Proceedings of the

Global Forum on Noncommunicable Disease Prevention and Control

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by the Department of Management of Noncommunicable Diseases and the Department of Noncommunicable Disease Prevention and Health Promotion

NONCOMMUNICABLE DISEASES AND MENTAL HEALTH

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Abbreviations

AFRO WHO Regional Office for Africa
AMRO WHO Regional Office for the Americas (see PAHO)
CARMEN Conjunto de Acciones para Reducción Multifactorial de Enfermedades
No transmisibles
CDC Centers for Disease Control and Prevention (Atlanta, USA)
CEE Central and Eastern Europe
CINDI Countrywide Integrated Noncommunicable Diseases
   Intervention Programme
COPD Chronic obstructive pulmonary disease
CVD Cardiovascular disease
EC European Community
EMAN Eastern Mediterranean Approach to Noncommunicable Disease
EMRO WHO Regional Office for the Eastern Mediterranean
ERS European Respiratory Society
EURO WHO Regional Office for Europe
IUHPE International Union for Health Promotion and Education
LMI Low- and middle-income (countries)
MNC Department of Management of Noncommunicable Diseases
MOH (s) Ministry (ies) of Health
NANDI Network of African Noncommunicable Disease Interventions
NCD (s) Noncommunicable disease (s)
NGO (s) Nongovernmental organization (s)
NMH Noncommunicable Disease and Mental Health Cluster
NPH Department of Noncommunicable Disease Prevention and Health Promotion
PAHO Pan American Health Organization (see AMRO)
PHC Primary Health Care
SEARO WHO Regional Office for South-East Asia
STEPS WHO STEPwise approach to surveillance
WHA World Health Assembly
WHF World Heart Federation
WHO World Health Organization
WPRO WHO Regional Office for the Western Pacific
Preface

Noncommunicable diseases (NCDs) are the leading causes of death and disability worldwide. Disease rates from these conditions are accelerating globally, advancing across every region and pervading all socioeconomic classes. The World Health Report 2000 estimated that together, NCDs contributed to almost 60% of global mortality (31.7 million deaths) and 43% of the global burden of disease in 1999.

However, there exists a vast body of scientific knowledge and medical experience regarding the preventability of such diseases and the opportunities for global actions to control them. Many noncommunicable diseases have common risk factors which can be confronted by integrated programmes.

Both the global threat posed by NCDs, and the immediate opportunities to provide an effective health response to that threat, were recognized by the World Health Assembly (WHA) in 1998. That same year, a request was made to the Director-General of the World Health Organization to prepare a global strategy for the prevention and control of noncommunicable diseases (Resolution WHA51.18).

A strategy was developed (WHA53.14) and endorsed by the Executive Board in January 2000 (EB105.R12), and was adopted by the 53rd World Health Assembly in May 2000 (WHA53.17). The Global Strategy calls for the development of networks of national programmes for prevention and control of noncommunicable diseases, in order to disseminate information, exchange experiences, and support regional and national initiatives.

As part of the implementation of the Strategy, a survey and assessment of national capacity for NCD prevention and control was conducted in 2001. According to that survey, less than half of the 160 responding Member States reported having NCD policies, and many countries reported that they had enacted no legislation for tobacco or food and nutrition. This survey also revealed that many countries have insufficient awareness of the importance of NCD prevention and control, and are not in a position to meet this challenge.

Although many similar circumstances prevail both worldwide and in specific WHO Regions, notable success has been reported in overcoming these shortcomings in NCD prevention. Existing demonstration projects and national programmes at the community level have provided precedents for WHO regional networks. Specifically, two such networks of community-based NCD programmes, CINDI and CARMEN, are well established and increasingly active in the EURO and AMRO Regions, respectively.

The experience of these community-based national programmes and regional networks could provide useful guidance to other WHO Regions. Accordingly, the Global Forum initiative was undertaken jointly by the Department of Management of Noncommunicable Diseases (MNC) and the Department of Noncommunicable Disease Prevention and Health Promotion (NPH), within the cluster of Noncommunicable Diseases and Mental Health (NMH) of WHO.
Previously, an informal consultation to discuss the establishment of the Global Forum had been convened in Joensuu, Finland, 2–4 May 2000. The Report of that consultation, which was widely circulated and formally endorsed by all Regional Directors, recommended the development of regional networks of integrated national NCD prevention and control programmes, with key partners that would come together in a global forum.

Such a forum could be positioned as an integral component of the WHO Global Strategy, and represent a practical example of the implementation of the Director General’s policy directive of “One WHO”. The Forum could function as an important vehicle for setting and maintaining standards through the sharing of information and protocols. In this context, it could provide a mechanism for:

- reducing the propensity for “reinventing the wheel”;
- enhancing faithfulness to the more macro policy initiatives of the Organization, and to its priorities with respect to NCD;
- increasing the visibility of the NCD issue within WHO Headquarters, the Regional Offices, and beyond;
- furthering the dissemination of best practices and research findings; and
- coordinating the activities and enhancing the output of NCD-related WHO Collaborating Centres.

The Forum would increase the capability of WHO Headquarters to take stock of what is happening around the Organization as a whole with respect to NCD prevention and control, through increased surveillance of activities and programmes. With an enhanced capacity to monitor activities, WHO would be in a position to act more effectively as a broker between the needs and desires of Member States, on the one hand, and the expertise and consultants available to assist them, on the other. Ensuring a good fit between needs and expertise is critical to effective and efficient use of WHO resources.

The first meeting of the Global Forum was convened at WHO Headquarters in Geneva from 12 to 13 November 2001, and was co-hosted by MNC and NPH. Briefly summarized in the following Report are the proceedings of that meeting. Included are an executive summary, introductory remarks by Pekka Puska (Director, NPH), Rafael Bengoa (Director, MNC), and Ruth Bonita, (Director, CCS), followed by an overview of the deliberations, including summaries of major presentations and the ensuing discussions, and the conclusions and recommendations.
Executive summary

The Global Forum, together with the regional networks it seeks to promote, can be characterized as tools or instruments which can be applied to:

- encourage countries in the development of integrated national NCD prevention and control programmes;
- assist countries in capacity building in order to enhance their ability to develop these programmes;
- disseminate experiences concerning these programmes from one country or region to others; and
- provide information on these programmes to those in the process of developing them.

The proceedings of the first Global Forum on NCD Prevention and Control began with formal presentations and concluded with definitive actions. The initial phase of this twofold process, which involved the provision of information to the participants, occupied all four sessions of the first day and much of the first two sessions of the second day of the proceedings. Although substantive recommendations had emerged almost from the outset of the meeting, the second phase – in which the participants took action – culminated the second day.

That action, in the final sessions, yielded the two major outputs detailed in the conclusion of this Report. Briefly summarized, these achievements of the Global Forum involved:

- approval, with minor modifications in wording and structure, of the definitive statement of the proposed concept and structure envisioned for the establishment and function of the Global Forum;
- endorsement thereafter of the background document attached as Annex C, revised as indicated; and
- an emphatic demonstration of diverse yet unanimous support by the participants, particularly the Regional Representatives, of the concept of regional networks for NCD prevention and control.

This concept was pioneered within WHO by EURO with CINDI, and was subsequently joined by AMRO with CARMEN. EMRO is currently developing EMAN, AFRO is developing NANDI, and other WHO Regions will eventually establish national and regional networks. Notably, Shanghai will be the site of the next Global Forum meeting in autumn 2002.
The Global Forum has the potential to:

- become a valuable tool for the extension and replication of national and community-based demonstration projects by means of regional networks worldwide;

- play a vital role in encouraging countries to develop integrated national and community-based NCD prevention and control programmes, assisting in capacity building, disseminating experiences, and providing information;

- contribute to the development of each unique network, the coordination of their common efforts, and the dissemination of their success stories; and

- bring together the existing regional networks, such as CINDI and CARMEN, with the participation of appropriate personnel from WHO Regional Offices and Collaborating Centres.

Formal introductions to and descriptions of each of the established and developing networks, as well as surveillance and other NCD prevention activities, were followed by substantive discussions of the goals, approaches, and achievements of each. These presentations were preceded by updates on and discussions of the current activities of MNC and NPH in NCD prevention and control, emphasizing current and ongoing activities on tobacco, diet, and physical activity in NCD prevention.

Also presented by the Secretariat were progress reports on regional developments, and plans for World Health Day 2002, the theme of which will be physical activity. These presentations were followed by those of several NGOs and other organizations, in order to include perspectives on collaboration by significant partners.

The first day of prepared presentations was concluded in anticipation of the next day’s sessions which would involve revisiting the objectives, and the consideration of participation in, and methods of work of the Global Forum. An informal working group was formed to consider points made during the previous sessions.

Continuing this discussion the following day, participants deliberated on goals and objectives, integration, participation, coordinated advocacy, dissemination, resource mobilization, the evidence base, training, and other networking needs and functions. They considered an outline of the workplan and priorities for action, before moving to conclusions and recommendations.

The deliberations during these culminating sessions resulted in the Conclusions and Recommendations of the first Global Forum. These can be summarized as an endorsement of the working documents, with changes as indicated in the Conclusions, together with a demonstration of support for the regional network concept and approval of its achievements.
Introductory remarks by the Directors of the Departments of NCD Prevention and Health Promotion and NCD Management and the Director of the Cross-Cluster Initiative on Surveillance

Dr Pekka Puska (Director, NPH) convened the Global Forum on NCD Prevention and Control, and welcomed the participants on behalf of Dr Derek Yach, Executive Director, Noncommunicable Diseases and Mental Health. Reviewing the history and background of the Global Forum, he noted that this first meeting was extremely important because its proceedings are in the mainstream of implementation of the WHO Global Strategy for NCD prevention and control adopted by the 53rd World Health Assembly. Dr Puska added that the Strategy emphasizes, among other priorities, the concept of integration in all of its facets, which were to be discussed further during the Forum. He expressed satisfaction at the very nearly full participation of all invitees, indicating that others would arrive later in the session.

Dr Rafael Bengoa (Director, MNC) stressed the importance of working across departmental boundaries in achieving this integration and other goals, and observed that several WHO/NMH departments and other entities were represented in this Meeting. Noting that barriers between departments can interfere with achievement, he reported that those involved in NCD prevention and management within WHO were seeking both to overcome those barriers, and to enhance liaison with Regional Offices. Dr Bengoa concluded his introductory and welcoming remarks with reference to the WHA mandate which calls for greater attention to be accorded to the prevention and management of cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes, as well as to the care of these and other chronic diseases.

Dr Ruth Bonita (Director, CCS) welcomed the participants in the Global Forum, noting that its origins go back to the inception of the NMH Cluster. She recalled that from the outset of NMH the three areas of prevention, management, and surveillance had been emphasized, and added that Surveillance has since become a cross-cluster initiative. In conclusion, she outlined the development of the STEPwise approach to Surveillance (STEPS), a framework for unifying and standardizing data collection of the key modifiable NCD risk factors. Dr Bonita pointed out that implementation of the STEPwise approach through the regional NCD networks offers an entry point for countries to develop disease prevention interventions and health promotion programmes.
Overview
of the deliberations of the Global Forum

Background

Formal presentations provided the foundation for the deliberations of the Global Forum. Among the topics of these presentations were the increasing burden of NCDs, their common risk factors, and the response of WHO and its Member States. They emphasized strengthening global cooperation and collaboration, with the goal of facilitating regional networking of national integrated NCD prevention programmes based on demonstration programmes at the community level, particularly in developing countries.

Several presentations introduced the pioneering regional networks CINDI and CARMEN, which are well established and increasingly active throughout EURO and AMRO, respectively. Their individual and collective experience indicates that networking can be effective in the exchange of information on technical and management issues, and can help network members to brainstorm, plan cooperative ventures, and launch new activities. The establishment, development, and implementation stages of the existing networks, as well as other current activities throughout WHO and in NGOs and other organizations, were described.

Specifically, it was noted that most countries in the CINDI network had no national integrated NCD prevention programmes. Rather, there existed demonstration projects at the county or district, rather than the national, level. These demonstration projects were based upon the general population, rather than upon any one specific group or any single disease, and interventions were implemented at the community level. Eventually, these programmes were extended throughout the country to form national networks.

Developing such national programmes in low- and middle-income (LMI) countries is more difficult than in industrialized countries. Such LMI countries face the “double burden of disease”. With limited resources, the governments of most developing countries properly devote more attention to relieving poverty and fighting infectious diseases.

However, with increasing risk factors for noncommunicable diseases, it is necessary to recognize this second threat and take immediate action rather than waiting until poverty and infectious diseases are overcome. Focusing on these LMI countries, the Global Forum and regional networks can serve as tools, or platforms, to help countries develop community-based demonstration projects into national programmes.

Networks

Much of the deliberation of the first Global Forum involved the existing, developing, and anticipated networks and partnerships, discussed below, throughout the six WHO Regions. These deliberations can be briefly summarized as follows.

At the outset, it was agreed that the Global Forum could effectively promote such networking. Specifically, participants felt that it is in a unique position to contribute to regional efforts in conducting needs assessments, setting goals, and undertaking strategic planning activities.
There was also agreement that among its principal objectives should be the linkage of networks and promotion of collaboration among them, without compromising the individual identities of each member network. Other goals included partnership participation by NGOs.

As a result of these initial deliberations, a consensus emerged to the effect that existing regional networks should be both expanded to other Regions and supported in every way possible. It was also stressed that the Global Forum could become effectively positioned to promote and integrate this expansion and development of regional networks worldwide.

To this end, the pioneering experience of more than twenty years of progress by CINDI, and the lessons learned in CARMEN in more recent years, were reported to the Global Forum. These experiences and successes, specifically those involving the concept of integration, were presented and followed by discussions. The lessons learned in CINDI and CARMEN are summarized in Annexes C and D of this Report and elsewhere. Reported below are additional points made during the Global Forum, emphasizing those which have relevance to other regional networks.

Currently within CINDI, dynamic cardiovascular disease trends have been determined during the past ten years. Developments in Bulgaria, Hungary, Lithuania, and Russia, for example, reflect great increases in CVD as contrasted with decreases in European Union averages. Against this background, it has been essential that CINDI remain an evolving programme, changing with such developments. Whereas previously the project was working to develop an East-West health collaboration bridge, CINDI is currently working to build greater capacity in the Central and Eastern European (CEE) countries. Similarly, a number of current CARMEN activities relate to the topics discussed in this meeting. These include promotion of physical activity, smoking cessation programmes, and the establishment of blood pressure measurement standards, among others.

The developmental efforts reported by EMRO with EMAN, a regional organizational structure for implementation of NCD prevention and management systems, reflected the early experiences of these pioneering networks. EMAN seeks to develop national guidelines for common NCD risk factors, promote community-based programmes, provide system support to new initiatives, and exchange information on epidemiological transition. Among risk factors specifically affecting NCDs in EMRO are ageing, obesity, and smoking, resulting in very high levels of cardiovascular disease, hyperlipidaemia, and hypertension. Among efforts to counteract these conditions are programmes in NCD prevention and management in Saudi Arabia, Lebanon, Oman, and Egypt, some of which can be applied to other countries.

AFRO had considered CINDI and CARMEN in establishing NANDI, to discover ways in which these models could be implemented in AFRO. However, several other health hazards beyond those emphasized by the earlier networks had been encountered in African countries. In particular, it was reported that heart disease and hypertension could probably not be readily confronted in Africa because of the currently low level of resources. Rather, communicable diseases still represent the major challenge.

In general, NANDI had experienced a lack of commitment to NCD prevention efforts because of other priorities. However, it was reported that a few prevention-based programmes operate in Algeria, Nigeria, and South Africa, although “they are not well established,” and that Mauritius and Seychelles also have programmes which are “just getting under way.”
In this Meeting, the African Heart Network (including Ghana, Nigeria, and South Africa), which is part of the World Heart Network, was represented by the Nigerian Heart Foundation. There was emphatic agreement that this recently established partnership could be developed on the basis of lessons learned in the existing networks, particularly CINDI and CARMEN.

SEARO reported little experience with networking. It was noted that the Region was unique in that it includes only ten countries, but several have populations exceeding 100 million and comprising more than 80% of the population of the Region. All are LMI countries, not one of which has sufficient resources to allocate to NCD prevention. SEARO has taken the initial step in establishing a regional network, involving a NCD surveillance network.

WPRO reported that its network is in “the preconception stage”. WPRO and SEARO together represent two thirds of the world’s total population, with countries ranging from China to the Pacific Islands. Significant to both these contexts, it was announced later in the Global Forum that its next meeting, in autumn 2002, is planned to convene in the largest country in WPRO, the People’s Republic of China. WPRO hopes to establish its NCD network soon.

**Integration**

Integration is a key principle of the global forum/regional networks approach to NCD prevention. Integration has several meanings. First, it means that programmes aim at interventions that bring about joint action on several risk factors by the health systems. Second, it calls for a comprehensive approach combining different strategies for implementation including policy development, capacity building, partnership, and information support at all levels. Third, integration calls for intersectoral action to implement health policies; this other aspect of integration is needed to address the major determinants of health that fall outside the remit of the health system. Fourth, integration also refers to efforts to combine population and high-risk approaches by linking prevention actions of various components of the health system including health promotion, public health services, primary care, and hospital care.

Several examples of successfully integrated networking were provided by the WHO Regions. Perhaps of particular interest in this connection is WPRO, which as yet has no functioning regional network. However, certain countries within the Region (specifically Cook Islands, Fiji, the Federated States of Micronesia, and Samoa), have together undertaken a joint project involving the economics of diabetes mellitus; and the King of Tonga has supported a survey on obesity, integrated with diabetes mellitus and cardiovascular disease. As another example in WPRO, Malaysia has integrated diabetes mellitus and cardiovascular disease projects, and has linked its NCD prevention programme to the Healthy Cities programme.

More generally, it was observed that the double burden of disease in low- and middle-income countries requires a review of the Primary Health Care strategy, which would entail an evolution from the acute care model towards a coordinated, comprehensive system of care. This system would develop means to engage health care managers in the public health agenda, opening avenues for prevention and health promotion.

Further to the subject of integration, it was decided that three major risk factors would be addressed: nutrition, physical activity, and tobacco consumption. Current activities in these areas will be integrated into the networks, including the initiatives and preparation for the next World Health Day on physical activity.
Finally, an integrated NCD prevention strategy would involve national programmes, regional networks, and the Global Forum, as follows.

At the national level:

- The Ministry of Health would make decisions and reach agreement with the Regional Office.
- A National Programme Director would become a focal point, and an intersectoral mechanism would be developed; demonstration programme(s) would be integrated and community-based.
- Surveillance would expand from the basic surveillance sites to the national level, and national activities and policies would be devised.

At the regional level:

- Regional networks would be coordinated by WHO Regional Offices in collaboration with Headquarters.
- Regional core protocols, principles, and criteria for membership would be developed.
- Those countries choosing to launch national programmes according to this programme would elect to join their regional network.
- Management structures would include meetings and would involve Programme Directors, steering committees, and other entities.
- Monitoring and surveillance activities would be implemented in countries, with data collected and analysed in data centre(s).

At its level, the Global Forum would provide a mechanism for exchanging experiences and agreeing on common activities between regional networks, and would involve representatives of networks, WHO Regional Offices and Headquarters, and global partners.

**Membership**

In summary of the deliberations regarding membership, it was agreed that the Global Forum would be primarily a forum for regional networks, partnering with NGOs and other institutions at all levels: global, regional, and country level as appropriate. It was further agreed that WHO/HQ would work in close collaboration with its Regional Offices on management issues, and would maintain close communication with Global Forum participants.

In addition to these WHO relationships, discussion of membership in the Global Forum was expanded to include several examples of partnerships between regional networks and NGOs. Such a potential partnership, by the African Heart Network, is described above in another context, and others are described in the next section.

**Partnership**

The Global Strategy recommends strengthening collaboration and cooperation with NGOs and others in the development of regional networks. Accordingly, several such organizations were represented at, and made presentations to, this first Global Forum, including the European Respiratory Society (ERS), the World Heart Federation (WHF), and the World Bank.
In pursuing its activities throughout Europe, the European Respiratory Society acts through European Union programmes, national societies, health professionals, and the general public. Globally, ERS promotes the development of project-oriented relationships, and seeks a broader cooperative relationship with WHO. The ERS School offering postgraduate courses, conducts seminars, awards fellowships, develops continuing medical education accreditation and offers educational materials on the Web. The WHO/ERS partnership involves collaboration in many activities to prevent NCDs, specifically in the development of WHO strategies for prevention and control of chronic respiratory disease, operational definitions in these and other areas, and policies on tobacco control, as well as support to low-income countries.

An NGO headquartered in Geneva, the World Heart Federation works closely with WHO in every region of the world, with corresponding regional structures. Its mission is to help people achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low- and middle-income countries. To accomplish this mission, WHF seeks to support science, educate and train, and advocate in the area of cardiovascular disease. Particularly notable among WHF/WHO collaborative efforts is World Heart Day. With activities increasing every year, this event is supported by WHO and UNESCO, and WHF hopes for WHO regional support as well. This year the theme is “A Heart for Life”. Another important activity of WHF is the World Heart Forum for Global CVD Prevention.

The World Bank incorporates NCDs in its poverty reduction strategy papers for each country. One-page guides are also produced, previously on such subjects as malaria and school health and now on NCDs. Tobacco control is another priority of the World Bank, which has recently produced a publication entitled “Curbing the Epidemic”, which is available in eleven languages. Educational and awareness-creating activities are emphasized; although information is readily available, some doctors smoke and some governments support the tobacco industry.

**Coordinated advocacy**

Advocacy and resource mobilization were discussed during the Global Forum as interconnected issues. However, participants also felt that it is necessary to make a distinction between them, since the advocacy function is needed to raise NCD awareness and create a climate for resource mobilization.

Three key messages were proposed: first, that NCD is the major disease burden in low- and middle-income countries; second, that NCDs are preventable; and third, that the Global Forum knows how to do this. Potential audiences for these messages include foundations and potential donors, internal WHO audiences, politicians and policy-makers, professionals and health care providers, and the population at large. In 2002, the Global Forum will select foundations and donors to support regional networks, and internal WHO audiences to be targeted.

Politicians and policy-makers will be targeted during 2003, to assess NCD impact on health and development and include NCD prevention and control in health sector reform, along the lines of the experiences in chronic care. For this approach, it is recommended that a marketing professional be employed to further extend this analysis and develop a communication strategy based on existing resources.
Resource mobilization

In its application to the Global Forum, resource mobilization was considered in the widest possible way, including among other resources funds, professional skills, and materials. Regular funds should ensure the sustainability of the networks, and efforts should be joined with those of other in-house initiatives, such as the review of PHC. It was agreed that it is important to examine existing integrated comprehensive programmes, reviewing them in a standardized manner, finding ways to use them more effectively, and making them more visible to the international community.

First steps in resource mobilization include raising the profile of the organization, building on existing assets, and systematizing research efforts. Resource mobilization should begin with small elements – “micro-sources” – of assets. The Global Forum should listen to potential donors in order to package the ideas in a way in which funding is feasible. It should prepare two or three cases to share with foundations and donors. The approach should be coordinated between WHO Headquarters and Regional Offices, each projecting the same message.

In both these and other areas of work, it was agreed that resource mobilization is a professional activity, and that there are specific skills required to raise money effectively and efficiently. Recruitment of such specialists to advise and assist the Global Forum in resource mobilization, advocacy, and related publication, was suggested. The participants agreed that resource mobilization involves more than simply finding money. Specifically in this connection, it was reported that many Ministers of Health of developing countries agree that NCD prevention and control are important issues but express their inability to move forward for various reasons. Other consultations, with donor countries, reveal that they are often uncertain as to where to invest their money. To resolve this impasse, WHO and the Global Forum are in a unique position to bring together these needs and resources.

Taking stock - building the evidence base

Further discussion involved “taking stock” of the nature and scope of existing integrated, comprehensive programmes. It was proposed that such a programme would represent a “package” that could be “sold” to Ministries, who could then select one or more components of that programme to meet their own needs. Moreover, there is great potential to tap into the experiences of the many community demonstration projects to assess “best practices” for NCD prevention in primary health care settings.

It was noted, however, that health is not always a priority in many countries. Rather, it is often necessary to promote this need over those which are considered a higher priority, such as defence. Offered as an example within the health sector, and specifically in Africa, was the observation that funds are sometimes available but devoted to other areas such as HIV/AIDS.

Potential tools and products for achieving Global Forum objectives were mentioned. Prominent among these was publication in public health journals and in its own Global Forum newsletter for regional networks, describing and highlighting regional “success stories”.

Global Forum on Noncommunicable Disease Prevention and Control
Training

The Global Forum agreed that participating networks could benefit from integrated training and capacity-building, with the potential of using resources worldwide. Training needs would be identified in appropriate topics at various levels, particularly in implementation and programme evaluation and if possible using existing courses that could meet those needs. Currently, the CINDI Winter School provides the longest experience with such programmes.

There was agreement that successful NCD prevention and control relates to a variety of professional, paraprofessional, and other training, and that more practical instruction of key personnel is needed. Participants observed that a number of training initiatives around the world offered courses in such areas as epidemiology and behavioural science, but that there is a shortage of training programmes on interventions.

Deliberation on the question of who is to be trained (i.e. only professionals or others as well), yielded general agreement that paraprofessionals and community leaders should also be included in training programmes. There was a call by several participants for more attention to evaluation of processes, noting that such critical scrutiny would provide more immediate output. Several regional training programmes, specifically in Africa, were described.

It was agreed that twenty years of experience of one established network, six years of another, and the developmental experiences of still others, could be brought together and made available on the Web, targeting key audiences and placing emphasis upon task-oriented training. Planning for these task-oriented, on-line courses would be based upon the objectives of the Global Forum.

Finally, the Centers for Disease Control (CDC) has a special relationship with WHO, having served as a Collaborating Centre in many contexts in the past. Currently collaborating with WHO in bilateral support to the CINDI, CARMEN, and other networks, CDC expressed interest in increasing this collaboration in several specific priority areas including training in such subjects as cardiovascular disease, behavioural risk factors, as well as evidence-based chronic disease planning, and social marketing. CDC also seeks a larger global role in training regional networks to confront such issues as the “double burden of disease”.

Methods of work

The functioning of the Global Forum would involve both meetings and working groups. Regular annual meetings of the Forum, as well as conjunction meetings with NGOs, would be supplemented with telephone conferences and training workshops. The annual meetings of the Global Forum would be financed through a variety of mechanisms, and not all such responsibility would be assumed by WHO.

Most of the output of the Global Forum would come from the working groups, which would be ad hoc as opposed to standing or permanent. These working groups would have strictly defined goals and terms of reference and well defined outputs over specified time-frames. Secretariat support would be required for such activities as arranging meetings and teleconferences and producing materials for them. All of this communication would contribute to internal dissemination of the experiences of regional networks.
Externally, it was agreed that the Global Forum would work to establish electronic links for the dissemination of experiences in NCD prevention. The findings from research studies would be published in the professional press and in a newsletter produced by the Global Forum. Additional publications might involve a directory of ongoing community-based activities.

**Cross-cutting areas of action**

Deliberations of the Global Forum produced several other suggestions which cut across the major categories of the discussion. Among these was the concept of a Global Clearing House. The major resources of this tool would include professional expertise, community-based programmes, policy-development experiences, health-services models, training opportunities, available materials, and other topics.

Another cross-cutting area of action would involve evaluation of comprehensive programmes, with particular emphasis on community-based approaches. These possibilities for evaluation would include existing programmes, as well as the design of new community-based interventions and their evaluation, building on the STEPwise approach to surveillance.

The Global Forum stressed the importance of supporting that which has been shown to work. Currently, an initiative between the International Union for Health Promotion and Education (IUHPE) and WHO is focusing on a review of the evidence for health promotion programmes, and this effort should be supported and complemented by the Global Forum.

**Revisions to background document**

A lengthy discussion of the background document (Annex C), resulted in detailed suggestions for slight modifications in its wording and structure. By way of specific examples:

- discussion of the use of the phrase “developing country” yielded such alternatives as “resource-poor”, “less resourced”, “countries in transition” and “low- and middle-income” countries; and

- forms of the word “integrate” – e.g. “integration” and “integrated” – were suggested for inclusion in several contexts, notably preceding “networking”.

It was decided that such changes might be better incorporated into the draft document by a small working group, which would confer overnight and return with a modified version of the text the following morning. During the concluding sessions of the second day, these revisions were presented and discussed at length. Finally, at the conclusion of the first Global Forum, the resultant document was approved by acclamation. Those portions which were discussed at length are presented in the section, involving conclusions and recommendations.

**Recommended next steps**

Participants in the Forum agreed to continue working in the areas of resource mobilization; advocacy; partnerships; capacity-building; and strengthening the evidence base through identification and dissemination of “best practices”. It was further recommended that the next Global Forum would be in Shanghai, People’s Republic of China, in the autumn of 2002.
Conclusions and recommendations

This initial session of the Global Forum produced several general conclusions and attendant recommendations. The general conclusions which emerged from the deliberations included:

- a consensus to the effect that the basic goals, objectives, concepts, and approaches, as presented in the discussion document (Annex C), were appropriate;
- certain wording and structural changes, recommended by the participants and incorporated into the document as detailed below, resulting in the unanimous approval of the revised document by acclamation; and
- general and emphatic endorsement of the regional networking concept, as demonstrated by the experiences of the exemplary programmes CINDI, CARMEN, and others.

In amplification of these three general conclusions, recommendations for minor modifications were approved, specifically for revision of the Goal and Objectives as follows.

Goal
The goal of the Global Forum is to strengthen integrated NCD prevention and control, particularly in low- and middle-income countries, working through regional networks in line with the Global Strategy approved by the 53rd World Health Assembly. The activities of the Global Forum will focus on WHO’s four priority noncommunicable diseases: cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

Objectives

1. Encourage the development of networks in support of national integrated NCD prevention and control strategies and programmes including community-based initiatives.

2. Support regional networks through interregional collaboration and international partnership with international NGOs and other institutions.


4. Increase awareness of the need and potential for investment in NCD prevention and control initiatives through coordinated advocacy at all levels.

5. Contribute to training and capacity-building in the development and evaluation of NCD prevention and control particularly in low- and middle-income countries.

6. Provide guidance and promote harmonization of implementing, monitoring, and surveillance methodologies.
There was general agreement by the Global Forum that carefully and thoroughly integrated networking programmes should be regional and national in scope. Networking programmes should include community-based initiatives.

These networks should provide a structure that can facilitate policy changes and implementation, dissemination of community-based experiences, and reorientation of health services for chronic care to include disease prevention and health promotion. Accordingly, the continuum from health promotion to disease prevention and control would be ensured.

**Reference document**


Joensuu, North Karelia, Finland, 2–4 May 2000.

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