Workshop:

Surveillance of Chronic Noncommunicable Diseases (CNCDs) in the Southern Cone (Vancouver, British Columbia, Canada, 23–25 April 2008)

Objectives

1. Proceed in the development of a subregional-level proposal to strengthen CNCD surveillance, in time for the MERCOSUR Health Ministers Meeting this coming November.
2. Discuss utilizing different methodologies to monitor risk factors, recognizing the need to harmonize data at the subregional level.

Participants

- *From the countries:* Representatives of Argentina, Brazil (online), Chile, Paraguay, and Uruguay.
- *From PAHO/WHO:* Advisors from PAHO/WHO Headquarters in Washington, DC, and from the PAHO/WHO Country Offices in Brazil, Chile, Paraguay, and Uruguay.
- *From Vancouver:* Representatives from Simon Fraser University (SFU) and from health authorities in the city of Vancouver.

Summary Report

Day 1, 23 April 2008

Dr. Branka Legetic, PAHO Regional Adviser on Noncommunicable Diseases, gave an **introduction** on the conclusions of the previous meeting held in Buenos Aires in November 2007. This was follwed by an analysis of the challenges and opportunities for the surveillance of chronic diseases, the different scenarios in constructing a surveillance system system, and the potential difficulties faced in setting up such a system.

Dr. Stephen Corber, Associate Professor and Director of Public Health Practice at Simon Fraser University and former Area Manager of Disease Prevention and Control at PAHO, **analyzed possible approaches on how to handle the disease burden**: An approach for individuals at high risk of developing the disease *versus* one that is population-based, making changes that will affect all the population. There was clearly a need to look at distribution curves for risk factors, as well as their form and behavior—and not merely presenting prevalence data on risk factors. The evidence confirms that the majority of deaths and complications occur in the portion of the population that is at medium risk and to whom the health system does not pay

attention. As a result, in order to better utilize population survey data, it is important to look at and comment on the distribution of the risks, and not only their prevalence.

In the afternoon of the first day, **each country presented a description and comparative analysis of risk factor studies done in their country** (methodologies, instruments, criteria and definitions). On this occasion, Brazil was connected via teleconference.

1. ***Brazil:*** Dr. Deborah Malta presented its **CNCD surveillance framework**, with data sources, periodicity of data collection, and advances in situation analysis. In addition, it shared its experience with household surveys, schoolchildren, and **Vigitel**, all of which are carried out periodically—and especially the challenges and opportunities for the use of Vigitel and conducting telephone surveys, as well as their experience in data-crossing with other country-specific databases.

2. ***Chile:*** Ms. Andrea Guerrero shared her experience with **population surveys** as an important tool in chronic disease surveillance, and Chile's experience with its *Surveys on the Quality of Life and Health* (2000, 2006), *National Health Survey of* (2003), and *World Survey on Smoking in Young People and School Health.* Chile has made the decision to go ahead with the development of a CNCD surveillance framework, including social determinants, and work on integrating information on the different stages of the various diseases and on combining the different sources of information in the analysis.

3. ***Argentina:*** Dr. Bruno Lineztky and the Dr. Sebastian Laspiur discussed the status of work carried out in **vital statistics, health surveys, cancer registries, ACAV, risk factor surveys, GHSH, and the survey on tobacco consumption**. They also mentioned that the meeting in Buenos Aires gave impetus the initiative to submit two proposals to the Minister of Health on forming a CNCD surveillance unit and transferring the diabetes unit to that of cardiovascular health.

4. ***Uruguay:*** Dr. María José Rodríguez discussed her experience with implementing ***PanAm STEPS***: the methodology used, weighted results from the Step 1, and advances made in terms of the results from Steps 2 and 3, as well as challenges and difficulties faced in this first national experience. The Uruguayan position was presented *vis-à-vis* the situation analysis with respect to CNCDs and specific mortality and hospital discharge data.

5. ***Paraguay:*** Dr. Graciela Gamarra and Dr. Guilda Estela Benítez presented the **situation of chronic diseases in the field, the good quality of cancer registries, and advances in improving the quality of mortality statistics.** They also presented the **national diabetes program** with its monitoring system as one of the better established programs in the country.

The next discussion produced **agreement on several work areas and the development of joint products:** the situation of CNCDs in the subregion; a subregional database; applied research projects; how to obtain and to share information in addition to sharing of experiences and learning from one another.

Day 2, 24 April 2008

Dr. Fernando de Maio presented in the morning **the possisbilities and viability of harmonizing the data obtained from risk-factor surveys in the subregion**, using as examples the data of Argentina and, to a lesser extent, from Uruguay. He presented a way to do an inventory on methodologies and instruments used for surveys. Subsequently, there was a collective discussion on challenges faced by such a joint effort due to differences in methodologies and instruments, and the benefits of going ahead with standardizing methodologies and analyzing the situation at the subregional level.

The second morning presentation was by Ted Bruce and Michael Pennock, representing two **local health authorities in Vancouver**, Vancouver Coastal Health and the Vancouver Island Health Authority. They shared their experiences with the working group on how to integrate the social determinants of health into risk-factor analysis, developing complex indicators involving more than one variable and thus capable of producing a more comprehensive analysis.

The afternoon was devoted to **group work** in two areas:

1. The preparation of **a draft proposal for a meeting of Mercosur Health Ministers** in 2008 on subregional cooperation for the surveillance of chronic noncommunicable diseases.

2. **A process of harmonization** that began with reviewing the draft list of core indicators for chronic diseases as a starting point in the harmonization process.

Subsequently, each group reported on its work.

Group 1 worked on the draft that appears in the text box on the following page, designed to advance the proposal for strengthening CNCD surveillance.

Group 2 reported on the results of its review on:

- which indicators are appropriate;
- which should be reconsidered;
- which should be classified as basic, expanded, or optional; and
- how to use different rates and information sources.

It proposed the following:

- increasing age group to include 15-year-olds;
- incorporating crude and adjusted rates into the standard population;
- establishing a working group for case definitions;
- incorporating suicide rates into the indicators;
- maintaining prevalence data on diabetes, obesity, overweight, and hypertension as core indicators; and
- not defining access to primary care only in terms of distance, among others.

Draft Proposal for Strengthening CNCD Surveillance
(Group I)

Title

- Reduce the burden of the chronic diseases as a result of changes in health policies, programs, and services on the basis of timely CNCD surveillance.

General Objective

- Strengthen the CNCD surveillance system in MERCOSUR countries to provide relevant information for the formulation and evaluation of effective public policies.

Specific Objectives

1. Provide guidance on defining priority areas for public health intervention.
   1.1 Establish priority health problems of for the subregion.
   1.2 Identify the most vulnerable groups by geographical area, socioeconomic level, age group, other.

2. Develop recommendations for policy-making and effective health programs.
   2.1 Identify and share policies and effective interventions to reduce the burden of CNCDs and inequity in the MERCOSUR countries.
   2.2 Evaluate the applicability of programs or interventions.
   2.3 Support the design of programs or interventions adapted to the reality of each country.
   2.4 Evaluate the effectiveness of the policies or programs implemented.

3. Develop recommendations to improve national surveillance systems.
   3.1 Form the MERCOSUR VENT network (VENT = *Vigilancia de Enfemedades No Transmisibles*, or Surveillance of Noncommunicable Diseases).
   3.2 Design a model framework for VENT.
   3.3 Establish a program of technical collaboration and knowledge exchange.
   3.4 Develop technical training in VENT as well as an analysis of health inequalities.

Work Plan

- Define a timetable for the short, medium and long term.
- Register available information per country.
- Hold meeting to discuss proposal.

Rationale

- The burden of CNCDs is on the rise in the subregion (grade of disability, death, cost for health systems, growth trends).
- CNCD risk factors (RFs) can be modified.
- There is evidence that effective interventions do exist.
- There is the need to adjust interventions associated with lifestyles to the culture of the MERCOSUR countries.
- Regional or global interventions have a greater impact than do national interventions.
- There is a legal framework for this.

Conclusions, Tasks, and Next Steps

At the end of the meeting, the following **priorities** were set for what to do next:

1. Obtain more information on the rules to follow when submitting the proposal for MERCOSUR Ministers of Health Meeting in Brazil.

2. A core group was formed (Chile, Paraguay) that is responsible for developing the next version of the proposal by the end of June and for disseminating it to the other participants by e-mail, not including an on-site meeting to take place just before the MERCOSUR Ministers of Health Meeting

3. Dr. Branka Legetic will take action so that the PAHO office in Brazil will provide support, through the national authorities (*pro tempore* MERCOSUR Secretariat), for including the proposal on the agenda of the MERCOSUR Ministers of Health Meeting in Brazil this coming November.

4. Each participant in the group should lobby with the Minister of Health of his/her country on the benefits of this initiative and the proposal that is being put together.

5. Dr. Branka Legetic and Micheline Meiners, by conferring with the Brazilian authorities, have explored the possibility of holding a technical meeting prior to the MERCOSUR Ministers of Health Meeting, in order to confirm the proposal and advance the discussion on data mapping and harmonization.

6. Regarding data harmonization, an agreement was made to correct the list of core indicators to reflect the observations made by the group, to review the technical files, and to send all this to the countries so that they can test it when collecting data.

7. The group agreed to distribute Fernando de Maio's table (on an inventory of risk-factor surveys, other country-level social surveys, methodology used, programs used for data processing) so that each country can complete it, in order to obtain a mapping on the availability of data in the subregion.

8. The countries, SFU, and PAHO will continue to collaborate, to provide support in reviewing the proposal and in the harmonization process, and to seek opportunities for funding the harmonization studies.

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CNCD Surveillance