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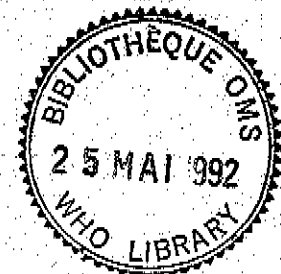
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*Countrywide Integrated Noncommunicable
Diseases Intervention (CINDI) Programme*

MEETING OF CINDI PROGRAMME DIRECTORS

Enniskillen, Northern Ireland
24 - 25 October 1991



1992

Keywords

**NONCOMMUNICABLE DISEASE CONTROL
HEALTH PLANNING
EUROPE**

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Introduction

Dr M. Tsechkovski, Director, Disease Prevention and Quality of Care, WHO Regional Office for Europe, welcomed everyone to the meeting (Annex 3). He introduced the agenda and stated that its main aim was to draw up plans for future activities. Participants were reminded that in the meeting, Health for all policy in action: CINDI initiative, Belfast, 22-23 October 1991, Dr A. Petrasovits had stated the need to identify goals at both the macro and micro levels. Dr Tsechkovski said that this should be borne in mind when the plans for future activities were being drawn up.

Dr Tsechkovski went on to point out that we are working in a competitive world, that CINDI is one of four vehicles for realising Health For All and therefore there was a need to make CINDI more marketable and to increase its visibility. He thanked the host organization and expressed the hope that by the end of the meeting there would be a concrete plan of action for the future.

Professor Alun Evans was elected as Chairman of the meeting, Dr Sylvie Stachenko as Vice-Chairman, Dr Richard Smithson as Rapporteur and Dr Igor Glasunov as Secretary.

Agenda for the meeting

The Chairman invited comments on the agenda.

Professor Puska felt that it was important that the previous day's discussion (at the meeting on HFA Policy in action: CINDI initiative, Belfast, 22-23 October 1991) on the future of CINDI and the admission of new members should be continued. It was agreed that a place would be found for this important discussion in the agenda.

Dr Glasunov conveyed the apologies of Dr A. Shatchkute, Regional Adviser for Chronic Diseases, who was to have presented the CINDI children's component. Dr Shatchkute had requested that the subject be discussed in her absence. Dr Glasunov had some points to be made and would present these at the appropriate time.

The Chairman informed the meeting that, following the previous day's discussion (at the meeting on HFA Policy in action: CINDI initiative, Belfast, 22-23 October 1991) on the resolution which was to result from the meeting, a small group had been asked to put together the views expressed at the meeting and produce a new document. This document had been prepared and circulated to participants. The Chairman said that this would be discussed later in the agenda. How the document could be taken forward should form part of the discussion.

CINDI Plans for 1992-93

Country plans

Presentations were made from Austria, Canada, Czechoslovakia, Finland, Germany, Hungary, Iceland, Israel, Lithuania, Malta, Portugal, Northern Ireland, USSR and Yugoslavia. The delegate from Bulgaria was unable to be present and therefore no report was available. Details of the plans for each country are available on request to EURO.

CINDI Coordinating Centre (CCC) - Moscow

Professor Zhukovsky presented a paper entitled "Plan of Action of CCC 1992 - 1993". He highlighted three areas:

- joint progress report;
- data analysis;
- monitoring of CINDI development;

and detailed the plans of action in each case.

A discussion followed in which it was pointed out that it was not clear who was responsible for which activities. The Chairman indicated that this was probably related to the complicated management structure which could lead to overlap in some areas and gaps in others and there was therefore a need to discuss this later.

CINDI Data Management Centre (CDMC) - Heidelberg

Mr Morgenstern presented the plans for the CDMC, highlighting the following areas:

- updating;
- reorganization of the database;
- second basic data documentation;
- publication on process evaluation;
- modelling;
- public domain data presentation.

He stressed that the latter would help in increasing CINDI's profile.

CINDI Project, EURO

Dr Glasunov outlined the CINDI Project in EURO and highlighted certain areas as being of particular importance:

- the production of the CINDI policy development document;
- the preparation of a manual on NCD prevention and control in the primary care setting (various people would be asked to participate in its production);
- plans to develop the children's component of CINDI; in particular the issue of how this would differ from other children's programmes needed to be addressed;
- maintenance of the information system.

The Chairman enquired as to the time limit for the production of the two major policy and prevention documents and was informed by Dr Glasunov that this was end 1993.

Dr Tsechkovski showed a diagram to illustrate how CINDI fits in with other EURO programmes and pointed out that although this might encourage competition, there was much to be gained from collaboration. In the ensuing discussion it was highlighted that the difference between CINDI and other programmes, such as Healthy Cities, needed to be clarified and that CINDI's strength was its great epidemiological component. In discussion, the need to

improve and market the profile of CINDI was also stressed. It was agreed that this issue should be addressed by the same group that is working on policy development.

Belfast Resolution

Dr Wilde presented the amended version of the Belfast Resolution stating that those aspects of CINDI which are special need to be the essence of the document, in particular:

- the importance of its information base;
- the importance of the health sector in health promotion;
- the importance of other sectors also being involved;
- public engagement;
- emphasizing that health issues are global issues.

A detailed discussion followed in which it was agreed that the following issues should be taken into account when drawing up the final document:

- the document should be attractive and easy to read;
- it should be clear to whom the document is directed; although this is ministries and government departments in the first instance, it should also be available to the public and to the media. The latter would ensure that adequate attention will be given to the document by the former.

Moreover:

- the document should specify what CINDI is about;
- a list of all countries involved in the production of the document should be included;
- the key role of health professionals in health promotion and disease prevention should be highlighted. It should be clearly seen that health professionals are the driving force of CINDI but that they are also seeking partnership with other groups.

It was agreed that further work would be done on the document taking these points into account, and that another draft would be available before the end of the meeting.

The Chairman pointed out that the question of what CINDI really is kept cropping up and he felt that this important issue should be addressed.

CINDI policy development

Dr Stachenko presented a paper entitled "CINDI Policy Consultations Update" (Annex 1). In particular, attention was drawn to a new accelerated programme for completion of the document. In the discussion which followed the main points were:

- the importance of community involvement and how this should be achieved;

- the importance of the document "Intervention Modules and Modalities". It was agreed that the final draft of this would be prepared by Spring 1992 and that Professor Grabauskas, Kaunas, and the CINDI Data Management Centre in Heidelberg would be responsible for the coordination of its production;
- the need for links with other initiatives such as Healthy Cities;
- the need to diffuse and publicize information and intervention experiences. This should include details of failures as well as successes. It was agreed that there should be collective responsibility for disseminating this information;
- one vehicle for disseminating information is the "CINDI Connection" and participants were asked to send contributions to Dr MacLean.

Consultations in EURO regarding the CINDI Programme

Dr MacLean had prepared a document based on discussions held in EURO with staff in other units/departments concerning CINDI. Dr MacLean stressed at the meeting that the document included perceptions as they were related to him and he had tried to capture those most widely held within EURO. Therefore whether these perceptions were correct or not they still needed addressing. He had tried to point out the positive points but it was also necessary to address less positive aspects.

Strengths perceived

- Although health promotion has, in general, failed to involve health professionals, CINDI has been successful in involving them. This is seen as particularly important because 95% of all health care funds are used by health care professionals and therefore it is vital that they play a key role in health promotion.
- Individual countries have put funds into CINDI.
- CINDI can demonstrate new techniques in health promotion and disease prevention.

Weaknesses perceived

- The programme is not focused and there are no major goals.
- It is too prescriptive and has too much epidemiology.
- There are major barriers to new membership.
- Its role in national policy in the participating countries could be stronger.

Dr MacLean felt there was a need to look at the epidemiological basis of CINDI, make it more flexible and allow different approaches. There are problems with the name and what it means and policy development is required to make the programmes more focused.

The Chairman felt that CINDI might have an identity crises and invited comments on how this could be overcome. In particular, he queried whether or not the name should be changed. There was a very detailed discussion on this and the following points were agreed:

- The name CINDI should definitely be retained but a suffix should be added to explain it, for example "Partnership for Health".
- There is a need to discuss the dissemination of results from the demonstration area(s) in a country to the rest of the country and this should be placed on the agenda of the next meeting of CINDI Programme Directors.
- The criticisms made of CINDI should be rejected. In particular, the epidemiological base of CINDI was seen as a strength and not a weakness. The evaluation of outcome measures was seen as vital.
- The role of health professionals, especially doctors and nurses, should be emphasised.
- The importance of the Belfast Resolution in the marketing of CINDI was highlighted. This reinforced the need to make sure that it was written and presented in the best possible way.
- CINDI's objectives and basic requirements should be summarized in a concise paper (about two pages) which would supplement the "Protocol and Guidelines for Monitoring and Evaluation Procedures" document. This paper should be written in clear language and therefore consideration should be given to employing a professional writer to produce it.

In conclusion, the meeting did not accept the criticisms that had been made of CINDI. However, the fact that they had been made, highlighted the need to market CINDI more effectively.

CINDI membership

Dr Tsechkovski introduced this item by outlining the work that CINDI is doing and emphasised the need to preserve its "clean" epidemiological approach. There was therefore a need to consider having different types of membership. Those countries already participating could act as a core group.

A detailed discussion followed in which it was agreed that there should be two types of CINDI membership - full and associate. It was agreed that countries would now be allowed to join at either level as long as they fulfil the criteria for that level. Clear guidance on membership should be set out in the supplement to the Protocol and Guidelines for Monitoring and Evaluation Procedures. However, the following points should also be borne in mind.

- The management structures would need re-examining to ensure that it could deal with an expanding membership.
- The structure should allow countries to present their data at whatever stage they had reached. Groups of countries which have reached a particular stage should present together rather than separately.
- New resources would be needed; some of these might follow with new members.
- Data analyses work could be shared between different centres provided they followed the Protocol. Dr MacLean and Professor Puska both offered the use of their centres in assisting with data analyses.
- There is no point in marketing CINDI unless it is intended to attract new members.

- The criteria for full membership should not be slackened, otherwise the benefits of joining would be lost.

The CINDI membership of four countries, Lithuania, Estonia, Poland and Israel, was also considered in some detail.

Estonia and Lithuania

Both these countries have been members of CINDI as part of the USSR but in the case of Lithuania their own Minister had signed the agreement. Although the work is likely to continue in these countries, an essential part of CINDI membership is Government commitment to it. It was therefore agreed that the new Governments of these two countries should sign the agreement in their own right. This could occur once they had been officially accepted as members of WHO. Other Independent States, apart from Russia, should formally apply for membership.

Poland

Dr Sapinski presented a summary of the preparatory work the City of Lodz, Poland, had undertaken to become a CINDI member and stated that the application to join the programme was supported by their Ministry of Health. Poland wished to be accepted as an associate member of CINDI at this stage. It was agreed that their application should be considered at an urgent meeting of the Programme Management Committee.

Israel

It was clarified that Israel met all the criteria. Professor Viskoper stated that Israel's Minister would now sign the agreement giving Government commitment. It was hoped that this would pave the way to Israel becoming a full member.

Meeting on the role of the general practitioner in the CINDI programme, Heidelberg, April 1991 - conclusions and follow-up

Professor Nüssel presented the summary report, "The role of the general practitioner in the CINDI programme", produced from the Heidelberg meeting. He stated that the main aim was to encourage general practitioners to work at three levels: the traditional, individual level, the group therapy level and the community level. He felt that these principles should apply to clinical specialists as well as to general practitioners.

There are 10 main recommendations included in the report. Each country should decide which recommendations it finds most applicable depending on the local situation and then implement them.

The general practitioner is seen as the key person in four areas:

- development of intersectoral work;
- scientific interdisciplinary cooperation;
- development of population-based research (epidemiology);
- quality control and evaluation, for example evaluating group therapy.

Following a brief discussion, it was agreed that the Regional Office in Copenhagen would send a letter to Programme Directors to ascertain which of the recommendations they would be taking forward. The letter will include a deadline by which replies should be received.

CINDI protocol and guidelines for monitoring and evaluation procedures - possible updating

Ms Müller reminded the meeting that the original Protocol and Guidelines had been produced in 1986. The question had now been raised as to whether these should be updated or only a supplement added. After discussion, it was agreed that an updated Protocol and Guidelines on Monitoring and Evaluation Procedures should be produced. This should include the concise paper on CINDI, mentioned earlier. It should also include clear guidance on membership and a glossary of terms used. Consideration should be given to using a professional writer to produce this. The Helsinki and Kaunas centres will be responsible for coordinating this task which begin early in 1992 as no funds are available this year.

Implementation of the St Vincent Declaration

As Dr MacLean had to leave the meeting early, this paper was presented by Dr Glasunov. Six centres had expressed an interest in this and the initial planning and implementation will proceed with these six. The need to draw up specific protocols had been identified. A recording form had been prepared for a proposed trial on data-gathering and this was circulated (Annex 2).

It was proposed that there should be a 6-month trial period to assess the form and proposed personal computer software (available to those who would like it). Thereafter a diabetes orientation workshop would be held to build on the experience gained. The workshop would include sessions on prevention aspects and information gathering.

There was some discussion as to whether this work constituted primary or secondary prevention. It was agreed that there are elements of both but that the emphasis is on primary prevention of cardiovascular disease in diabetics. It was also pointed out that the Protocol and Guidelines for Monitoring and Evaluation Procedures encompasses secondary prevention.

It was clarified that separate funding had been made available by WHO for this workshop and therefore it would not be directly competing with funds for other CINDI areas. On this basis it was agreed that the organization of the workshop would go ahead.

CINDI data analysis

Mr Morgenstern updated the meeting on the current situation regarding the collection of data. He stressed the need for countries to send data to the Data Management Centre as soon as possible and asked for guidance as to what the priorities for the Centre should be.

It was agreed that priority should be given to proceed with data analysis so that it can be completed for the next Programme Directors' Meeting. Data from the second risk factor survey and from process evaluation should be sent to Heidelberg by 1 March 1992 at the latest. If any Programme Directors are not carrying out process evaluation, they should inform Mr Morgenstern.

Annual joint progress reporting format

Professor Zhukovsky presented the paper entitled "Proposals by CCC (CINDI Coordinating Centre) for improvement of annual reporting format for joint progress report".

He stressed the importance of the following:

- that reports be completed and received by 1 March so that they can be made available in time for the next Directors' meeting in May;
- that countries identify in their reports the most important changes that have occurred in the past year;
- that additional programme objectives be emphasised, if they have been added;
- that comments be made on registers of noncommunicable diseases if they exist in the country. The use to which such information is being put in terms of local, regional or national monitoring systems should be included.

There was agreement on the recommendation from the Programme Management Committee that, in future, individual country reports would simply be bound together rather than combined into one document. In addition, the most important points would be highlighted. It was also agreed that the new annual reporting form would be used.

Immediately upon his return from the meeting, Professor Zhukovsky will send the reporting form to Dr Glasunov who will then disseminate it to all countries. The new forms must be completed by the countries and sent to the CCC by 1 March 1992.

CINDI children's component

Dr Glasunov reported that Dr Shatchkute wished to continue work in this area, starting on the analysis of data; she would be in touch with those who were involved. The Data Management Centre had agreed to work closely with her on the analysis of these data.

NCD prevention and health promotion at the worksite

Professor de Padua presented results from a study on smoking in the Lisbon University Hospital. It was found that few health professionals saw themselves as role models and that they had a high prevalence of risk factors. He pointed out that this showed the amount of work which needed to be done to persuade health professionals that they are role models. He drew attention to the benefits to employers as well as to employees of promoting health in the workplace. Due to time constraints, it was not possible to discuss this agenda item in detail. However, it was agreed that this was a very important aspect of CINDI's work and should therefore be an agenda item for the next meeting.

At this point it was also agreed that at future meetings the Chairman should highlight decisions from previous meetings in the introduction to the meeting.

Bilateral exchange programmes

Dr Glasunov pointed out that some countries had already set up bilateral contacts. CINDI would now like to facilitate this process, either on a specific subject or involving specific countries. It was agreed that those countries which were interested should contact the CINDI Data Management Centre.

Future Meetings

- International Heart Health Conference, "Bridging the Gap", Victoria, Canada, 24-28 May 1992 (including a major CINDI session); followed by meeting of CINDI Programme Directors would be on the 1-2 June in Victoria (later changed to 29-30 May on Vancouver Island).
- the next meeting of CINDI Programme Management Committee will be held in the second half of 1992 in Copenhagen;
- the diabetes orientation workshop will be held in October 1992 (later changed to January 1993);
- International Meeting on the Nurses Role in the CINDI programme, Moscow, May 1992 (since changed to September 1992);
- 4th International Seminar on Hypertension Control in the Community, Jerusalem, 8-11 March 1992 (including a CINDI component);

Report of the ad hoc CINDI Programme Management Committee meeting, Enniskillen, 25 October 1991

Ms Müller reported that a short meeting had been held to discuss Poland's application for membership. It had been decided that a group of two or three people from CINDI should visit Poland to assess the NCD prevention activities being carried out in the Lodz area. Their report would be sent to the members of the Programme Management Committee for clearance before being presented to the Programme Directors at their next meeting. Dr Glasunov pointed out that there was no question that CINDI wished to collaborate with Poland and was pleased to receive their application; however, some clarification was necessary.

Revised Belfast resolution

Dr Wilde presented the latest draft of the Belfast resolution. The Chairman asked participants to give their comments directly to Dr Wilde, including recommendations on how it should be taken forward. Dr Wilde would produce the final document taking these into account. Once approved, the resolution would be produced in the four official languages of EURO for appropriate distribution.

Conclusions and recommendations1. CINDI protocol and guidelines for monitoring and evaluation: update and supplement

- a) To produce a concise paper explaining CINDI in clear language.
- b) To produce an update of the protocol and guidelines for monitoring and evaluation procedures, and to including the concise paper as a preface. Clear guidance on membership and a glossary of terms should also be included. The Helsinki/Kaunas Centres will be responsible for coordinating this task with the support of Heidelberg. Work on it will begin early in 1992. Consideration should be given to employing a professional writer to produce both these documents.

2. CINDI visibility

CINDI should be actively marketed and new countries encouraged to join. The title "CINDI" should be supplemented by a suffix, for example "Partnership for Health".

3. Working group on CINDI policy development

- The first round of policy consultations to be completed by April 1992.
- The first draft document to be available for Programme Directors' meeting in Canada (end May 1992).
- The group will develop options to streamline CINDI management.

4. CINDI intervention: modules and modalities

The final draft to be ready by Spring 1992. To be prepared by Professor Grabauskas, Kaunas, and the CINDI Data Management Centre, Heidelberg.

5. Workshop on diabetes orientation - October 1992 (for interested parties)

Will take place in October 1992 (later changed to January 1993).

6. Data analyses

Second risk factor survey data and process evaluation data to be sent to Heidelberg by 1 March 1992 for processing in time for the meeting of Programme Directors, Canada, May 1992.

7. The role of the general practitioner in CINDI

A letter to be sent from EURO to Programme Directors to ascertain which recommendations of the meeting on the role of the general practitioner in CINDI, Heidelberg, April 1991, they would be working on.

8. CINDI at the worksite

Worksite programmes to be on the agenda of the next meeting of CINDI Programme Directors, Canada, May 1992.

9. Points for future meetings of CINDI Programme Directors

- The Chairman should summarise decisions from previous meetings in the introduction.
- There should be a pre-meeting briefing, clearer direction and tighter programming.
- Dissemination from demonstration areas to national level should be included as an agenda item for the next meeting.

10. Belfast Resolution

To be redrafted by Dr Wilde. It will be produced in the four languages of EURO for appropriate distribution, to include Government Ministries.

11. New annual reporting format

This was agreed. It will be finalized by Professor Zhukovsky who will send it to the Regional Office for distribution to the CINDI centres. The report should reach the CCC, Moscow, by 1 March 1992.

12. Highlights of annual reports

The CCC, assisted by Dr Wilde, will produce a summary of the highlights of the annual reports.

Closure of meeting

In closing the meeting, Professor Evans (as Chairman) thanked everyone for attending and in particular thanked Dr Wilde and Ms Müller for organising the meeting. Dr Wilde praised her staff in the Health Promotion Agency for all the support they had given her in organizing the meeting. This praise was echoed by Ms Müller who pointed out how much easier this had made the meeting for her.

Dr Glasunov thanked Professor Evans for chairing the meeting and Dr Stachenko for vice-chairing and proposed that the latter should be Chairman of the next meeting in Canada. He thanked Dr Smithson for acting as Rapporteur.

CINDI POLICY CONSULTATIONS: UPDATE

The CINDI Directors charged a Working Group (Pécs, November 1990) with the preparation of a report on: the status of policy development in CINDI countries, needs and opportunities for collaboration, health and corporate issues and goals, approaches and mechanisms to attain the goals.

Three consultations have been carried out: Hungary (Pécs, November 1990), Austria (Vorarlberg, April 1991), Lithuania (Kaunas, June 1991). Participating in the teams were: Drs. Glasunov, Korhonen, Miseviciene, Petrasovits, Stachenko and Professor Nüssel.

In all countries, there were background policy documents on health promotion and disease prevention prepared at the central or demonstration area levels. Implementation strategies were at different stages of development. There is a good deal of variation in the availability of operational objectives for programme components.

Some issues that have emerged are:

- need for training for health personnel, including: preventive measures, group therapy, team approaches, special training for nurses so that they can function more effectively as members of the health care teams (Austria), epidemiology, health system management (Lithuania);
- coordination of data needs between CINDI and Healthy Cities Projects (Hungary, Lithuania) to include environmental indicators;
- lack of systems for tracking the process of implementation of programme components (formative evaluation);
- development and implementation of CVD prevention programmes for children and adolescents;
- exploitation and analysis of existing databases (Austria).

Approaches suggested included:

- inter-country workshop(s) to examine ways to bring about better working linkages between CINDI projects and Healthy Cities (Hungary, Lithuania), e.g. in database development;
- skill development workshops (conducted in the national language) for nurses and physicians on preventive methods;
- exchanges among countries facilitated by WHO-CINDI;
- arrangement of technical consultation on epidemiology, statistics, programme development and evaluation, training, social marketing;
- facilitation of collaborative arrangements with WHO programme and units: country health policies, nutrition, Healthy Cities, primary health care.

The policy consultation teams were impressed by the wealth of programme experience which if documented and published would constitute a real contribution to intervention literature. WHO-CINDI may examine ways to facilitate this.

In developing the final policy consultation document the working group will draw on the conclusions of workshops that have been conducted by CINDI during the last year, namely the meeting on the role of the general practitioner in the CINDI Programme (Heidelberg, April 1991) and the meeting on HFA policy in action: CINDI initiative (Belfast, October 1991).

Sylvie Stachenko
Belfast, October 1991

Saint Vincent Declaration Basic Information Sheet

Physician _____ Place _____ Date _____

Name ___ First ___ Sex m f Height ___
 Date of Birth _____ DM since _____ Member

Current Diabetes Treatment

Diet since _____ OAD since _____ SU Big
 Ins since _____ Inj CSII other _____

Eye Complications none
 impaired vision R / L* laser R / L* legally blind R / L*

Kidney Complications none
 dialysis/transplant _____

Foot Amputations none
 below ankle R / L* below knee R / L* above knee R / L*

Coronary Heart Disease none
 myocardial infarction _____

Cerebral Stroke none
 complete stroke _____

* Please indicate if only one side if affected.

Previous pregnancies none

live births _____ major malformations _____
 spontaneous abortions _____ perinatal deaths _____

perinatal period: 28. week until 6.day post partum

Values at last visit

HbA1 _____ HbA1c _____ Fructosamine _____
 Weight _____ BP (sitting) ____/____ creatinin _____
 microalbuminuria _____ /24 h /min /dl /gCrea
 macroproteinuria _____ /24 h /min g/l
 Chol _____ HDL _____ TG _____ fasting Smoking _____ cig/d

St.Vincent Declaration: DIABCARE Basic Information Sheet

Additional drug treatment at last visit		
Name _____	daily dose _____	since _____
Name _____	daily dose _____	since _____
Name _____	daily dose _____	since _____
Name _____	daily dose _____	since _____

Quality of life	1	2	3	4	5
	little				much
How much has diabetes been interfering with your life recently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with current management of your diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hospital or sick leave days	
As a direct result of your diabetes, how many days ...	
... have you not been able to work within the last year?	_____ days
... have you spent in hospitals within the last year?	_____ days

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