Building Global Capacity for Non-Communicable Diseases (NCD) Prevention: Defining Direction and Roles
Notes from the Workshop

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BACKGROUND AND PURPOSE:

Non-communicable diseases (NCDs) are the world's leading cause of death and place an enormous public health and financial burden on all countries, regardless of their level of development. The United Nations High-Level Meeting that took place in September 2011, in New York, placed this crisis at the top of the agenda for global health. The resulting political declaration calls for international collaboration around a broad range of actions, including the need to build capacity for NCD prevention and control in low- and middle-income countries (LMIC). In response to this recommendation, the US Centers for Disease Control and Prevention (CDC) and the International Union for Health Promotion and Education (IUHPE)[1] hosted a multisectoral stakeholders meeting to discuss roles and define a way forward for NCD capacity building in LMIC in Atlanta, USA on July 24-26, 2012.

This meeting brought together government and nongovernmental representatives from LMIC and key international organizations to engage in a collective dialogue on current challenges, initiatives, and opportunities around NCD capacity building for public health. Participants started defining priority areas of work, translating these identified areas into a common multi-stakeholder agenda, and addressing the range of roles that could be best used to implement activities and deliver concrete outcomes. The meeting built on existing activities and consultations and focused on the much needed capacity building dimension of NCD prevention and control with the aim of offering practical solutions and recommendations.

KEY MEETING OBJECTIVES:

1. Identify key needs to increase NCD prevention capacity in LMIC
2. Understand the current portfolio of NCD capacity building activities in LMIC
3. Understand the role of health promotion in addressing NCDs
4. Identify critical components required to increase NCD prevention capacity in LMIC, as identified by participating stakeholders
5. Understand and discuss roles for organizations and institutions and LMIC represented at the workshop as well as suggest roles for other important organizations
6. Identify areas for joint action on NCD capacity building in LMIC
7. Identify specific steps for addressing and operationalizing the capacity building agenda
8. Prepare a report on this workshop for possible publication in the IUHPE peer reviewed journal "Global Health Promotion"
9. Identify appropriate ways in which these discussions may be introduced into the UN NCD Summit follow-up process

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[1] Disclaimer : the views expressed in the Workshop as noted in the present document are those of the participants in the Workshop and do not necessarily reflect those of the CDC or IUHPE.

MEETING PROCEEDINGS

DAY 1 – July 24th 2012

Welcome & Introduction

Marie-Claude Lamarre, International Union for Health Promotion and Education (IUHPE) and Michael Pratt, Centers for Disease Control and Prevention (CDC)

NCD work in low and middle income countries (LMIC) is central to public health in the 21st century. It is time to move beyond the lifestyles approach towards an environmental approach that incorporates physical, social, political, and legal factors into NCD prevention and health promotion actions. The format of this meeting is designed to promote a forum for exchange and discussion while also giving country and organization representatives time to present their perspective. The objective of the workshop is to generate new ideas and identify concrete actions for NCD capacity building efforts in LMIC and NCD capacity building efforts globally in an equitable manner.

Session 1: Overview of Current NCD Capacity Building Work in LMICs

Speaker: KC Tang, World Health organization (WHO)

WHO is currently leading many NCD capacity building activities, including: high level international training courses, meetings with countries and experts, country capacity surveys, publication of a global status report, and the upcoming 8th Global Conference on Health Promotion (Helsinki, Finland - June 10-14, 2013). The objectives of these activities are to ensure tasks are accomplished by practitioners, develop normative documents, share good practice, focus on the "how-to", identify capacity building areas and baseline data, and promote country action to address NCDs. Capacity has been defined in the Political Declaration of the UN HLM and through the eight basic building blocks of the "Capacity Wheel." Capacity building efforts need to develop greater synergies with the Millennium Development Goals and other areas such as HIV/AIDS efforts and the maternal and child health agenda. Measurement tools can enhance capacity building activities. Among other strategies, capacity is built by developing frameworks, models, and methods.

Speaker: Cristina Rabadan-Diehl, National Institutes of Health (NIH) / National Heart Lung and Blood Institute (NHLBI)

The National Heart Lung and Blood Institute's major capacity building program is the Collaborating Centers for Cardiovascular and Pulmonary Diseases in Developing Countries, which provides funding for implementation research to reduce the impact of hypertension. Other capacity building partnerships include the Latin American Cancer Research Network, the Medical Education Partnership Initiative, and the Middle East Cancer Consortium. The key needs and critical components to increase NCD prevention capacity in LMICs are stronger and sustainable research infrastructures, multi-sectorial

approaches, a larger workforce as well as task shifting[2]. The NCD agenda needs to focus not only on research and implementation but also on addressing NCDs with practitioners and stakeholders. Health promotion is still neglected in many LMIC and a life course perspective is required to adequately address NCDs.

Speaker: Deborah Malta, Ministry of Health (MOH) of Brazil

NCDs are the most pressing public health problem in Brazil. The national NCD plan is coordinated by the MOH and focuses on intersectoral approaches with approximately 20 non-health ministries. Priorities of the plan include addressing obesity, tobacco, fruit and vegetable intake, and physical activity. Surveillance, monitoring/evaluation, prevention, and integral care are priority strategies included in the plan. Brazil has programs in place to train new professionals in the NCD field through distance learning courses, specialization courses, and a Master of Science in NCDs. Other innovative partnerships exist to gather evidence on effectiveness of health promotion interventions, carry out a salt reduction agreement with the food industry, and strengthen networks for breast and cervical cancer prevention. The next steps comprise increasing monitoring and evaluation of the NCD plan and strengthening intersectoral action.

Discussant: David McQueen, International Union for Health Promotion and Education (IUHPE)

The three previous speakers presented different approaches to capacity building. And yet we still do not have a good definition of capacity. Capacity means different things to different institutions. To build capacity in health promotion and NCD prevention, we need to involve civil society and other agencies outside the health sector, but the health sector needs to better understand how to get them involved with the right information and support. Brazil is a good example of a country that immediately involved other sectors in a national plan.

Group Discussion

Key Issues

1. **Engaging Non-Health Sectors and Disciplines in NCD Prevention and Health Promotion**
    o Definition of capacity building can be expanded to include building capacity for health in other sectors.
    o Health promotion is not well understood outside the health sector. There is a need for connection and translation of research to promote understanding.

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[2]
- Workforce at the community level to empower the patients to adhere to their lifestyle and medical advice
- Workforce for primary care to treat the diseases and to provide preventive services
- Workforce for specialty care to provide acute care management as well as secondary preventive care
- Workforce of public health practitioners to provide population–based interventions, and for policy makers to enact and enforce policies to prevent, diagnose, and treat new diseases at the local and national levels.

- Integration of Health in All Policies is a concrete move towards assessing actions outside health that can have a strong impact on health policies.
- Funder requirements of multisectoriality are a good step towards achieving this.
- For NCDs, the private sector (e.g. the food industry) needs to be part of the solution and not treated as the enemy. Distinction needs to be made between the food and tobacco industries. However rules of engagement need to be agreed upon according to ethics and health promotion principles.
- In Brazil, NGOs have been successful participating as mediators with the food industry instead of having government negotiate on its own. Working with the food industry should be considered at various levels from local to national and trans-national.
- Evaluation of current efforts towards multisectorality is important to understand what works.

2. **The Role of Power Transformation**
   - It is important to understand the role of power transformation in different settings since it is easier in some places to start acting at the municipal, community, or national levels.
   - The type of government structure influences funding allocation for different priorities.
   - The public health sector needs to do a better job at studying and exploring power roles, power transformation, and government relationships to enable better understanding of what takes place in different styles of governance and what are factors that influence change.

Session 2: Identifying the NCD Capacity Building Needs of LMICs

Panelist: Fernando Ramirez Campos, Ministry of Health and Social Protection, Colombia

Capacity involves being able to design, innovate, and scale public health interventions within a country. Colombia has 12 strategic NCD projects relating to promoting healthy environments and improving health services and institutional support. Colombia also has plans to address prevention of cancer and cardiovascular disease. To build capacity, it is important to have a situational analysis that describes the health system, public policy context, technologies available for a country. Additionally, it is important to develop the regulatory capacity of the government. Universal measurement and analysis of NCD indicators contributes to capacity building, as does the documentation and analysis of best practices.

Panelist: Peter Mmbuji, Ministry of Health and Social Welfare, Tanzania

NCDs, especially diabetes and cardiovascular disease, are a rising problem in Tanzania, and the cost of treatment a major concern. The government has shown its commitment to addressing NCDs with tobacco control legislation and other policies. Capacity building efforts focus on training for epidemiologists and community leaders. A major challenge is that the health system lacks the infrastructure necessary to address NCDs, especially in rural areas. Capacity needs to be strengthened

for NCD prevention, treatment, and health promotion. Monitoring and evaluation needs to be improved as well. Key actions needed include: health systems strengthening, capacity and skills development, involvement of non-health sectors (including private sector), more advocacy, and additional resources.

Panelist: Chaisri Supornsilapahachai, Ministry of Public Health, Thailand

Thailand has a history of strong NCD awareness and prevention programs starting with tobacco control in the 1980s resulting from a social movement that involved many non-governmental partners. The focus on NCDs has moved from the Department of Medical Services to the Department of Disease Control. A national Healthy Lifestyles plan was developed and is currently being implemented. Some of the NCD achievements have not been sustainable due to lack of resources. Major problems include lack of identification of determinant factors for NCDs in Thailand, adequate monitoring and evaluation, human resources in NCD prevention and treatment. Some pressing needs are regional networks to support advocacy as well as curricular modifications for current training programs.

Group Discussion

Key Issues

1. ***Adequate Data for Decision Making***
   o Most LMICs need better data for informed decision making, especially in rural areas. An issue is who will collect these data and what cost-effective tools are needed
   o Data need to be a means to empowering the entire population.
   o The translation of evidence into policy is not done adequately in LMICs. The available data need to be used better.
   o There is a need to balance evidence-based and practice-based decision making. It is often necessary to act before getting enough data.

2. ***Defining and Measuring Capacity***
   o Description of capacity varies by country. We are still lacking standardized measures and ways to communicate measures of the capacity deficit for NCDs.
   o Improving capacity definition and measures could generate more interest from other sectors.

3. ***Sustainability and Political Commitment***
   o Recommendations should incorporate sustainability beyond political power since many politicians only have 4-5 year terms.

Session 3: Building NCD Capacity for Epidemiology and Surveillance

Speaker: Pedro Ordunez, Pan-American Health Organization (PAHO)

The top global needs in building capacity for epidemiology and surveillance are the need for monitoring and reporting on the progress of NCDs. WHO and PAHO targets and indicators are an important part of monitoring. Other top needs are focusing on main risk factors, incorporating social, economic and environmental determinants of health and wellbeing into monitoring frameworks, and understanding health and economic effects of NCDs for each country. PAHO has collected and analyzed a lot of data from the Americas and has been assessing quality of surveillance data by country. With only 10 countries in the region which have a specific budget for NCD surveillance, a major challenge is to integrate all the information systems of each country and share information across and within countries. The region needs more capacity for health services performance and economic assessments. Technical capacity and human resources also need to be increased in the region.

Discussant: Dionisio Herrera Guibert, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET)

TEPHINET trains epidemiologists worldwide using the same model as the Epidemic Intelligence Service. They are working on NCDs in Tanzania and Colombia to support the training capacity for NCD surveillance. The capacity for information sharing within countries and regions needs to be assessed. There is a need to create a repository for all NCD training materials that exist for various audiences. Collaboration between countries and organizations is important.

Discussant: Lina Balluz, CDC

It is important for countries and organizations with experience to provide technical assistance to other countries for doing surveillance. Most countries are not doing NCD surveillance, rather they are doing point-of-time surveys. Standardization of data to allow for comparability is an important aspect of strengthening surveillance. It would help to look for core indicators that can be consistent from one cycle of data collection to the next. Country priorities can then be added to the core indicators. Increasing training for data analysis and sampling techniques can improve the time it now takes to report data. All countries need help translating data into action. There is a great need to convert data into clear messages for stakeholders and the public. International partners are important but there needs to be more sharing between neighboring countries. Developing an NCD action plan for surveillance and establishing guidelines to ensure consistency in data collection would be helpful.

Discussant: Muthoni Gichu, Ministry of Public Health and Sanitation, Kenya

Kenya is trying to incorporate community health workers into its NCD program. It has been challenging building capacity for surveillance at the community health worker level. Other challenges include the interpretation of surveillance data and dealing with competing priorities between NCDs and other conditions, such as HIV. A new alliance between NCD and HIV programs should help.

Discussant: Franklyn Prieto, NCD Consultant TEPHINET - Colombia

Colombia is using the NCD curricula developed by CDC. Coverage of NCD trainings includes FETP trainees and health professionals. Trainings are linked to health promotion and the connection between diet/physical activity to NCDs. Statistical and analytical tools require further attention to improve public health surveillance. Public health managers should use epidemiologic information as a foundation for evidence-based program planning. NCD research can be improved by creating country and regional collaborative networks. The ethical framework needs to be included in epidemiological work.

Group Discussion

Key Issues

1. **Improve Data Utilization by Building Capacity for Analysis and Follow-up**
    o   In many countries there are not enough resources and trained personnel to follow-up on collected data.
    o   We need to make sure the national governments that need the data to plan programs actually get it and are able to use it.
    o   We spend a lot of resources collecting data but it isn't always analyzed and used to solve problems. Analyzing data is less expensive than collecting data.
    o   It is important to use surveillance data to have an impact on population health.
    o   Having standardized tools and measurements can help improve utilization of data.

2. **Collecting the Right Data**
    o   Surveillance for NCDs takes place at the individual level but many determinants for NCDs are at community, regional, and other levels (e.g., air pollution, food system.)

3. **Increasing Career Paths in Epidemiology**
    o   Even in LMICs where there is adequate training available for epidemiology and surveillance, there is often a lack of career paths for those who are trained in these areas.

Session 4: Resourcing Needs for Global NCD Capacity Building Efforts

Panelist: Anne-Maryse Pierre-Louis, World Bank

While NCDs are a major problem for many LMICs, they're required to focus funding on addressing MDG agenda. To find resources for NCDs, we need to raise awareness among LMICs and funders for the cost-effectiveness argument of prevention since the financial burden of NCDs will be enormous. Incorporating economists and financial experts to MOHs can be helpful. We also need to mobilize action across sectors to maximize already available resources. We can learn from Mexico and other countries about models for allocation of resources. The MOHs need to have coordination role to promote efficient and evidence-based health policies and programs across all sectors. The World Bank will focus on shifting the mindset to include other sectors in health-related policies and to plan NCD and communicable disease agendas together.

Panelist: Julie Smith, CDC Foundation

The CDC Foundation seeks funding from the private sector to provide to CDC projects. Funding for NCDs has grown substantially but is still much lower than funding for communicable diseases. Funding for NCDs is competitive even across specific NCDs. Since donors have very specific silos of funding, it is important for NCD programs to be very robust and include multiple components. Funders need to be convinced of the need for a more holistic strategy.

Panelist: Bill Parra, CDC Foundation

Funding for tobacco research and programs has increased a lot. CDC was funded to monitor other institutions and countries on their strategies to reduce tobacco use. CDC has worked with WHO to establish global surveillance systems for tobacco.

Group Discussion

Key Issues

1. ***Lessons Learned from Tobacco and Other Diseases***
   o Tobacco control has been successful because of leadership and determination.
   o Tobacco showed that funding makes an impact globally by creating obvious results with little money.
   o Other diseases have been able to get funding by setting solid targets and indicators that gave donors a clear understanding of what they were investing in.
   o We need to document experiences and identify key factors that have influenced positive fundraising for other diseases.

2. ***Making Linkages and Breaking Down Funding Silos to Secure Resources for NCDs***
   o It is important to make linkages of NCDs with other conditions (e.g., tobacco and tuberculosis) that have more funding.

- o Piggybacking on the Millennium Development Goals (MDGs), HIV/AIDS and Maternal and Child Health agendas can provide more resources for NCDs.
- o Categorical funding makes it difficult to integrate programs for all NCDs. LMICs need resources that allow them to do this.
- o Bilateral donors should stop looking at funding decisions as 'either/or'. Integration of programs is key.

3. **Importance of Networking and Collaboration**
   - o National Heart Lung and Blood Institute (NHLBI) Centers of Excellence have empowered local researchers to attract funding by helping them build a global network to work together.

Wrap-up Discussion

(Participants were asked to name key issues that came up during the Day 1 discussions and that need to be further addressed by the group. The list below is a summary of these key issues.)

1. Piggybacking on the MDG agenda and securing and integrating funding from different areas to be used for NCDs.
2. Importance of good evidence for political and funding support.
3. Mapping resources within countries to be able to shift them to increase effectiveness.
4. The importance of collaboration between public and private entities.
5. Sustainability of funding for NCD prevention, surveillance, and treatment.
6. Moving the focus towards the health workforce (healthcare providers, community health workers, etc.)
7. Learning from past experiences on how to raise awareness and secure funding for NCDs.
8. Focus on prioritizing the most practical and feasible solutions.
9. Understanding, analyzing, and presenting existing evidence to make our case.
10. Creating a joint work plan and defining roles of organizations to be involved.
11. Demonstrating and building upon past successes.
12. Using available data to have an impact on public health.
13. See the causes of NCDs as the central points for data to be collected and analyzed.
14. Create a demand for NCD capacity at the donor, government, and public levels
15. Need for synergy between academic and other research institutions.

DAY 2 – July 25th 2012

Day 2 Overview

Marie-Claude Lamarre, IUHPE

The first day's discussion helped to identify critical components required to increase NCD prevention capacity in LMICs. These components include research into the evidence and cost-effectiveness of policies and interventions; surveillance systems that accurately reflect the complexity and the multi-determinants of NCDs; standardized data and measurements of capacity; advocacy to make the economic argument for addressing NCDs; and increased workforce capacity for advocacy, surveillance, and translating data into action. Financing these efforts is an important issue that can be increased by better evidence and demonstrations of successful NCD interventions. Additionally, we need to engage with sectors outside health and address the structural drivers of inequitable distribution of power, money, and resources.

Session 5: Building NCD Capacity for Leadership and Management

Speaker: Nathan Grey, American Cancer Society

There are many lessons from the cancer experience over the last 10 years. US experience has showed that public health interventions, screening, and treatment are effective in decreasing cancer mortality. Most cancer NGOs and societies are in high-income countries, and the ones in LMICs are less robust and work on a limited scale. NGOs need more awareness, evidence-based statements on NCDs, and leader advocates who can promote policy change. Leaders in LMICs need the support of strong management structures and systems. Leaders need to consider sustainability.

Discussant: Ariella Rojhani, NCD Alliance

The global NCD movement needs widespread leadership and commitment at all levels. We are lacking awareness and the commitment of resources for NCDs. It is important to keep momentum following UN HLM on NCDs. Civil society can build on existing networks and communities to keep momentum going. Existing frameworks and legal conventions, such as the FCTC, need to be used. We can build capacity together with the development field to address NCDs since they are also a development issue.

Discussant: Libby Howze, CDC

CDC has done research on the presence of leadership and management in global health programs that shows that pursuing leadership can see a good return on investment and health outcomes. Leaders need to do better at listening and more thoughtful engagement. CDC hosts the Global Health Leadership Forum and the Management for Improved Public Health program to build leadership capacity at the ministry of health level in LMICs.

Discussant: Lucero Rodriguez, Dirección General de Promoción de la Salud, México

It is important to emphasize capacity at the local level for sustainability of leadership. The lack of continuity when governments change every 4-6 years is a problem for sustainability. Mexican health leadership does not involve NGOs very much. The NCD movement needs spoke persons to lead efforts.

Group Discussion

Key Issues

1. ***Importance of Strong Leadership***
    o   There is a distinction between leadership and management. Management is organization while leadership is the ability to have a conversation for the future.
    o   Leadership and management needs to have a cascading effect to have impact at the national and local levels.
    o   We need to move beyond traditional leaders and find champions/leaders outside ministries of health. These can be celebrities who have been touched by NCDs.

2. ***Evidence to Influence Leaders/Decision-Makers***
    o   Leaders need access to timely data to make decisions.
    o   Evidence of economic burden can be very effective in influencing policymakers.
    o   We're lacking evidence for action (translation), not evidence from description and knowledge synthesis.

3. ***Coordination between Different Diseases and Sectors***
    o   There needs to be better leadership for coordination among NGOs and within MOHs so that groups can work together rather than to compete for scarce resources.
    o   Possibilities for disease integration are unlimited and we need to be creative to find them.

Session 6: Building NCD Capacity for Public Health Workforce

Speaker: Jixiang Ma, Center for Non-communicable Disease Prevention, China CDC, China

NCD prevention and control has improved in China in the past few years. Health reform has improved health insurance coverage and a national plan is in place for NCD prevention and control. Community health centers and healthcare staff have also increased. The public health workforce through China CDC has staff at the provincial, prefecture, and national levels. Most training occurs at the national and provincial levels. Capacity exists for data analysis and reporting. The main tasks of the public health workforce in China are to conduct NCD surveillance and to establish NCD control and prevention demonstrative districts in 18 provinces.

Discussant: Deborah Malta, Ministry of Health, Brazil

It is important to develop national and provincial level programs and interventions to be included in a national plan. China provided useful examples on how to integrate all levels of public health workforce in the country. Intersectoral work is a challenge.

Discussant: Courtenay Dusenbury, International Association of National Public Health Institutes (IANPHI)

There are few public health institutes in LMICs, although it is important for every country to have a public health institute. There are frameworks to develop public health institutes in countries. Countries that have a public health institute have seen that they start building career paths for public health students. Public health institutes inform the ministry of health and help them make decisions. They are essential to public health workforce capacity building and help programs survive challenges and political cycles.

Discussant: Samira Asma, CDC

Workforce can be the key in using the data that has been collected to inform policy making. Industry or public opinion can influence ministry of health decisions more than data. The Global Tobacco Survey is a good example of how workforce has linked data to tobacco control policies. CDC and partners have developed a curriculum on transforming data to policy for tobacco control.

Group Discussion

Key Issues

1. ***Integration of NCD Workforce***
   o *Integrating NCDs in health care system (e.g., with HIV/AIDS, maternal and child health infrastructures) is an innovative way of creating a workforce.*
   o *We need to integrate public health into the existing clinical healthcare sector. Examples of this are health promoters in Latin America and community health workers in China.*
   o *Workers in clinical settings do not have sufficient time for training and for increasing integration with public health.*

2. ***Improving Training for NCD Workforce***
   o There are a lot of inexpensive workers in LMICs but the difficulty is in how to train them.
   o *Training of workforce in rural areas is a major challenge in many LMICs.*
   o *We need to pool core workforce development resources and come up with a modular program for workforce development.*

3. *Demand for Public Health Workforce*
    - ○ *We need to create demand for public health workforce and develop sustainable career tracks.*
    - ○ *Once the demand for NCD workforce is created it is much easier to respond to it.*

4. *Measuring and Communicating Workforce Capacity Needs*
    - ○ *There is a need to measure capacity in a way that is understood and then communicate the capacity needs to decision-makers.*

5. *Building Academic Partnerships*
    - ○ *We need to take advantage of the proliferation of schools of public health through academic partnerships. These networks can be platforms for exchange of information and building relationships.*

Session 7: Building NCD Capacity for Applied Public Health Research

Speaker: KR Thankappan, Achutha Menon Centre for Health Science Studies (ASCEND)

ASCEND was created to address problems of limited NCD training programs focusing on needs of developing countries. The objective is to provide research training to early professionals in India, Sri Lanka, Malaysia, and China. The program consists of in-person instruction as well as online discussions. The program is increasing the capacity of researchers and institutions that can conduct research programs in their countries. An evaluation framework is used to measure process and impact indicators. ASCEND encourages collaboration and creates leaders in public health. Challenges include funding, coordination, and ensuring impact.

Discussant: Venkat Narayan, Emory University

A challenge is to make a business case for research; WHO estimates indicate return on research is high. Connecting people and institutions from high-income and low-income countries builds capacity through fruitful partnerships. Infrastructure is necessary in order to train people. Creating a culture of research is extremely important. To connect research to the rest of society, it is important to create a multidisciplinary environment and have strong leadership.

Discussant: John Flanigan, National Cancer Institute (NCI) / National Institutes of Health (NIH)

NIH funding promotes key principles that are important for science funding. It is competitive, structured, contains metrics, and sensitive to the cost of data collection. Scientific funding is an investment. Linking discoveries to actions requires better translation of findings. Investment in research infrastructure needs to be sustainable. Funders are attuned to the fact that they need to ask the best questions to get the most from their investment. Questions have to be locally relevant, sound in science, and clear about what translation means.

Group Discussion - *Key Issues*

1. ***Importance of Sustainability***
   - The culture of research is very important in terms of promoting sustainability.
   - Funding networks rather than individual centers is a potential strategy to increase sustainability.
   - Researchers need places to work.

2. ***Using Research for Advocacy***
   - Researchers need to be advocates in their own communities to secure commitment and funding from local government.
   - Research needs to fuel advocacy work.

3. ***Collaboration with Various Sectors and Disciplines***
   - Collaboration with non-traditional organizations could provide opportunities for funding.
   - Research grants could include requirements for researchers to collaborate across disciplines.

Overview of main themes / discussion areas covered over the three days of meetings
Engaging Non-Health Sectors and Disciplines in NCD Prevention and Health Promotion
The Role of Power Transformation
Adequate Data for Decision Making
Defining and Measuring Capacity
Sustainability and Political Commitment
Improve Data Utilization by Building Capacity for Analysis and Follow-up
Collecting the Right Data
Increasing Career Paths in Epidemiology and Public Health
Lessons Learned from Tobacco and Other Diseases
Making Linkages and Breaking Down Funding Silos to Secure Resources for NCDs
Importance of Networking and Collaboration
Importance of Strong Leadership
Evidence to Influence Leaders/Decision-Makers
Coordination between Different Diseases and Sectors
Integration of NCD Workforce in public health
Improving Training for NCD Workforce
Demand for Public Health Workforce
Measuring and Communicating Workforce Capacity Needs
Building Academic Partnerships
Importance of Sustainability
Using Research for Advocacy
Collaboration with Various Sectors and Disciplines
Importance of the architeture of governance for NCD which has to be lead by the chief of government in each country and coordinated by the health minister.

Small Group Discussion 1

The participants were split into three groups for smaller and more focused discussions ensuring balance in representation from various parts of the world, and different types of institutions across the three sub-groups.

The first set of small group discussions took place at the end of Day 2. Given that key areas of priority focus were highlighted during the discussions of the first two days (reflected in the focus of the workshop sessions themselves), the discussions focused on these key areas seeking a list of 5 to 10 key proposals for joint actions for future work and collaboration on NCDs. The key areas were:

- Research

- Workforce development

- Epidemiology and surveillance

Wrap-up Discussion

The three groups presented the outcomes of their discussions.

A smaller working group then proceeded with synthesizing key priority areas for joint action discussed during the group session and feedback to the larger group during the overview of Day 3 (see below).

DAY 3 – July 26th 2012

Day 3 Overview - Priority areas for joint action

Surveillance

1. Strengthening data analysis and reporting for
   a. Advocacy to policy and decision makers
   b. Informing practice
2. Integrating measures for Social Determinants of Health (SDH) (developing indicators for SDH and strengthening existing systems)
3. Broadening surveillance to cover economic, trade, education, and other social and environmental risks
4. Incorporate new technology for data collection, analysis, reporting and mapping
5. Collecting, developing and disseminating core methods and tools across countries

Research

1. Need to articulate research, and knowledge to policy development and action
2. Develop a research agenda:
   o To determine if interventions work and why or why not
   o To focus on causes of diseases and risk factors and not just diseases
   o With questions tailored to local context
   o To collect evidence on what works for multi-sectorial actions at governmental level (national, regional, local)
3. Advocacy for prioritization of research needs for capacity building in-countries to inform contextualized research agenda
4. Address health economics and cost-effectiveness of interventions in research work - identify "best buys"- focusing on interventions on social and environmental risks
5. Come up with valid way(s) to evaluate and assess capacity for standardization

Balancing science and operational research was highlighted as important.

Workforce development

1. Build capacity for health impact assessments and the integration of health in all policies
2. Build capacity for influential advocacy
3. Develop core sets of methods and tools that work in different contexts
4. An increased investment in health promotion development and in ensuring a health promotion workforce that is prominently placed and equipped with the core competencies to implement current knowledge, policies and practices
5. Training course to train surveillance workforce adapted to country context (data collectors, data analysts, communications staff, policy analysis)
6. Develop education and deliver training with and to multidisciplinary teams (beyond/in addition to health sectors)
7. Integrate technology training in workforce development adapted to the context
8. Build capacity / build skills and competencies of researchers (better communicate research results, ethical issues, use of mobile technology tools…)
9. Advocate to government to create and better define career paths for sustainable workforce on NCDs
10. Define types of profiles to facilitate integrated efforts (e.g. media, nurses, etc.)

An important dimension to consider was the global versus in-country workforce development.

Others

1. Connect countries through centers of excellence
2. Identify power of local champions
3. Transform existing public health infrastructure to work for NCDs
4. Organise dialogue/debates with policy and decision makers from different sectors
5. Ensure systems that support sustainability

<u>**Small Group Discussion 2**</u>

Based on the key proposals for joint actions for our future work and collaborations on NCDs synthesized from the Day 2 small group discussions and feedback to the larger group, the participants reconvened in the smaller groups to address the key roles which the diversity of Organizations from the Group could play (see annex 2).

Priorities for Joint Action	Lead Organizations
Complete risk factor surveillance	WHO
Comprehensive mortality data	
Complete morbidity data for cancer to broaden surveillance	
Define optimal measures and indicators to inform surveillance systems to promote health, equity, and sustainbility to policy	
Facilitate dialogue between stakeholders and map what already exists to broaden surveillance to cover economic, trade, education, and other social and environmental risks	World Alliance for Risk Factors Surveillance
Research on impact of new technologies and development of new applications	National Cancer Institute (NCI) CDC Outside Donors International Technology University (ITU)
Assess and collect best practice examples from LMIC	
Define and promote competencies for health promotion integration in NCD curricula	IUHPE
Promote, provide leadership for, and implement workforce development programs	IANPHI IUHPE CDC
Increase investment in health promotion development and ensure a health promotion workforce that is prominently placed and equipped with the core competencies to implement current knowledge, policies and practices	IUHPE

Priorities for Joint Action	Lead Organizations
Develop core curricula for training in addition to health sector	CDC IUHPE AMNET NIH/Fogarty
Consolidation of online training for workforce development	
Integration of HiAPs	WHO
Develop capacity for HIAs and other impact assessments (environment, education, agriculture, etc.)	IUHPE World Bank
Evaluate existing capacity for NCD prevention and control	IOM WHO NICE
Determine capacity building needs by mapping out system and infrastructure and by synthesizing existing assessments and donor activities	
Conduct implementation research using multidisciplinary teams	National Governments NIH Global Alliance for Chronic Diseases (GACD) World Bank NGOs Industry
Conduct contextual assessments to determine how to apply interventions in specific countries	
Conduct NCD trainings at different levels and for different audiences	WHO IANPHIs IUHPE NCD Alliance MOHs Industry
Hold forums and round tables to increase awareness of national decision makers	MOHs IANPHIs
Conduct a DELPHI study to determine feasibility of priorities	IUHPE PHAC
Build capacity for influential advocacy by connecting researchers and epidemiologists to advocates and communicators	

Wrap-up Discussion

Suggested next steps discussed by all participants in the wrap-up discussion session and to KEEP the MOMENTUM

- Produce a succinct report of the meeting (present document)

- Develop and produce publications:

  1. A commentary on key messages, process and outcomes of the present Workshop on meeting in Atlanta **Building Global Capacity for Non-Communicable Diseases (NCDs) Prevention: Defining Direction and Roles –** proposed authors: David McQueen, Michael Pratt

  2. An article on evaluating / assessing workforce and needs (capacity and thresholds required) reaching out to other sectors beyond public health – proposed authors: Mohammed Ali, Michael Engelgau, John Flanigan, Venkat Narayan and Cristina Rabadan Diehl

  3. Call for volunteering for papers and proposal

- Conduct a Delphi study to aid in defining directions and roles for global capacity for NCDs prevention and control –to be coordinated by IUHPE and CDC

  - While very productive in producing a broad list of actions on the much needed capacity building dimension of NCD prevention and control, prioritization of these actions and practical solutions and recommendations were not achieved due to time available for the meeting. One outcome was to recommend a small Delphi Study to provide, in a relatively short time, a prioritized list of actions that could be taken up for building capacity in LMICs. The Delphi Study would identify and prioritize the key meeting objectives, namely (1) the key needs to increase NCD prevention capacity in LMIC, (2) the role of health promotion in addressing NCDs, (3) roles for organizations and institutions and LMIC represented at the workshop, (4) areas for joint action on NCD capacity building in LMIC, and (5) specific steps for addressing and operationalizing the capacity building agenda.

- Capitalize on upcoming opportunities to strategically piggy back meetings to gather all or part of the group present here today:

  - WARFS Global Conference on Surveillance meeting in China
  - 21st IUHPE World Conference on Health Promotion – Best Investments for Health (Pattaya, Thailand – 25-29 August 2013) - www.iuhpeconference.net/
  - Others

- Put together a working group from participants in the workshop in Atlanta – a mechanism to lead and monitor the next steps as well as continue the dialogue and share some of the practical implementation of key activities discussed at the meeting

  - Connecting via email communication (secretariat at IUHPE and centralized communications with Claire Blanchard (IUHPE Programme Officer – cblanchard@iuhpe.org)), teleconferences (in first instance to report on, monitor progress and keep building the momentum).
  - Via opportunistic meetings - Capitalizing on upcoming opportunities to strategically piggy back meetings to gather all or part of the group present here today:
    - WARFS Global Conference on Surveillance meeting in China, November 2013
    - 21st IUHPE World Conference on Health Promotion – Best Investments for Health (Pattaya, Thailand – 25-29 August 2013) - www.iuhpeconference.net/
    - Others

- Contribute to efforts to reach out to the private sector. The group of participants for this meeting was very different from other groups, bringing in federal agencies that are funders and ministries of health, bringing a lot of sectors (researchers, civil society, ministries of health and funders). It was felt the group should move forward and also reach out to the private sector.

Official thanks were conveyed and the meeting was closed.