World Health Organization

REGIONAL OFFICE FOR Europe

Joint collaboration meeting on the WHO–Russian Federation project Strengthening Health Systems for the Prevention and Control of Noncommunicable Diseases

Copenhagen, Denmark
WHO Regional Office for Europe

29–30 January 2013

ABSTRACT

During 29–30 January 2013, 15 participants including technical consultants with a scientific and practical background in noncommunicable diseases, WHO staff members from the Regional Office for Europe and headquarters as well as representatives of the project donor met for a joint collaboration meeting on the WHO–Russian Federation project Strengthening Health Systems for the Prevention and Control of Noncommunicable Diseases. The specific focus was reviewing the main outcomes of the first stage of the project and planning the next steps in implementating the project. The main focus was on implementating the three major components of the project – development of national policies, strategies and action plans on noncommunicable diseases, capacity-building and strengthening health information systems. Further, there were opportunities to share the experience and vision of the Regional Office's Division of Noncommunicable Diseases and Heath Promotion and the Division of Health Systems and Public Health and consultants' feedback from country visits to consolidate joint efforts to achieve the project objectives.

Keywords

CHRONIC DISEASE – PREVENTION AND CONTROL
DELIVERY OF HEALTH CARE – ORGANIZATION AND ADMINISTRATION
HEALTH MANAGEMENT AND PLANNING
HEALTH POLICY
HEALTH SYSTEMS PLANS – ORGANIZATION AND ADMINISTRATION
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CONTENTS

Page

Introduction

The chair opened the meeting and presented the Division of Noncommunicable Diseases and Heath Promotion and the Division of Health Systems and Public Health of the WHO Regional Office for Europe that are collaborating on the project Strengthening Health Systems for the Prevention and Control of Noncommunicable Diseases, supported by funds from the Russian Federation. He mentioned that the Assistant Director-General for Noncommunicable Diseases and Mental Health hopes that this become a model for other WHO regions and WHO globally.
The two WHO consultants have now paid one visit to each of the selected countries in the project – Armenia, Kyrgyzstan, Tajikistan and Uzbekistan –to conduct the initial assessment, review the current situation and launch the project implementation on the ground.

The three major components to be focused on in 2013 are as follows.

- **Development of national action plan policies, strategies and action plans on noncommunicable diseases**

Even though these already exist in some countries, they need to be aligned and strengthened to be connected to global and regional policy instruments in public health and health systems.

- **Capacity-building in noncommunicable diseases**

The key product is developing a Russian-language training course on noncommunicable diseases for Russian-speaking countries and further to conduct the first round of training by the end of 2013 with predominantly Russian faculty, possibly with some external advisers.

- **Strengthening noncommunicable disease information systems**

The global monitoring framework acknowledged by the Executive Board and to be endorsed at the World Health Assembly in May 2013 governs the work of WHO. The key product is the WHO STEPwise Surveillance of Noncommunicable Disease Risk Factors (STEP) survey on noncommunicable disease risk factors, which will be conducted in the four countries. However, this method has two problems: (1) it does not include all risk factors, such as no method to measure salt intake and (2) the current instrument has not been translated into Russian.

Report from the country visits

The WHO consultants presented the objectives and main outcomes of the first four country visits. The countries are at different levels of development in public health, and each has unique experience to share with other countries.

The mission objectives included:

- collecting data for analysing the noncommunicable disease situation;
- reviewing and analysing national noncommunicable disease documents and making comments and proposals for revising and finalizing them in accordance with WHO global and regional documents;
- determining the dates for national workshops;
- selecting countries for conducting the WHO STEPS risk factor survey; and
- collecting input from the countries about the WHO project

The data on the morbidity and mortality of noncommunicable diseases and the prevalence of risk factors were presented alongside the current status of national documents on noncommunicable diseases and the agreed dates of the national workshops.
In addition, the proposals from the countries obtained during the mission were presented.

The countries expressed their need and willingness for:

- implementing the WHO package of essential noncommunicable disease interventions for primary care (PEN) following the workshop and adaptation of clinical protocols;
- carrying out noncommunicable disease training for public health workers and teachers;
- holding a subregional working meeting on the interim results of the project implementation, sharing experience between the participating countries;
- getting technical support from WHO for developing and finalizing noncommunicable disease strategies and intersectoral implementation plans;
- getting WHO to provide simple, cost-effective technologies and tools for preventing and controlling noncommunicable diseases; and
- getting continued support from WHO for controlling noncommunicable diseases after the project ends (from 2014).

Developing national action plans on noncommunicable diseases

Unified methods for country assessment are needed, looking particularly at how countries deliver integrated health services consistent with their burden of noncommunicable diseases. Existing evidence and global WHO principles related to noncommunicable diseases and health systems need to be taken into account. The national assessments are to be completed by the end of 2013, case studies written, national targets adopted and national policies, strategies and action plans adopted.

National workshops will be held in the four countries in March and April 2013 and need to be prepared for in the coming weeks. It is considered to add a third person from the Division of Health Systems and Public Health of the WHO Regional Office for Europe to join the two consultants in their second country visits. The participating programme managers from the two WHO divisions will review each national plan. A programme manager will be linked to each country to act as a focal point for the WHO Regional Office for Europe.

Discussion

The discussion stressed the importance of linking noncommunicable disease plans with other national health plans and programmes to avoid developing an isolated approach. Data reliability is an important issue, as is the sustainability of implementation and WHO support for the countries. The forthcoming national workshops will serve as central platforms for drafting the strategies and intersectoral action plans and building partnerships and ownership with national stakeholders. The key is to provide links with existing sectoral plans, national health plans and health system initiatives. National focal points need to be identified before the workshops, and a clear support structure for the countries needs to be outlined.

The importance of the two divisions of the WHO Regional Office for Europe working together was emphasized. This will ensure that national health systems programmes will be linked to noncommunicable disease programmes. It was also proposed to share the capacity assessment tool developed for tobacco and being currently implemented in five countries in the WHO European Region.

The Division of Health Systems and Public Health of the WHO Regional Office for Europe presented the programme-specific health system strengthening work focusing on noncommunicable diseases. A background paper is being developed on common health system barriers related to noncommunicable diseases. Twelve health system barriers to improving the prevention and control of noncommunicable diseases have been identified and the process described. The paper will inform and guide country studies on barriers and innovations. It was agreed that the paper will be an important basis for further developing draft strategies, action plans and policies in the four countries. The two flagship courses on health system strengthening held in 2011 and 2012 in Barcelona, Spain are also relevant for the project. This can potentially contribute to the prospective noncommunicable disease course as a module on health system strengthening.

It was emphasized that the clear commitment is to have an approved document on the national strategy, action plan and policy by the end of 2013. By the World Health Assembly in May 2013, all four country workshops must have taken place and draft documents made available for the Ministers of health.

It was proposed to have a third person, chosen by the Division of Health Systems and Public Health of the WHO Regional Office for Europe, to join the consultants in the workshops. It is a good opportunity for the Division to use the workshops as a source for assessment and

information collection. During the workshops, the draft action plans should be ready for discussion. The barriers to preventing and controlling noncommunicable diseases will be assessed in parallel in each country. The possibility of postponing the workshop in Kyrgyzstan (scheduled for 5–6 March 2013) was discussed but needs to be discussed further and agreed with the head of the WHO Country Office in Kyrgyzstan and Kyrgyzstan's Ministry of Health.

Capacity-building in noncommunicable diseases

Many existing courses do not meet the demands of the target countries. The Russian Federation Ministry of Health is to identify a national institute in agreement with WHO and select faculty members to conduct the course. A planning meeting will take place in Moscow by March–April 2013, and the first course should be conducted in September–October 2013.

The WHO consultant presented existing examples of courses on noncommunicable diseases as a basis for developing a Russian-language course on noncommunicable diseases (see Annex 4).

The following conclusions were drawn.

- It was proposed that the WHO Regional Office for Europe contact the organizers of the courses presented in the review as they all have special expertise that could help feed into the Russian-language course on noncommunicable diseases.
- The courses should mainly target national policy-makers, at least at this stage, and focus largely on prevention. Other issues such as outcome and process (hosts, advisers, delivery mode, method, languages, duration, frequency, delivery level and location) were also discussed.
- It was proposed to have two modules: one for policy-makers and one for medical faculty, but to develop the module for policy-makers first.
- Course participants to be trained to be trainers could include both policy-makers in health care, employees at universities and primary health care workers, but initially the focus should be on policy-makers.
- The Director of the Division of Noncommunicable Diseases and Heath Promotion of the WHO Regional Office for Europe will travel to Moscow two weeks after this meeting to further discuss the design of the course with the Russian Federation Ministry of Health.
- The health ministries in the countries also highly request courses on the WHO package of essential noncommunicable disease interventions for primary care (PEN).

Strengthening information systems on noncommunicable diseases

All four countries will organize and conduct the WHO STEP survey. Uzbekistan already has funding from the World Bank, and the current project will fund the other three countries. By the end of 2013, an instrument should be translated into and validated in Russian, training materials translated, a Russian-speaking expert identified to be trained as a trainer at WHO headquarters and a subregional training workshop conducted. Depending on funding, the data collection fact sheets can be produced by the end of 2013. The discussion was followed by identifying and setting major milestones, reflected in the project activities calendar (Annex 3).

It is suggested that WHO headquarters take over developing and validating the assessment tool, but relevant experts in the WHO Regional Office for Europe will be also involved. One common instrument is needed to ensure the achievement of the global monitoring framework requirements.

Next steps and conclusions

The draft calendar with dates so far agreed for national workshops, meeting with the Russian Federation Ministry of Health and other important events during this year was presented and discussed (Annex 3). The calendar also includes the major upcoming conferences of importance for the project and where it would be useful to have representatives from the four countries to highlight the project activities.

It was also decided to have an in-house consultation on the barriers paper with the participation of the Division of Noncommunicable Diseases and Heath Promotion of the WHO Regional Office for Europe and the external consultants. The proposed date is 4 March 2013, which is before the national workshops begin.

The WHO consultants suggested that it is important to extend their stay in countries by a few days before the workshops to ensure proper preparations. Further, it was noted that the visits to each countries should be separate and not compressed into one trip due to logistical difficulties and the need to follow-up on the work performed.

In preparation for the country workshops, a collective effort will be made to set up a solid infrastructure for technical support to the countries. This includes the following.

- One overall focal point will coordinate the various support teams – Sylvie Stachenko.

- Each WHO programme manager will take the responsibility for one country:
  - for Armenia: Kristina Mauer-Stender, Programme Manager, Tobacco Control, Division of Noncommunicable Diseases and Heath Promotion;
  - for Kyrgyzstan: Lars Møller, Programme Manager, Alcohol and Illicit Drugs, Division of Noncommunicable Diseases and Heath Promotion and Melitta Jakab, Health Policy

Analyst, Health Financing, Division of Health Systems and Public Health, WHO European Office for Integrated Health Care Services;

- for Tajikistan: Manfred Huber, Coordinator, Healthy Ageing, Disability, Long-term Care, Division of Noncommunicable Diseases and Heath Promotion and Juan Tello, Programme Manager, Health Governance, Division of Health Systems and Public Health; and
- for Uzbekistan: Joao Breda, Programme Manager, Nutrition, Physical Activity and Obesity, Division of Noncommunicable Diseases and Heath Promotion.

- One local contact person in each WHO country office will locally support the development and act as a contact point (at least part time).

- The WHO consultants, Tatiana Elmanova and Evgeny Zheleznyakov, will support all four country processes.

Ideally, the person responsible would join the multidisciplinary visit of the Division of Health Systems and Public Health. This visit will also follow up the progress of drafting the action plan. In addition, Melitta Jakab will support the Kyrgyzstan team and Juan Tello will support the Tajikistan team.

Conclusions

1. Milestones

The following milestones have been set (Annex 3):

1. Production of the final project report by 16–20 December 2013. An overview of funding for continuation and possibly expanding the number of countries should be known by the end of 2013.

2. Draft action plans should be ready before the World Health Assembly in May 2013 following the workshops, thus latest in week 20.

3. The action plans should be adopted before the session of the WHO Regional Committee for Europe in week 38, except for Armenia, which has a different adoption process and will be adopted in November 2013 at the earliest.

4. The curriculum development workshop should be held in Moscow between 25 March and 12 April with the participation of organizers from existing courses. The first course for trainers should be held in week 43 or 46 in Moscow, Russian Federation.

5. Before conducting the STEPS surveys, it was decided to do library research to collect all existing country data, to be completed in week 12.

6. If the STEPS survey is still needed following the outcomes of the data search, an identified Russian expert will be trained in Geneva and the tools will be translated into Russian, so full validation is ready in the beginning of week 18.

7. A subregional workshop on data collection will be organized during week 26 and counterparts identified in countries. Data collection (field work) should take place in September–October and the results ready by the end of November 2013. (The fieldwork will most probably be outsourced to external companies. The country surveys will cover respondents 18–69 years old according to the requirements of the global monitoring framework, divided into three age blocks. Countries will be asked to try to attract funds from other sources for the surveys.)

2. Communication strategy

A communication plan is important to make partners aware of the activity and enhance progress in implementing the project.

1) Internal communication

It was agreed to create a web site for the project, under the responsibility of Tina Kjaer, Communications Officer and Melitta Jakab, Division of Health Systems and Public Health, WHO Regional Office for Europe, featuring documentation, relevant links to main WHO mandates and to national health ministry web sites, flyers, e-newsletters etc.

2) External communication

National media can be contacted to highlight various stages of the project in the countries (via newspapers, web, TV, radio and press conferences) and scientific articles published in recognized print media.

Since a model is needed for conducting case studies in the project, it was decided to identify a focal point to develop a model for each case study, to be aimed at policy-makers.
All publications and other materials coming out of the project are joint publications between all involved stakeholders.

3. Responsibilities and reminders

Division of Health Systems and Public Health, WHO Regional Office for Europe

1. Propose a third person to accompany the consultants on their next visit to the countries.
2. The barriers report could be advanced for the conference on health systems in Tallinn on 17–18 October.
3. Confirm the dates for the flagship course (either the last week of September or October 2013).

4. Obtain a standard budget for STEPS study from WHO headquarters before the country workshops.
5. Feed in information on existing data in Tajikistan and Kyrgyzstan.
6. Help to identify counterpart for data collection in the countries.

Division of Noncommunicable Diseases and Heath Promotion, WHO Regional Office for Europe

1. Enquire into the possibility of shifting the dates of the country workshops in Kyrgyzstan (and Tajikistan) coupled with the offer of more support from the health system side to take into account the barriers to implementation already in the policy draft.
2. Consider the possibility of longer visits by the consultants to the four countries.
3. Revisit the budget to decide how the STEPS surveys can be afforded.

Preparation of materials to support the workshops and meetings

4. Possibly including briefing snippets for the ministers for the high-level conferences.
5. Prepare materials for meetings so that the project can be highlighted and followed up in all meetings where country representatives are present.
6. Dissemination plan and tools.
7. Prepare country workshops.
8. Country workshops should nominate a representative also for the 8th Global Conference on Health Promotion in Helsinki, Finland.
9. Support and communicate the first draft of the action paper before the workshop.
10. Feed in dates to the agenda for each country's national events.

WHO headquarters

11. Provide a standard budget for STEPS.
12. Translate, develop and validate the instrument in Russian.
13. Training local specialists as appointed by Russian Federation Ministry of Health.

Annex 1

PROGRAMME OF THE MEETING

Tuesday, 29 January 2013

08:30–09:00	Registration
09:00–09:15	Opening and self-introduction
09:15–09:45	**Gauden Galea:** Introduction to the meeting and current state of the project
09:45-10:15	**Tatiana Elmanova and Evgeny Zheleznyakov**: Presentation on the main outcomes of the first stage of the WHO–Russian Federation project Strengthening Health Systems for the Prevention and Control of Noncommunicable Diseases
10:15–10:30	Discussion and comments on the presentation
10:30–11:00	*Break*
11:00–11:30	**Melitta Jakab:** Presentation on assessing health systems in relation to noncommunicable diseases
11:30–12:00	Discussion and comments on the presentation
12:00–12:30	Summary of discussion
12:30–13:30	*Lunch*
13:30–14:00	**Jill L. Farrington:** Review of the existing examples of noncommunicable disease courses as a basis for developing a Russian-language course on noncommunicable diseases
14:00–17:00	Discussion and comments on the review and next steps for the course (including break)
15:00–15:30	*Break*

Wednesday, 30 January 2013

09:00–09:30	Summary of the conclusions of the first day
09:30–10:30	Developing further steps for realizing the WHO–Russian Federation project including building closer links with: 1. Other programmes in the Division of Noncommunicable Diseases and Health Promotion of the WHO Regional Office for Europe 2. The Division of Health Systems and Public Health of the WHO

	Regional Office for Europe
	3. Health 2020 strategic objectives and priorities
10:30–11:00	*Break*
11:00–12:30	Implementation of the noncommunicable disease programme: discussion on how the noncommunicable disease strategies, action plans and policies will be implemented at the national level
12:30–13:00	**Gauden Galea**: Summarizing the main outcomes and closing

ANNEX 2

LIST OF PARTICIPANTS

Temporary advisers

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Noncommunicable disease consultant

Evgeny Zheleznyakov
Noncommunicable disease consultant

Jill L. Farrington
Noncommunicable disease consultant

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Technical Officer
Office of the Assistant Director-General for Noncommunicable Diseases and Mental Health

Interpreters
Sten Jacobsen

ANNEX 3

PROJECT CALENDAR FOR 2013

Day	Month	Mo	Tu	We	Th	Fr	Sa	Su	
4		21	22	23	24	25	26	27	
5	February	28	29	30	31	01	02	03	
6		04	05	06	07	08	09	10	
7		11	12	13	14	15	16	17	Division of Noncommunicable Diseases and Heath Promotion of the WHO Regional Office for Europe meeting with Russian Federation Ministry of Health
8		18	19	20	21	22	23	24	
9	March	25	26	27	28	01	02	03	
10		04	05	06	07	08	09	10	Consultation, WHO
11		11	12	13	14	15	16	17	Global Action Plan consultation; consultation on barriers of the Division of Health Systems and Public Health of the WHO Regional Office for Europe
12		18	19	20	21	22	23	24	
13		25	26	27	28	29	30	31	Tajikistan workshop; Easter
14	April	01	02	03	04	05	06	07	Uzbekistan workshop; World Health Day Moscow launch
15		08	09	10	11	12	13	14	*Planning workshop for Russian-language noncommunicable disease course (to be confirmed)*
16		15	16	17	18	19	20	21	Kyrgyzstan workshop; technical meeting in Oslo on health systems in times of economic crisis
17		22	23	24	25	26	27	28	
18	May	29	30	01	02	03	04	05	**Latest milestone**: expert trained; Russian-language instrument available; library research
19		06	07	08	09	10	11	12	
20		13	14	15	16	17	18	19	**Milestone**: documents drafted

21		20	21	22	23	24	25	26	World Health Assembly
22	June	27	28	29	30	31	01	02	
23		03	04	05	06	07	08	09	
24		10	11	12	13	14	15	16	Helsinki: 8th Global Conference on Health Promotion
25		17	18	19	20	21	22	23	
26		24	25	26	27	28	29	30	Latest date: subregional STEPS workshop
27	July	01	02	03	04	05	06	07	European ministerial conference on nutrition and noncommunicable diseases within the framework of Health 2020, Vienna
28		08	09	10	11	12	13	14	
29		15	16	17	18	19	20	21	
30		22	23	24	25	26	27	28	
31	August	29	30	31	01	02	03	04	
32		05	06	07	08	09	10	11	
33		12	13	14	15	16	17	18	
34		19	20	21	22	23	24	25	
35	September	26	27	28	29	30	31	01	
36		02	03	04	05	06	07	08	
37		09	10	11	12	13	14	15	
38		16	17	18	19	20	21	22	Session of the WHO Regional Committee for Europe
39		23	24	25	26	27	28	29	? Flagship course on health systems and noncommunicable diseases
40	October	30	01	02	03	04	05	06	European Health Forum Gastein
41		07	08	09	10	11	12	13	
42		14	15	16	17	18	19	20	Conference on health systems in Tallinn
43		21	22	23	24	25	26	27	
44	November	28	29	30	31	01	02	03	**Staging point**: survey fieldwork completed
45		04	05	06	07	08	09	10	? Declaration of Alma-Ata: 35 years of primary health care
46		11	12	13	14	15	16	17	**Milestone**: first course delivered
47		18	19	20	21	22	23	24	
48	December	25	26	27	28	29	30	01	
49		02	03	04	05	06	07	08	**Milestone**: documents adopted
50		09	10	11	12	13	14	15	Turkmenistan conference

51		16	17	18	19	20	21	22
52		23	24	25	26	27	28	29
1	January	30	31	01	02	03	04	05
2		06	07	08	09	10	11	12
3		13	14	15	16	17	18	19
4		20	21	22	23	24	25	26
5	February	27	28	29	30	31	01	02

Final report on the project

ANNEX 4

DISCUSSION PAPER ON DEVELOPING A NONCOMMUNICABLE DISEASE CAPACITY-BUILDING COURSE FOR RUSSIAN-SPEAKING COUNTRIES

By Jill L. Farrington

Introduction

This paper reviews several WHO-associated courses for noncommunicable disease capacity-building to seek commonalities, areas of strength and ideas. It then discusses these within a broader context to inform the development of such a course for Russian-speaking countries in the WHO European Region.

Methods

A course was included within the review if it was:

- co-organized by a WHO noncommunicable disease programme and/or had a strong representation of WHO noncommunicable disease programmatic staff as faculty;
- international participants and likely also faculty;
- covering noncommunicable disease (or chronic disease) prevention and control;
- recent: still current and/or taking place within the past five years;
- educational: primarily intended to foster learning and development, with the acquisition of new knowledge and skills, reinforced by academic underpinning; and
- substantial: likely to be more than one day in duration.

The Director of the Division of Noncommunicable Diseases and Heath Promotion of the WHO Regional Office for Europe identified an initial sample of courses. A web search was carried out for any other courses associated with or promoted through WHO regional offices and headquarters.

Courses were reviewed based on the course descriptions on web sites as well as evaluation reports or papers, curricula or other materials readily accessible from course or noncommunicable disease programme web sites. The Division of Noncommunicable Diseases and Heath Promotion of the WHO Regional Office for Europe initially proposed the criteria for review and developed these further to consider the issues thought to be useful in developing a course for Russian-speaking countries.

Findings

Number of courses

Seven courses were identified as meeting the criteria and are detailed in the attached Excel file in the appendix. These are referred to throughout this report with a short name as listed in Table 1.

Table 1. Full titles and short names used throughout report for sample of courses reviewed

Full title of the course and organizers	Short name
Evidence-based Public Health: A Course in Chronic Disease Prevention organized by St. Louis University, USA in association with the WHO Regional Office for Europe, the United States Centers for Disease Control and Prevention and CINDI, usually taking place in Bregenz, Austria	Bregenz
Prevention of Noncommunicable Diseases: International Seminar and International Visitors Programme of the North Karelia Project, Finland organized by the Finnish National Institute for Health and Welfare, World Heart Federation, CINDI, North Karelia Project and WHO Collaborating Centre for Noncommunicable Disease Prevention, Health Promotion and Monitoring, taking place in Helsinki and North Karelia, Finland	Finland
Prevention Strategies for Noncommunicable Diseases organized by Oxford University, taking place in Oxford, United Kingdom	Oxford
Chronic Diseases: Population-based Approaches and Public Health Management as part of the Summer School in Public Health Policy, Economics and Management organized by the Swiss School of Public Health and others, taking place in Lausanne, Switzerland in 2012	Lausanne
How to Effectively Address Noncommunicable Diseases in the 21st Century organized by the WHO Regional Office for the Americas/PAHO and Virtual Campus, taking place online	PAHO
Building Capacity in Noncommunicable Disease Prevention and Control the International Visitors Programme on Noncommunicable Disease Prevention and Control organized by the WHO Regional Office for the Western Pacific, the Government of Japan and the Japanese National Institute of Public Health, usually taking place in Saitama, Japan	Saitama
Reducing the Burden of Noncommunicable Diseases: Addressing the Causes of the Causes organized by the University of Padua Medical School and WHO in collaboration with Veneto Region and Local Health Unit Venice	Venice

Although not directly fitting the criteria, and therefore not reviewed in detail, the web search also found several noncommunicable disease courses and training programmes of relevance such as those organized by the United States Centers for Disease Control and Prevention[1], International

1 Noncommunicable Disease (NCD) Training for the Field Epidemiology Training Program (FETP): http://www.cdc.gov/globalhealth/fetp

Union for Health Promotion and Education[2] and London School of Hygiene and Tropical Medicine.[3]

Titles of courses

As shown in Table 1, five used the term noncommunicable diseases and two (Bregenz and Lausanne) referred to chronic diseases. These seemed to be used interchangeably and reflected historical or national preferences rather than being related to the proportion of chronic care or disease management in the course content.

Three courses (Venice, Oxford and Bregenz) had titles that suggested an orientation towards prevention rather than broader control approaches that included care and disease management, and this seemed to be related to course content.

Venues

Several courses (Lausanne, Oxford and Venice) took place in university facilities. The courses that had been running for some time tended to use the same city to host the course, except for the Lausanne course, which rotated venues throughout Switzerland.

Five courses took place in the WHO European Region (all in the 15 countries that were in the European Union before 2004) and one in the WHO Western Pacific Region; one course was entirely online but with an audience in the Americas.

Co-organization

The WHO Regional Office for Europe, PAHO and the WHO Regional Office for the Western Pacific could be identified as co-organizers for five of the courses at least in initiation, design or recent history even if not still active partners (Bregenz and Finland). For the other two courses (Oxford and Lausanne), WHO may have been involved in design but was not explicitly mentioned as a co-organizer. Nevertheless, the Oxford course was back to back with a WHO and Oxford University Free Workshop focusing on noncommunicable disease prevention in low- and middle-income countries.

Dates

All six face-to-face courses were in the Northern Hemisphere and took place during its summer period of June to August. The virtual course in the Americas was scheduled for the October to December period.

Duration

The face-to-face courses were all about a week long, usually with four to five days of contact time with tutors. The virtual course is scheduled over a 10-week period.

The most longstanding courses are the Finland course (since the late 1990s), the Bregenz course (more than a decade) and the Saitama course, which ran (in various formats) for five years until

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2 Building capacity for cardiovascular health promotion and chronic disease prevention and control in Africa: http://www.iuhpe.org/?page=509

3 Centre for Global NCDs: http://www.lshtm.ac.uk/centres/global_ncd/

2009. The other courses are more recent and only appear to have been held on one or two occasions so far.

Language

Six of the seven courses explicitly stated that the working language was English and the seventh appears to have also been in English. No translation of materials or interpretation during events appeared to be offered for any of them.

There are apparently plans for the PAHO course to be also available in Spanish in the future. The Bregenz course appears to have stimulated the development of national training materials and courses in other countries and languages such as for Bulgaria, Lithuania and the Russian Federation.

Mode of delivery

Six of the seven are delivered face to face and one is delivered online as a virtual campus course. The face-to-face courses did not also appear to offer an option for other participants to join sessions virtually, for example through webinars. Nevertheless, several of those courses delivered face to face also offered supporting materials online: for instance, all the presentations for the Finland course were available online, and the Prevention Research Center in St. Louis, which co-designed the Bregenz course, offered the option of buying the course on CD-ROM.

Costs

Two courses did not appear to charge any fees (PAHO and Saitama). Details were requested for the Bregenz course but not received.

The other four courses charged non-residential fees ranging from US$ 642 to US$ 3202 for courses of similar length, with the fee covering tuition, course materials, refreshments and lunches – occasionally a reception and/or dinner was also included. There was information about applying for financial assistance for two of the courses (Venice and Oxford).

There was no information available on how much the courses cost to run. The funders of the courses appear to be the government, intergovernmental, professional or academic bodies co-sponsoring them; none appeared to be sponsored by commercial companies.

Audience

Six courses specified that participants should be interested in or be working in noncommunicable diseases (only Lausanne did not). The PAHO course does not specify otherwise. Three courses (Saitama, Bregenz and Finland) were specifically aimed at national-level public health professionals and senior-level officials at the subnational level working with programmes for noncommunicable disease prevention and health promotion.

The Oxford, Venice and Lausanne courses were broader in intended reach, with their audiences also including professionals and managers of hospitals and health facilities (Lausanne), those from health-related sectors and with an interest in equity (Venice), researchers and students (all three).

There seemed to be a correlation between the intended audience and programme design.

Objectives and expected outcomes

The stated objectives were generally intended to increase knowledge and/or skills relevant to noncommunicable disease prevention and/or control with varying balance: the Lausanne and PAHO courses only aimed to increase knowledge or understanding, whereas the Saitama course

specifically mentioned capacity-building. The Oxford, Venice, Finland and Bregenz courses explicitly mentioned acquiring new skills.
Apart from objectives relating to noncommunicable disease prevention and control, the PAHO course also intended to increase understanding in evidence-based public health, and the Bregenz course aimed to increase skills in evidence-based public health.
Not all courses tested whether the objectives or expected outcomes had been achieved and whether the knowledge or skills had improved. The Venice, Oxford, Bregenz and Finland courses did not appear to have any assessment criteria.
For the Saitama course, participants were expected to develop a plan of action on return to their workplaces. The PAHO course had multiple-choice questions at the end of each module: a pass rate of 60% was required for successfully completing the course. The Lausanne course required two essays and a document proposing the design of an economic evaluation of an intervention to be submitted.
Several courses mentioned that participants would receive certificates of attendance. Three courses were also "accredited" (Lausanne, Oxford and Venice), although for different things. Successful submission of the Lausanne course requirements would lead to a participant obtaining ECTS[4] credits which could count towards a degree. Completion of the Oxford course qualified for 20 CATS[5] points, which are transferable between higher education institutions in the United Kingdom, with two CATS points equivalent to one ECTS point. The Venice course had been submitted for accreditation to the European Accreditation Council for Continuing Medical Education (EACCME).

Course content

Most courses had common elements with overviews of noncommunicable disease epidemiology, preventive strategies, management of risk factors and surveillance.
There were some variations. Both the Bregenz and PAHO courses had a core of evidence-based public health. The Venice course included a focus on social determinants and promotion of equity. The later versions of the Saitama course as well as the Oxford course specifically mentioned "strengthening health systems", although the latter was "for prevention". The Venice course included a session on primary health care, and the PAHO course included chronic care and the management of chronic diseases.
The Saitama course evolved over the five years to a more integrative model, changing from a predominantly technical set of content areas to later include advocacy, networking and health systems. It included interactive sessions to allow participants to familiarize themselves with relevant tools and included time for country presentations by participants so that they could also learn from each other's experience. By 2009, its particular focus was on assessing country

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4 The European Credit Transfer and Accumulation System (ECTS) is a standard for comparing the study attainment and performance of higher education students across the European Union and other collaborating European countries.

5 The CATS (Credit Accumulation and Transfer Scheme) points system is recognised by many higher education institutions in the United Kingdom as a method of quantifying credit for a particular course and can contribute in part to an undergraduate degree.

progress and strategizing priority actions for national implementation of the WHO Western Pacific Region Noncommunicable Disease Action Plan.

Educational method

All the face-to-face courses included lectures, discussions and group work; even the PAHO virtual course included some videos of talks. The Bregenz and Venice courses also mentioned discussion of case studies. The PAHO and Venice courses referred to participation in interactive panel discussions. The Saitama and Finland courses included field visits, with these comprising about 40% of the course for the latter and including visits to a school, health centre, supermarket and newspaper within a community demonstration project in North Karelia. The Lausanne and PAHO courses mentioned additional reading materials that either had to be read in advance or were mandatory for reading during the course.

The PAHO course was part of and supported by a broader virtual campus approach.

Faculty

The faculty and list of tutors were not fully listed for all the courses. The international nature of courses varied: for example, the Oxford and Venice courses seemed to have a broad international faculty, the Lausanne course seemed to be largely Swiss and the Finland course largely Finnish.

The level of input from WHO staff members seemed to vary. For the PAHO course, WHO staff members had to provide input and be available at various stages throughout the 10-week course, so the fact that it was online did not mean that it was completely low maintenance. There appeared to be a strong presence of WHO staff members (>5) in the Oxford and Venice courses.

Social events

Opportunities to network and mix socially with members of the faculty and other participants appeared to be a feature of a number of the courses with welcome receptions (Venice) and social or gala dinners (Venice and Oxford) explicitly mentioned on some programmes and included in course fees. The PAHO course included access to online forums and a cybercafe.

Participation

Very little information was available on the numbers, nationalities or roles of participants in the courses. The PAHO course ran for the first time from October 2012 and, although it has capacity for 30–40 students, by November it only had 30 participants registered and 20 actively fulfilling their obligations. The Saitama course has had 86 participants from 14 countries over 5 years, that is, 13–21 participants from 9–14 countries at each event; three quarters of the participants were national-level public health professionals.

A 2007 evaluation of the Bregenz course and its offshoots found that it had trained practitioners from 38 countries in 4 continents *(1)*.

Evaluation

Published evaluations were only available for two of the courses, Bregenz *(1)* and Saitama *(2)*. In each case, these included positive changes in practice. More than 80% of the Saitama participants reported making positive changes in noncommunicable disease work after attending the course and nearly all (97%) participants stated that they had made contributions that resulted in organizational and/or national progress in noncommunicable disease prevention and control.

Lessons learnt from the Bregenz course included the need to have a core set of capacities included in each course but with modification to suit the realities of the participants: for

example, in drawing on the types of evidence available. It found advantages in building a critical mass of public health officials trained in evidence-based public health within each country, particularly given the nature of the challenges faced. International, collaborative networks played an important role in building and sustaining relationships, helping the course to proliferate and linking network countries.

Discussion

Seven courses for noncommunicable disease capacity-building were reviewed across 15 elements. Other courses exist, run by other international entities such as the United States Centers for Disease Control and Prevention or the International Union for Health Promotion and Education, or by universities, but as they were not obviously WHO-associated, they were not looked at in detail, although there may also be some useful lessons to learn from these. Web searching was done in English, so any existing Russian-language courses would not have been picked up.

There were some similarities, particularly for the face-to-face courses, such as: length; venue; dates; language; delivery; intended audience; core content; and even some faculty. There was wide variation in price, five-fold where a fee was charged. Little information is available on how successful the courses were, both in terms of participation and in meeting their objectives. The course content seemed to vary most in the degree to which chronic care and health systems were covered.

Each course had its own specificities. For example, the PAHO course was entirely online; the Finland course had a particular focus on community-based noncommunicable disease prevention and a substantial component related to practice-oriented field visits; the Venice course strongly focused equity and social determinants; evidence-based public health training was central to both the PAHO and Bregenz courses.

Table 2 discusses the 15 elements and what might be useful for a new Russian-speaking course.

Table 2. Points for consideration in designing a Russian-speaking course

Element	Discussion points
Title of the course	The title could usefully reflect the content and orientation of the course and perhaps help differentiate the course from alternatives.
Venue	Organizing a face-to-face course within a university where most of the faculty are based could help to keep down costs and afford other benefits such as access to student accommodation, library etc. A city, region or country that has practical work to demonstrate could be useful – this might mean avoiding the more obvious capital city. Presumably the course will take place in a Russian-speaking country.
Co-organization	If WHO is co-organizing the course, the materials should state this explicitly.
Dates	The early summer period is attractive, and a time of university vacation could be useful in terms of the availability of faculty and access to facilities if based in a university. Nevertheless, this is also a crowded time for alternative courses. Given the potential audience, there may be an advantage in making the course

	available 2–3 times throughout the year.
Duration	4–5 days seems standard if face-to-face
Language	Presumably the working language would be Russian. This would necessitate either fresh design of the course by an entirely Russian-speaking faculty, translation of materials from elsewhere or a mix of materials and faculty with interpretation provided. This has implications for cost. The Bregenz course has the most experience in adaptation for delivery in different countries and languages.
Mode of delivery	While an entirely online course has appeal, broadband connectivity is likely to be a limiting factor for access. Combining face-to-face delivery with participation through other means might be feasible.
Fees	Are fees intended or will participants be fully sponsored? A mix may be possible or useful in which some participants apply for bursaries. Will travel and subsistence costs be covered or should participants find those from their own country?
Audience	As a minimum, the audience seems to be national-level public health professionals and senior level officials at the subnational (for example oblast) level working with programmes for preventing noncommunicable disease and promoting health.
Objectives and expected outcomes	If the objective is to build capacity and skills and not just improve knowledge, the course needs to be designed in a way that allows participants to practise skills and learn about their practical application – and to test whether this has been successful. It is likely to broaden appeal if the course can be accredited and allows participants to gain credits towards academic qualifications or continuing professional development.
Course content	A course that only focuses on prevention is likely to be insufficient. As a minimum, it would likely need to cover core elements of the noncommunicable disease action plans, including surveillance, chronic care, secondary prevention and primary care. Given the specificities of the WHO European Region, it should also consider building capacity in public health, in addressing equity and determinants of health, using health system levers and incorporating relevant Health 2020 perspectives. None of the courses reviewed covered all these elements, although the PAHO course seemed to combine well public health capacity-building with preventing and controlling noncommunicable diseases.
Educational methods	The approach needs to fit the learning objectives, but a mix of methods is probably needed such as lectures, group discussions and personal study. If students need to practise skills, facilities or equipment may need to be made available. Choosing a location that allows field and site visits to see practical application could be useful and popular.
Faculty	The potential burden on WHO staff members should probably be

	minimised given the limited human resources: this would make the PAHO-style course unsuitable if the WHO staff themselves were intended to be faculty. The Finland, Bregenz and St. Louis teams have the most longstanding experience in these noncommunicable disease courses, and they might share their experience (materials) in designing this new course – the St. Louis team has already contributed to the PAHO course, for example.
Social events	1–2 social events per course seems fairly standard, although the field visits for example in Finland and other practical exercises perhaps provide an alternative opportunity to mix informally.
Evaluation	Evaluation of the course by participants and faculty needs to be built in. As a minimum, this would include participants completing evaluation forms at the end of the course. Success in assessments and/or in applying the knowledge and skills learned are other means.

Some more general issues should be considered in developing a strategy for training and capacity-building for noncommunicable diseases in Russian-speaking countries, and the place of a discrete training course within this.

Assessing the specific needs of the clients to be served would better inform the content and orientation of the capacity-building. The global noncommunicable disease capacity survey has already identified some specific gaps that could be addressed *(3)*. Other relevant assessments would include those for strengthening public health capacity in Europe *(4)*. Further information will soon be available from the situation analysis on noncommunicable disease in countries being carried out for the Russian Federation–WHO project Strengthening the Response to Noncommunicable Diseases in Central Asia and Eastern Europe and adds to that already existing for Russian-speaking countries held by WHO. Apart from need, is enough known about the wants or demands of the clients? Have preferences been expressed that should be heeded? Review of the evaluations from other WHO courses involving these same countries and/or officials might give clues on preferred learning styles, for example.

A scan of the external environment has revealed several existing or recent suppliers of training and capacity-building related to noncommunicable diseases, and these may be on the increase, particularly given the current high profile of noncommunicable diseases internationally. There are also courses on other public health topics, such as communicable disease control, that might divert the attention of a national policy-maker with a broad portfolio. The WHO Regional Office for Europe might ask WHO country offices what else is available within countries around the same time or on related topics and coordinate efforts with colleagues from other programmes within the Regional Office so that the same national staff members do not have to choose between several WHO-associated courses.

Analysis of the alternatives (suppliers and courses) could help identify the strategic space that this course might occupy. The Regional Office might like to emphasize its relative advantages, such as the strong evidence base of situation analysis that informs the course content, the ongoing relationships and support that are available and so on. The Regional Office might also consider collaborating with other providers, especially those that are potentially complementary,

such as those covering the topics of health systems or strengthening public health. Since some of the existing course organizers are already well-established collaborators of the Regional Office in noncommunicable diseases, such as St. Louis University, the United States Centers for Disease Control and Prevention, CINDI and the Finnish National Institute of Public Health and some are within other WHO regions such as PAHO, they might usefully serve as expert advisers and/or suppliers to this project.

In sponsoring a course, the WHO Regional Office for Europe is strong on some resources and capabilities but weaker on others: for example, its staff members are technically proficient but relatively few in number and may not have the time to devote to running a resource-intensive course such as the PAHO one. Staff members may be good at organizing conferences and workshops but less experienced in designing and delivering courses. Partnering with another organization, such as a university or WHO collaborating centre, provides opportunities for complementarity in roles. Alternatively, the whole course could be outsourced so that another provider such as a specific university designs and delivers the course on behalf of WHO; in this, given WHO's strong reputation, it needs to ensure that any course to which it might lend its name meets the expected standards.

Regarding the broader environmental context, are there any political sensitivities that need to be taken into account? For example, are countries in central Asia and eastern Europe happy to participate in a course that singles them out for attention rather than addressing the European Region as a whole? Would subregional groupings within central Asia and eastern Europe make sense for training purposes? Are some countries more acceptable than others for hosting events or more suitable because of examples to showcase? The availability of technology such as broadband connectivity would determine whether an online course is feasible.

Many stakeholders need to be considered, not just the clients to be trained, partners, faculty and WHO itself, but also the sponsors or funders of the work. For example, they may have some specific views on what would be an appropriate venue, host country, training supplier etc., which should be identified and aired early in the process.

In thinking of the way forward and how best to use limited resources, Ansoff's growth matrix could be a useful model (Fig. 1). In this respect, "market" is used to mean coverage of countries rather than in a commercial sense, and the "product/service" is the course.

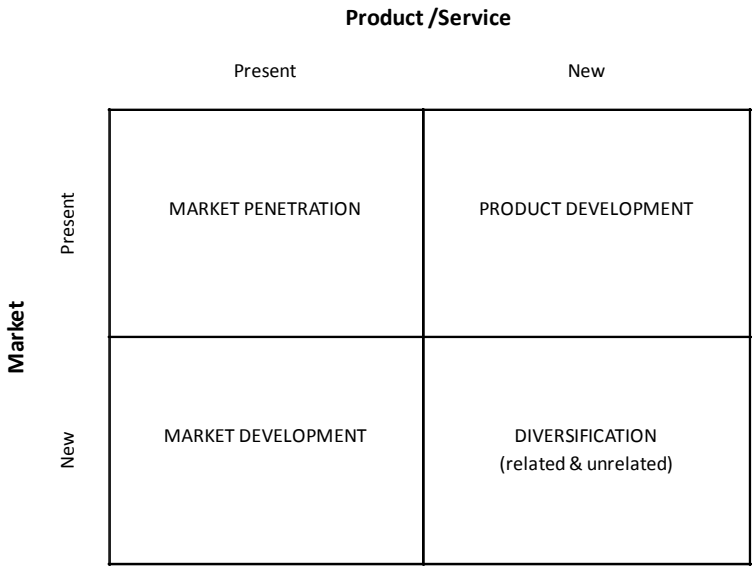

Fig. 1. Ansoff's growth matrix

Products, in the form of WHO-associated noncommunicable disease courses, already exist, but these might have had limited market penetration so far, being hosted in English, in western European countries and in some cases being relatively expensive. One option (market penetration) might be to work with an existing provider such as Oxford University to make their existing product more accessible, for example through interpretation or many bursaries. Another option (market development) might be to take an existing product such as the PAHO course but to use it in new countries such as eastern Europe. A third option may be to develop a new course (product development) but use it largely with the existing countries and venues: this option is probably already ruled out, as the intention from the outset is a new group of countries. The fourth option would be to develop a new course for the "new" countries (diversification). This might be the original intention but is potentially the option with greatest risk in terms of resource use, feasibility and sustainability. It is therefore worth appraising carefully all the strategic options. Being clear on strategic intent could also be helpful in planning the implementation stage.

Conclusions

This paper has reviewed several examples of WHO-associated courses for noncommunicable disease capacity-building, their commonalities and specificities, and considered relevant elements for designing and delivering a course for Russian-speaking countries. It takes a broader perspective on the strategic context for the development of this course and presents some strategic options for going forward. As a discussion paper, it has intentionally stopped short of making recommendations. Following discussion, and with the further information available from the needs assessment, it could be developed further with proposals.

References

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Appendix 1

Detailed review table

APPENDIX 1

Overview of courses

	1	2	3	4	5	6	7
Full title	**Chronic Diseases: Population-based Approaches and Public Health Management**	**Reducing the Burden of Noncommunicable Diseases: Addressing the Causes of the Causes**	**Prevention Strategies for Noncommunicable Diseases**	**Prevention of Noncommunicable Diseases: International Seminar and International Visitors Programme of the North Karelia Project, Finland**	**Evidence-based Public Health: A Course in Chronic Disease Prevention**	**How to Effectively Address Noncommunicable Diseases in the 21st Century**	**Building Capacity in Noncommunicable Disease Prevention and Control**
Venue	Switzerland The venue seems to move around the seven universities of the Swiss School of Public Health 2012 = Lausanne 2013 = Lugano	Venice, Italy	Oxford, United Kingdom	Helsinki and North Karelia, Finland	Multiple venues for the United States (Missouri, Indiana, Colorado, Kansas, Florida and Mississippi). International course in Bregenz, Austria	Virtual Campus Course	Saitama, Japan
Organizer or cosponsors	The Summer School in Public Health Policy, Economics and Management is organized by the Foundation Swiss School of Public Health, the Institute of Economics of the University of Lugano and the Swiss Tropical Public Health Institute. The Foundation Swiss School of Public Health is the national coordinating body for seven universities in the fields of public health and health economics	University of Padua Medical School and WHO, in collaboration with the Veneto Region and Local Health Unity ULSS-12 Venice	British Heart Foundation Health Promotion Research Group, University of Oxford Department of Public health and the Department for Continuing Education	National Institute for Health and Welfare, World Heart Federation, CINDI, North Karelia Project and WHO Collaborating Centre for Noncommunicable Disease Prevention, Health Promotion and Monitoring	Prevention Research Center in St. Louis; National Association of Chronic Disease Directors. International seminars in association with the WHO Regional Office for Europe; United States Centers for Disease Control and Prevention; St. Louis University, USA; CINDI Austria; CINDI Canada; CINDI Finland; and CINDI Lithuania	PAHO/WHO	International Visitors Programme on Noncommunicable Disease Prevention and Control organised by the WHO Regional Office for the Western Pacific, Government of Japan and National Institute of Public Health, Japan
Dates	20–25 August 2012 26–31 August 2013	7–12 June 2009 (does not appear to have been organized since)	15–20 July 2012	5–8 June 2013	Last United States course: December 17–19, 2012. International course, annual: 7–10 May 2012	1 October to 14 December 2012	Last time: 3–5 August 2009
Duration	Over 6 days, Monday to Saturday, 10:45–16:30 on average each day. Five full days of teaching and ends at lunchtime on the final day	Over 6 days, Sunday to Friday. Day 1 is an evening session (15:00–19:00), then 09:00–17:00 each day for four full days, and then ends at lunchtime on the final day	Over 6 days, Sunday to Friday. Day 1 is an evening session (15:00–19:00), then 08:45–17:15 each day for five full days	Over five days, Monday to Friday, approximately 09:00–15:45 each day	Over five day	This is an 11-week course comprising one introductory week followed by five teaching modules each lasting two weeks	One-week course, up to seven days

Longevity	Possibly 4 years (2010–2012), and 2013 already scheduled	Possibly two years: 2008 and 2009	No information on any previous years: first year of operation	Longstanding: previously known as the CINDI Winter School and taking place since the late 1990s	There has been a longstanding (more than a decade) international training seminar, usually in Bregenz, Austria. The course stimulated the development of national or regional training materials and training courses, for example in Bulgaria and the Russian Federation	New?	2005 to 2009
Language	English	English	English	English	English	English	English?
Approach	Face to face	Face to face	Face to face	Face to face. All presentations are available online free of charge	Face to face. Also an option to buy the course on a CD	Online. Student materials provided through slide presentations with prerecorded audio, downloadable reading files (via PDFs or Kindle application) and through web chat forums.	Face to face
Fees	The fee is Sw.fr. 1500 (US$ 1635) and includes tuition, resource pack, coffee breaks and lunches. Travel and accommodation are not included	Fee is €1150 (US$ 1540) with a discount for early booking. Includes tuition, accommodation (bed and breakfast), coffee breaks, lunches, welcome reception, farewell dinner, resource pack and key readings. Five bursaries are available	The fee is GBP 1995 (US$ 3124) for non-residential (refreshments, lunch, drinks reception, gala dinner and course materials) or GBP 2350 (US$ 3680) for residential rate (full board accommodation and meals, drinks reception, gala dinner and course). Financial assistance can be applied for	The fee is €500 (US$ 670). Includes seminar materials, lunches and refreshments. Travel and accommodation in both sites are not included	Requested	Not clear	None specified
Specificities	Economic component	More workshop and task style. Some link to health systems (primary health care), drivers and determinants	Programmes appears to have more on prevention and health promotion than health systems	Largely community-based health promotion and chronic diseases prevention. Includes a two-day visit to sites (school, health center, newspaper and supermarket) in a community demonstration project in North Karelia	Covers public health core competencies that are transferable beyond noncommunicable diseases and chronic diseases	Distance-learning – this is the first virtual course fully dedicated to noncommunicable diseases. Next year there will be one in Spanish	Evolved over five years. Tied to need for achieving WHO global and regional noncommunicable disease plans

Objectives	To know the burden of main noncommunicable diseases (particularly cardiovascular disease and cancer) in different populations, the main determinants of noncommunicable diseases, the main approaches for preventing noncommunicable diseases and the main public health interventions to prevent noncommunicable diseases (best buys)	The course explores the evidence and the frameworks used to address the burden of noncommunicable diseases through action on: the conventional risk factors (tobacco, unhealthy diet, physical inactivity and harmful use of alcohol); and the social determinants of health (such as urbanization, income, education and trade)	Increased understanding of the burden of noncommunicable diseases, their risk factors, determinants and prevention by: • discussing the current and future impact of the burden of noncommunicable diseases; • understanding social, cultural, political and economical determinants; • familiarizing themselves with national and global prevention strategies; • analysing successful and unsuccessful case studies of programmes with the aim of preventing noncommunicable diseases; • identifying how to strengthen health care systems to prevent noncommunicable diseases.	The aim of the seminar is to present and discuss current international strategies for preventing and controlling chronic noncommunicable diseases, to make participants familiar with Finland's experiences from the North Karelia Project and to train in planning, implementing and evaluating noncommunicable disease prevention interventions: from theory to practice	Focuses on seven specific skills to improve public health practices that act as a framework for the course, thus addressing many of the core competencies for public health professionals	To position the prevention and control of noncommunicable diseases in the actual global, regional and national context: • to understand the decision-making and action-taking process in evidence-based public health; • to become familiar with noncommunicable disease surveillance systems and methods in the Americas; • to understand the applicability of policy tools for preventing and controlling chronic noncommunicable diseases; • to understand social marketing and its applicability to public health problems and behaviour change; to understand the chronic care model and be able to apply the components to intervention development.	Course objectives evolved over time. Originally aimed to strengthen national capacity and national noncommunicable disease approaches among participating countries. Became increasingly linked to achieving the global and regional noncommunicable disease action plans through concrete applications of lessons and skills learned
	Understand key aspects of the pervasive relationship between socioeconomic status and chronic diseases, potential economic interventions in managing chronic diseases and the social and economic effects of an increasing global burden of chronic diseases	Course participants enhance their skills in analysing the determinants of noncommunicable diseases, in working across sectors and in promoting interventions to reduce the burden of noncommunicable diseases and health inequities. The	Developed specific skills in designing and evaluating prevention strategies by: • developing a national-level prevention strategy; • developing a research proposal; • evaluating a prevention	Several WHO and other international strategies (including the WHO European Strategy for the Prevention and Control of Noncommunicable Diseases) serve as background together with Finland's strategies			

		ultimate goal is to reduce health inequities, especially within countries, and to promote development	programme; • setting up a surveillance and monitoring system; and initiating a population-level awareness campaign.				
	Understand the current trends in mortality and morbidity and the main perspective for the post-transitional period: that is, in populations characterized by very low mortality rates		Exchanged knowledge and experience with participants and faculty	The seminar is based on the experiences from applications and international perspectives, such as the North Karelia project			
Course content	Sessions cover: epidemiology; primary prevention; tobacco control; nutrition, obesity, diabetes, salt; high-risk prevention; national noncommunicable disease programme; cancer prevention and control; best buys; socioeconomic status; strategy alternatives; economic implications, interventions; transitions; and trends	Sessions cover: epidemiology; primary prevention; country profiling; primary health care; social determinants; and building a strategy	Sessions cover: epidemiology; noncommunicable disease prevention strategies including tobacco and obesity; capacity-building mechanisms; role of health and other sectors; strengthening health systems; policy development and implementation in low- and middle-income countries	Sessions cover: WHO strategies; primary prevention (diet, physical activity, diet); hypertension, diabetes and obesity; prevention of asthma and dementia; monitoring and surveillance; and practical implementation	Nine course modules: overview; community assessment; quantifying the issue; developing a concise statement of the issue; searching and summarizing the scientific literature; developing and prioritizing options; economic evaluation; developing an action plan and implementing interventions; evaluating the programme or policy	Modules: evidence-based public health; noncommunicable disease surveillance; policy analysis; social marketing; evidence-based management of chronic diseases	Core topic areas: risk factor management, promotion of healthy lifestyles and environments, clinical interventions, noncommunicable disease surveillance and data systems, networking and national noncommunicable disease planning and policies. In 2007, advocacy and integration of noncommunicable diseases into health system strengthening were included. In 2008, the role of other sectors was introduced. The shift over time from predominantly technical content to include advocacy, networking and health systems indicated a shift to a more integrative and horizontal approach

Audience	The Summer School is intended for professionals and managers of health administrations, hospitals and other services and facilities within the health sector, policy-makers and any student registered for one of the continuing education programmes coordinated and supported by the Foundation Swiss School of Public Health. For the course, prerequisite = basic knowledge in public health, training and experience in a medical or public health field	This course was intended for a maximum of 20 professionals working at middle to top managerial levels in health-related sectors with an interest in promoting equity and reducing the burden of noncommunicable diseases. Five additional places were reserved for researchers and postgraduate students	Suitable for researchers, practitioners, policy-makers, postgraduate students and other early career-level professionals working in noncommunicable diseases	Maximum 40 participants. The seminar is aimed at health professionals and health authorities working with national and local programmes for noncommunicable disease prevention and health promotion	Apparently for public health professionals at the subnational level	Tailored to the Caribbean. Participants are selected. PAHO looks to see whether they have previous work in noncommunicable diseases (broadly), express the need for building capacity and are ready to spend about eight hours a week doing the course. No preconditions other than that the participants sign a letter of commitment and provide a letter of support signed by their organization. The virtual campus has rules on how many participants there are at a time: for this modality, the course with tutors, the recommendation is to have about 30–40 participants	Designed to enhance the capacity of senior programme managers in noncommunicable disease prevention and control and therefore aimed at national-level public health professionals and senior-level officials at the subnational level
Educational method	Lectures, interactive discussions, group work. A few papers are sent participants by e-mail a few weeks before the course	Lectures, discussion of case studies, workshops and group work. All participants were asked to take part in seminars, workshops, and interactive panel discussions	Lecture, discussions, forum, group work, one-to-one	Three full days of lectures and two days of site visits. It combines medical and social-behavioural theories with practical examples of noncommunicable disease prevention programmes and strategies	Through lectures, practice exercises, and case studies, the course takes a hands-on approach and emphasizes information that is readily available to busy practitioners	Each module has 4–5 lessons, a few mandatory readings and culminates with a multiple-choice quiz. Each module varies slightly, so a guide will be provided at the beginning of each module outlining the specifics for completing that module. Some modules may have panel discussions and/or activities to complete. The entirety of this course will be	Mix of didactic (theoretical) and interactive sessions (group work), field visits (study tours) and experiential opportunities (self-health promotion programme)

						taken online, with professors and tutors available for any of the students' needs	
Assessment procedure	Part 1: essay on two questions. Part 2: preparation of an individual document proposing the design of an economic intervention for preventing or managing a chronic disease. The Foundation Swiss School of Public Health programmes recognize the Summer School courses within the framework of credits required for a degree. Each course is assigned a credit value of 2 ECTS. Those who participate actively and pass the final assessment are awarded a certificate of success. An attendance certificate will be given to all other participants who have regularly attended the teaching	No assessment criteria apparent. Participants get a certificate of attendance for successful completion of the course and participation in all seminars. The European Accreditation Council for Continuing Medical Education accredits the course for continuing medical education	No assessment criteria apparent. Participants get a certificate of attendance	No assessment criteria apparent	No assessment criteria apparent	Passing this course is based on activity completion and a grade of 60% or higher on each multiple-choice quiz. Students will have one week extra, following the two-week duration of each module, for completing all activities and the multiple-choice quiz. This was given to accommodate students' busy schedules and prior commitments since all students are also on a separate work schedule. The course will end on 23 December. A certificate of completion from PAHO will be given to all students who pass the course requirements	None specified, but participants were expected to develop a plan of action on return to their workplaces, applying the skills and knowledge acquired during the training
Faculty	Pascal Bovet, Jürgen Maurer and Fred Paccaud of Switzerland are named, but no further details are given. Other than Swiss universities, unclear how international the faculty is	Professors and researchers from universities in: Padua, Italy; Graz, Austria; London and East Anglia, United Kingdom; Beijing, China; India; International Agency for Research on Cancer and WHO headquarters	Mike Rayner is Chair and Kremlin Wickramasinghe is Director of the course, both of the British Heart Foundation Health Promotion Research Group. The faculty is international (United Kingdom, Australia, India +) with a strong presence of WHO staff members (>5)	CINDI members from Finland and Lithuania	Ross Brownson	Academic Director: Anselm Hennis, University of West Indies, Director of Chronic Disease Research Center, Barbados; Course Coordinator: Branka Legetic, PAHO/WHO. Faculty drawn from PAHO/WHO and University of St. Louis (Ross Brownson)	Individuals not named. Partnership between WHO, Government of Japan (Ministry of Health, Labour and Welfare), Japanese National Institute of Public Health

Participation	No information on the web site on the numbers, nationalities or roles of the actual participants	No information on the web site of numbers, nationalities or roles of the actual participants	No information on the web site on the numbers, nationalities or roles of the actual participants	No information on the web site on the numbers, nationalities or roles of the actual participants	No information on the web site on the numbers, nationalities or roles of the actual participants	Pilot had 30 registered participants, of whom 20 were very active in fulfilling their obligations	86 participants from 14 countries in the Western Pacific Region over five years: 9–14 countries at each event, 13–21 participants each time. 76% of the participants were national-level public health professionals, and 29% of the participants were senior-level officials
Evaluation	No evaluation published on the web site	No evaluation published on the web site	No evaluation published on the web site	No evaluation published on the web site	Multiple evaluations published in peer-reviewed literature	No evaluation available yet – this is a pilot and the first 10-week virtual course on noncommunicable diseases. So far it seems to be well received. After each module, PAHO reviews with students and tutor what can be improved etc.	Evaluations carried out and report published (see web link). Positive evaluations, also on changes to practice and organizational and national progress in noncommunicable disease
Further information	http://www.ssphplus.ch/IMG/pdf/Course_6-3.pdf hp?page=ssph_main&lang=en&id_rubrique=16 http://www.ssphplus.ch/spip.p	http://www.medicina.unipd.it/on-line/Home/Newsscientifiche/articolo921.html	http://www.conted.ox.ac.uk/B900-74	http://www.thl.fi/en_US/web/en/whatsnew/events/ncdseminar	http://prcstl.wustl.edu/EBPH/Pages/Evidence-BasedPublicHealthCourse.aspx	Private web site	http://www.wpro.who.int/noncommunicable_diseases/documents/docs/WHONCDBuildingCapacityforNCDPaCFinalweb.pdf

ANNEX 5

CONSOLIDATED TECHNICAL MISSION REPORT

WHO–Russian Federation project Strengthening Health Systems for the Prevention and Control of Noncommunicable Diseases (Armenia, Kyrgyzstan, Tajikistan and Uzbekistan)

Technical support for developing and implementing national policies and strategies for preventing and controlling noncommunicable diseases and national action plans for their implementation in Armenia, Kyrgyzstan, Tajikistan and Uzbekistan

Consolidated report: situation analysis of noncommunicable diseases in Armenia, Kyrgyzstan, Tajikistan and Uzbekistan

A. Morbidity, mortality and disability caused by noncommunicable diseases

No.		Armenia			Kyrgyzstan			Tajikistan		Uzbekistan	
1	**Morbidity**	Per 100 000 (2011, Ministry of Health)			Per 100 000 (2011, Ministry of Health)			Per 100 000 (2010)		Per 100 000 (2008, Ministry of Health)	
1.1	Cardiovascular diseases	2 072.9			4 877.9			1 094.1		1 542.42	
1.2	Cancer	345.4			90.4			37.8		68.1	
1.3	Chronic obstructive pulmonary disease (chronic respiratory diseases)	– (*7 287.6)*			– *(8 359.2)*			– *(11 399.6)*		– *(12 050.8)*	
1.4	*Diabetes (endocrine disorders)*	266.1			88.2			– *(1 214.7)*		– *(2 684.22)*	
2	**Mortality**	% (WHO 2011[a])	% (2005)	Per 100 000 (2011, Ministry of Health)	% (WHO 2011[a])	% (2011, Ministry of Health)	Per 100 000 (2011, Ministry of Health)	% (WHO 2011[a])	Per 100 000 (UNDP, 2010)	% (WHO 2011[a])	Per 100 000 (2008, Ministry of Health)
2.1	Cardiovascular diseases	46	51.0	407.37	48	49	326.3	39	206.0	56	298.9
2.2	Cancer	16	21.0	170.54	10	9.1	51.7	7	33.7	7	35.9
2.3	Chronic obstructive pulmonary disease (chronic respiratory diseases)	7	11.5	– (52.07)	6	8.4	47.2	3	– *(29.0)*	3	– *(36.9)*
2.4	Diabetes	8	3.5	41.43	1		5.8	2	–	2	–
2.5	Other noncommunicable disease	13	–	–	12			8		11	
2.6	% of total mortality	90	87	–	77			59	884	79	
3	**Disability**				%		Per 10 000 (2011)				
3.1	Cardiovascular diseases				18.2		3.5				
3.2	Cancer				8.0		1.4				

3.3	Chronic obstructive pulmonary disease (chronic respiratory diseases)		5.0	0.6		
3.4	Diabetes			1.0		

B. Prevalence (%) of noncommunicable disease risk factors

	Risk factor	WHO 2011[a]	Conceptual paper on noncommunicable diseases[b]	WHO 2011[a]	Information note of Ministry of Health on noncommunicable diseases[c]	WHO 2011[a]	Noncommunicable disease strategy 2013–2023[d]	WHO 2011[a]	Information note of Ministry of Health on noncommunicable diseases
4	Tobacco use	25%	58%	19%	21%	–	57±2%	10%	10% (2006)
5	Alcohol abuse	–	17%	–	4.72 litres/year	–	–	–	4% (2005)
6	Arterial hypertension	51%	12%	–	40%	–	>22%	34%	39% (2002)
7	Overweight	55%	54%	44%	47%	31%	16%	44%	48% (2002)
8	Obesity	24%	–	15%	17%	9%	3%	15%	17% (2002)
9	Low physical activity	–	17%	–	–	–	–	–	
10	Hyperglycaemia	–	–	–	–	–	–	10%	12% (2002)
11	High cholesterol	–	–	–	–	–	15%	25%	27% (2002)

C. National (state or republican) strategy (programme or concept) on noncommunicable disease and its implementation plan

12	Background noncommunicable disease document as of 1 January 2013	Conceptual noncommunicable disease document, 2010 (chronic obstructive pulmonary disease not included); national strategy for 2013	State programme for prevention and control of noncommunicable diseases in Kyrgyzstan 2013–2020 (draft)	Strategy for prevention and control of noncommunicable diseases and traumas in Tajikistan for 2013–2023	National strategy on noncommunicable diseases (draft)
13	Legitimacy of the document as of 1 January 2013	–	–	+ (approved on 3 December 2012)	–
14	Implementation plan as of 1 January 2013	–	– Development in progress	– Will be developed	The draft is under reviewed and finalization
15	Links and references to United Nations and WHO global and regional documents on noncommunicable diseases 2010–2012 (United Nations Political and Moscow Declaration, Health 2020, etc.)	–	+	–	–
16	Representation of WHO global and regional goals on noncommunicable diseases (2011–2012)	–	Represented in the plan (work in progress)	–	–
17	Multisectoral approach and mechanisms	– (envisaged)	+ (included in the state programme)	+ (included in the strategy)	– (envisaged)
18	National noncommunicable disease monitoring system				
18.1	Noncommunicable disease monitoring (results of effects)	–	+	–	–

18.2	Monitoring of risk factors and determinants of health	–	+	–	–
18.3	Monitoring of response of health systems	–	+	–	–
	D. Dates of national noncommunicable disease workshops				
19	Agreed dates as of 1 January 2013	Last week of April 2013	5–6 March 2013	27–28 March 2013	4–5 April 2013

E. Proposals from countries for project implementation and WHO support for noncommunicable disease control

No.	Proposal	**Armenia**	**Kyrgyzstan**	**Tajikistan**	**Uzbekistan**	**Comments of consultants**
1	Willingness to implement the WHO package of essential noncommunicable disease interventions for primary care (PEN) following PEN workshop and adaptation of clinical protocols	+	+	+	+	Round tables on PEN protocols can be organized during the second day of national noncommunicable disease workshops
		+	+	Completed on 1–2 December 2012	+	
2	Need for training for public health workers and teachers on noncommunicable disease	+	+	+	+	The countries report a low level of knowledge on noncommunicable diseases and risk factors
3	Subregional working meeting on the interim results of the project implementation, sharing experience between participating countries	Yerevan, June–July 2013	Bishkek, July or September 2013	Ready to participate	Ready to participate	It will help to identify common problems and find solutions
4	WHO technical support (experts) for developing and finalizing noncommunicable disease strategies (programmes) and intersectoral implementation plans	+ (development of national strategy and plan)	+ (finalization of state programme and plan)	+ (development of implementation plan)	+ (finalization of strategy and plan)	All countries emphasize the need for WHO technical support
5	Expectations from WHO to provide simple, cost-effective technologies and tools for preventing and controlling noncommunicable diseases	+	+	+	+	Clear actions need to be proposed for all government and public sectors
6	Expectations from WHO to continue providing support for noncommunicable disease control after the project ends (from 2014)	+	+	+	+	Monitoring of noncommunicable disease risk factors (2016, 2018 and 2020)

[a] Noncommunicable diseases country profiles 2011, WHO Regional Office for Europe.

[b] Conceptual paper on noncommunicable diseases, Ministry of Health of Armenia, 2010 (data on risk factors for 2009).
[c] Information note on noncommunicable diseases, Ministry of Health of Kyrgyzstan, November 2012 (data on risk factors for 2008).
[d] Strategy for prevention and control of noncommunicable diseases and traumas in the Tajikistan, 2013–2023.

Comments on the tables:

Table A

1 and 2: morbidity and mortality per 100 000 population: the data can be compared between countries but represent different years – 2008 for Uzbekistan, 2010 for Tajikistan and 2011 for Armenia and Kyrgyzstan.
1.3: The indicators for chronic obstructive pulmonary disease do not represent morbidity and mortality for chronic obstructive pulmonary disease but all chronic respiratory diseases (acute respiratory infection, bronchitis, pneumonia, etc.). Countries do not have separate data for chronic obstructive pulmonary disease only. Initiating monitoring of chronic obstructive pulmonary disease is therefore important.
1.4: Only Armenia and Kyrgyzstan presented data on diabetes morbidity. In Tajikistan and Uzbekistan, these data include all endocrine diseases (thyroid disorders, etc.). Initiating monitoring of diabetes morbidity is therefore necessary.
2.3: Mortality from chronic obstructive pulmonary disease is available only in Kyrgyzstan. In other countries, this indicator includes all chronic respiratory diseases.
2.4: In Tajikistan and Uzbekistan, diabetes mortality needs to be monitored, as these data are not available.
3: Disability in Kyrgyzstan: %: number of people with established and confirmed disability related to each particular noncommunicable disease of the total number of people with all confirmed disabilities in the country. For example, 100% means everyone with identified and confirmed disabilities in 2011 (18% for cardiovascular diseases (top position), 8% cancer, 5% chronic respiratory diseases; since disability status is usually established as a result of chronic obstructive pulmonary disease or bronchial asthma, it is reasonable to consider that 5% represents disability from chronic obstructive pulmonary disease).

Table B

The prevalence of risk factors in Armenia and Tajikistan differs significantly between WHO and national data sources. The WHO STEPS survey, if conducted in 2013, would help to bring this up to date.

Table C

13: A new national noncommunicable disease document has currently been adopted only in Tajikistan, but there is no intersectoral implementation plan.
14: The draft documents in Armenia and Uzbekistan require further work and finalization because they were developed in 2009–2010 and do not refer to WHO's global and regional goals and objectives for noncommunicable diseases (2011–2012)

Table D

19: The final dates of the workshop need to be confirmed only in Armenia (provisionally – second week of April 2013) because of the forthcoming presidential elections in the country.

Table E

1: All countries are ready to adapt and implement the WHO package of essential noncommunicable disease interventions for primary care (PEN). This requires conducting relevant national workshops in all countries except Tajikistan (already held on 3–4 December 2012). If organizing separate PEN workshops is difficult because of lack of resources, round-table sessions could be held on the second day of the national noncommunicable disease workshops to present the PEN tools and protocols (requires additional preparation).
2: All countries indicate insufficient knowledge of noncommunicable diseases. The education of trainers planned in Moscow is necessary. Armenia has some positive experience on noncommunicable disease management. It is advisable to involve them to share experience.
3: All countries consider it important to share and exchange experience on noncommunicable diseases (each country has already some unique experience on certain particular issues). For this purpose, Armenia and Kyrgyzstan are ready to be the platform for holding a subregional meeting.
4: All countries requested technical support from the WHO Regional Office for Europe for developing and/or finalizing national noncommunicable disease documents and implementation plans (Kyrgyzstan also emphasized the need for strengthening the WHO Country Office in Kyrgyzstan by employing national professional officers, and other countries requested short-term support by international consultants).
5: All countries need the list of specific actions (sectoral, intersectoral, public and population-based) for preventing and controlling noncommunicable diseases to finalize their noncommunicable disease implementation plans.

6: The project ends in December 2013. The countries are concerned with continuing WHO support for implementing plans and programmes and interested in monitoring risk factors for evaluating programme performance.

Comments:

For any future international events, it is important to take into account the long process of obtaining entry visas for citizens of European Union countries (and other countries). For Uzbekistan and Tajikistan, this may take more than a month.