# Project concept

<table>
<thead>
<tr>
<th>Name of the Lead Applicant</th>
<th>Baltic Region Healthy Cities Association – WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region</th>
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<tbody>
<tr>
<td>Address</td>
<td>Vanha Suurtoni 7, 20500 Turku, Finland</td>
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<tr>
<td>E-mail</td>
<td><a href="mailto:karolina.mackiewicz@marebalticum.org">karolina.mackiewicz@marebalticum.org</a></td>
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<tr>
<td>Webpage</td>
<td><a href="http://www.marebalticum.org">www.marebalticum.org</a></td>
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## Project concept

### Project title
Implementation of Health in All Policies on the local level for more effective prevention of non-communicable diseases – “HEALTHIFICATION”

### Thematic area(s) covered
1. Broadening the innovative use of potential years of life lost indicator (PYLL) at local level (including city parts) for strengthening health promotion and disease prevention (lowering preterm avoidable mortality and morbidity.

2. Prevention of non-communicable diseases: Evidence-based policy making, strengthening health systems (especially PHC including city health centres), piloting feasible e-health applications, and strengthening community participation, strategic planning, and innovative monitoring of progress.

### Geographical area(s) covered
Saint Petersburg (ca. 5 mill. inh.)

### Objectives

**Overall objective:**
To build the capacity of health experts and decision-makers in SPb to enhance healthy lifestyles and quality of life especially among youth and working age people, to create health gain and more healthy years to longer lives, and to secure sustainability of Health in All Policies. The project primarily (but not exclusively) focuses on the prevention of cardio-vascular diseases, which are, according to the previous PYLL - 2010 calculations, the biggest reason in SPb causing too early deaths which could be prevented through evidence-based policy actions, implementation of best practices, and community participation.

**Specific objectives:**

1) To deepen the knowledge of the local stakeholders on the planning of the effective, efficient, evidence-based, sustainable, culturally sensitive and gender appropriate health promotion activities to tackle cardio-vascular diseases, including innovative e-health applications;

2) To facilitate involvement of citizens and families in their health promotion actions, planning and implementation of interventions;

3) To disseminate best practices of the health promotion between the local stakeholders and international experts;

4) To continue and consolidate the HiAP-work in Kalininsky district which has piloted the methodology and practice in 2012 – 2013 with EU funding;

5) To prepare 3 additional districts to act as new spear-heads for methodology and practice to the remaining 14 districts in Saint Petersburg, and beyond in N-W-Russia;

6) To establish and strengthen the cooperation between the partners in order to better tackle risk factors of noncommunicable diseases (NCD) causing premature morbidity and mortality; and loss of human capital to the city;

7) To reinforce the local policies and strategies for healthy lifestyle and to identify and promote change of those local policies and practices which are counterproductive to health and social wellbeing;
| **Type of activities to be implemented** | Analysis of PYLL-indicator by using the vital statistics available for MIAC (Medical Information & Analytical Centre), stakeholders and community-based workshops, trainings, seminars, study trip, monitoring study, interventions and campaigns. Engagement of health systems (PHC, Health Centres) in improved NCD prevention, and introduction of evidence based NCD prevention and management tools, including innovative e-health applications. Establishment of “health kiosks” in supermarkets. The use of PYLL-indicator to monitor progress. |
| **Target group(s)** | Local decision makers in SPb City Duma, Public Health Committee, rayons and municipalities, health professionals (doctors and nurses), educational system, police, city planning, private enterprises e.g. supermarkets, representatives of NGOs. |
| **Final beneficiaries** | Population of Saint Petersburg, especially young adults and working aged people. |
| **Estimated results** | The results of “HEALTHIFICATION”-project include: 1. Established and strengthened cooperation between different administrative sectors in city/distric/municipal administration to create better understanding that all sectors have an impact on health and that the health sector alone cannot solve the problems of premature morbidity and mortality and loss of human capital; 2. Identified suitable priority areas for additional interventions against avoidable cardiovascular health risks, and selection of feasible interventions that can be piloted through existing resources; 3. Use health-economical calculations and argumentation of cost-effectiveness of preventive interventions; 4. Increased understanding and support to the evidence-based policy making among the local decision makers; 5. Strengthened community participation in local decision making; 6. PHC practices demonstrate improved community based health promotion, prevention and management of chronic non-communicable diseases (NCD) with particular attention to community vulnerable groups and when working with individuals, families, communities provides more synergy to ongoing community health interventions. |
| **Main activities** | 1. Problem diagnosis – starting with full PYLL-analysis for years 2011, 2012 and when statistics available also for 2013; 2. Use of WHO-EURO Country Assessment Guide “Health System Challenges and Opportunities for Better NCD Outcomes” and identification of other evidence based PHC tools and experiences for NCD prevention in the community; 3. Assessment (audit) of PHC practices and performance of PHC nurses and other team members in community health promotion and NCD prevention activities; 4. Multi-professional training workshops for improvement of community based health promotion, prevention and management of chronic non-communicable diseases (NCD) through strengthening competences of primary health care (PHC) nurses and other PHC team members with particular focus on vulnerable population groups; 5. Assessment (audit) and improvement of PHC based Health Centres to make their NCD prevention and management activities (including “dispensarization”) more efficient; 6. Workshops for local decision-makers and communities (stakeholders’ interest and influence mapping with NetMap method, Causal Layered Analysis); 7. Policy academy for local decision makers (non-communicable diseases, evidence-based policy planning, whole-of-society planning). |
8. Community-based future workshops - planning for future (community participation, management of change);
9. Exchange of knowledge and experiences between the partners;
10. Study trip to a suitable NDPHS partner country to review well-functioning innovative best practices;
11. Implementation of best practices (interventions and campaigns in PHC, health centers, schools, neighbourhoods, municipalities).
12. Establishment low-threshold, free of charge health kiosks in at least one supermarket in each pilot district.

<table>
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<tr>
<th>Duration of the project (months)</th>
<th>24 months</th>
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<tr>
<th>Partners of the Lead Applicant</th>
<th>Partners:</th>
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<tr>
<td>1.</td>
<td>Saint Petersburg Public Health Committee</td>
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<td></td>
<td>Kalininsky District (and three to-be-selected districts/rayons, tentatively Admiraliteitsky, Kirovsky and Moskovsky rayons) of Saint Petersburg, Russia</td>
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<td></td>
<td>MIAC/Medical Information &amp; Analytical Centre, Saint Petersburg</td>
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<tr>
<td>2.</td>
<td>Federal Research Institute for Health Care Organization and Information of MoH&amp;SD, Moscow, Russian Federation</td>
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<td>3.</td>
<td>NGO Development Centre, St. Petersburg, Russia</td>
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<td>4.</td>
<td>Welfare Department of Riga City Council, Latvia</td>
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<td>5.</td>
<td>Center for Health Education and Disease Prevention, Division of Noncommunicable Diseases Prevention, Vilnius, Lithuania</td>
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<td>6.</td>
<td>Estonian eHealth Foundation</td>
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<td>7.</td>
<td>Klaipeda University, Faculty of Health Sciences, Lithuania</td>
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<tr>
<td>8.</td>
<td>Turku University of Applied Sciences (The Faculty of Health and Well-being), Finland</td>
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<td>9.</td>
<td>Finnish Heart Health Association (NGO)</td>
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**Associated partners:**
Nordic Council of Ministers, SPb Office
WHO Regional Office for Europe,
- Division of Non-Communicable Diseases and Lifecourse, (WHO Moscow Office for NCDs) [to be confirmed]
- Division of Health Systems and Public Health, (WHO Barcelona Office for Health Systems Strengthening) [to be confirmed]

**Russian Healthy Cities Network**

**Facilitators and supporters of the project:**
Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) [www.ndphs.org]
- Expert Group on Non-Communicable Diseases related to Lifestyles and Social and Work Environments (NCD EG)
- Expert Group on Primary Health and Prison Health Systems (PPHS EG)

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<tr>
<th>Estimated total cost and main types of expenditure (EUR)</th>
<th>360,000</th>
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<tr>
<td>EU financing requested (EUR)</td>
<td>300,000</td>
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<tr>
<td>Estimated own contribution by the project partners (EUR)</td>
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<tr>
<td>Funding sought from the EU (EUR)</td>
<td>300,000</td>
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Description of the project (1 page)

Give the background to the preparation of the project (general circumstances justifying the need to implement the project).

Non-communicable diseases (NCDs) currently cause about 85% of all deaths in Russia (WHO, 2012). NCDs consist of cardiovascular diseases (CVD), malignant neoplasms (cancer diseases), chronic lung diseases (COPD), diabetes, and alcohol induced liver diseases. They are mainly caused by four main risk factors, namely: harmful use of alcohol, use of tobacco, unhealthy nutrition, and low physical activity. International experiences (e.g. North Karelia Project/ Finland 1972 – 2002) have scientifically proven that most NCDs among working aged population (<65 years) actually would be preventable. In many countries in Europe the reduction of preterm mortality already has been as high as 80%, and population have gained up to 10 years longer lives. Most of these gained years have been healthy and productive years, not sick years. Positive changes in the above mentioned risk factors are possible but do not take place by itself. The unacceptable very big differences in life expectancy, NCD morbidity and mortality still prevail in the Northern Dimension countries. The situation in Russian Federation is still the worst, although clear positive trends already can be noted.

Explain the objectives of the action given in the table above.

The HEALTHIFICATION project contributes to the improvement of health status among young adults and working aged population by reducing selected essential NCD risk factors, i.e. harmful use of alcohol, use of tobacco, overweight, obesity, and sedentary lifestyle. Additionally HiAP can have positive effects on accidents and suicides. It is possible through multi-level action and cooperation with stakeholders. The specific objectives include: strengthened cooperation of partners in sharing the evidence on what works and effective community-based interventions; increased knowledge and understanding of local decision makers who will be able to take better informed decisions based on evidence; and increased participation of community in the planning of interventions. These objectives reflect the complexity of the problem and direct the actions towards its different levels: strategic (policy making), operational (interventions) and technical (know-how).

Describe the key stakeholder groups, their attitude towards the project and any consultations held with them.

The main stakeholders of the HEALTHIFICATION project are local decision makers from Saint Petersburg, City Duma and city and rayon administration, municipalities, doctors and nurses of PHC-clinics and health centers, representatives of NGOs, media. All groups understand the need of immediate action to tackle the epidemics of preventable preterm NCDs related to. The local decision makers are positive towards the idea but do not know what their role can be. The project will provide them tools for it, and also a way to monitor the outcome of their action. Closeconsultation with all partners and associated partners has taken place, and the stakeholder groups have indicated their eagerness to participate.

Briefly state the type of activities proposed and specify related outputs and results, including a description of linkages/relationships between activity clusters.

The activities proposed have in principle 4 goals: 1/ to provide more evidence on the use of PYLL-indicator (Potential years of life lost) in identifying the magnitude of the problem, the cost of inaction, its force as a leverage for change and capacity to monintor progress in an unbiased way; 2/ to allow wide participation and dialogue of stakeholders, including the representation of the community, 3/ to to create environment friendly for opinion and knowledge sharing, 4/ to allow for strategic planning which is evidence and community-based.

State the broad timeframe for the project and describe any specific factor that has not been taken into account.

HEALTHIFICATION project will be realized in 24 months. Phase 1: Diagnosis of the situation (PYLL analysis for years 2011 and 2012, NetMap workshop, Causal Layered Analysis) will take 6 months. Phase 2: Strategic planning including phase-II with Kalininsky rayon (ca 500.000 inh.) and start up of action in 3 additional rayons identified by the SPb Public Heal Committee and project steering group. This will consist of community-based future workshops, policy academy, sharing the good practices, building the partnerships and will take 8 months. Phase 3: Interventions and campaigns will take 10 months. The best experts in their field, including WHO and other members of NDPHS NCD-EG will participate in the project in order to achieve the expected results.
Relevance of the project (max 3 pages)

- Relevance to the particular needs and constraints of the target country/countries, region(s) and/or relevant sectors (including synergy with other EU initiatives and avoidance of duplication and Russian involvement)

State clearly the specific pre-project situation in the target country/countries, region(s) and/or sectors (include quantified data analysis where possible).

Non-communicable diseases principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases are the leading causes of preventable morbidity and disability. In Russia the situation is even more dramatic already now, as the 85% all deaths are caused by non-communicable diseases (WHO, 2012), primarily CVDs. According to WHO NCD Country Profiles 2011 of the total disease burden according to mortality (% of total) comprise CVDs 62%, cancers 13%, respiratory diseases 2%, other NCDs 6%, injuries 12% and the rest (communicable, maternal, perinatal conditions) 5%.

As the risk factors of the non-communicable diseases are strongly interrelated (i.e. many diseases are caused by the same risk factor or set of factors). Currently in Russia daily smoking prevalence is 40.5%, physical inactivity 22.6%, mean body-mass index on the rise (28kg/m2) and alcohol consumption per adult population (over 15 yrs) among the highest in Europe (16 – 18l pure alcohol per capita).

With all fairness it has to be noted that positive change has started in Russia since 2005: life expectancy is rising and smoking and alcohol use have started to decline. As to overweight and obesity, and physical activity and accidents the positive changes are not yet visible. The situation, however, leaves no place for complacency, and the action started by Russian MoH deserve strong support. Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS) has recognized the situation as alarming. NCD epidemic has been on the agenda of the Expert Group on Noncommunicable Diseases (NCD-EG) with Russia as a member.

When the NCD and preventable premature mortality for 2010 were analysed for the first time for SPb, the results were breathtaking. In the district of Kalininsky (ca 500,000 inh.) per 100,000 they had lost a total of 7126 years annually when the same figure for neighboring Helsinki /Finland was 3839. Men in Kalininsky had lost 10231years vs. Helsinki 5235years and women 4570 years vs. 2494. All 28 main causes of preventable deaths were analyzed by the whole spectrum of causes, allowing a quantified scale of magnitude of each individual problem. The potential for rapid improvement is huge.

Provide a detailed analysis of the problems to be addressed by the project and how they are interrelated at all levels.

There are four main reasons to the situation: alcohol, tobacco, lack of physical activity, and unhealthy diet (too much energy, sugar, fat and salt, too little fruits and vegetables)

The causes for that are multi-fold but in in all countries including Russia can be classified in two major groups: 1) health education to the public has been strongly focusing on knowledge only, blaming the “victim” for not behaving the way health professionals and educators tell them; and 2) Health in All Policies is not practiced in the national and local policy making. Strong evidence acquired during last 10 years reflected by WHO global and European policy and strategic documents that a much more holistic goal-oriented and system-understanding managerial approaches need to be put into practice. The problem analysis presented suggest that currently, in SPb there are a number of problems affecting development of healthy lifestyles among population and PHC working methods in need of upgrading of NCD primary and secondary prevention and early diagnosis and treatment of common diseases causing premature incapacity and death.

Learning from the countries, where situation has improved during the last decades provides evidence that two simultaneous processes need to be facilitated: 1) Individuals need more information of lifestyle related risk factors in a better format leading into behavioural change, and they need to be supported by health care systems in their attempts to practice healthy choices offered to them. 2) The society as a whole at all levels of administration needs to understand and adopt the principles of “Health in All Policies/ HiAP” (Ottawa Charter 1986 -> WHO 8th Global Conference on Health Promotion – HiAP 2013)
In summary, the HEALTHIFICATION project will contribute to the improvement of health status among working aged population by reducing selected essential NCD risk factors, mainly focusing on CVD reduction. This will be done by HiAP-interventions suitable on local level, improvements in PHC delivery, and multi-level action and cooperation with stakeholders.

**Refer to any significant plans undertaken at national, regional and/or local level relevant to the project and describe how the project will relate to such plans.**

The role of the health system, especially primary health care (PHC) has been emphasized since Alma-Ata Declaration 1978 and WHO Health for All 1981. Yet, most recent findings of WHO-EURO Country Assessment Guide “Health System Challenges and Opportunities for Better NCD Outcomes” note that there is considerable room for improvement, still.

Promotion of physical activity, healthy nutrition, avoidance of harm caused by alcohol, tobacco and accidents will have a major effect on premature preventable morbidity and mortality (up to 80% reduction is possible and in consequence huge economic benefits to be achieved). HEALTHIFICATION project is in line with initiatives, where Russia is a partner to:

- UN 2011 Declaration on Prevention and Control of Non-communicable Diseases (Moscow Declaration, emphasizes that prevention and control of NCDs requires leadership at all levels, and a wide range of multi-level, multi-sectoral measures aimed at the full spectrum of NCD determinants - from individual-level to structural - to create the necessary conditions for healthy lives.
- the WHO Regional Strategy and Action Plan for the Prevention and Control of NCDs 2012-2016 (9 voluntary global NCD targets for 2025, from which HEALTHIFICATION contributes to all of them),
- NDPHS Strategy's Goal 12: “The impact of all main causes / risk-factors of lifestyle related NCDs in the ND countries are addressed (in addition to alcohol and tobacco targeted through Goals 7-9): overweight, low fruit and vegetable intake, trans fat avoidance, high salt-intake, insufficient vitamin-D intake, high blood pressure, high blood cholesterol, low physical inactivity (sedentary lifestyle), and factors related to mental health problems”.
- Additionally, the HEALTHIFICATION project corresponds with EUSBSR Action Plan, PA Health.

On the national level, the proposed HEALTHIFICATION project is in line and contributes to:

- Russian MoH has acknowledged the urgent need to accelerate to fight against NCDs in Russia in order to overcome the demographic crisis it is facing, and to meet the challenges of economic growth, if the loss of human capital due to NCD epidemic is not solved. Russian State Programme “Public health development up to year 2020” and Concepts: “Demography policy of Russian Federation up to year 2025” and “Decrease of excessive consumption of alcohol and prevention of alcohol addiction in Russian Federation up to year 2020” give strong mandate to to act.
- State Programme of Russian Federation “Development of Health” 2012 – 2020 (Ministry of Health) – Subprogramme 1: Disease prevention and formation of healthy lifestyles; HEALTHIFICATION supports reaching the health targets set for 2020, e.g. considerable decrease of mortality from NCDs.
- Moreover, the project supports the realization of Strategy for socio-economic development of North-Western Federal District for the period up to 2020.

*Where the project is the continuation of a previous project, clearly indicate how it is intended to build on the activities/results of this previous project; refer to the main conclusions and recommendations of any evaluations carried out.*

The project is broadening and a continuation of a previous project: Healthier People: Management of Change through Monitoring and Action in Saint Petersburg (Kalininsky rayon) Feb. 2012 – Feb. 2014 (2 years). Contracting Authority: Delegation of the European Union to the Russian Federation Non-State Actors and Local Authorities Programme for the Baltic Sea Region (within the framework of priorities of the Northern Dimension) Reference: Europe Aid/130-934/L/ACT/ RU. The project’s final reporting by the lead partner Lappeenranta University of Technology/Finland/ (Katja Lahikainen) is due by the end of February 2014.

This project has been commented as among the most successful public health interventions in Saint Petersburg at the project final conference in January 2014. However, already in 2013 it had
become clear that excellent start needs a consolidation and broadening phase. The project was able to demonstrate that the indicator Potential-Years-of-Life-Lost, is a possible and feasible tool for HiAP implementation at city and local level, and is presently in the process of formulation of federal methodological recommendation that would facilitate its broad national use. However, the use of PYLL as a monitoring tool for progress (especially PYLL-maps indicating considerable differences in avoidable mortality among the 18 rayons) in preventive action and HiAP has created strong interest in all administrative rayons of SPb to follow the pilot made by Kalininsky rayon.

The HEALTHIFICATION project will build on the previous experience, but includes several new innovations such as stronger involvement of health care systems, especially PHC, identification and piloting feasible e-health applications vis-a-vis NCD prevention, and testing the leverage power of longitudinal monitoring of progress and linking calculations of national and city level economic gains with it.

Where the action is part of a larger programme, clearly explain how it fits or is coordinated with that programme or any other planned project. Specify the potential synergies with other initiatives, in particular by the European Commission.

NDPHS is the Priority Area Coordinator for Health for EUSBSR. As part of this responsibility NDPHS recommended in 2013, based among other things on the experience from SPb, the use of PYLL-indicator as the overall single indicator of public health progress in our region. It builds on the concept of the multinational Flagship-B project, developed since 2011 by Expert Group on Non-communicable Diseases of Northern Dimension Partnership in Public Health and Social Well-being. The project has been developed with a great contribution of Russian experts. The project has not been implemented due to funding constraints, but further elaboration is ongoing through German funded. NDPHS secretariat facilitated activity involving the Baltic States, Finland and Norway. If successful, these two initiatives (SPb HEALTHIFICATION and NDPHS/NCD Flagship-B) could form a mutually supportive tandem with strong links with WHO-EURO and EU-links, and strong tool for the management of change and economic development in our region.

- Describe and define the target groups and final beneficiaries, their needs and constraints, and state how to project will address these needs
  
  Give a description of each of the target groups and final beneficiaries (quantified where possible), including selection criteria.

  The main target groups of the HEALTHIFICATION project are local decision makers, health professionals from PHC and community. They will be addressed and involved in the project from the beginning, through the actions described above. The decision makers as well as health practitioners are eager to work for the better health of inhabitants but lack understanding, tools and methods. The community would like to be involved stronger in planning and decision making. The final beneficiaries of HEALTHIFICATION project is the population in SPb. The 4 named rayons will act as spear-heads, but the city administration HiAP action and new innovative managerial application will have an impact for the whole city and beyond.

- Identify the needs and constraints of each of the target groups and final beneficiaries (See above)

  Demonstrate the relevance of the proposal to the needs and constraints of the target groups and final beneficiaries (See above)

  Explain any participatory process ensuring participation by the target groups and final beneficiaries. (See above)

- Particular added-value elements

  Russia has strongly committed itself to the improvement for NCDs nationally and globally. This project will have an important input into this aim, especially as experience in SPb has a powerful role to spear-head progress in the whole N-W Russia. Added value is to be expected through its close links with Russian Healthy Cities Association (25 member cities in Russia), and the European Healthy cities Newtwork with ca. 150 member cities. The linkage with Health Systems and NCD policies (HiAP) at NDPHS level (joint application of NCD-EG and PPHS-EG) and also at WHO-EURO level (Health Systems, and NCD & Lifecourse) can provide a booster for improvement in the region. E-health exploration as well as modern community involvement tools bring additional innovative dimension to this project. Finally, it will support the ongoing methodological initiative to use PYLL as a powerful managerial tool in whole Russia to monitor and accelerate the the fight against NCD epidemic, and becoming the leader among CIS-countries in this process.