

**NDPHS Strategy Working Group 2014  
Third Meeting  
Riga, Latvia  
10 June 2014**



<b>Reference</b>	SWG2014 3/3/1
<b>Title</b>	Revised proposal for the NDPHS Strategy 2014-2020 objectives
<b>Submitted by</b>	SWG Chair
<b>Summary / Note</b>	-
<b>Requested action</b>	Discussion and decision

DG SANCO commented: A better consistency is needed between the listing of priorities and the objectives: the listing of objectives should follow the same order as the listing of priority areas.

SWG Chair: This can be changed when we first have agreed on the objectives. Note that priority areas are not listed according to priority order (as far as I have understood). The listing from PAC is as follows:

- *Antimicrobial resistance;*
- *HIV/AIDS and associated infections;*
- *Non-communicable diseases;*
- *Alcohol and substance abuse;*
- *Occupational safety and health and well-being at work;*
- *Primary health care.*

Original text from CSR23	Proposed compromise by SWG Chair after written consultation	Justification, explanation, background
<p>1. Strengthened prevention and reduction of rates and impacts of HIV, TB and associated infections among key populations at risk, including prisoners.</p>	<p>1. Strengthen prevention and reduction of impacts of HIV, TB and associated infections among key populations at higher risk, including prisoners.</p> <p><b>OR</b></p> <p><b>1. Strengthen prevention and reduction of impacts of HIV, TB and associated infections among key populations at higher risk (including men who have sex with men, transgender people, people who inject drugs, sex workers, and prisoners).</b></p>	<p>The deletion of “rates and” is based on the HIV/AIDS&amp;AI groups’ concern that the word “rate”, if used, needs clarification what rate is meant (prevalence, incidence, diagnosis).</p> <p>EU DG SANCO was against the use of “prisoners”, and indicates that if prisoners are mentioned, we need to list all population groups.</p> <p>WHO/EURO’s proposal is perhaps too broad for our Partnership (to support the implementation of regional and global action plans) and could be mentioned in the strategy text as a working method or in the chapter with linkages.</p> <p>The words “vulnerable groups” or “key populations at risk”, should preferably be replaced with “<u>key populations at higher risk</u>”, see UNAIDS Terminology guide, 2011 and Political Declaration 2011. In the Global HSS of WHO key populations are defined to include both vulnerable and most-at-risk populations. <u>Most-at-risk populations</u> are defined as men who have sex with men, transgender people, people who inject drugs, sex workers and prisoners. <u>Vulnerability to HIV</u> is defined as the extent to which individuals or specific populations are able to control their risk of acquiring HIV, such as agency in sexual decision-making, lack of knowledge about HIV, lack of access to male or female condoms, and other factors that affect HIV transmission.</p>

<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
2. Support the implementation of regional and global strategies and/or action plans to contain antimicrobial resistance through intersectoral efforts.	no revision needed	no comments or revisions received
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
3. Increased awareness of unhealthy diet, physical inactivity, harmful use of alcohol and tobacco use, and strengthened support for Health in All Policies approach and core interventions to address these lifestyle related risk factors for non-communicable diseases.	<p>3. Increase awareness of modifiable risk factors for non-communicable diseases (NCDs), namely unhealthy diet, physical inactivity, harmful use of alcohol, and tobacco use, and strengthen support for core interventions, multisectoral actions and Health in All Policies approach (HiAP) to address these lifestyle related risk factors.</p> <p>OR</p> <p>3. Increase public awareness of behavioural risk factors, namely unhealthy diet, physical inactivity, harmful use of alcohol, tobacco use, and use of illicit drugs, which all cause serious health conditions.</p> <p>3 bis. Strengthen health systems' response, support core interventions, and promote multisectoral actions and Health in All Policies approach (HiAP) in order to reduce the social and health harms from unhealthy diet, physical inactivity, harmful use of alcohol, tobacco use and use of illicit drugs.</p>	<p>Use the language that is used in WHO strategies and action plans and in the UNGA Political Declaration on NCDs, i.e. physical inactivity (<u>or</u> insufficient physical activity <u>or</u> lack of physical activity), unhealthy diet, harmful use of alcohol, tobacco use. Only these four are considered risk factors to NCDs. Illicit drug use (use of psychoactive substances other than alcohol) is not. If we combine here also illicit drugs, we need to discard the words non-communicable diseases and speak about e.g. health conditions associated with tobacco use etc.</p> <p>This would now cover the action areas of both NCD group and ASA group (if NDPHS will have these groups in the future).</p> <p>Alternative objectives no. 3 and 3bis are proposed, combining also illicit drug use and separating the awareness raising and health systems strengthening. <u>If this is accepted, we delete obj. no. 5.</u> If we combine the texts of these alternative 3 and 3bis together it is, in my opinion, too "busy" objective, I would like the objectives be more simple focusing on one of two issues at a time. To find indicators for a very crowded objective, covering many things, may be difficult. Now I have separated awareness/prevention (3.) and policy and system issues (3bis).</p>
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
4. Established commitment to the agreed WHO voluntary global NCD targets and indicators for 2025, and actual progress of reduction of NCDs caused by alcohol, tobacco, unhealthy diet and physical inactivity.	4. Establish commitment to the agreed WHO voluntary global NCD targets and indicators for 2025, and to actual progress in diminishing the burden of NCDs (mortality, morbidity, disability and economic costs).	<p>This objective relates to targets and indicators that all our countries have agreed on and links to NCDs only It is in line with WHO/EURO's Action Plan for NCDs and its priority action area 2 (strengthening surveillance and monitoring).</p> <p>If the previous objective no. 3 is combined with no. 5 (which then is deleted) we need at least this objective to cover specifically NCDs?</p>

<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
5. Strengthen the health systems' response and promote multisectoral approaches to reduce social and health harm from alcohol, tobacco and illicit drugs.	5. Strengthen the health systems' response and promote multisectoral approaches to reduce social and health harms from substance abuse.	This is to be left as a separate objective, if the obj. no. 3 is left to cover NCD risk factors only. <b>If alternatives 3 and 3bis are agreed, this is to be deleted.</b>  Mentioning also social harms is important! According to WHO, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
6. Improve the health systems, including the integration and coordination of care at the primary care level, to adequately address health needs related to chronic illness and demographic changes.	6. Strengthen the integration and coordination of care and prevention throughout life course at primary care level, to adequately address health needs related to chronic conditions and demographic changes.	This is a combination of proposals from SE, EG NCD and WHO/EURO, but deleting the reference to health systems improvement, since SE also wanted to combine this with obj. no. 5, both talking about HS strengthening. I hope my version does not lose the original idea of EG PPHS.
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
7. Promote international and regional dialogue on migration and health, and adequate responses of health systems.	7. Promote international and regional dialogue on migration and health, and adequate responses of health systems.	Sweden proposed the words "migrants' health" and "the related health systems". However, the words "migration and health" give more room for broader discussions on this topic than just migrants' health and the whole health system needs to be involved.  As noted in Bratislava declaration 2007, there are several categories of people on the move; they may be immigrants, internally displaced, internal migrants, refugees, returnees, victims of trafficking, asylum seekers, irregular migrants and labour migrants, including health professionals.
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
8. Strengthen occupational safety and health systems through addressing safety, workplace health activities, and information systems.	8. Strengthen occupational safety and health through addressing related workplace health activities, wellbeing at work, information systems and indicators.	This is a combination of comments received from TG OSH, SE and LV
<b>Original text from CSR23</b>	<b>Proposed compromise by SWG Chair</b>	<b>Justification, explanation, background</b>
9. Raise awareness and strengthen implementation of health related water quality activities in collaboration with the relevant actors in the ND area.	no revision needed	no comments received