



CARMEN Biennial Meeting:



Sharing, Learning, Imagining, Planning and Partnering to Implement the
Chronic Disease Regional Strategy within the CARMEN Network

(Nassau, Bahamas, 4–8 November 2007)

Organization and Management of the CARMEN Network:

Terms of Reference for Participating Members

(June 2007)

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1.0 Background

CARMEN, the acronym for the Spanish *Conjunto de Acciones para la Reducción Multifactorial de Enfermedades No transmisibles* is an initiative of the Pan American Health Organization/World Health Organization (PAHO/WHO) to promote the integrated prevention of non communicable diseases (NCDs) throughout the Americas. The CARMEN initiative involves a network of countries, organizations and institutions that share the common goal to reduce the prevalence and incidence, premature mortality and disability due to chronic diseases and their risk factors.

The CARMEN initiative was established in 1997, based on the WHO-Europe CINDI (Countrywide Integrated Non communicable Disease Intervention) Project. CARMEN initially fostered the creation of demonstration sites that implemented community based health promotion and chronic disease prevention interventions. This was preceded by population based surveys on NCDs and their risk factors. Surveys were conducted in Valparaiso, Chile; Cartago, Costa Rica; and Cienfuegos, Cuba who were the initial countries involved in the CARMEN initiative. CARMEN now includes 22 countries and 9 collaborating organizations, institutions and networks. In addition, CARMEN is included in the WHO Global Forum of networks for chronic disease prevention. A chronology of key events in the CARMEN Network is listed in ANNEX 1.

CARMEN has been endorsed by the Ministers of Health in the Americas as the principle network for the provision of technical cooperation for chronic disease prevention and control. This was in 2002, when CARMEN was a discussion point in the Pan American Sanitary Conference resolution for chronic disease prevention and control. In addition, CARMEN was included in the resolution on PAHO's Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases during the 47th Directing Council of PAHO in 2006.

In light of this recent resolution, the CARMEN initiative and network are being revitalized. Therefore, the purpose of this document is to describe the objectives of the CARMEN initiative and the organizational aspects of the network. This document is intended for use by the current and future participating members of the CARMEN Network.

2.0 CARMEN Initiative

2.1 Vision

A region supported by a network of countries/territories and organizations that share experiences and coordinate actions to minimize preventable chronic, non-communicable diseases.

2.2 Mission

To provide a forum for sharing, learning and collaborating among countries/territories of the Americas and partner organizations in order to reduce the burden of chronic noncommunicable diseases, their risk factors and underlying determinants by supporting the development,

implementation and evaluation of comprehensive, integrated prevention and control interventions.

2.3 Objectives

General Objective

The CARMEN Initiative aims to promote and establish comprehensive, integrated NCD prevention and policies and programs at the national and sub-regional levels in the Americas, in support of the achievement of the Regional Strategy on Chronic Disease Prevention and Control.

Specific Objectives

At the regional and sub-regional levels, the CARMEN initiative aims to:

- ➔ Support the implementation of the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases;
- ➔ Serve as the principal agent to collect, analyze and disseminate information and share knowledge about the chronic disease problem and successful strategies for the formulation, execution, and evaluation of NCD policies and programs;
- ➔ promote best practices in health promotion and integrated prevention and control of chronic non communicable diseases;
- ➔ promote and support community participation in chronic disease prevention and control
- ➔ stimulate and facilitate collaboration and networking among PAHO Member States, organizations, and institutions;
- ➔ coordinate actions with related WHO and PAHO initiatives and networks such as Healthy Municipalities, Healthy Schools, WHO Global Forum and similar initiatives in other regions (eg. IMAN, MOANA, CINDI, SEANET);
- ➔ integrate the initiative with related resolutions from PAHO's Directing Council and the WHO World Health Assembly.

At the country level, the CARMEN initiative aims to:

- raise political support and demonstrate commitment for NCDs and their risk factors as a national public health priority;
- foster inter-institutional and inter-sectoral actions and create multidisciplinary teams to carry out the strategies for health promotion and integrated prevention and control of chronic non communicable diseases;
- conduct a situation analysis of NCDs and their risk factors and periodic monitoring, according to the abilities of each country;
- establish demonstration sites for interventions for the prevention and control of chronic diseases;
- implement the recommendations for Member States contained in the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases;
- Support establishment of various networks (such as nutrition, physical activity, prevention of diabetes etc) for sharing experience and collaboration within the country.

2.4 Lines of Action & Cross-Cutting Themes

The CARMEN initiative utilizes the guiding principles, strategic approaches and lines of actions contained in the Regional Strategy and Action Plan for the Integrated Prevention and Control of Chronic Diseases. The four main lines of actions are:

- health policy and advocacy;
- health promotion;
- surveillance; and
- integrated management of diseases and risk factors.

It also includes areas of work which cut across the four lines of actions, and these cross cutting themes are: capacity building & training; operational research; resource mobilization; and communications and social marketing.

In addition to the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, the CARMEN initiative supports the strategies and actions recommended in other relevant WHO Resolutions, namely:

- Global Strategy for NCD Prevention and Control (2000)
- Framework Convention for Tobacco Control (2003)
- Global Strategy for Diet, Physical Activity and Health (2004)
- Resolution on Cancer Prevention (2005)
- Resolution on Alcohol (2005)
- Regional Strategy on Nutrition, Health and Development (2006)

3.0 CARMEN Network

3.1 Structure and Composition

The CARMEN Network is a vital and inclusive network, composed of: PAHO Member States with representation from the Ministry of Health; partner organizations, institutions, and networks both within and outside of the health sector; and PAHO/WHO as the secretariat.

All Member countries and territories of the Pan American Health Organization, with a demonstrated commitment for NCD prevention and control, are encouraged to participate in the CARMEN Network. Organizations, institutions and networks with objectives in support of the CARMEN initiative are also considered for participation in the CARMEN Network.

PAHO/WHO serves as the secretariat for the CARMEN Network and coordinates its activities. A small managerial committee, composed of representatives of the CARMEN Network, oversees and directs the CARMEN activities. All participants in the CARMEN Network are convened at the biennial meeting. Sub-regional networks and thematic working groups are part of the CARMEN Network.

As 2007, the CARMEN Network includes 22 countries in the Americas, 4 WHO Collaborating Centers (WHO CC for Evidence Based Public Health, St. Louis University; WHO CC for Physical Activity, CDC; WHO CC for Policy, Public Health Agency of Canada; WHO CC for

Cardiovascular Health, NHLBI), 4 Networks (RAFA ,Ciclovia de las Americas, AMNET, Fruits and Vegetables Initiative) and 1 non-governmental organization (Inter American Heart Federation). A complete list of the CARMEN Network participants, country coordinators and PAHO focal points is contained in the ANNEX.

3.2 Coordination and Management of the Network

3.2.1 The Secretariat

PAHO serves as the secretariat for the CARMEN Network. The secretariat office is based in the Unit on Non-Communicable diseases and works in partnership with other technical units, PAHO centers, the Office of Caribbean Program Coordination, and PAHO country offices.

As the secretariat, PAHO leads regional level activities of CARMEN, provides small grants for country based projects, convenes meetings of the CARMEN Network, facilitates communication and coordination among member countries, and disseminates technical information to members.

3.2.2 Managerial Committee

The CARMEN managerial committee is responsible for overseeing and monitoring the work of the CARMEN Network to ensure that it effectively meets its goals and objectives. The Managerial Committee is composed of a representative from the secretariat; one representative from each of 6 Member countries /territories participating in CARMEN, of which there is ideally at least one representative from each of the sub-regions (Southern Cone, Andean, Central America, North America and Caribbean); and one representative from a partner organization. A chairperson shall be elected to lead the managerial committee and serve as a liaison with the secretariat.

Membership on the managerial committee is for 4 year duration. Members are selected during the biennial CARMEN meeting through a random lottery.

The objective of the Managerial Committee is to extend, mobilize, and optimize the regional network, while representing all of the Network Members. The general responsibilities of the Managerial Committee are to:

- review, monitor, and evaluate the implementation of the activities of the CARMEN Network;
- Invite proposals, and foster country and sub-regional specific activities for the CARMEN Network.
- define and coordinate the sub-regional working groups and thematic working groups;
- define the schedule for meetings and events each year;
- assess and respond to affiliation requests;
- periodically review and revise the terms of reference for the CARMEN Initiative and Network, for approval by the participants in the CARMEN Network.
- Facilitate communication of information, outputs etc. among member countries.

The Committee communicates regularly through exchange of emails, teleconference or video conference and face-to-face meetings, as required. The Secretariat is responsible for convening meetings of the Managerial Committee and facilitating communication by a coordinator designated.

3.2.3 Subregional Networks

The formation of sub-regional networks is encouraged as a way to enhance communication among members, in between biennial meetings of CARMEN and to discuss issues specific to that sub-region. The sub-regional network would be led by a country from that sub-region, with a designated chairperson, as selected by the group of countries and partner organizations from the sub-region. The sub-regional network will define their objectives and duration of operation and periodically report on their progress to the Managerial Committee.

Communications within the sub-regional network could be held virtually, via videoconferences, teleconferences, emails and meetings could be held in alternate years of the CARMEN biennial meeting. The benefits of having an intermediate level such as this would be to advance the sub-regional level tasks of the CARMEN Network and to promote technical cooperation between countries in the same sub-region.

3.2.4 Thematic Working Groups

Project specific thematic working groups are established to advance specific issues within the CARMEN Network. The Secretariat and the managerial committee shall convene working groups as required and the content will be based on the needs of the participants of the Network. The working groups will define their objectives and duration of operation and periodically report on their progress to the Managerial Committee.

Working groups will have the active participation of all members; a defined and focused set of objectives; and incorporation of the all members' experiences to establish, implement and evaluate the working group tasks.

3.3 Procedural Matters

3.3.1 Requesting Participation in the CARMEN Network

For countries/territories interested in joining the CARMEN Network, the Ministry of Health can submit a letter of request to the Secretariat indicating their commitment to address the NCD problem in their country. The request should be made when health authorities regard NCD's to be a public health problem and are willing to implement an integrated NCD prevention and control policy and program. The request should express the country's interest in joining the CARMEN Network. Countries are required to appoint a national focal point who will represent the country in the CARMEN Network.

Local governments interested in joining the CARMEN Network will be accepted only as part of the membership of the country. The request from local governments should be sent to their

country's Ministry of Health, indicating their commitments to the mission and objectives of CARMEN and their capacities to contribute to the CARMEN objectives.

For organizations, institutions or networks interested in becoming part of the CARMEN Network, they can submit a formal written request to the Secretariat and their country's Ministry of Health (where applicable), indicating their commitments to the mission and objectives of CARMEN and their capacities to contribute to the CARMEN objectives.

If countries/territories or partner organizations do not meet the full requirements of participation in the CARMEN Network, they will be considered to serve as 'observers'. This observer status will enable participation within the network communications, without the full benefits (eg. no voting privileges).

The secretariat is empowered to issue invitations to countries/territories and partner organizations or networks, with admission subject to approval by the Management Committee.

3.3.2 Responsibilities of Participation in the Network

For the Secretariat

PAHO/WHO will be responsible for managerial and technical aspects of the CARMEN initiative and network. The specific responsibilities are as follows:

Technical responsibilities

- provide technical support to member countries and working groups
- present an assessment of NCD capacity;
- provide the necessary support for technical cooperation between countries and identify opportunities for technical cooperation between countries;
- maintain a clearinghouse of all the technical tools and information that can support the CARMEN activities;
- continuously develop integrated projects including but not limited to the CARMEN Network Virtual Community, the CARMEN School and the CARMEN Policy Observatory and Dialogue;
- periodic site visits to provide technical support for field projects.

Managerial responsibilities

- convene an annual meeting of the Managerial Committee and biennial meeting of the network;
- draft the network's 2 year workplan, continuously monitor its progress and report on achievements at the biennial meeting;
- establish and foster strategic partnerships and alliances;
- maintain continuous communication with all network members and the Global Forum on NCD Prevention and Control;
- mobilize resources to help finance network activities;

- encourage presence of expected result in the BPB at the country and sub-regional levels as well as resources for supporting TC of NCD program;
- prepare and disseminate reports on the Network activities, as required.
- issue and keep records of the official correspondence related to the CARMEN Network;

For Countries/Territories

Once the country/territory has decided to participate in the CARMEN initiative and to develop interventions for integrated NCD prevention and control, the country's health authorities will be responsible for the following:

- conduct a situational analysis in the country;
- develop a plan of action;
- implement the plan of action;
- designate a national focal point.

Conduct a Situational Analysis in the Country

The conduct of a situational analysis will inform the development of a plan of action. Tools such as the PAHO/WHO national capacity assessment tool could be applied for this purpose. The analysis may include the following:

- the current situation of NCD morbidity and mortality, for example using Panam Steps tool;
- recent data on demographic and epidemiological transition;
- the costs associated with NCD control;
- the capability of health services to develop integrated NCD prevention and control interventions;
- available resources;
- political and other support outside the health sector.

Develop a Plan of Action

After the completion of the situational analysis, the Ministry of Health will develop a National Plan of Action, in accordance with the lines of actions of the Regional Strategy. The plan should include agreed upon strategies such as those contained in the Framework Convention on Tobacco Control, DPAS, etc. It could include the establishment of demonstration sites to pilot test CARMEN activities in the country and the development of strategic partnerships and alliances, with periodic monitoring and evaluation.

The appropriate PAHO country office will provide the required technical support to develop integrated NCD prevention and control initiatives.

The country will submit its Plan of Action to the CARMEN Managerial Committee and a copy of the Plan of Action should be available to CARMEN Network members.

Implement and Monitor the Plan of Action

The country should implement all strategies defined in their plan of action. The plan of action should be periodically monitored and evaluated, and the CARMEN Policy Observatory tools could be applied for this purpose.

Designate a National Focal Point and Maintain Ongoing Communication with the Secretariat

The country will appoint a national focal point, who will be its liaison with the CARMEN Network and the Secretariat. The focal point will periodically provide reports and information on the country situation analysis and the country plan of action, its implementation and evaluation to the Secretariat and participants in the CARMEN Network. The focal point will participate and have voting privileges in the biennial meetings of the CARMEN Network, and attend other meetings, at the request of the Secretariat.

Benefits of Joining the CARMEN Network as a Member Country

- The country will have access to technical tools for health promotion and integrated prevention and control of NCDs developed and approved by Member Countries (eg. participation in CARMEN School, training events, discussion forum, etc.)
- The country will be able to participate and have voting privileges in the biennial meetings of the CARMEN Network.
- Collaboration among countries will be facilitated by the Network.

For Collaborating Institutions

The following are the main responsibilities of the organizations, institutions and network participating in the CARMEN Network:

- commitment to advance the Regional Strategy on Chronic Disease Prevention and Control.
- provide technical cooperation to the CARMEN Network, based on its expertise and according to the lines of action in the Regional Strategy.
- participate in joint activities programmed by the CARMEN Network and commit to work with specific countries.
- include the CARMEN logo on its main publications that relate to NCD prevention and control.
- establish a link between the collaborative member's homepage and the CARMEN Virtual Community Site will be established.
- provide an annual report of its activities and contributions to the Managerial Committee.
- appoint a representative, who will be its liaison with the CARMEN Network and the Secretariat.
- participate in biennial meetings of the CARMEN Network, and attend other meetings, at the request of the Secretariat.
- propose technical projects to the Managerial Committee.

Benefits of Joining the CARMEN Network as a Collaborating Member

- opportunities to build partnerships with countries at the national and sub-regional levels;
- make contributions to a country's plan of action for chronic disease prevention and control;
- promotional opportunities for the organization/institution throughout the Americas, including having their logo displayed in communications materials of CARMEN activities.

3.3.3 Election of the Managerial Committee Members

To determine the countries that will serve on the Managerial Committee, a random lottery will be conducted by the Secretariat during a biennial meeting of the CARMEN Network, every 4 years beginning with the 2007 biennial CARMEN meeting. Representatives shall serve a maximum of 4 years mandate and countries may not serve additional terms until all Member Countries have occupied a seat on the Managerial Committee.

Under exceptional circumstances, as determine by the Secretariat, the lottery may be conducted during a Managerial Committee Meeting. In the event that the election process fails during a biennial meeting or a representative withdraws and it is necessary to replace a representative, the Managerial Committee shall establish an interim election process.

3.3.4 Resources and location of the CARMEN meetings

Member countries shall offer to host CARMEN Network meetings. If no country expresses an interest to host a meeting, the Secretariat will choose the location and work with the host country in planning and holding the CARMEN meeting.

The Secretariat and the host country will jointly bear the financial responsibility for meeting expenses. Attendance at the meetings will be supported jointly by the Secretariat, member countries, partners and through supplementary sources of funding. Innovative ways to reduce meeting costs will be sought, such as holding videoconferences and communicating via the internet.

Annexes

Annex 1: Chronology of Key Events in the CARMEN Network

1997

- ➔ Pan American CARMEN initiative established. Chile and Canada are the first members. The CINDI protocol is translated and accepted as the CARMEN protocol (acceptance of demonstration areas, risk factor population studies, interventions at the levels of population and high risk individuals).
- ➔ First CARMEN meeting held in Valparaiso, Chile.

1997–2000

- ➔ New member countries to CARMEN: Costa Rica, Cuba and Puerto Rico.
- ➔ CARMEN meeting held in Halifax, Canada. Initiation of special project – the CARMEN school.
- ➔ Network participation at a planning meeting for the WHO Global Forum on Chronic Disease Prevention and Control, Joensuu, Finland.

2001

- ➔ CARMEN Management Committee meeting in Costa Rica: new countries join CARMEN – Argentina, Brazil, Colombia, Uruguay, US Border El Paso.
- ➔ CARMEN meeting held in Antigua, Guatemala.
- ➔ Participation at the 1st WHO Global Forum on Chronic Disease Prevention and Control in Geneva, Switzerland.
- ➔ Initiation of policy monitoring: Joint survey of CINDI-CARMEN Networks to assess policies in support to NCD prevention and control.

2002

- ➔ Public Health Approach to Noncommunicable Diseases and Resolution endorsed by the Pan American Sanitary Conference. CARMEN is recommended as one of the main strategies for integrated prevention of non communicable diseases and PAHO is asked to provide technical cooperation to member counties to develop integrated approaches based on principles of the CARMEN initiative.
- ➔ CARMEN Management Committee meeting in Cuba
- ➔ Participation at the 2nd WHO Global Forum at Shanghai, China.

2002–2005

- ➔ Liberalization of acceptance of countries as members of the CARMEN Initiative and Network (all countries that had any projects related to NCDs were accepted).
- ➔ New countries join CARMEN: El Salvador, Panama, Guatemala, Bolivia, Peru, Paraguay, Trinidad & Tobago, Nicaragua.

2003

- ➔ CARMEN Management Committee meeting Puerto Rico.
- ➔ 3rd WHO Global Forum hosted by the CARMEN Network in Rio de Janeiro, Brazil.
- ➔ CARMEN meeting followed the WHO Global Forum. Special session on NCD surveillance.
- ➔ Formation of CARLI

- Countries accept responsibility to develop tools for the network: Chile – the CARMEN school; Canada/PHAC with PAHO – the NCD Policy Observatory; Brazil – indicators for evaluation of community programs; Puerto Rico – communication tools as Bulletin and List serve; Peru – a framework for country interventions.
- Publication of “CARMEN, an initiative for prevention and control of non- communicable diseases in the Americas”.

2004

- Four projects on development of local systems for NCD surveillance in course in Chile, Brazil, Argentina and Colombia.
- Participation at 4th WHO Global Forum in Ottawa, Canada.
- CARMEN School course held in Santiago, Chile.
- CARMEN Management Committee meeting in Uruguay.
- NCD Policy Observatory case study pilot project started in Brazil, Costa Rica and Canada.
- Collaboration between CARMEN and National Heart, Lung and Blood Institute of the United States (NHLBI): Pan American Cardiovascular Initiative, Joint International Conference held in Bethesda.

2005

- Biannual CARMEN meeting in Santiago, Chile. Besides 21 member country and 3 country observers the external partners of CARMEN participated (Centers for Disease Control, Pan American network for physical activity (RAFA), Healthy municipality network, Preventive Research Centers, (PRCs) National Heart Lung and Blood Institute of US (NHLBI). Meeting organized around main areas of interest: DPAS, surveillance, policy, capacity building, prevention and management.
- Special seminar held with NHLBI on community mobilization for cardiovascular health promotion by lay health workers.

2006

- PAHO launches the Regional Strategy and Action Plan for Integrated Prevention and Control of Chronic Diseases including Diet, Physical Activity and Health. Endorsed at the directing council by Member States.
- New member countries join CARMEN: Bahamas and Ecuador.
- CARMEN Management Committee starts revision of Terms of Reference for the CARMEN Network in the light of the Regional Strategy.
- NCD Policy Observatory meeting, Ottawa, Canada.
- Participation in CINDI meeting in Banff, Canada.

2007

- Project on community mobilization for cardiovascular health promotion through lay health personnel initiated in Chile, Guatemala and Argentina.
- CARMEN Management meeting in Toronto, Canada.
- NCD Policy Observatory meeting in Toronto, Canada.

Annex 2: Countries Participating in the Carmen Network

Country	PAHO/WHO Focal Point	CARMEN Focal Point
English-Speaking Countries		
ECC Anguilla	Dra. Gina Watson watsongi@ecc.paho.org (+1-246) 426-3860	
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Related Networks

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Annex 3: Resources Available To Carmen Network Member Countries

The CNCD List Serve and the CNCD Newsletter

The CARMEN Network's main communication tool is its list serve. It operates from Carmen@paho.org. The listserve is managed from the secretariat.. A monthly newsletter is distributed through the list server. The newsletter contains information on the progress of the implementation of NCD prevention and control projects and programs in the region and around the world, as well as news related to NCDs. CARMEN members can send contributions to the secretariat for inclusion in the monthly newsletter.

The CARMEN Bulletin

The CARMEN Bulletin is a quarterly publication of the network that includes a printed version of the information circulated through the listserve. Newsletter and other material that is more suitable for a printed document because of its length or complexity. The CARMEN Bulletin is dedicated to those regions and countries with limited or no access to internet services.

Tool Packages

CARMEN identifies technically sound programs and projects across the region to facilitate the fight against chronic diseases in its member states. Some of the tools that are available to countries are:

Surveillance

- ➔ Pan American STEPS: A system for population based surveys of chronic diseases and its risk factors. The system has various components such as questionnaires, field manual, sampling instructions, and data capture and analysis software.
- ➔ Minimum list of indicators for NCDs and risk factor surveillance.
- ➔ Global Youth Tobacco Survey tool.
- ➔ Global School Health Survey tool.

Health Policy

The NCD Policy Observatory is a framework for the study of NCD policies. This exercise allows countries to understand the process of policy formulation and implementation. This is an ongoing exercise in Canada, Brazil and Costa Rica. It is planned that as the result of this exercise becomes available, new countries will come on board.

Public Health Capacity-Building

These meetings are organized by the CARMEN Network in collaboration with CDC. The program takes place in a country university that has a public health department that is capable to replicate the program. Courses are offered to health professionals to strengthen their capacity for

planning, programming and evaluating risk factor and disease prevention activities. As a result of collaboration with Preventive Research Centers in the US several courses have been adapted for LAC for example Evidence Based Public Health applied on chronic non communicable disease prevention (EBPH), Physical Activity and Public health (PAPH) course and Social Marketing (SC) Modalities.

Health Promotion

Global Strategy of Diet, Physical Activity and Health (DPAS) promotes known effective measures to increase physical activity and healthy eating. DPAS offers primarily community and nation-wide strategies to prevent non-communicable diseases. Some of the information can be also used in mass media campaigns to promote healthy eating and physical activity. An implementation guide allows countries to adapt objectives and activities that have proven to be effective to their own conditions.

Disease Prevention and Management

The Chronic Care Model offers a framework and process to identify gaps in the provided care. This process helps to focus activities for quality improvement. The model has five components: delivery system design, decision support, self-management support, clinical information system and community services. Technical support is provided to organize quality of care improvement projects.