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REGIONAL OFFICE FOR **Europe**

Prevention and control of NCDs in
Central Asia and Eastern Europe:
assessment of progress and proposals
for the next two years

1–3 October 2014, Bad Gastein, Austria

MEETING REPORT

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Background

The project “Strengthening health systems for the prevention and control of Noncommunicable Diseases (NCDs) in Eastern Europe and Central Asia” [hereafter referred to as “Project”] is a part of a global effort on NCDs funded by the government of the Russian Federation in 2012–2014, which engages 24 low- and middle-income countries from across the six WHO regions. In the WHO European Region, four countries – Armenia, Kyrgyzstan, Tajikistan and Uzbekistan – were chosen and agreed to participate in the Project.

In these selected countries of the WHO European Region, implementation between 2012–2014 included activities across the following lines:

1. Strengthening national action plans for greater alignment with global and regional policy instruments
2. Capacity-building in NCDs nationally;
3. Advancing information systems for monitoring capacity.

As a platform for discussion and opportunity to report on progress, annual meetings were convened by the WHO Regional Office for Europe and WHO Headquarters, held within the European Forum Gastein. The meeting report at hand documents proceedings in the final meeting of this series, held 1–3 October 2014, Bad Gastein, Austria.

The countries that participated in this final meeting included: Armenia, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan; each represented by high-level delegations from health ministries and respective public institutions. The WHO Secretariat was represented by Headquarters, the Regional Office for Europe and the country office in the Republic of Moldova. The meeting was also attended by a NGO representative. See Annex 1 for a full list of participants.

Following presentations and plenary discussions, key recommendations for the continued advancement of health systems for the prevention and control of NCDs in eastern European and central Asian countries can be summarized as follows:

- To **scale-up results and achievements** of this Project;
- To use the two new WHO European **geographically dispersed offices (GDOs) as a platform** for future collaboration, joint activities and sharing of best practices among all 53 countries of the WHO European Region.
- To preserve and expand the created **network of NCD professionals** for capacity building;
- To promote the production of tools and resources in the **Russian language**;
- To raise awareness of decision makers of the health sector and beyond for promoting **sustainable funding** and **fundraising** of future activities in the area of NCD prevention and control.

Outline of the meeting

Dr Gauden Galea, Director of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe, congratulated the delegations present for the success of the Project in its particular membership. Emphasis was placed on the role of the Central Asian and Eastern European 'sub-region' as accelerators for progress in NCD prevention and control for the WHO European Region-at-large

The aims of this final of three meetings in the series “Strengthening health systems for the prevention and control of NCDs in Eastern Europe and Central Asia” were identified as the following (see Annex 2 – Meeting agenda):

- To review the progress achieved in countries of Eastern Europe and Central Asia towards Project implementation;
- To review the national successes and difficulties;
- To define further steps for strengthening of prevention and control of NCDs in counties of the Region; and
- To discuss the potential to continue the Project.

Update on regional and global developments in NCDs

The meeting was opened by the Assistant Director-General (ADG) for Noncommunicable disease and mental health, Dr Oleg Chestnov, with a presentation on the progress made since last year’s meeting to fulfil the global NCD agenda in pursuance of the UN Political Declaration¹. These included the new global assignments and national commitments as mapped out in the 2014 UN outcome document on NCDs (A/RES/68/300) to be implemented between 2014 and 2018, when the third high-level meeting will report to the UN on progress achieved since 2014. ADG reminded the participants that it was their governments that had committed themselves to reduce premature NCD deaths by 25 percent by 2025 (resolution WHA66.10), and WHO was responsible to the Member States’ decision-makers to report on the progress made.

Dr Galea pointed out that the Project, which was originally intended for four countries (Armenia, Kyrgyzstan, Tajikistan, and Uzbekistan), has expanded to eight and has shown major successes in just over two years. The Project has provided for direct national results, as well as contributed to the Region-wide progress towards implementation of the Global Action Plan and Health 2020.

These achievements include:

- Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (EUR/RC64/11) was endorsed by the 53 Member States of WHO European Region (December 2013) and adopted the WHO Regional Committee for Europe (May 2014).

¹ http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

- Two agreements towards hosting new Geographically Dispersed Offices (GDOs) were signed between the WHO Regional Office for Europe and Kazakhstan (May 2014) and the Russian Federation (September 2014).
- Republic of Moldova, Turkmenistan, Uzbekistan and Belarus have included NCD targets into their respective national United Nations Development Assistance Framework (UNDAF);
- Belarus has hosted the UN interagency task force mission (July 2014);
- Kyrgyzstan has successfully completed all planned activities of the Project, including the STEPS training, data collection and report (March 2014), adoption of a national plan with set targets (November 2013), as well as conducting and publishing a multi-disciplinary assessment of health system barriers and innovations for better NCD outcomes (March 2014);
- The Russian Federation implemented the smoke free policy at full scale (June 2014), including prohibiting smoking in indoor public places and public transport, banning of tobacco advertising and raising public awareness for the consequences of smoking.

Country reports

Delegations reported on national activities implemented in the framework of the Project over the last 2 years. Presentations included results of the initial situation analysis and how priorities were identified; they introduced key outcomes, objectives and goals of national NCD programmes and action plans, and whether and how these were aligned to the Global Action Plan for the Prevention and Control of NCDs 2013–2020 (resolution WHA66.10). Countries presented their achievements, implications and further developments.

The following table summarizes the main outputs of the Project as initially planned in line with the three activity areas of the Project:

COUNTRY SUPPORT				
	Armenia	Kyrgyzstan	Tajikistan	Uzbekistan
Activity				
1 National plan adopted		√	√	√
2 STEPS report completed		√		√
3 HSS-NCD comprehensive assessment	√	√	√	

All representatives underlined the importance of the Gastein meeting, which enabled sharing of experiences, communicating lessons learnt and attaining practical results. Kyrgyzstan, for instance, has acknowledged that owing to this Project the country had begun to talk about NCDs.

Achievements and best practices

Dr Chestnov emphasized that each country had its own achievements and best practices, like Kazakhstan that was efficient to act upon its commitment in establishing a GDO; or Turkmenistan that has been able to achieve national goals from malaria elimination to tobacco control. Key factors for success were highlighted as the following.

✓ Promoting a whole-of-government approach

The Russian Federation, for example, has a very strong State programme on health care development, as well as abiding laws on specific risk factors, like tobacco and alcohol control, which has led to positive epidemiological trends in various health indicators, particularly cardiovascular diseases.

The established multisectoral coordination committee on implementation of the Framework Convention on Tobacco Control (FCTC) in the Russian Federation consisted of representatives from the Parliament, ministries and civil society, and this practice was promoted on the federal, regional and municipal levels. Similarly, Republic of Moldova has interagency committees at both federal and municipal levels that meet every three months to report on the progress made in, for example, tobacco law implementation.

✓ Strengthening capacity-building and innovation

Health systems were also adapting to the concept of NCD prevention and control versus intervention and treatment. In Kyrgyzstan every ministry had a NCD focal point, and NCD offices were located in the local centres of family medicine. Both Kazakhstan and Kyrgyzstan, in addition to polyclinics for the ill, have introduced health centres that were visited by healthy people for periodic screening, checkups and consultation. In Turkmenistan periodic screening of patients would begin as of 2015, while cervix screening has been carried out since 2011. Furthermore, Kazakhstan introduced innovative technologies by upgrading the existing cancer registry to electronic and increasing availability and access to heart operations. In Belarus the ratio of patient to health personnel is 1:3, which includes a doctor, nurse and an intern.

✓ Developing incentive mechanisms

To motivate individuals and create adherence to healthier lifestyles leading to prevention and control of NCDs, incentives have been shown to be essential. For example, Kyrgyzstan awarded honorary certificates to officials that commute by bike and to municipalities for their local achievements. Conducting the STEPS survey, Turkmenistan initiated a bonus system for field health ministries, Kyrgyzstan paid subsistence allowance to the surveyors, while Republic of Moldova paid not only for the activity, but also for the quality of completed surveys.

✓ **Empowering communities and people**

Best practices in community involvement were presented reminding participants that health was not only the responsibility of the state, but also of the society. In Tajikistan religious society had served as the entry point for targeting village populations to reduce the use of smokeless tobacco, which was thought to be harmless and permissible. Kyrgyzstan on the other hand created rural health committees – nongovernmental voluntary associations of the local population that supported preventative health care and improved living conditions of the rural population. Delegations emphasized the increasing ratio of nurses to doctors (which, for instance, is 2:1 in Kazakhstan) and the intensified role of the population, for example creating clubs and schools for the patient groups such as diabetics, and creating equal responsibilities between the state, the employer and the person.

✓ **Promoting healthy behaviours**

Meanwhile, Kazakhstan made physical changes in the urban environment increasing physical activity through bike lane infrastructure and cycling campaigns, supported by intersectoral plan 'Healthy Kazakhstan' (2011–2015).

✓ **Prioritizing a tobacco-free Europe**

The President of Turkmenistan himself was very committed to NCD prevention and control through the national plan. While the Vice Prime Minister for health was appointed to curate the action plan. Having adopted one of the strongest comprehensive tobacco-control laws in 2013, the country has committed to the global voluntary target on tobacco use² and adapted the vision for tobacco-free Turkmenistan (reducing tobacco use to less than 5% of the population) as the national target by 2025. According to the STEPS survey results only 8% of Turkmen population smoked – the lowest rate of smokers at national level in the Region, as well as globally.

✓ **Disseminating good practices**

Delegations emphasized the importance of being able to share experiences and lessons learnt, particularly with the community of countries involved in the Project, so as to disseminate learning from the experiences of Member States in meeting the challenges and concerns. For example, Belarus and Armenia had not yet conducted the STEPS survey, whereas Tajikistan has planned to carry out training seminars throughout the entire country in the coming year. Meanwhile Tajikistan suggested learning from Belarus and Armenia the quick progress they have had in improving NCD-related indicators.

² http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

Discussion, concerns and difficulties

Participants were invited to discuss not only on the successes made, but also on the difficulties. These included a national action plan blocked by the finance ministry, adoption of the national plan held back by the private sector, and the ready to be passed tobacco law having to wait for next elections, just to name a few. Twenty-five indicators and a set of nine voluntary targets was a vast agenda, however, meeting people with the same goals and objectives was a great opportunity to be seized. Member States could learn from one another on how to work with governments and encourage politicians, or how do motivation and adherence work in other countries?

Three key challenges were highlighted as:

1. **Difficulties working across sectors.** What can we do to make multisectorality more possible over next three years in the countries involved?
2. **Resistance from Ministry of Finance.** How do design a PEN and ensure UHC? How do we finance these programmes sustainably using national budgets (e.g. general taxation)? How do we use fiscal measures to control tobacco and alcohol more efficiently?
3. **'Missing men'.** In all countries present there is a massive preventable burden of NCD mortality among working-age men, and yet this group is most difficult to target. How do we address this problem practically?

1. Multisectorality and working across sectors in the next 2 years

ADG reminded participants that the 1978 Declaration of Alma-Ata³ stated that wellbeing of the population depend on sectors well beyond health alone. Consequently, effective implementation of the NCD agenda requires engagement not only of health ministers, but attracting other sectors and even vice presidents, and in some countries like Armenia, that political power of that level was essential to make intersectoral commitment work.

In the Russian Federation, for example, an intergovernmental commission was led by the Prime Minister with an agenda prepared by the Ministry of Health. One of the decisions made by the commission was on the health budget. When decision-makers did not have the understanding of public health, the provisioned budgets were quite small. For this reason two important solutions lay as a new model of health promotion:

- training of decision makers beyond the health sector, such as agriculture, finance, economy; and
- pulling in the private sector, society and NGOs to help fulfil state orders.

³ http://www.who.int/publications/almaata_declaration_en.pdf

The UN interagency task force mission to Belarus (July 2014) had assessed the work of all ministries in their political partisanship to NCD prevention and control. It was recognized and clearly documented that all ministries considered NCDs to be the responsibility of merely the health ministry; and that the intersectoral mechanism was of nonrecurring nature, rather than being structural and well-defined.

Nevertheless, in Uzbekistan assessment of the Global Monitoring Framework indicators and their effectiveness was carried out not only by the Ministry of Health, but also by other sectors. In Belarus meetings were held with representatives of every sector and their roles were individually discussed.

Dr Galea reminded participants of the importance of adding NCDs into their United Nations Development Action Framework (UNDAF), which all countries present were developing at that moment (except the Russian Federation), as a mechanism for implementing the UN Political Declaration. The previous UNDAF for countries like Tajikistan and Belarus had effectively worked to finance HIV/AIDs, TB, malaria, maternal and child health programmes, and were now in need for revision to integrate the joint efforts of UN agencies to improve social determinants of health and reduce inequalities with aim to prevent and control NCDs.

In Turkmenistan the health result of the UNDAF matrix has included three NCD indicators: reducing premature mortality from NCDs, reducing smoking prevalence in the adult population and increasing coverage of basic services on cardiovascular disease and metabolic disorders.

Representatives of Armenia explained the importance of paying attention to the current lifestyles and behaviours of the population as a method to identify campaigns and target populations. Using the example that Armenians like to watch television, mass media and commercials could be an easy entry point to raising awareness, but require working between sectors.

2. Sustainable financing

Although the Project funds were given only to two countries, expansion of the Project could not have been possible without active participation of Member States and the combinations of cost sharing. As an example of this, now that the World Bank was extremely interested in the collected data, countries could seize the moment and request the World Bank for support of carrying out the STEPS surveys. Once the ground for conducting the survey was created, WHO could be involved for technical support. Such a cost sharing mechanism would allow the country to use the raised funds for direct implementation of activities, and WHO would cover own costs.

Meanwhile, in Armenia the Global Fund financed 60 per cent of a project, but only after the first 40% per cent was provided by the government to initiate activities. Turkmenistan (using both government and WHO funds) and Republic of Moldova were able to purchase equipment for carrying out the STEPS survey, which would serve as a long term investment for conducting future surveys at lesser cost.

Most importantly, Dr Galea reminded the delegations that NCDs were the only public health concern that could fund itself via taxation measures. However, the results may be evidenced only with time, as in the example of Belarus, which succeeded in using some of the tobacco tax revenue to fund NCD prevention and control activities.

3. Preventable inequality and the 'missing men'

Participants were asked to give their opinions and experiences on dealing with preventable inequality, which NCDs were responsible for. A great proportion of the imbalance was represented by the 'missing men' – the male population, which has a higher risk of dying prematurely from a NCD-related cause, yet the less likely to ask for medical help. In general this has created deep inequity and impacted negatively on economic growth and productivity. More effective state efforts in reducing premature NCD deaths were needed.

Consultation on the high-level conference in NCDs

The launch conference of the project leading to the establishment of a GDO on the prevention and control of NCDs (Moscow, Russian Federation, 1 December 2014) was introduced as a discussion platform for high-level representatives and partners to present national achievements and best practices, including those that were accomplished in the framework of this Project. High-level representation of countries was encouraged.

In turn the December launch event may be followed by the proposed Second global ministerial conference on healthy lifestyles and NCDs control in the context of Post 2015 sustainable development goals. The importance of incorporating NCDs in the UNDAF agenda (but not by any means replacing the traditional UNDAF framework, such as reducing risk and vulnerability to HIV/AIDS) was once again emphasized, the outcomes of which may possibly be presented at the Second ministerial conference.

Closing session: Follow-up actions and continuation of the Project

ADG emphasized the importance to take from the successes and difficulties discussed here and make use of the shared best practices. Member States were encouraged to set national goals and draw on international organizations, supported by the leadership role of WHO to help achieve these ambitions. Although training of decision makers, providing incentives for health personnel and raising public awareness were all essential, sometimes the simplest solutions are already under our fingertips. For instance a mobile phone could be used as the most unique and simple data collector.

Professor Vartanyan highlighted the immense progress made since just last year's meeting. The formalized group of international health managers was a major success, considering the enormous time and effort required to train personnel. Now that the first phase of the programme has been concluded, and it was time to prepare agenda and results for the next two years, using the unique tools and resources that have been created over the past two years.

Dr Galea concluded that the primary challenge for the next period was to strengthen the understanding of multisectoral approaches to NCD prevention and control and to make a business case for economists and finance ministries to take concerted action in NCDs as a broader development and economic agenda. Overinvestment in high-tech medical approaches and medical bias must be replaced by strengthened communication on the population approach to NCD prevention and control.

Effective international collaboration and successful implementation of technical activities together with WHO, including the current Project, as well as the foreign policy of the Russian Federation, has led to the development of a Country Cooperation Strategy between WHO and the Ministry of Health of the Russian Federation⁴, identifying four main priority areas for strategic collaboration for the period 2014–2020. Prevention and control of NCDs is a key element of the projected collaboration. Summarizing the findings and reflecting on the results of this Project, much hope lies on its extension both time wise and geographically.

These efforts would be reflected through the ‘Russian-speaking network’ at the subsequent session of the WHO Executive board and by presenting the NCD agenda as the Russian Federation takes over as acting chair of the Shanghai Cooperation Organisation for the period 2014–2015. However, as emphasized by Dr Axelrod, representative of the Russian Federation, the current Ebola outbreak has proven that global processes could not be decided by one country alone and require an integrated global approach.

As a concluding note, participants attended the workshop on NCDs and the private sector as part of the 17th European Health Forum Gastein.

Conclusions

The following conclusions were made as an outcome of this meeting identifying needs:

- To build national capacity and develop competencies by using the growing network of NCD professionals and creating a network of officially nominated focal points from the countries.
- To develop effective mechanisms for working with the two new GDOs in the Russian Federation and Kazakhstan, including dividing responsibilities between countries and distribution of GDOs’ functions among the global, regional and national levels.
- To understand the importance of collective work to achieve serious results. This may include joint training of data collectors or joint data analysis workshops, or learning from each other’s methodologies on improving the general education.
- To use the new GDOs as a platform for sharing achievements and best practices of the Central Asian and Eastern European ‘subregion’ with the rest of the WHO European Region.
- To understand the Member States’ needs and interest in workshops and training using the workplans of the two new GDOs; and to develop a consecutive workplan for the GDOs (including data collection and data analysis).
- To train and raise awareness of decision makers of the health sector and beyond.

⁴ 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

For WHO

- To include results of the Project in the workplans of the two new GDOs. This includes, for example, results of the health systems assessments, best practices of multisectorality to overcome the outlines difficulties in other countries.
- To include increased adherence of men to prevention and treatment in the workplans of the two new GDOs.
- To promote creating standard protocols and tools in the Russian language.

For participating countries

- To fundraise with donors and other international organizations, as well as negotiate sustainable self-funding mechanisms with the finance ministries and through effective collaboration and communication between the ministries.
- To promote participation in the developed practical trainings on NCD prevention and control, such as those offered by the I.M. Sechenov First Moscow State Medical University.
- To conduct the STEPS survey in all participating countries by the end of 2016 – being an extremely powerful tool to understand the reasons behind epidemiological trends.
- To use the developed tools (available in Russian language) to conduct STEPS, including the STEPS methodology and trainings, which would be included in the GDO on NCDs (Moscow) workplan and conducted by the newly proposed WHO Collaborating Center at the I.M. Sechenov First Moscow State Medical University.
- To include NCDs into national UNDAF results matrixes.
- To use WHO tools (such as STEPS and health systems assessments) for policy implications and advocacy efforts.
- To provide a plan of suggested activities for future WHO involvement (however, no funding requests at this point).
- To encourage high level participation at launch conference of the project leading to the establishment of a GDO on the prevention and control of NCDs (Moscow, Russian Federation, 1 December 2014).

Annex 1

LIST OF PARTICIPANTS

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Annex 2

MEETING AGENDA

The agenda of the meeting was as following:

Wednesday, 1 October 2014

- Welcome and outline of meeting by **Dr Gauden Galea, WHO Regional Office for Europe, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course**, and self-introduction of participants
- Update on regional and global developments in NCDs by **Dr Oleg Chestnov, WHO Headquarters, Assistant Director-General, Noncommunicable Diseases and Mental Health** and **Dr Gauden Galea**
- Sharing experiences between countries on national achievements and best practices in NCD prevention and control – Country reports (doption of National NCD Action Plan and targets; STEPS surveys, where appropriate)

Thursday, 2 October 2014

- Country reports, continued (UNDAF and UN related activities; Health system assessment: findings and implications for policy)
- Discussion on concerns and difficulties that the countries have faced in delivery of Project activities (focusing on multisectorality, financing, and inequalities) by **Dr Gauden Galea**
- Consultation on the High-level conference in NCDs (Moscow, November 2014)
- Closing session. Follow-up actions and continuation of the Project by **Dr Oleg Chestnov, Dr Gauden Galea and Dr Svetlana Axelrod, Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health, Russian Federation**

Friday, 3 October 2014

- Workshop ‘NCDs & the private sector’ (European Health Forum Gastein)