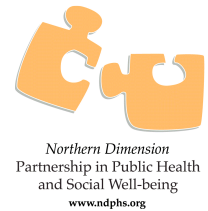


**Partnership Annual Conference (PAC)
Eighth Conference
Saint Petersburg, Russia
25 November 2011**



Reference	PAC 8/4/1/Rev 1
Title	Revised NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases in the Northern Dimension area in 2012-2016
Submitted by	PAC 8 side-event
Summary / Note	This document takes into account the outcome of the discussions during the PAC side-event “Healthy lifestyle – the corner stone of public health” held on 24 November 2011. As agreed during the event, Annex 2 has been removed from the originally submitted document PAC 8/4/1. At the same time, it has been agreed that the work should continue on the NDPHS' expert-level, with the aim to arrive at a revised proposal to be submitted in due time to the CSR meeting in spring 2012.
Requested action	For approval together with the above proposed supplementary decision regarding Annex 2 included in the previous version of the document



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

NDPHS Action Statement for implementation of the European Strategy¹ for the Prevention and Control of Noncommunicable Diseases in the Northern Dimension area in 2012-2016

**submitted for approval by the Partnership Annual Ministerial Conference
25 November 2011, Saint Petersburg, Russian Federation**

Public health is an important factor in economic and demographic stability and an indispensable part of the efforts to achieve sustainable development.

One of the biggest challenges on our way to healthy and prosperous societies is the threat posed by noncommunicable diseases as they lead to high levels of mortality, morbidity and loss of work ability, productivity and wellbeing. No less than 86% of deaths and 77% of the disease burden in Europe are caused by this broad group of disorders.

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) 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. Based on this platform the NDPHS Strategy focuses on achieving specific, measurable and time-targeted objectives reflecting regional priorities².

Governments and partners in the NDPHS have noted with great satisfaction the strong global support for joint efforts to address the NCD challenges to public well-being and health.

The first global ministerial conference on healthy lifestyles and noncommunicable disease, Moscow 28/29 April 2011 played a key role in prioritizing the need for action on noncommunicable diseases. It lifted this issue higher on the agenda of governments around the world and with international organizations, including WHO, enhancing the preparation for the United Nations high-level meeting on noncommunicable disease prevention and control, New York 19/20 September 2011, and lifted this issue higher on the international agenda. The UN General Assembly Political Declaration on Noncommunicable Diseases³ highlights the need for integrated action to address common risk factors for NCDs including tobacco use, diet, physical activity and harmful patterns of alcohol consumption

¹ EUR/RC56/R2 on Prevention and control of noncommunicable diseases in the WHO European Region, 2006 (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/past-sessions/fifty-sixth-session/resolutions2/eurc56r2>), adopted by the WHO Regional Committee in 2006.

² Cf. Goals, operational targets and indicators at www.ndphs.org/?about_ndphs#New_NDPHS_Strategy.

³ UN 66 PL1

NDPHS underlines that WHO has the leading role in coordinating the implementation of the global and regional strategies related to the noncommunicable diseases.

NDPHS emphasizes that NDPHS, through its goals and operational targets, has strongly committed itself to address the increasing burden of noncommunicable diseases (NCD) within the partnership.

NDPHS envisages concrete proposals for joint strategies and action plans within the partnership, giving priority to issues that are of particular importance for the Northern Dimension region and to avoiding duplication of the work of other intergovernmental organizations and fostering complementarity with already existing international and European strategies, action plans and policies in the field of NCDs.

NDPHS is following the call for action made by WHO Regional Office for Europe and its Member States at the 61st Regional Committee in September 2011 through the adoption of the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2016, and the European action plan to reduce the harmful use of alcohol 2012-2020. NDPHS seeks to be a strong pro-active partner in the Northern Dimension region to facilitate and strengthen the management of change towards healthier populations.

NDPHS will prioritize activities and cooperation that add value to the work of the WHO Regional Office for Europe and other intergovernmental organizations in the field of NCDs and that advance the implementation of the Action Plans adopted by the Member States of the WHO European Region at the 61st Regional Committee.

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

1. Most premature deaths are preventable

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

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.

2. 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 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.

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 especially 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 and other aspects of migration including inmates in prison and detention settings. E.g. their genetic predisposition and exposure to risk factors may differ from the general population.

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, including 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. Local communities, schools, and workplaces are the important settings to reach out the populations for NCD prevention and health promotion.

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.

3. References

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/) ;
- 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) ;
- The *Global Plan of Action on Workers' Health 2008-2017* endorsed by the World Health Assembly in 2007 (http://www.who.int/occupational_health/WHO_health_assembly_en_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) ;

- 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) ;
- 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 - 19 September 2011](http://www.un.org/ga/search/view/doc.asp?symbol=A%2F66%2FL.1&Lang=E) 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>)