



CINDI

2003



CINDI Highlights • Number 9

Mission

CINDI

Countrywide Integrated Noncommunicable Diseases Intervention Programme

World Health Organization link

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

Mission

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

Priorities of CINDI

Reducing smoking, unhealthy nutrition, alcohol abuse, physical inactivity and psycho-social stress.

Enhancing preventive practices of health professionals.

Ensuring success by exchanging information, sharing experience and building up international networks.

Contents

Introduction	3
Austria	5
Belarus	6
Bulgaria	7
Canada	8
Croatia	9
Cyprus	10
Czech Republic	11
Estonia	12
Finland	13
Germany	14
Hungary	15
Italy	16
Kazakhstan	17
Kyrgyzstan	18
Latvia	19
Lithuania	20
Malta	21
Republic of Moldova	22
Poland	23
Portugal	24
Romania	25
Russian Federation	26
Slovakia	27
Slovenia	28
Spain (Catalonia)	29
Turkmenistan	30
Ukraine	31
United Kingdom (Northern Ireland)	32
International Quit & Win	33
CARMEN highlights	34
Global Forum on noncommunicable diseases (NCD) prevention and control	36

Introduction

The CINDI Programme

Cardiovascular disease, cancer, chronic respiratory diseases, accidents, mental disorders and diabetes are noncommunicable diseases (NCD) of major public health importance. Smoking, unhealthy diet, physical inactivity, and stress are risk factors common to many of these diseases.

These diseases are more prevalent in poor and disadvantaged populations and therefore are responsible for widening the gap in life expectancy, mortality and quality of life among and within countries in the WHO European Region. WHO recognises this group of diseases as a major health issue towards which an integrated prevention and control approach should be applied.

The WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) Programme aims to improve health and the quality of life among populations by reducing premature death, disease and disability from major NCD. Its objectives are to enable member states:

- to develop measures for integrated disease prevention and health promotion as part of their primary health care systems in order to reduce morbidity by reducing common risk factors; and
- to establish effective collaborative mechanisms and methodologies to implement these measures.

The CINDI Programme provides participating countries with an integrated approach to activities to prevent and control risk factors common to NCD and to address their social and environmental determinants.

The concept of an integrated approach towards the prevention and control of NCD implies recognition that a number of risk factors are common to major NCD and are related to lifestyle. The implementation of the concept combines health promotion and disease prevention measures directed simultaneously at entire communities as well as towards individuals at risk of developing these NCD.

At present there are 28 countries participating in the network (Austria, Belarus, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Estonia, Finland, Germany, Hungary, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Republic of Moldova, Poland, Portugal, Romania, the Russian Federation, Slovakia, Slovenia, Spain (Catalonia), Turkmenistan, Ukraine, United Kingdom (Northern Ireland)). Azerbaijan, Bosnia and Herzegovina, Georgia, the former Yugoslav Republic of Macedonia, Serbia and Montenegro are in the process of joining the network.

CINDI puts existing evidence and operational knowledge in participating countries to use - firstly through projects in demonstration areas and then countrywide. The programmes implemented in demonstration areas (currently there are 108 demonstration areas across CINDI participating countries)



are linked to relevant national health policies, such as legislation on smoking or intervention guidelines for preventive practice. In these areas, intervention measures are monitored and health trends regularly evaluated.

International collaboration

CINDI Programme coordination

The CINDI Programme is managed by the Chronic Disease Prevention Programme in the WHO Regional Office for Europe (www.euro.who.int), the Council of CINDI Programme Directors, and the CINDI Programme Management Committee.

The WHO Regional Office for Europe acts as the CINDI Programme coordinating centre and provides the technical coordination of the core programme.

The Council of Programme Directors is the highest policy and decision-making body for the CINDI Programme. The Council of Programme Directors meets annually to discuss progress achieved and outline priority action. In 2001, 2002 and 2003 the meetings took place in Croatia, Cyprus and the Czech Republic respectively.

The CINDI Programme Management Committee assists WHO in the management and administration of the programme. It institutes and monitors measures for the quality and the control of the CINDI database managed by the CINDI Data Management Centre, it defines strategic lines of international collaboration, and proposes changes to the programme protocol and to manuals which should be approved by the Council of Programme Directors.

Implementation of the WHO Global Strategy on NCD prevention and control

In 2003, CINDI continued to actively support the implementation of the WHO Global Strategy for NCD prevention and control. The programme participated in the third meeting of the Global Forum on NCD prevention and control in Rio de Janeiro during November 2003. The issues of the promotion of healthy diet and physical activity and monitoring and evaluation of preventative intervention were the focus of discussions.

The Programme of Noncommunicable Diseases, Division of Disease Prevention and Control, Pan American Health Organization (PAHO), assisted CINDI to start developing a

Introduction

model for a cervical cancer screening programme for CINDI participating countries with a high level of cervical cancer mortality.

Collaboration with the Centers for Disease Control and Prevention (CDC), USA, continued to establish a comparative database on behavioural risk factors in CINDI participating countries and to strengthen the national capacity of public health professionals in health promotion and disease prevention.

Developing a European strategy for NCD prevention and control

CINDI participating countries collaborated in the elaboration of the first outline of a European strategy for NCD prevention and control. The report on analysis of NCD prevention and control policies was also completed.

Building up the CINDI database

CINDI has a standardised methodology and comprehensive system for monitoring and evaluating the programme, at national, regional and demonstration-area levels.

The CINDI protocol and guidelines specify the core indicators and the methods to be used for measuring them for international collaboration. Monitoring and evaluation are carried out at regular intervals using agreed indicators and applying an agreed methodology for epidemiological surveys.

The CINDI Health Monitor is a regular survey to reflect health behaviour and lifestyle-related risk factors which is carried out at the CINDI demonstration area, regional or national level. This activity is supported by the National Public Health Institute, Finland, and the CDC, USA.

In 1999-2002, 32 surveys were conducted in CINDI participating countries. Data was collected by a postal questionnaire or by a telephone or personal interview. Information covered smoking, food habits, physical activity, alcohol intake and personal assessment of health. In 2003 a survey on methodological aspects was conducted to assess feasibility of such surveys and a database on the results was established. The results of the survey indicated that some questions regarding food habits and physical activity should be updated to reflect better the social and cultural differences in CINDI participating countries. To this end a consultation process was launched to revise these questions. In 2004, the second CINDI Health Monitor survey is to take place in participating countries.

Capacity building on health promotion and disease prevention

Evidence-based public health: A CINDI training course in chronic disease prevention

The second five day training seminar on 'Evidence-based public health: A CINDI training course in chronic disease

prevention' took place in Schruns, Austria, from 29 September - 4 October 2003. This seminar was a joint effort of the WHO CINDI Programme; CDC, Atlanta, USA; St Louis University, School of Public Health, USA; CINDI Austria; CINDI Canada; CINDI Finland; and CINDI Lithuania. There were participants from a total of 23 countries.

The course entailed a training seminar that provided theoretical knowledge and improved practical skills on evidence based NCD prevention and health promotion. A number of professional contacts among participating countries have been established. The course stimulated the development of national or regional training materials and training courses, such as a course on evidence-based NCD prevention and control for CINDI demonstration areas in Bulgaria or one on public health approaches to NCD prevention and control organised by CINDI Russia.

Sixth CINDI Winter School

The CINDI Winter School training seminar, organised for public health professionals on community-based health promotion and chronic diseases prevention, took place during 2003 and was hosted by the National Public Health Institute in Finland. This was the sixth course at which experience gained in the CINDI network on the implementation of an integrated approach to NCD prevention and control was presented. The WHO Global Strategy for NCD prevention and control was introduced and practical guidance on national NCD control programmes provided. Theory and practical experience on community-based intervention regarding NCD prevention were presented and illustrated with practical CINDI programme implementation examples. Group discussions on intervention projects design were also organised.

Joint CINDI/EuroPharm Forum project on pharmacy-based hypertension management

Several CINDI countries participated in the project aimed at testing new approaches towards improving public awareness of hypertension prevention and control and building skills within interdisciplinary collaboration. General practitioners, pharmacists, cardiologists and public health specialists participated in the project teams. The project protocol was updated and indicators to assess interdisciplinary collaboration were elaborated on.



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Chronic Diseases Prevention

Austria



Dr Günter Diem
Programme
Director

This year's highlights included a kindergarten nutrition programme, a physical activity programme for overweight children, promotion of a free health check for young adults, and the establishment of a network and competence centre for nutrition.

Nutrition

After a successful pilot phase, the healthy nutrition initiative Maxima for kindergartens was implemented. The programme provides material and training for people in education and also features a competition for children taking part. The goal is to influence eating habits and to raise the level of nutrition awareness among children, parents and teachers.

To improve the quality of food produced by in-house kitchens in large organisations, a cookbook was produced and disseminated with the support of the Healthy Austria fund.

A network was established connecting all local activities on breastfeeding. The network will support, coordinate and evaluate existing initiatives.

Physical activity

A comprehensive physical activity programme, X-Team, for overweight children (age 10-16) was launched in schools. Participants undertake a one year training programme and also receive information and guidance on nutrition. The initiative is based on group effects and is promoted through use of modern marketing techniques.

Health examinations

To increase participation rates among young adults, a promotion campaign 'Check your body' was implemented to motivate the 20-30 age group to avail of a free health check.

Other screening programmes such as mammography for breast cancer and the Pap smear for cervical cancer were promoted to increase participation rates.

Education and training

For the second time the WHO CINDI/CDC USA course in evidence-based public health took place in Schruns in October and provided training on community-based noncommunicable diseases (NCD) prevention and control to students from 23 CINDI countries. Teachers from St Louis University, USA; WHO; Centers for

Disease Control and Prevention (CDC), Atlanta, USA; and selected CINDI participating countries conducted the course. Following excellent evaluation results, there are again efforts to establish the course as an annual event.

Networking

Together with local organisations from neighbouring countries (Ravensburg, Germany, and St Gallen, Switzerland) a network and competence centre for nutrition was established. The multinational platform is based on the EU Interreg Bodensee programme.

Other initiatives

The well-established Sudden Infant Death Syndrome (SIDS) programme was updated, the Worksite Medical Centre of the Association for Preventive and Social Medicine (AKS) was remodelled to allow more independence, and many small initiatives in smoking, nutrition and capacity building were undertaken.

Further details

The CINDI Programme in Austria is managed by the AKS. Vorarlberg is a CINDI demonstration area. For more information, please contact the Programme Director, Dr Günter Diem, Medical Director AKS, Rheinstrasse 61, A-6900 Bregenz, Austria. Tel: +43 5574 64570 1039; Fax: +43 5574 64570 61037/9; Mob: +43 66418 55011; Email: guenter.diem@aks.or.at

Belarus



Dr Alexander Grakovich
Programme
Director

This year's highlights included work on nutrition, hypertension and smoking. Our activities were focused on involving general practitioners and sector therapists from polyclinics in work on controlling the prevalence and levels of major risk factors, and involving the majority of specialists from the Ministry of Health.

Minsk health care

The programme on the development of health care for the city of Minsk covering the period 2003-2007 was developed and approved. The effective prevention of diseases and health promotion is seen as a priority.

Since 2003, in addition to the establishment of the centre for the primary prevention of cardiovascular diseases on the basis of polyclinic No 36 in Minsk, a similar centre in the Frunze district of Minsk was set up on the basis of polyclinic No 31.

Two seminars within the 'Days of health care organisers' framework were conducted in the towns of Lepel (June) and Berestovitsy (October). Work on the analysis of the results with the CINDI Health Monitor was carried out.

Five training seminars for physicians in Minsk were conducted. Activity was undertaken to involve nurses in the work of the centres on the prevention of noncommunicable diseases.

Hypertension

Guidelines for physicians on the *Control of arterial hypertension among the population* were published and sent to all regions of Belarus. Additional advice *Prevention of chronic noncommunicable diseases at health care institutions* and *Target groups of interventions in arterial hypertension* was prepared for health care organisers and primary health care physicians. A mobile team of specialists from the primary prevention of cardiovascular diseases centre was organised to carry out work among the population for the 'School on the control of arterial hypertension'.

Smoking

Guidelines on *Ways and measures on the control of smoking among the population* were prepared. The International No Smoking Days were observed in Belarus in May and November. Campaigns on the control of smoking were organised on a regional level.

Nutrition

The *Control of body mass in the population* guidelines were prepared. Work with Belarusian citizens on topics such as 'School of healthy diet' and 'School of diabetes' was carried out through polyclinics and health centres. Instructions on the control of risk factors and cardiovascular diseases were prepared.

Further details

The CINDI Programme in the Republic of Belarus is managed by the Coordinating Board of the Ministry of Health of Belarus. For more information, please contact the Programme Director, Dr Alexander Grakovich, Director of the Belarusian Centre for Medical Technologies, Computer Systems, Administration and Management of Health, 7a, P. Brovki Str., 220600, Minsk, Republic of Belarus. Tel/Fax: +375 172 323 094, or +375 172 323 080; Email: belcmt2@mail.belpak.by

Bulgaria

Throughout 2003, efforts continued in the areas of healthy diet, smoking control, physical activity, prevention of major noncommunicable diseases (NCD), and building NCD prevention capacity in GPs.



Nutrition

Nutrition patterns of groups of children, students, and employees of various companies were studied. The salt content of certain breads, meat and dairy products was studied. Meetings with food manufacturers to discuss greater variety and availability of healthy foods were held, while exhibitions with food tastings were also arranged. One-month healthy diet campaigns with provision of advice to interested individuals were conducted and many healthy diet messages were broadcast through the electronic media. Seven healthy diet resources were also disseminated.

Smoking

The follow-up results of the Quit & Win 2002 smoking cessation campaign were reported, with a success rate of 34%. The activity of the smoking cessation offices in the CINDI areas was reviewed and new offices for giving advice to smokers were opened.

The focus on reducing smoking within student groups continued and included education, a series of discussions in schools and youth clubs, and smoking non-initiation training. The CINDI team is the main collaborator with the Ministry of Health for the implementation of the national smoking control programme.

Physical activity

Participation in the Exercise & Win campaigns, sports and tourism outings, and physical activity days continued to increase. Physical exercise groups were set up, and activity in this area in kindergartens and schools within the CINDI areas expanded. Information materials were publicised through TV, radio, and print media. *A Guide for promotion of physical activity in primary care* was issued for GPs.

Drugs

Efforts in schools to combat drug use were numerous and diverse, including health education for students. Activities had the support of non-governmental organisations, parents, and other local structures.

NCD prevention

One-month campaigns for the prevention of hypertension, coronary heart disease, diabetes, osteoporosis, and early detection breast cancer among others were conducted in various CINDI demonstration areas, including media messages, and screening and consultation by national experts.

CINDI Health Monitor 2002 data were processed and discussed in the CINDI areas.

Further details

In Bulgaria the Ministry of Health is responsible for the CINDI Programme, which is coordinated by a team from the National Centre of Public Health. For more information, please contact the Programme Executive Director, Associate Professor Dr Nikola Vassilevsky, Department of Health Promotion and Disease Prevention, National Centre for Public Health 15 D Nestorov Str, 1431 Sofia, Bulgaria. Tel: +359 2 954 9623; Fax: +359 2 954 9390, E-mail: nicvass@otel.net

Canada



Dr Sylvie Stachenko
Programme
Director

This year's CINDI Programme work in Canada strove for an integrated approach, building on existing infrastructures, combined with national activities, working in partnership using the community, and individual approaches. A new demonstration project on the integrated approach to chronic disease prevention got underway in Alberta.

National/provincial

The CINDI Programme functions at national and demonstration area levels. Programme activities are centred on four key strategic priorities: knowledge generation and dissemination, policy development, programme development, and evaluation and surveillance, spanning the spectrum of chronic disease control. The backbone of CINDI Canada has been the Canadian Heart Health initiative.

Chronic disease prevention

A new demonstration project was identified – the Alberta Healthy Living Network (AHLN). This was created in the province of Alberta as an innovative model to provide leadership in integrating action on shared risk factors, and their underlying determinants of health, for the prevention of chronic disease and the promotion of health.

AHLN has representation from government, non-government organisations, professional associations, universities, health authorities and community groups across a number of sectors. AHLN has identified unhealthy eating, physical activity and tobacco use as the initial focus for integration.

The network has created the 'Alberta healthy living framework: an integrated approach' that identifies which prevention activities should be a priority for integration. The seven priorities are: partnership development and community linkages; awareness and education; surveillance; best practice; research and evaluation; health disparities; and healthy public policies.

Chronic disease activities

The Canadian Diabetes Strategy focuses on health promotion and disease prevention programming; national coordination of efforts; care and treatment; and the creation of a national diabetes surveillance system.

The Canadian Strategy of Cancer Control, collaboratively led and governed by a council of stakeholders, aims to help reduce the incidence, morbidity and mortality of cancer and enhance the quality of life of those living with cancer.

A task group on surveillance systems for chronic disease risk factors has been set up to develop a strategy.

International

CINDI Canada is helping to organise the fifth International Heart Health Conference in Milan, Italy, in June 2004. The conference will focus on Global Heart Health from strategy and policy planning, to the impact of different technologies. For more information, log onto <http://www.g8cardio.org/5IHH>

The WHO Collaborating Centre on Noncommunicable Diseases (NCD) Policy at Health Canada will lead the development of a policy observatory to support and promote evidence-based health policy-making through comprehensive analysis of NCD policy development and implementation processes; bring NCD prevention to the forefront of the policy discussions; and increase the visibility and political support for NCD prevention.

The next WHO global forum on NCD prevention and control will be held in Ottawa, Canada, in November.

Further details

The CINDI Programme in Canada is managed by Health Canada, in the Centre for Chronic Disease, WHO Collaborating Centre for Noncommunicable Disease Policy. For more information, please contact the Programme Director, Professor Sylvie Stachenko, Director General, Centre for Chronic Disease Prevention and Control, Population and Public Health Branch, Health Canada, Postal Locator: 6701A, 120 Colonnade Rd., Room B170, Ottawa, ON K1A 0K9. Tel: +1 613 954 8629; Fax: +1 613 954 8631. Email: sylvie_stachenko@hc-sc.gc.ca



Croatia



This year's highlights included intensive work on education, intervention campaigns, further development of data collection and physical activity.

Education

In 2003 the health education programme for schoolchildren focused on the prevention of smoking and drug abuse through informing young people about all the possible consequences on health.

The training programme for primary health care physicians and physician-specialists on the problem of noncommunicable diseases (NCD) and diabetes was further developed. The training of nurses and pharmacists on the approach to dealing with diabetic patients and patients with NCD has also been organised. A course for educators from among diabetic patients was also held. An education camp for children with diabetes was held during the summer of 2003.

Intervention campaigns

Programmes and activities implemented as part of the anti-smoking campaign included special courses entitled 'Say no to smoking'. These are being held regularly to emphasise the role of community in heart disease prevention and health promotion.

Physical activity

Different activities have been organised at primary and high schools with the aim of increasing the amount of physical activity among the younger population.

Data collection

The register on myocardial infarction was maintained. The CroDiabNET (Croatian Diabetes Register) was further developed as the first register based on daily entries of data from everyday work with patients. The basic information sheet contains all the data collected on regular checkups during a two year period. At the end of 2003, data from 33,000 patients from 19 centres in Croatia have been collected.

Further details

The CINDI Programme in Croatia is managed by representatives from the University Clinic for Diabetes, Endocrinology and Metabolic Diseases, the Institute for the Prevention of Cardiovascular Diseases and the School of Public Health. It is supported by the Ministry of Health. For more information, please contact the Programme Director, Professor Željko Metelko, Director, Vuk Vrhovac University Clinic, Dugi dol 4a, 10000, Zagreb, Croatia. Tel: +385 1 233 1480; Fax: +385 1 233 1515; Email: zeljko.metelko@zg.tel.hr



CINDI group at Vuk Vrhovac University Clinic.

Cyprus



Dr Charitini Komodiki
Programme
Director

This year's highlights included work on nutrition, cancer, children's injuries, drugs and smoking.

Nutrition

The Healthy Eating Week focused on increasing public awareness of the importance of a healthy diet to stay healthy. A booklet *Eat healthy to be healthy* was published. The campaign message encouraged people to follow the traditional Mediterranean diet. Emphasis was placed on the combination of healthy diet and physical activity to avoid obesity which is the main contributing factor for many chronic conditions such as diabetes, hypertension and cardiovascular diseases.

Breast screening

An incidence rate of 76.9 per 100,000 resulted in 276 new breast cancer cases in Cyprus in 2001. A screening programme initiated last summer extends invitations to women from 50 to 69 years old and to date around 10,000 invitations have been issued. An information leaflet *Breast screening - all you should know* was launched. This was developed to give women the facts about breast screening, ensuring they are properly informed and their consent to the process is genuine.

Injuries in children

A retrospective study on childhood injuries was conducted in February by the advisory committee on childhood injuries prevention. The aim of the study was to examine the extent of the problem of injuries among children aged four to six in Cyprus. Based on the results of this study, the advisory committee submitted an action plan on childhood injuries prevention.

Drugs

An anti-drugs council was launched with the aim of policy-making on prevention and treatment of drug abuse. All the programmes on primary, secondary and tertiary prevention of drug abuse in Cyprus are coordinated by this council.

Smoking

A one year follow-up survey on the effectiveness of the Quit & Win 2002 smoking cessation campaign in Cyprus was conducted. A response rate of 60% was achieved (179/300). Of the respondents, 42.5% reported they remain abstinent after one year while 77.5% said the contest helped them.

A number of smoking cessation advisers were trained during two workshops organised in Cyprus last summer. Four new smoking cessation clinics were launched in Nicosia, Larnaca and Paphos and are run by the advisers.

Further details

The CINDI Programme in Cyprus is managed by the Ministry of Health. For more information, please contact the CINDI Programme Director, Dr Charitini Komodiki, Chief Health Officer, Ministry of Health, 10 Marcou Drakou Str., 1448 Nicosia, Cyprus.

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Czech Republic



This year's highlights included work on nutrition, physical activity, smoking, alcohol and the consumption of other drugs.

Nutrition

With an increase in life expectancy, attention is focused on the senior population. The National Institute of Public Health (NIPH) project 'Enjoyable life' is aimed at improving knowledge in nutrition and lifestyle among senior citizens. Activities organised through the project are aimed at seniors and also staff taking care of them or who influence their lifestyle, especially in the areas of nutrition and physical activity. The seniors are, in an enjoyable way, introduced to the possibilities of healthier eating and improving physical activity. A further 10 projects on healthy nutrition are being carried out on a regional level.

Physical activity

'Challenge your heart to move', a project undertaken by the NIPH, is aimed at increasing physical activity in the adult population. The project comprised a media campaign, leaflet distribution, awareness raising and a competition. The methodology was based on a similar project conducted in Poland in 2002 and on data from an international WHO CINDI Health Monitor survey carried out in the Czech Republic in 2002.

Smoking

No Smoking Day activities were targeted at young people. A special competition was organised for high school students in different regions of the Czech

Republic, who were preparing no smoking programmes and campaigns. On No Smoking Day, NIPH organised a trip to the top of the highest Czech mountain. The campaign was supported by media publicity and by an NIPH special web site.

The results of the survey carried out showed that the Quit & Win 2002 smoking cessation campaign was very successful, with a 40% quit rate among participants.

Alcohol and other drugs

The Drugs Information Centre magazine is distributed four times a year, and seminars aimed at alcohol consumption reduction are regularly organised for those active in prevention.

Further details

The CINDI Programme in the Czech Republic is managed by the National Institute of Public Health. For more information, please contact the CINDI Programme Director, Associate Professor Lumír Komárek, CSc., National Institute of Public Health, Šrobárova 48, 100 42 Prague, Czech Republic.
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Improving physical activity and nutrition through the NIPH 'Enjoyable life' project.

Estonia



Associate Professor
Margus Viigimaa
Programme
Director

This year's highlights included activities of the CINDI Estonia children's programme and a CINDI epidemiological study of cardiovascular risk factors within the Tallinn population.

Children's programme

The WHO CINDI children's programme uses a standardised methodology and comprehensive system for monitoring and evaluating the programme. Monitoring and evaluation are carried out at regular intervals using agreed indicators and apply an agreed methodology for epidemiological surveys. Through the scientific studies it has been proven that noncommunicable disease risk factors begin in childhood, and that modification of lifestyle can change morbidity.

Prevention research

Capacity building and prevention research was undertaken in partnership with the state programme 'Health of children and adolescents by year 2005'. The following was identified: 80% of children between 10-15 years old have an unbalanced diet; the prevalence of biological risk factors (overweight and hypertension) in children was 16%; 67% of children and adolescents abuse legal and illegal drugs.

Hypertension

Preliminary data from a study of hypertension in adolescents (the role of positive family history on blood pressure and heart rate variability 2001-2004) showed the clinical measurements for the assessment of the adolescent's hypertensive status are frequently unreliable. Twenty-four hour ambulatory blood pressure monitoring (ABPM) allows more comprehensive blood pressure assessment. The local normative data for ABPM in children and adolescents are needed for interpretation of ambulatory blood pressure values in the Estonian population.

Cardiovascular risk factors

In a follow-up to the CINDI epidemiological study for cardiovascular risk factors of the Tallinn population in 2003, results for the group of 65-69 year old male subjects were collated and published in an article in *Papers of Anthropology X*. Results on the relationship between nutrition and risk factors are being analysed for the studied male population (244 subjects) and will be published next. Primary epidemiological and clinical studies will last 20 months and the final analysis of the epidemiological element may commence at the end of 2004. Clinical results and their analysis are planned to be carried out in 2005.

Further details

The CINDI Programme in Estonia is managed by the Ministry of Social Affairs, Tartu University and the Estonian Health Institute. For more information, please contact the Programme Director, Associate Professor Margus Viigimaa, MD, PhD, Department of Cardiology, Tartu University Hospital, Puusepa St 8, Tartu EE-51014, Estonia. Tel/fax: +372 7 318 467; Email: margus.viigimaa@kliinikum.ee



CINDI children's programme leaders, Dr Lagle Suurorg and Inna Tur, present cardiovascular risk factors at the 2003 IUHPE conference.

Finland



Professor Aulikki Nissinen
Programme
Director

The year's highlights included the seventh national population risk factor study, the World Conference on Tobacco or Health, and international collaboration.

National FINRISK study

The results from the seventh risk factor survey show that blood pressure levels decreased and hypertension care improved among the adult population. On the other hand, people gained more weight, the downward trend in serum cholesterol level evened out, and the prevalence of tobacco use did not decline.

Finland hosts world conference

The 12th annual World Conference on Tobacco or Health was held in Finland and was organised jointly by the National Public Health Institute (KTL), the Finnish Cancer Society and the Centre for Health Promotion. Over 2,000 people from 110 countries took part. The KTL and the Centers of Disease Control (CDC), in the USA, organised the pre-conference training on prevention of tobacco use for the representatives of developing countries.

Quit & Win

The KTL has been coordinating the international Quit & Win smoking cessation campaign every second year since 1994. Such a campaign took place in 2002. The planning and preparatory steps for the next campaign to be held in May 2004 are in progress. For more information, see www.quitandwin.org

International collaboration

2003 saw many international activities taking place. Close collaboration continued with Bosnia and Herzegovina and with the CINDI demonstration area of Pitkäranta in the Republic of Karelia in Russia. KTL organised a meeting for some 20 European experts in order to assess the feasibility of the methodology of the CINDI Health Monitor, to discuss international comparability of the data, and to strengthen European collaboration.

Demonstration area activities in North Karelia

Physical activity

The 'Walking weeks of North Karelia' campaign was organised with initiatives such as competitions at worksites and schools.

Overweight

The overweight project was launched with a total of 50 weight reduction groups being set up.

Other activities

Over 1,000 people participated in the 'Five goal' programme (covering the topics of smoking, blood pressure, cholesterol, physical activity and weight). The pharmacy-based hypertension management programme was also launched and the Health Fair was organised.

Further details

The CINDI Programme in Finland is managed by KTL (the National Public Health Institute). For more information, please contact the Programme Director, Professor Aulikki Nissinen, Department of Epidemiology and Health Promotion, National Public Health Institute, Mannerheimintie 166, FIN-00300, Helsinki, Finland. Tel: +358 9 4744 8336; Fax: +358 9 4744 8338; Email: aulikki.nissinen@ktl.fi

Professor Pekka Puska was appointed as Director General of the KTL and he left the position of Director for NCD Prevention and Health at WHO headquarters on 1 December 2003.

Germany



Professor Egbert Nüssel
Programme
Director

This year's activities included evaluation of medical primary risk factor intervention.

Risk factor intervention

The German Association of Cities and Towns (Deutscher Städtetag) in Baden Württemberg invited all member cities and towns to take on the four step model for evaluation of medical primary risk factor intervention.

The four steps are the following:

- 1) General practitioners collect data on smoking, body mass index (BMI), total cholesterol and blood pressure level of each patient in their practice and evaluate individual risk factor profile.
- 2) General practitioners then prepare an analysis of the prevalence of risk factors among the patients in their practice.
- 3) A database on risk factors in the community is established, pooling data from practices located in that community.
- 4) The data is analysed and discussed with the local government which communicates the findings to the public.

Using the first three steps of the model, in Heidelberg, a CINDI demonstration area, 11 general practices

registered data on the above mentioned risk factors in a random sample of 100 males and 100 females before preventive intervention and after a 12 month intervention period. Changes in risk factors were then analysed by gender (see table below).

General practitioners work with patients on preventive intervention every day and evaluation of their work takes place every year. The local government publishes a yearly report on the results of preventive intervention, eg changes in the prevalence of risk factors in patients of every general practice of that community. This is reported through, for example, the annual report of the Mayor of Heidelberg.

Further details

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Evaluation of medical primary risk factor intervention in Heidelberg

Risk factor	Males	Females
Smoking:	8% decrease	4% decrease
Body mass index:	1% decrease	no change
Blood pressure:	7% decrease	3% decrease
Total cholesterol \geq 250mg/dl	5% decrease	5% decrease

Hungary



This year the CINDI Programme in Hungary focused on peer education programmes and the preparation of 'pharmacy-based hypertension management'.

Peer education

The peer education programme at Semmelweis University received a large grant enabling 42 new educators to be trained, as well as a homepage to be developed. The health educators published a quarterly colour periodical named *Kool*. The paper is mainly about drug prevention, but also features healthy lifestyle, diet, smoking and physical activity written in a slang language style used by adolescents.

A comprehensive network has been built up between schools and peer educators and there is good cooperation with 30 schools. Fields of education are drug, smoking, alcohol consumption, safe sex and healthy lifestyle. Educators developed a poster campaign, sponsored by the Hungarian League against Cancer, to encourage smoking cessation among women. They also organised health promoting programmes at the biggest European music event, the Sziget Festival 2003 in Budapest.

Hypertension management

The concept of pharmacy-based hypertension management has been accepted by prominent Hungarian experts. The chief pharmaceutical officer welcomed this CINDI project and preparatory activity to introduce the model, which was developed by the CINDI-Catalonia, Spain, has started.

Surveys

A one year follow-up of the Quit & Win 2002 smoking cessation campaign was carried out and showed that 22% of the registered participants are now non-smokers. 'International tobacco initiative medical student surveys' were completed at the Medical Faculty of the University of Szeged in order to study the smoking habits and attitude to smoking of future doctors and also to develop a more effective education course to train medical students about smoking cessation.

The health status and health behaviour of future doctors, dentists and pharmacists have outstanding significance for health promoting activities of health services. A complex risk factor and health behaviour survey was carried out on medical, pharmaceutical and dental students in first and fifth years. In total, 216 of first year

and 164 of fifth year students participated. Results indicate that during the five years of university studies, health behaviour is not developing satisfactorily.

Further details

The CINDI Programme in Hungary is managed by the Department of Public Health at the Medical Faculty of Semmelweis University, Budapest. For more information, please contact the CINDI Programme Director, Professor Endre Morava MD, Department of Public Health, Medical Faculty, Semmelweis University, PO Box 370, H-1445, Budapest, Hungary. Tel/Fax: +36 1 210 2954; Email: morend@net.sote.hu



Poster developed to encourage smoking cessation among women.



Encouraging medical, pharmaceutical and dental students to participate in the risk factor survey.

Italy



Professor Maria
Teresa Tenconi
Programme
Director

This year's highlights included initiatives on smoking prevention, cardiovascular risk assessment and treatment, and the promotion of physical activity.

Cardiovascular risk

An atlas of cardiovascular diseases (CVD) in Italy was published and is available at the website: www.italheartj.org (vol. 4 - no 4 - April 2003 - supplement). A cardio-cerebrovascular risk scoring system for the Italian population is available at the website: www.cuore.iss.it. Another programme focusing on cardiovascular risk is being carried out in the Sardinia region (RISCARD), aimed at calculating the 10 year risk of CVD events in samples of the population of five Italian areas examined in the previous 15-20 years.

Smoking prevention

In the Lombardy region, a smoking prevention programme entitled 'Towards Sun city' and targeting kindergarten children was carried out and its effectiveness evaluated in 52 schools in the province of Pavia (1,821 children over five years). Teachers considered the programme feasible, easily applied and appropriate for five year old children.

Among the children, 91.2% remembered their participation in the programme at the end of the school year. Of the parents who were involved, 1,157 said they were satisfied with their children's participation in the programme, which encouraged discussions about healthy lifestyles within the family. Furthermore, specific programmes for primary schools were carried out at regional level.

A training course focusing on tobacco cessation and involving health personnel working in anti-smoking services was carried out on a regional level.

Physical activity promotion

The results of the Perseus project in the Latina area, which measured physical activity levels among 1,340 students between 5-19 years, showed 15.6% of males and 16% of females were overweight. Regular physical activity (3 hours/week) was cited by 35.5% of males and 16% of females.

Other activities

A project on the prevention of cardiovascular disease and Type 1 and Type 2 diabetes (T1D, T2D) in the Sardinia region, funded by the Sardinian government, is being carried out by the Research Institution made up of the Medico Association and the Centre for Metabolic Diseases and Atherosclerosis, headed by Professor Sergio Muntoni.

In Valle dell'Irno a new organisation, Canopo, was founded, aimed at carrying out health promotion programmes with a special focus on psychological and social aspects.

Further details

The CINDI Programme in Italy is a network of local and regional projects, coordinated by the Department of Preventive, Occupational and Community Medicine, Faculty of the University of Pavia. For more information, please contact the CINDI Programme Director, Professor Maria Teresa Tenconi, Hygiene Section, Department of Preventive Medicine, University of Pavia, Viale Forlanini 2, 27100 Pavia, Italy. Tel: +39 382 507278; Fax: +39 382 507558; Email: tenconi@unipv.it.



Smoking prevention programme
'Towards Sun city' puzzle for children.



Lombardy
region
smoking
prevention
programme
logo.

Kazakhstan



Professor Aikan Akanov
Programme
Director

This year's highlights included work on the prevention of obesity, smoking, alcohol abuse, low physical activity and the implementation of an integrated programme on the prevention of risk factors in primary health care.

Obesity prevention

The National Centre of Healthy Lifestyle Development created the 'Health without overweight' programme for primary health care organisations in the city of Almaty. Primary health care physicians passed training on noncommunicable diseases (NCD) preventive measures, methods of determining overweight, factors which influence overweight and measures to prevent overweight and obesity. The recording of overweight and obesity risk factor prevalence is carried out through primary health care facilities. Patients now receive medical advice on correct diet and help to reduce overweight.

Smoking

A national action plan on tobacco control was developed and discussed at an intersectoral conference involving representatives from parliament, ministries and public organisations in Astana in April. The action plan was sent to the government of Kazakhstan and WHO.

Round-table talks on making the prevention and control of smoking law in Kazakhstan are held in all regions of the country with participation by policy makers, professionals and the public.

The Quit & Win 2002 smoking cessation campaign ran in all regions of the country during May and 5,621 people participated. Of the participants, 27.8% had successfully continued to abstain from smoking for one year after taking part in the contest.

Alcohol

The methods of determination of alcohol use, preventive measures, and the registration of the given risk factor among the population are introduced at the primary health care level. Seminars on sensible drinking were organised for medical professionals who then inform patients of the harm of alcohol,

give advice on safe drinking and help to combat alcohol abuse.

An intersectoral conference, 'Policy of alcohol use control', was held in Almaty in October. Representatives from ministries, non-governmental organisations and the public took part.

Physical activity

The National Centre of Healthy Lifestyle Development conducted a major public information campaign called the Festival of Health, under the theme of 'An hour of physical activity'. Around 4,800,000 people participated throughout the country. On 27 September, adults and children completed an hour of physical exercises. The president of Kazakhstan highlighted the importance of physical activity for a good healthy life. After the festival, an hour of physical activity was implemented in many schools as a lesson of physical culture.

Preventive risk factors

The programme on the prevention of risk factors was implemented in primary health care nationally following discussion with policy makers and physicians at a national conference in March.

Further details

The CINDI Programme in Kazakhstan is managed by the National Centre of Healthy Lifestyle Development. For more information, please contact the Programme Director, Professor Aikan Akanov, Director General; or coordinator, Botagoz Turdalieva, MD, PhD, Chief of Medico-Social and Preventive Programmes of The National Centre of Healthy Lifestyle Development, 86 Kunaev Str., Almaty 480100, Kazakhstan. Tel: +7 3272 9120 81; Fax: +7 3272 9188 42; Email: akanov@mailbox.kz, health@academset.kz



Festival of
health
participants.

Quit & Win
2002 smoking
cessation
campaign
winners
chosen.



Kyrgyzstan



Professor Tilek
Meimanaliev
National
Director

This year's highlights included activities for health education, health promotion and noncommunicable diseases prevention at national and regional levels. CINDI Kyrgyzstan workers also took part in the development of the draft 'State strategy and action plan for tobacco control in the Kyrgyzstan Republic, 2004-2008'.



Dr Chinara Bekbasarova
Deputy Director

Health education programme

Family Group Practitioners (FGPs) are key players in the implementation of health promotion and noncommunicable diseases prevention activity through Primary Health Care (PHC) in Kyrgyzstan. The FGP team consists of family physicians, feldshers (specialised nurses who provide basic PHC services such as simple curative services, routine preventive care and health education), nurses and midwives.



The national intersectoral meeting to discuss the draft of the 'State strategy and action plan for tobacco control'. Prof M Mamytov, Minister of Health (right), Dr H Nikogosian, Regional Adviser, TFI for Europe, and Prof T Meimanaliev.

Following the CINDI health behaviour monitoring survey conducted in 2002, the health education programme in 2003 focused on FGPs and secondary school teachers. A total of 468 family doctors from different regions of Kyrgyzstan, 104 teachers, 36 social workers and non-governmental organisation workers (NGO) and 24 health promoters were trained in noncommunicable diseases prevention and health promotion within the Ministry of Health's Health-2 Reform programme.

Tobacco control and prevention

This year the Ministry of Health, in close collaboration with WHO's tobacco-free initiative for Europe, developed the draft 'State strategy and action plan for tobacco control'. The draft was discussed within the national intersectoral meeting after which the draft of the government's decision was agreed with 14 ministries and institutions.

The main objectives of this document focused on the creation of the National Foundation for Tobacco Control from funds that will be deducted from the excise duty from the sale of tobacco products. At present the draft is being considered by the Kyrgyz Republic government.

The Ministry of Health conducted the 'Ms Beauty and Health 2003' partnership contest for non smoking girls aged 16-19 on World No Tobacco Day. The theme of the contest was 'Fashion without smoking!' and consisted of two stages – 'Beauty and health against smoking' (stage one) and the main contest for winners of stage one.

A follow-up survey found that the campaign had been very effective in raising awareness of the day.

In conjunction with the WHO liaison office in Kyrgyzstan, we also ran the public information campaign on tobacco control and prevention through TV, newspaper and magazine advertising.

Further details

The CINDI Programme in Kyrgyzstan is managed by the Ministry of Health. For more information, please contact the National Director, Professor Tilek Meimanaliev, Ministry of Health of Kyrgyz Republic, Moscovskaya, Str 148, 720405, Bishkek, Kyrgyzstan. Tel: +996 312 66 26 14; Fax: +996 312 66 04 93; Email: cindi@elcat.kg



'Ms Beauty and Health 2003' contest.

Latvia



Dr Vilnis Dzerve
Programme
Director

This year's highlights included work on a health behaviour survey, smoking, hypertension and diabetes. Some of the activities and interventions took place at a national level while others concentrated on the CINDI demonstration area.

National level

The CINDI Latvia team participated in the development of a new national programme on prevention of cardiovascular diseases.

Health behaviour survey

The Latvia office, together with the State Health Promotion Centre, analysed and published results of the third national health behaviour survey. Sample size was 3,000 people aged 25-64 years and there was a response rate of 67.3%. Comparison of results of all three surveys shows some positive and negative trends in health behaviour. Positive examples: more smokers are trying to quit smoking, more Latvians are using vegetable oil instead of butter, using less salt and eating more vegetables. Negative trends: more passive smokers, an increase of obesity, and an increase in alcohol consumption.

Smoking

Annual health week focused on smoking, especially on passive smoking. The results of the survey 'Trends in smoking among adolescents in Latvia 1990-2002' were analysed and presented. Health promotion programmes including anti-smoking activities were regularly broadcast.

Hypertension and diabetes

A DiaScreen survey was performed and 4,980 Latvians (45-64 years old) with diabetes mellitus and hypertension were observed. The prevalence of people with dysglycemia is about 8% in Latvia. Hypertension is adequately controlled in 4.4% of persons with diabetes mellitus.

CINDI/EuroPharm Forum

The number of pharmacies taking part in the pilot scheme for a pharmacy-based hypertension management model is 106. In this scheme, pharmacists consult inhabitants on cardiovascular disease risk factors and take the blood pressure for the risk groups. Pharmaceutical care for some patients is carried out by monitoring patients through repeated visits to the same pharmacy.

counselling and consultations and 795 inhabitants of the region were screened through this office.

Further details

The CINDI Programme in Latvia is managed by the CINDI office in the Latvian Institute of Cardiology in collaboration with State Health Promotion Centre. For more information, please contact the Programme Director, Dr Vilnis Dzerve, Latvian Institute of Cardiology, 13 Pilsonu Str. LV-1002, Riga, Latvia. Tel: +371 706 9575; Fax: +371 761 4641; Email: dzerve@lki.eunet.lv, or the Programme Assistant Director, Iveta Pudule, Health Promotion Centre, 3 Skolas Str. LV-1001, Riga, Latvia. Tel: +371 768 6420, Fax: +371 768 6420; Email: iveta.vvc@parks.lv



Title pages from a new booklet against smoking in the workplace.

Demonstration area level

Health promotion

Several health promotion seminars were organised for primary health care staff in the Kuldiga region. The CINDI Heart Health office in Kuldiga offered free screening,

Lithuania



This year's highlights covered work in organising the National Health Forum including celebration of the 30th anniversary of the Kaunas-Rotterdam Intervention Study (KRIS), further development of the community-based mental health project and the CINDI Health Monitor.

National Health Forum 2003

The CINDI team continued efforts in support of the process of monitoring, evaluation and updating of national health policy. The forum was organised jointly by Kaunas University of Medicine, the National Health Board, the Parliamentary Health Committee, and the Ministry of Health with the support of the WHO Regional Office for Europe. It focused on regional health policy development, and strengthening of noncommunicable disease (NCD) prevention through primary health care structures with special emphasis on cervical cancer screening.

Kaunas-Rotterdam Intervention Study

Topics of discussion included the contribution of the KRIS experience and database to the development of integrated approaches to NCD prevention and control, to the increase of epidemiological and public health competence in Kaunas and Lithuania as a whole, and the CINDI team contribution to the development of a national health policy. A special issue of the monthly periodical *Medicina* was devoted to KRIS-related publications.

Mental health

There was a focus on community empowerment in tackling mental health problems in Kaisiadorys – one of the demonstration areas for the CINDI Programme. High prevalence of mood disorders and depression was identified through mental health assessment in primary health care. A model combining primary health care and municipality structures, including a mental health centre, to cope with community mental health problems has been proposed by the CINDI team. Workshops on 'Integrated action in addressing community mental health problems' and 'Mental health problems and their management' were organised for all partners in the further development of an intersectoral cooperation project.

CINDI Health Monitor

The CINDI Health Monitor – a health behaviour survey – is based on the methodology of the Finbalt (a health behaviour study) in which Lithuania has participated since 1994. The 2002 survey data demonstrated further improvement of health behaviours such as an increase in the consumption of fresh vegetables, vegetable oil and margarine, and a decrease in the intake of animal fat. The prevalence of smoking also showed a decline since 2000.

Further details

The CINDI Programme in Lithuania is managed by the Kaunas University of Medicine. For more information, please contact the CINDI Programme Director, Professor Vilius Grabauskas, Chancellor, Kaunas University of Medicine, Mickevitchiaus Str. 9, LT-3000 Kaunas, Lithuania. Tel: +370 37 32 72 02; Fax: + 370 7 220733; E-mail: vilius.grabauskas@kmu.lt

Malta



Dr Mario Spiteri
Programme
Director

This year's highlights included interventions among adolescents, including smoking, nutrition and eating disorders as priority areas.

Nutrition

The department produced a poster and two public service announcements to be screened on local television throughout World Breastfeeding Week (1-7 August) along the theme, 'Breastfeeding in a globalised world: for peace and justice' to encourage mothers to exclusively breastfeed their child and to raise public awareness of breastfeeding. The campaign for the prevention of cancer continued with a cancer prevention recipe booklet being distributed through local councils and a media campaign.

Weight reduction clinics were evaluated by means of follow-up activity among clients who attended the programme during 2002.

The health behaviour study in schoolchildren (2002) revealed that teenagers are worried about weight and body image. The department organised an Eating Disorders Awareness Week to give out public information on the condition and to create awareness of the effect of the media on young people. Seminars were organised for the public and doctors and a study was carried out among family doctors to assess the prevention and treatment of the condition.

Smoking

Efforts to educate young people about the harm of tobacco smoke increased. The health behaviour survey in schoolchildren revealed an increase in smoking among adolescents, especially 13 year olds. A seminar was organised to provide training on tobacco control for teachers in secondary schools. A training pack for teachers with information on tobacco control was published and a smoke-free class competition was organised in schools. The project aim is to include more schools and to target more age groups.

World Health Day 2003

This year's theme 'Shape the future of life: healthy environments for children' encouraged activities within the school setting with a pilot project carried out in one school. The children identified several health issues and environmental risks and set up projects to raise awareness and educate. Projects included: healthy eating habits, school policies such as a tobacco-free policy, improvement of sanitation, health and safety measures and improvement of the school and community environment.

Community education

Community activities included an advertising campaign on buses targeting young people on the effects of smoking and alcohol. The WHO poster, 'The smoker's body', was placed strategically in restrooms of popular bars, pubs and night clubs targeting young people.

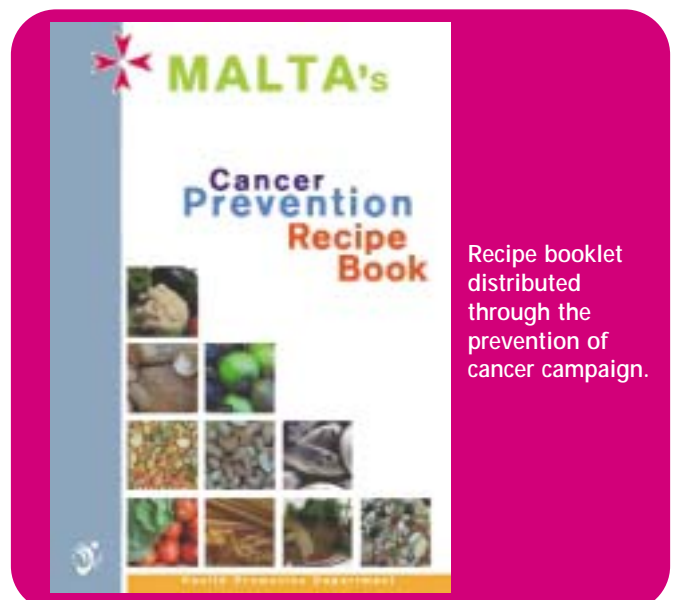
Lifestyle surveys

The first national health interview survey was carried out by the Health Information Department, in collaboration with other departments, to provide data on key lifestyle areas and their associated risk factors. The results of the survey were presented during a seminar to inform and influence policy makers to make evidence-based policy decisions on health promotion and disease prevention.

The national statistics officer carried out a lifestyle survey among a representative sample of the population to obtain information on areas such as obesity, smoking and drinking habits, illicit drug use and use of medication.

Further details

The CINDI Programme in Malta is managed by the Health Promotion Department. For more information, please contact the CINDI Programme Director, Dr Mario Spiteri, Director, Health Promotion Department, 1 Crucifix Hill, Floriana, CMR 02, Malta. Tel: +356 21 221890; Fax: +356 21 235107; Email: mario.j.spiteri@gov.mt



Recipe booklet distributed through the prevention of cancer campaign.

Republic of Moldova



Professor Mihail Popovici
Programme Executive
Director

CINDI Programme activities in the Republic of Moldova during 2003 focused on the control of hypertension and dyslipidemia and raising public awareness of noncommunicable diseases (NCD) prevention and control in the CINDI demonstration area.

Hypertension management

Everyone with hypertension in the CINDI demonstration area underwent clinical evaluation and monitoring using a special out-patient card with individual, specific recommendations regarding therapeutic lifestyle changes and drug treatment. High risk patients benefited also from hypotensive drug support.

During 2003, two national conferences and nine regional conferences on hypertension and other NCD were organised for primary health care specialists and cardiologists. Four methodical recommendations and three booklets on hypertension prevention and management and NCD prevention and control were produced and distributed, including a document on policies and strategies for NCD prevention and control.

In order to improve food habits within the community with regard to NCD a guide on healthy nutrition was produced. This guide was based on the CINDI nutrition guide. Obesity and physical activity booklets were also produced for the general public and special attention was given to improving the knowledge of family doctors and other medical workers in the field of nutrition.



Booklet distributed among the general population on arterial hypertension.

Public information campaigns were also organised to inform the population about the role of risk factors such as unhealthy diet in the development of NCD.

Management of dyslipidemia

People identified having high blood lipids levels were clinically assessed and advised to follow an appropriate management scheme including cholesterol lowering pharmaceutical treatment.

Detection study

A total of 2,200 people enrolled from the CINDI demonstration area in a study to detect diabetes and chronic bronchitis. In collaboration with oncologists, breast cancer and cervical cancer screenings were also carried out.

Public health education

A number of activities on health education were undertaken during the year by family doctors and co-workers at the Institutes of Oncology and Cardiology. Various activities were organised aimed at healthy lifestyle such as round table discussions, sports competitions and festivals. A number of lectures on healthy nutrition, hypertension prevention and control, tobacco, reduction of overweight and promotion of physical activity were also organised in the demonstration area.

Various leaflets and booklets were also produced and distributed throughout the year.

Further details

The CINDI Programme in the Republic of Moldova is managed by the Ministry of Health and the Institute of Cardiology team. For more information, please contact the CINDI Programme Executive Director, Professor Mihail Popovici, Testemitanu Street 29/1, Chisinau 2025, Republic of Moldova. Tel: +373 272 7511; Fax: +373 273 9586; Email: mpopovici@mednet.md

Poland



This year's highlights included work on increasing physical activity on a national level and the launch of a new preventive cardiology programme.

Physical activity

CINDI Poland continued to focus on increasing physical activity on a national level. The third nationwide physical activity campaign 'Put your heart on its feet' ('Revitalise your heart') was organised during the summer of 2003. The campaign included a wide variety of educational and recreational events as well as a national contest encouraging people to get active.

'Put your heart on its feet' became a key message of World Heart Day celebrations in the majority of CINDI Poland demonstration areas. A follow-up survey showed last year's campaign was highly effective in raising public awareness of the importance of being active and fit.

A meeting of the WHO CINDI Working Group on physical activity was held in Lodz in April. A panel of experts representing CINDI Canada, the Czech Republic, Poland, Romania, the Russian Federation, Slovakia, Slovenia and the World Health Organization discussed the most important aspects of effective physical activity promotion and future cooperation within the 'Put the heart on its feet' project.

Preventive cardiology programme

Important support from the local government ensured the first phase of the 'Prevention and early detection of cardiovascular diseases programme' was launched in Lodz. The project is aimed at 35, 45 and 55 year olds and focuses on the early detection and prevention of major risk factors. In accordance with the global assessment of an individual's cardiovascular risk, three levels of intervention have been designed. Doctors, nurses and health educators provide professional help with smoking cessation, hypertension, lipid disorders, diabetes management, changing sedentary lifestyle and reducing obesity.

The department prepared the results of a 10 year study of cardiovascular risk in people aged 18-64 and an analysis of the health status of Lodz residents over the period 1991-2002.

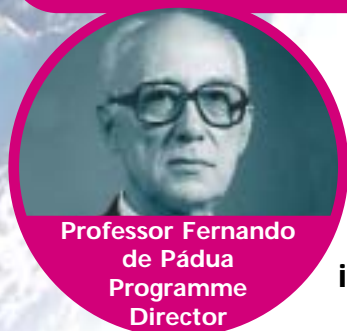
Further details

The CINDI Programme in Poland is managed by the Department of Social and Preventive Medicine of the Medical University in Lodz. For more information, please contact the CINDI Programme Director, Professor Wojciech Drygas, Department of Social and Preventive Medicine, Medical University, 90-752, Lodz, Zeligowskiego 7/9, Poland. Tel: +48 42 639 32 65; Fax: +48 42 63965; Email: office@cindi.org.pl; Web page: www.cindi.org.pl



Participants in the third nationwide physical activity campaign 'Put your heart on its feet'.

Portugal



Professor Fernando
de Pádua
Programme
Director

This year's highlights included work on smoking reduction, physical activity campaigns and distribution of the CINDI Health Monitor questionnaire. Nutrition and hypertension initiatives were also undertaken.

The Health Ministry approved two very important documents in September and December, namely the *National Programme on Prevention and Control of Cardiovascular Diseases* and the *Integrated Intervention on Healthy Life Styles Determinants National Programme*. These programmes use the CINDI Programme as a reference point for all the preventive work in Portugal, and further reinforce the work of the CINDI demonstration area.

Smoking

Work on smoking reduction at the workplace was increased. Passive smoke awareness and quit smoking strategies as well as clinical support formed part of a protocol within some organisations. A one year follow-up of the Portuguese quit line was carried out and a self help manual on stopping smoking was produced and widely circulated. Several television programmes about smoking and smoking-related diseases were produced and were broadcast in January.

Reducing tobacco consumption among pregnant women has also been a major concern of the CINDI Portugal team and various resources and printed media were produced and disseminated throughout the country.

Education professionals continued to support classes on tobacco prevention for 6 to 10 year old schoolchildren.

Physical activity

The 'Check your blood pressure and take a walk' campaign, with the aim of increasing physical activity and improving hypertension control, started in October. The first phase included a public information campaign through the mass media, as well as printed material production. Several animated television advertisements are also being produced.

The CINDI Health Monitor questionnaire was distributed among 5,000 residents in the Portuguese CINDI demonstration area.

Other developments

An email service on health questions was initiated by the newly established Professor Fernando de Padua Foundation. This is available at Sos.prevencaoesaude@incp.pt

The 'Health promotion in schools' programme continued during 2003 with tobacco prevention, healthy nutrition and prevention of cardiovascular diseases as the main issues.

The *Clinica & Saúde* health magazine is edited by the Professor Fernando de Pádua Foundation. The magazine targets 4,500 doctors (general practitioners, hospital doctors and cardiologists) and 300 health institutions, and has two main components - clinical information and health promotion information.

The CINDI agreement on collaboration expired in 2002 but negotiations for a 10 year extension of the programme are currently taking place. Furthermore, relevant political and strategic documents regarding CINDI were recently approved.

Further details

The CINDI Programme in Portugal is managed by the National Directorate of Health and by the National Institute of Preventive Cardiology. For more information, contact Professor Fernando de Pádua, Principal Investigator, the National Institute of Preventive Cardiology, 26 Av. António Serpa, 2nd floor, 1050-027 Lisboa, Portugal. Tel: +351 21 791 0162; Fax: +351 21 791 0169; Email fernando.padua@incp.pt

Romania



Dr Aura Marcu
Programme
Director

The year's highlights included work at the national level, including campaigns against domestic violence and alcohol abuse, and activities in the demonstration areas including healthy lifestyle drawing contests.

National level

The National Broadcasting Council has initiated major audio-visual campaigns against alcohol abuse and domestic violence. Healthy nutrition was also promoted through these types of campaigns.

The National Anti-drugs Agency has become fully operational and developed a number of projects on drugs and alcohol abuse.

The reinforcement of regulations on smoking and the use of tobacco continued in 2003 with further completion and updating of the laws adopted in 2002. A ministerial order banning smoking in public places was issued as a result. This order regulates the warnings and the composition of tobacco that have to be labelled on tobacco packs. It also bans smoking inside healthcare units.

The Ministry of Health has coordinated the ESPAD (European School Survey Project on Alcohol and Other Drugs) since May 2003. All health promotion departments from the local District Public Health Directorates are involved in this project.

Demonstration areas

The CINDI demonstration areas that developed activities in 2003 were the city of Deva and the Neamt district.

Local CINDI coordinators working in close contact with local authorities developed health education activities targeting the general population and adolescents.

Leaflets, brochures and pamphlets were distributed to the general public on National No Smoking Day, International No Smoking Day, and National Heart Day. People were also offered free medical check-ups and individual health advice on these days.

Health promotion activities targeting adolescents focused on smoking, drugs and alcohol abuse. Health conferences were held in schools, high schools, holiday camps and placement centres. Healthy lifestyle drawing contests and distribution of special leaflets are a selection of the methods used. Special attention was paid to school directors and teachers and efforts to involve them in health education were made.

Further details

The CINDI Programme in Romania is managed by the Institute of Public Health in Bucharest. For more information, please contact the CINDI Programme Director, Dr Aura Marcu, Institute of Public Health, Dr Leonte Str., no. 1-3, Bucharest, Romania 050463. Tel: +40 21 224 92 28; Fax: +40 21 312 34 26; Email: amarcu@ispb.ro or Dr Carmen Ungurean, director's assistant: Email: carmen@ispb.ro



1



2



3

- 1 Anti-drug calendar and book mark.
- 2 Anti-smoking leaflet.
- 3 Cardiovascular disease prevention booklet.

Russian Federation



Professor Rafael Oganov
National Director

This year's highlights included the implementation of 20 regional CINDI Russia programmes and the addition of another two new regions to the programme. The following activities were developed over the year: a healthy nutrition policy, a healthy children policy, a training course on 'Evidence-based chronic disease prevention' and a system for the monitoring of behavioural risk factors.

Healthy nutrition policy

Five new regions commenced the development of a healthy nutrition programme and several have already conducted surveys on nutrition assessment among the population. A methodology on process evaluation for healthy nutrition programmes was developed and was piloted in two cities in the north of the Russian Federation.

Healthy children policy

A policy document for improving the health of children was developed by the working group which included representatives from several CINDI regions.

Chronic disease prevention

The development of the evidence-based chronic disease prevention course was started in 2000 by a team from Moscow and Chelyabinsk in conjunction with the Centers of Disease Control, USA. During the year the course was delivered to trainers from Schools of Public Health and Medical Institutes from Saint Petersburg, Tver and the Ukraine.

Behavioural risk factors (BRF)

Fifteen CINDI regions have carried out BRF surveys this year. The data were submitted to the Moscow CINDI Russia Coordinating Centre and are currently undergoing statistical analysis.

Marketing of CINDI

An Internet site was created for the CINDI Programme – www.cindi.ru It contains information about the programme, including centres, projects that have been developed, and data on risk factors. There are also guidelines and reports which have been developed by CINDI over the last few years.

Further details

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

For more information, please contact the CINDI National Director, Professor Rafael G Oganov, CINDI Executive

Director Professor Igor S Glasunov, or CINDI Russia Coordinator, Dr Tatyana V Kamardina, Petroveriskiy Str., 10, Moscow, Russia 101953. Tel/Fax: +7 095 924 8988; Email: cindirus@online.ru



The CINDI Russia team.



Evidence-based chronic disease prevention seminar, Moscow, September 2003.

Slovakia



Dr Mária Avdičová
Programme
Director

This year's highlights included work on three projects: tobacco-free Slovakia, physical activity and the prevention of atherosclerosis in children, and health status monitoring.

Tobacco-free Slovakia

An effectiveness study of the Quit & Win 2002 smoking cessation campaign was carried out in May. Anti-smoking campaigns were aimed at current smokers, schools and kindergartens under the slogan 'We want to breathe clean air'. The national public campaign 'Exchange cigarettes with apples' was conducted by the State Institute of Public Health (SIPH) with the help of high school students at the International No Smoking Day.

Physical activity

Additional specialised advisory centres of the Health Consulting Centre at the SIPH are the physical activity optimising consulting centres, participating in projects such as the 'Sports days' campaign, surveys and studies. They provide individual counselling by a sports medicine specialist and offer group exercise sessions for participants.

Prevention of atherosclerosis

This activity was performed under the 'Healthy children in healthy families' project. A national epidemiological study of 22,000 children was conducted in 2002, with results confirming clearly the need to intervene in the youngest age groups also. This resulted in the proposal of an extra preventive examination in 11 and 17 year old children to measure levels of total cholesterol (TCh) and to intervene in cases with high levels. We found that prevalence of risk values of TCh was 22% for girls' and 18% for boys. There will be close cooperation on intervention between paediatricians and medical doctors working in public health counselling for families and children.

Monitoring of health status

In 2003, after 10 years of CINDI implementation in Slovakia, third health status screening was conducted in the demonstration district Banská Bystrica and second health status screening in the district of Trebisov. An evaluation seminar '10 years of the CINDI Programme in Slovakia' was held with the aim of analysing results of national intervention in detail. Public health and health care experts participated in discussions.

Further details

The CINDI Programme in Slovakia is managed by the State Institute of Public Health in Banská Bystrica. For more information, please contact the CINDI Programme Director, Dr Mária Avdicová, State Institute of Public Health, Cesta k nemocnici 1, 975 56 Banská Bystrica, Slovakia. Tel: +421 48 415 3261; Fax: +421 48 412 3637; Email: avdicova@szubb.sk.



CINDI Slovakia annual meeting 'Ten years of the CINDI Programme in Slovakia'.

Slovenia



Dr Jožica Maučec
Zakotnik
Programme
Director

This year's highlights included the CINDI survey on noncommunicable disease (NCD) risk factors, the Fit for Work project, and support for the World Move for Health day.

CVD preventive programme

The third CINDI survey on NCD risk factors was carried out for the demonstration areas of Ljubljana, the Slovenian capital and surrounding areas. For the first time the survey included two other regions: Murska Sobota and Nova Gorica. Over 4,200 adults aged 25-64 participated in the study. Results will be published in 2004.

A total of 60 health education centres were established in community health centres. CINDI Slovenia prepared health education programmes and organised training for managing workshops on healthy lifestyle.

A meeting for health education workshop managers was organised with the goal of evaluating health education work and to highlight problems working with patients with diabetes or coronary heart disease.

Fit for work

In 2003, development of a project on health promotion, accidents and disease prevention for the working population began. CINDI Slovenia led the 'Fit for work' project, linking the Ministry of Health, the National Institute for Occupational and Sports Medicine and CINDI Slovenia.

Nutrition

An 'Eating disorders' seminar for health professionals was organised. The national radio station and several local radio and TV stations also broadcast information on 'Healthy weight management'.

In support of the six week dieting programme entitled 'Let's lose weight with Jana', six articles were published in a national women's magazine.

Smoking cessation 2003

Another 14 health professionals were trained for managing smoking cessation workshops in health centres which the National Health Insurance Institute is financing.

The smoking cessation project, ongoing since 2000, was represented on a poster at the 12th World Conference on Tobacco or Health. One year follow-up questionnaires were sent to participants of the Quit & Win 2002 smoking cessation campaign and, of the 32.27% respondents, 20% still do not smoke.

Physical activity

For World Move for Health Day, the 'Slovenia move for health with healthy nutrition day' project was organised. Activities were held promoting healthy lifestyle and nutrition, consumption of more fruit and vegetables, and physical activity. Posters and postcards supported the campaign. A total of 12,046 participants attended at least one of 42 activities.

For European Mobility Week, special posters that encouraged bus passengers to get off a few stops earlier and to walk were published.

Health promotion activities

CINDI Slovenia took part in several fairs, festivals, seminars, congresses and other health-related activities on a national and international level.

Further details

The CINDI Slovenia programme is managed by the Programme Director, Jožica Maučec Zakotnik, MD; CINDI Slovenia coordinator, Dominika Novak Mlakar, MD; CINDI Slovenia Database Manager, Lijana Zaletel Mlakar, MD, PhD, and CINDI Slovenia Scientific Manager, Zlatko Fras, MD, MSC.

For more information, please contact: Dr. Jožica Maučec Zakotnik, Ministry of Health of Slovenia, Stefanova 5, 1000 Ljubljana, Slovenia. Tel: +386 1 2517 884 or 4786 001; Fax: +386 1 4786 079; Email: jozica.zakotnik@gov.si or Dr. Dominika Novak Mlakar, Community Health Centre, Ljubljana, Email: cindi@zd-lj.si



17 May 2003 - Slovenia move for health with healthy nutrition day.



Programmes for health education.

Spain (Catalonia)



Professor Lluís Salleras
Programme
Director

This year's highlights include work on hypertension, tobacco, diabetes and physical activity.



Professor Helios Pardell
Programme Executive
Director

Hypertension

With the aim of improving hypertension control in the community, a hypertension control programme has taken place since 2000 in the CINDI Catalonia demonstration area of Girona in collaboration with community pharmacies and primary health care teams. This programme is a pilot programme of the CINDI-EuroPharm Forum project on pharmacy-based hypertension management project.

Tobacco

The 'Smoke-free primary health care' network has attained a coverage of 1.2 million inhabitants from 62 primary health centres throughout Catalonia. This network was set up in 2001 with the aim of increasing the involvement of health professionals/workers by improving their attitudes to and knowledge of tobacco, by increasing their commitment to the smoker who wants to quit and by behaving as models within a self-regulated smoke-free environment. For more information see: http://www.gencat.net/sanitat/depsan/units/sanitat/html/ca/tabac/dir1_I14_doc_2596.html

Diabetes mellitus

Continuing with the tradition started in 1981, and with the aim of helping diabetic children to assume self-management of type 1 diabetes, summer camps for diabetic children were held during July.

Physical activity

A low level of physical activity is prevalent in the general population of Catalonia. In order to promote active leisure time, an agreement with the Catalan Federation of Walking Associations is reached annually to hold 300 popular walks throughout Catalonia.

During 2003, the CINDI Catalonia team collaborated substantially in the development of the new health plan for Catalonia and in the evaluation of health targets for 2000.

Further details

The CINDI Programme in Catalonia, Spain, is managed by the Department of Health and Social Security of the Autonomous Government of Catalonia. For more information, please contact Professor Helios Pardell, Programme Executive Director, or Professor Lluís Salleras, Programme Director, Department of Health and Social Security, Travessera de les Corts, 131-159 (Pavelló Ave Maria), E-08028 Barcelona, Spain. Tel: +34 93 227 29 00; Fax: +34 93 227 29 90; Email: m.antonio.pedro@gencat.net



Anti-tobacco campaign material.

Turkmenistan



This year's highlights included initiatives on smoking, youth education, physical activity and nutrition.

Smoking

The CINDI resource centre on tobacco control and the Saglyk national centre organised several activities related to the problem of smoking. The initiative was supported by WHO, the Ministry of Health Protection, the mayoralty of Ashgabat, and the Academy of Education for Development at the United States Agency for International Development (USAID).

More than 2,000 people visited the 'To the 21st century - without tobacco' exhibition, which was organised in the central national library. Discussions and press conferences on the problem of tobacco were also organised.

A national conference entitled 'A strategy on smoking prevention and support under the WHO framework convention on tobacco control' was held in May for the first time. Over 20 ministries comprising departments and organisations with a specific interest in the problem took part. Twenty reports on different aspects of the problem were presented and the general terms of the strategy on the fight against tobacco were defined.

The resource centre released a series of booklets on the problem of smoking for young people and women which recommended quitting smoking. A new website www.prevhealth.narod.ru was also unveiled.

Youth education

The experimental education programme for teenagers covering health-related issues such as smoking prevention, alcohol and drugs consumption, pregnancy prevention and a balanced diet was continued with experts in narcotics and gynaecology attending. Several schools in the demonstration area were involved in the programme. A lifestyle survey covering these issues was conducted, focusing on the accessibility of resources and the quality of information available to teenagers, the initial level of awareness and the scale of the current problems. Initial results show that the programme has been well received by young people.

Physical activity

In association with the National Tennis Federation, an experiment under the mini-tennis programme was conducted. The programme involves children between 7-10 years and provides them with access to physical exercise and sports skills. The experiment covers three pre-schools in the demonstration area, and three secondary schools in the capital. This work is showing encouraging results and it is anticipated that the experiment will be extended to several additional institutions in the capital and a further three country regions.

Nutrition

An experiment to improve the nutrition of a small group of overweight clients was carried out in a private cafe in Ashgabat. The CINDI questionnaire on food habits, the Montignac diet and the principles of a balanced diet were applied. The results demonstrate that catering for the public along with specific training for people can be a reliable partner in the fight against obesity.

Further details

The CINDI Programme in Turkmenistan is coordinated by the Educational Information Centre for Health Promotion and Prevention. General management is by the Ministry of Health and the medical industry. For more information, please contact the CINDI Programme Director, Dr Rustam Kazimov, Chief, Educational and Information Centre, Health Promotion and Prevention UI, Ostrovskogo 31-5, Ashgabat 744020, Turkmenistan. Tel/Fax: +993 12 444 765; Email: rkzv@online.tm

Ukraine

This year's highlights included project work on nutrition, arterial hypertension prevention and control, and smoking prevention.



Nutrition

A project called 'The constitution of state politics in the field of nutrition among the population of Ukraine' was developed and submitted for consideration by the government and parliament. In May a conference 'Nutrition as a factor for attaining a healthy population' was held. Guidelines for physicians, *Nutrition in the prevention and treatment of cardiovascular diseases*, were published.

Arterial hypertension

Within the performance framework 'The programme for arterial hypertension prevention and treatment in Ukraine', a conference call involving experts from the Research Institute of Cardiology, chiefs of public health services, directors of regional state administrations, and representatives of the medical profession in Kiev, Kharkiv, Odesa, Vinnitsa, Ivano-Frankivsk and the Crimea was held in November.

During the conference the following issues were discussed:

- identifying patients with increased arterial blood pressure in different regions of Ukraine;
- problems with cardiovascular disease risk factors;
- drug (pharmaceutical) and nonpharmaceutical treatment of patients;
- prevention of the development of complications such as stroke and myocardial infarction;
- maintenance of hypertension control of the population in different regions of the Ukraine using modern antihypertensive drugs.

Smoking

Legislation on the protection of the population's health from the unhealthy consequences of tobacco products was developed. The bill was submitted to the Ukrainian Parliament, and has already passed its first reading.

The results of the Quit & Win 2002 smoking cessation campaign were collated. In interviews with 2,000 participants, 21% did not smoke during the year, and 14.1% considerably reduced the amount of cigarettes smoked daily. Of the respondents, 80% emphasised the support of relatives and friends helping them to stop smoking, but only 12% noted the presence of social support.

Further details

The CINDI Programme in Ukraine is managed by the Research Institute of Cardiology. For more information, please contact the CINDI Programme Director, Professor Iryna Smyrnova, Chief of the Department of Populational Investigations, Research Institute of Cardiology, 5 Narodnogo Opolcheniya St., Kiev, 03151, Ukraine. Tel: +380 44 249 7036; Fax: +380 44 277 4209; Email: depi@alfacom.net.



CINDI
Ukraine
information
on nutrition.

United Kingdom (Northern Ireland)



Dr Brian Gaffney
Programme
Director

This year's highlights included extensive work on nutrition programmes and standards, physical activity projects, drugs campaign support and smoking prevention activity.

Nutrition

The Health Promotion Agency (HPA) continued to work in partnership with colleagues in health and other sectors to support people making healthier food choices.

We worked with the Investing for Health team and the Health Action Zones in each Health and Social Services Board area to develop the 'Fresh fruit in schools' scheme, and contributed to the development and implementation of new nutritional standards for school meals.

A leaflet *Small changes, big benefits* was produced in support of the UK-wide 'Weight wise' campaign which aims to highlight the health risks of being overweight. Following the success of *Nutrition matters for the early years*, which provided nutrition guidelines for nurseries and playgroups, work was undertaken in association with the Northern Ireland Childminding Association to develop guidelines for childminders.

Physical activity

We continued to facilitate the Northern Ireland Physical Activity Strategy Implementation Group and to support the strategy through research, training and public information. Ongoing projects included the 'Actively ageing well initiative' and the 'Get a life, get active' campaign.

Evaluation of the 'Get active in the community' awards scheme showed increased awareness of the benefits of physical activity. Promoting good practice was the theme of an all-island physical activity conference in November.



Awards scheme highlights benefits of physical activity.

Drugs

The main aim of our work in these areas is to contribute significantly to meeting the targets set out in the regional drugs and alcohol strategies and to provide support to the Drugs and Alcohol Strategy team.

A resource on volatile substance abuse, *Volatile substance abuse: a professional's guide*, was produced for professionals who work with young people and was reinforced by a public information campaign and leaflet to raise parents' awareness about the dangers of solvents.

A targeted advertising campaign focusing on drugs, used a new series of posters developed for display in pubs and nightclubs popular with 18-30 year olds.

Smoking

The issue of tobacco control – through prevention, cessation and advocacy – continues to be a key objective in helping to meet the targets on smoking set out in the regional Tobacco Action Plan and the Programme for Government.

The hard-hitting public information campaign 'Every cigarette is doing you damage' was developed further, and a television advertisement was developed to promote the 2003 No Smoking Day theme of 'Sick of smoking'.

Further details

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

International Quit & Win

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

Quit & Win 2002 smoking cessation campaign

The International Quit & Win 2002 smoking cessation campaign involved 674,100 smokers in 76 countries, including all of the 27 CINDI countries which accounted for 270,000 participants. An optional contest for health professionals was also organised in 15 CINDI countries.

2002 campaign evaluation

For a large global tobacco control intervention like the Quit & Win 2002 smoking cessation campaign, it is crucial to undertake a continuous, solid, scientific evaluation of the campaign work (process evaluation) and of the long-term abstinence of the quitters participating in the Quit & Win campaign (a one year follow-up).

The coordinating centre collects the data in order to summarise results and experiences of the different national and regional campaigns. This combined report will be published during the spring of 2004.

One year follow-up survey in 2003

The main Quit & Win campaign activity in 2003 consisted of the standardised one year follow-up evaluation of the

participants in the Quit & Win 2002 campaign. This was carried out by the organising countries. The continuous abstinence rates in the follow-up surveys are calculated as the proportion of abstainers among the purified follow-up sample, in which all non-respondents are considered smokers.

By the end of 2003, 15 of the 27 CINDI countries had submitted their one year follow-up data to the coordinating centre (KTL). The coordinating centre, at time of writing, is awaiting the data and results from the remainder of the CINDI countries as well as from additional countries outside the CINDI network.

Quit & Win 2004 smoking cessation campaign

All of the CINDI countries will organise the Quit & Win 2004 campaign in their respective countries. During the autumn of 2003 the participating countries were undertaking preparations and planning for the 2004 campaign.

In August 2003, during the 12th World Conference on Tobacco or Health in Helsinki, Finland, the coordinating centre organised two Quit & Win workshops focusing on the effectiveness of the Quit & Win campaigns, and an

additional workshop on how to implement Quit & Win in developing countries and the role the media has to play.

An international training meeting for people involved in the Quit & Win 2004 campaign was organised in Helsinki, Finland, in August. Up to 100 participants from 66 countries, including representatives from 15 CINDI countries, took part in the meeting.



The Quit & Win 2004 website www.quitandwin.org

CARMEN highlights

An Initiative for Integrated Noncommunicable Disease Prevention in the Americas



Conjunto de Acciones para la Reducción Multifactorial de las Enfermedades No transmisibles

What is CARMEN?

CARMEN is an initiative of the Pan American Health Organization (PAHO), the Regional Office for the Americas of the World Health Organization (WHO), and aims to improve the health status of the populations in the Americas by reducing risk factors associated with noncommunicable diseases (NCD).

This is attained through the development, implementation, and evaluation of public health policies, social mobilisation and community-based interventions, epidemiological surveillance for risk factors, and prevention practices that can contribute to the reduction of health inequalities.

Background

In the search for more efficient ways to prevent NCD risk factors and support integrated NCD prevention programmes in the Americas, PAHO developed the CARMEN concept in 1996 as a practical tool to assist member countries to meet the challenge of achieving Health for All.

There was an increasing awareness among PAHO member countries that NCD account for nearly two thirds of the total number of deaths in the Americas, and that a network approach similar to CINDI in Europe, with increased emphasis on prevention, could lead to major health gains.

CARMEN was adapted from the CINDI programme, taking into account the specific characteristics of the countries of Latin America and the Caribbean, and PAHO benefited from the experience and collaboration of CINDI to develop the initiative. CARMEN was endorsed by the Pan American Sanitary Conference in 2002 as one of the main strategies for the integrated prevention of chronic diseases.

The CARMEN network is based on the principle that all countries in the Americas can benefit from CARMEN programmes and similar programmes in other regions of

the world. As of November 2003, membership comprised: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Panama, Peru, Puerto Rico, Trinidad and Tobago, and Uruguay.

Another eight countries are prospective members: Aruba, Belize, Bolivia, Curacao, Honduras, Nicaragua, Suriname, and Venezuela.

The CARMEN network is also part of a global NCD prevention family and is linked to the other five WHO regional networks {CINDI from EURO (Europe), MOANA from WPRO (Western Pacific), IMAN from EMRO (Eastern Mediterranean), NANDI from AFRO (Africa) and SEARO (South-East Asia)} and to the global forum on NCD prevention and control. Within this framework, the CARMEN network promotes the exchange of knowledge and experiences between countries and regions, addresses problems, and supports collaboration to tackle the increasing burden of disease due to NCD.

Main risk factors

Smoking, inadequate diet, and physical activity are considered key risk factors for the preventive action of CARMEN. Therefore, CARMEN acts in the prevention of these risk factors, and, in tandem, promotes protective patterns of health.

Strategies

The Carmen initiative has two components:

1. Risk reduction
2. Network development

The risk reduction component applies three strategies to achieve its objectives:

- integrated prevention and health promotion – through combined and balanced efforts for preventive health care and general health promotion, communities will be able to become active participants in decisions concerning their health;

CARMEN highlights

- establishment of demonstration areas – interventions are first introduced in demonstration areas so that acceptability and effectiveness can be measured in a given context;
- promotion of health equity – prevention strategies should consider underlying influences on health inequalities as it is critical that strategies be aimed at reducing overall population risk and, at the same time, reduce the health gap among different population groups.

The network development element seeks to collaborate and share resources and information to prevent NCD in the Americas. The network facilitates the exchange of experiences and information on technical and management issues, plans cooperative ventures, and launches new activities. It acts simultaneously at three different levels: in public policy, nationally and internationally; in the community; and in the incorporation of preventive services within healthcare and other social institutions.

Lines of action

Development and implementation of policies for NCD prevention

This approach is highly cost-effective and can have a great impact on the health of the population. In addition, policies and decisions external to the health sector may have a more positive influence on preventing and controlling NCD, and require support from a diversity of stakeholders.

Community-based interventions

These have a great effect on NCD prevention as the interventions intend to act on individual and their immediate social nuclei as well as on the social environment that determines behaviours.

Increase of NCD prevention actions in health services

This advocates replacement of the curative and emergency treatment model for the complications of NCD by a model of primary and secondary prevention, and control. Crucial to the success of the CARMEN initiative is the implementation of skill-training programmes for healthcare workers aimed at increasing their participation in disease prevention.

Highlights of 2003

The third meeting of the CARMEN network general assembly met in Rio de Janeiro, Brazil, in November. El Salvador, Guatemala, and Trinidad and Tobago were admitted as new members. Brazil reported on monitoring and evaluating of CARMEN interventions, Canada on policy observatory, Panama on a proposal for small grants for research projects, Peru on a proposal for implementing integrated NCD prevention interventions, and Puerto Rico on a proposal for a communication plan for the CARMEN network.



Key

Members

- Argentina, Brazil, Canada, Chile, Columbia, Costa Rica, Cuba, El Salvador, Guatemala, Panama, Peru, Puerto Rico, Trinidad and Tobago, and Uruguay.

Prospective members

- Aruba, Belize, Bolivia, Curacao, Honduras, Nicaragua, Suriname and Venezuela

Other countries



Global Forum on noncommunicable diseases (NCD) prevention and control

The Global Forum on NCD prevention and control was created in 2000 with the goals of:

- developing national integrated NCD prevention and control programmes based on demonstration programmes at community level, surveillance and other activities;
- preventing the incidence of NCD by tackling the major risk factors and underlying determinants of health;
- reducing premature mortality and reducing morbidity caused by leading causes of death;
- improving quality of life, with particular focus on developing countries;
- working through regional networks in line with the global strategy approved by the 53rd World Health Assembly.

The Global Forum and its network of national or demonstration programmes for NCD prevention and control can also be a means to facilitate overall economic development.

Objectives

1. To encourage the development of regional networks of national integrated NCD prevention and control in all six World Health Organization (WHO) regions.
2. To support regional networks through inter-regional collaboration and international partnership.
3. To disseminate scientific evidence and experience, and provide updated guidance on primary and secondary prevention of NCD.
4. To increase awareness of NCD prevention and control initiatives through advocacy at the regional and global levels.
5. To promote the harmonisation of monitoring and surveillance methodologies.
6. To promote collaborative research and capacity building in relation to primary and secondary prevention.
7. To contribute to training and capacity building, particularly in developing countries.

Participation

Participants in the Global Forum include representatives of regional networks, member states and UN system organisations including WHO and the Food and Agriculture Organization (FAO). Representatives of major non-governmental organisations such as the World Heart Federation, World Medical Association, International Diabetes Federation, International Council of Nurses, International Union against Cancer, and International Union Against Tuberculosis and Lung Diseases (IUATLD) are also invited to participate, along with socioeconomic development agencies such as the World Bank and WHO Collaborating Centres.

Methods of work

The Global Forum is integrated with and facilitated by the Noncommunicable Diseases and Mental Health (NMH) cluster at WHO headquarters, in close partnership with NCD regional offices. Potential tools and products that could be used to achieve the objectives of the Global Forum and regional networks include some or all of the following:

- regular meetings of the Global Forum;
- telephone conferences;
- newsletter (translated into several languages by regional offices);
- electronic links within the Global Forum and with existing NCD prevention links;
- periodic meetings, organised in conjunction with international NCD meetings;
- dissemination of NCD experience in public health journals;
- strategic position papers;
- training workshops;
- pool of institutions, experts and short-term consultants;
- directory of ongoing and planned community-based activities;
- short-term working groups on specific areas identified by the Global Forum.

Three meetings of the Global Forum have so far been held: Geneva in 2001, Shanghai in 2002, and Rio de Janeiro in 2003.

Conclusion

The Global Forum seeks to promote intensive networking and to strengthen inter-country and inter-regional collaboration in developing, implementing and evaluating integrated NCD prevention programmes. It will do this through policy and strategy development, aimed specifically at advocacy, surveillance research, capacity building and training, with emphasis on partnership and resource mobilisation.

Raising awareness about NCD at the regional and global levels is seen as a key mechanism for disseminating information, advocating best practices, and providing support to national integrated prevention and control programmes.

For more information please go to <http://www.who.int/hpr/globalforum/index3.shtml>



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