From data collection to NCD Prevention and Control

This series of STEPS Workshops - each of three days’ duration - were designed to assist in the further analysis, planning and application of WHO STEPS Surveys to NCD surveillance. The nine-day workshop was organized by the Fiji School of Medicine, with the collaboration of the Menzies Centre, Hobart, Tasmania, on behalf of the World Health Organization. It provided the opportunity for NCD-STEPS project personnel from each of the initial four Pacific Island Countries (PICs) to convene to work towards further NCD surveillance in their countries, to share their experiences and expertise with colleagues from the other PICs who will be implementing NCD-STEPS in 2003 and beyond, and to develop strategies for applying surveillance data on NCD risk factors to policy and public health action. The aim, with particular emphasis on the last action-oriented goal, will be to help address the substantial gap in many PICs between the recognition of NCDs as a major burden of illness and the action needed to implement appropriate interventions. This will ensure that STEPS will translate to substantial population changes and a real public health impact.

Although descriptions abound of rapid escalation of NCDs in the Pacific, good population-based data to document these observations are often lacking or outdated. STEPS was adopted as a regional response from WHO to update the information on the prevalence of risk factors. This is being done through strengthening national capacity needs in the Pacific, by organizing national surveys on a periodic basis to assess needs, setting targets and monitoring progress in NCD prevention and control.

The Workshop

Participants

The Workshop took place from 23 January to 1 February 2003 in Suva, Fiji with representatives from the following 10 Pacific Island Countries: American Samoa, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Palau, Samoa and Tonga. Other key participants were project managers, senior policy makers from the Ministries of Health in the respective countries, representatives from the Australian Agency for International Development, the Secretariat of the Pacific Community, Public Health Research Council, UNICEF Pacific, WHO/WPRO, WHO South Pacific, WHO Samoa, WHO Tonga and faculty from the Fiji School of Medicine and the Menzies Centre, Hobart, Tasmania. Several recommendations were made at the Workshop:

- STEPS was recommended as the standard methodology for the region.
- NCD strategy in general and STEPS in particular should be presented at the forthcoming Ministers and Directors of Health meeting taking place in Tonga in March 2003 (see page 4); (Contd on page 2)
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PACIFIC ISLANDS STEPS WORKSHOP (CONT'D)

- Partners in the process will present STEPS at all relevant fora to encourage the adoption of the methodology for NCD surveillance in the Pacific.
- A Pacific pool of STEPS resource persons will be developed to provide training support across various countries.
- Roles and responsibilities and lines of communication were refined with the identification of key focal points at the HQ, regional and country level and with the Fiji School of Medicine and the Menzies Centre offering technical support.

GLOBAL FORUM ON NCD PREVENTION AND CONTROL, SHANGHAI

In order to strengthen integrated NCD prevention and control, particularly in low-income and middle-income countries working through regional networks in line with the Global Strategy for NCD prevention and control, the Global Forum on NCD prevention and control was initiated in 2001. The second meeting of the Forum was held in Shanghai from 4 to 6 November 2002. This meeting focused on three principal areas:
- regional networks;
- towards comprehensive integrated NCD prevention and control policies; and
- policy, advocacy and resource mobilization.

Representatives from each of the six WHO regions provided information on the development of NCD Networks in their regions which include NANDI in AFRO, CARMEN in PAHO, CINDI in EURO, EMAN in EMRO, MOANA in WPRO. SEARO is setting up a surveillance network. Four of the Regions (AFRO, EMRO, SEARO and WPRO) are successfully implementing the WHO STEPwise approach to surveillance of NCD risk factors (STEPS). The Global Forum: “agreed that it is important to incorporate WHO STEPS into national surveillance systems and make it sustainable. This approach can also support evaluation of community-based NCD prevention, as it already does in SEARO, and it can be used as a learning system”.

The third Global Forum meeting will take place in Rio de Janeiro, Brazil in November 2003.

THE INDEPTH NETWORK: THIRD ANNUAL GENERAL AND SCIENTIFIC MEETING

The third AGM of the INDEPTH Network took place from 3 to 7 February in Accra, Ghana. The theme of the meeting was “The INDEPTH Network and the fight against poverty-related diseases”.

WHO STEPS was presented to the participants and received a positive response as demographic surveillance sites seek to expand surveillance activities among adults. STEPS has been tested in three INDEPTH sites: Butajira in Ethiopia, Purworejo in Indonesia and FilaBavi in Vietnam. The STEPS surveys demonstrate clearly that the epidemiological transition is in process.

BRIEF UPDATE ON STEPS IN REGIONS

AFRO

Algeria is preparing a survey and data collection will begin in April.

Ghana and Nigeria have sent their action plans to the Regional Office, with Ghana will start a pilot study soon. Senegal and Côte d’Ivoire have confirmed their commitment to STEPS with support from the Ministry of Health.

Mozambique and South Africa finished a pilot study last year and will implement the main phase this year.

Other countries showing interest in STEPS include: Cameroon, Eritrea, Mauritania and Niger.

Algeria, Mauritania and Niger will attend the Francophone STEPS training workshop in Morocco in late April, and Botswana and Cape Verde will attend the Anglophone workshop in Egypt in May.

SEARO

Bangladesh, India, Indonesia, Maldives, Myanmar, Thailand, and Nepal have all planned to undertake STEPS to varying degrees in 2003. A data workshop is planned for June and will continue the good work established from the data collections in the countries mentioned above.

WPRO

The Pacific STEPS Workshop on analysis, planning and application was successfully held in Fiji in January (see report in this issue).

EMRO

Two STEPS planning and implementation training workshops are to be held in EMRO in 2003; the planned date and venue of the francophone Workshop has been changed and it will now take place in Tunisia from 10-14 May (the Libyan Arab Jamahiriya, Morocco, Tunisia); the second anglophone Workshop will be held in Egypt from 19 – 23 May (Egypt, Sudan, Yemen).

Representatives from AFR countries will also attend these meetings for training and interregional collaboration.

Syria has presented a plan and will soon begin data collection. Iraq and Saudi Arabia have also recently expressed interest in undertaking STEPS in their countries.
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SEAR CONSULTATION ON COMMUNITY-BASED NCD PREVENTION

Eight countries in the South-East Asia Region met in New Delhi in January 2003 to strengthen their capacity to plan, implement, monitor and evaluate community-based interventions (C-BI) targeting major NCD risk factors. Experience gathered as part of the C-BI Prevention pilot projects in Bangladesh, India and Indonesia was shared. All three intervention sites are concurrently linked to WHO STEPS surveillance activities. The issues covered during the discussions were identification of all stakeholders and their roles, documentation of the process of intervention, development of a sense of ownership by the community, sustainability of intervention and evaluation of the process and outcomes of the intervention.

The group adopted the framework provided by WHO STEPS as suitable for evaluating the impact of the proposed interventions by providing valid and standardized approaches to measure changes in NCD risk factors over time. The need to strengthen health systems to manage NCDs and their risk factors was also highlighted.

A draft framework for the Regional NCD Prevention and Control Network was prepared and criteria for membership of the Network were proposed.

PROFILE: GLOBAL SCHOOL BASED STUDENT HEALTH SURVEY (GSHS)

Background

In 2001, WHO, in collaboration with UNAIDS, UNESCO and UNICEF, and with technical assistance from the United States Centers for Disease Control and Prevention (CDC), initiated the development of the Global School-based Health Surveillance System (GSH). The goal of the GSH is to provide systematic information from students and school personnel to support school health and youth programmes and policies globally.

One component of the GSH is the Global School-based Student Health Survey (GSHS). This survey will enable Ministries of Health and Education to periodically monitor the prevalence of important health risk behaviours and protective factors among students and to use the resulting data to focus and improve school health programmes.

Project objectives and methodology

The purpose of the GSHS is to provide accurate data on health behaviours and protective factors among students in order to:

- Help individual countries develop priorities, establish programmes, and advocate the need for resources for school and youth health programmes and policies.
- Allow international agencies and individual countries to make comparisons across countries on the prevalence of health behaviours and protective factors.
- Establish trends in the prevalence of health behaviours and protective factors by country.

The GSHS is a school-based survey conducted primarily among 13- to 15-year-old students using a standardized scientific sample selection process; common school-based methodology; and core questionnaire modules, expanded-core questions and country-specific questions that are combined to form a self-administered questionnaire. There are 10 core questionnaire modules which measure health behaviours and protective factors among students related to the leading causes of morbidity and mortality among children and adults worldwide. These are:

- alcohol and other drug use
- dietary behaviours
- hygiene
- mental health
- physical activity
- protective factors
- respondent demographics
- tobacco use
- sexual behaviours
- violence and unintentional injury

Technical Assistance and Training

Ongoing technical assistance and support will be provided by WHO and CDC. This technical assistance will include help with sample design and selection; training of survey coordinators and programme planners; provision of survey administrator handbooks and other materials; provision and scanning of survey answer sheets; data editing and weighting; and provision/facilitation of funding and resources to assist countries.

Training is provided to specially selected country survey coordinators at two different levels. The first level of training equips the survey coordinators to implement the survey in their country following a common methodology for field level implementation that ensures the surveys are standardized and comparable across countries and also encourages quality in data collection procedures. The second level of training, conducted after the field work processes have been completed, provides survey coordinators with the skills necessary to undertake detailed data analysis and data management, using Epi-info software provided to them, and also equips them to prepare a report on the results. This technical support is similar to that advocated by the WHO STEPS approach to the surveillance of risk factors in adults.

Implementation in 2003

A training of anglophone African countries to prepare them to implement the GSHS in 2003 has been planned for March 2003. China will also be implementing the survey, following training in April 2003. Further training workshops in 2003 will be planned for new countries wishing to implement the GSHS as funds become available. Expressions of interest in participating in the GSHS at country level should be sent to Leanne Riley at the World Health Organization (e-mail: rileyl@who.int)
UPCOMING MEETINGS

Meeting of Ministers of Health for the Pacific Island Countries
Following the STEPS Planning, Analysis and Action Workshop held in Fiji in January (see page 1), Ministers and Directors of Health from all Pacific Island Countries will gather for their fifth Healthy Islands meeting in Tonga from 9 to 13 March 2003. The meeting will focus on the themes “healthy islands” and “healthy lifestyles” and will provide an opportunity to further advance the Healthy Islands Approach, explore approaches to strengthen collaboration to extend and sustain the Healthy Islands Approach for health protection, promotion and risk reduction in the Pacific Island countries. It will also review progress in implementing the “Madang Commitment Towards Healthy Islands”, a document which contains the recommendations made during the fourth meeting of Ministers of Health for the Pacific Island Countries held in Madang, Papua New Guinea in March 2001.

3rd International Scientific Meeting
The Meeting, entitled “Global Issues in Surveillance of Health Behaviours in Populations: Translating Data into Action”, will be held in Noosaville, Queensland, Australia from 15 to 17 October 2003. This meeting is part of the ongoing series of conferences co-sponsored by CDC, Ga, the National Public Health Institute (KTL), Finland and WHO. The first meeting was held in Atlanta, USA in 1999 and the second in Tuusula, Finland in 2001. The primary purpose of these meetings is to bring the global behavioural surveillance community together to apply state-of-the-art thinking and tackle the difficult surveillance process issues faced.

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