
In response to the rising burden of chronic diseases and the public health challenges that they present, WHO convened a meeting with its chronic disease Regional Advisers to discuss ways to strengthen collaboration

NCD Regional Advisers Meeting on Chronic Diseases

Meeting report

29 June - 2 July 2004
Geneva, Switzerland



World Health Organization

NCD Regional Advisers Meeting on Chronic Diseases

Meeting report



WORLD HEALTH ORGANIZATION

Chronic Diseases and Health Promotion
Noncommunicable Diseases and Mental Health

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ABBREVIATIONS AND ACRONYMS

AFR	WHO African Region
AFRO	WHO Regional Office for Africa
AMR	WHO Region of the Americas
AMRO	WHO Regional Office for the Americas (also: PAHO)
CCS	Country Cooperation Strategy
CHP	Chronic Diseases and Health Promotion Department, WHO/Geneva
CRD	Chronic Respiratory Disease
EB	Executive Board
EMR	WHO Eastern Mediterranean Region
EMRO	WHO Regional Office for the Eastern Mediterranean
EUR	WHO European Region
EURO	WHO Regional Office for Europe
FCTC	Framework Convention on Tobacco Control
GSDP	Global Strategy on Diet, Physical Activity and Health
IDF	International Diabetes Federation
MDGs	Millennium Development Goals
MOH	Ministry of Health
NCDs	Noncommunicable diseases
NGO	Nongovernmental organization
NMH	Noncommunicable Diseases and Mental Health Cluster, WHO/Geneva
PAHO	Pan American Health Organization (also: AMRO)
PDA	Personal Digital Assistant
PHC	Primary health care
RAs	Regional Advisers
ROs	Regional Offices
SCD	Sickle Cell Disorder
SEAR	WHO South-East Asia Region
SEARO	WHO Regional Office for South-East Asia
SPG	Service Provider Guide
STEPS	WHO STEPwise approach to surveillance
SURF	Survey of Risk Factors
WKC	WHO Center for Health Development, Kobe, Japan
WHA	World Health Assembly
WHO	World Health Organization
WHO/Geneva	WHO Headquarters
WPR	WHO Western Pacific Region
WPRO	WHO Regional Office for the Western Pacific
WRO	WHO country office

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MEETING SUMMARY

Shared common vision - to strengthen action on a global scale

In response to the rising burden of chronic diseases and the public health challenges that they present, WHO Headquarters' newly-formed Department of Chronic Diseases and Health Promotion (CHP), within the Noncommunicable Diseases and Mental Health Cluster (NMH), convened a meeting with its chronic disease Regional Advisers to discuss ways to strengthen collaboration.

The need to strengthen chronic disease activities across WHO is justified by:

- ∅ The growing social and economic burden of chronic diseases in low- and middle-income countries, especially those undergoing rapid economic transition;
- ∅ The existing knowledge base on the shared causes of chronic diseases and their preventive potential;
- ∅ The gap in implementation of this knowledge and with health promotion knowledge in general;
- ∅ The pressing demand for WHO to provide greater leadership and support to countries for the prevention and management of chronic diseases and health promotion.

The four-day meeting underscored that NMH/CHP and the Regional Offices share a common vision and strategy to strengthen action on a global scale.

"The fantastic atmosphere that you have created during this meeting has allowed us to be quite open and frank with each other."

Jerzy Leowski
SEARO



SUMMARY OF KEY MESSAGES



Integration and collaboration are the keys to all our work.

- ⊗ Integrated approach to prevention and control for major diseases, based on a public health approach
- ⊗ Integrated approach to capacity building
- ⊗ Inter-regional collaboration
- ⊗ Driven by a common agenda

Advocacy is essential.

- ⊗ Advocacy should be based on an agreed bold goal and our global strategy for chronic disease prevention and control
- ⊗ Advocacy should:
 - ⊗ Synthesise and disseminate evidence base
 - ⊗ Use strategic entry points for political support
 - ⊗ Align chronic disease agenda with the MDG agenda
- ⊗ Resource mobilization is crucial
- ⊗ Global Report on Chronic Diseases will be key part of advocacy strategy

Greater focus will result in improved effectiveness.

- ⊗ Centre all work around countries' needs and priorities
- ⊗ Integrate disease-specific groups
- ⊗ Use STEPwise approach to surveillance, prevention, and control

Support integrating projects and initiatives.

- ⊗ Global Report on Chronic Diseases
- ⊗ Chronic Disease Treatment Initiative
- ⊗ Global Strategy on Diet, Physical Activity and Health
- ⊗ Regional networks and Global Forum
- ⊗ Standardized tools

Develop and nurture partnerships and close working relations across WHO Offices.

- ⊗ Fully clarify respective roles
- ⊗ Develop a mechanism for joint planning and accountability
- ⊗ Strengthen partnerships: UN family, civil society, private sector
- ⊗ Build infrastructure and organizational culture for ongoing communication, including Intranet and Internet

Don't forget what to avoid.

- ⊗ Avoid new vertical programmes
- ⊗ Avoid fragmentation and dispersion of efforts

Bottom line: "Work together in a focused manner".

MEETING OBJECTIVES

Overall meeting objectives:

- ∅ To more closely align the work being undertaken at WHO/Geneva and Regional Offices for chronic disease prevention and control
- ∅ To clarify respective roles and priorities for chronic disease prevention and control
- ∅ Agreement on the chronic disease prevention and control agenda
- ∅ Agreement on the development of a chronic disease strategy paper

Specific meeting objectives and expected outcomes:

Global Strategy on Diet, Physical Activity and Health

The objective is to discuss the Global Strategy implementation plan. Background documentation - to present a draft of the implementation plan. The expected outcome is to incorporate the inputs from discussions and advance the implementation plan.

Global Report on Chronic Diseases

The objective is to reach consensus on the desired outcomes of the global report, to identify target audiences and key messages, to clarify the involvement of the Regional Offices in the creation and launch of the report. Background documentation - draft process for report production and launching, general overview of the report. The expected outcome is an agreement on the desired outcomes of the global report, agreement and drafting of a specific process for Regional Offices involvement in the report production and launching.

Chronic Disease Treatment Initiative

The objective is to discuss the chronic disease treatment initiative. The expected outcome is further development of the proposal, implementation plan and agreement on the next steps.

Surveillance and Information for Policy

The objective is to understand Regional Offices needs and constraints regarding country-level data collection and development, maintenance of the Health Information Systems (InfoBases) for chronic diseases. The expected outcome is agreement on strategic directions for STEPS survey activities, agreement on actions needed to support data collections and InfoBases in the Regions and countries.

Chronic Diseases Prevention and Management

The objective is to update Regional Advisers on the current status of disease-specific projects with a focus on activities at country level, to discuss integrated approach to disease prevention and management at country level. The expected outcome is clarification of expectations and priorities at regional and country levels.

MEETING OBJECTIVES

Mega Country Health Promotion

The objective is to chart the course of the regional networks, the Global Forum and the Mega Countries project. The expected outcome is an agreed course of action for the Mega Country Health Promotion network and the Global Forum.

Oral Disease Prevention

The objective is to update Regional Advisers on global strategies and approaches in oral disease prevention, to discuss the involvement of Regional Offices and WHO/Geneva in implementation of the integrated oral disease prevention in national health programmes. Background documentation - the World Oral Health Report 2003. The expected outcome is clarification of priorities at regional and country levels and the roles of Regional Offices and WHO/Geneva.

Administration and Communications

The objective is to improve collaboration and interaction on chronic disease prevention and control activities. The expected outcome is agreement on a way forward.

Section one

Chronic diseases at the beginning of the 21st century: CHALLENGES

This section of the report discusses the rising burden of chronic diseases, variable recognition of the problem, limited resources and its consequences.



Robert Beaglehole



Catherine Le Galès-Camus



Antonio Filipe

Chronic diseases at the beginning of the 21st century: CHALLENGES

NCDs present a major health challenge today

The rising burden of chronic diseases

The prevalence of chronic, noncommunicable diseases – cardiovascular disease, cancer, chronic respiratory disease and diabetes – is increasing dramatically around the world. Latest figures indicate that well over 60% of all deaths worldwide are due to these conditions. In many cases, these deaths occur only in middle-aged adults (see figure below).

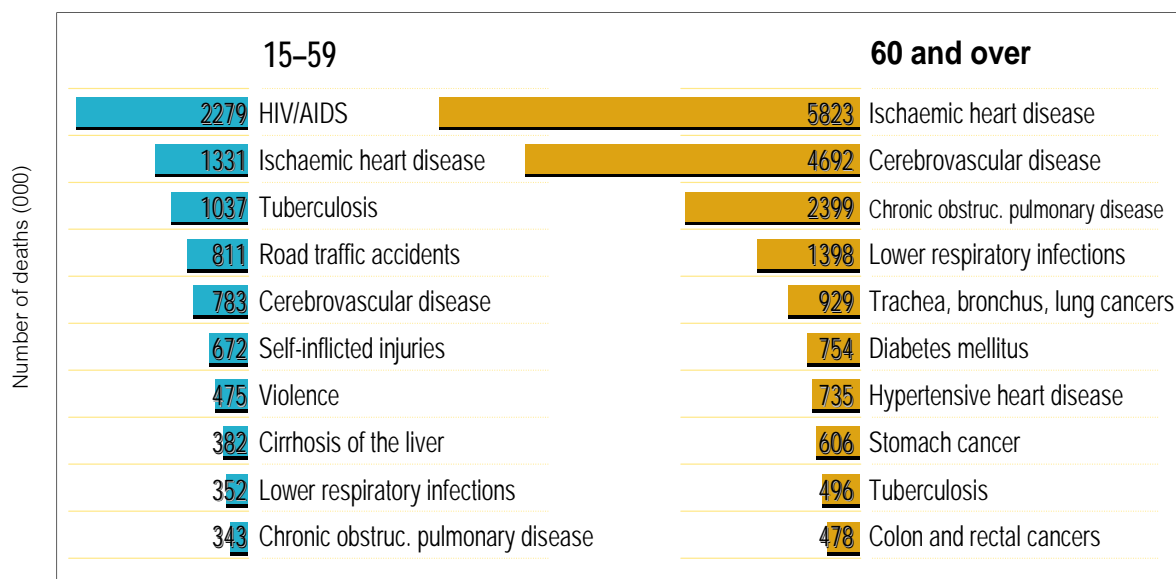
There are clear determinants for this trend:

- ∅ Changing demographic trends and population ageing;
- ∅ Changes in consumption patterns and risk behaviours;
- ∅ Rapid urbanization;
- ∅ Globalization (global marketing of health-compromising products).

The African Region (AFR) is facing an unfinished agenda of infectious diseases, malnutrition and complications from childbirth and simultaneously the growing epidemic of chronic, noncommunicable diseases. This **double burden** of disease in Africa has serious health and health care implications and requires the development of new strategies and policies. In addition, certain chronic diseases, namely sickle cell anaemia and rheumatic heart disease, are especially prevalent in AFR and present unique challenges as such.

The Region of the Americas (AMR) faces a large burden of chronic diseases and their risk factors. Contrary to common belief, these problems are not restricted to North America. In developing countries such as Guatemala and Bolivia, obesity and hypertension are similarly prevalent in the region to rates in the USA, foreboding an escalating burden of chronic diseases in these countries during the coming decades.

LEADING CAUSES OF MORTALITY (ADULTS 2002)



Source: World Health Organization

Chronic diseases at the beginning of the 21st century: CHALLENGES

The Eastern Mediterranean Region (EMR) is confronted by a rapid epidemiological transition, characterized by increasing prevalence of overweight/obesity (40-70%) and high rates of tobacco use (16-65%), accompanied by a growing prevalence of hypertension (12-35%) and diabetes (7-25%). Remarkably, the vast majority (80-90%) of the population is physically inactive.

In **the European Region (EUR)**, NCDs present a major health challenge for Europe today and for the foreseeable future. Cardiovascular diseases and cancers account for over 70% of deaths in the region. Other important contributors include chronic respiratory diseases and digestive disorders.

The South-East Asia Region (SEAR) is also facing a growing burden of chronic diseases, notably among low socioeconomic strata of populations. In addition to common global risk factors, SEARO simultaneously faces a large problem of indoor air pollution, which contributes to respiratory disorders and other complications.

The Western Pacific Region (WPR) is challenged by alarming increases in diabetes in certain Member States. Already 12 countries in WPR have diabetes prevalence rates greater than 8%, and certain populations, notably some Pacific Islands, have diabetes rates as high as 20%.

Variable recognition of the problem

A recent review (WHO Geneva, *towards a WHO long-term strategy for prevention and control of leading chronic diseases*, 2004) has revealed that public health stakeholders show varying degrees of awareness concerning the rising burden of chronic diseases:

- ∅ International public health agencies are still largely preoccupied by infectious diseases and maternal-child health issues;
- ∅ International donors/development banks direct most of their funding towards infectious diseases including HIV/AIDS, and maternal-child health;
- ∅ Health ministries recognize the problem of chronic diseases, but generally have low capacity for action;
- ∅ Beyond the health ministry, many governments do not recognize the importance of chronic diseases for their countries' overall economic development.

Limited resources and its consequences

Meeting participants widely acknowledged that resources to address the burden of chronic disease are inadequate at all levels: WHO/Geneva, WHO Regional Offices, WHO Country Offices and Member States. Resource limitations include lack of funding, inadequate number of trained personnel, and a public health infrastructure that is incapable of effectively preventing and managing chronic diseases.

Economic argumentation

IS NEEDED TO MAKE CHRONIC DISEASES RELEVANT
to those beyond the health sector

Section two

Chronic diseases at the beginning of the 21st century: OPPORTUNITIES

This section describes the conventions, strategies and resolutions adopted by WHO Member States, as well as examples of successful collaborations between WHO/Geneva and its Regional Offices.



Sylvia Robles



Steve Corber



Oussama Khattib

Chronic diseases at the beginning of the 21st century: OPPORTUNITIES

Member States called for WHO to increase its efforts to address chronic diseases

Member States have called for action

The past year has witnessed unprecedented attention towards chronic disease prevention and control within WHO's Governing Bodies. While funding and capacity in the technical area remain generally weak, Member States have made clear and repeated calls for WHO to increase its efforts to address chronic diseases.

- ∅ In July 2004, the Framework Convention on Tobacco Control (FCTC) closed for signature. The FCTC has become one of the most rapidly-embraced United Nations' conventions, with 167 WHO Member States and the European Community signing, and 23 countries ratifying, accepting, approving or acceding to the Convention, just one year after it was adopted by the Member States at the 56th World Health Assembly.
- ∅ In May 2004 at the 57th WHA, the WHO Global Strategy on Diet, Physical Activity and Health was endorsed by Member States. The strategy emphasizes the need to limit the consumption of saturated fats and trans fatty acids, salt and sugars, and to increase consumption of fruit and vegetables and levels of physical activity. It also addresses the role of prevention in health services; food and agriculture policies; fiscal policies; surveillance systems; regulatory policies; consumer education and communication including marketing, health claims and nutrition labelling; and school policies as they affect food and physical activity choices.
- ∅ The 57th WHA also adopted a resolution encouraging all Member States to strengthen existing policies and programmes related to health promotion and healthy lifestyles. The resolution calls for countries to give high priority to promoting healthy lifestyles for children and young people, to focus on poor and marginalized groups, and to give attention to prevention of alcohol-related harm.
- ∅ In May 2004, the 114th session of the Executive Board discussed fundamental intervention strategies that can reduce cancer incidence or mortality and improve the quality of life of patients and their families. Information was also provided on developing national cancer control programmes, establishing cancer registries, and controlling expenses of cancer treatment. The Executive Board resolution will be forwarded to the 58th WHA in 2005.



*"This is the best time
to be in the field of
noncommunicable diseases."*

Gauden Galea
WPRO

Chronic diseases at the beginning of the 21st century: OPPORTUNITIES

Several Regional Committees have also addressed chronic disease prevention and control.

- ∅ The African Regional Strategy for NCD Prevention and Control was adopted during its 50th Regional Committee in 2000. The main objectives of the strategy are to support integrated disease surveillance; to strengthen health care for people with NCDs; to support prevention approaches; to improve health care personnel capacity to manage NCDs; and to support research on effective community-based interventions.
- ∅ The American Region adopted a Public Health Approach to Chronic Diseases in 2002. Key features include addressing the problem from a system perspective, systematic evaluation of actions; assuring sustainability through financing and supportive infrastructures; and considering the needs and perspectives of the population through their direct involvement.
- ∅ The Eastern Mediterranean 48th Regional Committee endorsed a Resolution on Healthy Lifestyles Promotion in 2001. This was followed in 2003 by the Regional Committee's adoption of a Resolution on an Integrated Approach to Prevention and Care of Diabetes.
- ∅ At the European 54th Regional Committee in 2004, countries will be debating the concept and direction for a European Strategy for NCDs. In the years that follow, this framework will guide the development of a European strategy, and a united response to this significant challenge.
- ∅ The South-East Asian Region has a Regional Strategy for Noncommunicable Diseases Surveillance, which was developed at an inter-country meeting and agreed by the SEARO Ministries of Health in 2003.
- ∅ The Western Pacific Regional Committee adopted a Declaration on Diabetes in 2000. The declaration emphasizes diabetes as an entry point but at the same time, the development of systems of care at primary health care level.

*"We have the mandate:
Member States want
us to do this."*

Robert Beaglehole
WHO/Geneva



Section three

The VISION for the 21st century

This section proposes the vision and the goals to meet the challenge of chronic diseases, and discusses the development of a strategy paper which will address specific programmes and activities that will make the vision a reality.



Jill Farrington



Gudjon Magnússon



Ashra Shashkute

The vision for the 21st century

WHO's vision, goals and strategy

Despite the myriad challenges, the general consensus of meeting participants was that we have entered an era of unprecedented opportunity for chronic disease prevention and control.

TO LEAD AND STRENGTHEN
GLOBAL EFFORTS
to prevent and control chronic
noncommunicable diseases
and to promote health ...

The meeting participants felt that the proposed vision (see left) was sound and one under which they could unite. The development of a bold goal (for example, the bold goal of "3 by 5" for HIV/AIDS treatment) was also considered very important, but it was felt that its specific definition for chronic disease will require further discussion and consensus building.

Closely related to the vision and bold goal for chronic diseases is the development of a strategy paper, which will articulate the overall strategies for WHO in meeting its vision and goals. The strategy paper will address issues such as the specific programmes and activities that will make our vision a reality.

Aligning WHO's work

All partnerships pass through levels of development (see figure on next page). Examining the partnership history between WHO/Geneva and ROs, one can find examples of projects and activities at different levels. The meeting participants generally agreed that the goal was to systematically move to true collaboration between WHO offices, which would include not only joint objectives but also:

- ∅ Joint planning
- ∅ Standardized approaches and tools
- ∅ Joint implementation
- ∅ Joint monitoring
- ∅ Joint accountability
- ∅ Joint resource mobilization
- ∅ Joint resource sharing
- ∅ Continuous inter-regional interaction and learning.

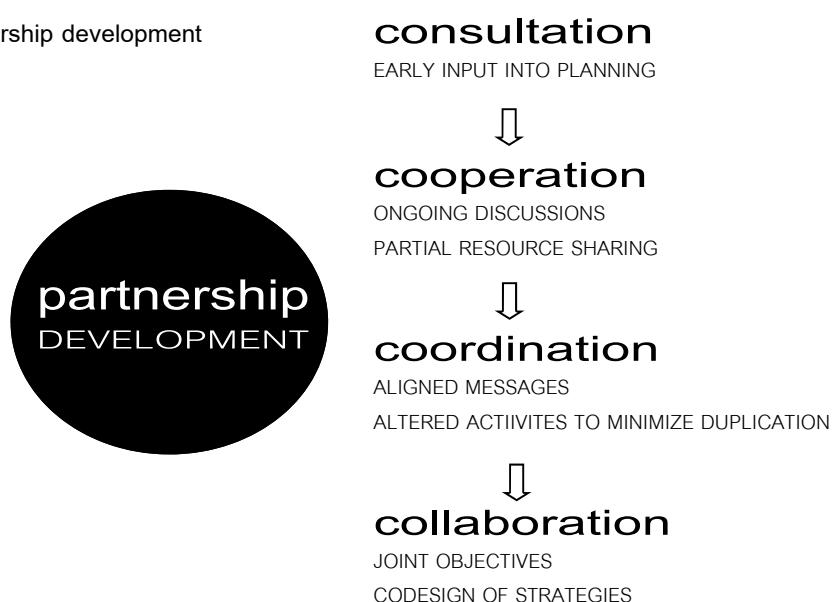
"From my point of view, this meeting is the beginning of a new era of collaboration. You can count on my personal support and commitment to make this collaboration a reality."

Catherine Le Gales-Camus
WHO/Geneva



The vision for the 21st century

Figure: Levels of partnership development



Meeting participants identified **strengthening communication** as a core strategy for reinforcing partnerships between different WHO offices. Several practical suggestions were made, such as the establishment of monthly teleconferences and the establishment of an inter-office Intranet, where it would be possible for all WHO staff active in chronic diseases to access information and documents. More generally, the meeting participants underscored the importance of identifying and establishing mechanisms for ongoing peer-to-peer and cross-regional interactions and learning.

Strengthening communication is not ensured by the creation of new infrastructure, however. It is also dependent upon the nurturing of mutual understanding, trust and respect. Meeting participants repeatedly expressed the importance of open communication and transparency across WHO offices, pertaining to issues ranging from overall fundraising to country-specific visits and activities. Regular meetings between WHO/Geneva and RO staff, such as the present forum, were considered crucial in the development of common understanding.

One innovative idea that was raised at the meeting was the decentralization of some global functions to the Regional Offices. Building on their unique strengths, AMRO could coordinate advancing knowledge management and sharing for chronic diseases; EURO could lead work on the economic burden of chronic disease, and WPRO could lead the development of a stepwise approach to NCD policy. Building from the base of each Regional Office's capacities and expertise, analogous

functions could be identified and decentralized to other regions.

Another innovative idea that was raised pertains to the establishment of thematic groups that cross WHO office boundaries. Possible thematic group topics include:

- ∅ Definition of bold goal for WHO's work on chronic diseases
- ∅ Relating chronic diseases to MDGs
- ∅ Synthesizing economic argumentation for investing in chronic disease prevention and control
- ∅ Strengthening public health infrastructure for chronic disease
- ∅ Integrated resource mobilization.

Priority actions

For countries to meet the challenge of chronic diseases, a comprehensive action is needed. The meeting participants identified several key priorities.

Develop and nurture partnerships and networks

These partnerships and networks should include Member States, NGOs, other international agencies and development organizations. The regional networks for NCD prevention and control are highly useful forums for disseminating information, exchanging experiences, and supporting regional and national initiatives. The experience has shown that networking facilitates exchange of information and experience on technical and management issues, and helps network members to plan cooperative ventures, brainstorm, and launch new activities.

Organize work around countries' needs and priorities

Specifically, the meeting participants recommended that WHO's chronic disease work should be aligned and implemented to the extent possible with country cooperation strategies (CCS). The CCS reflects a medium-term vision of WHO for technical cooperation with a given country, and defines a strategic framework for working in and with the country. To date, 102 countries are involved in the country cooperation strategy process.

Use a STEPwise approach

The STEPwise approach is rooted in the concept that WHO activities should be based on standardized approaches, but at the same time, these approaches should have sufficient flexibility to be appropriate in a variety of country situations and settings. The STEPwise approach, therefore, allows for the development of an increasingly comprehensive and complex interventions depending on local needs and resources.

Use an integrated approach

It was emphasized repeatedly that the Regional Offices have no capacity for responding to the needs of multiple risk-factor specific or disease-specific programmes. Given their limited resources, ROs can feasibly respond only to CHP's cross-cutting work and integrated programmes. This resource limitation is similar in countries, both for WROs and for MOHs.

Section four

Action points, timeframes PROPOSED NEXT STEPS

This section lists the proposed activities for 2004-2005, the roles and responsibilities of WHO/Geneva and Regional Offices in implementing these activities, as well as evaluation indicators and timelines.



Jerzy Leowski



Gauden Galea

Action points, timeframes PROPOSED NEXT STEPS

Ways of working: collaboration with partners and quality improvement of activities

Bold goal and chronic disease strategy paper

The meeting participants agreed on the importance of the development of a shared bold goal and strategy paper for defining and aligning WHO's work on chronic diseases. It was decided to organize a small technical group, coordinated by Dr Kate Strong, to further define and develop the bold goal and the strategy. The technical group will further discuss the work and present it at the 4th Global Forum for Chronic Disease Prevention and Control, in Ottawa, November 2004.

The following are the proposed activities, timelines, roles and responsibilities of WHO/Geneva and Regional Offices, and evaluation indicators for the bold goal and chronic disease strategy paper:

Formation of a technical review group to develop the bold goal and the strategy paper for CHP - July 2004

WHO/Geneva to play a secretarial role to the technical review group. Regional Advisers to participate in the review group; nomination of additional review group members is welcome. The evaluation indicator - the first video teleconference of the technical review group.

Two video teleconferences with the technical working group to further discuss the bold goal - August 2004

The first video teleconference to be held at the end August 2004. WHO/Geneva to circulate discussion topics and organize video conferences. RAs to provide feedback and attend conferences, where possible. The video teleconferences are designed to provide input into the strategy paper to ensure that it is produced collaboratively.

Development of a working, strategy paper for the bold goal of CHP November 2004

WHO/Geneva to draft the working paper and distribute it to RAs for their feedback and contributions. The advanced draft to be discussed at the Global Forum in November. The evaluation indicator - a joint publication of a strategy document in a leading medical journal to promote the direction of future work in chronic diseases and health promotion at WHO.

Surveillance and Information for Policy

The meeting participants agreed on the central importance of improving the quality and availability of population-level information on chronic diseases and their risk factors; and building capacity for routine data collection and analysis in low- and middle- income countries. The WHO Global InfoBase and the WHO STEPwise approach were considered to be useful tools for achieving these aims, although due to the prior existence of other survey methods, AMRO and EURO are not implementing STEPS in their regions. However, these two regions will work with WHO/Geneva to look for synergies and to complement data collections and existing data, where possible. The comments concerning InfoBase centre primarily on the need to present the data in a more standardized and user-friendly manner. This need is well-known by the InfoBase team, and steps are being taken to improve the data presentation along these lines.

The following are the proposed activities, timelines, roles and responsibilities of WHO/Geneva and Regional Offices, the evaluation indicators for surveillance and information for policy.

Finalization of STEPS implementation manuals (1 September 2004)

WHO/Geneva to update and finalize STEPS implementation manuals to version 1.4 to send to ROs. Evaluation indicator - RO's receipt of final implementation and planning manuals version 1.4.

Finalization of STEPS data manuals (1 September 2004)

SEARO, AFRO to review current data manuals to assess in-country use. WHO/Geneva to run "dummy" assessments of data documents. Evaluation indicators - RO report of data documentation, WHO/Geneva report of data documentation use.

Regional STEPS manuals (1 November 2004)

SEARO to create a regional specific STEP documentation for in-country use. Evaluation indicator - regional STEPS documentation summary.

Increased regional collaboration (ongoing)

WHO/Geneva to contact PAHO and share updates on global STEPS activities - assess feasibility of PAHO workshop on NCD Surveillance (mid-July 2004). WHO/Geneva to set future agenda for workshops, technical assistance with each region (ongoing). Evaluation indicators - STEPS update to PAHO, PAHO engaged in monthly STEPS teleconferences.

WHO/Geneva to initiate links with EURO regarding measurement of physical activity and other risk factors for chronic disease (mid July 2004). Evaluation indicator - STEPS risk factor (emphasis on GPAQ) materials to EURO.

EMRO will develop a STEPwise report on 12 EMR countries that applied STEPwise by February 2005.

Action points, timeframes

PROPOSED NEXT STEPS

SEAR is in the process of reviewing STEPS methodology. The report in this regard shall be produced by January 2005. SEARO will develop region-specific STEPS document by June 2005 (subject to availability of funds to recruit NCD Data Focal Point).

The SEAR Guidelines for Deployment of NCD Risk Factor InfoBase at national level will be developed by SEARO in close collaboration with WHO/Geneva by mid-November 2004.

STEPS Personal Digital Assistant (PDA) Technology (ongoing)

WPR to provide WHO/Geneva with updates and assessment of trail of PDA technology for use in STEPS surveys. Evaluation indicator - WPRO and collaborating centre report on PDA technology for use in STEPS surveys.

Production of guidelines for use of the Global InfoBase in Regional Offices and countries (September-November 2004)

WHO/Geneva to produce draft guidelines for establishing and maintaining chronic disease InfoBases at the global, regional and country levels. RAs to provide feedback on the relevance of these guidelines. First draft to RAs in mid-September 2004. Feedback from RAs and use of guidelines at SEARO InfoBase workshop for countries in mid-November.

Feedback on InfoBase training manual (August 2004)

WHO/Geneva to provide revised training manual to RAs to improve the relevance of training on the InfoBase at the RO and country level. SEARO to provide feedback by end of August. Evaluation indicator - production of a useful tool for training country-level data managers in SEARO.

Review of comparable country-level estimates of four risk factors by RAs (July-September 2004)

WHO/Geneva to produce first round draft comparable estimates for systolic blood pressure, BMI, tobacco use and total cholesterol at the country level. RAs to refer with relevant data experts in their regions and to bring any inconsistencies to the attention of WHO/Geneva analysts. CVD atlas estimates by mid-July, age-specific rate estimates by end of September. Evaluation indicator - use of estimates produced for CVD atlas by EURO for NCD strategy paper in early September, age-specific rate estimates will be included in Survey of Risk Factors 2 (SURF) in 2005.

Building a better data display and dissemination process for InfoBase (November 2004)

WHO/Geneva has produced a first draft web-based tool, SEARO and other interested RAs to provide advice on data display and dissemination to ensure relevance of InfoBase in regions and countries. Evaluation indicator - for discussion at the SEARO InfoBase workshop in November.

Action points, timeframes

PROPOSED NEXT STEPS

Workshop on data use (ongoing)

AFRO to take the lead in establishing an outline for a data use workshop, perhaps using the data collected by the STEPS tool in AFR. Evaluation indicator - for further discussions between AFRO and WHO/Geneva.

Training of regional focal points on use and maintenance of regional InfoBases (August-September 2004)

PAHO, WPRO, and EMRO to designate focal points to receive training on InfoBase prior to its deployment in these regions. WHO/Geneva to provide the training through a series of video teleconference training modules. Evaluation indicator - supported training and implementation of the InfoBase in these regions.

Provision of CINDI data to InfoBase (for discussion in September 2004)

EURO to provide relevant CINDI risk factor data to InfoBase. WHO/Geneva to ensure that data is entered correctly into InfoBase. To bring the InfoBase up to date with reference to European risk factor data and to use the CINDI data in a transparent way to improve the comparable estimates of risk factors for EURO.

STEPS Stroke increased regional collaboration (ongoing)

WHO/Geneva to contact RAs about the updated manual for STEPS Stroke and explore possibilities for country implementation. Evaluation indicator - for further discussions between WHO/Geneva and Regional Advisers.

EMRO Consultation on NCD

(February 2005)

EMRO is planning to have a consultation on NCD medicine, health economics and cost-effectiveness by end February 2005.

Chronic Disease Treatment Initiative

The Regional Advisers were strongly supportive of this initiative, which is designed to bring cost-effective medications for chronic disease to low-resource health care contexts. They thought it was important, timely, and feasible. Some questions were raised about the scope of this initiative, both in terms of the range of medications that would be covered and the possibility of including non-pharmacological treatment. Other comments underscored the need for this initiative to be accompanied by general health systems strengthening. It was decided that further, formal discussions between WHO/Geneva and ROs would be needed to better define the scope of the project.

The following are the proposed activities and timelines for the Chronic Disease Treatment Initiative.

Draft outline of the project (four weeks, July 2004)

Update and further develop the draft outline of the project incorporating inputs of Regional Advisers.

Collection of information and data for advocacy and project development

"Prices of Medicines" survey tools (eight weeks, August 2004)

Preparation of "Prices of Medicines" survey tools, selection of 12 countries and country teams in consultation with Regional Advisers, preparatory videoconferences with country teams. To start the "Prices of Medicine" survey in September 2004.

Extract relevant data from the World Health Survey

(12 weeks, July-September 2004)

Preparation of tools (eight weeks, August 2004)

Prepare tools for population-based survey on coverage of treatment for major chronic diseases in two countries. Start survey in October 2004.

Preparation of background papers (6 months)

Prepare background papers, World Health Survey data and advocacy materials for the consultation of experts and partners. Launch in early 2005.

THE GOAL OF THE INITIATIVE:

to provide technical support to countries to implement effective programmes that improve accessibility of cost-effective medications for major chronic diseases

Action points, timeframes PROPOSED NEXT STEPS

Global Report on Chronic Diseases

The Regional Advisers were supportive of the idea of a global report on chronic diseases. They voiced concerns about the timeline and the ability of Regional Offices to make meaningful contributions within this period. They underscored the importance of building political support both at regional and global levels in advance of the report launching, to ensure that the report is successfully positioned as an advocacy tool. Some ROs expressed a need for resources from WHO/Geneva in order to participate in the production and launching of the report. PAHO formally requested that the regional office for this report is PAHO, as opposed to the office of an external partner.

The following are the proposed activities, timelines, roles and responsibilities of WHO/Geneva and ROs, and evaluation indicators for the global report:

Discussions of the global report with Regional Directors (July-September 2004)

WHO/Geneva - NMH Assistant Director-General agreed to discuss the global report with the Regional Directors during the Regional Committees meeting. Evaluation indicator - obtain Regional Directors' support, and regional funding.

Discussions of the global report with the World Bank (July 2004)

WHO/Geneva - NMH Assistant Director-General to discuss the global report with the World Bank. Evaluation indicator - obtain the World Bank support.

Further defining the process, timeframe, budget needed for report production and launch (July 2004)

Regional Offices to send to WHO/Geneva a detailed list of resource inputs. The evaluation indicator - resource requests received from ROs. WHO/Geneva to revise process, timeframe, budget accordingly. Revised process will be sent to the Regional Advisers for their review in July 2004.

The Global Report on Chronic Diseases
WILL BE LAUNCHED IN LATE 2005 AS AN EVIDENCE-BASED
advocacy document to raise awareness

Action points, timeframes

PROPOSED NEXT STEPS

Global Strategy on Diet, Physical Activity and Health (GSDP)

The Regional Advisers emphasized the importance of maintaining "health" as an important component of this strategy. They also underscored that this strategy must be integrated with broader NCD prevention and control work.

Concerning the implementation strategy, the Regional Advisers voiced the need to consult with countries on what is feasible. Eventually, the implementation strategy must be a plan that covers all of WHO and its partners. It was further recommended to implement the strategy in a stepwise and phased manner.

The following are the proposed activities, timelines, roles and responsibilities of WHO/Geneva and ROs, and evaluation indicators for GSDP:

The Global Strategy on Diet, Physical Activity and Health, proposal for development of the implementation plan (July - August 2004)

ROs - NCD RAs will examine the draft text and task-list on development of the GSDP implementation plan, and share these documents with colleagues at Regional Offices. Within two weeks, NCD Regional Advisers will respond to WHO/Geneva with input on the draft text and tasks, describing their view of roles and responsibilities for WHO/Geneva, Regional Offices, Member States and other stakeholders; prioritizing the tasks with emphasis on those which require immediate action along with longer-term timelines; offering suggested budget figures for the tasks and activities. Evaluation indicator - input from all six NCD RAs sent to WHO/Geneva by mid-July.

WHO/Geneva will have a draft proposal for developing a GSDP implementation plan ready for examination in the Regional Offices by 30 July 2004.

The Regional Offices to start advocacy.

NCD RAs will suggest meetings in their regions at which presentations should be made on the GSDP implementation. List of suggested meetings from all six NCD RAs will be sent to WHO/Geneva by 15 July.

WHO/Geneva will produce and distribute GSDP booklets in six official WHO languages by 30 August.

Chronic Disease Prevention and Management

The Regional Advisers strongly supported the need for integrated approaches to chronic disease prevention and management. Among other advantages, integrated approaches can optimize the use of scarce resources, respond more effectively to patients' needs, reduce fragmentation and discontinuities at all levels, and improve equity and health outcomes.

At the same time, the Regional Advisers recognized the value of disease-specific expertise in WHO/Geneva, on which they could rely for specialized information and advice. Several examples were cited where communication and collaboration between WHO/Geneva and ROs should be strengthened in the area of chronic disease prevention and management. It was thought that by limiting the number of products and activities in the future, and focusing on integrated approaches, communication and collaboration could be improved.

The following are the proposed activities, timelines, roles and responsibilities of the ROs and WHO/Geneva, and the evaluation indicators for different CHP projects.

Human Genetics program

Further identify regional experts to be included into the proposed regional networks on medical genetics and ethics (August 2004 - December 2005)

WHO/Geneva to initiate and support contacts with regional focal points to draft the list of experts. ROs to communicate with WROs and support WHO/Geneva in its initiative. Number and efficacy of new partners to be included into the network.

Propose a mechanism for collaboration between WHO/Geneva and AFRO on prevention and management of sickle cell disorder (SCD) (August 2004 - December 2005)

WHO/Geneva and AFRO to draw up a list of experts, initiate joint activities for fundraising and to provide financial support to SCD experts in their participation in the planned international conferences on SCD. Evaluation indicator - implemented items of plan of joint activities.

Initiate and develop an adapted version of the Guidelines for the Control of Haemoglobin Disorders to regional (SEAR) thalassaemia needs (August 2004 - December 2005)

WHO/Geneva and SEARO will jointly identify experts and funds to draft the Guidelines and publish them in 2005.

Discuss the health burden from genetic and metabolic disorders in EMR with special emphasis of consanguinity (August 2004 - December 2005)

WHO/Geneva to cooperate with regional experts on the issues concerned. EMRO to support experts with relevant information, provide appropriate contacts in countries, invite WHO/Geneva representative to Regional meetings. Evaluation indicator - report of experts.

Diabetes programme

Diabetes WPRO - Production of advocacy materials tailored to the Western Pacific region (September 2004)

Production of two documents - status report on Western Pacific Declaration on Diabetes and advocacy document modelled on the WHO-IDF (International Diabetes Federation) publication Diabetes Action Now. WHO/Geneva to contribute to writing and editing with two weeks' work for one WHO/Geneva staff member in Manila. RO to contribute to writing and editing of materials and to collaborate on adaptation for regional use, e.g., provision of photos and local case studies, to produce and print the documents. The bulk of the work to take place during the week of 13-16 September 2004. Due date for production of materials is being negotiated by WPRO NCD focal points with WHO-IDF steering group. Evaluation indicator - production and distribution of two documents, media coverage of materials and use of documents in advocacy work with health policy makers.

Diabetes WPRO - Study of economic costs of diabetes and its complications in China (September 2004 - March 2006)

WHO/Geneva to collaborate with IDF economics task force to develop study protocol and funding of the study. RO to advise and support in negotiating with country authorities. Preliminary meeting of principal investigators with the IDF health economics task force will take place in September 2004. The work to be completed by March 2006. Evaluation indicator - completion of survey, use of the material for advocacy purposes.

Diabetes EMRO - Study of economic costs of diabetes and its complications in Iran (September 2004 - March 2006)

WHO/Geneva to collaborate with IDF economics task force to develop study protocol and funding of the study. RO to advise and support in negotiating with country authorities. Preliminary meeting of principal investigators with the IDF health economics task force will take place in September 2004. The work to be completed by March 2006. Evaluation indicator - completion of survey, and use of the material for advocacy purposes.

Diabetes EMRO - Collaboration on an Arabic version of Diabetes Action Now booklet (date to be decided)

WHO/Geneva to provide content in English language, collaborate on adaptation of the document for regional use. RO to translate the text into Arabic language, assist in seeking funding, collaborate on adaptation of the material for regional use, e.g., provision of photos and local case studies. Evaluation indicator - to be decided.

Action points, timeframes

PROPOSED NEXT STEPS

Diabetes PAHO - Production of two advocacy materials in English and Spanish languages (March 2005 - late 2005)

Production of advocacy materials tailored to the South American region in English (for Caribbean) and Spanish languages, modelled on the WHO-IDF publication Diabetes Action Now. WHO/Geneva to provide content in English, collaborate on adaptation of the document for regional use. RO to translate the text into Spanish, assist in seeking funding, collaborate on adaptation for regional use, e.g. provision of photos and local case studies. English language material to be ready in March 2005, Spanish language material to be ready for mid- to late-2005. Evaluation indicator - production and distribution of two documents, media coverage of materials and use of documents in advocacy work with health policy makers.

Diabetes PAHO - Advocacy to Ministers of Health and key decision makers (Meeting March 2005)

Further discussion needed on roles of WHO/Geneva and ROs. Diabetes Breakfast to be held during MOH meeting.

Diabetes PAHO - Possible collaboration on health economics studies, Brazil (time - to be decided)

WHO/Geneva to invite PAHO staff to attend the meeting of IDF Health Economics task force in September 2004.

Diabetes SEARO - Awareness raising activities in Chennai, India (July 2004 - mid 2005)

WHO/Geneva to fund sentinel site activity, work with the country team to develop activities and evaluation. RO to advise and support in negotiating with country authorities. Formal agreement with sentinel site to be reached by August 2004, baseline survey on awareness of diabetes to be conducted by end 2004, awareness raising activities by mid 2005. Evaluation indicators - survey of awareness of diabetes conducted and results used for advocacy purposes; evaluation of awareness; two reports submitted to peer reviewed journals by end 2006.

Diabetes AFRO - STEPS survey and awareness raising activities in Senegal (August 2004 - mid 2005)

WHO/Geneva to fund sentinel site activity, work with the country team to develop activities and evaluation. RO to advice and support in negotiating with country authorities. Formal agreement with sentinel site to be concluded by August 2004, baseline survey on awareness of diabetes to be conducted by end 2004, awareness raising activities by mid 2005. Evaluation indicators - survey of awareness of diabetes conducted and results used for advocacy purposes; evaluation of awareness; three reports submitted to peer reviewed journals by end 2006.

Programme on cancer control

Field-testing of a self-assessment tool on the performance of cancer control programmes (September 2004 - February 2005)

WHO/Geneva to coordinate the activities on field testing. EURO to collaborate in the review process. Evaluation indicator - report on the field-testing.

Translation of the National Cancer Control Programme (NCCP) book into Spanish (September 2003 - November 2004)

WHO/Geneva to provide the original text in English, review the Spanish translation, disseminate the publication. PAHO to translate the book into Spanish, print and disseminate. Evaluation indicator - publication available in Spanish.

Five-Country Palliative Care project (September 2003 - December 2005)

WHO/Geneva to provide tools, reports and materials for developing the situation analysis needs assessment and plans of action. AFRO to support two countries to join the initiative. Evaluation indicators - situation analysis needs assessment and plans of actions developed by the countries involved.

Strategic plan to implement the cancer control and prevention resolution (September - December 2004)

WHO/Geneva to develop a draft strategic plan. Regional Offices to review the preliminary draft and make suggestions on their involvement. Evaluation indicator - agreed strategic plan and concrete areas of involvement by the Regional Offices.

Development of Service Provider Guide (SPG) for cervical cancer prevention and control (2005 - 2006)

WHO/Geneva to coordinate the development of a core document and its country adaptation. Regional Offices to review the core document during the next expert consultation and to facilitate its country adaptation. Expert consultation to take place in February 2005, country adaptation in 2005-2006. Evaluation indicator - publication of SPG, its country adaptation in all WHO regions accomplished. EMRO is planning to have regional guideline on palliative care and pain relief by November-December 2004.

Chronic respiratory diseases

Meeting to discuss priorities for country focused initiatives for CRD surveillance, prevention and control in selected countries (2004 - 2005)

WHO/Geneva to attract governmental organizations and NGOs, their resources and expertise and to focus them on selected countries; to organize a meeting with delegates of selected countries and of collaborating governmental organizations and NGOs; to help integrating initiatives against Chronic Respiratory Diseases with those on other chronic diseases in the selected countries. RO to help WHO/Geneva in identification of priorities and to provide contacts at country level. Evaluation indicators - identification of countries from each WHO region where WHO initiatives will be well accepted and implemented; agreement between NGOs and selected countries to work together in the organization of these activities under WHO supervision.

Design of specific country focused initiatives in at least 12 countries, at least two from each WHO Region (January - May 2005)

WHO/Geneva to assign each NGO in working relations with WHO a list of initiatives/tasks to be implemented in selected countries; to monitor interaction between countries and NGO and to certify the quality of plans. RO to assist both WHO/Geneva and selected countries in interaction with NGOs; to contribute to the integration of planned initiatives on CRD with those on other chronic diseases. Evaluation indicator - elaboration of the plans of at least three different public health initiatives against CRD in each of the selected countries; inclusion among these of at least one programme for each country that is integrated with other chronic diseases.

Implementation of initiatives at country level against Chronic Respiratory Diseases (June 2005 - June 2006)

WHO/Geneva to foster the actual beginning of planned public health initiatives; to monitor the implementation of these initiatives, their quality and impact. RO to assist WHO/Geneva in monitoring the initiatives through action by local WHO representatives; to check for the success of initiatives using pre-established indicators. Evaluation indicator - implementation of at least 3 initiatives in each of the selected countries; good impact evaluated through pre-established indicators.

The selected countries will probably include the following:

AFRO: Cape Verde, Eritrea and South Africa
EMRO: Tunisia and Morocco
SEARO: India and Indonesia
WPRO: The Philippines and China
AMRO: Chile and Colombia
EURO: The Russian Federation and Poland.

Regional Networks and the Global Forum

The importance of the Regional Networks was emphasized by all participants. The 4th Global Forum for Chronic Diseases Prevention and Control to be held in Ottawa, November 2004 was discussed and enthusiastically endorsed. There was general agreement that the Mega Country Network for Health Promotion should be integrated with Regional Networks and the Global Forum. WHO/Geneva to discuss the next steps with Mega Country focal points.

Oral Disease Prevention

The objectives of the Oral Health Programme are to develop global policies in oral health promotion and oral disease prevention, and actions coordinated effectively with other WHO priority programmes. The WHO/Geneva Oral Health personnel have been actively collaborating with RO staff over the past two years. In AFRO and PAHO, there is a distinct Oral Health Regional Adviser, whereas in other regions, Oral Health is served by the NCD Regional Advisers.

Agreement was made to strengthen links between oral health activities at WHO/Geneva and NCD activities in regions. Oral Health's links to the STEPwise approach to NCD surveillance was proposed as one specific area for near-term collaboration.

Improving communications **Integrated CHP website**

Internet:

Analysis of web statistics to get more information about audiences and search words, review the website design document according to the outcomes of the meeting

WHO/Geneva is responsible for building and maintaining the integrated website. ROs will play a consultation role. The website design document can only be completed when the strategic planning of the department has been finalized. Evaluation indicators need to be defined based on the examination of web statistics and on needs analysis of website audience. Some critical questions are: Has the site actually met the departmental business needs for which it was created? Does the site meet the needs of its intended audiences?

Action points, timeframes PROPOSED NEXT STEPS

Intranet:

Explore benefits, issues and feasibility of creating and maintaining an Intranet site
WHO/Geneva is responsible for exploring the possibility of undertaking the initiative and keeping ROs updated. Outcomes of preliminary discussions with the Intranet team will be ready soon. Evaluation indicators need to be defined but overall success will be achieved if the Intranet succeeds in being used as a tool to improve communication. Apart from the Intranet, other critical success factors would be establishing a process that guarantees content quality and consistency (also valid for the Internet); a way of knowing people actually use the established process.

Extranet and communities of knowledge

<http://ncd.bvsalud.org/html/en/home.html>

WHO/Geneva to get in touch with WHO/Sao Paulo office about the VHL - Virtual Health Library on Noncommunicable Diseases. The objective is to explore new ways of collaboration. The contact was established through PAHO, waiting return from PAHO. WHO/Geneva will follow-up and keep ROs updated. Evaluation indicators need to be defined. Some critical questions are: Has the link between WHO/Geneva and ROs being strengthened with regards to sharing of technical knowledge? Does it meet the needs? What else can be done?

Country-based communication (immediate)

Following WHO rules, all country-based activities will be organized through ROs and WRs. WHO/Geneva expert committee participants will be pre-approved by ROs and WRO. The semi-annual check with ROs for adherence to the rules, all deviations to be reported to Director CHP.

WEBSITE OF CHRONIC DISEASES AND HEALTH PROMOTION DEPARTMENT

www.who.int/noncommunicable_diseases/about/chp/en/

Meeting programme

TUESDAY, 29 JUNE 2004

Opening - NCD Regional Advisers and CHP staff, meeting objectives
Dr Robert Beaglehole

Address by the Assistant Director-General, Noncommunicable Diseases and Mental Health
Dr Catherine Le Galès-Camus

Chronic Diseases and Health Promotion - the Vision
Dr Robert Beaglehole

Regional presentations:

Regional strategies, priority programmes, challenges, lessons learnt, opportunities

Dr Antonio Filipe, AFRO

Dr Gauden Galea, WPRO

Dr Jerzy Leowski, SEARO

Dr Sylvia Robles, AMRO

Dr Oussama Khatib, EMRO

Dinner

NCD Regional Advisers, Director CHP, Unit Coordinators

WEDNESDAY, 30 JUNE 2004

Regional presentations:

Regional strategies, priority programmes, challenges, lessons learnt, opportunities

Dr Jill Farrington, EURO

Dr Gudjon Magnusson, EURO

Dr Ashra Shashkute, EURO

Clarifying our collective priorities, reflections on the regional presentations

Dr Robert Beaglehole

NCD Regional Advisers

Surveillance and Information for Policy - NCD InfoBase, presentation on STEPS

Dr Kate Strong

Ms Jackie Lippe

Dr Tim Armstrong

Ms Lydia Bendib

Dr Thomas Truelsen

Global school-based student health survey

Ms Leanne Riley

Individual meeting - Director CHP and NCD Regional Adviser WPRO

Dr Robert Beaglehole, Dr Gauden Galea

Individual meeting - Director CHP and NCD Regional Adviser SEARO

Dr Robert Beaglehole, Dr Jerzy Leowski

Global Strategy on Diet, Physical Activity and Health

Dr Robert Beaglehole

Dr Colin Tukuitonga

Dr Amalia Waxman

Meeting programme

Cross-cutting activities - Global Report on Chronic Diseases

Dr Robert Beaglehole

Dr JoAnne Epping-Jordan

THURSDAY, 1 JULY 2004

Chronic Disease Prevention and Management - presentations by disease groups

Prevention of Blindness and Deafness and chronic disease specific activities:

Introduction

Dr Serge Resnikoff

Programme on Cancer Control

Dr Cecilia Sepulveda

Chronic Respiratory Diseases and Asthma

Dr Nikolai Khaltaev

Cardiovascular Diseases

Dr Shanthi Mendis

Diabetes

Dr Gojka Roglic

Ms Amanda Marlin

Prevention of Blindness and Deafness

Dr Serge Resnikoff

Human Genetics

Dr Victor Boulyjenkov

Ms Alyna Smith

Ms Sameera Suri

General discussions:

Chronic Disease Prevention and Management, integration of CPM activities

NCD Regional Advisers

CHP Department

Integrated Health Care for Chronic Conditions - The Way Forward

Dr JoAnne Epping-Jordan

Individual meeting - Director CHP and NCD Regional Advisers EURO

Dr Robert Beaglehole, Dr Jill Farrington, Dr Gudjon Magnusson, Dr Ashra Shashkute

Individual meeting - Director CHP and NCD Regional Adviser AMRO

Dr Robert Beaglehole, Dr Sylvia Robles

Cross-cutting initiatives - Chronic Disease Treatment Initiative

Dr Robert Beaglehole

Dr Shanthi Mendis

Working together and next steps

Dr Robert Beaglehole

Regional Advisers

Meeting programme

FRIDAY, 2 JULY 2004

MEGA country network - concept papers, regional networks and the Global Forum
Dr Robert Beaglehole

Global programme on health promotion effectiveness
Dr Kwok-Cho Tang

Oral Disease Prevention
Dr Poul-Erik Petersen

Administrative issues - integrated website
Dr Robert Beaglehole
Ms Fabiana Mariano-Green

Administrative issues - improving communications
Dr Robert Beaglehole
Dr JoAnne Epping-Jordan

Summary of discussions
Dr Robert Beaglehole
NCD Regional Advisers

Individual meeting - Director CHP and NCD Regional Adviser EMRO
Dr Robert Beaglehole, Dr Oussama Khatib

Individual meeting - Director CHP and NCD Regional Adviser AFRO
Dr Robert Beaglehole, Dr Antonio Filipe

Additional ad-hoc meetings:
Global Stroke Initiative
Dr Ruth Bonita
Dr Thomas Truelsen
Dr Shanthi Mendis

Diabetes Action Now
Dr Nigel Unwin
Dr Gojka Roglic
Ms Amanda Marlin

Surveillance and Information for Policy - STEPS Surveillance, NCD InfoBase
Dr Tim Armstrong
Ms Lydia Bendib
Ms Jackie Lippe

WKC/SEARO/WPRO collaboration
Dr Robert Beaglehole
Dr Wilfried Kreisel
Dr Jerzy Leowski
Dr Gauden Galea
Dr Colin Tukuitonga

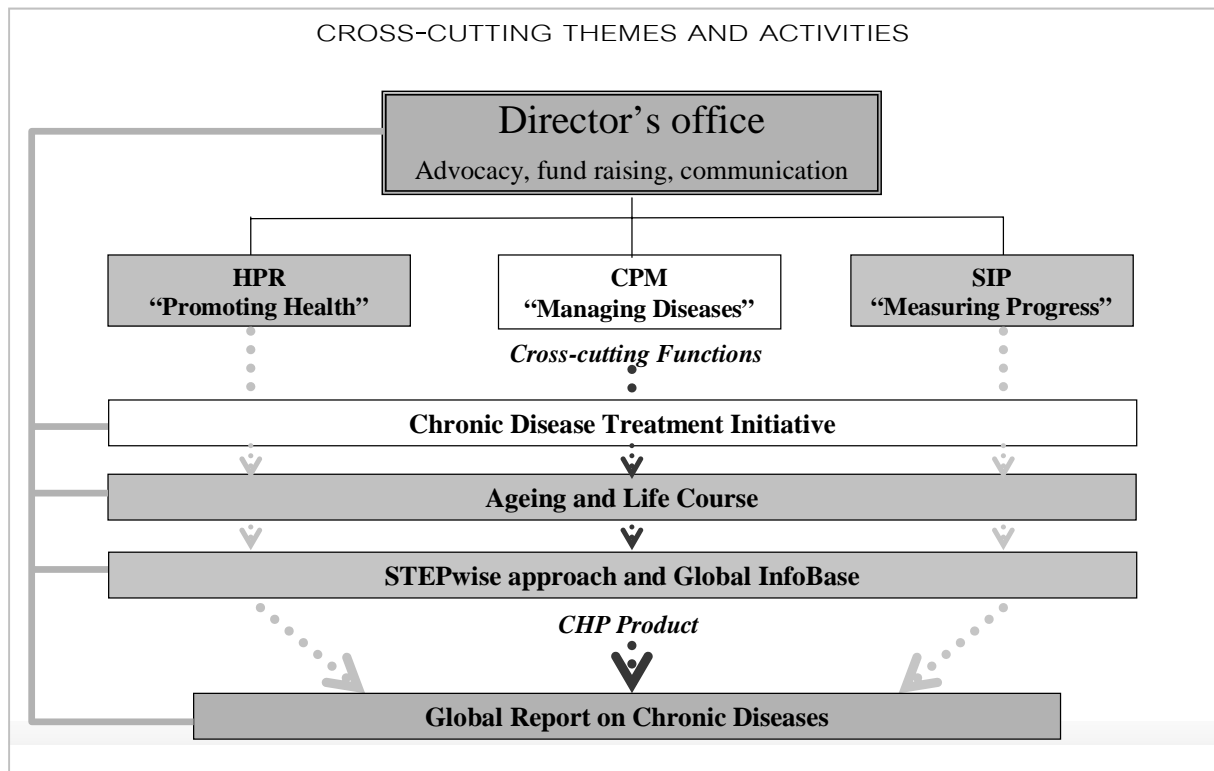
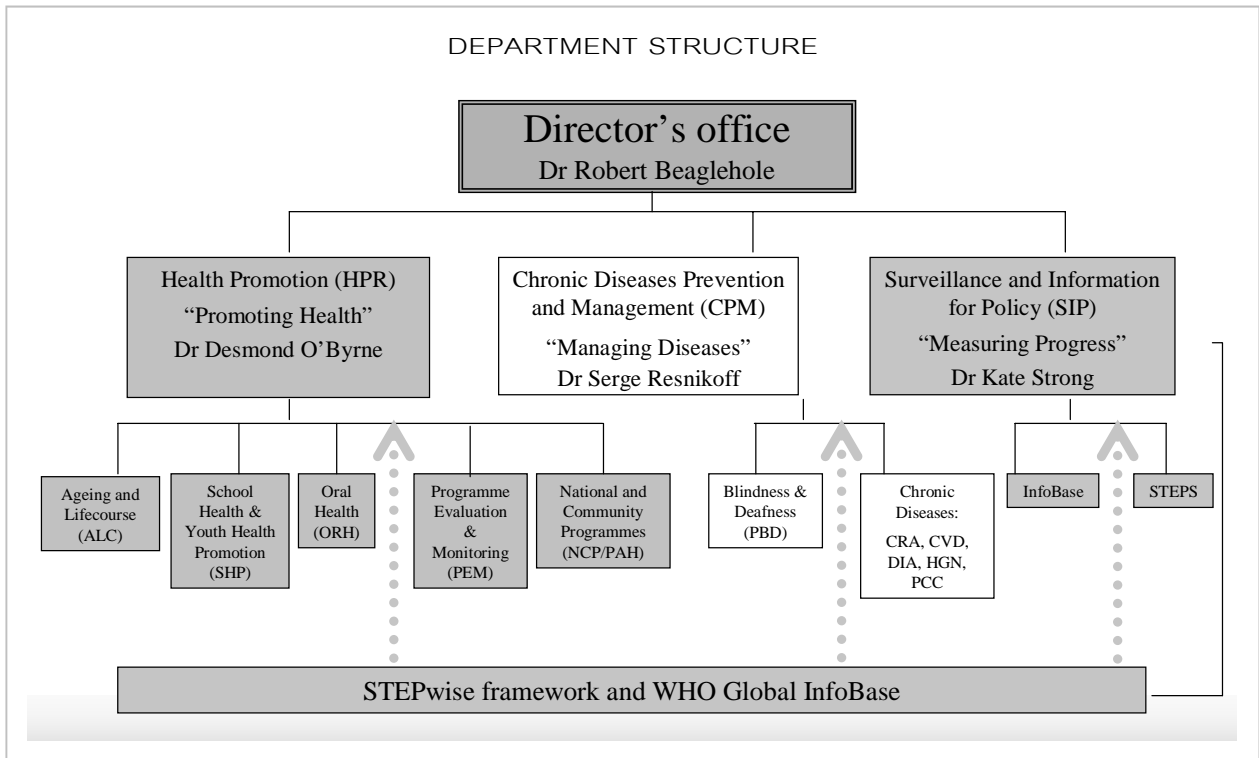
WHO/Geneva
29 June - 2 July 2004

ANNEX 2

List of participants

Dr Shanthi Mendis	Coordinator, Cardiovascular Diseases, CHP/CPM
Dr Cecilia Sepulveda	Coordinator, Cancer, CHP/CPM
Dr Nikolai Khaltsev	Group leader, Chronic Respiratory Diseases, CHP/CPM
Dr Poul-Erik Petersen	Group leader, Oral Health, CHP/HPR
Ms Leanne Riley	Scientist, CHP/HPR
Dr Gojka Roglic	Technical Officer, CHP/CPM
Ms Alyna Smith	Technical Officer, CHP/CPM
Ms Sameera Suri	Technical Officer, CHP/HPR
Dr Kwok-Cho Tang	Senior Professional Officer, CHP/HPR
Dr Thomas Truelsen	Scientist, CHP/SIP
Ms Amalia Waxman	Project Manager, Global Strategy on Diet, Physical Activity and Health

Other CHP staff were also present during the meeting.



Our mission is to prevent and control chronic diseases and to promote health through effective partnerships, especially in low- and middle-income countries.

Our overall objectives are to support Member States to develop, fund and implement policies and programmes with the aim of promoting health, reducing population risks, managing chronic diseases, preventing disabilities, and measuring progress.

*Dr Robert Beaglehole
NCD Regional Advisers meeting
WHO/Geneva, 29 June - 2 July 2004*