



Northern Dimension
Partnership in Public Health
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13th (3) MEETING OF THE EXPERT GROUP ON NON-COMMUNICABLE DISEASES 28 April 2017, Moscow, Russian Federation

Challenges for joint EGs collaboration in the reduction of the burden of NCDs and their risk factors in the ND Region_

Galina Maslennikova, NCD EG Vice-Chair



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EGs' collaboration is important and necessary, since:

- EGs work under one roof, or in one structure - NDPHS;
- EGs work in one direction - “Public health and social well-being”;
- EG members have a unique experience in a particular health area or problem. Thus, having a mutual interest, members of EGs might to share professional experience in diseases or their risk factors prevention and control;



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EGs' collaboration is important and necessary, since:

- EGs are consisted from representatives of different Partner Countries that can be Lead or Co-Lead Partners in particular health areas or problems. This can facilitate the promotion and implementation of EG joint activities;
- EG collaboration can promote the rational distribution and use resources: financial, professional and technical.



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NCD EG Partner Countries

RF – Lead

Finland

Latvia

Lithuania

Norway

Poland

Sweden

WHO-Euro – Co-Lead

EG Lead Partner Countries

RF – NCD, PHC, ASA (co-lead)

Finland – OSH; HIV, TB & AI

Latvia - PH (co-lead)

Lithuania – OSH (co-lead)

Norway - ASA

Poland – HIV, TB & AI (co-lead)

Sweden – AMR, PHC (co-lead)

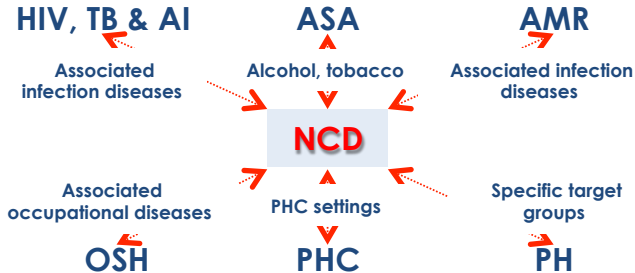
Germany - PH



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Where and why NCDs might have a significance

ASA - harmful alcohol consumption and tobacco use are risk factors for NCDs development and premature deaths;

AMR - resistance to antimicrobial medicines prolongs infections or even worsens them. It provokes exacerbations of NCDs (asthma, chronic obstructive pulmonary diseases, pneumonia, etc.), reduces immune system response, etc.;

HIV, TB & AI - each infection or their complex reduces immune system response, provokes exacerbations of NCDs;



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Where and why NCDs might have a significance

OSH – exposure to professional factors (pollutants) as well stress at work is the risk factor for NCDs development; in this age group of population deaths from NCDs are premature and death rates from NCDs are very high;

PHC – settings that are responsible for NCDs and their risk factors management and control in population with regard to early diagnosis and delivering effective preventive measures available for majority of population;

PH – prevalence of comorbidity (NCDs, addictions and infection diseases) is high in this target group.



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Actions for EGs collaboration:

Searching and agreeing mutual interest areas for effective preventive measures to reduce NCDs and NCD RFs;

Identifying best structures, agencies, funds within and outside of the health care systems for interagency, cross-sectoral cooperation;

Searching and determining financial and professional resources for operational joint activities;

Establishing the relevant regional interagency and cross-sectoral actors for cooperation.



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Proposals on joint areas for EGs collaboration:

- policy and strategy, legislations and regulations;
- professional Guidelines on diseases and risk factors prevention and control (diagnosing, treatment, prevention, rehabilitation);
- health literacy promotion: education of target groups (politics, making decision people, professionals, general population, specific group of population/patients);
- monitoring of prevalence of diseases and their risk factors or socioeconomic losses, such as PYLLs and GDP related to them, for evaluation of the progress achieved.



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Thank You!