



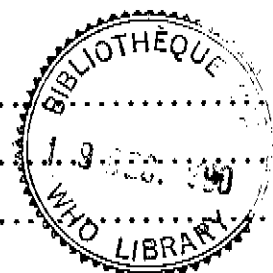
Report of the

INTERHEALTH DEMONSTRATION PROJECT
 STEERING COMMITTEE MEETING

Geneva, 15-17 October 1990

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1. INTRODUCTION

The INTERHEALTH Demonstration Projects are intended to advance global development of community-oriented NCD prevention and control in populations at different stages of epidemiological transition, i.e., either by reducing high rates in developed countries or by maintaining low or intermediate levels in developing countries. This work is based on Resolution WHA38.30 (1985) and guided by the idea that diseases with common and/or related risk factors are best attacked through common preventive strategies. The Demonstration Projects were organized through training and working group meetings in 1986 (Public Health Institute, Helsinki, Finland) and 1987 (Stanford University, California, USA). The activity was formally constituted in January 1990 (Helsinki) when Programme Directors from nine of the participating countries adopted guidelines for protocols and established coordination and management procedures. This included designation of Resource Centres and election of a Steering Committee to plan the next Programme Directors' Meeting and to develop recommendations for methodological and practical issues relevant to the Demonstration Projects.

In accordance with a decision made at the last Programme Directors' Meeting, 8-11 January 1990, the INTERHEALTH Demonstration Project Steering Committee Meeting was held in Geneva, 15-17 October 1990. Drs N. Khaltaev and A. McAlister were elected as chairman and rapporteur. The agenda proposed by Dr Khaltaev was accepted.

2. MONITORING OF PROGRESS

Summaries and some detailed illustrations were provided with information from each participating country.

(1) USSR: Moscow, Kaunas (Dr Alexandrov, Dr Khaltaev).

Well-developed demonstration projects are underway in both locations. Favourable data from youth-oriented smoking prevention studies in Moscow were presented and methodological issues were discussed, including the cross-cultural application of preventive education programmes.

(2) USA: Florida, Stanford, University of Texas (Dr McAlister).

Projects are in various stages of development, with long-term positive findings reported from Stanford's study population. A new five-year funding award from NIH has been received in Texas to implement and evaluate prevention among low-income, urban, Mexican-American communities with relatively recent epidemiological transition.

(3) Tanzania, Mauritius (Dr Alberti).

Preliminary baseline data from two diverse communities in Tanzania have been reported and some secondary prevention activities have been carried out, with a new training programme also provided for local staff. An anti-smoking programme is under consideration and NCD risk assessment is being carried out among members of Parliament. Considerable international assistance is given for training and consultation that is provided to diverse groups through the Ministry of Health.

In Mauritius, countrywide baseline data have been reported and a full range of NCD prevention and control activities have been carried out by various local and national organizations. A first follow-up survey is scheduled for 1992-93.

(4) Finland, China, Malta (Dr Nissinen).

In Finland, after publication of positive intermediate results at ten and fifteen-year intervals, the twenty-year follow-up survey is scheduled for 1992. The survey is the 10-year assessment of the INTERHEALTH Project. Intensified activities are focusing on reducing serum cholesterol and cigarette smoking.

Baseline surveys are partially completed in Tianjin, China, and a preliminary report has been prepared. Intervention activities are being developed.

A countrywide baseline survey was completed in Malta in 1987-88 and various NCD prevention programmes have been implemented. A first follow-up survey is scheduled for 1992.

(5) Chile: Santiago (Dr Berríos).

A preliminary baseline survey has been reported and additional funds are being sought for complete assessment of the selected study communities. School-based, youth-oriented, research and prevention activities are being established with existing resources.

(6) Cuba, Sri Lanka (Dr Nordet).

Baseline studies are complete in old Havana and Cienfuegos, with a prevention programme being implemented through family-oriented health care providers and neighbourhood-based community organizations.

There is no news from Sri Lanka, which Dr Nordet will visit before the Programme Directors' meeting.

(7) Thailand, Cyprus, Japan (Dr Khaltaev).

Thailand is establishing a new research site and will be visited before the Programme Directors' meeting. A site visit report from Cyprus was reviewed. Plans for participation from Japan were outlined and a Programme Director has been identified for invitation to the meeting.

(8) EURO/CINDI (Dr Glasunov).

Noting its common history with INTERHEALTH, the progress of this work was briefly outlined. Israel and Canada are participating and working groups have been organized for policy development and data analysis. The Steering Committee was urged to send an INTERHEALTH representative from HQ to the November 1990 CINDI meeting to promote further collaboration in research and training.

3. LIPID AND APOLIPOPROTEIN MEASUREMENT

Dr Heuck presented improved lipid assessment methods that are useful in risk estimation and intervention evaluation. The Steering Committee discussed whether the presented method should belong to the core or recommended measurement protocol and it was agreed that an interim working group should be organized at the next meeting to discuss possible changes in lipid assessment procedures.

4. SECONDARY PREVENTION AND TREATMENT (Dr Alberti)

Issues concerning management of hypertension and diabetes are being studied by Dr Alberti. A preliminary report on recommendations and guidelines will be presented at the Programme Directors' meeting.

5. INTERVENTION AND TRAINING (Dr Nissinen)

A standard form for reporting of demonstration activities has been prepared by the Coordinating Centre and is being distributed for preparation of a consolidated presentation of activity at the next meeting.

The XIV World Congress on Health Education will be organized in Helsinki during 16-21 June 1991 and a special session will be held for INTERHEALTH and CINDI projects. Programme Directors must submit abstracts directly to the Congress or to the Coordinating Centre before

31 December 1990. Programme Directors and their representatives are also invited to the North Karelia Visitors' Programme during 10-15 June, for which a special training and exchange meeting will be organized among INTERHEALTH Demonstration Projects. Some funding may be available for travel from developing countries and applications for assistance are welcome at the Coordinating Centre.

6. FINANCIAL SUPPORT (Drs Khaltaev, Nissinen, McAlister)

Constraints on funding at WHO/HQ were noted and plans for securing outside support for various activities were thoroughly discussed, with some report of initial success. A preliminary commitment for expenses of the next Programme Directors' meeting has been received. The Finnish National Public Health Institute has made an application to FINNIDA for core support and for a conference every two years, with applications for bilateral support to be submitted later. Funding for local expenses is available, on a selective basis, for training and exchange visits to San Antonio, Texas (USA) and support may be available for Dr McAlister to make selected site visits to assist in the development and implementation of intervention activities.

7. PUBLICATIONS (Dr Khaltaev)

World Health Statistics Quarterly has requested an article about the INTERHEALTH Project and its basis in epidemiology and risk factor assessment. The Steering Committee decided to prepare a document for approval of Programme Directors, with Drs McAlister and Nissinen assigned to prepare a manuscript for distribution and review to meet a final text deadline in mid-November. A first draft has been prepared for circulation.

A complete report for joint publication of all available baseline data will be prepared by the Coordinating Centre for presentation at the next Programme Directors' meeting. Each site is requested to provide data tapes as soon as feasible. The Coordinating Centre may be contacted directly for discussions about data format and transportation.

8. PREPARATION FOR PROGRAMME DIRECTORS' MEETING (Dr Khaltaev)

The next meeting will be held in Alma-Ata, USSR, 25-28 March 1991. The draft agenda and provisional list of participants were discussed.

Additional working groups: Social/Behavioural Technology
Exchange
Site Visits
Aging Populations
Youth Component
Lipid Studies

9. VISIBILITY

In connection with the Programme Directors' meeting in March 1991, a world-wide teleconference will be organized. This includes a televised panel of experts from the Programme Directors' group and ancillary panels on specific diseases and risk factors that will be televised interactively from other locations around the world. A summary of the teleconference agenda was approved and a detailed proposal will be circulated by Dr Khaltaev.

10. COOPERATION BETWEEN INTERHEALTH AND OTHER WHO/HEADQUARTERS AND REGIONAL PROGRAMMES

The Steering Committee applauds the efforts of all WHO-related groups involved in promoting awareness of NCD prevention, especially those which address the emerging problem in developing countries. Particularly relevant activities are the proposed Cardiovascular Monitoring and Prevention Programme in the CVD Unit at HQ and the recent activities at PAHO (Washington, D.C.) to establish coordinated training and demonstration research in chronic disease prevention.

INTERHEALTH participants share accumulated long-term and diverse experiences in the development and implementation of community and population interventions and in the collection of risk factor data in developing countries. Thus the Steering Committee decided that it is appropriate to offer the INTERHEALTH Demonstration Projects as a primary resource for training and technical assistance to all WHO-related programmes for NCD prevention. Specific consultative opportunities may be requested through headquarters (Dr Khaltayev) and the Coordinating Centre (Helsinki, Finland). "On-site" training experiences can be made available at any of the appropriate INTERHEALTH locations, e.g., INTERHEALTH Demonstration Projects may provide assistance to groups from countries in their region.

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INTERHEALTH DEMONSTRATION PROJECT
STEERING COMMITTEE MEETING

15-17 October 1990, Geneva

LIST OF PARTICIPANTS

- Professor K.G.M.M. ALBERTI, Department of Medicine, The University of Newcastle Upon Tyne, UK
Dr A.A. ALEXANDROV, All-Union Research Centre for Preventive Medicine, Moscow, USSR
Dr X. BERRIOS, Departamento de Salud Publica, Escuela de Medicina de la Universidad Catolica,
Santiago de Chile
Dr A.L. McALISTER, The University of Texas Health Science Center at Houston, Center for Health
Promotion, Research and Development, Houston, Texas, USA
Professor A. NISSINEN, Department of Community Health, University of Kuopio, Kuopio, Finland
Dr B.M. POSNER, Director of Nutrition Research, The Framingham Heart Study, Boston University
School of Medicine, Boston, Mass, USA*

WHO SECRETARIAT

- Dr I.S. GLASUNOV, CINDI Programme Manager, WHO Regional Office for Europe
Dr C.-C. HEUCK, Health Laboratory Technology and Blood Safety Unit, Division of
Noncommunicable Diseases and Health Technology
Dr N.G. KHALTAEV, Diabetes and other Noncommunicable Diseases Unit, Division of
Noncommunicable Diseases and Health Technology (Secretary)
Dr P. NORDET, Cardiovascular Diseases Unit, Division of Noncommunicable Diseases and Health
Technology

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* Unable to attend