



Time to Deliver in Europe

Meeting noncommunicable disease targets to achieve the Sustainable Development Goals

Outcome report
from the WHO European High-level
Conference on Noncommunicable Diseases

Ashgabat, Turkmenistan, 9–10 April 2019





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FOREWORD

2018 witnessed a great wave of global mobilisation leading up to the third United Nations High-level Meeting on the prevention and control of noncommunicable diseases (NCDs) in September 2018.

The need for more and bolder action to beat NCDs is recognised and major political commitments have been made by Heads of States and Governments, including the inclusion of mental health and air pollution into the agenda. We have the measures to reach the global targets on NCDs and achieve the United Nations Sustainable Development Goals (SDGs) on health. Now it is time to deliver at the country level - globally and in the WHO European Region

It is no secret that the WHO European Region is leading the global fight against NCDs. I'm incredibly proud to see the Region successfully fulfilling its 1.5% annual reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Our attention and hard work across the Region has meant we're also currently on track to achieve SDG target 3.4: to reduce premature mortality from NCDs by one third by 2030. However, there is no room for complacency.

The pace of change is uneven both between and within countries and across social groups. There remain significant, life-threatening challenges for millions of people across the Region suffering from NCDs, driving poverty and especially affecting the poorest. We need to enact tough measures to implement cost-effective NCD interventions. We know that in many countries

the best buys are left ripe for the picking – it's time to take these policies off the shelf and put them into practice. In the diverse economic, social and health systems of the Region, concrete national and local actions are required to address inequities in line with the SDGs. It is tailored action that will ultimately bring positive change to the lives and health of our people.

All sectors, such as finance, education, agriculture, transportation, trade and urban planning, play an essential role in building healthy environments and making healthy lives accessible to all. United Nations agencies, academia, Non-Governmental Organizations, philanthropies and the private sector need to step up and do more, while protecting public health from vested interest. Every one of us has a role to play and we have to act now to beat NCDs together.


The WHO European High-Level Conference on Noncommunicable Diseases in Ashgabat on 9-10 of April 2019, hosted by the Government of Turkmenistan, has given us an excellent opportunity to better understand the physical, social and economic environments that determine NCDs and their risk factors across the Region. Countries need to act across these and to incorporate measures to improve mental health and air pollution into national responses to NCDs.

We have just 11 years left until 2030, to reach the SDGs, and we have a long way to go. We must commit to radical action on NCDs now, if we are to fulfil our obligations and improve the lives of everyone living in the Region.

Dr Pirooska Östlin

Acting WHO Regional Director for Europe and Director of the Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

POLITICAL COMMITMENT INTO ACTION



*TOGETHER WE CAN BEAT
NCDS AND CREATE A
HEALTHIER, SAFER AND
FAIRER WORLD.*

Dr Tedros Adhanom Ghebreyesus
WHO Director-General



In April 2019, the Government of Turkmenistan hosted the WHO European High-level Conference on Noncommunicable Diseases (NCDs) in Ashgabat. There were 330 people present, representing governments of 44 Member States of the WHO European Region, Member States of other WHO regions, experts from the WHO Regional Office for Europe and other United Nations agencies, WHO collaborating centres and other organizations.

The first European high-level conference on NCDs was held in Ashgabat in December 2013. It led to the adoption of the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020. This year's conference provided the opportunity to review progress made and decide on the next steps, acknowledging the need for action to achieve the United Nations Sustainable Development Goals (SDGs), with only 11 years left to do so.

The year 2018 was a milestone for NCDs globally, with a series of high-level meetings addressing the need for more and bolder action. The third United Nations High-level meeting on NCDs set new commitments to meet the SDGs in 2030. The scope of the NCD agenda for SDG target 3.4 was broadened from the original four major disease groups and four major risk factors by the important addition of mental health and air pollution, thereby creating the 5x5 framework.

The challenge was set out to delegates during the opening session. Dr Tedros Adhanom Ghebreyesus,

WHO Director-General, reminded delegates that an identified set of evidence-based, cost-effective interventions (the so-called best buys for NCD prevention and control) can save millions of lives and billions of US dollars, but all countries need to significantly ramp up implementation efforts.

Dr Piroska Östlin, Acting WHO Regional Director for Europe, noted that pride should be felt at the progress being made on reducing premature mortality from NCDs, but cautioned that progress has not been seen across all NCD targets. Inequalities remain across the Region and within countries. It is time to take the policies that are known to work off the shelf and implement them.

Dr Bente Mikkelsen, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course of the WHO Regional Office for Europe, described the conference as being full of opportunities and learning. Action now needs to have high political commitment, be multisectoral and include the full range of stakeholders to implement the best buys sustainably.

For their outstanding contribution to the prevention of NCDs, WHO awarded a certificate of recognition to Turkmenistan and acknowledged its generosity in hosting the conference.

This short report sets out some of the key messages and shared learning from the conference.



THE POWER OF PARTNERSHIPS



The case for partnerships in the prevention and control of NCDs was set out very clearly during the conference. The determinants of NCDs are multisectoral, but so are the benefits of improving prevention and control.

By taking a whole-of-government approach and working more closely together, Member States, United Nations agencies and non-state actors can improve outcomes for NCDs and achieve the SDGs. Key areas for improving contributions to this include:

- interpreting and presenting data and intelligence on the multisectoral burden of NCDs;
- understanding how international mechanisms, such as markets, trade law and regulation, can incorporate health as an asset;
- addressing commercial determinants and industry engagement while protecting public health from undue influence, and establishing mechanisms to manage conflicts of interest; and
- investing more in advocacy to create stronger country-level partnerships.

Through stronger advocacy, we can create the highest level of leadership within countries and internationally. Increasing the use of forums, like European action networks, and tools, such as investment cases for the best buys, will help heighten our influence. Exploring new partnerships will also help build momentum; the potential for countries in the Commonwealth of Independent States to work with China's Belt and Road Initiative was described by Dr Gauden Galea, WHO Representative for China.

Taking a whole-of-government approach and building strong partnerships will help shift investment towards being proportionate to the level of need. United Nations agencies in countries can help governments pull together ministries from a range of sectors and engage with partners from across the system to recognize the excellent return on investment of the best buys. Delegates described the value of having national coordination mechanisms at country level and convening accountable high-level cabinet groups.

Europe can only move from political commitment to action and convert the evidence into implementation if partnerships at every level, across all sectors and within and beyond government, are forged and become wholly accountable to NCD outcomes. Learning from progress made can help, but we need to scale up and accelerate towards 2030.



THROUGH PARTNERSHIPS, THERE ARE, AND ALWAYS WILL BE, FRIENDS IN HARD TIMES.

Professor Mike Daube

Emeritus Professor, Curtin University, Australia



EXPLORING NEW SYNERGIES

WE ARE TALKING ABOUT ADDITIONAL CHALLENGES ON TOP OF THOSE NOT YET SOLVED, BUT WE ARE ALSO TALKING ABOUT A BIGGER AND BETTER RESPONSE ... A MORE COHESIVE APPROACH.

Professor Sir Graham Thornicroft

Institute of Psychiatry, Psychology, and Neuroscience, King's College London, United Kingdom



The global goals are indivisible; achieving them is dependent on understanding synergies and acting across sectors. The determinants of NCDs include economic, social, environmental and commercial factors, and their impact is broad. NCDs impede economic development and progress towards the achievement of almost all SDGs. Understanding the breadth of synergy and working jointly to build and implement investment cases is crucial.

The risk factors and diseases within the 5x5 framework for NCDs are synergistic, with some authorities now describing the burden as a "syndemic". While tobacco remains the most preventable cause of death in Europe, the WHO Framework Convention on Tobacco Control (WHO FCTC) galvanized action to reduce harm in a way that has not been replicated for the other major risk factors, such as harmful use of alcohol. Everyone will benefit from implementing the best buys, and action to improve any part of the NCD burden will help progress across them all.

Incorporating mental health and air pollution into the NCD agenda moves the agenda forward. Addressing mental health needs improves other NCD outcomes, and reducing stigma around mental health can remove barriers to appropriate health-care seeking. Incorporating air pollution broadens engagement across sectors such as environment and finance and brings a better understanding of industries in, for example, transport, agriculture and energy sectors. This creates synergistic impact. Increasing active travel, for instance, helps to improve mental and physical health, reduce air pollution from traffic emissions, and stimulate the creation of more supportive environments and better road safety.

There is also value in exploiting synergies between NCDs and other priorities. Reducing NCD inequalities requires tailored support for migrant groups, who make up 10% of the population in Europe. Understanding the relationship between gender and NCDs and the impact of masculinities will help address differences in education, health-seeking and risk of disease. Integrating NCD control into emergency preparedness and response will help save lives, as emergencies can lead to life-threatening deteriorations in the health of people with NCDs. Exploring interactions across the life-course will lessen the burden for all – the protection breastfeeding can provide against overweight and obesity in childhood and NCDs later in life is an example.

Recognizing and working across synergies brings complexity and challenge, but progress will be greater, and achieving the SDGs becomes feasible.



*THIS IS A CALL
TO UNITE AND
INTENSIFY
EFFORTS TO
ACHIEVE THE
GLOBAL GOALS ON
NCDs.*

Mr Dmitri Kostennikov

State Secretary, Deputy Minister,
Ministry of Health, Russian Federation

CELEBRATING
SUCCESSSES
AND SHARING
CHALLENGES



*WE HAVE BEEN
GIVEN THE
OPPORTUNITY TO
DEMONSTRATE
PROGRESS AND
SHARE LEARNING
IN A WAY THAT CAN
BENEFIT EVERY
HUMAN BEING IN
EUROPE.*

Dr Nurmuhammet Amanepesov
Minister of Health and Medical Industry
of Turkmenistan

The conference plenary sessions were complemented by parallel sessions focusing on specific priority topics for the prevention and control of NCDs in Europe:

- **integrating the prevention, treatment and care of mental health**
- **achieving the targets on cardiovascular disease (CVD) and diabetes**
- **reducing modifiable risk factors associated with unhealthy diet**
- **the value of partnerships in improving alcohol control**
- **new opportunities in implementing tobacco control**
- **achieving the SDG targets on access to medicines for NCDs**
- **a life-course approach to prevention and management of obesity**
- **what gets measured, gets done – surveillance for NCDs control**
- **scaling up the WHO best buys for cancer**
- **integrating action on air pollution into the NCDs agenda.**

There was no parallel session on air pollution, but this has been included as a new focus area in NCDs and featured prominently in discussions throughout the conference.

Representatives from Member States, United Nations agencies and non-state actors explored together the ways forward to improve health, the economy and people's lives by improving NCD outcomes in Europe. The richness of the discussions and the contributions from all delegates demonstrate how important this agenda is and the value of a strong and supportive regional community in Europe.

It was evident that the political will to deliver the SDG targets is there and only needs to be cultivated. This requires new ways of working together and a stronger culture of celebrating successes and sharing challenges. We all need to work together to improve health literacy at every level and be more innovative and creative in how we turn data into action.

Some key messages from the sessions are set out in the pages below.



Achieving the targets on CVD and diabetes – scaling up implementation of the WHO best buys

CVD is the main driver of premature mortality in Europe. It causes inequalities across the Region, with higher mortality in lower-income countries. It also causes inequalities within countries, including between genders. CVD and diabetes cause chronic illness and disability, resulting in huge losses to the economy through reduced productivity in the population.

Outcomes can be improved through a focus on detection of risk factors and disease, initiation of disease-specific treatments, ongoing control of disease for people with CVD, and improving data collection and use so that progress can be evaluated. Hypertension is the most important clinical risk factor.

SHARING LESSONS AND CHALLENGES IN EUROPE

comprehensive health-system approaches to CVD and diabetes in Croatia, Italy, North Macedonia, the Republic of Moldova and Tajikistan. This approach includes: a focus on prevention and inequalities; training doctors and health-care workers; primary health-care reform; task-shifting to improve capacity; and improving access to essential medicines.



Integrating the prevention, treatment and care of mental health conditions and other NCDs within health systems

Mental health conditions affect at least one person in 10 at any one time and account for more than one quarter of Europe's non-fatal disease burden. People with these conditions are more likely to smoke and be exposed to other NCD risk factors. They are also more likely to have another NCD, and vice versa.

Reducing the risk factors for mental health, addressing comorbidity with other NCDs and enhancing access to good-quality care for people with mental health conditions are cost-effective approaches that all Member States can take.

Countries across Europe can create stronger leadership for mental health, advocate for political support and funding, and work with medical and psychiatric professions to promote deinstitutionalization. Giving a voice to people with mental health conditions will help to reduce stigmatization.

SHARING LESSONS AND CHALLENGES IN EUROPE

Belgium, Georgia and Kyrgyzstan are deinstitutionalizing mental health-care services and bringing them closer to communities via the integration of mental health into general health care. Belgium also has a strong focus on prevention (reducing NCD risk factors) and early detection (working with schools and other stakeholders).

Reducing modifiable risk factors associated with unhealthy diet, such as salt, sugar and trans-fats

The proportion of people in the Region who are obese or overweight is rising. Sugar reduction is one of the best ways to address this. Effective strategies include healthy reformulation of food production, taxes on sugary drinks, promotion of health literacy in the population and front-of-pack nutrition labels.

Salt reduction is another important dietary approach to reducing NCDs. Twenty-four-hour monitoring of urinary sodium excretion provides the best measure of change in population salt intake, and policy measures can include reformulation.

Elimination of industrial trans-fatty acids is being accelerated through the REPLACE programme. Europe is leading in terms of the number of countries with initiatives limiting trans-fatty acids and partially hydrogenated oils.

SHARING LESSONS AND CHALLENGES IN EUROPE

promoting a healthy diet for the population in Finland, Hungary, Kazakhstan, the Russian Federation and the United Kingdom. The WHO Regional Office for Europe's action networks on salt reduction and food marketing are providing forums for effectively building consensus and sharing information.

The value of partnerships in improving country implementation of evidence-based policies for alcohol control

Europe has the highest consumption of alcohol of all regions globally. Harmful use of alcohol contributes not only to the burden of NCDs, but also to the burden of communicable diseases, injuries and violence.

Partnerships for alcohol policy development and implementation need to address conflicts of interest with commercial actors in the alcohol industry. This is particularly important for the best buys relating to price, marketing and availability, where evidence indicates that voluntary measures and industry partnerships have been ineffective.

There is still significant untapped potential to strengthen partnerships with civil society organizations. These can act as powerful allies in mobilizing public support for alcohol-control policies, facilitating their implementation and building government commitment and accountability.

New opportunities in implementing the WHO Framework Convention on Tobacco Control (WHO FCTC)

While Europe still has the highest prevalence of tobacco use in the world, with consequent very high levels of harm to the economy and health, it is also a leader in implementing the WHO FCTC. This puts the Region in a unique position to be the exemplar in global tobacco control.

Currently, six countries across Europe are likely to achieve the agreed target of 30% relative reduction in tobacco use by 2025. If all countries accelerate implementation of the WHO FCTC and share learning with those making greatest progress, then all of Europe can get on track.

With the emergence of electronic nicotine delivery systems and heated tobacco products, it is especially important that the best buys for tobacco control are implemented without the involvement of, or undermining by, the tobacco industry.

SHARING LESSONS AND CHALLENGES IN EUROPE

successful alcohol policy processes in Estonia, Ireland, Lithuania, the Russian Federation, Slovenia and the United Kingdom (Scotland) show the way forward for reducing alcohol-attributable mortality and ensuring long and healthy lives.

SHARING LESSONS AND CHALLENGES IN EUROPE

the Russian Federation and Ukraine have implemented comprehensive tobacco-control laws and strong taxation; and Georgia, Ireland, the Netherlands and the United Kingdom are committed to creating tobacco-free societies.

Achieving the SDG targets on access to medicines for NCDs

Access to medicines for NCDs varies across Europe, with out-of-pocket expenses high in some countries and lower-income countries often spending proportionally more. Challenges range from creating coordinated policies, managing intellectual property rights, having trade policies that promote good access rather than monopoly, promoting the use of generics and getting low prices for the right medicines.

Access is based on medicines being available and affordable, as per the SDG reporting framework, "Monitoring the components and predictors of access to medicines". NCD drugs included in the Essential Medicines List are based on the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN). Ensuring countries meet the 80% target requires effective implementation and detailed surveys of health facilities.

What gets measured, gets done – surveillance for NCD control

Getting the full picture through monitoring and surveillance of NCDs is an essential part of driving change to achieve the global goals. It ensures governments are accountable, facilitates advocacy and policy development, highlights the importance of intersectoral action and helps stimulate action.

WHO uses a number of surveys and tools. These include: surveys on single risk factors, such as the Childhood Obesity Surveillance Initiative and the Global Tobacco Surveillance System (GTSS); surveys on multiple risk factors, including the Health Behaviour in School-aged Children study (HBSC) and the household-based STEPwise survey (STEPS); and tools to calculate morbidity and mortality attributable to NCDs.

With WHO's assistance, some Member States are setting up reliable systems to monitor progress. Major gaps still exist in parts of the Region, however, and some countries don't collect or use information that will help improve outcomes.

SHARING LESSONS AND CHALLENGES IN EUROPE

in the Republic of Moldova, surveillance on access to NCD medicines has provided a baseline measurement for, and progress monitoring of, the NCD strategy; Kyrgyzstan has implemented new pricing strategies; and the Netherlands has strong policies for getting low prices for medicines.

SHARING LESSONS AND CHALLENGES IN EUROPE

Hungary and Israel are harnessing big data to improve patient care, identify key opinion leaders, promote knowledge and inform action to address NCDs.

A life-course approach to prevention and management of obesity – ensuring a comprehensive response in Europe

One third of children and half of adults in Europe are overweight. The various influences and interactions on our weight are highly complex and begin before we are born. A sustainable response to the problem requires intersectoral working to approach the problem across the life-course.

While prevention is recognized as the most important way of controlling the epidemic – focusing on healthy food production and marketing, and how active we are in our daily lives – there is also a need for effective treatment programmes.

A whole-health-system response to childhood obesity in Europe is lacking, with shortcomings in the areas of governance, integrated delivery of services, financing and education of the health-care workforce.

SHARING LESSONS AND CHALLENGES IN EUROPE

Hungary's school health examination programme and paediatric obesity referral pathway; Sweden's childhood obesity registry; Israel runs intensive family intervention clinics for childhood obesity; and Amsterdam in the Netherlands has developed integrated community care that targets high-risk social groups.

Scaling up the WHO best buys for cancer and the global initiatives for childhood and cervical cancers

Cancer is the second most important cause of illness and death in Europe. More than 40% of cancer deaths can be prevented. Tobacco use and harmful alcohol consumption cause about 40% of the total cancer burden. If unhealthy food, obesity and physical inactivity are added, this rises to around 60% of cancers being caused by NCD risk factors.

The best buys for cancer prioritize vaccination against human papillomavirus of 9–13-year-old girls and cervical cancer screening in women aged 30–49 years. Mammography breast cancer screening, surgical treatment of colorectal, cervical and breast cancer, and the provision of multidisciplinary palliative care are some of the other cost-effective interventions.

SHARING LESSONS AND CHALLENGES IN EUROPE

Denmark is overcoming some of the damage from anti-vaccine campaigns through a strong partnership between government and civil society; Belarus, Georgia and Kazakhstan are increasing the use of cost-effective screening programmes; France and Slovakia are improving the provision of palliative care at home.

Integrating action on air pollution into the NCD agenda – an opportunity for new partnerships

Air pollution is the second leading cause of NCD deaths. It is a leading risk factor for CVD and respiratory diseases, including asthma, chronic obstructive pulmonary disease and lung cancer. There is also emerging evidence for its link to dementia, mental health disorders, low birth weight and diabetes.

The sources of air pollution are varied and complex. They include household air pollution from cooking and heating sources, and ambient air pollution from industry emissions, energy generation, transport and certain types of land use. Improving air quality therefore requires a public health whole-system approach that works in close collaboration with stakeholders.

Improving air quality is challenging but brings opportunities for broader partnerships and greater impacts. It can also create a more supportive environment, reduce noise, lessen congestion and increase physical activity.

SHARING LESSONS AND CHALLENGES IN EUROPE

the WHO European Centre for Environment and Health (ECEH) has developed the AirQ+ tool for countries to calculate the effects of air pollution, including reduction in life expectancy. ECEH can provide technical support, capacity-building and advocacy to improve air quality.



*WE ALL NEED TO BE ON
THE SAME ROAD WITH
THE SAME GOAL.*

Ms Nina Renshaw

Director of Policy and Advocacy, NCD Alliance

STEPPING UP TO 2030



*THE SDGS ARE OUR CALL TO ACTION, THE BEST BUYS
ARE OUR TOOLS AND STRONG PARTNERSHIPS ARE
OUR MEANS.*

Dr Bente Mikkelsen

Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course,
WHO Regional Office for Europe



There is a lot to do and Europe has the chance to step up and continue to lead the world in the prevention and control of NCDs. We can be the exemplar Region globally and demonstrate how the global goals for NCDs can be achieved – alleviating human suffering and improving social and economic development. Eleven years are left until 2030, which means time is running out. National and international stakeholders need to get on with it to implement the best buys comprehensively and sustainably.

The best buys are the policy options that work. They require only a small investment and give an excellent return in terms of health and productivity. As a Region, we can show that they can be implemented in time to achieve the global goals for NCDs and for sustainable development, to benefit everybody. This conference has shown us that it is about getting these basics done now, using innovative ways to implement and scale up, and measuring the benefits they bring.

Strong leadership from governments will make this happen – identifying country priorities, tailoring the response to the needs of populations and implementing effective prevention, treatment and care strategies. This requires support from strong and functional partnerships across sectors and across the determinants of NCDs. Measuring all of the NCD targets nationally and closely monitoring progress can help to build and maintain momentum. Accountability for implementing the best buys and improving NCD outcomes can be created at the highest level.

Member States, United Nations agencies and non-state actors need to make an immovable commitment to improving NCDs across the life-course, exploiting the synergies and reducing inequalities. We all need to be advocates for this change, as it affects all of us. We need to invest more in advocacy and work with civil society to strengthen the message.

Investing in implementation research in countries can inform the most effective ways of putting the best buys into action and improving NCD outcomes. This can be supported by proper evaluation of interventions

to ensure they are having the intended benefits and allow a continuing improvement cycle. All of this requires good NCD surveillance using tools like STEPS, HBSC, GTSS and health-facility surveys. Real-world techniques, such as natural experiment studies, help to apply rigorous research and evaluation to policy implementation and public health outcomes. Engaging policy-makers and other stakeholders in the whole research and evaluation process makes it more relevant and the findings more influential.

Including priority groups when we develop policies will help to ensure implementation is effective, reaches the people most in need and creates meaningful change. Giving people with mental health conditions a voice, for instance, helps to reduce barriers to accessing care and eliminate stigma. Engaging with children and young people and older people means that improvements really are applied across the life-course and include everyone in our populations. Tailoring interventions to the needs described by different gender groups and migrant populations helps to ensure we don't leave

anyone behind.

WHO and other United Nations agencies are key partners in driving this change, and will utilize United Nations reforms to do so, such as:

- working more closely with countries through providing integrated support and helping to build investment cases that create action;
- helping to convene the right stakeholders, build the right partnerships, identify the right outcomes and priority groups, implement the right interventions and monitor national progress towards the right goals (the SDGs); and
- working more closely together across Europe by improving cross-border policies and multi-country initiatives, and supporting progress through action networks, communities of practice and other international forums.

By stepping up to 2030, Europe will demonstrate to the rest of the world that together we can hit the global targets for NCDs and achieve the SDGs.



WE CAN BE PROUD OF WHAT WE HAVE ACHIEVED IN EUROPE, BUT THERE IS STILL A LONG WAY TO GO AND ONLY 11 YEARS LEFT TO GET THERE. NOW IS THE TIME TO TAKE THE BEST BUYS OFF THE SHELF AND PUT THEM INTO PRACTICE. NOW IS THE TIME TO DELIVER AT THE COUNTRY LEVEL. NOW IS THE TIME TO DELIVER IN EUROPE.

Dr Piroska Östlin

Acting WHO Regional Director for Europe and Director of the Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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