

# Possibilities and needs for larger collaboration between the current NDPHS Expert Groups

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Moscow, 28 April, 2017

# 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*

# Actual situation

- \* Maybe one project per EG... not more
- \* Some actors may have been uncertain about what the NDPHS is and what it should be in its deepest **sense**
- \* ***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***
- \* Funds for the Health Projects are decreasing

# *The rationale of a joint programme*

- \* 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*
- \* 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*

# *The rationale of a joint programme*

- \* 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*
- \* 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!*

# Preparations for one large joint programme ?

- \* Overlapping problems require coordinated responses, which have to be developed
- \* 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

# Preparations for one large joint programme ? (continuation)

- \* 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).
- \* The dialogue will also need to include government leaders, as key public policy decisions will significantly influence the success or failure of proposed policies. CSR and PAC can play a role in this.
- \* *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*

# Next steps

- 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].
- *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*



Your suggestions/proposals  
very much welcomed