



**CINDI Policy Academy on integrated
Noncommunicable Diseases
Surveillance**

20 – 22 April 2015, Kaunas, Lithuania

MEETING REPORT

ABSTRACT

On 20-22 April 2015, 38 participants including Noncommunicable Diseases (NCDs) technical experts from 16 Member States, met for the CINDI Policy Academy on integrated Noncommunicable Diseases Surveillance. The seminar informed and empowered participants to improve their national NCD surveillance systems, and offered the opportunity for participants to understand different aspects of NCD monitoring and surveillance, and gave an overview of available tools. The seminar provided a training, learning and capacity building opportunity in the areas of setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs, including analysis for policy making, and developing or strengthening integrated risk factor surveillance. Furthermore, the seminar provided a focused session on developing or strengthening NCD registries and served as a platform for the discussion on the reporting on progress and achievements on the implementation of the European NCD Action Plan and the UN General Assembly High-level Political Declaration on prevention and control of NCDs.

KEYWORDS

CHRONIC DISEASE
HEALTH POLICY
SURVEILLANCE

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Introduction

Background

Monitoring progress made in the area of NCD prevention and control requires a thorough analysis of the existing information for use in policy-making. The monitoring and surveillance of NCD should be based on retrospective analyses of mortality data and current cross-sectional analyses of morbidity data to identify intervention targets, as well as on prospective analyses of risk-factor data to predict the contribution of NCDs to the future disease burden. Ideally, these data would be disaggregated by sex and socioeconomic status. Together, all this information would comprise a well-developed monitoring framework, which is of key importance to inform policy formulation and programme development.

The Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020, adopted during the WHO European Ministerial Conference on the Prevention and Control of NCDs in the Context of Health 2020, held in Ashgabat, Turkmenistan in 2013 stresses that Member States are committed to “strengthen national information systems to better monitor outcomes of NCDs, risk factors, the underlying determinants, and priority interventions guided by the Global Monitoring Framework on NCDs and the Health 2020 indicators”.

NCD monitoring frameworks

In the context of the WHO European Region there are two relevant monitoring frameworks for the reporting on the progress of the prevention and control of NCDs. One of them is the European-wide monitoring framework linked to the European health policy framework – Health 2020- and its six health targets, adopted at the 62nd session of the Regional Committee for Europe. The framework proposes a set of core and additional indicators that will be routinely collected and reported through the European Region-wide Health for All database. The cut-off date for the reporting on the progress of the Health 2020 strategy and its indicators is 2020.

Following the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases adopted by the UN General Assembly in 2011, WHO developed a Global Monitoring Framework on NCDs to enable global tracking of progress in preventing and controlling major noncommunicable diseases

and their key risk factors. The framework is expected to drive progress in prevention and control of NCDs and provide the foundation for advocacy, raising awareness, reinforcing political commitment and promoting global action. The framework was adopted during the World Health Assembly in May 2013 and comprises nine voluntary global targets and a set of 25 indicators with the cut-off date of 2025. The mortality target - a 25% reduction in premature mortality from noncommunicable diseases by 2025 - was already adopted by the World Health Assembly in May 2012.

Integrated NCD surveillance in the country work plans of 2014-2015

At national level, many countries have requested support from the WHO Regional Office for Europe on their work on developing and strengthening integrated systems of NCD surveillance for the biennium of 2014 – 2015.

Recent activities of the WHO European Regional Office in this field such as a collaboration with the European Commission on the integrated NCD surveillance (iNCD) project has revealed a high interest of countries in national capacity building and sharing experiences in this area.

CINDI Policy Academy

It is against this background that the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network, together with the WHO Regional Office for Europe, invited countries to a NCD Policy Academy with the aim to inform and empower participants to improve their national NCD surveillance systems. The seminar offered the opportunity for participants to understand different aspects of NCD monitoring and surveillance, and gave an overview of available tools. The seminar provided a training, learning and capacity building opportunity in the areas of:

- Setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs, including analysis for policy making
- Developing or strengthening integrated risk factor surveillance

Furthermore, the Academy provided a focused session on developing or strengthening NCD registries and served as a platform for the discussion on the reporting on progress and

achievements on the implementation of the European NCD Action Plan and the UN General Assembly High-Level Political Declaration on Prevention and Control of NCDs.

The interactive seminar ran over three days and took place from 20 – 22 April 2015 in Kaunas, Lithuania.

Outline of the meeting

The participants of the CINDI Policy Academy were Ministry of Health officials from selected countries who had requested guidance from the WHO Regional Office for Europe on developing and strengthening integrated NCD surveillance in line with Health 2020 targets and indicators and the Global Monitoring Framework on NCDs.

The countries present were: Belarus, Bulgaria, Croatia, Georgia, Latvia, Lithuania, Montenegro, Poland, Republic of Moldova, Slovakia, The former Yugoslav Republic of Macedonia, Turkey and Ukraine. In addition, experts participated to present country examples from Italy, Finland, and Denmark.

Welcome and introduction

The seminar was opened by greetings of Prof Aurelijus Veryga of the Lithuanian University of Health Sciences, a WHO Collaborating Centre for the Prevention and Control of NCDs. He welcomed everybody (16 countries – represented by delegates from Health Ministries or Public Health Institutions – please see Annex 1 for full list of participants) to the CINDI Policy Academy and wished fruitful work within the next two days.

The deputy minister of the Ministry of Health, Dr Laimute Vaideliene, congratulated all the participants who came for this important seminar on NCD surveillance. She presented the burden of NCDs globally and in Europe. It was confirmed that the Lithuanian Ministry of Health supports activities in the area of NCD surveillance.

Dr Sylvie Stachenko spoke on behalf of the CINDI network and informed the participants that the network was established 3 decades ago in Kaunas. Dr Stachenko reminded the participants of the main idea of the network: the integrated approach of preventive interventions, oriented towards the control of 4 main risk factors.

Dr Enrique Loyola of the WHO Regional Office for Europe confirmed the importance of the seminar due to continuous commitment to report on progress in the area of NCD prevention and control. It was stated that the objective of the seminar is to build the capacity, develop the network of experts within the countries, and to identify the elements that need to be addressed in regards to NCD surveillance in the countries, namely a. indicators, b. sources of information used and how these sources can be used correctly and c. establishing a process in the area of NCD monitoring and surveillance in each country.

Country presentations (Plenary I)

In this session the participating countries presented a short overview of the state of the art in the area of NCD monitoring and surveillance within their country. Each representative gave a snapshot (5 minutes) based on a frame of 4-5 slides: one slide on the national frame on setting targets and indicators, one or two slides on the present situation of risk factor surveillance, and one slide on how the collected data is used for priority setting, policy making and quality improvement. Also, the countries reflected on their main expectations of the CINDI Policy Academy.

The countries that took the floor were: Belarus, Bulgaria, Croatia, Georgia, Lithuania, Latvia, Republic of Moldova, the former Yugoslav Republic of Macedonia, Montenegro, Poland, Slovakia, Turkey, and Ukraine.

The presentations were followed by a short summary by Dr Loyola who noted that all the countries have a NCD plan, or a National Health Plan which includes NCDs. Also, all the countries confirmed having a monitoring and surveillance system in place for data collection. The targets that are being set are in line with the targets and indicators of the WHO Global Monitoring Framework and Health 2020. However, it is unclear what the process was for the setting of NCD targets and indicators in these plans. Dr Loyola also emphasized the importance of multisectoral cooperation for effective implementation of NCD interventions. As for the expectations of the seminar, the participants expressed the wish to learn on how to measure health inequalities, how to analyse data of small-size municipalities, and how to monitor the effectiveness of NCD interventions. In addition, the participants wished to improve their understanding of the Health 2020 targets.

Setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs (Plenary II)

During plenary session II the Global Monitoring Framework was presented by Ms Melanie Cowan of WHO Headquarters and the Health 2020 targets and indicators were presented by Dr Enrique Loyola of WHO Regional Office for Europe. This was followed by a presentation from Dr Markku Peltonen of the National Institute for Health and Welfare, Finland, a WHO Collaborating Centre for NCD Prevention, Health Promotion and Monitoring. Dr Peltonen presented how the data from their existing national health monitoring system is used to evaluate if the targets and indicators of the Global Monitoring Framework can actually be measured in Finland. Also the predictions of future development until the year 2025 was presented and these predictions were compared to the global voluntary targets. He concluded with the note the Finland succeeded in modifying the voluntary global targets to the national setting in order to support the evaluation of the national public health policy.

Key points of discussion were:

- The official channels and routes for collecting data by Regional or Global level. This is not always clear for colleagues working at the national level.
- The data of future exercises like the WHO Country Capacity Survey will be collected through the official NCD focal points in the countries.
- Also some specific questions related to the targets and indicators of the Global Monitoring Framework related to tobacco use and drug therapy and treatment were discussed.

Group work (Working group I)

Setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs

Key questions being discussed in this working group:

1. Alignment of national and WHO policy documents. Was the national health plan reviewed and the national objectives compared with Health 2020 and GMF?
2. Identification of appropriate indicators. How were they selected and what were the criteria used?

3. Data availability and quality. Are all the indicators available and a routine or periodic source identified for each one? How often is data collected and reported? Was data quality considered?
4. Analysing situation and trends and reporting
5. Establishing targets. How were targets set, and did this include a technical and political process?
6. Reporting and accountability. What and how often will there be a report? Who will be responsible for the preparation, and will the report be made public?
7. What comes next in the countries of interest? What would be priority work to be developed?

Group work (Working group II)

Developing and strengthening integrated risk factor surveillance

Key questions being discussed in this working group:

1. Existence of national coordinating mechanism. Is there specific legislation indicating who is responsible for health data collection, management, monitoring and reporting?
2. NCD integrated surveillance draws upon multiple data sources and databases for different purposes and needs a “common” framework. Are all the sources identified in the countries of interest? How complete and regular is information collected and how timely are reports produced?
3. Comprehensiveness and accessibility of surveillance data and information. Are data and indicators required for comprehensive NCD monitoring and surveillance readily accessible and shared by institutions involved?
4. Innovation in surveillance. Are there already any innovative forms of data collection available, under development or planned that are or may become sources for surveillance in the countries of interest?

Feedback from working groups

Key points of discussion from all working groups were:

- Not all national policies are aligned with regional and global mandates
- A legal framework for data collection exists in most countries
- Straightforward indicators can be complex to report on because of poor data quality

- Electronic data collection on countries needs to be strengthened
- The possibility for setting targets depends on the availability of data and political will
- The sustainability of projects was mentioned as an issue, the success of projects depends on continuous funding
- A drop in response rates to a survey is one of the greatest challenge in collecting reliable data
- Different monitoring frameworks from WHO and EU are not completely aligned
- It was suggested to prepare a wish list of indicators and then apply criteria and choose a sub-set that is possible to report on
- The three key words of the discussion were: availability, bridging, and system

Developing and strengthening integrated risk factor surveillance (Plenary III)

In this session, Dr Cowan of WHO Headquarters presented the WHO STEPwise approach to Surveillance. The WHO STEPwise approach to NCD risk factor surveillance is designed for implementation in low- and middle income countries and provides data for reporting against 7 of the global NCD targets. The STEPS method builds on different levels of risk factor assessment and provides core, expanded, and optional modules and is therefore flexible for adaptation to cultural and local needs and can add on to existing systems.

Dr Markku Peltonen presented the integrated risk factor surveillance system in place in Finland. The health monitoring in Finland includes population based surveys, and register-based health data. The aim of the system is to collect information on health and well being of the population but the system also provides information which can be used to evaluate the implementation of health policies and programmes.

Dr Stefano Campostrini presented the integrated risk factor surveillance of Italy called PASSI. This survey is used as a support for decision making in Italy, to set targets, to monitor, and to evaluate. Dr Campostrini stressed the importance of the use of data for policy making, but also for communication purposes through fact sheets and reports.

Key points of discussion were:

- The issue of translation when implementing the STEPS
- The difficulties with targeting different age groups

Using data for policy making, priority setting, and quality improvement (Plenary IV)

This session discussed the data collection and application in practice. An example from Denmark, presented by Dr Preben Larsen demonstrated the process of collecting patient data using electronic medical records, linking this with different databases, and being used for feedback quality reports and policy making. Some practical aspects of this innovative system, based on electronic medical records, were discussed.

Afterwards the floor was given to Poland representative, who introduced the project “Together for Heart”, which aimed at using sub-national data in decision making processes. Issues presented were linked to data quality control, availability of data, and interpretation of socio-economic data.

Prof Aurelijus Veryga proceeded with a presentation from Lithuania. The example covered the topic of Lithuanian experience in using data for policy making, priority setting and quality improvement. The country example demonstrated how the risk factor monitoring results were incorporated into the National Lithuanian Health Program. Discrepancies between the projected Lithuanian health program targets on NCDs and real achievements were analysed and explained. Proper communication with policy makers was emphasized as an important way to achieve public health goals. It was summarized that the collection of the right data is not the final task – it is important to study the data and search for explanations.

Discussion on the reporting on progress and achievements on the implementation of the European NCD Action Plan and the UN General Assembly High-level Political Declaration and Control of NCDs (Plenary V)

Dr Gauden Galea of WHO Regional Office for Europe started this session with expressing his appreciation for the close collaboration between WHO and the CINDI network which resulted in successful CINDI Policy Academies having been organized to date. Hopefully collaborations that have started during this Seminar will benefit the work in the countries in the area of monitoring and surveillance and setting targets and indicators.

Dr Galea presented the current Global and Regional mandates on NCDs and stressed the importance of reporting on the progress on implementation of these mandates over the

coming years. Linked to the reporting Dr Galea presented the road map of commitments included in the 2011 UN Political Declaration on NCDs and the 2014 UN Outcome Document on NCDs. These commitments set the agenda for reporting. There are three lines of reporting, the one that is most important relates to the targets and indicators of the Global Monitoring Framework. In addition, progress reports need to be prepared for the WHA on the Global NCD Action plan and for the UNGA on the UN Declaration. The work on the Country Capacity Surveys was highlighted, which feed into NCD progress reports. As for the countries participating, there is a need to reflect on existing data collection, the gaps, and the possible request for support. Also, it is important to always link data to policy development in countries.

Dr Galea also presented the public health strategy of WHO/Europe, Health 2020. Health 2020 has two key strategic objectives which links very strong to the work in the area of NCDs. The first one is to address health inequalities and the second objective is participatory governance for health.

Prof Vilius Grabauskas responded to this presentation from a country perspective. Professor Grabauskas explained that the action oriented programme of CINDI is based on the empowerment of health systems to respond to NCDs and includes six objectives: 1. Four major NCDs; 2. Four lifestyle related factors; 3. Four individual risk factors; 4. Four strategic approaches; 5. Four major strategies for implementation; and 6. Four social determinants for NCDs.

Closure

During the closure the certificates of the CINDI Policy Academy were handed out to the participants. It was also reiterated that CINDI since 2008 stands for the Collaboration for Integrated NCD Intervention and as part of this package different capacity building exercises are organized including these successful CINDI Policy Academies. This community of practice can be commended because it is a partnership at different levels.

SUMMARY OF EVALUATION RESPONSES

All participants were invited to evaluate the Policy Academy and 22 completed evaluation forms were received.

1. How did you perceive the programme? Please tick one option for each sentence from a) to c)

a) The content of the seminar was

| | | |
|-------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 too easy | <input type="checkbox"/> 2 overall fine | <input type="checkbox"/> 3 too dense |
| <i>1 response</i> | <i>21 responses</i> | <i>0 responses</i> |

b) The amount of group work was

| | | |
|---------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 too little | <input type="checkbox"/> 2 fine | <input type="checkbox"/> 3 too much |
| <i>2 response</i> | <i>20 responses</i> | <i>0 response</i> |

c) The length of the programme (2.5 days) was




| | | |
|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 too short | <input type="checkbox"/> 2 fine | <input type="checkbox"/> 3 too long |
| <i>0 responses</i> | <i>21 responses</i> | <i>1 responses</i> |

2. How would you rate the keynotes?

| | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> ☹ | <input type="checkbox"/> ☺ | <input type="checkbox"/> 😊 |
| 1 not useful | 2 fairly useful | 3 very useful |
| <i>0 responses</i> | <i>7 responses</i> | <i>15 responses</i> |


Comments (if any):

3. How would you rate the group work?

| | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  |  |  |
| 1 not useful | 2 fairly useful | 3 very useful |
| <i>0 responses</i> | <i>6 responses</i> | <i>16 responses</i> |

Comments (if any):





4. How would you rate the balance between keynotes, workshops, and individual country work?

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  |  |
| 1 inadequate | 2 adequate |
| <i>0 responses</i> | <i>22 responses</i> |

Comments (if any):

- Would have liked more group work and more exchange of practice

5. Do you feel more confident as a result of attending the seminar in your ability to work across sectors for NCDs at country-level?

| | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |
| 1 not confident | 2 not sure | 3 confident | 4 very confident |
| <i>0 responses</i> | <i>3 response</i> | <i>14 responses</i> | <i>5 responses</i> |

6. What are the key skills that you have learnt that will be important for taking forward the NCD agenda?

- knowledge about the STEPs;
- stepwise approach in details; systematic approach to the problem;
- communication with the network members;
- setting the targets more realistic manner;
- methodological approach how to think about different issues related to setting targets and indicators;
- possible ways to gather useful data; different ways to improve surveillance.

7. What kind of further support would be helpful to build on this seminar once back home?

- technical and methodological support, availability of coordination;
- practical assistance on trying to collect data for particular indicators;
- how better use the existing national monitoring system for NCD's and to improve the analytical approach and reporting system.

8. Please give any further general remarks or recommendation for the improvement of the seminar

- more practical work in small groups; more country examples even not successful to discuss the causes of failure;
- successful examples from not only EU countries, evidence based policy making related to the interventions and it's measurements.

ANNEX 1

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ANNEX 2

PROGRAMME OF THE MEETING

Monday, 20 April 2015

- 08:30-09:00 **Registration**
- 09:00–09:30 **Opening of the policy academy**
The policy academy will be opened by the host country Lithuania, the World Health Organization, and CINDI.
- Introduction of participants and programme of the Academy**
- 09:30–11:00 **Plenary Session I**

 Country presentations
- 11:00–11:30 ***Coffee break***
- 11:30–12:30 **Plenary Session I**

 Continued
- 12:30–13:30 ***Lunch***
- 13:30–14:30 **Plenary session II**

 Setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs

 The Global Monitoring Framework
Ms Melanie Cowan, surveillance and population-based prevention, WHO Headquarters

 Country example from Finland
Prof Markku Peltonen, Department of Chronic Disease Prevention, National Institute for Health and Welfare (THL)

- 14:30–15:00 **Coffee break**
- 15:00–16:30 **Working group I**
Setting targets and indicators in line with Health 2020 and the Global Monitoring Framework on NCDs
- 16:30–17:00 **Plenary session**
Feedback

Tuesday, 21 April 2015

- 09:00–10:30 **Plenary session III**
Developing and strengthening integrated risk factor surveillance
STEPwise approach to Surveillance
Ms Melanie Cowan, surveillance and population-based prevention, WHO Headquarters
Country example from Italy
Dr Stefano Campostrini, The University of Ca' Foscari Venice, Italy (chairing the World Alliance for Risk Factor Surveillance at IUHPE)
Country example from Finland
Prof Markku Peltonen, Department of Chronic Disease Prevention, National Institute for Health and Welfare (THL)
- 10:30–11:00 **Coffee break**

- 11:00–12:30 **Workshop II**
Developing and strengthening integrated risk factor surveillance
- 12:30–13:30 ***Lunch***
- 13:30–14:30 **Plenary session**
Feedback
- 14:30–15:00 ***Coffee break***
- 15:00–17:00 **Plenary session IV**
Using data for policy making, priority setting, and quality improvement
Country example from Denmark
Dr Preben Larsen, Danish Quality Unit of General Practice, Denmark
Country example from Lithuania
Dr Aurelijus Veryga, The Lithuanian University of Health Sciences (WHO Collaborating Centre for the Prevention & Control of NCDs)
Country example from Poland
Mr Rafal Halik, National Institute of Public Health, Poland

Wednesday, 22 April 2015

- 09:00–10:30 **Plenary session V**
Discussion on the reporting on progress and achievements on the implementation of the European NCD Action Plan and the UN General Assembly High-level Political Declaration on Prevention and Control of NCDs

Dr Gauden Galea, Director Noncommunicable Diseases and Health Promotion, WHO Regional office for Europe

*Prof Vilius Grabauskas, Chancellor of Medical Academy, Lithuanian University
of Health Sciences*

10:30–11:00 ***Coffee break***

11:00–12:00 **Closure**

12:00–13:00 ***Lunch***