



**EG Chairs and ITAs  
Twenty second Meeting  
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<b>Reference</b>	EG Chairs and ITAs 22/3.3/1
<b>Title</b>	Possibilities and needs for larger collaboration between the current NDPHS Expert Groups
<b>Submitted by</b>	Chair and ITA of the ASA EG
<b>Summary / Note</b>	NDPHS general aim is to improve health in the region. Through the program strategy process, everyone has emphasized the virtue of achieving good results through cross-disciplinary work.  This note is to propose some ideas to achieve results through systematic and planned cooperation between the expert groups
<b>Requested action</b>	For discussion

***Some thoughts about the rationale of a joint programme:***

Key Point:

- 1. Along with the emergence of NCDs in developing countries, there is a consistent conversation about integrated response, a strategy through which the main actors and their actions are well synchronized to address health needs.*
- 2. Consumption of alcohol and tobacco smoking are among the four most important risk factors for non-communicable disease (NCD). Alcohol consumption, , impacts on cancer, liver cirrhosis, and stroke. To reduce the burden of NCD, the effective alcohol policies are needed locally, nationally and internationally*
- 3. HIV and NCDs are inter-connected both regarding the risk of development of disease, and severity of progression of the disease: HIV increases the risk of developing NCDs, and NCDs aggravate the severity of HIV disease. Therefore, the connection between HIV and NCDs could be considered as an important driver of integrated response.*
- 4. The consequences of NCDs often include infections. Indeed Community- and hospital-acquired infectious diseases are parts of the progression of many common NCDs. As the burden of diabetes, cancers, and chronic lung diseases rises, the burden of associated community- and hospital-acquired infections will*

*be also likely mount. Antimicrobial resistance will make some of them costly, difficult, and sometimes impossible to treat successfully.*

- 5. The root causes of NCDs, HIV, MDRTB are multisectoral. An integrated systems approach is essential to a sustainable, effective response. Primary health care has a major role then!*
- 6. The detection of serious communicable diseases such as HIV infection and tuberculosis in the Prison setting, accompanied by adequate treatment contributes significantly to the health status of the communities. The time in custody can also be used to promote healthier lifestyles, with better control over smoking and alcohol. Reducing health inequalities as a significant contribution to health for all*
- 7. Prevention and early intervention measures are the corn stones for promotion of health and safety of people at work*

***Starting point: getting funding for relevant activities, or at least for traditional projects, has shown to be difficult to achieve. Therefore, we should try new approaches for programme proposals***

## **1 Actual situation**

- 1.1 Maybe one project per EG...not more
- 1.2 Some actors may have been uncertain about what the NDPHS is and what it should be in its deepest sense
- 1.3 Despite some good elements through the last revision of the strategy, there is still an absence of cohesiveness. All expressed purposes, are standing alone, and closely connected to each EG area. The comprehensive text in the preamble is not explicitly mentioned in each sub programme.
- 1.4 Funds for the Health Projects are decreasing
- 1.5 Estonia is preparing for the chairmanship of the EU
- 1.6 Russia is interested in maintaining relationships and increased involvement

## **2 Preparations for one large joint programme for NDPHS with the participation of all Expert Groups should be started.**

- 2.1 Overlapping problems require coordinated responses, which have to be developed
- 2.2 Integrated approach is logical as: 1) from epidemiological point of view we see similarities in characteristics, geographical overlap comorbidity and parallels in interventions; 2) from management perspective – it helps to avoid duplication, facilitate harmonization, prevents the re-inventing the wheel 3) from economic point of view it brings efficiency, equity, and synergy
- 2.3 Dialogue about integration barriers and opportunities can be initiated within the NDPHS (as we have representatives from the different fields coming together and with a potential role in an integrated system).
- 2.4 The dialogue will also need to include government leaders, as key public policy decisions will significantly influence the success or failure of integrated primary health service delivery strategies. CSR and PAC can play a role in this.
- 2.5 This programme could form one large entity in which each EG is having its Work Package and its Partner the role in the implementation of the program
- 2.6 The NDPHS could develop an example of productive and good collaboration and genuinely show that it is possible

2.7 The NDPHS can produce a genuine Regional product

### **3 Next Steps**

- 3.1 When substance areas of each EG are explored, it is easy to find contact points between all EGs, which would make a joint program very highly relevant
- 3.2 It would be very natural that the development of a comprehensive joint NDPHS programme, , would be started at latest in the beginning of 2018 so that EGs can have enough time for defining the topic for the joint programme:
- 3.3 During 2017 we can explore whether seed money facility could provide funding for the preparation and development of such a programme plan [or at least concept].
- 3.4 It is unlikely that truly integrated primary health care will become a reality unless health professionals actively strive to foster integration. Re-engineering of **the primary healthcare process can be one of the possible topics for the joint project**