A population survey, undertaken in 2005, showed a high prevalence of overweight and obesity.

Special studies have been carried out to establish any correlation between body weight, body height, body fat and the risk of cardiovascular diseases.

Further details
For more information, please contact the CINDI Programme Director, Dr Alexander Grakovich, Director, Belarusian Centre for Medical Technologies, Computer Systems, Administration and Management of Health, 7a, P. Brovki Str., 220600, Minsk, Belarus.
Tel: +375 172 92 30 80; Fax: +375 172 31 34 84; Email: belcmt2@mail.belpak.by

Top
Dr A Grakovich, Director of the CINDI Programme in Belarus.

Middle
The Belarusian CINDI team (from left): Dr I Kozlov, Dr A Grakovich, D Kunitsky.

Bottom
Dr N Myslivchik, Consultant of the CINDI Programme at Polyclinic No 36.
In 2005, CINDI-Bulgaria continued interventions that were initiated in previous years. The work focused on the further development and implementation of strategies for the control of NCD risk factors. During the year, population health behaviour changes were also assessed.

**Increasing public knowledge**
Health education events were organised for each CINDI demonstration area according to a matrix which took into account the level of NCD risk factors.

Health education focused mainly on unhealthy diet, low physical activity levels and smoking. Two television programmes for overweight people were produced and broadcast on local TV networks.

Various printed information resources on food and nutrition, and video and audio clips, further supplemented information on healthy diet, physical activity and obesity.

CINDI Programme teams from CINDI demonstration areas participated in the development of a national food and nutrition action plan and shared their experience and results. Research into the nutrition of various age groups was undertaken and discussions, video displays, healthy weight and regular exercise campaigns were organised with the participation of CINDI Programme partners.

**Capacity building**
During the year the Dietary guide was distributed to GPs for patient counselling and training workshops on healthy eating were organised.

The intervention programme framework was approved and the training of trainers was organised to launch school interventions in 2006–2007.

In the CINDI demonstration areas of Veliko Turnovo, Zagora, Lovech and Kurjaly, each partner’s activities were evaluated and the CINDI Health Monitor 2004 survey data were analysed to assess population health behaviour changes.

Decision makers from local government, health authorities, local industrial sectors, mass media and other partners were involved in this assessment and evaluation. The data highlighted positive changes and the communities in all four demonstration areas were informed about the favourable changes in health behaviour.

**Further details**
In Bulgaria, the Ministry of Health is responsible for the CINDI Programme, which is coordinated by a team of the National Centre of Public Health.

For more information, please contact the CINDI Programme Executive Director, Associate Professor Nicola Vassilevsky, MD, PhD, Department of Health Promotion and Disease Prevention, National Centre for Public Health, 15 D Nestorov Str, 1431 Sofia, Bulgaria.

Tel: +359 2 954 9623;
Fax: +359 2 594 9390;
Email: nicvass@nchi.government.bg and nicvass@otel.net
The CINDI Programme is located at national level within the Public Health Agency of Canada. The agency is facilitating countrywide efforts to develop integrated strategies for NCD prevention and control.

Chronic disease prevention alliances
Chronic disease prevention alliances have been established at national and provincial level to facilitate the planning, implementation and evaluation of integrated chronic disease strategies. The Chronic Disease Prevention Alliance of Canada is a networked community of organisations at national and provincial levels which share a common vision for an integrated system of chronic disease prevention. The alliance includes representation from government as well as non-governmental organisations (NGOs) such as disease-based and risk factor organisations, community-based organisations and professional associations. This group has been established to foster and help sustain a coordinated, countrywide movement towards an integrated approach for the prevention of chronic disease in Canada through collaborative leadership, advocacy and capacity building. The main CINDI partners include other government sectors, the provinces, the voluntary sector, professional organisations, academia and the private sector.

Healthy living strategy
The current focus of the Public Health Agency of Canada is on the prevention of obesity through “upstream” health promotion efforts targeting diet and physical activity. During 2005 the aforementioned organisations worked closely with other federal government departments, provincial and territorial governments and private sector and voluntary sector partners to develop Canada’s Pan-Canadian Healthy Living Strategy. Diet, physical activity and their relationship to healthy weights are the main focus of this strategy, demonstrating a commitment to promoting long-term sustainable behaviour change. In the coming years, this strategy hopes to provide an important foundation for encouraging environmental changes that support Canadians to make healthy choices. Such environmental changes are critical to the success of community-based programmes targeting obesity.

CINDI demonstration area
The CINDI demonstration area in the Alberta region is led by the Alberta Healthy Living Network (AHLN) Coordinating Committee. This is made up of members from health, education, recreation and other sectors including NGOs, government and provincial coalitions. In 2005, the AHLN undertook and completed various initiatives in the areas of partnership development and community linkages, in best practice, education, awareness and in evaluation. The AHLN had links to Canada’s Guide to healthy eating and physical activity and had resources placed on the AHLN website at www.ahln.ca enabling practitioners and researchers to find common messages for healthy eating and active living.

Survey
During 2005, Canada also took a large step towards proper surveillance of this critical health issue by releasing the results of the 2004 Canadian Community Health Survey (CCHS 2.2), which measured the height and weight of a representative sample of Canadians aged two years and older. This important data source has provided estimates of obesity rates by age, sex and province in Canada for the first time in nearly 25 years.

Further details
The CINDI Programme in Canada is managed in the WHO Collaborating Centre on Chronic Disease Policy in the Public Health Agency of Canada. For more information, please contact the CINDI Programme Director, Dr Sylvie Stachenko, Public Health Agency of Canada, 130 Colonnade Road, Room 164-B, Ottawa, Ontario, Canada. Postal locator 6501H.
Tel: +1 613 946 3537;
Fax: +1 613 954 2529;
Email: sylvie_stachenko@phac-aspc.gc.ca
Croatia

The main activities of CINDI-Croatia continued to focus on public health education, intervention campaigns and further data collection.

A national policy on health promotion and NCD prevention was developed by the CINDI team in collaboration with relevant centres and organisations.

**Capacity building**

Training of primary health care professionals, including nurses and pharmacists, on treating patients with diabetes and other NCD was organised.

**Action**

In 2005, the preventative programme aimed at educating schoolchildren and adults focused on healthy eating habits, physical activity, smoking and drug abuse prevention.

Activities were organised to raise public awareness on the benefits of having a healthy diet and losing weight, which are the main measures in the prevention of diabetes, atherosclerosis, arterial hypertension and coronary heart disease.

The initiative received publicity through the mass media and courses for people at high risk of NCD were organised at hospitals.

Overweight patients were examined to determine the presence of other risk factors so that diet could be appropriately adjusted. They were trained on how to keep a food diary and how to calculate energy intake and expenditure. Anthropometric measurements to monitor body mass index and waist circumference were taken at regular monthly check-ups.

Special attention was given to people with diabetes, lipid metabolism disorders and arterial hypertension. They were taught how to adjust their diet depending on their disease and medication prescribed. Extensive work was undertaken to inform them about the importance of healthy eating habits and weight reduction in treating and improving their metabolic status.

Efforts to increase awareness of the importance of daily exercise have also been continued at primary and secondary schools, and among the adult population.

**Survey**

The Croatian Diabetes Registry and the Registry of Myocardial Infarction were further developed. Data on the body weight and metabolic status of Croatian students were also collected to get a more accurate insight into the prevalence of obesity in the younger population.

The aim of the survey was to identify overweight young people and to prevent the development of related diseases through education and follow-up by their primary health care physicians.

**Further details**

The CINDI Programme in Croatia is managed by representatives from the University Clinic for Diabetes, Endocrinology and Metabolic Diseases, the Institute for the Prevention of Cardiovascular Diseases, and the School of Public Health. It is supported by the Ministry of Health.

For more information, please contact the CINDI Programme Director, Professor Željko Metelko, Director, Vuk Vrhovac University Clinic, Dugi dol 4a, 10000 Zagreb.

Tel: +385 1 233 1480; Fax: +385 1 233 1515; Email: zeljko.metelko@idb.hr
Cyprus

The Ministry of Health in Cyprus is addressing the issues of diet and physical activity in a proactive way to prevent the spread of the so-called ‘diseases of the affluent’.

During 2005, two committees organised activities and events to promote healthy diet and physical activity.

Nutrition committee
The national committee for nutrition organised the following initiatives:

• Healthy Nutrition Day with a focus on the importance of water in daily life and for good health. This involved the active participation of children, production of a leaflet and poster and press conferences.
• Publication and distribution of leaflets to students on the Mediterranean diet pyramid along with other promotional items including computer mouse pads.
• Mediterranean lunches and healthy breakfasts in schools.

Lifestyle committee
The healthy lifestyle committee, established by the Ministry of Health, has created an action plan to promote a healthy lifestyle. This includes healthy nutrition, exercise, smoking cessation, and reduction of alcohol consumption.

The action plan commences in 2006 after approval of the budget. A prime focus is the national ‘Guidelines for nutrition’ initiative, which will be announced and published during 2006.

The Ministry of Health is also organising a conference on the subject of healthy lifestyles for adolescents. The title of the event is ‘Growing though adolescence’ and will take place in March 2007.

Further details
The CINDI Programme in Cyprus is managed by the Ministry of Health.

For more information, please contact the CINDI Programme Director, Dr Charitini Komodiki, Chief Health Officer, Ministry of Health, 10 Marcou Drakou Str., 1448 Nicosia, Cyprus. Tel: +357 22 400 111; Fax: +357 22 305 871; Email: mkazamia@moh.gov.cy

Dr Charitini Komodiki, Programme Director.
Czech Republic

The Czech Republic supported the WHO global nutrition, physical activity and health strategy through the development of a national health education campaign.

‘Take and spend’

The national health education campaign is aimed at raising public awareness of the importance of balancing energy intake (through food) and energy expenditure (through physical activity) in the prevention of overweight and obesity.

The main objective of this campaign, entitled 'Take and spend', is to motivate people to consider their individual energy intake according to their individual caloric requirement.

Project participants will record their daily food intake and the level of physical activity through a diary or completing an electronic template each day.

All participants will receive a list of common foods and their energy values to make it easy to calculate daily energy intake. The energy expenditure will be calculated by monitoring the weight and physical activity coefficient as well as measuring body mass index on a regular basis.

A calculator will be provided on the electronic form of the diary. Participants will draw their energy balance on a graph to encourage them to change their physical activity and dietary behaviour.

Partnership

The campaign is organised as a partnership project by CINDI-Czech Republic, the Ministry of Health, the Federation of the Food and Drink Industries of the Czech Republic, the National Council for Obesity, and the National Institute of Public Health.

The campaign will take place from May to September 2006.

Further details

The CINDI Programme in the Czech Republic is managed by the National Institute of Public Health.

For more information, please contact the CINDI Programme Director, Associate Professor Lumír Komárek, CSc., Centre for Health and the Environment, National Institute of Public Health, Srobárova 48, 100 42 Prague 10, Czech Republic.
Tel: +420 267 082 423;
Fax: +420 267 082 110;
Email: komarek@szu.cz
During 2005, CINDI-Estonia undertook a range of activities that will help contribute to the improvement of the health of the population including activity in the area of cardiovascular health and nutrition.

**Cardiovascular health strategy**

The CINDI Programme team participated in the preparation of the Estonian cardiovascular health (CVH) strategy for 2005–2020. The strategy was approved on January 2005 by the Estonian Government. The main focus is on nutrition, physical activity, smoking, community development and healthcare.

The first action plan relates to 2005–2008, the main goal of which is to decrease cardiovascular mortality in men younger than 65 years of age by 40%, and in females younger than 65 years by 30%.

An advisory body at the Ministry of Social Affairs has been established to lead the implementation of the CVH strategy. Membership has been drawn from scientific and administrative backgrounds and to ensure better coordination of action the advisory body also includes representatives from the ministries of agriculture, education, culture and internal affairs. CINDI Programme Directors are also members of the advisory board.

The new nutrition recommendations and dietary guidelines were drawn up within the framework of the CVH strategy as well as the national guidelines for cardiovascular disease prevention.

**Survey**

The Estonian cardiovascular disease risk factor screening programme included a survey which assessed more than 10,000 subjects aged from 30 to 60. Regular intersectoral collaboration continues between government departments involved in nutrition and physical activity.

The aim of the national policy document drawn up to support the CVH strategy is to enhance healthy choices and lifestyle, develop a health education system and reduce the availability of tobacco. Balanced nutrition and an increase in physical activity levels must also remain a priority in attaining better health.

The National Institute for Health Development – Tervise Arengu Instituut (TAI) – coordinates the implementation of the strategy for health development. A national food analysis programme is under development that will be made available to the general public on the internet in 2007.

Nutrition is incorporated in postgraduate training programmes for family doctors and nurses. Health councils are now being established in all counties. Healthy nutrition activities are also financed through health promotion projects from the Estonian Health Insurance Fund budget, as part of the national CVH strategy.

The fund also supports the activities of various health promoting networks which include nutrition: Health Promoting Schools, Health Promoting Hospitals, and Health Promoting Workplaces. The Ministry of Agriculture has produced the draft development plan Estonian food, which includes healthy nutrition aspects. Another intersectoral committee is responsible for the preparation and coordination of the plan.

**Further details**

The CINDI Programme in Estonia is managed by the Ministry of Social Affairs, Tartu University and the Estonian Health Institute. For more information, please contact the CINDI Programme Director, Dr Mari Meren, Public Health Department, Ministry of Social Affairs, Gonsiori St. 29, Tallinn 15027. Tel: +372 6 269 144; Email: mari.meren.@@ee and the CINDI Programme Co-Director, Associate Professor Margus Viigimaa, Head of the Centre of Cardiology, North-Estonia Medical Centre, Sütiste St. 19, Tallinn 13419. Tel/fax: +372 6 971 415; Email: margus.viigimaa@@regionaalhaigla.ee
Growing obesity rates are of major concern in Finland. During the past 15 years the prevalence of obese men (Body Mass Index \( \geq 30 \text{kg/m}^2 \)) has increased by 25% (see diagram). Obesity has also increased among women. Several activities have been launched both nationally and regionally to tackle the problem.

A national meeting of experts was organised in October 2005 to discuss the issue and possible actions. New nutrition guidelines were published in 2005, addressing energy balance in particular.

Both dietary and physical activity recommendations were included. A national diabetes prevention programme, DEHKO, continues physical activity and weight control approaches, and the first outcome evaluation will take place in 2007.

**Take action: notice obesity**

An example of an obesity prevention programme from the Finnish CINDI demonstration area of North Karelia is the ‘Take action: notice obesity’ initiative. This programme, launched in 2003, targets obesity and diabetes prevention at population level. The programme is run by the North Karelia Centre for Public Health and the main aims are to:

- increase public awareness and knowledge about diabetes and metabolic syndrome;
- encourage people to change their lifestyle to prevent obesity;
- improve weight control on a population level.

In 2005, the following activities relating to the ‘Take action: notice obesity’ programme were organised: training seminars, media events, the production of teaching material for public health nurses, the training of peer group leaders to run weight loss groups and the development of a weight loss model for unemployed people and those with metabolic syndrome.

During 2006, the programme will focus on the prevention and reduction of obesity among children and adolescents.

**Further details**

The CINDI Programme in Finland is managed by the National Public Health Institute (KTL).

For more information, please contact the CINDI Programme Director, Professor Erkki Vartiainen, Department of Health Promotion and Disease Prevention, National Public Health Institute, Mannerheimintie 166, 00300 Helsinki, Finland.

Tel: +358 9 4744 8622; Fax: +358 9 4744 8338; Email: Erkki.Vartiainen@ktl.fi

**Diagram:**

Body Mass Index (30kg/m\(^2\)) among 35–59 year old men in six areas of Finland, according to the national FINRISK surveys.
During 2005, CINDI-Georgia undertook a range of activities to contribute to the prevention and reduction of obesity.

**Obesity**

Obesity is among the leading risk factors for disease in Georgia, ranking third for total deaths and Disability Adjusted Life Years (DALYs) in the country. Deaths attributable to high Body Mass Index (BMI) is 17.3% and to DALYs 11.9%, both more than the European average. CINDI-Georgia participated in the preparation of Overview of studies on child, adolescent and adult anthropometry in Georgia, 1999–2005, an information base for action.

**Survey**

CINDI-Georgia collected and produced data from two surveys:

- The Knowledge, Practice and Coverage Survey 2005 under the United States Agency for International Development’s (USAID) Child Survival and Health (CSH) grant programme for Kvemo Kartli. This was implemented by the private voluntary organisation A Call to Serve (ACTS) international and its affiliate ACTS Georgia.

- The Georgian adult health behaviour survey, based on the WHO CINDI Health Monitor, in the CINDI Tbilisi demonstration area in 2004. Both surveys showed a high prevalence of overweight among adults - almost half of the population aged from 25 to 64 is overweight, 13% are obese. One child in three under the age of two is also showing signs of being overweight.

**Action**

CINDI-Georgia contributed to programmes, projects and policies on nutrition and physical activity and participated in the preparation of the national food and nutrition action plan for 2006–2010. CINDI-Georgia participated in a discussion on the role of a healthy diet for the prevention of NCD at a meeting organised by the Department of Public Health of the Ministry of Labour, Health and Social Affairs. The CINDI vision was also presented at the meeting that was attended by national stakeholders and international experts.

The CINDI-Georgia team participated in the UNICEF and the Parliamentary Committee of Health and Social Affairs initiative to establish a national alliance in support of the Global Alliance for Improved Nutrition (GAIN). The alliance is implementing a partnership approach for the sustainable implementation of food fortification programmes. A presentation highlighting key factors within the project was discussed at the third Child Survival Mini University in Baltimore, Maryland, USA, from 6–10 June.

CINDI-Georgia supported capacity of the USAID Child Survival and Health (CSH) initiative ‘Healthy nutrition, including breastfeeding promotion’ of CSH projects and facilitated the participation of project leaders on a course on evidence-based public health. CINDI-Georgia contributed to the preparation of the Healthy eating: the main key to health manual. Collaboration was entered into with the Health Promotion Alliance and an action plan to promote an active and balanced lifestyle was agreed.

**Further details**

The CINDI Programme is managed by the CINDI-Georgia team at the Georgian Medical Association and supported by the Ministry of Health, Labour and Social Affairs and its Public Health Department. For more information, please contact the CINDI Programme Director, Associate Professor Revaz Tataradze, Vice-President, Georgian Medical Association, 7 Asatiani Str, Tbilisi State Medical University, Georgia.

Tel: +995 99 55 04 75; Fax: +995 32 98 83 87; Email: rezot@gol.ge
In 2005, intervention activities on improving an integrated approach to risk factor prevention and control at primary health care level were continued.

Survey
CINDI-Germany contributed to publicising NCD risk factor data collected by primary health care specialists and highlighted how various interventions are succeeding. Within the CINDI framework in Germany, general practitioners have the task of comparing the results of their patients’ risk factor interventions with each other.

CINDI demonstration area
An analysis of available data on risk factors demonstrated that data are almost complete in terms of population coverage and regarding comparison of trends in every general practitioner’s office for the following four classic risk factors: smoking, high Body Mass Index (BMI), high blood pressure and high blood cholesterol. The prevalence of risk factors determined in the GPs’ practices is pooled and published annually by the Mayor of Heidelberg. This information can be seen in the diagrams below.

Further Details
For further information about CINDI-Germany work, please contact the CINDI Programme Director, Professor Egbert Nüssel, Wissenschaftliches Institut der Praxisärzte, Villa Bosch, Schlosswolfsbrunnenweg 33, 69118 Heidelberg, Germany. Tel: +49 6221 533 119; Fax: +49 6221 533 177; Email: egbert.nuessel@wip.villa-bosch.de

Diagram 1
Prevalence (%) of overweight (BMI >= 30)

<table>
<thead>
<tr>
<th>Year of investigation</th>
<th>Place of investigation</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>Bruchsal*</td>
<td>21%</td>
</tr>
<tr>
<td>1992</td>
<td>Mosbach*</td>
<td>16%</td>
</tr>
<tr>
<td>1992</td>
<td>Oestringen+</td>
<td>20%</td>
</tr>
<tr>
<td>1994</td>
<td>Ansbach+</td>
<td>18%</td>
</tr>
<tr>
<td>1995</td>
<td>Heidelberg+</td>
<td>20%</td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>15%</td>
</tr>
</tbody>
</table>

Diagram 2
Cooperative proof of success of the single surgeries at randomised cohorts of patients
Prevalence (%) of overweight (BMI>=30) at a randomised cohort of practice patients

Men (n = 100 = 100 %)

<table>
<thead>
<tr>
<th>Rise of prevalence in 2 practices</th>
<th>No changes in 2 practices</th>
<th>Decline of prevalence in 6 practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>19</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>16</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>13</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

Diagram 3
Prevalence (%) of weight (BMI >= 30)

Women (n = 100 = 100 %)

<table>
<thead>
<tr>
<th>Rise of prevalence in 3 practices</th>
<th>No changes in 4 practices</th>
<th>Decline of prevalence in 3 practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>19</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Health professionals should not only advise patients on health and diseases but also be role models for health-related lifestyle including nutrition. In 2005, an analysis of data from a survey conducted to determine the prevalence of overweight, hypertension and abnormal blood lipid levels among Hungarian medical and pharmacy students was carried out.

**Survey of students**

A survey was undertaken among students of Semmelweis University in Budapest during the 2003–2004 academic year by the CINDI-Hungary team with the aim of collating data on the lifestyle and dietary habits of medical and pharmacy students in Hungary.

The team was assisted by researchers from the National Institute of Food Safety and Nutrition. Diet was examined in relation to physical activity, Body Mass Index (BMI), blood pressure and serum lipid levels in 186 female students and 78 male students. Dietary data were obtained from a food intake diary that the participants kept for three non-consecutive days.

**Survey results**

Students’ physical activity levels were recorded as satisfactory (time spent walking) due to the dispersed location of the various institutes and clinics in Budapest, yet their intake of energy was higher than the Hungarian recommended daily allowance (RDA) of calories. Their intake of protein and fat was also higher than the recommended daily allowance. Sodium intake was very high while daily consumption of fruit and vegetables, milk and dairy products was insufficient. The intake of the B group vitamins, with the exception of B12 and niacin, was also very low.

The prevalence of overweight was 24.4% among male students and 9.1% among female students, and the prevalence of obesity was 2.6% and 2.2% respectively.

High blood pressure was found among 19.2% of males and 3.2% of females.

High total serum cholesterol (>6.2mmol/l) was found among 5.1% of male and 5.9% of female students. The prevalence of low levels of high-density lipoprotein (HDL) cholesterol (<1mmol/l) was 10.2% among males and 1.1% among females.

The triglyceride level was high among 5.1% of males and 4.8% of females. The BMI of the students correlated positively with systolic and diastolic blood pressure and with total serum cholesterol.

Although the mean BMI and blood lipid level of the students were better than of non-students of a similar age, the high prevalence of overweight, hypertension and low HDL cholesterol levels among the male students and the occurrence of high total cholesterol levels both in male and female students are of concern.

The survey data indicate that medical and pharmacy students’ diet is not properly balanced and that they do not have sound knowledge of what a healthy diet entails. The CINDI team recommended that a special training course on nutrition should be included in their curriculum.

**Further details**

The CINDI Programme in Hungary is managed by the Public Health Department of the medical faculty at Semmelweis University.

For more information, please contact the CINDI Programme Director, Professor Endre Morava, Department of Public Health, Medical Faculty, Semmelweis University, Nagyvárad tér 4, Budapest Pf.370, H-1445, Hungary. Tel/fax: +36 1 2102954. Email: morend@net.sote.hu or CINDI Programme Executive Director, Katalin Antmann MD, Nagyvárad tér 4, Budapest, Pf.370, H-1445, Hungary. Tel/fax: +36 1 2102954. Email: antkati@net.sote.hu
During 2005, many obesity prevention initiatives were carried out by CINDI-Italy.

**Action**

In the Lombardy region, activities aimed to combat overweight and obesity, particularly among children, took place in several provinces:

- The local health agency of Lecco and Bergamo ran a project ‘Piedibus’ (The walking school bus), which promoted physical activity to children by organising safe pedestrian pathways to schools. Twelve Piedibus routes, involving over 500 pupils and 90 accompanying volunteers, ran daily in Lecco province.

- The local health agency of Bergamo undertook the project ‘Mi muovo, sto bene’ (I move, I feel good), involving physical activity teachers and other teachers. Students were encouraged to think about lifestyle, correct posture, disability linked to lack of healthcare, and physical inactivity.

- The local health agency of Lodi ran the ‘Alimentare la salute’ (Feeding your health) project. Healthy eating messages were communicated to the community and people were encouraged to maintain a healthy body weight through eating more vegetables and fruit.

The project was carried out in nursery schools and primary schools and included children, parents, teachers, paediatricians, restaurant owners and food manufacturers within the Lodi province area. A survey to evaluate the intake of vegetables and fruit at canteens was carried out through a self-administered questionnaire.

In the Valle dell’Irno area, the ongoing Valle dell’Irno project (VIP) provided data on the prevalence of obesity and metabolic syndrome among the local population. Obesity prevention programmes continued in Friuli. The Sardinian region promoted a project through the European Diabetes Prevention Study (EDIP) focusing on the treatment of obesity through improved diet and increased physical activity.

**Survey**

The national cardiovascular epidemiologic observatory in Rome undertook a special survey that aimed to detect and help prevent obesity as a risk factor in people aged from 35 to 74. The survey was carried out with the help of 40 general practitioners (GPs) recruited nationally. Every GP screened a sample of 56 male and 56 female patients.

The screening comprised a questionnaire covering personal data, health-related behaviour, previous cardiovascular diseases (CV) or events, diabetes and drugs used, anthropometric measurements, checking blood pressure and heart rate, recording biochemical examinations and evaluating CV risk factors by using the CV risk chart drawn by the ISS (the Italian Institute of Health).

**Further details**

The CINDI Programme in Italy is made up of a network of local and regional projects coordinated by the Department of Preventive Occupational and Community Medicine at the University of Pavia.

For more information, please contact the CINDI Programme Director, Professor Maria Teresa Tenconi, Hygiene Section, Department of Preventive Medicine, University of Pavia, Via Forlanini 2, 27100 Pavia, Italy.

Tel: +39 0382 987278; Fax: +39 0382 526388. Email: tenconi@unipv.it
Kazakhstan

CINDI-Kazakhstan undertook a range of initiatives relating to overweight and obesity in 2005. These involved participation in the development of primary health care (PHC) policy, training of health personnel on risk factor prevention, analysis of survey data and physical activity and nutrition initiatives.

Public health policy
The main focus of the public health policy reform is to support PHC and to strengthen disease prevention through healthy lifestyle development at this level.

Within the main healthy lifestyle programme, two other programmes have been implemented through intersectoral partnerships – the promotion of quality nutrition programme and the development of physical culture and sport programme. Protocols for the promotion of healthy lifestyles, including the issues of overweight and low physical activity levels, and awareness of behavioural risk factor prevention of major diseases were adopted and clinically approved for further application by PHC health professionals. The National Centre for Healthy Lifestyle Development (HLD) was designated as a WHO Collaborating Centre for Promoting Healthy Lifestyles.

Professional education
Training courses for health professionals on behavioural risk factors for prevention were held at all CINDI demonstration areas. Physicians and nurses were also trained on the prevention and control of micronutrient insufficiency.

Survey
Data of epidemiological surveys showed that 34% of respondents had physically active lives due to their job. However, an average of 10.6% had a physically inactive lifestyle. More than a third of the country’s population did not meet the WHO recommended daily level of physical activity. A low level of fruit and vegetables consumption was also recorded.

Action
Activities that took place during 2005 included the President’s annual test competition and the President’s mile event.

Events were devoted to maternal and child health protection under the ‘Attention to every mother and every child’ theme. The ‘Father, mother and me - sports family’ sports day organised at nursery and primary schools included family relay races and sports competitions.

About 20,000 families participated in various sports throughout the country. As part of the ‘Way of health’ activities, specialists from HLD took part to help educate the public on improving their health and included the topics of physical activity and overweight.

More than 82 communities were involved; about 800,000 people received information about health promotion and disease prevention; and 24,000 people were consulted by HLD specialists.

During a health festival, 450,000 people took part in sports performances, competitions and relay races as well as healthy food fairs taking place throughout the country.

Further details
The CINDI Programme in Kazakhstan is managed by the National Centre for Healthy Lifestyle Development.

For more information, please contact the CINDI Programme Director, Professor Aikan Akanov, First Vice-Minister of Health, or Dr Alma Zhylkaidarova, Manager of CINDI-Kazakhstan, National Centre for Healthy Lifestyle Development, 86 Konaev Str., 050010, Almaty, Kazakhstan.

Tel: +7 3272 9161 18;
Fax: +7 3272 9188 42;
Email: zhylkaidarova@ncphld.kz

Top
Professor Aikan Akanov, Programme Director.

Middle
Designation as a WHO Collaborating Centre for Promoting Healthy Lifestyles, December 2005.

Bottom
Guide on CVD risk factor prevention for PHC workers.
Cardiovascular disease (CVD) is the leading cause of premature mortality in Latvia and the prevalence of major NCD risk factors including obesity is high. In 2005, public health education focused on the prevention and control of obesity and overweight.

**Healthy weight, healthy shape**
The Latvian Society of Cardiologists, CINDI-Latvia and the National Health Promotion Agency organised outdoor activities on 23 September 2005 at the square facing Hotel de Rome in Riga for World Heart Day. The theme was ‘Healthy weight, healthy shape’.

Attending the event were Health Minister, Gundars Berzins; Ministerial Adviser, Normunds Belskis; President of the Latvian Society of Cardiology, Andrejs Erglis; Director of the Latvian Institute of Cardiology, Dr Vilnis Dzerve (CINDI-Latvia Programme Director); and physicians/dietitians Andis Bremanis and Lolita Neimane.

Dr Vilnis Dzerve said that strong governmental support, good health promotion and disease prevention practice at primary health care level and personal responsibility for one’s own health are important factors in prevention and control of CVD risk factors.

Health Minister Berzins said the event had prompted him to rejoin a health club to keep fit and to improve his heart’s health. He emphasised that everyone is responsible for their fitness from a young age and that they should consider the beneficial effects of a healthy diet and physical activity as well as the harmful effects of smoking. The Health Minister also acknowledged the health promotion efforts of CINDI-Latvia, the Latvian Society of Cardiology and other partners.

Andrejs Erglis acknowledged the state’s contribution to the prevention and treatment of CVD and he stressed the need for more active participation by members of society as a whole. People should take care of their health from a young age.

Andis Bremanis noted that with the fast pace of modern life, people tend to neglect a healthy diet and the health benefits of sport.

People opt often for ‘fast-food’ which builds up body fat. He recommended that people make small changes to their daily routines to combat obesity, such as substituting a fast-food meal with fruit or vegetables.

People at the event could get their waistline measured to assess the cardiovascular risk. Dietitians were on hand to promote healthy daily menus. The risk of CVD, based on waist circumference was calculated for 600 event participants including young people.

Only about half of them (289 people) had normal waistline circumference values (less than 80cm for women and less than 94cm for men). About 25% (142 people) were advised to pay more attention to eating habits and physical activity, while another 25% (157 people) were advised to consult their family doctor as their waistline circumference exceeded 88cm (women) or 102cm (men).

**Further details**
The CINDI Programme in Latvia is managed by the CINDI office in the Latvian Institute of Cardiology in collaboration with the State Health Promotion Agency.

For more information, please contact the CINDI Programme Director, Dr Vilnis Dzerve, Latvian Institute of Cardiology, 13 Pilsou Str, LV-1002, Riga, Latvia. Tel: +371 7069575; Fax: +371 7614641, Email: dzerve@lki.eunet.lv or CINDI-Latvia Coordinator, Iveta Pudule, Health Promotion Centre, 3 Skolas Str., LV-1001, Riga, Latvia. Tel: +371 7686420; Fax: +371 7686420; Email: iveta.pudule@esi-vesels.lv
Lithuania

CINDI Programme data clearly demonstrate that, among other factors, the high-energy Lithuanian diet and decreasing physical activity levels are major contributors to the high prevalence of overweight and obesity in the country.

Survey
The latest 10-year overweight and obesity statistics collated through the Lithuanian CINDI Health Monitor survey have highlighted different gender patterns in obesity and overweight trends.

Data collected every second year showed that from 1994 to 2004, the prevalence of overweight (BMI>25kg/m2) among men increased from 47% to 52.5%, while the prevalence of obesity (BMI>30kg/m2) increased from 10.6% to 14.2%.

Among women, a decrease in the prevalence of overweight (from 51.3% to 46.2%) and obesity (from 18.9% to 16.9%) was observed.

Only a quarter (22.4% of men and 29.4% of women) of those classed as overweight) reported that they were advised by a doctor to change their diet. The proportion of people who received advice on physical activity was even lower.

Doctors were more likely to give advice when BMI was high. More than half of the obese respondents (63.3%) reported that they had tried to lose weight. An association was made between receiving advice and a self-reported attempt to lose weight.

Action
The CINDI team was actively involved in drafting the state food and nutrition strategy and action plan for 2003–2010 that was approved by the Lithuanian Government in 2003. In the action plan a national obesity control programme was outlined.

An inter-sectoral working group charged with developing the programme was set up. Initial discussions on the draft of the programme were started.

In 2005, the Lithuanian Ministry of Health approved healthy nutrition guidelines that were prepared by CINDI-Lithuania and the National Nutrition Centre. The guidelines were subsequently published and distributed to health professionals.

Training courses were organised at Kaunas University of Medicine to strengthen the role of family doctors and public health professionals in the prevention and management of obesity.

During the courses, the problem of an obesity epidemic was reviewed and practical guidelines for the management of obesity introduced.

Further details
The CINDI Programme in Lithuania is managed by the Kaunas University of Medicine.

For more information, please contact the CINDI Programme Director, Professor Vilius Grabauskas, Chancellor, Kaunas University of Medicine, Miekevitchiaus Str. 9, LT-3000 Kaunas, Lithuania.
Tel: +370 37 32 72 02;
Fax: +370 7 220733;
Email: vilius.grabauskas@kmu.lt
Following the launch of the European Union’s (EU’s) ‘Platform for action on diet, physical activity and health’ in February 2005, the Health Promotion Department of the Ministry of Health has focused its efforts on counteracting obesity by promoting a well-balanced and nutritious diet and regular physical activity.

**Policy development**

In 2005, a Task Force for Appropriate School Nutrition Environments (TASNE) was set up by the Education Division’s National Curriculum Centre to develop a draft national school food policy for Malta. As an interested stakeholder, the Health Promotion Department was involved in the development of this policy.

**Weight reduction**

As in previous years, the Health Promotion Department ran a free national weight reduction programme for the public. In 2005, a total of 29 classes were held.

The increase in the number of people using this service is attributed to the department’s support of a weight loss campaign involving a local national media personality.

The department offered the service of ‘facilitators’ and provided booklets on how to lose weight safely.

**Educational activities**

Various interventions through the media, in schools and in the community were used to highlight health promotion and disease prevention.

A new booklet, *Id-Dijabete u l-Ikel* (Diabetes and food), was launched for the general public on World Diabetes Day to highlight the importance of healthy eating and regular physical activity in the prevention and control of diabetes.

To mark Move for Health Day 2005, the department organised a walk in the countryside for the general public.

During this activity, health promotion material about the importance of physical activity was distributed, encouraging the public to adopt a more active lifestyle.

**Further details**

The CINDI Programme in Malta is managed by the Health Promotion Department, Ministry of Health.

For more information, please contact CINDI Programme Director, Dr Mario Spiteri, Director, Health Promotion Department, 5A, The Emporium, St Louis Street, Msida MSD 05, Malta.
Tel: +356 23 266789; Fax: +356 23 266111; Email: mario.j.spiteri@gov.mt
CINDI-Poland undertook various activities during 2005 to promote physical activity and prevent and reduce overweight and obesity.

An analysis of CINDI data demonstrated that public knowledge of a healthy lifestyle has improved.

Although positive trends in physical activity have been observed, BMI values for the population have still not reached ideal levels.

Survey

From 2003 to 2005, the CINDI team undertook a national survey to assess the cardiovascular risk of the Polish population (the WOBASZ study) together with the National Institute of Cardiology and the five Polish medical universities.

Patterns of health-related lifestyles and the prevalence and control of risk factors were analysed. Morbidity from cardiovascular diseases in various demographic and socioeconomic groups was assessed.

The study involved a representative sample of 13,545 people (6,392 men and 7,153 women) aged 20 to 74, randomly selected from all 16 counties. According to the WOBASZ data, 50.3% of women and 61.6% of men in Poland were overweight (Body Mass Index (BMI) >25kg/m²). The prevalence of obesity (those with a BMI of 30kg/m² or more), was 20.6% among men and 20.2% among women with significant differences recorded in various parts of Poland. The prevalence of obesity by measuring waist circumference was 40.4% among women (waist circumference more than 88cm) and 28.3% among men (waist circumference of more than 102cm). Metabolic syndrome was diagnosed among 20% of women and among 22.8% of men.

Nutrition and physical activity are of particular importance in obesity prevention. According to available nutritional data, the average Polish diet is not well balanced and is likely to lead to atherosclerosis development. The mean energy intake from total fat was 35% among women and 37% among men. The consumption of cereals, dairy products and fish is lower than recommended while meat consumption is excessive.

Satisfactory physical activity levels, ie physical activity undertaken for at least 30 minutes on most days of the week, were reported by 32% of women and 37% of men, with 23% of women and 27% of men exercising every day. Compared with previous surveys, this was an improvement in the level of daily physical activity. The findings can be attributed partially to the innovative CINDI-Poland national physical activity campaign between 2001 and 2003. Due to its success, the campaign is scheduled to run again from 2006 to 2008.

Mind your Heart

The CINDI-Poland Director is the National Coordinator of the educational mass media programme ‘Mind your Heart’.

The main TV and radio stations broadcast information on a daily basis promoting physical activity and a healthy diet and advising on how to control and manage obesity. The broadcasts have been effective, with over 70% of the target group recalling the information. Initial evaluation results of various media interventions were presented at national and international scientific conferences.

Further details

The CINDI Programme in Poland is managed by the Department of Social and Preventive Medicine of the Medical University in Łódź. For more information, please contact the CINDI Programme Director, Professor Wojciech Drygas, Department of Social and Preventive Medicine, Medical University, 90-752, Łódź, Zeligowskiego 7/9, Poland.

Tel: +48 42 639 32 65; Fax: +48 42 639 65;
Email: office@cindi.org.pl
Web page: www.cindi.org.pl
The CINDI-Portugal protocol ended in 2002, but the Portuguese team has continued to work on disease prevention and health promotion issues.

Survey
The Portuguese population is becoming heavier and less active year on year. According to a 2004 survey, half of the Portuguese population is overweight. Two contributing factors to the epidemic are fast food and sweets with university students, young executives and children particularly at risk and susceptible to marketing tactics. The availability of sweets in school canteens is another problem.

Physical activity is also losing out to people using the internet, watching more TV and playing computer games. As a consequence, obesity is becoming more prevalent, especially among children.

NGOs
Non-governmental organisations (NGOs), the Professor Fernando de Pádua Foundation and the National Institute of Preventive Cardiology have been involved mainly in activities related to health and to improving quality of life. Both organisations continue to develop programmes for schools and the workplace. Use of the media continues to be one of the main tools in the fight against obesity.

Activities
Work has also been undertaken to promote healthy eating and counselling for schools and workplace canteens. Fourteen healthy eating books were published in conjunction with a popular newspaper. The Foundation also continued work with two national TV networks, attracting much attention from the public and the mass media. A weekly 60 minute debate was broadcast on cultural channel RTP2 which focused on the problems of obesity, nutrition and physical activity.

A programme entitled ‘One minute for the heart’ was produced for broadcast twice a day on the official national network, RTP1, during prime time viewing. Each day Professor de Pádua and special guests highlight important health messages and recommendations on nutrition, physical activity and obesity. These short programmes are to be broadcast to several other Portuguese speaking countries.

The Minister for Health and the High Authority for Health have published two strategies: A national plan for cardiovascular diseases, and A programme on determinants of health. These will be implemented nationwide and incorporate the national health centres network as well as regional public health centres. The Health Ministry published material on nutrition on its website and leaflets and manuals were produced to be used at health centres.

Other Portuguese NGOs such as the Portuguese Heart Foundation, the Portuguese Obese Patients Association and the Portuguese Obesity Society developed and undertook activities to help prevent obesity.

During Portuguese ‘Heart month’ in May, almost every scientific association, including the Portuguese societies of cardiology, hypertension, cerebrovascular accidents, diabetes, atherosclerosis and nutrition, joined the battle in highlighting cardio- and cerebrovascular diseases, as well as their risk factors.

Further details
The CINDI Programme in Portugal is managed by the National Institute of Preventive Cardiology.

For more information, contact the CINDI-Portugal Programme Director Professor Fernando de Pádua, Director, the National Institute of Preventive Cardiology, 26 Av. António Serpa, 2nd floor, 1050-027 Lisboa, Portugal. Tel: +351 21 791 0160; Fax: +351 21 791 0169; Email: fernando.padua@incp.pt or geral@incp.pt

Professor Fernando de Pádua, Programme Director.
Republic of Moldova

Obesity is a major public health issue in Moldova as in many other countries. In 2005, the CINDI-Moldova team organised a comprehensive and long-term overweight control campaign with the support of the media.

Dyslipidemia screening of the target population was also continued in the CINDI demonstration area.

Survey
An analysis of a survey in the Moldovan CINDI demonstration area showed that more than 50% of people aged 25 to 65 were overweight.

The prevalence of overweight was higher among females, 52.7%, than among males, 50%, and it increased with age. In the rural community, the prevalence of overweight or obesity was 36.9% among females and 17.7% among males.

Action
During 2005, the CINDI-Moldova team organised various activities to help prevent and reduce obesity. During World Heart Day, seminars and public lectures on the theme ‘Healthy weight, healthy shape’ were organised in all major Moldovan cities.

In the capital Chisinau, a press conference was held with the participation of leading obesity and overweight specialists and the media further targeted health information at the general public.

Information booklets on the prevention and control of obesity were published and distributed. These aimed to improve healthy nutrition habits and to increase levels of physical activity. All the activities on nutrition and physical activity involved health promotion partners throughout the whole country.

Booklets and newsletters on obesity, healthy nutrition and physical activity were distributed by the health promotion team to the public. A guide for family doctors and cardiologists on dyslipidemia prevention, diagnosis and treatment was produced and distributed with input from the CINDI-Moldova team. The guide focuses on nutritional aspects of obesity prevention and recommends the necessary amount of physical activity to avoid becoming overweight.

Another important production by the CINDI team was a booklet, Arterial hypertension and heart failure: risks, diagnosis and management, which was targeted mainly at health professionals.

Further details
The CINDI Programme in the Republic of Moldova is managed by the Ministry of Health and Social Protection and the Institute of Cardiology team.

For further information, please contact the CINDI Programme Executive Director, Professor Mihail Popovici MD, 2025 Chisinau, str.Testemitanu 29/1, Republic of Moldova.
Tel: +373 22 727511;
Fax: +373 22 739586;
Email: mpopovici@mednet.md
CINDI-Romania draws on international experience and collaboration to foster a favourable environment for public health issues, with the focus on NCD prevention and control. The objective is to develop an integrated approach towards disease prevention and control.

CINDI-Romania aims to:
- prevent NCD by addressing the main risk factors;
- strengthen cooperation between different sectors for health promotion and health education;
- enhance the capabilities of health promoters in National Demonstration Areas and strengthen their role as public health professionals;
- develop a coherent, timely and reliable information system on NCD, mortality/morbidity and risk factors prevalence.

In 2005 the CINDI-Romania programme activities focused on:
- development of healthy lifestyle-promoting programmes in National Demonstration Areas;
- continuation of data collection on NCD risk factor prevalence.

Survey
The CINDI Health Monitor questionnaire was used to collect data on health-related behaviour and risk factors including self-reported body weight (see diagram). Information was collected at national level and in the country’s capital, Bucharest. The national survey was conducted by the Centre of Public Health in Sibiu, with the support of the Ministry of Health and the Institute of Public Health. The survey of the Bucharest population was conducted by the Institute of Public Health with the support of the WHO Regional Office for Europe.

National Demonstration Areas
In Neamt county in the north-east region of Romania and the city of Deva in the west of Romania, the departments of health promotion developed health education programmes for teachers and pupils within the national programme entitled ‘Health education in Romanian schools’. The teaching curricula focus on NCD prevention and healthy lifestyles with an emphasis on diet and obesity prevention. A publication on healthy eating has been produced and distributed. The areas of alcohol abuse and tobacco consumption were also addressed. The programme is a partnership programme between the Ministry of Education and the Ministry of Health.

At a local level, the main programme partners are local health authorities in the NDAs – county public health directorates, through their departments of health monitoring and health promotion; local education authorities – county education inspectorates; school physicians and family physicians. The non-governmental sector is represented by local Red Cross units, various community associations, and representatives of local mass media. Health professionals from the medical offices of primary and secondary schools and social placement centres for abandoned children participate in the programme.

Further details
The CINDI Programme in Romania is managed by the Institute of Public Health in Bucharest, Department of Strategies and Forecasts in Public Health. For more information, please contact the CINDI Programme Director, Dr Aurelia Marcu, or Dr Carmen Ungurean, Dr. Leonte str., no.1–3, sector 5, Bucharest, Romania 050463. Tel: + 40 21 318 36 33; Fax: + 40 21 312 34 26; Email: amarcu@ispb.ro or carmen@ispb.ro

Diagram

Source: CINDI Health Monitor survey - 2005
The CINDI-Russia programme includes 20 regional CINDI programmes. The following programme strategies were implemented and disseminated during 2005:

- professional education;
- healthy nutrition policy development;
- development of the policy on health promotion among children and on the behavioural risk factor monitoring system for children.

Further work was carried out on the behavioural risk factor monitoring system for adults and the CINDI-Russia website www.cindi.ru continued to be developed.

Population surveys of behavioural risk factors relating to prevalence of obesity and low physical activity were conducted in random samples in nine CINDI regions. Statistical analysis of the surveys’ data was undertaken and the results are available to view at www.cindi.ru

**Nutrition**

Nutrition assessment surveys were carried out in random samples of the adult population in four CINDI regions. A joint database of nutrition assessment surveys has been developed and a statistical analysis completed. Nine CINDI regions are planning to develop a healthy nutrition policy.

Process indicators were designed and tested through process evaluation during healthy nutrition programme development in Murmansk and Arhangelsk. Processes were evaluated in the cities’ health programmes for 2003 to 2005 and guidelines for process evaluation in nutritional programmes were drawn up.

A system of monitoring behavioural risk factors among schoolchildren was developed and surveys were conducted in four CINDI regions. The prevalence of obesity and low physical activity is currently being analysed.

A course on the behavioural risk factor monitoring system was conducted for representatives from health administrations, medical prevention centres, and medical schools in 19 CINDI Russian regions.

A course on ‘Evidence-based chronic disease prevention’ was further developed and delivered to 30 representatives from 19 Russian regions. The contents of the course were placed on the website.

At a meeting on the promotion of schoolchildren’s health in the CINDI regions across Russia, discussion took place about ‘Monitoring behavioural risk factors among schoolchildren: programme evaluation approaches and results of intervention’.

The annual CINDI-Russia meeting of regional programme directors was held in the city of Yakutsk in the Siberian region. It was organised by the Ministry of Health of Saha-Yakutia and Dr Sylvie Stachenko, CINDI Programme Director of Canada, participated in the meeting. The Yakutian declaration on the prevention of NCD and health promotion was formally adopted. This document was presented at the annual CINDI Programme directors’ meeting in Finland in 2005.

**Further details**

The CINDI Programme in the Russian Federation is managed by the National Centre for Preventive Medicine, Department of Policy and Strategy Development in Disease Prevention and Health Promotion.

For more information, please contact the CINDI Programme Director, Professor Rafael Oganov, CINDI Executive Director, Professor Igor Glasunov, or CINDI Coordinator Dr Irina Solov’eva at the National Centre for Preventive Medicine, Petroverigsky str. 10;
Tel: +7 495 623 8636;
Tel/fax: +7 095 924 8988;
Email: NGlushakova@GnicPm.ru
During 2005, the ‘Challenge your heart to action’ and ‘Reducing obesity’ campaigns targeted activities at the Slovakian population, especially on the theme of physical activity.

Health counselling centres in all 36 regional public health authorities offered individual and group counselling services. These targeted the regions’ populations with the aim of increasing physical activity levels and encouraging healthy eating during the year. Physical activity sessions for different age groups and for people with different interests were organised. This form of intervention is very popular in Slovakia.

Heart and obesity campaigns

In 2005, a campaign similar to those undertaken in other CINDI countries was conducted throughout Slovakia with the aim of improving the physical activity levels of the entire population. The campaign ‘Challenge your heart to action’ is organised every two years. The format was similar to that carried out in Poland and the Czech Republic with slight modifications to account for specific Slovak conditions. The campaign consisted of three main elements:

• a media campaign on the health benefits of the promotion of physical activity;
• a competition;
• the creation of local partnerships to assist in recruiting organisers, organisations, politicians etc to help improve conditions for people undertaking physical activity during their spare time.

Participants in the ‘Challenge your heart to action’ competition had to reach a minimum level of physical activity during a minimum four week period. To reach these goals they had to undertake physical activity at least three times a week.

They made notes on the type of physical activity and their body weight measurements throughout the duration of the competition.

Campaign results

Analysis was undertaken of the participants’ notes and results highlighted that 58.95% of participants reduced their body weight during their involvement in the campaign. The average reduction in body weight of all participants was 1.2kg. A reduction in body weight was observed in 69.4% of participants from those within the group who were classed as being obese (with a BMI over 30) and in 61.73% of the group with a BMI of between 25 and 29.9.

Maximum body weight reduction was 10kg and 19.4% of obese people reduced their body fat sufficiently to be reclassified within the overweight category according to BMI. Another 8.7% of obese participants reduced body fat to the extent that they were reclassified as belonging to the normal weight category.

Further details

The CINDI Programme in Slovakia is managed by the Public Health Authority’s departments for health education and health consulting centres.

For more information, please contact the CINDI Programme Director, Dr Mária Avdičová, Regional Authority of Public Health, Department of Epidemiology, Cesta k nemocnici 1, Banská Bystrica 975 561, Slovakia. Tel: +421 48 436 7441; Fax: +421 48 412 3637; Email: avdicova@vzbb.sk
CINDI-Slovenia is the planning and coordinating body of a national programme for primary prevention of cardiovascular diseases.

Survey
The prevalence of overweight and obesity among the adult population (men aged 35 to 65 and women aged 45 to 70), is 79% among men and 70% among women, according to check-up data from health care centres. The prevalence of obesity among these groups is 28% among men and 31% among women. Obese people, and those who are overweight and have high cardiovascular risk, are advised to take part in healthy weight loss and nutrition workshops, and receive physical activity counselling. These workshops are covered by the Health Insurance Institute of Slovenia within the national programme on primary prevention of cardiovascular diseases.

Action
The following activities took place involving 66 health education centres:
- 769 health promotion workshops with 7,690 participants at primary health care level;
- 506 UKK Institute, Finland walk tests (see www.ukkinstituutti.fi/en/ for UKK information) with 5,060 participants;
- 270 healthy diet workshops with 2,700 participants;
- 133 physical activity workshops with 1,330 participants;
- 225 weight loss workshops with 3,375 participants.

A project on waist circumference measurement took place and leaflets and posters were targeted at adults warning of the ill effects of developing a large waist and of ways to seek help. The ‘We like eating’ project introduced the majority of Slovenian primary schoolchildren and parents to the food and physical activity pyramid and included information about healthy nutrition and physical activity. A teaching unit was set up to help nurses explain the information to children.

CINDI-Slovenia and the country’s sports union jointly manage the national Health Enhancing Physical Activity (HEPA) project ‘Slovenia on the move: move for health from the year 1998’. The project includes national and local media coverage to promote regular, moderate and safe physical activity as an important part of a healthy lifestyle. In 2005, in collaboration with 74 local health and sports organisations, we carried out 185 UKK Institute 2km walk tests in 88 towns throughout the country and provided individual HEPA counselling.

For the WHO Move for Health Day, CINDI Slovenia organised the ‘Slovenia on the move days with healthy nutrition’ project for a third consecutive year. On 7–16 May, over 200 health and sports events for adults were held. The project promoted healthy lifestyles and was organised jointly with ministries and health and sports organisations.

Together with bodies such as the Faculty of Sports and the Ministry of Health, 80 health professionals were trained to become Nordic walking guides. CINDI-Slovenia also helped establish the Slovenian Nordic Walking Association.

Further details
The CINDI-Slovenia programme is managed by Community Health Centre, Ljubljana. For more information, please contact the CINDI Programme Director, Dr Jožica Maučec Zakotnik, MD, Community Health Centre, Stefanova 5, 1000 Ljubljana, Slovenia.
Tel: +386 1 4786007; Fax: +386 1 4786 079; Email: jozica.zakotnik@sil.net
CINDI-Slovenia Coordinator, Dr Dominika Novak Mlakar, MD, Community Health Centre Ljubljana, Email: cindi@zd-lj.si
CINDI Slovenia Database Manager; Lijana Zaletel Mlakar, MD, PhD; Email: lijana.kragelj@animus.mf.uni-lj.si or CINDI-Slovenia Scientific manager, Zlatko Fras, MD, MSC; Email: zlatko.fras@trnovo.kclj.si

Top
Dr Jožica Maučec
Zakotnik, Programme Director.

Middle
Nordic walking in Slovenia.

Bottom
Leaflet on how to measure waist circumference.
Spain (Catalonia)

During 2005, the CINDI-Catalonia programme focused mainly on promoting health through physical activity and healthy eating. The evaluation of the targets of the previous health plans shows a growing prevalence of obesity among the population.

To counteract this tendency and to achieve the objectives of the Health Plan for Catalonia relating to determinants of obesity (physical activity and diet), a comprehensive strategy has been developed and the first steps implemented.

The PAAS (Integral plan for health promotion through physical activity and healthy eating) strategy was developed in response to the WHO global strategy for diet, physical activity and health.

It contains 19 prioritised interventions in four areas:

- educational (five interventions),
- health system (three interventions),
- community (10 interventions), and
- workplace (one intervention).

White Paper

A new consensus was reached with the professional primary health care organisations on how to include and implement health promotion activities into primary care settings.

An updated White paper on health promotion implementation in primary health care settings was produced and distributed.

Interventions in the health system included:

- individual counselling with support material through paediatric and adult primary health care teams;
- dissemination of health education material related to primary health care centres;
- the establishment of links between primary health care settings and community sports facilities;
- the inclusion of doctors who are physical activity specialists to act as consultants to the primary health care teams.

Other activities for obesity prevention in the community are carried out annually.

These include:

- liaison with lay groups to launch walking events to promote health-enhancing physical activity;
- the production and distribution of educational material such as leaflets, videos and slides for the public;
- as well as dissemination of health promoting messages through the broadcast and print media.

Further details

The CINDI programme in Catalonia (Spain) is managed by the Department of Health and Social Security of the Autonomous Government of Catalonia.

For more information, please contact the CINDI Programme Director, Dr Ricard Tresserras, or Executive Director, Dr Conxa Castell, Departament de Salut.Trav de les Corts 131-159, 08028 Barcelona (Spain).

Tel: +34 93 227 29 00;
Fax: +34 93 227 29 90;
Email: ricard.tresserras@gencat.net or conxa.castell@gencat.net
Epidemiological studies have been carried out over the past 25 years on the prevalence and levels of major cardiovascular risk factors in the Ukrainian population.

Monitoring of behavioural risk factors has been carried out within the CINDI programme since 1994 to determine the prevalence and trends of behavioural risk factors of NCD including overweight and obesity, unhealthy nutrition and physical inactivity.

Survey data
According to the 2004–2005 epidemiological urban population study results, 37.5% of males and 29.5% of females are overweight \( (25.0 \leq \text{BMI} \leq 29.9) \). Obesity is evident among 14.6% of males and 23.6% of females \( (\text{BMI} \geq 30.0) \), see Diagram below. More than half of the study population, irrespective of sex, has weight problems. Obesity is 1.6 times more prevalent among women than in men.

Over a 25-year observation period, the prevalence of overweight has decreased among the male population from 45.9% to 37.5%, while the incidence of obesity has remained relatively unchanged, varying from 12.0% to 14.6%.

Among the female population positive changes were registered, with incidence of overweight decreasing from 40% to 29.5% and obesity prevalence falling from 33.1% to 23.6%.

Nutrition
The results obtained through our study show that over the last two decades the population’s nutrition has changed considerably.

The average daily consumption of calories has decreased on the whole due to reduced intake of foods. In more recent years, however, increased consumption of fish, oils derived from plants and vegetables have been observed.

CINDI-Ukraine activities have been aimed at:
- developing the concept of a national policy for nutrition;
- developing two sets of guidelines for medical staff: Principles of healthy nutrition, and Nutrition for prevention and treatment of cardiovascular diseases;
- preparing health education booklets for patients.

Further details
The CINDI Programme in Ukraine is managed by the Research Institute of Cardiology.

For more information, please contact the CINDI-Ukraine Programme Director, Professor Iryna Smyrnova, Research Institute of Cardiology, 5 Narodnoho Opolcheniya St., Kiev 03151, Ukraine.
Tel: +380 44 249 7036;
Fax: +380 44 275 4209;
Email: depi@inbox.ru

Diagram
The prevalence of obesity in the Ukrainian urban population (%)
Heart of Mersey (HoM) undertook various initiatives during 2005 to address the rising levels of obesity and to assist in coronary heart disease prevention.

Health survey
HoM launched the In sickness and in health 2003 health survey for Greater Merseyside in October 2005. The survey was commissioned to compile local information about the adult population in Merseyside.

The findings showed major inequalities in the health of people both within Merseyside and compared to the rest of England. These included:

- a higher obesity prevalence in less affluent households;
- a higher prevalence of obesity in more deprived areas of Merseyside compared with more affluent areas;
- much higher diabetes prevalence in less affluent households. HoM aims to repeat the survey in 2008.

Food charter award
During 2005, HoM launched the Greater Merseyside Food Charter Award. This recognises and rewards food outlets which provide healthier options and take a healthy approach to food preparation.

Sixty-eight establishments signed up to the Charter during its first year, and the initiative is proving to be good for business as well as public health.

Finnish study visit
In September 2005, HoM took a multi-agency group of 20 professionals from Cheshire and Merseyside to Finland, spending time at the Finnish National Public Health Institute (KTL) in Helsinki and in North Karelia. The aim of the visit was to apply what has been achieved in Finland to local prevention programmes.

Healthy stadia
HoM has launched an initiative in the six largest sports stadia in Merseyside (including Liverpool and Everton football clubs) to develop health programmes within the stadium and community that reflect local health needs.

Big Heart Festival
An interactive health fair was organised with the Merseybeat Appeal and other partners to mark World Heart Day.

Smoke free
HoM continued its campaign for comprehensive smoke free legislation in the UK.

This was supported with a range of partners including the Merseyside local authorities, the National Health Service and the Government Office for the north-west.

Further details
Merseyside is a CINDI demonstration area for the UK. The programme is managed by the Heart of Mersey.

For more information, please contact the CINDI Programme Director, Robin Ireland, Heart of Mersey, Burlington House, Crosby Road North, Liverpool L22 0QB, United Kingdom.
Tel: +44 151 479 6578;
Fax: +44 151 949 0799;
Email: robin.ireland@heartofmersey.org.uk

Top
Robin Ireland, Programme Director.

Middle
Merseyside Primary School won the Food Charter.

Bottom
Food Charter award recipient, Greenfish Café.
United Kingdom (Northern Ireland)

The Health Promotion Agency (HPA) continued to engage in work to support the Government’s strategy to improve health and wellbeing and included work in the areas of physical activity and nutrition.

The 1997 Health and social wellbeing survey showed that almost half of all men and more than one third of women in Northern Ireland are overweight, with a further one fifth of men and one quarter of women obese. We continued to work with colleagues to support initiatives promoting healthier food choices.

Food 4 Play
Along with Playboard, dietitians and environmental health officers, a new programme ‘Food 4 Play’ was developed which aims to assist child playworkers using play opportunities with food for 4–14 year olds.

Snack Pack scheme
Snack Pack continued to encourage parents to emphasise the importance of eating more fruit and vegetables, and a magazine including meal and snack suggestions was developed. The Fresh Fruit in Schools initiative, promoting the benefits of fruit and encouraging healthy eating, provides fruit to children in selected primary schools until 2006. Evaluation showed that it has increased fruit consumption among children.

Weight Wise
The HPA helped to promote Weight Wise at Work, a three year campaign run by the British Dietetic Association which aims to raise awareness of the importance of diet and health among employees and of the benefits to a workplace.

Small changes big benefits
The Small changes big benefits leaflet, which highlights the importance of waist measurement as a guide to risk, was distributed to men during Men’s Health Week. The HPA supported the week by working with the Men’s Health Forum to highlight overweight and obesity.

The HPA also:

- carried out research for ‘Fit futures: focus on food, activity and young people’ which examines options for tackling the causes of overweight and obesity in children and young people;
- organised a nutrition conference for parents and health professionals;
- updated our Healthy eating for the under fives in childcare publication;
- participated in Northern Ireland’s first annual obesity conference;
- produced two Work Well guides on healthy eating and promoting physical activity to help support employers;
- added information on nutritional requirements for elderly people and young children to the Cook it! manual.

Physical activity
Employees taking part in Work Well took part in a step-o-meter challenge. Several Work Well case studies were used in a BBC booklet in support of its campaign to encourage people at work to become healthier and fitter.

The HPA coordinates the Community Cash Grant Awards scheme, which supports opportunities for physical activity in the community, and 264 applications were received in 2005.

An exhibition with Age Concern called ‘Actively ageing well’ was designed to show positive and inclusive images of older people enjoying physical activity.

Further details
The HPA is coordinator of CINDI Programme work in the UK demonstration area of Northern Ireland.

For more information, contact the CINDI Programme Director, Dr Brian Gaffney, Chief Executive, Health Promotion Agency for Northern Ireland, 18 Ormeau Avenue, Belfast BT2 8HS. Tel: +44 28 9031 1611; Fax: +44 28 9031 1711; Email: b.gaffney@hpani.org.uk

Top
Dr Brian Gaffney, Programme Director.

Middle
Work Well step-o-meter challenge winners.

Bottom
Dr Brian Gaffney helps to highlight the issue of obesity at the Launch of Men’s Health Week, 2005.
Quit & Win is a smoking cessation campaign that aims to help the largest number of smokers as possible in countries around the world to quit. Quit & Win also mobilises more general support for tobacco control in the participating countries. The general aim of Quit & Win is to help countries organise an evidence-based, internationally coordinated smoking cessation programme.

International Quit & Win campaigns have been carried out every second year since 1994 when 13 countries belonging to the WHO CINDI network participated in the first campaign. The International Coordinating Centre is located at the National Public Health Institute (KTL) in Finland.

WHO’s Framework Convention of Tobacco Control (FCTC) has been ratified by over 120 countries. The convention acknowledges the importance of smoking cessation and participating countries commit themselves to promoting this among their country’s population.

Article 14 of the convention asks countries to “design and implement effective programmes aimed at promoting the cessation of tobacco use”.

The Quit & Win smoking cessation contest is a positive method for helping large numbers of smokers to stop smoking. The feasibility and cost-effectiveness of the methods employed have now been used in very different cultures throughout the world.

Evaluation of International Quit & Win 2004
A grand total of 700,000 smokers in 71 countries took part in International Quit & Win 2004 and included participants from 25 CINDI countries.

For a large-scale global tobacco control intervention like Quit & Win, it is crucial to have an ongoing scientific evaluation of campaign work, through the use of process evaluation, and evaluation of the long-term abstinence rates of the quitters participating in the contest through a one year follow-up survey.

The International Quit & Win coordinating centre at KTL in Finland collects the data and summarises results and experiences of the different national and regional campaigns. The combined report will be published during the spring of 2006.

One year follow-up survey in 2005
A standard one year follow-up survey of participants in Quit & Win 2004 was carried out by the organising countries and represented the main Quit & Win activity for 2005.

Abstinence rates in the follow-up surveys are calculated as the proportion of abstainers among the purified follow-up sample, in which all non-respondents are considered smokers.

Ten CINDI countries had submitted their one-year follow-up data to the KTL by the end of 2005.

Follow-up studies have shown that after one year, on average 20% of the participants have remained tobacco-free. Detailed data about the results and experiences of the previous international Quit & Win contests are published and can be obtained from KTL.

Quit & Win 2006
The International Quit & Win 2006 website www.quitandwin.org was updated in 2005 and now includes a closed section for organisers where Quit & Win 2006 campaign material can be located.

A discussion forum in which to share and exchange experiences with other Quit & Win organisers and the KTL is also featured on the website.
In December 2005 the KTL was invited to take part in the Global Youth Tobacco Survey (GYTS) training and analysis workshop, which took place in the WHO EMRO office in Cairo. Sixteen countries were represented.

The KTL organised a training meeting for the European organisers in Helsinki, Finland, in tandem with the European NCD prevention conference. A total of 20 representatives from throughout Europe took part.

Twenty seven CINDI countries will organise a Quit & Win contest in 2006. Worldwide, 89 countries have planned to organise the Quit & Win 2006 smoking cessation campaigns. The target is to help one million smokers to kick their smoking habit at the same time in May 2006.
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialised agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel: +45 39 17 17 17. Fax: +45 39 17 18 18
Email: postmaster@euro.who.int
Website: www.euro.who.int