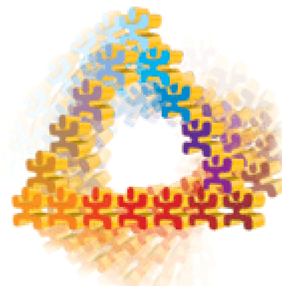
Public Health Agency of Canada   Agence de la santé publique du Canada

CARMEN Observatory on Chronic Noncommunicable Disease Policy



CARMEN
Policy
Observatory

Strategic Planning Meeting

Summary

PHAC/PAHO

(Toronto Marriott Eaton Centre,
18–19 March 2007)

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1. Executive summary

To date, the Policy Observatory has focused on policy research related to non-communicable disease (NCD). Research teams in three countries (Brazil, Canada and Costa Rica) have successfully piloted a qualitative research method to prepare case studies on an NCD-related policy and a cross-case analysis. With the launch of the Pan-American Regional Strategy on NCDs, in which policy and advocacy together constitute the first of four Lines of Action,[1] the Observatory is now in a position to broaden and strengthen its role in informing NCD policy making debates and decisions.

The purpose of the meeting was to clarify the Observatory role over the next 2-3 years in support of the new Regional Strategy, laying the foundation for a strategic plan. Prior to the meeting, representatives of the Public Health Agency of Canada (PHAC) WHO Collaborating Centre on Chronic Disease Policy and the PAHO NCD Unit agreed to structure discussions around five strategic themes:

- Policy research;
- Policy monitoring;
- Advocacy for NCD policy;
- Policy dialogue;
- Capacity for policy decision making.

In discussion, participants identified and elaborated on the following:

- ***Elements in an achievable vision:***
  - The Policy Observatory successfully promotes intersectoral collaboration on healthy policies in both private and public domains, including health and non-health sectors. In the process, countries in the Americas become leaders in reversing the chronic disease epidemic.
  - The Policy Observatory becomes the trusted source for information about integrated, evidence-based, multisectoral NCD policies.
- ***Cross-cutting priorities:***
  - Expanding the CARMEN schools;
  - Creating a CARMEN NCD infobase;
  - Developing/improving country capacities for NCD policy development, implementation and outcomes assessment;
  - Fostering collaboration among and within countries;
  - Engaging institutions and civil society outside the health sphere;
  - Raising funds.
- ***Priorities within each strategic theme:***

Policy research	• Extend the conceptual analytic framework to include policy implementation and policy outcome assessment/evaluation. • Prepare a module for the CARMEN schools to disseminate the qualitative

[1] The other three are surveillance, prevention and health promotion, and management of disease and risk factors.

	research methodology and the "know-how" from the pilots to promote case study development and cross case analysis. Use the research teams as resources in the dissemination of the methodology. • Use the CARMEN schools to develop inter-country networks and collaborations to encourage joint research proposals. • Develop a research strategy for the Policy Observatory, making integrated and intersectoral NCD policies a priority for study, being mindful of topics of interest or likely to be of interest to the public and policy makers. • Develop a knowledge transfer and exchange strategy for the Policy Observatory such that it moves beyond a passive observer role and becomes an active promoter of specific NCD policies.
Policy moni-toring	• Engage with academia and other institutions to build a common integrated framework for NCD policy-related data, with cross-sector indicators, capturing what is most important and feasible to collect using survey methods. • Develop agreements with academia and other institutions or organizations to undertake the design and testing of survey tools, and the collection, validation and analysis of findings. • Combine passive broad policy monitoring with strategic selection of topics and aspects of policy to monitor, such that findings are of timely interest to policy makers.
Policy dialogue	• Stage national and international workshops to systematically review existing NCD policies, and compare, consolidate and synthesize the knowledge they contain. • Develop dialogue mechanisms, structures and processes. • Identify a pool of experts willing to share their expertise on NCD policies through national and international dialogues. • Develop an outreach approach to engage intersectoral partners.
Policy advocacy	• Train new advocates e.g. through the CARMEN schools. • Identify existing alliances already advocating with regards to NCD policy action and link them to public health NCD experts within countries willing to advocate, to encourage an exchange of experiences, skills and tools, and to develop consistent messages. • At the outset, at a minimum, target the MOHs to create a line item in their budgets for health promotion and NCD prevention using earmarked tobacco tax revenues. • Create networks to assess existing policies in other sectors and advocate changes for them to contribute to health promotion and health protection.
Building capacity for Policy	• Identify existing regional capacities and strengths for policy development and identify hubs of capacity and expertise that can be shared e.g. at CARMEN schools. • Promote interaction between countries e.g. bring together smaller states or twin small and larger states to strengthen existing national and sub-national capacities.

2. Opening

Sylvie Stachenko

The launch of the new Regional Strategy for Non-Communicable Diseases for the PAHO region marks a turning point for the PHAC/PAHO Policy Observatory.[2] So far, the Observatory has been concerned with policy research with three pilot projects in Costa Rica, Brazil and Canada. Now, the Strategy's four Lines of Action – the first of which is Policy and Advocacy – give us the guidance we need to broaden our effort along the lines originally intended, to encompass not only policy research and analysis, but also policy monitoring, capacity-building, knowledge dissemination and dialogue. Together, these functions form the essential links between evidence, policy and practice. We are now in an excellent position to broaden the Observatory's functions to include the whole of our region, and to engage the additional partners we will need from such areas as academia, subregional movements, the banking sphere and civil society in general to create a stronger, more distributed and sustainable initiative.

The immediate task is to develop effective mechanisms for governance and to distribute the work to enable a timely response to the new Strategy, and Dr. Stachenko noted that PHAC is proud to have been able to contribute to this process. The Observatory is poised to become an important resource as Canada moves forward in developing broad intersectoral policies to address chronic disease. It is essential that the Observatory learns well from the efforts of the three CARMEN countries involved in research over the last few years. The collaborative structures and relationships that have been built offer a solid foundation as the Observatory seeks new perspectives to shape its future.

[2] The organization's full name (PHAC/PAHO Observatory on Chronic Non-Communicable Disease Policy) is abbreviated in this document to POCNCD ("Policy Observatory on Chronic Non-Communicable Disease"), PO ("Policy Observatory"), or simply "the Observatory".

3. Agenda and work plan

James Hospedales, Barbara Legowski

As head of the PAHO NCD Unit, Dr. Hospedales thanked the organizers and welcomed participants.

To date, the Observatory has focused on primary qualitative research in three countries. With the launch of the Regional Strategy, in which policy and advocacy together constitute the first of four Lines of Action,[3] an opportunity has arisen for the Observatory to broaden and strengthen its role and make an important contribution to health in the region.

The new Regional Strategy was adopted by governments of member states through the Directing Council of PAHO in September 2006 in response to the enormous burden of chronic disease, an epidemic which has been growing for many years and is largely determined by social and economic factors.

In preparation for the current meeting, representatives of the PHAC WHO Collaborating Centre and the PAHO Non-Communicable Disease Unit reached consensus on a list of five strategic themes to structure group discussions on the future of the Policy Observatory. The five themes are:

- Research;
- Policy monitoring;
- Advocacy;
- Policy dialogue;
- Policy development.

The overall purpose of the current meeting is to clarify where and how the Observatory can add value to the new Strategy, identifying opportunities and barriers, and setting the basis for a strategic plan in support of the Regional Strategy over the next 2-3 years. In the process, participants' input will help to define the future of the Observatory.

Barbara Legowski, senior advisor with the PHAC WHO Collaborating Centre, outlined the main meeting objectives:

- Understanding the new context for the work of the Policy Observatory provided by the Regional Strategy;
- Reviewing Observatory accomplishments, particularly the three research projects;
- Gathering input from participants toward a fresh vision for the Observatory;
- Reviewing capacity needs;
- Identifying next steps.

[3] The other three are surveillance, prevention and health promotion, and management of disease and risk factors.

4. Update: Country research team projects

Brazil, Costa Rica and Canada hosted projects to pilot a primary research methodology exploring the formulation stage of the public policy cycle. A research team in each country chose a particular NCD-related policy for its case study. These were the National Policy on Food and Nutrition (Brazil); the regulation of nutritional labelling, nutrient content and health claims (Canada); and folic acid fortification of flour (Costa Rica).

A. BRAZIL

Deborah Carvalho Malta

The objectives of the Brazil case study were:

- To identify facilitating elements and barriers for NCD policy formulation and approval;
- To support the formulation of an integrated policy for NCD prevention and control;
- To compare the results of the Brazil project with those of Costa Rica and Canada.

A qualitative methodology was adopted, focusing on three key questions:

- How and when has the government addressed the theme of non-communicable disease?
- What solutions have been proposed by different players?
- What solutions (actions / programs) were finally chosen?

The analysis proceeded along five axes:

- Policy on diet and nutrition;
- Non-communicable disease surveillance;
- Promotion of physical activity;
- Diabetes and hypertension care;
- Tobacco control.

Primary data for the project consisted of 29 interviews with key informants in each of the five axes. A collection of secondary data was also done, including laws, directives and resolutions; speeches, reports and opinion statements; interministerial and working group reports; and written testimony about past events.

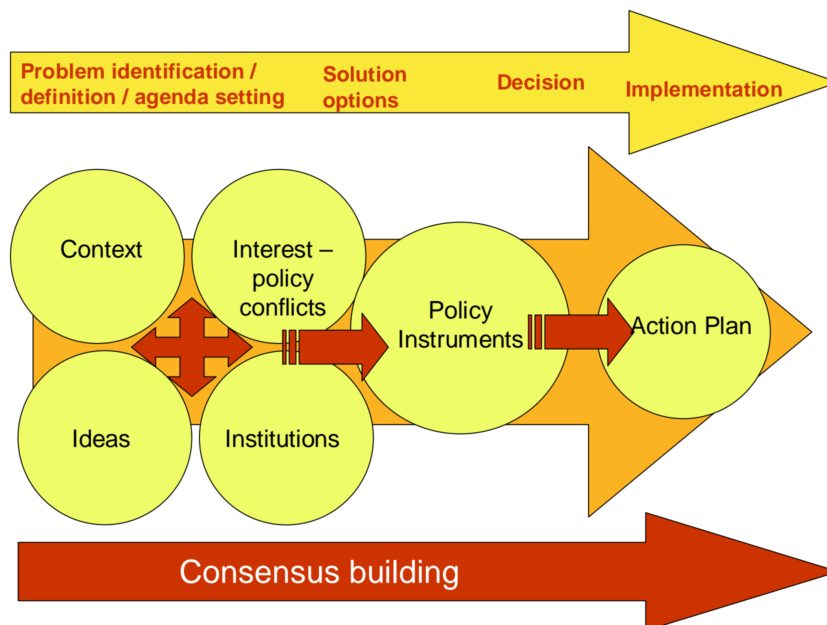
Diet and nutrition

Interview analysis is now complete for the area of diet and nutrition policy, which accounted for 16 of the 29 key informant interviews. Together with data from the other four areas to be analyzed in the second stage of the project, the primary and secondary data on diet and nutrition will embody a major evidence resource for future work.

Brazil's National Policy of Food and Nutrition (PNAN), adopted in 1999, set forth guidelines on a range of issues including:

- Food security and quality;
- Universal access to food through intersectoral action;
- Situation monitoring;
- Development and support of relevant lines of research;
- Human resource development and training;
- Healthy eating / lifestyle promotion;
- Prevention and control of diet disturbances and nutrition-related diseases.

The development of PNAN was analyzed on the basis of the model used by all three country research projects, as shown below:



The analysis provided the following insights:

- While diet and nutrition were constantly on the public agenda, no clear solution had been identified;
- The initial focus was on food security;
- Over time, the focus broadened to include an emphasis on healthy living, as exemplified in the overall non-communicable disease prevention agenda. With this change, new players became involved; the issue gained in prominence, and the Ministry of Health developed specific actions to address it. Thus, the initial guidelines included provision for such items as the promotion of healthy diets and physical activity;
- The process of policy formulation sparked rising public awareness, interest, discussion and active participation. Public interest and involvement was further

heightened when debate arose about the mandate of another government agency which had previously been active in some aspects of nutrition;

- Other positive influences came both from within the country (e.g. anti-tobacco movement) and outside (e.g. WHO global strategy);
- Policy formulation was also encouraged by the atmosphere of crisis accompanying the closure of the Diet and Nutrition Institute (INAN – Instituto de Alimentação e Nutrição);
- The mobilization of technical experts in the diet and nutrition field created realization that this was the opportune moment for strategic change;
- Once implemented and institutionalized within the Ministry, PNAN cleared the way for and encouraged the development of related initiatives, such as the regulation of food labeling (ANVISA, 2002) and creation of an agency for non-communicable disease surveillance;
- The success of the process was largely due to successful collaboration among individuals from different spheres (diet and nutrition, physical activity, chronic and non-communicable disease surveillance).

Policy research: Building the methodology

The following lessons were learned in the process of using and refining the Observatory research methodology in Brazil:

- The partnership between Brazil and PAHO, PHAC, and Costa Rica was crucial;
- Effective methodology development relies on effective consensus-building and learning through shared experience;
- Qualitative methodology can be extremely useful in achieving an in-depth understanding of policy formulation;
- Essential expertise was provided by a coalition of several universities and public organizations, who came together to focus on this question;
- It is important to appreciate the historic context in order to ensure that all key players have been included;
- While the diet and nutrition analysis is complete, it is only one of the five axes of the Brazil study. It is necessary to complete the analysis of the other four in order to understand the big picture;
- The analytical process is an extremely complex one, involving a great deal of empirical data. It can be quite difficult to separate evidence related to policy implementation from that related to policy formulation;
- Evaluation of the policy outcome, including an economic analysis, must be an integral part of the analytical model.

Next steps, and challenges for the future, include:

- Expanding the study to new countries;
- Attracting and maintaining the support of academia;

- Completion of the analysis for the other four axes of the study (surveillance, physical activity, diabetes and hypertension care and tobacco control);
- Development of the methodology to include other themes;
- Development of survey guides for all axes;
- Analysis of the policy implementation stage;
- Evaluation of policy effectiveness;
- Dissemination of results;
- Publications.

B. COSTA RICA

Luis Tacsen Chen

Initially, it was hoped to use Costa Rica's new policy on physical activity for this case study; however, it was necessary to shift focus due to difficulty in engaging the necessary stakeholders. The topic finally chosen was the policy on folic acid fortification of flour.

The effort was organized by a coordinating team led by the Ministry of Health and assisted by advice from PHAC and PAHO, with direct access to CARMEN and to the upper echelons of participating institutions, including the Social Security Institute, the National Health Research Institute and the University of Costa Rica.

A smaller Ministry team facilitated and coordinated the work of the research team, with assistance from a hired consultant. Finally, a technical team assisted with research and training.

Although initially the wheat industry had doubts about technological and economic feasibility, the overall national and international environment favoured the development of this policy. Key factors in the success of the process included political support, strong leadership, a strong and highly skilled team, private-sector receptivity to the change, successful mobilization and achievement of consensus among all those involved.

One important outcome of the study was identification of a novel dynamic for establishing constructive public-private interaction, since the commitment of the private sector was essential to support and sustain the new policy. The project began with a national survey on nutrition, which provided hard evidence that folic acid deficiencies were responsible for a host of health problems in Costa Rica, including congenital malformations of the neural tube and anemia, especially in young mothers. The scientific evidence was used to motivate and engage key players in the government and private spheres.

The following elements were found necessary to success:

- Establishment of alliances between the political and technological spheres, and between the public and private sectors;
- Existence of strong scientific evidence;
- Ability to demonstrate feasibility;
- Consensus and a hard-working, committed team.

The Observatory methodology was disseminated through a panel with representatives of the Ministry of Health, social security authorities (CCSS), the universities and the Costa Rican Institute for Research and Education in Nutrition and Health (INCIENSA), with assistance from a technical advisor. Its objectives are to present the experience of the Observatory for NCD in Costa Rica, to generate discussion and provide analysis on the usefulness of Observatory methods, and to identify prerequisites for a successful process.

Necessary next steps will include:

- Adoption of the Observatory as a priority by INCIENSA;
- Inclusion of the Observatory as a priority for scientific and technological development in the CCSS strategy to 2025;
- Publication of the Observatory methodology;
- Continued dissemination activities within all participating institutions, making full use of available media;
- Effective follow-up of the panel's recommendations to present the methodology and the results of the case study;
- Introduction of the Observatory concept to the Costa Rican Public Health Association, with a view to building support within the scientific community.

Lessons learned in the course of the case study included:

- The leadership of health authorities is essential;
- Participating institutions must be convinced of the relevance of the Observatory;
- A phased implementation approach is recommended;
- An interdisciplinary, multi-institutional team is essential to lead the replication process;
- Careful preparation and refinement of documentation and software are necessary in the initial stage;
- The research team requires in-depth knowledge of the policy being investigated.

C. CANADA

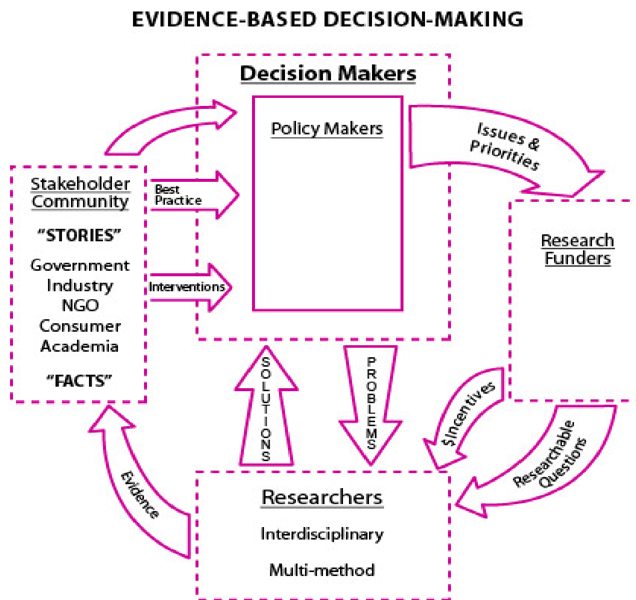
Ellen Vogel

The Canadian pilot project involved building consensus among stakeholders on the policy of nutrition labeling, with special attention to three policy elements: labeling *per se*, nutritional content claims, and health claims. Each of these elements followed a separate process until 1 January 2003, when they unexpectedly merged into a unified policy package. Overall, the process was a complex and chaotic one, hampered at various stages by the existence of "policy silos" and critical shortages of human and economic resources. Despite these challenges, convergence was achieved due largely to three key factors:

- Consensus in the broad stakeholder community that this issue must be seen in the context of consumer health;
- The existence of influential policy champions in PHAC;

- Leadership of an intersectoral policy advisory committee.

The following diagram[4] illustrates the process that was followed for evidence-based decision-making:



As the diagram shows, there were four categories of participants in the process. *Decision-makers* included senior policy-makers and managers at the federal level; *research funders* included Health Canada and PAHO; *researchers* were a diverse interdisciplinary group, using a variety of methods to tackle the issue; and the *stakeholder community* consisted of representatives from government, industry, NGOs, academia and consumer groups.

The overall process is a deliberative one of *evidence-informed* decision-making. Knowledge from research is only the starting point. Participants bring a wide variety of experience, concerns, values and resources to the table, and reaching consensus requires that a wide variety of world views be taken into account. The process must be transparent and inclusive in order to ensure that the final result can be implemented and sustained in the real world.

Lessons learned include:

- Policy-making is a real-world exercise, not just an academic one;
- Research findings increase in value with the addition of evaluation data (e.g., cost-effectiveness);
- The deliberative process is highly collaborative. While this can be quite time-consuming initially, the pace accelerates over time;

[4] Adapted from Canadian Health Services Research Foundation, 2006

- The emphasis should be on capacity-building, targeting senior decision-makers and managers;
- A step-by-step incremental approach is helpful in building trust and demonstrating the value that stakeholders can expect from the exercise.

At the outset, the nutrition labeling initiative was positioned in a broad context, as a "policy lever" in the prevention and control of chronic disease. The policy was placed in a global context by relating it to a similar EU initiative (2006). In the process, it could be shown that key policy questions such as the following had already been raised and worked through by the European Commission:

- Should labeling be mandatory?
- How much information is required?
- Are there alternative formats for providing nutritional information?
- Where should the label be placed?
- How important is the presentation of the information?

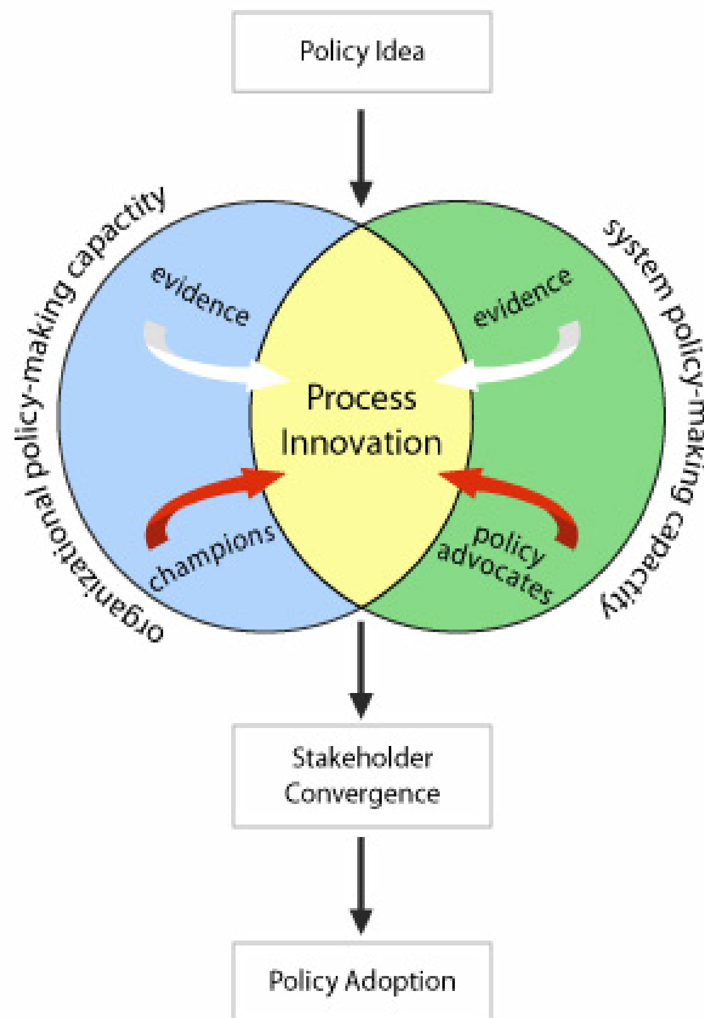
Overall, the response of key informants at senior levels was very positive. Various respondents judged the case study to be "helpful", "relevant", "very useful" and "informative and engaging".

Barriers to consensus included the following:

- Tensions in the policymaking process, including industry concerns about costs and implementation timelines; issues regarding exemptions from the regulations, and concerns about information selection and effective label design (primarily because of the need to present information in two languages, using limited space).
- The existence of policy silos. In many ways, this was the most significant barrier, and it is urgent to find ways to deal with it in future. Agriculture Canada, which controls the Food Inspection Agency and is responsible for implementation of the new labeling policies; yet its mandate and priorities differed at several points from those of Health Canada.
- A significant dichotomy between the formulation of policy and its implementation.

Ultimately, the case study resulted in development of the following model[5] for consensus-building:

[5] Note that the label "*capactity*", which appears twice in the diagram (curved text, right and left sides), should read "*capacity*".



The left side of the diagram represents organizational players, while the broad systems level appears on the right. System-level policy advocates may also include elected officials. The central area where the two spheres converge represents the groundbreaking, innovative process that brings together all sectors to work toward convergence.

A key conclusion of the case study was the rating of policymaking capacity at individual, organizational and system levels, on the basis of the indicator set used by all three countries hosting pilot projects. Capacity was rated high at the individual level (seven indicators) and the system level (four indicators). It was rated "medium" at the organizational level, due largely to issues with resource allocation and some aspects of partnership development.

Other lessons learned included:

- Expanding the design to include the implementation and evaluation stages is both strategic and practical.
- Collaboration with international teams, primarily through technical workshops, was a key factor in success.
- Positioning this research as a series of "pilot" case studies was a good decision, in that it provided the opportunity to test and refine the methodology.
- "Bounding the cases" – determining exactly what to look at and why – was a critical, albeit time-consuming, first-step in the deliberative process.
- Due to political sensitivities embedded in the research, the methodology may be best suited to examination of successful policy processes. It is unclear how well it would work with policies that failed to be adopted.
- The ethical approval process facilitated participation, and is best negotiated at the country level.
- Use of multiple data collection methods was critical, since it was necessary to triangulate data sources to capture both structure and process.
- Next steps should include application of the methodology to *integrated* NCD policy-making processes (e.g., multiple risk factors).
- Dissemination strategies should be negotiated as early as possible.

D. DISCUSSION

The following points were raised in discussion:

Academic involvement

In Brazil, the research team included representatives from a variety of universities and institutes. In Costa Rica, the national university was initially involved through its School of Public Health; however, this involvement was terminated at the methodological stage due to lack of success in negotiating a timely, mutually satisfactory agreement.

Costa Rica: Assurance of impact on target population

The fortification of flour was chosen as the test case for Costa Rica after a survey confirmed that flour was an item of universal consumption. Hence, there is a high degree of confidence that the fortified flour is reaching the target population.

Impact of reliance on imports

Brazil's self-sufficiency in food supply must be considered as a factor in the success of the PNAN initiative. Such an achievement might be much more difficult in countries which are highly reliant on imported foods.

Addressing industry concerns

In Costa Rica, the wheat industry's initial concerns involved the potential cost of flour fortification, and the possibility that the fortified mix might be unstable or change the texture and color of the product, leading to consumer dissatisfaction and lost sales. Through negotiation, the policy team was able to show that costs could be kept low, while there were definite advantages to be gained. A turning point was reached by recruiting allies in the salt industry, who were able to share their own positive experience in the program to fortify salt with iodine and fluoride.

In Brazil, the project received an unexpected boost from the crisis surrounding the closure of the Diet and Nutrition Institute, which made additional time available for preliminary consultations with industry on the policy text. By the time negotiations were under way, the support of industry stakeholders had largely been achieved. While some disagreement did occur at various stages, good relations had been established and there was never a breakdown in negotiations. As a further encouragement to buy-in, the Office of Health Surveillance conducted public consultation on the policy via its website; all feedback was processed in working groups until consensus was achieved. The Brazilian initiative for folic acid fortification of flour was similarly assisted by involving industry stakeholders from the outset. In addition, the team was able to provide industry not only with cogent arguments for fortification, but also with the tools to accomplish it since the Diet and Nutrition Institute had already developed and validated the relevant technology. Another influential point were suggestions for how fortification could be used to enhance product advertising.

Measuring impact

For the most part, assessment of impact involves qualitative research on health indicators and risk factors. Brazil hopes to demonstrate the positive effect of flour fortification when analysis of a new national nutrition survey is complete.

It was noted that in Latin America, industry representatives typically argue for "simpler" labeling requirements on the grounds that 70% of people in North America and Europe do not read nutritional labels. Further, those most likely to use the information tend to be well educated and of relatively high socioeconomic status; thus those at most risk for chronic disease are not affected by the policy. Solid evidence of impact would be highly desirable to counter these arguments. It was noted that at the time labeling regulations were introduced in Canada, there was a concomitant federal commitment to a national education program that would give consumers the information and tools they needed to interpret the information. However, this part of the program has failed to materialize.

Leadership: The basics of behaviour change

The values and images contained in mass media advertising are important determinants of behaviour, particularly for young people. While marketing techniques appeal to basic instincts, nutritional labeling relies on a cognitive approach and is less likely to be effective. This insight is too often neglected in programs seeking to promote healthy lifestyles. For that reason, it was suggested that representatives from the advertising industry should be engaged to help plan and implement interventions. Also, this point suggests that Observatory researchers should step beyond the observer role to become active in the promotion of specific policies. To some extent, this need is addressed by the collaborative

nature of the methodology, allowing researchers to make direct connections and benefit from the expertise of senior policymakers, academics and industry. In addition, the process of *evidence-informed* (as opposed to evidence-based) decision-making encourages consideration of qualitative evidence – the "stories" as well as the "facts".

Toward the future

While all three case studies involved policies primarily related to nutrition, it is important to keep in mind the potential for expansion to other areas in future. Canada in particular has recently been engaged in several initiatives involving innovative models for intersectoral policymaking, which hold great promise for future work.

5. New directions

Five theme areas were used to explore the potential role of the Observatory in support of the PAHO Regional NCD Strategy:

- Research
- Policy monitoring
- Advocacy
- Policy dialogue
- Policy development

A. THEME PRESENTATIONS

Presenters were asked to comment on the following questions in the context of their theme area:

1. Describe the significance of the theme area in the context of the Policy Observatory.
2. Explore how the theme area supports the dissemination of the Regional Strategy.
3. What single element is most needed to build capacity in the theme area?

Research

Sandra Burt

Significance of research in the Observatory context

Research is the function of asking and answering questions about the policy process, and the construction of such explanatory frameworks is a central concern of the Policy Observatory. In essence, public policy is a question not only of what governments choose to do, but also of what they choose not to do, and the reasons for their choices. Research must encompass all stages of the policy cycle – not just the steps of agenda-setting, policy formulation and decision-making on which the pilot projects focused, but also implementation and assessment of outcome. Further, outcome must be understood in the broad sense, in terms of its impact on the ultimate goal as well as in cost-benefit terms. Finally, policy research should adopt a comparative perspective. For example, while one country may adopt a certain policy in emulation of another, local circumstances may result in quite different outcomes.

The role of research in support of the Regional Strategy

With respect to support for the Regional Strategy, research is essentially an important way to build capacity. For example, the three case studies that have been presented have brought together researchers, senior policy people, academicians, NGOs, consumers and industry. In the process, all participants learn important lessons, both about the issue and about how best to deal with each other in a multi-pronged policy-making process. Participants' connections then help extend these lessons beyond national borders.

Research: Capacity-building proposal

Formation of an international working group with representation from the research and technical groups involved in all three pilot projects. This would help preserve the valuable

lessons learned about how to do good research and effectively disseminate the results in an international setting.

Policy monitoring

Branka Legetic

Significance of monitoring in the Observatory context

Public policy is a set of actions taken by government in the public interest, that influence the lives of citizens. Policy is developed in response to issues which are subject to public-sector action and which are identified as public problems. Public policy may include not only what a government does, but what it chooses to ignore. Policy monitoring involves regular, continuous observation of policy-related activity over time to determine whether an initiative is proceeding according to plan; to keep track of achievements and confirm progress; and to collect information for use in evaluation.

Issues related to monitoring include:

- ***Reasons for monitoring.*** Monitoring is mainly done with the following purposes in mind:
    - *Mapping* – To keep an inventory so that administrators and the public can know what policies exist;
    - *To support advocacy* – To systematically observe public decisions so that problem areas requiring advocacy can be pinpointed;
    - *To support policy dialogue;*
    - *To support empowerment.*
- ***Subjects for monitoring:*** Monitoring typically tracks policy interventions, both upstream (e.g. health determinants) and downstream (e.g. local health policies); stages of policy development (from initial proposal to passage as legislation); the framework and process within which policies are formulated and implemented; and the effectiveness of applied policies.
- ***The scope of monitoring:*** Monitoring may encompass a range of activities from building policy profiles to tracking policy development and change.
- ***The audience for monitoring:*** Monitoring is ultimately done for the benefit of end users of its products. These include decision-makers, public health specialists, health care providers, and the general public.
- ***The results or products of monitoring:*** The data collected during monitoring accumulates in a repository (database). Other products may include policy profiles and policy briefs. This information is made available to support policy evaluation, to provide a basis for recommendations, and to support creation of standards for program implementation. Some product examples include:
    - The *Health Policy Monitor* of the European Policy Observatory, which tracks policy development and change in all European countries. It covers a host of areas related to health, including financing and quality of care;
    - *PLANET* (“*Plan, Link, Act, Network with Evidence-based Tools”*), a US database dedicated to cancer control;

  - *Heart and Stroke Legislation Database*, a new US resource linked to many other resources such as data on tobacco use and physical activity.

The role of policy monitoring in support of the Regional Strategy

Monitoring can help support the Regional Strategy by addressing an important gap. Information on existing policies and their performance is limited, rarely linked to field work, and is drawn mainly from interested parties. This affords ample opportunity for improvement, in order to build credibility for what is being done and maximize leverage to do more. Monitoring is essential also because the environment is changing rapidly, giving rise to a host of challenges in addressing issues such as policy compliance and effectiveness.

Monitoring: Capacity-building proposal

An assessment of country-level NCD data in terms of quality, validity, availability, equity, gender and ethnicity, identifying gaps and building a strategy to improve monitoring.

Policy dialogue

Anna Ritsatakis

Significance of policy dialogue in the Observatory context

Policy dialogue, whether it takes the form of peer review or case studies, involves a impartial review of a particular policy development process, conducted by people with no vested interest in the outcome. It constitutes a unique sharing opportunity for both reviewers and reviewed.

The peer review model is well established. The OECD, in particular, has more than 50 years of experience with this method, and has served as an invaluable resource for European countries. For example, the agency's review of Finland's performance under the WHO HFA (Health For All) guidelines was done on two levels: a review group composed of high-level personnel such as ministers which provided overall guidance, and a study group which worked with experts and prepared materials and reports for review. The method included a review of published and unpublished documentation, preparation of briefs, on-site interviews with key informants and field visits. A year after publication of the final report, an evaluation was conducted to determine how useful the review had been. The ultimate conclusion was that, while expensive and time-consuming, the review process had been well worthwhile. In fact, the release of the final report at a national press conference resulted in more widespread publicity than launch of the original policy had done.

The role of policy dialogue in support of the Regional Strategy

The policy dialogue function offers several benefits that are relevant to the Regional Strategy, including:

- A hands-on, up-close discussion of how a given policy might be applied beneficially in a particular country, thus helping to provide tailor-made solutions;
- The opportunity to go beyond "tradition" and address fundamental questions about what is being done and why it is being done in a certain way;
- Exposure to novel points of view and different ways of doing things;
- Establishment of valuable, long-term mutual support networks;
- Development of PAHO knowledge base.

Policy dialogue: Capacity-building proposal

National and international workshops would be useful to discuss existing case studies and integrate existing knowledge in a clear, unified way. NCD-related policies, even within a single country, are typically interrelated in an extremely complex network. When several countries are considered, the complexity increases exponentially. Systematic comparative review can help simplify the chaos, approaching the situation in an integrated way. By presenting a more understandable picture, it can help ensure that all gaps are filled and give a sound basis for future planning.

Advocacy

James Hospedales

Significance of advocacy in the Observatory context

Advocacy is a special form of communication, usually aimed at decision-makers or others with influence, in order to achieve changes in policy or practice that:

- Promote the social and environmental conditions necessary for good health;
- Prevent and reduce NCD risk factors;
- Prevent and reduce the human and economic burden of NCD and its complications.

In essence, advocacy translates evidence into action on policy. It is typically done with the following objectives in mind:

- To get attention and obtain commitment from decision-makers in the political, financial and technological sectors;
- To achieve healthy public policy by ensuring that health is an integral part of the overall social and development agenda;
- To change various business practices in the private sector;
- To constructively reorient health services and systems;
- To influence the agendas of development agencies.

The audiences for advocacy include decision-makers and others holding influence in government (e.g. presidents, prime ministers, ministers), the private sector (e.g. business owners, industry associations); the media and advertising agencies; civil society organizations; and development organizations (e.g. aid agencies, development banks).

The role of advocacy in support of the Regional Strategy

CARMEN is a network of countries in the Americas, working together in collaboration with PAHO/WHO and partners to promote health, and to prevent or reduce the human and economic burden of chronic diseases and their socially determined risk factors. All CARMEN countries have agreed to support the 2006 PAHO NCD Regional Strategy, in which policy and advocacy together form the first Line of Action. Hence, CARMEN and its member countries are in an excellent position to promote advocacy work in support of the Regional Strategy.

Often, governments will act only when advocacy has prepared the way by raising awareness and commitment within the wider society. Hence, advocacy aimed at decision-makers alone is not sufficient; it must function as part of a comprehensive communications plan involving

all sectors. In some countries, use of the term "advocacy" may be inadvisable. Other terms, such as "policy briefings" or simply "presenting the evidence" may be substituted.

A key message for NCD advocacy is the need for strong government leadership (spearheaded by Ministries of Health) to create effective intersectoral collaboration. The following specific actions are examples of how this can be done:

- Create an intersectoral committee that meets regularly to formulate policy;
- Formulate and adopt an integrated national NCD policy;
- Develop a comprehensive policy for tobacco control;
- Develop a comprehensive national strategy to promote healthy diet and physical activity.

Other key messages and recommended actions relevant to specific sectors include:

- Public finance
  - Ensure a line item in the health budget for health promotion and chronic disease prevention and control
  - Establish a tax on all tobacco products and earmark revenue for chronic disease prevention and control
  - Use fiscal policies, such as value-added tax schedules, to encourage consumption of healthy foods and to promote access to and use of recreational and sporting facilities
  - Develop a national benefits package to include screening, treatment and preventive and long-term care for NCDs.
- Education
  - Offer healthy foods, including fruits and vegetables, in school vending machines and dining areas
  - Schedule time in each school day for students and staff to engage in physical activity
  - Develop a skills-based health education program to teach students about healthy diets, the benefits of physical activity and the consequences of tobacco use
- Development agencies
  - Use poverty reduction strategy papers to provide information on the links between poverty and chronic disease
  - Help countries develop tailored, specific MDG[6] targets aimed at preventing chronic diseases
  - Increase investment in health promotion and chronic disease prevention and control as part of global, regional, sub-regional and poverty-reduction strategies

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[6] The Millennium Development Goals (MDG) are eight goals that 191 United Nations member states have agreed to try to achieve by the year 2015.

A number of effective strategies and tactics have proved useful for advocacy. They include:

- Understanding decision-makers' interests and "on-off" switches
- Using research to inform advocacy and to monitor its impact
- Supplementing core messages (e.g., WHO's core message: "Stop the chronic disease epidemic") with more specific messages
- Combining health information with economic, social, environmental or other data to engage the audience
- Balancing systematic with opportunistic approaches
- Recruiting credible messengers
- Building capacity for advocacy
- Employing consistent messaging
- Understanding and utilizing the special role of NGOs and the media in helping to set the agenda, sensitizing people to the issues and information dissemination
- Systematically monitoring and evaluating advocacy, through activities such as:
    - Research into baseline situation
    - Process evaluation
    - Monitoring change in NCD policies and funding
    - Evaluating policy impact in concrete terms (e.g. lives saved, productivity increases, health care costs avoided)

Advocacy: Capacity-building proposal

Training as many new advocates as possible.

Policy development

Cristina Puentes

Significance of policy development in the Observatory context

Policy development is a process of decision-making that is a central function of government. While good health policy is crucial to attainment of social policy objectives, in most countries it too often takes a back seat to other priorities, particularly in the economic area. It should also be noted that health policies (as well as health systems and services) can be implemented in such a way that they increase rather than relieve disparities and social exclusion. The process of policy development is extremely complex, and can even be turbulent. The degree of complexity depends on the particular issue being addressed. Some issues are highly charged politically. The more stakeholders who are involved, the more complex it is likely to become. Conditions at national and local levels may often be difficult to manage, frustrating the best intentions.

For all these reasons, there are no universal prescriptions for policy development. The best decision may not always lead to the best outcome in every case. It is essential for stakeholders and countries to learn from each other, while realizing that each situation is unique. Solutions must be always be tailored to individual circumstances.

The development of good policy requires both good evidence and good argument. Decisions must also be made regarding timing – if good evidence is at hand, it may be inadvisable to wait until the best evidence is available. On the other hand, people often make decisions based on personal experience, regardless of the evidence – sometimes, even in spite of the evidence. In summary, policy development is essentially a political process, involving relationships of power and influence, conflicting motivations and values.

The role of policy development in support of the Regional Strategy

Globalization makes every country more permeable to outside influences, both for better and worse. While PAHO is not an advocacy organization, it can stimulate policy convergence – emulation and adaptation by one country of good policy formulated in another. It can also serve as an invaluable resource for research information on which policy can be based – including information about constructive ways to formulate policy. Finally, by dissemination of lessons learned, certain predictable pitfalls can be avoided.

In building a vision for the Observatory in support of the Regional Strategy, it will be essential to decide between a strict focus on the decision-making process (health policy *per se*) or whether health care policy (relations between providers and patients) should also be included. Recommended areas of focus would include increased activity in the area of policy analysis, and the use of projections to emphasize the long-term view.

Policy development: Capacity-building proposal

Establish an international group of "Politicians for Health", including not only national government figures but also mayors and other local leaders, with a view to exploring and sharing their country's experiences with policy development.

B. DISCUSSION ON THEME PRESENTATIONS

Advocacy

It was acknowledged that young people are often heavily influenced in the choices they make by the entertainment industry and other "cultural change agents". PAHO has now engaged popular television personality Don Francisco to collaborate in promoting relevant health messages for Latin American audiences.

Research and policy development

Certainly, there is a need for research to clarify the evidence for health intervention in many areas. However, there are many other areas where clear evidence already exists (e.g., tobacco). Yet action is too often forestalled because policy makers "construct" the evidence differently – or rely upon a different body of evidence. This may be done with the best of intentions; some problems, for example, may be regarded as health issues (requiring health evidence) or as economic issues (requiring economic evidence). When the two bodies of evidence tend toward different conclusions, a judgement must be made about which one is to be trusted. Policy developers, and advocates, need to find a clear path through the complexity.

Often the evidence in a particular area such as diet and nutrition is less than clear. Once filtered through the various media, the picture presented to the public is confusing in the

extreme. For this reason, it is essential for advocates and others concerned with policy to present a unified, credible message.

Moving beyond the health sector

Excellent evidence already exists that there are certain specific changes in diet and nutrition that, if implemented, would positively impact population health. These changes may depend on individual behaviour change, or on modifications to the environment. The most important issue for the Observatory is to determine how politicians in all sectors –health, social services, agriculture, trade, and so on – can be influenced to take the necessary steps on those issues.

A critical question is the health impact of certain policies developed in other sectors. For example, farmers in some EU countries are still receiving incentives to destroy fruits and vegetables because of an oversupply problem, while tobacco cultivation is encouraged by subsidies. The question of shifting production patterns due to World Trade Organization decisions is likely to have grave consequences for NCD prevalence in the future.

It is crucial to respect the viewpoints and contributions of collaborators in other sectors. The Ministry of Health does not have to lead or "brand" an initiative in order for that initiative to have positive impact on population health.

C. SMALL-GROUP SESSIONS

Document: *Theme Area & Capacity Worksheet (also printed copy)*

For each theme area, participants were asked to discuss the following points in small groups:

1. *Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.*
2. *How important is this theme to the implementation of the policy line of action in the Regional Strategy at country, sub-regional and regional levels?*
3. *What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?*
4. *What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.*
5. *What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?*

Each group report was discussed in plenary session, and groups subsequently revised their reports in the light of that discussion. The revised group reports, together with additional points raised in plenary session, appear in full in the Appendix.

D. REVIEW AND DISCUSSION

The priority actions identified during small-group sessions were reviewed in plenary session. In discussion, the following general points were raised:

- The WHO infobase contains a wealth of relevant information, yet dissemination has not been so successful. Many key players at the country level remain unaware of this information resource and what it can offer.
- It is essential to draw a baseline by establishing what resources, policies and initiatives already exist in countries and regions, in order to build on what is there.
- It was noted that the five themes discussed at this meeting do not entirely coincide with the classic concept of policy development, which includes:
    - Awareness building
    - Advocacy
    - Policy formulation
    - Implementation
    - Monitoring / evaluation
    - Revision
- The overall role of the Observatory, as well as its role with respect to the individual theme areas, needs clarification. The lack of clarity has perhaps been exacerbated by the initial focus on research over the past few years. In fact, the Observatory is meant to encompass the entire policy continuum, as reflected in the five theme areas.
- It is important to note that the Observatory can neither formulate nor inform policy; that is the role of the countries. Rather, the Observatory's role is to provide essential knowledge and practical know-how, to assist with monitoring and to conduct research. Another role would be to bring some order to the myriads of policies that already exist, analyzing and mapping them with a view to minimizing confusion and providing the big picture in a clear, understandable way. As this work evolves, it will be necessary to consider how tasks and functions can best be divided between the central Observatory and country- or subregion-based Observatories.
- The work already done on the case studies should be documented, perhaps through publication by PAHO. This would afford recognition to countries who have contributed, and facilitate emulation and expansion of the work in other countries.

E. CONSENSUS: THEME CHALLENGES AND PRIORITIES

Each small group identified key gaps/challenges and proposed priorities for action for a theme area, to which points were added in plenary (see Appendix 1).

Policy research

- Key challenges:
    - Low technical and financial capacity in many countries to undertake and especially to sustain the kind of primary research that the three research teams piloted;
    - Lack of broad and effective dissemination strategies for research findings;
    - Need to choose research questions related to NCD prevention and control policies with a broad scope and uptake potential.

- Priorities proposed:
  - Extend the conceptual analytic framework to include policy implementation and policy outcome assessment/evaluation;
  - Prepare a module for the CARMEN schools to disseminate the qualitative research methodology and "know-how" from the pilots to promote case study development and cross case analysis. Use the research teams as resources in the dissemination of the methodology;
  - Use the CARMEN schools to develop inter-country networks and collaborations to encourage joint research proposals;
  - Develop a research strategy with a systematic process for choosing research topics and questions with the potential for significant positive impacts on population health policy, and an overall approach that delivers results in a timely manner to support policy decision-making;
  - Within the research strategy, identify clear lines of action and responsibility for coordination of research projects, and for dissemination of findings;
  - Develop a knowledge transfer and exchange strategy for the Policy Observatory, so that it moves beyond a passive observer role and becomes an active promoter of specific policies.

Policy monitoring

- Key challenges:
  - Monitoring broad public health policies that deal with underlying determinants of NCDs;
  - Monitoring to capture policy models that reflect key differences between countries such as context (e.g., centralized vs. decentralized government systems), nature of MOH leadership and stewardship, structures and processes that overcome barriers to intersectoral collaboration;
  - Need to validate country policy and NCD data gathered through monitoring tools.
- Priorities proposed:
  - Gather qualitative and quantitative information. Specific tools will be needed for each, and a diversity of information products should be generated;
  - Combine passive monitoring with strategic analysis, so that findings are timely and of interest, with a high potential for dissemination and exchange;
  - Engage with academia and other institutions to build a common integrated framework for NCD policy-related data, with cross-sectoral indicators to help ensure that the data collected are those most important and most feasible to collect using survey methods;
  - Develop agreements with academia and other institutions or organizations to undertake the design and testing of survey tools, and the collection, validation and analysis of findings;
  - Apply a stepwise approach: that is, once initial monitoring tools and processes are tested, the process should be launched in countries which have

the necessary interest, capacity and an existing information base. Application in additional countries would follow later;
    - Build an NCD infobase including data on determinants;
    - Present data in user-friendly maps, linked to and informing NCD policy advocacy (especially with a view to engaging non-health sector partners).

Policy dialogue

Participants defined this area as an interactive process of engaging various actors from different sectors with a view to defining priority NCD issues, setting objectives for action and measures of success, getting consensus on a joint way forward, and monitoring and evaluating progress.

- Key challenges:
    - Collaboration with actors from different sectors/groups/ministries;
    - Reaching a common understanding of the problems, processes to address those problems, and evaluation measures;
    - Identifying common criteria for best practices;
    - Fitting dialogue processes into political agendas and time frames;
    - Engaging the private sector;
    - Creating win-win solutions;
    - Identifying champions/leaders for the long term;
    - Using existing networks;
    - Developing clear, user-friendly dialogue mechanisms, structures and processes;
    - Identifying a pool of experts to share their expertise across countries and sub-regions;
    - Developing effective outreach to engage intersectoral partners.
- Priorities proposed:
    - Create a user-friendly NCD infobase with textual information on country NCD policy, policy actions, legislation and case studies, with particular attention to information on the evaluation and revision of policy, and innovative marketing to disseminate contents;
    - Create a best-health-practice award for private companies;
    - Engage civil society;
    - Stage national and international workshops to systematically review existing NCD policy case studies, and compare, consolidate and synthesize the knowledge they contain;
    - Develop dialogue mechanisms, structures and processes;
    - Identify a pool of experts willing to share their expertise on NCD policies through national and international dialogue;
    - Develop an outreach approach to engage intersectoral partners.

Advocacy

- Key challenges:
  - Lack of a common understanding of the vital role of policy in dealing with NCDs;
  - Lack of leadership within the health sector at ministerial level;
  - Consumer-oriented democracies which overemphasize personal responsibility;
  - Lack of policy research to inform advocacy;
  - Lack of funding and the capacity for advocacy and negotiation.
- Priorities proposed:
  - At a minimum, convince MOHs to create a line item in their budgets for health promotion and NCD prevention using earmarked tobacco tax revenues;
  - Train new advocates (e.g., through the CARMEN schools);
  - Identify existing alliances for advocacy on NCD policy and link them to public health NCD experts with a view to strengthening advocacy by encouraging an exchange of experiences, skills and tools, and by developing consistent messages;
  - Create networks to assess existing policies in other sectors, and advocate for changes in the interest of health promotion and health protection.

Policy development

- Key challenges:
  - The quality of democracy, which influences/facilitates the process of giving voice to the issues;
  - Political compromises, which may be adverse to healthy public policy;
  - Globalization, which is making it harder for countries to develop independent health policies, particularly since so many countries are dependent on food imports;
  - The lack of recognition that policies, as well as the programs that stem from them, should be routinely evaluated.
- Priorities proposed:
  - Identify existing regional capacities and strengths for policy development, and identify hubs of capacity and expertise that can be shared;
  - Promote interaction between countries (e.g., bring together smaller states, or “twin” small and larger states to strengthen existing national and sub-national capacities);
  - Plan joint actions (e.g. among smaller states or “twinned” small and larger states) to assess and share national and sub-national capacities;
  - Develop innovative approaches to knowledge transfer, including the capacity to communicate policy research findings and policy “know-how” to decision-makers and the public;

  - With respect to policy assessment/evaluation, clearly distinguish budgets for financial and performance monitoring from those intended for health outcome monitoring.

F. CONSENSUS: CROSS CUTTING PRIORITIES

The proposed priorities from each small group were reviewed and consolidated in plenary session into cross-cutting priorities. Subitems appearing in ***bold italics*** were identified by multiple groups.

Expand the CARMEN schools

- ***Develop new modules for curriculum (e.g., policy analysis and outcome assessment; qualitative policy research methods; effective knowledge transfer; advocacy skills; health impact assessment; environment scanning for early detection of trends and issues;***
- Create new links with other schools.

Create a CARMEN NCD infobase

- Create systems and tools for monitoring within CARMEN;
- ***Create systems for dissemination of knowledge, including research findings, policy monitoring information, best practices and lessons learned;***
- Collect and synthesize policy information, including information on policy evaluation (outcomes assessment) and policy revision;
- Collect and organize existing knowledge relevant to NCDs and make it accessible.

Develop/improve country capacities for NCD policy development, implementation and outcomes assessment

- Apply policy dialogue processes to identify existing capacity for policy development within each country; review and develop country-specific plans and funding approaches.

Foster collaboration among and within countries

- Create forums for inter-country collaboration;
- ***"Twin" countries and research teams to increase research capacity;***
- Collaborate to develop effective arguments for advancing the position of NCDs on political agendas;
- Create intersectoral "networks of networks" to mobilize action on NCDs.

Engage institutions and civil society outside the health sphere

- Create intersectoral links for sharing knowledge and skills;
- Establish an award for healthy initiatives in the private sector, with criteria developed by the Observatory.

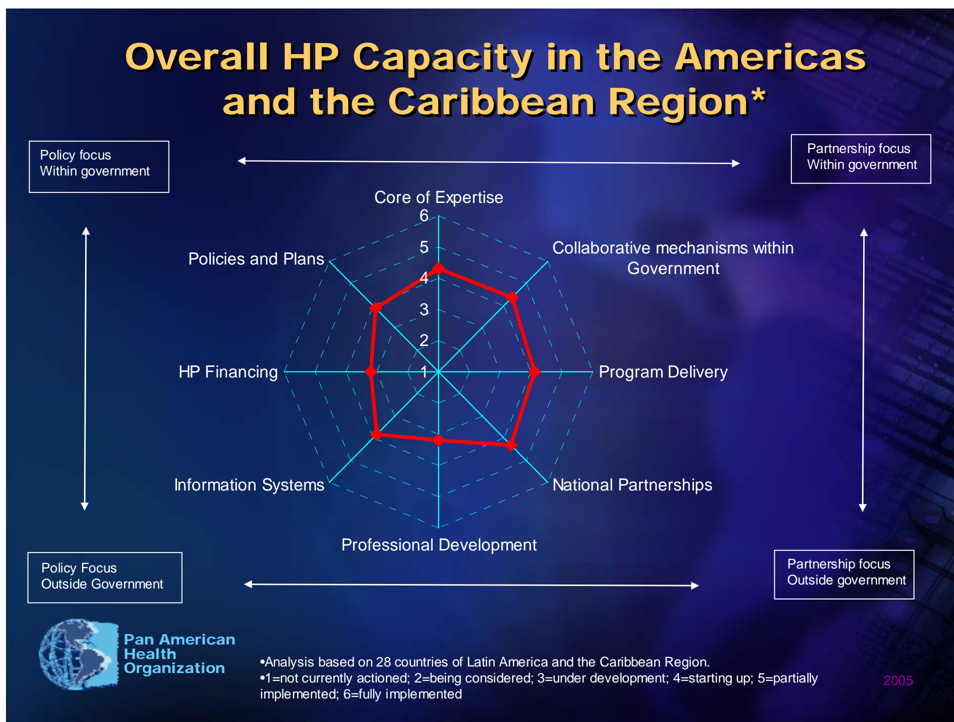
Raise funds

- ***Increase capacity to mobilize resources for research, advocacy and monitoring.***

6. Information exchange

A. HEALTH PROMOTION CAPACITY: EXAMPLE OF MAPPING TOOL

Participants agreed that the following map prepared by PAHO's Health Promotion division could be an extremely helpful tool. It was noted that similar maps are available for each country in the Caribbean region.



B. STATUS OF TWO REGIONAL PAHO INITIATIVES

Two important policy issues now being pursued in the region involve the phasing out of trans fats and the promotion of mass transit. The status of these initiatives is briefly reviewed in the following table.

	Phasing out trans fats	**Rapid mass transit**
Evidence of health impact	Conclusive. Epidemiologic studies and RCTs show that trans fats are a cause of cardiovascular disease and stroke.	International evidence: Mass transit promotes walking, improves air quality, improves road safety, reduces noise / stress levels Evidence from LAC region: Mass transit increases levels of physical activity and improves quality of life measures
Key technical information needed	Research into / availability of alternative oils; otherwise manufacturers may revert to saturated fats	None
Key implementation needed	Possible technological change in oil industry Government incentives Timelines	Regionally: Unregulated markets Feasibility Transport-related monetary policies and taxes
Advocacy	International: Strong (+++) LAC region, countries: Weak (+)	International, health sector: Strong (+++) International, other sectors: Weak (+) LAC region, health sector: Medium (++) LAC region, other sectors: Weak (+)
Policy dialogue	International, WHO/private sector: Weak (+) LAC region/countries/private sector: Medium (++)	LAC donors/transport sector/governments: Strong (+++) LAC health sector: Weak (+)
Monitoring policy implementation	International: Medium (++) LAC: Costa Rica only	LAC: Bogota (non-health sector)

7. Vision for 2010

Asked to envision what the Observatory might achieve in concrete terms between now and 2010, participants suggested the following:

- All other countries flock to the Americas to discover how the region managed to turn the chronic disease epidemic around.
- Countries look to our region for leadership in chronic disease and health promotion policy.
- National policies are strongly grounded in scientific evidence.
- The Observatory has made a breakthrough in impact evaluation, by definitively demonstrating not only the connection between no-smoking legislation and reduced tobacco use, but also the connection between reduced tobacco use and declining rates of heart attacks and strokes.
- Health-seeking behaviours have increased in the general population.
- Policy makers in other sectors now take health variables into account.
- The Observatory has been very successful in promoting intersectoral collaboration. Trade negotiating teams are now very well informed of the health implications of the issues they deal with.
- Each country now has a national food and nutritional policy to address NCDs.
- National health officials now understand the importance of working jointly with other sectors, as opposed to confining their attention to health service delivery.
- In 2010, major development banks consult the Observatory for advice on their lending programs in Latin America and the Caribbean.
- Based on Observatory guidance, the private sector modifies its business practices – and perhaps even funds additional research.
- Macdonalds has won the private sector healthy-choices award for offering the best vegetarian sandwich in the world.

8. Next steps

The Observatory Terms of Reference date from 2004, and need to be updated, formalized and expanded in line with the new Regional Strategy. A steering committee will be established to craft the new strategic plan, with input from this meeting. If necessary, a future meeting may be called to review priorities and identify resources.

Other next steps include:

- Publication and dissemination of the findings of the three case studies.
- Circulation of the meeting report within a month for participants' review.

Appendix 1: Small-group session reports

A. RESEARCH

A1. Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.

A1a. Common understanding

- Interactive process; involves policymakers, advisors, academia
- Systematic analysis, multipronged approach, both qualitative and quantitative methods
- Dedicated to explanatory frameworks, using both qualitative and quantitative methods

A1b. Challenges

- To translate research into plain language and use it to inform policies
- To conduct research to answer value-added questions, using the results to advance Observatory goals.

A2. How important is this theme to the Policy and Advocacy Line of Action in the Regional Strategy?

- Not addressed in report.

A3. What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?

A3a. Capacities already available

- Pilot case study
  - Methodology on comparative research
  - Process
  - The case study was a successful process, particularly in "selling" the Observatory concept at the country level
- A wealth of secondary data in the literature
  - CARMEN can facilitate the process of developing research in this area

A3b. Gaps

- *Major gap:* Low technical and financial capacity in many countries to do this type of work AND to use findings and/or results.
- *Major challenge:* Dissemination strategies
- Money (competing agendas within Ministries of Health)
- Time-consuming
- Lack of mutual understanding between academia and the service sector
- Different expectations and interests (e.g. knowledge / publications vs. direct operational gains)
- Conflict of interest (academia vs. services)
- Difference between pure and applied research
- Difficult to access funding for policy research
- How to broaden scope from a specific topic (e.g. nutrition) to a broader integrated NCD prevention & control policy
- How to choose research questions related to NCD prevention and control
- Some policy-makers may be "too close" to a particular policy issue to be objective. While these people should not be excluded for that reason, steps should be taken to ensure objectivity.

A4. What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.

A4a. Helpful joint actions

- Build an inter-country network that includes:
  - Capacity building (training, methodological development, tools and resources)
  - Financial capacity-building, including methods of inter-country collaboration to seek funds
  - Dissemination of process and results
  - Systematic way of choosing research questions

- Regional and sub-regional levels: Create regional training schools and research centres to address common problems and challenges
  - Researchers have common understanding & can be more objective
  - Strategic recommendation: Joint research proposals (from multiple countries or regions) have an increased chance of being funded (strategic recommendation)

A4b. Priority actions

- Provide training in policy analysis and evaluation through the CARMEN School, with development of appropriate curriculum module and text. Provision for remote distance learning should be included.
- Develop explanatory framework using qualitative and quantitative data
- System for dissemination of methodology and results through publications, websites, conference presentations, reports, textbooks

A5. What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?

- High-level marketing and visibility, with recruitment of “champions” and media cooperation.
- Funding (including support from PAHO and PHAC, and volunteers in strategic areas)
- Political will
- Coordination, to define a clear line of responsibility as part of a strategic plan for policy analysis.

Additional points raised in plenary discussion of Research group report

- A particular challenge is to develop a common model that would include the conceptual framework, strategic plan, and specific guidance on methodology (e.g. interview guide, tools, role of Technical Working Group, finding resources etc.).
- A second challenge is that research takes time: policy decisions may need to be made before the research is complete.
- Development of a research strategy should be a priority, to ensure that the subjects investigated are those which will have the greatest positive impact on population health. Research priorities should be identified for each of the four theme areas discussed at this meeting, and for each stage in the policy cycle.

Research group: Consolidated priority list

- Resources
- Means to disseminate

- Capacity to monitor developments in the network
- Enhance capacity of CARMEN School
- Capacity for more cooperation between countries for technical and political support

B. POLICY MONITORING

B1. Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.

B1a. Common understanding

- Monitoring broader public health policies (those related to determinants of NCDs)

- Monitoring models in various types of countries (e.g. centralized, decentralized), with a view to exploring context, nature of Health Ministry leadership, stewardship. Investigating how models are emerging to resolve barriers to intersectoral collaboration (e.g. through PM's office, finance ministry, MOH, legislative mandate).

B1b. Challenges

- Because policy monitoring is closely related to the impact of policies on population health, it is important to maintain strong links with a good information system.
- Development of tools aligned with the Regional Strategy.
- Need to combine passive (e.g. country profile tool) and active approaches (e.g. information exchange with other countries).
- Stepwise development of monitoring, starting with those countries which have the required interest, capacity and information base.
- Inclusion of qualitative and quantitative monitoring methods.
- Inclusion of academia / universities in regional monitoring.
- Alignment of the Observatory with the Regional Strategy.
- Need for clarity on the nature of our products when dealing with external partners
- Ensuring that first-stage products are well documented prior to regional dissemination / implementation

B2. How important is this theme to the Policy and Advocacy Line of Action in the Regional Strategy?

- Critically important. We need a mechanism to monitor what is happening in each country.

B3. What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?

Regional levels:

- Build and strengthen the current country contribution to an overall regional Observatory.
- Engage other regional institutions that have similar objectives, building on existing platforms.
- Engage civil society, as key consumers of the information.
- Identify other countries that could help develop the Observatory.
- The Observatory should be a priority for funding under the BPB[7] and / or TCC[8].
- Build a common, integrated data framework, featuring cross-sectoral indicators, as a basis for engaging other sectors and a tool to understand the links between policy processes and health trends.
- User-friendly maps or data presentations prepared with a view to increasing intersectoral understanding.
- NCD infobase.

[7] PAHO/WHO Biennial Program Budget

B4. What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.

- Develop NCD infobase with data on NCDs and determinants, continuously updated
- Obtain country input to develop the policy component of the country profile, with special attention to NCD prevention and control
- Use CARMEN network to support countries.

B5. What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?

- Political commitment
- Institutional technical backup
- Academic centres
- Financial resources

Additional points raised in plenary discussion of Policy Monitoring group report

- While the information collected in country profiles is useful, using it can be quite complex. The information needs to be validated by the countries involved and kept continually up to date.
- Reduction of inequalities is an important lens for monitoring progress. It is essential to ensure that monitoring does not simply count "average" results, which may mask a situation of deepening inequity.
- There is a need to monitor resource mobilization – e.g., to track which issues are attracting funds, and where.
- The concept of monitoring is twofold, encompassing monitoring of results (e.g. through health indicators and information systems) and of policy processes and experiences.
- The group expressed regret that time did not permit a more detailed discussion of health-system performance monitoring, which is generally weak in the region and is a concern.
- There was consensus that user-friendly maps can be an extremely useful and convincing tool, particularly when dealing with intersectoral partners. Maps should be made available for various levels (e.g. country, regional, local), and the potential for interactive web-based maps should be further explored.

[8] PAHO/WHO funding program for Technical Cooperation between Countries.

POLICY MONITORING GROUP: CONSOLIDATED PRIORITY LIST

- Resources, both financial and human
- Information systems
- Dissemination, including new channels and products to be developed by the Observatory
- CARMEN school for capacity-building
- Improved skills in knowledge translation, communication and dissemination

C. POLICY DIALOGUE

C1. Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.

C1a. Common understanding

- Originally, concept confined to peer review / case studies; now share a broadened concept of policy dialogue following small-group and plenary discussions
- Policy dialogue now understood as an interactive process of engaging various actors from different sectors (public, private, civil society) to:
    - Define the priority issues
    - Set gold standards/objectives/intent
    - Identify and approve the measure of success/failure
    - Get buy-in
    - Share unified consensus in an innovative/adaptable way
    - Monitor and evaluate progress (e.g. peer review)

C1b. Challenges

- To collaborate with actors from different levels/groups/Ministries through focus groups and networks
- To reach a common understanding/definition of the problem, process and evaluation
- To identify common criteria for best practices
- To fit into the political agenda and timeframe
- To understand the objectives of and to engage the private sector
- To be innovative in creating "win-win" solutions
- To identify long-term, sustainable champions/leaders
- To use existing networks

C2. How important is this theme to the Policy and Advocacy Line of Action in the Regional Strategy?

- Essentially, policy dialogue is the alpha and omega – the whole solution to successful implementation of the policy line of action. However, to make the policy dialogue effective we need clear and user-friendly mechanisms, structures and processes.

C3. What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?

C3a. Capacities already available

- The necessary characteristics of policy dialogue can be summarized in four words:
    - Innovative
    - Win-win
    - Network-to-network
    - User-friendly
- Global, countrywide, sub-regional and regional, formal and informal networks are already in place (e.g., women's organization network, medical association network, etc.)

C3b. Gaps

- Definition of the problem/issue:
    - Distinction between expert and popular views
    - Limitations in the evidence (e.g., context information, ethnicity)

- Lack of a shared, user-friendly monitoring system
- No mechanisms to share innovative practices
- Communication gaps (e.g. national languages, respect of language and culture)

- Lack of mutual understanding of objectives
  - No formal channels for intersectoral exchange (e.g., between governments, academicians, stakeholders, the general public)
- Leadership
  - Difficulty in identifying “champions” across sectors (political “champions” may disappear after elections)
  - Limited capacity in communities, NGO’s
  - Lack of sustainability of capacity
- Private sector
  - Difficulty of attaining “buy-in”
  - Ineffective use of existing capacity
  - Lack of incentives for participation
  - Lack of understanding regarding the potential contribution of the private sector
- Political agenda
  - Issues, especially long-term ones, may be hard to integrate into the political agenda; political turnover is frequent
  - Lack of engagement of elected representatives

C4. What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.

C4a. Helpful joint actions

- International agreement, resolution, statements
- Knowledge-based user-friendly monitoring system (linking to existing groups who already collect information)
- Creation / funding a pool of experts to share their expertise across countries and subregions
- Audit of all public and private-sector policy actions that impact on health
- Inventory / mapping of WHO collaborating centres and other reference centres, together with their Terms of Reference
- Dissemination and recognition of health policy / actions within and among countries
- National surveys of related partners and links to international networks (e.g. Health Promotion School Network, Healthy Cities Network)
- Award for the private company with the best healthy practice (e.g., the Heart Health Association endorsement of Subway)

C4b. Priority actions

- Creation of a user-friendly monitoring system, that would include context information, policy actions, legislation, case studies
- Creation of an award for the private company with the best healthy policy / practice
- Creation of an innovative database of expertise (individual experts as well as WHO collaborating centres or others)

C5. What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?

- Translation service to make essential information available in all national languages
- Knowledge brokers to synthesize and help disseminate information
- Communication/dissemination network

Additional points raised in plenary discussion of Policy Dialogue group report

- With respect to the need for engagement of intersectoral partners, it was acknowledged that the real challenge is not so much to attract them as it is to equip ourselves for effective outreach. To this end, it is essential to understand others' viewpoints, interests and objectives rather than expecting them to understand ours.

POLICY DIALOGUE GROUP: CONSOLIDATED PRIORITY LIST

- User-friendly NCD infobase including textual information, policy actions, legislation and case studies, accessible at all levels and in all countries. PAHO and Observatory leadership will be required.
- Training in policy analysis and evaluation. For people already in the field, this could be done by the CARMEN school; however, it should also be extended to students at schools of public health, schools of nursing and so on.
- Health impact assessments of policies made in other sectors. The Observatory has the necessary expertise for this task.
- Engagement (both horizontal and vertical) of other segments of civil society. This should be a joint responsibility of the Observatory and of each country, with the Observatory identifying and sharing best-practice expertise from other countries. This priority could be approached by establishment of a forum for inter-country collaboration.
- Creation of a best-health-practice award for private companies. While WHO/PAHO cannot endorse a commercial company, appropriate consumer groups (e.g. Heart Health) could be engaged to sponsor such a program. The Observatory would have a role in setting criteria to ensure consistent judging.
- Innovative use of marketing to disseminate information and research results, particularly information on the evaluation and revision of policy. The Observatory could collect and synthesize the information into user-friendly form.
- "Twinning" to help support researchers. Investigators could be paired with other researchers from different countries, or with Observatory experts.

D. ADVOCACY

D1. Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.

D1a. Common understanding

- Organized, active promotion of a particular principle by people with perceived authority or ability to influence decision-makers. Media, NGOs and public opinion all play an important role.
- Advocacy requires a clear cause, based on evidence, to develop an informed citizenry equipped to make healthy choices and an environment that facilitates those healthy choices

D1b. Challenges

- Lack of clear thinking on these issues; lack of common understanding regarding the vital role of policy
- Lack of leadership by health sector (e.g., ministers are often more involved in managing than leading)
- Consumer-oriented democracies, with overemphasis on personal responsibility. Social democratic systems often offer better opportunities.
- Lack of policy research to inform advocacy
- Lack of funding for advocacy
- Lack of capacity for advocacy and negotiation

D2. How important is this theme to the Policy and Advocacy Line of Action in the Regional Strategy?

- There are several policy issues to advocate, not just one
- Advocacy is vital to create momentum for action
- Support for advocacy is essential at local, national, sub-regional and regional levels
- Advocacy is essential because the greatest need is environmental change (making the healthier choice the easier choice, rather than focusing on individual knowledge of healthy behaviours)
- While the "prescription" for action is known from the health perspective, clever advocacy is needed to insert health into the agenda of other sectors.

D3. What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?

- Media are important and interested; media personalities
- Cultural icons
- Consumer associations, patient NGOs (e.g., diabetes, heart)
- Local leaders in health, mayors, etc.
- National health leaders are part of the capacity – but they also tend to lack a strong vision for health promotion and prevention
- National political leaders (e.g. presidents and prime ministers) who are committed to NCD prevention and control
- PAHO/WHO can assist with making the case, presenting the evidence, recommending policies and providing examples of good policies from elsewhere
- Existing transnational initiatives, e.g.:
    - *A moverse America* campaign with Don Franscisco
    - PAHO/WHO *Trans-Fat-Free Americas* initiative
    - FCTC policy push for tobacco control

D4. What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.

- Funding is essential: establish at a minimum a line item in the budget of the MOH for health promotion and chronic disease prevention
- Establish a tax on all tobacco products and earmark revenue for chronic disease prevention and health promotion
- Identify who is already doing advocacy and on what; regionally, sub-regionally, nationally, etc
- Establish potential alliances with them
- Work to add value to existing policies in agriculture, education, finance, environment, trade, social security

D5. What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?

- Training and capacity building in advocacy (which is to be distinguished from responsibility for health service delivery)
- Train, sensitize and equip health sector leaders to take a leadership role in advocacy
- Research to support advocacy, e.g.:
    - Information to feed into the advocacy process (e.g., research information on the promotion of physical activity and supportive environments; Trans Fat Free Americas initiative; implementation of FCTC in the 40% of countries that have not ratified the treaty; health-productive taxes; social security financing of for NCD prevention and rehabilitation; partnerships/alliances for change; economic feasibility studies; trade and health for small Caribbean and Central American countries; the value of intersectoral approaches)
    - Research to identify effective advocacy strategies (e.g., what information to use and how to present it; optimal role of MOH, NGOs, PAHO/WHO)
    - Research into impact of advocacy process
- Media and public awareness must be built to support broader advocacy effort

Additional points raised in plenary discussion of Advocacy group report

- The advocacy strategy should not rely on the goodwill of one or more specific leaders, but should focus on ways to promote the health agenda regardless of who is in power at the time.
- There needs to be stronger emphasis on socioeconomic inequity as a risk factor for NCDs, and NCDs as a significant contributor to underdevelopment and a hindrance to development efforts. The population-wide benefits of investment in NCDs when resources are limited should also be emphasized. For example, one study in the former Soviet Union published by WHO found that a program to reduce child/maternal mortality could produce an overall gain of 1.5 years in life expectancy, whereas the same amount invested in NCD prevention and control could produce a net gain of 7 years.
- User-friendly maps would be extremely useful for advocacy as well as for policy dialogue.

ADVOCACY GROUP: CONSOLIDATED PRIORITY LIST

- Funding
- Establish a group of experts in each country to work on policy / advocacy issues, with the Observatory contributing to capacity development.

- Effective dissemination of information, including data and practical "know-how".
- Monitoring policy processes, implementation, and impact.
- Establishment of cooperative networks for assessment and development of policy in other sectors that has implications for population health.

E. POLICY DEVELOPMENT

E1. Come to a common understanding of this theme area and the challenges it poses at country, sub-regional and regional levels.

E1a. Common understanding

- Policy development is an essential function of government which links political institutions and political outcomes. As such, policy development is a political process. Public policies communicate the goals, means, intentions and responsibilities of the government. The government carries out the assessment, manages the process of developing a policy that is acceptable, generates resources, allocates sustainable human and financial resources, implements and evaluates effectiveness.
- All laws are policies, but not all policies are laws. Policies can forbid behaviors, promote others that are beneficial, protect the well-being of the population or provide direct benefits.
- International organizations may develop policy guidelines that are supported by their members countries. However, these are not enforceable. Private policies for health exist, but are limited to their own sector/company.

E1b. Challenges

- The quality of democracy influences/facilitates the process of giving voice to the issues. For example, policy may be stimulated by civil society actions, scientific research, influences from regional neighbours or other like-minded countries, and political expediency. Often all these come together at a certain time to promote policy development.
- Political compromises may be made that may be seen as adverse to healthy public policy. For example, one ministry within a government may support tobacco control, while another encourages tobacco production.

E2. How important is this theme to the Policy and Advocacy Line of Action in the Regional Strategy?

- The quality of the development process is critical for policy effectiveness and its acceptability by the community at large. A major challenge may be faced when policies made in one country affect another. This impact can be positive or negative. For example, in the Caribbean, most food is imported and national governments have little say in quality, labeling, etc. Small island states have particular constraints in national policy development. National context is often not considered in the process of developing global health policies; yet a good public policy must reflect the cultural specificity and economic reality of the individual country. Global policies may be doomed to failure because of weak implementation strategies, lack of resources, poorly designed programs and/or lack of public or health sector compliance.
- Health Ministries cannot make effective policy independent of other sectors or ministries. Effective health policies may be local (e.g., bans against smoking in public places may start at the municipal level). International development agencies can have strong influence on national policies by tying policy to resource allocation. Some health policy issues require a “whole- government” approach (food security and agricultural policies, finance and trade agreements). The health sector is not always strong in intersectoral collaborations.
- At present, international agreements, international development agency strategies and trade agreements can be more powerful drivers than nationally developed public health policies.

E3. What capacities are already available to meet the challenges presented by this theme area and where are the gaps in capacity?

- Often capacities within the region are not well understood or identified. No one country, particularly small ones, may have sufficient human resources to cover all issues. Hence there is a need for a project to identify regional capacities and strengths for policy development, and identify hubs of

capacity and expertise that can be shared (e.g. on TRIPS,[9] migration issues, international trade issues, research and development for NCD studies).

- To strengthen regional and sub-regional cooperation, "Centres of Excellence" should be identified and developed to support regional and national policy development.
    - Indicators that could be useful for capacity analysis include:
    - Policy capacity (use of scientific information and data sources)
    - Implementation capacity (transparency, ability to enforce rules uniformly, stewardship of resources)
    - Operational efficiency (use of human and financial resources, service quality)

E4. What joint actions regarding this theme area could be of value to countries, sub-regions and the region? Brainstorm to develop a comprehensive list of actions and choose three priority actions.

- Joint actions to assess national and sub-regional capacities, including the opportunity for capacity sharing. Sharing might include "twinning" and the creation of opportunities and funding for experiential policy development exchanges. A common pool of human and financial resources could be created to facilitate this process (e.g. better exchange of information with respect to TRIPS). Small states may gain strength and capacity for national policy development by joining forces on a particular issue. It may also be advantageous to identify capacities outside the health sector which could significantly improve health sector performance (e.g., enlisting project-management support from the private sector)
- Capacity to communicate research results more effectively to decision- makers and to communicate policy strategies to the public. Social marketing and other strategies to facilitate knowledge transfer between sectors and population groups should be explored.
- Innovative approaches to knowledge transfer (e.g., "twinning" of countries with similar experiences, with creation of a pool of resources to support such cooperation). Such approaches would be particularly useful for sharing emerging national policies and strategies regarding trade policies (e.g. TRIPS).
- Policy development must extend to the end of the cycle. Policy statements need targets and a clear timeline for implementation; otherwise, they will exist only on paper. Sustainable funding from core national health budgets is an eventual goal.
- Budgets often do not provide for policy assessments/evaluations, which are sometimes seen as threatening; nor are they often audited effectively. Financial and performance monitoring must be clearly distinguished from health outcome monitoring, which is the ultimate goal. Time and resources must be allocated to the task of figuring out what works and doesn't work.

E5. What support would be needed for the priority actions to be achieved at country, sub-regional and regional levels?

- Major gap: Human and financial resources
- A shift in the paradigm of some aid programs, with a view to supporting innovative approaches identified by national governments.
- Collaboration in capacity assessment, followed by regional sharing of precious human resources and experiences.
- Intersectoral/multidisciplinary collaboration
- Sharing of human resources between sectors. It is essential to reach beyond the health sector, making connections with experienced managers and strategic thinkers in the private sector, academia and civil society.

Additional points raised in plenary discussion of Policy Development group report

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[9] World Trade Organization agreement on Trade Related Aspects of Intellectual Property Rights

- Globalization increases permeability, making it harder for countries to develop independent policies – particularly in the health area, when so many countries are dependent on food imports.
- Policy evaluation often really means “program evaluation”. Policies are translated into programs, and often the impact of policy itself is never assessed.
- Policy development must encompass the whole cycle of policy making, from the initial idea to implementation, monitoring, evaluation and renewal or termination.

POLICY DEVELOPMENT GROUP: CONSOLIDATED PRIORITY LIST

- Identification and assessment of existing policy capacities at the country and subregional levels. A specific action plan and funding will be required.
- Increased capacity to scan the environment to perceive trends / issues with implications for health: early warning system.
- Intersectoral / interdisciplinary partnerships
- Policy database for best practices

Appendix 2: List of participants

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