The completion of the WHO MONICA (MONItoring of trends and determinants in CArdiovascular disease) project was marked by the publication of this monograph and CD-ROMs. Many of us are familiar with aspects of WHO MONICA and use its findings to support public health policy for cardiovascular disease prevention. Such episodic use does not require any thought about the immense determination and effort required to set up and maintain a study across 38 research groups in 21 countries dispersed over four continents. Hugh Tunstall-Pedoe, who has edited this book, has been the leading figure pushing the study onwards, ensuring papers were drafted, and maintaining the collaboration. His reminiscences show how his innate sense of tact and his subtle forms of persuasion were an essential part of the MONICA process. Equally important though was the key role played by the MONICA Data Centre in Helsinki, with its immensely able and helpful people, led by Kari Kuulasmaa, who also helped with the book. Finnish technological know-how and political neutrality made a reality of getting data from both the Western and Eastern block countries.

What is MONICA? It is a hypothesis-driven cardiovascular disease register project, counting events arising in defined populations using both routine statistics and active case ascertainment. Population surveys of cardiovascular risk factors at baseline and 10 years later (as a minimum), and surveys of coronary care received during events, together with medication on admission and on discharge from hospital are also conducted. The relative ease and simplicity of the disease register design probably ensured MONICA’s success—together with opportunities for investigators to bolt on additional projects. A more taxing cohort design would have provided data enabling individual-level analyses linking risk factors and treatments to outcomes rather than the ecological analyses making comparisons at the level of registration site. However, the demands and costs of maintaining cohorts would probably have spelt defeat for many centres with limited resources.

Tunstall-Pedoe paints MONICA as an irascible siren whose call meant less time for families, and more time waiting for luggage and for data. He notes that during the Clinton era he was able to tempt the editor of the BMJ with rapid publication of a paper titled: ‘Did MONICA really say that’? This paper failed to achieve the citations of the classics: the 1994 Circulation paper which now numbers 714 citations, the more recent Lancet papers on explaining 10 year trends, changes in risk factors, and on coronary care achieving 345, 213 and 116 citations, respectively. But MONICA is about more than papers published and citations; it has provided a strong evidence base for the tractability of cardiovascular diseases, their responsiveness to changes in risk factors and to changes in medical care. Looking through the book it is remarkable how the study has been a training ground for a generation of epidemiologists and public health specialists. Importantly, it gave scientists in many diverse countries the opportunity to work together, learn the art of cooperation, and adhere to a rigorous protocol. Obviously, nothing is ever 100% successful, and Tunstall-Pedoe is open about centres that fell by the wayside, and the interminable delays in getting data and the frustrations of drafting papers.

The need for continuation and expansion of the MONICA study to developing countries seems obvious. Tunstall-Pedoe makes no comment about the reasons for stopping MONICA now, nor does Derek Yach, WHO’s executive director for non-communicable diseases at the time. Without MONICA, WHO’s global burden of disease team would have had even less real data with which to generate plausible estimates of what might be happening to patterns of disease in the developing and developed worlds. Statistical algorithms generating synthetic estimates for the parts of the world where there are no data are not a substitute for collecting accurate information. Perhaps Robert Beaglehole, recently appointed as executive director for non-communicable diseases at WHO and one of the original MONICA participants, would support such an initiative. It would be hard to conceive of a better training for building public health capacity in the developing world.

Although MONICA was conceived in 1979 and formally came to an end in 2003, this monograph provides the material in terms of key publications, well-prepared figures for presentations, and raw data (a 20% sub-sample) to give it a new life as a key resource in cardiovascular disease epidemiology.