

# Heart Beat

The World Heart Federation Newsletter

## Working together for health

*Teresa Lander, freelance journalist, Bristol, UK*

Around the world, the health workforce is in crisis: clinics with no health workers, hospitals that cannot recruit or keep key staff. There is a chronic global shortage of health workers, as a result of decades of underinvestment in education, training, salaries, working environment and management. This has led to a severe lack of key skills, rising numbers of people changing to other jobs or taking early retirement, and national and international migration. In sub-Saharan Africa, there are an estimated 750 000 health workers in a region of 628 million inhabitants. By comparison, the ratio is 10-15 times higher in the countries of the Organisation for Economic Co-operation and Development (OECD), and their ageing populations are putting a growing strain on an overstretched workforce. There is no perfect solution, but it is important to find a way forward.

The Member States of WHO, spearheaded by health leaders from Africa, adopted two resolutions at recent World Health

Assemblies calling for global action to build a workforce for national health systems, including stemming the flow of unplanned professional emigration. The Joint Learning Initiative on Human Resources for Health and Development, which brings together 100 global health leaders, recommended urgent action to overcome the crisis of human resources for health. It is clearly time to act.

World Health Day this year is devoted to the health workforce crisis. On 7 April 2006, hundreds of organizations around the globe will host events to draw attention to the global health workforce crisis and celebrate the dignity and value of working for health.

WHO's *World health report 2006: Working together for health* outlines the need for more investment in the health workforce to improve working conditions, revitalize training institutions and anticipate future challenges.

*Working together for health* contains an expert assessment of the current crisis in the global health workforce and ambitious proposals to tackle it over the next

10 years, starting now. The report reveals an estimated shortage of almost 4.3 million physicians, midwives, nurses and support workers worldwide. The shortage is most severe in the poorest countries, especially in sub-Saharan Africa, where health workers are most needed. Focusing on all stages of the



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health worker's career, from entry into the profession, through health training and job recruitment, to retirement, the report lays out a 10-year action plan in which countries can build up their health workforces, with the support of global partners.

A serious shortage of health workers in 57 countries is hampering the provision of essential, life-saving interventions, such as childhood immunization, safe pregnancy and delivery services for mothers, and access to treatment for HIV/AIDS, malaria and tuberculosis. This shortage, combined with a lack of training and knowledge, is also a major obstacle for health systems as they attempt to respond effectively to chronic diseases, avian influenza and other health challenges.

More than 4 million additional physicians, nurses, midwives, managers and public health workers are urgently needed to fill the gap in these 57 countries, 36 of which are in sub-Saharan Africa, says the report. Every country needs to improve the way it plans for, educates and employs the physicians, nurses and support staff who make up the health workforce and provide them with better working conditions, it concludes.

"The global population is growing, but the number of health workers is stagnating or even falling in many of the places where they are needed most", said WHO Director-General Dr Jong-wook Lee.

The *World health report* sets out a 10-year plan to address the crisis. It calls upon national leaders to formulate and implement country strategies for the health workforce. These need to be backed by international donor assistance.

Not enough health workers are being trained or recruited where they are most needed, and increasing numbers are joining the "brain drain" of qualified profes-

sionals who are migrating to better paid jobs in richer countries, whether those countries are near neighbours of their own or wealthy industrialized nations. Such countries are likely to seek to recruit even more foreign staff because of their ageing populations, which will need more long-term chronic care.

A variety of measures designed to mitigate the effects of the "brain drain" are described in the report. It is important to avoid a "vertical", country-by-country approach: instead, we should focus on the common problems facing all the countries which are losing their valuable health workers, with adverse effects for their own health systems – improving pay, training and conditions in the worker's home country, ensuring responsible recruitment policies in the countries to which they move and drawing up ethical guidelines for international recruitment.

To tackle this crisis, more direct investment in the training and support of health workers is needed now. There will be initial costs for the training of more health workers. As they graduate and enter the workforce, funds will be needed to pay their salaries. Health budgets will have to increase by at least US\$10 per person per year in the 57 countries with severe shortages in order to train and pay the 4 million health workers needed to fill the gap. To meet that target within 20 years is an ambitious but reasonable goal, the report concludes.

Financing this gap will require significant, dedicated and predictable funding from national sources, as well as from international development partners. The Report recommends that of all new donor funds for health, 50% should be dedicated to strengthening health systems, and that 50% of that sum should be dedicated specifically to training, retaining and sustaining the health workforce.

At least 1.3 billion people worldwide lack access to the most basic health care, often because of a lack of health workers. The shortage is global, but the burden is greatest in countries overwhelmed by poverty and disease where these health workers are needed most. It is most severe in sub-Saharan Africa, which has 11% of the world's population and 24% of the global burden of disease, but only 3% of the world's health workers.

The *World health report* recommends that, in order to achieve the goal of getting "the right workers with the right skills in the right place doing the right things", countries should develop plans that include the following:

- acting now for workforce productivity – better working conditions for health workers, improved safety, better access to treatment and care
- anticipating what lies ahead – a well-developed plan to train the health workforce of the future
- acquiring critical capacity – workforce planning; development of leadership and management; standard-setting, accreditation and licensing as drivers to improve quality.

Beyond the national strategies, the report urges global cooperation in the following areas:

- joint investment in research and information systems
- agreements on ethical recruitment of and working conditions for migrant health workers and international health workforce planning for humanitarian emergencies or global health threats, such as an influenza pandemic
- commitment from donor countries to help countries in difficulty in their efforts to improve and support the health workforce.

# Bangkok Charter for Health Promotion in a Globalized World

*Joanna Koch, Coordinator of the NGO*

*Advisory Group on Health Promotion*

The context of health promotion has changed markedly since the Ottawa Charter for Health Promotion was adopted in 1986. There are increased inequalities within and between countries, new patterns of consumption and communication, commercialization, global environmental change and urbanization.

Health promotion offers a positive and inclusive concept of health as a determinant of quality of life, encompassing mental and spiritual well-being. It is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and noncommunicable diseases and other threats to health.

Today, in order to manage the challenges and opportunities of globalization, collaboration across all sectors of society is required. The Bangkok Charter for Health Promotion in a Globalized World, adopted at the 6<sup>th</sup> Global Conference on Health Promotion (Bangkok, Thailand, 7-11 August 2005) identifies the actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion. The Bangkok Charter complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter, setting out four new commitments.

## **1. To make the promotion of health central to the global development agenda:**

Strong intergovernmental agreements that increase health and collective health security are needed. Government and international bodies

must act in order to close the health gap between rich and poor. Effective strategies are required to address the harmful effects of trade, products, services and marketing strategies.

## **2. To make the promotion of health a core responsibility for all of government:**

All governments, at all levels, must tackle poor health and inequalities as a matter of urgency because health is a major determinant of socioeconomic and political development.

## **3. To make the promotion of health a key focus of communities and civil society:**

Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained. In less developed communities, support for capacity-building is particularly important.

## **4. To make the promotion of health a requirement for good corporate practices:**

The corporate sector has a direct impact on the health of people and on the determinants of health through its influence on local settings, national cultures, environments and wealth distribution.

Social injustice and inequity must be overcome. It is necessary to address the root causes of health inequalities. This requires the involvement of all sections of society at all levels, from local to global. Nongovernmental organizations and civil society have a vital role to play in harnessing globalization for the health, social justice and well-being of all.

A consultative workshop, held on 23 February 2006 at WHO Headquarters in Geneva, aimed to bring nongovernmental organizations together to create a

joint action framework, with WHO, to implement the Bangkok Charter. The workshop was organized by the NGO Advisory Group on Health Promotion and the WHO Department of Chronic Diseases and Health Promotion (HPR/CHP/NMH). It was intended to develop and strengthen NGO action for health promotion at a local, national, regional and global level, promoting greater awareness among nongovernmental organizations and civil society. Through focused workshop groups, nongovernmental organizations also identified strategies to address the challenges of implementing the Bangkok Charter. Nongovernmental organizations felt strongly that strategic pathways are required to implement the Charter. Such pathways require commitment from nongovernmental organizations, donors and WHO in order to guarantee concerted and collaborative action.

The root causes of health inequalities must be addressed so that individuals can gain more control over their health. Stakeholders need to be identified and partners beyond the health sector involved in order to target these root causes. Partners within the health sector need to expand their efforts and should form wider alliances to strengthen existing health promotion initiatives and facilitate outreach.

According to WHO, nongovernmental organizations continue to play a very important role in health promotion at all levels; provide unique contributions; and attain autonomy at the highest levels of government. Their contributions in the area of health promotion are likely to be underestimated. As health promotion is a cross-cutting issue, nongovernmental organizations have various entry points for action, as well as valuable specialist

knowledge and experience. However, their experience and knowledge are best utilized and accessed through the documentation, monitoring and sharing of best practices. It was agreed by participants that a network and a technical group for WHO and nongovernmental organizations would be necessary to achieve this and to catalyse collaborative action in health promotion.

Nongovernmental organizations and WHO will develop an action framework on health promotion in line with the outcome of the consultation workshop, and will further examine specific plans for developing strategies to implement the Bangkok Charter.

The NGO Advisory Group on Health Promotion is a partnership of international NGOs which came together at the

WHO 4<sup>th</sup> International Conference in Jakarta, July 1997, to encourage health promotion partnerships with WHO, Governments and NGOs. Following the 23 February Workshop the Group developed a booklet "From Vision to Action - NGOs Promoting Health in a Globalized World" to be launched at the 9<sup>th</sup> NGO Briefing at the WHA (World Health Assembly), May 2006.

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## The IFPMA Clinical Trials Portal: making clinical trials more accessible

*Guy Willis, Director of Communications, IFPMA*

Recently, there has been a marked increase in public calls for greater transparency in reporting clinical research studies of new medicines, and also for timely disclosure of the initiation of new clinical trials to help patients and doctors to determine whether they are eligible to participate in them.

A number of individual pharmaceutical companies responded promptly by making clinical trial information available via their own publicly accessible web sites, while other companies submitted their clinical trial information for inclusion in existing online public registries. However, leaders in the research-based pharmaceutical industry agreed that, although these initial responses were timely and helpful, there was a pressing need for a consistent industry policy on clinical trial information. The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) is the global, non-profit nongovernmental organization representing research-based pharmaceutical, biotechnology and vaccine companies



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and national industry associations in both developed and developing countries. The industry's R&D pipeline contains hundreds of new medicines and vaccines, which are being developed to address global disease threats, including cancer, heart disease, HIV/AIDS and malaria.

In order to ensure even better public access to clinical trial data from the pharma-

ceutical industry, IFPMA has launched the second stage of the IFPMA Clinical Trials Portal (<http://www.ifpma.org/clinicaltrials>). Developed in conjunction with IBM Corporation, a world leader in information technology, the portal is the first Internet search engine designed to link to online information about ongoing and completed clinical trials sponsored by research-based pharmaceutical companies worldwide. In line with the pharmaceutical industry's commitment to increasing the transparency of clinical trials, this latest development of the portal focuses on helping more people to use the IFPMA Clinical Trials Portal and on making it an easier unique locator.

The IFPMA Clinical Trials Portal is a major pharmaceutical industry initiative designed to increase the transparency of clinical trials by providing a convenient "one-stop-shop" for published clinical trial information. The portal provides links to relevant online sources of clinical trial information. These include individual pharmaceutical company sites, sites run by third parties working on behalf of these companies, pharmaceutical industry asso-

ciation resources, such as the site of the United States pharmaceutical industry association (PhRMA) (<http://www.clinicalstudyresults.org>) and government sites which routinely carry details of industry trials, such as the United States National Library of Medicine (<http://www.clinicaltrials.gov>). Other online clinical trial information resources, such as the European Union's planned Europharm facility, may be linked in when they become available. For the first time, IFPMA and IBM have made it possible for users to input search criteria for clinical trials in French, German, Japanese and Spanish as well as English, thus extending the portal's usability to millions more people worldwide. Additional languages will be considered later, depending on usage patterns. The search facility has been improved so that it suggests synonyms for medical conditions and helps to correct misspelled words, including the names of medicines. With the Stage 2 development, the portal's reach is greatly extend-

ed, because it now searches for trials corresponding both to the term entered by a layperson and to synonyms of that term. To help visitors to the portal to get to what they are looking for more quickly, the portal now makes it easier to perform multiple criteria searches and allows searches to be qualified by geographical area. In this way, anyone can program the search engine to look for ongoing trials related to a particular disease in his/her area. The IFPMA Clinical Trials Portal is a valuable resource which can facilitate access to information about clinical trials, helping doctors and patients to make informed decisions about treatment options. The amount of clinical trial information accessible via the IFPMA Clinical Trials Portal has increased significantly. The Stage 1 portal, launched in September last year, indexed some 26 000 individual pages. The Stage 2 portal already indexes more than 88 000 pages, and the number will continue to grow. The number of sites with clinical trial information

linked to by the portal has also increased, from 10 sites at the time of the Stage 1 launch to 15 today. The portal searches for two categories of information. One comprises listings (registries) of ongoing clinical trials, providing access to basic information, including: brief title, description in lay terms, phase, type (e.g. intervention), status, purpose (treatment/diagnosis/prevention), intervention type (e.g. drug/vaccine), condition or disease, key eligibility criteria (including gender and age), location of trial and contact information. The other category comprises results from completed clinical trials, which are made available in a standard, nonpromotional, summary format by various online databases. By allowing the user to enter search criteria in a range of languages, the updated IFPMA Clinical Trials Portal will encourage more doctors and patients to inform themselves about clinical trials targeting heart conditions and other serious illnesses.

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## Tobacco control moves on

*Danielle Grizeau-Clemens, Science Information Officer, World Heart Federation*

### Framework Convention on Tobacco Control

The Framework Convention on Tobacco Control (FCTC) is governed by the Conference of the Parties (COP) – i.e. all countries which have ratified the Framework Convention. The Conference of the Parties met for the first time in Geneva from 6 to 17 February 2006. Civil society played a key role in assuring a strong Framework Convention and in the success of the session.

### Establishment and funding of the permanent Framework Convention secretariat

A well-designed and well-funded secretariat is essential to the overall success of the Framework Convention. After much debate, the Parties agreed to create and fully fund a secretariat with a two-year budget for 2006-2007 of US\$8.01 million. The funds are to be raised from the Parties using a system of "voluntary assessed contributions", based on the WHO scale of assessments which determines Member States' contributions to the WHO budget. A signifi-

cant amount of the budget is earmarked for substantive tobacco control work, such as developing protocols to the Convention and guidelines for its implementation. The sum of US\$1.1 million was reallocated from administrative tasks to substantive tasks. The secretariat's activities may be expanded beyond this level if additional funding can be obtained.

The status of the secretariat was defined as a body housed within WHO but accountable primarily to the Conference of the Parties. The Parties agreed that the secretariat is to be "responsible and ac-

countable" to the Conference "for the delivery of treaty and technical activities" and to the Director-General of WHO "on administrative and staff management matters and also on technical activities where appropriate". The Parties also agreed that the secretariat and the WHO Tobacco Free Initiative are to "cooperate and coordinate" on implementation of the Framework Convention "with a view to ensuring transparency, efficiency, cost-effectiveness, and avoidance of duplication".

WHO is to compile a shortlist of no more than 10 candidates for the position of head of the Framework Convention secretariat. These names are to be considered by the Bureau of the Conference of the Parties, in consultation with the WHO Secretariat, with a view to recommending a single candidate after consultation with the Director-General of WHO. The head of the secretariat is to be appointed for four years, with the possibility of renewal for a further three years.

### Participation by nongovernmental organizations

Rules of procedure for the Conference of the Parties and its subsidiary bodies were adopted by consensus. Nongovernmental organizations will participate on the same basis as other observers, i.e. non-Party States and intergovernmental organizations. Accredited nongovernmental organizations have the right to "participate without the right to vote" and "may speak" after the other observers.

The rules of procedure of the Conference of the Parties can be found at: [http://www.who.int/gb/fctc/PDF/cop1/FC TC\\_COP1\\_7-en.pdf](http://www.who.int/gb/fctc/PDF/cop1/FC TC_COP1_7-en.pdf). Rule 31 deals with nongovernmental organizations.

### Sources and mechanisms of assistance for developing countries and countries with economies in transition

The issue of funding the implementation of the Framework Convention was intensely debated. Some developing countries, particularly from the African and South-East Asia Regions, proposed the establishment of a global fund to finance country-level implementation of the Framework Convention. Developed and donor countries argued that a more comprehensive needs assessment would first be required. Finally, the Parties agreed that:

- developing countries and countries with economies in transition will conduct needs assessments and communicate their prioritized needs to development partners, and will work on the development of "sustainable in-country financing mechanisms for tobacco control"
- the Conference of the Parties and its secretariat will encourage countries, intergovernmental organizations, international financial institutions and nongovernmental organizations to prioritize tobacco control (including acknowledging its role in the achievement of the Millennium Development Goals), and to provide financial support and technical assistance
- the Conference of the Parties will request its secretariat to assist Parties in identifying sources of funding and to "launch an awareness-raising campaign among potential development partners to mobilize financial and technical support for developing country Parties and Parties with economies in transition".

The resolution on funding adopted by the COP can be found at:

[http://www.who.int/gb/fctc/PDF/cop1/FC TC\\_COP1\\_8-en.pdf](http://www.who.int/gb/fctc/PDF/cop1/FC TC_COP1_8-en.pdf)

### Protocols

The Parties agreed to begin work on the development of protocols to deal with cross-border advertising and illicit trade

(smuggling). Two expert groups will be established to do this work and to present either templates for protocols (through the Bureau) or progress reports to the Conference of the Parties at its second session. The groups will each be composed of up to 24 members, with each WHO region nominating up to four experts "in consultation with the Parties from their region". The process of establishing the expert groups is expected to begin soon. The secretariat is required "to make the necessary arrangements, including budgetary arrangements, for the expert groups to meet as soon as possible". The Parties' decision states that the groups have to take into account the work of "entities competent in the matter".

The process for conducting intersessional work on protocols can be found at:

[http://www.who.int/gb/fctc/PDF/cop1/FC TC\\_COP1\\_10-en.pdf](http://www.who.int/gb/fctc/PDF/cop1/FC TC_COP1_10-en.pdf)

### Guidelines for implementation of the Convention

The Framework Convention anticipates the need for implementation guidelines describing best practices and suggested approaches for meeting the obligations incurred under it. Article 7 requires the Conference of the Parties to develop implementation guidelines for Articles 8-13, although no time-scale is specified. The Parties agreed to start work on the development of guidelines on protection from exposure to second-hand smoke and on the testing and measuring of the contents and emissions of tobacco. The secretariat is to initiate work on these guidelines on the basis of templates agreed by the Parties, and to present either draft guidelines or progress reports to the second session of the Conference. The Parties' decision recognizes the role that nongovernmental organizations and intergovernmental organizations could have in this task "because of the broad areas of expertise

they have in these issues". A number of Parties at the first session indicated that they would assist as facilitators, partners or reviewers in the development of the guidelines, though any Party can become involved by notifying the secretariat of its interest.

Parties also recognized the potential value of guidelines for product regulation and regulation of tobacco product disclosures, packaging and labelling of tobacco products, education, communication, training and public awareness, as well as tobacco advertising, promotion and sponsorship, demand reduction measures concerning tobacco dependence, cessation and protecting policies from tobacco industry interests. They adopted criteria for the prioritization of work related to these guidelines.

The resolution and templates for the guidelines can be found at:

[http://www.who.int/gb/fctc/PDF/cop1/FC TC\\_COP1\\_11-en.pdf](http://www.who.int/gb/fctc/PDF/cop1/FC TC_COP1_11-en.pdf)

### Monitoring and reporting

The Conference of the Parties will adopt the format for submission of national reports as set out in document [http://www.who.int/gb/fctc/PDF/cop1/FC TC\\_COP1\\_13-en.pdf](http://www.who.int/gb/fctc/PDF/cop1/FC TC_COP1_13-en.pdf), pending further consideration at the session. Each Party is to make its initial report within two years after entry into force of the Convention for that Party. They agreed that their objective in reporting "is to enable Parties to learn from each other's experience" in implementation and not merely to draw up a checklist for implementation.

Parties agreed unanimously to adopt a graduated reporting system, under which they are required to report on a number of issues two years after the Convention enters into force for the Party concerned, other issues after five years and yet others after eight years. Feedback is to be provided by the secretariat.

The Parties agreed to a proposal from Brazil and Mexico to establish an ad hoc study group to examine economically viable alternatives for tobacco workers, growers and individual sellers and recommend cost-effective diversification measures. The study group is to submit a report to the second session of the Conference of the Parties.

## World No Tobacco Day: 31 May 2006 Deadly in any form or disguise

*The tobacco industry continues to put profits before life; its own expansion before the health of future generations; its own economic gain ahead of the sustainable development of struggling countries. Nowadays, tobacco companies continue to expand with new variants of the "light", "mild" and "low tar" cigarette campaigns so popular in the 20<sup>th</sup> century. Nowadays, they reassure health concerned smokers by offering with their new products the illusion of safety. They continue to take their old and new customers to more insidious levels of deception by promoting and selling new products disguised under healthier names, fruity flavours or more attractive-looking packaging. This is why this year the theme for World No Tobacco Day is: "Deadly in any form or disguise".*

The purpose of World No Tobacco Day 2006 is to encourage countries and governments to work towards strict regulation of tobacco products by raising awareness of the wide variety of deadly tobacco products. Regulation should also help people to obtain accurate information, remove the disguise and unveil the deadly truth behind tobacco products – traditional, new and future.

World No Tobacco Day 2006 has the following objectives:

- to raise awareness about all forms of tobacco, **deadly in any form:** cigarettes, pipes, bidis, kreteks (clove cigarettes), snus, snuff, smokeless, cigars ... they are all deadly
- to raise awareness about all types and names and flavours of tobacco, **deadly in any disguise:** mild, light, low tar, full-flavour, fruit-flavoured, chocolate-flavoured, natural, additive-free, organic, potentially reduced-exposure products (PREPS), harm-reduced... they are all deadly
- to raise awareness about the need for strict regulation of tobacco products and encourage its implementation.

All these products and practices are deadly and addictive, and thus the absence of truthful information deprives even well-intentioned people of the ability to make healthy choices. Whether the disguise is perpetuated by multinational corporations or by well-intentioned, but uninformed shops, families and individuals, the end-result can be the same: use of products that carry unnecessary risks of disease, debilitation and death. The truth about tobacco can empower people to improve their own health, as well as the health of their families, friends and others in their community.

# Double burden of malnutrition - a common agenda

The 33<sup>rd</sup> session of the United Nations System Standing Committee on Nutrition focused this year on the double burden of malnutrition. As stated at the working group of NGOs/civil society, this new approach is a first step to convince participants that tackling malnutrition in all its forms represents an integrated single agenda addressing the root causes of malnutrition at all stages of the life course.

It is not an option to say "let us concentrate on under-nutrition first" because preventing death in young children should take precedence over avoiding premature death of adults from nutrition-related chronic disease. This argument undoubtedly responds to the moral/ethical imperative of prioritizing saving children from avoidable death but in practice present knowledge indicates that doing this correctly is the first step in preventing adult malnutrition-related chronic disease.

This issue is not about choosing between addressing under-nutrition in the poor versus over-nutrition in the affluent. It should be recognized that the interventions required to address stunting are different from those needed to reduce the number of people who are underweight and wasted. One must also realize that in most developing regions there is a co-existence between underweight and stunting in infants and children and overweight in the adult population. The final statement of the SCN clearly describes the problem and proposes solutions.

*Final statement of the 33<sup>rd</sup> annual session of the United Nations System Standing Committee on Nutrition (SCN)*

"The participants in the 33<sup>rd</sup> Annual Session of the SCN agree current actions to combat malnutrition in all its forms are insufficient. Also agree that an adequate

response to ensure that malnutrition is no longer a major impediment to human development in the next generation requires unprecedented collaboration. It means that the UN family, national governments, civil society and the private sector must come together in a broad based alliance with one vision. This collaboration should be developed within the promotion and protection of all human rights, especially the right to adequate food and the right to the highest attainable standards of health.

## **The problem**

We live in a world of great and increasing inequity between and within countries. This is unacceptable. In this world, 800 million people are suffering from under-nourishment and about 170 million infants and young children are underweight. More than 5 million children die each year as a result of under-nutrition. And further, billions of people suffer from micronutrient deficiencies (so-called "hidden hunger") especially of iron, vitamin A, iodine and zinc. Under-nutrition is the main threat to health and well-being not only in middle-and low-income countries but also globally. At the same time, childhood obesity is becoming a recognized problem even in low and middle income countries. More than a billion adults worldwide are overweight, of which 300 million are obese.

These issues are still perceived to be separate. In reality both are often rooted in poverty and co-exist in communities, and even the same households, in most countries. While under-nutrition kills in early life, it also leads to a high risk of disease and death later in life.

This is the double burden of malnutrition. This double burden of malnutrition has common causes, inadequate foetal and

infant and young child nutrition followed by exposure (including through marketing practices) to unhealthy energy-dense nutrient-poor foods and lack of physical activity. The window of opportunity lies from pre-pregnancy to around 24 months of a child's age. Schools provide a natural setting for effective interventions for older ages and to promote adequate nutrition to future mothers. Malnutrition in all its forms amounts to an intolerable burden not only on national health systems but the entire cultural, social and economic fabric of nations, and is the greatest impediment to the fulfilment of human potential. Yet, despite the impact of malnutrition in all its forms on mortality, morbidity and national economies only 1.8% of the total resources for health-related development assistance are allocated to nutrition activities. Of the World Bank's total assistance to developing countries only 0.7% is for nutrition and food security. At country level, the financial commitment is even less.

Adequate food is a human right and good nutrition is essential to achieve the aims of the Millennium Declaration, including those expressed by the Millennium Development Goals. Without progress towards tackling malnutrition, these goals will not be achieved.

## **The solution**

UN agencies, bilateral partners, civil society have come together to help put nutrition at the centre of development. We collectively urge:

- National governments, in their internal policies, and also through their foreign policies and development assistance, to promote nutrition actions that reduce under and over-nutrition and diet-related chronic diseases. They should do this within the context of respect-

ing, protecting and fulfilling the right to adequate food, and should ensure that these actions are adequately funded.

- UN agencies to act together through the UN System SCN in the context of the UN reform to accelerate the prevention and mitigation of all forms of malnutrition throughout the life cycle, towards the achievement of the MDGs and beyond. The UN agencies should also promote the integration of nutrition programmes at country level and mainstream them into national development policies.
- Civil society and non-governmental organizations, to advocate and adopt policies and practices that tackle the double burden of malnutrition and hold governments accountable at all levels.
- The private sector, especially those in the food and beverage business, to

support the achievement of the MDGs including by adopting responsible marketing practices on breastmilk substitutes and energy-dense, nutrient-poor foods and drinks.


All constituents of the SCN will work together to raise the profile of nutrition and to increase the investments in nutrition at global, national and local level to tackle the double burden of malnutrition with one shared vision. The top priorities are to:

- Empower all women and protect their nutrition, human rights and entitlements and those of their children, through knowledge, skills, policies and regulations.
- Focus on the window of opportunity from pre-conception to around 24 months of age, the critical period when the foundation for life long health is set.

- Urge schools, including pre-schools, to be nutrition and physical activity-friendly, in order to promote health and well being throughout life.
- Promote the production and consumption of culturally appropriate foods that are rich in micronutrients, and promote micronutrient supplementation when and where needed.
- Recognize that the basic determinants of health and disease are social and environmental, and ensure healthy choices are accessible, affordable and safe.
- Target the poor and socially marginalized, including indigenous populations, people living in emergencies and those affected by HIV/AIDS.
- Build awareness, institutional capacity and leadership at national, sub-national, community and global levels for accelerating action on nutrition."

## Pre-Announcement

# Writer's Workshop



**What?**  
Writer's Workshop organized by Prevention and Control, the official Journal of the World Heart Federation

**Topics will (provisionally) include:**

- How to organize and write a manuscript for publication
- How manuscripts are processed through the Elsevier electronic system
- Aims and scope of Prevention and Control
- Interactive session with a successful writer from a developing country

**Who?**  
Intended primarily for those from developing countries who want to publish in scientific journals

**Where?**  
Half day workshop at the World Congress of Cardiology 2006, Barcelona, Spain

**When?**  
September 2006

World Congress of Cardiology 2006  
2-6 September, Barcelona - Spain

[www.worldcardio2006.org](http://www.worldcardio2006.org)



**WORLD HEART  
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**Pre-register**  
by sending your  
name, city, country and email address to  
[prevcon@uottawa.ca](mailto:prevcon@uottawa.ca)



## World Congress of Cardiology 2006

2-6, September  
BARCELONA - SPAIN




# National Congresses of Societies of Cardiology

Dates	Country	City	Website
<b>2006</b>			
23 Mar - 24 Mar	Australia	Sydney	<a href="http://www.heartfoundation.com.au">www.heartfoundation.com.au</a>
24 Mar - 26 Mar	Japan	Nagoya	<a href="http://www.congre.co.jp/jcs70">www.congre.co.jp/jcs70</a>
20 Apr - 22 Apr	Germany	Mannheim	<a href="http://www.dgk.org">www.dgk.org</a>
24 Apr - 27 Apr	United Kingdom	Glasgow	<a href="http://www.bcs.com/">www.bcs.com/</a>
26 Apr - 29 Apr	Bolivia	Cochabamba	<a href="http://www.bago.com.bo/sbc">www.bago.com.bo/sbc</a>
29 Apr - 1 May	Argentina	Rosario	<a href="http://www.fac.org.ar/cong2006/">www.fac.org.ar/cong2006/</a>
3 May - 6 May	USA	Boston, MA	<a href="http://www.scpcp.org">www.scpcp.org</a>
7 May - 10 May	Czech Republic	Brno	<a href="http://www.kardio-cz.cz">www.kardio-cz.cz</a>
10 May - 13 May	Hungary	Balatonfüred	<a href="http://www.mkardio.hu">www.mkardio.hu</a>
26 May - 27 May	Slovenia	Radenci	<a href="http://www.sicardio.org">www.sicardio.org</a>
31 May - 3 Jun	Italy	Florence	<a href="http://www.anmco.it">www.anmco.it</a>
7 Jun - 10 Jun	Austria	Salzburg	<a href="http://www.atcardio.at">www.atcardio.at</a>
7 Jun - 9 Jun	Switzerland	Basel	<a href="http://www.swisscardio.ch">www.swisscardio.ch</a>
21 Jun - 24 Jun	F.Y. Rep. of Macedonia	Ohrid	<a href="http://www.cardiocongress.com">www.cardiocongress.com</a>
20 Sep - 20 Sep	Moldova	Chisinau	<a href="mailto:sc_moldova@yahoo.com">sc_moldova@yahoo.com</a>
21 Sep - 23 Sep	Poland	Gdansk	<a href="http://www.kongres2006.ptkardio.pl">www.kongres2006.ptkardio.pl</a>
21 Sep - 24 Sep	Bulgaria	Albena	<a href="http://www.hfatw.org/">www.hfatw.org/</a>
23 Sep - 26 Sep	Romania	Poiana Brasov	<a href="http://www.cardioportal.ro">www.cardioportal.ro</a>
30 Sep - 2 Oct	Georgia	Tbilisi	<a href="http://www.osgf.ge">www.osgf.ge</a>
5 Oct - 7 Oct	Slovak Republic	Istropolis-Bratislava	<a href="http://www.cardiology.sk">www.cardiology.sk</a>
6 Oct - 7 Oct	Ireland	Killarney	<a href="http://www.irishcardiacsociety.com">www.irishcardiacsociety.com</a>
6 Oct - 9 Oct	Argentina	Buenos Aires	<a href="http://www.sac.org.ar">www.sac.org.ar</a>
10 Oct - 12 Oct	Russian Federation	Moscow	<a href="http://www.cardiosite.ru/">www.cardiosite.ru/</a>
11 Oct - 13 Oct	Finland	Helsinki	<a href="http://www.fincardio.fi">www.fincardio.fi</a>
18 Oct - 21 Oct	Spain	Malaga	<a href="http://www.secardiologia.es">www.secardiologia.es</a>
19 Oct - 20 Oct	Belarus	Grodno	<a href="http://www.cardio.by">www.cardio.by</a>
25 Oct - 28 Oct	Lebanon	Beirut	<a href="http://www.lscardio.org">www.lscardio.org</a>
26 Oct - 28 Oct	Netherlands	Ermelo	<a href="http://www.cardiologie.nl">www.cardiologie.nl</a>
27 Oct - 29 Oct	Bulgaria	Sofia	<a href="http://www.cardiobg.com">www.cardiobg.com</a>
29 Oct - 1 Nov	South Africa	Cape Town	<a href="http://www.saheart.org/index.html">www.saheart.org/index.html</a>
24 Nov - 27 Nov	Turkey	Antalya	<a href="http://www.tkd.org.tr">www.tkd.org.tr</a>

# International congresses & events 2006 - 2007

## 2006

11 Mar - 14 Mar	<b>Annual Scientific Session 2006</b> www.acc.org; resource@acc.org; phone: +1 301 897 5400 ext. 694; fax: +1 301 897 9745	Atlanta, GA - USA
30 Mar - 1 Apr	<b>1st International Conference on Hypertension, Lipids, Diabetes and Stroke Prevention</b> www.kenes.com/strokeprevention; strokeprevention@kenes.com phone: +41 22 908 04 88; fax: +41 22 732 28 50	Paris - France
18 Jun - 22 Jun	<i><b>XIV International Symposium on Atherosclerosis *</b></i> www.lorenzinfoundation.org; info@isa2006.org; phone: +39 02 29 00 62 67; fax: +39 02 29 00 70 18	Rome - Italy
18 Jul - 21 Jul	<b>XII Congress of SOLACI &amp; XXVIII Congress of SBHCI</b> www.solaci-sbhci2006.org	Porto Alegre - Brazil
17 Aug - 20 Aug	<b>16th World Congress of the World Society of Cardio-Thoracic Surgeons</b> www.wscts2006.org	Ottawa - Canada
2 Sep - 6 Sep	<b>World Congress of Cardiology</b> www.worldcardio2006.org; congress@worldheart.org phone: +41 22 807 03 20; fax: +41 22 807 03 37	Barcelona - Spain
3 Sep - 8 Sep	<b>10th International Congress on Obesity</b> www.ico2006.com; enquiries@ico2006.com; phone: +61 2 9241 1475; fax: +61 2 9251 3552	Sydney - Australia
15 Oct - 19 Oct	<b>21st Scientific Meeting of the International Society of Hypertension</b> www.congre.co.jp/ish2006; ish2006@congre.co.jp; fax: +81 6 6229 2556	Fukuoka - Japan
26 Oct - 29 Oct	<b>Joint World Congress on Stroke</b> www.kenes.com/stroke2006; stroke2006@kenes.com phone: +41 22 908 04 88; fax: +41 22 732 28 50	Cape Town - South Africa
2 Nov - 5 Nov	<b>17th Great Wall International Congress of Cardiology</b> www.gw-icc.org; heart@gw-icc.org; phone: +8610 6879 2845; fax: +8610 6879 2845	Beijing - China
12 Nov - 15 Nov	<b>Scientific Sessions 2006</b> www.americanheart.org; sessions@heart.org; phone: +1 214 706 1543; fax: +1 214 706 5262	Chicago, IL - USA
3 Dec - 7 Dec	<b>19th World Diabetes Congress</b> www.idf2006.org; WorldDiabetesCongress@idf.org phone: +32 2 543 16 31; fax: +32 2 538 51 14	Cape Town - South Africa

## 2007

24 Mar - 27 Mar	<b>56th Annual Scientific Session 2007</b> www.acc.org; resource@acc.org; phone: +1 301 897 5400 ext. 694; fax: +1 301 897 9745	New Orleans, LA - USA
22 April - 25 April	<b>15th European Congress on Obesity</b> http://www.eco2007.org/index.htm; eco2007@easoobesity.org phone: +44 20 7691 1900; fax: +44 20 7387 6033	Budapest - Hungary
1 Sep - 5 Sep	<b>ESC Congress 2007</b> www.escardio.org; congress@escardio.org; phone +33 4 92 94 76 00; fax: +33 4 92 94 76 01	Vienna - Austria
13 Dec - 16 Dec	<b>The 16th Asian Pacific Congress of Cardiology</b> www.apcc2007.org; service@apcc2007.org phone: +886 2 2927 5500; fax: +886 2 2924 5511	Taipei, Taiwan

**Future World Heart Federation Scientific Congresses are marked in red  
Congresses in italic and marked with \* are sponsored by the World Heart Federation**

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## 3<sup>rd</sup> International Symposium on Gene Therapy and Stem Cell Therapy for Heart Failure and Other Cardiovascular Diseases

Webcast available at

<http://webcasts.prous.com/tecam2006/>

## Advanced Glycation End Products and Diabetic Complications: Insights into New Mechanisms and New Therapeutic Targets (American Diabetes Association)

Webcast available at

[http://webcasts.prous.com/ADA2006\\_Research/](http://webcasts.prous.com/ADA2006_Research/)

## American Diabetes Association's 53<sup>rd</sup> Annual Advanced Postgraduate Course

Webcasts from the ADA 53<sup>rd</sup> Annual Advanced Postgraduate Course available at

[http://webcasts.prous.com/ADA2006\\_PGCourse/](http://webcasts.prous.com/ADA2006_PGCourse/)

## COMING SOON!

June 2006:

### Official Webcasts from the American Diabetes Association's 66<sup>th</sup> Annual Scientific Sessions

Over 150 sessions available as webcasts. For more information visit

<http://www.diabetes.org>

September 2006:

### Official Webcasts from the World Congress of Cardiology 2006 More than 100 selected presentations available on-demand!

This webcast will include over 25 sessions from WCC 2006, including Hotline and Clinical Trial Update sessions.

Available free-of-charge to a worldwide audience in September 2006.

For more information visit

<http://www.escardio.org>

October 2006:

### Official Webcasts from the 21<sup>st</sup> Scientific Meeting of the International Society of Hypertension

Available free-of-charge to a worldwide audience in October 2006.

For more information visit

<http://www.congre.co.jp/ish2006/>

We are pleased to announce the Annual Symposium of the

## International Society of Cardiovascular Pharmacotherapy: WHAT IS NEW IN CARDIOVASCULAR PHARMACOLOGY?

which will take place on the

1st September, 2006 in the Hotel Fira Palace,  
Barcelona, from 15.00 to 19.00 h

The latest controversies and debates in the field will be addressed.

For details, please email [elangan@prous.com](mailto:elangan@prous.com)