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*Countrywide Integrated Noncommunicable
Diseases Intervention (CINDI) Programme*

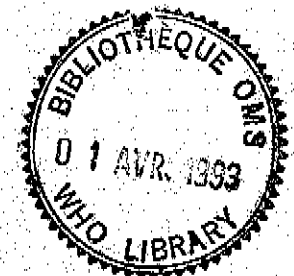
MEETING OF CINDI PROGRAMME DIRECTORS

Report

Ladysmith, Vancouver Island, Canada
29-30 May 1992

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1993

EUR/HFA TARGET 4

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.^a

TARGET 4

REDUCING CHRONIC DISEASE

By the year 2000, there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.

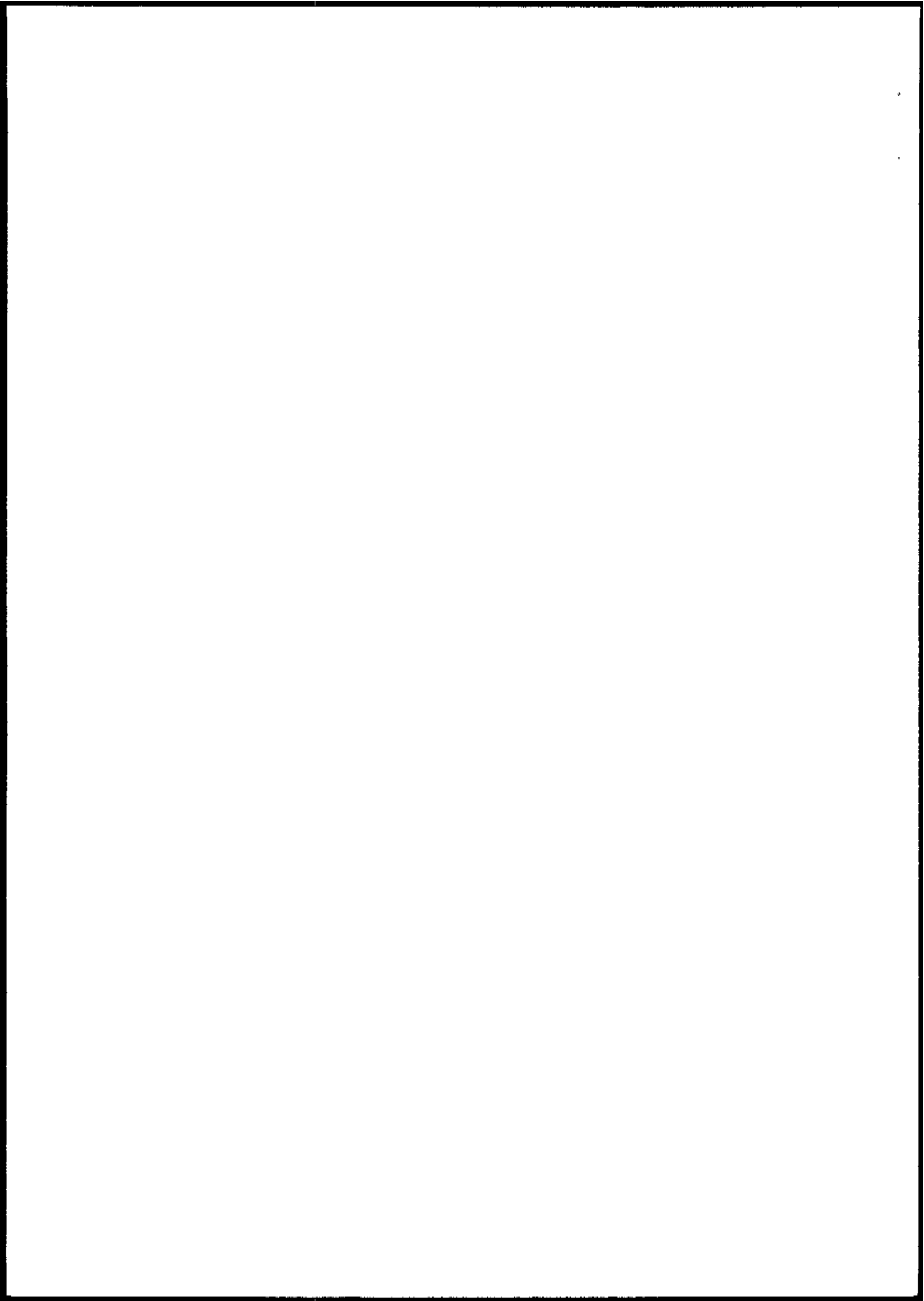
Keywords

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EUROPE
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Introduction

Dr M. Tsechkovski welcomed the participants (Annex 3) and briefly mentioned some of the accomplishments of the Programme. He congratulated Canada on the very successful International Heart Health Conference which had been held prior to the present meeting and which most of those present had participated in.

Dr Tsechkovski highlighted the numerous changes that had taken place in the world and made reference to the implications this will have on the CINDI Programme.

The Officers were elected as follows: Chair: Dr A. Petrasovits; Vice-Chair: Professor P. Puska. Dr Glasunov acted as Secretary. Rapporteurship was covered by the Nicholson Consultants (who had been hired by Dr S. Stachenko for the first part of the meeting which would deal with updating the CINDI Policy Document: "Positioning CINDI to meet the challenges") and Ms Anna Müller (business part of the meeting).

Ms Cathy Robinson of the Nicholson Consultants acted as Facilitator of the discussions held on the CINDI policy document.

PART I

"Positioning CINDI to meet the challenges"

Dr Stachenko summarized the main points of the first draft of the document with the help of slides. Four groups were then created to comment on the document.

Comments and proposals were then thoroughly discussed and it was agreed that the document would be updated accordingly and a new draft submitted at the meeting of the CINDI Programme Management Committee in Copenhagen at the end of 1992. A summary of the general discussion on this subject is attached as Annex 1).

Action Plan

This will be a separate document. During the meeting, seven working groups were formed according to the areas of mutual interest and collaboration which had been identified. The groups held discussions on what action was necessary in the different fields and a summary of the discussions is attached as Annex 2.

Part II - Business meeting

Status of CINDI membership

In connexion with the agenda item "Polish application to join the CINDI programme", the Chairman invited Dr Glasunov to outline the status as regards new membership.

Polish application to join the CINDI programme: recommendation of the CINDI Programme Management Committee

As agreed at the ad hoc meeting of the CINDI Programme Management Committee, Belfast, 25 October 1991, and announced at the meeting of the CINDI

Programme Directors on the same date, Professor E. Nüssel, Professor P. Puska and Dr I. Glasunov visited Poland in February 1992 to assess the NCD prevention activities being carried out in the Lodz area in respect of the application received from Poland for this area to become part of the CINDI Programme.

The visitors had reported their findings and these had been distributed to all CINDI Programme Directors. In short, all the elements of the CINDI protocol were present and it was easy to recommend the acceptance of the Lodz area into the programme.

The meeting congratulated Professor W. Sapinski, who will act as CINDI Programme Director, and welcomed him and his Centre into the programme. Professor Sapinski expressed his thanks and his belief that collaboration would develop successfully.

Belarus

A formal application to join the programme has been received and this has been passed on to the members of the CINDI Programme Management Committee. The next step will be a site visit to the country to review the NCD prevention activities being carried out.

Estonia

As soon as Estonia becomes a member of WHO, it will be possible for the Estonian CINDI Programme (previously run as part of the USSR CINDI) to join officially.

Lithuania

The Ministry has been requested to sign the Plan of Cooperation between WHO and Lithuania in respect of CINDI.

Slovakia

Slovakia has applied for membership and the material received has been sent to the CINDI Programme Management Committee. A site visit to assess the situation should be arranged before the next meeting of CINDI Programme Directors, (Spring 1993).

Dr Glasunov pointed out that although Slovakia is part of Czechoslovakia, it has its own Ministry of Health which manages relations with WHO independently.

Ukraine

In the past Ukraine participated in the programme as part of CINDI-USSR. A letter has been sent enquiring whether Ukraine, as an independent Member State of WHO wishes to join the programme officially, in which case a Plan of Cooperation will be drawn up.

Information on Canada's grant to CINDI-EUROHEALTH

Dr Stachenko advised that the Canadian grant to assist CINDI activities in Czechoslovakia, Hungary, Lithuania, Poland and Russia, was an agreement between Canada and the countries in question. She explained that, about a year ago, the CINDI Coordinating Centre at Health and Welfare Canada applied for funds to assist the above-mentioned countries within the context of

ongoing demonstration programmes under the umbrella of CINDI. Funds were granted to be used for technical assistance, training, consulting with national project teams.

Dr Stachenko was nominated as Coordinator and Manager of the funds. Most of the countries had sent proposals which would be reviewed on 31 May 1992 with the CINDI Programme Directors of the countries concerned, who will act as project coordinators.

The meeting congratulated Canada on this initiative. Mention was made that other Programme Directors may wish to explore the possibility of similar action in their countries.

Preparation of CINDI publication on intervention results

Mr Morgenstern, CINDI Data Management Centre, Heidelberg, reported that the transmission of data within the agreed deadlines was not being adhered to. Data was arriving very late and, as a consequence, a decision had to be taken as to whether to analyze the process evaluation data received to date. It was decided to do so and data from Austria, Germany, Hungary, Iceland, Lithuania and Northern Ireland had been processed. This situation is disappointing as it was decided at the meeting of CINDI Programme Directors in Bregenz in 1988 that submission of process evaluation data was mandatory.

On the basis of the above, only data from 12 countries will be included in the publication.

Mr Morgenstern emphasized that the core data from the process evaluation should be the basis for a separate publication (possibly in the Health Promotion Journal of Professor J. Catford)). Data for this article should be received in Heidelberg by 31 December 1992.

The second survey data had not been processed as only three countries had reported in time (Germany, Lithuania (50%), Russia (Ministry enterprise project, Moscow)). Data from Austria, Estonia, Hungary, Israel, Russia (Moscow) and Yugoslavia arrived too late.

The fact that some countries are just in the process of carrying out their second survey (baseline surveys just received) will be explained.

In the process evaluation questionnaire agreed upon in Lisbon (1989), it is possible to have multiple responses to question 3. However, Hungary and Iceland had not understood this possibility and therefore the consistency of the data might be influenced.

(This point was discussed earlier in connexion with the discussion on the publication, "CINDI in action", in which there will be a section on process evaluation.)

In reply to Dr Wilde's question as to whose responsibility it was to think about the development of the evaluation study, e.g. the possibility of using standard questionnaires, Mr Morgenstern informed that this had been done mainly by Dr H. Korhonen and himself.

Professor Puska hoped that at each meeting of CINDI Programme Directors there would be enough time to discuss this very central issue. The quality of the data should be taken up in respect of both process and survey data. As regards the questionnaire, he felt the guidelines had been tested fairly well but that it was now a question of who should keep an eye on it.

The discussion led to the conclusion that the process evaluation questionnaire should be contained in the Protocol and guidelines for monitoring and evaluation and that a compilation of all important issues emanating from the reports should be made.

CINDI in action (second CINDI publication)

The draft publication had been sent to all participants before the meeting. Mr Morgenstern explained that not all the countries' data were included in the publication, only that available in November 1991.

At the time of the meeting, comments on the publication had only been received from WHO, Czechoslovakia and Israel. Dr Stachenko had taken on the heavy work of editing the publication.

The approval of the Centres was required regarding the format and the data included. Co-authors were to be identified (no more than three names per Centre). Two countries had contacted Mr Morgenstern in this respect.

Professor Puska pointed out that this publication would in no way replace the protocol. It is not a major scientific publication but one describing CINDI background and action to the outside world.

It was agreed that the publication is important; it serves the marketing of CINDI even though it would not have a very large audience. It should be published as soon as possible.

Dr Volozh pointed out that Estonian data are presented in the publication but that Estonia is not mentioned in the text and she requested that some explanation about the situation be reflected. Professor Grabauskas promised to take care of this.

Dr MacLean asked whether it would be possible for Centres to have several copies for distribution, if necessary against payment.

Mr Morgenstern rounded off the discussion on this subject by summarizing that:

- Deadline for receipt of comments/proposals for changes is end June except for Hungary which has an extension of two months, viz. until end July.
- If the Centres do not send any comments or indication for authorship by the deadline, the authors will be the Programme Directors only.
- The names of the editors + "Collaborative Group" will appear on the cover page. Inside there will be a list of the Collaborating Group.
- The final draft will be submitted to EURO, cleared, edited and submitted to Springer Verlag for publication.
- The Academy will buy the books according to the amount required. They can obtain a 30% discount (price approximately \$12-13).

Future CINDI meetings/workshopsThe role of the nurse in the CINDI Programme, Elektrostahl (Moscow), 8-11 September 1992

Dr Potemkina, who is in charge of organizing this workshop, spoke about the aim of the workshop. Letters had just been sent to all Programme Directors asking them to nominate two persons.

Consultation on CINDI local information systems

Professor Nüssel spoke about the problem there is in many countries whereby insurance companies are not ready to make payments in connexion with activities which are not being controlled, e.g. local physicians have to show that they are controlling their own therapy; group therapy must prove its success. Local information systems would help to alleviate this problem.

CINDI Austria has good experience in this area and are able to make comparisons thanks to a well-developed information system.

It was proposed to hold a consultation on this subject in October 1992 in Heidelberg or Bregenz and a second meeting in 1993.

Meeting of CINDI Programme Management Committee, Copenhagen 1992

The agenda of this meeting should include:

- consideration of the progress made on the final policy report;
- the organizational structure of CINDI;
- membership of the CINDI Programme Management Committee (+ ad hoc group?).

The meeting will be held towards the end of 1992.

Annual meeting of CINDI Programme Directors, 1993

Professor Puska agreed to look into hosting the next meeting of CINDI Programme Directors in Finland. It will take place on 29-30 April 1993, just after the International Symposium on Chronic Disease Prevention, which will take place on 26-28 April 1993.

Consultation on preventive practices in primary care, Montreal, 4-5 June 1992

With the support of Canada, the WHO Regional Office for Europe is organizing a small consultation in Montreal to: 1) review the EURO proposal on the assessment of preventive practices and the preparation of guidelines in the field of NCD in Europe; 2) consider recommendations for a continuous process of review and update of preventive practices in Europe (e.g. European Task Force on Preventive Practices); 3) review the applicability of the experience of the Canadian and US Task forces on the subject to the European scene.

The outcome of the consultation will be used for development of recommendations on preventive practices in primary care by the CINDI programme.

Implementation of the St Vincent Declaration (SVD) in the CINDI Programme: status report and plans, including future consultation and workshop

Dr MacLean, Chairman of the Working Group on the implementation of the SVD in the CINDI Programme, outlined the activities which had taken place in this area to date, viz:

- Consultation on the implementation of the SVD in the CINDI Programme, Valletta, Malta, 18 March 1991;
- An inventory of CINDI activities on diabetes control was being compiled based on information sent by the countries;
- Dr MacLean had participated in the WHO meeting on diabetes care and research in Europe: implementation of the St Vincent Declaration, Budapest, March 1992, where he had given a presentation on CINDI activities in this area.

On 29-30 June 1992, there would be a consultation on the development of quality indicators for the prevention of cardiovascular complications of diabetes in Copenhagen. The purpose of the consultation was to review a proposal on the implementation of the SVD within CINDI, prepared by Dr MacLean, to define the approach and methodology and to agree on a pilot implementation-testing scheme.

The next component of the plan is the Diabetes Orientation Workshop originally planned for January 1993 but, as no site had yet been located, it may take place later. Half of the workshop would be an educational session for CINDI people and the second half would be devoted to working on the protocol before implementation in the countries.

CINDI newsletter

Dr MacLean took the opportunity to mention that, as Editor of CINDI Connection, he would be very interested in receiving information for inclusion.

CINDI worksite programmes

This item had been discussed in the morning. It was pointed out that anyone interested in the worksite programme should put forward their suggestions as to how to proceed.

Other matters

Conference on women and smoking, Northern Ireland, 5-7 October 1992

Dr Wilde informed the meeting that a conference on women and smoking was being organized by the International Union against Cancer, in collaboration with the Health Promotion Agency. It would take place in Northern Ireland on 5-7 October 1992 and there would be speakers from all over the world. Dr Wilde had circulated the programme and hoped CINDI countries would send representatives.

3rd International Conference on Preventive Cardiology, Oslo, 27 June-1 July 1993

It was agreed that it was important that CINDI be represented at the above Conference where the organizers were willing to have a CINDI session. Dr Shatchkute will approach the organizers in this respect.

Highlights of the meeting

1. Poland was accepted as a full member of the Programme. The present state of CINDI membership was reviewed.
2. CINDI policy framework was reviewed based on the presentation by Dr Stachenko of the report of the CINDI Working Group on Policy Development. It was decided that the Working Group would continue, chaired by Dr Stachenko. The draft report presented will be finalized into two reports: 1) CINDI policy framework; and 2) CINDI operational plan.
3. Priority issues and strategies in CINDI work were considered. Interest in continuing the existing CINDI working groups and in establishing new ones to take care of developing different areas of the CINDI programme and coordinating them, was manifested. This will be followed up by the Programme Management Committee and ad hoc Organizing Committee.
4. It was felt that it was time to develop the organization of CINDI. An ad hoc working group led by Dr Fridriksson was set up. The group should also compile the amended protocol.
5. The Victoria Declaration was endorsed and EURO was requested to formally announce this.
6. It was felt that it was important to continue have country progress reports. If not already submitted, 1991 reports should be sent to Copenhagen with a copy to the Moscow Centre and to CINDI Northern Ireland. On the basis of these, the last-mentioned will prepare a new type of joint progress report and present it at the next meeting of Programme Directors.
7. The present Programme Management Committee would remain in office until the next meeting of the Programme Directors when the decision on further CINDI organization changes is to be made.
8. The situation concerning submission of data to the CINDI Data Management Centre, Heidelberg, was presented to the meeting.
9. Comments on "CINDI in action" should reach Heidelberg/Kaunas by end June (end July for Hungary). Names of authors should be sent within the same time frame.
10. Upcoming meetings in which CINDI participation would be beneficial:
 - Conference on women and smoking, Northern Ireland, United Kingdom
5-7 October 1992;
 - 3rd International Conference on Preventive Cardiology, Oslo, Norway,
27 June-1 July 1992.

Closure of the meeting

Dr Glasunov closed the meeting by thanking all the participants for their valuable input to the meeting. He was especially appreciative of all the work carried out in connexion with the organization of the meeting by Dr Stachenko, Dr Petrasovits, Ms Mathieu, Ms Lalonde and Ms Dechene.

GENERAL DISCUSSION OF THE CINDI POLICY DOCUMENT

The CINDI Directors made the following comments about the CINDI Policy document:

- there was a consensus that a policy document is required for the advancement of CINDI worldwide.
- more preamble is required at the beginning of the document to provide a clear description of the CINDI philosophy and to strengthen the aspects of countrywide and inter-sectoral approach in CINDI.
- a more comprehensive menu of risk factors is needed.
- it is important to state the CINDI philosophy, describe it, then point out our priorities and then clearly state the policy; if we are to increase CINDI's visibility.
- when stating our priorities there must be at least two centres willing to address an issue, otherwise do not mention it as a priority. Therefore, only top issues/priorities will be identified for international collaboration.
- a CINDI policy is six or seven years late.
- two documents are required; a policy document and an action plan.
- inter-sectoral approach of CINDI should be highlighted in the policy document.
- CINDI policy and WHO Blue Protocol Book should be compatible and provide clear guidance.
- the action plan (2nd) document should list the present activities in which international collaboration is taking place.
- countries should focus on their areas of particular expertise but if important issues are not being addressed then we must find the experts in the field to deal with it. (e.g. Hungary - nutrition)
- the policy document should support national efforts, so this document should be produced with this perspective in mind.
- in an attempt to formulate an action plan, the word "participation" required further clarification. Participation in the CINDI Working Groups has been defined in two ways: (A) to co-ordinate and be the leader of a working group; (e.g. resources, time, money) and (B) to send people to meetings which are interested in an area. It was evident that a number of people had many interests, therefore a numerical ranking (e.g. 1, 2, 3) of interests was undertaken.
- once people identified issues which interested them, they were to assemble in groups to discuss their issue(s) of priority. For this meeting only, leaders were identified to conduct group discussions of these issues and to focus on the goals, activities and time frames (Starting on Page 19 of policy document). The leaders of the groups and issues are listed below:

ISSUES	NAME OF CINDI DIRECTOR
Marketing & Organizational Development	M. Gardner
Public Education (media)	P. Puska, J. Wilde
Monitoring & Evaluation	W. Morgenstern
Policy Development	S. Stachenko
Practice Guidelines	S. Stachenko
Smoking	P. Puska, H. Pardell
High Blood Pressure	H. Pardell
Diabetes	D. MacLean
Children and Youth	V. Grabauskas
Workplace	F. de Padua
Professional Education	E. Morava

- the action plan (2nd) document should list the present activities in which international collaboration is taking place.

The following issues were dropped from the list due to a lack of interest or because of higher priorities in other areas: obesity, accident prevention, alcohol/drugs, communities and physical activities.

In summary, the first policy document would contain the menu of issues, as discussed at this meeting. The second action plan document would focus on the issues people identified and how they would collaborate in order to produce quality results.

It was decided that the CINDI Policy Working Group will continue to revamp this document and bring the new version to the April, 1993 Meeting of CINDI Directors.

ACTION PLAN FOLLOW-UP
REPORTS OF THE MEETINGS OF THE SMALL GROUPS FOR
EACH OF THE ISSUES IDENTIFIED

Once the areas of mutual interest and collaboration were identified in the meeting, seven groups (See Appendix #2 for full list of group participants) met to discuss how they could take action on these issues. The following is a summary of these small group discussions:

1) Smoking/Public Education (media) Leaders: P. Puska, H. Pardell

- . Need to strengthen international collaboration
- . Need to collect data on smoking in general and on smoking in health personnel in each of the CINDI countries in collaboration with Dr Piha in Copenhagen
- . Need to study government policies in terms of advertising, taxation, etc.
- . Need to work in collaboration to design innovative anti-smoking campaigns

2) High Blood Pressure (HBP) Leader: H. Pardell

- . Based on the document of the May consultation in Jerusalem (Refer to hand-out)
- . HBP management practice - guidelines on blood pressure measurement, diagnosis criteria, non-pharmaceutical treatment, patient education, computerized models, etc.
- . Community-based programs in HBP control: public education, marketing strategies, extrapolate demonstration area data countrywide
- . Research on cost effectiveness of different models of NBP controls
- . Participate in WHL/WHO meeting in Barcelona in September and other WHL/WHO projects

3) Children and Youth Leader: V. Grabauskas

- . Goal: "Healthy children in healthy families"
- . 4 process goals:
 - . access of children and families to food, exercise, etc.
 - . effective programs of school education
 - . development of guidelines for heart health promotion for children and families
 - . comprehensive CINDI core data base on children - epidemiological research and surveillance
- . Need to define what to do in immediate future and in the long term
- . Development of a comprehensive program (long term) - protocols for programs, surveys, corporate marketing, etc.
- . Start immediately by approaching all interested countries by letter, proposing

activities, distributing available protocols on the children component to capitalize on past accomplishments – propose to set up a small core group by year end and call a meeting of investigators by Spring 93 (at same time as Directors meeting in Helsinki, Finland)

4) Workplace Leader: F. de Padua

- . Need to market the idea that non-communicable diseases are important for the workplace – need for smoke-free areas, physical activity and physical exams
- . Need to study how to prepare and involve people once the idea has been accepted by means of working committees, radio programs through the work day and other means, distribute results of the recommendations
- . Need to develop a plan of action for the general population (after an enquiry, communicate the situation to the enterprise, distribute pamphlets, etc) or the high risk population (special methods for them and their families)
- . Evaluation
- . Recommendations (Refer to Dr. Padua's hand out)

5) Marketing and Organizational Development Leaders: J. Wilde, M. Gardner

- . Public education: communications should be positive and appeal to peoples' interests and hobbies
- . Need to share information on the theory of communication techniques to change behaviour
- . Central role for the media, but other resources should be used as well (leaflets, etc)
- . Could be done via NGO's, professional associations, etc
- . Possibilities for action: develop a media module (starting with smoking); hold a workshop on the theory of communication and health education; hold a meeting to share resources
- . Social marketing CINDI program as part of the overall CINDI development

6) Professional Education/Guidelines Leaders: S. Stachenko, E. Morava

- . Training: in the immediate, focus on continuing education; develop modules, build skills, develop and test innovative methods to change behavioural attitudes and influence practice. Audience: all primary care personnel. Partners: WHO/EURO Human Resources Unit, WONCA, HOPE, etc
- . Public education development: WHO/EURO should be involved in the development of a module for public health training
- . Structural changes and health care policies needed to reorient health services (to be co-ordinated by Dr. Fridriksson)
- . Professor Morava volunteered to initiate and organize the next meeting of the training group.

7) Monitoring and Evaluation Leader: W. Morgenstern

- . Austria, Lithuania and Germany are committed to develop methodologies for local information systems. Two meetings will be organized. The co-ordination for monitoring will be the responsibility of Austria/Heidelberg with R. Scheimer being the major co-ordinator.
- . Enlargement of core data base: Three centres have made a commitment to provide support: Northern Ireland (Belfast), Canada (Nova Scotia) and Moscow are committed to provide data processing and evaluation.
- . There is a need to establish a telecommunication network within the CINDI family - The regional office has established liaison offices in each Ministry of Health in Eastern/Central Europe
- . Process evaluation data will require more indicators and input from other interested parties: Finland and Canada to coordinate. Dr Nicholls also expressed interest in participating.
- . Disease modelling issue: Heidelberg Academy of Science is a WHO collaborative centre for research and training in modelling non-communicable diseases

Leaders were also identified for the following themes but did not meet as a group:

- . Practice Guidelines: S. Stachenko
- . Policy Development: S. Stachenko
- . Elevated Blood Cholesterol: D. MacLean
- . Nutrition: P. Puska
- . Diabetes: D. MacLean

No group leaders were identified for obesity, physical activity, accident prevention, alcohol, drugs, and communities.

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