



The CARMEN Network for  
Chronic Disease Prevention and Control  
Report from the 2009 Biennial Meeting



Lima, Peru 26–29 October 2009

# CARMEN Network: 2009 Biennial Meeting Report

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## ***LIST OF ACRONYMS***

AIDS	Acquired Immunodeficiency Syndrome
AT	Active Transportation
BC	British Columbia, Canada
BMI	Body Mass Index
BNR	Barbados National Registry for Chronic Non-Communicable Disease
BRFSS	Behavioral Risk Factor Surveillance System
BROS	Barbados Register of Strokes
BVI	British Virgin Islands
CAMDI	Central America Diabetes Initiative
CAREC	Caribbean Epidemiology Center
CARICOM	Caribbean Community
CARMEN	Collaborative Action for Risk Factor Prevention and Effective Management of Noncommunicable Diseases
CCM	Chronic Care Model
CDC	Centers for Disease Control and Prevention
CENAN	<i>Centro Nacional de Alimentación y Nutrición (Peru)</i>
CINDI (EUR)	Countrywide Integrated Noncommunicable Disease Intervention Program
CNCDs	Chronic Noncommunicable Diseases
COMISCA	Council of Central American Health Ministers
COPD	Chronic obstructive pulmonary disease
COTED	Council for Trade and Economic Development
CVD	Cardiovascular Diseases
DM	Diabetes Mellitus
DM2	Diabetes Mellitus Type 2
EGO	<i>Estrategia Global contra la Obesidad (Chile)</i>
F&V	Fruits and Vegetables
FCTC	WHO Framework Convention on Tobacco Control
FEAPS	<i>Proyecto de Fortalecimiento de la Estrategia de Atención Primaria de la Salud (Argentina)</i>
FRENT	<i>Prevalencia de Factores de Riesgo de Enfermedades No Transmisibles (Peru)</i>
GATS	General Agreement on Trade in Services
GES	<i>Garantías Explícitas en Salud (Chile)</i>
GHPSS	Global Health Professions Student Survey
GSDPAH	Global Strategy on Diet, Physical Activity, and Health
GT11	Working Group 11
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
HBP	High blood pressure; hypertension
HIV	Human Immunodeficiency Virus
IARC	International Agency for Research on Cancer
INCAP	Institute of Nutrition of Central America and Panama
INEN	<i>Instituto Nacional de Enfermedades Neoplásicas (Peru)</i>

IOM	Institute of Medicine
LAC	Latin America and the Caribbean
MDG	Millennium Development Goals
MERCOSUR	Southern Common Market
MINSA	<i>Ministerio de Salud (Peru)</i>
NCD	Noncommunicable Disease
NGO	Nongovernmental Organization
OCAMED	<i>Observatorio de Medicamentos de Centroamérica y República Dominicana</i>
ORAS	<i>Organismo Andino de Salud</i>
PACI	Pan American Cardiovascular Initiative
PAHO	Pan American Health Organization
PANA	Physical Activity Network of Americas
PHAC	Public Health Agency of Canada
PHC	Primary Health Care
RESSCAD	Special Meeting of the Health Sector of Central America and Dominican Republic
SICA	Central American Integration System
SICA-COMISCA	Central American Integration System—Council of Central American Health Ministers
STEPS	WHO STEPwise approach to surveillance of non-communicable disease risk factors
TCC	Technical Cooperation among Countries
TFA	Trans fatty acids (trans fats)
USA	United States of America
WHO	World Health Organization

## ***INTRODUCTION AND BACKGROUND<sup>1</sup>***

The epidemic of chronic diseases threatens economic and social development, and the lives and health of millions of people. In 2005, an estimated 35 million people worldwide died from chronic diseases; this is double the number of deaths from all infectious diseases (including HIV/AIDS, malaria, and tuberculosis), maternal and perinatal conditions, and nutritional deficiencies combined. While deaths from infectious diseases, perinatal conditions, and nutritional deficiencies are expected to decline by 3% over the next 10 years, deaths due to chronic diseases are projected to increase by 17% by 2015.

In Latin America and the Caribbean (LAC), chronic diseases are now the leading cause of premature mortality and disability in the vast majority of countries. In 2002, they accounted for 44% of deaths among men and women below the age of 70 years, and were responsible for two out of three deaths in the total population. Chronic diseases contributed to almost 50% of disability-adjusted life years lost in the Region. The chronic disease burden may be even greater than these statistics indicate, given the large proportion of underreporting in mortality data in the Region. The most commonly occurring chronic diseases and those of greatest public health importance in the Region are: cardiovascular disease including hypertension, cancer, chronic respiratory diseases, and diabetes.

In the first decade of the 21st century, cardiovascular diseases are expected to claim some 20.7 million lives in the Region. In 2005 in LAC, 31% of all deaths were attributable to cardiovascular diseases. Predictions for the next two decades include a near tripling of ischemic heart disease and stroke mortality in Latin America.

In this context, chronic diseases have not received the priority attention in public health policies and programs commensurate with their disease burden in this Region. There are clear evidence and cost-effective interventions available to prevent premature deaths from chronic diseases, and it is time to act to prevent the further loss of millions of lives and damage to economies.

Every country, regardless of resources can make significant improvements in chronic disease prevention and control. The major causes of chronic diseases are known, and if these risk factors were eliminated, at least 80% of all heart disease, stroke, and type 2 diabetes would be prevented; over 40% of cancer would be prevented.

In search of more effective ways to prevent chronic noncommunicable diseases, PAHO/WHO created CARMEN (**C**ollaborative **A**ction for **R**isk Factor Prevention and Effective **M**anagement of **N**oncommunicable Diseases), a network for the integrated prevention and control of chronic noncommunicable diseases (CNCDs) in the Americas, and launched the CARMEN initiative in 1997. CARMEN is an initiative of the Pan American Health Organization and aims to improve the health status of the populations in the Americas by reducing risk factors associated with noncommunicable diseases (NCDs).

This is attained through the development, implementation, and evaluation of policies, social mobilization, community-based interventions, epidemiological surveillance of NCD risk conditions, and preventive health-care services.

The interventions carried out in the framework of CARMEN involve determining a target population (local, provincial, national) and the implementation of actions aimed at preventing risk factors for noncommunicable

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<sup>1</sup> This introduction draws on information from the document "Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases," Washington, D.C.: PAHO, 2007; and information on the CARMEN Network webpage: <http://www.paho.org/english/ad/dpc/nc/carmen-info.htm>

diseases. Interventions have as basic characteristics integrated actions, promotion of health equity, and a demonstrable effect.

The present document is a report on the four-day biennial meeting of CARMEN held in Lima, Peru in October 2009. Following a day dedicated to taking stock of progress, presentations and discussions were held on each of the four lines of action in the aforementioned regional strategy on chronic diseases. A total of 138 representatives from 35 countries attended, which made this the largest meeting of CARMEN to date. The following table shows the breakdown of participants from the four work subregions: Andean Group, Caribbean, Central America, and Southern Cone.

Work Subregions	Number of Participants
Andean Group	67
Caribbean	20
Central America	20
Southern Cone	11
Others	20

The meeting covered seven themes: Taking Stock of Progress, Health Promotion, Disease Management, Surveillance, Policy and Advocacy, Planning for 2010-2011, and Partners' Forum Initiative. Each day of the meeting was divided into two parts, morning and afternoon, each addressing a different theme. Experiences and learning were shared through presentations and round table discussions.

For planning for 2010-2011, participants were divided into the following work groups:

**Andean Group:** Peru, Bolivia, Colombia, Ecuador, Venezuela, PANA.  
Facilitator: Enrique Jacoby.

**Southern Cone Group:** Argentina, Brazil, Chile, Paraguay, Uruguay.  
Facilitator: Branka Legetic.

**Central America, Mexico, and Latin Caribbean Group:** Cuba, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Puerto Rico, Dominican Republic, InterAmerican Heart Foundation, PAHO/WHO United States-Mexico Border Office, INCAP.  
Facilitator: Alberto Barceló.

**English Caribbean and Canada Group:** Anguilla, Bahamas, Barbados, Belize, BVI, Canada, Dominica, Grenada, Guyana, Jamaica, Suriname, St Kitts & Nevis, St Lucia, St Vincent & the Grenadines, Trinidad & Tobago, CAREC, Canada, University of South Florida, WHO-Geneva.  
Facilitator: Dr. James Hospedales.

## ***CARMEN BIENNIAL MEETING***

**Monday 26 October 2009**

### **OPENING CEREMONY**

The opening ceremony was held at the beginning of the first day of the meeting and was chaired by Dr. Oscar Ugarte, Minister of Health of Peru, who welcomed participants to the city of Lima together with Dr. James Hospedales from PAHO/WHO in Washington, Dr. Shanti Mendis from WHO, and Dr. Manuel Peña, PAHO representative in Peru.

Dr. James Hospedales explained that CARMEN is an initiative of the Pan American Health Organization (PAHO) that aims to improve the health status of the people of the Americas by reducing risk factors associated with noncommunicable diseases (NCDs). To this end, it promotes development, implementation, and evaluation of policies, social mobilization, community-based interventions, epidemiological surveillance of NCD risk conditions, and preventive health-care services. He also mentioned the opportunity to think about the social determinants and their relationship to NCDs.

Dr. Shanti Mendis explained the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, which has the following six objectives: 1.-To raise the priority accorded to noncommunicable disease at global and national levels; 2.-To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases; 3.-To promote interventions to reduce the main risk factors for noncommunicable diseases: tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol; 4.-To promote research for the prevention and control of noncommunicable diseases; 5.-To promote partnerships for the prevention and control of noncommunicable diseases; and 6.-To monitor noncommunicable diseases and their determinants and evaluate progress in national, regional, and global plans.

Dr. Manuel Peña mentioned that NCDs are reaching epidemic proportions in the world, hence the importance of working on their prevention and treatment. He pointed out that in Peru, measurements of the attainment of the Millennium Development Goals have shown that maternal mortality and child malnutrition have dropped. He indicated that for countries to successfully prevent and treat NCDs it is important not to leave out a social determinants of health perspective.

Dr. Oscar Ugarte indicated that today's world is continually facing new epidemics and that Chronic Noncommunicable Diseases (CNCDs) stand out among these, constituting a serious public health problem. Cancer, diabetes mellitus, hypertension, cardiovascular diseases, blindness, chronic renal disease, and obesity are diseases that should be addressed primarily through prevention. He mentioned achievements in Peru: the antismoking law (Law No. 28705), national cataract care plans, and the guide for hypertension care at the first level of care. He also mentioned that in the Management Guidelines for the Ministry of Health (MINSa), the control of chronic diseases occupies a prominent place among the national health objectives for the short and medium term. Thus, he commended the initiative of the Pan American Health Organization (PAHO) for implementing the strategic proposal of the Collaborative Action for Risk Factor Prevention and Effective Management of Noncommunicable Diseases, known as CARMEN, the fundamental purpose of which is to improve the health of the people of the Americas through reduction of the risk factors associated with noncommunicable diseases.

## **Theme: CARMEN: Taking Stock of Progress**

Dr. James Hospedales explained the CARMEN objectives and strategy, introduced the people in charge, and explained the format for the four-day meeting. He pointed out that CARMEN is 12 years old and that there is a need to establish more areas where networks can be formed.

Dr. Manuel Peña gave the presentation “A life course approach to the prevention and control of chronic disease.” He mentioned that a relationship exists between low birthweight and NCDs, citing Barker’s hypothesis that “pregnant women who eat well, control their weight, and remain active can elevate the probability that their fetuses will have a healthy adult life.” Thus, it is important for the approach to span from conception until the end of life. The life course does not start at birth, but much earlier. Fetal development and pathology are decisive factors in disease prevention throughout life; thus it is important to incorporate this aspect into CARMEN.

Dr. Martín Clendenes gave the presentation “How Peru is addressing chronic diseases.” He mentioned that the Ministry of Health policy guidelines for 2007-2020 include surveillance, prevention, and control of communicable and noncommunicable diseases and that the health objectives for 2007-2020 include Objective No. 7: Control of chronic degenerative diseases (diabetes-HBP), and Objective No. 10: Improve the quality of life of persons with disabilities. In addition, the establishment of the National Health Strategies of the Ministry of Health included the creation of the National Health Strategy for the Control and Prevention of Noncommunicable Diseases and the National Health Strategy on Eye Health and Blindness Prevention. The following have also been carried out: FRENT Study on the “Prevalence of Risk Factors for Noncommunicable Diseases”; National Plan for Strengthening Cancer Prevention and Control; National Plan Against Blindness from Cataracts for 2007-2010; and a series of policy documents. In addition, the Healthy Families and Housing Program and the Healthy Municipios and Communities Program have been implemented, physical activity has been promoted among health facility personnel, and, in addition, the technical document “Model Approach to Health Promotion” is available, which covers the actions to be taken for the Physical Activity thematic area.

The presentations were followed by discussion, during which it was pointed out that there is a need to work on encouraging non-smoking, legislation on taxes on high-calorie foods, regulation of diet in schools, promotion of healthy foods, among others.

## **Round Table Presentations: Chronic Disease Regional Strategy and Plan of Action**

*Regional Perspective, Dr. James Hospedales:* On policy and advocacy, Dr. Hospedales mentioned that monitoring has been done of laws regarding cardiovascular diseases (CVD), as well as obesity and diabetes; a course on chronic diseases and trade was given; and resolutions have been obtained from the PAHO Directing Council on diabetes and obesity and on cervical cancer prevention and control. He mentioned four principles for interventions in physical activity and healthy diet: a) These are not only a “personal responsibility;” it is now necessary to place greater emphasis on systemic changes; b) Sustainability, culture, community, and equity should be added to health values; c) Health should assess its importance in other key sectors, such as agriculture, transportation, trade etc.; d) Children are a key concern to put forward. He mentioned the priority strategies to be implemented: *Physical activity:* advocate for Active Transportation (AT) that promotes bicycle use, plan the city’s active transportation, defense of pedestrians and sustainable growth, demonstrate the health impact of AT, increase the number of recreational ciclovias (bicycle tracks), and reestablish school physical education programs. *Healthy diet:* development of local agriculture and elimination of agricultural subsidies; production incentives; marketing and consumption of whole foods such as fruits, vegetables, grains,



and pulses; regulation of advertising aimed at children for processed products of low nutritional value; school feeding programs that use more fruits and vegetables (F&V).

He mentioned the minimum data set for chronic diseases, monitoring of NCDs, and Pan Am STEPS. Finally, he commented on the activities of the CARMEN School, which gave five courses and is conducting research, and on projects to improve quality of care, such as “Proyecto VIDA” in Veracruz, CAMDI, and the Caribbean Diabetes Project.

*Caribbean Perspective, Dr. Yasmin Williams Robinson, Bahamas:* Dr. Williams Robinson underscored the importance of the Port-of-Spain Declaration of September 2007. Actions are still needed on control of tobacco use, dietary habits, physical activity, and quality of care for NCDs. On how to do this, she commented on the Caribbean’s Regional Plan for Noncommunicable Disease Prevention and Control 2009-2013, working meetings between countries, civil society participation, and epidemiological surveillance. On where this will be done, she mentioned the importance of working in communities and workplaces, as well as in schools. She highlighted the celebration of Caribbean Wellness Day on 12 September of this year, with new ideas including the partnership with the political sector with walks by lawmakers and their constituents, the closing of main streets to promote exercise, and the consumption of fruit at school, among others.

*Southern Cone Perspective, Dr. María Cristina Escobar, Chile:* In her presentation, Dr. Escobar explained the technical cooperation project between Canada and Chile, which has these objectives: a) formulate a policy to better integrate health promotion and prevention and treatment of CNCDs at the primary care level; and b) strengthen population-wide public policies on health promotion, health protection, and actions on the social determinants of health. This project has implemented a series of strategies and activities in three stages: in stages 1 and 2, Canada and Chile shared experiences and lessons learned; stage 3 consists of a policy dialogue on CNCD in Chile, which brings together administrators, leaders, and experts, under the auspices of the CNCD Policy Observatory. The project has also included a social determinants and health equity perspective, established intersectoral coordination for the promotion of healthy styles, held training programs for health providers, and strengthened health networks. Currently, it is involved in a participatory process to develop the health objectives for the 2010-2020 decade. She commented on the new challenges they are facing: the burden of disease and of risk factors, health inequalities, and gaps in care for NCDs.

She mentioned Partners in Healthy Living (British Columbia, Canada), of ActNow BC, the largest health promotion team in the history of BC. Finally, she explained the course on the Chronic Care Model that took place in July 2003 in Miami, Florida.

*Andean Region Perspective, Dr. Patricia Echenique, Ecuador:* Dr. Echenique mentioned the following activities in the Andean Region Plan of Action: a) Collect population-based information on major chronic diseases, diet, physical activity, tobacco use, alcohol consumption, and preventive health service use; b) Develop indicators in the surveillance system for evaluation of the effectiveness, accessibility, and quality of services; c) Develop curricula for health professionals; d) Support research on the impact of urban planning and public transportation on public health, to prevent NCDs and risk factors; e) Develop a program (with budget, manager, plan, etc.) for the integrated prevention and control of NCDs and their risk factors; f) Develop a primary health care model that enables the implementation of chronic disease management programs and policies. Finally, the speaker said that in Ecuador, the budget for the health sector has doubled and that currently, diabetes and hypertension care is free and includes access to drugs for any citizen of Ecuador. Currently, 12,000 staff members have been integrated into primary health care.

*Central America Perspective, Dr. Brenda Aquino, Guatemala:* Dr. Aquino explained that the Central America Diabetes Initiative (CAMDI) has existed since 2001, and that as part of it, the capital cities are conducting the first risk factor survey, in coordination with INCAP/PAHO (Guatemala, Tegucigalpa, Managua, San Salvador, San Jose, and Belize). In 2005, Protocols and Guidelines and a Collaborative Model on quality of care were developed. In 2008, as progress on policy and advocacy, all the countries included the issue of chronic diseases and cancer at RESSCAD and in the Health Agenda for Central America and the Dominican Republic. In 2009, the Strategic Health Plan for Central America and the Dominican Republic (SICA-COMISCA) has been carried out, which has the purpose of mainstreaming chronic diseases and involves public prevention measures, information systems, drugs, and training.

During the discussion, the participants underscored the importance of establishing a subregional perspective that should not be interpreted as only the sum of the actions of the member countries, but rather as the need to seek supranational interventions, with common implementation; an example of this is the issue of tobacco. It is not helpful if one country has certain legislation and another one does not. Thus, the importance of supranational agencies, such as the Andean Community. On the subject of surveillance, it was commented that it is important to work not only on health statistics for diseases but also on surveillance of disease determinants, to measure not only the effects but the causes of NCDs, and to work on the collection of statistics from all sectors that intervene publicly and privately. Finally, mention was made of the importance of having common perspectives in the Region and working on access to quality drugs with technical assistance from PAHO, and the importance of making joint purchases at the supranational level.

In wrapping up the session he was facilitating, Dr. James Hospedales pointed out that there are similar problems in the different countries, and thus, a need to make CARMEN an advocacy project and to affirm the multisectoral, multicenter strategy.

## **Theme: Health Promotion**

Dr. Carlos Monteiro gave the key note address: "Nutrition and health. The issue is not food, nor nutrients, so much as processing." He mentioned that the relationship between health and nutrition is very complex, that changes in diet have a potential impact on the health/disease profile, and that public policies are needed to promote healthy eating habits. He presented a classification of food based on industrial processing: Group 1: Unprocessed and minimally processed foods (fruits, vegetables, grains, roots and tubers, nuts, meats, milk, eggs, etc.); Group 2: Processed foods/culinary ingredients (oils, fats, sugar, flours, etc.); Group 3: Ultra-processed foods/ready-to-eat (breads, cookies, candy, soft drinks, sausages, fast food, etc.). In Brazil, 42.5% of calories come from Group 1 foods, 37.4% from Group 2, and 20% from Group 3. However, this pattern varies widely among the different social strata of the population. Finally, he pointed out that consumption of ultra-processed foods has increased greatly because of marketing and that this has implications for public health (obesity). He proposes the need for seeking partnerships with interest groups, regulating advertising for this type of food, increasing taxes on it, and promoting the consumption of unprocessed or minimally processed foods.

## **Round Table Presentations: Health promotion initiatives and projects**

### **Regulation of marketing of children's foods in Brazil, by Dr. María José Delgado**

Dr. Delgado presented a study in Brazil of food advertisements for children from 2006 and 2007 on open and paid television channels, which found that 77.2% of food ads target children. In first place is fast food, 21.3%; in second place candy and ice cream, 19.2%; in third place packaged snack food, 16.4%; in fourth place

pastries and cookies, 11.8%; and in fifth place sodas and artificial juices, 9.8%. She pointed out that healthy food is not widely advertised and is normally aimed at infants, and that for each dollar WHO spends on attempting to promote healthy nutrition, the food industry spends \$500 to promote processed food. Finally, she proposed that restrictions on advertising of unhealthy food targeting children could be one of the most cost-effective interventions. She mentioned that in Brazil there is a proposed regulation in the pipeline to restrict advertising of unhealthy foods.

### **Initiatives for the reduction/elimination of trans fatty acids in Latin America and the Caribbean, by Dr. Rafael Monge**

Dr. Monge presented facts that CVD deaths and non-fatal acute myocardial infarctions could be prevented in Latin America and the Caribbean if a 2% reduction in calories from trans fatty acids (TFAs or trans fats) could be obtained. He pointed out that in Brazil, labeling that includes the trans fat content has been required on packaging of manufactured foods since 1 August 2006 (Resolution RDC No. 360 of 23 December 2003); in Argentina, trans fat content has been required on the nutritional label since 2008 (Amendment to Chapter V of the Argentine Food Code, May 2008); in Colombia, trans fat notification is required on all foods that contains TFA levels above 0.5g. (Resolution 0288, 31 January 2008); and in Chile, all products that have more than 3g of fat per portion, must list the type of fat (saturated fat, unsaturated fat, cholesterol, and TFA) (amends decree No. 977, of 1996, of the Ministry of Health, Health Regulations for Food. No. 106/08, 23 April 2009), and the amount of trans fat added during manufacture of the food should be equal to or lower than 2% of the total fat content of the product (Amendment to article 248 of Supreme Decree No. 977 of 1996). Puerto Rico requires listing the TFA content on the nutritional label of foods offered for consumption in fast food establishments (Regulation approved 25 October 2007).

Dr. Monge mentioned that compulsory nutritional labeling has gotten the industry concerned about reducing the trans fat content, changing and improving their processes to reduce trans fats or to be able to declare their products trans-fat free. He commented on research studies that are being carried out on trans fats.

### **Strategy to reduce salt intake in Argentina, by Dr. Sebastian Laspiur**

Dr. Laspiur presented on the Argentine National Plan for Healthy Diet and Active, Tobacco-free Life. He noted that Argentines consume 12 to 13 grams of salt per day (60% in processed food and 40% from table salt), more than twice as much salt as WHO recommends. It is estimated that every gram of reduction in salt consumption by the population would prevent 20,000 cardiovascular events per year that cause 2,000 deaths per year. Therefore, there is a multisectoral work group in Argentina on the reduction of salt and trans fat, which is establishing agreements with the industry, developing communication strategies, and promoting regulation. He highlighted the message targeting the general population: "LESS SALT, MORE LIFE."

### **Means of transportation and promotion of physical activity, by Dr. Luis Fernando Gómez**

Dr. Gómez discussed the issue of transportation systems and urban environments which influence the health of the inhabitants; the importance of promoting physical activity through multisectoral interventions; and the Colombian Law 1355 that encourages urban systems for cyclists and pedestrians. He pointed out that changes made in transportation systems come basically from sectors other than health, and hence the need for building alliances between the health sector and other sectors. He proposed the need for creating or strengthening independent social organizations that advocate for public health and the importance of macro agendas as an opportunity for public health.

### **Pan American Cardiovascular Initiative (PACI), by Dr. Carlos Mendoza**

Dr. Mendoza explained that this project is being carried out in Guatemala, Chile, and Argentina and receives technical assistance and financing from PAHO and the National Heart, Lung, and Blood Institute. The objective of the project is to produce community-based intervention programs for the promotion and prevention of cardiovascular disease that would serve as models for the Region. The project has two phases: a) A training program for community agents to become promoters of cardiovascular health; and b) community interventions on the promotion and prevention of CVD. The results so far are three community manuals on prevention and promotion of cardiovascular disease, promoters trained for interventions, experience gained in community actions, and evaluation of phase I and II of the project (in process).

The discussion underscored how important it is to have healthy food regulated by appropriate legislation that protects against saturated fats, trans fats, excess salt, and sugar, among others. It was suggested taking into account the food classification of Dr. Rafael Monge. Mention was made of the importance of promoting the healthy cities strategy and the use of a prevention approach, and as part of this, the importance of promoting the right to be a healthy consumer, which requires that cities have spaces for ciclovias and for exercising. Discourse on the promotion of prevention needs to be backed up by healthy settings in our cities, and inspectorates should be established to ensure that these spaces exist, which would ensure being able to have a healthy life. Finally, it was mentioned that it is important for the Network to disseminate information about the experiences in the countries, so that other countries can take advantage of them in their own initiatives.

### **Colombia Obesity Law**

A presentation was given on Law No. 1355, promulgated on 14 October 2009 in Colombia, "Whereby obesity and associated chronic noncommunicable diseases are defined as a public health priority and measures are adopted for their control, treatment, and prevention." Art.1 of the law states the following: "It is hereby declared that obesity is a chronic public health disease, which is a direct cause of heart disease, circulatory diseases, high cholesterol, stress, depression, hypertension, cancer, diabetes, and arthritis, among others; all of which are considerably increasing mortality among Colombians."

This law, among other things, mentions strategies to promote a healthy balanced diet, strategies to promote physical activity, regulation of trans fats and saturated fats, regulation of the consumption of food and beverages in schools, a research agenda, and surveillance.

It was suggested that the CARMEN Network should exchange information on legislative progress among countries. Among the observations, it was mentioned that a civil society report has been done on progress in the fight against tobacco that is circulating in several countries, and that it would be important to do something similar around the obesity problem. In addition, it would be good to circulate documents on myths and realities about the problem.

## **Tuesday, 27 October 2009**

### **Theme: Disease Management**

Dr. Sandra Delon gave the key note address on the Quality of Care Model for Chronic Conditions. She presented the experience of Calgary Health where a chronic disease program centered on primary prevention was launched formally in 2002, aimed exclusively at diabetes and hypertension care. The Quality of Care Model

(also known as the Wagner model) was initially adopted as a frame of reference, though now the Expanded Quality of Care Model developed in Canada (British Columbia) is being used, which includes disease prevention and health promotion, a determinants-based approach, and greater community participation. Two key components were implemented: training of nurses and an exercise program and training for people with chronic diseases. There are currently 25 places in communities offering education and exercise for these patients. The objective is to give them tools so that they continue their lives under better conditions and learn problem-solving skills. The lesson learned is that patients learn better and implement what they have learned when it has been taught by someone in the community who was previously trained; hence the importance of training community leaders.

During discussion, it was asked whether the project included gender and ethnic perspectives and it was pointed out that problems observed with people of Chinese heritage were overcome by incorporating aspects of their culture to be able to serve them better and get them interested.

### ***Round Table Presentations on Disease Management***

#### **Improvement of quality of care in the Caribbean, by Dr. Sonia Copeland**

Dr. Copeland presented information from Jamaica, and noted that 8% of the population aged 15-74 years has diabetes, 24% of people aged 15-74 years did not know they were diabetics, and 52% of people with diabetes are not well controlled. The project improving Quality of Care for Diabetes has the objective of making real, sustained improvements in diabetes care in 10 countries of the Caribbean: Jamaica, Antigua and Barbuda, Anguilla, Barbados, Belize, Grenada, Guyana, Saint Lucia, Suriname, and Trinidad and Tobago. The project uses the chronic care model and the Breakthrough Method to promote collaboration among primary health care teams for identifying problems in care and for finding solutions. The interventions focused on exercising, promoting a healthy diet, foot care, and training for providers.

#### **Cardiovascular disease prevention in Argentina, by Dr. Sebastian Laspiur**

Dr. Laspiur reported that 52.8% of deaths in Argentina are due to noncommunicable diseases. A Department for Health Promotion and Control of NCDs exists, which is involved in a process of reorienting health services, with the objective of providing and developing capacities and competencies in the health system for the integrated management of chronic diseases and their risk factors. Clinical practice guides are being developed and implemented, aimed at prevention, diagnosis, and control of people with DM2 and cardiovascular risk factors. The cardiovascular guides have already been developed, adapted from the WHO guides, which stress that the intensity of interventions should be proportional to the cardiovascular risk. Implementation of the guides is being done through publicity; dissemination of information; presentations at meetings; training; provincial programs for chronic patients; in the FEAPS program (incentives for registration, classification by risk, and monitoring); in the community physicians program; and by implementation of tools (reminders, fliers etc.). Currently, multiple strategies are being used to improve the service delivery model for chronic patient care. The challenge is to ensure that external funding is used to establish capacities in the system that are sustainable and lasting.

#### **Online diabetes course, by Dr. Orlando Landrove**

Dr. Landrove noted that this project is being carried out in several countries (Cuba, Costa Rica, Chile, and Mexico) at the initiative of PAHO, with sponsorship from the World Diabetes Foundation. The project is aimed at health professionals. Its objective is to increase the capacity of health professionals who see people with diabetes, so they can offer high-quality care designed to improve diabetes management and quality of life. It was started as a pilot project, to be extended in subsequent stages to the rest of each country. It uses the platform of the PAHO Virtual Public Health Campus, for which a core curriculum has been adapted from the curriculum of the International Diabetes Federation. To date, PAHO has used the Virtual Campus for two courses,

one on design of materials and the other to train online tutors. The program consists of eight modules and has already been carried out in different countries in the project: Mexico (100 students), Chile (80 students), Costa Rica (120 students), and Cuba (150 students).

### **A gender perspective in health programs: the case of the diabetes program in Mexico, by Dr. Aurora del Río Zolezzi**

Dr. del Río Zolezzi presented the gender perspective of the Mexico Diabetes program. She noted that starting in 2002, differences were detected in the behavior of men and women in terms of diabetes management, and the hypothesis was proposed that gender roles and stereotypes influence these differences through differences in compliance with treatment, diet, and physical activity. Thus, the proposal was made to not continue with gender neutral campaigns. Materials on diabetes prevention and care with a gender perspective were developed and funded. Different messages for men and women were disseminated, trying to overcome barriers to physical activity, which in some cases are specific to the person's gender. A proposal was developed in technical working meetings to prepare different pamphlets for men and women, differentiated not only in their design but also in their content and the suggested options for physical activity. For women, the message was "give yourself 30 minutes a day, for your health"; for men, "relax for 30 minutes every day."

During the discussion, comments were made on the guide for cardiovascular disease prevention and control in Argentina, which is a questionnaire that classifies risk based on a score. It was stressed that it is important to gain access to the virtual modules on diabetes prepared in Cuba, as well as the importance of addressing the gender perspective in the management of NCDs, and of NCD prevention and care interventions differentiated by gender. Also mentioned was the importance of Primary Care Centers being concerned about the early detection of NCDs, in addition to prevention, and the need to work on the subject of monetary incentives for providers in NCD early detection and prevention interventions in the Region, demonstrating that this would save money in the medium term.

Finally, Dr. Alberto Barceló gave a brief presentation of Proyecto VIDA, being implemented in Veracruz, on diabetes prevention and detection.

### **Theme: Surveillance**

Dr. María Victoria Estrada gave the keynote address on "Making surveillance systems work in Latin America". The experience in Cali with developing a sustainable chronic disease surveillance system was explained. Surveys of risk factors were done as well as public health interventions that encouraged physical activity, smoking prevention, and promotion of a healthy diet and life skills. Regarding health services programs, a cardiovascular risk program and a kidney disease prevention program were established. Prevalence rates were monitored, and a process evaluation and impact assessment were done. A contribution of this experience is the linkage that was achieved among clinical practice, public health, and academics (research). It was mentioned that political will, intersectoral action, strategic planning, economic feasibility, motivation and training, and good information management are necessary for developing sustainable systems. "The job is not finished with the production of data, but rather with negotiating their use." It was also mentioned that there are challenges with regard to data quality, interpretation, and communication.

### ***Round table Presentations on the Subregional advances in NCD surveillance***

#### **Perspectives from the Andean Region, by Dr. Luis Revilla**

Dr. Revilla mentioned the meeting in Quito on strengthening CNCD surveillance on 20-22 April of this year, by invitation of PAHO, at which the representatives of the Andean Group (2 representatives from each country) met for the purpose of learning about the progress in the member countries in establishing CNCD surveillance

systems, sharing the experiences of each country on this subject, and establishing a subregional working group on NCD surveillance. The meeting also allowed learning about new tools and proposals from PAHO on this subject, such as the STEPS surveys and the list of minimum indicators for monitoring chronic conditions. Representatives from Ecuador, Peru, Colombia, and the representative of the Andean Health Organization (ORAS) attended the meeting. The agreements of the meeting were the formation of a working group on NCD surveillance, the implementation of a pilot project on indicators using the basic list proposed by PAHO, the invitation of Bolivia and Venezuela to the group, and the request to convene ORAS to report on the formation of the NCD surveillance working group in the Andean subregion.

#### **Perspectives from the Southern Cone, by Dr. María José Rodríguez**

Dr. Rodríguez mentioned the Brasilia agreement and said that as of September 2008 the final proposal is available and the NCD surveillance working group has been formed, as a part of the GT11 of MERCOSUR, which includes the countries of Argentina, Brazil, Chile, Paraguay, and Uruguay. Its purpose is to strengthen the NCD surveillance system in MERCOSUR countries, which will provide relevant information for the development and evaluation of effective public policies. Its agenda is the status of the Risk Factors Surveys in the countries, the framework for NCD surveillance, and indicators for surveillance of NCD and injuries.

#### **Perspectives from the Caribbean, by Dr. Glennis Andall-Brereton**

On the implementation of risk factor monitoring, Dr. Andall-Brereton said that 6 countries completed National Risk Factor Surveys using the Pan Am STEPS methodology— Bahamas, Aruba, Barbados, Dominica, St. Kitts, and the British Virgin Islands— while 2 countries used a different methodology— Belize and Jamaica. The Minimum Data Set for NCD surveillance and its components (mortality, prevalence/incidence, risk factors, health system, and socioeconomics) were also implemented. Regarding achievements, she indicated that countries profiles, subregional profiles, age profiles, and risk maps are now available.

#### **NCD Surveillance using STEPS in Costa Rica, by Dr. Roberto del Aguila**

Dr. del Aguila explained the use of the STEPS methodology in Costa Rica with the purpose of determining the prevalence of chronic diseases and their associated risk factors, with a view to guiding intervention strategies for their prevention and control. He gave details on the methodology used and the selection of a probability sample proportional to the size of the population: 148 of the 1056 sectors of the Costa Rican Social Security Fund; 27 surveys were done in each of them, with two localities selected per sector. He mentioned that they are going to use software that will avoid digitalization and scanning of the surveys to reduce the time needed to complete the database. He ended by specifying the procedures for collecting data on blood pressure, anthropometric measurements, and laboratory findings.

#### **The experience of the Bahamas in the pilot study of the basic list of indicators for noncommunicable diseases, by Dr. Yasmin Williams-Robinson**

Dr. Williams-Robinson presented an experience in the Caribbean for addressing noncommunicable disease surveillance; there are few epidemiologists in the Caribbean; there is knowledge about data transmission but little on their effective dissemination for action; and that there is the PAHO program for improving health analysis and statistics.

In August 2008, a meeting was held with CAREC and PAHO from six countries: Bahamas, Barbados, Belize, Bermuda, Cayman Islands, and Dominica. The objectives of the project were determined: strengthen knowledge about indicators for NCDs and reporting capacity; the data were reviewed; and agreement was

reached on the reporting format and schedule. A plan was developed and the minimum data set and manual of instructions were decided upon; a pilot project was conducted in the six countries; and a feedback session was held in February of this year. It was found that diabetes, hypertension, overweight, and obesity are the NCDs with the greatest prevalent and incidence.

#### **Improving cancer information in Latin America and the Caribbean, by Dr. Otaliba Libanio de Morais Neto**

Dr. Libanio explained that the following activities were carried out with the collaboration between PAHO and IARC (International Agency for Research in Cancer): Regional Technical Consultation of Cancer Registries and Cancer Program Directors/Managers and Course on Cancer Registration and Data Quality Control in Population-based Cancer Registries. A planning meeting was held in Quito, Ecuador in April 2009, and a technical meeting was held on Improving Cancer Information in Latin America and the Caribbean in Brasilia, Brazil in which 16 countries participated. A declaration was signed, which, among other things, urges governments to develop new information systems or strengthen existing ones to offer or include population data on the different types of cancer. This will aid decision-makers in setting priorities and in implementing or strengthening cancer control programs and in recognizing cancer registries as a part of the national integrated health information system. Finally, he explained some of the initiatives of the Ministry of Health of Brazil to support Cancer Registries, such as the Population- and Hospital-based Cancer Registry.

#### **National cardiovascular disease register: the experience of Barbados, by Dr. Anselm Hennis**

Dr. Hennis explained the BROS stroke study and commented on its findings, pointing out the greater risk in women, and that this risk increases with age. He explained the importance of national population registries and mentioned that since 2004, a national working group has been working on a key strategy: to develop and operate the population-based BNR (Barbados National Registry for Chronic Noncommunicable Disease). This registry uses the STEPS methodology. It began in July 2008 with stroke and in May 2009 carried out a pilot test for myocardial infarction.

During the discussion, it was pointed out that they are not only trying to identify risk, but also to identify burden of risk factors in each country. Progress has been made at the regional level; however, the institution of chronic disease surveillance and its integration into each country's epidemiological information system has just recently begun. PAHO is assisting with the standardization of indicators, so that everyone has the same instruments. These indicators are being integrated into the basic public health data system, which has been in place for around ten years.

### **Wednesday 28 October 2009**

#### **Theme: Policy and Advocacy**

Dr. Hospedales explained the importance of the CARMEN Network's advocacy role, which is based on its technical role. He specified that CARMEN is not an activist movement and that it tries to have an affect and assume a leading role on the technical aspects of NCDs in countries.

Dr. Olivier Renaud gave a key note presentation via video on the topic of private-public partnerships for chronic diseases. He said that the World Economic Forum, an NGO in Geneva created 40 years ago, supports WHO, facilitating the involvement of the private sector in the fight against NCDs. Its objective is to facilitate ties with the private sector.



Dr. Hospedales commented that this year the World Economic Forum held a Regional Economic Summit in Rio de Janeiro, attended by representatives of the Region's principal companies. The next event will be held in Cartagena, Colombia in 2010 and CARMEN will try to get the subject of NCDs on the agenda.

### ***Round table Presentations on Sub-regional Advances in Policy and Advocacy***

#### **Progress and challenges in the implementation of the 2007 Port-of-Spain Declaration, by Dr. Rudolph Cummings**

Dr. Cummings presented on the progress since the Caribbean Heads of Government Summit on Chronic Disease, which adopted a 15-point Port of Spain Declaration. At present, Caribbean Wellness Day has been established, which recalls the event in Port-of-Spain and is held in all the countries every year. There is a joint secretariat on NCDs advised by PAHO and CARICOM. Physical exercise is promoted with the slogan "love that body." International support comes from Canada and Spain, as well as the Bloomberg grant and PAHO, among others. There is also an important component on international advocacy. The plan for NCD prevention and control has been improved. On tobacco and alcohol, Trinidad and Barbados have draft legislation on the prevention of smoking in public places, and in 2008 the CARICOM Council for Trade and Economic Development (COTED) supported setting labeling standards for tobacco and alcohol. There have also been improvements in food labeling, and the subregional labeling harmonization process is being given priority and has public support, the implementation of which will also be attempted through national standards in the Member States. But, there are still challenges that the countries have to overcome, such as ratification of the FCTC in some countries, and the proliferation of fast food establishments, among others. There is formal monitoring of the progress made, through progress reports and annual reports, and through meetings of Heads of State in May and July of every year, where progress on the Declaration is presented.

#### **NCD policies in Central America, by Dr. Rolando Hernández**

Dr. Hernandez presented on the Council of Central American Health Ministers, COMISCA. It is a body of the Social Integration Subsystem of the Central American Integration System, and its activity is legally and institutionally framed by the San Salvador Declaration, the Tegucigalpa Protocol, and the Treaty on Central American Social Integration. COMISCA, by means of the "Proceedings of Antigua Guatemala" signed 18 August 2000, formalized its incorporation into SICA through the Secretariat of Social Integration. A very important achievement was the establishment of a Health Agenda for Central America and the Dominican Republic, approved at the XXIX Meeting of COMISCA in January 2009, which contains ten strategic objectives, five of which are directly related to reducing the risks and the burden of noncommunicable diseases. The Health Plan for Central America and the Dominican Republic is in its final phase of preparation and will be presented for the approval of COMISCA in December 2009. Other progress has been the preparation, official recognition, and implementation of the Regional Drug Policy; the aligned list of 36 drugs, which includes drugs for cancer and other chronic diseases; and the work of the regional drug observatory (OCAMED). He ended by mentioning in particular the NCD project of the Institute of Nutrition of Central America and Panama (INCAP).

#### **National Plan for Cancer Prevention and Control, by Dr. Luís Pinillos**

Dr. Luís Pinillos presented on the national cancer plan in Peru. He noted that cancer in Peru is a public health problem and is the second leading cause of death in the country. Some 42,000 new cases are expected per year and only 17,000 are diagnosed. Initially, cancer interventions were completely uncoordinated, which led to duplication of efforts, competition for funding, and competitive spending to build new care facilities. Currently, Peru has a multisectoral coalition, "Peru Against Cancer," created in Lima on 3 September 2005, for

the different institutions and organizations working on cancer prevention or care in the country, which is open to anyone interested in participating. It has a Strategic Plan 2006-2016—Peru Against Cancer (February 2006)—and a National Plan to strengthen cancer prevention and control in Peru (February 2007). There are preventoriums for early disease detection and education of people without symptoms; prevention and early detection of the disease has been strengthened; and community participation is being promoted. Guides and National Standards have been prepared: Guide for Health Promotion Focusing on Cancer Prevention and Control; Technical-Oncological Standards for the Prevention, Detection, and Management of Premalignant Lesions of the Cervix; Technical-Oncological Standards for the Prevention, Detection, and Early Diagnosis of Breast Cancer; and, in preparation, Guide for Preventoriums; along with dissemination of the guides and standards.

### **NCD Policy Observatory: a CARMEN project, by Dr. Sylvie Desjardins**

Dr. Desjardins explained that the Policy Observatory is a joint initiative between PAHO and the PAHO/WHO Collaborating Center on Noncommunicable Disease (NCD) Policy in Canada. It has been operating since 2004 and is located within the Public Health Agency of Canada (PHAC). The observatory is a platform for the network of countries in the Americas and the institutions engaged in the systematic analysis and monitoring of chronic noncommunicable diseases (CNCD), and serves as an aid to the implementation of policies and lines of action for the promotion of the Regional Strategy on Chronic Disease Prevention and Control. It has five functions: 1) CNCD surveillance; 2) Participate and collaborate in research on processes to develop and implement CNCD prevention and control policies; 3) Training and skills building for prevention of chronic noncommunicable diseases; 4) Coordinate and document discussion on international policies on NCDs; and 5) Strengthen partnerships for NCD prevention and control. Subsequently, she listed some of the significant aspects of each function and finished by asking the audience for suggestions about the Policy Observatory's functions.

### **Introduction to the PAHO/WHO survey tool on NCD program capacity, by Dr. James Hospedales**

Dr. Hospedales presented studies conducted in 2001 and 2005 to evaluate countries' national NCD capabilities, as well as their weaknesses. He also introduced the characteristics of the new Web-based tool: sections with links to other related WHO and PAHO tools, sections that can be used or examined separately, and discussion and response in each section as a team exercise in each country. He presented the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, explaining that one of its most important objectives is the monitoring of noncommunicable diseases and their determinants and the evaluation of progress with national, regional, and global plans. Plans are already in place for preparing an intermediate report on the implementation of the Regional Strategy and Plan of Action for the PAHO Directing Council in 2010; for using the tool to evaluate the progress, weaknesses, partners, etc. at the CARMEN Meeting in 2011; and for preparing planning guides. He reminded participants that the instrument will be sent to the countries on 15 November of this year, and that the deadline for completing and returning it is 15 January 2010.

A key topic of the discussion was Law 25357 of Peru banning smoking in public places, and on changes needed to improve it so that it expressly states "smoking is prohibited in all public places," and not only in enclosed public places as the law currently states. It was reported that this change in the process of being approved.

On cancer registries and a cancer surveillance system in Peru, it was mentioned that one advance has been the coordination between different institutions for reporting cancer cases and consolidating them in the

National Cancer Registry of the National Institute of Neoplastic Diseases. This institution is an autonomous public agency with the authority to set specific standards on cancer.

Concerning the implementation of policies to control tobacco use, it was underscored how important it is to monitor these policies and their contribution to improving the public health. The idea is to do studies of what happens with the indicators in a country as policies change. This helps a great deal for advocacy and enables seeing the changes that occur. This proposal can extend to policies on nutrition (consumption of salt, trans fats, etc.). It would enable observing the changes as progress is made in policies. Carrying out this analysis in our countries could be a way in which we could observe the positive impact of policy change. It is very important to evaluate public policy implementation and effects.

Another comment was that the people in charge of noncommunicable diseases in the countries are not permanent and there is constant turnover. This situation hinders follow-through on plans. However, this situation should not keep people from continuing to work and to move forward.

Another comment was on the issue of interculturalism and the need to take it into account and integrate it into the other approaches that are already in place, such as human rights and gender. Integrating an intercultural approach is appropriate to the situation of the countries where we are involved in the Region.

Finally, it was also underscored how important it is to build consensus for developing policies that promote healthy behavior to prevent NCDs, in which not only people from the technical side participate, but also policymakers and representatives of civil society, also stressing NGOs. Moreover, the use of the Internet is very important as a tool for disseminating the progress made by the countries on policy implementation. Communications is a very important element in disseminating information about policies. There should be an observatory where people can see what is occurring and the progress in the different countries.

In the afternoon, after the luncheon, the participants visited sites related to NCDs. An average of twenty people visited each of the following sites:

- 1) The preventorium at Carrión Hospital in Callao (diabetes and cancer prevention).
- 2) San Borja municipality (Healthy Municipio and promotion of physical activity).
- 3) National Center for Food and Nutrition (CENAN).
- 4) The National Institute of Neoplastic Diseases (INEN).

Thursday 29 October 2009

## **Theme: CARMEN: Planning for 2010-2011**

Silvana Luciani introduced the session on planning CARMEN network activities for the period 2010-2011, which involved small work group discussions, organized by sub-region. She underscored the importance of reviewing the progress made and identifying the activities to be carried out in the coming years. She mentioned the importance of identifying specific outcomes for the countries. She emphasized the importance of strengthening partnerships for the implementation of joint activities and strengthening the CARMEN Network.

Four subregional groups planned their activities for 2010-2011. It was important for them to think about what is happening with NCDs in each country and to collect experiences with information, interventions, and policies and to take them into account in the plan.

The work groups had three tasks: First, discuss and identify priorities for NCDs in the sub-region, list three or four priority activities that can be carried out, and make recommendations to PAHO and to the members of the CARMEN Network regarding implementation of the priority activities. Each small work group prepared a proposal that summarized the discussion, and finally, presented the proposal in the plenary session.

### ***Results from Work Group Discussions***

**The Andean Group** said that with regard to policy, emphasis should be put on standardization on NCDs in the health sector and that the health sector should influence other sectors to create NCD standards. Capacity building will be done on systematization of information and learning from the experiences of other regions. It will be the goal to monitor the quality of drug production, assurance, and improve the promotion and preventive care system and clinical care for NCDs. Finally, mention was made of the dissemination of information about national studies and improvement of the quality of registries.

Proposed regional level activities are to promote technical cooperation at the inter-Andean level for preparing and implementing a Regional NCD Control Strategy and the development of an agenda with lawmakers to promote the creation of favorable legislation on NCDs.

It was suggested that PAHO should provide support during the entire process.

**The Southern Cone Group** mentioned that, among other things, it will prioritize development of policies against trans fats; continuity, sustainability, and strengthening of the NCD surveillance system; dissemination of information on and promotion of reducing salt intake; strengthening the healthy schools and universities network; use of NCD guidelines; development of capacities for primary health care for NCDs; and promotion of the analysis of regional NCD indicators.

Proposed subregional level activities are identification of needs for common policies at the subregional level to be presented at the MERCOSUR level, and promotion and coordination of joint activities on healthy eating: reduction of trans fats, reduction of salt intake, increase in fiber intake, increase in F&V intake, etc. Promote joint procurement of drugs and supplies for the treatment of NCDs.

Suggestions for the regional level are, among other things, promotion of national governments' experiences and technical instruments, strengthening partnerships with donors, and support for the generic drug policy for NCDs.

**The Central America, Mexico, and Latin Caribbean Group** explained that their priority activities include Surveillance of NCDs using the STEPS methodology, ratification and implementation of the Framework Convention on Tobacco Control, and implementation of dietary (regulation of trans fats and reduction of sodium) and physical activity strategies.

Priority activities at the subregional level are, among others, dissemination and implementation of the Regional Strategy, NCD surveillance, and ratification and implementation of the Framework Convention on Tobacco Control.

The following is recommended at the PAHO level: develop a guide for clinical preventive care as a model for the approach to care, technical and economic support for implementation of the Regional Plan, coordination of funding for NCDs, give visibility to the results of CARMEN in the countries, and convene the subregional forum of cooperation and donor agencies.

**The English Caribbean & Canada Group** will support implementation of tobacco legislation; gathering of evidence on noncommunicable diseases in the Caribbean that will be used for promotion about noncommunicable diseases, with the participation of regional and local institutions; support for strategic planning on noncommunicable diseases, based on evidence from each country; surveys on risk factors; development of resource mobilization capability, emphasizing grants; and documentation of the activities on Caribbean Wellness Day.

Priority activities at the subregional level are, among others, support for the process of the design and implementation of the National Commissions; implementation of tobacco legislation in the countries; development of an integrated approach to noncommunicable diseases; integration of surveillance and other actions into the health care model; and development of resource mobilization capability, emphasizing grants.

The following is suggested for the regional level: have CARICOM and PAHO/WHO be the vehicle for helping countries develop capabilities and strengthen the network with other countries for implementation of the Port-of-Spain Declaration; make communication materials developed by PAHO and CARICOM available to the countries in Word format incorporating the logos of the countries; use the CARICOM Labor Law Series to support countries through the development of legislation models; have CARICOM provide reports on the development of policies for the National NCD Commissions; and that CARICOM, PAHO/WHO, and universities can provide support in identifying fellowships and research grant requirements.

## **Theme: Partners' Forum Initiative**

Dr. Hospedales presented the new initiative Partners' Forum for Chronic Disease Prevention and Control. He explained that the Forum is a voluntary, collaborative association among various parties, including government, the private sector, international organizations, corporate organizations, civil society, and academia. Its purpose is for all participants to come to a common understanding of the objectives, and share the risks, responsibilities, resources, competencies, and benefits that they could not achieve as effectively individually and that they could not achieve through market transactions. Membership is voluntary and the people are what really matter. There are shared benefits, synergistic goals, and opportunities that members individually could not obtain effectively. To attain this, everyone needs to come together and share some values and principles: Equity: ensure that everyone's voice is heard. Transparency: stakeholders' interests and use of resources are clear. Mutual benefit: for all sectors and levels. Sense of urgency: prevent unnecessary death.

The CARMEN Network has called on the Ministries of Health, some technical institutions, and a few civic organizations to participate. The CARMEN Network, to date, has not included the private sector. The idea of the Partners' Forum initiative is to reach out to more partners to address this challenge. If it is successful, over three million deaths could be prevented in the coming years. The proposal is to establish a forum of partners allied for the Americas that includes the private sector, the public sector, and civil society. It should be oriented toward actions that improve public and political knowledge, engage in prevention practices, increase health services, and strengthen a cross-cutting partnership at every level.

For example, thematic working groups can be formed on improving or encouraging physical activity, or on reduction of salt intake. To reduce salt, all companies need to work together. At the same time, the public needs to be educated so that people inform themselves and understand why changes are being made. Then, the government would need to set certain standards.

How will the forum work? It will have a virtual platform for a virtual network to facilitate interaction and information sharing. It will hold events to share experiences on the different initiatives and to share best practices, and will have regional and country level working groups.

Engaging the private sector in the work is very difficult. We need to have the tools. We want to see how it would be possible to make this project work, because our interests are different. Everyone's participation is important to helping understand how we can viably begin to implement some type of collaboration with other sectors; especially the private sector, but also with civil society in each country. What is needed is to implement simple projects and begin a long-term process and engage in joint experiences, not only from the financing perspective, but also from a legislative perspective, and from concrete actions. Healthy workplaces are important for the region, because there are many multinational and regional companies that not only have to meet international standards, but that are also incorporating the best practices in their fields. Companies have learned to work with the community, with civil society, and with the government.

## ***CLOSING SESSION***

Dr. Mario Valcárcel, on behalf of the PAHO representative in Peru, thanked Dr. Shanti Mendis of WHO for her presence. Furthermore, he thanked Dr. Hospedales and his team, the CARMEN Network delegates, and the Minister of Health of Peru, who followed up on the commitment made in CARMEN 2007 in Bahamas, and made the political decision to put NCD prevention and control on his agenda of priorities for his ministry.

CARMEN, in addition to serving as an opportunity for sharing experiences, making comparisons, and for setting priorities for planning, has also been a driving force for the institution of the chronic noncommunicable disease strategy, which benefits the host country in particular. For the past two years, and most particularly in 2009, periodic meetings have been held in PAHO/WHO and other institutions with the majority of the actors that are working specifically on this topic in Peru. As a result of those meetings, a national action plan was prepared through a partnership of the Ministry of Health, Social Security, Institutes, and NGOs to work in an integrated manner to multiply the effect, clarifying that this is more than the sum of each actor's actions. We must continue to work from a perspective of having healthier generations in the future.

He thanked the national group for the organization of this event in Peru, which showcased this country, full of history and traditions, in a very positive light, both technically and culturally. He also expressed his gratitude for the support from the attendees from Washington and from the country office and all those who made the meeting possible.

The closing remarks of the 2009 biennial meeting of CARMEN were given by Dr. Martín Clendenes Alvarado, Director General of Human Health of the Ministry of Health, who commended the participants on behalf of the Minister of Health, highlighting the importance of the discussion on NCDs during these days and the commitment to work on the pending challenges.

*Report prepared by Pilar Campana Segovia, November 2009.*