



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Launch Conference
for the Project
on the Prevention and Control of
Noncommunicable Diseases (NCDs)

1 December 2014, Moscow,
Russian Federation

MEETING REPORT

Keywords

CHRONIC DISEASE
HEALTH PROMOTION
SOCIAL DETERMINANTS OF HEALTH
HEALTH BEHAVIOR
EUROPE
EASTERN EUROPE
RUSSIAN FEDERATION
ASIA, CENTRAL
CAPACITY BUILDING
NATIONAL HEALTH POLICY

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2015

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Background

The Launch Conference for the project on the prevention and control of noncommunicable diseases (the 'NCD project'), Moscow, Russian Federation, 1 December 2014, was organized by the WHO Regional Office for Europe in collaboration with the Ministry of Health of the Russian Federation and hosted by I.M. Sechenov First Moscow State Medical University of the Ministry of Health of the Russian Federation.

The official launch of the NCD Project marked an important milestone in the commitment made by the Russian Federation in September of 2012 to host in Moscow a geographically dispersed office for noncommunicable diseases (NCDs) – a Regional centre of excellence in the field of prevention and control of NCDs. The NCD Project will support Member States in areas such as: development and evaluation of national action plans for prevention and control of NCDs, data collection, surveillance and monitoring, inter-agency cooperation, and studies on social determinants of NCDs. Objectives and results of the Project would reflect the requests for support from Member States.

The launch event constituted a ground for reporting to the Region on the current status of the GDO on NCDs and the vision of the GDO workplan in the context of the Global Action Plan for the Prevention and Control of NCDs 2013–2020 (resolution WHA66.10) and the European policy framework Health 2020 (resolution EUR/RC62/R4), and to consult Member State representatives on their aspirations for the centre.

The agenda of this Conference comprised three main themes:

- (1) The launching of the NCD Project;
- (2) A presentation of the achievements of national responses to NCDs in the WHO European Region made in the last three years.

Over 100 participants attended, including delegates from 26 European Region Member States, representatives from WHO Collaborating Centres (WHOCC) and other international organizations and a number of technical experts and key figures of the Russian Federation.

Key note speeches were delivered by the Minister of Health of the Russian Federation, the WHO Regional Director for Europe and a representative from WHO headquarters. Participants had the opportunity to represent their Member States, share national experiences, achievements and best practices, and provide input on formulating the objectives and workplan of the NCD Project.

1. Introduction

Ceremonial opening of the meeting

The ceremonial opening of the Conference was held in the auditorium of the Scientific-Research Center, I.M. Sechenov First Moscow State Medical University and included speeches by Professor Veronika Skvortova, Minister of Health, Russian Federation; Zsuzsanna Jakab, Regional Director, WHO Regional office for Europe; and Dr Bente Mikkelsen, Head a.i. for the Secretariat for the Global Coordination Mechanism and Interagency Task Force, WHO headquarters.

Professor Veronika Skvortsova welcomed participants with an overview of the large-scale changes made in the recent years in the health care industry of the Russian Federation. The main outcome of those efforts had been the increase in life expectancy to an average of 70.8 years, and for the first time since 1991 the country had experienced natural population growth.

Her discussion went on to recall that sustainable results require a sufficient number of qualified medical personnel, modern logistics of medical care, as well as adequate financial resources. The recent Regional Healthcare Modernization Programmes have greatly strengthened and increased capacity of the health system of the Russian Federation. In 2013, after 30-year break, the Russian Federation was back to a large-scale clinical examination of adults and children, showing that nearly 44 per cent of adults have already formed chronic NCDs.

Delegates were reminded that the theme of NCDs and creation of a comprehensive environment of prevention and producing health through a life-course approach lied at the heart of the Country Cooperation Strategy between the Ministry of Health of the Russian Federation and WHO¹ signed in May 2014, and remained a priority item on the forthcoming agenda of Russia's presidency in BRICS and Shanghai Organization Cooperation. The Sixth Session of the Conference of Parties WHO Framework Convention on Tobacco Control (FCTC), held in Moscow (October 2014) was regarded as one of the most successful in its history.

In this regard, hosting the NCD Project in Moscow was a clear priority for the Russian Federation and signaled their continued commitment to champion the prevention and control of NCDs in the WHO European Region. To this end, the development of a set of measures aimed at creating the conditions that ensure an easy choice in favour of healthy behaviour in all spheres of society, was a top priority for implementation in all countries in the Region and globally.

¹ http://www.euro.who.int/__data/assets/pdf_file/0003/249915/COUNTRY-COOPERATION-STRATEGY-for-the-WORLD-HEALTH-ORGANIZATION-and-the-MINISTRY-OF-HEALTH-OF-THE-RUSSIAN-FEDERATION-Eng.pdf

Ms Zsuzsanna Jakab spoke of the significant improvement of health outcomes in all parts of the WHO European Region: the chances of dying from heart disease or stroke before the age of 64 had been declining since 2000. However, not everyone had benefited from these achievements: in every country health inequalities acted as a counter-balance to the overall success in seeing improved life expectancy.

Ms Jakab reconfirmed WHO's commitment to support Member States over the next five year period in the development and implementation of national health policies; delivery of high-quality, integrated and people-centred health care services; and strengthening public health capacities. This work is closely aligned with the post-2015 development agenda and would also feed into the development of the United Nations Development Assistance Framework (UNDAF) at the country level.

This support would be guided by the renewed policy environment in the WHO European Region (including plans on alcohol and nutrition, tobacco and physical activity; as well as recommendations on social determinants and the health divide). The Health 2020 targets and the NCD Global Monitoring Framework² would be the tools to measure progress and ensure accountability.

These recommendations strongly advocate for a good start in the life of every child. Ms Jakab stressed the importance of taking a life-course approach to health equity; addressing the intergenerational processes that sustain inequities; focusing on the structural and mediating factors of exclusion; and building resilience, capabilities and strength of individuals and communities. Achieving more equity in health and developing closer links between health and sustainable development would provide for improved health outcomes. Governance structures and institutional capacities must be strengthened to accelerate action through intersectoral collaboration, particularly with sectors of education, social policy, employment and finance.

The Regional Office is committed to leverage these new resources working strategically across offices and technical units, including the established GDO in Kazakhstan on primary health care.

On behalf of Dr Oleg Chestnov, Assistant Director General, Noncommunicable Diseases and Mental Health, WHO headquarters, **Dr Bente Mikkelsen** began her address noting the contribution of the Russian Federation to the global NCD agenda, including the First Global Ministerial Conference on Healthy Lifestyles and NCDs (April 2011, Moscow), Moscow Declaration on NCDs (endorsed by the World Health Assembly, May 2011), which in turn inspired the Political Declaration on NCDs (adopted at the United Nations General Assembly, September 2011).

All 53 Member States of WHO European Region, including the Russian Federation, actively participated in development of Global NCD Action Plan, which includes 9 global NCD targets, including that of a 25 per cent relative reduction in premature mortality from NCDs by 2025. Equally important, a team of Russian experts supported WHO in providing technical assistance to 24 low- and middle-income countries in translating the Global Action Plan into national action. All these activities were supported through funds generously provided by the Government of the Russian Federation.

² http://www.who.int/nmh/global_monitoring_framework/en/

Dr Mikkelsen highlighted that although the NCD Project would be an integral part of the WHO Regional Office for Europe, it would have strong links with WHO headquarters in order to accelerate the implementation of national NCD efforts.

Official launch ceremony

The session was chaired by Dr Luigi Migliorini, WHO Special Representative to the Russian Federation, and co-chaired by Professor Petr Glybochko, Rector, I.M. Sechenov First Moscow State Medical University of the Ministry of Health, Russian Federation.

Dr Luigi Migliorini highlighted the importance of this launch event as the first practical step to execution of the long-standing commitment of the Russian Federation to the 53 Member States of the European Region to establish in Moscow a centre of excellence in the field of NCD prevention and control. NCDs affected all countries alike, whether rich or poor, and had negative impact on all the health systems; NCDs are priority across all sectors not merely health. The launch of a large NCD Project for Europe funded by the US\$ 22.5 million grant from the Government of the Russia Federation, would target this growing burden, aiming to decrease the inequities between countries and within.

Professor Petr Glybochko presented the official launch ceremony and congratulated participants with the start of the NCD Project. In February 2014 the first Moscow training course on the prevention and control of NCDs was held on the basis of the University. In the framework of the NCD Project, together with leading experts of the European Region, educational courses aimed at strengthening national health systems and developing national potential in creating a comprehensive environment of prevention can be further developed by integrating best practices from across the Region. Furthermore, advanced knowledge on reducing the burden of NCDs should be included in all phases of the training of all individuals responsible for the health of the population.

The issues presented in this opening session set the stage for the plenary sessions, where conference participants presented results from their achievements, aspirations and suggestions.

2. Plenary sessions

The afternoon session of the conference was held in the Museum of the I.M. Sechenov First Moscow State Medical University and included presentations made by Professor Sergey Boytsov, Director, National Research Center for Preventive Medicine of the Ministry of Health, Russian Federation; Head Specialist on Preventive Medicine, Ministry of Health, Russian Federation; Dr Vasily Zharko, Minister of Health, Belarus; and Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe.

Plenary session 1: Achievements made in NCD prevention and control

The session was chaired by Dr Bente Mikkelsen and co-chaired by Academician of the Russian Academy of Sciences Vladimir Starodubov, Director, Central Research Institute of Public Health Organization and Informatization of the Ministry of Health, Russian Federation.

Dr Bente Mikkelsen introduced the first plenary session that focused on achievements and country experiences made in NCD prevention and control of the past years. Examples of case studies from the Russian Federation and Belarus were followed by other introductions linking NCDs to the life course approach, primary health care and the post-2015 sustainable development goals.

Academician of the Russian Academy of Sciences Vladimir Starodubov emphasized the high priority of the NCD agenda in all countries independent of their development. Attention must be given to the municipal structures and local governments as health prevention gave good results due to intersectoral action. Bad habits were common for a big proportion of the population. Measures taken in the areas of alcohol, tobacco and nutrition were already giving results, and were bound to improve in the long term.

Professor Sergey Boytsov commenced by presenting the rapid improvements of key health indicators in the Russian Federation. To date overall mortality has been declining rapidly since 2003 (by 18.8 per cent). In the same period mortality from cardiovascular diseases (CVDs) has decreased by 23 per cent. Retrospective epidemiological modelling has shown that interventions and policy implementation aimed primarily on raising awareness of doctors, education and patient adherence have been major contributors to mitigating the risk factor, particularly the control of blood pressure, seeing this as the major contributor to the recorded success.

Despite the tremendous efforts for prevention and control of NCDs and formation of a healthy lifestyle, the Russian Federation has been experiencing vast regional differences in CVD mortality: 34 out of over 80 territorial subjects account for 75 per cent of all CVD deaths in the country, and 44 per cent of the adult population experience chronic care needs. These figures were less favorable for working age males aged 40–60 years, which account for the high-risk population burden at 23 per cent. The international project ‘Cardiovascular diseases in Russia: strengthening the evidence knowledge base on causes, mechanisms, prevention and treatment’ gave an in-depth understanding to the causes of these inequalities, comparing results of a similar study conducted in Norway.

The state programme of the Russian Federation 'Health care development', which aims to decrease population mortality through the reduction of risk factors, is implemented through the population and high risk strategies. Combining the concepts of these two strategies, objectives set out in the 'Health care development' programme, as well as those of the Global Action Plan, can be achieved.

The new tobacco law of the Russian Federation exemplifies the population strategy put into practice. Terminology used in the law does not focus on banning tobacco use, but on the protection of population, including ban in all indoor and outdoor public places, active pricing measures, protection from advertisement, protection of minors and provision of consultation and treatment for smoking cessation at primary health care centres. Strict measures of implementation, monitoring and evaluation of the federal law.

On the second hand, the high risk strategy assumes identification of persons with specific disease or prone to their risk factors. Owing to the large-scale clinical examination (resumed in 2013) detection of patients with CVD has tripled in just the past year, while the number of persons detected with arterial hypertension has increased by more than 7 times. Large-scale clinical examination is not just screening but it's a detailed preventative consultation with dynamic follow up, every year increasing the number of high-risk patients undergoing periodic examination.

The Federal Commission on Health Protection, led by the Prime Minister and chaired by the Minister of Health, has developed the Roadmap for Healthy Lifestyles and NCDs in the territorial subjects of the Russian Federation. Implemented on the basis on interagency cooperation, the regional roadmap allows for comparable progress and results across all the territorial subjects of the country. The roadmap is characterized by demographic characters, risk factor prevalence, motivation, healthy nutrition and physical activity, social wellbeing, including working conditions, access to education and culture, as well as activities of regional government healthcare agencies.

As host of the WHO European Ministerial Conference on Life-Course Approaches in the Context of Health 2020 (Minsk, Belarus, 1 October 2015), **Dr Vasily Zharko** spoke of the efforts made by the health system of Belarus aiming to reduce the high level of overall working age mortality from NCDs. Conditions of the environment, social and economic stability, lifestyles and the desire of the person to be healthy were all causes to be understood for effective approaches to NCD control, for reducing their risk factors and strengthening national action against them. Belarus ensures 100 per cent availability of high-tech medical care to all segments of the population, regardless of age and place of residence.

Nevertheless, there was clear understanding that to change the existing NCD epidemic focus must lay on the early detection of diseases, their primary prevention and involvement of society and individuals in the fight against risk factors. This work should begin at an early age and continue throughout the life-course through the implementation of screening programmes for newborns, educational programmes beginning from preschools, interdepartmental programmes for the prevention of childhood diseases and the formation clear guidelines for healthy lifestyles. This meant creating a culture of food, rest and care to maintain health. Yet the most difficult task was to change stereotypes and mentality of the population.

The Ministry of Health of Belarus takes the fight against NCD risk factors seriously. Under the leadership of the health sector, coordinated prevention efforts are being built up based on cooperation between concerned ministries and involvement of nongovernmental organizations (NGOs) and general public. To this end, on behalf of the Government, the Ministry of Health developed the State Programme on Prevention and Control of NCDs in the Republic of Belarus (2015–2020).

The Launch of the NCD Project in Moscow would allow sharing of experiences between countries on national achievements in the efficient organization and improved quality of medical care, the use of cross-cutting tools, training, formation of political vision and creation of a unified health information system.

Plenary session 2: Moderated discussion

The session was chaired by Ms Svetlana Cotelea, Deputy Minister, Ministry of Health, Republic of Moldova; and co-chaired by Professor Ruslan Khalfin, Professor, Director, Higher School of Public Health Management to the I.M. Sechenov First Moscow State Medical University, Ministry of Health, Russian Federation.

Ms Svetlana Cotelea, lending her expertise on diabetes, tobacco control, development and implementation of NCD prevention and control policies, introduced the next session's focus on two key issues:

- the Second Global Ministerial Conference on healthy lifestyles and NCD control; and
- aspirations and suggestions for the GDO on NCDs

Professor Ruslan Khalfin introduced himself as the Director of the Higher School of Public Health Management, which was now an educational centre for economists, lawyers, marketing managers, and, most importantly, public health managers. Inviting all countries present to the anticipated second Moscow course on NCDs, to be held in 2015 on the basis of the University, countries would have the opportunity to work together for individual experiences, and as well as benefit the Region on the whole.

Dr Gauden Galea presented the launched NCD Project as a scale up of the project 'Strengthening health systems for the prevention and control of NCDs in eastern Europe and central Asia', which was part of the global effort on NCDs funded by the government of the Russian Federation in 2012–2014. The successes and suggestions of the subregional project have led to a proposed theme of the NCD Project. In the context of the Global Action Plan and Health 2020, the NCD Project would help Member States to develop *better data* for the discern of trends and inequalities, *better policies* to strengthen collaboration across sectors and to address the social determinants in a systematic fashion and, finally, *better systems* to ensure that the prevention and control of NCDs does not become a vertical programme, but builds into the health system and cultural contexts.

Every health system assessment in eastern Europe and central Asia shows pattern of young men dying young. The ratio of stroke deaths for men aged 25–64 years in western Europe to eastern Europe is 1 : 26 with a 14-year difference in life expectancy³. This high-risk group provides an immediate risk factor and diseases burden that would most cheaply and accessible give rapid results to reducing the ratio of inequality of cardiovascular mortality and extend life expectancy through the prevention and control of NCDs.

Working on better data would allow identifying such inequalities and conducting surveys. To have a coordinated picture of NCD risk factors each country of the Region should conduct at least one STEPS survey. An active cancer registry in each country could identify the need for screening and evaluate early detection programmes. With tools in place, the NCD Project could seek to experiment with innovative data sets and new sources of data, such as electronic medical records. New techniques including data mining and predictive analysis could look at developing innovative risk scores to be able to use within a clinical and public health settings.

Better policies, on the other hand, require a system supporting concerted action, rather than behavior change. Europe is both the highest producer and highest consumer of alcohol. Controlling the industry and being able to increase prices, reduce availability and control marketing, especially to young children, were dramatically important actions. Meanwhile raising prices and promoting transparency through intersectoral collaboration when dealing with the tobacco industry. For this WHO is actively developing the roadmap for full implementation of the FCTC by September 2015.

The methodology for assessment of health systems for challenges and opportunities in the prevention and control NCDs⁴ was a good initial step for every country to have a baseline, an understanding where their health system was and how NCD issues could be incorporated into primary health care: an entry point for collaboration between the GDO in Moscow and GDO for primary care in Almaty. The Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings⁵ offered a common floor of cheap effective intervention that everyone could adapt within their national health system.

In this regard, the NCD Project should aim to work with each Member State individually, pick on tools of this nature and work out a three step translation process:

1. Content: select interventions affordable in middle-income economies;
2. Context: adapt to eastern European situation;
3. Language: translate to Russian language.

³ European Health for All database (<http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-database-hfa-db>)

⁴ Better Noncommunicable Disease Outcomes: Challenges and Opportunities for Health Systems (http://www.euro.who.int/__data/assets/pdf_file/0005/247649/HSS-NCD-Country-Assessment-Guide_v9_FINAL.pdf?ua=1)

⁵ http://whqlibdoc.who.int/publications/2010/9789241598996_eng.pdf?ua=1

3. Closure of the meeting

Making the closing note, **Ms Zsuzsanna Jakab** underscored the importance of this day, thanking the Russian Federation for collaboration and generous support in hosting, funding and political leadership at global, regional and subregional levels. The new GDO policy, adopted in full consensus by the Regional Committee in 2013, identified the process of becoming a GDO, and with that three new GDOs were being established in the Region (in Moscow on NCDs, Almaty on primary health care and Istanbul on emergencies). Ms Jakob pledged to comply with the decision and form all procedures to be fully aligned with the policy.

The Regional Director announced the need for health systems to be more responsive to the present NCD outbreak. The 65th session of the WHO Regional Committee for Europe is expected to hold major discussion on intersectoral approaches in collaboration with other sectors, including the environment, transport and education. Policy briefs are to highlight the issues of high-level leadership and social determinants, which is primarily important for advancing the NCD agenda. Ms Jakob concluded by commending the commitment of Member States to prioritize NCDs, signaled by the presence of delegates from across the Region in attendance at this event, despite the current political issues in Europe.

To conclude, **Dr Gauden Galea** applauded on the strong endorsement of the global and regional action plans in the European Region. Many countries have developed national strategies, plans and targets consistent with the Global Action Plan. UNDAF was adopted in twelve countries of the Region, one by one including NCDs in the agenda. Rapid reductions in mortality are being reported as countries adopt universal health coverage. A strong policy on alcohol shows a downward trend in mortality within two years; a strong policy on smoke free public spaces reduces the number of admissions to hospital from asthma and myocardial infarction within six months. The repeated reduction in CVD mortality across Western Europe was so consistent proved that at the population level NCDs were not a chronic disease.

The NCD Project can effectively lead the Region to use the already evidenced best practices. Intersectorality and appropriate information to communicate policy can promote ownership across the other sectors making it easier to tackle the social determinants and risks factors of NCDs. Finally, the consistent call to implement primary health care packages and appropriate screening and early detection of cancer can be adapted to universal coverage to reduce the cardiovascular disorders that are seen.

The meeting was proceeded by a press conference between Professor Veronika Skvortova, Minister of Health, Russian Federation; Zsuzsanna Jakab, Regional Director, WHO Regional office for Europe, attended by journalists from both Russian and international press.

4. Interventions from Member States and partners

Representatives of 19 Member States, two international organizations and one WHO collaborating centre made brief interventions on their national achievements and on ways in which they could contribute to the activities of the NCD Project and to the preparations for the Second Global Ministerial Conference on Healthy Lifestyles and NCD Control.

Key issues touched upon included:

- ✓ National policies;
- ✓ Implementation of national activities;
- ✓ Collaboration with WHO;
- ✓ Suggestions and aspirations for the GDO and global NCD agenda.

Consolidated interventions of Member States and partners participating in the event are presented below. Recall Annex 3 for the List of Participants.

Albania

Control and prevention of NCDs and information about NCDs are the top priority for the Ministry of Health of Albania. **Organizational reform** of the inspectorate responsible for tobacco law has worked to fully enforce the tobacco law (September 2014) after being introduced for five years due to legal flaws and lack of proper organizational structure. **Tax increases** for tobacco products and unhealthy foods are being enforced. Under the **education and sports reform** capacities for teaching in the field have increased, infrastructure was improved, and a new law promoting sport activities and active life among youth was drafted. Nutrition interventions are carried out in **schools promoting healthy nutrition** and promote **healthy food production** through intersectoral collaboration between the Ministry of Health, Ministry of Agriculture and Food and Ministry of Education. **Early detection training** is realized in line with the prepared guidelines on tackling risky lifestyles or biological health risks for NCDs including tobacco use, alcohol abuse, overweight, hypertension, diabetes and cholesterol. Providing better technologies, human resources and structures was benefitting **cancer screening**. The new **primary health care reform** would provide better access for people to test their risk factors, better trained physicians and better structures to take charge. A new law in **health information** laid basis for a new information system, including registries for cancer, stroke, heart disease and diabetes. The recent **school based survey on behavior** and a **tobacco survey** were instrumental for the health system to monitor outcomes of the above mentioned policies.

Armenia

The national policy of Armenia on public health has been aligned to Health 2020. Focusing on intersectoral collaboration, the NCD policy frameworks, adapted in 2011, were currently being renewed, including the national programme on healthy lifestyles. **Regular surveillance** and analysis of the country situation in NCD prevalence and morbidity evidenced that prevention and control of NCDs was crucial. **National screening campaigns** for cervical cancer have been developed targeting 60 per cent of the population aged 35–60 years. Screening for hypertension and diabetes has been conducted in support of other NCDs. In the framework of the NCD Project, Armenia expects that in five years the European Region would have good data, good policies, good systems with the long-term goal to reduce the NCD burden in ten years.

Bosnia and Herzegovina, Republic of Srpska

Early detection of risk factors for CVD and other NCDs has been implemented in the Republic of Srpska since 2002, yet NCDs are the leading cause of death. Using as basis WHO frameworks (such as Health 2020 and Essential Public Health Operations (EPHOs)), the Republic of Srpska adopted a number of policy documents aiming to improve population health by **reducing differences** in health status of the population, **investing in health**, **involving citizens** in health care decision making and **creating healthy local communities**. Coordination, collaboration and partnership between relevant state institutions, NGOs, philanthropic organizations and communities were key in implementation and progress. Salt intake reduction and eliminating unhealthy fats from processed food was being negotiated through a series of **intersectoral dialogues** on the public health policy for 2014–2016 and aligned to the recommendations of the Action plan for implementation of the European Strategy for the Prevention and Control of NCDs 2012–2016 (resolution EUR/RC61/12). Implementing the European Food and Nutrition Action Plan 2015–2020 (resolution EUR/RC64/14) the Republic of Srpska aims to create a **healthy environment for food and drinks**. Aiming to promote healthy lifestyles in local populations especially among young people, the project ‘Reducing Health Risk Factors in Bosnia and Herzegovina’ **reviews and documents tobacco regulations**.

Bulgaria

Adapted by the council of ministers, the **national programme** on prevention of NCDs 2014–2020 identifies targets directed at prevalence of risk factors of smoking, harmful use of alcohol, unhealthy diet and physical activity. Results of **national risk factor survey** guide evaluation and monitoring of programme implementation. This policy put strong emphasis on the national health system including **primary health care** in health promotion and disease prevention. Focus is laid on **intersectoral collaboration** with government, academia, non-state actors and private sector. In the past years Bulgaria implemented several innovation programmes on tobacco control, nutrition and the Countrywide Integrated Noncommunicable Diseases Intervention (**CINDI**). On 1 June 2005 Bulgaria introduced a **tobacco ban in public places** thus putting whole country in front line fighting against tobacco. However, strong commitments are still needed in order to achieve full implementation and sustainability. **Promoting healthy ageing throughout the lifestyle** is another recent development in joint action to control and prevent NCDs.

Croatia

In 2012, the Ministry of Health Care of Croatia changed its name to the Ministry of Health, which was very important to recognize public health figures and situation in the country. In the past several years NCD activities have included the **national screening programme** and **early detection** for breast, colon and cervical cancer. The recently launched **primary health care reform** aims to strengthen the **role of general practitioners** in early detection and treatment of patients with NCDs. The national health insurance plan has modified the way general practitioners are incentivized to deal directly with NCDs promoting them to coordinate needed services and lead the treatment of individual patients according to evidence based guidelines. Just launched the national programme on lifestyle promotion consists of health promotion in regional communities, accompanied with **media for the public outreach**, implementation of **models of good practice** and **educational material**. Work has focused on development of **national medical counseling services** on obesity prevention, mental health protection and drug abuse prevention, sexual and reproductive health protection. Becoming an EU member in 2013 has added value to food production obligating producers to label food products in accordance with food information regulation and promoting **positive labelling of high nutrition food**. Aiming to reduce salt intake among Croatian citizens by 4 per cent (from 11.6 to 9.3) by 2019, the **salt reduction strategy 2015–2019** raises public awareness to change unhealthy habits and ensures prerequisites for all public domains to choose and consume food with low salt content. Activities include creating salt reduction programmes to target the food industry and catering, obligatory labelling of salt content on all products, reduction of salt in ready-to-eat foods and restaurant meals, and researching the economic costs of diseases related to salt intake. To obtain comparable data Croatia has recently joined **WHO European Childhood Obesity Surveillance Initiative (COSI)**. Based on WHO recommendations, a law banning all trans fats is currently being prepared.

Finland

Finland has actively and successfully worked for the prevention and control of NCDs. Incorporating NCDs into the health system and outreaching to other sectors, NGOs and stakeholders, Finland has created **health promoting environments** and increased the **credibility of health in all policies**. The increased capacity of WHO to address NCDs in line with the Global Action Plan is of enormous value to the Region, particularly to countries of central Asia and eastern Europe. Improvement of people's health and the consequent benefit to our societies is of utmost importance. Credibility must be given to all public health initiatives, which in turn would strengthen WHO's global leadership in health. For the 2016 Ministerial Conference, Finland proposed presenting **better monitoring and new data** on positive developments in NCD morbidity, mortality and its risk factors. Health outcomes are not delivered instantly, however, information on policies and practices at country level aimed to improving the determinants of NCDs could be provided.

Georgia

The new Georgian policy was aligned with WHO recommendations and Health 2020. Evaluating strategic documents on NCDs, tobacco control is of major concern. Since 2013 government initiatives in this area included the **tobacco control strategy** and a five-year action plan. From 2015 **excise taxes** would be increased on all types of tobacco products. This was achieved in collaboration with WHO, implementing the FCTC by enforcing a **100 per cent smoke free policy** in health care institutions and secondary schools. Health and health promotion is very high on the political agenda as evidenced by the established healthy movement for healthy Georgia. Since 2013 Georgia has moved from the different population targeted financing to **universal health coverage**; STEPS and GYTS was conducted in 2010; state programme on **cancer screening** has been implemented since 2011. In 2014 **population based cancer registry** has been launched and screening of cervical cancer was organized. The **next wave of STEPS** is being planned for 2015. Over the past six years, national programmes and activities to fight the risk factors, including tobacco use, poor nutrition, physical inactivity, have provided for a six-year increase in average life expectancy. Georgia acknowledges the increased capacity of WHO and is looking forward to WHO's support in strengthening political efforts and existing national programmes, such as the new programme on **chronic diseases prevention and management in rural areas**.

Kyrgyzstan

In Kyrgyzstan the national programme on improving health with participation of the population has been extremely successful with over 1 600 functioning **rural health committees** – a network of nongovernmental voluntary associations of the local population that support preventative health care and improved living conditions of the rural population reaching out to the entire country. Aligned to the national programme on NCDs and partnering with the national health system, the committees work with risk factors. Volunteers of the rural health committees were trained to measure arterial blood pressure, and in case of high blood pressure, patients are referred to a doctor. Tobacco use and control was also a top priority. Activities of the rural committees include **raising awareness about second hand smoke** and viewing of strong videos promoting the harms of tobacco use. **Information campaigns aimed at teachers and local rural leaders** has proven to target over 60 per cent of the villages and households, leading to **popularization of a healthy lifestyle**. The recent **STEPS survey** conducted in Kyrgyzstan (the first source of integrated information on NCD risk factors available in Kyrgyzstan) has demonstrated that working with the population and implementing WHO protocols were extremely successful tools that should be scaled up to other countries and implemented through the NCD Project.

Latvia

The issue of **second hand smoking and human rights** was seen as priority in Latvia. In 2013, Latvia's legislature approved the proposed revisions to the Protection of the Rights of the Child Law. The Law aims to protect a child's right to grow up in a smoke-free environment and promote awareness about the harm caused by smoking. Smoking in the presence of a dependent child or an unrelated minor would be considered a felony or administrative violation. The delegation of Latvia reminded participants that the geographics of the new WHO projects on NCDs in Moscow and on primary health care in Almaty presented a unique opportunity for **promoting the use of Russian language**.

Norway

By using intersectoral collaboration to target the food industry Norway promoted the **branding of healthy products**. According to the key results of the nutrition policy, Norway believes it is important to cooperate with non-state actors for fresh perspectives and innovative approaches to health promotion. An established advisory group, constituted of the Ministry of Health officials and leaders from the private sector in the food supply chain, chief medical officers and civil society, had reached consensus on **common action to brand food products** so as to promote the opportunity to choose the healthy option. Simultaneously authorities communicate on sugar intake and consumption, recommendations of which may lead to concrete action from the public health authorities. **Coordination, leadership development, operation planning and communication** were key to success.

Republic of Moldova

The national health policy of the Republic of Moldova, endorsed in 2007, set NCDs as a national priority. Since 2012 life expectancy in the Republic of Moldova has increased by three years reaching 72 years old; while CVD mortality has shown a clear downward trend. The **national NCD strategy**, approved by the parliament, acts as an umbrella for endorsement of national policy addressing the NCD risk factors. The alcohol and tobacco control **national programmes** were launched in 2012, followed by the national programme on food and nutrition in 2014. Resulting from a lengthy national debate, the tobacco policy was now fully aligned with the FCTC (approved in December 2013). NCD outcomes have been included in strengthening **primary health care capacities** and delivering **core NCD services** at the individual level. Initiatives include increasing **evidence based recommendations** on priority NCDs into practice; development of **national protocols**; continuous **increase of funds** available for hypertension drugs; introducing **universal access to primary health care services** irrespective of the insurance status and introducing **incentives for health care providers** who influence the performance mechanism to encourage primary health care to use screening and management of NCDs. National strategy on public health, developed in line with Health 2020, laid the foundation for an integrated approach to tackle NCD risk factors. The intersectoral coordination committee, lead by prime minister, includes senior representatives from a range of government authorities and involves civil society, exemplifies the **whole of government approach** in action. Considering the current trends the Republic of Moldova considers it feasible to achieve the Global Action Plan target of 25 per cent reduction in premature mortality from CVD. Ensuring that NCDs are incorporated into the sustainable development goals of the **post-2015 agenda** would boost national response, maintain and strengthen momentum towards enforcement of the national NCD policy.

Romania

The national strategy of Romania has set clear objectives and targets until 2020. **Political commitment** of Romanian government insists on having a proper comprehensive action plan on NCDs. In the coming year, it is intended to have the following operational improvements: **improved access to medical services** of the whole population by promoting development of ambulatory and medical network; increased use of the **PEN toolkit** in order to early diagnose and prevent CVDs, cancer and diabetes. This year a strategy on **intersectoral cooperation** of decision makers was developed, taking into account opinion of the **civil society**, including patients and medical staff.

Serbia

Focusing on tobacco use, alcohol consumption and obesity Serbia aims to **curb risk factors** and **improve health behaviors** of the population. Over half of the female population is affected by diabetes and cancer prevalence in recent years has been on the rise. Serbia believes that **strengthening national programmes** is essential for cancer reduction. To-date, there has been a national programme on cervical cancer introduced and a **cancer registry** is in place. Strengthen **training of the health workforce** has also been prioritized in line with WHO recommendations.

Spain

Spain's strategy for preventing obesity of the national health system aims to reorient the health care model towards **prevention, integrated health care** and **patient empowerment**. Implementation of the strategy has proven the need to prioritize **risk prediction** and **clinical management** of some chronic diseases through evaluation and management of people with pain and chronic care. **Sharing of information**, providing **professional support in decision making** and improved **patient safety** were key features of the comprehensive life course approach. Spain has established a system, which allowed **remote identification of each patient** of the national health system (where 70 per cent of the population was registered), allowing sharing of information between different professionals in the different areas and levels of care.

Sweden

Working across sectors has proven to be successful in tackling NCDs in Sweden. The city of Malmo has set up a **local commission** inviting all other municipal sectors, local state sectors, like the police, and creating ownership from the very beginning. This has been a manifest as the implications of this local commission are actually being implemented. Supported by the architectures society in Sweden, the architects of Malmo received a prize in **physical and spatial planning** – the prize in public health in architecture. Sweden recommends the NCD Project to establish such links from the very beginning, and for the 2016 conference to invite ministers and partners of other sectors. In terms of overweight children and obesity over 80 per cent of the cases are due to inequalities. The new prime minister pledged to close the gap in **health inequalities** in one generation (30 years). The next ministerial conference should research potential and principal political measures that could be implemented for **improved evidence, better policies** and **implementation of the responses**. Finally, alcohol being one of the four major NCD risk factors, Sweden has suggested revisiting and revising the Global strategy to reduce harmful use of alcohol (resolution WHA63.13) in time for the ministerial conference in 2016.

Tajikistan

Delegates from Tajikistan pointed out that all countries of the Region have the same problem to prevent and control NCDs. Data from **across the Region show similar trends**; implementation of national NCD programmes showed comparable results. The key dilemma on tackling NCDs was their **causes and risk factors** that ironically were all something that people tend to enjoy: alcohol, tobacco use, fatty food and salt. The first and very important step to this dilemma was to convince people that these all are a threat to their health and wellbeing.

Turkey

The Government of Turkey has played a leading role in the preparation and implementation of the WHO FCTC, which has enabled strong commitment and collaboration of Member States. Turkey became the third country in Europe to go 100% smoke free indoors and the first country to achieve all six **MPOWER**⁶ measures at the highest level. The MPOWER package proved to be a useful tool with concrete results. Turkey initiated a **multisectoral programme on health responsibility** together with all potential stakeholders including public institutions, NGOs, the private sector. The existing Political declaration, Global monitoring framework and voluntary targets provide a solid ground for **sustainable achievements in NCD prevention and control**. Turkey strongly believes in the need for inclusion of NCDs into the **post-2015 development agenda**. The control and prevention of NCDs require strong political commitment at the highest possible level involving all stakeholders on the basis of **whole-of-government** and **whole-of-society** approaches.

Uzbekistan

In November 2014 Uzbekistan hosted a meeting on Health 2020 implementation in the sub-region, where high-level representatives had the opportunity to share their policy experiences and the key lessons learned from the design and implementation of **cross-sectoral approaches** to improve health and well-being. Owing to the participation of ministers from multiple sectors of Uzbekistan, participants were convinced that results were possible only on the intersectoral level. The NCD Project provides a **platform for sharing experiences** between Member States. This was particularly important and beneficial for countries of central Europe and eastern Asia, which share the **same language, history and structure of the health systems**. Within the NCD Project, Uzbekistan suggested the following:

- (1) Create a system of monitoring and epidemiological surveillance to facilitate **sustainability of health systems**;
- (2) Implement intercountry and intersectoral activities through increased capacity of **Russian-speaking human resources** and specialists for economic effectiveness;
- (3) Improve quality of services and training in universities and promote **healthy cities, healthy schools and healthy hospitals**.

⁶ <http://www.who.int/tobacco/mpower/en/>

International Atomic Energy Agency (IAEA)

In line with the UN Mandate to promote the peaceful use of nuclear technology used for diagnostic imaging, radiology, cancer diagnostic and treatment, IAEA supports measure to prevent and control NCDs. The rising figures for new cancer cases and deaths show the need to **strengthen the capacity of health systems** to respond to the epidemic. In this context radiation radiology and specialist have an indispensable role in early **cancer detection, treatment and long term care**. The IAEA has also been a strong advocate for insuring screening and cancer treatment as part of a **comprehensive package** in line with the WHO Cancer Control Strategy. IAEA has designed a tool called imPACT that helps Member States **optimize investments** made in cancer control. To evaluate a country's **readiness to implement cancer control programmes**, WHO and IAEA have done ten imPACT assessment surveys, where were currently being revised. **Capacity building workshops and meetings** for planning, implementation and sharing lessons in cancer control help partners identify their key priorities. IAEA proposed to continue such developments through the NCD Project.

Northern Dimension

The importance of a focus on NCDs has a long history, recalling a working group with six Member States from years prior. The NCD office was acknowledged to continue to move forward this agenda at pace, backed by the needed **perseverance, strategic vision and evidence** that is demanded for sizable advancements in NCD treatment and prevention. Implementation at the local level was reminded as a necessity to this, demanding **practical grassroots action**. The work of Russia to advance information for **monitoring and evaluation** was commended as a good practice in taking this work forward.

WHO Collaborating Center on Non-Communicable Diseases Research Prevention and Control – Clalit Research Institute

For Member States to monitor and tackle NCDs health data and up-to-date databases were the driving force of continuous improvement. Many countries were now challenged to put more care into **ageing and increasing population** with the same or fewer resources. **Public investment in technology** to establish data resources can be very difficult to consider in such environments. However, investment in data sources and registries, especially if based on electronic medical records, could provide insights and significant **long-term payoffs**. The Clalit Research Institute was fortunate to have centralized data available for over decade. **Extensive NCD monitoring** targeting care of local population at risk has led to concrete action and results. The WHOCC, to be launched in March 2015, welcomes collaboration of Member States and is ready to provide support.

Annex 1

MEETING AGENDA

The agenda of the meeting was as following:\

1. Launching the project on the prevention and control of NCDs in Moscow, Russian Federation.
2. Consulting on the preparatory process for the Second global ministerial conference on healthy lifestyles and NCDs control in the context of Post 2015 sustainable development goals.
3. Examining the necessary contributions of sectors beyond health for the prevention and control of NCDs, using tobacco as an entry point.
4. Reviewing progress of the NCD agenda in the past three years on the global, regional and national levels.
5. Presenting achievements of national responses to NCDs in the WHO European Region over the period 2012–2014.

Annex 2

LIST OF PARTICIPANTS

1. Member States

Albania

Mr Kosta Barjaba
Counselor to the Minister of Health, Ministry of Health

Dr Alban Ylli
National Focal Point for NCDs, Institute of Public Health

Armenia

Dr Tzagik Vardanyan
Head, Department of Policy Development for Medical Aid, Ministry of Health

Dr Alexandr Bazarchyan
Director, National Institute of Public Health named after Avdalbekyan, Ministry of Health

Belarus

Dr Vasily Zharko
Minister of Health, Ministry of Health

Dr Alena Bohdan
Head, Department of Organization of Medical Aid, Ministry of Health

Professor Aliaksandr Mrochak
Director, State Scientific-Practice Centre on Cardiology

Dr Sergei Krasny
Deputy Head, State Scientific-Practice Centre on Oncology and Medical Radiology
named after N.N. Alexandrov

Dr Sergei Likhachev
Head, Neurologic Department, State Scientific-Practice Centre on Neurology and Neurosurgery

Dr Liudmila Naroichik
Deputy Chief Doctor on Epidemiology, State Centre on Hygiene, Epidemiology and Public Health

Dr Anatoli Hrushkousky
Head, Foreign Relations Department, Ministry of Health

Belgium

Mr Stefaan Thijs
Economic Counselor, Belgian Embassy in Moscow

Bosnia and Herzegovina

Dr Dragan Bogdanic
Minister of Health and Social Welfare of the Republika Srpska

Ms Natasa Aleksic
Interpreter

Bulgaria

Dr Nelia Mikushinska
Head, Department of Public Health Protection, Public Health Directorate, Ministry of Health

Professor Plamen Dimitrov
Director, National Centre of Public Health and Analyses,
WHO National Technical Focal Point in the Field of Prevention and Control of NCDs

Croatia

Dr Siniša Varga,
Minister of Health, Ministry of Health

Dr Sanja Music Milanovic
Head, Health Promotion Department, Croatian Institute of Public Health

Mr Igor Pokaz,
Ambassador, Embassy of Croatia in Moscow, Russian Federation

Ms Sandra Tvrtković,
Second Secretary, Embassy of Croatia in Moscow, Russian Federation

Finland

Dr Eero Lahtinen
Ministerial Adviser, Department for Social and Health Services,
Ministry of Social Affairs and Health

Dr Pekka Jousilahti
Research Professor, National Institute for Health and Welfare

Georgia

Dr Lela Sturua
Head, Department of Noncommunicable Diseases, National Center for Disease Control
and Public Health of the Ministry of Health

Hungary

Professor Ildikó Horváth
Strategic Director, Koranyi National Institute for Tuberculosis and Pulmonology

Kazakhstan

Professor Maksut Kulzhanov
Director, Republican Healthcare Development Centre of the Ministry of Healthcare
and Social Development

Kyrgyzstan

Dr Boris Dimitrov
Adviser to the Minister of Health of the Kyrgyz Republic, Ministry of Health

Dr Rosa Dzhakipova
National Coordinator for Prevention and Control of NCDs in the Kyrgyz Republic

Latvia

Dr Peteris Apinis
President, Latvian Medical Association

Dr Dzintars Mozgis
Deputy Director, Centre for Disease Prevention and Control of Latvia

Montenegro

Dr Ljiljana Music,
Medical Director, National Technical Focal Point for NCDs, Clinical Centre of Montenegro

Dr Mensud Grobovic
Deputy Minister of Health, Ministry of Health of Montenegro

Dr Natasa Terzic
Head, Center for Health System Development, Institute of Public Health

Norway

Mr Kjetil Bordvik
Senior Adviser, Division for Public Health, Ministry of Health and Care Services

Republic of Moldova

Dr Svetlana Cotelea
Deputy Minister, Ministry of Health

Dr Mihail Pislă
General Director, National Center of Public Health

Romania

Mr Nicolae Banicioiu
Minister, Ministry of Health

Dr Alexandru Rafila
Counselor to the Minister of Health on Health Policies, Ministry of Health

Dr Mario Cretu
Advisor to the Minister of Health, Ministry of Health

Russian Federation

Professor Veronika Skvortsova
Minister of Health, Ministry of Health

Mr Sergey Muraviev
Head, Department for International Cooperation and Public Relations, Ministry of Health

Dr Svetlana Axelrod
Deputy Director, Department of International Relations and Public Relations,
Ministry of Health

Dr Pavel Esin
Head Expert, Department of International Relations and Public Relations, Ministry of Health

Professor Ruslan Khalfin
Professor, Director, Higher School of Public Health Management, I.M. Sechenov
First Moscow State Medical University of the Ministry of Health

Dr Viktoria Madyanova
Deputy Director, Higher School of Public Health Management, I.M. Sechenov
First Moscow State Medical University of the Ministry of Health

Academician of the Russian Academy of Sciences Vladimir Starodubov
Director, Central Research Institute of Public Health Organization and Informatization
of the Ministry of Health

Professor Sergey Boytsov
Director, National Research Center for Preventive Medicine of the Ministry of Health

Ms Anastasia Zhilova
Counselor, Department for International Financial Relations, Ministry of Finance

Serbia

Dr Aleksandra Vlacic
Advisor, Ministry of Health

Dr Irena Stanojevic
Ministry of Health

Spain

Mr Javier Cheandía
Secretary of Embassy, Embassy of Spain in Moscow, Russian Federation

Sweden

Mr Bosse Pettersson
Senior Adviser at the National Board of Health

Switzerland

Mr Andrey Melnikov,
Science and Technology Officer, Embassy of Switzerland in Moscow

Ms Marina Chumak,
Attachée, Embassy of Switzerland in Moscow

Tajikistan

Dr Nasim Olimov,
Deputy Minister, Ministry of Health

Dr Zafardzhon Khuseynov,
Director, Republican Scientific Center of Oncology

Turkey

Professor Seçil Özkan,
Head, Turkish Public Health Institution

Seyhan Şen,
Head, Department of Relations with International Organization

Dr Hülya Şirin
Consultant of Professor Seçil Özkan

Mr Öner Güner
General Director, Foreign and EU Relations, Ministry of Health

Uzbekistan

Mr Abdunomon Sidikov
Chief, Department of International Relations, Ministry of Health

Dr Doniyor Mirazimov
Chief, Department of Prevention and Treatment, Ministry of Health

2. Representatives of the United Nations and related organizations

International Atomic Energy Agency

Mr Arsen Jurić

International Agency for Research on Cancer

Mr David Allen

International Monetary Fund

Mr Bikas Joshi
Senior Resident Representative of the IMF in the Russian Federation

International Organization for Migration

Mr Zlatko Zigic
Chief of Mission for Central Asia

International Labour Organization

Ms Dimitrina Dimitrova
Director, Office for Eastern Europe and Central Asia

International Telecommunication Union Area Office

Mr Kaiykov Orozobek
Head, ITU Area Office for CIS Countries in Moscow

International Finance Corporation

Mr Tomasz Telma
Director, Europe and Central Asia

United Nations Department of Safety and Security

Mr Suad Cengic
Security Adviser

Office of the High Commissioner for Human Rights

Mr Ryszard Komenda
Senior Human Rights Adviser

*United Nations Industrial Development Organization
Centre for International Industrial Cooperation in the Russian Federation*

Mr Sergey Korotkov
Director

United Nations Environment Programme Office in the Russian Federation

Mr Vladimir Moshkalo
Head

Joint United Nations Programme on HIV/AIDS

Mr Vinay Saldanha
Director of the Regional Support Team for Europe and Central Asia

UNIC

Mr Yuri Shishaev
Officer-in-Charge of UNIC Moscow

Office of the United Nations High Commissioner for Refugees

Mr Bayisa Wak-Woya
Representative, UNHCR in Moscow, Russian Federation

United Nations Educational, Scientific and Cultural Organization

Mr Tigran Yepoyan
Officer-in-Charge, UNESCO Office in Moscow

United Nations Human Settlements Programme

Ms Tatiana Khabarova
UN-HABITAT Programme Manager for the Russian Federation

United Nations Development Programme

Ms Nataly Olofinskaya
Head of the UNDP Project Office in the Russian Federation

World Bank

Mr Michal Rutkowski
Country Director for the Russian Federation

Ms Sevil Salakhurdinova

3. Representatives of other intergovernmental organizations

Council of Europe

Mr Petr Sich
Head of the Council of Europe, Programme Office in the Russian Federation

European Commission

Mr Tadas Briedis

European Bank for Reconstruction and Development

Ms Natalia Khanjenkova,
Managing Director, EBRD, Russian Federation

Northern Dimension Partnership

Dr Mikko Vienonen

4. Representatives of nongovernmental organizations in official relations with WHO

The NCD Alliance: N.N. Blokhin Cancer Research Center

Dr Irina Shubina

NCD Alliance : International Union Against Tuberculosis and Lung Disease (the Union)

Dr Irina Berezhnova

Framework Convention Alliance on Tobacco Control

Dr Alexey Kotov
Dr Hani Algouhmani

5. Observers

WHO Collaborating Centres

The Clalit Research Institute, WHO Collaborating Centre on NCD Research, Israel

National Public Health Institute, WHO Collaborating Centre for Noncommunicable Disease Prevention, Health Promotion and Monitoring, Finland

National Research Center for Preventive Medicine, Ministry of Health, Russian Federation

Central Research Institute of Public Health Organization and Informatization to the Ministry of Health of the Russian Federation, WHO Collaborating Centre for Health Systems and Public Health, Russian Federation

Guests and Temporary Advisers

Professor Ran Balicer
Director, Health Policy Research and Planning, The Clalit Research Institute, Israel

Academician Nikolai Gerasimenko
First Deputy Head, Parliamentary Committee on Health Issues, State Duma, Russian Federation

Ms Tatiana Elmanova
Consultant on Social Determinants and Noncommunicable Diseases, Russian Federation

Observers to the delegation of the Russian Federation

Ekaterina Kakorina
Director, Department of Monitoring, Analysis and Strategic Development, Ministry of Health

Marina Shevyreva
Director, Department of Healthcare and Sanitary-and-Epidemiological Welfare of the Population, Ministry of Health

Igor Nikitin
Director, Department of Medical Care and Sanatorium-Resort Therapy, Ministry of Health

Tatyana Klimenko
Counselor to the Minister of Health of the Russian Federation

Irina Zvereva
Counselor to the Minister of Health of the Russian Federation

Natalia Kostenko
Deputy Director, Department of Health Protection and Sanitary-Epidemiological Human Well-Being, Ministry of Health

Oleg Salagay
Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health

Yelena Talanova
Head, Special International Projects Unit, Department of International Cooperation
and Public Relations, Ministry of Health

Eduard Salahov
Head of Unit, Department of International Cooperation and Public Relations, Ministry of Health

Vladimir Sergeyev
Director, Department of International Organizations, Ministry of Foreign Affairs

Viktor Zagrekov
Deputy Director, Department of International Organizations, Ministry of Foreign Affairs

Ekaterina Saitgarieva
Third Secretary, Department for International Organizations and Global Issues, Ministry of Foreign
Affairs

Andrei Bokarev
Director, Department for International Financial Relations, Ministry of Finance

Anna Valkova
Deputy Director, Department for International Financial Relations, Ministry of Finance

Petr Glybochko
Rector, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Andrei Svistunov
First Vice Rector, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Viktor Fomin
Vice Rector for Clinical Work, I.M. Sechenov First Moscow State Medical University of the
Ministry of Health

Vladimir Nikolenko
Vice Rector for Scientific and Innovation Activity, I.M. Sechenov First Moscow State Medical
University of the Ministry of Health

Tatiana Litvinova
Vice Rector for Methodology Work, I.M. Sechenov First Moscow State Medical University of the
Ministry of Health

Evgeniya Shih
Head, Institute of Postgraduate Professional Training, I.M. Sechenov First Moscow State Medical
University of the Ministry of Health

Petr Litvitskiy
Director, International Department, I.M. Sechenov First Moscow State Medical University of the
Ministry of Health

Olga Sadkovaya
Head, International Office, I.M. Sechenov First Moscow State Medical University of the Ministry of
Health

Vladimir Reshetnikov
Adviser to Rector, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Andrey Reshetnikov
Director, Research Institute of Sociology of Medicine, Health Economics and Health Insurance, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Nadezhda Prisyazhnaya
Scientific Secretary, Scientific Research Institute of Sociology of Medicine, Health Economics and Health Insurance, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Irina Kosagovskaya
Associate Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Marina Avksentyeva
Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Elena Kobyatskaya
Associate Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Artyom Gil
Associate Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Andrey Allenov
Associate Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Vladimir Vinokurov
Associate Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Sergey Nikiforov
Professor, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Alexandr Ratsimor
Deputy Head of Stupino, Moscow Region

Viktor Chudnov
Advisor to the Deputy Head of Stupino, Moscow region

Alexei Kuznetsov
Assistant to the Deputy, State Duma, Russian Federation

Anna Korotkova
Deputy Director in International Affairs, Central Institute for Organization and Informatization of Health Care of the Ministry of Health

Mark Tseshkovsky
Head, Department of International Cooperation, Central Institute for Organization and Informatization of Health Care of the Ministry of Health

Alexey Novozhilov
Chief Specialist, Department of International Cooperation, Central Institute for Organization and Informatization of Health Care of the Ministry of Health

Galina Maslennikova
Leading Researcher, National Research Center for Preventive Medicine of the Ministry of Health

Anna Kalinina
Head, Department of Primary Prevention of Chronic Noncommunicable Diseases in the Healthcare System, National Research Center for Preventive Medicine of the Ministry of Health

Petr Ipatov
Leading Researcher, National Research Center for Preventive Medicine of the Ministry of Health

Igor Glazunov
Leading Researcher, National Research Center for Preventive Medicine of the Ministry of Health

Olga Tkacheva
Deputy Director for Scientific and Clinical Work, National Research Center for Preventive Medicine of the Ministry of Health

Ruslan Linchak
Deputy Director for Research and Outpatient Work, National Research Center for Preventive Medicine of the Ministry of Health

Rafael Oganov
Chief Researcher, National Research Center for Preventive Medicine of the Ministry of Health

Anna Kalinina
Head, Department of Primary Prevention of Chronic Noncommunicable Diseases in the Healthcare System, National Research Center for Preventive Medicine of the Ministry of Health

Rimma Potemkina
Head, Department of Integrated Preventive Programs, Ministry of Health of the Russian Federation

Svetlana Shalnova
Head, Department of Epidemiology of Chronic Noncommunicable Diseases, National Research Center for Preventive Medicine of the Ministry of Health

Anna Kontsevaya
Head, Laboratory of Economic Analysis of Epidemiological Research and Preventive Health Interventions, National Research Center for Preventive Medicine of the Ministry of Health

Marine Gambaryan
Leading Researcher, National Research Center for Preventive Medicine of the Ministry of Health

Julia Fedorova
Director, Centre Master's Programme, I.M. Sechenov First Moscow State Medical University of the Ministry of Health

Varvara Kazhberova
Press Service, Ministry of Health

Zhanna Baskakova
Press Service, Ministry of Health

Alexandra Zarubina
Press Service, Ministry of Health

Yevgenia Lobzina
Press Service, Ministry of Health

Vladimir Shipkov
Representative, International Federation of Pharmaceutical Manufacturers & Associations

Almira Galeeva
Representative, International Federation of Pharmaceutical Manufacturers & Associations

Irina Sheikh
Representative, International Federation of Pharmaceutical Manufacturers & Associations

Daria Berlina
Volunteer

6. Secretariat World Health Organization

Headquarters

Dr Bente Mikkelsen
Head a.i. for the Secretariat for the Global Coordination Mechanism and Interagency Task Force,
Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health

Ms Yulia Bakonina
Technical Officer, Office of the Assistant Director-General, Noncommunicable Diseases and Mental
Health

Regional Office for Europe

Ms Zsuzsanna Jakab
Regional Director

Dr Gauden Galea
Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course

Dr Haik Nikogosian
Special Representative to the Regional Director

Dr Enrique Loyola Elizondo
Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-
course

Ms Frederiek Mantingh
Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-course

Mr Ole Borchersen
Technical Officer, Division of Administration and Finance

Mr Andrei Volkau
IT Technical Assistant, Division of Administration and Finance

Ms Elena Jorgensen
Assistant to Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course

Ms Olga Pettersson
Programme Assistant, Division of Noncommunicable Diseases and Promoting Health through the Life-course

Ms Tina Kiaer
Communications Adviser, Division of Noncommunicable Diseases and Promoting Health through the Life-course

Country Office in the Russian Federation

Dr Luigi Migliorini
WHO Representative, Head of WHO Country Office, Russian Federation

Dr Tatiana Kolpakova,
Liaison Officer, WHO Country Office, Russian Federation

Ms Ilga Snegova,
National Professional Officer, WHO Country Office, Russian Federation

Ms Marina Yastrub
WHO Country Office, Russian Federation

Ms Elena Yurasova
WHO Country Office, Russian Federation

Ms Natalya Konovalova
WHO Country Office, Russian Federation

Ms Natalya Toropova
WHO Country Office, Russian Federation

Ms Olga Manukhina
WHO Country Office, Russian Federation

Mr Dmitry Pashkevich
WHO Country Office, Russian Federation

Mr Aleksandr Mordovin
WHO Country Office, Russian Federation

Mr Aleksandr Zhuravlev
WHO Country Office, Russian Federation

Ms Anna Mezentseva
WHO Country Office, Russian Federation

Mr Egor Tarasenko
WHO Country Office, Russian Federation

7. Interpreters

Ms Inna Bashina
Ms Mila Yurastova

8. Rapporteur

Ms Rimma Kuznetsova
Technical Officer, Division of Noncommunicable Diseases and Promoting Health through
the Life-course, WHO Regional Office for Europe