

Round-table Discussion on the Prevention and Control of Noncommunicable Diseases in Armenia

**20–21 March 2017
Yerevan, Armenia**

MEETING REPORT





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профилактике неинфекционных
заболеваний и борьбе с ними

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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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ABSTRACT

On 20 and 21 March 2017, the World Health Organization (WHO), in collaboration with Armenia's Ministry of Health, organized a Round-table Discussion on the Prevention and Control of Noncommunicable Diseases in Armenia involving representatives of main government and nongovernmental sectors and international organizations. International experts presented two guiding documents to accelerate the implementation of priority actions: (1) a report on the health system challenges and opportunities to improve noncommunicable disease outcomes in Armenia and (2) the preliminary findings of the WHO STEPwise approach to Surveillance (STEPS) survey. The Ministry of Health presented the recently adopted Strategic Programme for the Prevention and Control of Noncommunicable Diseases for 2016–2020 and the related action plan. Workshops were organized, facilitated by the international experts, to support the implementation of key activities identified in the documents launched, supporting the country's progress towards the European health policy framework Health 2020, the Noncommunicable Diseases Global Monitoring Framework for 2025 and the Sustainable Development Goals.

KEYWORDS

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Background

In Armenia, noncommunicable diseases (NCDs) are estimated to account for 92% of deaths, with cardiovascular diseases as the main killer with 54%, followed by cancer with 22% (Global Health Observatory, WHO, 2012). Alarmingly, premature mortality from all causes accounted for 32%, with those linked to the main NCDs representing 77% of these premature deaths (European Detailed Mortality Database, WHO Regional Office for Europe, 2016). The main causes of premature death and avoidable disability are known, as are effective interventions to prevent and control many of them. Heart disease, stroke, and diabetes can be prevented by tackling major risk factors, such as tobacco and alcohol use, unhealthy diets, physical inactivity, hypertension, obesity and environmental factors.

Preventing and controlling NCDs and promoting healthy lifestyles are top priorities in the current health agenda of the Government of Armenia. In this regard, in 2016, the Strategic Programme for the Prevention and Control of Noncommunicable Diseases for 2016–2020, and the related action plan were adopted.

To accelerate the implementation of the strategy and action plan, WHO in collaboration with Armenia's Ministry of Health organized a Round-table Discussion on the Prevention and Control of Noncommunicable Diseases within the framework of the biennial collaborative agreement for 2016–2017 signed between the WHO Regional Office for Europe and the Ministry of Health.

International experts presented two guiding documents to accelerate the implementation of priority actions: (1) a report on the health system challenges and opportunities to improve NCD outcomes in Armenia and (2) the preliminary findings of the WHO STEPwise approach to Surveillance (STEPS) survey. The Ministry of Health presented the recently adopted Strategic Programme for the Prevention and Control of Noncommunicable Diseases for 2016–2020 and the related action plan.

Objective

The objective was to support the implementation of key activities identified in the documents that were launched, supporting the country's progress towards the European health policy framework Health 2020, the WHO Noncommunicable Diseases Global Monitoring Framework for 2025 and the Sustainable Development Goals. For this, workshops on intersectoral action, monitoring and surveillance and improving the quality of care and service delivery for NCDs were organized and facilitated by international experts (Annex 1).

Participants

The Round-table Discussion involved representatives of the main government and nongovernmental sectors and international organizations (Annex 2).

Acknowledgements

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Welcome and introduction

Egor Zaitsev, WHO Representative in Armenia, presented the burden of NCDs and stressed that intersectoral collaboration is essential for achieving results in NCDs and that other ministries and civil society need to be involved. Then he announced that, during this Round-table Discussion, various reports would be launched, including one on the WHO health system challenges and opportunities to improve NCD outcomes in Armenia and the preliminary results of the WHO STEPwise approach to Surveillance (STEPS).

Sergey Khachatryan, Deputy Minister of Health, mentioned that, during this Round-table Discussion, the status of NCDs in Armenia would be presented and a discussion would be held on how to tackle the burden of NCDs. This Round-table Discussion also provided an opportunity to learn from other sectors. The current situation is that NCDs are well understood in the country and the country has significant achievements. The numbers are not worse than those of the other countries in the eastern part of the WHO European Region but are still worse than those of the European Union countries. It is important to work on capacity-building and cooperation at all levels, from interministerial to communities. There has been investment in the quality of health facilities, which has reduced the effect of the risk factors on NCDs. The priority should be reducing risk factors and reducing the effect of these risk factors. He announced the wish to learn how to support further improvement.

WHO global and regional response to NCDs

Gauden Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course of the WHO Regional Office for Europe, stressed the strong collaboration between WHO and Armenia in recent years, mainly related to data collection and assessments in NCDs. Now it is time for practical implementation of the recommendations and feeding the data into policy. Gauden Galea presented the main guidance of WHO: Health 2020, the European health strategy, and the 2030 Agenda for Sustainable Development, which both stress the importance of an intersectoral approach for health.

He then informed the participants about the recent global and regional responses to NCDs. Starting from the 2011 and the 2014 High-level Meetings of the United Nations General Assembly on NCDs, continuing to the WHO European Meeting of National NCD Directors and Programme Managers on 8–9 June 2017 in Moscow, Russian Federation, where the

European status report on NCDs will be launched, informed by the 2017 country capacity survey and other data sources. The outcome of the Meeting will be a European contribution to a global road map for the NCD targets from 2018 to 2030 to be discussed during the global meeting on NCDs to take place in Montevideo, Uruguay later in 2017, and the United Nations High-level Meeting on NCDs in New York in 2018.

The main global frameworks on targets and indicators were presented: the WHO Noncommunicable Diseases Global Monitoring Framework and the four time-bound commitments of the 2014 United Nations outcome document on NCDs. Focusing on Armenia specifically, good progress has been reported in a couple of areas, including setting targets, conducting risk factor surveys and regulating breast-milk substitutes. However, there is no or little progress in many areas of intersectoral action, underlining the importance of the Round-table Discussion.

The trend in premature NCD mortality in Europe is promising. The target is a decline of 25%, and premature NCD mortality in Europe is expected to decline by 40%. The countries of the former USSR will even have a decline of more than 40% if the current trend continues. Zooming in, Armenia has a challenge because for trend analysis, there is a need to extrapolate based on only a few data points. The trend is calculated between the numbers that are reported, and assuming that these numbers are reasonably accurate, Armenia is also on a downward trend, with some variability between a 20% and 30% decline. Of the top 20 causes of premature mortality, cardiovascular disease is the leading cause, with cancer second. Interventions related to both risk factors and the health services will enable the premature mortality to be reduced significantly.

Gauden Galea concluded by returning to the time-bound commitments, stating that Armenia has succeeded in the first two time-bound commitments on setting of national targets for NCDs and developing a national multisectoral action plan. Since the health system assessment has been implemented and important improvements are being made in this area, there are positive aspects on the commitment related to strengthening the health system. Regarding the commitment on reducing risk factors, a stronger multisectoral approach is needed to improve implementation and the results.

Prevention and control of NCDs in Armenia: NCD Strategic Programme and action plan, 2016–2020

Tsaghik Vardanyan of Armenia's Ministry of Health started with an overview of the main causes of mortality in Armenia: 46% cardiovascular diseases and 22% cancer based on national data in 2015. Tsaghik Vardanyan then presented the recent achievements related to NCDs in Armenia. Population screening and programmes for early detection for hypertension, diabetes and cervical cancer were launched in 2015. Annual mandatory preventive screening for social package beneficiaries was introduced, and an emergency heart surgery programme was set up. Within the screening programme, about 977 000 tests were

conducted between 1 January 2015 and 28 February 2017: 115 592 Pap smear tests, 341 695 fasting blood glucose tests and 489 864 blood pressure measurements.

Tsaghik Vardanyan then presented Armenia's Strategic Programme for the Prevention and Control of Noncommunicable Diseases for 2016–2020. The goals and objectives of the Strategic Programme are: (1) developing the NCD management system; (2) improving the implementation of activities related to risk factors for preventable NCDs; (3) implementing public awareness activities; (4) preventing obesity and overweight; (5) reducing morbidity from chronic obstructive pulmonary diseases and bronchial asthma; (6) strengthening NCD surveillance and risk factor monitoring systems according to socioeconomic factors; (7) studying the risks associated with environmental factors and preventing them from harming human health; (8) training specialists engaged in preventing NCDs; and (9) improving integrated NCD prevention and management services, including primary prevention, early detection, treatment, rehabilitation and palliative care.

The presentation ended with an outline of the targets of the Strategic Programme, which are aligned with the WHO Noncommunicable Diseases Global Monitoring Framework, adapted to the national situation. Tsaghik Vardanyan concluded that, with the national NCD programme in place, in combination with the potential in the country and the current political will, progress against the targets is expected.

Health system challenges and opportunities to improve NCD outcomes in Armenia

Frederiek Mantingh, Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe, presented background information on the project on health system challenges and opportunities to improve NCD outcomes. The goal of this project is to support Member States in accelerating gains in NCD outcomes and reaching the targets of the WHO Noncommunicable Diseases Global Monitoring Framework, the time-bound commitments agreed through the United Nations meetings, and the 2030 Agenda for Sustainable Development, which includes a target on NCDs within the health goal. The project was implemented in Armenia on 8–12 June 2015 and included three field visits, the review of more than 35 key documents and the implementation of more than 25 interviews with more than 50 individuals.

Frederiek Mantingh then explained the sections of the report of the assessment, which was launched at the Round-table Discussion, and all participants received a copy. The sections were: (1) outcomes of major NCDs and the related risk factors; (2) level of implementation of priority population-based interventions and individual services; (3) assessment of the health system challenges and opportunities through a matrix of 15 barriers; (4) national innovations and good policies; and (5) policy recommendations.

The presentation continued highlighting the main findings and recommendations. The first key finding described in the report was on the coordination and governance mechanisms for NCDs. The assessment team found pockets of good practices in intersectoral collaboration to build on in Armenia but that supportive mechanisms are needed and that the responsibility

within the Ministry of Health seems to be fragmented. The recommendations related to this were to establish a multisectoral mechanism chaired at the highest level of authority supported by a technical working group and to improve the coordination within the Ministry of Health. Further, human resources and competencies to address the intersectoral agenda of NCDs should be strengthened and expanded.

The second key finding was on the need for scaling up population-based interventions. The assessment team found that, for the range of priority anti-smoking interventions, implementation was limited for all interventions, with one exception. The implementation of the range of interventions to prevent the harmful use of alcohol was limited to moderate. The implementation of the range of interventions to improve diet and physical activity was limited. The assessment team recommended stronger implementation of the population-based interventions of the NCD plan through a whole-of-government approach. Further, there were recommendations related to establishing a comprehensive NCD risk factor surveillance system and to setting clear targets and indicators for NCDs consistent with the WHO Noncommunicable Diseases Global Monitoring Framework.

Then Arnoldas Jurgutis, Senior Advisor, WHO European Centre for Primary Health Care, WHO Regional Office for Europe presented the key findings related to the quality of care and service delivery to address NCDs. He presented that the level of implementation for priority individual services related to cardiovascular diseases, diabetes and cancer is limited to moderate. In this area, the assessment team recommended improving the remuneration of doctors and nurses to reduce the brain drain, establishing education programmes for other needed health professionals such as nurse educators and dietitians to enhance the capacity of nurses in NCD prevention and control by facilitating and rewarding continuing education, to develop the role of nurses and to include NCDs and public health in curricula for health managers, physicians, and nurses. The assessment team also highlighted the importance of developing, disseminating and monitoring national NCD clinical guidelines, developing and monitoring patient education programmes, fostering a culture of continuous quality improvement focusing on outcomes, developing an integrated chronic care model across services and developing an accreditation system for health institutions and systems of continuous quality improvement.

The last key finding presented related to generating more resources for tackling NCDs. The assessment team found that Armenia's health expenditure per capita is among the lowest in the European Region, resulting in outdated and run-down health-care facilities with a lack of equipment and insufficient availability of medicines. Further, no explicit policy or plan outlines the respective roles of primary, secondary and tertiary care managing NCDs, and primary care doctors remain weak gatekeepers and coordinators of care. The recommendations related to this refer to increasing the public budget for health and gradually establishing a unified social health insurance programme. It was also recommended to strengthen the ability of primary health care to provide first-level care and to unify the accessibility and affordability of NCD services across population groups.

Preliminary findings of the STEPS survey in Armenia

Enrique Loyola, Coordinator, Surveillance of Noncommunicable Diseases, WHO Regional Office for Europe, presented the preliminary findings of the STEPS survey in Armenia. He started the presentation by outlining the main monitoring mandates and tools, including the nine global NCD targets and the 25 indicators of the WHO Noncommunicable Diseases Global Monitoring Framework. Enrique Loyola introduced the potential data sources against the targets and indicators and mentioned that very few data are available through the vital statistics, disease registries and clinical and administrative records used for public health monitoring. Alternative sources therefore need to be explored such as cancer registries, the WHO STEPS survey and the NCD country capacity survey. He concluded that, even if all systems to collect the data are in place, compiling the information for complete analysis and translating data into policy remain challenges.

The data on premature mortality show that Armenia is well below the average for the Commonwealth of Independent States subregion but is above the average for the WHO European Region. The trend for NCDs is that they are declining in all the countries, including Armenia. However, in Armenia, progress seems to have slowed down since 2010, and it is interesting to study this fact and learn from it.

Enrique Loyola presented a slide on premature mortality from the main NCDs in European Region countries, explaining that the premature mortality related to cancer is about the same in all European Region countries, but the premature mortality related to cardiovascular diseases show clear scope for improvement. Ischaemic heart disease is the leading cause of premature mortality from NCDs in Armenia, with the mortality rate for men being four-fold the rate for women.

The presentation continued with an assessment of the NCD risk factors informed by the preliminary results of the 2016 WHO STEPS survey in Armenia. It was pointed out that the targets of Armenia's NCD action plan are aligned with the WHO Noncommunicable Diseases Global Monitoring Framework and that the WHO STEPS survey will enable progress against most of these targets to be assessed. The characteristics of the STEPS survey were presented, including the design, sample size, coverage, procedures (questionnaire, physical measurements and biochemical determinations) and data collection (duration and timing).

Key elements were highlighted of the results, which will soon be published in a fact sheet. Related to tobacco, 52% of men smoke versus 2% of women. Men also start to smoke younger than women, and people who smoke use about a pack of cigarettes a day. The percentage of people who currently consume alcohol is 34%, with 46% of men and 22% of women. The percentage of people who engage in heavy episodic drinking is 6%, with more than 1 of 10 men drinking in this pattern. The mean number of days that people consume fruit and vegetables is five per week, and the average number of servings of fruit consumed is two per day. Enrique Loyola noted that 76% of the people did not reach the WHO recommendation of eating five servings of fruits and/or vegetables a day. Salt is also an area of concern. The mean body mass index is 26, with 48% of the population being overweight and 20% being obese.

The mean blood pressure is relatively high, at 129 mmHg, and 38% have elevated blood pressure, with 73% not under treatment, which informs about the performance of the health system. The percentage of people who have impaired fasting glycaemia is 6%, and the percentage of elevated cholesterol is 24% of the population. The risk score for cardiovascular diseases, based on a summary of the risk factors, informed that 17% of the population have a high risk of having a cardiovascular event in the next 10 years. Analysing the counselling and treatment of health-care providers in this area is important, to give an idea about where to intervene. Enrique Loyola also stressed that, among people 18–44 years old, 23% of the population has three or more risk factors, and at 45–69 years old, this percentage is twice as high among men and three times as high among women. Further, only 31% of women mentioned having had a screening test for cervical cancer, another indicator of the performance of the health system.

The presented ended with some concluding remarks. The survey shows that Armenia is making progress towards controlling NCDs, especially reducing premature mortality from cardiovascular diseases. The survey showed that, in general, men engage more often in high-risk behaviour related to tobacco and alcohol use, whereas women are less physically active and more frequently obese (80% more than men). The mean systolic blood pressure was relatively high, and nearly 40% of participants (men and women alike) showed high blood pressure. However, men less frequently took medicine for this. These results may also explain high premature mortality from cardiovascular diseases and cancer among men, while obesity levels affect mainly women, which in turn may be associated with high premature mortality from breast cancer among women and diabetes among men.

The results also indicate that policies and programmes still need to be enhanced in response to specific risk factors related to prevention and health-care management. Since cardiovascular diseases and cancer are the main causes of death, the survey may help to identify specific areas for increasing efforts for limiting tobacco use and alcohol consumption, especially among men, promoting physical activity among women and reducing high blood pressure among both men and women by providing medicine at relatively low cost.

The presenter concluded that there is a wealth of data from STEPS to discuss and help to determine other potential interventions at the population or the individual and health-care system level. The results from the survey still need to be discussed and validated by national experts and authorities before making more conclusions.

Experience of intersectoral collaboration in the Russian Federation

Andrey Demin, Professor, I.M. Sechenov First Moscow State Medical University, Russian Federation, presented the experience of intersectoral collaboration in the Russian Federation. Andrey Demin presented policy initiatives and documents, examples of intersectoral collaboration at the federal and regional levels and the challenges encountered. He stressed that the political will for intersectoral collaboration for NCDs in the Russian Federation is

apparently being highlighted through several addresses and decrees of the President of the Russian Federation. Of specific interest are the various policy documents based on intersectoral collaboration related to NCDs and the launch of an intersectoral government commission on issues related to protecting citizens.

He said that the Russian Federation gives special attention on complying with the WHO Framework Convention on Tobacco Control. A federal law on the accession of the Russian Federation to the WHO Framework Convention on Tobacco Control was adopted in 2008, bringing all relevant sectors on board through the Coordination Council for Tobacco Control. Regulatory legal acts included banning smoking in public places, price and tax measures, banning advertising and sponsorship, educating people on the dangers of tobacco, preventing illegal trade in tobacco products and preventing the sale of tobacco products to minors. These measures led to a significant shrinking tobacco market, with 25% reduction and further reductions being expected.

Andrey Demin then outlined the regulations related to alcohol between 2006 and 2016, including prohibiting sales at night, amending the law on alcohol products, adjusting prices, applying zero tolerance for drivers, regulating production, increasing the fines for selling to minors and restricting alcohol advertising. This led to declining harmful use of alcohol by the public year after year.

Several policies and decrees related to healthy nutrition and physical activity were adopted between 2010 and 2016, including a policy and a plan on healthy nutrition, a decree on food security, a law on food safety, a strategy for improving the quality of food products, a state programme on developing physical culture and sports, an information and communication strategy and an order on the norms of consumption of food products.

The presenter then discussed the challenges encountered in this work. An example of this is the supranational regulation of the Eurasian Economic Council, with a possible bias towards industry interests. Further, regulating the activities of private companies is a challenge, since they are represented in advisory councils chaired by the federal government. Other challenges include innovation in media and communication and successfully involving civil society and selected private companies.

The most recent development in the Russian Federation is a strategy for developing healthy lifestyles among the population and preventing and controlling NCDs in the Russian Federation towards 2025, with a strong intersectoral approach. This strategy is currently being prepared for approval in the federal government. After approval, a plan of action will be drafted, approved and implemented.

Andrey Demin concluded with key messages related to intersectoral collaboration for successfully implementing population-based interventions. Related to tobacco, he summarized that, because of effective implementation of tobacco interventions over the past 10 years, tobacco use among adults declined by 25% and tobacco use among adolescents dropped by 60–70%. Further, passive smoking in homes has been halved and cut by two thirds in public places. A similar trend can be seen with the consumption of alcohol

beverages, which decreased by 26% in less than 10 years. Regarding nutrition, between 2005 and 2015, the per capita consumption of vegetables increased by 10% and of fruits by 38%, while the consumption of sugar decreased by almost 10%. All of this has given the Russian Federation a leading position in increasing life expectancy and reducing population mortality.

Discussion

Sergey Khachatryan, Deputy Minister of Health, Armenia, concluded that Armenia needs to step up efforts to accelerate the reduction of the burden of NCDs. He announced that the working groups in the afternoon, continuing the next day, would be aligned with the priorities of the Ministry of Health related to intersectoral collaboration for NCDs, monitoring and surveillance and NCDs and primary health care. The outcomes of these sessions will contribute to more comprehensive programmes in the future.

Parallel session 1: Strengthening coordination and governance mechanism for NCDs – good country practices of intersectoral collaboration

Facilitated by: Frederiek Mantingh, Technical Officer, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe; Jo Jewell, Technical Officer, Nutrition, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe; and Andrey Demin, Professor, I.M. Sechenov First Moscow State Medical University, Russian Federation

During this session, supporting factors and barriers for successful intersectoral collaboration were identified by presenting good practices. Three presentations were given on good practices in Armenia: (1) Nune Pashayan, Head, Child and Adolescent Unit, Maternal and Child Health Department, Ministry of Health, Armenia presented the healthy schools initiative; (2) Karine Saribekyan, Head, Maternal and Child Health Department, Ministry of Health, Armenia, presented the experience of intersectoral collaboration through the new law on breastfeeding; (3) Karine Gabrielyan, Chief Specialist, Public Health Unit, Ministry of Health, Armenia presented the experience of intersectoral collaboration towards preventing antimicrobial resistance.

The following are general observations of the case studies on supporting factors and barriers for successful intersectoral collaboration.

- **Skills and competencies:** a supporting factor in the examples presented was that the health sector spoke the same language as the partners; also, partnership is built on trust and sustainability of the network, personal contacts have been found to be an important vehicle, although capacity-building in setting up and maintaining partnerships is necessary.
- **Project management:** the examples highlighted that the partners involved need to build a common understanding of the problem with a focus on why it is an issue; also, the

presenter pointed out that a law supporting the work makes it more easy for partners to engage.

- Governance: a true supporting factor in the work presented was the political will and high-level commitment for intersectoral collaboration in the country; another success factor for the work presented was an established mechanism for intersectoral collaboration with different levels of commitment: an intergovernmental committee supported by a technical working group and active participation of different stakeholders in different stages of the process.

The session continued with a discussion on the roles and responsibilities of a range of actors defined through a stakeholder analysis on the topic of salt reduction, an identified priority area for Armenia. This session started with a short introduction on the evidence for the link between salt intake and health: if the global target of 30% reduction in salt intake were met, the reduction in the prevalence of ischaemic heart disease and stroke would be between 2.3% and 4.0% in selected countries, making salt reduction one of the most cost-effective approaches to prevent NCDs. It was highlighted that, throughout the European Region, salt reduction is normally identified as a specific substrategy, initiative or subpolicy within a broader national obesity strategy or national NCD strategy and, in some instances, is also to be integrated into national school food policies. Work on salt reduction would then be pursued through channels such as product reformulation, labelling or consumer awareness.

Following the introduction, the group then undertook a mapping exercise to identify the range of potentially relevant actors to involve. The stakeholders identified are as follows, in no particular order:

- Ministry of Health, including the State Food Inspectorate; Working Group on Healthy Lifestyle; and National Centre for Disease Control and Prevention;
- Armenian Parliament;
- Ministry of Agriculture, including the State Food Service;
- Ministry of Education;
- Ministry of Sport and Youth Affairs;
- Ministry of Culture;
- general public;
- Professional associations (such as medical associations);
- NGOs and civil society;
- celebrities and champions;

- industry: food producers; retailers; restaurants; and caterers;
- Academia;
- Media: print media; online media; social media; radio; marketing and advertising;
- Armenian diaspora;
- health professionals; and
- lawyers;
- Eurasian Economic Union; and
- international organizations.

The power and influence of the various stakeholders was discussed as well as the potential of each one acting as either an enabler or a blocker in the salt reduction policy process. The actors were plotted against a matrix to their influence and power and their interest and stake to highlight the level of engagement. It was noted that civil society is strong in Armenia and engaging them in any intersectoral processes around NCDs would therefore be necessary and practical since they are trusted and would have an important role in holding the government to account.

The United Nations task force on NCDs in Armenia was noted as not currently functioning to full potential but being representative of a key opportunity for convening and engaging multiple stakeholders in salt reduction.

The key message to emerge from the exercise of the stakeholder analysis and the discussion accompanying it was the importance of political will in facilitating intersectoral action. This requires that the government be engaged and suitably averse to industry lobbying and tactics, especially in tobacco and alcohol.

The expertise and competencies for successful interagency collaboration were presented, explaining that a new way of thinking, a new way of working and a new way of communicating needs to be developed for intersectoral collaboration. For this, the WHO competence framework for staff performance was used to explore some of the skills necessary for intersectoral work at the country level. Participants found that the framework (or similar frameworks) is useful and observed that the following could be particularly important in intersectoral action.

- Competencies on advocacy and diplomacy, such as in work with other ministries and agencies. You have to be able to convince them that it is important for them as well (win-win). Bringing the human perspective and cultural values to engage interest in health topics is important in this respect.

- The ability to lead on a policy agenda and bring people along with you is also important. For this, knowledge of your topic and expertise is instrumental. It was stressed that a skill to communicate evidence needs to be developed, which is viewed as essential to frame the scale of the problem and demonstrate the tangible benefits for sectors (both for health and other outcomes, such as revenue and costs saved). It is important to be able to adjust the message for different actors and audiences (such as a finance ministry or the general public).
- It was highlighted that resistance needs to be overcome through incentives for good performance, including constructive feedback mechanisms, to set up and build the necessary skill set for successful intersectoral collaboration.

The session finished with a presentation of the policy cycle, explaining that, for effective implementation, selected partners should be involved in different steps of the process. Then, given the complex, political nature of policy-making in health, seizing windows of opportunity is essential. These are short periods in time in which, simultaneously, a problem is recognized, a solution is available and the political climate is positive for policy change. During the Round-table Discussion, it became clear that Armenia now has a window of opportunity to shape the agenda and promote intersectoral collaboration within government and engage with external stakeholders, building on the reports and policies launched and the perceived political will and commitment.

The next steps related to the specific activities of the NCD action plan in this area were defined as follows.

- Mapping of the intersectoral mechanisms in place in the country would be a valuable contribution, providing insight in the already established governance structures showing what works. Future work could then make use of these structures.
- With the new government coming in place soon after the Round-table Discussion, it is recommended to organize a first meeting of the established interagency coordination commission on NCDs. The opportunity for this committee to report directly to the Prime Minister reinforces a true whole-of-government approach to NCDs and would ensure that the government is immediately informed about priority actions.
- The skills and practices using salt reduction as an entrance point should be extended into tobacco and alcohol: the processes that work, the skills needed to engage other partners and the balance needed between legislation and voluntary approaches.

Parallel session 2: Monitoring and NCD targets: revisiting the targets of the NCD action plan based on the new data on mortality and risk factors (STEPS)

Facilitated by Enrique Loyola, Coordinator, Surveillance of Noncommunicable Diseases, WHO Regional Office for Europe

During this session, a capacity-building exercise was performed on adjusting the targets and indicators consistent with international frameworks and based on the new data on mortality and risk factors for NCDs as presented by the STEPS survey. It was stressed that establishing and institutionalizing a comprehensive NCD surveillance system is key for measuring progress against the targets of the European health policy framework Health 2020, the WHO Noncommunicable Diseases Global Monitoring Framework for 2025 and the Sustainable Development Goals.

The session started with a presentation on the topic of translating data into policy, including the use of the STEPS survey in Armenia. The needs for NCD monitoring and surveillance were presented, referring to the WHO Noncommunicable Diseases Global Monitoring Framework with its nine global targets to be attained by 2025 and the four time-bound commitments of the outcome document of the 2014 United Nations High-level Meeting on NCDs.

Armenia has developed a set of targets and indicators for NCD prevention and control in their action plan that are aligned with the WHO Noncommunicable Diseases Global Monitoring Framework proposals.

The recent surveys and vital statistics in Armenia give opportunities for reviewing the national targets from the NCD action plan. The following questions were discussed during the session.

- How were the target levels in the NCD action plan determined? Based on which data available, and which methods were used to determine them?
- Have mortality, risk factors and other data changed in recent years? What are the situation and trends of key indicators and factors?
- Are the current levels appropriate given the new evidence? Is it possible to propose new or alternative scenarios?
- How can we use the data for setting priorities in NCD prevention and control?
- Can we consider new targets extra and in addition to the current list?

Following the presentation on the current status of NCD indicators in Armenia and discussions on potentially adjusting the target levels and using complementary indicators, several suggestions were made, including the following.

- Since WHO sources are missing some data points, use all yearly mortality data from 2000 onwards to have a full time series on which to base a robust assessment of trends and

projections to 2025. Use the longer trends and compare with those starting from the 2010 baseline.

- Since only about one third of all deaths occur among people 30–69 years old, when they are more amenable to prevention and control, consider using premature mortality as the key complementary measure for health outcome rather than solely overall mortality.
- Premature mortality levels and trends vary significantly between specific causes of NCDs. Thus, in addition to an overall measure combining the four main groups (cardiovascular diseases, cancer, diabetes and respiratory diseases, mainly chronic obstructive pulmonary disease), assess individual causes for types of cardiovascular diseases and cancer, by far the main killers in Armenia. This is also important given their underlying risk factors and determinants that will more likely respond to targeted interventions and policies.
- The STEPS survey, jointly with others conducted in Armenia (such as health systems performance assessment and Health Behaviour in School-aged Children), provides an important element against which to measure progress on NCDs. Thus, comparing the prevalence of NCD risk factors in Armenia with that in other countries with similar levels and patterns that had been able to reduce them, including policies that have been more successful, may be a task for monitoring.
- While including 13 of the 25 indicators of the WHO Noncommunicable Diseases Global Monitoring Framework, the STEPS survey has shown that tobacco use, alcohol consumption, low physical activity and high blood pressure are among the main risk factors in Armenia. In general, men engage more often in risk behaviour related to tobacco and alcohol use, while women are less physically active and more frequently obese. Both men and women have high mean blood pressure and prevalence. However, men less frequently took medicine for this. Almost half of men and women have three or more NCD risk factors.
- The STEPS survey results are useful for both public health and clinical settings. High prevalence and multiple risk factor patterns and their control are important for both prevention and the quality of disease diagnosis and management, especially in primary health care. Sharing information and discussing will help to justify and promote change in preventing and controlling NCDs in Armenia.
- Combining results from the STEPS survey with the survey of country capacity and response on NCDs will enable a more comprehensive picture of NCDs and their prevention, control and monitoring and potentially explain associated changes. Having this information all together on a regular basis will require creating a functional mechanism for sharing, integrating and compiling information from different health system areas and other sectors that are required for comprehensive NCD monitoring.

- Finally, based on the above information and suggestions, consider adjusting the target levels to a more challenging yet achievable value. If necessary, compare what other countries with similar conditions have done in setting and achieving levels. Monitoring changes on a disaggregated basis will also enable identifying and acting on health inequalities, especially when linked to other socioeconomic determinants.

Parallel session 3: Improving the quality of care and service delivery in primary health care to address NCDs

Facilitated by Arnoldas Jurgutis, Senior Advisor, WHO European Centre for Primary Health Care, WHO Regional Office for Europe

Aspects of an improved NCD response at the level of primary health care were presented and discussed. The session reflected on the overall vision for the first level of care and the role and content of services offered by the primary health care providers as well as a better definition of this role in relation to other providers and adjustments to the education, skills, development and incentive systems.

This session started with a presentation on developing primary health care for better NCD outcomes. The scorecards for the individual services for NCD prevention and management of the health system assessment for NCDs were brought back as a reminder. The facilitator presented the potential for stronger primary health care to reduce avoidable deaths from NCDs and to reduce costs. The essential principles of strong primary health care are first contact, continuity, comprehensiveness and coordination. Comprehensive and continuous primary health care offers the potential of improved care in four areas: solving the presented problem; appropriately managing the detected NCDs; modifying people's attitudes towards health and health care; and using evidence-informed screening tools. The facilitator also presented the European Framework for Action on Integrated Health Service Delivery with actions in the domains of people, services, system, and change.

The second presentation in the session was on managing diabetes in Armenia by Diana Andreasyan. There are 80 000 new diabetes cases diagnosed annually. Screening of the population for diabetes has been improved recently, but people with detected diabetes often lack well-coordinated, continuous care in primary care. There is no national registry of people with diabetes enabling individual cases and outcomes to be tracked. There are no adequate strategies for educating people with diabetes.

Building on the European Framework for Action on Integrated Health Service Delivery, the group defined the following priority actions for Armenia.

Strategies for the individuals and population

- Establish schools for people with NCDs: develop methods for educating people with NCDs; develop qualification requirements and job descriptions for the nurses responsible for educating people with NCDs; develop methods to enhance peer-to-peer teaching; and

develop a method to enhance self-monitoring and self-management that applies eHealth tools and web education.

- Develop measures to improve the awareness of the population on the NCDs and NCD risk factors and how to use health-care services more adequately (optimizing care pathways).

Health care services

- Define the primary health care service package: examine the best practices in Armenia; examine the best international practices; and establish a new term used by the Ministry of Health – switch from “ambulatory polyclinic care” to “primary health care”.
- Revise the scope of practices of the family doctors and other professionals in the primary health care team: define what core professionals of the primary health care team are required for a given number of the population; introduce community nurses; redistribute the functional responsibilities for NCD prevention and education of people with NCDs from family physicians to family nurses and community nurses.
- Revise the job descriptions of the narrow specialists with better-defined criteria for referral.
- Design new models of integrated primary health care and secondary health care specialists for better coordinated and more patient-centred management of NCDs.
- Revise the NCD protocols and guidelines and introduce the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) protocols.

Health-care system

- Revise the methods of assessing primary health care performance: revise the performance indicators used for the assessment (currently 28 such indicators).
- Improve the monitoring system and improve the quality of the primary health care services from fragmented disease-centred monitoring to more comprehensive monitoring of primary health care quality. Strengthen the capacity of quality committees in primary health care facilities and introduce internal quality assurance methods and tools.
- Revise the indications for hospital treatment and developing performance assessment indicators (related to the main NCDs) for the hospital care.
- Establish a registry of people with diabetes.
- Implement the eHealth system for these goals.

- Revise the system of funding and incentives for primary health care and for specialized hospital care.
- Improve the education of primary health care professionals: revise or introduce a primary health care course (including the role of primary health care for managing NCDs) into the undergraduate training curriculum at medical universities and colleges; revise or introduce training programmes to train nurses for primary health care aligned with the defined professionals needed for the multidisciplinary primary health care team; review the training programmes for family physician, residents in family medicines and primary health care nurses.
- Develop a strategy for human resource planning and training. Establish a mechanism for stimulating the distribution of human resources in the remote regions.

Closing

Gauden Galea, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course of the WHO Regional Office for Europe, thanked the participants for the intensive work performed during the Round-table Discussion. This Round-table Discussion marks the end of a phase of preparation. In recent years, WHO has collaborated with the officials in Armenia on NCDs, and slow but steady progress has been noted: the NCD plan has been developed and adopted, the STEPS survey has been implemented (in addition to national data sets) and the health system assessment for NCDs has been implemented. No more preparation is needed; it is time to focus on the next steps.

The implementation of the priority population-based interventions and individual services needs to be scaled up through an intersectoral approach to meet the targets and indicators of the global frameworks on NCDs. A strengthened system of monitoring and surveillance provides an opportunity to show the results of the coming years. These results can be seen very quickly, as presented in the case study on the Russian Federation. This Round-table Discussion symbolically starts a new phase of collaboration between WHO and Armenia's Ministry of Health, and WHO looks forward to requests for support and future achievements.

ANNEX 1A

Programme round table discussion on the prevention and control of NCDs in Armenia

9:00-9:30	Registration of participants
9:30-10:30	Chair: <i>Levon Altunyan, Minister of Health, Armenia</i> Co-chair: <i>Egor Zaitsev, WHO Representative in Armenia</i> Opening remarks <i>Levon Altunyan, Minister of Health, Armenia</i> <i>Egor Zaitsev, WHO Representative in Armenia</i>
10:30-11:00	WHO global and regional response to Noncommunicable Diseases (NCDs) <i>Gauden Galea, Director, NCDs and Promoting Health through the Life-course, WHO Regional Office for Europe</i>
11:00-11:30	Prevention and control of NCDs in Armenia, NCD national programme/ plan 2016-2020 <i>Tsaghik Vardanyan, Diana Andreasyan, Ministry of Health, Armenia</i>
11:30-12:00	Coffee Break
12:00-12:30	Health System challenges and opportunities to improve NCD outcomes in Armenia <i>Frederiek Mantingh, Technical Officer NCD, WHO Regional Office for Europe</i> <i>Arnoldas Jurgutis, Senior Advisor WHO European Centre for Primary Health Care, WHO Regional Office for Europe</i>
12:30-13:00	Preliminary findings of STEPS survey in Armenia <i>Enrique Loyola, Coordinator Surveillance of NCDs, WHO Regional Office for Europe</i>
13.00-13.30	Discussion, questions and answers
13.30-14.30	Lunch

14.30-16.00	<p>Parallel sessions (20-30 people in each group)</p> <p>Objective of the group work is to present the current status in the country on selected topics based on the recommendations of the HSS NCD report, and propose next steps for strengthening the implementation</p> <p>In each group there will be 3 country presentations followed by a discussion.</p> <p>Group 1: Strengthening coordination and governance mechanism for NCD. Good country practices of intersectoral collaboration.</p> <p><i>Facilitated by Frederiek Mantingh, Technical Officer NCD, WHO Regional Office for Europe, and Jo Jewell, Technical Officer Nutrition, WHO Regional Officer for Europe</i></p> <p>Group 2: Monitoring and NCD targets: Revisiting the targets of the NCD plan in light of the new data on mortality and risk factors (STEPS)</p> <p><i>Facilitated by Enrique Loyola, Coordinator Surveillance of NCDs, WHO Regional Office for Europe</i></p> <p>Group 3: Improving quality of care and service delivery at Primary Health Care to address NCDs.</p> <p><i>Facilitated by Arnoldas Jurgutis, Senior Advisor WHO European Centre for Primary Health Care, WHO Regional Office for Europe</i></p>
16.00-16.30	Coffee break
16.30-17.30	<p>Feedback in plenary: Next steps for implementation</p> <p>Concluding remarks</p> <p>Closure</p> <p><i>Egor Zaitsev, WHO Representative in Armenia</i></p> <p><i>Gauden Galea, Director, NCDs and Promoting Health through the Life-course, WHO Regional Office for Europe</i></p> <p><i>Levon Altunyan, Minister of Health, Armenia</i></p>

ANNEX 1B

Programme workshop on intersectoral work for NCDs in Armenia

:00-09:30	Introduction of the work <i>Facilitated by Frederiek Mantingh, Technical Officer NCD policy, WHO Regional Office for Europe</i>
9:30-11:00	Presentation and discussion of a stakeholder analysis in the area of salt reduction <i>Facilitated by Jo Jewell, Technical Officer Nutrition, Physical Activity and Obesity, WHO Regional Office for Europe</i> Discussion
11.00-11.30	Coffee break
11:30-13:00	Expertise and competencies for interagency collaboration <i>Facilitated by Andrey Demin, Professor, I.M. Sechenov First Moscow State Medical University, Russian Federation</i>
13.00-14.30	Lunch
14:30-16:00	Project management for intersectoral collaboration: Work on the proposal for the implementation plan on intersectoral collaboration for NCDs <i>Facilitated by Frederiek Mantingh, Technical Officer NCD policy, WHO Regional Office for Europe</i>
16.00-16.15	Concluding remarks Closure

ANNEX 2

List of Participants

N	Name	Position
	Ministry of Health (25 participants)	
1.	Levon Altunyan	Minister of Health, MoH Armenia
2.	Sergey Khachatryan	Deputy Minister of Health, MoH Armenia
3.	Samvel Margaryan	Deputy Minister of Health, MoH Armenia
4.	Tigran Sahakyan	Deputy Minister of Health, MoH Armenia
5.	Nelson Zuloyan	Head of Staff, MoH Armenia
6.	Artemis Ter-Sargsyan	Minister's adviser, MoH Armenia
7.	Tsaghik Vardanyan	Head, Healthcare Policy Department, MoH Armenia
8.	Kristina Gyurjyan	Head, Public Health Unit, MoH Armenia
9.	Karine Gabrielyan	Chef specialist, Public Health Unit, MoH Armenia
10.	Samvel Soghomonyan	Head, HR department, MoH Armenia
11.	Karine Saribekyan	Head, Mother and Child Health (MCH) Protection Department, MoH Armenia
12.	Nune Pashayan	Head of Child and Adolescent Unit, MCH Department, MoH Armenia
13.	Sonya Arushanyan	IMCI national coordinator, MoH Armenia
14.	Artavazd Vanyan	Head, National Center for Disease Control and Prevention (NCDC) of MoH Armenia
15.	Hayk Grigoryan	Head of Foreign affairs Department, MoH Armenia
16.	Anahit Haytayan	Minister's Press secretary, MoH Armenia
17.	Alexander Bazarchyan	Director, National Institute of Health (NIH) of MoH Armenia
18.	Diana Andriasyan	Head, Health Information Analytic Center, NIH
19.	Arevik Torosyan	Specialist of Health Information Analytic Center, NIH

20.	Lusine Arustamyan	Epidemiologist, NCD Department, NCD, MoH Armenia
21.	Hovsep Hovhannisyan	Head, Department of occupational health, radiation and chemical safety, NCD, MoH Armenia
22.	Gayane Chilingaryan	Chef specialist, Health care Policy Department, MoH Armenia
23.	Gohar Panajyan	Deputy Head, State Health Inspectorate, MoH Armenia
24.	Margarita Babayan	Head, Department of Hygiene, State Health Inspectorate, MoH Armenia
25.	Nona Hayrapetyan	Head, Department of Epidemiology of communicable and noncommunicable diseases, State Health Inspectorate, MoH Armenia
	MoH Armenia PIU on NCDs (3 participants)	
26.	Arayik Bagryan	Director, Health Project Implementation Unit (PIU) of the MoH Armenia
27.	Yervand Elibekyan	Family Medicine Development Component Coordinator, MoH PIU
28.	Kristine Sargsyan	Institutional Development Component Coordinator, MoH PIU
	Regional/Marz and Yerevan municipality representatives (11 participants)	
29.	Kamsar Babinyan	Head, Health Department, Yerevan Municipality
30.	Artem Petrosyan	Aragatostn marzpetaran
31.	Sonya Poghosyan	Ararat marzpetaran
32.	Larisa Muradyan	Armavir marzpetaran
33.	Anush Poghosyan	Gegharkunik marzpetaran
34.	Samvel Lambaryan	Lori marzpetaran
35.	Vahagn Voskanyan	Kotayk marzpetaran
36.	Leyli Aslanayn	Shirak marzpetaran
37.	Nune Gevorgyan	Syunik marzpetaran
38.	Lilia Karapetyan	Vayots Dzor marzpetaran
39.	Levon Vantsyan	Tavush marzpetaran
	Academic/Health institutions, think-tanks, NGOs (6 participants)	

40.	Armen Muradyan	Rector, Yerevan State Medical University (YSMU)
41.	Mikael Narimanyan	Head of Chair of Family Medicine, YSMU
42.	Varduhi Petrosyan	Director CHSR, American University of Armenian
43.	Paruyr Amirjanyan	International Center for Human Development
44.	Artak Saghatelyan	International Center for Human Development
45.	Gevorg Grigoryan	President, Association of Young Doctors of Armenia
	Government of Armenia/non-health sector (8 participants)	
46.	Parandzem Darbinyan	Ministry of Territorial Administration and Development
47.	Zhora Asatryan	Ministry of Finance
48.	Robert Sukiasyan	Ministry of Education and Science
49.	Angela Turlikyan	Ministry of Nature Protection
50.	Larisa Kocharova	Ministry of Sport and Youth Affairs
51.	Levon Ter-Isahakyan	Ministry of Agriculture
52.	Garegin Melkonyan	Ministry of Economic Development and Investments
53.	Anna Hakobyan	Ministry of Labor and Social Affairs
	International Organizations/partners (11 participants)	
54.	Dmitry Mariyasin	Deputy Resident Representative, UNDP Armenia
55.	Garik Hayrapetyan	Assistant Representative, UNFPA Armenia
56.	Tanja Radocaj	UNICEF Representative in Armenia
57.	Liana Hovakimyan	Health and Nutrition Officer, UNICEF Armenia
58.	Luca Molinas	Head of Programme, World Food Programme (WFP) Armenia
59.	Vanja Karanovic	Programme and Policy Officer, World Food Programme (WFP) Armenia
60.	Susanna Hayrapetyan	Senior Health Specialist, The World Bank
61.	Astghik Grigoryan	Health Management Specialist, USAID/Armenia
62.	Karine Abelyan	Early childhood program manager, World Vision Armenia
63.	Ivan Volynkin	Russian Ambassador to Armenia, Embassy of the Russian

		Federation in Armenia
64.	Piotr Antoni Switalski	Ambassador, Head of Delegation , Delegation of the European Union to Armenia
	WHO (11 participants)	
65.	Egor Zaitsev	WHO Representative in Armenia
66.	Gauden Galea	Director, Division of Noncommunicable Diseases and Life-course, WHO Regional Office for Europe
67.	Frederiek Mantingh	Technical Officer, Division of Noncommunicable Diseases and Life-course, WHO Regional Office for Europe
68.	Enrique Loyola	Coordinator , Surveillance of NCDs, WHO Regional Office for Europe
69.	Jo Jewell	Technical Officer on Nutrition, WHO Regional Office for Europe
70.	Arnoldas Jurgutis	Senior Advisor WHO European Centre for Primary Health Care , WHO Regional Office for Europe
71.	Adam Tiliouine	WHO Consultant, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe
72.	Andrey Demin	WHO consultant, Professor, I.M. Sechenov First Moscow State Medical University, Russian Federation
73.	Henrik Khachatryan	NPO on NCD and Life-Course, WHO CO Armenia
74.	Gayane Ghukasyan	NPO on CD, WHO CO Armenia
75.	Nune Dolyan	NPO on PIP, WHO CO Armenia
	Translators (3)	
76.	Guevork Guevorkian	Interpreter
77.	Vahagn Petrosyan	Interpreter
78.	Gayane Simonyan	Interpreter
	Press/journalists, admin support staff	

