In collaboration with the International Clearinghouse of Birth Defects Surveillance and Research (ICBDSR), the International Federation for Spina Bifida and Hydrocephalus, and the National Center on Birth Defects and Developmental Disabilities at U.S. Centers for Disease Control and Prevention (CDC)

**Training workshop on surveillance and prevention of congenital anomalies and preterm births**

**Location: Arusha, Tanzania; 2-5 March 2015**

**SCOPE AND PURPOSE**

Congenital anomalies are becoming one of the leading causes of childhood death, chronic illness, and disability in many countries, including low- and middle-income countries. In an effort to address the emerging importance of congenital anomalies, on 21 May 2010 the 63rd World Health Assembly adopted a resolution calling all Member States to promote primary prevention and the health of children with birth defects by developing and strengthening registration and surveillance systems; developing expertise and building capacity; strengthening research and studies on aetiology, diagnosis and prevention; and promoting international cooperation. An effective surveillance programme requires that capacity in the countries be built in order to strengthen registration and surveillance systems for birth defects within the framework of national health information systems and requires the use of accurate information for decision-making on the prevention and control of birth defects and their determinants through effectively implemented actions.

It has been recognized that there are a diversity of causes and determinants of congenital anomalies, including preventable factors such as infections or nutritional factors, vaccine-preventable diseases, consumption of alcohol, tobacco and drugs, and exposure to pesticides. Nutritional factors such as iodine and folate insufficiencies have been associated with congenital anomalies and interventions aiming to improve the intake of these micronutrients are recommended. Folic acid supplementation, food fortification of staple foods such as wheat and maize flours with folic acid, salt iodization or targeted iodine supplementation in areas where salt iodization programmes are not yet fully implemented are examples of recommended interventions.

The WHO Department of Nutrition for Health and Development in collaboration with the International Clearinghouse of Birth Defects Surveillance and Research, the International Federation for Spina Bifida and Hydrocephalus, and the National Center on Birth Defects and Developmental Disabilities at U.S. Centers for Disease Control and Prevention (CDC) are convening an intermediate level training workshop on surveillance and prevention of congenital anomalies and preterm births in Arusha, Tanzania from 2 to 5 March 2015. This training workshop will include focused lectures and practical small group sessions. This workshop is intended for participants with a working knowledge of surveillance, and ideally those who have attended a birth defects surveillance workshop previously.
The training workshop will:

1. Provide intermediate-level skills and tools necessary to begin or strengthen a surveillance system for the monitoring of selected congenital anomalies;
2. Include practical information and small groups discussion on:
   a) classification, coding, and data presentation;
   b) how to establish a worldwide collaboration;
3. Successes and challenges have been made in programme implementation.

The main objectives of this training workshop are that participants:

1. Describe the purpose and importance of public health surveillance of congenital anomalies;
2. Describe their progress with the development or strengthening of a surveillance programme on congenital anomalies in their countries;
3. Describe the tools needed to ascertain and code identified cases;
4. Describe the processes for managing and analyzing data;
5. Understand how to calculate prevalence of congenital anomalies;
6. Develop a plan for implementation or strengthening, and evaluation of a surveillance system in their countries;
7. Identify partnerships that have helped, or can help, build and sustain a surveillance system;
8. Identify gaps and finalized country protocols;

Participants will be encouraged to bring information regarding their plans and their progress to date to implement or strengthen their birth defects surveillance programmes. Further opportunities for interaction will be provided after the course, as participants return to their countries to implement and expand local activities of surveillance and prevention.