

**Committee of Senior Representatives (CSR)  
Nineteenth Meeting  
Brussels, Belgium  
27-28 October 2011**

<b>Reference</b>	CSR 19/10.3/1
<b>Title</b>	Draft NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 in Northern Dimension Partnership area
<b>Submitted by</b>	NCD EG
<b>Summary / Note</b>	The Draft NDPHS Action Statement has been developed by the NCD EG as an outcome document of the PAC 8 side-event and is intended for submission to the forthcoming PAC 8 for adoption. The Meeting will be invited to decide on further steps regarding the finalization and adoption of the Statement.
<b>Requested action</b>	For decision

# Healthy Lifestyles – Corner Stone of Public Health Partnership for Healthier Life

## NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 in Northern Dimension Partnership area

for adoption by the Partnership Annual Ministerial Conference  
25 November 2011, Saint Petersburg, Russian Federation

### 1. Introduction

The wealth in the Northern Dimension Partnership region as elsewhere is based on the health of our people. Public health is an important factor in economic and demographic stability and an indispensable part of the efforts to achieve sustainable development. At the same time, however, noncommunicable diseases pose serious threats to our societies as they lead to high levels of mortality, morbidity and loss of work ability, productivity and wellbeing. Consequently, social welfare and health care, including prevention of lifestyle related diseases and promotion of cooperation between health and social services, have been included as one of the priority sectors in the renewed Northern Dimension policy jointly adopted by the ND member countries (EU, Canada Iceland, Norway and the Russian Federation)

The NDPHS, which operates within the framework of the Northern Dimension policy, provides a platform for advancing the work in this sector through a range of activities. These include, but are not limited to supporting regional initiatives and policy development as well as stimulating and initiating project-based activities.

The Partnership works according to the provisions spelled out in the Declaration concerning the establishment of the NDPHS (the Oslo Declaration).<sup>1</sup> The Declaration lays the foundation for the Partnership's objectives, structure, role and practical functions, main priorities, financing methods and guidelines for future development.

Furthermore, NDPHS has adopted, at the ministerial-level Partnership Annual Conference in 2009, a new NDPHS Strategy, which places focus on achieving specific, measurable and time-targeted objectives reflecting regional priorities<sup>2</sup>.

The key landmarks in the healthy lifestyle promotion and noncommunicable disease prevention and control are the following documents of the World Health Organization and UN, which all Northern dimension Partnership countries have endorsed:

- the *WHO Framework Convention on Tobacco Control* (FCTC) by the World Health Assembly in 2003 ([http://www.who.int/tobacco/framework/final\\_text/en/](http://www.who.int/tobacco/framework/final_text/en/));
- the *Global Strategy on Diet, Physical Activity and Health* endorsed by the World Health Assembly in 2004 ([http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy\\_english\\_web.pdf](http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf));
- the Resolution 61.17 on the Health of Migrants by the World Health Assembly in 2008 ([http://apps.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R17-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf))

<sup>1</sup> Available at [www.ndphs.org/?doc=Oslo\\_Declaration.pdf](http://www.ndphs.org/?doc=Oslo_Declaration.pdf).

<sup>2</sup> Cf. Goals, operational targets and indicators at [www.ndphs.org/?about\\_ndphs#New\\_NDPHS\\_Strategy](http://www.ndphs.org/?about_ndphs#New_NDPHS_Strategy).

- the *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases* endorsed by the World Health Assembly in 2008 (<http://www.who.int/nmh/publications/9789241597418/en/index.html>);
- the *Global Strategy to Reduce the Harmful Use of Alcohol* adopted by the World Health Assembly in 2010 ([http://www.who.int/substance\\_abuse/msbalcstragegy.pdf](http://www.who.int/substance_abuse/msbalcstragegy.pdf));
- The report of the 1st Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control including the Moscow Declaration of the above mentioned Conference <http://www.euro.who.int/moscow-declaration-ob-healthy-lifestyles-and-ncds>
- Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 <http://www.euro.who.int/ncd-actionplan>
- Political declaration adopted at the UN General Assembly - 18 September 2011 on the Prevention and Control of Non-communicable Diseases <http://www.un.org/ga/search/view/doc.asp?symbol=A%2F66%2FL.1&Lang=E>
- European action plan to reduce the harmful use of alcohol 2012-2020 <http://www.euro.who.int/en/who-we-are/governance>

**The Northern Dimension Partnership in Public Health and Social Well-being is following the call for action made by WHO Regional Office for Europe and supports its strategic documents developed in 2011, and seeks to be a strong pro-active partner in our area to facilitate and strengthen the management of change towards healthier populations.**

## 2. Most premature deaths are preventable

Human life is invaluable and an indivisible human right. Yet, from an economic point of view, one still can calculate a price to human years lost prematurely. Wasting human capital lowers GDP and slows down its growth. A 5-year advantage in life-expectancy leads to up to 0.5 % higher annual GDP growth rate<sup>3</sup>, whereas the impact of chronic diseases on countries' GDP can be as high as 7 %<sup>4</sup>.

In our region the biggest premature killers, cardiac and other vascular diseases, cancer, chronic respiratory diseases, diabetes, alcohol related diseases etc, are to a great extent preventable or at least their occurrence can be shifted towards an older age by the way we behave and live.

The leading risk factors causing the vast burden of disease in Europe are known. Those include tobacco and alcohol use as well as nutrition-related risks - including obesity, high blood pressure, high cholesterol and high blood glucose, low fruit and vegetable intake, use of *trans* fats in processed foods and physical inactivity (sedentary lifestyle). Differences in the distribution of the risks and of the burden of ill health show significant gradients between different socioeconomic groups, between males and females, between different age groups and between countries of Europe.

The causality of non-communicable diseases and conditions is complex and multi-factorial. Effective measures that can prevent noncommunicable diseases in the first place, shift their occurrence, where possible, to older age, or reduce disability and death, include both interventions at the population level and at the individual level. Primary prevention consists of community based health promotion programmes addressing knowledge about risks and promoting healthy behaviour, but also interventions within and outside of the health sector that create a physical and social environment conducive to healthy behaviour.

## 3. Rationale for Action

NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of preventable morbidity and disability, and currently cause over 60% of all deaths. By 2030, NCDs are estimated to contribute to 75% of all deaths. In addition, other NCDs such as mental disorders also significantly contribute to the disease burden. NCDs now impact significantly on all levels of health

<sup>3</sup> WHO report, Barro, 1996

<sup>4</sup> Suhrcke & Urban, 2006

services, health care costs, and the health workforce, as well as national productivity. NCDs can affect women and men differently, hence prevention and control of NCDs should take gender into account.

In the Northern Dimension area NCDs are important causes of premature disability and death, striking hard among the most vulnerable and poorest population groups, including migrants and minorities. They impact on the lives of millions of people in our region and can have devastating financial impacts that impoverish individuals and their families, and already now are a considerable obstacle for national economic growth.

<sup>5</sup> The major NCD risk factors are linked to social determinants of health of which migration is one. A social determinants approach should be promoted to prevent and manage NCDs, rather than having a sole focus on health and individual risk factors. Multi-sectoral dialogue is necessary among health, housing, social, education, food and agriculture policy sectors, to address the root causes for populations' vulnerabilities to NCDs among specially vulnerable groups, e.g. migrants and ethnic minorities.

In today's increasingly mobile and culturally diverse societies, any national and regional NCD policy and programme should include migrants and ethnic minorities, which in all NDPHS countries are sizeable as a specific vulnerable population group. Strategies addressing NCDs should take into account the epidemiological, social, cultural specificities of migrants, as their genetic predisposition and exposure to risk factors may differ from the general population, and this including in prison and detention settings.

Migrants may face disproportionately high burden of common NCD risk due to factors such as unhealthy living and working conditions, acculturative stress, risky behaviours and practices, lack of or limited access to prevention and healthcare, social isolation and lack of health literacy and language skills, or may not be aware of risks incurred by what they perceive as the "mainstream" culture.

Adapting health systems and health policies is required, and a shift from disease-centred to people-centred approaches and population health measures. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Strengthening health systems in this way results in improved capacity to respond to a range of diseases and conditions.

Evidence-based and cost-effective interventions exist to prevent and control NCDs at regional, national and local levels. These interventions could have profound health, social, and economic benefits. Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol. Particular attention should be paid to the promotion of healthy diets (low consumption of saturated fats, trans fats, salt and sugar, and high consumption of fruits and vegetables), and physical activity in all aspects of daily living.

Effective NCD prevention and control requires leadership and concerted "whole of government" action at all levels (national, sub-national and local) and across most sectors of society. Effective NCD prevention and control requires the active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community.

Saint Petersburg, Russian Federation, 25 November 2011

*signature*

*signature*

*signature*

---

<sup>5</sup> grey highlighted text suggested by IOM. Should we include or not?

## **ANNEX 1 to NDPHS Action Statement for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012-2016 in Northern Dimension Partnership area**

### **ACTIONS for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012-2016 in Northern Dimension Partnership area**

These suggested activities are based on the *Political Declaration on the Northern Dimension Policy* and the *Northern Dimension Policy Framework Document*, both endorsed at the Northern Dimension Summit in November 2006, and on the priorities of the Northern Dimension Partnership on Health and Social Well-being. They aim to bring added value to each country individually and the Northern Dimension area as a whole enhancing the regional and sub-regional collaboration and providing a platform for the development of cooperation and collaboration also at the national level among the relevant ministries and institutions. The actions proposed provide concrete and pragmatic activities with the objective to achieve tangible results.

#### **The 8<sup>th</sup> Partnership Annual Conference recommends taking the following actions in 2012–2016:**

##### **ACTION 1.**

**To raise the priority accorded to noncommunicable diseases in development work in the Northern Dimension area**

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Taking initiatives to and support external initiatives for, at Partnership level and when feasible through Partnership Countries and Organisations, an increased focus on noncommunicable diseases in the ND area
- Specifically requesting NDPHS Expert Groups and Task groups, when appropriate with regard to their respective ToRs, to take action targeting important noncommunicable diseases or their root causes
- As appropriate, working with UN bodies and regional international organisations such as WHO, ILO, IOM, EU, Nordic Council of Ministers, Barents Euroarctic Council, the Arctic Council etc. to involve all stakeholders in advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by noncommunicable diseases

##### **NDPHS ASA EG shall on ACTION 1 specifically:**

**[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]**

##### **NDPHS NCD EG shall on ACTION 1 specifically:**

As part of its regular meetings and action in-between the meetings shall as knowledge-based team believing in “group-intelligence” innovate, identify and carry forward initiatives, policies a joint project ideas that addresses prevention and control of noncommunicable diseases in NDP area. In addition, NCD EG members shall work with all relevant partners (non-governmental organizations, government departments, academia, international organizations and others) within their respective jurisdictions to elevate the visibility and priority of promotion of healthy lifestyles related to noncommunicable disease prevention and control. The concrete outcome of this action will be a consolidated thematic report on healthy lifestyle promotion and noncommunicable disease prevention and control in NDPHS area by the end of 2012.

##### **NDPHS PPHS EG shall on ACTION 1 specifically:**

Take initiative to and support other initiatives for strengthening community oriented primary health care, which is now more than ever important for addressing challenges with regards of spread of NCDs. Health systems can better contribute to reduction of premature death, by earlier identification of NCDs and by better identification and modification of risk factors in the community. PPHS EG members shall promote awareness of national and regional policy makers on core characteristics of primary health care practice

(first contact, continuity, comprehensiveness and person-centered, rather than episodic curative care) which shall be strengthened in the countries of Northern Dimension region in order to better address NCD related community health needs. <sup>6</sup>Health systems' actions to address NCDs prevention and control shall also include investments in migrant-sensitive health approaches and promotion of health literacy and risk awareness and ensure continuity of care in all settings. Not only is it cost-effective, but respectful of a rights-based and equity approach.

Develop by 2013 a concrete policy document as PPHS EG position paper on "*Tomorrow's role of primary health care professionals in the context of changing society needs*", which will emphasize the role of primary health care in addressing new challenges, including lifestyle issues and spread of NCDs.

**NDPHS ADPY TG shall on ACTION 1 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**NDPHS IMHAP TG shall on ACTION 1 specifically:**

Identify and carry forward a joint project that addresses prevention and control of indigenous mental health, addictions and parenting issues. In addition, IMHAP TG members shall work with all relevant partners (indigenous groups, non-governmental organizations, government departments and others) within their respective jurisdictions to elevate the visibility and priority of indigenous mental health, addictions and parenting issues.

**NDPHS OSH TG shall on ACTION 1 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**ACTION 2.**

**To assess and strengthen the implementation of existing national policies and plans for the prevention and control of noncommunicable diseases**

Countries need to assess and strengthen existing, policies and plans for the prevention and control of noncommunicable diseases. Special attention should be given to dealing with gender, ethnic, migration/mobility, and socioeconomic inequalities together with the needs of persons with disabilities.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Assessment and strengthening of national multisectoral framework for the prevention and control of noncommunicable diseases in line with WHO-EURO action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and WHO-EURO European action plan to reduce the harmful use of alcohol 2012-2020, as feasible.
- Assessment and strengthening of reorientation of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic conditions.

**NDPHS NCD EG shall on ACTION 2 specifically:**

Develop and disseminate a practical method to assess the impact of premature, preventable causes of loss of human capital due to lifestyle related noncommunicable diseases and causes (= PYLL): The potential years of life lost (PYLL) rate describes the number years lost due to preventable premature death in a population. From a social and national economic point of view, this is equal to loss of human capital/resources. The rate is calculated on the basis of the difference between the age at death and the expected length of life, and it is determined by the cause of death according to the ICD-10. The method reviews the time of death in relation to pre-defined life expectancy. The rate is age-standardized and expressed as a sum of all deaths per 100,000 person-years. The analyses of Potential Years of Life Lost (PYLL) in target populations have been systematically used in Finland and in Canada for the last 10 years at municipal and regional levels, through process that aims at facilitating the "management of change" and monitoring of progress. The PYLL rate provides comparable information about the wellbeing of a population concerning all preventable premature causes of death. It provides supplementary information for planning and decision-making for health policies. The potential years of life lost rate is one of the most used indicators for the wellbeing of the population. The differences in wellbeing between countries and regions are affected

---

<sup>6</sup> grey highlighted text suggested by IOM. Should we include or not?

by various different factors: genes, living habits and environment, catastrophes, health policies in a country or region, various functions of different sectors of the society and practiced social and health policies. The potential years of life lost rate offers the possibility to compare, monitor and evaluate the wellbeing of population internationally between municipalities, sub-regions, regions and countries. It has proven to be a practical and effective tool to motivate local decision makers to better implement health in all their policies and monitor the progress.

**NDPHS IMHAP TG shall on ACTION 2 specifically:**

Identify a joint project that builds on and strengthens existing national policies, strategies and frameworks for the prevention and control of non-communicable diseases that are related to mental health, addictions and parenting in Indigenous populations.

**ACTION 3.**

**To promote interventions in the Northern Dimension area to reduce risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol**

Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need the involvement of both public and private actors in multiple sectors. Different settings may be considered for action, for example, schools, workplaces, households and local communities.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

***On tobacco control support***

- joint efforts to implement evidence-based and cost-effective interventions available to reduce and control tobacco consumption

***On promotion of healthy diets support***

- food-based dietary guidelines the healthier composition of food by 1) reducing salt levels, 2) eliminating industrially produced trans-fatty acids, 3) decreasing saturated fats, 4) limiting free sugars;
- accurate and balanced information for consumers in order to enable them to make well-informed, healthy choices;
- a framework and/or mechanisms for promoting the responsible marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

***On promotion of physical activity support***

- Implementation of actions to ensure that physical environments support safe active commuting, and create space for recreational activity, by the following: 1) ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all; 2) introducing transport policies that promote active and safe methods of travelling to and from schools and workplaces; 3) improving sports, recreation and leisure facilities; 4) increasing the number of safe spaces available for active play.

***On reducing the harmful use of alcohol support***

effective measures to prevent:

- under-age drinking (as defined in the respective countries);
- harmful use of alcohol by women of reproductive age;
- driving or operating machinery while under the influence of alcohol (including all traffic-related injuries involving alcohol);
- drinking to intoxication;

- alcohol-use disorders;
- consumption of alcoholic beverages that have been illegally produced and distributed;

**NDPHS ASA EG shall on ACTION 3 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**NDPHS NCD EG shall on ACTION 3 specifically:**

Plan and support implementation of NDPHS/NCD Flagship Project: **“Prevention of over-weight of schoolchildren (ages 7-15) in Northern Dimension geographical area”**(project concept available on [www.ndphs.org/meetngs/ncd-eg](http://www.ndphs.org/meetngs/ncd-eg) )

**NDPHS PPHS EG shall on ACTION 3 specifically:**

Move forward initiatives, joint project ideas to strengthen primary health care role for addressing behavioural risk factors in the community. Scientific evidence exist that well-organized primary health care team can apply very effective interventions in modifying such NCD risk factors as smoking, hazardous and harmful use of alcohol, unhealthy diet and low physical activity. Still, such interventions are not sufficiently used in primary health care. Family doctors and nurses in Northern Dimension countries often lack special attitudes and skills on how to apply health promotion models and motivational counseling techniques. PPHS EG has initiated and implements flagship project **“Improvement of Public Health by promotion of equitably distributed, high quality primary health care”** which partly addresses above mentioned gap in PHC quality through training professionals through motivational counselling and teamwork and development of transnational strategy for professional development. PPHS EG members shalla identify models of good PHC practices, disseminate the results in effective interventions addressing NCD risk factors and contribute to jointly elaborated conclusions for education and professional development of primary health care teams, with particular attention to PHC nurses and patient empowerment. This action will be finalised by the end of 2012.

**NDPHS ADPY TG shall on ACTION 3 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**NDPHS IMHAP TG shall on ACTION 3 specifically:**

Work with all relevant partners to address Indigenous mental health, addictions and parenting from a health promotion and disease prevention perspective. Partners will expand their focus beyond health issues specific to mental health and addictions and, where possible, take a “determinants of health” perspective.

**NDPHS OSH TG shall on ACTION 3 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**ACTION 4.**

**To promote partnerships for the prevention and control of noncommunicable diseases**

Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community. Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible , in its area of interest :

- Participating actively in regional and subregional networks for the prevention and control of noncommunicable diseases.
- Contributing to the establishment of effective networks and partnerships for the prevention and control of noncommunicable diseases, and developing collaborative networks, involving key stakeholders, as appropriate.

- Focusing on noncommunicable diseases in international and regional initiatives to strengthen health systems based on primary health care.

**NDPHS ASA EG shall on ACTION 4 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**NDPHS NCD EG shall on ACTION 4 specifically:**

Plan and support implementation of NDPHS/NCD Flagship Project: “**Results! Effective and efficient implementation of national NCD prevention strategies in Northern Dimension geographical area**” (project concept available on [www.ndphs.org/meetings/ncd-eg](http://www.ndphs.org/meetings/ncd-eg) )

**NDPHS PPHS EG shall on ACTION 4 specifically:**

Identify and move forward initiatives to strengthen horizontal networking and teamwork in primary health care. Many countries in ND Region traditionally have very low responsibility and contribution of community and other sectors in the planning and implementing community health interventions, even though their role is very important in addressing NCD risk factors. PPHS EG shall initiate transnational project activities to disseminate experiences of good PHC practice based on teamwork where primary health care nurses demonstrate good leadership skills and empower community members and different sectors to promote healthier lifestyle.

**NDPHS ADPY TG shall on ACTION 4 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**NDPHS IMHAP TG shall on ACTION 4 specifically:**

Continue to actively seek opportunities to collaborate with partners, both internationally and domestically. An important current area of collaboration involves partnerships with indigenous groups within several of the member countries. IMHAP TG members are also working to advance mental health and addictions issues through various international partners and initiatives. These partnerships will be reflected in the 2012 IMHAP joint project.

**NDPHS OSH TG shall on ACTION 4 specifically:**

[TO BE FILLED AS FEASIBLE BY RESPECTIVE EG/TG]

**ACTION 5.**

**To monitor noncommunicable diseases and their determinants and evaluate progress in the Northern Dimension Partnership Area, at national and sub-regional levels**

Monitoring noncommunicable diseases and their determinants provides the foundation for advocacy, policy development and global action. Monitoring is not limited to tracking data on the magnitude of and trends in noncommunicable diseases, it also includes evaluating the effectiveness and impact of interventions and assessing progress made.

Hence the Northern Dimension Partnership in Public Health and Social Well-being will promote as feasible, in its area of interest:

- Strengthening surveillance systems and standardized data collection on risk factors, disease incidence and mortality by cause, using and improving existing WHO tools to encompass the diversity of populations as to ethnicity and mobility.
- Contribution to data and information on trends in respect of noncommunicable diseases and their risk factors disaggregated by age, gender, ethnicity, migration, mobility background and socioeconomic groups; and provide information on progress made in implementation of national strategies and plans.
- Actions set out for Northern Dimension Partnership countries and the NDPHS Secretariat in monitoring and evaluating, at the regional and national levels, progress in prevention and control of noncommunicable diseases.
- Mobilization of resources to support the system for regional and national monitoring and evaluation of progress in the prevention and control of noncommunicable diseases.

ASA Expert Group, NCD Expert Group and PPHS Expert Group and the respective Task Groups (ADPY, IMHAP and OSH) in their defined areas of responsibility shall follow-up the implementation of NCD

prevention and control in our geographical area together with national and international authorities. An overall review of the implementation of the Strategy shall be done by the end of 2016.

**NDPHS NCD EG shall on ACTION 5 specifically:**

Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, NCD EG aims to work actively for the establishment of a system on “Northern Dimension Partnership Health Monitor: Social Determinants of Health Behaviours in Northern Dimension Partnership Area”. This can be done by using the experience of the FINBALT Health Monitor<sup>7</sup> project since 1994. The results have been reported and published at the 10<sup>th</sup> Nordic Public Health Conference in 2011. The work so far includes 4 Northern Dimension area countries, namely Estonia, Finland, Latvia and Lithuania. Although EU, WHO, OECD and other data-bases provide ample information on social determinants of health behaviours leading into noncommunicable diseases, we also need an easily digestible, practical tool to systematically follow up and disseminate such comparable information for all Northern Dimension Partnership Countries.

---

<sup>7</sup> Report 25/2011 National Institute for Health and Welfare/ Finland: Social Determinants of Health Behaviours. FINBALT Health Monitor 1998 – 2008

## ATTACHMENT 1. for CSR-19

### On the process of preparation of the 211011 DRAFT NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016 in Northern Dimension Partnership area

The preparatory process of the Draft NCD Action Statement started at the NDPHS Chairs' and ITAs' meeting in Saint Petersburg on 6 September and NCD EG Chair Mikko Vienonen (undersigned) agreed to act as coordinator of the process in the presence of ASA Chair of Bernt Bull. First draft was prepared in mid-September and sent for comments, amendments and revisions to EGs and TGs and NDPHS Chairing and Co-chairing partners. The draft was also discussed in person with WHO-EURO representatives (Unit on Noncommunicable Diseases and Health Promotion/ Director Gauden Galea), who supported the idea of preparing a NCD Action Statement for NDPHS. The suggested comments (IMHAP-EG, PPHS-EG, NCD-EG, WHO-EURO, IOM, MoSA&H/Finland) have been carefully reviewed and as feasible incorporated into the new text of the 2<sup>nd</sup> draft (dated 21.10.2011).

The provided 2<sup>nd</sup> draft still includes empty specified places for those EGs and TGs who have not responded by the set deadline 21 October to come up with their respective additions to the text. They are invited to inform about their intention to do so at CSR-19 and bring their proposals later to the draft. It is also important to know at CSR-19, if they are not planning for any action on NCD prevention and control in our NDP area during 2012 - 2016, in which case they would not be listed in the document.

ASA EG did not provide amendments to the text per se, but they submitted a specific statement dated 19 October, explaining their position vis-à-vis the Action Statement (see ATTACHMENT 2.). I interpret this statement from ASA in a way that they categorically reject any kind of NDPHS NCD Action Statement (or Action Plan or Strategy) that would after PAC-8 side-event be submitted to PAC-8 for endorsement. In a way ASA is systematic in their statement since CSR-18 and the Chairs' & ITAs' mtg in SPb 6/9. However, their view that now after WHO-EURO and global high level statements there would not be anything new for NDPHS to consider and commit ourselves to can be debated.

As to the wording of the first draft Action Statement it was obvious that it was sent to relevant EGs and TGs for revisions, corrections, and amendments as each would consider appropriate. ASA EG criticises the draft but is not willing to provide any concrete, constructive contextual revisions or changes to the text relating to alcohol, tobacco and substance abuse issues which are their area of specific responsibility. Their conclusion is that there is neither place nor need for a NDPHS NCD Action Statement at all.

At CSR-19 a clear decision as to how we should proceed further should be made. I see as possible the following options:

- 1) We cancel PAC-8 side-event altogether.
- 2) We continue with PAC-8 side-event preparation, but without any aim to come out with some NCD Action Statement for NDPHS area. Instead there could be a 1-2 page resolution summarizing what was discussed in the side-event conference and congratulating and supporting WHO-EURO for their Action plan for implementation of the a) European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and b) European action plan to reduce the harmful use of alcohol 2012-2020.
- 3) We continue with the preparation of NDPHS NCD Action Statement with clear feed-back from CSR-19 as to the direction of its final form, but I do not consider it possible to continue the process if ASA EG is not an integral partner in the process.

Respectfully yours,

Date: Helsinki, 21 October 2011

Mikko Vienonen  
Chair of NCD EG  
[m.vienonen@kolumbus.fi](mailto:m.vienonen@kolumbus.fi)  
GSM: +358-50-4421 877

## **ATTACHMENT 2. for CSR-19**

### **ASA EG Comments on the draft resolution NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases, 2012-2016 for adoption by the Partnership Annual Ministerial Conference, 25 November 2011, Saint Petersburg, Russian Federation.**

**The draft proposal has been discussed by the ASA Expert Group members, presented at its 3th meeting in Poznan, Poland.**

The ASA EG emphasizes the great importance of a comprehensive strategy to address the increasing challenges of the Non communicable diseases in our region. There are strong evidences in favour of cost effective preventive measures at population level. This implies cross sector cooperation as well as cross border cooperation.

The ASA EG is working with the aim of coming up with advices to the ministers for concrete and practical measures in the area of alcohol, tobacco and narcotics.

Measures at population level are effective, but they have to be addressed in relation to the situation in each member state. Some measures are also, partly because they are effective, also controversial, as it can have impact on economical activities.

Hence, proposals beyond general declarations need long preparations and consultation. We do not see us self in a position to present any such proposal at this face. This has been clearly expressed by the group earlier.

As far as general formulations are concerned it is our judgement that the present proposal does not bring up any new issues which has not already been produced by political bodies of WHO or ministerial conferences. Some of the formulations seem even to be identical with the mentioned resolutions, and not always reflect later developments and language.

We would propose a strong shortening of the document in which the ministers are invited to confirm strongly the NDPHS commitment to the latest NCD development and to declare willingness to consider concrete implementation of options for actions presented in the UN resolution, The Moscow declaration on NCD , the WHO action plan for the Global strategy for the prevention and control of NCD, the WHO Framework Convention on Tobacco Control and the Global Strategy to Reduce the Harmful use of Alcohol.

We think that the actions which ASA EG could propose towards the prevention of lifestyle-related non-communicable diseases are well articulated in the EU Strategy for the Baltic Sea Region. The strategy states that NDPHS is supporting actions by developing comprehensive policies and actions in the entire region to prevent and minimise harm from Tobacco Smoking, alcohol and drugs use to individuals, families and society. The ASA EG is working to fulfil those responsibilities and is now in discussions to develop some more concrete actions in order to develop feasible polices advises at the end of 2013.

The issues which were raised in the submitted draft "Action Statement" are also highly political issues and beyond the competence of expert groups. We therefore think that such kind of serious documents have to be discussed for a longer period and with the involvement of all interested parties and institutions within the partner Countries.

Thank you for your understanding and we once again confirm our commitments towards the work in promoting the sustainable development of the Northern Dimension area by improving peoples' health and social well-being.

Sent through e-mail on 19 October 2011

From:

Zaza Tsereteli (Mr) MD, MPH

International Technical Advisor (ITA) of ASA EG

[zazats64@yahoo.com](mailto:zazats64@yahoo.com)

Tel: +372 5 26 93 15