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ЗДРАВООХРАНЕНИЯ
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World Health
Organization

REGIONAL OFFICE FOR
Europe

Transforming noncommunicable disease in Europe 2014–2016

Building the capacity to achieve
the noncommunicable disease
goals by 2030





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Cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are chronic diseases that threaten health, livelihoods and lives. But most of these noncommunicable diseases (NCDs) can be prevented and controlled. A new WHO office based in Moscow and funded by a voluntary contribution from the Ministry of Health of the Russian Federation, is transforming the ability of European countries to combat NCDs.

Strong leadership and urgent action are required at the global, regional and national levels, and the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office) was launched in Moscow in 2014. The launch conference was attended by over 100 delegates from 26 countries, observers and key figures from the Russian Federation, technical experts, WHO collaborating centres and international organizations.

Dedicated to reducing the disease burden of NCDs in all 53 countries of the WHO European Region, the NCD Office aims to build capacity within countries to combat avoidable NCDs. Since 2014 the Office has been leading the Region in strengthening national capacity for preventing and controlling NCDs, promoting an intersectoral approach and developing policy, and working in close partnership with the Ministry of Health of the Russian Federation, institutions in the Russian Federation, WHO collaborating centres and international partners.

The burden of NCDs

The European Region has made progress in key areas of controlling NCDs. Death rates from cardiovascular disease continue to decline, the clear downward trend in smoking continues, and alcohol intake is steadily decreasing. However, this overall European Region picture masks significant differences within and between countries and population groups, especially among young adults. In the WHO European Region, NCDs are still the leading cause



Minister of Health of the Russian Federation, Professor Veronika Skvortsova and WHO Regional Director for Europe, Dr Zsuzsanna Jakab, at the opening of the WHO NCD Office in Moscow, Russian Federation in 2014.

International frameworks and commitments

The NCD Office is working to meet global goals and commitments to reduce NCDs, including a 25% reduction in premature deaths from the four major NCDs by 2025 and a reduction of one third by 2030, as part of the Sustainable Development Goals informed by the following:

- the Moscow Declaration, adopted in 2011 at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control;
- Political Declaration of the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in 2011, progress against which will be reported at the Third United Nations High-level Meeting on Prevention and Control of Non-communicable Diseases in 2018;
- WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020;
- the WHO Noncommunicable Diseases Global Monitoring Framework from 2013;
- the United Nations Sustainable Development Goals;
- Health 2020 and its relevant targets on NCDs;
- Action plan for the prevention and control of Noncommunicable Diseases in the WHO European Region, 2016–2025; and
- strategies and action plans for tobacco, alcohol, nutrition and physical activity.

“The opportunity to participate in WHO missions in a team alongside other international experts equipped with rich international knowledge and experience absolutely benefits Russian experts. I was able to share the gained experience with my colleagues in the Russian Federation and use it in various aspects of my work, including the development of the Russian Federation national NCD strategy. We received significant input and support from the NCD Office and the WHO Office in the Russian Federation.”

Dr Marina Popovich, Head of Department on Integrated Prophylaxis Programmes, National Research Centre for Preventive Medicine, Russian Federation



of death, disease and disability, accounting for an estimated two thirds of deaths among people 30–69 years old. This not only represents human suffering and lives cut short but also poses a major public health challenge that undermines social and economic development and increases inequalities between countries and within populations. Tackling major risk factors such as tobacco and alcohol use, unhealthy diets, physical inactivity, hypertension, obesity and environmental factors can prevent at least 80% of all heart disease, stroke and diabetes and 40% of cancer. There is vast room for improvement, and managing and preventing NCDs can unlock enormous health and economic gains.

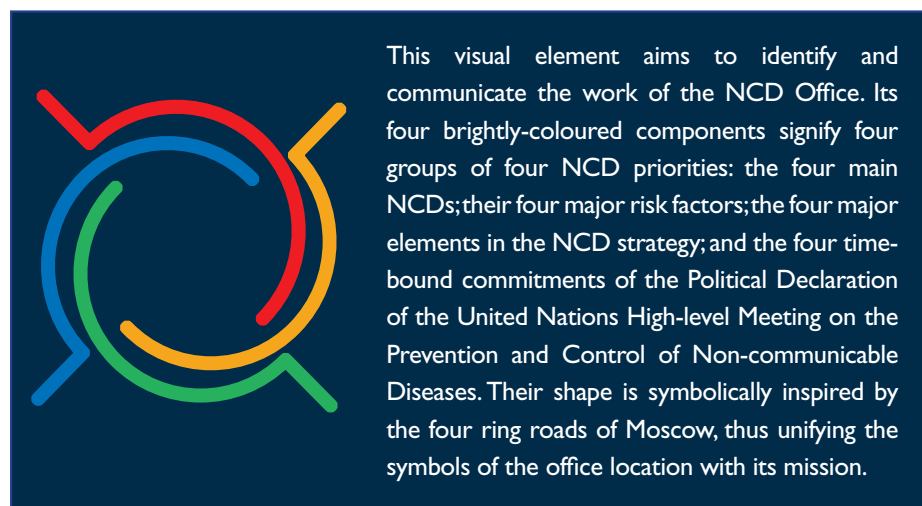
Scope of the NCD Office in Moscow

WHO's NCD Office in Moscow is an integral part of the WHO Regional Office for Europe, as part of the Division

of Noncommunicable Diseases and Promoting Health through the Life-course. The activities and products of the NCD Office reflect the Member States' requests for support and recognize the need for health systems and policies to be more responsive to the NCD burden. The work of the NCD Office is driven by the strategic objectives of reducing burden, increasing equity and increasing participatory governance of health, as defined by *Health 2020 – a European health policy framework and strategy for the 21st century*. It is also guided by the *Global Action Plan on the Prevention and Control of Noncommunicable Diseases 2013–2020* and the relevant WHO European strategies and action plans for NCD risk factors, prevention and control.

The NCD Office serves the whole European Region but focuses primarily on countries in the Region with a high burden

of NCDs. As the new *Action plan for the prevention and control of noncommunicable diseases in the WHO European Region, 2016–2025* (adopted at the 66th session of the WHO Regional Committee for Europe) emphasizes, a comprehensive approach is needed. For example, reducing the burden of cardiovascular disease, the main cause of premature mortality in the Region, requires focusing on risk factors and population-level, targeted approaches across a wide range of issues: tobacco control, alcohol control, reducing consumption of salt and saturated and trans-fats and controlling hypertension. Education and training are an integral component of the work of the NCD Office, raising national capacity, enhancing leadership, promoting intersectoral action and enabling countries to adopt best practices and use international material in the Russian language and Russian-speaking cultural context.



This visual element aims to identify and communicate the work of the NCD Office. Its four brightly-coloured components signify four groups of four NCD priorities: the four main NCDs; their four major risk factors; the four major elements in the NCD strategy; and the four time-bound commitments of the Political Declaration of the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases. Their shape is symbolically inspired by the four ring roads of Moscow, thus unifying the symbols of the office location with its mission.

The NCD Office's work is structured around four main areas: policy, surveillance, prevention, and management. These fit neatly onto the four time-bound commitments of the high-level meeting in connection with the United Nations General Assembly's comprehensive review and assessment of the progress achieved in preventing and controlling noncommunicable diseases: national plan adoption, national target setting, risk reduction activities and strengthening health services for NCDs.

Policy

The development and implementation of national policies, strategies and action plans to combat NCDs are supported by the work of the NCD Office in a number of ways. The Office offers countries of eastern Europe and central Asia a package of interventions from which to choose, according to need and context. These are designed to also help countries meet their commitments under the *Political Declaration of the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases, 2011*, and its associated progress indicators. Countries can request support for example with: a national intersectoral NCD plan or other policy or regulatory measures in compliance with global and regional mandates on tobacco, alcohol, nutrition, and physical activity; a national United Nations Development Assistance Framework; national targets; assessment of the national health system and/or incorporation of a package of essential NCD interventions for primary care; surveillance measures such as national surveys on NCD risk factors or more specialized topics, and establishing a population-based cancer registry; and establishing a system for monitoring and evaluation of these interventions. The NCD Office supports countries through this process, and assists with implementation, sharing current good practice and offering expertise from across the Region.

Action plans

One of the key interventions, a national action plan is a policy framework that guides policy formulation on NCDs, involving the many sectors both within the health system and outside. This means going beyond the health-care sector to transport, nutrition, business, education, environment, housing and the law. The strength of a national action plan is that it is based on evidence and includes many stakeholders and professionals as well as decision-makers: a shared process that makes it highly sustainable.

The package of support may include conducting situation analysis and assessment on the ground; contributing to training and consultation workshops, providing courses and other forms of capacity-building; evaluating action

and progress under national plans; and producing documentation.

During 2016, nine countries – Albania, Georgia, Kyrgyzstan, Republic of Moldova, Russian Federation, Serbia, Tajikistan, Turkey



A training course for WHO STEPS interviewers and regional coordinators in Minsk, Belarus

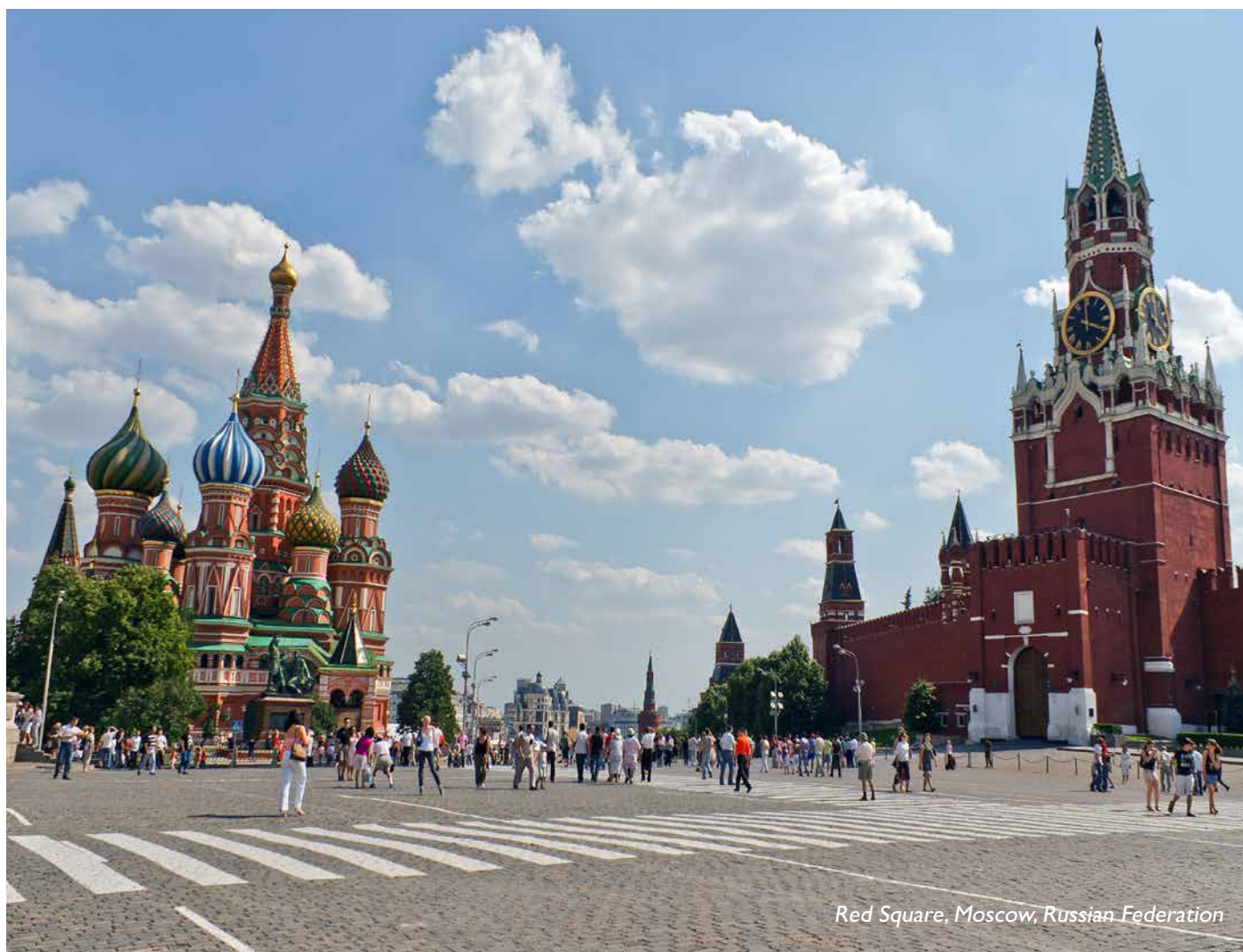
Support for Belarus on NCDs

The NCD Office offers technical expertise in the many areas countries need to address in combating NCDs. Countries are offered a menu of 15 items from which to choose, carefully designed to also make progress against internationally agreed NCD indicators. Belarus has engaged in several of these areas.

In July 2016, with NCD Office support at a policy dialogue attended by 60 professionals and health policy-makers, Belarus launched their report, *Better noncommunicable disease outcomes: challenges and opportunities for health systems: Belarus country assessment*. The focus was on the efficiency and effectiveness of primary care services for NCDs.

In September 2016, the NCD Office, with international experts, including a Russian expert from the Federal Almazov North-West Medical Research Centre, carried out a multidisciplinary review of acute and rehabilitative services for heart attacks and strokes as part of an investigation into premature mortality.

During the year, four WHO expert missions also took place in Belarus to advise on screening for cervical and prostate cancer. These activities, along with training 50 interviewers, supervisors and coordinators in conducting STEPs (WHO STEPwise approach to surveillance) surveys on risk factors and training 20 trainers in smoking cessation and screening and brief interventions on alcohol – training that had already been conducted in the Russian Federation – will all help to combat NCDs in Belarus.



and Uzbekistan – received support on developing or reviewing NCD action plans, one at the subnational level. A further two countries – Azerbaijan and Belarus – adopted plans during 2015–2016 and will be supported in implementation.

Training

Training courses, workshops and policy dialogues all contribute to increasing understanding, enthusiasm and skill. For example, in April 2016, 29 health policy-makers and professionals from 11 countries responsible for NCD prevention programmes participated in a six-day training course hosted by the Higher School of Health Administration of the I.M. Sechenov First Moscow State Medical University. This was the second Moscow training course on preventing and controlling NCDs in the countries of eastern Europe and central Asia, with

participants from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan. The course focused on the 15 items the NCD Office offers as support to countries for preventing and controlling NCDs. Live video link-ups were made with three regions of the Russian Federation. The course was developed by a multisectoral team comprising policy-makers and health professionals, epidemiologists, global health experts in evidence-informed medicine, demographers, experts on developing integrated planning and Russian experts from the federal scientific research institutes of the Ministry of Health of the Russian Federation and the NCD Office.

Proving popular in evaluation, this course was then adapted for the Russian Federation, with a more intersectoral approach.

Surveillance

Knowing what is happening now makes it easier to keep focused on reaching the global targets for NCD prevention and planning for the needs of the future. Countries can more effectively tackle diseases if they have information on the current situation and trends. The NCD surveillance hub in the WHO European Region is based in and coordinated from the NCD Office in Moscow. Its key functions are to strengthen the NCD information base for determining the current situation and trends, providing evidence for policy at both the national and regional levels and contributing to building capacity on assessing and using NCD information.

The NCD Office helps countries to develop surveillance and monitoring systems that generate high-quality and comparable

data on the main determinants, risk factors and mortality and morbidity burden of NCDs and to inform policy-making to combat NCDs. Getting the full picture of NCD progress facilitates advocacy, policy development and coordinated action and helps to reinforce political commitment.

Monitoring and surveillance also provide internationally comparable assessments of the trends in NCDs over time, and the NCD Office works towards harmonizing indicators across the European Region. Improving and harmonizing data collection will enable countries to achieve the targets and outcome indicators proposed in the WHO global monitoring framework on NCDs, Health 2020 and the Sustainable Development Goals. Also with WHO assistance, countries are setting reliable NCD surveillance systems for monitoring progress on policy development and implementation, enabling them to meet the process targets and time-bound commitments that will be reported to the World Health Assembly and the United Nations General Assembly in 2017 and 2018, respectively.

The work of the NCD Office reflects and addresses policy-makers' key concerns in improving the quality of their routine data – including morbidity, disease registries, health-care management systems and policy statistics – necessary to determine the quality of care, the efficiency of screening and the effectiveness of interventions on treatment and survival. It also increases the availability of new NCD data through ad hoc surveys, whether on single-risk factors such as the Childhood Obesity Surveillance Initiative survey and the Global Adult Tobacco Survey and Global Youth Tobacco Survey or school-based surveys on multiple risk factors such as the Health Behaviour of School-aged Children and the increasingly valuable household-based WHO STEPS survey.

Progress with STEPS

Indicator 3 of the United Nations time-bound commitments requires that each

Member State have a STEPS survey or comprehensive health examination survey every five years. The NCD Office has supported 13 countries to make progress on this indicator on STEPS surveys, including 12 countries in eastern Europe

and central Asia, and to develop integrated information on NCD risk factors.

WHO STEPS is a simple, standardized and integrated method for collecting, analysing and disseminating NCD core information.

STEPS implementation

Four countries in the Region – Kyrgyzstan, the Republic of Moldova, Turkmenistan and Uzbekistan – implemented STEPS surveys in 2013–2014, and survey implementation is ongoing in Armenia, Belarus, Georgia, Kazakhstan and Tajikistan. The remaining countries in eastern Europe and central Asia – Azerbaijan, Russian Federation, Turkey and Ukraine – plan STEPS surveys in 2017.

By using the same standardized questions and protocols, all countries can use STEPS information not only for monitoring within-country trends but also for making comparisons across countries and developing targeted policies and programmes.

In each country, WHO has trained teams of 50 or 60 interviewers, supervisors and coordinators in survey procedures collecting field data for the surveys, generating tables and graphs and uploading them. A Russian expert from the Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University participated in organizing the STEPS survey in Armenia, Belarus, Georgia and Tajikistan, facilitating the training sessions, and provided technical support to the survey in Tajikistan.

Developing national targets and indicators

Indicator 1 of the United Nations time-bound commitments requires that each Member State sets national targets and indicators based on WHO guidance. The NCD Office has enabled 21 countries, including 12 countries in eastern Europe and central Asia, to make progress on this indicator:

The CINDI (Countrywide Integrated Noncommunicable Diseases Intervention) Policy Academy on Integrated NCDs Surveillance is a learning workshop activity for health ministry officials and policy-makers. The aim is to inform and empower these professionals by creating a knowledge and understanding bridge between them.

Two CINDI Policy Academy sessions were held to support countries with developing targets and indicators, one in April 2015 in Kaunas, Lithuania, with the participation of 36 professionals from 12 countries, and the other in September 2016 in Moscow, Russian Federation, with 34 participants from 13 Member States including Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.



“The involvement of Russian experts in the work of the NCD Office is essential. The understanding of health system features in former USSR countries and the ability to speak Russian with local experts and the population enable us to understand the context and analyse the existing situation better. Moreover, establishing connections with experts from the Eurasian Economic Union will help our countries unify the laws on controlling and preventing NCDs.”

Dr Anna Korotkova, Deputy Head on International Issues of the Federal Research Institute for Health Organization and Informatics, Russian Federation

It involves conducting detailed surveys of households, blood and urine sampling and physical measurements. Its broad scope will help improve NCD risk factor prevention and health-care management and monitoring and surveillance, since it provides data for 12 of the 25 outcome indicators of the WHO global monitoring framework on NCDs. Three complete collections of equipment and materials for STEPS surveys, including electronic tablets for data collection and blood chemistry analysers, are held at the NCD Office and are lent on request.

Integrating information

In 2015, the NCD Office began work on developing an online portal of integrated NCD information, a single entry point that draws together the information on NCDs from all European Region countries, covering impact, risk factors, health system capacity and response and policies. The resulting portal (<http://apps.who.int/gho/data/node.eurmain>) will link to the WHO health information and evidence portal and gives policy-makers easy access to a wealth of comparable national and international data to inform policy development.

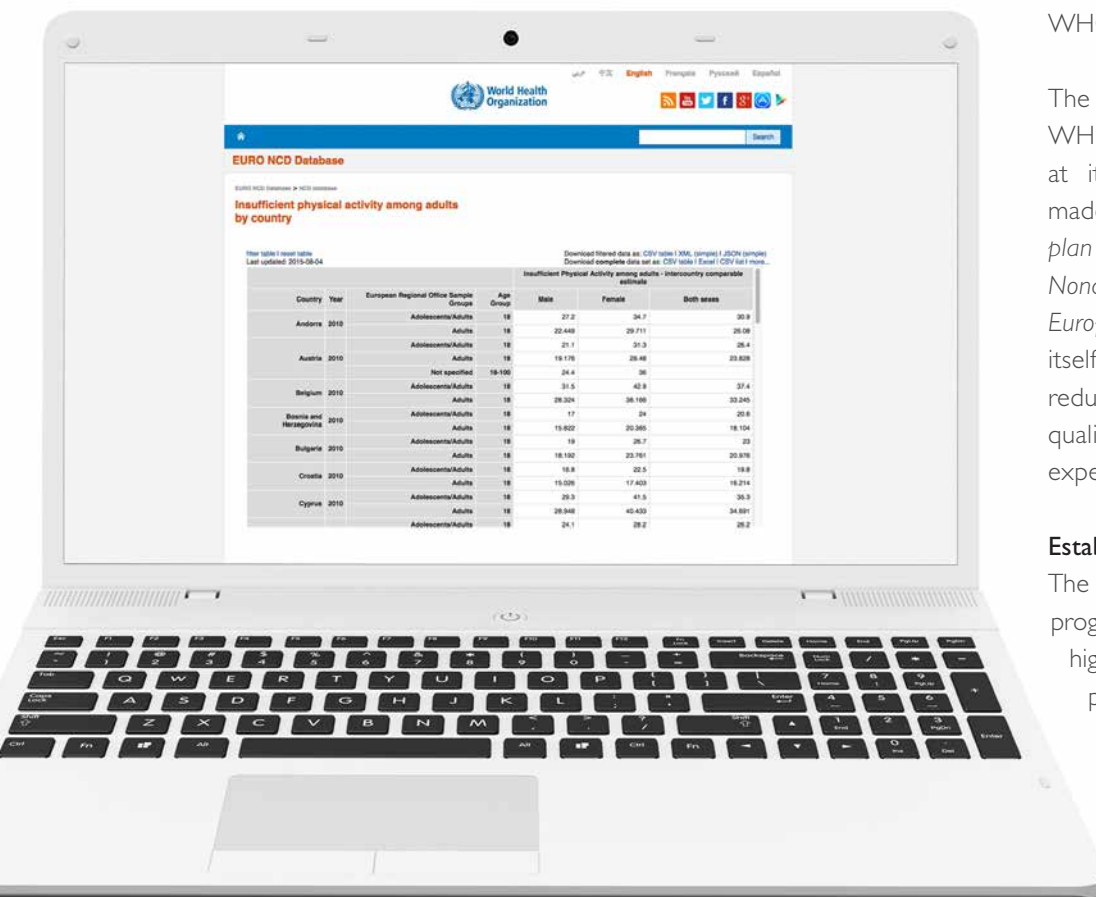
Monitoring progress

The global NCD country capacity survey provides essential indicators to monitor progress on NCDs. The NCD Office was charged with the regional coordination of the 2015 responses in all 53 countries in the European Region. This was followed by web-based data collection, which was reviewed and assessed. The result was the *Noncommunicable diseases progress monitor 2015* presented during the United Nations General Assembly in September 2015. A draft regional report from the NCD Office then covered progress made since 2010, with comparisons between WHO subregions.

The NCD Office also reported to the WHO Regional Committee for Europe at its 66th session on the progress made in implementing the new *Action plan for the prevention and control of Noncommunicable Diseases in the WHO European Region, 2016–2025*. The plan itself outlines action to considerably reduce the burden of NCDs, improve quality of life and make healthy life expectancy more equitable.

Establishing cancer registries

The NCD Office has achieved significant progress in establishing and maintaining high-quality cancer registries that can provide internationally comparable data. Courses are held at the country level, such as the national course in which two people from each of





UN House, Moscow, Russian Federation

the 25 regions from the Russian Federation participated in September 2016, and at the international level.

In December 2016 in Bishkek, Kyrgyzstan, 25 people from nine countries – Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Uzbekistan and Tajikistan – participated in an international course on cancer registries. The participants included analysts, epidemiologists and medical statisticians. Within-country support was also provided to six countries in eastern Europe and central Asia: Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova and Tajikistan. One result was that Kyrgyzstan established a cancer registration team for the first time.

To ensure full access to an expert NCD tool, the NCD Office has produced the first Russian version of the manual for establishing and maintaining a cancer

registry from the International Agency for Research on Cancer.

Tackling obesity

In efforts to tackle the obesity epidemic in the European Region, the NCD Office collaborates with institutions in the Russian Federation with experience on nutrition, childhood obesity and evaluating children's nutritional status and provides support for implementing and expanding the Childhood Obesity Surveillance Initiative in the European Region, notably by facilitating country access to survey tools by ensuring translating into Russian. In 2015 and 2016, the NCD Office supported including Kazakhstan and the Russian Federation in the Childhood Obesity Surveillance Initiative, which held its 9th meeting in St Petersburg, Russian Federation in June 2016, in which 34 countries participated. With the support of the Russian Federation, 14 countries joined the Initiative for the first time: Austria, Croatia, Denmark, Estonia,

Kazakhstan, Montenegro, Poland, Russian Federation, San Marino, Serbia, Slovakia, Tajikistan, Turkmenistan and Uzbekistan. The Initiative now involves more than 300 000 children and 36 countries. In 2016, the NCD Office supported pooled data analysis at the aggregated level involving all Initiative countries and provided specific support to 11 countries with sampling and data analysis, including Albania, Hungary, Kazakhstan, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia, Tajikistan, Turkmenistan and Ukraine. For many countries, this is the first time they have measured data on child growth for school-aged children.

Prevention

The four major NCDs share four common behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and alcohol consumption. The NCD Office

Changing dietary habits indicate a nutritional transition.



aims to reduce the exposure of individuals and populations to these NCD risk factors and to strengthen their ability to make healthier choices and follow lifestyle patterns that foster good health. How can governments do this? They have to be the drivers that involve relevant stakeholders and the usefulness of documenting and disseminating best practice in the Region, ensuring that assessments, national plans and capacity-building all recognize the need for an intersectoral approach for diet, smoking, alcohol and exercise – all lifestyle choices strongly affected by big business and other stakeholders.

FEEDCities project

What do people eat from markets and ready-to-eat food stalls and what is the nutritional value of the food? By establishing the FEEDCities project, the NCD Office created a platform for investigating this field, in which little research has been done so

far. FEEDCities is an innovative and ongoing multicountry study to describe the urban food environments of cities in central Asia, the Caucasus and south-eastern Europe. It involves analysing the *trans*-fatty acids and sodium content of these foods – both homemade and industrially processed – based on laboratory analysis of locally obtained food samples. The NCD Office has carried out field work in four countries so far – Kyrgyzstan, Republic of Moldova, Tajikistan, and Turkmenistan – where WHO NCD experts have been supporting national experts in performing this analysis, thanks to the University of Porto and Turkmenistan's National Centre for Public Health and Nutrition, which now has state-of-the-art facilities and will further support the analysis of project samples in the Region. Food sampling revealed very high levels of *trans*-fatty acids and salt in common foods sold in marketplaces and gave solid evidence for designing policy interventions

aimed at eliminating *trans*-fat in the food supply. A further seven surveys are ongoing or planned for 2017 to take place in Albania, Georgia, Kazakhstan, Russian Federation, Serbia, Turkey and Ukraine.

Sharing experience on successful tobacco control

The Russian Federation has made impressive progress in curbing the tobacco epidemic by implementing strong policies, which now show a great effect in reducing the levels of tobacco consumption. These policies are proving to be a valuable guide to other countries in implementing effective policies to curb tobacco consumption. The ongoing household Global Adult Tobacco Survey in the Russian Federation is clearly showing this shift. When the fieldwork is completed at the end of 2016, 11000 people will have been interviewed face-to-face. The final country report will be ready by spring 2017 and will demonstrate

the impact of the policies adopted by the Russian Federation since 2013. Making this change sustainable means providing support to the people who quit – a commitment the Russian Federation has taken very seriously and that interests other countries. The NCD Office organized a workshop in October 2016 using the experience of Russian experts. The workshop demonstrated good practices in running successful and evidence-informed smoking-cessation programmes. It was held in Russian for health decision-makers and health professionals and attended by policy-makers and national experts from 12 countries in eastern Europe and central Asia.

Alcohol consumption

The European Region ranks highest globally in terms of alcohol consumption per adult. A new WHO report to which the NCD Office contributed, *Public health successes and missed opportunities. Trends in alcohol consumption and attributable mortality in the WHO European Region, 1990–2014*, shows

that alcohol-attributable deaths increased by 4% during the past 25 years. The report, funded by the Russian Federation, reveals a seven-fold difference in alcohol-attributable deaths between countries in the Mediterranean and eastern parts of the WHO European Region and highlights the need to focus on effective policies. Reducing availability, increasing taxation and enforcing bans on alcohol marketing and sponsorship are evidence-informed and cost-effective policy options known as the WHO-recommended best buys.

Physical activity

Countries recognize the important role of primary care in helping to prevent and manage conditions related to unhealthy diets, physical inactivity and obesity. With the support of Russian expertise, training on managing physical activity, nutrition and obesity in primary care has been delivered in Malta, Republic of Moldova, Tajikistan and Uzbekistan. The aim was to provide health-care professionals with a sound outline of prevention and management approaches

for children, adolescents and adults. The programme integrates experiential learning and a variety of appropriate cases to make the course as practical as possible for those in primary care settings. A new report, *Integrating diet, physical activity and weight management services into primary care*, summarizes the evidence on the effectiveness of different services and provides a structured analysis of the reasons for suboptimal service delivery. It concludes with guidance for transforming countries' health services to improve the coverage and quality of such services in primary care.

Innovation

The NCD Office uses innovative methods to tackle the prevention of NCDs by taking advantage of the media environment to which the public is now accustomed. Examples include the following.

Journalist-to-journalist workshop

The NCD Office organized a workshop in March 2016 in Moscow for 60



Urban environments can promote physical activity.



Teams from 10 countries in eastern Europe and central Asia met in Samarkand, Uzbekistan to share experience and learn about implementing the WHO PEN interventions for primary health care.

Russian-language journalists and media professionals in 11 countries demonstrating how tobacco is much more than a health issue. They were introduced to WHO databases and to the many possible angles of reporting about tobacco – the effects of smoke-free public places in the hospitality sector; the impact on the environment and the complex issue of personal freedom: the choice to smoke versus the right to live in a smoke-free environment. The aim was to present the latest findings and data on tobacco control to journalists in eastern Europe and central Asia to help them understand the situation and strategies that work in their own and neighbouring countries, so that their work can better inform the public.

Playbook of arguments

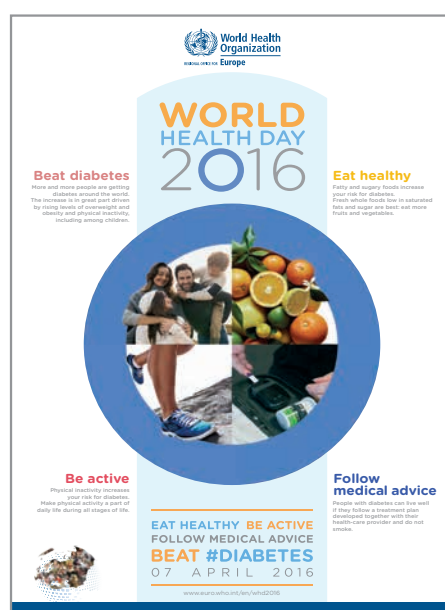
The Tobacco Control Playbook of arguments was prepared with the input and experience of a global (including Russian) group of experts to equip policy-makers and the general public with the evidence-informed facts about tobacco consumption and thus to counteract the myths about tobacco that are often presented as fact by the tobacco industry. This was developed

into an online tool in English and Russian and launched at the 66th session of the WHO Regional Committee for Europe in 2016.

Law and NCDs

In May 2016 in Moscow, a group of national professionals and experts, including from the McCabe Centre for Law and Cancer

and the I.M. Sechenov First Moscow State Medical University, took part in a capacity-building workshop giving intensive legal training on legal approaches and policy options on tobacco, alcohol and unhealthy diets. This resulted in a network of experts from 12 countries with a solid understanding of the connections between health and trade. The course was pilot training and the I.M. Sechenov First Moscow State Medical University will conduct regional courses as a follow-up to train Russian-speaking countries to stand firm in their commitments against the legal challenges from industries.



World Health Day 2016 focused on preventing, treating and managing diabetes.

Management

Although effective interventions for preventing and managing NCDs are well known, implementation is variable and often not scaled up. Early detection and treatment can significantly reduce morbidity, improve the quality of life and reduce costly care at later stages for people with many NCDs. Identifying and actively targeting groups and individuals at high risk and maximizing population coverage with



Bread is a staple in the diet of most countries but often contains high levels of salt.

effective treatment and care can make a significant difference in improving NCD outcomes.

The NCD Office focuses on concrete deliverables and how to develop and put in place a package of interventions for preventing and controlling NCDs, including detecting, screening for and treating people with NCDs as well as rehabilitative and palliative care.

It also supports countries in specific aspects of managing NCD, such as: collating evidence-informed guidelines and serving as a resource centre on the evidence base for prevention and care; designing

and implementing a package for clinical prevention of priority NCDs; conducting training workshops in implementing evidence-informed tools and guidelines; improving screening, early detection and treatment of such diseases as cancer; and improving disease outcomes by assessing and strengthening health systems. Support is adapted to national needs to make the best use of limited resources. Finally, evaluation using tools such as cancer registries can demonstrate the impact of the measures.

Screening

WHO experts and external consultants have carried out country missions on

managing NCDs to Kazakhstan, Kyrgyzstan, Montenegro and Tajikistan and multiple country missions to Azerbaijan and Belarus. The focus has been on the evidence base for high-quality screening and what types of screening each country requires; there was also support for developing palliative care services.

The NCD Office provided support on strengthening early detection of breast cancer; screening for cervical cancer and comprehensive cervical cancer control to 10 countries – Albania, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Montenegro, Republic of Moldova, Serbia, Tajikistan and Uzbekistan – either within the country or



“We brought the experience from the conference on cardiovascular diseases in St Petersburg back to Kyrgyzstan to share with experts. As a result, one Bishkek hospital is currently implementing thrombolytic therapy for people who have had a stroke.”

Dr Rosa Djakypova, national coordinator of NCD control and prevention,
Ministry of Health, Kyrgyzstan

through participation in two workshops on cancer screening in Montenegro in January 2016 and Italy in December 2016.

Interventions in primary care

The WHO Package of Essential Noncommunicable disease (PEN) interventions provide a prioritized set of cost-effective interventions for NCDs to strengthen national capacity to integrate and scale up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma, and chronic obstructive pulmonary disease.

In May 2016, in Samarkand, Uzbekistan, 10 countries participated in a workshop on the WHO PEN interventions. Teams from the European PEN pioneer countries met with countries from eastern Europe and central Asia with a similar interest in implementing PEN interventions. The workshop provided opportunities for sharing experience and learning about evidence-informed strategies for implementing clinical guidelines, quality systems, training and education and monitoring and evaluating impact. Kyrgyzstan, Tajikistan and Uzbekistan have now implemented the protocols. Support for implementing essential NCD interventions in primary care was provided within seven countries, with a further one planned in 2017. Further training followed with the Republic of Moldova and Ukraine. The NCD Office made three missions to support Ukraine in developing an integrated training course on NCDs for primary care doctors and nurses, focusing on cardiovascular risk.

During the third mission in Ukraine, about 100 primary health-care workers from the regions were trained as trainers.

Using PEN, the NCD Office held a two-day workshop in October 2015 in Bishkek, Kyrgyzstan on tackling chronic respiratory disease. Fifty-one participants and experts from five central Asian countries attended, and the outcome is a practical guide and further workshops on the application of PEN interventions.

Health system assessment

The NCD Office has supported five health system assessments focusing on NCDs, and several countries have requested assessments during 2017. These assessments aim to produce pragmatic, contextualized and achievable policy recommendations for national health systems and to enable key NCD outcomes to improve more rapidly.

Cardiovascular disease

The NCD Office convened a two-day international conference in St Petersburg in November 2015 on preventing and controlling cardiovascular diseases, attended by 103 policy-makers, technical experts and key partners from 28 countries. Preparatory meetings were held with an international expert group with 13 Russian experts from four institutions, including the National Research Centre for Preventive Medicine, the Federal Almazov North-West Medical Research Centre and the Russian Cardiology Society. This was

followed by work with Russian institutions. The NCD Office subsequently reviewed services for the acute care of heart attacks and strokes in three countries – Belarus, Kazakhstan, and Kyrgyzstan – and conducted sessions on improving risk assessment and monitoring in multiple countries.

Scientific expertise

Expert collaboration is vital for informing the prevention and control of NCDs. In 2015, the NCD Office convened 31 experts from educational and scientific research institutions in the Russian Federation to discuss and disseminate the latest best practices on combating NCDs. The outcome was a roster of consultants for the NCD Office comprising Russian experts selected by the Ministry of Health, who were briefed by the WHO Regional Office for Europe on its activities, strategic direction of work and way of working. The experts have been involved in and contributed to a wide range of projects.

One of these is the train-the-trainer course held in the Russian Federation in October 2016. Here, leading Russian experts in narcology, addiction and prevention and practising physicians from hospitals in the Moscow oblast joined international consultants to develop a train-the-trainer toolkit for screening and brief intervention for alcohol consumption within primary health care. Russian experts highlighted

aspects of the health-care system that are important to consider when tailoring these training programmes for the Russian Federation and, subsequently, what aspects the train-the-trainer workshops need to cover. In December 2016, a pilot workshop took place in Moscow, including participants from the Russian Federation and Uzbekistan.

Tobacco control case study group with Russian experts

In tobacco control, three Russian experts have drawn up a report on the strong Russian Federation experience in tobacco control work, which had previously been sparsely documented. By early 2017, both Russian and English versions should be available. This will be a key resource for international policy-makers in implementing tobacco control measures in their country.

Composite indicators on alcohol

Russian consultants and other experts met with the NCD Office to discuss effective policy measures to reduce alcohol consumption. WHO has developed a composite indicator to evaluate the implementation of *the European action plan to reduce the harmful use of alcohol 2012–2020* in 50 countries. In February 2017, a report describing the methods used will be launched.

Collaboration

One function of the NCD Office is national capacity-building in countries in the European Region in which millions of citizens speak Russian. Making international knowledge and best practices accessible to them is crucial. Translating all the WHO websites on NCDs into Russian as well as more than 15 key documents on preventing and controlling NCDs (available online) has greatly increased accessibility and dissemination.

In addition, the NCD Office works closely with more than 20 experts from the Russian Federation on a whole range of

NCD activities, in-country and intercountry activities, assessments, surveys, workshops, technical support and training from a range of Russian Federation institutions:

- National Research Centre for Preventive Medicine;
- V. Serbsky Federal Medical Research Centre for Psychiatry and Narcology;
- Federal Research Institute for Health Organization and Informatics;
- I.M. Sechenov First Moscow State Medical University;
- Federal Almazov North-West Medical Research Centre;
- National Medical Research Radiological Centre;
- Pulmonology Research Institute;
- Federal Research Centre of Nutrition, Biotechnology and Food Safety; and
- Endocrinology Research Centre.

Some of these institutions are already WHO collaborating centres; others have collaborated for the first time with the NCD Office and will potentially become new collaborating centres. Their experts make a crucial difference in the task of combating NCDs in the Region.

In addition to Russian consultants, the NCD Office brings other leading international minds together by organizing international conferences and meetings that give their participants an opportunity to share knowledge, experience, challenges and success and by collaborating with world experts to develop training courses, such as the International Agency for Research on Cancer or the McCabe Centre for Law and Cancer (Australia). It also routinely brings international experts on country missions, such as experts from Denmark or the University of Oxford, United Kingdom. Some of these are multidisciplinary, multi-agency missions, involving different WHO offices as well as Russian institutions.

In the first two years of its existence, the countries in eastern Europe and central Asia have welcomed the work of the NCD Office, which reflects their demands. It has harnessed the knowledge of NCD experts from all over the world, inspired new ways of doing things, disseminated evidence about successes and lessons learned, trained hundreds of professionals in policy, surveillance, prevention and management and brought about concrete national assessments and plans. Most importantly, it has triggered an avalanche of interest in NCDs and how to prevent and control them from all the countries in the European Region.



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