



## CARMEN Policy Observatory on Chronic Noncommunicable Diseases



A joint initiative between The Pan American Health Organization (PAHO) and the WHO Collaborating Centre on Noncommunicable Disease (NCD) Policy (Canada)

### Concept Proposal to International Affairs Directorate

(28 January 2003)

#### Context

Recent projections of the global burden of disease have documented that, by the year 2020, noncommunicable diseases will be the dominant cause of ill-health in developed and in developing countries alike.<sup>1</sup> In the Americas, noncommunicable diseases are responsible for nearly two-thirds of the total number of deaths<sup>2</sup> and are responsible for the major causes of morbidity. A Canadian study on the cost of illness concluded that 21% of total costs are attributable to cardiovascular diseases alone—a total of \$US12 billion annually<sup>3</sup>. The only information available for Latin America and the Caribbean is the total cost associated with diabetes which was estimated as US\$ 65 216 million (direct US\$ 10 721; indirect US\$ 54 496) in 2000.<sup>4</sup>

The 2002 World Health Report<sup>5</sup> identified high blood pressure, overweight and alcohol consumption to be the leading risk factors for mortality in Latin America and the Caribbean. Further analyses suggest that population-wide policies, such as legislation to reduce salt intake, combined with absolute risk reduction, were the most cost-effective for highly prevalent risk factors for cardiovascular diseases in the Region<sup>6</sup>. A previous review by the Institute of Medicine of the United States points to community based interventions, in combination with preventive

<sup>1</sup> Murray C, Lopez AD *The global burden of disease*. World Health Organization, Harvard School of Public Health and World Bank. 1996.

<sup>2</sup> Pan American Health Organization. *A public health response to chronic diseases*. 36th Session of the Subcommittee on Planning and Programming of the Executive Committee. Washington, DC, 25-27 March 2002

<sup>3</sup> Health Canada, Population and Public Health Branch. *Economic Burden of Illness in Canada 1993-1997*. [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

<sup>4</sup> Barcelo A et al. The cost of diabetes in Latin America and the Caribbean. *Bulletin of the World Health Organization* 2003, 81 (1)

<sup>5</sup> WHO, *World Health Report 2002*, World Health Organization, Geneva, 2002

<sup>6</sup> Murray CJL, Lauer JA, Hutubessy RCW, et al. Effectiveness and costs of interventions to lower systolic blood pressure and cholesterol: a global and regional analysis on reduction of cardiovascular-disease risk. *Lancet* 2003; 361: 717-25.

health services, as the key strategy to reduce morbidity and mortality from noncommunicable diseases<sup>7</sup>

In May 2000, the World Health Assembly (WHA) adopted a resolution (WHA/53.17) endorsing a WHO Global Strategy for the Prevention of NCDs. Priority action areas for WHO technical support to Member States included: advocacy and marketing for NCD prevention; provision of expertise in practical policy development; supporting countries in initiating standardized data collection and strengthening surveillance systems; identifying minimally acceptable standards for the diagnosis and treatment of people with the major NCDs; developing an effective strategy for improving access to essential NCD drugs in low- and middle-income countries; looking for innovative ways of strengthening human resource capacity and providing training courses in technical and managerial aspects of policy formulation, program development, implementation, and evaluation in the field of NCD prevention and control.

To make the action areas operational, the WHA requested Member States to develop national policy frameworks and to promote community-based initiatives through comprehensive risk-factor approaches, based on the best evidence available, through Regional networks for NCD prevention and control. Furthermore, the Executive Board recommended the Global Strategy on Diet, Physical Activity and Health for the prevention of NCDs.

Currently, international networks seek to enhance the capacities of countries to deal with the escalation of health and economic burdens associated with chronic non-communicable diseases (NCDs). In Latin America, the CARMEN<sup>8</sup> network serves as a regional forum for country-based NCD policies and projects. Canada, a member of both the CARMEN network, as well as the CINDI<sup>9</sup> network of the WHO EURO Region, has shown leadership and made significant contributions through its Canadian Heart Health Initiative programme. This programme continues to demonstrate the building of capacity for integrated multisectoral approaches to non-communicable disease prevention and health promotion in the public health system. Lessons from the programme's evaluation helped inform the CINDI Handbook for Process Evaluation in Non-communicable Disease Prevention. Canada has established a WHO Collaborating Centre for Policy Development in the Prevention of NCDs, through the Centre for Chronic Diseases Prevention and Control at Health Canada.

## Rationale

### Why establish a Policy Observatory?

It has been recognized, through comparative policy studies conducted within the CINDI/CARMEN network, that there are common NCD policy challenges across the Americas. There is currently little evidentiary support on the effectiveness of specific policies and little relevant information that would significantly assist policy makers and agencies in the region. A

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<sup>7</sup> Institute of Medicine, *Promoting Health*, IOM Press, Washington DC 2000

<sup>8</sup> Spanish acronym for *Conjunto de Acciones para la Reducción Multifactorial de las Enfermedades No Transmisibles*

<sup>9</sup> Acronym for *Countrywide Integrated Noncommunicable Diseases Intervention for Europe*.

2002 PAHO report recognized the need for the region to develop expertise in systematic exercises of analysis and evaluation of policies related to the prevention of NCDs.

Two comparative studies on policy development and implementation processes for CINDI/CARMEN programs (1994 and 2000), found untapped opportunities for establishing observatories on NCD policy and best practices.

At the CARMEN network meeting in Brazil in late 2003, PAHO Member States belonging to CARMEN requested that Canada, through its WHO Collaborating Center at the Center for Chronic Disease Prevention and Control, Health Canada, in partnership with PAHO play a lead role in establishing an NCD Policy Observatory in the Americas. Brazil, Colombia, Cuba, Chile, Costa Rica and CARLI (a network of Caribbean countries on lifestyle interventions) expressed interest in participating in the initiative.

### **How is PAHO involved?**

PAHO is involved in major health policy *fora* in the Region. It also coordinates the CARMEN network and is in a unique position to work with its Member States in addressing public health issues. PAHO will contribute with its technical expertise, wide range of collaborators in the field as well as with its electronic dissemination media such as its NCD Virtual Health Library. It is expected that this project will serve to raise the visibility and profile of NCD prevention and control efforts and bring NCD prevention to the forefront of the dialogue on social and economic policy development and increase political and public support in the PAHO Region for NCD control.

### **What is the role of the WHO Collaborating Center on NCD Policy (Canada)?**

The WHO Collaborating Centre on NCD Policy (Canada) would provide technical expertise building on lessons from policy capacity development for health promotion and heart disease and stroke prevention in Nova Scotia and other demonstration sites across Canada. The Center also has ongoing links with the NCD policy working group for CINDI, and provides qualitative and quantitative research and analytic expertise from previous comparative studies on NCD policy.

### **How will countries of the Region benefit from the project?**

The NCD Policy Observatory would provide the capacity to support evidence-based health policy development in keeping with the new emphasis on science-based decision-making. By participating in NCD Policy Observatory and its analytic processes, Latin American and Caribbean countries will increase their capacities for systematic policy review and analysis. The involvement of the various countries will provide context-specific and country-relevant policy tools. There would be a clearer understanding of the decision-making processes pertinent to defined communities in the region.

The CARMEN network and collaborating agencies and eventually other WHO regions would benefit from practical, user-friendly tools for formulating and implementing NCD policies that

are adaptable to their various contexts. The Observatory will also provide an opportunity to enhance the dissemination of lessons on effectiveness and innovative methods.

### **What are the Implications for Canada?**

Canada's involvement with the NCD Policy Observatory supports its direction and principles around public health policy, population health and the determinants of health approach. The Policy Observatory is consistent with the goals of noncommunicable disease control and health sector reform in the Americas.

It is also consistent with developing global partnerships for development and combating disease. The focus on major health issues of importance in the Americas also targets the leading 8 causes of mortality identified by PAHO.

Canada's involvement with this project is in keeping with the attainment of the majority of CIDA's goals for health and nutrition, including the fostering and implementation of sound public health policies.

The project engages many of PAHO's priority areas for technical cooperation, including the promotion of effective health input into social, economic, cultural, and development policies and also helps to address current gaps in Canada's overseas assistance in supporting the development of innovative, relevant and effective noncommunicable disease prevention policy.

### **Key Objectives of the NCD Policy Observatory**

The overall purpose of the NCD Policy Observatory is to provide a knowledge base and analytical support to policy-makers in Latin America and the Caribbean and potentially to countries in other regions. The objectives are:

- ➔ Support and promote evidence-based health policy making through comprehensive analysis of NCD policy development and implementation processes;
- ➔ Expand the technical capabilities for NCDs policy analysis and evaluation in the Region to provide the evidence-base necessary to support the decision-making process;
- ➔ Bring NCDs prevention to the forefront of policy discussions and increase visibility and political support.

### **Development of NCD Policy Observatory – A Phased Approach**

There are three phases to the NCD Policy Observatory:

#### **Phase 1: Case Study**

Case studies will focus on public policies and legislation aimed at the prevention and control of NCDs and risk factors (i.e. hypertension, smoking, nutrition and physical inactivity).

This phase will be led by a Coordinator under the direction of an Expert Advisory Committee. A Technical Working Group representing participating countries, PAHO and Health Canada as the lead agency will provide ongoing support to the initiative.

## Phase 2: Analysis

This stage includes the creation of a database that can be accessed by all partners ; mapping of response by country; definitions of taxonomy of mapped responses; as well as two stages of analysis (i.e., within cases and cross case analysis).

## Phase 3 Dissemination

This phase will include the creation of a policy dialogue at country, subregional and regional level.

## Selection of Countries

Two countries in the region, Brazil and Costa Rica have requested to participate in the first case study due to recent enactment of NCD prevention policies in those countries. Colombia, Chile, Cuba and the English- speaking Caribbean through CARLI will be incorporated at a later stage as part of the CARMEN working group. Other countries will participate as results of the first phase become available.

## Key Policy Questions

Key questions are:

- a. **Development processes:** How are policies, legislation and interventions developed at country level?
- b. **Enabling processes:** Is there an enabling environment to implement policies for the prevention and control of NCDs?
  
- a. **Development processes:** Policies, projects and programs are organized according to their focus of intervention, namely:
  - patients and families
  - health providers and how they deliver services
  - the community
  - health managers and administrators
  - policy-makers.
  - Combinations of the above.
- b. **Enabling processes**
  - Leadership and advocacy
  - Integrated policies (across boundaries of specific diseases)

- Financing and supportive infrastructure
- Development and allocation of human resources
- Legislative frameworks
- Partnerships

## Timelines Associated with Case Study Work Plan

Draft timelines for the proposed case study work plan (phases 1-3) include:

- **November 2003 to February 2004:** Agreement on participating countries, coordination mechanisms and funding.
- **March to April 2004:** Meeting of Advisory Committee including international experts and other key actors; establish a Technical Working Group
- **April to June 2004:** Case study;
- **July to September 2004:** Collect data;
- **October to December 2004:** Analyze data; begin report
- **January to March 2005:** Finalize report; disseminate results.

**Phase 1:** Case Study Development consists of three (3) major Outputs in FY 2004-05 described briefly below. Information pertaining to Timelines, Activities, Inputs/resources, Budget, and Assumptions are included under each Output.

### Output One: Planning Meeting for Site Visits

Timelines: March 2004

#### ***Immediate Objective:***

A face-to-face two-day meeting in Washington, DC, involving three members of Health Canada-PAHO Case Study Working Group, will provide a forum to plan and implement activities necessary to operationalize site visits to Brazil and Costa Rica. Outcomes include

- ➔ design of a Technical Workshop to expand capacities in host countries re NCDs policy development and implementation processes;
- ➔ draft a Communication Plan for the research project;
- ➔ develop an Action Plan to pursue funding for Phase 2 (Analysis) and Phase 3 (Dissemination).

#### ***Activities***

- ➔ In collaboration with CARMEN coordinators in host countries, conduct an initial needs assessment to determine current capacities re use of qualitative case study approaches to assess NCDs policy development and implementation processes;
- ➔ Design an interactive Technical Workshop, facilitated by members of the Health Canada-PAHO Case Study Working Group, to expand the capacities in host countries for NCDs policy analysis and evaluation;
- ➔ Draft a Communication Plan for the case study research which will be used to lay the ground work for the two site visits;
- ➔ Develop an Action Plan to pursue funding for Phase 2 (Analysis) and Phase 3 (Dissemination) of the initiative through CIDA and the Canadian Institute of Health Research (CIHR).

### ***Inputs/Resources***

- ➔ WHO Collaborating Centre on NCD Policy: Dr. Sylvie Stachenko, Director General; Dr. Clarence Clottey, Deputy Director; Dr. Ellen Vogel, Post Doctoral Fellow, Health Canada
- ➔ PAHO Noncommunicable Disease Unit: Dr. Agurto; Dr. Coser -Cannon
- ➔ CARMEN coordinators in host countries

### ***Budget requested***

Budget estimate will be based on travel expenses including 2 return air fares (Ottawa-Washington and Toronto-Washington), accommodation and meals, incidental travel expenses (see Budget for details)

### ***Assumptions:***

It is assumed that IAD funding will be secured to support travel expenses. Further, that PAHO will contribute in-kind resources including meeting room, telecommunication expenses with CARMEN coordinators in host countries, etc., expert assistance re preparation of communication plan, etc.

### **Output Two: Site Visit to Brazil and Costa Rica**

Timelines: April 2004

### ***Immediate Objective***

The three members of the Health Canada-PAHO Case Study Working Group will conduct a Site Visit to Brazil and Costa Rica to

- ➔ increase awareness and understandings of the case study research in host countries;
- ➔ solicit information from key stakeholders pertaining to the proposed research methodologies and timelines;
- ➔ implement and evaluate a Technical Workshop in host country involving approximately 20 key stakeholders.

Outcomes include

- ➔ comprehensive case study research protocol, including draft instruments, etc., for review by the Expert International Advisory Committee in July 2004;
- ➔ Technical Workshop evaluation report.

### ***Activities***

- Solicit information from key stakeholders in host countries on sources and mechanisms for collecting, analyzing, storing and processing qualitative and quantitative data and information;
- Establish a Technical Working Group in host country to guide the design and implementation of case study research including ethical review processes;
- Implement and evaluate a Technical Workshop involving approximately 20 key stakeholders in each host country representing a variety of Ministries (e.g., Health, Planning, Food and Agriculture, Sport and Recreation, etc.), as well as NGOs, academic institutions and professional associations working in the area of NCDs policy development and implementation.

### ***Inputs/Resources***

- *WHO Collaborating Centre on NCD Policy*: Dr. Sylvie Stachenko, Director General; Dr. Clarence Clotey, Deputy Director; Dr. Ellen Vogel, Post Doctoral Fellow, Health Canada
- *PAHO Noncommunicable Disease Unit*: Dr. Agurto; Dr. Coser-Cannon
- CARMEN (human and financial resources)
- Ministry officials, representatives of key NGOs, Academics

### ***Budget requested***

Budget will include travel expenses for the three members of the Health Canada--PAHO Case Study Research Working Group as well as costs involved in the implementation of the technical workshop in host countries (e.g., meeting room, food, audiovisual requirements, printing and translation, etc.) (See budget)

### **Output Three: Meeting of International Expert Advisory Committee**

Timelines: July 2004

### ***Immediate Objective***

An initial face-to-face two-day meeting of an International Expert Advisory Committee, to be held in Ottawa, Ontario, in early July 2004 will provide a forum for 5 to 7 experts to provide direction and advice on the proposed case study research protocol (i.e., Phases 1 to 3).

### ***Activities***

- ➔ Membership of International Expert Advisory Committee to be determined by Health Canada-PAHO officials; TOR drafted, etc. prior to convening initial meeting in July 2004;
- ➔ Committee members will review proposed study protocol including draft instruments, analytic methods, etc.
- ➔ Committee members will advise on future stages of case study research including the expansion of the initiative to other networks (e.g. CINDI).

### ***Input/Resources***

- CINDI/CARMEN Directors
- International experts in a variety of areas relevant to the research
- Health Canada-PAHO Case Study Research Working Group

### ***Assumptions:***

It is assumed that other sources of funding will support the work of the International Expert Advisory Committee, including CIDA and CIHR.